

**Stress, Anxiety and Ambivalence: Reading Maternal Experiences and PPD in *Dancing on The Edge of Sanity*****Ishab Mishra<sup>1\*</sup> & Madhusmita Pati<sup>2</sup>**<sup>1</sup>Research scholar, Dept. of English, R.D. Women's University, Bhubaneswar, Odisha.<sup>2</sup> Professor & Head, Dept. of English, R.D. Women's University, Bhubaneswar, Odisha**\*Corresponding Author**

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**ABSTRACT**

During 1960's and 1970's a sharp increase in the representation of motherhood experience was seen in both popular and academic literature. *Motherhood memoirs* or *mommy memoirs*, or, even shorter, *memoirs* emerged to accommodate the varied aspects of mothering and motherhood experiences. These writings contest the popular notion that motherhood is a joyful and fulfilling experience by foregrounding the implicit aspect, i.e., the *dark side* of motherhood demonstrating mothers' pain and suffering. Instead of highlighting the glorified side of motherhood, these memoirs start highlighting the issues of sleep deprivation, anxiety, loneliness, fatigue and ambivalence of motherhood. This *dark side* of mothering job sometimes spirals into a harrowing Postpartum Depression (PPD). *Dancing on the Edge of Sanity* [1] paints the dark side of PPD with bold strokes. This memoir acts as an eye opener for those experiences which are generally swept under the hefty carpet of guilt and shame. In this paper, maternal theory will be used to analyze various socio-cultural factors that cause and intensify the experiences of PPD that Rouds [1] lived through.

**Keywords:** *Postpartum Depression, Maternal Theory, Memoir, Maternal Ambivalence*

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**1.0. Introduction**

The achievements of the women's movement in Western countries during the 1960s and 1970s helped many women to enter the labor force and find fulfillment outside of the home. Also, a sharp increase in the interest in the motherhood experience was seen in both popular and academic literature during this time. These books include manuals, advice books, parenting books, and academic analyses, as well as books capturing the writers' own experiences with motherhood. These non-fiction, first person narratives are usually referred to as *motherhood memoirs*, *mommy memoirs*, or, even shorter, *memoirs*. Motherhood memoirs are sometimes included within the *mommy lit* genre, i.e., fiction and nonfiction writing focused on characters of mothers, their motherhood experiences and opinions about mothering in contemporary society from the perspective of mothers as writers and aimed at mothers as readers (Hewett, 2006). Some of these memoirs voice a long preserved silence, clinically known as postpartum depression (PPD).

PPD is placed in the Mood Disorder category of *The Diagnostic and Statistical Manual of Mental Disorders*, a categorizing system advanced by the American Psychiatric Association, describing it as a major depressive episode with an onset within twenty-eight days of delivery [2]. It comes with many symptoms that include several mood disorders following childbirth along with tearfulness, sleep disturbance, anger, fatigue, anxiety, obsessive worry about the baby's health, afraid of being alone with the baby and thoughts about harming the baby [3]. It remains under-diagnosed probably due to the social stigma of being labeled an *unhappy* or *unfit* mother or the fear of having their baby taken from them. Women attempt to hide their distress out of shame, fear, embarrassment and guilt.

*Dancing on the Edge of Sanity* [1] is such a memoir where Rouds describes her battle with PPD. This paper utilizes the tenets of maternal theory to understand the socio-cultural reasons behind her suffering from PPD. It analyses how myths versus reality of motherhood, intensive mothering and maternal ambivalence play a role in her suffering from PPD.

**1.1. Maternal Theory and its Features**

Maternal theory discusses maternal experiences, identity and ideology. Under the banner of *mommy lit* it tends to develop a model or a concept around mothering experiences. It views motherhood from three perspectives: motherhood as an experience, motherhood as an institution and motherhood as an identity. Ruddick [4] states that maternal thinking,

is guided by a mother's interest in their child's preservation, growth, and acceptability. The theorist, Hays [5] delivers on the concept of intensive mothering that demands the women to be the primary, central caregivers of children. Such notion, Hays [5] believes, puts immense pressure on the women, and often make mothering job tough and challenging. Maushart [6] explores into the mask of motherhood as "a repertoire of socially constructed representations" [6]. Maternal studies also examine the term ambivalence, the coexistence of opposing attitudes or feelings and a state of uncertainty, in the context of motherhood. Parker [7], a British psychoanalyst expands the dynamics of ambivalence to psychology and used it in maternal arena. She coined the term maternal ambivalence and defined it as an "experience shared variously by all mothers in which loving and hating feelings for their children exist side by side" [7]. Maternal theorist extensively focus on the myth of motherhood, a set of expectations designed for and enforced upon mothers by society and culture, to be natural and a necessity. Failing to meet such expectations is labeled as bad mothering. The "idea of what constitutes a good mother is only that, an idea, not an eternal verity. The good mother is reinvented as each age or society defines her anew, in its own terms, according to its own mythology" [8]. Despite of the ambiguous and incongruous nature of the term, good mothering is socio-culturally enforced upon the mothers.

In a way or other, maternal theorists focus on diverse aspects of motherhood experiences. They also discuss how the socio-cultural factors often make motherhood a challenging experience, causing stress and anxiety for women.

Drawing from the maternal theorists, this paper will discuss how maternal stress and anxiety of Rouds lead to her PPD. My research will particularly utilize the features of myths of motherhood, intensive mothering and maternal ambivalence to examine how these notions cause PPD for her.

### **1.1.1 Myths of Motherhood vs. Reality and PPD**

Rouds felt the onset of PPD from the moment she knew that she would be discharged from the hospital two days postpartum. She felt "a sadness rousing, an emptiness developing in the pit of her stomach" (19). She was reluctant to leave the hospital as she was enjoying the "around-the-clock care" (ibid) and at home she would have to take care of the newborn herself. She believes in the ideology of intensive mothering that the mother must be the central care giver of the baby (Hays, 21). Hence, she considers that her husband though tries to be helpful but cannot be the "#1 caregiver for a newborn" (280). "He helps, but I'm the main deal" and "no matter how helpful a father/husband is, a newborn wants his mom" (ibid.) she claims. She also feels that her assumption that she could split baby care evenly between her and her husband "wasn't realistic" (ibid.). She thus has to undertake the burden of child care as completely hers at home, which left her feeling overwhelmed at the thought of going home. She also believes in the myth of intensive mothering that child rearing must be a "time-consuming" affair which is "way harder than working full-time" (ibid.); and being a new mom herself she couldn't make herself mentally ready for embarking on such a herculean task. The thought itself made her life stressful leading to feeling sadness and anxiety. Belief and practicing intensive mothering made her life complicated and was the root of major stress leading to PPD. It also made her take the advice of experts, be it books or persons, for every tiny doubts regarding child care. She also wants to fit into the image of a perfect mother as present in the society; a mother who knows all and can do all without any hiccups. She also wants to be self-sufficient and independent; someone who can do everything on her own without depending on others. Her desire to fit into the perfect mother image was so much that even her neediness as a new mother left her feeling crippled and thereby guilty. This was another additional reason for her stress and anxiety leading to PPD. She writes, "Right now I'm sad. So sad. Scared and feeling very guilty about my neediness. I do know intellectually it will be okay, but right now I just fear everything" (27). She is paranoid about whether she is doing every bit as a mother perfectly or not. Fear of failure hunts her:

I fear I'm not breastfeeding well and I'll get mastitis and my boobs will fall off. I fear that I'll never leave this stuffy house. I fear that I'm not strong enough to be a mom. I fear that I have postpartum depression. I fear that if I call for help, I'll just look needy, vulnerable, dramatic, and over the top (27).

She becomes highly judgmental about herself as a mother whenever she meets any slight hindrance in her path of mothering. She blames herself as 'a bad mother' or 'an incompetent mother,' if she faces any little doubt regarding child care or if she realizes that she has not taken enough expert advice for a certain thing: "I just feel like such a bad mom. I'm the worst" (75). She is so obsessed to be perfect that she questions her identity as an individual beyond a mother. This is proved when she questions herself and feels guilty for dancing to a tune alone i.e. without her baby: "Am I allowed to do this? I wondered. I'm a mom now, and I shouldn't be enjoying myself when my son's not around. Being this happy doesn't feel right" (239). She wants to fit into each and every notion given by others. For example, even though she loves exercising and feels burdened to be confined into the four walls of a house with a toddler, yet she wants to comply with a completely opposite notion given by other mothers, just to be like them:

Then I remembered what other mothers had told me: I would be so tired, I wouldn't care about exercising; I'd be falling in love with my newborn and too smitten to care about the world outside my house; I'd have the rest of my life to be out accomplishing things, and this was a special time for bonding. I thought about this advice and hoped that it was true. I hoped I would be so in love with motherhood that I wouldn't mind being stuck in the house interminably (40-41).

She feels accomplished as a mother only when she fits into that perfect image of a mother who feels fulfillment from her baby and motherhood. She states, "I could proudly report that I was enjoying John and motherhood" (48). Thus, it will not be improper to say that she blindly believes the myths of motherhood perpetuated in the society. She also practices intensive mothering and obsessively wants to practice every tenets of it. As a result, she herself complicates motherhood and gets overwhelmed in turn. She becomes so stressed out that she slides into PPD.

### **1.1.2 Intensive Mothering and PPD**

Hays [5] commented that the practitioners of intensive mothering believe that child rearing "should be carried out primarily by individual mothers and that it should be centered on children's needs, with methods that are informed by experts, labor intensive, and costly" (21). Rouds philosophy of child rearing befittingly fits to the ideology of intensive mothering. She believes that though her husband can help her in child-rearing, but she will remain the central caregiver of her baby:

Chris tries to help, but he doesn't know what it feels like to be the #1 caregiver for a newborn. He helps, but I'm the main deal. I don't think he knows how time-consuming everything is. It's way harder than working full-time. I think I had assumed the baby care would be split evenly between me and Chris, but that wasn't realistic. No matter how helpful a father/husband is, a newborn wants his mom. Mom is everything right now. I suppose I do feel quite needed and loved. (280)

Apart from being the central caregiver of her baby, Rouds also takes expert advices for taking any decision related to child-rearing. She wanted to fit into the perfect mother image and therefore wants to be prepared and informed in every aspect of child care. In order to extend perfect care towards her baby she, "had read about the hunger signs a newborn shows: stirring from sleep, licking his lips, rooting, sucking on his hand" (31). She follows the advice provides by the books that a mother should, "respond to her baby's early hunger cues" and that "crying is a late hunger cue" (ibid). She is very alert and meticulous about not missing a single cue so she "responded to every noise he made" (ibid). apart from reading, she has also talked to other mothers to get a practical view in this regard: "I had done enough reading and talking to other mothers to understand the importance of a good latch and good nursing habits from the beginning" (45). She is so much obsessed for matching the perfect mother image and doing everything right for her baby that she gets paranoid with little confusions coming in the path of baby-rearing. Once she had a panic attack while she debated whether to change the baby's diaper before or after feeding. She became aghast when she realized that she hadn't read any expert books in this regard and now that she is a mother she wouldn't have time for reading. She criticized herself saying that she is "such a bad and irresponsible mom" (35) for this. Also, for her this was a really crucial matter for which she again debated whether or not to wake her husband up to get his opinion.

The victims of intensive mothering have a higher risk of having negative mental health. Rouds too had a heightened level of stress, guilt and decreased satisfaction with the life for practicing intensive mothering. Looking into the five factors associated with intensive parenting: Essentialism, Fulfillment, Stimulation, Challenging, and Child-Centered, we find that Rouds practices four out of the five factors associated with it. She practices Essentialism by believing that she (mother) is the most essential parent. She gets complete fulfillment from her baby. Even though she gets tired and sleepless because of her baby but her ambivalence is projected towards other members of her family, not her baby. She feels guilty when she feels sad in spite of getting a 'perfect' baby. As Rouds's memoir is based on the first few weeks of her baby's life, where she battled against PPD, Postpartum OCD, panic attacks and anxiety, we do not get any hint about her trying to give consistent intellectual stimulation to her baby. She believes in taking expert advices for every little doubts regarding parenting. For every little failure, she blames herself. If her child cries, she thinks she is doing something wrong. Her entire life now revolves around her baby. For example, when she was referred to be admitted in a mental institution, her thought revolved around questions like, "But go to a mental institution? How long will I be there? What about John? What will people think of me and say about me? How could I possibly be so sick that I need to abandon John?"<sup>128</sup>. These instances prove that her life is Child-centered and even Challenging. Parenting she believes is a time-consuming, expert-ridden, difficult and exhausting job.

### **1.1.3. Maternal Ambivalence and PPD**

Parker [7] defined maternal ambivalence as an "experience shared variously by all mothers in which loving and hating feelings for their children exist side by side". According to Almond [9], this presence of both positive and negative feelings, thoughts and behaviors of mothers can be not only towards the baby, but also extended towards being a mother in general which can engender "anxiety, shame and guilt" in them (2). Ambivalence ignites a loss of self through loss of independence, feelings, relationship and confidence which paves way for provoking unexpected feelings like resentment, boredom and anxiety in a mother [10]. In case of Rouds we can clearly mark the presence of loss of self and the presence of unexpected feelings. Rouds felt a loss of self through the loss of independence, feelings, relationship and confidence. Firstly, Rouds felt the independence which she had before becoming a mother is lost after having the baby. Now that she is a mother, her freedom as a person is lost. She loved physical exercise a lot and now she has to lead a lethargic life to meet the incessant needs of a newborn. She feels bored and trapped into motherhood: "The idea of being

stuck inside the house resting for more than half a day sounded dreadful... It sounds so boring and sloth-like. I was getting depressed and anxious just thinking about it” (40). Secondly, most of her positive feelings were numb. She could feel only resentment (towards partner and mother), bored, anxiety, depressed, fear and guilt. She felt bitter towards her husband for being mean and lacking compassion during the first week postpartum. She felt anger towards her mother for no apparent reason. She felt bored to be confined inside the house to meet the baby’s needs. Being anxious, depressed, frightened and guilt-ridden were the part of her PPD journey:

Right now I’m sad. So sad. Scared and feeling very guilty about my neediness. I do know intellectually it will be okay, but right now I just fear everything. I fear I’m not breastfeeding well and I’ll get mastitis and my boobs will fall off. I fear that I’ll never leave this stuffy house. I fear that I’m not strong enough to be a mom. I fear that I have postpartum depression. I fear that if I call for help, I’ll just look needy, vulnerable, dramatic, and over the top (27).

Thirdly, her relationship with her partner and mother suffered during the first week postpartum. She felt her husband was behaving meanly and not being considerate. Also, he was unable to stand to her expectations of mental connect. She was “furious” with him for she felt that he treated her “like shit” (201). Though he was taking a lot of physical care of her, she agrees, “yet his emotional support was nonexistent” (201). Similarly, her mother became an easy target for her unreasonable wrath. Finally, she had a loss of confidence to get her life into control as she used to have before becoming a mother. She reports, “I felt so weak and vulnerable. Usually I’m in control and able to manage whatever life brings me” (43). She was also frightened of doing things wrong as a mother. She confesses, “I’m getting that scared, anxious feeling again... Fear of being alone with him. Fear of what will happen when the help leaves. I fear hearing his cry” (70).

Jonas et.al. [11] exposes three fundamental features of maternal ambivalence:

- a. The existence of *doubts*. A mother thinks and feels doubtful about being a good mother, feelings of insecurity and inadequacy for being a mother etc.
- b. The level of *conviction* about becoming a mother. A mother generally feels incompetent over her ability to mother and highlights the losses connected to her becoming a mother.
- c. The *coping* mechanism employed to tackle ambivalence

In Rouds’s memoir one can find the presence of all these three features of maternal ambivalence.

She always doubts her competency as a good mother. Due to anxiety attacks and depression from the very beginning of being a mother, she loses the self-confidence of being a good mother. She cannot understand the reason of her sadness and anxiety and gets unreasonably frightened to be alone with the baby. She fears that she is “not strong enough to be a mom” (27). These thoughts sediment to become her self-doubt and the feeling of incompetency as a mother. Thus her level of *conviction* about becoming a mother is also low. Because of her self-doubts and feeling of incompetency, she feels to be “such a bad mom,” even “the worst” (75). Rouds felt ambivalent due to her issue of PPD and Anxiety disorder. “Time, research, and healing at her own pace” helped Rouds to cope with ambivalence. Also asking for and getting help from the friends and family members helped her a lot.

## 1.2. Findings and Conclusion

In this paper, Rouds’s *Dancing on the Edge of Sanity* [1] has been analyzed through the features of maternal theory. It is found that Rouds believes in the myths of motherhood perpetuated in the society. She also practices intensive mothering and obsessively wants to practice every tenets of it. As a result, she herself complicates motherhood and gets overwhelmed in turn. She becomes so stressed out that she slides into PPD. Rouds too had a heightened level of stress, guilt and decreased satisfaction with the life for practicing intensive mothering. Looking into the five factors associated with intensive parenting: *Essentialism, Fulfillment, Stimulation, Challenging, and Child-Centered*, we find that Rouds practices everything except *Stimulation*. Ambivalence ignites a loss of self through loss of independence, feelings, relationship and confidence which paves way for provoking unexpected feelings like resentment, boredom and anxiety in a mother [10]. In case of Rouds we can clearly mark the presence of loss of self and the presence of unexpected feelings. Rouds felt a loss of self through the loss of independence, feelings, relationship and confidence. Thus, the features of maternal theory such as, myths of motherhood, intensive mothering and maternal ambivalence have been examined in the case of Rouds and found that all these cause PPD for her.

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