

# CHAPTER I

## INTRODUCTION

### 1.1 Background of The Study

In the transition to become a mother, motherhood has been described as patriarchal customs which male defined and controlled and oppressive to woman (Rich, 1976, p. 119), mothering defined as a gendered task which claimed a women as a biological superior caretakers or should have a natural ability to care for children and meet their needs (Leslie, 2013, p. 14), maternity is psychosocial phenomenon which addressed as a stage of child development and a peculiar maternal need of a woman's psychic life that is formed throughout one's life (Filippova, 2002 p.96). Whereas, maternal identity defined as a central formation of maternal need. It constitutes a psychological construct which a woman expresses her complex perception, awareness and experience of being a mother, as well as her personal self-realization in maternity (Shewtchuk, 2010, p. 97).

A prominent American psychiatrist and psychoanalytic theorist, specializing in infant development, Daniel Stern (1995), in his book *Motherhood Constellation*, defines maternal identity in the term of motherhood constellation as the creation of a new central psychic organization that replaces to the background the previous one (Stern, 1995, p. 171). He added that the birth of baby, especially the first, will make a mother passes into new and unique psychic organization called motherhood constellation (Stern, 1995, p. 171). The birth of a child

constitutes a major developmental event for women. Unfortunately, sometimes the depression after childbearing normally occurred (Mauthner, 2015, p. 329).

A professor at the University of Connecticut School of Nursing who is an expert in postpartum mood, Beck (2002), defines postpartum depression (PPD) as one of the dangerous depression that can develop in some mothers after the childbearing. It robs mother happiness and also mother's love towards their newborn babies over the past decade (p. 453). 10 to 35 percent mothers in US experience this disorder during the first year after childbearing (American Psychiatric Association, 2000). More current research has shown that social and cultural factors play an important role in contributing PPD (Berggren, 1996, p.15).

Beck (2002) claimed that the feeling of loss is the social factors that can make someone experience the life stresses. It could affect someone to experience PPD followed by loss of relationship and loss of self. The loss of relationship including with the family members, partners, and friends (Beck, 2002, p. 467). Inside the family members, many women who develop PPD experience the lack of parenting (Blum, 2007, p. 48). Marital disappointment also has been identified as the most consistent psychosocial predictor to develop PPD (Berggren, 1996, p.15). Some mothers were embarrassed and ashamed to tell their partners as they did not want to be labelled as a bad mother (Beck, 2002, p. 268). Thus, they isolated their feelings from their partners as they develop a sense of mistrust.

Moreover, Beck stated that the loss of self is the condition of mother who felt alarmingly unreal and that their normal selves were no longer present. The mothers often began a personal struggle with their own identity or began asking

the questions, 'who am I?' and 'what kind of mother you are?' to emphasize the sense loss of self. It occurs when mothers disappointed with their own motherhood expectation after the childbearing (Beck, 2002, p. 466). Hence, mother began to struggle with their own identity as a person and mother.

The life stresses also can affect the mothers to experience prenatal anxiety. It is supported by mother's less material, emotional, and informational support about pregnancy. Prenatal anxiety including anxious, controlling, perfectionist, and compulsive individuals are more likely to make a mother to has unrealistic expectation of childbirth and parenting (Berggren, 1996, p.7). Admitting to people about their feelings was a sign of weakness as an indication that they are a bad mother (Beck, 2002, p. 268). Therefore, people thought that their feelings caused by their babies.

Having a defected born baby with special needs is likely can encourage the symptoms of PPD (American Psychological association, 2007, p. 2). Defected born baby encourages a mother to develop PPD because she feels guilty which defines herself as a failure to be perfect mother. A mother become disillusioned with unrealistic motherhood as she perceived that she fail to fulfill her expectations as a perfect mother (Beck, 2002, p.465). The desire to be perfect mother makes a mother likely to more depressed.

Beck claimed that from those risk factors, the PPD patients will experience the symptoms of loneliness, anxiety, and guilty. The feeling of loss makes a mother suffer the symptom of loneliness. She feels the emptiness that makes her to solace and withdraw from social as she shielded herself from the outside world

to escape from the critical eye of the external world as a bad mother (Beck, 2002, p. 464). Prenatal anxiety can lead a mother to experience the more symptom of anxiety as a major component of PPD symptoms that often followed by sadness, depression, and a lot of crying. Uncontrollable anxiety leads a mother to feeling of being on the edge of insanity. In addition, defected born baby makes postpartum-depressed mother suffer the heavy burden of guilty for multiple reasons such as being a bad mother, failure to be perfect mother, and lack of an emotional connection with their babies (Beck, 2002, p. 466). In this sense, the symptoms can cause significant functional disability and distress to PPD patients.

There are three stages of postpartum disorder including postpartum blues known as baby blues, PPD, and postpartum psychosis (PPP). It is important to distinguish these three stages as each stage related to each other and has similar symptoms that are unpredictable and requires different treatment. The key differences between these three postpartum disorders are the postpartum blues has shorter duration and it does not interfere with maternal role function, thus treatment is not required (Thurgood et al., 2009, p.17). On the other hand, PPD is in a higher level that has longer duration, occurs in weeks to months and sometimes in years. PPD usually requires treatment by family support and health professional. In addition, the highest level of postpartum disorder is PPP that has longest duration, occurs worse in many years which requires hospitalization (Robertson et al., 2004, p. 290). PPD and PPP affect mother roles function because the symptoms affect how they live and think.

Although PPD risk factors and symptoms are similar to PPP, but PPD is more visible because it occurs within the unique transition to motherhood (Boyd et al, 2005, p. 143). Existing literature on the experience of PPD has related depressive symptoms to complicate maternal identity development and more specifically to mother's inability to achieve a sense of maternal competency (Edhborg et al., 2005, p. 261). Hence, PPD mothers have to find their ability to recover from PPD to reconstruct maternal identity.

Mostly, PPD mothers can successfully treated with the help of support from the people they loved and a professional as a motivation in PPD's recovery (Boston Women's Health Book Collective, 2008). Beck examine the concept of PPD's recovery called making gains that are, surrendering which means a mother recognized that she needed to get help; then struggling to survive which means the mother creating hope through attendance at support group as the strategy used to survive; and the last is reintegration and change, the important step as the final piece to the puzzle which involved the resolution and acceptance of the difficulties and conflicts of mother's experience (Beck, 2002, p. 468-469). Hence, the resolution and acceptance are the crucial parts in PPD's recovery.

Different mother resolved the conflict in different way, but in all cases of PPD recovery was marked by their ability to find a resolution and to accept themselves for whom they are as the transition to their new identity as mother (Beck, 2002, p. 470; Berggern, 1996, p. 124; Mauthner, 2015 p. 346). It means a mother should accept her self-identity as an individual and as a mother in order to reconstruct maternal identity. Reconstruction itself in psychoanalysis emphasis

the recovery of memories of specific traumatic event. In addition, the reconstruction deals with creation as well as recreation of the past, which is altered in the process of reconstruction (Blum, 1994, p. 4). Thus, a mother has to recover from PPD to achieved maternal identity reconstruction.

The cases of maternal identity reconstruction of PPD's recovery depicted in Cath Weeks' debut novel, *Blind* (2017) a psycho thriller published by Piatkus in 2017. The novel brings a nicely exploration on how Twyla Ridley, a new mother that experienced PPD symptoms and struggle to try to reconstruct her maternal identity from her life stresses and its exposure. Twyla experienced the risk factors and symptoms of PPD since her young age until she bacame a mother. At age five, little bright Twyla was lost her mother as her mother suicide because suffered from a high level of PPP and also lost her father's affection. That made her unable to built her self-identity perfectly. She also experienced marrital conflict with her husband. The situation got worse when the doctor claimed that her son was bind. She felt tested and later she decided to try high risk artificial eye transplant surgery, but no one support her decision, even her husband. In her psychological limitations, Twyla decided to recover herself from PPD that required the resolution and the acceptance of her life stresses which involved her father's love to reconstruct her maternal identity.

Cath Weeks, a contemporary fiction writers with themes of relevance to modern women and was named as an author to Watch in 2017 by Elle Magazine, writes *Blind* by reflecting her frustration and isolation during early years after her baby was born with defect condition. Indeed, Twyla's character was born from

Weeks' gusto for life, for trying to make everything as wonderful as possible, especially for her child. This novel reminds the reader to aware about PPD as a dangerous depression that can affect some mother after childbearing and complicates a mother to reconstruct maternal identity.

The phenomenon in the novel has a relation with Sigmund Freud's perspective about personality theories, because the main character, Twyla experienced the feeling of loss, prenatal anxiety and defected born baby which affect her mental condition. Furthermore, Freud in his book, *Beyond the Pleasure Principle* developed an idea that the human composes three apparatus of mind in explaining the mental images according to their functions and purposes (Freud, 1961. p. 30). The id operates to seek pleasure in unconscious mind which involves life "Eros" instinct and death "Thanathos" instinct. The ego is in the consciousness, and it seek for objects to satisfy the wishes that id creates to represent the human's need. The id and ego conflict cause an anxiety. Ego uses defense mechanism as the protection. The superego is responsible to limit satisfactions and represents the influence of other such as parents, teachers, impact of society and cultural traditions (Freud, 1961, p. 32). Through these concepts, it would be possible to analyze Twyla's behavior and mental condition as the effect of the process that she has been through in her life.

In order to complement Freud's theory, the writer employs psychosocial development formulated by Erick Erickson to reveals the psychosocial development crises that must be faced by Twyla. In his book, *Identity and the Life Cycle* (1950), he adds that identity as a personal thing which includes the sense of

sameness and continuity as an individual. He mentions the eight stages of psychosocial development to construct identity which are: Trust versus Mistrust, Autonomy versus Shame and Doubt, Initiative versus Guilt, Industry versus Inferiority, Identity versus Identity Diffusion, Intimacy and Distantion versus Self Absorption, Generativity versus Stagnation, and Integrity versus Despair and Disgust (Erikson, 1950, p. 51-105). Erickson defines if one fails to pass one of the stages called as crises. It is the result of the traumatic experience that exists in its victims and each crisis has to be faced and resolved (Erikson, 1950, p. 54). Thus, Twyla's failure to overcome crises has strong effect for her identity construction.

Beside those previous theories, the writer also applies Stern's concept of motherhood constellation to reveals the stage of Twyla's maternal identity organization. Stern composed four component stages which are; the life-growth as a the central issue that emphasizes the question, can the mother keep the baby alive; the primary relatedness which concerns the mother's emotional capacity for intimacy to her child's emotions and respond successfully; the supporting matrix concerns the mother's need to create, permit, accept, and regulate a protecting, benign support network; and the last stage is the identity reorganization which focuses on the necessity for the mother to transform and reorganize her self-identity as a mother, parent and matron (Stern, 1995, p. 180). Therefore Twyla construct her maternal identity when she had shift her center identity from daughter to mother, from wife to parent, from careerist to matron.

Stern's ideas about the last stage, identity reorganization, are similar to Erikson concept of psychosocial development in adolescent stages. Erickson



stated that motherhood also precipitated a crisis of identity similar to adolescence. Adolescence and motherhood is the stage where there are the uncertain readiness socially, cognitively, or developmentally (Blackburn, 2016, p. 8). Hence, crisis identity in adolescence stage must be fixed to facilitate a mother in reconstruct maternal identity.

Previously, there are several studies discussing similar issue on maternal identity reconstruction of PPD's recovery. The first study is conducted by Ceryl Tatano Beck (2014), entitled "Postpartum Depression: A Metasynthesis". This study analyzes PPD recovery using Beck's PPD concept. This study conducted a metasynthesis of 18 qualitative studies on PPD. Four overarching themes emerged that reflected four perspectives involved in PPD; incongruity between expectations and the reality of motherhood, spiraling downward, pervasive loss, and making gains. As a result, as a PPD mother puts her losses into perspective that can move into the final stage of grief work, which is healing and restoration.

Then, the other study conducted by Nadhila Erin Octaviani (2018), entitled "The Construction of Post-Traumatic Stress Disorder Survivor's Identity in Amber Smith's *The Way I Used to Be*". This study focuses on examining identity construction of PTSD survivor in Eden, the main character. The method applied for this study is descriptive analytical using Schiraldi's concept of PTSD to reveals the risk factors and symptoms of PTSD, Freud's personality theory and Erik Erikson's psychosocial development to reveals how Eden's identity is constructed. The results of this study show that Eden becomes happier and

optimistic about her future that possibility helps her for to construct positive role identity in the future.

The last study is conducted by Hyun Jeong Min and Lisa Peñaloza (2018), entitled “The Agentic Body in Immigrant Maternal Identity Reconstruction: Embodiment, Consumption, Acculturation”. This study analyzes how the agentic body operates as a formidable force in consumption in opposing South Korean immigrant women attempts to maintain and recover their former body shape during and after pregnancy, childbirth and early motherhood in reconstructing maternal identity using Merleau-Ponty’s theory of the agentic body. Ultimately, the agentic body establishes a layered repertoire of knowing and being that immigrant women consumers deal with as an opponent, ally, and realm of possibility in their transition to motherhood while living in another country.

Those three previous study examine how PPD cases being analysed using three different approach on each study. Therefore, this study investigate maternal identity reconstruction of PPD’s recovery which employs Beck’s concept of PPD to reveals the risk factors, the symptoms and the recovery; Freud’s personality theory to reveals Twyla’s mental condition; Erickson’s psychosocial development theory to reveals the stages that are failed to achieve by Twyla in construct identity; and equipped by Stern’s motherhood constellation theory to reveals the stage of Twyla’s maternal identity organization in her transition as a mother. By combining these three theories, the writer will investigate how Twyla’s maternal identity is reconstructed through her recovery from PPD.

## **1.2 Research Question**

How maternal identity of postpartum depression's recovery is reconstructed in Cath Week's *Blind*?

## **1.3 Purpose of the study**

To reveal the reconstruction of Twyla Ridley's maternal identity through PPD's recovery in *Blind* by Cath Weeks, from Beck's concept of PPD, Freud personality theory, Erikson's psychosocial development theory and by Stern's motherhood constellation theory.

## **1.4 Scope of the study**

This study focuses on analyzing maternal identity reconstruction of PPD's recovery in a novel, *Blind* by Cath Weeks through the plot and point of view of the main character, Twyla. This study employs Beck's concept of PPD to reveal the risk factors, symptoms and PPD's recovery, theory of personality by Freud to reveal Twyla's mental condition, psychosocial development theory by Erickson to reveal Twyla's psychosocial development and motherhood constellation theory by Stern to reveal Twyla's maternal identity organization.

## **1.5 Significance of the study**

The result of this study is expected to give information and contribution of knowledge as a reference for other researchers who want to conduct similar research about maternal identity reconstruction of PPD's recovery in a novel through self-recovery by combining Beck's concept of PPD, Freud personality theory, Erikson's psychosocial development theory and Stern's motherhood constellation theory to reconstruct Twyla's maternal identity.