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Season 2: Episode 1B: Self-Compassion in Returning to Work after Parental Leave

Welcome to Healthier You by Vanderbilt Health & Wellness, a podcast to help Vanderbilt faculty and staff live their healthiest lives.

Hello again everybody, this is Megan Bergfeld with Work/Life Connections-EAP here at Vanderbilt. Today, we are continuing our miniseries on parenthood, and I would like to welcome a returning guest, my colleague and fellow mom, Natalie Dodd, from Work/Life Connections. You may remember Natalie from our Healthier You podcast episode back in May, when we talked about self-compassion. Natalie also recently presented on self-compassion for the Babies & You webinar series. We will have both of those linked in the show notes if you would like to revisit them. Today, we are going to continue the discussion on self-compassion in the context of parents returning to work as different people after paternity leave. Natalie, welcome back. Thank you so much.

ND: Thank you for having me! I'm excited to be back.

MB: Me too. I'm excited to chat with you some more. So, it probably goes without saying, but becoming a parent for the first time, or even really your fourth, fifth, or sixth time, can have a major impact on your life. Some of those changes can be beautiful things, but others can be really stressful. Particularly when we are trying to resume work or other big responsibilities after we welcome a new kiddo into our lives. How can self-compassion help us navigate these changes in our lives and ourselves?

ND: Yeah, I love this topic. Um, so, you know, I just really want to start with a little background on why this topic matters so much to me and just why self-compassion is something that I am so passionate

about with my own practice and with the clients I work with. Honestly, when I had my daughter, she is 19 months now, but when I had my daughter, you know, the world really changed for me. I saw the world as more fragile and a more frightening place, really initially postpartum, which really invited me into this embodiment of self-compassion. So, I struggled with postpartum hypertension. It started 24 hours after delivery of my daughter. Then, she and I were separated from each other for 24 hours while I was on a magnesium drip, and like, candidly, that really cascaded my postpartum anxiety that a lot of times for the first handful of months felt pretty unmanageable, and I would say, you know, letting my ego kind of talk for a second, in that I really thought that I would be immune to a lot of that. I felt like I had a lot of good tools in my toolset from just professionally being a therapist, I was a nanny before having my kid, and so I felt really confident and competent in my pregnancy, and then the second that I had my daughter, my world got really rocked, which was a lot of that fragility of just things that I thought were really stable, didn't feel that way. So, you know, like I was saying with the therapy side, you know, I had studied and taught self-compassion for probably like two years before pregnancy, but it wasn't until the birth of my daughter that I really embodied the practice and really used it for myself, and I really knew what the experience was to use something like this in a time of suffering, and for me, the suffering was fear.

So just quickly as I get into this, I just want to remind everybody who's listening that when I refer to self-compassion, what I'm talking about is turning compassion inwards to better support ourselves in times of suffering. The word 'suffering' can mean something different to everybody, like I just kind of broke it down, suffering to me was the fear. So, just be mindful of the uniqueness of that word as what it can be and what it can mean for you. So, for me, using this self-compassion practice, it was allowing myself to use this narrative of self-compassion to drown out the loudness of fear that I was experiencing, and with self-compassion, I was able to have conversations with myself and really slow down this sense of urgency.

So, I am going to start with talking about the three pillars of self-compassion, and I'm going to focus on parenthood. Just a reminder, the pillars themselves, or the foundation of self-compassion, I'm pulling this from the concepts that Dr. Kristin Neff talks about and has on her website, and we're going to have her website on the show notes, so please check that out. I want to give her a shoutout, too. But, I think one of the beautiful things of healing is that you can take these fundamental concepts and really personalize them. So, a lot of what I am talking about is my interpretation of the foundations of what Kristin Neff talks about. And then, also, just a disclaimer, my interpretation is also going to be coming from somebody who is 9 months, or 9 months, 19 months, my goodness, postpartum.

MB: Time flies, Natalie!

ND: It does! Thank goodness for that sometimes! So, 19 months postpartum. I want this to be relatable to parenthood, but you might notice that it is kind of directed toward that period. So, the first pillar is this concept of self-kindness versus self-judgement, and just a reminder, I have talked about this on the previous podcast. I also talked about this in *Babies & You*, and I think it is so important to remind everybody that when you are in a state of self-judgement, you are the enemy in that experience, and then when you are in a state of self-kindness, you are an ally. And so, I've said this before, but, you know, when you go to battle, do you want an enemy or an ally standing beside you? And I would hope that it

would be an ally. So, really being mindful that when we are in the self-judgmental state, or self-critical, we provoke our nervous system, and we tell our bodies that we are in threat, subconsciously, you are telling your body that you are in threat, and you are also the enemy.

So, you have so much more control than I think you realize of how to navigate that nervous system state, and by being mindful to shift into self-kindness, you get to slow down that state of urgency. It's really, really powerful. Then, the other part of this that is more kind of my interpretation of the pillar, is, you know, I think for me postpartum, technology really changed for me, and so it is just this playground of extreme opinions, and so, there is over information, it's just a platform of too much information, information overload, and it was this constant,, you know, give your kid a pacifier or don't give your kid a pacifier? There was, you know, all of these things, and it's like from this lens of, like, it's so critical, and it's so harsh, and its confirmation bias, too, right? , if you want to hear something, you're going to find it, and your algorithm is going to know that you're scared, and it's going to provoke it.

BUT, you know, when you lean into the self-kindness you know that we are flawed humans, and perfectionism is just unrealistic. There is no perfect way to be pregnant. There is no perfect way to experience postpartum. There is no perfect way to manage returning to work. No perfect way to enter into this new role of parenthood. When you start to show up for yourself authentically, like what are you really feeling and experiencing in that moment, and when you can ask for support vulnerably, you can receive the love you're desperately trying to gather by being this perfect version of yourself. And then, really, I just put a mask on of like false confidence that has worked for me in the past, but this was really damaging.

MB: This was a different one.

ND: Yeah.

MB: Different kind of mask.

ND: Yeah, um, and I'm kind of jumping through these. You know, I could talk about each one of these at length, but the next one is common humanity versus isolation. And then I would just say, the collective, as a society, we are experiencing this epidemic of loneliness. I think it really, at least for me, personally, started showing up 2020 with COVID, and then I got another fun wave becoming a parent. I was able to see a collective sense of loneliness, and then I really felt a personal sense of loneliness within the moving into becoming a parent. It is such a space of isolation in our culture, is this, just being a parent, to be honest, and thinking about, you know, not that long ago, we were surrounded by a village, and today, we are lucky to afford safe and available childcare, and it's honestly a luxury to have family assistance, which is so, so different, and we're not wired for this difference. And the experience of pregnancy, postpartum, parenting, it can be so lonely, especially if you have unique experiences in those, you know, and in that, like, it can just feel so isolating, and it is imperative to build a safe community of others. And this can look like so many things. This is something that has been on my mind since 2020, is I've been talking to a lot of my clients about, you know, your community might not be somebody that you can just reach out and grab. Right? Like, your community can look like a safe Instagram account.

MB: Yeah.

ND: It can look like podcasts. Hopefully, like this. You know, it can be a new mom's group. It can be working with a therapist. It can be so many things, and so be really creative with what community looks like for you, and don't be so focused on what you don't have. And please, please, please do not feel like it is a badge of honor to do it all alone, you know, and I really want to hold space for, like, I recognize that for some people, like, you are doing it all alone, but in that space, that's what I'm bringing in this podcast and Instagram accounts and other, like, Facebook forums. Like, there's a way to communicate and bring a sense of community in any space that you're in.

MB: Yeah.

ND: And, wherever you're looking for community, please be mindful to find safety and not judgement. (Can we edit her um out here)

MB: You mentioned loneliness here, and that's, that's a really big one. I've had two daughters, and the first postpartum period, we had just moved to Nashville. Like, I had some work acquaintances established, but not really a strong community by the time I had my baby and then was out on leave for a while, and no family locally either. And it was just me and my sweet little baby, who was colicky as all get out and did not like sleep, and I felt so alone with her. Even with my partner there in the house with me, it was still such an isolating experience. I, it wasn't, I mean, it was like five months of her life before I started to feel reconnected to people and back at work and doing my thing. That was a good thing for me to go back to work. My second baby, we were more established, and I had more obvious opportunities for community and made different choices about podcasts I listened to.

ND: Yeah.

MB: And what's the audiobook I listen to in the middle of the night when I'm nursing again versus true crime or something else that's going to terrify me. What can be nurturing?

ND: But it's worked before.

MB: It's worked before! It was entertaining! But we're different people in that phase. I really like this pillar.

ND: Yeah, and you know, also what you're describing is, like, you had more tools in your toolbox, right?

MB: Yeah.

ND: And so, this is, hopefully, another tool that somebody could add in their toolbox at any time. And you don't know what you don't know.

MB: Right.

ND: Right? Like, I even, I had this tool in my toolbox, I thought, but then it really took me putting a lot of intention how to use it, and I didn't do it at first.

MB: Yeah.

ND: Right?

MB: It takes a minute.

ND: You know? It takes a minute. And so, it's also, like, figuring out what works for you. But yeah, it is ... I experienced a lot of isolation and loneliness, and so I can relate to that. You know, I'm sure a lot of our listeners can, too. And then the last one is mindfulness versus over-identification. So, you know, in mindfulness, the goal is to become the observer of the situation, and what that does, is it pulls you away from the stickiness of ruminating thoughts. What I mean by ruminating thoughts is it's almost like this hamster wheel of thoughts that, like, does not stop. So, it just keeps going and going and going. So, what mindfulness does, is it helps us move from an "I am" thought to an "I am feeling" or "I am experiencing" thought. So, an example, you know, would be "I am inadequate." The next step would be "I am feeling inadequate." And the next step would be "I am experiencing a situation that is making me feel inadequate." And when you observe a situation, you are nonjudgmental. And this allows you to not be the emotion, but instead, experience the emotion for what it is, which is a passing felt sense of energy, and so, you know, with the over identification, you just stay really stuck in the experience of, if it's "I am inadequate," then it's going to be a hamster wheel of all the examples where you can remind yourself of the times that you have been inadequate.

MB: Oh yes.

MB: I know you mentioned the difference between fierce and tender self-compassion in our last podcast. Can you talk a little bit about the concept, about that concept and how it might relate to parents returning to work.

ND: Yeah, so, the yin and yang of self-compassion is another Kristin Neff fundamental core piece of self-compassion. So, with the yang side, it is more of this, like, ferocity or advocating. I think of it as just invoking more energy. And then the yin side is more nurturing, more slow, is my interpretation of it. So, you know, for yin and yang, the way I'm conceptualizing it for this podcast and this topic is more of, you might have to use a lot of yang energy going back to work. It might look like a lot of advocating. It might look like a lot of boundary-setting. You know? You need time for a lactation room.

MB: Yep.

ND: You know what I mean? Like, you need to ask for a break. You need to ask for certain things. And, you know, for me coming back to work, I mean, it was all of those above. Luckily, I do have an office, and so I was able to use that as a place to pump, but I also, you know, like, had to put it on my calendar so somebody didn't just walk in or something. So, there was still this sense of, you know, I needed to advocate for myself and also give myself that tender self-compassion. Like, that's uncomfortable.

MB: Yeah.

ND: I don't want to put that on my calendar. You know?

MB: Uh huh.

ND: I don't want to sit there having to do all of these things. But, like, you know, it's invoking

MB: Yeah, yeah. I know when I came back from one of my leaves, the first day went fine. And then the second day, uh, we had this really, I worked in the burn center at the time, and we had just a horrific house fire that included multiple kids dying, including a toddler.

ND: Yeah, wow.

MB: I, oooh, like as soon as they told me about it that morning, there was just this flood through my system, right, of all this reactivity happening.

ND: Now I have chills.

MB: I know, I've got them again just thinking about it, and I remember saying out loud when we were running the list, like guys, like, I don't think I can do that one. Like, I'm going to really need to be careful with this case. And the nurse practitioner, who's used to me just being like "let's do this!" like "go for it," he looked at me and he goes, "Oh, like what? Oh, Oh!" Like he was kind of shocked by it, and then I explained, like, I'm back day 2 from having a small baby at home. And he's like "oh yeah, okay." I was the only social worker. It's not like I could completely give up that case, but people paid more attention and supported me through it and went with me to the rooms with conversations with parents and other things I had to do, and that was good. I was scared to admit that I shouldn't, that it might not be good for me, but like you said, I was, like, the response was this compassionate, tender, caring.

ND: And that it's okay.

MB: Yeah, validation.

ND: And it's not weak.

MB: No. It's not weakness at all. It's just we're different people now.

ND: Right. Yeah. And that's huge, right, is this, like, concept of asking for what you need, even if it's really different than the presentation that you had before leave, it's not weakness, it's strength. And it's probably a part of you that needed to gain some strength already.

MB: Mm-hmm. It did. Yeah.

ND: You know? And then we just get kind of thrust into it in that space. So, you know, and then I would also say just to expand it a little bit, too, like, while you were talking, I was reflecting on, this can be any time in parenthood.

MB: Yeah.

ND: You know, it doesn't, I don't want it to feel like you go, cause you can go on leave for anything, um, that you go on leave, and like only when you come back from paternity leave can you have these, you know, moments that you need to stand up for yourself. This is any time. And like, the people who are listening to this, are probably, you know, employees here, and like, this is an intense place to work.

MB: Yep.

ND: You know? Like, just in general, a hospital system can be an intense work setting, and so just being mindful of at any point being aware of boundaries to put into place and anything this is provoking you that feels too familiar.

MB: Yeah.

ND: And that feels like it is parallel to maybe your life experiences of what can I do to get support from this.

MB: Yeah. So what would you say was the most helpful thing for you as you returned to work.

ND: Yeah, you know, I'd really say it's building community, right? So both at work and outside of work. And I would say, just candidly for me, you know, 19 months later, and I'm still working on building a community outside of work. It's just a complicated experience. And entering into this new chapter of life, you know, you need to find a new community sometimes that understands that chapter, and there's a grieving process sometimes with an old community that maybe doesn't fit, but just being really aware of any upcoming needs that you're noticing in this new phase and just asking yourself where could I find this, and being open to the experience. And there's also VUMC groups. So, there's a physician-parent group that we're going to link. There is a new PHP, so partial hospitalization program, that VPH, so the psychiatric hospital, is putting on, but it's at The Village. So, it's not at the psychiatric hospital, it's actually at The Village. So, yeah, so there's those options. Ready Nest Counseling has a free new moms group. I'm pretty sure it's open for the first year postpartum.

MB: Yeah.

ND: I don't know how stringent they are, but it meets in person and virtual.

MB: Yeah. Those are really great resources, and ones that, honestly, I wish I had known about back then. So, we'll include that information about those in the show notes for anyone who's interested. And, Natalie, just to close us out today, what would you say to parents who are currently navigating or preparing for this return to work?

ND: I would say first let the experience be what it is. Try not to over identify with what it should feel like. And some people, like you were saying, too, at least with your first kiddo, like, some people are ready to come back to work and to reenter almost that, like, old identity, you know, but like that firm identity, maybe. So, some people are like "get me back, we're ready." And then some people are really grieving the separation, and it's really important to notice where you are in the experience nonjudgmentally. And I would ask you to reflect on what you need to hear right now and who can give that to you within this experience. Do you need reassurance, validation, love, kindness, patience, acknowledgement? Like, the list goes on. Make it yours. And then, who is the first person who comes to mind without judgement who can offer you these things? It might be yourself. It might be a loved one who has passed or is far away. It might be the person next to you. It might be a coworker. And, you know, the next step is just to open yourself to the experience of receiving support, and please do not stop yourself from asking for help or receiving support by choosing isolation. And just really slowing down, look around, fill in the gaps. You deserve to have support.

MB: Mm-hmm. That's lovely. Natalie, thank you for sharing your story and insights with us today. Listeners, thank you for tuning in. I will remind you that EAP is here for you. If you want to discuss this further, you can just call our office any time at (615) 936-1327 to schedule your no-cost confidential appointment today, and we will continue this miniseries on parenthood next week with a look at parenting through divorce. So, until then, take care!

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