Making Meaning of Motherhood

Women's experience of motherhood during postpartum psychosis and the influence of cultural narratives

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Abstract

Popular narratives around glowing and content mothers experiencing a tranquil postnatal period can silence the reality of many other women. Especially, women suffering from postnatal mental health issues, may feel isolated by the dominant narrative. To gain more insight into their perceived reality, this qualitative study set out to explore the research question *"How do women with postpartum psychosis experience being a new mother, in the context of the cultural discourse on motherhood?"* Three autobiographical works by women who had gone through postpartum psychosis were explored using narrative analysis. Multiple experiences were found to be present in the stories of all three women. First, the women experienced negative feelings such as guilt and loss in connection to motherhood. Next there was an inability to integrate the new role of being a mother as well as a common struggle for control. The pressures of dominant cultural narratives were present amongst all these experiences. Lastly, the findings suggested that a lengthy separation between mother and child will negatively affect their bond. Future research could add even more depth and nuance to this issue. For example, dominant motherhood narratives could be explored from a different angle by focusing research on women who defied them. Research could further attempt to detangle women's experiences of motherhood and psychosis, by comparing mothers with postpartum psychosis who have vastly different social backgrounds. Ultimately, this thesis highlighted the complex and nuanced realities of new motherhood, especially in connection with mental illness. The narrow confines of dominant motherhood narratives should therefore be challenged in order to make room for more diverse realities.

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Introduction

In cultural narratives, motherhood is typically portrayed as a natural predisposition, which is ultimately fulfilling for women (Chae, 2015; Allen & Goldberg, 2020). Despite recent diversification of traditional family and motherhood ideology, women are still generally assumed to be instinctive and devoted caregivers (Valiquette-Tessier et al., 2019, Allen & Goldberg, 2020). However, some women will have a wholly different experience of being a new mother. Due to issues such as postpartum related mental illness, they might experience a time of extreme stress, confusion or difficulty in adjustment (Heron et al., 2012; Forde et al., 2020). These mothers will often feel shame and isolation, as the dominant cultural narrative suggests that they are failing at being a "good" mother (Heron et al., 2012; Moore &Ayers, 2017). It is therefore important to explore their experiences not as random and isolated occurrences, but rather as experiences deeply influenced by dominant cultural ideals and expectations, which are therefore interconnected and can share many common themes. With this view in mind, this thesis wants to add to a different narrative of postpartum mental illness and motherhood in general, one that is filled with empathy and understanding for experiences that lie outside common cultural expectations. To this end, a narrative analysis will be performed on three autobiographies of women who suffered from postpartum psychosis.

Cultural narratives and ideals can have a strong influence in shaping the identity and expectations of an individual (McLean et al., 2019). Therefore, in order to understand any personal experience, it is always important to first consider the wider, cultural and societal context in which it took place. Women become mothers within a society that reproduces and perpetuates certain narratives around motherhood, telling women exactly what kind of mother they should strive to be (Hefferman & Wilgus, 2018; Lee et al., 2019; Harding et al, 2021). Two narratives are most often mentioned with regards to motherhood: "intensive mothering" and the dichotomy of "good" and "bad" mothers (Chae et al., 2015; Hefferman & Wilgus, 2018; Lee et al., 2019; Constantinou et al., 2021; Harding et al., 2021). The "intensive mothering" ideology suggests that women can only be complete when having children and that it is within their nature (Lee et al., 2019; Allen & Goldberg, 2020). It is expected that women function as the primary caregiver and gladly invest all their time and resources into their children (Harding et al., 2021). If women manage to play this all-caring, self-sacrificing role, they are commonly portrayed as a

“good” mother (Harding et al., 2021). The blissfully content mother is then contrasted by the unhappy non-coping mess that is a “bad” mother (Lee et al., 2019). Such narrow categories can silence the reality of women who make experiences outside of the expected norm.

To understand the commonly held expectations towards women and mothers within contemporary cultural discourse it is vital to consider the influence of the internet and especially social media (Chae, 2015; Constantinou et al., 2021). For example, in western society it can be clearly observed how celebrity moms and online advice for babies were essential in creating the ideal of "intensive mothering” (Chae, 2015). This ideal expects mothers to be completely fulfilled by their children, to invest all their resources into their children and to simply accept the fact that parenting is exhausting (Constantinou et al., 2021). Furthermore, the media around celebrity mums pushed the dichotomy between “good” and “bad” moms, placing extra pressure on women to adhere to the qualities of a “good” mother (Constantinou et al, 2021). Due to the pervasiveness of media, women are often unable to escape the cultural pressure of the highly feminized and idealized version of the “good” mother and will blame themselves if they cannot live up to the ideal (Allen, & Goldberg, 2020; Constantinou et al, 2021). It could therefore be argued that the expectations and pressure for contemporary mothers have only been heightened through narratives perpetuated by social media and the internet.

Next to the external expectations created through social media, there are also studies exploring the expectations women themselves hold towards motherhood. First there is of course the generally held assumption that the period after childbirth is a time of tranquility and fulfillment where women naturally bond with their baby (Henshaw et al., 2014; Jefferies et al., 2017; Lee et al., 2019). Women also expect to be naturals at taking care of their child. Multiple studies found that there is especially strong pressure when it comes to breastfeeding (Feenstra et al., 2019; Finlayson, 2020; Perry et al., 2021; Constantinou et al., 2021). For example, if there are negative experiences with breastfeeding, women might start generally questioning whether they can take care of their baby (Feenstra et al., 2019). In some cases, women would even fear that others might think they do not love their children if they give up breastfeeding (Constantinou et al., 2021). The expectation to effortlessly succeed at the new challenges of motherhood and to naturally bond with their children can create a lot of stigmata around women who cannot live up to the standards of the “good” mother.

Stigma surrounding the idea of "bad" mothers may have particularly adverse effects on women struggling with postnatal mental illness (Moore & Ayers, 2017). If internalized, stigma can be especially harmful. Internal stigma is experienced if the person agrees with the disapproving views held by others and applies them to themselves (Moore & Ayers, 2017). In the cases of mothers with postnatal mental illness there is most often a large disconnect between societal expectations of new mothers and their lived reality. The women often feel that they have failed in their role as a new mother (Heron et al., 2012). This internalized stigma towards themselves might keep the women from getting help as well as postponing the progress of their recovery from postnatal mental illness (Moore & Ayers, 2017).

This thesis will explore the stories of women who experienced the most extreme case of postnatal mental illness: postpartum psychosis. Postpartum psychosis is a worldwide, severe mental illness that affects 1-2 out of every 1000 new mothers (Corner, 2013). It will usually occur within the first few weeks after delivery and is characterized by a commonly rapid onset (Corner, 2013, Jefferies et al., 2021). Symptoms can include hallucinations, delusions, mania, bizarre behavior, extreme confusion, and elated or depressed mood (Heron et al., 2012). In the majority of cases, the mother will need to be admitted to a mental health facility as she might pose a threat to herself or her baby (Plunkett et al., 2017). Even after release from the mental health facility, full recovery can still take up to 12 months and is often a lengthy, non-linear process (Heron et al., 2012; Forde et al., 2020). This thesis will specifically study the experience of motherhood in women with postpartum psychosis. Because it is such an extreme form of postnatal mental illness it will most easily highlight the discrepancies women experience between the cultural and personal expectations of motherhood and their actual, lived experience.

There are some previous, interview based, qualitative research studies, exploring the ways in which women with postpartum psychosis experience motherhood (Heron et al., 2012; McGrath et al., 2013; Enqvist & Nilsson, 2014; Plunkett et al., 2017; Forde et al., 2020). Two experiences stood out the most amongst the papers. Firstly, there was a strong theme of loss and guilt amongst the mothers (Heron et al., 2012; McGrath et al., 2013; Plunkett et al., 2017; Forde et al., 2020). The women would fear losing their child, time, control and freedom (Forde et al., 2020). They felt as though they lost out on the mothering role they had been preparing for as well as their normal character (Heron et al., 2012). These perceived losses disrupted the women's adjustment to motherhood and made them feel as though they had failed in the first

weeks of their child's life (Heron et al., 2012; Forde et al., 2020). Mothers would also feel guilty for having negative feelings towards their children and being unable to naturally bond with them (McGrath et al., 2013; Plunkett et al., 2017). The second experience was that of confusion about their dual identity (Heron et al., 2012; McGrath et al., 2013). Women struggled to decide which of their emotions were caused by the psychosis and which of emotions were "real" (Heron et al., 2012). Furthermore, they struggled to make the distinction between experiences related to their psychosis and experiences caused by being a new mother (McGrath et al., 2013).

While these qualitative studies managed to find important themes of motherhood amongst women with postpartum psychosis, exploration of the ways in which cultural motherhood narratives may influence the women's experiences were largely neglected. All studies discussed in the previous paragraph, employ interviews as data and thematic or grounded approaches as their tool of analysis (Heron et al., 2012; McGrath et al., 2013; Enqvist & Nilsson, 2014; Plunkett et al., 2017; Forde et al., 2020). However, this thesis sets out to deeply explore the narratives that these women tell about their experiences of new motherhood. It aims to understand the different selves these women take on, the stories they construct about themselves, as well as the stories they may have internalized due to cultural expectations. Because of these goals, narrative analysis will be applied to the accounts of women with postpartum psychosis. This type of analysis is most fitting as it aims to understand the very construction of narratives as well as the role they play in the social formation of the self (Earthy & Cronin, 2008).

This analysis will be applied specifically to three autobiographies of women suffering from postpartum psychosis. As autobiographies are rich in information about lived experiences, they are an ideal source for an in-depth look into the human experience (Power et al., 2012). This knowledge could then be used to inform larger follow-up studies as well as interventions for raising awareness around the experience of postpartum psychosis. The narrative analysis of the autobiographies is thus intended to provide knowledge that can aid in the personal recovery of women with postpartum psychosis, by removing possible stigma and strengthening empathy towards their experiences. Therefore, the following research question has been formulated: "*How do women with postpartum psychosis experience being a new mother, in the context of the cultural discourse on motherhood?"*

Methods

1 Study design

This qualitative research set out to gain a deeper understanding of the lived experience of early motherhood during postpartum psychosis. To this end, I analyzed three autobiographies, employing the method of narrative analysis. As the aim of this research was to explore the experiences of mothers and give voice to their accounts, a mostly experiential orientation was adopted towards the data. However, as the experience of women is constantly influenced by social structures and expectations, a more critical orientation was incorporated at certain times. No prior frameworks or established theories informed the analysis of the autobiographies, leading to an approach that was primarily "data-driven".

2. Data collection

The data for this qualitative research thesis consists of three autobiographical books written by women about their experience with postpartum psychosis. The books were searched and identified via the internet. Different lists and book recommendations that were centered around postpartum psychosis were employed. I went on various websites of newspapers and checked Goodreads, which is an online forum for discovering and rating books. The primary inclusion criteria for my search was, whether the text was a full-length book. I deemed this factor important as it would provide a more detailed account of the writer's experience. Second, I only included books that were written by women who had struggled with postpartum psychosis themselves. In doing so I hoped that my data would be as close to these women's lived experiences as possible. Third, I decided to only include books that were originally written in English. This was meant to prevent the intended meaning of the words and phrasing getting lost due to the process of translation. Since the aim of this research is to analyze the experiences of contemporary motherhood, I wanted excluded stories that took place before 2010. When I found a book that looked promising, I went on Goodreads and double checked its information as well as some reviews. I had soon accumulated a list of about eight books. Out of this number I then chose three books that matched my exclusion and inclusion criteria the most. An overview of the selected books can be found below in table 1.

Table 1: Overview of autobiographies

Title	Author	Year of publication
Rattled: Overcoming Postpartum Psychosis	Jen S. Wight	2019
What Have I Done?: An Honest Memoir About Surviving Post-natal Mental Illness	Laura Dockrill	2020
Inferno: A Memoir of Motherhood and Madness	Catherine Cho	2020

Unfortunately, it proved difficult to find data that is rich in demographic variety. All authors were well-educated, middle-class and in a heterosexual marriage. Only Catherine Cho had a different cultural background, being Korean American. The other two women had a British background. This means that the analyzed experiences will not be representative of a wide variety of individuals. However, as proposed through the research by Valiquette-Tessier et al., (2019), there are certain experiences and expectations that are shared amongst mothers from all kinds of backgrounds. Following, some of the findings of this analysis will be applicable to a wider range of women.

3. Data analysis

For the exploration of my data, I decided upon the approach of narrative analysis. It is a method that is commonly employed when working with autobiographies (Earthy & Cronin, 2008). The underlying assumption of this methodology is that we live in a world that hinges on stories. Individuals will shape the world as well as themselves through the narratives they tell and encounter (Murray & Sools, 2014). In other words, narrative is seen as a mode of thought

that people use in order to make sense of their lives. Narrative analysis, then investigates how other's stories are constructing and interpreting reality (Earthy & Cronin, 2008). In my thesis I wanted to gain insight into the ways women make sense of being a new mother with postpartum psychosis. Specifically, I wanted to analyze the stories they tell around this issue. Therefore, I chose to follow a step-by-step approach to narrative analysis as it was outlined by Murray and Sools, 2014. It consists of five parts which overall include twelve steps. Table 2 provides a short overview of each step.

Table 2: Overview over the steps in narrative analysis (Murray & Sools, 2014)

Part I: Introduction	
Step 1: Case title	*This step was excluded from the thesis as it did not add necessary information for answering the research question.*
Step 2: Introduction	*The case as a whole is introduced to the readers in a descriptive and transparent manner.*
Part II: Storyline analysis	
Step 3: Storyline title	*Selecting a significant storyline within the whole case and formulate an appropriate title for it. It can differ from the overall case but does not have to.*
Step 4: Identify and describe storyline elements and the breach.	*Systematically identifying all the storyline elements. The elements are: 1. agent/character; 2. acts/events; 3. Means and/or helpers; 4. setting/scene; 5. purpose/intention/desired or feared goal; 6. breach*

Step 5: Write a narrative summary of the storyline.	*Writing a summary of the analyzed storyline. The summary contains all essential elements and does not give any new information.*
Step 6: Draw conclusions regarding your research based on steps 3-5 and discuss the findings	*This part should be firmly rooted in the previous steps but also transcend them with new insights. . In this thesis step 5 and step 6 were combined.*
Part III: Interactional narrative analysis	*This part was excluded from the thesis as it did not add necessary information for answering the research question.*
Part IV: Contextual analysis	
Step 10: Positioning of storylines in the wider social, societal and political context	*The storylines are now connected to existing literature and viewed through a more critical perspective.*
Step 11: Positioning of storytellers/listeners and interactional patterns in wider contexts	*The positioning of the storytellers/listeners as well as their interactional patterns are connected to existing literature and viewed through a more critical perspective.*
Part V: Comparative analysis of storylines, interactional patterns and/or contexts	
Step 12: Make comparison of similarities and differences between cases.	*This part compares differences and commonalities between the storylines of all cases. In this thesis Part IV and Part V were combined as it made more structural sense.*

I began the analysis process by reading each book without taking any notes. I wanted to get an immersive impression of the full story, without being distracted by note taking. However, I did highlight passages that seemed to contain information related to my research question. After I had read the three books, I went through each autobiography a second time and took notes at the paragraphs that seemed to hold significance. This significance was either related to my research question or the way the overall story was told. I then copied my notes and all important quotes into separate documents for each book. This way I was hoping to keep a clear structure to all the information. Using my notes, as well as the actual text of the books, I went through each step of the narrative analysis. At first, I worked through Part I, Part II and Part IV for each book consecutively. Once I had analyzed all books individually, I combined my findings on them in Part V. I went about the whole process in an iterative manner, going-back and forth between different steps and later also the different books.

4. ***Validity, reliability and ethical considerations***

Certain measures were taken to increase the validity and reliability of the results. First, by using own-voices accounts written in their original language, I aimed to stay as true to the actual lived experience of these women as possible. Second, I included many rich and lengthy quotes from the books to ensure that my interpretations stay as close to the original text as possible. I also made sure to stay open and be receptive to information that may disproved my initial assumptions or biases around their experience of motherhood. The last step to increasing reliability and validity was to cross-check my research with other students as well as my supervisor. By gathering their opinions and recommendations for my findings, I ensured that my analysis remained close to the original data and avoided some possible biases.

During this research process I tried to stay very honest with myself about my personal biases and how they might influence the way I read and evaluate the text. I am a young woman, who cannot imagine becoming a biological mother herself. I am consuming a lot of intersectional feminist ideology and might therefore be critical towards women participating in historically traditional patriarchal gender roles. I tried to avoid such biases by staying aware of and reflecting on my personal opinions about motherhood and about the ideological bubble I am in. During the analysis, I kept a document in which I reflected upon my own thoughts and feelings towards the topic. I also talked with my supervisor and other students about my research in order to avoid single mindedness.

In terms of ethical considerations there might be the issue that I am appropriating someone else's words in order to say something myself. I am in some ways taking their words away and putting them into a new context that serves the agenda of this research. However, in their books the women state clearly that they want these books to help spread awareness and support women who are going through a similar situation. Therefore, this research acts in line with their wishes and intentions for their words. I decided against keeping their identity anonymous as the books are part of the public domain.

Results

The results are divided into four sections. Within section one to three each autobiography is individually analyzed, using the elements of a storyline analysis as well as the context of dominant cultural narratives. In the fourth and final part, the findings of the three books are integrated into a comparative analysis.

1. Narrative Analysis: Rattled

1.1 Global impression & case summary

Despite the heavy subject, this autobiography managed to feel rather light and humorous. Elements such as using song lyrics for the chapter titles gave it an overall more playful feeling. This lighter approach made it at times difficult to connect with the author and her experience. However, while humorous the book never felt silly and in just 257 pages managed to give an honest insight into a confusing and sometimes frightening experience.

Jen had a wonderful childhood with loving and supportive parents. However, when she was fifteen, her older sister Jo was institutionalized due to schizophrenia. Ever since that day Jen had a very big fear of going mad herself. Nevertheless, many years went by, and she was fine. Eventually she met Kai and they decided to have a child together. The birth was a planned cesarean, and everything went smoothly. After leaving the hospital, the first weeks of being a new mother felt amazing to Jen. She did not sleep however, and her moods started to fluctuate. Jen was either high and happy or overly anxious and argumentative. Kai contacted an extended care team and Jen was diagnosed with Postpartum Psychosis and described medication. Unfortunately, regardless of the help, Jen got worse. She had extreme mania in which she hallucinated and had grandiose ideas. The pressure was finally too much for Kai and Jen went to a perinatal clinic for treatment. It was a shared mother and child unit. While she did come out of her psychosis during her stay, the experience within the clinic was frustrating to both Jen and Kai. The staff of the clinic was very dismissive and soon after getting better Jen decided to go home again. At home, Jen went through a long and intense period of postnatal depression. Only with time and the support of her family and professionals she got better. However, years later, Jen had another psychotic break in which she had to be admitted again. The book ends on the bitter-sweet notion that stories in real life never wrap up as neatly as fictional stories.

1.2 Storyline Analysis: „Is this it? Am I going mad? "

1.2.1 Agent

The main Agent of the story is Jen. Usually, she has a core of unshakable security within her "*My parents took every opportunity to create in me the belief that I was smart, kind, and funny" (Rattled – p.12).* However, the moment her sister was sent to a mental hospital left Jen grieving and terrified of ending up like her. Jen fears being seen as weak, unable to cope and vulnerable. Therefore, she does not like to acknowledge her sad and scared side. *"I thought it was normal to always need a box of tissues on my bedside table for the nights I cried myself to sleep" (Rattled – p.16).* When she starts losing her sanity after giving birth, she attempts to solely focuses on how happy being a new mum makes her. But postpartum psychosis forces her to face the uncomfortable, scared side of her and learn how to deal with it. "*The thing that my illness revealed to me is how deep my fear of "going mad" was" (Rattled – p.231).*

1.2.2 Actions/Events

The first event that brings the protagonist face to face with the uncertainty and injustice of life is the moment her sister must be hospitalized for having a psychotic breakdown. "*It was like I had been strapped to a rocket, blasted off the planet and fired into space, then pulled back to Earth where everything was altered. I was burnt and scarred. But only on the inside" (Rattled – p.16).* Going through postpartum psychosis and being hospitalized, then forces Jen to deal with the fears that stem from the earlier event. While she technically decides herself that she wants to go to the clinic she also describes that there was not really any other choice for her. "*I feel like I'm on a conveyor belt in a vast factory, moving towards a huge machine" (Rattled – p.133).* Initially it appears that Jen's first hospitalization was the moment her worst fears came true. However, in post-postscript she recounts the events of the following years in which she had yet another psychotic break. Within this break she admitted herself to the same unit her sister was first admitted to in her teenage years. "*One of the things that made it particularly hard was that I admitted myself to a ward in exactly the same hospital my sister had been sectioned into when I was 15. Exactly. The. Same. Hospital. Enough to send someone crazy, right?" (Rattled – p.243).*

1.2.3 Means/Helpers

Certain means and helpers move along the process of Jen having to face her fears of going mad, losing control and not being a full person anymore. Most centrally, postpartum psychosis leads her to have very similar symptoms and experiences as her sister once had which

then triggers a lot of deeply held fears in Jen. Especially, the fact of having to be hospitalized appears to her as proof that she is becoming mad like her sister. *"'No, no–I can't go to hospital!' 'It's just an option.' 'I'm going mad!'" (Rattled – p.128). On* the other side of the story, there are the means and helpers that support Jen in getting through this most difficult time of her life. Most importantly, her husband Kai is described as a loving, patient and kind man who soothes her in the most frightening moments. "*You are strong, I am strong. And you are not going mad.'" (Rattled – p.135).* Furthermore, her therapists help Jen recognize and accept all the overwhelming and negative feelings she must deal with due to her postpartum psychosis. By changing the way Jen understands her emotions about what happened to her, she can truly accept her experiences in the end. Lastly, being a new mother seems to help Jen to experience some level of control and normalcy. She loves being a new mother and wants to do everything as expected *"I think it had something to do with control. There was so much in my life that was out of my control, especially being ill, I probably just wanted something to work the way it was "supposed" to". (Rattled – p.155)*

1.2.4 Setting/Scene

There are two main settings within the storyline: the apartment in Sidney, that Jen and Kai are renting or in the Perinatal Mental Health Unit of St Anne Hospital in Hornsby. The apartment is described as 'home' and generally appears to be a space of safety and love for Jen. "'*Good to be home?' asks Kai. 'Like you wouldn't believe,'" (Rattled – p.188).* The Perinatal Mental Health Unit is generally described as clean, neat and sparsely furnished. It first appears like a nice and comfortable place. That is however starkly contrasted by the staff who treat Jen in a way that reduces a lot of her personal freedom and control*. "I felt overwhelmed with hopeless rage. There was nothing I could do; I had no power". (Rattled – p.170).*

1.2.5 Purpose, Intention, Desired/Feared goal

Jen's main desire is to be capable and in control. This desire shows up very clearly during her hospital stay. The staff treat her in a way that makes her feel powerless and like they do not see her as a person worthy of respect. "*One of the hardest things about having a serious mental illness is that your own thoughts and feelings are often dismissed and brushed off as a part of your illness rather than being valid thoughts and feelings" (Rattled – p.176).* This desire for capability and control also manifests in her identity as a new mother. Jen fears that she took the

"easy" route by getting a cesarean and not breastfeeding her son. She therefore appears overly anxious to only give her son the best possible.

1.2.6 Breach

The point of tension within this story comes from Jen's fears around losing control and going mad. She wants to avoid these fears very badly. However, aspects such as her postpartum psychosis or the nurses at the ward are constantly removing her control and make her feel mentally ill. The story is therefore about Jen having to deal with her worst fears coming true and how she prepares herself for the reality of having to go through this experience time and again. "*I now use that knowledge to power my choices in life and to make the most of the days of health I am now experiencing. I may get ill a third time. I may not. But one thing is for sure: if it does happen, I'm going to do everything I can to get myself well again" (Rattled – p.245).*

1.3 How does Jen experience being a new mother during postpartum psychosis, within the context of her dominant cultural discourse?

The experience of new motherhood is not that present within Jen's storyline, and it is often described in very positive terms. Jen loves being a new mother and takes on the role with a lot of enthusiasm. This enthusiasm seems to only be heightened by her psychosis related mania. It appears that motherhood offers her some level of comfort and normalcy, while her life is largely out of control. This makes a lot of sense, considering how dominant cultural discourse treats some women as far more desirable than others. The role of a "mother" is highly valued in society (Hine et al., 2018). It is often portrayed as though women are finally living up to their full potential by being a mother (Chae, 2015). Meanwhile, being a "mad" woman is largely undesirable and connected to a lot of negative stigmata (Hine et al., 2018). Naturally, Jen would want to focus more on the role that is deemed highly desirable by society.

However, there are also negative and stressful aspects related to her new role as mother. The first time, Jen is home alone with her son she has a moment of complete overwhelm and fears that she is incapable of taking care of him. In general, Jen puts a lot of pressure on herself to be a great mother for her son. This pressure is likely connected to ideals of motherhood that Jen has internalized. For example, many of her sentiments echo the ideas around "intensive mothering", in which mothers should center their whole world around ensuring their child's wellbeing (Chae, 2015; Harding et al., 2021). In accordance with this ideology, Jen states

numerous times that she only wants to give her son the best and wants to invest all her time and energy into his wellbeing. Most strongly, this obsession with providing the best possible for her son is shown in her struggle around breastfeeding. She is even willing to risk her own mental well-being by not taking medication, in order to continue breastfeeding.

Jen's increased focus around being a perfect mother for her son, might also be related to feelings of guilt. She feels guilty for getting a cesarean and taking medication during pregnancy. In dominant motherhood narratives there is an expectation that mothers must gladly put their personal needs behind the needs of their children (Plunkett et al., 2017, Hefferman & Wilgus, 2018; Finlayson et al., 2020). Furthermore, aspects such as breastfeeding are often almost treated as a moral obligation for women (Constantinou et al., 2021). These expectations seem to weigh heavily on Jen when she blames herself for taking the "easy" way out with bottle feeding or the cesarean.

In some ways, Jen appears to be aware of the unrealistic pressures dominant motherhood narratives puts upon women. For example, she states that she does not condemn others for using formula and that there is too much pressure around breastfeeding. However, she is still not able to rise above these standards when it comes to her own performance as a mother. This is an example, which suggests that mere awareness may not be sufficient to challenge deeply internalized cultural narratives.

2. Narrative Analysis: What have I done

2.1. Global impression & case summary

This book felt extremely raw and emotional. Due to her honest and vulnerable writing-style, Laura managed to give deep insight into the feelings and thoughts she was having during her postpartum psychosis. With 342 pages, this book was the longest out of the three and it appears that these extra pages were used to describe Laura's experiences very thoroughly. All these factors made it extremely easy to empathize and feel with her.

Laura was raised in a loving family in England. In her twenties Laura reconnected with her childhood friend, Hugo, and they fell deeply in love. After six months, Laura fell pregnant. Her pregnancy felt like a dream, and she could not have been happier. In contrast, her birth was nightmarish and traumatic. Everything went wrong, the baby (Jet) turned out to be unusually small for his age and was at risk of dying during the birth. Laura had to get a spontaneous c-section and stayed at a postnatal ward for multiple days. She was shocked and constantly crying because it was all so different to the birth she had expected. Laura did not feel any connection to Jet, and he scared her. Once she got home, she was paranoid and anxious. She did not really sleep or feel like herself at all. Her family and Hugo tried to support her, but they were struggling. At some point Laura started to have auditory hallucinations of a voice telling her awful things. She was so confused and scared by it that she did not tell anyone. Eventually, Laura decided to get a midwife to support them. However, that made her feel even more guilty and paranoid. After an especially bad episode, her family decided to bring her into a psychiatric ward. The ward was a warm and supportive place; however, Laura was still too confused and did not know who to trust. Luckily, Hugo was able to convince Laura that everyone was simply trying to help her. After this she got better and was able to leave the ward after two weeks. Even though her psychosis had worn off, Laura continued to struggle for many more months and went through a very serious depression. Because of her family, taking care of her son, and professional help, Laura eventually felt better.

2.2. Storyline Analysis: „Perhaps your first year of motherhood was what you expected, but it certainly wasn't for me "

2.2.1 Agent

The main agent, Laura, would usually describe herself as a fun and playful person. She expects to be a warm and maternal mother and to fall head over heels in love with her baby. "*I imagined this Mother Nature version of me who'd waft about barefoot in flowing skirts and arms jangling with bracelets" (What have I done – p.16).* However, after giving birth Laura feels like she has completely lost her old sense of self. She feels a lot of dread and terror as well as self-hate and envy when comparing herself to others. "*Why wasn't I being the same? I wasn't the fun playful mum I knew I could be". (What have I done – p.86).* Laura has racing thoughts full of paranoid scenarios and describes the feeling of grieving for herself and the experiences, she seems to have lost. "*I'm grieving for myself. I miss myself and never got a chance to say goodbye to me. I was jealous of my friends. There was so much I haven't done, and now it was too late." (What have I done – p.94).*

2.2.2 Actions/Events

Laura goes into giving birth with excitement and high expectations. When everything goes wrong, she is left shocked and traumatized by the event. "*It was not how I'd imagined giving birth to my baby. I had just been sliced open and then a wailing starving livid newborn was thrown onto my chest…And I was crying and shocked" (What have I done – p.51).* This event sets up the rest of the story in which Laura has to find a way to accept her reality over the idealized expectations. Her initial denial of this unexpected reality is shown in her actions when she is back home. For example, she throws out all gifts and cards because they seem wrong to her. "*We'd just had a beautiful baby boy but I felt like somebody had died" (What have I done – p.98).* Later, when the midwife makes a house call, she over-corrects and puts on a show. "*I closed the door behind her and when I heard her heels clapping on the street outside, the performance was over. The lavender mist was switched off. The classical music was silenced. I washed off the make-up and my smile slid away" (What have I done – p.98).* However, after a night-long panic attack she does not want to pretend to be a normal mother anymore and soon after, her family decides that she should stay at a mental health unit. By accepting what happened to her Laura can slowly heal and reconnect with Jet. In this time, she is very focused on simply doing all the "normal" parent responsibilities. In the end she can see the difficult events she has

been through as proof that she is indeed a great mother. "*And I'm a really great mum. No, I'm an amazing mum… Look at what I just pulled myself through for my little boy" (What have I done – p.301).*

2.2.3 Means/Helpers

Laura states herself that love was the medicine that saved her in the end. Her family supports her with love and compassion throughout the whole illness "'*You know, what made you recover so quickly though was your amazing family. They were here non-stop. They made your room so cosy and homely,' she told me." (What have I done – p.262).* Hugo's support and love are also essential to Laura but his role in this story is complicated. Hugo represents a lot of Laura's insecurities and paranoia during this time. He is immediately completely in love with his new son and naturally falls into the role of the new dad. Next to him Laura feels insufficient. Similarly, the midwife Laura hires is supporting her a lot with practical work around the apartment. However, on an emotional level she is triggering Laura's insecurities and self-hatred as she sees how much better the midwife takes care of Jet. Jet also has a complicated role within the story, as most of Laura's fears and guilt center around him. However, he also motivates her the most to get better. Taking care of him is one of the only things that lets Laura feel better about herself during recovery. "*That's when I thought, I have to get out of here. I have a life out there. I wrote in massive letters in my notebook: THE ONLY PERSON I WANT TO SEE IS JET." (What have I done – p.267).*

2.2.4 Setting/Scene

The first important setting is the hospital where Laura gives birth and the ward she must recover at afterwards. This is the place where the idealized images Laura had of a natural, and beautiful birth are shattered. It is described as an overly warm place full of crying babies and mothers. "*That was the mood! This was a wake. We were all grieving the birth we were 'promised' that we'd invented in our heads." (What have I done – p.63)*. Interestingly, Laura and Hugo's home is described as an overly cold place. When they first come back from the hospital, it serves as a reminder of how different everything is to how Laura was imagining it. "*I had planned on bringing Jet into our house and introducing him to all the rooms, telling him, 'This is the kitchen … help yourself to anything you want in the fridge.' But I didn't. I couldn't. It was like a deserted holiday home, igloo cold" (What have I done – p.75).* The mental hospital ward and social media are settings in which Laura feels self-conscious and scared of external

judgement. At the mental health unit, she imagines the disapproving looks of the workers and on social media she is reminded of all the mothers that appear to be coping much better than her. "*Yes. Some mums can do it all. And are really good at it. But why do we feel like we have to do it all?" (What have I done – p.8).*

2.2.5 Purpose, Intention, Feared/Desired goal

Laura's main desire within the story is to be the mother she always imagined herself to be. This shows in the many ways she feels "wrong" during her postpartum psychosis. "*I didn't feel human. I wasn't warm, or friendly or lovable. Not maternal. Not womanly. Not like a 'mum' is meant to be. I couldn't do it. I was overwhelmed." (What have I done – p.94).* This desire to simply be a "normal" mother is further shown during her recovery. Laura notices that she feels best when she simply takes care of Jet, even if it is very challenging. "*I wanted the dirty nappies and baby sick clogging up my hair; I wanted to be the one moaning about how tired I was, because to me, that was being a 'real' parent." (What have I done – p.276).*

2.2.6 Breach

The main issue within the story is the contrast between expectations and reality. Laura has very clear images of the person she wants to be and especially of the new mother she wants to be. However, the reality of her birth and the period after is very stressful and traumatic. Within the story, Laura therefore struggles to deal with the reality of her situation which is so far removed from her initial, idealistic expectations. *"I spent a long time going, 'I can't believe that this has happened to us.' It left me with a bitterness, a sense of self-pity, I felt truly sorry for us. I felt like we didn't 'deserve' it" (What have I done – p.294).* The expectations she had for herself as a new mother were also quite idealistic, which lead her to struggle with strong feelings of inadequacy. To get better Laura thus must accept her current situation despite it being far from the ideal.

2.3 How does Laura experience being a new mother during postpartum psychosis, within the context of her dominant cultural discourse?

Laura experiences new motherhood as frightening and overwhelming. Her experience of motherhood is central to this storyline and could be understood as one of the main challenges. Her paranoia and depression leave her unable to be the warm and loving mother she expected to

be. It could thus be said that in this storyline, postpartum psychosis is keeping Laura from being the mother she wants to be.

It is very clear that dominant cultural expectations and discourse around new motherhood have greatly influenced Laura. First, there is the expectation that a mother will instantly love her newborn and naturally know how to take care of them (Finlayson et al., 2020). When this feeling does not happen for Laura, she feels guilty and as though something is wrong with her. Second, the strict dichotomy of "good" versus "bad" mothers appears to strongly inform Laura's fears (Hefferman & Wilgus, 2018; Constantinou, 2021). She talks about the expectation, that a truly great mother can do it all. This is a narrative that has been largely perpetuated through social media and the praise for celebrities who manage to be successful mothers and careerwomen at the same time (Chae, 2015). Laura talks about the pressure she felt from seeing other mothers on Instagram who seemingly were not struggling at all. Because Laura is unable to bond with her son and cannot appropriately take of him, she feels immense shame. In the narrow dichotomy between "good" and "bad" mothers, Laura likely sees herself as a "bad" mother. This perception leads her to be even more paranoid and to fear other people's judgement of her mothering capabilities.

In the end of the story however, new motherhood suddenly takes on a healing role in Laura's life. During her recover she notices that taking care of Jet and having to deal with all the small annoyances of being a new parent is one of the only things that make her feel better. She realizes that she finally wants to have the "normal" experience of motherhood. In other words, she simply wants to fit into the dominant cultural narrative of motherhood. As in Jen's storyline, Laura may also want to focus on the role of a "mother" as it is so highly valued within society (Hine et al., 2018). She talks about how finally performing like a 'normal' mother made her feel much more confident which is likely related to filling a valued social role.

Just as in Jen's case, Laura is aware of the unrealistic cultural expectations and their negative effects. She acknowledges how the way people portray their life as perfect on Instagram is often not real. Nevertheless, she still compares herself with these perfect images and feels pressured to perform on the same level.

3. Narrative Analysis: Inferno

3.1 Global impression & case summary

Unlike the other two books, this autobiography was not written in chronological order. Instead, it would jump back and forth between timelines. In the first timeline Catherine is at the ward after her psychotic break. The other timeline chronicles the events leading up to her psychotic break. Catherines writing style was more lyrical, abstract and at times quite distant. There was a heaviness to this book, and it was more difficult to find hope in between the 241pages. While the book left a strong emotional impression, it was more difficult to empathize with Catherine's experiences. However, Catherine's upbringing and cultural background are also most dissimilar to my own experiences. It could be that some of my struggle to connect with her story hinged on this factor.

Catherine was raised in America. However, the stories and expectations connected to her Korean background were influencing the way she would approach life. The stories were often about love, duty and sacrifice. When she was twenty-one, she was in a relationship with Drew. He was a violent and abusive man who beat her. After a year she realized that this was not love. She escaped and after some months she met her current husband James, who is also Korean American. He was kind, steady and full of conviction. At thirty Catherine gave birth to their son Cato. The birth was a complicated and long process that ended in a spontaneous cesarean. Nevertheless, Catherine felt a fierce love for Cato in the beginning. After some weeks of rest, Catherine and James embarked on a road trip through America to visit friends and family. The longer they traveled the more Catherine noticed the strain that this travel put upon her. Last, they visited James' parents in New Jersey. The parents put enormous stress upon Catherine as they were constantly telling her how to care of Cato. When the pressure became too much Catherine had a psychotic break. This happened right before the 100-day celebration of her son's life. She saw the devil in Cato's eyes and believed that they were all in hell. When she started screaming and going on tirades, James left their son at his parents and brought her to an emergency room. Once it became clear that she was not getting better she was sent to a psychiatric unit where she stayed for eight days. During her stay she received medication and slowly became more lucid again. When she was finally released, Catherine felt completely detached from her son and fell into a deep depression. After months she managed to feel more like herself again and one random day, while holding Cato she suddenly felt like his mother again.

3.2 Storyline Analysis: "I wanted to leave, to escape, but I knew that was impossible. We were bound."

3.2.1 Agent

As the Agent of her story, Catherine comes across as more of a passive spectator. She usually does not react very strongly, whether she is emotional or in pain "*She broke my waters with a long hook the size of an umbrella. I managed not to flinch" (Inferno – p.100).* Instead in moments of danger or pain, Catherine describes a feeling of disembodiment or numbness. The only time she is unhinged and screaming within the story is during her psychosis. Catherine's Korean background influences her a lot. She uses the ideas of traditional Korean stories about love and sacrifice to make sense of her own experiences. While she often denounces Korean traditions, the expectations of this culture do weigh on her. Throughout the story Catherine often feels trapped and watched. She also struggles to connect to her new identity as a mother "*I write the words I can call myself. I am a daughter. A sister. A wife. Those words come easily. I can remember them. I stare at the page. And then I write 'mother'. The word looks strange next to the others, it stands separate" (Inferno – p.29).*

3.2.2 Action/Events

There are multiple events in which Catherine stays despite feeling trapped. In some instances, she stays deliberately, and other times she is forced to stay. For example, she stays with Drew for a year and tells herself that theirs is a difficult love. On the other hand, after her complicated birth she must stay at a perinatal ward for several days. Here she feels trapped and like a constantly probed mammal. However, she can't leave due to her own health and that of her son. Catherine finally reaches a breaking point at her in-law's house. For the first time she tries to escape a situation where she feels trapped. "*But it was going to be all right now. We were leaving, it had seemed impossible, but we were doing it. Generations of duty and obedience, and we were leaving. Just like that" (Inferno – p.157).* Ironically, right after this attempted escape Catherine is sent to a ward, in which she is most literally trapped and watched over. The event of falling pregnant and giving birth leads to Catherine feeling separated from her body as well as her previous identity *"It was also an erasure of self; I didn't feel more 'me', I felt like I was being split, being shared. My body was no longer my own, I was a carrier, a holder of life" (Inferno – p.97).* While she initially feels a deep bond with Cato, she also struggles to see

herself as a mother throughout the rest of the story. At the mental health ward, she even hides the fact that she is a new mother from the other patients. Only the last line of the book states that Catherine felt like a mother again.

3.2.3 Means/Helpers

Love is again the main helping force in this storyline. The love Catherine feels for James is like an anchor for her, and he never leaves her side when he can. "'*It's nice you're here,' Lane had said. 'Most people leave. They can't handle it.'" (Inferno – p.237).* Meanwhile, Cato is a complicated character within the storyline. Catherine's feelings for him change from a fierce and protective love to a complete numbness and inability to recognize him as her son. Cato appears to have become a symbol of the losses Catherine has gone through. Losing her feeling of identity and bodily autonomy are just as much linked to him as the loss of her mothering identity. "*When I looked at Cato, it was a reminder of what I'd lost, that whatever connection there had been was gone and, it seemed, would never come* back*. I thought I should want to mourn, but I didn't feel any longing for him either" (Chapter 77).* Lastly, Catherine's mother-in-law attempts to help her adapt to motherhood. *"You just have to surrender!' James' mother would say frequently, throwing her hands up in the air. 'That's the only way to survive being a mother!'" (Inferno – p.147).* However, she mostly makes Catherine feel more self-conscious and trapped.

3.2.4 Setting/Scene

All the important settings are places where Catherine feels trapped in one way or another. First, Catherine is trapped on Drews balcony. His apartment is a place of constant threat and violence. Catherine also feels trapped at the perinatal ward. She describes it as a suspended place where people are waiting to leave and are not treated as full human beings. "*Next to me, through the curtains, I could hear some of the women crying. 'I'm not an animal,' one of them said. 'Why aren't you listening to me?' another said" (Inferno - 105).* This is the same at the psychiatric ward. The ward almost feels like a prison with the tension constantly threatening to boil over. "*In the glass enclosure the doctors and workers tap away at computers and talk on phones. They pretend they can't hear us when we tap on the glass. I am like a zoo animal, except the zoo is inverted, and the cage protects those who belong on the outside" (Inferno – p.9).* Lastly, Catherine feels trapped and watched at her in-law's house. In this house everyone always talks but no one listens. "*No one was listening. My words meant nothing in this house, in this*

whirlwind of noise" (Inferno – p.146). All these places have in common that Catherine is never treated as a valid human being.

3.2.5 Purpose, Intention, Feared and desired goal

Catherine wants to feel like a complete and free person. After giving birth she wants to embrace ger new identity as a mother and to reclaim her body. However, she struggles with both. *"I was a mother; I was still trying to figure out what that meant. Was it a full identity that encapsulated me? Was it a shadow that followed me?" (Inferno – p.118).* For most of the story, Catherine wants to escape. She wants to escape the pressure of duty and tradition from her Korean background. She wants to escape the two wards, Drews balcony and the house of her in-laws. And within her psychosis she even wants to escape hell. "*I started to feel the weight of duty on me. I wanted to leave, to escape, but I knew that was impossible. We were bound" (Inferno – p.147).*

3.2.6 Breach

Catherine struggles within the story due to the roles and expectations put upon her. She is often literally trapped, for example in the ward or on the balcony of Drews apartment. However, she is also trapped in cultural expectations, the roles of being a mother or a daughter in law, and within the hell her mind creates during psychosis. With this feeling of being trapped comes a feeling of being watched as well. *"And then there was the constant feeling of being watched, of being monitored" (Inferno – p.146).* Catherine wants to escape, be free and figure out her own identity. However, events such as becoming a mother and experiencing postpartum psychosis, are continuously taking away her freedom, her sense of identity or even her connection to her own body.

3.3 *How does Catherine experience being a new mother during postpartum psychosis, within the context of her dominant cultural discourse?*

For Catherine, the experience of new motherhood happens against two different cultural backgrounds. First, the maternal duties and traditions related to her Korean background are suddenly treated as far more important by her family and in-laws. Because she is a mother, they suddenly appear to have different expectations for her and put much more pressure upon her. This pressure leads to Catherine feeling constantly watched and judged. Unlike Laura and Jen, she does not really compare herself to contemporary examples of motherhood. Instead, she is

compared to mothers in Korea and the traditional practices they uphold. Catherine experiences resentment for being pushed into these traditions. However, she also feels guilty for ignoring them. She even wonders whether her psychosis is a form of punishment for ignoring the traditional practices of Korean motherhood.

However, Catherine also appears to be influenced by the dominant narratives around motherhood that affected the previous authors. Similarly, to Laura, she is surprised that her initial love for Cato is nothing like the warm and glowing love that is usually portrayed in new mothers (Lee et al., 2019). Instead, being a new mother is something that makes Catherine feel separated from her body and her old identity. Her new identity as a mother feels strange to her, and she struggles to accept it. Especially later in the clinic, Catherine goes to great lengths to hide that she just had a baby. In this situation, the dichotomy of "good" and "bad" mothers appears to influence her decision to hide her motherhood (Hefferman & Wilgus, 2018; Constantinou, 2021). It is a common assumption that a "good" mother would never abandon her baby under any circumstances (Jeffries et al., 2017). The dichotomy does not allow for any nuance (Hine et al, 2018). Instead of seeing herself as a mother who is struggling and needs time to recover, she fears that the other patients will judge her for abandoning her baby. The strict dichotomy between either being a "good" or a "bad" mother solely allows for the interpretation that Catherine is a "bad" mother.

After going through her psychotic break and being hospitalized Catherine feels completely cut off from Cato. She theorizes that the numbness she feels is just hiding a deep wound. The wound probably stems from the complicated feelings of guilt, loss and fear she now connects to her son. Later she acknowledges that she really wants to be Cato's mum. However, it takes her a long time to feel the connection and love for him again that she felt in the beginning.

4. Comparative analysis

Certain themes and narratives appear amongst the stories of all three women. One of these common themes is the experience of guilt and shame. All women struggle with the idea of having somehow failed at being a new mother. Because of this perceived failure, the three women fear other's judgement. In Jen's case she feels guilty for getting a cesarean and not being able to breastfeed. In Laura's case she feels guilty for not loving her son and generally being unable to take proper care of him. Catherine feels guilty for similar reasons as Laura. However, in her case the added guilt of her families' expectations towards Korean mothers adds an extra layer of shame.

In the three stories there are almost no instances in which another person explicitly tells the women that they are "bad" mothers. Although Catherine's in-laws do criticize her mothering a lot. This suggests that the shame the three women feel is not necessarily based on overt reactions of others around them. Instead, the shame comes from the unspoken and internalized cultural expectations towards new mothers. All three women seem to have internalized narratives around "intensive mothering" or "good" versus "bad" mothers (Hefferman & Wilgus, 2018). When they are unable to act in accordance with these ideals, they feel shame and fear the judgement of others. Both Jen and Laura explicitly denounce the rigid expectations and high standards for mothers. Yet when it comes to being more forgiving towards themselves, they are unable to do so. It is also important to note that all three women had a cesarean. The dominant cultural expectation of a vaginal birth may have led to feelings of guilt or loss within the women (Richard et al., 2014; Kahalon et al., 2022). Here it is interesting that Jen, who chose to get a cesarean speaks of feeling guilty. Meanwhile, Laura and Catherine seem to experience a feeling of loss connected to their unexpected mode of delivery.

Another common theme is the struggle to adjust to the role of being a new mother. In fact, all three women have a moment of complete disbelief that they are now responsible for another human life. In Jen's case, this adjustment is rather short lived and quickly changes into her ecstatic happiness over being a mother. She feels very happy with her new role and adapts to it effortlessly. On the other hand, Catherine and Laura struggle with this adjustment throughout their whole story. Both feel as though their personalities have been fundamentally altered. In both books it is however not entirely clear how much their change in character is due to being a new mother or how much it stems from their postpartum psychosis.

The feeling of loss is also a strong theme amongst all three storylines. As previously mentioned, both Catherine and Laura feel as though they have lost their previous identity or personality. In Catherine's case this feeling even extends to her body and the inability to reclaim it after giving birth. Furthermore, the stay at the ward also leads Catherine to lose the connection she had with Cato. Meanwhile, Laura feels as though she has lost out on the wonderful birth and postnatal period that she was promised. Lastly, Jen is struggling with the idea that she is losing control over her life, identity and most of all her sanity. Unlike the other two stories, Jen does not appear to experience loss due to becoming a new mother.

In some way all three storylines deal with the struggle to regain control and autonomy. Jen fears a loss of control due to her mental illness. However, releasing some control and accepting her negative emotions, helps her a lot during recovery. Laura loses control over the story of her motherhood and is unable to be the mother she wants to be. When she recovers and takes care of her son it is as though she takes back control over this narrative of motherhood. Lastly, Catherine has her control and autonomy taken away in the moments she feels trapped and watched. In those moments her wish to escape can also be read as a wish to have more control over her own person and freedom. It is interesting to contemplate the role of motherhood in the women's struggle for control and autonomy. For both Laura and Catherine, motherhood is one of the instruments that takes away their control and autonomy. Jen, however, appears to use motherhood to feel control over at least one area of her life.

Lastly, it is interesting to consider the level of separation due to staying at a mental health clinic. During her psychiatric stay, Jen can stay at a mother-child unit. This enables her to remain close and connected to her son throughout the whole story. Laura's experience is slightly different. At her ward she is visited often by her husband and son. However, the baby does not stay with her, and she feels quite separated from him. Lastly, Catherine has the most extreme case. In the beginning she feels a fierce and protective love towards Cato. This connection is however completely interrupted by her psychotic break. She does not see him for the whole time she stays at the ward and is therefore separated from him for more than a week. After this experience Cato appears as a stranger to her and she struggles the most out of the three women to reconnect with him. While there where many different factors influencing the level of connection the women felt with their baby, the three stories do suggest that it is important for the maintenance of the connection to not separate child and mother.

Discussion

1 Findings

This study set out to better understand the experiences of new motherhood in women who suffer from postpartum psychosis. Furthermore, it wanted to explore the ways cultural expectations and narratives may influence these experiences. In order to gain in-depth insight into this issue, three autobiographical works by women who had gone through postpartum psychosis were narratively analyzed. The results of this analysis were then used to tentatively answer the research question: "*How do women with postpartum psychosis experience being a new mother, in the context of the cultural discourse on motherhood?"*

The comparative analysis revealed five reoccurring themes connected to the experience of motherhood, that appeared amongst the storylines. First, there was the theme of shame and fear around failing at being a "good" mother. Second, all three women experienced loss in some form or another. The struggle to adjust to motherhood can be understood as a third theme. Fourth, all women struggled to regain control and autonomy. Finally, there was a theme around whether the women were separated from their child and how that affected their connection. It could be argued that implicit cultural expectations and stigma are a theme for themselves. However, it appears more fitting to treat them as a common factor which appears amongst multiple of the main findings.

The first theme found amongst the women's storylines was their feelings of guilt and shame in connection to motherhood. In all three storylines, these feelings were related to either being unable to care for, or an inability to bond with their baby. These are the same factors which were previously identified as causing shame and guilt amongst women with postpartum psychosis (McGrath at al., 2013; Plunkett et al., 2017; Perry et al., 2021). However, this thesis also looked at the social narratives that might be connected to such feelings of inadequacy. The internalized ideals around "intensive mothering" as well as the fear of being labeled as a "bad" mother likely added to the pressure new mothers face (Chae, 2015; Lee et al., 2019). It is common for most new mothers to experience some pressure or even guilt for having negative emotions during the postnatal period (Lee et al., 2019). However, this experience is likely much stronger for women with postpartum psychosis as their realities often deviate more extremely from the idealized expectations. Perhaps, if there was more honest and nuanced discussion

around the challenges and negative emotions many new mothers experience, women might feel less isolated when they fail to live up to societal ideals around motherhood.

Next, the experience of loss was a common theme among the three storylines. Experiencing losses connected to motherhood clearly echoes the findings of previous studies (Heron et al., 2012; Forde et al., 2020). For example, losing one's sense of self, which Laura and Catherine both struggled with, was also found by Heron et al., (2012). Within their stories it was however not always clear how much of their perceived loss of character was caused by new motherhood or postpartum psychosis. The struggle to distinguish between these experiences was previously identified as an issue for women recovering from postpartum psychosis (McGrath et al., 2013). Just as in Laura's storyline, unmet expectations and traumatic events were one of the main factors leading to feelings of loss in women with postpartum psychosis (Heron et al., 2012). Here it is again important to mention that these unmet expectations were likely shaped and exaggerated due to idealized narratives within cultural discourse. Expectations around immediate loving bonds with the baby and blissful postnatal periods, may have caused the women to grief for something they felt they had lost out on (Henshaw et al., 2014; Lee et al., 2019). Similarly, to shame and guilt, feelings of loss appear to be connected to unmet expectations about giving birth and the postnatal period. This common theme of unmet expectations could be related to a lack of awareness and adequate preparation of expecting mothers.

The third theme was the struggle to adjust to motherhood and the issues with integrating this new role into a previously established identity. First, it should be mentioned that it is common for most women to need a period of adjustment, during which they must integrate their new role as a mother into their identity (Lee et al., 2019). Jen likely experiences this short adjustment period. However, she is quickly able to enthusiastically call herself a mother. Meanwhile, Laura and Catherine struggled with this issue throughout their storylines. This difference might be related to the different forms of loss the women experienced. Forde et al., (2020), found that experiencing losses can disrupt the adjustment to motherhood. While Jen is afraid of losing her sanity, Laura and Catherine experience losses that are more directly related to motherhood. Furthermore, the transition into motherhood needs to have a balance between losses and gains (Finlayson et al., 2020). Especially for Laura and Catherine, there were far more perceived losses than gains. This may explain their ongoing struggle to integrate their new role as a mother into their previously established identity. It could be helpful to study this connection

between loss and adjustment issues more closely. If there is such a direct link, treatment could aim to reduce feelings of loss to help with adjustment or vice versa.

The fourth theme of regaining control and autonomy was not as common amongst previous studies; however, it still corroborates previous findings. In their study on postpartum psychosis, Forde et al., (2020) found that some mothers feared a loss of control. This was most clearly mirrored by Jen's storyline. Interestingly, the other mention of control was related to women's struggle with breastfeeding. Feenstra et al., (2019), suggested that problems around breastfeeding might lead some mothers to feel a loss of control. This also appears to be the exact experience that Jen had around breastfeeding. At one time she even mentions outright that her need to breastfeed likely came from a need to feel control over at least one area in her life. As for Laura's case, the loss of control over her motherhood narrative is never explicitly mentioned in previous studies. Although, the commonly found fear around being perceived as a "bad" mother and the delay in getting help is likely related to this issue (Moore &Ayers, 2017; Plunkett et al., 2017). It could be possible that women postpone getting help with their issues as new mothers because they do not want to be pushed into a narrative of being a "bad" mother. Lastly, Forde et al., (2019) do mention that women fear losing their freedom. This is the only finding that echoes Catherine's struggle to regain her autonomy and control over her own freedom. Within this theme it is very interesting to observe the different role motherhood plays in the women's struggle for control. For Jen, motherhood actively helps her regain some sense of normalcy and control. This may partly explain why she experiences it so much more positively than the other two women. For Laura, motherhood is both the catalyst for her losing control and then later her way back to control and normalcy. Lastly, motherhood mostly just seems to take away control and autonomy from Catherine. It is important to note that even for three women being in such similar circumstances, motherhood may still represent something entirely different to each of them.

Finally, the theme around the level of separation between mother and child was also not usually discussed by other studies. However, Plunkett et al., (2017) suggested that a time of forced separation may affect the attachment relationship between mother and child. They further mentioned that the NICE guidelines also advocate for shared mother baby units (MBU) (Plunkett et al., 2017). These statements fit well with the findings of this thesis. Being at a MBU seemed to allow Jen to remain her previous positive attachment to her son. On the other end, the complete

and lengthy separation between Catherine and Cato appeared to damage their connection severely. The previous suggestions made by the NICE guidelines and Forde et al., (2017) are therefore corroborated by the findings of this research. While some further research may be needed, it seems important for the mother-child relationship as well as the recovery of the mother, to expand on MBU's. Going to an MBU for recovery should not be a privilege for some mothers but a common treatment option for all.

The women's experience of loss and guilt, as well as their struggle to bond with their child, should be considered within the context of operative birth. Laura's and Jen's postnatal struggles corroborate previous findings, that cesareans can lead to women experiencing feelings of shame or failure (Kahalon et al., 2022). Giving birth via cesarean has been a very controversial topic within the past decades. One side argues that women should have the right to choose a more comfortable and direct mode of delivery (Richard et al., 2014). Meanwhile, others see the rise in cesareans as a symptom of overmedicalization and a disruption to the natural bonding between mother and child (Chen & Tan, 2019). Laura and Catherine were struggling to bond with their child, which might have been related to their delayed first contact after the birth. However, they had also both experienced emergency cesareans. Meanwhile, Jen has no issues bonding with her child. She was the only character that had a planned cesarean. This could indicate that the struggle to bond is more related to the shock of a stressful and unanticipated birth rather than the cesarean itself. Future research should attempt to pinpoint more clearly whether the issue to bond comes from the shock of unmet expectations or rather the cesarean itself. In essence, future research should explore to what extent the inability to bond is caused by societal narratives and pressures rather than biological factors.

After discussing all identified themes, a striking resemblance can be found between the women's experiences and more universal experiences of psychosis. Self-judgement, shame, loss of identity and a lack of power and control have all been connected to patients suffering from different kinds of psychosis (McCarthy-Jones et al., 2013; Burke et al., 2016). This echoes the previously mentioned struggle of women to decide whether their experiences were caused by new motherhood or by postpartum psychosis (McCarthy-Jones et al., 2013). On one hand it could be argued that the women's experiences are related to dominant narratives around psychosis, rather than narratives about motherhood. However, it could also be argued that all these experiences are caused by the stigma associated with any inability to adhere to dominant

and desirable cultural narratives. Patients who experience psychosis are usually unable to normally function within society and live up to various ideals themselves (McCarty-Jones et al., 2013). In the case of postpartum psychosis, women are more specifically struggling to live up to ideals around motherhood. In addition to this, it could be argued that mental-illness related alterations to the women's brain chemistry influenced their experiences to some extent. Again, future research should try to disentangle the effect of different social narratives from other factors such as biological changes.

2. ***Reflections on the methodology***

The narrative analysis of full-length autobiographies is a relatively novel research method and comes with its own unique advantages and limitations. One major advantage is the lack of predetermined categories or questions that might influence the data collection process as well as the analysis. For example, coincidental patterns such as the common theme of birth via cesarean might not have been discovered, had there been pre-determined questions guiding the data collection. On the other hand, it could be argued that the author of an autobiography has the chance to edit their story as much as they want before they publish it. Meanwhile, other methods such as interviews may elicit more spontaneous and unfiltered answers from the subjects of interest.

The sheer breadth of information provided by an autobiography allowed for a nuanced and detailed look into each of the women's experience. However, the length and volume of data also made it difficult to select only the most important information and to keep the result section as short as possible. In order to keep a good overview, well-organized tables and categories for the data are very necessary. Additionally, an iterative approach of going back and forth between different storyline elements as well as the different books, may help to come closer to the essence of the storylines each time. Furthermore, the breadth of information only allowed for a limited number of books, which led to a lack of diversity amongst the subjects of this thesis. All were recovered, well-educated, heterosexual, cis women, who have a stable family life. How much of a role such factors play in the experiences of women with postpartum psychosis, might be studied by comparing experiences of women with different social backgrounds, sexualities or family situations.

3. Recommendations

This thesis focused on a broad research question and was therefore able to find a variety of different experiences and themes. Future research could be used to gain more concrete insight into some of these findings. First, it appears that perceived losses may play a role in the women's ability to adapt to motherhood. Other research could investigate which perceived losses may be especially disruptive to the adaption to motherhood. This knowledge could be used to either avoid some of these perceived losses or to generate better support for women dealing with these losses. Next, the women in this thesis either suffered under the cultural narrative of motherhood or they desired it. However, they never seemed to be able to free themselves from the narrative. For future research it would be interesting to study women that were able to defy cultural expectations towards motherhood. These studies could be focused on LGBTQ+ or childfree people. This might provide alternative narratives that can help women, deal with their postpartum psychosis better. The theme of cesarean birth also brought up questions for future research. For example, studies could compare mother-child bonding between women who had planned cesareans and women who had emergency cesareans. This might shed light on the question to which extent cultural narratives and unmet expectations or biology are responsible for potential bonding complications. Lastly, future research could attempt to detangle the relation between, stigma related to motherhood expectations, stigma related to psychosis and biological effects related to suffering from psychosis. For example, studies could compare the experiences of women who suffered from postpartum psychosis, which have vastly different cultural and social backgrounds. This way, the extent to which dominant cultural narratives influence the experience of postpartum psychosis could be determined more clearly.

4. Conclusion

This thesis revealed multiple shared experiences amongst women with postpartum psychosis. All three women experienced feelings of guilt and loss and struggled with regaining control and adapting to motherhood. A common factor throughout their experiences were unmet expectations and pressure due to dominant motherhood narratives. However, the findings showed that not all women suffered from the dominant narratives. For two of them adhering to these narratives was a welcome source of confidence. The findings also brought up the struggle to distinguish between multiple interrelated factors that may influence the women's experiences, such as the ability to bond with the child after a cesarean birth. In the end, this thesis further

showed the complex and nuanced realities of new motherhood, especially in connection with mental illness. The narrow confines of dominant motherhood narratives should therefore be challenged in order to make room and create acceptance around more diverse realities.

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