

From Grief to Reconciliation: Reading Maternal Experiences in Hope and Emergence

Dr. Ishab Mishra¹, Dr. Dharmapada Jena²

¹Lecturer In English Nayagarh Auto. College, Nayagarh, Odisha

²Asst. Prof. In English Odisha University Of Agriculture And Technology Bhubaneswar, Odisha

Abstract

Studying the psychological ramifications of maternal experiences, particularly Postpartum Depression (PPD) and its theorization happen to be of immense significance in the era of medical humanities. Researchers and scholars have started defining PPD and exploring various psycho-social factors that lead to the cause and sustenance of PPD. The intention behind writing about such private experiences and making them public, however, is not much explored. In this paper, *Hope and Emergence: A Journey through Grief and Postpartum Depression* (2015) by Kirsten Falsely is analyzed through the lens of maternal theory to find out the various socio-cultural factors that cause and intensify Falsely's experiences of PPD. The paper examines various narrative techniques the author employs to represent her experiences of PPD. Additionally, the writer's intention behind writing this memoir and making her private experiences public is explored utilizing the principles of theory of intentionality.

Key words: Maternal experiences, Postpartum depression, theory of intentionality, maternal theory

Introduction

Kirsten Falsely, a former labor and delivery nurse, turns to write the motherhood experiences and her battle of PPD. *Hope and Emergence: A Journey through Grief and Postpartum Depression* (2015) is her motherhood memoir which establishes her as a popular writer. This memoir chronicles her journey through highs and lows. Her battle with grief and postpartum depression gets featured in a poignant way. The present research settles to analyze Falsely's *Hope and Emergence* through the lens of maternal theory to find out the various socio-cultural factors that cause and intensify her experiences of PPD. The tools for the representation of PPD and the intention behind such representation will also be undertaken in this paper.

Maternal experiences, identity and ideology are considered by maternal theorists. They view motherhood from "three perspectives: motherhood as an experience, motherhood as an institution and motherhood as an identity" (Rich 7). Ruddick (1989) mentions "maternal thinking is guided by a mother's interest in their child's preservation, growth, and acceptability" (105). Hays (1996) delivers on the concept of intensive mothering that demands the women to be the primary, central caregivers of children. Such notion, Hays (1996) argues, puts immense pressure on the women, and often make mothering job tough and challenging. Maushart (1997) explores into the mask of motherhood as "a repertoire of socially constructed representations" (Maushart 525). Maternal studies also examine the term ambivalence, the coexistence of opposing attitudes or feelings and a state of uncertainty, in the context of motherhood. Parker (1995) draws upon maternal ambivalence as an experience common to all

mothers in which the feelings of loving and hating for their children exist together. Maternal theorists extensively focus on the myth of motherhood, a set of expectations designed for and enforced upon mothers by society and culture, to be natural and a necessity. Failing to meet such expectations is labeled as bad mothering. The “idea of what constitutes a good mother is only that, an idea, not an eternal verity. The good mother is reinvented as each age or society defines her anew, in its own terms, according to its own mythology” (Thurer 334). Despite of the ambiguous and incongruous nature of the term, good mothering is socio-culturally enforced upon the mothers.

Analysis of Hope and Emergence

Drawing from the maternal theorists, this paper will discuss how maternal stress and anxiety of Falsey lead to her PPD. The myths of motherhood, intensive mothering and maternal ambivalence, the tools of maternal theory, will be utilized for understanding the factors behind her PPD.

• Myths of Motherhood

The myths of motherhood emphasize the principles of good mothering where a mother is required to fit into a set of expectations made by society and culture. These myths are all pervasive like “thin air” (Thurer 2007) and dictate our thoughts and deeds as a mother. Falsey (2015), like others, is trapped under the mask of these myths and she starts behaving as a ‘good mother’ who is happy for her motherhood even though she lost her mother to cervical cancer recently. She thought it mandatory to fit into this ideal of a good mother, else society might judge her, and hence she stopped grieving for her mother until she gave birth. She maintains “the face of a new mother” (Falsey 70), i.e., always being happy and smiling, only not to be labeled as a bad mother. The societal pressure wrecked her mental peace, leading her to PPD. She had intrusive thoughts like “thoughts of drowning them or smothering them with pillows” (Falsey 76) which filled her with terror. She felt “deeply disturbed at these thoughts” and was “ashamed” of herself (ibid). It can be argued here that underneath her conscious fear lied the unconscious socio-cultural design. The societal expectations on her as a mother were so heavy that she simply could not comply. Her inability to meet the unrequited myths could tarnish her good mother image that she always feared. The sustenance of such fear over a period sweepingly led to her PPD.

• Intensive Mothering and PPD

Intensive mothering, as Hays (1996) implies, is an intense mothering act where a mother absorbs herself completely. The mother is viewed as the central caregivers of children. This ideology often proves to be fatal as it imposes lots of mental and physical pressure on the mother. Falsey was a victim of that ideology and she suffered immensely on that account. Hope and Emergence exhibits how Falsey wished to fix her entire focus on children. Unfortunately, she could not do what she most wanted. The death of her mother, though acted as a trigger for her PPD but gradually it became like a vicious cycle of which she could not get out. Because she felt intense grief due to her PPD which almost became impossible on her part to get rid of, she gradually became oblivious of her twin babies. She was unable to take care of them and this again became the source of her grief and guilt. This is when she realized that she “wasn’t bonding well with the girls” (Falsey 75). Such realization filled her mind with anguish and anxiety. She was grief-stricken and suffering from PPD. During such a time she did her best to take care of her babies. The germ of intensive mothering in her didn’t allow her to be satisfied in her duty as a mother. She wanted to do more, at least more than her husband because she was unknowingly suffering from intensive mothering that mothers should be the central caregiver for her baby.

• Maternal Ambivalence and PPD

Falsey did not feel a loss of self through the loss of independence, feelings, relationship and confidence. For Falsey it was loss of control over her grief emerging due to her mother’s death which led to her ambivalence. She was so much drowned in her grief that sometimes even though she would hear her babies crying but it would feel as if the sound is coming from somewhere far away; and she wanted to be left alone. Moreover, she would get repetitive intrusive thoughts of harming her babies which took a toll of her mental peace and health. She was

having intrusive thoughts which shattered her and made her guilt and grief-stricken. She felt guilty when she was unable to care for her babies, she felt that she would be the one caring for her babies primarily but here her husband was doing so. These thoughts would fill her with grief and sorrow, even at the same time she would have the intrusive thoughts. Presence of these ambivalent feelings towards her babies filled her with negative thoughts leading to PPD.

Representation of PPD in the Narrative of Hope and Emergence

In *Hope and Emergence: A Journey through Grief and Postpartum Depression* (2015), Falsey tells how she was a person who loved to keep a plan or blueprint for everything in her life. She did not cope well when anything deviated from the pre-planned conception. For her future as well as marriage and motherhood, she had a plan. She had thought that her motherhood would be an uncomplicated path which will work according to her preconceived plan. When she lost her mother to cervical cancer during the final stages of her pregnancy, she was completely distraught. The abrupt death of her mother was something beyond the blueprint she had ever made. It took her off guard and left her feeling weak and vulnerable. *Hope and Emergence* (2015) is a survival story where the main trigger for PPD is a personal loss i.e. death of mother.

Falsey was completely taken aback by the unfortunate death of her mother. She wished to cry a lot and made her grief pacified. But her situation staged for her a “sort of stuck in the stage of denial” (Falsey 67). She felt that she could grieve upon her mother’s death after doing everything to protect her pregnancy. Unfortunate she did not have that chance also. She thus in a tone of disappointment said, “I was losing that side of me to a pool of darkness, a very deep and sinking one” (Falsey 70). Here the use of imagery, a pool of darkness refers to the uncertainty around her and her unfathomable sorrow. The absence of mother emotionally crippled her, made her life void. She mentioned, “as soon as the room was empty, I cried uncontrollably, feeling an unimaginable sense of loneliness, despite the fact that my two girls were there” (Falsey 70). The empty room can symbolically represent her empty mind and vision. She was in so much emotional pain from her mother. She wanted to regulate it, but in turn it became “a relentless flood of emotional pain” (Falsey 70).

Falsey has used apostrophe in the narrative to mention about her growing insanity. She used to call incessantly and called out to her mother. The narrative captures it:

All I did was cry and call out for my mom and wish she were by my side. I wished she were there to give me advice and tell stories about who I was when I was a new baby. I wished she were there to teach me lullabies and to sing to my girls. I had no idea I would miss her that much (Falsey 71).

The constant thought to her mother made her occupied and troubled. Her usual life was also impacted by this. The tone of confusion and sadness in the sentence, “I also felt like I wasn’t bonding well with the girls– my mind was taken up with grief and confusion and sadness,” (Falsey 75) stand testimony to the fact. The vulnerability of her mind forced her to have an inferiority complex. She felt Jim was a much better parent than she was. This comparison is partly because of her inability to perform her duty as a parent and partly because of her insecurity for being branded as a bad mother. Such comparison also brought in her total disappointment, and eventually caused her PPD. It is seen that the narrative has given enough home to her elaborate thinking; sometimes over thinking. She is found indulged in the thought, “Why couldn’t I be there for them fully? Why was my mind going other places when it should have been concentrating on them and only them? I couldn’t control it and it worried me” (ibid.).

The image of dark cloud has been used to express her mental agony and depression. She is found, in a tone of melancholy, expressing:

I found myself staring at my mom's picture, asking how she could have left me. My eyes were so puffy they were practically swollen shut. Things started to fuzz on the horizons of my mind. There was only a cloud of dark, pulling me in, deeper, deeper, deeper. The only way to get out was to cry– it released a little of the pressure. But my actual mind didn't rise from those clouds, from those thorns, from that darkness (Falsey 75).

Here some of the narrative tools are to be discussed that captured the mood of the narration. The use of apostrophe, the cloud imagery and the metaphor of thorns all contribute to express her miserable condition. Her continued suffering and uncertain future is apparent, making her life an abysmal jolt. Her depression took another dimension that she started to have feelings to harm her babies. She quite in a shocking tone expressed; "I couldn't believe these things were coming to my mind. Thoughts of drowning them or smothering them with pillows. What is wrong with me? I felt deeply disturbed at these thoughts. I knew they were wrong, I knew they were sick" (Falsey 76). She was so ashamed of having such dangerous thoughts that she could not share it with anyone. It was also because she was scared of the fact that if she mentioned about it to people, they would take her babies away. This flash-forward thought made her so disturbed. She even felt that she would lose her job. The sense of insecurity again got a complete hold of her. As a result she had emotional break downs. She was found disoriented for everything, even taking care of the babies. She put on a helpless tone when she said, "It was like a ton of bricks was holding me down and I couldn't even get out of bed... I wanted nothing more than to be back in my bed as soon as possible... didn't find the strength or energy to do it" (Falsey 80). There is also a tone of indifference in, "I would hear them cry and hear Jim working hard to care for them, but they sounded so far away in the distance and I just wanted to be left alone" (ibid.). Distancing herself from others, particularly from the babies was due to severe depression that she was going through. Owing to this, she couldn't sleep and couldn't stop crying also.

When she was unable to take care of herself and her family, she started feeling helpless and guilty:

At home, my husband was going it alone, taking care of everything. I felt so guilty that I had left my family. I felt I had let them down. I felt helpless and couldn't stop my mind from thinking that I was without my mom. I just wanted to see her again. I felt like a broken record telling people this, even telling myself, but I couldn't help it, that is what my heart-felt and it wasn't letting up. I couldn't believe I had zero control over my thoughts. They were absolutely relentless (Falsey 86).

Here her tone clearly shows how guilty she was for not doing her duty. At the same time it reflects her helplessness. Despite of her conscious attempts, she could not refrain herself from thinking of her dead mother. As a result, she suffered. Life became so hard for her. She had a major frustration when she didn't find a local support group for postpartum depression. In a sorrowful tone she thus said, "There were plenty of groups for grief, ... The lack of a support group is a major void in our community ... so this was disappointing" (Falsey 118).

In short, in *Hope and Emergence: A Journey through Grief and Postpartum Depression* (2015), Falsey has employed diverse tones, imagery and metaphor to represent her experiences of PPD. Besides, apostrophe, flash forward and comparison have also been used as narrative tools to voice her painful journey. All these narrative tools and strategies have become an aid to lend voice to Falseys' depressed self.

The Intention of Falsey behind Writing about PPD

Bloom (2000) mentions that intentionality has three components: i. "intentionality in the larger sense of

the directedness and 'aboutness' of contents of mind”, ii. “intentionality in the narrower sense of the goal-directedness of individual actions” and iii. “the intuitive, psychological theories we have about intentionality and intentional action that influence our everyday actions and interactions - what has come to be called theory of mind” (Bloom 179).

This paper will draw the concepts from Bloom (2000) to explore the intention of Falsey behind narrating her experiences of PPD.

- **The contents of mind**

Falsey opens that when she suffered from PPD, she felt she was alone. She felt that she was the only mother who is feeling such ambivalence and intrusive thoughts for harming her babies. As a result, she believed that she was not a good mother and that she is a failure in mothering. These thoughts filled with guilt and sorrow leading to PPD. When she asked for help and got to talk with her psychiatrist, she came to know that she is not alone in feeling such. She came to understand that she is having such thoughts and is unable to feel happy not because she is a failure or a bad mother but because she is having PPD. Knowing that she is suffering from a disease and is not herself guilty made her feel relieved at many levels. It will be true to say that this was almost a first step in her healing journey. She believes that she suffered because of lack of knowledge about PPD. She also believed that lack of local support group for postpartum depression is also a reason for her suffering in a lonely manner. Internet could not serve the face-to-face interaction method which she wanted. She pointed,

A major frustration I encountered during my experience was the inability to find a local support group for postpartum depression. There were plenty of groups for grief, but my needs had changed. The lack of a support group is a major void in our community and an issue I hope to address in the near future. A lot of my resources were found on the internet but I'm the type of person who likes face-to-face interaction, so this was disappointing (Falsey 117).

She wanted to hear soothing words from others; she wanted to know what others with postpartum depression felt and went through. Knowing about others with postpartum depression, in a face-to-face manner, she felt would have helped her deal with her own emotions. She said, “one of the things I really needed to hear, was that this was not my fault, that I did nothing wrong, and I would get well” (Falsey 118). As she was unable to get any support from others, she wanted to make her experience public so that others can get the much-needed support which she couldn't get: “there are often others who have experienced the same situation, and it helps to know this” (Falsey118).

- **The goal-directedness of individual actions**

For her, things would be much different had she known that she is not alone in having such feelings towards her daughters. So, she wants to make other mothers know that they are not alone in their journey. They are having ambivalent thoughts and are unable to care for their babies not because they are bad or incompetent mothers but because they are suffering from a mental condition named as PPD. They are not failure in mothering, but are sick and needs care and healing. She believes that, “what our society needs is education and information to dismiss the misconceptions about this disease” (Falsey 118). Her intention is to spread the motto of the Postpartum Support International:

“You are not alone.

You are not to blame.

With help, you will be well” (Falsey 128).

- **Intentionality and intentional action influencing everyday actions and interactions**

She wanted to vocalize that they will not be regarded as failure for asking help: “Needing help doesn't mean you are weak. You are strong for taking the first step in admitting you need help” (Falsey 112). She wanted them to get help “right away” (ibid). She considers that, “Finding support for yourself is one of the most important things you can do to nurture your mind and soul,” and to surround themselves with “positive, supporting, open-minded people” (ibid) who will not only be the harbinger of hope but also can pull them through the darkest days.

Her intention of writing is also to let them know that having negative thought is not the fault of mothers that they are ill and this illness called PPD is curable. Also that a woman might not have all the symptoms of PPD but still if left untreated, these can create havoc in the mothers' life. She also emphasizes that PPD is not something which can be cured automatically with time, it needs medical intervention. She points that, "What our society needs is education and information to dismiss the misconceptions about this disease. Just as there is a holistic approach to treating the human body, this disease deserves the same treatment" (Falsey 119).

She ends with a serious note stating that:

My hope in sharing my story is that it helps at least one woman and her family have the courage to get the help they need. To anyone reading this story who is hesitant to start medication, please know that there are many safe drugs on the market that do not interfere with pregnancy or breastfeeding, and that the benefits of the medications most likely outweigh the risks. Taking medications is also the best thing to do if you can't get back to yourself, despite your best efforts (ibid).

According to her, medication and therapy are the best things to get PPD cured.

• Findings and Conclusion

Falsey's *Hope and emergence* (2015) has been analyzed through the features of maternal theory. Maternal stress and anxiety have immensely contributed to cause PPD for Falsey. The features of maternal theory such as, myths of motherhood, intensive mothering and maternal ambivalence have been examined in the case of Falsey and found that all these cause PPD for her.

The narrative tools and strategies employed in this paper represent Falsey's experiences of PPD. The first-person narrative in the text is found to be befitting to voice her experiences of Falsey has employed diverse tones, imagery and metaphor to represent her experiences of PPD. Besides, apostrophe, flash forward and comparison have also been used as narrative tools to voice her painful journey. All these narrative tools and strategies have become an aid to lend voice to Falsey depressed self.

Further, this paper has exploited the concepts of intentionality proposed by Bloom (2000) to unmask the intention of Falsey behind narrating her experiences of PPD, thus making it public. The exploration is done in three sections by using the contents of mind, the goal-directedness of individual actions and intentionality and intentional action influencing everyday actions and interactions. It is found that Falsey wanted to write about her experiences of PPD because she wished it to be cathartic for her to come into terms with her own emotions and feelings by reaching a wider audience. She also wished to educate and spread awareness to the audience by speaking about her experience of PPD.

Works cited

1. Bloom, Lois. "Intentionality and Theories of Intentionality in Development." *Human Development*, 2000, pp. 178-185.
2. Falsey, Kirsten. *Hope and Emergence: A Journey through Grief and Postpartum Depression*. Estep & Fitzgerald Literary Publishing, 2015.
3. Hays, Sharon. *The Cultural Contradictions of Motherhood*. New Haven: Yale University Press, 1996.
4. Maushart, Susan. "Faking Motherhood: The Mask Revealed." *Maternal Theory Essential Readings*, edited by Andrea O'Reilly, Demeter press, 2007.
5. Parker, Rozsika. "The production and purposes of maternal ambivalence." *Mothering and ambivalence*, 1997, pp. 17-36.
6. Rich, Adrienne. "Of Woman Born: Introduction." *Maternal Theory Essential Readings*, edited by Andrea O'Reilly, Demeter press, 2007.

7. Ruddick, Sara. “Maternal Thinking.” Maternal Theory Essential Readings, edited by Andrea O'Reilly, Demeter press, 2007.
8. Thurer, Shari L. “The Myths of Motherhood.” Maternal Theory Essential Readings, edited by Andrea O'Reilly, Demeter press, 2007.