

reality

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IN YOUR OTHER LIFE, YOU'RE A GO-GETTER HEADING A DEPARTMENT WITH A BUDGET OF MILLIONS, YET YOUR UTTERLY HELPLESS NEW BABY HAS YOU PARALYSED WITH FEAR AND INSECURITY. A LEADING PSYCHOLOGIST LOOKS AT

When Jane, a Master's graduate and very successful businesswoman, was asked to describe her proudest moment, she said: "The day I became a mother." However, despite valuing motherhood, it has been the start of a difficult journey towards her new identity. This driven, dynamic, disciplined woman was unprepared for the many new challenges she faced after she gave birth.

Jane is both a mother *and* a career woman. She wants to be a good mother but she also needs the stimulation and recognition of the workplace. She has worked hard to establish her professional identity and does not want to surrender all she has achieved to motherhood. She is one of a growing number of highly accomplished women who could be labelled 'at risk', as the very qualities that have served her so well academically and in the marketplace could actually be troublesome and counter-productive in her newly acquired role as mother.

The inherent conflict

Jane, like many other successful career women who become mothers in their thirties, has a type-A personality, which is known to be precise, orderly and driven. She is a woman who diligently applies herself to a task and masters it regardless of the effort required. This kind of self-mastery

is, of course, greatly appreciated and rewarded in the marketplace. In a busy work environment, it is easy to take a somewhat linear approach to life's challenges, since most difficulties at work carry with them a certain amount of predictability.

Then, on the other end of the spectrum you have the baby – an unpredictable, helpless and demanding being. A woman who has coped with workplace challenges by ordering and solving them will predictably rise to this new challenge by applying the same coping strategies. However, in the case of a newborn, she is likely to be unprepared for repeated failure.

Responding to a baby's needs frequently involves a trial and error approach – there is no formal study guide to follow. (I think self-help baby books sell so well because of our innate hope that there *is* a solution out there!) A competent career woman, used to finding predictable solutions to problems, needs to develop a whole new repertoire of skills which require new approaches, flexibility and great adaptability.

What is even more disconcerting to our new mother is, having stumbled upon a marvellous solution to baby's fretfulness, she discovers that the same solution might not work an hour later. In fact, babies display a never-ending range of needs that continually change throughout the day. Even if our determined mother manages to find a routine that works one day, there is every chance that tomorrow will not bring the same positive response to solutions that worked so well yesterday – the rug is permanently being whipped out from under her. Added to this, our baby keeps growing so what he prefers in month one will certainly be different in month two!

They argue that no child is too young to be helped and that early attention to the problem is important.

Bearing in mind that this vulnerable being is also discovering his own needs, he himself is unsure of exactly what will calm him down. But he is very competent at showing his discontent by shrieking the house down. (Or so it seems to Mom in her sleep-deprived state.) This, in turn, requires that mom has to learn a completely new skill, namely decoding baby's cries and figuring out his needs.

Fear of failure and redefining success

Crying is our baby's greatest survival tool. His crying puts everyone on high alert, causing agitation and tension until he is soothed, and then he turns off his siren. The trouble is that this wailing siren can be interpreted by Jane and others like her, who are used to sustained success, as an indicator of mother's failure – a red X on her otherwise unblemished record. Our accomplished career woman has worked hard to avoid 'failure' and has probably never had to learn that 'good enough is okay'. This is perhaps the hardest lesson for her to learn as a new mother,

For Jane, her self-esteem and confidence lies in complete mastery – nothing is left to random chance. Hard work plus God-given aptitude have until now ensured success and recognition from her peers. Even in the ideal case of planned parenthood, a loving husband and supportive grandparents (which is more often than not the case), the Janes of our world are going to have an especially challenging time when it comes to adapting to motherhood. It is essential that they learn to modify how they judge their own 'performance' and to accept compassion and tolerance for new ways of discovery and problem solving. Normally quite self-reliant, it is important for Jane and her sisters to acknowledge the need for support from a diverse range of sources: friends; extended family; support groups for new mothers and, if necessary, psychotherapy.

The upside

I have found that Moms-at-risk are also very resourceful mothers. Given a space where they can be nurtured and can understand both themselves and what baby might be saying, they rediscover the joy in the ongoing journey of being a parent. For Jane and other new mothers like her, it is essential to unlearn familiar criteria for success, and failure is very important. Unlike the predictable results of study or achieving at work, motherhood is an uncertain, but delightful, journey. It requires patience for the unknown, and the knowledge to recognise that mom might need support from many sources.



To illustrate how a change in perception can improve things, here is a brief excerpt from a psychotherapy session:

When Jane and her 15-week-old came for one of their therapy consultations Jane sat her daughter on her lap facing away from her. Every time baby Saskia murmured, Jane would shift her, rotating her body to face in a different direction and explaining that she needed 'a change of view' so as to keep her from getting bored.

Saskia's rattle was tied to her arm so that it was constantly available, and two others were placed next to her. Ten minutes into the session Saskia gave a little cry and Mom sighed deeply. Then baby wriggled and Jane jostled her, but she didn't settle. I said that it would be okay to feed her while we talked. Jane accordingly shifted Saskia onto her breast where she nuzzled in happily with one hand flailing to the side. Jane also momentarily relaxed.

I commented that when Saskia was quiet she looked happy too, but that I'd noticed that whenever she made a noise or cried, Jane seemed agitated. Maybe Jane

thought she was doing something wrong, that she'd failed her?

Jane then became quite tearful. Later in the session I said to her: "Jane, when Saskia cries she is communicating with you. I've noticed that you listen to her and try to put her into a position that quiets her. Then, for a moment or two, you do get it right. When she murmurs again, you try something different. You see her communications as proof you have failed her, yet I see a responsive mommy who forgets the contented moments and is exasperated from trying too hard not to fail".

She nodded, remained quiet and reflective and, looking almost dreamy, patted Saskia's arm. She bent to pick up the rattles to put them away, then gently stroked Saskia's head and smiled, saying: "She really is a real pleasure, you know." This was communicated with affection as mom and baby rose to leave.

About the author: Jeanine Beukes is a clinical psychologist with 20 years experience in private practice. She has studied both locally and abroad. In her psychoanalytic practice, she works with many patients over a period of years and has thus been able to monitor how people and families develop over time. E-mail her on jnauta@carecross.co.za.