

De-constructing Postpartum depression Amidst the Daily Mothering Realities in Indian context

Meharmeet Kaur

University of Delhi, Delhi

Mahesh K

Shri Aurobindo College, University of Delhi, Delhi

The phenomena of biological motherhood are considered to be one of the significant events in a woman's life. Childbirth and post childbirth phases are characterised of gamut of emotions, whose one of the clinical manifestations is Postpartum depression. There is a dearth of qualitative studies on Postpartum depression in Indian context. This study aims to de - construct postpartum depression in and around the mothering realities of mothers. Purposive sampling method was used for the study. Thematic analysis was used to analyse data of a sample of nine women. The themes of the study have been elaborately discussed in the paper.

Keywords: Depression, Motherhood, ChildBirth

Childbirth is considered to be a major social milestone which entails, new conception of self, mastering new skills and behaviors. Through biological motherhood, women gain a "gender identity" dependent on an ideal maternal or a loving character. Motherhood does entail losses, changes and restraints, but it also brings positive changes i.e having a child. As many scholars have argued, it is an "experience of ambivalence". These feelings of ambivalence towards motherhood, the realities of daily life with kids, the "gendered nature" of cultural expectations attached to parenthood and the incongruence while negotiating between the good mother ideals and their realities of motherhood, the when, what should mothers think they should feel and how different it is from their realities. They drift to silence or as Dana Jack (1991, 1999) terms as, "silencing the self", protecting the mothers from what they experienced as invalidation of cultural and social nature and brushing off their feelings. (Mauthner, N.S, 2010)

Much of the feminist literature and other qualitative studies on Postpartum depression have pointed towards the cardinal construct of, "pervasive loss of self" wherein mothers tend to lose onto their (pre)partum identities entailing their occupational, sexual and individual selves, while transitioning to a maternal identity.

(Mauthner, 1999; Nicholson,1999; Edhborg, Friberg, Lundh, & Widstrom, 2005).

Postpartum depression is a depression that occurs after childbirth. It develops between 2 to 4 weeks of birth. It can last upto four years. (Cooper et. al, 1994., Kumar and Robinson, 1984).

Good mother ideology has been understood in the context of dominant discourses on motherhood and parenting across various cultures and religions. (Arendell, 2000; Chodorow, 1998; Thurer, 1994). The contemporary notion of the good mother portrays mothering as primarily instinctive in nature and women have an innate desire and caliber for childrearing and nurturing. (Hall, 1998)

The present notion of intensive mothering uses the term, "supermom" for the modern mother who can presumably manage these conflicting needs effectively. This notion highlights the pressures that mothers face in their day to day mothering experiences, wherein these are choice -less situations (Choi et al., 2005).These parameters around ideal mothering a are reinforced by media and culture. (Abetz & Moore, 2018; Chae, 2015) thereby creating asocial pressure on mothers to adhere to this "good mother" archetype. (Chae, 2015).

If mothers meet these parameters, they receive positive feedback from their significant

others, thus validating their maternal self, (Turner & Norwood, 2013 however if a woman fails to adhere to these parameters, they feel excluded and mum shaming. (C.S. Mott Children's Hospital, 2017; OrtonJohnson, 2017). Mum shaming implies when a mother is judged and criticized for her mothering choices. (C.S. Mott Children's Hospital, 2017)

A good woman is required to adapt to the evolving family dynamics along with accepting her role of motherhood. The quality time with her partner, transitions in identity are chief domains that emerge when talking about this template. (Albanese et al., 2018; Nomaguchi & Milkie, 2020; Van-Scheppingen et al., 2018). In spite of the changing gender roles, women still juggle between household identities and workforce identities as a part of their mothering realities. (Ciciolla & Luthar, 2019; Horne et al., 2017)

Appreciating good mother ideology and the process of transition to motherhood might create a pressure on the relationship with the spouses, especially how the mothers juggle with their multiple identities amidst negotiating with parenting roles. Thereby many significant family relations are centered around these discourses.

Rationale for taking this approach: My mother has been a working mother and I have seen her living through this pressure, which has been my primary lens.

Objectives

- To explore the genesis of postpartum depression
- To understand the process of mothering in Indian context for women with postpartum depression

Research Questions

- Can Postpartum Depression be coming from a psychic-conflict within, being a Traditional woman and Modern woman? (Anxiety of losing self), how do they situate postpartum depression amongst all of this?
- How was the experience of being mother?
- The construction of "Mother" in women Postpartum depression (fertility – infertility)

- To understand the relational dynamics amidst women

Method

This study is a pilot work of ongoing larger study (doctoral work) which is centered on exploring postpartum depression in Cultural context. The sample size of the present study is nine. Purposive sampling method was used for the study. It consisted of urban women in the age range of 23 to 37 years, who have been identified by gynecologists and psychiatrists of having postpartum depression. In -depth interviews were taken of these nine participants. Due to lockdown situations, a few of the interviews were taken online and the others were taken in offline mode. A semi structured schedule was referred to while taking the interviews. This interview schedule was constructed based on review of literature, and feedbacks from the experts of the field. Informed consent was obtained by the participants. The interviews lasted between 45 to 60 minutes and were digitally recorded. The data was analysed with the help of Thematic analysis (Braun & Clarke, 2006).

Researcher's positionality: Ever since I have started making sense of the world around me, I have grown up listening to my mother's (lived experience) of dealing with baby blues (undiagnosed) while she was nurturing me, being a first born daughter, I have always wondered about the nuances of the idea of motherhood while she was bringing me up.

Just as I had stepped into adulthood, I witnessed my cousin experiencing postpartum depression. She used to often complain of having incessant suicidal ideations; she used to stand at the balcony with her child, ready to jump off, and had frequent bouts of crying. As a young, unmarried woman, I have been weaving and churning out the meaning of motherhood, as someone who hasn't yet stepped into the skin of the traditional roles of a wife and a mother as per the societal norms, which is further a part of the larger phenomenon of womanhood, I feel. Maybe it is coming from my cultural script, that the essence of womanhood lies in the journey of giving birth and child rearing.

Questions like; what is it to be a mother, what of a part is there that dies/resurrects in a

woman when she gives birth, how motherhood can be gendered. Who are these women who experience postpartum depression? What is the grammar of postpartum depression in India? Such questions inspired me for conducting this research.

Results and Discussion

Themes	Attributes
Absentia of desire	“Ajeeb sa mehsoos hota hai”
Women – women dyad in daily mothering behaviors	“Ye kya baat hoti hai.. sabko wahi hota hai..” “Itni kya pain..”
Cynicism	“Saajish type hai.. ki koi larhki nakaare na..”
Overwhelming feelings	“Everything was just running”
Labour experiences	“Maa khud hee kaanp rhin thi”
Desire for self –care	“You should be a happy mother instead of a stressed mother”
Social construction of mother	Aisa hota hai ki hum 9 mahine bacche ko garbh mein paalte hain, usko mehsoos karte hain, uski aahaton ko..

Questions that were asked from the participants during the interviews were centered on, their experiences with pregnancy, childbirth and post childbirth time period(s). They were asked to describe a low day (highs were also interviewed with rest of the participants), what is it to be a mother and how does being a mother and being woman intersect for them. The main themes that have been extracted are:

Absentia of desire:

Abstentia of desire is being expressed by the participants of the study. This can be further de-layered as, (re) and (de) location of desire is occurring in the women in the study.

Locating maternal body in intercourse: Participants were trying to make sense of the maternal body in the sexual act, feelings of confusion, it was emotionally overwhelming for them as of one of them says, “Ajeeb sa mehsoos hota hai”.. (It feels so weird)

Silencing of desire : The participant feels that she has lacking in sexual desire however it is so much there as she has expressed, “oh sex karde si mere andar meinu kuch feel hee nahi hunda si” (He used to have sex but I couldn’t feel anything), there is a paradox here, “Mein ohna nu mana v nahi kardi” (I didn’t refuse)

Women – women dyad in daily mothering behaviors:

Being dismissive of the new mothers’ experiences- “Ye k-ya baat hoti hai.. sabko wahi hota hai..”(What is this, everyone experiences this). The participants felt that the elderly women of their family dismissed their bodily pain after the delivery.“Itni kya pain..”(is this even pain?)

“Dekhya aen ho jaandae pata lagde koi deliveriyan da” (See I told you deliveries happen in a minute, not to be fretted over). The participant expressed anger.

Asserting their expertise- “Meri maa ne mujhe excersise karne se mana kar diya”, participants felt threatened when the older females offered help to the new mothers.

:Humaare zamaane mein aise karte they tum aise karo”.

Cynicism:

The participants expressed cynical feelings towards the ascribed role of motherhood. There is this sense of othering towards mothering and as a researcher, I could feel resistance of some sort of resistance to their new mothering role. Their mothering reality was somehow resisting to this new role. As one of the participant says, “Saajish type hai.. ki koi larhki nakaare na.. “Mein pregnant kyu hui?”

“Mere saath sahi nahi hua”. A sense of regret, anger can be see here with regard to their new life role.

Overwhelming feelings: Participants spoke about shifts in their life space post childbirth. For instance, one of the participants shares, “Suddenly I am in a situation wherein I can’t join my work”. These feelings were overwhelming for one of the participants.

“Recovery ko kitna time lagta hai”....”. Another participant expresses, “ Woh bohot lamba hota hai aur woh accept karna kisi human

being ka kaam ho sakta hai"... 2 mahine baad lady ki delivery jo hoti hai...

Another sub theme would be, "trying to navigate their autonomy in postbirth recovery process as one of the participant expresses, "Meine ye cheez mehsoos ki hai ki bohot zyaada humein zaroorat nahi hoti". The physical pain of childbirth and post birth phase leaves a significant mark on her psyche.

Labour experiences:

Perceived emotional support during labour: The participants' experiences with labour stage were also mapped wherein women spoke about the perceived emotional support during labour, they reflected over how some experiences pertaining to that are still alive in them. Example, one of the participants reminisced, "Mujhe gussa aa rha hai tha ki maa aap kyun aayi?" she spoke about her mother being there with her during her delivery, when she was experiencing labor pains. Her mother wasn't probably emotionally equipped for providing the appropriate support that was needed at that stage.

Autonomy during birthing process: Some expressed guilt for not being able to be the authority during the birthing process, example one of the participants says, "Mein ki kardi mere hath vass ch kuch v nahi si" (What could I do, I was helpless) and still carries the trauma of difficult childbirth.

Desire for self-care: Participants expressed a desire for self-care in new mothers. One of the participants said, "You should be a happy mother instead of a stressed mother", this seems to be reflection of her ongoing motherhood journey, but probably this comes from this tussle of operating amongst the "modern self" and the "traditional self", wherein the contemporary narratives voice over self-love, self-care regimes, but the cultural psyche talks loudly about a mother who puts her needs last, after her child is a good mother. Like another participant says, "Meinu eh lagda hai ki ikk acchi lady oh ha jo pehlan apni care karegi, number 2 fir apne baccheyan nu time dayegi" (In my understanding, a good woman is that who would take care of herself first and then give time to her kids)

Another participant, also voiced the same concern, "ajj svere mein saareyan nu nashta karwaaya hai, par mein nashta nahi karke aayi" (I made breakfast for everyone today, but I didn't have it myself). A sense of heroic-ness can be seen here.

"ladies ne hee karna hai" (Women are supposed to do the domestic chores)-

"Bete ne keha mama aapke pass toh time hee nahi hota" (My son expressed that mother, you don't have time for me), this is a reflection of the cultural psyche, so a tussle can be felt here.

Social construction of the mother: Participants expressed their thoughts on the intersection of roles of mother and a woman, "Aisa hota hai ki hum 9 mahine bacche ko garbh mein paalte hain, usko mehsoos karte hain, usski aahaton ko.."

"Uppar rabb beitha hai na, oh sab kol nahi aa sakda, ohne bas shadow bhejti apni koi" (There's God who cannot be there physically present for everyone he has just sent his shadow for all). "Pyaar toh jaise sabko aata hai par maa wala nahi"

"Jaise woh kehete hai na.. maa ka dil jaanta hai"- the mother instinct is very much there amidst the postpartum depression experience.

Some participants expressed the contrary, "Currently I do not believe motherhood makes a woman complete"

"There's no enjoyment in motherhood"

This was one of the participant's reaction when she had conceived, "I panic... no joy... no happiness".

Implications of the study:

To develop psychological sensitivity that comes from our cultural nuances.

Limitation:

Online interviews could have probably not retained the essence of qualitative interviewing.

Conclusion

In many participants, some sort of inertia was felt, a sense of dysfunctionality towards other roles apart from motherhood was felt. This inertia was probably embedded in their process

of othering towards their rest of the life roles (relational self), this sense of dysfunctionality was felt as anger and guilt. As a researcher, I have observed that the schema of “ideal motherhood” was aggressive as one of the participants expressed, “Sabse barhi baat hoti hai aap jab maa banne wale hote ho, aapko usko sundar boliye”. There is an incongruence between the woman’s ideal mothering self and her actual mothering realities.

Participants are also trying to locate themselves around the birthing process and in some, there is a sense of guilt that is felt around perceived powerlessness around childbirth.

There is a constant (re)location of self that is happening around the maternal body. Some of the participants expressed anger for the changes that have taken place after pregnancy, some have expressed satisfaction about these changes. The self is getting deconstructed and reconstructed as the woman enters motherhood.

References

- Aishwarya S, Rajendiren S, Kattimani S, Dhiman P, Hariitha S, Ananthanarayanan PH. Homocysteine and serotonin. (2013). Association with postpartum depression. *Asian J Psychiat*. 6(4),73–7.
- Hendrick, V., Altschuler, L. L., & Suri, R. (1998). Hormonal changes in the postpartum and implications for postpartum depression. *Psychosomatics*, 39, 93–101.
- Mauthner, N. S. (1999). “Feeling low and feeling bad about feeling low”: Women’s experiences of motherhood and postpartum depression. *Canadian Psychology*, 40, 143–161.
- Nicholson, P. (1999). Loss, happiness and postpartum depression: The ultimate paradox. *Canadian Psychology*, 40, 162–178
- Edhborg, M., Friberg, M., Lundh, W., & Widstrom, A.-M. (2005). “Struggling with life”: Narratives from women with signs of postpartum depression. *Scandinavian Journal of Public Health*, 33, 261–267.
- Cooper, P., Murray, L., Wilson, A., & Romaniuk, H. (2003). Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression: 1. *Impact on maternal mood*. *British Journal of Psychiatry*, 182, 420-427.
- Kammerer M, Marks MN, Pinard C, Taylor A, von Castelberg B, Künzli H, Glover V. (2009). Symptoms associated with the DSM IV diagnosis of depression in pregnancy and post partum. *Arch Womens Ment Health*. 12(3):135-41. 10.1007/s00737-009-0062-9. Epub 2009 Apr 1. PMID: 19337702.
- RC Boyd JL Pearson MC Blehar (2002) Prevention and treatment of depression in pregnancy and the postpartum period-summary of a maternal depression roundtable: a U.S. perspective. *Arch Womens Ment Health*, 4, 79–83, 10.1007/s007370200003
- Riecher, R., Fallahpour, (2003). Postpartum depression: do we still need this diagnostic term?. *Acta Psychiatrica Scandinavia*. 108, 51-56
- Gotlib IH, Whiffen VE, Wallace PM, Mount JH. Prospective investigation of postpartum depression: factors involved in onset and recovery. *J Abnorm Psychol*. 1991 May; 100(2):122-32: 10.1037//0021-843x.100.2.122. PMID: 2040762.
- Meares, R., Grimwade, J., & Wood, C. (1976). A possible relationship between anxiety in pregnancy and puerperal depression. *Journal of psychosomatic research*, 20, 6, 605-10 .
- O’Hara, M.W., Rehm, L.P., & Campbell, S.B. (1983). Postpartum depression. A role for social network and life stress variables. *The Journal of nervous and mental disease*, 171, 6, 336-41 .
- Pitt, B. (1968). “Atypical” Depression Following Childbirth. *The British Journal of Psychiatry: The Journal of Mental Science*, 114, 1325-1335. <https://doi.org/10.1192/bjp.114.516.1325>
- Hopkins J, Marcus M, Campbell SB. Postpartum depression: a critical review. *Psychol Bull*. 1984 May;95(3):498-515. PMID: 6399755
- Chaudron LH, Szilagyi PG, Kitzman HJ, Wadkins HI, Conwell Y. Detection of postpartum depressive symptoms by screening at well-child visits. *Pediatrics*. 2004 Mar;113(3 Pt 1):551-8. 10.1542/peds.113.3.551. PMID: 14993549.
- Cooper, P. J., De Pascalis, L., Woolgar, M., Romaniuk, H. and Murray, L. (2015). Attempting to prevent postnatal depression by targeting the mother–infant relationship: a randomised controlled trial. *Primary Health Care Research & Development*, 16 (4). pp. 383-397. ISSN 1477-1128 .<https://doi.org/10.1017/S1463423614000401> Available at <https://centaur.reading.ac.uk/66040/>
- O’hara, M.W. and Swain, A.M. (1996) Rates and risk of postpartum depression—A meta-analysis.

- International Review of Psychiatry*, 8, 37-54.
10.3109/09540269609037816
- Friedman SH, Resnick PJ. Postpartum Depression: An Update. *Women's Health*. 2009;5(3):287-295. doi:10.2217/WHE.09.3
- Kaplan B, Sadock A. 10th ed. Philadelphia: Lippincott Williams and Wilkins; 2010. Synopsis of Psychiatry, *Behavioral Sciences/Clinical Psychiatry*.
- O'Hara MW. Postpartum depression: What we know. *J Clin Psychol*. 2009;65:1258–69.
- Hendrick, V.C., Altshuler, L.L., & Suri, R. (1998). Hormonal changes in the postpartum and implications for postpartum depression. *Psychosomatics*, 39 2, 93-101 .
- Beck CT, Reynolds MA, Rutowski P. Maternity blues and postpartum depression. *J Obstet Gynecol Neonatal Nurs*. 1992 Jul-Aug;21(4):287-93. 10.1111/j.1552-6909.1992.tb01739.x. PMID: 1494971.
- Hendrick V, Altshuler LL, Suri R. Hormonal changes in the postpartum and implications for postpartum depression. *Psychosomatics*. 1998 Mar-Apr;39(2):93-101. 10.1016/S0033-3182(98)71355-6.
- Wang C, Geng H, Liu W, Zhang G. Prenatal, perinatal, and postnatal factors associated with autism: A meta-analysis. *Medicine (Baltimore)*. 2017 May;96(18):e6696.10.1097/MD.0000000000006696.

Meharmeet Kaur, PhD scholar, Dept. of Psychology, University of Delhi. meharphd19@gmail.com

Prof. Mahesh K., Darolia, Faculty, Dept of Applied Psychology, Shri Aurobindo college, University of Delhi