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Motherhood: a powerful motivation for seeking treatment for and improving gambling disorder



A research in which the Department of Psychobiology and Methodology of the UAB collaborates has studied the challenges of motherhood and mental disorders. It reveals that, although mothers with gambling disorder do not show significant differences in therapeutic response, non-mothers have more severe relapses due to the difference between factors such as socioeconomic status and family support.

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Motherhood has been defined as a complex sociocultural concept that shapes women's parental activities according to a large set of beliefs, values, and behaviors involved in caring for children. Mothers who experience psychological problems usually strive to have meaningful and functional relationships with their children, but they usually struggle with guilt and shame over being both mothers who are responsible for the children's wellbeing and psychiatric patients. In many cases, these mothers experience ongoing stigmatization and alienation from mainstream society for putting their children at risk and describe their everyday life as a continuous struggle to negotiate the prevailing attitudes, practices, and stigmas of being "sick mothers" with the social-moral pressure to be "good mothers".

Previous studies have observed that women with mental disorders may show parental deficits, such as difficulties interacting sensitively with their children and expressing emotion toward them. Compared to men, women with psychiatric conditions are less likely to

treatment for interpersonal and structural reasons, for example lack of financial support and treatment accessibility, lack of childcare, and the burden of household commitments. Some studies of the facilitators and barriers to mental health treatment concluded that motherhood could hinder motivation for seeking and remaining in treatment. Conversely, other works assessing women's recovery from psychopathological states have identified motherhood as an important resource for the acquisition of parenting skills and successful therapy. These inconsistent results underscore the complexity of motherhood during the course and recovery from mental health states, and outline that this construct is yet underexplored in the mental health area.

Our recently published study from the UAB Department of Psychobiology and Methodology has explored how mothers versus childless women's toolkits influence the therapeutic response among n=211 women diagnosed with gambling disorder, attended at the Pathological Gambling and Other Behavioral Addictions Outpatient Unit of the Bellvitge University Hospital, Barcelona. Results evidence no differences between mothers and childless women with regard to dropout from the therapy program. However, childless women registered more severe relapses (higher number of gambling episodes, which started earlier during the intervention period, and involved bets with higher amounts of money). It was also observed that predictors of the treatment outcomes were different for mothers and childless women: on the one hand, a) among the subsample of non-mother women, the risk of dropout was increased for patients with lower levels of harm avoidance and self-directedness, while the risk of relapses was higher for patients from lower socioeconomic status, worse psychopathological state, lower gambling severity levels, and lower cooperativeness scores; on the other hand, among the subsample of mothers, higher risk of dropout was predicted by lower social position, and less family support, while the likelihood of relapses was higher for patients with lower education level, higher gambling severity, and absence of debts related to the bets-activity.

We can conclude that for the female gender (considering both mothers and childless women), the sociocultural context has a strong effect on the process of recovery from behavioral addictions. Hence, we think that policymakers and therapists should be aware of these specific factors and their relationships with the resources and barriers contributing to prevention and recovery. Therapy programs should include concrete strategies for women with the aim of helping them recognize, understand, and employ the full range of available resources for their recovery toolkits by taking into consideration their needs as well as the contextual constructs that can enhance or hinder a holistic recovery from addictions.

And focused on the subsample of mothers who struggle with addictive behaviors, it should be noted that these patients want the best for their children, but their addictions may themselves constitute a risk factor for seeking and remaining in treatment. Some of these mothers may experience difficulties reestablishing relationships with people outside of their addiction-social circle, with the consequence of feeling socially isolated and stigmatized. Moreover, we consider that the parental knowledge of healthy and stable child development may be also insufficient or biased. Therefore, a particular consideration should be given to motherhood as a complex factor for facilitating treatment adherence and recovery.

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