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"It's not me anymore, it's him"
A hermeneutic-phenomenological analysis of matrescence with implications for counselling and psychotherapeutic practice

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Abstract: NHS England (2024) estimates that perinatal mental illness affects up to 27% of all new mums, yet little explains what is typically experienced mentally when an individual becomes a mother. The void in research infers that matrescence is of little import to the maternal experience and may subsequently contribute to maternal distress as a mother's expectations do not meet their lived reality. This article aims to better understand the lived experience of matrescence so consideration may be given to its impact on mothers. A hermeneutic phenomenological approach was selected to support an in-depth exploration of matrescence phenomena. Semi-structured qualitative interviews centred around a genogram and creation of clay self-symbols, were conducted with six mothers 8-10 months after their first child's arrival. Participants were considered low-risk, and included birth mothers and one adoptive mother, from single and dual parent families, in England. The study resulted in four themes: (1) A change of state and a state of change; expresses multi-dimensional and ongoing adjustment (2) Mother matters; explores a paradox of existential mattering (3) M/other merger; reflects relational shifts (4) Prepare to be unprepared; considers the impact of unpredictability, and real and ideal notions. The study's findings contribute toward an emerging conceptualisation of matrescence. Greater understanding may help enable perinatal health-care providers to develop preventative policies and interventions which better support mothers.

Keywords: Perinatal mental health, maternal mental health, matrescence, psychotherapy, life transitions

The research project entitled *A Hermeneutic-Phenomenological Exploration of Matrescence with Implications for Counselling & Psychotherapy* aimed to capture and express experiences of becoming a mother. The objective was to move toward a greater understanding of what is experienced, and what impacts an individual during maternal transition. Matrescence (Athan, 2024) is believed to be a unique time of change in a person's life.

A time when they may experience transformation in some or all aspects of self; physical, social, psychological and spiritual. Currently little acknowledges or addresses this major life transition. This is necessary to address modern maternal mental health training, support, and preparedness within the sphere of psychotherapy and counselling, and beyond.

Research into perinatal mental health (PNMH) and care is crucial. NHS England (2024) reports over a quarter (27%) of all new and expectant mums are affected by perinatal mental illness.

Maternal suicide is the leading direct (pregnancy-related) cause of death occurring within a year after pregnancy and is on the increase; almost a quarter of all deaths of women during pregnancy and up to a year after the end of pregnancy were caused by mental-health related issues; 67% of those could have been prevented with improvements to care (MBRRACE, 2023). Yet deaths and recorded illness are potentially the tip of the iceberg, with barriers to seeking help including poor lack of PNMH knowledge, stigma, fear of being a bad mother and Child Protective Services, and inadequate resources (Smith et al., 2019). Barriers may inadvertently silence experiences meaning that the psychological implications of becoming a mother are potentially unknown, unprepared for and hidden (Arendell, 2000; Arnold-Baker, 2020; Darvill, 2010; DiQuinzio, 1999; Law, 2018; Merle-Fishman, 2010; Nicholson, 1998; O'Reilly, 2021; Zauderer, 2009).

The neglect of maternal mental health (Balsam, 2003) is a globally recognised issue with calls to tackle what has been under-recognised, under identified and under-treated (World Health Organisation, 2022). This inattention has been attributed within the feminist arena to Western society's idealised notions of motherhood (deBeauvoir, 2011; DiQuinzio, 1999; McMahon, 1995; Nicholson, 1998) whilst the DSM-5 (American Psychiatric Association, 2013) recognises its impact, describing that a mother's reluctance to share negative feelings is due to the belief early motherhood should be a happy time. Miller (2005) argues that a mother's rumination on why so-called natural and instinctive feelings may elude them, elicits guilt which further perpetuates distress and confusion. The implication is that entrenched idealised cultural, societal, and personal constructs of motherhood can impact a mother's mental health and that mothers who experience something other than the ideal standard, may themselves feel othered within the mothering experience (Hollway, 2015). Furthermore, a biomedical binary model which structures whether a mother is either mentally well or ill, does not provide a continuum for difficult transitional and existential maternal experiences. The suggestion is that the first step to alleviating maternal distress is to move toward a more comprehensive understanding of maternal experiences (Brown, 2013; Hartrick, 1996; Hollway, 2020; Stern, 1998; Young, 2019). Through better understanding the lived experience it is hoped a gap may be bridged between the expectation and reality of motherhood (Darvil et al., 2010).

Informed by the author's personal experience and available literature, maternal transition is understood to be a unique time of change in a person's life. A time when a person may experience transformation, integration, and redefinition of their physical, social, psychological and spiritual selves (Arendell, 2000; Arnold-Baker, 2015; Darvill et al., 2010; Lupton, 2000; McMahon, 1995; Merle-Fishman, 2010; Miller, 2005; Prinds et al., 2014; Rallis, 2014; Stern, 1998). Despite the impact becoming a mother had on my own sense of self in the world, I found little information which acknowledged its significance. In my experience perinatal education focussed on attending to the baby's needs with a cautionary nod to baby blues or post-natal depression (PND), and perhaps tips on how to manage the physical transition. The terms matrescence, maternal transition, and maternal adjustment I discovered much later when researching the maternal mind. My personal experience accords with the research which suggests little has conceptualised a person's everyday lived experience of maternal transition (Hwang, 2022) although new conversations are emerging (Jones, 2024).

In psychotherapy theory matrescence is generally defined as beginning in first pregnancy through to approximately one-year after the first child's arrival (Hwang, 2022). Winnicott (1956) observed that primary care givers temporarily enter a state of primary maternal preoccupation after the arrival of their child; a brief period where a mother has an exclusive mental focus on their child, an obsessive-compulsive-like-involvement which would be considered an illness at any other stage of life. This intensive bonding Winnicott considered typical and critical to the formation of child-mother attachment. Stern (2013) and Benjamin (2013), further that new mothers shift their psychic organisation entirely from an independent to an intersubjective state, transforming and reorganising self-identity into a constellation. Ogden (as cited in Hollway, 2012) argued that matrescence is a process of self-ablation where a mother's independence and autonomy are foregone. Frosh and Baraitser (2004) highlight a potential psychological paradox for modern independent mothers, as the idealisation of oneness of mother and child portrays a mother's separateness as contrary to good mothering. Research into maternal identity claims that changes in the experiencing of self are inherent to the process of maternal transition with individuals "weaving" (Laney, 2013) and "assembling" (Reveley, 2019) a new mother identity into their existing identities (Smith, 1999; Taubman, 2009). In contrast to the concept of the archetypal good/bad mother, the suggestion is there is no one universal maternal identity. Rather, an adaptive identity process (Breakwell & Jaspal, 2014) integrates multifarious identity experiences, with the situatedness of an individual being a major factor in the development of their maternal-self. In brief, Western, new mothers, potentially manage a complex web of psychological, relational and existential tensions, within a context of idealised notions and silenced realities, which can give rise to shock (Buchanan, 2003) and ambivalence (Lupton, 2000).

Relational-developmental-attachment theorists (Greenberg, 1983) have heavily informed approaches to current PNMH care (see www.gov.uk 1001 critical days policy) placing enormous importance on the impact a primary caregiver's mental health has on the development of the infant. Whilst it is beyond the scope of this paper to evidence, it is my understanding that within this framework new mothers are positioned as an object

within their own experience, with little consideration given to their motivational hierarchy, or mental organisation. Therefore, the theoretical frameworks, used for psychotherapeutic training and to aid client understanding, perhaps cannot helpfully describe the position mothers find themselves in, nor adequately support them to meet the challenges faced.

The limited research is hopeful that better understanding supports better maternal mental health. Law (2018) suggests normalising other, real maternal experiences without fear of judgement or stigma, could reduce a mother's psychological distress, particularly if pre-emptive, which in turn would support family and child wellbeing. This study therefore aims to better understand the lived experience of becoming a mother. By exploring the experiences of different mothers in-depth, identifying any shared or divergent phenomena, and considering them in relation to existing theory, conventional expectations of motherhood may be re-examined within psychotherapeutic theory and practice. In summary the question this study seeks to answer is '**what is the everyday lived experience of matrescence from a psychotherapeutic perspective?'**

Methods and Methodology

Research Aim and Objective

This study aims to shed light on the experiences of first-time mothers, from their perspective. Experiences of self and relations to self since becoming a mother; what, if any, changes have they experienced, and the experiences of different mothers, identifying any shared or divergent phenomena are explored. The objective is to reach a greater understanding of matrescence and consider its impact, and support needs.

This research doesn't endeavour to ground theory, but to engage in hearing, reflecting, and expanding perspectives of matrescence, generating findings, and offering discussion, so that the basis of future maternal theory and psychotherapeutic practice may be grounded in lived experiences over idealised concepts.

Approaching the Strategy

As a Holistic Phenomenological Integrative Psychotherapist, I consider openness, empathy, non-judgement, the advocacy of autonomy and positioning the knower as central to what is known, as fundamental to my way of being and therefore the research needed to adopt a strategy which embraced this (Finlay, 2011). My becoming a psychotherapist coincided with

my becoming a mother for the second time. I'd found the theoretical training biased towards traditional patriarchal models of the mind and deeply confronting. I was overwhelmed by the pressure of Winnicott's (1956) "good enough" mother and questioned my own mental health as my "hierarchy of needs" (Maslow, 1943) and ego state (Edinger, 1960) did not accord with the structures of a healthy self-concept taught. The intensity of my shame, blame and guilt, and resentment towards these concepts for what they could set up for mothers, led me to explore the maternal mind. I found little available at the time beyond Stern and feminist commentary (i.e. De Beauvoir, 2011), and this unfathomable lack further fuelled my fervour. I am aware that my passion and what I perceive as society's negligence of mothers may lead to speculation which, whilst informs this research, has the potential to undermine its rigour. I sought to address this by embracing and acknowledging my subjectivity within the research and maintaining a curious, questioning, attentive and reflective attitude towards my own, and the participants', unique lived experiences.

A methodology was required which could support access to the participants' subjective state and any subjective change in self-concept since becoming a mother; capturing and illustrating a mother's multi-faceted story, notably going beyond that which is speakable (Belenky, 1986) or thinkable (McMahon, 1995). Stanley and Wise (1993) suggest that feminist research praxis is committed to social change; to a questioning, abstentious, reflexive approach unfettered by methodological bases and techniques, demanding other ways of being, seeing, listening, and doing to be acknowledged and accepted. This stance I considered aligned with my own, and what had (so far) been conceptualised as a mother's way of being.

Feminist researchers (DuBois, 1983; Westmarland, 2001) suggest that qualitative research is best suited to understanding what it is like for a person to have a particular experience through the action of storytelling and story-sharing (Heron, 1997; Weiss, 1994). Qualitative research using Hermeneutic Phenomenology (HP) as a strategy is proposed (Stanley, 2013) as a way of hearing new perspectives, recognising the importance of the everyday and bracketing assumption (Kafle, 2011).

HP concerns itself with subjective perceptions, emotions, reflections, and interpretations of lived experiences, positioning the researcher and the research participant as part of the research (van Manen, 2016). Its ability to integrate the implicit-explicit, part-whole, self-other in a fusion of horizons (Dibley, 2020) utilising inductive and deductive approaches to analysis, were found to accord with the researcher's ontological and epistemological perspectives and research intentions.

Methodology: Hermeneutic Phenomenological Approach

HP does not prescribe a particular way of data gathering or analysis. It does however provide a way of being (Husserl, 1999) and meaning-seeking which prizes being-with-another (Finlay, 2011). Finlay (2011) suggests explicit use of interpretation, reflexivity and expressive presentation characterises the HP approach. van Manen (2016) recommends the Hermeneutic Circle (Dibley, 2020, p. 128) as a framework to distil, capture and foreground meanings which structure experiences, allowing the researcher to dialogue with the data revealing new issues and new questions for further interrogation and meaning extraction. The primary methods used for this study were therefore those I considered best suited to exposing, identifying and articulating the participants' lived experiences (Stanley, 2013) within the framework of the dialogic, iterative Hermeneutic Circle.

Participants

HP requires depth and immersion within the participants' experience (Dibley, 2020), therefore a sample of between six and 20 individuals is considered sufficient (Ellis, 2016). Time constraints dictated that this study be undertaken with a small group of participants. I interviewed six participants in total. All identified as first-time mothers, 8-10 months after the arrival of their first child, cis female, aged between 30 and 39 yrs. Five had given birth and one adopted. Four were British-white, one British-Indian and one Irish. Five were in domestic partnerships and one single. All had accessed higher education and lived in England. Two had received mental health support since becoming a mother.

Recruitment

The intersectional experience was considered important, and I sought to engage as broad a population of mothers as possible, so that different culture, ethnicity, gender, relational and class narratives within matrescence could be considered as both part and whole of the experience. Access was however limited due to a lack of personal and professional affiliations and time needed to establish those. Participants were recruited through snowballing methods (Parker, 2019) engaging the researcher's own networks through social media and word of mouth, as well as through targeted approaches to local children's centres, parenting groups, and social media forums specifically multi-cultural, LGBTQ+, trans and adoptive parent communities.

Inclusion & Exclusion Criteria

Participants were not known to the researcher, or vice versa, prior to the study. Participation from all who self-identified as a mother including non-birth and those from diverse backgrounds were actively encouraged. Mothers were eligible to take part in the study six to 12 months after the arrival of their first child, to allow for any immediate psychological adjustment and post-partum recovery, and if they and their infants were healthy at the time of interview. A Participant Information Sheet and Participant Consent Form provided details of the research being conducted, the interview process, risks and requirements. Interested parties were invited to a pre-interview video call with the researcher where informed consent was secured (verbal and written) and the participant completed a Participant Questionnaire. The questionnaire included socio-demographic questions and risk assessment. Mindful that matrescence is a unique time of physical and psychical transition, The Edinburgh Postnatal Depression Scale (EPDS) (Cox et al., 1987) was used as framework to evaluate risk. Participants were explicitly asked whether they had thoughts of harming self or their child or suffered hallucinations. If high-risk had been identified, by answering 'yes', concerns would have been explored and potentially individuals sign-posted towards support and excluded from the study. Participants were also asked to disclose medical diagnoses which may impact their experience of the study. Two participants accessed counselling at the time of the study to support their mental health. These cases were explored with the individual participants and dissertation supervisor (a clinical psychologist and UKCP registered psychotherapist) and agreement reached that they were safe to participate.

Research Methods & Design

Utilising my psychotherapeutic practice skills, ways of engaging, expressing and exploring the individual's broad and deep phenomenological experiences of matrescence were developed. Multiple methods of data generation were employed, centralised by an individual, in-depth one-to-one interview. The phenomena were gathered and analysed to allow for a greater understanding of matrescence to be articulated through this paper:

Establishing Pre-Understanding

The study began by understanding what is a generally understood about matrescence, through an extensive review of the available research literature, exploration of current UK PNMH guidelines and reflecting on Western and non-Western maternal narratives through film, media and literature (see

references) along with reflections on my own personal experiences.

Participatory Inquiry

An inductive, in-depth, reflective one-to-one interview with each participant centralised the gathering of phenomena and established the person as the priory source of knowledge (Heron, 1997). Each interview lasted between 60-90 minutes. Locations included participants' and researcher's homes and a private office space. Interviews were held in London and Warwickshire between March and July 2022. Semi-structured interviews with open-ended questions alongside a genogram exploration and creative tasks provided participants with the scope to explore how they had experienced their transition to mum and the factors impacting their experience. Pre-determined questions and rigid structure under the HP approach is considered to limit the opportunity to find meaning, but the need to create a conducive context for the participant to share their lived-experience and for the researcher to make sense of the experience was required and so an Interview Schedule was created (Figure 1).

Genogram

Participants were provided guidance on how to prepare and present a genogram prior to their interview illustrating their key maternal relationships, connections, and interrelationships up to three generations. The gathering of material on transgenerational, relational, social, and systemic contexts which may inform a mother's current identity structure, provided a way of identifying what may or may not be essential or unique to the phenomena of matrescence, supporting the expansion of understanding beyond the spoken word (Bowen, 1993). Participants were asked; **Can you tell me about your genogram?** As the first discussion point, it may have supported the participants' access to the mind-set of thinking about motherhood and their relationship to it.

Figure 1: The Interview Schedule

Creative Task

Expressive methodology can support access to right-brain or unconscious processes and reveal hidden meanings (Weiss, 1994) and phenomena (Finlay, 2011). Participants were invited to use clay during their interview to create two forms. The first: a self-symbol of their pre-mum self, and the second: a self-symbol of their mum self. Given the importance of expressive metaphor in HP, clay was selected for its symbolism and practical application. Clay is often used for its therapeutic benefits, to relax, to meditate, to aid mentalisation and help explore authentic, implicit processes (Or, 2010). It is an earthy, natural, ancient, malleable material, which participants were able to mould into something new and uniquely theirs, invoking metaphors for birth and matrescence. Participants were asked; **Can you create a form representing yourself before becoming a mother? Can you tell me about it? Can you create a form representing yourself since becoming a mother? Can you tell me about it? Considering your two self-images, can you tell me what thoughts, words, feelings come to mind?**

Data Collection

Data gathering was broadly consistent for each interview. Interviews were audio recorded, transcribed and line-numbered by the researcher. The researcher's reflective notes were then overlaid sequentially onto the transcription. Permission was given for the interviews to be video-recorded on the researcher's laptop and artefacts (genogram and clay models) retained and photographed by the researcher so that expressed and somatic phenomena i.e. facial expressions, hand movements, clay process, symbolism could be further attended to beyond the initial interview. Descriptions and interpretations of the phenomena and images were overlaid line-by-line onto the transcription creating a rich hybrid picture of the researched and researcher's experiences.

All data was anonymised and handled only by the researcher under dissertation supervision and in accordance with both Warwick University Ethical guidelines and General Data Protection Regulation (2018). Participants consented for anonymised excerpts and images from responses to be quoted in published articles and that anonymised data may be retained and stored by the researcher.

Data Analysis

The densely rich data captured words, images, metaphors, shapes, movements, facial expressions, sounds, rhythms, emotions, feelings and felt-senses responses and patterns. Close attention was paid to each by the researcher, and phenomena which felt important, and indicative of the participant's experience noted, reflected and continually interrogated during interactions with the participants and the data in the moment and over time. The dwelling and dialoguing with the expressed phenomena in an ongoing, attentive and circular movement in-keeping with the Hermeneutic Circle was felt to support an in-depth exploration and move towards a better understanding of matrescence, reflective of both the individual and the universal experience (Suddick et.al., 2020). Given that HP offers few guidelines, to strengthen the analytic approach, I used thematic analysis to structure meaning (van Manen, 2016). Once the gathering of phenomena reached a point where themes were frequently repeated, I re-oriented my focus to the research questions I sought to answer; what impacts/influences the experience of becoming a mum? what is experienced during matrescence? what happens to self during matrescence? what changes during matrescence? what is helpful during matrescence? I then began to select and highlight phenomena which felt reflective of the essence of the individual's experience in relation to these questions. Phenomena were then grouped in a separate table into thematic statements grounded in the participant's words, expressions, and metaphors, and expanded upon with reflection. The essences were then considered, compared, and contrasted across all participant interviews and an additional series of common thematic statements were generated. Given the lack of HP guidelines, I wanted to ensure a level of quality control and therefore the generated themes were shared and discussed with the participants individually over video call so that the researcher's interpretations could be attuned to the participant's lived experience and avoid the researcher's subjectivity being prioritised. Participant feedback was then incorporated. For instance, several mothers disagreed with an original theme 'maternal ambivalence' as they felt the word implied a lack of certainty, when in fact they were very certain of their feelings. The resulting thematic statements were distilled into four themes which the researcher perceived as reflective of both the individual and universal participant experiences. Research and literature specific to the themes generated were then reviewed and discussed. Table 1 expresses the analytic process and action aligned to the HP approach in detail.

Safety & Ethical Considerations

Involvement in research may evoke difficult or uncomfortable feelings and special consideration was given to the exploration of unconscious processes and relational systems involved. Holding in mind the UKCP Code of Ethics and Professional Practice framework (UKCP, 2019) I established a participant safeguarding system including risk assessment; notice of potential risks through detailed participant information literature; clear contracting; securing of in case of emergency contacts and the establishment of a clear chain of supervision and signposting. The study was given ethical approval by the University of Warwick, Ethics Committee.

Hermeneutic-Phenomenological Principle	Research Action / Process
Identifying the Phenomenon of Interest	Literature review.
Uncovering pre-understanding	Recognising the researcher's own phenomena which may 'colour' the research.
Establishing the Environment	Creating a context where the participants would be encouraged to share their authentic experiences and 'dialogue' with their own lived-experience and the researcher.
Securing the Phenomenological 'nod'	Moment-to-moment checking of understanding of the participant's lived-experience of maternal transition.
Practicing sustained reflexivity	The researcher kept field notes and maintained a diary for reflections which were considered within the part whole.
Dwelling/ being-with	Data was continually considered within the wider context (part-whole reflection) over time allowing interpretation to 'bubble up'.
Description / Converging Conversations	A hybrid description, including the verbatim transcription, overlaid with the researcher's observations and reflections, artworks and genogram was created for each participant
Interpretation	Further readings of this hybrid transcript led to points of interest and key phrases, themes and concepts being highlighted and coded.
Reduction	The researcher 'reduced' the data by returning to the original research questions and lifting data from the hybrid text which they interpreted as answering the research questions.
Expansion	Themes drawn were then listed alongside the reduced transcript to highlight any patterns.
Distillation	The researcher reviewed the patterns within the interpreted answers and themes to allow a series of thematic statements to 'bubble up'. These statements the researcher felt best summarised the participant's experience in relation to the question and with their own intersectional context considered to further meaning.
Part-whole reflection	This above process was repeated for each participant and then considered as a whole.
Phenomenological 'nod'	The transformed data was presented to the participant for reflection and verification.
Part-whole reflection	The researcher compared the statements and experiences across the participants.
Distillation	Data was distilled into a table highlighting the overarching, master, and sub themes in relation to the original questions, noting any points for further discussion.
Dwelling	As the process of writing unfolded the researcher continued their immersion and iterative process, further distilling concepts, themes, links and relationships allowing for any divergences or additional themes.

Table 1: Analytic Process and Action aligned to HP Principles

Findings

Presented is an overview of what unfolded and appeared figural to the researcher in relation to the lived experience of matrescence, interpreted and distilled from the in-depth study of the six participant interviews. In the interests of presenting this rich data succinctly, only themes experienced by all participants are shared, unless otherwise specified.

Four inter-related themes (Figure 2) were developed; (1) A change of state and a state of change; expresses multi-dimensional and ongoing adjustment (2) Mother matters; explores a paradox of existential mattering (3) M/other merger; reflects relational shifts (4) Prepare to be unprepared; considers the impact of unpredictability, and real and ideal notions.
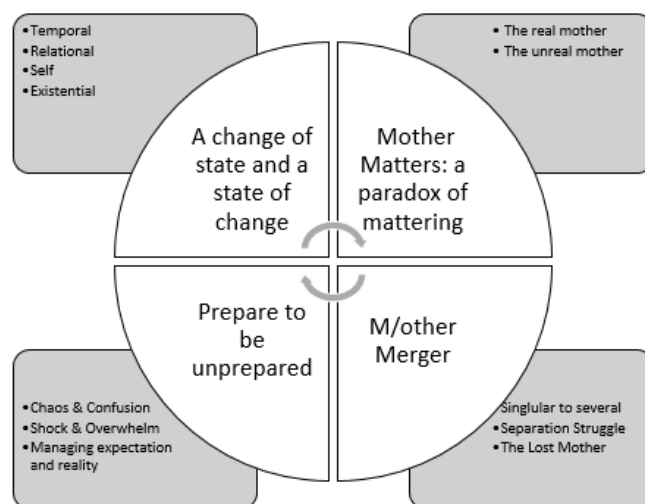

Figure 2: Experience of Matrescence Thematic Map

Theme 1: A change of state and a state of change

The experience of matrescence was expressed as one of change, evolution, and adjustment in all dimensions of an individual's lifeworld (Deurzen, 2018). They had entered a new world of mothering and yet it wasn't a static or definable point of arrival, it was expressed as a state of continual adjustment. Participants' previously known identity structures were out of reach, and they were left alone, confused, and uncertain, struggling to reconfigure. Whilst this process provides potential for a broadening of horizons, and hope of integration, the state of becoming was expressed as dysregulating and chaotic, with a lurking fear and threat of overwhelm.

Temporal

Participants experienced temporal change having moved into a new world, "a different kind of space" (Maya) requiring visceral adjustment. It was as if they had entered a place beyond the veil; seeing the same everyday things, but differently, through an expanded field of vision:

> You're starting to see things through new eyes…seeing things completely different…because you're doing things that you used to do…but now you're taking a little one in the pram that's now engaging, and is looking at the world around them…you'll see things in a different light.
> (Alex)

There was a sense of having "joined a club that [they] never knew existed" (Eleanor) and yet this being-with-others was lonely, participants were without guide, left to figure out what to do, alone:

> That's really hard when you're doing something for the first time. With a baby, that doesn't come with a manual. And you're trying to figure it out. And there are no answers, anywhere, that tell you what you need to do for your child…I'm just always wondering, am I doing the right thing? Should I be doing something slightly differently? Second- guessing myself, a lot.
> (Alice)

This new world felt uncertain and insecure, I remembered my own fear and vulnerability.

Relational

New perspectives on the world impacted how the mothers related to self and others. Participants experienced a sudden shift as relationships were formed and transformed because of a new being entering their lifeworld: "You introduce a grandchild into the equation and you've suddenly, got to navigate this other relationship" (Alice). They and others were now viewed differently: "I think people look at you completely differently when you say you're a mum. And I don't know why" (Alex). Whilst Alex wasn't sure why, I considered that being a mother provided multiple new filters and lenses through which to see and be seen, this change was also expressed by Mary: "[I] instantly just think that's someone's baby… you were somebody's bundle of joy once". Mary's mother-lens allowed her to see the child in everyone, increasing her empathy and authenticity, supporting her connection to other humans and her own humanity: "I think I realise that everyone is human…we never would have spoken about that previously…It would've been a forbidden topic".

Self

Sense of self and identity changed for all participants, with some feeling overwhelmed by being a mum, and other to self:

> It's been very intense. I'm just throwing myself fully into this world of being her mum. But I don't think that, and I can't exactly put my finger on it, I feel like I don't really know who myself is right now. Especially because I've always wanted to be a mum, it was so much what I wanted, but I didn't really want it to be my entire identity. I kind of would have liked for it just to be, a part of it. (Alice)

Participants had a sense that their pre-mum-self remained, but it felt hidden, lost, somehow unreachable. The mothers described a desire to reconnect to this pre-mum self; to figure out and re-find, however they struggled to know how to do that, leaving them feeling unbalanced and uncertain (Figure 3):

II: "balanced","stable", "scales", exterior-facing, open cups, ovaries

II: "rollercoaster", "figuring out", transitioning, "messy", interior-facing

Figure 3: Alice's self-symbols; pre (left); mum (right)

(Note: Below each self-symbol key words have been selected from the hybrid transcripts to describe the images. The words are Integrated Interpretations (II) quotation marks denote words used by the participants, whilst those without, are the author's interpretations)

I recalled feeling resentful, like everything I had been and worked towards was pointless; my years of education and career, social-life, physical health; redundant. A decade on, I feel these previous parts still reintegrating. Similarly, I experienced participants as experiencing an identity process, a state of adjustment and becoming, expressed through their mum self-symbols (Figure 4).

II: becoming, cocoon, metamorphosing, shape-shifting, "moulded around child"

II: "stepping stones", developing, "progression", "balancing", "grown-up", breast

II: emerging, submerging, triumphant, proud

Figure 4: Mum self-symbols; Maya (left); Alice (middle); Eleanor (right)

Whilst the becoming felt growth-full, the transitional self was continually adaptive and reactive, generative and destructive, as mothers expressing emotional dysregulation and turbulence (see Theme 4).

Existential

Participants expressed how their child's existence transformed their own existence, making it more valuable "worthy of something" (Alex), significant and real "because you realise what is important" (Mary). I perceived the existential change as notable from a psychotherapeutic perspective, warranting its own theme (see Theme 2).

Theme 2: Mother matters: a paradox of mattering

Becoming a mother confronted participants with their own existence. They explored mattering in terms of how they mattered and what mattered to them. The experience of maternal transition as existential confrontation arose as participants expressed a paradox that they mattered both more and less in their real and unreal worlds. Whilst their lives became more meaningful and valuable, they mattered more due to the responsibility they held for the more valuable other. This responsibility at times weighed heavy, risking self-ablation, and creating internal conflict. An additional confrontation arose, as the participants' internalised unthinkable mothers (archetypes and introjected messages) expressed themselves,

impressing upon them in unknown, unchallenged and powerful ways.

The Real Mother

Mum-life appeared focussed and moulded around the child, as expressed by Maya (Figure 5) who now felt she had less space for her, previously, many parts of self: "I was making sure I had things for him, that involve me…but the focus of them was…they're all him…it's a little channel for me, but within the parameters of him". Life was less "twisty" (Figure 5), and participants were no longer "bumbling through life" (Alice), suggesting greater purpose. Lives were structured differently; Eleanor (Figure 6) expressed how her self-locus shifted from independence, and external orientation, to inter-dependence and the internal. Mum-lives mattered more; "Let me make myself bigger. I'm more important. I matter more. Because I'm the centre of his universe. There's this being that needs me that I didn't have before" (Eleanor). The reshaping of the participants' matter seemed necessary to provide stability and sustain their child's life, highlighting an existential inter-dependence: "I'm his foundation. I am literally, like his life-giver" (Eleanor), "Because. Without me. What is she? You know, what is she?!" (Alex).

II: "busy", "twisty", "unfocussed"

II: "heart", "busy around one thing"

Figure 5: Maya's self-symbols: pre (left) mum (right)

II: "in-control", "driving seat", "goals and happiness external", universe external to self, centre of own universe (moon/star)

II: "bigger self", universe internalised, "centre of his universe", "he's above me", "I'm his foundation", pride, offering, self

Figure 6: Eleanor's self-symbols; pre (left); mum (right)

The realisation of a "never going away" (Eleanor) responsibility for the child, brought participants into contact with their own mortality. In creating, supporting, stabilising, protecting, and affirming life, it seemed the contact boundaries and impact of their own being in the world were experienced, sometimes for the first time: "God, forbid I walk home now and get run over by a bus. Like that! That will just ruin her life" (Gloria). The consideration that their death could be the ruination of their baby was a source of existential pressure and worry. A further existential threat was experienced with an unintentional deprioritising and killing-off of self; Maya described how her life was "not for me" whilst Gloria "unconsciously martyred" herself by not looking after her own physical needs. This risk of self-ablation, when noticed, was met with fierce resistance: "I'm not just this kid's mother! I'm not! That I'm not like! I am still the human that had! Before I had her!" (Gloria).

The Unreal Mother

How the mothers experienced becoming a mother was also shaped, influenced and impacted by their modelled family systems as expressed through the genograms. Participants experienced internal conflict as external, introjected messages were at odds with their own learned understanding:

> I think I'm a bit of a conflicted, conflicted myself…that influence from my mum and dad…and I don't, I don't believe it. But yeah, there is the fact that they did it. And that's what it's supposed to be. If I dig deep enough…there probably is that battle in my head. (Gloria)

The power of unconscious messaging was apparent pre-pregnancy. Participants described how much it mattered to

them to become a mother and how they experienced pressure to have a baby. For some this had escalated to panic: "If I wait. It might never happen!" (Alex). The thought of not having a baby appeared unthinkable, as too was the decision to have a baby, it was described as unquestioned, "always known", "meant to be", characterological without active agency. Gloria's reflection that despite carefully considering every acquisition in her life, she had never sought to consider the decision to become a mother, until becoming one, struck a chord with me.

The participants hadn't purposefully created symbols of creative potential within their pre-mum models, but I was aware of how prolific they were; open cups and ovaries (Figure 3); womb and ovum (Figure 7); male (star) and female (moon) (Figure 5); egg and phallus, and breast (Figure 8), potentially indicative of an inherent and unconscious drive toward the creation of life. My interpretation was supported as mothers indicated a sense of fulfilment (Figure 7), pride (Figure 6) and happiness in having realised their potential as a mother: "I was always meant to be a mum. I definitely feel like, if I was to die tomorrow, I'd be really happy. I have definitely achieved what I want to achieve. I feel just really, at self-peace" (Mary).

II: "heart", "unfulfilled", "hole", empty womb, missing

II: "heart" "fulfilled", "complete", hole made whole, womb and ovum

Figure 7: Alex's self-symbols; pre (left); mum (right)

Whilst participants expressed wholeness and gratitude, it was particular to the part of self which identified as being a mum. Becoming a mum did not complete their identity:

> I don't see my life outside of being a mum as insignificant. I really don't. I don't feel like my whole identity is being a mum. I don't feel like that's gone away… I'm looking forward to being more than mum. (Eleanor)

The sense of expansion and contraction of parts of self indicates a tension as Eleanor feels wholly a mother and yet not wholly herself.

In contrast to the ruptures and conflict with older parts of self, Mary's matrescence illuminated potential for developmental repair. As explored through her genogram her mother hadn't been fully available whilst growing up, and so the expression of experiencing relational constancy for the first time: "She just looks at me with unconditional love. And I don't think I've ever felt that previously. Having just someone that is a constant other. I was a bit lonely before I was a mum" suggests becoming a mother might shore up a potentially insecure base.

Theme 3: M/other merger

The experience of matrescence is expressed as an interrelated state, one where a mother's existence is fundamentally interwoven with other. Not only the child-other, but also other-to-mother ways of being as self and other states; mother-child, self-other, me-not-me, old-new identities, high-low emotions, growth-constriction, internal-external and secure-insecure ways of being are newly manoeuvred and merger and integration sought.

Singular to Several

Whilst the individual experiences differed, new mothers experienced a distinct shift from an autonomous, singular self to a matrixial 'several' self with their own process of mother to child attachment. These merger-urges were often powerful, and anxiety fuelled drives based on managing multiple existential tensions. Participants felt it difficult to distinguish and make sense of self and other, consistently expressing them as interdependent; external and internal fused, confused and blurred:

> He's a separate human being, like I am not, I see it as my job and my privilege to help him and to raise him. But he's not. He's not part of me. He's a separate individual human being and I get the privilege of helping him grow up….He's like an external source of joy. Like it's gonna be his achievements and him that brings me joy. It just feels different. I think he's like, a part of me, but external to me. Does that make sense? (Eleanor)

For Alice this merging provided stability, supporting her to experience growth, maturity, and fulfilment (Figure 8):

II: "juvenile", nourishment, ingredients of life, phallus and egg

II: "grown up", development, "peace", breast/nourishment

Figure 8: Alice's self-symbols; pre (left); mum (right)

Others experienced challenge, a lack of autonomy and constriction. Gloria's pre-mum "free-self" represented by a ball (Figure 9), now had barriers imploring: "No! Not now. Not now!"

Whilst the changes and impact on self of this 'merger' were not consistent across the participant group, the experience of maternal transition converged on severality; "us" and "our" over the previously independent 'I': "This Is Us. And this is our story now" (Alex).
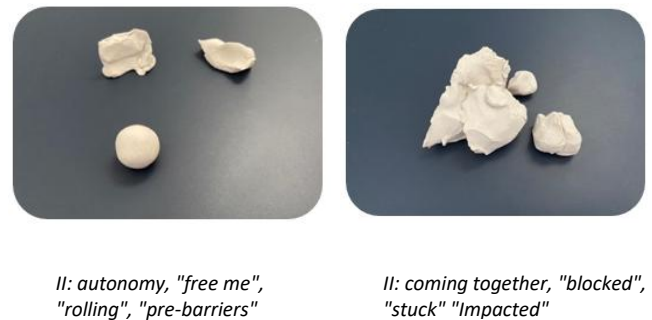

II: autonomy, "free me", "rolling", "pre-barriers"

II: coming together, "blocked", "stuck" "Impacted"

Figure 9: Eleanor's self symbols; pre (left) and mum (right)

Separation Struggle

Connection and the management of attachment was a central and complex tenet of the experiences shared. Attachment was consistently expressed in extremes; an obsessive love and overwhelmingly "too much"; "I love her to bits, I absolutely do. I am obsessed with her. She's my entire world" (Mary); "It's like the fact that I wanted her out of me when I was pregnant, because I was too much in." (Gloria).

A state of isolated hyper-connectivity was described; unable to mentally switch off: "I'm always…really struggling to switch off from her…I'm very hyper aware of her all the time, even when

I'm away from her" (Alice). In finding it difficult to escape, mothers found it difficult to share the responsibility of childcare, even when they wanted to, reflecting their own separation struggle: "What is it about me that feels that, struggles to hand that baton over? I don't know why. Because I want to, I do want to, but in the moment, I just feel like, 'NO!'"(Alice). Feeling the child was safe with another was essential for mothers to be able to break, but even then, breaks were anxiety-ridden:

> Motherhood triggered loads of anxiety in me, anxiety levels were just through the roof, because it was like, I don't know, I don't know what it is at any given time. But my only hope of knowing is being able to see him, being able to watch and respond, there was no one else that has all the information that I have that can meet his needs in the same way. (Eleanor).

The Lost Mother

The mother-to-child separation struggle explored was driven by a fear that the child might not be ok, even when safety was reassured. This instinct for safety conversely threatened to overwhelm and annihilate the mother. The mothers' inability to separate both physically and mentally was overwhelming to the point where self was lost and suffocated: "the 'B'-pot is overflowing now...what kind of things would I do to find the joy for myself? If I had an hour away from the house without B, what would I do that would...what do I do?" (Alice).

> It's just it's crazy, it's crazy how hard it is. It's suffocating in a way. You can't breathe. It's claustrophobic, the unpredictability of it, just never, never really being able to fully switch off, never really been able to relax. Do you ever fully relax again? (Eleanor)

A mother's own needs were de-prioritised, despite knowing this may be unhelpful:

> I'll martyr myself and not consciously. Because the conscious me says 'don't do that, that's a silly thing to do'....whatever I need to do for myself generally doesn't need to be done now where she needs to be fed now…It's just I'm not the priority - ever. (Gloria)

It seemed to me as if individuals had disappeared: "it's not me anymore. It's him" (Maya).

Theme 4: Prepare to be unprepared

Figural in the experience of matrescence was how unpredictable and unprepareable it seemed. Becoming a mother was consistently described as intense and in constant

flux with emotional highs and lows, moment to moment and simultaneously, resulting in, at times, shock and overwhelm. Participants held chaotic and seemingly paradoxical experiences which left them questioning their capabilities. Mothers felt destabilised at a time when they felt their role was to be stable. Hard experience didn't match high expectations generating feelings of failure. Whilst it was felt motherhood was impossible to prepare for, sharing shared and difficult experiences and knowledge was considered supportive.

Chaos & Confusion

"All over the place" (Alex) contradictory and confusing feelings were experienced moment to moment and over time. The individual feelings expressed by the participants are illustrated as a "mass of emotions" (Alex) in the word cloud generated (Figure 10). The larger the word, the more times it was used by the participants, expressing how "overwhelming", "hard" and "shocking" they found their lived experiences whilst framed by contradictory experiences of "gratitude" and "loss", "contentment" and "conflict", "loneliness" and "love".
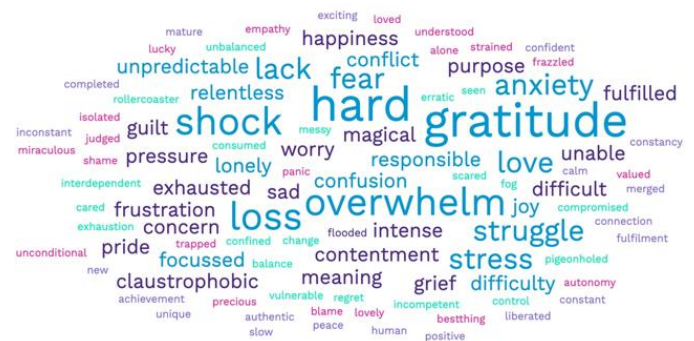

Figure 10: Word Cloud generated by emotional states verbalised by participants

The emotional rollercoasters (Figure 3) deeply impacted the participants, leaving them feeling destabilised, undone, questioning everything:

> Oh god so quickly. It brings everything tumbling down for me so quickly. I go from 'Ok, I'm happy I'm enjoying things… I'm mastering this', to like *clicks fingers*, everything's tumbled down, on my head. Because, 'Oh why is this happening?', 'What's going on?', 'How is this happening again? 'It's your mental state, that just so quickly becomes undone when something unexpected happens. (Eleanor)

The unpredictability of emotional states made the experience of matrescence difficult to define and contain. The mothers were unable to locate their emotional experiences on a binary 'right' or 'wrong' scale: "it's unpredictable and it's and you

don't know how it's gonna make you feel...there's no right or wrong way to feel…"(Gloria) compounding the sense of uncertainty and confusion.

Shock & Overwhelm

The incessancy and intensity of the chaotic experiences was all-consuming, suffocating and overwhelming to the senses: "There's just too much going on in my head…I can't deal with the noise of it. I don't know …just it being intense, intense all day" (Gloria).

Shock was embodied as participants described feeling thrown, thrust and swept by the experience resulting in a visceral sense of instability: "It's like you're throw in. Oh my God, I really was thrust" (Alex); "completely sweeps you off your feet, that's how all-consuming it is" (Eleanor). I reflected on my own experience after giving birth; aghast, left reeling, wondering how mothers did this every day and how did I not know!

Participants conceived mothers to be "rock-like", stable, "foundational" and constant, yet when faced with their own instability they experienced upsetting feelings of failure: "Maybe I wouldn't be so anxious if we were a bit more rooted. I burst into tears one night…I just feel like, I've failed her" (Gloria).

Managing expectation and reality

Faced with ever-changing, chaotic experiences the mothers felt motherhood was impossible to prepare for. The pre-mums had felt prepared, yet the mums had not prepared to feel unprepared: "There is nothing that can prepare you for it. Nothing. Because I think I was comparatively well prepared, as prepared as you could be, but there's just nothing that will prepare you, for that all-consuming…" (Eleanor). This chasm between high expectation and hard experience left participants thinking something must not be right: "I expected it to be oh my god! This is amazing. And it was just. It is just really hard work, particularly the first few months...And then thinking that it's not right. Because it's such hard work." (Gloria).

Seeing and hearing other people's experiences helped to normalise their own hard experiences. Public figures as allies meant a lot to mothers and helped to decrease feelings of personal failure: "Actually that means a lot to me because…. if she couldn't make it happen, then no one can. Which you know anyway…it kind of brings it home" (Eleanor).

Female friends and relatives were considered the most supportive close relationships, but sharing experiences with people who inhabited the same temporal space, and had learned knowledge of the same experience helped mothers to feel understood:

> Having single parent friends helped because they know, know, know what you're going through and they know. You just know…how difficult being a parent is, and somebody just gets it. That actually, when you're on your own, how difficult it actually can be (Alex).

Having experienced bringing two children into the world and reflecting on the differences between, knowing with my second child that motherhood is hard work physically and psychologically, especially in those first few months, helped me to avoid (second time around!) an unhelpful layer of rumination and intrusive feelings of failure.

Discussion

Through the exploration of typical, everyday experiences, with healthy and low-risk mothers within as diverse a field as could be secured, it is hoped this study moves towards a greater understanding of what happens to a person when they become a mother. Whilst it is clear there is no typical, everyday experience, the participants interviewed broadly converged on a series of themes which have the potential to be indicative of the phenomena of matrescence. By considering the phenomena of the four interwoven themes arising from the data, a series of points for discussion are offered with implications for theory and practice within the field of psychotherapy.

Maternal Transition: A cradle of chaos

Mothers in this research vividly describe how their world is both changed and changing through the introduction of a child. Their entire lifeworld: every inter and intra relationship is affected, made different. This everyday experience was unexpected, emotionally intense, and left mothers thrown (Heidegger, 1888-1976). Participants expressed a process of reformulation and reorganisation of their existence; having to re-orientate their self-within-the-world having a new being enter into it. These processes were multifarious described as generative, expansive, fulfilling, chaotic, destabilising and deregulating. This finding is in keeping with recent research into maternal identity processes (Scharp, 2017; Taubman, 2009).

Bussolari and Goodell (2009) suggest that chaos theory as a meaning-making model, considers disorder, unpredictability, and lack of control as a normal part of a transition process. Applied to maternal adaptation, understanding that the

mother-child world does not always work in a predictable manner, and that a mother's feelings of stress and instability are a natural part of the change process, mothers could perceive these feelings of turmoil as an indicator of change, evolution, and growth, not failure. This may allow a mother to relinquish any internalised questioning, shame (mum-guilt) and self-blame that could arise from the shock and belief that they are failing to cope. This may provide a more positive, strength-based view of mothers as resilient and adaptive in the face of ordinary and yet extraordinarily challenging experiences.

Change and uncertainty are known to disrupt our mental processes firing up the amygdala's stress responses and increasing anxiety (Grupe, 2013). It would follow that if change and uncertainty are common factors in becoming a mother, that anxiety and distress could also be common responses (Brown, 2013; Rallis, 2014; Raphael-Leff, 2010). The ability to tolerate uncertainty is foundational to positive psychological adjustment, whilst intolerance of uncertainty (IU) has been shown to be a vulnerability factor for anxiety, depression, and a range of emotional disorders (Boswell, 2013). Awareness of these risk factors along with appropriate support perinatally could be beneficial.

Considering ways to provide conceptual structure to the chaos in the maternal space could be a way of progressing this research. For instance, Warner's (1998) concept of high intensity fragile process (HIFP) promotes the benefit of developing a sense of constancy, agency and competency within new dysregulated dimensions. Perhaps by viewing maternal transition as a high intensity fragile process, the magnitude of what happens to a mother's mind could be recognised, providing relief from the fear mothers are doing it wrong and providing support through the development of a maternal change management programme for example.

Matrescence: A confrontation with existence

It is simplistic, and yet overlooked, that a new being entering a life-world will impact that life-world, life inescapably matters. The degree to which individuals feel that their life is of value also matters to mental health as a predictor of greater wellness (Thomas, 2011). We matter not, when we are unable to impact another or the world around us. Mattering is a relational dimension of self-concept where we assess our significance being-in-the-world and being-with-others (George & Park, 2014). This study demonstrates that mothers experienced self as simultaneously mattering more and less, creating a confronting existential position, which has the potential to create confrontation within self (Arnold-Baker, 2020; Hollway, 2015).

For those interviewed, becoming a mother had been a quest for existential mattering; a goal, a direction, a search for meaning (Afiyanti, 2015). It appeared to fulfil a part of their whole existence, but not their entire being. Becoming a mother did not negate the need for other identities, although it seemed to obscure and threaten them (Hollway, 2015). The dominant narrative in society suggests that motherhood fulfils a woman's potential, bringing joy and accomplishment; this study illuminates a potential internalised conflict as mothers judge themselves as deviant, because they are not made complete by a child as they expect, or seek more than to be completely a mother.

Evolutionary psychology suggests that we are inbuilt with a desire to continue the species. That there is an unconscious influence on the decision to become a mother coheres with participants in this research who described their decision to become a mother as not something they were aware of making. Do individuals therefore matter less at even the earliest point of becoming a mother, pre-conception? The limited public dialogue around this life-changing decision and the consequence to the individual feels negligent, particularly when we know the results of mothers being ill-equipped, ill-prepared and perhaps ill-suited to mothering isn't just felt by the mother but reverberates through the generations (Bowen, 1993). NICE (2021) guidelines recommend that the goal of pre-conception care is to improve the long and short-term health outcomes of women and children. The advice and assessments however fall short of informing mothers and professionals of what the typical impact of having a baby on mental health might be (Hartrick, 1996). Guidance is only provided for those with prior diagnoses, or parenting outside of what is deemed 'typical' e.g. adoptive. Whether individuals could benefit from pre-conception counselling might be an area worthy of longitudinal study.

Encountering morbidity is not a dialogue often had within the context of everyday motherhood, and yet the psychological dimension of mattering meant mothers in the study confronted their own mortality and temporality. It seemed that in supporting a new life, they faced their own death (Taubman-Ben-Ari, 2008). This critical existential experience was also coupled with real threat as the locus of existence moved away from self and towards their child (Arnold-Baker, 2020; Brown, 2013; Stern, 1998). The responsibility to exist whilst under threat, so that the other could exist, was pressurising and posed a challenge as mothers struggled with how to serve both self and other. Internal pressures aside, primary care givers (often mothers) are culturally conditioned to matter. Maternal deprivation (Bowlby, 2013) has been held responsible for emotional and behavioural difficulties in children, leading to the prioritisation of the child-mother attachment and weight of responsibility on mothers. Could hearing that "good enough" (Winnicott, 1956) mothering does

not have to be one person's role but could be fulfilled by others, as other cultures suggest (see African and Asian collective care traditions) have the potential to ameliorate the pressure and responsibility felt by the individual, autonomous Western mother? The preventative effect of alternative maternal messaging and collective support systems could be interesting subjects for further research.

Maternal Adaptation: Managing the merger

The role of attachment (Bowlby, 2013) furthers the importance of child-mother attachment for a child's development, but more research is needed to consider the mother's intersubjective relationship (Brown, 2013). This study suggests that mothers experience an existential merger, a merger-urge whereby they struggle to separate, even when they consider a break may be safe and beneficial. Mahler (cited in Greenberg, 1983) describes a child's "first fight" as a fight between dependence and autonomy, it would seem a mother finds themselves within a similar conflict; split and unsure what to move towards or away from. Perhaps just as a child can learn to attach and separate securely (Fairbairn cited in Greenberg, 1983) so too must a mother?

Benjamin (2013) explains intersubjective development involves an ongoing process of destruction, breakdown, and restoration, and of recognition. This accords with the experience of mothers in this study. That mothers may experience intersubjective development in all dimensions is an overwhelming prospect, particularly if it is unexpected and set within a prevailing culture of parenting which exalts intensive parenting and "oneness" (Scharp, 2017). Maintaining enough of self, whilst under pressure to submerge self, could be understandably challenging to an individual wanting to exist in the world, in their own right (Kohut, 1971). Benjamin writes of the principle of maternal accommodation being confused with submission, and that the creation of a maternal "third" (Lacan, 2003), as a place which recognises and contains difference, allowing both mother and child to continue to discover themselves in the other, the other in themselves and the difference between them without collapsing into oneness, could be helpful. Matrescence appears to be a boundary struggle; how to be contained and to contain, how to be constant and distinguishable without self or other being 'killed off'. The aim of this discussion is not to dismiss the necessity for close connection between mother and child, but to advance the mother's perspective and consider ways social introjects and unrealistic messages have the potential to increase distress. What I hope can be taken forward at a minimum is support for the concept by Arnold-Baker (2020) and Deurzen (2018) that becoming a mother is an existential confrontation to be expected and that support for mothers may be required.

The requirement to be (m)other-wise

The experience of matrescence in this study appears tumultuous and unpredictable, creating a naturally unstable bedrock for mothers. Mothers expressed that they were shocked by the experience of new motherhood (Buchanan, 2003). Shocks were incessant, moment to moment, over time and in every dimension; reality did not meet expectation. Cronin-Fisher (2019) considers the impact of this as provoking of maternal dissatisfaction in his study of the dialectic impact on mothers of the "dominant discourse of mothering"; (which centres on intensive, self-sacrificing) versus the "marginalised learned discourse of mothering"; (which reflected challenges, complexity and unnatural nature). Lacan (2003) explains that the self adapts to the dominant environment, but if the dominant environment is other to what the self experiences, this could engender existential tension. The emotional labour of adopting a façade to fit could be taxing (Yun, 2019), but what if being othered felt intolerable? Connections to self and others could be severed, further isolating self in an already lonely new world. Based on the study's findings, Figure 11 has been created by the author to make sense of the dynamic othering in the context of maternal transition:
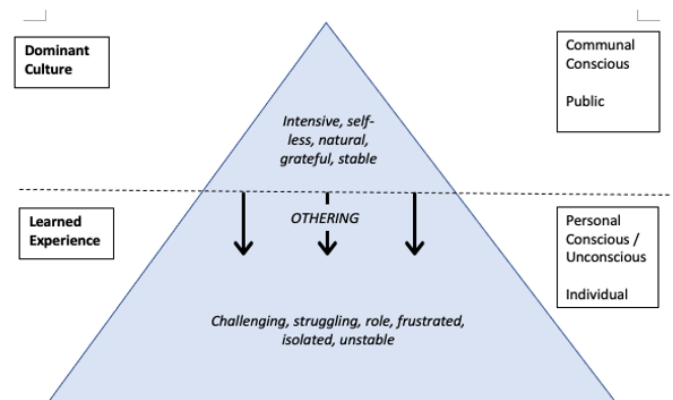

Figure 11: Illustration of dynamic 'othering' of mothers.

(Note: Framework based on presentation by Dr Dwight Turner on the impact of social exclusion and cultural othering within psychotherapy (in itself an amalgamation of Jung's theory of self-concept and the Safehouse Progressive Alliance for Nonviolence (2005)'s illustration of cultural othering adapted by Ellen Tuzzolo (2016)).)

We are hardwired for connection and so feeling that we don't belong can have a detrimental effect on mental health. University of Michigan (Reyes, 1999) found it to be the greatest predictor of major depression. It would therefore follow that a challenge to the dominant maternal discourse could help mothers better prepare and decrease shock. By openly acknowledging that mothers can be emotionally and existentially impacted by becoming a mother, and considering how, could be hugely beneficial to mothers' wellbeing, supporting them to feel safe and secure within their insecure experiences. By not recognising the impacts, we risk further negatively impacting mothers. A healthier cultural assumption could be that matrescence will be met with challenges, therefore perhaps as a society we could aim for a different socialisation of mothers, a different way of knowing and being, acknowledging and validating the tensions and reducing the degree to which the mother feels other.

Limitations

The data in this research is incredibly rich with many anecdotes omitted and many worthy routes for exploration restricted due to constraints of time and word count. The author found the methods used (genograms/clay process) incredibly useful in eliciting themes and expanding messages beyond the verbal, and the real-time allocated. It seemed to allow the participants an opportunity to reflect upon and wrestle with their initial responses, opening up spaces to explore wider phenomena and evaluate a congruent position within those. Considerations of how these processes impacted the participants could be an interesting route for further reflection. Additional themes, which if explored have the potential to be valuable are; the impact of experiencing non-Western parenting models on a Western matrescence (Maya); the impact of the adoption process on preparedness for matrescence and what could be learned from this (Alex); the relational navigation between the adoptive and absent mother during matrescence (Alex); the positive effect of matrescence on mothers who experienced maternal deprivation (Alice); and the impact of Covid-19 lock-down on maternal adjustment.

It is accepted that both the sample and analysis were motivated to redress a perceived imbalance in maternal discourse and thus this paper leans toward uncovering the challenges faced during matrescence as opposed to the already commented upon boons.

Whilst attempts were made, it is felt a longitudinal study, tracking experiences from pre-conception up to 18 months post-partum, and beyond, would have more accurately conceptualised 'matrescence'. Securing a more diverse cross-section of participants i.e. non-working mothers, those in non-hetero relationships and those who don't identify as female, is particularly important to challenge held assumptions in research and healthcare taxonomy that mothers are only female and gave birth.

Conclusion

Currently there is little which conceptualises what happens when a new mother enters the world. By not openly recognising maternal existential experiences beyond pathology (i.e. PND) or the infantilising baby blues, the suggestion is that having a baby is typically stress-free (Noone, 2017). By recognising the difficulties matrescence poses, the hope is that distress is no longer considered a deficit in the mother, or an illness (without minimising that responses can be severe and debilitating), but a fundamental experience of motherhood. Whilst mothers felt unprepared for motherhood, open, and public dialogues around difficulties were seen as helpful, indicating that normalising anxiety, confusion, and stress, could diminish stigma and feelings of failure. Conceptualisation of matrescence and some basic guidance on every level is needed; pre-conception, ante and postnatally to support mothers and families through this process. Psychoeducation offered in groups, at the community level, or in one-to-one sessions early could foster greater understanding. In the context of stress, mothers could receive education about the link between stress and matrescence, and specific interventions. The hope would be that if mothers had more accurate knowledge, they would have more realistic expectations and suffer less as a result.

The findings of this study shed light on the experience of matrescence as one of change within all existential dimensions. New mothers experienced an interrelated and intersubjective process of becoming, fraught with existential confrontations. Mothers encountered this as an intense, turbulent, and chaotic emotional and identity experience which, whilst has potential for growth, is destabilising, further impacted by these hard experiences not meeting high expectations. An objective of this study was to consider implications for psychotherapy and counselling; the hope is that this paper illuminates the need to consider the mother's experience within existing theory. Too often psychotherapeutic support is sought reactively, the hope is that a psychotherapeutically informed view of matrescence, which understands its complexity, might also be preventative.

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