

Diary of a senior registrar in child and family psychiatry – the personal and the professional mutually inform

September

A visiting American professor arrives to speak to our research group about the instrument she has developed for assessing mother–infant interaction. We rate films of mothers with their six-month-olds according to her schedule. I am aware of feeling unusually energetic and creative and less detached about the material than normal. I burst into tears after the meeting and feel unable to cope.

October

The pregnancy test is positive. We decide not to tell anyone until 12 weeks have passed but have to review this urgently when my nausea and vomiting become impossible to conceal. Our children are incredulous and thrilled. I sit in departmental meetings at 9.30 in the morning consumed by panic in anticipation of cooking the children's supper. I learn to sit near the door so that I can leave in a hurry to be sick. I worry that word will get around that I suffer from bulimia but one colleague that I meet in the toilet tells me how serene I always appear.

November

I overhear my six-year-old telling a friend that she can't have friends to her house because "my mummy has a baby in her tummy and she can't do anything fun any more". I resolve to try harder and we have a fireworks party for the children. The overwhelming sickness continues.

December

Christmas. I feel more sensitive than ever to the increased distress and vulnerability expressed by many of my patients at this time of year. I try to make things jolly at home and we have plenty of tinsel and baubles.

January–March

The sickness has lifted and I finally bloom. We are told that our baby is a boy and the children begin to refer to him by the name we have chosen. However, I lie awake at night worrying about the approaching birth. Our younger daughter begins to have trouble going to sleep and frequently wakes us at night. We are sympathetic and try to be firm but the general level of anxiety is high.

April

I cannot sleep, walk or stand to any useful extent. Child number two is now regularly awake until midnight and then again at four in the morning. I stop work and the children wait eagerly for their brother to arrive for "things to get back to normal". We don't have the heart to tell them how it is with a new baby.

May

I am induced and have a beautifully administered low-dose epidural which means that labour is painless and I am in regular telephone contact with the children throughout. I am able to push the baby out myself and am overwhelmed by a real understanding of the significance of one's experience of labour in terms of subsequent mother–infant interaction. I feel euphoric. It is midnight but the children are apparently waiting for our call with their shoes by the front door. My parents bring them to the hospital. Initial wonder is soon followed by tired bickering and all they really want is a cuddle from me. I try harder than I have ever tried to do anything in my whole life not to be sick. I fail.

June–August

The children are both periodically irritated by their new brother. I tell myself that it is healthy that they can express their negative feelings. We are now all sleeping together in our bedroom with the children on duvets on the floor. I long for the old days when 7.30 was bed time and there was an order and calm to the supper/bath/teeth/bed routine. I lose count of the number of times people say “at least you are in a position to know how to handle it”.

I do possess a level of authority, however, in my relationship with our baby, having learnt a lot about infant attachment since having our daughters. I notice much less restlessness in myself, understanding just how important is our everyday, seemingly mundane co-existence.

September

A passer-by knocks at our door one evening to enquire what is going on and tells me that she can hear a child screaming. I try to explain that it is my daughter and that I am trying to settle her back into her own room. She mistakes my attempt to appear calm for lack of appropriate concern. I sit alone downstairs, fully dressed, until 11.30p.m., fully expecting social services to arrive. They don't but for some weeks I am perpetually on the verge of tears.

My clinical tutor calls to ask about my plans for work. I explain that I'm unable to contemplate returning just now and how preoccupied I am with the chaos at home. He is most understanding. I feel tremendously grateful.

October

Suddenly, it becomes easier to set those elusive limits. The baby is sleeping well and in his own room. Our other two have had several months of absolutely unconditional love and permissiveness. We are able to explain that enough is enough and that we have to regain some structure and peace in our family. The sense of relief is palpable in all of us. We probably should have acted earlier but the line between being firm and rejecting is very fine just after the birth of a baby. These things all seem well-defined and easy to separate in theory or from the outside but real life is less clear especially when one is deprived of sleep.

November–December

Another Christmas approaches. Normal family life has resumed. The baby is perched on the edge of mobility. He seems secure and happy. The girls have regained their previous *joie de vivre* and show genuine affection towards their brother. I begin to wonder if maybe the whole thing is not such a mess after all. Perhaps, even, I have not wholly failed them. I begin to be able to look outward. I hope that our experience as a family under stress will allow me to approach clinical work in a more thoughtful and empathic way. I telephone my clinical tutor . . .

Name and address supplied