The myth of *maternal instinct*

Why mothers don't automatically "just know", what research tells us about how caring for a baby is learned, and how letting go of the myth can ease guilt and pressure.

MOTHER GROUND
YOUR VILLAGE

Many of us grow up with the idea that mothers have a natural **maternal instinct**: that the moment a baby arrives, a mother will feel overwhelming love, instinctively know what her baby needs, and find caring for them natural and fulfilling.

For some mothers, parts of this may feel true. But for many, it doesn't match their experience. They may feel unsure, overwhelmed, disconnected or even indifferent at first, and then feel deep **shame** that something must be wrong with them. The truth is: **nothing is wrong with them. The myth is what's wrong.**

The myth says mothers should…

- Feel instant, overwhelming love
- Instinctively know why the baby is crying
- Find breastfeeding natural and easy
- Be the "best" at caring for the baby
- Feel fulfilled by motherhood alone
- Never feel ambivalent or resentful

Believing the myth can leave mothers feeling…

INADEQUATE

- "I should know what to do"
- Comparing yourself to others
- Feeling like a fraud

GUILTY

- For not feeling instant love
- For needing help
- For missing your old life

ALONE

- Carrying most of the load
- Partner stepping back
- Not asking for support

AFRAID

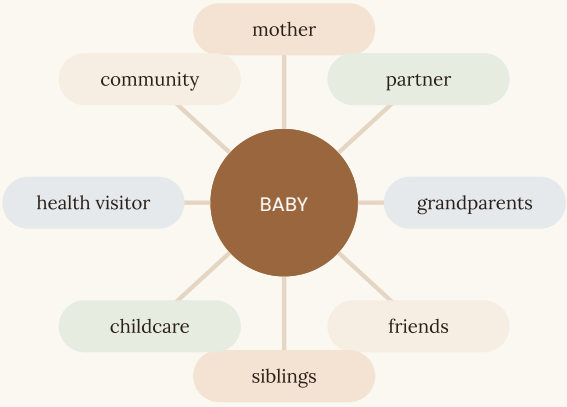
- "Am I a bad mother?"
- Hiding how you really feel
- Worry that something is wrong

WHERE THE MYTH COMES FROM

A story *we've been told*

French philosopher **Elisabeth Badinter**, in *Mother Love: Myth and Reality*, showed how ideas of mother love have changed over history. In 18th-century France, for example, it was common for babies of many social classes to be sent to wet nurses in the countryside. The idea of the naturally, wholly devoted mother grew stronger later, shaped by social, economic and religious beliefs about women's role.

Anthropologist **Sarah Blaffer Hrdy**, in *Mother Nature* and *Mothers and Others*, showed that across human history, mothers have **never raised children alone**. Humans are "cooperative breeders": babies have always been cared for by many people: grandmothers, fathers, siblings and community.



It takes a village

The idea that one person should instinctively meet all of a baby's needs is historically unusual, and very demanding.

Many modern mothers parent with far less support than mothers had in the past, while facing higher expectations. Feeling overwhelmed is **a sign of an unrealistic situation, not a personal failing**.

Caring is *learned*

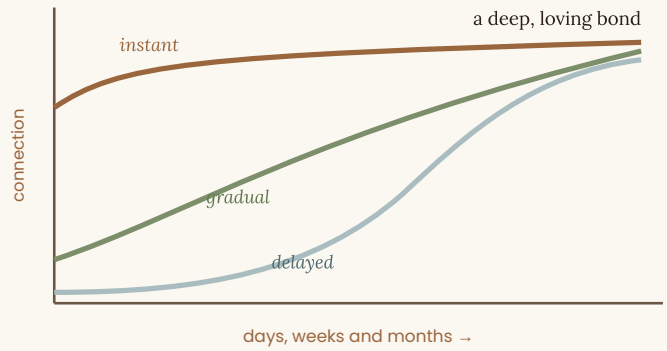
Journalist **Chelsea Conaboy**, in *Mother Brain*, brings together research showing that the parental brain is shaped by experience. Pregnancy brings real changes to the brain, which may help mothers tune into their babies. But caregiving itself, the hours of holding, feeding and soothing, also changes the brain, in mothers and in other caregivers.

WHAT RESEARCH SUGGESTS	WHAT IT MEANS
Pregnancy brings changes to brain structure, linked to tuning into the baby (Hoekzema et al., 2017)	Biology helps prepare mothers, but doesn't hand them a manual
Fathers who were primary caregivers showed brain responses to their babies similar to mothers' (Abraham, Feldman et al., 2014)	Caring for a baby builds the parental brain, whoever does it
Hormones like oxytocin rise with closeness, touch and care	Connection grows through time spent together
Adoptive parents and other carers form deep bonds	Love and attunement aren't limited to giving birth
Parents learn their baby's cues through repeated experience	Not knowing at first is normal; knowing grows with practice

INSTINCT OR LEARNING?

There are real biological changes that support mothering. But the idea of a fixed, automatic "instinct" that tells you exactly what to do is a myth. Caring is **a relationship that is learned**, through trial and error, support and time.

Love *that grows*



Many paths to love

Some mothers feel a rush of love straight away. Many don't. A classic study by Robson and Kumar (1980) found that around 40% of first-time mothers felt mainly indifferent when they first held their baby, and that affection usually developed over the following days and weeks.

A difficult birth, exhaustion, pain, separation, or postnatal depression can all affect early feelings. **Bonding is a process, not a moment.**

Illustrative graph.

Ambivalence is normal

Psychoanalyst **Rozsika Parker**, in *Torn in Two*, wrote about **maternal ambivalence**: loving your child deeply while also sometimes feeling frustration, boredom or resentment. Far from being a sign of failure, she argued that facing these mixed feelings honestly is part of mothering well.

WHEN TO SEEK SUPPORT

If you feel persistently disconnected from your baby, low, numb or anxious for more than two weeks, please speak to your GP, midwife or health visitor. Difficulty bonding can be a sign of postnatal depression or birth trauma, both of which are common and treatable. See our handouts on these topics.

Reflecting on my expectations

What I believed motherhood would feel like	
What it has actually been like	
The "shoulds" I want to let go of	
Who is in my village, or could be	

THE WIDER IMPACT

Who the myth *harms*

WHO	HOW THE MYTH CAN AFFECT THEM
Mothers	Guilt, shame and silence when things feel hard; reluctance to ask for help; carrying most of the care and mental load
Partners and fathers	Feeling secondary or "helpers", stepping back, and missing chances to build their own confidence and bond
Adoptive, surrogate and non-birthing parents	Feeling their love is somehow less "natural" or real
Mothers with postnatal depression or birth trauma	Delay in seeking help, believing they're simply "bad mothers"
Women without children	Judgement or assumptions that they are "unnatural" or missing something

Gatekeeping and the mental load

If mothers are seen as the natural experts, partners may defer to them, and mothers may feel they must do it all, or do it "right". This can lead to **maternal gatekeeping**, where one parent becomes the main decision-maker, and the other steps back. Letting go of the myth makes space for **shared learning and shared care**.

Nobody "just knows". We learn our babies, one day at a time.

TECHNIQUES

Letting go *of the myth*

1 · NOTICE
Catch the "shoulds": "A good mother would just know..."

2 · QUESTION
Is that true? Where did I learn it?

3 · REFRAME
"I'm learning my baby, and that takes time."

4 · REACH OUT
Share the load and ask for support.

Learn your baby together. Partners can learn cues, feeding, soothing and routines alongside you, building confidence for both of you.

Be curious about cues. "I wonder what you need?" Trial and error is how everyone learns.

Build your village. Family, friends, groups, neighbours. Accept help, and ask for it.

Talk honestly. Find people you can tell the truth to about how motherhood feels.

Spend time skin-to-skin. Closeness, touch and time help connection grow.

Be kind to yourself. You are learning one of the hardest jobs there is, often on very little sleep.

Responding to the myth

"YOU'LL JUST KNOW."
"I'm learning as I go, and that's OK."

"GIVE HIM TO MUM, SHE KNOWS BEST."
"We're both learning. Let him try."

YOUR INNER CRITIC
"I don't have to feel it all at once. Love can grow."

ASKING FOR HELP
"I don't think anyone is meant to do this alone. Could you help with...?"

Where to *find more*

Why therapy can help

When motherhood doesn't feel the way you were told it would, it can be lonely and frightening. Therapy offers a space to explore the gap between expectation and reality, ease guilt and shame, and make sense of the profound identity shift of becoming a mother, at your own pace and without judgement.

If the gap between what you expected and what you're experiencing feels hard to bear, you are welcome to talk it through at **velvetcouchtherapy.co.uk**.

Recommended reading

Mother Brain
Chelsea Conaboy (2022)
How neuroscience is rewriting the story of parenthood.

The Myth of Motherhood
Elisabeth Badinter
A history of mother love (also published as *Mother Love: Myth and Reality*).

What Mothers Do
Naomi Stadlen (2004)
Especially when it looks like nothing.

Mothers and Others
Sarah Blaffer Hrdy (2009)
The evolutionary origins of shared care.

Torn in Two
Rozsika Parker
On maternal ambivalence.

Matrescence
Lucy Jones (2023)
The transformation of becoming a mother.

Useful websites

NHS Start for Life
nhs.uk/start-for-life
Information and support for new parents.

PANDAS Foundation
pandasfoundation.org.uk
Charity supporting parents with perinatal mental illness.

Mind
mind.org.uk
Information on perinatal mental health.

Looking after you

If you feel persistently low, disconnected from your baby, or have thoughts of harming yourself or your baby, please speak to your GP, midwife or health visitor urgently, or call 999. Samaritans: **116 123** (free, 24 hours). NHS 111, mental health option. In an emergency, call **999**.

This information sheet offers general support and is **not intended to replace therapy, or medical or professional advice, diagnosis or treatment.** Draws on Elisabeth Badinter; Sarah Blaffer Hrdy; Chelsea Conaboy; Hoekzema et al. (2017), *Nature Neuroscience*; Abraham et al. (2014), *PNAS*; Robson & Kumar (1980); Rozsika Parker. © Velvet Couch Therapy. For personal use only.