



## **"Pregnancy Is Not a Disability", and Other Comforting Lies We Tell South African Mothers**

### **When the psychologist forgot psychology**

Picture a young psychologist, freshly minted, walking into her own first pregnancy with a head full of theory: attachment styles, perinatal anxiety, Erikson, Bowlby, the works. Then the contractions begin, and every textbook quietly leaves the room.

"When my firstborn was born, I forgot everything about psychology," Professor Daphney Mawila-Chauke says, almost laughing at herself. "I just had to be a mom".

In that small, throwaway sentence sits the whole problem with how South Africa treats maternal mental health. We assume that training, attending classes, or reading the right books provides some immunity. It doesn't. Speaking to Dr. Athena Clayton from PsySSA's Artificial Intelligence Division, Prof. Mawila-Chauke, who lectures in Educational Psychology at the University of Johannesburg and researches resilience, admits even psychologists tip into "paranoia and overthinking" once their own bodies are in question. If she, armed with theory and a profession, found herself blindsided, what about the woman queuing at a public hospital with no medical aid and a partner working away?

### **The body, the boy, and the boardroom**

Listen to Prof. Mawila-Chauke list the pressures pregnant women carry, and a familiar pattern emerges. There is the body: weight, swelling, the shock of a vessel that no longer behaves. "How you interpret that weight has an influence on your mental well-being," she notes. There is the cosmic anxiety of carrying "a human being whom you don't know". Yet, alongside these anxieties, pregnancy is also described as deeply meaningful, "heartwarming" even, as mothers hold both joy and uncertainty at the same time.

Then there is the family. She tells the story of a man paying over R80,000 for sex-selection procedures because his two daughters were not enough. He wanted a son to "carry over the surname". It is a cameo from a much larger play where poverty and patriarchy often dictate the mental load a mother carries.

Importantly, these pressures do not exist in isolation: they are often shared and reinforced, and sometimes even contested within family systems, where both mothers and fathers may carry expectations, fears, and cultural obligations.

## **The lie that kills support: "pregnancy is not a disability"**

The phrase sounds reasonable, even feminist. Pregnancy is not a sickness. Don't pathologise the female body. Fair enough. But Prof. Mawila-Chauke names the trap: "If we always hide behind this phrase of 'pregnancy is not a disability,' sometimes it closes us on an opportunity to support pregnant women". Universities decline to grant concessions. Workplaces shrug at morning sickness. Four months of maternity leave is held up as generous, despite the mother being roughly half-assembled.

### **Being swallowed**

Prof. Mawila-Chauke uses a word that should be on every antenatal poster: swallowed. "Motherhood sometimes has a way of... swallowing you. You can lose your own identity... struggle to separate between your identity of being a mother and your own identity of being a person who has their own emotions". She admits that buying herself ice cream once felt like a moral failing.

Dr. Clayton, listening, names the same dynamic: identity is "gained another layer which is becoming quite all-absorbing and consuming of your time and well-being". When that self disappears, so does much of the texture of attuned parenting. As Prof. Mawila-Chauke puts it: "You can't give what you don't have".

Crucially, this process does not end in infancy. Maternal mental health continues to shift as children grow, from the vigilance of early caregiving, to the tension between protection and autonomy in toddlerhood, to the emotional complexities of adolescence where parents may feel both needed and pushed away.

### **What an Ubuntu-shaped response actually looks like**

So, what would taking maternal mental health seriously look like?

First, staff in public hospitals must be held accountable for how they speak to women in labour. A woman who says "I don't want to be pregnant again because I was mistreated" is describing a system failure, not a personal preference.

Second, employers and universities should offer real pregnancy-related concessions, such as flexible deadlines and remote work options. Maternity policy is not a perk; it is infrastructure.

Third, partners, psychologists, and primary-care nurses should integrate mental-health screening into every visit to catch the signs of anxiety and depression early.

Fourth, mothers themselves must be granted the right to take up space: to buy the ice cream, attend the gym, leave the children with a competent adult, and breathe.

Fifth, support must be understood as collective rather than individual: partners, extended families, workplaces, and communities all form part of the ecosystem that either enables or constrains maternal wellbeing.

Resilience, in this sense, is not simply a personal trait but a relational and contextual process, shaped by access to resources, quality of care, and the responsiveness of the systems within which mothers live.

### **A small, stubborn closing**

Prof. Mawila-Chauke's quiet insistence that mothers are brave, but bravery is no substitute for systems. A mother is not a self-sacrificing icon. She is a person carrying a noble trust, and the rest of us, clinicians, policymakers, partners, neighbours, and communities, are meant to carry some of it back.

At the same time, her reflections remind us that motherhood is not only a site of strain but also of meaning, connection, and growth – experiences that deserve support rather than being taken for granted.

Otherwise, we will keep producing exhausted women raising anxious children in a country that congratulates itself for caring, while doing remarkably little of it.