# Understanding *matrescence*

*The physical, emotional, social and identity transformation of becoming a mother: why it can feel so disorienting, and why it deserves to be named.*

MOTHER GROUND
YOUR VILLAGE

**Matrescence** is the process of becoming a mother. Just as *adolescence* describes the huge transformation from child to adult, *matrescence* describes the transformation a woman goes through as she becomes a mother: in her body, brain, emotions, relationships, identity and sense of meaning.

The word was first used in 1973 by medical anthropologist **Dana Raphael**. It was later brought back into focus by clinical psychologist **Aurélie Athan** at Columbia University, and by reproductive psychiatrist **Alexandra Sacks**. For many women, simply having a word for what they're going through brings enormous relief.

> **A TRANSITION, NOT AN ILLNESS**
>
> Matrescence is a **normal developmental stage**, not a mental health condition. Feeling disoriented, ambivalent or unlike yourself is often part of the process, not a sign that something is wrong. It can, however, sit alongside difficulties like postnatal depression, which do need support.

## Matrescence can feel like...

**DISORIENTATION**

- "I don't recognise myself"
- Feeling between two identities
- Unsure what I want any more

**MIXED FEELINGS**

- Deep love and resentment
- Joy and grief
- Wanting closeness and space

**LOSS**

- Missing your old life
- Grief for your former body or freedom
- Changed friendships

**GROWTH**

- New strengths and priorities
- Fierce love and protectiveness
- A deeper sense of meaning

A DEVELOPMENTAL STAGE

# Like a *second adolescence*

Comparing matrescence to adolescence helps explain why it can feel so intense. Both are times of rapid, wide-ranging change, and both can leave us feeling awkward, emotional and unsure who we are. Yet while adolescence is widely recognised and expected, matrescence is often invisible.

| | ADOLESCENCE | MATRESCENCE |
|---|---|---|
| Body | Growth, puberty, hormonal shifts | Pregnancy, birth, feeding, recovery, hormonal shifts |
| Brain | Major brain development and restructuring | Brain changes linked to tuning into a baby |
| Emotions | Intense feelings, mood changes | Intense love, anxiety, ambivalence, grief |
| Identity | "Who am I becoming?" | "Who am I now that I'm a mother?" |
| Relationships | Shifting relationships with parents and peers | Shifting relationships with partner, parents, friends, work |
| Recognition | Widely understood and expected | Often unnamed and overlooked |

## A process, not a moment

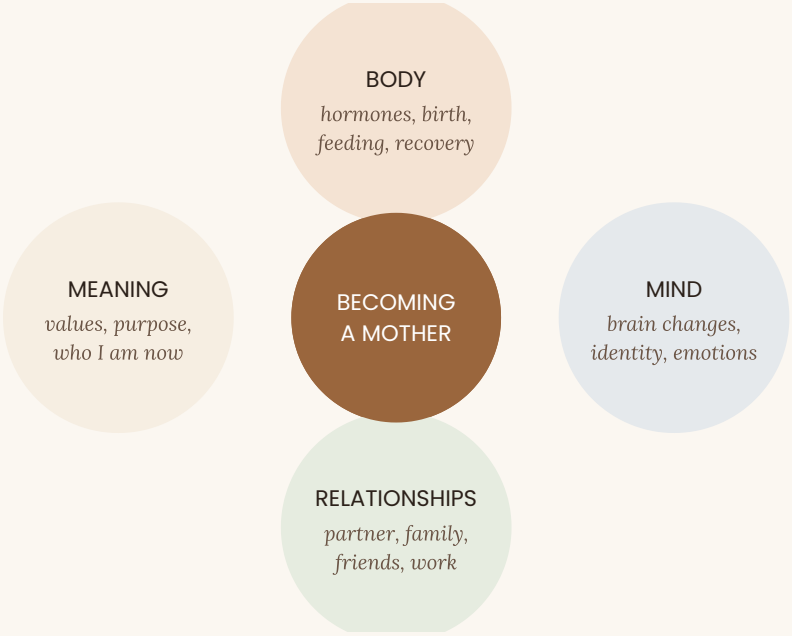



*There is no fixed end point. Many women feel their matrescence unfolding over years.*

Matrescence applies to every route into motherhood: birth, adoption, surrogacy, fostering, step-parenting, and to mothers whose babies have died. Fathers and partners go through their own transition too, sometimes called **patrescence**.

WHAT CHANGES

# Everything, *all at once*




## Four areas of change

Aurélie Athan describes matrescence as touching every part of life at the same time: the **body**, the **mind**, **relationships**, and our sense of **meaning** and purpose.

Any one of these changes would be significant. Experiencing all of them together, often on very little sleep, is why matrescence can feel so overwhelming.

## The mother's brain

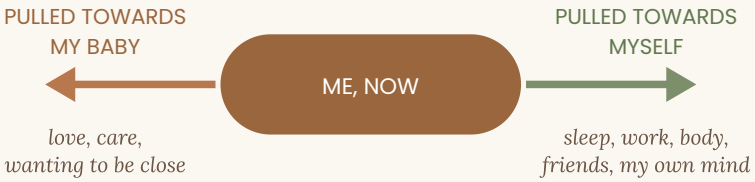
Neuroscientist **Elseline Hoekzema** and colleagues (2017) found that pregnancy brings changes to brain structure, particularly in areas involved in understanding others' needs and intentions. These changes were linked with mothers' attachment to their babies, and lasted for at least two years after birth.

Researchers increasingly see these changes as a **specialisation**, not a loss: the brain adapting to the demands of caring for a baby. So-called "baby brain" forgetfulness is real for many, but so are new strengths in attunement and protectiveness.

## Psychiatrist Daniel Stern

In *The Birth of a Mother*, Stern described how a new mother develops a whole new mental framework, the "**motherhood constellation**", centred on keeping her baby alive, loving and being loved by them, finding support, and reshaping her identity. This doesn't replace who she was, but reorganises it.

# The *push and pull*




*Feeling both is normal. It doesn't mean you're doing it wrong.*

## Pulled in two directions

Alexandra Sacks describes matrescence as a constant **push and pull**: one part of you is drawn towards your baby, while another longs for your own body, sleep, work, friends and mind.

This tension is normal and healthy. It isn't a sign that you love your baby less, or that you aren't cut out for motherhood.

## Ambivalence

Psychoanalyst **Rozsika Parker** wrote about **maternal ambivalence**: the coexistence of love and hate, tenderness and frustration. She argued that these mixed feelings are universal, and that acknowledging them, rather than hiding them, can actually deepen understanding and connection. See also our handout *The myth of maternal instinct*.

## Grieving who you were

Even when a baby is longed for and loved, matrescence involves loss. It is natural to grieve:

- Freedom, spontaneity and time
- Your body as it was
- Sleep, and feeling rested
- Your career identity, or ambitions
- The relationship you had with your partner
- Friendships that have changed
- The birth or early weeks you hoped for
- Simply, the person you used to be

You can love your baby completely, and still miss your old life. Both are true.

# How relationships *shift*

| RELATIONSHIP | WHAT MIGHT CHANGE | WHAT CAN HELP |
|---|---|---|
| Partner | Less time and energy for each other, shifting roles, the mental load, changes in desire | Talking honestly about expectations; small daily moments of connection. See *Couples and identity shifts* |
| Your own mother | Old feelings resurfacing; new understanding, closeness or distance; grief if she isn't there | Noticing what you want to keep or change. See *The mother wound* |
| Friends | Some friendships deepen, others fade; new friendships with other parents | Honest connection; letting friendships evolve |
| Work | Career identity, ambition and confidence may shift; returning can bring guilt or relief | Self-compassion; finding what work means to you now |
| Yourself | New priorities, values and sense of self | Curiosity about who you are becoming |

## Matrescence or postnatal depression?

Matrescence and postnatal depression can feel similar, and they can happen together. It may help to know the difference:

### Matrescence

- Disorientation, mixed feelings and grief
- Moments of joy and connection in between
- Gradually adjusting over time

### Postnatal depression

- Persistent low mood, numbness or hopelessness
- Little enjoyment or connection
- Lasting more than two weeks, getting harder

If you're unsure, please speak to your GP, midwife or health visitor. See also *Baby blues or postnatal depression?*

TECHNIQUES

# Moving *through matrescence*

**1 · NAME IT**
"I'm going through matrescence. This is a huge transition."

**2 · ALLOW BOTH**
Make room for love and loss, joy and grief.

**3 · GET CURIOUS**
"Who am I becoming? What matters to me now?"

**4 · FIND YOUR PEOPLE**
Share honestly with others who understand.

**Talk honestly.** Find one or two people you can tell the truth to about how motherhood really feels.

**Protect a piece of you.** Keep something that's yours, however small: a walk, music, a hobby, ten minutes of quiet.

**Lower the bar.** Matrescence is demanding. Rest, accept help, let things be "good enough".

**Write your story.** Journalling about who you were, who you are and who you're becoming can bring clarity.

**Mark the transition.** Some women find meaning in rituals: a letter to your baby, a walk, a gathering of women.

**Be patient.** Identity rebuilds over months and years, not weeks. You are still becoming.

## Things to say to yourself

**WHEN YOU FEEL LOST**
"I'm not lost. I'm in the middle of becoming."

**WHEN YOU MISS YOUR OLD LIFE**
"It makes sense to miss who I was. That doesn't mean I regret my baby."

**WHEN YOU COMPARE**
"Every mother's matrescence is different. Mine is mine."

**WHEN IT'S HARD**
"This is a huge transformation. Of course it feels big."

TOOLS

# Before, now *and becoming*

Reflect on how you have changed. There are no right answers.

| | BEFORE MOTHERHOOD | NOW | WHO I'M BECOMING |
|---|---|---|---|
| My body | | | |
| My mind and feelings | | | |
| My relationships | | | |
| What matters most to me | | | |
| How I spend my time | | | |

| | |
|---|---|
| What I'm grieving | |
| What I'm discovering about myself | |
| A piece of "me" I want to protect | |

REFLECTION

1. What would I like other people to understand about my matrescence?

# Why therapy *can help*

Matrescence can stir up so much: your own childhood, your relationship with your mother, your identity, grief, ambivalence and hopes. Therapy offers a space that is **just for you**, not the baby, to make sense of these changes, hold the mixed feelings without judgement, and discover who you are becoming.

If you would like support through your matrescence, you are warmly welcome to get in touch at **velvetcouchtherapy.co.uk**.

## Recommended reading

*Matrescence*
Lucy Jones (2023)
On the metamorphosis of pregnancy, childbirth and motherhood.

*The Birth of a Mother*
Daniel Stern & Nadia Bruschweiler-Stern (1998)
How motherhood changes you forever.

*Torn in Two*
Rozsika Parker
On maternal ambivalence.

*What No One Tells You*
Alexandra Sacks & Catherine Birndorf (2019)
A guide to your emotions from pregnancy to motherhood.

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

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

## Useful websites

Matrescence.com
matrescence.com
Information on matrescence from Aurélie Athan.

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.

### Looking after you

If you feel persistently low, numb or unable to cope, 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 Dana Raphael (1973); Aurélie Athan; Alexandra Sacks; Hoekzema et al. (2017), *Nature Neuroscience*; Daniel Stern; Rozsika Parker; Lucy Jones. © Velvet Couch Therapy. For personal use only.