AN EXPLORATION OF THE EXPERIENCES OF WOMEN WITH POSTPARTUM ANXIETY AND THE POPULAR CULTURE INFLUENCES THAT AFFECT THEM

by

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Bachelor of Arts, University of British Columbia 2002

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ABSTRACT

This interpretive study explored the experiences of first-time mothers dealing with anxiety in the postpartum, and what role popular culture and media might play in these experiences. The feminist biographical method was used as a structure for this inquiry. Six women were interviewed about their experiences of anxiety in the transition to motherhood and the ways in which they felt popular culture influenced their conceptions of motherhood. From an analysis of these interviews, five thematic categories were identified: (a) anxiety, (b) expectations of a new mother, (c) issues of support, (d) societal scripts of motherhood, and (e) the transition. Linking these narratives with themes in relevant cultural texts, the following three overarching themes were identified: (a) societal scripts and norms, (b) the work of mothering, and (c) dimensions of distress in the postpartum. Implications for counselling are also discussed.
To my dad, Norman John Alonso Fitzgerald Turtle Wardrop

(November 28, 1943 – July 28, 2009),

who taught me to be passionate and strong.

This one’s for you, papa.

You’ll be in my thoughts and heart as I cross the stage at convocation.
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CHAPTER 1: INTRODUCTION AND BACKGROUND

The purpose of this research was to gain increased understanding of the experiences of women who are dealing with anxiety in the postpartum, and what role popular culture and media might play in these experiences. Pregnancy and the transition to motherhood, as life events, have the potential to greatly impact women’s health, well-being, and social roles (Huizink, Mulder, Robes de Medina, Visser, & Buitelaar, 2004). The transition to motherhood is an experience that a majority of women have had (Huizink et al., 2004) and as such it is an experience shared by many women, but the intricacies and details of this transition are very personal. Each new mother’s abilities, views, life events and circumstances are unique, and inform her experience. Considerations such as mental and emotional status and cultural group membership are integral in determining how this experience will unfold. It is perhaps impossible to determine exactly how the transition to motherhood, culture association, and anxiety each contributes to women’s experiences. However, gaining a more comprehensive understanding of the types of experiences women with postpartum anxiety have might assist clinicians and researchers in helping other new mothers through this process. There is value in exploring this under-researched area of women’s lives.

Women’s expectations, choices, and perceptions of themselves are impacted by their cultural group associations. Cultural influences can include family, religious affiliations, social group norms, literature, and popular media, and one can belong to and/or identify with many different cultural groups, based on factors such as race, class, area of residence, and spiritual beliefs.
(Constantine, 2002). The cultural groups to which we belong establish within us expectations of how our lives will, or should unfold. Sometimes our experiences will be in line with those expectations, and sometimes they will not, but our expectations will in any case affect our behaviours, thoughts, feelings, and perceptions of ourselves. In order to allow for an in-depth treatment of cultural influences, this research focused specifically on popular culture representations of motherhood.

Much of the way science and research have been structured reflects the focus of dominant groups in society. Therefore, areas of particular concern for women have often been neglected, and women’s experiences have not been adequately explored in traditional science. Feminist scholars are creating new approaches to science that are based in an ethic of care and that recognize women’s stories as legitimate sources of knowledge (Campbell & Wasco, 2000). A feminist framework lends itself especially well to the study of women’s postpartum experiences since these are by their nature very much gendered experiences.

Researching Anxiety in the Postpartum

Although there is a substantial body of research focussing on postpartum depression (Bandelow et al., 2006), our knowledge about anxiety during the transition to parenthood is scarce. It is perhaps impossible to know why anxiety in the postpartum period has been paid so much less attention than has depression. Wenzel and colleagues (Wenzel, Haugen, Jackson, & Robertson, 2003) report that postpartum anxiety has generally been examined in the context
of women already reporting depressive symptoms, or where the main focus of
the research was on depression rather than anxiety. Austin and Priest (2005)
report that there is limited use of standardized anxiety measures in clinical
perinatal settings, and that most reports of anxiety symptoms are based on
anxiety-sensitive items of self-report depression scales, as well as clinical
diagnostic interviews. These factors could contribute to, or result from, the lack of
research where anxiety has been the primary focus.

In the Diagnostic and Statistical Manual, Fourth Edition, Text Revision
(DSM-IV-TR; American Psychiatric Association, 2000), postpartum depression is
not classified as a separate disorder, but is rather a postpartum onset specifier of
Major Depressive Disorder. However, Hendrick and colleagues (Hendrick,
Altshuler, Strouse & Grosser, 2000) suggest that depression in the postpartum
might have different features than typical depressive episodes. Other
researchers have questioned if what is currently termed postpartum depression
might actually represent “a constellation of symptoms in which depressive
behaviour is simply the most easily recognized” (Marrs, Durette, Ferraro & Cross,
2009, p. 102). Brockington (2004) has implied that the term postpartum
depression is an umbrella term which encompasses several disorders. There is a
need to consider anxiety disorders in the postpartum as a group of disorders
separate from depression.

Whatever the reasons for this overshadowing of postpartum anxiety by
postpartum depression, it is important to expand our inquiries of postpartum
difficulties to explicitly include disorders such as anxiety disorder. Some
researchers and clinicians have begun this exploration (e.g., Britton, 2005; Brockington, Macdonald, & Wainscott, 2006; Huizink, et al., 2004; Wenzel et al., 2003), increasing our understanding of how prevalent anxiety is during this time, and how much of an impact it can have on those women who struggle with it.

It is important that such inquiries be done in a way that values the participants’ perspectives. Brown and colleagues (Brown, Lumley, Small, & Astbury, 1994) state that:

Much of the research on reproduction and mental well-being attempts to find the cause or causes of a positive or negative child-bearing experience within the woman herself. It is as if childbearing occurs within a social and cultural vacuum, that nothing happens to the parturient woman and that no one else, least of all medical or nursing personnel, contribute anything to the quality of her experience by determining whether it is positive or negative (p. 7).

This localizing of problems exclusively within new mothers is problematic in that it could likely increase the stigma that women might feel when admitting to difficulties in the perinatal period, devalue their experiences, and increase their self-criticism.

Furthermore, the participants’ experiences need to be explored in a rich and meaningful way. Brown and colleagues (2004) state that the debate around whether depression is more or less common during the perinatal period than at other times:
has often seemed to miss the point that the impact of the birth of a child or
the presence of a baby brings with it highly positive rewards likely to
promote well-being, as well as highly negative experiences or losses.
Thus there may be depressions averted by motherhood just as there are
depressions initiated by it. Counting new cases of depression in recent
mothers and in a comparison group of women is only part of the answer
(p. 125).

Thus, although information about prevalence rates is important, it does not give
the surrounding context of participants’ stories.

Researcher’s Experience

I spent two years working as a research assistant in a clinic for pregnant
and postpartum women with various mental illnesses. The methodology for the
research I conducted on postpartum depression and treatment of psychiatric
disorders was quantitative, and the forms I asked the women to fill out offered
little opportunity for them to share their personal stories. I became frustrated with
my work since most of the women seemed eager to talk to me about their
experiences during this transitional time, and I was unable to include this
information in the studies. The richness of their experiences was thereby lost in
our research, absent from the reports later produced. I realized that the
experiences of these women could not be captured in such a structured format.
There was a narrowness to the information I was collecting that did not reflect the
women’s depth of experience. I also came to believe that the participants were
frustrated and dissatisfied with acting as research participants because they recognized the inadequacy of the answers they could provide, and knew that their experiences as a whole were not being addressed.

I heard many different kinds of stories from the women with whom I worked, and many surprised me. While some women chatted cheerfully about the joys of new parenthood, others seemed downtrodden and defeated by their perceived inability to manage the stresses of the transitional experience. On several occasions, it seemed as though a new mother was nervous at having me witness her interactions with her child. I remember the reaction of one woman, sitting in my office filling out forms when her son made a few noises of complaint. She looked alarmed and began explaining apologetically to me that she sometimes let her son fuss a bit before picking him up. It seemed to me as though she was nervous about how I would judge her parenting strategies and my impressions of her as a parent. It struck me as odd at the time, seeing as I was a young, childless research assistant with no known qualifications or expertise in the domain of parenting. It then occurred to me that this woman would probably be apprehensive about almost anybody judging her choice of leaving her son to fuss. From a feminist perspective, one analysis that could be made about this interchange relates to the cultural expectation that mothers should know how to make their children happy so that they do not fuss, and know how to quiet them when they cry. This mother, like many others in a similar situation, might have been worried that her child fussing would signal to an
outside observer that she had fallen short of the standards of competence implied by societal expectations.

We often hear of postpartum depression in both academia and the media, and, personally, I was involved in several research projects which focused on postpartum depression. Knowing that it would be the focus of my work as a research assistant, I had steeled myself to deal with depressed new mothers. However, when I began my work, I was struck by how many women seemed to be impacted by anxiety. Even though our interactions were generally short and relatively cursory, many women spoke quite extensively about their worries and fears about their parenting skills, their relationships with their partners, and their babies’ health and development. Quite commonly these new mothers would justify their actions to me, whether their feeding techniques or their choices of place to live, as if they were seeking approval. Several seemed generally uncertain and tentative. One particularly memorable woman completed half of a demographics questionnaire before gasping loudly. She looked horrified, and when I asked what was wrong, she said that she thought she had filled the questionnaire out wrong – she had circled the boxes instead of checking them. Though I assured her that this was no cause for concern, she seemed uneasy about leaving the questionnaire filled out the “wrong way.” With many of my discussions centring on worry, apprehension and apparent perfectionist tendencies, I began to wonder about the levels of anxiety some of these women felt, and why they bore the classification of having “postpartum depression.”
Another area of curiosity for me was how the women developed their concepts of motherhood. For instance, what information had they received about the practicalities of this transition? What did this new status of “mother” mean to them and how might this affect their conception of themselves? Was some of their apprehension and worry rooted in messages they had received about what motherhood was like or should be like? What role might popular media such as television, movies, magazines, books and newscasts play in this messaging? Though I learned a great deal through my work, since I was not able to converse with the women in any depth, their experiences remained largely a mystery to me. Wanting to come to a greater understanding of these experiences, I decided to embark on this project.

Purpose of the Study and Research Questions

The aim of this study was to gain an increased comprehension and appreciation of the experiences of women with postpartum anxiety, and if and how popular culture and media shape these experiences. This is a time that is likely fraught with new challenges and a mix of emotion for these women. In order to make a step towards an understanding of their experiences and to bring these issues into the light, the following questions were addressed:

- What are the shared experiences of new mothers who have anxiety?
- Are anxiety and transition to parenthood seen by the participants as interacting with and affecting each other? If so, how do they explain the nature of this interaction?
• How do influences from popular culture and media, such as television, movies, newspapers, magazines and books affect how they interpret their experiences of transitioning to motherhood?

Significance of the Study

It seemed important to the women with whom I spoke through my work as a research assistant that they were given space to tell their stories, but the sharing of these stories is important for other reasons as well. Women struggling with these issues may benefit from knowing that they are not alone. Furthermore, coming to an understanding of their experiences will help to shed light on issues which, to date, have remained largely neglected in research. Using qualitative research methods and a feminist lens to explore postpartum anxiety and the influences of popular culture allows for an in-depth investigation of these issues, as well as a congruence of methods with the topic area.

Outline of the Thesis

In Chapter Two, I have reviewed extant literature in three main areas: anxiety in the perinatal period, the transition to parenthood, and the influence of popular culture. The treatment of the transition to parenthood literature is broken down into two subcategories, (a) transition, stress and anxiety, and (b) myths of motherhood. The discussion of the influence of popular culture includes a discussion of (a) norms and self criticism, (b) the rise of motherhood in popular media, (c) media standards of good mothering, and (d) the celebrity mom profile.

In Chapter Three, I have reviewed the methodology chosen for the study, with specific discussions about hermeneutic inquiry, feminist theory and
biographical methods. Chapter Three also includes a description of the specific methods used in the project, including the sampling, data collection, and data analysis procedures chosen.

In Chapter Four I have presented a biography of each research participant and the results of my thematic analysis of the interviews.

Chapter Five consists of a general discussion of the overall findings of the research, strengths and limitations of the study, and possible directions for future research.
CHAPTER 2: LITERATURE REVIEW

Introduction

In this chapter, I discuss relevant literature in the areas of anxiety in the perinatal period, the transition to parenthood, and the influence of popular culture. In the second section, which addresses literature regarding the transition to parenthood literature, the themes of transition, stress and anxiety, and myths of motherhood are highlighted. The third section, which is comprised of a discussion of the influence of popular culture, highlights the areas of norms and self criticism, the rise of motherhood in popular media, media standards of good mothering, and the celebrity mom profile. This is followed by an acknowledgement of the importance of forms of culture other than popular culture.

Anxiety in the Perinatal Period

In contrast to the research that has focused on the features of postpartum depression (PPD), there is scant research on the prevalence and presentation of anxiety in the postpartum period (Ross & McLean, 2006). This is distressing because it seems that perinatal anxiety may be more common than is generally recognized. In a study of pre-discharge anxiety in 422 new mothers, Britton (2005) found 24.9% of mothers to have moderate, and 1% of mothers to have severe anxiety. Furthermore, in their study of 129 women referred to specialist psychiatric services, Brockington and colleagues (2006) found that anxiety disorders were more frequent antenatally, and as frequent postnatally, as
depression. Furthermore, some researchers have found that anxiety symptoms, especially generalized anxiety about motherhood and self-criticism, account for much of what they call “postpartum psychiatric distress” (Marrs et al., 2009). Dalton (as cited in Vliegen & Luyten, 2009) found that anxiety was the most prevalent symptom in PPD, whereas feeling depressed was only the 10th most prevalent. In their study comparing women with postpartum depression and women with non-postpartum depression, Hendrick and colleagues (2000) found a 73.3% rate of prominent anxiety features in the postpartum women, and a rate of only 16% in their non-postpartum group. They posit several possible reasons for this increased rate of anxiety in the postpartum group, including stress associated with caring for a newborn, sleep deprivation, the drop in circulating progesterone following childbirth, and a possible increased risk for postpartum depression among women with trait anxiety.

Huizink and colleagues (2004) suggest that there may in fact be a distinct form of anxiety specifically related to pregnancy. Based on their review of extant exploratory research, they assert that there are specific fears that pregnant women may experience. While some of these, such as fears of pain and loss of control during delivery, are likely to be stayed in the postpartum, several could be expected to persist after birth. These include fear of incompetence, fear for the life of the babies, and worries about changes in their personal lives arising from pregnancy and childbirth. They suggest that pregnancy anxiety might be a distinct syndrome and indicate that many of our current screening procedures
might be inadequate in that most measures of anxiety do not assess worries specifically related to pregnancy and and/or motherhood.

Evidence regarding the course of anxiety in the perinatal period is contradictory. There have been reports of decreased prevalence of anxiety in the postpartum in comparison with antenatal rates (Heron, O’Connor, Evans, Golding & Glover, 2004), and of no change in the prevalence of common mental health disorders during the transition to motherhood (van Bussel, Spitz, & Demyttenaere, 2006). However, Wenzel and colleagues (Wenzel, et al., 2005) reported that 8.2% of their sample of 147 recently postpartum women had Generalized Anxiety Disorder (GAD). This is almost double the one-year prevalence rate of this disorder in women representative of the general population. Furthermore, a review of several studies of panic symptoms in the perinatal period shows a consistent worsening of panic symptoms in the postpartum period (Bandelow et al., 2006). While dealing with anxiety at any time is difficult, managing increased anxiety levels at the same time as managing a new baby could increase this difficulty. Furthermore, these new mothers may find it distressing to be feeling anxious at a time which is generally considered, and expected, to be a time of great joy.

Rowe and colleagues (Rowe, Fisher & Loh, 2008) assert that it is difficult to recognize anxiety disorders in the postpartum because there are no anxiety-specific screening instruments available for routine use. They further state that this is problematic since it could lead to co-morbidities being under-recognized and appropriate care therefore not being offered to those suffering from
postpartum disorders. In their study, they used the Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden & Sagovsky, 1987), and compared EPDS scores with the results of clinical interviews. They found that over 50% of the women in their sample with EPDS scores over their cut-off score of 12 were mislabelled as probably suffering from a major depression, when in fact they were suffering from disabling anxiety, an adjustment disorder, or a minor depression. Matthey (2008) asserts that although there are anxiety-specific questions on the EPDS, when only a total cut-off score of 13 is used on the scale, 11 of 18 women with anxiety disorders did not screen positive. Rowe and colleagues (2008) also noted that their participants were likely suffering from severe fatigue. They assert that their findings provide evidence of the inaccuracy of the belief that postpartum depression is a distinct and easily recognized issue, and that this belief might hinder those afflicted receiving appropriate treatment. They assert that using only the term “postpartum depression” obscures the complexity of postpartum psychological distress. Furthermore, Matthey and colleagues (Matthey, Barnett, Howie & Kavanagh, 2003) assert that overlooking anxiety disorders in the postpartum leads us to significantly underestimate the prevalence of postpartum psychological difficulties.

Transition to Parenthood

*Transition, Stress and Anxiety*

The transition to motherhood can be a very stressful time since many new mothers are getting used to new expectations placed on them, both by others and by themselves, sleep deprivation and new, increased environmental
demands (Wenzel et al., 2003). Increased stress levels have been associated with a higher risk of developing panic manifestations during pregnancy (Bandelow et al., 2006), and it has been well established that psychosocial stressors can play a significant etiological role in the development of anxiety in general for those who have a vulnerability to it (Wenzel et al., 2003). Therefore, the increased stress level that the transition to motherhood produces could be expected to lead to a greater likelihood of developing an anxiety disorder in the postpartum (Bandelow et al., 2006; Wenzel et al., 2003). Furthermore, learning to manage the new demands associated with motherhood might further contribute to the development of anxiety since the presence of demands that seem uncontrollable (which the demands of new motherhood might) has been linked with symptoms of anxiety (Wenzel et al., 2003).

The increased stress associated with transition to parenthood seems to be much more enduring for mothers than for fathers. Belsky and Kelly (1994) found that while husbands’ stress levels typically decreased after the first month postpartum, mothers’ stress levels typically increased throughout the first year of parenthood. The transition to parenthood appears not to be a short-lived phenomenon for women, and instead appears to be a gradual and complex process (Woollett & Parr, 1997).

Maternal anxiety can affect a new mother’s concept of herself as “mother.” Hart and McMahon (2006) found that higher symptoms of antenatal anxiety were associated with more negative attitudes toward motherhood and the self as
mother. Furthermore, these effects were found to be greater with maternal anxiety than with maternal depression.

Fairbrother and Abramowitz (2007) propose that the transition to parenthood evokes a sudden increase in feelings of responsibility for preventing harm. They attribute this change to a sudden increase in caregiving responsibilities at the same time that there is a decrease in aid from the healthcare system upon birth.

**Myths of Motherhood**

Choi and colleagues (Choi, Henshaw, Baker & Tree, 2005) assert that there is a divide between experiences of motherhood as presented in the findings of woman-centred research and those prevalent in cultural representations. These authors argue that the dominant cultural images arise from an ideology of women as natural mothers which implies not only that mothers immediately and instinctively know how to approach mothering, but also that they are fulfilled in the role of mother. The authors state that most of the expectations the women in their study held were greatly influenced by this myth, and it may therefore not be surprising that many mothers indicated that motherhood was not what they had expected. The persistent joy often associated with being a mother was not always realized, and neither was the presence of a built-in set of mothering skills. Furthermore, many women reported feeling ambivalent about asking for help or being given advice due to the feelings of inadequacy this often produced. This “myth of motherhood” sets standards for women to measure themselves against, and to be measured against. This could be expected to lead to difficulty in
expressing negative feelings about motherhood due to associated guilt and/or fear of being deemed a bad mother.

Rivers (2007) speaks to the issue of this very myth of motherhood as natural and inherently fulfilling by describing a television interview with celebrity actress Felicity Huffman:

The idea that a woman can have no other “real” life once she is a mom was the subtext of a testy encounter in 2006 between actress Felicity Huffman (an Oscar nominee as well as a star of Desperate Housewives) and 60 Minutes’ Lesley Stahl. When Stahl asked Huffman if motherhood wasn’t the best thing in her life, the actress startled Stahl (and probably many viewers) by responding, “No. And I resent that question, because I think it puts women in an untenable position, because unless I say to you, ‘Oh Lesley, it’s the best thing I’ve ever done with my whole life,’ I’m considered a bad mother. And just when I said no to you, you went back.” (p. 61)

I would anticipate that many new mothers, although they might resonate with Huffman’s words, would not feel able to be as bold in dispelling the myths of motherhood that exist in our society.

The Influence of Popular Culture
Norms and Self-Criticism

O’Grady (2004) speaks of the propensity for failing to measure up to norms to lead to self-criticism. She asserts that self-criticism is a particularly
insidious form of self-punishment since it normally appears as a part of automatic thinking and its effects are therefore often difficult to recognize. O’Grady asserts that self-criticism can take the form of derogatory thoughts about the self that can conjure disempowering feelings such as anxiety, worthlessness, inadequacy, insecurity and hopelessness.

*The Rise of Motherhood in Popular Media*

Recently, increasing attention has been focussed on new mothers and their mental health. With movie stars such as Brooke Shields, Marie Osmond, and Tom Cruise using the media as a forum for discussing postpartum mood disturbances and debating controversies such as the use of antidepressants in the postpartum, these issues have been brought into our living rooms.

Motherhood’s spotlight in the media virtually exploded in the 1980s, and has not diminished since. This growth in representations of motherhood is not limited to any given genre; it has permeated into sitcoms, talk shows, newscasts, movies, marketing and publishing. The face of representations of motherhood changed as well, with increased sensationalism of newscasts and the marketing industry’s capitalization upon the lucrative niche of products for mothers and babies (Douglas & Michaels, 2004). The possible effects of this recent rise in representations of motherhood in popular media deserves our attention.

*Media Standards of Good Mothering*

In popular culture, the role of a “good mother” is a privileged position and excludes, among others, most poor women and women of ethnic minorities
Douglas and Michaels (2004) suggest that the new face of motherhood has dichotomized representations of mothers, pitting them against each other in “mommy wars” where middle class or affluent mothers are set in contrast to mothers receiving social assistance (termed “welfare mothers”), and mothers who work outside of the home are set in competition with those who do not. Though many mothers fall somewhere in between, struggling financially but not receiving social assistance or working part-time, they have been portrayed in the media as though they fall into clearly delineated categories. This dichotomization, with some women cast as “good mothers” and some as “bad mothers” implies that there is a set of mothering skills and attributes agreed upon by greater society. This leads to the impression that there are strict rules and regulations for being a good mother, rather than varying opinions and truths, and furthermore that mothers will be judged according to these norms whether or not they agree with them. Furthermore, as North American media casts motherhood as an individual achievement rather than as based in culture, mothers are personally accountable for their perceived success in mothering. Rivers (2007) states that turning what are really occasional mommy spats into these mommy wars leads us to ignore the actual issues faced by society’s caregivers.

The images presented to us by the media are often not realistic. Douglas and Michaels (2004) state that “since the media traffic in extremes, in anomalies – the rich, the deviant, the exemplary, the criminal, the gorgeous – they emphasize fear and dread on the one hand and promote impossible ideals on the other” (p.7). Being bombarded with unrealistic images in the media develops
within us expectations that are impossible to meet, and even those who think critically about those images or who try to avoid them have trouble escaping the pressure of these perfectionist standards (Douglas & Michaels, 2004; Keith, 2006).

Rivers (2007) cautions us about how powerful the influence of popular media can be:

Because the media have so much power in our society – more, some say, than the church, the community, the political party or even the family – they can no longer be regarded as mere mass entertainment. Selling anxiety to women can have real consequences for real women’s lives. It can dim their dreams, hobble their ambitions, and blunt their courage (p.14).

Although popular media might often be dismissed as simply entertainment, the messages that these media transmit to society at large, not only those who engage directly with them, are of sizeable influence. Douglas and Michaels (2004) caution their readers about the pervasiveness and insidiousness of these media:

This imagery may have been fleeting, and it may have been banal, but it told common, interlocking stories that, over the years, evolved into a new “common sense” we were all supposed to share about motherhood, good and bad…we may not appreciate the extent to which this common history has shaped our identities, our sense of success and failure as mothers,
and the extent to which it ties us together through mutual collective memories. So instead of dismissing these media images as short-lived (and sometimes even stupid), let’s review how they have laid down a thick, sedimented layer of guilt, fear, and anxiety (Douglas & Michaels, 2004, p.14).

Even those who believe that they can dismiss the media’s messages are nevertheless assailed by the set of beliefs underlying those messages since they are so pervasive in our interactions with one another.

The Celebrity Mom Profile

Douglas and Michaels (2004) describe a genre of media they have termed the “celebrity mom profile.” In these profiles, prominent figures in society recount their experiences of new motherhood through popular media such as magazine articles. The effect this celebrity mom profile genre has had on North American popular culture is described by these authors as follows:

Rising out of the ashes of feminism, and repudiating its critique of the narrow confines of middle-class motherhood, the celebrity mom profile was an absolutely crucial tool in the media construction of maternal guilt and insecurity, as well as romanticizing of motherhood, in the 1980s and beyond (Douglas & Michaels, 2004, p.113).

The authors list the rules of the celebrity mom profile as follows: (a) “The mom is gorgeous, in clear control of her destiny, and her husband loves her even more
once she becomes pregnant and the baby is born” (p.126); (b) “They are always radiantly happy when they are with their kids” (p.128); (c) “They always look and feel fabulous – better than ever – while pregnant” (p.128); (d) “Whatever your schedule, whatever institutional constraints you confront that keep you away from or less involved with your kids, it must be clear that they are your number-one priority, no matter what” (p.130); (e) “There must be some human frailties, some family tragedies, some struggles or foibles that bring the celeb down a peg, make her seem a bit more like us and allow some of us to identify with her” (p.131); (f) “The celebrity mom is fun-loving, eager to jump up and play with the kids at a moment’s notice” (p.133); and (g) “truly good, devoted mothering requires lavishing as many material goods on your kids as possible” (p.133). While it is rarely, if ever, stated explicitly in these profiles that all new mothers should emulate the celebrities they feature, many women nonetheless make comparisons between themselves and these idealized portrayals. In this unfair comparison, it is not surprising that many women find themselves falling short. Furthermore, this expectation promulgated by the celebrity mom profile that the transition to motherhood is little other than joyous makes it all the more difficult for women to admit it when they are struggling. Adding to this is the implication that if new mothers are not as happy, healthy, and fulfilled as the celebrity moms, it is due to a fault within them:

In a 1997 cover story titled “The Sexy New Moms,” *People* told us, “Postpartum depression isn’t an option for such celebrity moms as Whitney Houston, Madonna, and supermodel Niki Taylor.” Unlike you,
being subjected to sleep deprivation and raging hormones was a choice for these women, and they just said no (p.122).

Douglas and Michaels assert that while it was likely not the intention of the magazines that publish the celebrity mom profiles to engender feelings of guilt and inadequacy in new mothers, this appears to be what has happened.

Other Forms of Cultural Influence

We have seen how we are significantly informed by popular media. Of course, popular media is not our only source of information in the development of our cultural expectations. Parents, friends, religious authorities and other role models additionally inform us implicitly and sometimes explicitly of how we are to be. Most of us have been raised with certain expectations as to how we are to behave, to look, and to think. It is important for women to understand the ways in which, and the extent to which they might be impacted by the expectations of the cultural groups with which they are associated, and how this affects their well-being. However, these topics lie beyond the scope of this research, and are therefore not addressed in depth.

Conclusion

Although the extant research elucidates some aspects of postpartum anxiety and the effects of popular culture on new mothers, we do not have a clear understanding of these topics, nor how they interact. Through this research, I endeavoured to help increase understanding of these topics by engaging in an in-depth examination of the experiences of the research participants.
CHAPTER 3: METHODOLOGY

In this chapter, I first give a brief overview of the methodological design of this research project and give a rationale for the use of the feminist biographical method. Next, I address the theoretical underpinnings of the methodology I have chosen, including hermeneutic theory, feminist theory, and biographical methods. I then outline my procedures for participant selection, data collection and analysis.

Rationale and Design

The purpose of this interpretive qualitative study was to explore the experiences of new, first-time mothers dealing with anxiety, and the roles that popular culture has played in those experiences. I used the feminist biographical method (Popadiuk, 2004) as a structure for this exploration.

The Feminist Biographical Method

The feminist biographical method allows for the inclusion of various sources of information in data collection such as participant narratives, cultural texts, and personal journals. In this case, I used semi-structured interviews and drew upon relevant cultural texts (e.g., magazine articles and television shows) for my analyses, increasing the depth and richness of understanding gained.

I first asked participants to share their experiences in a semi-structured interview. Ironstone-Catterall and colleagues (2003) assert that the central qualitative method used in feminist research was historically, and still is the interview. This implies that talking to and listening to women is integral in feminist
research methods. I made note of any cultural texts mentioned during the interviews, and asked participants to identify cultural texts relevant to their stories at the end of each interview. Whenever possible, I retrieved and reviewed these texts in order to contextualize participants’ experiences and gain a new understanding of those experiences in relation to societal structures.

**Hermeneutic Inquiry**

This research is based in hermeneutic theory. Moules (2002) states that “hermeneutics begins with the premise that the world is interpretable” (p. 7). Hermeneutics refers to the interpretation of texts, including written texts, narratives and other textual forms. Heidegger, a pioneer in hermeneutic theory, asserted that understanding is a circular process (Packer & Addison, 1989). As we embark on studying a given phenomenon, we do so with a certain preliminary understanding of it, formed out of our presumptions, our expectations, and our cultural backgrounds. When we then gather information about our particular phenomenon of study through inquiry, the knowledge we gain is structured in terms of those preliminary understandings. This interpretive process is referred to as the “hermeneutic circle.” Packer and Addison (1989) liken epistemological and rationalist perspectives as journeys along a straight line from a hypothesis or theory to a conclusion whose rigor can be determined by tests of validity. Alternatively, in the hermeneutic circle, the two end points of the line are joined, with knowledge informing perspective and perspective informing knowledge. The information acquired through conducting an inquiry is thereby accommodated into the researcher’s perspective. This new understanding is not meant to form a
static base of knowledge, but rather to become a practical base for interpretation that is dynamic (Packer & Addison, 1989).

Packer and Addison describe three phases of hermeneutic inquiry. The first is what these authors call “entering the circle,” which they describe as finding a perspective from which to proceed with interpretation. Since this projection of one’s own perspective is seen as inevitable in interpretive frameworks, the point of entry into this circle is usually deliberate and should stem from engagement with and concern for those who are participating in the research, rather than an attempt at objectivity. The second phase described is the conducting of the inquiry, which involves the circular process of assimilation and accommodation of knowledge and understanding. The third phase of hermeneutic inquiry described is the evaluation of the resulting account with an eye to increased understanding of the phenomenon in question.

By linking participants’ personal accounts with a shared popular culture, I explored the connection between the personal and the universal, and how these reflect one another. Packer and Addison advocate for this type of interpretive, hermeneutic inquiry, stating that it focuses on human activity situated in context and the offspring of such activity: institutions, histories, accounts, records, texts, stories, lives. It makes no sense to imagine any of these existing in the absence of beings like ourselves, who wish to study them and, conversely, it would make no sense to think that we could exist, as psychologists and inquirers, apart from or independent of a whole range of practices, institutions, and
accounts. People both constitute and are constituted by their social world; we contribute to sustaining it as what it is (or changing it); it made us what we have become. We are not, and cannot become, the neutral and dispassionate observers that both empiricism and rationalism would have us be (pp. 19-20).

This relationship and interdependence between individuals and the institutions of society reflects the metaphorical hermeneutic circle described above. Angen (2000) asserts that in aiming to more fully understand the meaning in our daily existence, interpretive inquiry is a moral issue, and that each scientific endeavour should increase our ability to proceed in an ethical way.

_**Hermeneutics of Restoration and Hermeneutics of Demystification**_

Josselson (2004) draws upon the theories of Ricoeur in delineating two forms of hermeneutic inquiry, the hermeneutics of restoration and the hermeneutics of demystification. The structure for these two forms of hermeneutic inquiry comes not from the texts to be interpreted, but from the person who is formulating the interpretation.

From the viewpoint of a hermeneutics of restoration, the intended meanings of the participant are brought to light and clarified. Researchers adopting this stance work under the assumption that participants convey their intended meanings through narratives, and the aim of the research is to convey participants’ messages as clearly and accurately as possible. This is not to say, however, that those working from a restoration standpoint deny their role in
interpretation, simply that narratives are taken as relatively transparent in their meanings.

Conversely, from the standpoint of a hermeneutics of demystification, participants' meanings are assumed to be embedded in false consciousness. Narratives are thought to yield distorted symbols of the underlying unconscious, which are then to be analyzed and critiqued through a lens of scepticism. Josselson clarifies that this scepticism arises not from a suspicion that participants are deliberately misrepresenting themselves, but rather that there is a story behind the narrative given which is not available to the participant's consciousness.

In this project, I worked from the standpoint of the hermeneutics of restoration. Josselson asserts that this hermeneutic standpoint is ideal for describing the experiences of marginalized groups in that it allows their voices to be heard. My challenge was thus to capture as closely as possible the meanings of the participants as they were presented to me.

Feminist Theory

Harding (1987) asserts that a distinctive feature of feminist research is that what is determined to be problematic, and therefore worthy of inquiry, is generated from women's perspectives. Furthermore, women's experiences are then used as the "reality" against which hypotheses can be tested. This is in contrast to traditional approaches which historically have relied on the perspectives of bourgeois, white men's experiences which she argues leads to a
partial, and perverse, understanding of human lives. Similarly, Alpern and colleagues (Alpern, Antler, Perry & Scobie, 1992) state that:

When the subject is female, gender moves to the center of the analysis. Feminists contend that women’s lives differ from men’s, often in profound ways. Because society tends to value male models of achievement and behaviour more than it values female models, a woman’s gender may exercise greater constraints on the way her life evolves. Failing to consider this difference distorts, if not falsifies, any account of a woman’s life. No matter how “free” of gender-specific conditions a woman may think she is, these conditions nonetheless affect her. In addition, of course, other aspects of her identity – class, race, religion, ethnicity, sexuality, region – also play critical roles (p. 7).

Feminist inquiry, then, focuses on positioning marginalized groups at the centre of the research and valuing the integrity of their narratives.

Although the term feminism indicates that there is only one feminism, there exist, in fact, multiple feminisms (Campbell & Wasco, 2000). For example, some well-known theories include liberal feminism, radical feminism, postmodern feminism, and critical race feminism. However, not only has feminist theory been defined by different features within different historical contexts, there are multiple feminist identities within each given historical context as well. Women’s selves are cross-cut by several other forms of identity such as class, sexual, ethnic and regional identities (Hollows, 2000). While feminisms have some similarities such
as a focus on oppression and power imbalances, they differ in their conceptual frameworks (Campbell & Wasco, 2000).

For the analysis in this project, I did not draw from any single feminist theory. Instead, I used principles from the common basis that most feminist theories share. These principles include seeking a greater understanding of women’s experiences (particularly in this highly gendered area), addressing issues of inequality through examinations of power and oppression, and exploring how this inequality has been created and maintained through certain societal structures.

*Issues of Positionalities and Power*

Harley and colleagues (Harley, Jolivette, McCormick, & Tice, 2002) state that individuals are assigned certain social value according to their particular constellation of “positionalities,” which include race, class, and gender. These positionalities are ranked and are structured hierarchically. An individual’s particular constellation of positionalities thereby legitimizes indignities or privileges, depending upon that person’s place in society (whether on the margin or at the core).

McLaren (2004) makes similar assertions in addressing formulations of power as seen through a Foucaultian feminist lens. She states that Foucault conceptualized power as being non-subjective in that individuals do not possess power. Power is primarily characterized as a relationship, and it is therefore fluid
and dynamic. Much of an individual’s participation in power is beyond her control in that she is a part of a larger framework of relationships and institutions.

McLaren asserts that the creation and maintenance of norms is one of the most substantial ways in which power functions. Norms can serve as positive guidelines for behaviour. However, they also codify behaviour. According to how much they adhere to norms, individuals are categorized as normal or pathological. Social taboos dictate proper behaviour, which is gender-specific. McLaren goes on to note that even norms which appear to be very positive (such as associations of women with care, virtue, or non-violence) can have detrimental effects through their reinforcement of existing societal structures.

*Issues of Power in Research Relationships*

Halse and Honey (2005) assert that research ethics approval committees and processes are based in a positivist structure, and are intertwined with power and politics. The ethics approval process creates a hierarchical power relationship, not only between researchers and research committees, but also between researcher and participants. Researchers are cast as objective and knowledgeable scientists who discover and/or reveal truths about the world, and about the participants themselves. This places research participants in a passive, inferior role. This subordination of research participants has widespread implications. Not only might it change the manner in which, and level to which, participants respond to the researcher, but it perpetuates a dichotomy between these parties and encourages the designation of participants as “other.” This
perpetuates a positivist approach to the research process which historically has led to the subjugation of particular groups.

Though a completely non-hierarchical relationship between participant and researcher is impossible to establish, in this project I endeavoured to minimize power imbalances as much as possible by speaking with participants as experts of their own lives (Ironstone-Catterall et al., 2003), meeting with participants in a location which was comfortable for them, using everyday language as opposed to psychological or research terms, and by encouraging an open, back and forth dialogue (Popadiuk, 2004).

Emotional Work in the Research Interview Process

Campbell and Wasco (2000) assert that the emotionality of research participants’ lives, and also the affective experiences of the researcher listening to emotionally-laden material, should be acknowledged through the research process. Though much of social science focuses on thought rather than feeling, feminist scholars have argued that feelings shape research and form a natural part of inquiry, and these authors assert that feminist research processes connect knowledge and emotion.

Hoffman (2007) advocates for the analysis of emotional labour inherent in interviews, and the use of this information as data in the research project. Hoffman asserts that emotional labour and demonstrations of power are intricately tied, and states that “[e]motional labor is one way power disparities are visible” (p. 339). Increased emotional labour on the part of an individual indicates
a power shift away from that individual. Hoffman states that these power relations are fluid and dynamic, with power shifting back and forth between individuals. Researcher and participant hold power in different ways at different times. For instance, although the researcher chooses the questions to be asked, participants choose which questions to answer, how much to reveal, and how to present themselves.

Hoffman further asserts that power and emotional labour are tied to the roles in which researcher and participant are positioned. Researcher and participant often each occupy several different roles, and these roles shift during the course of the interview. For instance, the researcher might occupy roles such as student, confidante, and/or expert, and participants might occupy roles such as informant or client. When the researcher must shift between roles or occupy dual roles, this also results in increased emotional labour.

Due to its lack of formal and rigid structure, the semi-structured interview increases emotional labour demands and the complexity of power relations in the interview process. Although this increased emotional labour and complexity in power relations make the work of the interviews more taxing for those involved, inclusion of these elements in analysis provides opportunities for greater richness and depth of understanding.

Biographical Methods

Chamberlayne, Bornat and Wengraf (2000) suggest that biographical methods have a long and varied history, “provide a sophisticated stock of
interpretive procedures for relating the personal and the social” (p. 2), and allow for exploration of latent levels of personal meaning. The descriptions that biographical researchers present in their work are interpretations. What the researcher knows is filtered through language and the meanings they attach to participant narratives since we cannot have access to their inner lives (Kyllönen, 2004). Denzin (1989) explains that biographical methods are fictional accounts based on intersubjectively shared understanding:

> The biographical method rests on subjective and intersubjectively gained knowledge and understandings of the life experiences of individuals, including one’s own life. Such understandings rest on an interpretive process that leads one to enter into the emotional life of another. *Interpretations*, the act of interpreting and making sense out of something, creates the conditions for *understanding*, which involves being able to grasp the meanings of an interpreted experience for another individual. Understanding is an intersubjective, emotional process. Its goal is to build shareable understandings of the life experiences of another (p. 28).

Denzin goes on to remind us that biographies and the intersubjective understandings upon which they are built are culturally based:

> The materials of the biographical method resolve, in the final analysis, into the stories persons tell one another. These stories are learned and told in cultural groups. The stories that members of groups pass on to one another are reflective of understandings and practices that are at work in
the larger system of cultural understandings that are acted upon by group members (p. 81).

West (2004) states that there has recently been a shift to biographical, narrative and life-history research methods in the social sciences. He interprets this switch to the study of the personal as an attempt to gain greater understanding of the connections between individuals and social structures.

**Participants**

This study included women who self-identified as being anxious in the first 6 months postpartum with their first child. The inclusion and exclusion criteria for participation that I used to guide my participant selection are listed in Table 1. In order to minimize symptom masking and duplication, only women who identified anxiety as their primary complaint in the postpartum period were included. Known substance abusers and women suffering from psychosis were excluded from the project. Participants may or may not have been taking prescribed psychotropic medication(s). Had any women who expressed interest in participating in the study been considered by the researchers to be at high risk for suicide, they would have been excluded in order to allow the focus of the research to remain on symptoms of anxiety rather than suicidal ideation, as well as to protect against any potential risks that may arise during this study. However, none of the potential participants who completed a telephone screen were deemed to be at high risk for suicide. If suicidal intent had become evident through the course of the interview process, the participant would have been
seen immediately by the study psychiatrist and excluded from further participation if her suicidality was deemed to be of moderate risk or higher. However, none of the participants expressed any suicidal intent throughout the course of the interviews.

Table 1

*Inclusion and Exclusion Criteria*

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<th>Inclusion Criteria</th>
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<td>• Mother of an eldest or only child who is 3 years or younger</td>
<td>• Known substance abuser</td>
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<tr>
<td>• Self-identified as very anxious or received a diagnosis of Generalized Anxiety Disorder or Panic Disorder within first 6 months postpartum with first child</td>
<td>• Currently displays symptoms of psychosis</td>
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<tr>
<td>• Anxiety was the primary mental health concern during first 6 months postpartum with first child</td>
<td>• Moderate to high risk of suicide</td>
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Participants were recruited through e-mail distribution of a study advertisement to student listserves at Simon Fraser University, the University of British Columbia, and Trinity Western University in B.C., Canada, as well as through word-of-mouth. Study advertisements were also posted, with permission, in the Reproductive Mental Health Program offices at Women’s Hospital and St. Paul’s Hospital as well as at the Pacific Postpartum Support Society, all in Vancouver, B.C., Canada. However, these postings did not result in any inquiries about participation in the study.
Ten women emailed me to express interest in participating in the study. Two did not meet the selection criteria for the study, one declined participation due to time & childcare constraints and one stopped responding to my communications prior to completing an eligibility screen. Six women completed a telephone screen, gave written, informed consent and participated in interviews. This was deemed sufficient since it allowed for a large amount of data for comparison, but is a small enough sample size to allow for an in-depth analysis of each participant’s narrative. Moules (2002) states that hermeneutic inquiry is validated not by numbers, but rather by the completeness of the examination of the topic under study and the depth to which the interpretation extends understanding.

Data Collection and Analysis

Upon providing informed consent, participants took part in a semi-structured interview of approximately 1 ½ to 2 hours in length. Participants were given several choices of meeting venues. Two interviews were conducted in private meeting rooms at Simon Fraser University, one was conducted in an office at Women’s hospital, one was conducted in a meeting room at the Health Employers Association of British Columbia and two were conducted in the participants’ homes. Approximately the first half of each interview consisted of an exploration of the participants’ personal experiences with anxiety and the transition to parenthood. The second portion of each interview focussed on the influences of popular culture that participants identified as being important to them in their perceptions and attitudes about motherhood.
Prompt questions (see Appendix A) were used where appropriate to direct the interviews. However, I remained flexible during the interviews in allowing the participants to inform the research process with regards to what information they felt was most important in describing their experiences (Wertz, 2005). Probing questions arising from participant discourses were asked throughout the interviews.

I followed the interview process for the feminist biographical method, outlined by Popadiuk (2004). At the beginning of each interview, I took notes about participants’ demographic information. All interviews were audio-recorded. Immediately following each interview, I took notes about my experience in the interview in order to increase my awareness of myself in this interpretive endeavour. Following each interview, I transcribed the audio recording in its entirety, verbatim.

In this study, I formulated interpretations of participants’ narratives. This is a form of interpretive analysis as described by Denzin (1989; other forms of interpretive analysis include presenting the narrative to stand alone, and autobiography). Engaging in a process Saldaña (2009) calls “pre-coding,” I read each transcript several times with an eye to identifying patterns in the participants’ stories, and flagging portions of narrative that were particularly salient. I then coded the participants’ narratives manually, printing all of the interview transcripts, cutting them into pieces, and categorizing participant quotes and dialogues according to thematic classifications. Saldaña (2009) asserts that coding is cyclical, and that each cycle of coding “further manages, filters,
highlights, and focuses the salient features of the qualitative data record for generating categories, themes, and concepts, grasping meaning and/or building theory” (p. 8). For this study, I engaged in four complete cycles of coding, refining my thematic codifications each time. During this coding process, I discussed the issues with which I was struggling with colleagues (several of whom are mothers), and documented my decision-making processes through written and photographic memos. The final cycle of coding yielded 331 codes, 319 of which I classified in 5 categories (to be discussed in Chapter Four) and 12 of which contained biographical information.

Following each interview, I attempted to find any cultural texts (such as magazine and news articles, pictures or other visual media, and cultural history documents) that the participants identified as being relevant to their stories. I reviewed these texts to gain increased understanding of my participants’ narratives. I also reviewed several texts that address current and historical social, cultural, and political discourses on motherhood in North American society, and made note of popular culture representations of motherhood that I came across in the media. I then related these texts to the categories identified in the thematic analysis of interviews, as described above.

**Rigor**

I chose not to “check” the data or my analyses with the study participants through member or participant checks. Sandelowski (1993) criticizes the use of such checks, asserting that this method is based on an assumption that there is a fixed, external reality or truth against which accounts can be measured.
Furthermore, Angen (2000) asserts that the use of member checks can lead to confusion since participants might have changed their minds on issues between the interview and the checking process. When there are differences between the participants’ and researcher’s interpretations, the question then arises of which interpretation should stand. Also, a researcher who is attempting to be responsive to participant concerns arising from member checks might restrain their results to a descriptive level and keep the level of analysis inappropriately close to the data (Morse, Barrett, Mayan, Olson & Spiers, 2002).

To increase credibility of the research, I engaged in peer debriefing by consulting with colleagues about the interpretations I was making of the data. Moules (2002) suggests that use of this technique is not to provide “an expert evaluation of ‘truth,’ but an opportunity to open the interpretations from the narrowness of one’s vision, prejudices, and focus” (pp. 32-33). To further increase credibility, my research supervisor reviewed a 10% random selection of the codes from each category, a total of 32 codes. We came to agreement without discussion on the thematic categorization of 25 of those 32 of the codes. For five of the 32 codes, there were two possible themes within which the code might fit, and we came to agreement on placement with limited discussion. One of the codes required a more lengthy discussion which prompted slight revisions to one of the theme descriptions.
CHAPTER 4: RESULTS OF THE STUDY

Introduction

This chapter begins with a biography of each of the study participants, which provides demographic information about the participants and a description of their experiences of anxiety. Following the biographies, I will discuss the common themes that I found through my analyses of the interview transcripts. The main categories that will be discussed are anxiety, expectations about being a mother, issues of support, the transition, and societal scripts of motherhood.

Biographies

Six women shared their experiences of postpartum anxiety with me. Four of these women identified themselves as Caucasian, one was Taiwanese and one was Japanese, and all had lived in the Vancouver Lower Mainland for much of their adult lives. None of the participants received a formal diagnosis of an anxiety disorder in the postpartum period to their knowledge. While each had a unique experience in her transition to motherhood, and specifically with postpartum anxiety, I also heard many commonalities across their stories. At the time of interview, participants' ages ranged from 28 to 42 years, with children aged 5.5 months to 3 years. All participants had a Bachelor's level education or higher.
Table 2

Participant Demographics

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th># of children</th>
<th>Age &amp; sex of eldest child</th>
<th>Marital status</th>
<th>Occupation</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber</td>
<td>37</td>
<td>1</td>
<td>1.5 yrs, girl</td>
<td>Single</td>
<td>Post-Baccalaureate student (arts) &amp; ESL instructor</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Elise</td>
<td>42</td>
<td>1</td>
<td>3 yrs, girl</td>
<td>Married</td>
<td>Graduate student (counselling psychology)</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Celine</td>
<td>29</td>
<td>1</td>
<td>2 yrs, girl</td>
<td>Married</td>
<td>Graduate student (counselling psychology)</td>
<td>Asian</td>
</tr>
<tr>
<td>Alyssa</td>
<td>30</td>
<td>2</td>
<td>3 yrs, boy</td>
<td>Married</td>
<td>Mental health professional</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Karen</td>
<td>30</td>
<td>1</td>
<td>1.5 yrs, boy</td>
<td>Married</td>
<td>Engineer</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Natasha</td>
<td>28</td>
<td>1</td>
<td>5.5 mos, boy</td>
<td>Married</td>
<td>Graduate student (education)</td>
<td>Asian</td>
</tr>
</tbody>
</table>

Amber

At the time of interview, Amber was 37 years old, and a single parent to one daughter who was 1.5 years old. Amber described herself as Caucasian and
was a post-baccalaureate student as well as an ESL instructor. Since the birth of her daughter, she has been very involved with a local postpartum support group, and has a keen interest in promoting awareness about difficulties in the transition to motherhood.

Amber’s Experiences of Anxiety

Amber believes that she started to experience anxiety immediately following the birth of her daughter, but did not identify her experiences as anxiety at first. Amber said that she was “depressed and angry” right from delivery, but did not receive treatment for depression. At 7 months postpartum, she began to experience breathing difficulties that she now identifies as a symptom of “panic attacks.” Amber described her experiences of anxiety as her body shutting down, and says that she “just kinda overreacted to every little thing.” She told me about her most poignant experience of anxiety:

I was giving her a bottle, I think. And she started to choke on it, or she couldn’t get it down. And I was used to her choking, like having a bit (gestures), you know, if she drank too fast. So, I feel that I gave it enough time. But really, she was like “squeak, squeak” and I just picked her up and I was holding her out here and I was “oh my god, oh my god!” and I ran out into my apartment building hallway screaming for help. And I went to my next door neighbour, and I was within, you know, within a 5 second period, like it really didn’t take that long, like I was a mess. Like I was crying, really angry about the whole thing. And she just took [my daughter]
and [my daughter] started breathing and the funny thing was [my daughter] just kinda looked at me and started laughing at me.

Amber reported that she went to the emergency room a couple of times, and was eventually hospitalized for 10 days. She then began taking medication to help her manage her anxiety symptoms, as well as attending postpartum support group meetings.

_Elise_

At the time of her interview, Elise was 42 years old and had one child, a daughter 3 years of age. She was married, and told me that she was born and raised in Canada. She was a graduate student in a counselling psychology program at the time of the interview. Elise’s pregnancy was a surprise because she thought that she was unable to get pregnant, but she said that when she discovered she was pregnant, it was “a complete shock. And like the hugest joy of [her] life.” Her baby was breech, and she had an unplanned c-section birth.

_Elise’s Experiences of Anxiety_

Elise described herself as easy-going and laid-back, and says that she did not experience anxiety until part way through her pregnancy. She stated that her first awareness of struggling with anxiety occurred in her second trimester, and she described it as follows:

And the first time I really experienced what I would consider a panic attack was partway through my pregnancy and I was sick with a cold, I wasn’t
feeling very well…I just couldn’t breathe, and I started to really panic and felt that overwhelming feeling. I thought “oh man, I’m going to faint.” My husband took me to the hospital. My heart was racing and all of this stuff was going on.

Elise also experienced anxiety in the postpartum period, and she described a particularly salient instance of her experience of anxiety in the postpartum:

The very first event that took place within hours of coming home was me completely losing it with my husband because he wasn’t being the support that I needed and he was fully focused on his daughter and not on me and I couldn’t handle that. And I completely blew up, like completely out of character. I yelled and screamed and cried and I was like “what is happening to me?!” Because it was completely not like me…And so I got to a point where, within a few weeks I felt like I needed to go to the doctor because I felt like this must be postpartum depression, right, because that’s the only sort of term I could come up with.

Elise did not receive formal treatment for her anxiety, but found that the support she received from other mothers who she met through her church was very helpful in managing the transition to her new role as a mother.

Celine

At the time of her interview, Celine was 29 years old and had a 2 year old daughter. She was a graduate student in a counselling psychology program. She
is of Taiwanese descent, and moved to Canada from Taiwan when she was 17 years old. Celine married 6 years ago, and her pregnancy was unplanned.

_Celine’s Experiences of Anxiety_

Celine expressed that for her, anxiety was “like a mental block.” She told me that when she started to get anxious she “lost every coping skill except pleasing and being agreeable” and that this led to her at times having “a really huge outburst of rage.” Celine said that she was often told that she worried too much while growing up, but that her worrying got a lot worse after her daughter was born. She attributes this to having a strong desire to give her daughter the best, and that as a result she did not want to bend or to compromise, which led in turn to her anxiety. She reported that her anxiety started to lessen at about 4 months postpartum.

_Alyssa_

Alyssa, at the time of interview, was a 30 year old mental health professional. She was married with 2 children: a boy aged 3 years and a girl aged 6 weeks.

_Alyssa’s Experiences of Anxiety_

Alyssa reported that while she does not think she had an anxiety disorder prior to her first pregnancy, she experienced some separation anxiety as a child, and from mid-adolescence until she had her first child was “kind of on the anxious side.” She depicted her experiences of anxiety surrounding her transition to motherhood as follows:
During the pregnancy I wasn’t anxious at all. I mean, a normal amount, I think, for mothers. But afterwards, I think that’s when it really hit me. And it was really so intricately tied for me to sleep deprivation and what would seem to be- I can’t say normal anxieties, but I guess when you have a baby and it’s your first time, most parents worry. And my worrying was I think just more extreme.

There was one instance of anxiety in the postpartum period that stood out for Alyssa:

And the worst it ever got was when I was sick with a cold…a friend of ours had had bed bugs in the house. And I started to worry that we had bedbugs because I had been nursing my son on the bed that had the bedbugs in their house. And I had some bites on my back. And then I was looking around at the sheets and saw things that I thought were potentially little bedbug things. So I made us do all the laundry, bring it to the Laundromat, check for the bedbugs. Like I was so worried that my son would get a bedbug bite. And now when I think of it, it wouldn’t be the end of the world, it’s not like it’s going to transmit the plague or anything. But at the time the thought of him getting a bedbug bite was unbearable. And I really think there was one day when I was delusional almost, because we went to stay at our family’s house while our house was being cleaned for potential bedbugs, and I thought I saw them there and that’s when I was like “oh my god, I’m losing it.”
Alyssa remembers her postpartum anxiety lasting until approximately the sixth month postpartum.

Karen
Karen was 30 years old at the time of interview. She was married, employed as an engineer, and had an 18 month old son. She described herself as having a Western European background.

Karen’s Experiences of Anxiety
Karen says that she noticed her anxiety for the first time at her son’s 2-month vaccination appointment. She described her anxiety as “mainly an inability to cope with situations that normally I would’ve – things that I could normally cope with…Mainly it was a very emotional reaction to things, just a complete crying meltdown that I would have.” Karen also attributed some of her difficulties to increased stress in other areas of her life at the time that she had her son. She was having renovations done to her home, and she and her husband were not living at home for the first 6 weeks after the birth. She felt that her distress largely dissipated by the time she took her son for his next set of vaccinations at 4 months postpartum.

Natasha
Natasha had the youngest child of the women I interviewed. She was 28 years old at the time of interview and had a 5.5 month old son. She was married, and a graduate student in the area of education. She was born in Japan, moved to Vancouver as a child, and then moved again recently to the United States with
her husband. She agreed to participate in an interview while she was visiting friends and family in Vancouver.

Natasha's Experiences of Anxiety

Natasha described having suffered from some depression prior to pregnancy. For the first 2 weeks postpartum, her parents were in town, and while Natasha reported feeling “a little bit stressed out” at that time, she says that she found having her parents with her to be very helpful. However, when her parents left, things became more difficult. She explained that the most stressful time for her was at approximately 1 month postpartum when her husband was out of town for 5 or 6 days. Natasha was alone for about a day and a half before her mother-in-law arrived early for a planned visit. She reported: “even though it was only a day and a half, I was very stressed out and I was feeling very overwhelmed.” At the time of interview, 5.5 months postpartum, Natasha stated that she was becoming more comfortable caring for her son.

Analysis of the Biographies

In this section, I outline the main themes I found to be common across the interviews in my analysis. The five broad thematic classifications explored are: (a) anxiety, (b) expectations of a new mother, (c) issues of support, (d) societal scripts of motherhood, and (e) the transition.

Anxiety

I began each interview by asking the participants to describe to me their experiences of anxiety. The themes that developed from these narratives are: (a)
physical symptoms of anxiety, (b) emotional symptoms of anxiety, (c) cognitive symptoms of anxiety, and (d) context of anxiety.

**Physical Symptoms of Anxiety**

Participants described physical symptoms of anxiety such as having panic attacks, breathing difficulties, headaches, over-arousal, being tired, and appetite changes. See Table 3.

**Emotional Symptoms of Anxiety**

Participants described emotional symptoms of anxiety such as upset, overreaction, anger, rage, frustration, and crying. See Table 3.

**Cognitive Symptoms of Anxiety**

Participants described cognitive symptoms of anxiety such as rigidity, worry, dissociation, and over-concern about their babies. See Table 3.
Table 3

**Symptoms of Anxiety.**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Breathing difficulties”</td>
<td>• “overreacted”</td>
<td>• “mental block”</td>
</tr>
<tr>
<td>• “Panic attacks”</td>
<td>• “rage”</td>
<td>• “Worry”</td>
</tr>
<tr>
<td>• Body “shut down”</td>
<td>• “anger”</td>
<td>• Decreased ability to “perform rationally”</td>
</tr>
<tr>
<td>• “really tired”</td>
<td>• “silencing myself”</td>
<td>• “Dissociation”</td>
</tr>
<tr>
<td>• “aches”</td>
<td>• “darkness”</td>
<td></td>
</tr>
<tr>
<td>• “change in appetite”</td>
<td>• “inability to cope”</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td>tears</td>
<td></td>
</tr>
<tr>
<td>• “over-aroused”</td>
<td>• “upset”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “frustration”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “crying meltdown”</td>
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</tbody>
</table>

**Context of Anxiety**

Participants described the contexts within which their experiences of anxiety were embedded. Many of the participants felt that having an infant with a medical issue (such as low birth weight or colic) or “high needs” contributed to their experiences of anxiety. Amber comments:

I would say, you know, worry about her being some kind of psychotic baby, having some health issues, worrying about why she’s crying so much. And then worry about whether of not I’m going to be able to tolerate
it, for how long. And just gotta keep her quiet, like I just have to keep the baby quiet.

From this example we see that having an infant with high needs not only resulted in more work for Amber, but also in more worry and distress.

Several participants also mentioned their own physical health issues as contributing to their experiences of anxiety. Celine explained:

I’m not getting any sleep, and I’m not eating very well, and I’m not resting enough. And I’m not healing very well, there are wounds. I even had surgery in the third month…So there were a lot of discomfort physically and it takes a lot of strength to deal with.

Sleep deprivation, being ill and being in pain were often triggers for instances of heightened anxiety for several of the participants. When they themselves were feeling physically unwell, they found it more difficult to manage the stressors associated with mothering.

Expectations of a New Mother

Participants described the expectations they had for themselves as new mothers. These expectations centred around five main themes: (a) preparation for motherhood, (b) cognitive versus experiential knowledge, (c) appearance, (d) birth, joy and bonding, and (e) comparing self to other mothers and to own expectations.
Preparation

Participants described the types of tasks they felt constituted preparation for motherhood, and which of these tasks they chose to undertake. Two main types of preparation were identified: information gathering and expectation setting. Several participants expressed that they had not engaged in many of the tasks they perceived as preparatory tasks for the transition to parenthood such as reading books, researching parenting issues and setting definable expectations. Karen explained:

I actually didn't read much on parenting. I read books, I read one on child brain development, about how the child's brain develops over the first 2 years, and that was a book. And I started to read *What to Expect in the First Year* but I found that as bad as *What to Expect When You're Expecting* which is a book that is good for about 3 months and then it just gets really repetitive. So I was interested in his development rather than parenting because I guess, having no expectations, I didn't really have a plan.

Although Karen did read several books to help her learn to care for her son, she felt as though she had not set expectations and therefore did not have a plan. Celine, Alyssa and Natasha also expressed that they did less research and preparation than they imagine other expectant mothers do. However, all of the participants except Amber spontaneously reported having read *What to Expect When You’re Expecting*, and several also mentioned reading other books or conducting internet searches.
Cognitive Versus Experiential Knowledge

Many participants expressed that it is difficult to assimilate information about the transition to motherhood before experiencing that transition oneself. Participants drew distinctions between knowledge that comes from books and observations of other mothers versus knowledge that comes from engaging in the act of mothering. Natasha explained:

It’s not like a superhero power that just comes to you when you’re exposed to radioactive waste or something…on one hand you can try to be prepared, you read books, you can talk to other moms and be informed but on the other hand you really can’t be prepared because each person, each mom is different and each child is different.

Similarly, Karen explained that “you have no idea until it happens how much your life will change. You can think you know, you can intellectualize what’s going to happen, but you have no idea.” There appears to exist a gap between what you can know about mothering ahead of time and what you can know after becoming a mother yourself.

Appearance

Many of the participants identified that they expected there would be little change to their appearance when becoming a new mother, or that they would return to “normal” quickly after birth. Karen stated that before she had her son, she thought moms should look:
A whole lot more put together than I did! They should, like, be dressed by noon. I think again it comes to the – you know, you have this time on your hands and you’re going to look good. Well maybe not good but not maybe just totally as exhausted…So yeah, I didn’t expect it to change, I didn’t expect it to be any different than before, and that was very, very wrong.

All of the participants who commented on their expectations about how new mothers should look found that those expectations were not borne out. However, none of the participants expressed much distress at this mismatch between expectation and reality in their interviews.

**Birth, Joy and Bonding**

Several participants expressed that there was a mismatch between their expectations of joy and bonding and their actual experiences. Although the participants expected to feel joyous about being new mothers, many found that they were not, or that their joy was overtaken by the difficulties they were experiencing during the early stages of the transition. As Amber explained, “you have this screaming, wiggly, slimy little thing that you can’t even – there’s no connection between you. I had no connection, it was just my responsibility.”

Many participants expressed that they also expected to feel bonded with their infants right away, but found that it took several months to really feel a bond growing. Elise explained that “that bond was the result of hard work. When my daughter came out, I loved her but I hadn’t yet fallen in love with her, and that falling in love is a process. And it continues to be nurtured.” Several participants
expressed that the mismatch between their expectations of joy and bonding and their actual experiences caused them distress.

_Compiling Self to Others and to Own Expectations_

Several participants compared themselves to other mothers and/or to their expectations of themselves. Participants spoke of other mothers they have seen, such as their own mothers, sisters, friends and acquaintances whom they felt managed the tasks and responsibilities of mothering better than they did themselves. Alyssa stated that “the voice of your mother in your head, like what they did and what their experience was I think is a big thing.” She said that her mother and other mothers she had seen could manage, so:

Why can’t I? Yeah. And that she had no help, whereas I have this amazing husband who really helps, and I can’t do anything. Like I did not make a single meal, I didn’t do groceries, like literally nothing until after my son was 6 months old … I guess I thought “yeah, I’m not expecting myself to do what my mom did,” but at the end of that there was always still a “but.” Or “the other mothers that I know managed to make dinner every night, why can’t I?”

In comparing herself to her mother and the other mothers she saw, Alyssa became very critical of herself.

Several participants also expressed that they had expected themselves to perform better in their role as new mother than they felt they actually did. For instance, Amber stated:

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Well, I definitely thought [new mothers] should be confident and competent. I didn’t realize all the learning that… the stuff that wouldn’t come naturally or that stuff wasn’t easy. So, you fail like constantly in the first year, you’re just doing everything wrong, really.

Alyssa echoed this statement, saying “you have this little tiny person who’s complaining at you like non-stop, very very loudly. You just feel like a total failure, and you’re obviously doing something wrong.” As with comparisons of themselves to other mothers, Amber and Alyssa thought that they were failing or falling short when they measured themselves against their own expectations. Similarly, Karen stated that her expectations about how she would cope with the transition to motherhood were not borne out. “I expected myself to cope better. And I didn’t expect to be so dependent on others and that made it all the harder.” Karen’s statement indicates that it was not only how well she thought she was performing the tasks of mothering, but also how she thought she coped that led to her self-criticism.

Issues of Support

Many of the participants described issues of inadequate and/or inappropriate support. This category includes: (a) health professionals, (b) husband, (c) family and friends, and (d) feeling alone.

Health Professionals

Several participants expressed that they did not get the amount and/or type of support they thought they needed from the healthcare system. They
asserted that their doctors did not ask the right questions to determine that they were struggling and/or that they thought that their concerns were not addressed appropriately when they did come to light. Elise explained that when she went to see her doctor because her emotions during the postpartum were very different from anything she had experienced before, she says “he kind of heard my stories and said ‘well you’re not depressed, so you’ll figure it out, it’ll sort itself out in a couple of days or a couple of weeks or however long it’s going to take.’” So, she thought that she was not supported by her family physician. Similarly, Alyssa stated:

that still annoys me too that my family doctor had no idea and didn’t ask...So it had to be me who eventually said I really wasn’t doing well and can you refer me to a psychiatrist so it doesn't happen again in the future... And when I said my baby was crying all the time, she said it was colic. And she kind of jokingly said “don't throw the baby out the window,” and I just thought that was kind of dumb. Like, I mean, I understand why she said that, but it wasn’t really like “oh, how are you?” It was like a fait accompli that it was going to be really hard and like I can handle it with one off-hand joke. Like ok, it’s all fine, I’m not going to throw the baby out the window.

This type of reaction from health professionals resulted in participants feeling frustrated and angry that it appeared their concerns were not being heard or valued. Furthermore, a possible effect of feeling dismissed by healthcare
professionals is further erosion of the participants’ confidence in trusting their own experiences.

**Husband**

*Lack of appropriate support*

Several participants expressed that they thought they did not receive appropriate support from their husbands. Elise said:

I also really thought that my husband would play a more active role … so I had this feeling that I was responsible but I had this other idea that my husband was still going to be there for me. And I think that was a real major let down.

Although most of the participants expressed that they believed their husbands were trying to be supportive, they did not actually feel supported. Celine stated:

I felt trapped. That would be the word - even though she’s really cute. My husband had his paternity leave, but he scheduled something else while he’s taking his paternity leave. We had a bunch of family visits during that time. I was really mad at him because the meaning of paternity leave isn’t you taking vacation or allowing the family to visit us. It’s we need to rest, and take time to change our pace. So I was really mad.

Furthermore, several participants expressed that they had expected a more equitable division of labour in caring for their infants than what they actually experienced, and that this led them to become frustrated and angry.
Strain on marital relationship

A couple of participants expressed that the transition to parenthood had placed unexpected strain on their marital relationships. Karen mentioned that a factor that contributed to this strain was both her and her husband feeling as though they did not know what to do to soothe their son. Elise mentioned how adding a third person to the family changed her relationship with her husband, and spoke about the effects of having a child on their sexual relationship.

Family and Friends

Three of the six participants expressed that the amount and/or type of support that they received from family and friends was inadequate and/or inappropriate. Amber, referring to the difficulties she experienced in the postpartum, said:

I had very close friends that I felt I couldn’t say that to. I mean I even had people give me a buck-up buckaroo kind of talk…Or not actually believing you actually have postpartum. Unless some kind of psychiatrist has diagnosed that they’re not going to believe you.

Similarly, Alyssa stated:

My best friends were worried about me, they definitely were, but it was in a negative way. I thought it was not constructive. They didn’t know what it was like to have kids. It was more of the “something’s wrong with you but can’t you just get out of it?” type of thing.
Rather than feeling supported by those in their social networks, it seems that Amber and Alyssa felt more criticized or dismissed.

Some participants also identified that they had wanted their families and friends to be more involved. For instance, Amber stated “I am a single mom, and my mom was my support person and she wasn’t being very supportive. So I did not have any support really at all.” Conversely, Celine expressed that although there were many family members present during the early postpartum period, she felt burdened rather than supported by their presence. She states that this is because “they’re not really support people. They give you a whole bunch of opinions and ideas and advice. That’s not what I need at that time. I believe that’s not what most moms need at the time.” Celine found having her extended family visiting during the early postpartum period stressful, in part due to their advice-giving, and thought that it was easier to manage caring for her daughter once they were gone.

Feeling Alone

Many of the participants expressed that they had experienced feelings of general loneliness and isolation during the initial postpartum period. Alyssa stated “I had my husband, and I had a lot of friends. But the new mother thing, unless you have a lot of new mother friends, is really isolating.” Elise stated that she was “feeling alone I guess, not isolation – there were all these people there but I felt really alone in what I was struggling with. And although I shared it with people I got the feeling that they didn’t really grasp what was happening.” These quotes suggest that it was not only a physical or social isolation that the
participants experienced, but that they thought they were alone in dealing with
the struggles they were having in the transition to mothering. Elise went on to
express that she lacked normalization of her experience:

I pretty much got shot down by my family doctor, the community nurse
was somewhat more supportive but in a limited capacity, and there really
was no one else. Like there was never a suggestion to go see a
counsellor. So I thought this must be normal and I must have to deal with
this by myself.

Not having anyone to normalize her experience compounded Elise’s feelings of
being alone in managing her difficulties.

Societal Scripts of Motherhood

This category includes participant descriptions of how they perceive the
messaging about motherhood that is embedded in North American society.
Themes included in this category are: (a) media representations of motherhood,
(b) myths of motherhood, (c) pressure to conform to societal expectations, (d)
gender, (e) class, and (f) ethnicity and culture of origin.

Media Representations of Motherhood

All six of the women interviewed identified that they thought that images of
new mothers were absent, and/or that they felt unable to relate to the images of
new mothers presented in the media. Addressing the lack of mother images in
the media, Alyssa said:
I can’t think of any realistic, or even non-realistic, I can’t think of seeing that many portrayals of the first beginning of motherhood in the media or in the movies…I think it’s just an absence of information. So you just assume that you have a baby but you’re still yourself, your pre-baby self. So I think it’s really just a total absence of information.

Natasha asserted that although she could identify several representations of mothers in the television shows she had seen, she said “in many ways I feel like I can’t really relate to these people I see on television and in movies because, I don’t know, I don’t think they really- I don’t think they’re really like me at all.” In the media representations that she identified, portrayals of motherhood were idealized:

At the end of the episode after 22 minutes or whatnot, everyone’s happy and everything is back to the way it’s supposed to be and no one is really hurt. I find that in a lot of sitcoms, not just *Friends* but other sitcoms, children are there, especially little babies are there just to add bulk to the story.

Several participants identified that popular media such as television shows and advertisements show new motherhood as being easier and less time consuming than it is in reality. Karen said:

They just don’t show that you can spend a full morning not actually getting downstairs. Just, like the time consumption. It’s the idea that you put the
baby in the crib and you walk away and off you go and do other things. It
doesn’t work out like that.

For Amber, this perceived misrepresentation of mothering in the media led to
feelings of anger:

Oh yeah, I was angry at the media. Yeah…that they weren’t depicting it
correctly. That our whole culture was a conspiracy. I was like “who’s
making these, who’s doin’ that?!” That’s how I kinda thought at the time.
And why do we watch it? And why do we like it?

Elise spoke about her frustration at a particular advertisement she had seen on
television that depicted the mother as an octopus handling several tasks at once
with her many arms:

There’s an ad on TV for some sort of air freshener, and it’s an octopus
and one arm is ironing, one arm is vacuuming and the other arm is rocking
the cradle. And it’s probably really close to how society thinks we should
be…every time I see that commercial it strikes a cord with me because I
look at it and think “like how freakin’ farce is that?” Like first of all, we’re
not octopuses with eight hands, and yet you expect us to be. Yeah, I don’t
like that ad so much. But there’s something in there, right, there’s
something that says, well if you’re not doing all this stuff, what are you
doing? Are you watching soap operas all day? Right? It couldn’t possibly
be that you’ve been running after your child for eight hours and you’re
friggin’ exhausted.
This quote demonstrates how the messages implied in media representations of motherhood can lead to self-criticism. Furthermore, Elise explained how such representations are insidious and interact with expectations of the self, leading to increased anxiety:

   So there’s lifelong expectations and there’s *Leave it to Beaver* and there’s my mother and all those things sort of build up and while I don’t consciously think “Oh, I have to be like Mrs. Cleaver today and iron my dress,” it’s still in there somewhere, that’s what influence is. I mean you’re kind of bombarded by it. And so all of those expectations, when they’re not being lived out, which was my experience, then that directly affects the anxiety level.

Although several participants asserted that they are not very affected by, or that they do not engage very much with media, this quote implies that much of the media messaging we take in is ingrained in our expectations of ourselves. It also demonstrates one way that media representations, expectations of the self, self-criticism and anxiety might interact.

   It seems that the portrayals of new mothers that the study participants noticed in the media were either idealized as discussed above, or conversely they were very negative. Some participants spoke about the prevalence of negative representations of mothers they saw in the news media, such as stories about infanticide or filicide. Also, Celine expressed that many of the Taiwanese shows that she watched presented images of single mothers who were
struggling, and who cried a lot. However, for all participants, representations of experiences that lie between these extremes appear to be scarce.

*The Myths of Motherhood*

Several participants expressed that they think that there is a taboo about discussing the difficult issues of the transition to motherhood, and that the "ugly stuff" is not talked about in our society. Karen stated that:

> What you see of people when they’re out with their child is that they’re a united family. But obviously you don’t see the inner workings. And I find now having been through the experience and talking to friends, they’ve had a similar experience, but you just don’t see that because it’s not something, with your limited social engagements that you talk about— the hardships.

Elise echoed this statement and spoke about the stigma attached to admitting that you are struggling:

> It’s almost like the secret society, you know what I mean? And because our society says you’re supposed to be perfect and motherhood is natural, there’s no way we’re gonna put ourselves out there and say “uh, I’m not normal.” Right, like there’s just no way.

Participants discussed how this idealized display led to feelings of anger and frustration about being led to think their experiences of motherhood would be more pleasant than they actually were. Amber stated:
We do forget, though. I remember my mom saying to me “well I can’t remember, I can’t remember the first year.” And I was like “what the hell?” like I was so mad at her for saying that she couldn’t remember. I was like, “I’m never gonna forget this! This is the worst thing that’s happened to me, and a lot of bad things have happened to me…” but, you know, if I wasn’t in this situation to talk about it and even talking about it a year and a half later when I’m doing sort of ok, a lot of stuff has already gone through the cracks, it’s already gone into the oblivion. Yeah, there’s a weird thing that happens where you forget and maybe that’s part of why we don’t talk about it so much. And maybe that’s why there’s a bit of a gap.

Here, Amber suggested that mothers end up contributing to this motherhood myth themselves because they forget what the early postpartum period was like once they are coping better.

*Pressure to Conform to Societal Expectations*

All six of the participants spoke about the pressure they felt to do things the “right” way, according to society’s standards. Several participants described feeling judged on their mothering skills and attributes. For instance, when Celine’s baby began to lose weight, she worried that she would be blamed and feared the consequences:

I thought that they would just grow up. I didn’t think that she would shrink in the first three days. And the nurse that came to our house made us
really nervous…Yeah, she made me feel that she was going to take my baby away if her weight didn’t increase.

It seems that even first-time mothers feel that it is expected that they will have knowledge and skill in the domain of mothering.

Natasha expressed that she was concerned not only about how she would be perceived as a mother, but also how her son would be perceived:

There are some things that I wouldn’t share with my friends or other family members because I’m afraid of how they perceive me as a mom…I guess I want other people to see me as a good mother and my child as a good boy.

It seems that the children’s attributes and behaviour might be used as a basis to judge their mothers.

Some of the participants felt that they were not only judged on their mothering skills, but also criticized for the life choices they made. Elise said:

there was a huge amount of pressure to get it right, and there still is…even now, 3 years into transitioning into parenthood there are still these sort of judgmental views that we come across that say you should absolutely know what you’re doing, especially now. Like, you’ve had 3 years to practice, why are you still floundering? And yes, you are a mother, so yes you should have your shit together. And the very first thing that most people say, when I- if I were to tell them about being tired and
not having enough time for- absolutely the first sacrifice should be school, every time. “Why are you doing that, you’re a mother now. You’ve got your priorities in the wrong place.” So there’s a lot of that.

Elise’s choice to remain a student while also becoming a mother was criticized, and the support and sympathy that might otherwise have been afforded to her was withdrawn because she was seen by some as not doing what was best for her daughter.

Alyssa spoke about the pressure placed on new mothers to breastfeed exclusively. She stated:

I think there’s a real sense of women these days at least, at least more educated women that you’re a bad mother if you don’t breastfeed exclusively, and that your child’s going to be harmed. And it’s not true…if I had allowed my husband to give him a bottle and I go to sleep, that would have solved a lot of problems, but I just felt like I couldn’t do that.

Although Alyssa thought that having her husband sometimes bottle-feed their son would have alleviated some of the problems she experienced, she felt pressured to do what was seen as best for her baby without consideration of her own well-being. Elise also felt pressured to breastfeed, and experienced criticism when she had difficulties breastfeeding. She stated:

It would have been nice to know that breastmilk sometimes doesn’t come in, and that that’s not a natural thing either and not to put so much freakin’ pressure on. Like that was really, like- man, I walked away hating some of
those nurses. Just because it was so expected. And there was a lot of shame around- like if you even thought you weren’t going to do that, there was huge guilting around that. And the fact that it wasn’t coming in was like “why isn’t it coming in? Are you stressed? Well you shouldn’t be so stressed because that’s what stops your milk.” Well, like “thanks, you bag.” (laughs). Like, there’s some unresolved anger there too. So that was like hugely not helpful. So it would have been better to have known that it’s ok and that there are other options and that all of the other options are ok.

From this quote, we see that not conforming to societal standards can lead to guilt and shame among new mothers, even when the reasons for not conforming are outside of the woman’s control.

The topic of breastfeeding brought up other issues as well. Although several participants indicated that they felt they were expected to breastfeed exclusively (and therefore every few hours), they also felt that societal norms dictate that breastfeeding should not be done in public spheres. Karen said:

That’s something that you don’t see a lot of is women nursing their children…The whole idea that you shield yourself and you make everybody else happy but yourself because you can’t see your child, your child’s smothered with a blanket. It’s like, you know that is one thing that you just, yeah, you magically nurse your child every 2 to 3 hours, but no one ever sees it happen. It just happens somewhere…I’ve actually had
people offer to leave the house when I was nursing even though at the
time I was like completely covered up.

The competing expectations of exclusive breastfeeding and breastfeeding as a
private act place new mothers in a position where they are likely to encounter
criticism about their breastfeeding choices, no matter which choices they make.

**Gender**

All of the participants expressed that they thought that there is a gender
imbalance in the tasks and responsibilities of parenthood. Karen described the
societal expectation that mothers act as the primary caregivers for their children,
and the unequal division of labour she thought there was between her and her
husband:

As a mother, and as a female, there’s an expectation that if you’re there,
you’re in charge and you’ll take care. And it’s with my husband, but it’s
also with everyone else. Like if we go out, I’m the default carer for our son,
and it always was that way….and I was really surprised because I had-
like, I’m the breadwinner in our family, I’m used to a much more equitable
division. And when our son came along, it was like there was no equity,
there was no even attempt at equity. It was like “you do everything and
then let me know if you need my help.” And I had this- we had huge
arguments over this word “help.” Like you’re not helping me, it’s your job.
You’re the other half of this parenting. You know, you should be there, it’s
not babysitting when you take care of him, it’s parenting. And I’ve noticed
that everyone’s expectation is that I’ll just do everything and give up everything.

Elise echoed Karen’s assertion that as the mother, she is expected to be the main caregiver, and pointed out that fathers are not expected to have the same parenting skills and knowledge that mothers are expected to have:

Absolutely guaranteed when he doesn’t feel like it I pick up the slack every single time. And so that’s what I mean about being fully responsible because even when he does it, I’m still overseeing that, I’m still making sure it gets done and I’m still checking, making sure she’s in bed with her pyjamas on…and it’s completely acceptable for them not to know how to change a diaper and not to know how to warm up a bottle and not to know how to wrap them up so they’re nice and tightly bundled before bed. Like, it’s absolutely acceptable for him not to know any of that, and absolutely expected that I would right from the get-go.

This quote indicates that it is not only the division of tasks that is at issue, but an overall responsibility. Similarly, Alyssa stated:

My ideas about motherhood now are that you’re it, like you’re the primary person responsible for your kids. And even if you have a partner, you have support or whatever, the buck stops with you. And it’s just such an awesome responsibility. I really — I thought there’d be much more equality in it. And my husband is amazing — he’s a total Mr. Mom. He’s more maternal than I am in a lot of ways. He does the cooking, the laundry, like
I have it really easy. But still, I'm the mother. And that's something, it's really overwhelming. If I think about it, it's not equal, that men and women aren't the same.

Natasha expressed that it was in the first few weeks postpartum when she was breastfeeding a lot that she really started to feel gender inequalities in parenthood:

For those weeks, I was the primary caregiver at least from my perspective and I just felt this big huge weight on me. For the first time I felt it was unfair that I was the woman and I'm the mom so I have to stay with the baby and feed him every 2 hours. I just felt this "life is so unfair and there's nothing I can do about it."

There is a striking sense of hopelessness in Natasha's last statement that "life is so unfair and there's nothing [she] can do about it." This sense of hopelessness ran through several of the participants' narratives.

Alyssa asserted that the educational materials that are readily available to fathers have a different tone from those that are intended for mothers:

The ones for dads...actually talk more about psychological issues than the women's ones do. Actually, that's really interesting. Come to think of it, the books my husband had talked about like dads can be concerned about making money, or- I think because it's less concerned with the like nitty-gritty of taking care of a baby, that the attention was on what the transition
to fatherhood was like. Whereas the books mothers read are like technical parenting baby-care books.

This implies that women are expected to learn how to perform the tasks of caring for their infants and perhaps due to the assumption that mothering is natural, these texts do not address the emotional aspects of the transition to motherhood. A possible interpretation of this difference in parenting books is that participating in active parenting is assumed to be foreign for men.

Alyssa also addressed the issue of gender in parenting with regards to what we learn from previous generations:

Your role models – a lot of men in our generation, their fathers weren’t as active and involved. So I don’t think they have high expectations of themselves. I think if anything, if they’re doing a lot of domestic stuff, they feel proud because they’re doing so much more than their fathers in that way. Whereas for women- for our current generation- our mothers’ generation really did everything. They worked and they did everything at home for the most part.

This implies that women comparing themselves to their mothers’ generation are likely to find themselves falling short while men comparing themselves to their fathers might feel that they excel.
Social Class

Participants described aspects of mothering that they perceived as being more or less challenging depending on the social status of the new mother. Several participants mentioned that more affluent mothers would have increased access to various resources. For instance, they would have the means to hire help, to procure quality childcare, to make a “comfortable nest,” to buy better equipment, and to make use of community resources. A few participants also mentioned that being of a higher social class increases your options by allowing you to live in better neighbourhoods or to take time off from work.

The participants also identified challenges that might be associated with being of higher social standing. Amber identified that women of higher social class might have a harder time asking for help. Elise asserted that there might be more “teamwork” in less affluent families. Similarly, Alyssa explained that financial resources cannot replace social resources:

I think it helps if you have money to hire help. But I think you’re not necessarily better off if you have more money in terms of the fundamentals. If you have less money but you know a lot of women who are mothers and they help you out and you’re living in an environment where there’s a lot of sharing and stuff, then you could potentially fare better than a woman with a lot of money who’s isolated. And I guess obviously there could be a lot more anxiety for a mother who has to worry about the physical necessities for her kids... Social class almost always makes it easier in all ways except I guess the isolation factor. Yeah, like
even though we have healthcare, I think having the money gives you the luxury of having the time to access the resources.

It seems that these mothers, who generally identified themselves as being of middle-class, believe that higher social standing brings with it advantages with regards to accessing services, but does not address issues of isolation.

Culture

Participants described their perceptions of how race and culture of origin impact the experience of transitioning into motherhood. Celine spoke about special issues of cultural tensions and access to resources faced by immigrant mothers:

Cultural difference is one thing. You have to choose. I have to negotiate between Canadian cultural values and Taiwan cultural values. Language is one item that parents have to, that I have to decide. Even that decision encounters a lot of conflict....Not knowing what resources is available, not having a support group, dealing with cultural differences. Yeah, social network.

She also noted that immigrant women often have a lower socioeconomic status than non-immigrant women, and might therefore have less access to resources.

The four Caucasian participants spoke of the individualistic nature of North American society and how this contributes to feeling a lack of being supported through the transition to mothering. Alyssa said:
I think that another big factor is that families are spread out and it’s a very individualistic society where we don’t see a lot of childbirth, or new babies, where it’s not a part of our culture…It’s just not normal, like it’s common, but it’s not a normal thing for us. Which is so weird that it’s not. We have to create these artificial groups of women to have a sense of commonality, whereas it should be the most natural thing in the world. But it’s not.

The belief among the Caucasian participants appears to be a perception of more support for new mothers among other cultural groups, and that this can ease the transition to motherhood.

*The Transition*

Participants spoke of becoming mothers as being an ongoing transition rather than a discrete event. The participants all expressed that the experience of this transition changes with time and that they now feel increased comfort in the role of “mother.” This category includes: (a) overwhelm, (b) what helped, (c) self care, and (d) this point in the transition.

*Overwhelm*

All of the participants expressed feeling overwhelmed in the early postpartum. This sense of overwhelm seemed to centre around the tasks and time consumption of mothering, as well as a significant burden of responsibility. Amber described what it was like to go for a walk with her baby:
You would get so far from your house and then your baby would lose it on you. And you’d breastfeed it but as soon as you put it back in the stroller it would be screaming. It would have a meltdown, and you would have to go from wherever the hell you were, you could not get home that fast. So the walk home was awful, that would just be awful trying to make your way back home. Because when a baby’s screaming at you like that can’t do anything right. Like you try to get your keys, your keys fall on the ground. You know, and things will just continuously just go down, down, down, down because that baby’s screaming at you. And it hits you right in your heart in your soul, ‘cause it’s your baby. I remember thinking, like, ‘cause I must have been watching some news about something happening in Iraq - about that torture thing that was going on or whatever. And I was like they should just put them in a cell with a baby (laughs). Like that would drive them crazy! You know, it’s so true, it drives you crazy. Like, I would come home from a walk with her, just perspiration beading on my forehead.

Amber also described feeling a sense of “overwhelming responsibility,” and Karen described motherhood as “a job you can’t go home from.” Several participants also expressed that now, after having experienced such overwhelm and distress in the early postpartum, they could relate to those mothers who abandon or hurt their children.
What Helped

Participants described what they found helpful in managing the distress they experienced in the transition to mothering. Several participants expressed that what was most helpful to them was engaging with a community of other mothers. Amber said:

That was the best thing that ever happened to me…that worked well for me because I was in a group setting, I found other people that were also not experiencing the joys of mothering and they were watching out for me. I suddenly felt like I was being looked after, watched out for too. Because I knew I was too angry, and I didn’t think I would ever hurt my child, but I wasn’t really sure how bad it could get. So once I was there, I knew they were keeping tabs.

Natasha shared that she did not take part in any mothers’ groups, but that talking to some other women with children who shared her experiences of feeling overwhelmed in the early postpartum period normalized her experience. She also found that keeping herself busy with school helped her manage the transition, because it gave her a break from the overwhelm she experienced in caring for her son. A further interpretation of this is that keeping her role as a student allowed Natasha to retain some of her previous identity and to not be solely defined by her mother role.
Self Care

Several of the participants interviewed expressed that they had not known how to take care of themselves and engage in self-care during the early postpartum period. Alyssa said about self care:

And, like, what does that mean? Because when I heard that before having a baby I thought that meant people wanted you to get a massage, or make sure you exercise. But I did get exercise - I got if anything too much exercise. But I didn’t get sleep. But I couldn’t recognize that for me, taking care of myself meant sleep.

The participants expressed the importance of mothers navigating the transition to motherhood learning to care for themselves, and several of the participants also stressed the need to feel that they were deserving of self-care. Amber stated: “self care’s huge. You have to know how to do it, first. And you have to feel ok about getting it. You have to feel like you have the right, you deserve it.” Celine echoed this, and expressed the importance of valuing the mother’s well-being as well as the baby’s:

I would say you have to take care of yourself first. Because it’s not just about your child, it’s about you as well, that’s what I would say. So do a lot of self care, and know how to do self-care. Take care of yourself every week...It’s very limited when it comes to postpartum self care. You can’t read, you can’t sleep very long. You can’t really go watch a movie,
because your baby needs to eat every 2 hours…The mom is more of a priority after the baby comes and often gets neglected very, very easily.

There is a sense in these quotations that self-care needs to be negotiated around the more highly prioritized needs of the baby. Furthermore, learning how to take care of oneself in the postpartum is difficult since many of the ways these women previously knew how to engage in self-care are no longer possible.

Further Along in the Transition

Participants described how things have changed for them now that they have been mothers for a while. All of the participants expressed that managing the role of mother has become less distressing and overwhelming with time. Natasha said “I do feel a lot more comfortable with him right now, but at least at the beginning there were times when I felt like I just couldn’t understand what he wanted.”

Elise described motherhood as “the most unnatural joyous journey” and stressed the importance for her in becoming more comfortable with uncertainty:

And so I think if anything I’ve become comfortable with not knowing. And that’s probably been the biggest leap for me, where I thought I would intuitively know everything and you know, be a good mother and that would just happen, somehow (laughs). How did I think that would happen? But it’s ok now. Like, it’s ok to be uncertain and it’s ok to know that sometimes I don’t give her what she needs and she can accept a “sorry and I’ll try better next time.”
Several of the participants spoke about the rewards of motherhood that they are now experiencing. Amber stated that “now it’s so great, like it’s the best thing. Like I’m so filled with gratitude that I have her now.” Elise stated:

On an emotional level she’s an intense amount of work but she gives a hundred fold back, and so I’m always feeling that there’s an imbalance. And not that I don’t give her enough but just the overwhelming part of what I receive back in an emotional way. I mean, I would absolutely recommend it, it’s the best rollercoaster ride I’ve ever been on.

Conclusion

This chapter highlights the complexity in the range of emotions and experiences involved in the transition to motherhood. Although the women interviewed had different backgrounds and experiences, there were many commonalities in their stories. I have highlighted the differences and similarities between the stories, and made interpretations of their narratives based in a feminist perspective.
CHAPTER 5: DISCUSSION

In this chapter I link my thematic analyses of the participant narratives with relevant cultural texts and the current academic literature. I then discuss my own transition as the researcher, the contributions and limitations of the study, and suggestions for future research.

Experiences of Anxiety in the Transition to Motherhood and Sociocultural Perspectives

The purpose of this research was to come to a greater understanding of women’s experiences of anxiety in the postpartum, and what role popular culture and media might play in these experiences. In this section, I relate my interpretations of the participant narratives to the sociocultural literature and cultural texts, drawing from examples in popular media. The following three overarching themes were identified as relating the thematic categories in participants’ narratives and the literature: (a) societal scripts and norms, (b) mothering as work and (c) dimensions of distress in the postpartum. These themes are of course intricately tied together, but I will enter the circle by beginning with a discussion of societal scripts.

Societal Scripts and Norms

As mentioned previously, there are myriad sources of influence in our development of norms and expectations of motherhood, but to study them all is
impossible. I set out to look at the influence of popular culture on my participants' conceptions of motherhood. I was surprised to find that for my participants, direct influence from popular culture on their conceptions of motherhood did not seem to resonate. Several of the participants in the current study cited their own mothers and other mothers that they had seen as their role models and main sources of influence on the expectations that they had about motherhood. It should be noted that our experiences of our own mothers give us a limited picture of what it is to engage in mothering, tempered by the fact that we are children when bearing witness. In the case of other mothers, the picture is often limited to the scope of social or public enactments of the mother role.

The participants in my research often stated that they did not have many expectations of what motherhood would be like. For instance, when I asked Natasha about her expectations, she found it difficult to identify what her expectations had been and said “um, I don’t know – maybe I didn’t have that many expectations.” This is similar to Miller’s (2005) findings, but Miller notes that although many participants in her study stated that they did not have expectations of what pregnancy would be like, their narratives were clearly shaped in relation to cultural messages.

Although the women in this study did not identify popular cultural influences such as television and books as being significant in the development of their conceptions of motherhood, it seems that this influence is nonetheless pervasive and insidious. Douglas and Michaels (2004) make the case for the importance of media in particular as a form of cultural influence, asserting that
media portrayals can override other community norms or create new ones. Individuals living in a particular area will likely be affected by the newscasts, television shows, movies, magazines, radio and books that have been accessed by many people within that area, even if they had no direct exposure themselves.

Since beginning this research I have paid special attention to the portrayals of mothers in popular media and have been amazed, perplexed and ultimately dismayed by the prescriptive nature of the messages. The central messages that new mothers receive, as identified by the participants in this study as well as in the academic and popular literature, can easily be found in popular media such as television shows, movies, magazines, and newscasts. I use exemplars from popular media of some of the most pervasive of these messages to format this discussion.

Society’s Messages

“Moms Fight It Out”: Bad mothers versus good mothers

In the Law and Order, Special Victims Unit episode titled “Taboo” (DeNoon & Forney, 2006), the featured character Ella Christiansen is accused of having given birth to two babies, and abandoning them as infants. It comes to light that both babies were products of incest by her father. However, while there is an implication by some of the characters that her father holds moral responsibility for these crimes, it is the girl who suffers the legal (and I might add the bulk of the emotional) consequences. In the discussions of how the case should be treated there are competing viewpoints of the girl being ill and coerced by her father and the girl as a baby murdering monster.
A similar example pulled from North American news is the case of Andrea Yates who stood trial in 2002 for killing her children while suffering from postpartum psychosis. Much of Yates’ delusional material centred around her fitness as a mother, and she expressed during the trial that she felt she was a bad mother, not fit to raise her children, and that this led her to kill them (Christian & Teachey, 2002). Although the trial revealed that Yates was delusional at the time of the drownings, she was often vilified by the media. *Time* magazine painted a grisly picture of Yates:

> She had turned on the bathroom faucet to fill the porcelain tub and moved aside the shaggy mat to give herself traction for kneeling on the floor. It took a bit of work for her to chase down the last of the children; toward the end, she had a scuffle in the family room, sliding around on wet tile below a poster that proclaimed the epithets of Christ: SAVIOR, SHEPHERD, BISHOP OF SOULS. She dripped watery footprints from the tub to her bedroom, where she straightened the blankets around the kids in their pajamas once she was done with them (Roche, 2006, p. 1).

Yates and the fictional Christiansen both were severely mentally ill, but still bore the responsibility of caring for their children and being good mothers. In both the fictional and real cases, there was backlash about the proposed use of the insanity defence (as it is termed in the United States). Despite suffering from severe mental illness, lacking resources, and at least in the case of Christiansen, coercion by a beloved man in her life (who was in a role of expected support),
these women were still held responsible by much of the media and the public for not being able to ensure their own wellbeing and that of their children.

This is in stark contrast to the celebrity “good” mothers presented in magazines such as Hello, Canada which in the Summer 2009 issue featured a story about Julia Roberts, headlining “How she wrote her own happy ending” (Taraborrelli, 2009). In the article, which is written drawing heavily on fairy tale language, Roberts explains that she has recently been stepping out of the spotlight to focus on caring for her three children, and extols the virtues of motherhood. The photos that accompany the article show Roberts, svelte in a “tiny green polka dot bikini” (p. 67), playing with her children on the beach and being affectionate with her husband. Roberts references another celebrity super mom, Angelina Jolie, saying “if Angelina Jolie can do it with six kids, I can sure do it with three” (p. 66). Both of these women are presented as the ideal for which to strive. They are committed parents who are partnered, have access to ample resources, are at ease at home and in the spotlight, and are beautiful and put-together.

There appears to be little representation of the majority of mothers, who fall somewhere between these polarities of Yates and Roberts. Although sensationalizing of these extremes makes for interesting headlines, these stories do not reflect reality for most women and in fact devalue mothers. Marotta (2005) asserts that this division of mothers into categories of good and bad is a social construction which we now seem to accept as normal, and perhaps even inevitable. However, she states that this creates norms for mothers which have
little to do with the real lives of mothers, and feeds public scrutiny which in turn focuses on changing individual mothers instead of the conditions or status of mothers in general. Even those television programs which feature everyday mothers often reinforce this dichotomization. In 2008, the Tyra Banks show physically split their audience for their show titled “Moms Fight It Out” to have “working mothers” and “stay at home mothers” sitting in different sections for a debate on who makes better mothers (Leonardo & Zimmer, 2008).

Rivers states that in the news media, individual women are depicted as archetypes for their entire gender, whereas this very rarely happens with men. Rivers believes that what women need to make their life choices is robust nonideological information, but that this “would not be very sexy. Mommy Wars, Women Who Can’t Have It All, phony revolutions, Dangerous Moms, and Crazy Moms make much better copy” (p. 66).

Women of lower privilege and societal status are not often cast as good mothers. It is also important to note that dominant mothering discourse is differentially taken up by women of different status needs and social groups (Litt, 2000). In my interviews with the women who agreed to participate in my research, the discussions about how social class and race might affect the transition to motherhood were quite short and surface-level. For instance, when I asked Karen about how social class might affect a woman’s transition to motherhood, she stated:
I don’t know that it does. I was going to say more like the idea that you’d have your child and just go back to work, like just deal with it. But I don’t think that’s about social class. I don’t really have an answer for that one.

The women seemed to have trouble identifying the impact of privilege on this significant life event. This is not surprising to me since it was not until I began reading literature about mothering by authors of varied social class and races that I began to understand the significant impact of a new mother’s positionalities. Although I have come to a greater understanding of these issues through my review of the literature, I also recognize that I occupy roles of privilege being a white, middle-class, well-educated woman who was born and raised in the city in which I now live. This likely blinds me to many of the issues faced by women who occupy other positionalities than my own.

“See your friend’s wife’s breast sticking out—why would that make me uncomfortable?”: Breastfeeding in public

In an episode of the very popular television show Seinfeld, Jerry Seinfeld and Elaine Benes visit their friends in hospital after the birth of their child. The mother is breastfeeding, and the father says “this doesn’t make you uncomfortable, does it?” Jerry responds “see your friend’s wife’s breast sticking out - why would that make me uncomfortable?” (Charles & Cherones, 1993). This is indicative of a discomfort with public breastfeeding in our society, as several of the participants in my study also mentioned. For instance, Karen stated about breastfeeding that it is “something that you don’t see a lot of is women nursing
their children. It’s seen as like this hippy-like rebellion if you do it.” Gatrell (2008) states that:

At present, the pressures on mothers to breastfeed their babies are intense. Breastfeeding is regarded by health services as part of the work involved in ‘good’ mothering as it is considered to provide the best infant nourishment available….This means that mothers are likely to be the subject of opprobrium if they do not breastfeed, but that they are equally likely to experience overt criticism if they perform the work of breastfeeding anywhere other than within the home (pp. 89-90).

Longhurst (2008) further asserts that there is a disjuncture between the breast as a vehicle for sexual pleasure and the breast as a vehicle for nurturing infants that leads many women to feel uncomfortable about breastfeeding in public spaces. Women choosing to breastfeed might have to contend with several areas of potential discomfort for them: discomfort with displaying their bodies, having few role models of public breastfeeding behaviour, as well as the discomfort of others.

“Because moms just know”: Mothering as natural

Recently, there was an advertisement for Cheerios on television that depicted a pregnant woman sitting at the breakfast table with her daughter. The daughter places a whole wheat Cheerio on her mother’s belly and tells to her unborn sibling that this is to help her/him get bigger. The narrator then gives some information about the cereal and the advertisement ends with the
statement “because moms just know.” The questions that arise for me when I have seen this commercial are: what do moms know? How do they know it? Do dads just know too? And finally, how is any of this relevant to Cheerios?

I believe that the message inherent in that line of script is that mothering is natural. Mothers simply know what they need to know for the healthy and happy development of their children. Many of the participants in my study echoed this message, stating that there is an expectation in our society that mothering is simply natural. Elise commented that “everyone says motherhood is the most natural thing in the world, but I said to her it’s actually not. It’s the most foreign thing I have ever done in my entire life.” Miller (2005) expresses that since mothering practices are cast as natural and instinctive, that when experience and expectation do not match up, this can prompt women to question their abilities as women, which can lead to increased self-regulation and self-criticism.

“Can the men of Tatamagouche prove they are as modern as they think or will the week reveal how little things have really changed?”: The issue of gender

The television show The Week the Women Went (Shumiatcher, 2008) is described on the CBC website as follows:

In season two, the women of Tatamagouche, Nova Scotia - a picturesque Maritime village with a population of approximately 700 - disappear en mass for one week, leaving the men to fend for themselves, their town and their families. While away, the men - many of whom work away from home for months at a time - must juggle all the cooking, cleaning, child rearing
and work duties alone while the women enjoy a week of pampering at a luxury resort. With relationships tested, gender roles reversed and emotions high, what ensues is an intimate video diary of one town and how their men really cope without women (CBC, 2009).

The storyline of this series rests on the implication that traditional gender roles and division of labour are still very much at play in Canadian households. Jackson (1992), a Canadian non-fiction novelist states that:

“parenting” is a euphemism, I’m afraid. Even in so-called equal-opportunity households, it continues to be the women who do most of the child-raising work – the planning, the thinking, the birthdays, the authorship of family. Men can and do make good mothers, but not many choose to go that route. Why should they, when motherhood has become defined as a “maternal leave of absence” from the real world? (p. 6)

Similarly, Brown and colleagues (1994) state that the same tasks are construed differently in social terms depending on whether they are carried out by women or by men. They illustrate their point by noting that when caring for his child, a man might be seen by himself and/or others as babysitting. This sentiment was evident in most of the participants’ narratives in this study as well. Elise stated that:

Society in general, at least our society, has this unstated belief that the mothers care for the children. It’s still very much a paternal society in
some ways, where the man goes out to work and the woman stays at home, and therefore is responsible for the children.

Wong (2009) indicates that the state of parenting culture in Vancouver is changing, in part due to the efforts of blogging by young fathers. These new fathers assert that although there is still considerable gender bias in the expectations of new parents, with fathers praised for doing the minimum, there appears to be a large and growing appetite for parental reform, judging by the number of stay at home dads in the blogosphere.

*When there is nothing to quote*

Several of the participants in the study commented on the lack of representations of new mothers in popular media. Furthermore, several noted that the representations of new mothers that did exist were often either unrealistic or relegated to a passing sub-plot. Amber noted that she did see a movie on television that showed a somewhat more realistic representation, but “the fact that [she] was so pleased or surprised goes to show that most of it is about blissful little gurgly babies with beautiful looking mommies and gorgeous dads that aren’t pissed off.” Kukla (2005) states that:

If you subscribe to an expensive enough cable package, you can now watch babies being born 24 hours a day, on shows like “A Baby Story” and “Special Delivery,” with each baby consigned to a half-hour chunk and each pregnancy neatly divided into segments marked by commercial breaks. In each story, a stable heterosexual couple is excited about their
wanted, mutually-supportive pregnancy and eagerly awaiting its termination in a healthy birth (p. 296).

The silence around the difficult aspects of mothering appears to be deafening. There seems to be little reflection of the personal narrative into the universal and public narrative, suggesting that women’s individual stories are not being valued as valid, informative and relevant.

Norms

The societal messaging that women receive about motherhood arises from, and is reinforced by, powerful social norms. About pregnant women, Kukla (2005) states that:

While women often bond, during and after pregnancy, over how “silly” or “manipulative” they found What to Expect When You’re Expecting, they also always recognize it as a shared text that provides them with a set of meanings, norms, and representations serving as a public touchstone for their individual interpretations and experiences of contemporary pregnancy: one that has crucial effects despite – and even through – women’s resistance to it and non-compliance with its demands. The texts of our culture, such as the What to Expect products and shows like “A Baby Story,” articulate a shared pregnancy narrative that provides its own parameters along which it can be varied or specified, and it invites women into this narrative. By showing women “what to expect” during their pregnancy, they both constitute these expectations and call upon women
to fulfil them. Whether women, in turn, happily accommodate themselves to the contours of such narrative possibilities, or resent, mock and critique them, for a huge number of contemporary North American women, this narrative space serves as a hegemonic tool that carves out the map of normative openings for pregnancy bodies (p. 300).

*What to Expect When You’re Expecting* is a text that five of the six participants in my study spontaneously mentioned having read. Although the participants had varying reactions to the text, it was nonetheless the pregnancy manual of choice. It is beyond the scope of this paper to explore why *What to Expect When You’re Expecting* has become such a force in the messaging surrounding the transition to motherhood, especially when many readers, as Kukla suggests, criticize and attempt to dismiss it. However, as discussed in previous chapters, with their prescriptive nature such norms as those that are propagated in that volume can encourage self-monitoring and self-criticism.

*The Work of Mothering*

One of the themes identified in the participants’ narratives was the overwhelming nature of both the tasks and responsibilities of new motherhood. Gilbert, author of the bestselling novel *Eat, Pray, Love*, uses a poignant vignette to illustrate the sense of overwhelm that comes with taking on the tasks of mothering in addition to one’s existing roles and responsibilities:

I remember going to a party in New York around that time. A couple, a pair of successful artists, had just had a baby, and the mother was celebrating
a gallery opening of her new paintings. I remember watching this woman, the new mother, my friend, the artist, as she tried to be hostess to this party (which was in her loft) at the same time as taking care of her infant and trying to discuss her work professionally. I never saw somebody look so sleep-deprived in my life. I can never forget the image of her standing in her kitchen after midnight, elbows-deep in a sink full of dishes, trying to clean up after this event. Her husband (I am sorry to report it, and I fully realize this is not at all representational of every husband) was in the other room, feet literally on the coffee table, watching TV. She finally asked him if he would help clean the kitchen, and he said, “Leave it, hon – we’ll clean up in the morning.” The baby started crying again. My friend was leaking breast milk through her cocktail dress (p. 93).

Karen described motherhood as “a job you can’t go home from,” and Alyssa expressed that you can never take a vacation from your parental responsibilities. Kitzinger (1978) asserts that no matter the personal skills and attributes of a new mother, the occupational and emotional tasks of motherhood are very taxing and challenging. Furthermore, she states that mothering does not provide women with the opportunity to anticipate, study and master a specific skill set, and that this dynamic quality of mothering can lead to insecurities in new mothers.

Those who do the work of caring for children are often not recognized, rewarded or valued commensurately. This is largely due to the tasks and responsibilities of mothering being considered to be a natural part of being a
good mother. This work in fact begins long before the baby is born. Gatrell (2008) states that:

Once pregnant, women are under immediate pressure to conform to a particular set of obstetric and health guidelines, which are presented as ‘choices’ but which are in practice hard to resist, and which require adherence to some fairly rigid, Taylorist-style standards of behaviour. However, the intensive nature of such pregnancy ‘work’ is not accounted for because it is hidden behind discourses of good mothering and maternal duty which obfuscate the notion that forms of compliance, involving intense, embodied self-regulation are ‘work’ (p. 54).

Similarly, Grace (2006) argues that in our society, mother-love is highly valued, but mother-work is not. She makes the troubling assertion that “the love we feel for our children compels us to accept the undervaluing of our labour” (p. 312).

Gatrell argues that our definition of work should be broadened to subsume not only productive, but also reproductive labour. She asserts that reproductive labour, including the intensive labour of breastfeeding, is a central component of women’s work. Rather than it occurring in the periphery or as part of an expectation of women, it should be included explicitly in discourse about issues of choice and opportunity.

Miller (2005) states that with time, women hone their mothering skills. This illustrates the idea that, as with any work, there is a learning curve in the acquisition of skills required to perform mothering rather than mothering
competencies being a natural and immediate corollary of giving birth. The mothers in my research spoke about the divide between cognitive and experiential knowledge, and of feeling unprepared. Alyssa stated that for her, thinking about what new motherhood would really be like was “just too overwhelming. Like, I don’t even want to think about it, it’ll just happen. So yeah, I didn’t really know a lot.” Perhaps if the participants had been prepared for the learning curve inherent in becoming a mother, they might not have had the same anxieties.

Something that was not addressed at any length by the participants in my research, but that is significant in the transition to motherhood literature, is the subject of childbearing women and employment. Gatrell (2008) asserts that although women have ostensibly had 30 years of equal opportunity, if they want to have children, they are still expected to be the ones making compromises and sacrifices in the context of employment. This is related to notions of childbearing being seen as an interruption in normal life. Kitzinger (1978) states that many pregnant women are concerned with when they will “get back to normal,” which was a part of my research participants’ narratives as well.

Dimensions of Distress in the Postpartum

Brown and colleagues (1994) report that for a number of women in their study of postpartum depression, the lack of physical mobility that comes with being a new mother was unexpected and distressing. Jackson (1992) illustrates this beautifully:
When a mother comes home with her new baby, she will find her abstractions are all concrete now. “Freedom” now means being able to take a shower. “Mobility” means being able to reach the glass of water on the dresser while not breaking the baby’s suction on the breast. “Flexibility” means being able to push the Record function on the VCR without dropping the baby (p. 52).

However, it is not only the physical dimensions of new motherhood that contribute to feelings of isolation and distress. Brown and colleagues (1994) state that although the term “confinement” as it is used in reference to childbearing women is usually intended to describe the period of restricted physical activity following birth, for the participants in their research, confinement was in fact not just physical, but emotional and social as well - they spoke of feeling alone. When they tried to express what they were feeling, this sense of being alone worsened. The authors noted that some of the women they interviewed had received reactions such as disbelief, avoidance, anger, rejection, dismissal and trivialization when they had attempted to share their feelings with health professionals and/or their husbands, and that this led the women to keep their feelings to themselves. This self-censorship led to deepening and extension of their distress. This sense of loneliness was very much echoed by my research participants as well. Karen stated that for her, the early postpartum period “just felt like a really lonely experience.”

In the same study by Brown and colleagues, women often reported symptoms such as exhaustion, lack of energy, feeling overwhelmed by tasks
they had previously found manageable, being easily upset and irritable, and being quick to tears. They also stated that they felt no one understood their feelings. These symptoms are not dissimilar to those reported by the new mothers I interviewed. This is not only an indication of the well-established comorbidity and crossover of symptoms of anxiety and depression, but also lends support to the hypothesis that postpartum depression is used as an umbrella term. However, it is important to note that several of the participants in my study mentioned that they had been assessed for postpartum depression and did not meet the cut-off score on the EPDS.

Many of the participants expressed that they were interested in participating in my study because I had used the term anxiety rather than depression in my study advertisements. The dominant discourse about struggles in the postpartum implies that postpartum depression is a single, distinct issue. However, we need to expand our understanding of postpartum emotional difficulties to encompass and address the varying severity as well as types of distress that many new mothers experience. Furthermore, these experiences should be contextualized. Kitzinger (1978) states that because there is very little social recognition of what is involved in mothering, women are often made to explain their experiences of early mothering entirely in terms of internal states such as hormones, psyches and inadequate personalities instead of contextualizing them.
The Researcher’s Transition

Moules (2002) states that “hermeneutics demands that we proceed delicately and yet wholeheartedly, and as a result of what we study, we carry ourselves differently, and we live differently.” Engaging in this research has most certainly led me to carry myself differently than I did before, and has changed my life significantly.

My understanding of the issues surrounding the transition to motherhood has changed a great deal over the course of this study. I had previously expected the mothers’ experiences of anxiety to be much simpler and more distinct, and instead found that they were very much intricately tied with so many larger issues involved in the transition to motherhood. I came to realize that I had pathologized the individual women who experience significant distress in the postpartum. My learning from this research was therefore largely a shift towards considering the impact of larger societal structures on anxiety in the postpartum. I now believe that as well as providing treatment and support to individual new mothers, we must as a society also begin placing greater value in the work of mothering.

I hope that this research will resonate with mothers, and can help inform women planning to make the transition to motherhood. I know that it has changed my expectations, thoughts, and plans for having children myself, but I will take the study participants’ statements to heart and try to recognize that I cannot know until I do it myself.
Contributions of the Study

By recruiting women who considered themselves to be anxious in the postpartum, rather than depressed, this study has accessed a very under-researched group. Using the feminist biographical method as a structure for this research allowed for an in-depth treatment not only of the participants’ individual narratives, but also of how those narratives relate to one another and the larger cultural context. This research has implications for healthcare professionals who work with new mothers, such as doctors and nurses, in highlighting the need for change in our screening procedures and treatment of women experiencing a range of issues in the postpartum.

This study has several implications for counsellors. It has demonstrated the need for us to be aware of the larger sociocultural climate in which new mothers are embedded, and how this can affect their experiences of transitioning into motherhood. This could help to mitigate the pathologizing of individual women that seems to often occur. Many of the participants indicated that connecting with other women transitioning into motherhood was very helpful in normalizing their experiences, decreasing their isolation and providing them with information as well as emotional support. However, this study also highlights the importance of avoiding teaching and messaging that is highly prescriptive in nature. There would perhaps therefore be benefit in structuring psychoeducation and counselling groups for new mothers are not focused primarily only on teaching the tasks of motherhood, but that also address the emotional and social needs of the participants.
Limitations

There are some limitations of this study which are important to note. First, the women in this study are well-educated, do not live in poverty, have given birth to healthy children and their positionalities in society afford them possibilities that are not available to many new mothers. The applicability of these findings to other groups of women is unknown. Second, I did not interview the partner or other main caregiver. However, although such interviews might provide additional information of value, since the purpose of the study was to gain greater understanding of the experiences of the participants, those interviews lie outside the scope of this project.

Suggestions for Future Research

As noted above, the sample in this study is limited. It would be beneficial for future research to explore the experiences of other groups of women experiencing anxiety in the transition to motherhood. Another area for future inquiry is an exploration of the effects of “reality” television shows (a genre which seems to have gained popularity in recent years) on expectant and new parents. Such research could address how such prescriptive programs affect those whose experiences do not mirror them, such as parents who live in extreme poverty or parents in same-sex relationships. Furthermore, future research should explore how screening procedures, prevalence rates and treatments might change if a broader range of terms is used to describe the difficulties women might experience in the postpartum, rather than the umbrella term of postpartum depression. Given that many of the participants in this study had negative
experiences with the healthcare system in their transition to parenthood, it would be of benefit to take a critical incident approach to the navigation of the healthcare system in this transitional time. Since many of the participants in this study mentioned their own mothers as major sources of influence, an exploration of the experiences of different generations of mothers, and their views of one another as parents would also add to the literature in this area. Finally, the impact of online supports and resources for new mothers should also be explored.

Conclusion

Miller (2005) asserts that the transition to motherhood engages women in journeys that are culturally scripted and also personally uncertain. Although much of the personal uncertainty surrounding this transition will always remain, what is incumbent upon us now is to amend our cultural scripts to value mothers while maintaining the momentum of feminist work. To this end, DiQuinzio (2006) advocates for a mothers’ movement which includes six core features. First, that it resist the tendency found in mass media to divide and polarize women with stereotypes. Second, that the movement ensure a place for every kind of mother. Third, that it refuse demonization of any mothers, to resist the division of women into “good mother” and “bad mother” categories. Fourth, that it reaches out to young women, prompting them to consider the conditions they would like their generation of mothers to experience. Fifth, that it allies itself with other paid and un-paid care workers. Sixth, that articulates a political agenda that is consistent with the support for women’s reproductive rights. I would add to this list that this
movement must value the needs of mothers themselves, rather than centring its arguments on the needs of children, which O'Reilly (2006) argues is the basis for much of our current feminist work in the area of mothering.

It is important to recognize that although there remains much work to be done in increasing the value attached to the role and duties of “mother,” there are also great rewards that can be found in embracing this role. Miller (2005) gives eloquent expression to this sentiment:

But for all that, the positive dimensions of loving a child and unconditionally being loved back can involve a profound sense of having achieved something worthwhile, leading to a deeply meaningful, special life-long relationship. The contradictions, then that have for many years characterized feminist and other debates in relation to mothering and women’s lives show no sign of abating: the relationship is confusing, compelling, loving and ultimately confounded. (p. 138)

These contradictions exist not only in the debates between different groups in society, but also within each mother herself. How these debates are resolved determines the ever-changing terrain of motherhood. My hope is that by taking up these challenging and important issues, mothers will grow stronger, their voices will be heard and their work will be valued.
REFERENCES


Interview Prompt Questions – Personal Experiences

1. Tell me about your experience of anxiety.
2. What are your ideas about motherhood? How did you come to know this?
3. What link might there be between your experience of anxiety and your experience of mothering?
4. How did you imagine your life changing after having a baby?
5. Is the reality of your experiences different from that vision? How so?
6. What might have been helpful for you to know prior to your baby being born? What might you tell other new or pregnant mothers about mothering?

Interview Prompt Questions – Cultural and Media Influences

1. Before having a baby, what ideas did you have about how new mothers should look/act/feel?
2. Where do you believe these ideas came from?
3. What about now? Did your ideas change once you had the baby about how new mothers should look/act/feel? If so, in what ways?
4. Can you think of particular messages, images, portrayals of how new mothers should look/act/feel in media such as television, movies, magazines, newspapers or radio?
5. Do you feel as though these are accurate portrayals of your own experience? Explain. If there is a mismatch between these images and your own experience, how does this affect your anxiety?

6. In what ways, if any, do you think gender impacts your transition to parenthood?

7. In what ways, if any, do you think culture, ethnicity, or race impacts your transition to parenthood?

8. In what ways, if any, do you think social class impacts your transition to parenthood?
Appendix B

Participant Consent Form

PARTICIPANT CONSENT FORM

An exploration of the experiences of women with postpartum anxiety and the popular culture influences that affect them

Principal Investigator:  Maria Corral, M.D., F.R.C.P.C
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This project is a part of Andrea Wardrop’s Master’s in Counselling Psychology thesis paper.

The universities and those conducting this study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This form and the information it contains are given to you for your own protection and to ensure your full understanding of the procedures, risks, and benefits described below.

PURPOSE AND OBJECTIVES
The purpose of this research is to gain understanding of the experiences of women who are dealing with anxiety in the postpartum, and what role popular culture and media might play in these experiences.

STUDY PROCEDURES – What am I agreeing to?
You have been invited to participate in this study because your eldest child is 3 years or younger, you experienced significant self-identified or clinician-diagnosed anxiety within the first 6 months after the birth of your eldest child, and anxiety was your primary mental health concern during this time. The study will involve taking part in one semi-structured interview of approximately 1 ½ to 2 hours in length. Interviews will be conducted in a private meeting room at St.
Paul’s Hospital, BC Women’s Hospital, Simon Fraser University, or a local public library, depending on your preference. At the beginning of the interview, the researcher will take note of your demographic information, such as age, marital status and ethnic background. Approximately the first half of the interview will consist of an exploration of your personal experiences with anxiety and the transition to parenthood. The second portion of the interview will be focused on the influences of popular culture that you identify as being important to you in your perceptions and attitudes about motherhood. All interviews will be audio-recorded.

CONFIDENTIALITY

Your personal identifying information collected in the course of the study will be used only for the purposes of this study, and will be kept confidential to the full extent permitted by law. To clarify, all information will be kept confidential unless information is reported that we are required by law to report to the appropriate authorities (described below). We will assign each participant an identification number and only that number will be kept on all study materials. All study documents will be stored in a locked cabinet and will only be accessed by the researchers. All computer-stored information will be password protected. All study documents will be destroyed five years after the study ends. When the results of this study are published, no identifying information will be used.

LIMITS TO CONFIDENTIALITY AGREEMENT

If at any point during the project you are judged to be a serious danger to yourself or another person, information gathered during the study and related to this risk may be given to an appropriate professional. In particular, if at any point during your participation in the study you inform the researcher that you are having moderate to severe thoughts of suicide, the researchers will inform your attending clinician. If you are not currently seeing a clinician about your anxiety, Dr. Maria Corral, the principal investigator, will be notified.

POTENTIAL RISKS

There is a risk that you might experience some emotional distress as a result of discussing your mental health and status as a new mother. Should you experience any distress we encourage you to discuss this with the investigator and/or your attending mental health clinician. Participation in this study is voluntary and you may decline to answer any questions or to withdraw from the study at any time. Declining to answer certain questions or withdrawing from the study will not have any consequences for your treatment.

POTENTIAL BENEFITS

This project will potentially benefit women who are in circumstances similar to yours by providing clinicians with information to expand their understanding of the issues addressed in this research. Participation might also benefit you personally by providing you with a forum to discuss your anxiety, transition to
motherhood, and the influences of popular culture on your conception of motherhood.

CONTACT FOR INFORMATION ABOUT THE STUDY / RESULTS OF THE STUDY
Should you have any questions about this study, or if you would like to receive a copy of the study results once complete, please contact Andrea Wardrop, at aawardro@sfu.ca.

CONTACT FOR CONCERNS ABOUT THE RIGHTS OF RESEARCH SUBJECTS
If you have any questions, concerns or complaints about your treatment or rights as a research participant, you may contact either the Research Subject Information Line at the UBC Office of Research Services (604-822-8598), or the Director of the SFU Office of Research Ethics (604-268-6593).

CONSENT TO PARTICIPATE

Postpartum anxiety and popular culture

Your participation in this research study is entirely voluntary. Please note that you may refuse to participate or withdraw from the study at any time, and that this decision will not affect your care.

Your signature on this form will signify that you have received a copy of this consent form describing the procedures, possible risks, and benefits of this research study, that you have been given an adequate opportunity to consider the information, and that you voluntarily agree to participate in an interview.

Please feel free to ask any questions relating to this study or your participation.

Participant signature
Date

Participant name (print)
Date

Witness/Investigator signature
Date

Witness/Investigator name (print)
Date