EDITORIAL

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**'INTACT UMBILICAL CORD SYNDROME': A DISASTER IN THE MAKING**

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# The most important and interesting parts of learning are the parts that make the world fascinating, the parts that encourage self-reliance and personal growth, the parts that tap into the core of our being.

From the 'Introduction -What is Education?' of Mindful Learning by

**Dr. Craig Hassed and Dr. Richard Chambers**

In mammals, the umbilical cord provides a nutritional link between the mother and the fetus. During intrauterine life it is a source for sustenance and nurturing of the developing fetus through the flow of nutrients and oxygen from the mother. Following birth, the umbilical cord is cut often within the first minute or with a delay of up to three minutes (some obstetricians believe in cutting the cord only when it stops to pulsate).'A delay can result in polycythemia and neonatal jaundice.'

Symbolically, the umbilical cordrepresentsan absolute dependence for sustenance of child on the mother. In the years after birth, the human offspring is expected to gradually attain self-sufficiency, not only in terms of physical development, but also in emotional, social, academic, and economic domains. A persistent dependence on one or both parents in any of these domains could be referred to as having an 'intact umbilical cord'.The same way that a delay in cutting the physical umbilical cord can have pathological consequences for the newborn and the mother, the persistence of emotional, social and economic 'umbilical cords' can have unhealthy implications in adults. An attempt is made here to visit the mental health and academic consequences of a delay in attaining independence and self-reliance to replace absolute dependence on one or bothparents.

Freud's psychosexual stages, Erikson's psychosocial stages, Kohlberg's moral understanding stages, Piaget's cognitive development stages and Bronfenbrenner's ecological systems theory, all highlight the significance of parenting at variousstages of psychosocial growth in human life. Failures, non-resolution and delays in these developmentalmilestoneshave been shown to cause psychopathology and result in impairment of mental health and wellbeing. These developmental delays and failures also form the basis of several psychological theories explaining the aetiology of various psychiatric disorders. These range from mood disorders, schizophrenia, anxiety-related disorders, psychosexual disorders to personality disorders.'·' A healthy, ever-maturing bond between parents and the offspring is a crucial building block in the development of a healthy mindand personality.

Parents influence their offspring through their genetics and also

influence the environment through their parenting style.The two are interwoven to affect a child's psychosocial development. Parenting styles can cast the same influence on the development of a child, adolescent and an adult outside the womb, that the umbilical cord has inside the uterus. Child rearing practices used by parents, therefore, can be as significant as the placenta in the interface between the mother and the fetus. Placenta is well known to be the vital organ of the fetus at par with lungs and liver in adult life''. Robust and healthy child rearing practices are, thus, as crucial and vital for human development in the world outside, as the placenta is for the growth of the fetus inside the uterus. In terms of impact, defective parenting may be comparable to injuries, insufficiencies, abruptions,and malformationsof placenta.

It isthrough their prescriptionsand proscriptionsthat parents draw a 'timetable of socialisation' for a growing child. These values and methods of parenting are often cultural in origin and have a trans­ generational flow.The aim of all parenting is to prepare the offspring for adult roles, in terms of occupation, marital responsibilities, and eventually taking on the parental role themselves. This is especially challenging, as parents take it upon themselves "to prepare their children to take up roles in times that they have not experienced, based on experience of the times that their children have not seen" (a valid observation of a sage). Thisquote embracesthe significance of the unique socialisation experiencesof a child as he or she grows in a world unknown to his or her parents. A child is, thus, expected to grow from a state of dependence to a state of interdependence and eventual independence as he or she moves from childhood to adolescence and adulthood.

Given the challenges brought on by insecurity, threats of terrorism, fear of pedophiles, social media, bullying and internet sexual predators, today's parents find it hard to part with parental control. The street culture of violence, drug and alcohol abuse, and sexual exploitation may justify an overprotective parenting approach in today's Pakistan. This approach is however likely to come with a heavy price tag. Drawing from the physical umbilical cord parallel, it may result in a failure to cut the emotional, and social umbilical cord. This may impair the chances of a child to discover and realize his or



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her true and divine potential. The attempts of insecure Pakistani parents to continue to infiuence, shape and determine the cognitive and experiential world of a growing adult may be considered an Intact Umbilical Cord. The resulting syndrome may have serious psychosocial consequences. This overprotective, over-bearing and relentless parenting may obstruct the re-socialisation and neo­ socialisation experiences required for adult occupational and social roles offuture generation of our country.

Some of the expected changes in behavior that may ensue with an 'Intact Umbilical Cord' areas follows:

* Lackofself-confidence
* Low frustration tolerance/ lnabilityto handle criticism
* Low self esteem
* Passivity, timidity
* Lackofdynamism
* Passive-Aggressive behaviour
* Morbidfearoffailure
* Risk-taking behavior
* Pathological lying/Untrustworthiness

Put together, these symptoms and behavior patterns can be termed as 'Intact Umbilical Cord Syndrome' (IUCS). Each of these symptoms can seriously impede the progression and growth of an individual in the society. They may also make him/her vulnerable to the development of seriouspsychiatric sequel in the form of depression, drug abuse, deliberate self harm, emotionally unstable or cluster C personality, and evensuicide.

On the other hand this IUCS may give the parentsa illusory sense of control about their offspring. They may remain oblivious to high-risk behaviours being undertaken by the adolescent or even adult membersof the family.The West uses the term 'helicopter parenting' for this,' i.e a great deal of what is happening on the ground in tall bushesmay be hidden from a helicopter hovering in the air. Another reason for development of IUCSmay be seen in a mother who may unconsciously view her son as a 'replacement' of her geographically or emotionally absent husband. Some tribal cultures where the

husband proceeds abroad, or a distant metropolis in Pakistan, encourage the eldest son to take *over* the role of the 'head of the family' in social and economic affairs. Such a setting provides the

substrate for IUCS. In certain sub-cultures, the hostile attitude of the husband and in-laws, may result in a pathological bonding between the mother and the children, particularly the eldest son. He may be seen as the'saviour' in a triangle where the husband/ in-lawsare the persecutors, and the mother views herself as the victim. This socio­ cultural pathos is rampant in our society, and the plot tends to get thicker by the day.

A series of early signs may appear before the actual IUCS sets in: Fearful, anxious parents, who do not allow their children to go out and play, interact with peers, or travel on their own, may feel 'comforted' when they see their son or daughter sitting in front of a video game, television or curled up in the bed with the laptop in the 'safety and security' of the home. These parents are happy to serve them snacks, or let them orderjunk food and fast food to ensure their continuouspresence at home. IUCSin this way may result in serious metabolicconsequenceslike obesity, increased risk of heart disease, diabetesmellitus, and hormonal disorders. The British Psychological Society in 2013 warned that children ofoverprotective,insecure,and

overly controlling parents are at a higher risk of developing depression andanxiety'·'.

The possibility of IUCSin Pakistan resulting from the security threats and cultural factorsinherent in our child rearing practices calls for an initiative by Pakistan Psychiatric Society. This may be in form of a campaign to reach out to parents through schools, educational literature and electronic, print and social media. The aim may be to highlight the advantages of taking a calculated and a measured risk of letting their children grow and play out in the 'open' playgrounds with their peers, travel and be adventurous. They must encourage their children and adolescents to take part in decision-making, particularly in their career choices. They must also take responsibility of their learning (rather than parental supervision of their home work), indulge in experiential learning to construct (rather than rote learn) knowledge, and be provided opportunities to develop life skills. Mental health professionals may further run short courses, seminars, lectures and take part in talk shows to encourage parents to impart global, humanistic values of freedom, unity, fraternity and equity amongst communities and nations. The importance of fair­ play, deeper concepts of halal, salat, zakat, tolerance, patience, perseverance, and above all righteousness, faith, and human rights needs to be highlighted to bring an enlightened and a scholarly view ofreligion.

This obligatory role of mental health professionals will take them out of their clinics and tertiary care facilities to make them harbingers of peace,protection and promotion of mentalhealthinthe society.

It is time to play our role in prevention of a disaster in making that if left unaddressed, will have serious psychiatric and social consequences.

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