Parents with Childrearing Anxieties

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Abstract: With the increased number of nuclear families in recent years and diminished community ties, mothers have become increasingly socially isolated. Lacking the support and cooperation of their spouses and faced with the problems of raising a difficult child, mothers, especially full-time mothers, are beset by feelings of isolation and a strong sense of obstruction. They gradually begin to feel burdened by childrearing responsibilities that may develop into anxieties. The physician must encourage the mother to make prenatal visits and to discuss the importance of breastfeeding and mother-child behavioral attachments prior to the birth of the infant. Following the birth of the child, the physician must understand and be aware of the mother’s anxieties regarding her childrearing responsibilities and he must provide counseling with understanding, sympathy and warmth during her regular outpatient health examinations. It is important for the physician to maintain an attitude of constant support. The mother should be actively encouraged to participate in specific activities such as childrearing group meetings and to exchange information in such support activities. The physician will be expected to know about and to utilize the community childrearing support network.

Key words: Childrearing anxieties; Sukoyaka Family 21; Childrearing support; Postpartum mental health; Childrearing support network

Introduction

One of the four principle concepts promoted and envisioned by the Ministry of Health, Labour, and Welfare in its report on “The Mother-Child Health Promotion Campaign for the 21st Century” (Sukoyaka Family 21) is to promote the untroubled mental health development of children and to alleviate the childrearing anxieties of the mother.1) Cultivating an awareness of the existing problems, defining the orientation and specific measures that should be adopted are addressed in this report.

Promoting the mental health of the parent and child is one means of preventing potential mental health problems that may occur during the adolescent stage of a child’s development. Special emphasis has also been placed on the
need to cope with the parent’s anxieties related to childrearing responsibilities. Sukoyaka Family 21 is an exceedingly important countermeasure that will establish comprehensive and nationwide measures aimed at alleviating the anxieties of the mother about pregnancy, birth, childrearing responsibilities, and thereby allow her to enjoy her childrearing activities and to ensure the sound mental development of her child.

The physical growth and mental health development of a child is affected when the mother suffers from childrearing anxieties during the infancy period. Physicians, especially pediatricians, are greatly concerned about mothers suffering from childrearing anxieties, and they are responsible for actively supporting them to ensure the sound physical and mental health of the next generation.

This paper focuses on the important role of physicians, especially pediatricians, who are active at the forefront of infant health, and the approach that is adopted to help mothers suffering from childrearing anxieties.

Childrearing Anxieties Observed at the Pediatric Outpatient Clinic

Based on the idea that there were many young and first-time mothers suffering from childrearing anxieties, the author began holding monthly class sessions on child-raising activities at his pediatric clinic from about eight years ago. Some of the topics that are discussed are the basic mental attitude that should be adopted by the mother, techniques, helpful hints and suggestions about childrearing activities. At the beginning of each class session, each mother is asked to candidly describe her thoughts and feelings about childrearing. Some mothers have cried and confessed to forcibly shutting the mouths of their crying infants out of irritation, choking the infant’s neck, and other abusive behavior. The large number of mothers who suffer from child-raising anxieties is shocking.

To further ascertain and corroborate the existing conditions, a survey on the mothers who had participated in the childrearing class sessions was conducted in 1996. Each mother was asked to fill out a questionnaire, and the findings that were obtained surpassed expectations. Of the 66 valid responses that were received (a response ratio of 51 percent), 16 percent of the respondents stated that they had or continue to have strong anxieties about their childrearing responsibilities; 36 percent stated that they became periodically anxious; and 44 percent said that they almost never experienced anxieties about their childrearing responsibilities. As these findings show, the majority of the respondents had experienced childrearing anxieties to a greater or lesser degree.

A survey was conducted on 13,084 mothers with four-month old infants who underwent a health examination from April to December 1998 in Fukuoka City. In response to the question, “Is childrearing enjoyable?”, 78 percent responded “yes”, 1 percent responded “no”, and 21 percent responded as “neither”. In a survey of mothers taken during medical check-ups, there was an 8 percent decrease in the ratio of mothers who responded that childrearing was enjoyable as their infants reached 1.6 years and 3 years of age. But in general group surveys, the ratio of mothers who responded that “childrearing was enjoyable” was rather high. Therefore, informing a pregnant woman prior to the birth of her child that “childrearing is basically an enjoyable task” is beneficial.

It should be cautioned, however, that the onset ratio of childrearing anxieties differed greatly according to the group characteristics of the mothers at the time of the survey. Some survey findings show that the majority of the mothers experience childrearing anxieties. But, an objective and appropriate figure is about 20 to 25 percent for mothers with children up to the age of three years.

Typical examples of childrearing anxieties described by mothers who participated in childrearing class supervised by the author have
been introduced below.

“I’m unable to prepare three daily meals satisfactorily and my child won’t eat. Since my child is so physically small, I try to force him to eat, but he refuses to eat obediently. It inevitably ends up in a vicious daily cycle of spanking and crying”.

“I had no one to whom I could turn for advice and I was often depressed. I read child-rearing books over and over, but none of the examples that were given fit my situation and I was beyond myself. My child cried so often and I was so worried that she was ill”.

These are two candid descriptions that aptly show the actual state of childrearing anxiety.

In answer to the question, “Have you ever become physically violent toward your child?”, 43 percent of the mothers responded affirmatively. The physical violence consisted mainly of slapping the child’s hands or spanking. However, there were some serious cases of face slapping and other more abusive behavior. Of these more serious cases, 59 percent of the mothers responded that “they were trying to discipline their children”, and 32 percent or one-third of the mothers responded that “they had lost emotional control”.

**Cause of Childrearing Anxieties**

Before examining countermeasures to address childrearing anxieties, the underlying causes will be discussed as to why this phenomenon is increasing and why it is seen as a social problem.4)

The increased number of nuclear families in recent years and diminished community ties that have socially isolated the mother have been pinpointed as the cause of childrearing anxieties.

The natural outcome is that the full-time mother in particular, is beset by feelings of isolation, a strong sense of obstruction, and gradual feelings of being burdened by childrearing responsibilities due to poor cooperation between couples with regard to the childrearing task, especially in the case of difficult children.

In addition, in many cases, the mother has few friends, had gotten married and given birth with minimal real experience in nurturing infants and with very limited learning about being a mother. Therefore, she has minimal confidence about raising a child and she is very anxious. When her mother’s assistance during the first month after the birth of the child ends, her anxiety increases, her confidence completely disappears, and she becomes overly nervous about trivial matters such as difficulty in breastfeeding, the infant’s refusal to eat during the weaning stage, and the inability to sleep at night due to the infant’s crying throughout the night. The mother becomes worn out by childrearing responsibilities which are compounded by spousal disagreements and eventually begins to blame the infant for her troubles (if only this child had not been born). This develops into frustration that leads to child abuse and in some serious cases, the mother begins to harbor feelings of murderous intent toward her child. There is a need to confront the reality of mothers who are forced into abusing their children.

The Infant Health Committee of the Fukuoka City Medical Association has conducted health examinations for infants based on the approach adopted by the Fukuoka City Medical Association. The data that has been collected thus far has been compiled into a database at the Health Care Information Department of Kyushu University, and more than 100,000 cases have been recorded since its start in 1987. In the observation survey mentioned earlier, the mother’s feelings about childrearing responsibilities were surveyed and notable findings were obtained.5)

The findings obtained from a survey of 13,914 mothers under the age of 49 during a one-month infant health check-up, showed that 40 percent of new mothers responded that they were worried, 37 percent admitted to emotional fatigue, 51 percent admitted to physical

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fatigue, and 50 percent responded that they lacked confidence.

Childrearing anxieties experienced by first-time mothers were clearly indicated statistically. As shown in Fig. 1, these anxieties distinctly tended to decrease with the second and third child. Thus, childrearing anxieties improved with the increased experience of the mother.

Furthermore, among the many factors that were studied in this survey, it was found that the primary factors that contributed to childrearing anxieties, which developed within the first month following the birth of the infant and were statistically corroborated, were first-time births by women over the age of 30, mothers who had male infants rather than female infants, mothers who did not breastfeed their infants, infants who did not breastfeed well, infants who did not gaze at their mother’s faces, the occurrence of an accident, and others. Thus, if these primary factors are recognized, measures to prevent childrearing anxieties can be taken during the health examinations.

How to Deal with Childrearing Anxieties

How should physicians treat the onset of childrearing anxieties? Firstly, prior to the birth of the child, there is a need to discuss the joys of childrearing and the miracle of giving birth with the mother, especially in the case of unplanned pregnancies where the mother’s

Table 1 Advice for Mothers on How to Maintain Mental Health after Delivery6

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<th>Advice for Mothers</th>
<th>How to Maintain Mental Health after Delivery</th>
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<tr>
<td>1. Try to give birth under conditions that you find satisfactory based on thorough conversations with your husband and midwife during your pregnancy.</td>
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<td>2. Get ample physical and mental rest following delivery.</td>
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<td>3. Don’t hesitate to ask questions about concerns related to your baby (such as jaundice) and keep asking questions until you fully understand the explanations.</td>
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<td>4. If you feel that you are suffering from the maternity blues, tell your husband and family members. It is very important that there is someone nearby to watch your condition.</td>
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<td>5. It is not your fault, if your baby is delivered through caesarean section or a forceps operation. It is important that you get adequate rest and try to regain your strength.</td>
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<td>6. Don’t overexert yourself—your baby will grow and develop at its own pace. Relax and accept the help and assistance of your husband and other persons around you.</td>
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<td>7. All mothers commonly worry about whether they have sufficient breast milk. If your baby gains weight satisfactorily, there is nothing to worry about.</td>
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<td>8. Many new mothers become anxious when their parent or home helper is no longer able to help out. Seek the advice of other mothers who can share their experiences with you.</td>
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<td>9. There is no fixed child care manual book available. Do not allow yourself to be confused by other opinions, and do what you think is best because it is about your child.</td>
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<td>10. Be strong and confident about yourself, and think positively when you run into problems. Don’t hesitate to seek assistance when in need. The fact that you’re able to seek help when you need it is proof that you’re being strong and confident!</td>
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Fig. 1 Emotional state of the mother about childrearing at the first month health examination
emotional preparation has been inadequate. Simultaneously, it is important to inform the mother about the significance of engaging in loving behavior such as breastfeeding between the mother and child, which contributes positively to the emotional development of the child in the future, and about maternity blues, postpartum depression, and other emotional disorders that are seen after birth. Table 1 lists the advice given by Dr. Yoshida aimed at maintaining the mother’s mental health following the birth of the infant.6)

Thus, continuity between prenatal and postpartum care is needed. To ensure this continuity, the obstetrician should introduce the pediatrician and inform the mother of the need for prenatal visits. The involvement of the physician with the mother to prevent childrearing anxieties is important.

It is fundamentally important that the physician maintains a supportive mindset and shows consideration and understanding of a mother’s childrearing anxieties during outpatient examinations and health check-ups. Specific examples of physician support for mothers experiencing childrearing anxieties are given below.

1. Give the mother confidence

Generally, mothers suffering greatly from childrearing anxieties have very little self-confidence. Firstly, it is important to praise the mother by telling her that she’s doing a good job. Secondly, encourage her to enjoy childrearing activities, relax and discourage any feelings about having to raise her child according to a set manual. Warm words of encouragement from the physician will give the mother courage and ease whatever burden she may be feeling about her childrearing responsibilities. She will see the physician as a good source of advice; and to gain her trust and confidence, the physician should always show a smiling demeanor irrespective of how busy he is, and adopt a sympathetic listening manner that will encourage the mother to communicate her anxieties candidly. The physician must speak kindly and gratify her need for warmth and understanding.

2. Be aware about the serious effect of a physician’s statement

The physician should be careful not to cause the mother unnecessary anxiety when communicating measures to rectify symptoms that are not clearly abnormal such as slightly low weight or height of the infant or slightly slow development. It is important that physicians, nurses, public health nurses, and psychotherapists are aware of the serious effect that their statements have on mothers. For example, “the child shows slow development” or “there is a problem”, and other negative statements that cause a mother with childrearing anxieties further worries should be avoided.

When a specialist is introduced for a secondary detailed examination, informing the parent about clearly known diagnostic names such as cerebral palsy or lagging mental development should be avoided. The physician should inform the parent that a specialist is being introduced because “I’m slightly concerned about x-symptoms and I want to have a specialist take a look at the child to be on the safe side”. The parent should be given hope and told that generally the brain of a child grows in parallel with the child’s physical development.

3. When confronted by a mother with childrearing anxieties

Occasionally, mothers suffering from childrearing anxieties, especially mothers with a first child, will visit the clinic to seek advice about the inability to produce sufficient breast milk, the infant’s refusal to drink milk, depression, the lack of concentration, irritation, and other worries while confessing to a lack of confidence about childrearing activities or the inability to feel loving toward the infant. During the breastfeeding period, particularly the first four months following the birth of the infant, medical checkups must take maternity blues into consideration. Therefore, it is important to
place the focus of attention on the mother’s attitude rather than solely on the infant.

The physician must not tell the mother that “she must do this or that”, “be strong”, “you’re a mother now, so you’ve got to cheer up and be strong”, and other words of encouragement that may sound lecturing. Rather, the physician must adopt a sympathetic attitude that communicates his willingness to listen to the mother’s point of view. The physician should maintain a supportive and sympathetic attitude to minor complaints by the mother such as “my child often catches cold”, “my child develops rashes easily”, and “my child doesn’t eat well”. Simultaneously, he should help foster the mother’s attachment to her child by encouraging maternal behavior. The aim is to enable her to love her child and to feel happy about having given birth.

4. Childrearing is a shared task between both genders

In view of the tendency for mothers to become emotionally isolated due to diminished community ties and the growing advent of the nuclear family, communication is vital and necessary to gain the understanding and cooperation of the spouse regarding childrearing activities. Fundamentally, the role of the father is not simply to support the mother in her childrearing activities, but to realize that the childrearing task is a shared responsibility of both genders. No matter how tired or exhausted the father may be after returning home from work, it should be emphasized that the concerns faced by the mother in her childrearing activities must be addressed jointly. Qualitative rather than quantitative participation by the father in childrearing activities is important. A mother’s childrearing anxieties are considerably reduced when her husband’s participation is highly valued by the mother irrespective of how late his return home from work is on a daily basis.

5. Role of the community

According to the data obtained from 1,164 cases of infant medical examinations surveyed using the approach adopted by the Fukuoka City Medical Association mentioned earlier, the ratio of employed mothers suffering from childrearing anxieties was clearly lower than the ratio of full-time homemakers suffering from childrearing anxieties. Generally, many stay-at-home mothers suffer from feelings of isolation and childrearing anxieties. Therefore, it is important for the mothers to cultivate friendships with neighbors whom they can seek advice or support. Concrete information about support activities or childrearing circles should be provided and they should be actively encouraged to participate. If the mother is unable to obtain such support, it is important that she is informed by the physician that his support is always available and to seek his advice rather than to worry about childrearing issues in isolation. This will help alleviate the emotional burdens of a mother suffering from childrearing anxieties.

Other countermeasures include putting the child temporarily in a day care center through the local welfare office or to utilize pediatric hospitalization services in the case of a sick infant. This will temporarily relieve the mother from her childrearing responsibilities. Therefore, the pediatrician who is at the forefront of mother-infant care is required to have adequate knowledge and information about a childrearing support network based on community resources such as public health centers, day care centers, Child Consultation Center, women’s centers, family support centers, and Child 110.

6. Questions to mothers troubled by childrearing concerns

There is a need for the physician to sympathetically ask a mother suspected of suffering from childrearing anxieties such questions as “What are you presently worried about?”, “What time do you nurse your child?”, “Does he/she cry constantly throughout the night?”,
“Are you able to get enough sleep?”, “Are you able to make time for yourself?”, “Do you have a babysitter?”, “Does your husband come home late?”, “How does he help you?”. The physician should also encourage the mother to ask questions during medical and health examinations. It is important that he does not immediately refute the mother’s complaints despite their medical irrelevancy and that he adopts a sincere attitude and willingness to listen to the mother. If the physician perceives that the mother does not have someone with whom she can seek help or advice, he should inform her that she should be free to consult him with whatever worries or concerns that she may have or to tell her that since he fully supports her position as a mother, her worries about childrearing should not be borne alone. It is important that the physician provide added encouragement such as “worries about childrearing matters don’t last forever and your worries will be over in no time” to mothers with childrearing anxieties.

Mental Illnesses and the Pediatrician

Several issues about childrearing anxieties and other mental illnesses that are encountered by the pediatrician are briefly introduced here. Generally, it is customary for experienced physicians in clinical pediatrics, to quickly diagnose the disease, treat and cure it as in the case of infectious diseases. Thus, when the pediatrician encounters mental illnesses, they are susceptible to making the following mistakes. Firstly, (1) impatience or the lack of tolerance when the illness is not cured quickly, (2) the tendency to seek cause and effect solutions as is typically done in infectious disease models in pediatrics, especially in the case of mother related illnesses where the pattern is to question the responsibility of the mother, and lastly, (3) the pediatrician will tend to overwork the solution.

These tendencies of the pediatrician are highly unsuited to coping with mental illnesses and are adverse. Thus, in order for pediatricians to actively treat childrearing anxieties and other mental illnesses, they must be adequately aware of these negative tendencies. The solution is not for the pediatrician to cure childrearing anxieties through personal guidance, but fundamentally, it is important for him to resolutely fulfill the role of a confidant, to patiently listen carefully and sympathetically to what the mother is saying, and to address the illness together with the mother.

In the past, the mental illness of mothers and children stemming from childrearing anxieties was not covered in medical textbooks and subsequently, the general pediatrician was inexperienced in treating these illness. But presently, interest in this mental illness has risen among pediatricians throughout the country, and research and study in this field have flourished. As a result, childrearing support activities centered on the pediatrician have been markedly and actively pursued. One of the elements that should characterize outpatient pediatric services in the 21st century, is the advice or expertise that is given in community maternal and child health care.

Conclusion

In an age when young mothers have limited experience in motherhood and must learn about the task of childrearing, the basic means of coping with childrearing anxieties over a long-term period is to organize community childrearing learning centers in order to help women during their pre-teen and teenage years to learn about childrearing responsibilities and tasks through the shared personal experiences of others. It is also desirable that a public educational program about child rearing is organized for young parents. Simultaneously, field and study trips to health centers and maternity clinics and hospitals by junior high and high schools aimed as strengthening childrearing education is also another effective means of preventing future cases of childrearing anxieties. It is vitally important that young people
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are educated about the joys of birth and the enjoyment of raising children during their adolescence. Outpatient pediatric services must actively promote the need to carry out such measures in their respective communities.

REFERENCES