

CHAPTER I

INTRODUCTION

1.1 Background of The Study

Motherhood is a specific role that is mainly obligated to take good care of children (Ridgeway & Correll, 2004). As the ones who give birth to children, women are culturally assigned to take the responsibility of motherhood. However, not every biological mother is a mother because several women do not consider the role of motherhood as their primary responsibility. Therefore, the concept of motherhood has been closely associated with the construction of maternal identity (Guerrina, 2001). Maternal identity is crucial for women to incorporate motherhood into their identity (Mercer, 2004). During the incorporation process, a mother would pass a new and unique central psychic organization called the motherhood constellation (Stern, 1995).

The experience of having a baby can be a difficult period since a new role and responsibility should be acquired. Concerning that, mothers are socially expected to physically, psychologically, emotionally, and intellectually devote their life to their children (Douglas and Michaels, 2004). The social expectations are obligated to be fulfilled to maintain positive images of mothers and their families (Goffman, 1967). Therefore, mothers are expected to behave in several expected ways, which could cost

most of their time, money, and energy, to present the socially acceptable image of motherhood (DeGroot and Vik, 2019).

The demanding portrayal of the ideal mother by society delivers certain pressure to the mother's emotional aspect (Thurgood et. al., 2009). The under pressured emotional aspect is possible to trigger the occurrence of mental issues after the childbearing process (Özkan & Polat, 2011). However, the given diagnosis and treatment for women in their postpartum period is still limited due to a lack of recognition (Perfetti et. al., 2004). Therefore, instead of getting proper treatment, women tend to conceal their struggle as they fear that the label of unfit parent could cost their baby to be taken from them (Thurgood et. al., 2009).

Moreover, Beck (2002) explicates that the pressure from society could trigger the feeling of loss, such as loss of self or relationship. The loss of a relationship is possible to be developed in the relationship with family, partners, or friends, whereas the loss of self induces the feeling of unreal and not exist for the child. The symptoms usually begin to emerge when a mother doubts her motherhood identity. This is possibly developed because of the unfulfilled initial expectation. Eventually, the skepticism could lead to doubt their identity.

In addition to anxiety and feeling of loss, the occurrence of childhood trauma also takes part in the development of arduous motherhood journey. The unresolved trauma could be triggered during the pregnancy or postpartum periods (Seng & Taylor, 2015). Mothers with historical record of trauma tend to possess the feeling of guilt,

shame, and loss, which could influence their caregiving abilities (Elliot et. al., 2005). Besides the historical record of trauma, traumatic losses during the perinatal period, such as miscarriage or death of a young child, could also likely trigger the occurrence of a heavier mental issue (Blackmore et. al., 2011).

The occurrence of anxiety, feeling of loss, and trauma likely contributes to the development of a postpartum disorder, such as postpartum depression. Cheryl Tatano Beck (2002), a professor at the University of Connecticut School of Nursing experting in postpartum mood, describes postpartum depression as a type of depression that plunders the love and happiness that a mother can have for their child. This depression frequently occurs for first-time parents or parents with older children. The occurrence of this depression is possibly affected by social aspects, such as deficiency of family or social supports (Meighan & Mercer, 2006). Parents possibly experience this type of depression because of the exhaustion to adjust to the new difficulty and expectations during the early postpartum period.

Postpartum depression is the intermediate stage of postpartum disorder. Thurgood et. al. (2009) elucidate that there are three stages of postpartum disorder, which are baby blues, postpartum depression, and postpartum psychosis. Each of the stages is interrelated and consists of similar symptoms yet requires different treatment. Baby blues is the general yet aggravating stage for new mothers. The symptoms of this stage are usually developed in less than two weeks, which include frequent cries, emotional liability, anxiety, and irritability. If the occurrence of baby blues lasts for

more than two weeks, it will be classified as postpartum depression. In this phase, the maternal role starts to be influenced and the symptoms could last for weeks, months, or years. The highest level of postpartum disorder, which is postpartum psychosis, requires a mother to be immediately hospitalized due to the occurrence of hallucination or delusion that could lead to possession of suicidal thoughts.

Even though postpartum depression is harmful to women's mental state and motherhood identity, a considerable number of undiagnosed and untreated cases of postpartum depression exists in consequence of the negative social stigma of postpartum depression that leads to shame, fear, embarrassment, and guilt (Lumley, 2005). If the symptoms are not properly treated, those mentioned psychological issues are possible to give a prolonged impact on women's mental health (Beck, 2002). Concerning that, a mother with a historical record of trauma would likely experience the occurrence of Post-Traumatic Stress Disorder (PTSD), which is frequently associated as the trigger of postpartum depression (Grekin et. al., 2017). Furthermore, women who experience three or more traumatic events in their life are at risk to encounter further antenatal depression (Robertson-Blackmore et. al., 2013). In this sense, the untreated symptoms of postpartum depression could induce an extensive impact on women's mental health.

Furthermore, Beck (2002) confirms that mothers with postpartum depression are possible to be recovered from their depressive state if they could recognize their own need in seeking additional help. In addition to that, they also need to fight back

against their depressive state, which could be conducted by joining a support group and accepting the difficulties. Nevertheless, every mother has their way of settlement to reconstruct their motherhood identity. In psychoanalysis, reconstruction refers to the recovery of memories of a specific traumatic event, which could be in the form of the creation of alteration from past experiences (Blum, 1994). Therefore, a mother needs to recover from postpartum depression to reconstruct her maternal identity.

The reconstruction of maternal identity for recovering mother with postpartum depression is portrayed in a domestic psychological drama novel by Ashley Audrain entitled *The Push* (2021). This novel tells us about the story of Blythe, a new mother who suffers the struggle to construct her maternal identity as a new mother. Blythe is a woman who grew up with a lack of compassion and love from her mother. To make it worse, her mother did abusive actions to her. These conditions lead to the development of the motherhood issue for Blythe. However, in the course of her college life, she meets Fox, the love of her life. At one point, Fox proposes a wish to be a father, and Blythe, with her abundant love for Fox, would risk breaking her motherhood issue and deliver a baby that Fox wants in his life. Eventually, the first child of Blythe's life is born only to invite stacks of anxiety as there are several things that Blythe considers to be genuinely wrong. The stacks of anxiety then lead to a rift in her marriage and the occurrence of postpartum depression. To recover from her depressive state, Blythe should be able to get a settlement for her life struggles, which involves the acceptance of her first child's peculiarity.

Ashley Audrain's debut novel, *The Push*, has been widely discussed for its blatant portrayal of postpartum depression in the early year of 2021. In an article by The New York Times, Ashley Audrain admits that *The Push* is produced as a reflection of her own emotions from day-to-day life motherhood experience. Audrain was already fascinated by the motherhood capability of every mother out there long before she had children. Nevertheless, she also adds that none ever discussed the responsibilities of having children to her, which is a crucial point of motherhood that should be prevalent to be discussed. Therefore, she decided to write a novel that raises the topic of motherhood's arduous responsibilities, which could invite postpartum depression.

The phenomenon of postpartum depression in this novel is strongly related to Sigmund Freud's theory of personality. Based on the story, Blythe experiences several mental issues, such as the feeling of loss, anxiety, and trauma, that trigger the occurrence of a heavier issue in her mental state. In his book entitled *Beyond the Pleasure Principle*, Freud (1961) defines three apparatus, called id, ego, and superego, that work in a person's mental state. The id works to seek pleasure in the unconscious part of the human mind. This apparatus consists of two instincts, which are the life "Eros" instinct and the death "Thanatos" instinct. The ego works to seek the volition of the id, which represents the human need, in the consciousness part of our mind. If superego and id are conflicted, the ego would operate defense mechanisms as the system of mind's protection, but anxiety would likely be developed. The superego

works to limit pleasure through the representation of others' influence, such as closest people, social norms, and cultural traditions.

To analyze Blythe's psychosocial development, Erick Erikson's theory of psychosocial development will also be utilized to complement Freud's theory of personality. In his book entitled *Identity and the Life Cycle*, Erikson (1980) defines identity as a personal thing that consists of similarity and continuity feeling. In the theory, there are eight stages of identity construction, which are: Trust versus Mistrust, Autonomy versus Shame and Doubt, Initiative versus Guilt, Industry versus Inferiority, Identity versus Identity Diffusion, Intimacy and Distention versus Absorption, Generativity versus Stagnation, and Integrity versus Despair and Disgust. The failure to surpass one of the stages would develop crises, which is a traumatic experience that exists to be faced and resolved.

Erikson's theory of psychosocial development is parallel to Stern's theory of motherhood constellation. In his book entitled *The Motherhood Constellation: A Unified View of Parent-infant Psychotherapy*, Stern (1995) emphasizes four main components of identity construction stages, which are life-growth, primary relatedness, supporting matrix, and identity reorganization. The phase of motherhood is possible to develop an identity crisis for women. The crisis itself is crucial to be resolved to reconstruct women's maternal identity. Therefore, Stern's theory of motherhood constellation would also be utilized to reveal the organization of Blythe's maternal identity.

Blythe's first symptom of postpartum depression, which is anxiety, starts to be developed during her twenty-one weeks pregnancy on her twenty-seven years old of age. In the period that Stern's theory of psychosocial development classified as **Intimacy vs Isolation** and **Generativity vs Stagnation**, an adult like Blythe is expected to possess intimacy, commitment, and concerns regarding the next generations. However, Erikson's theory of motherhood constellation elucidates that Blythe's mentioned period, in which the theory classified as the **life-growth stage**, would possibly develop skepticism on her baby care capability for her upcoming newborn baby, which causes a direct impact on Blythe's intimacy, commitment, and concerns for her baby, Violet. The success to fulfill this stage is crucial for Blythe as her inability to face the new mental organization would endanger her and her baby's mental state in the upcoming stages.

Blythe's skepticism happens as the state of her ego is failed to negotiate with her forced desire to have a baby due to the occurrence of a traumatic childhood that she collects from her mother. In addition to that, the death of her baby boy also delivers an extra burden to her mental state up to induces identity crisis and prolonged issue on her mental state, which is postpartum depression. To recover from her mental issue, Blythe needs to execute the steps of postpartum depression's recovery, which are *surrendering, struggling to survive, and reintegration and change*. The state of her mental recovery is important to be collected as it is fundamental to reconstruct her

maternal identity, which is a crucial aspect for women to incorporate motherhood into their identity (Mercer, 2004).

Several previous studies also analyze issues of maternal identity and postpartum depression. The first study is entitled “Living with risk in the age of ‘intensive motherhood’: Maternal identity and infant feeding” by Ellie J. Lee (2008). This socio-cultural study analyzes the risk of mothers’ infant feeding activity with formula milk to their ‘good mothers’ identity. Based on the data from the study of mothers in the UK, the action is found to cause various maternal experiences, such as *moral collapse*, feelings of *confidence*, and expressions of *defiance and defensiveness*, and the experiences are causing an arduous struggle for the mothers to maintain their positive sense of motherhood. Even though this study analyzes the relevant issue of maternal identity through the scope of infant feeding activity with formula milk, it does not discuss the issue of maternal identity reconstruction and postpartum depression.

The second previous study is entitled “Attachment processes following traumatic loss: A mediation model examining identity distress, shattered assumptions, prolonged grief, and posttraumatic growth” by Laura E. Captari, Shelley A. Riggs, & Krystal Stephen (2021). This study analyzes the mechanisms, risk, and protective factors of prolonged grief and post-traumatic growth through responses of 374 traumatic adults. This study found that traumatic adults are closely related to regression, attachment anxiety, and attachment avoidance with others during their post-traumatic growth. Although this study takes the issue of trauma, which is classified as

one of the triggering factors of postpartum depression, as the main issue, the analysis does not span the scope of the issue to maternal identity construction or postpartum depression.

The next previous study is entitled “Moms Telling Tales: Maternal Identity Development in Conversations with Their Adolescents about the Personal Past” by Kate C. McLean and Sarah Morrison-Cohen (2013). The study examines the development process of maternal identity in previous-event conversations between mothers and their children through sixty-three mother-adolescent pairs. The results show that conversations that recount mothers’ past events to their children may have a part in the development of the children’s maternal identity. The study provides the gap of undiscussed issue of postpartum depression, albeit the issue of maternal identity construction is analyzed.

The fourth previous study is entitled “Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes” by Justine Slomian, Germain Honvo, Patrick Emonts, Jean-Yves Reginster, and Olivier Bruyère (2019). The study evaluates the consequences of maternal postpartum depression through 122 studies that were published between 1 January 2005 and 17 August 2016. The results suggest the occurrence of postpartum depression as the cause of a mother’s personal development and child’s optimal development to be non-conducive as the untreated symptoms of depression is possible to deliver harmful consequences after the postpartum period. The gaps of undiscussed issue of maternal identity construction

and postpartum depression recovery are discovered even though this study has provided an analysis result of maternal postpartum depression's consequences.

The last previous study is entitled "Impact of some social and clinical factors on the development of postpartum depression in Chinese women" by Qing Li, Shunyu Yang, Ming Xie, Xiaoming Wu, Liping Huang, Weiqing Ruan, and Yungang Liu (2020). This study explores the associations of several unique social and clinical factors of Chinese women to the occurrence of significant postpartum depression symptoms. Based on the collected sample of 556 pregnant women in their 36th to 40th gestational week, this study found that 17.3% of the participants are identified with significant postpartum depression symptoms due to several factors, which are parents-in-law's preference for male infants, women's dissatisfaction towards their husband's support, cesarean delivery, and mixed feeding. Although the specific issue of social and clinical factors of postpartum depression is explored in this study, the gaps can still be discovered as the issues of postpartum depression recovery and maternal identity are undiscovered.

Even though the five previous studies are taking the relevant issues of maternal identity construction and postpartum depression, each analysis of the studies was conducted with a different scope of issues. Therefore, through the finding of gaps from previous studies, this study is going to analyze the maternal identity reconstruction of *The Push's* main character, Blythe, during her postpartum depression recovery. The analysis of this study will be conducted through Beck's concept of postpartum

depression to reveal Blythe's postpartum depression symptoms, risk factors, and phases of recovery; Freud's theory of personality to reveal Blythe's mental state; Erikson's theory of psychosocial development to reveal the stages that Blythe fails to accomplish in her identity construction process; Stern's theory of motherhood constellation to analyze Blythe's stages of motherhood constellations.

1.2 Research Question and Sub-Questions

Main question:

How maternal identity is reconstructed during Blythe's postpartum depression recovery in Ashley Audrain's *The Push*?

Sub-questions:

1. How postpartum depression is constructed in Blythe's life?
2. How Blythe recovers from her postpartum depression?
3. How Blythe's maternal identity is reconstructed?

1.3 Purpose of the Study

Through the utilization of Beck's concept of postpartum depression, Freud's theory of personality, Erikson's theory of psychosocial development, and Stern's theory of motherhood constellation, this study seeks to analyze the reconstruction of Blythe's maternal identity during her postpartum depression's recovery in Ashley Audrain's *The Push*.

1.4 Scope of the Study

As the focus of this study is on the issue of Blythe's maternal identity reconstruction during her postpartum depression recovery, the collected data will be focused on words, clauses, phrases, and sentences that indicate Blythe's risk factors of postpartum depression, symptoms of postpartum depression, state of three parts of the mind, psychosocial development, motherhood constellations, and phases of postpartum depression recovery.

1.5 Significance of the Study

The result of this study is expected to enrich the knowledge of maternal identity reconstruction of postpartum depression's recovery. In addition to that, this study is also expected to be an additional reference for the study of Ashley Audrain's *The Push*, Beck's concept of postpartum depression, Freud's theory of personality, Erikson's theory of psychosocial development, and Stern's theory of motherhood constellation.