THE DISTRESSING CASE OF MODERN MOTHERING:

EXPECTATIONS, LOSSES, AND POSTNATAL DISTRESS

A thesis presented in partial fulfilment of the requirements for the degree of
Doctor of Clinical Psychology at
Massey University, Palmerston North, New Zealand.

Anita Jane Darrah

2011

Abstract

Becoming a mother is a significant milestone for women. Pregnancy and childbirth epitomise the most natural and normal of processes, and yet, paradoxically, they are increasingly pathologised as a medical event. This discourse of disease which surrounds motherhood has contributed to control of childbirth moving away from women as women lose confidence in their ability to perform this most natural of processes unaided. Along with losing confidence in their ability to manage the event of becoming a mother, women are losing their confidence to *be* a mother, and to mother instinctively, instead relying on media, on literature, and on others to tell them how best to do this most natural of roles.

Some argue motherhood has been subjected to media manipulation and a process of sanitisation which exposes women to mothering myths from which they build their expectations of motherhood. This creates unrealistic expectations of motherhood and therefore it is little wonder women lose confidence in their ability to mother. And if motherhood is natural and normal, how do we understand the rates of postnatal distress reported in mothers?

In order to answer that question this thesis proposes a new model of postnatal distress, which argues postnatal distress is caused by the disparity between women's prenatal expectations and their postnatal experiences. Given all women experience a disparity between expectations and experience yet not all women report postnatal distress, a moderator variable, loss, was introduced. Elements of this new refined model were subsequently tested and it was found women hold a number of expectations prior to becoming pregnant and these expectations reflect a belief in a mythical image of mothering and mothers.

Given postnatal distress has a definitive trigger, and a definitive risk population it is ideally suited to a preventative intervention. This thesis culminates with the design and piloting of such an intervention developed from the new model. The intervention uses a mindfulness-based approach which comprises a three session group format, designed to be implemented with first-time mothers during pregnancy. Findings suggest the protocol can be implemented in a meaningful way and provide initial support for the acceptability and workability of the protocol.

Acknowledgements

The process of writing these acknowledgements was a humbling experience. Humbling because I began to realise how many people have aided and abetted in the production of this thesis over the years. With varying levels of cheerleading interspersed with bullying and cajoling there are many individuals who have (sometimes knowingly and sometimes unwittingly) become part of my research journey.

To all my participants in the various studies: your graciousness in sharing your stories or your time has been much appreciated. To my supervisors, Professor Ian Evans and Mrs Cheryl Woolley: it has been a long (long) journey. Thank you for your guidance, your willingness to explain everything more than once, and most especially for never losing your sense of humour no matter how badly I was stuffing up. To Mrs Jan Dickson, my primary clinical supervisor: while not directly involved in this research process, your support and guidance in other areas has assisted in my clinical research to a large degree. Thanks go to the Psychology support staff also: to Harvey, Malcolm, Hung and also to Robyn who was an outstanding source of support in those initial, scary doctoral days.

To all my dungeon buddies and TAG brunchers over the years; especially to Jodi (sorry I just couldn't figure out how to fit bloviating into my thesis so it's all up to you now): to you I leave the microwave, my best wishes, and my friendship. To Mel, my fellow intern: phew! What a ride. Thanks for the hugs, the prods in the rear and the gift of your friendship. You are an amazing person and I am so proud of you.

To my long suffering family. Mum thanks for cheering me on even when you didn't know what for. Your unwavering belief in me has been hard to live up to sometimes but I figure mothers know best! Dad, I know this has been a rather expensive exercise for you. You don't say much but I always figured you were cheering on the inside.

To my amazing daughter Caitlin. I'm not sure if you have got anything from this process Kit-Kat; my goal was never to model achievement – you can do that just fine by yourself. But if you have learnt how to be wrong gracefully, how to fall down and get back up, how to doggedly stick to your goals despite many obstacles (usually including yourself!), how not to be a superwomen and how not to want to be, then I guess it hasn't been all bad.

To Benjamin, my wonderful son, who is such an important part of the story leading to this thesis. Your unconditional love of your mother has sometimes been more than she deserved but has always been humbly received. I love you son-shine.

And finally to Glenn. Throughout this process you have been so steadfast in your complete belief in me. Your pride in me and in my milestones has been so evident and I cannot begin to tell you what that has meant. My wish now is for you to follow your dream and your goals, and I can only hope that I show as much love, support, pride, and belief in your ventures as you have done for mine.

Table of Contents

List of Figures

List of Tables

Prologue

It all started with a magazine article. Actually it started with the birth of my second child, but then the magazine article really got things moving. I can't remember which magazine it was, nor can I remember when exactly it was published. What I can remember is Brooke Shields' glamorous and beautifully made up image on the front cover with an eye-grabbing headline touting the exposé of her postnatal depression nightmare inside. Now I don't know Brooke Shields at all, she is probably a perfectly nice person. I have no knowledge of her life, her mothering ability, or indeed much knowledge of anything about her. I think I can honestly say, although I know she acts I've never even seen anything with her in it. Anyway, that headline really, really bugged me. I was truly enraged at whoever decided it was reasonable and realistic to portray postnatal depression in such a glamorous way.

I had had an interest in postnatal depression since emerging from its grips some years before. The interest was initially fairly self-focused and I discussed it with a number of women informally, mainly in an effort to reassure myself that my son was not going to be irreconcilably impaired as a result of my experiences, despite what the research and 'experts' said. But my postnatal depression did not look anything like Brooke Shields postnatal depression so for a brief moment of insanity, and entirely without her knowledge or consent, I found myself locked in mortal combat with Brooke Shields convinced that my experience was real while hers, somehow, was less so. Eventually I realised this wasn't a competition and began to muse about other women's experiences of postnatal depression.

One of my early postgraduate lecturers used to say "never underestimate the value of scholarly musing." We took this as a handy excuse to justify our navel gazing, but I think he may just have had a point. So I began to think more and more about postnatal distress and the actual experience of mothering. This led to more informal chats with other women, which led to me increasingly choosing to do assignments and research projects on the topic. This led to more in-depth and academic discussions with various lecturers and tutors and it was a natural progression to begin to apply my increasing psychological skill base to my thinking.

As time healed and my psychological knowledge grew I began to think more and more of postnatal depression in terms of accepted psychological principles and theories. What did the experience of postnatal depression say about *hot thoughts* about *core beliefs,* and about *catastrophic thinking?* And more importantly why did none of those models seem to fit the experiences of so many of the women I had spoken to, including my own? This led to further research which led to questions of correlation, causation, prevalence, protection, treatment, and so on. If Brooke Shields and I could share something of the same name which seemed to share little in the way of common denominators what did this mean? Given our entirely different realities was it reasonable to think postpartum depression was impervious to social class,

culture, educational attainment, age and all the other variables of which we shared no common ground?

That was where it started. It has almost ended now; several years later with the designing of a values-based intervention to assist new mothers make the transition to motherhood for the first time. My thinking has evolved to consider not just postnatal depression but the other mood states of distress and anxiety. The reason for this is quite simple – because there is a need. When talking to new mothers and in further exploring the research, it became apparent a focus on depression following childbirth was too narrow, and other forms of distress were a largely under-recognised experience large numbers of new mothers were coping with alone.

The aim of a simple, brief intervention would be to give women new ways of thinking about motherhood; to assist them to identify their assumptions and beliefs about mothers and mothering and then to evaluate the usefulness of those beliefs for themselves. Prospective mothers could begin to think about their parenting values and decide whether those beliefs and assumptions they held were moving them towards or away from their value goals. Also, by encouraging women to identify their parenting values and goals, these can then act as guides in their journey through motherhood.

This would not be a guide to motherhood, but maybe a guide to how to begin to think about being the sort of mother you would like to be. Before designing such a protocol I thought it necessary to formulate a conceptual model based on previous psychological literature and also to test some of my assumptions empirically. This thesis highlights the research journey from conceptualisation to implementation, beginning with a comprehensive literature review and ending with the first phase of testing the feasibility of my intervention protocol.