



Expanding the Postpartum Narrative: *An inclusive exploration of mothers, fathers, grandparents, adoptive, LGBTQ+ and non-binary parents*

An online webinar over two evenings with
Carol Merle-Fishman

Zoom Webinar

27th September & 4th October 2024, Fridays

Times on both days:

6:00 pm – 9:00 pm, London UK

1:00 pm – 4:00 pm, New York, USA

CPD/CE credits: 6

Super early bird ticket: £105

Early bird ticket price: £125

Regular price: £145



Location: Online streaming only

(all our webinar tickets now include complimentary access to a video recorded version for 1 year)

Postpartum adjustment impacts *ALL* people who birth, adopt, and raise families. When viewed as only a *women's issue*, it becomes a misunderstood major life event. Postpartum adjustment also deeply affects fathers, adoptive parents, grandparents, and parents who identify as LGBTQ+ and/or non-binary, in addition to all extended family and social relationships. Consider these statistics:

- 50-85% of women feel postpartum blues while postpartum depression occurs in up to 10% of births (*med.unc.edu*)
- Up to 15% of fathers experience perinatal depression and anxiety (*Cameron et al., 2016*)
- **25% of first-time fathers experience mild depressive symptoms and around 12% have a postpartum diagnosis of depression** (*nct.org.uk*)
- Up to 30% of birthing parents in the UK experience childbirth as a traumatic event, with many subsequently experiencing anxiety, depression, or post-traumatic stress disorder (*Slade, 2006*)

Whether it's battling sleep deprivation, worrying about money, managing child responsibilities with work, or the flux in sexual intimacy caused by the arrival of the baby; fathers also face huge, unsettling changes. This is a huge metamorphic event for BOTH parents.

Similarly, there is not enough research to support the post-partum journey of couples who adopt and how this impacts the wider family dynamics, especially with grandparents. This is perhaps a reflection of the unspoken



bias: adoptive parent(s) are expected to have a smooth transition to parenthood given the absence of the birthing experience. Adoptive parent(s) also fear that voicing their mental or emotional struggle with adoption will show them as *'not competent enough'* to their adoption agency. They might be perceived as not being able to bond with the baby and this could put their adoption process at great risk. **This secrecy and silence increases the weighted toll of PMADs (Perinatal Mood and Anxiety Disorders) on the adoptive parent(s).**

It is also a reflection on our long-established, conventional practices that very few such statistics on postpartum adjustment are available for non-heterosexual couples and individuals when more and more of them are creating, adopting and raising families.

In individuals and **couples who identify as LGBTQ+, issues pertaining to acceptance, visibility, isolation, and the lack of respectful gender affirming peri- and postpartum care are common.** Even limited research shows that these individuals face higher rates of mental health difficulties due to stigma and transphobia. More and more trans and non-binary people are becoming parents - however, their invisibility continues to show in institutional policies, starting with the language of maternal/paternal mental health, which reflects only the heterosexual parenting model. The psychological and conventional barriers faced by these individuals and how these impact their peri- and post-partum experience, are particularly under-researched. In general, transgender and non-binary people have higher rates of depression than the general population, and as such are more likely to be at greater risk for postpartum depression and anxiety than heterosexual women (*Wisner, 2018*).

The beginnings of parenting, and also becoming a grandparent, follow expectable trajectories of developmental growth and adjustment. Yet, the terms used to describe the postpartum period – which pertain mostly to birthing women – are non-inclusive, pathologizing and potentially alienating - instead of normalizing an expectable time of personal and familial disruption and adjustment.

This often results in lingering and unresolved postpartum issues, which have been hidden due to shame, cultural factors, and isolation. These dormant stories from the past have the potential to reappear later in life, through procedural and implicit memories, as a response to grief and loss, and/or the arrival of grandchildren, and/or unexpected parenting or grandparenting challenges, and/or in accepting that one will not become a grandparent.

This two-part online workshop which will be of interest to psychotherapists, psychologists, and counsellors, will **consider the emotional, psychological, spiritual, cognitive, and behavioural changes that occur during postpartum adjustment through an intergenerational and gender inclusive lens.**

In Part I we will look at the current diagnostic categories of PMADS (Perinatal Mood and Anxiety Disorders). When viewing these categories, we will also consider the importance or understanding cultural differences, family differences, and an overall expanded view of those who are impacted by postpartum adjustment to include fathers, LGBTQ families, surrogates, adoptive families, and grandparents. We will also distinguish between “normal” and expectable postpartum adjustment, vs. adjustments that requires a diagnosis.

In Part II we will discuss how to work with postpartum clients, both new parents and grandparents. **Effective forms of intervention and support through inquiry, attunement, presence, and involvement will be presented as vital and necessary therapeutic methods.** Specific case examples will be explored, and participants will have an opportunity to bring forward questions and their own case examples.

This workshop will aim to increase practitioners’ awareness and understanding of:

- The range of “normal” and expectable signs and symptoms associated with postpartum adjustment, including the joys and challenges inherent in birthing, and raising children and grandchildren, for different genders, cultures, economic strata and generations



- An overview of the current diagnostic categories of PMADs (Perinatal Mood and Anxiety Disorders)
- The interplay of postpartum adjustment with other life events and family systems
- Comorbidity with trauma and other mental health difficulties

Learning Objectives

- Discuss the universal prevalence of PMADS and postpartum adjustment in all cultures, economic strata, genders, and generations
- Identify the **range of signs and symptoms associated with PMADS and “expectable” postpartum adjustment - intergenerationally, culturally, and gender specific**
- Identify the overlap between trauma symptoms and PMAD symptoms
- Identify how to create a therapeutic space which incorporates investigation into the range of postpartum adjustment and PMADs specific to culture, economics, gender, and generations.
- Apply effective therapeutic skills for the management of PMADS and postpartum adjustment within the context of relationally-focused, developmentally-based Integrative Psychotherapy.
- Discuss ways to **mitigate the impact of shame, and resource clients to manage the impact of PMADS and postpartum adjustment, regardless of age, gender, culture, and generational placement.**

About the speaker

Carol Merle-Fishman, M.A., LMHC, LCAT, CIPTS, FAMI, is a Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Certified International Integrative Psychotherapy Trainer/Supervisor, and Fellow of the Association for Music and Imagery. She is a Past-President of the International Integrative Psychotherapy Association (www.integrativeassociation.com), and a past Editor of the International Journal of Integrative Psychotherapy (www.integrative-journal.com). Carol is a practicum supervisor at the Institute for Music and Consciousness, Worcester, Massachusetts, USA, and is on the faculty of the Institute for Integrative Psychotherapy (www.integrativepsychotherapy.com) in Vancouver, Canada. She is the co-author of *The Music Within You* (Barcelona Publishers)

She lives in the US in the beautiful Hudson Valley region of New York. Her practice offers individual, family, and group psychotherapy, and clinical supervision and training, with specialties in Creative Arts Therapy (music) and Pre-natal and Postpartum counseling. She has worked with countless new mothers, fathers, and babies, and generally falls in love with each and every one of them.

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