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Foundations of Maternal Development

The study of the mother as a developing human being.

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In this brief

HOW TO READ THIS DOCUMENT

This brief is the citable introduction to Maternal Development as a field. It is written for mothers, practitioners, researchers, and institutions at once. Every claim in it is labeled by register: established evidence, emerging research, theoretical proposition, lived-experience knowledge, or founder-created framework. Where a claim awaits a verified scholarly source, the text says so. Nothing here is fabricated.

SECTION 1

The definition

WORKING DEFINITION

Maternal Development is the interdisciplinary study of the psychological, neurological, cognitive, embodied, relational, social, cultural, and existential development of the mother across the lifespan.

Maternal Development examines how becoming and being a mother reorganizes identity, perception, cognition, relationships, embodiment, work, creativity, meaning, and participation in the world.

The field does not reduce motherhood to pregnancy, childbirth, pathology, infant outcomes, caregiving performance, or the mother-child relationship. The central subject is the mother as a developing person.

The field rests on one premise, and everything else follows from it:

> The mother is not merely the environment in which a child develops. She is a developing adult human being undergoing a major biopsychosocial transformation of her own.

One consequence of the premise deserves its own sentence. A mother's wellbeing matters because she is a human being, not only because her wellbeing affects a child. The field will make instrumental arguments when policy requires them. It never forgets that she is the point.

Ten intellectual principles

1. Mothers are developing human beings, not merely caregivers or environments for children.
2. Maternal development continues across the lifespan.
3. Development is not always linear, calm, positive, or easily observable.
4. Maternal distress cannot automatically be reduced to pathology.
5. Development, disorder, trauma, social deprivation, exhaustion, grief, and unsupported adaptation must be carefully distinguished.
6. A mother's wellbeing matters because she is a human being, not only because her wellbeing affects a child.
7. Motherhood can produce identity loss, identity expansion, grief, ambivalence, rage, creativity, cognitive adaptation, relational change, and meaning-making simultaneously.
8. Maternal development is shaped by race, culture, class, disability, sexuality, family structure, work, migration, policy, community, and access to care.
9. The mother does not simply return to herself. She develops a relationship with who she is becoming.
10. Maternal development must include lived experience alongside academic research.

SECTION 2

Why the field is needed

Human development is studied in extraordinary detail from gestation through adolescence, and adult development has its own literatures. Yet one of the most profound adult transformations, the making of a mother, has no widely established standalone discipline organizing it across the lifespan as a central and comprehensive subject. Its pieces are scattered across obstetrics, psychiatry, child development, and culture, and in every one of those rooms the mother is someone else's variable.

The cost of the missing field is practical, not academic. Without a developmental map:

- Ordinary developmental disorientation gets read as personal failure.
- Developmental grief gets hidden, and maternal ambivalence gets confessed in whispers, if at all.
- Distress produced by unsupported conditions gets located inside the mother instead of in the conditions.
- The genuine expertise mothers build through sustained caregiving goes unnamed, uncredited, and untransferred.
- Practitioners without a developmental frame have two labels for a struggling mother: fine or ill. Both can be wrong.

Maternal Development supplies the third option: developmental understanding, held carefully alongside clinical care and never in place of it.

Every major human transition is scaffolded except this one. New jobs get onboarding. Grief gets rituals. Adolescence gets an entire architecture of school, mentorship, and cultural patience. In many settings, the making of a mother gets six weeks and a checklist about the baby. A field that studies her development is the beginning of building her scaffolding.

Register note: the claims in this section are the field's positioning argument, a theoretical proposition grounded in practitioner and lived-experience knowledge. The prevalence and cost claims are offered as hypotheses for empirical study, and the research agenda in Section 8 proposes how to test them.

SECTION 3

Disciplinary boundaries

Precision about neighbors is what makes a field credible. Maternal Development claims none of the following territories, competes with none of them, and depends on several.

Maternal health	Studies the mother's body and medical outcomes. Maternal Development studies her whole developing personhood, in which health is one thread.
Maternal mental health	Identifies and treats psychiatric illness. Essential, and not the same as studying development. The field works alongside clinical care, never in place of it.
Reproductive psychology	Centers reproduction: fertility, pregnancy, birth. Maternal Development continues for the fifty years after.
Perinatal psychology	Bounded by the perinatal window. Maternal Development treats that window as one early chapter.
Child development	Studies the child, with the mother cast as environment. Maternal Development gives the mother her own developmental science.
Parenting education	Teaches caregiving skill. Maternal Development studies the person doing the caregiving.
Attachment theory	Maps the child's bond to caregivers. Maternal Development asks what is happening in the mother herself.
Postpartum recovery	Frames the goal as return. Maternal Development holds that a mother does not return; she develops a relationship with who she is becoming.
Matrescence	Names maternal becoming, and is foundational to this field. Contemporary scholarship develops matrescence as a rich developmental construct; Section 6 treats the relationship fully.

SECTION 4

The fifteen domains

Fifteen domains organize the field's territory. The list refuses the reduction of motherhood to pregnancy, birth, or the mother-child relationship: sexuality is a domain, ambition is a domain, grief is a domain, later life is a domain. In practice the domains interweave. The map's job is not to separate the mother into parts. It is to make sure no part of her goes unstudied.

DOMAIN 01 Psychological development	How motherhood reorganizes personality, motivation, coping, and inner life across time.
DOMAIN 02 Identity and selfhood	The continuity, loss, expansion, and renegotiation of who a mother understands herself to be.
DOMAIN 03 Brain and cognitive development	Structural and functional brain change, attention, memory, and learning associated with motherhood.
DOMAIN 04 Nervous-system adaptation	How stress responses, vigilance, and regulation reorganize under sustained caregiving demand.
DOMAIN 05 Embodied development	The lived body across pregnancy, birth, feeding, recovery, aging, and non-gestational motherhood.
DOMAIN 06 Emotional development	The widened emotional range of mothering: joy, grief, rage, fear, and ambivalence held together.
DOMAIN 07 Relational development	Reorganization of partnership, friendship, family-of-origin ties, and community belonging.
DOMAIN 08 Sexuality and intimacy	Desire, embodiment, and intimate identity through maternal transitions and across the lifespan.
DOMAIN 09 Work, ambition, and creativity	Vocation, intellectual life, creative drive, and economic participation through motherhood.

DOMAIN 10 Social and cultural development	How culture, race, class, migration, policy, and community shape and are shaped by maternal development.
DOMAIN 11 Moral and existential development	Meaning, mortality, values, and ethical life as they deepen and complicate through mothering.
DOMAIN 12 Maternal grief and ambivalence	Developmental grief, ambivalence, and loss as ordinary features of transformation, distinct from pathology.
DOMAIN 13 Maternal perceptual expertise	Pattern recognition, anticipation, scanning, and rapid decision-making built through sustained caregiving.
DOMAIN 14 Intergenerational development	How maternal development transmits, repeats, and revises across generations of mothers.
DOMAIN 15 Later-life maternal development	Maternal identity through launching children, grandmotherhood, caregiving reversal, loss, and old age.

SECTION 5

The lifespan model

Maternal development begins before any child exists and continues into a woman's final chapters. Eighteen stages map the territory, not a required route. Mothers enter at different points, skip stages, and revisit others. Development moves in rhythms: themes return at new depths with new children, anniversaries, and seasons.

WHO THIS MODEL INCLUDES

This model belongs equally to adoptive mothers, foster mothers, stepmothers, mothers through surrogacy, bereaved mothers, non-gestational mothers, and mothers whose family structures differ from dominant cultural expectations. Not every mother has given birth. Not every stage applies to every life. Every mother develops.

01 Pre-motherhood	10 Mothering adolescents
02 Fertility decisions	11 Launching adult children
03 Pregnancy	12 Caring for adult children
04 Birth	13 Perimenopause while mothering
05 Immediate postpartum	14 Grandmotherhood
06 Early matrescence	15 Caregiving across generations
07 Later postpartum	16 Loss, estrangement, and identity change
08 Early-childhood mothering	17 Maternal development after a child's death
09 School-age mothering	18 Maternal identity in later life

The model's quiet argument: postpartum is not the ceiling of the field. Most of a mother's development happens after everyone stops watching. Three stages the field considers especially understudied: birth as a developmental threshold for the mother herself, the launching of adult children, and maternal development after a child's death, because a mother does not stop being a mother.

SECTION 6

The relationship to matrescence

Matrescence names maternal becoming. The term was introduced by the anthropologist Dana Raphael in the 1970s (Raphael, 1973, 1975), and was later revived and substantially developed within psychology by Aurélie Athan and colleagues, whose scholarship brought matrescence into clinical, academic, and public conversation as a developmental framework in its own right (Athan, 2024). Contemporary matrescence scholarship is not narrowly bounded: it conceptualizes matrescence as a rich, extended developmental process, and some of its theorists extend it well beyond the early transition. Matrescence scholarship is foundational to this field, and this field says so by name.

Maternal Development is proposed as a broader interdisciplinary center — an organized disciplinary home in which matrescence can be studied as a major developmental construct and process, alongside every other dimension of the mother's development, from before motherhood into later life. The relationship is one of placement and conversation, not of replacement or reduction. A useful analogy:

> Adolescence is a foundational concept within developmental psychology, but developmental psychology is not the study of adolescence alone. The construct is central; the proposed field is the organized home around it.

Nothing in this brief claims the invention of matrescence, and broad inherited concepts, including matrescence itself, are not claimed as anyone's intellectual property here. What this field proposes to contribute is organization: matrescence set in sustained conversation with a domain structure, a lifespan orientation, frameworks, curriculum, and a research agenda, with the developing mother as the primary subject.

SECTION 7

Original frameworks

This First Edition formally introduces two original frameworks, created by Jamilia Shani, that organize the field's core ideas. Both are founder-created theoretical frameworks proposed by Jamilia Shani and offered for citation, testing, refinement, and empirical investigation. They are theoretical by definition until tested; neither is a validated clinical instrument, and neither is presented as empirically validated. Maternal Development is an evolving theoretical project, and further founder-created frameworks in development will be introduced in future editions and publications as they mature.

The Matrescent Path™

A proposed theoretical model of maternal development: a developmental arc in six stages. The six-stage architecture is Shani's proposed model, offered as testable; it has not been empirically validated as a universal developmental sequence. The stages are directional but not strictly sequential; mothers revisit them with subsequent children, losses, and new seasons. Beyond the sixth stage, the framework hands off to the field's lifespan principle: continuing maternal development.

01 Pre-Motherhood	The self that exists before, including imagined motherhood, ambivalence, and inherited stories about what a mother is.
02 Threshold	The crossing point: conception, matching, decision, or diagnosis. The old life is still visible, and the new one has begun.
03 Initiation	Birth or arrival, and the first raw weeks. Intensity, exposure, and the beginning of a new identity under extreme conditions.
04 Disorientation	The long middle. Identity loss and expansion at once; grief and love at once. Conceptualized within the model as developmental, not defective.
05 Integration	A working relationship with the new self. Not resolution, and not a return. Capacities begin to consolidate.
06 Expansion	The self grows larger than the transition, and the path opens outward into continuing maternal development.

Gives practitioners a shared, non-pathologizing developmental language. Limits: a conceptual model, not a validated instrument; cultural context shapes every stage. Full theoretical specification, including evidence status, boundary conditions, and falsifiability, at MaternalDevelopment.org.

The Matrescent Brain™ (Motherbrain)

Shani's proposed theoretical framework for investigating the neurological, cognitive, sensory, emotional, and identity reorganization associated with motherhood. Within this framework, maternal brain and cognitive change is conceptualized as reorganization toward new demands rather than deficit — an interpretive proposal, not established neuroscience. The framework holds five strands together, draws on emerging research where it exists (structural brain change across pregnancy and early motherhood is documented: Hoekzema et al., 2017; Orchard et al., 2023), and clearly separates what studies suggest from what the framework proposes. Motherbrain is the framework's accessible secondary name, carried to mothers directly through the companion book.

01 Neurological	Structural and functional adaptation associated with pregnancy and caregiving. An emerging research area; findings are reported at their actual strength.
02 Cognitive	Within the framework, attention and memory are conceptualized as reallocating toward what matters most; apparent forgetfulness may reflect re-prioritization under load. A proposition for testing, with competing explanations — sleep, interruption, stress — taken seriously.
03 Sensory	Heightened attunement to infant cues, sound, and environment, proposed as learned perceptual expertise.
04 Emotional	Expanded intensity and range, processed through a changed system.
05 Identity	The self reorganizes at the level of narrative and meaning, not only mood.

Gives professionals a non-deficit vocabulary and gives mothers an account of their minds that matches their experience. Limits: a theoretical organizing framework; individual neuroscience findings vary in strength and are never overstated. Full framework treatment, with what is known, what the framework proposes, competing explanations, and open questions, at MaternalDevelopment.org.

SECTION 8

The research agenda

A field is only as strong as its questions. The agenda names twenty-one areas the field considers underexplored. Everything in it is offered as hypothesis and invitation, not established fact. Researchers are welcome to take these questions, sharpen them, and disprove them. A selection follows; the full agenda, with methodology directions and ethical considerations for each area, lives at MaternalDevelopment.org.

Maternal identity continuity and transformation	How do mothers narrate continuity and change over ten years, and what conditions predict integration?
Cognitive change after birth	Which cognitive shifts reflect reallocation under load rather than decline?
Maternal attention and mental load	Can maternal mental load be measured, and what interventions actually reduce it?
Developmental grief	How prevalent is grief inside healthy transformation, and what supports its movement?
Anger and boundary development	When does maternal anger predict growth in agency and advocacy?
Work and ambition after motherhood	How does maternal development change what ambition is for?
Maternal development after loss	How do bereaved mothers carry and develop maternal identity over time?
Adoption and non-gestational motherhood	What is shared and distinct in non-gestational matrescence?

Race, class, culture, and colonization	How do mothers' own cultural frameworks describe maternal development?
Social isolation	How much maternal distress resolves when isolation resolves?
Unsupported matrescence	Does support presence predict developmental outcomes independent of clinical status?
Perimenopause and active mothering	How do two simultaneous major transitions interact in identity, cognition, and body?
Grandmotherhood	What develops in a woman when her child has a child?
Policy and workplace design	What changes when leave, healthcare, and workplaces assume the mother is developing?

Preferred methodological directions across the agenda: longitudinal and narrative designs that follow mothers as primary subjects, participatory research with mothers as co-researchers, and instrument development for constructs the field does not yet know how to measure. Research with mothers requires attention to consent, power, time poverty, and benefit sharing.

SECTION 9

Origins, lineage, and contributions

Maternal Development does not begin from nothing, and it does not claim to. Mothers have been studied, theorized, cared for, and understood by generations of scholars, clinicians, communities, and mothers themselves — within academic institutions and long before them. This section names the lineage plainly, then distinguishes what is proposed here, so that no inherited idea is claimed and no original work is misattributed.

The lineage

The term matrescence was introduced by the anthropologist Dana Raphael in the 1970s, naming maternal becoming as a developmental passage in its own right (Raphael, 1973, 1975). Decades later, Aurélie Athan and colleagues revived and substantially developed matrescence within psychology as a developmental framework, bringing it into clinical, academic, and public conversation — contemporary matrescence scholarship that conceptualizes maternal becoming richly and, in some accounts, well beyond the early transition (Athan, 2024). Motherhood Studies and maternal theory, established as a field in large part through the work of Andrea O'Reilly (O'Reilly, 2016) and reaching back to foundational thinkers such as Adrienne Rich, who distinguished mothering as experience from motherhood as institution (Rich, 1976), built rich traditions for understanding motherhood, maternal subjectivity, institutions, culture, politics, power, and lived experience. Beyond these, numerous disciplines — maternal psychology, reproductive and perinatal psychology, feminist and developmental psychology, anthropology, sociology, maternal neuroscience, midwifery, reproductive justice, family systems, trauma studies, embodiment studies, and women's health — have generated substantial knowledge about maternal bodies, brains, identities, relationships, health, reproduction, labor, families, and social conditions.

The proposition

Maternal Development does not claim to have invented the study of mothers, maternal transformation, or maternal subjectivity. It proposes a distinct interdisciplinary center organized around the development of the mother herself across time — a disciplinary home that brings these bodies of knowledge into sustained conversation around one question:

> How does the mother develop as a human being across the lifespan?

It remains a disciplinary proposal, offered for examination, not an established academic discipline.

What this proposal adds

The originality claimed here concerns synthesis, organization, terminology, models, and the disciplinary proposal itself — not every individual idea within them. Proposed original contributions: naming and proposing Maternal Development as an interdisciplinary field with the developing mother as its primary organizing subject; the fifteen-domain architecture; the lifespan orientation of the field, including its eighteen-stage model; The Matrescent Path™; The Matrescent Brain™ (Motherbrain); the Maternal Development research agenda; and an evidence architecture that distinguishes established evidence, emerging research, theoretical propositions, lived-experience knowledge, and founder-created frameworks.

About the founder

Jamilia Shani is a mother, doula, maternal-development writer, author, product designer, and technical founder. She is the founder of Forpartum and the Propartum Institute, the author of The Missing Map, and the creator of the frameworks in Section 7, grounded in more than a decade of birth and postpartum practice and in her own lived transformation. She entered psychology in 2018 intending to become a developmental psychologist and, in 2020, at four months postpartum, left school while undergoing the very transformation her education never centered. She left the psychology program; she did not leave the developmental question. She began with the material closest to her — her own transformation and the experiences mothers shared with her — and read across the bodies of scholarship that held pieces of what she was observing. She found pieces everywhere. What she could not find was the disciplinary home that held them together, and she began building it. She is not a psychologist, neuroscientist, physician, or licensed mental-health professional, and this field is built to work alongside those professions.

Land and Knowledge Acknowledgment

Maternal Development was developed on Indigenous lands and within a much longer history of Indigenous knowledge about mothers, kinship, birth, caregiving, and human development. We acknowledge the Indigenous peoples who have stewarded—and continue to steward—the lands on which this work has been created, as well as the knowledge traditions that long preceded the formal disciplines with which this field is in conversation.

This acknowledgment is not intended to collapse Indigenous knowledge into Maternal Development, nor to position a contemporary academic framework as the authority through which Indigenous knowledge becomes legible. It recognizes instead that knowledge about mothers, birth, kinship, caregiving, relationship, and human development long predates the Western academic disciplines with which Maternal Development is now in conversation.

References for this section

Athan, A. M. (2024). Matrescence. Frontiers in Psychiatry. · O'Reilly, A. (2016). Matricentric Feminism: Theory, Activism, and Practice. Demeter Press. · Raphael, D. (1973). The Tender Gift: Breastfeeding. Prentice-Hall. · Raphael, D. (1975). Matrescence, becoming a mother. In Being Female: Reproduction, Power, and Change. De Gruyter Mouton. · Rich, A. (1976). Of Woman Born: Motherhood as Experience and Institution. W. W. Norton. Full details, identifiers, and pending-source disclosures: MaternalDevelopment.org/bibliography.

SECTION 10

Ethical and evidence commitments

The five registers of truth

Every substantive claim made by this field is labeled by register:

Established evidence	Findings supported by a substantial, replicated body of peer-reviewed research. Cited to verified sources. Held firmly, and still open to revision as science moves.
Emerging research	Findings from a small, recent, or not-yet-replicated research base. Reported at their actual strength, never inflated into consensus.
Theoretical proposition	Interpretations, models, and hypotheses. Called hypotheses, offered for testing, and welcome to be disproven.
Lived-experience knowledge	Knowledge that begins in mothers' own accounts and practitioner experience. Taken seriously as knowledge, identified as its own register, never dressed up as clinical evidence.
Founder-created framework	Original frameworks created by Jamilia Shani. Theoretical by definition until tested, clearly attributed, and never presented as validated clinical instruments unless and until validation research exists.

Standing commitments

No citation is fabricated. Where a claim awaits a verified scholarly source, the text says so with a placeholder rather than inventing one. Scientific consensus is never claimed where none exists. No single cultural experience of motherhood is universalized, and mothers are not assumed to be biologically female or to have given birth.

Scope and professional boundaries

Because this work intersects with psychology and psychiatry, its boundaries are explicit:

- Founder-developed educational platforms, curricula, and applications associated with this field are educational, not diagnostic.
- Nothing in this field replaces clinical care, and nothing in it should delay clinical care.
- Developmental distress and psychiatric illness may coexist, and both deserve response.
- Non-pathologizing does not mean anti-diagnosis. The field's language commitments sharpen referral; they never discourage it.
- Founder-created frameworks are not validated clinical instruments unless and until they are tested.
- Certifications do not authorize practice outside a learner's existing professional scope. A certificate adds a lens to a license; it is not a license.

SECTION 11

Applications of Maternal Development

Maternal Development is proposed as a field of inquiry, not a proprietary practice system. Its concepts may be researched, tested, challenged, taught, adapted, and translated across research, professional practice, education, technology, design, policy, community work, and the arts.

The founder has developed two applications in conversation with the field. They represent particular translations of Maternal Development, not the boundaries of the field itself.

Forpartum

Mother-facing technology & creative translation

Forpartum explores maternal experience through technology, software, audio, music, narrative, reflective experiences, play, and interactive design. It is a founder-developed application informed by Maternal Development rather than the field's exclusive mother-facing expression.

Propartum Institute

Professional learning & practice translation

Propartum explores Maternal Development in professional education through simulation, reflective practice, case-based learning, practitioner tools, and related educational experiences. Its programs represent one approach to translating the field into professional learning and do not constitute required training for participation in Maternal Development.

Work Across the Field

Maternal Development is intended to develop beyond its founder's own applications. Independent researchers, scholars, practitioners, educators, communities, designers, artists, and institutions may study, test, critique, extend, teach, or develop their own work in conversation with the field.

As this work emerges, MaternalDevelopment.org may document independent research, theoretical developments, critiques, applications, and educational contributions. Inclusion does not imply endorsement or validation.

SECTION 12

How to use and cite this brief

This brief may be shared, taught from, assigned, and cited. It is the field's introductory document, and it will be revised in numbered editions as the evidence base and the field grow.

SUGGESTED CITATION

Shani, J. (2026). Foundations of Maternal Development: A Field Brief (1st ed.). Maternal Development. · Publication home: MaternalDevelopment.org

FRAMEWORK ATTRIBUTION

The Matrescent Path™ and The Matrescent Brain™ (Motherbrain) are original frameworks created by Jamilia Shani; please attribute them to their creator when referencing them. Broad inherited concepts, including matrescence, are not claimed as anyone's intellectual property here.

Maternal Development is the study of the mother as a developing human being, across the whole of her life. This brief is educational, not diagnostic. It does not replace clinical care.