



RESEARCH ARTICLE

“I am not just a mother, I am myself”: A Study of Elisa Albert’s After Birth in the Scope of Postpartum Depression Theory

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ARTICLE INFO	ABSTRACT
Received: May 25, 2024	The current paper examines Elisa Albert’s novel "After Birth" through the lens of postpartum depression theory. The novel follows the experiences of a new mother named Ari, who struggles with feelings of isolation and disconnection from her newborn baby. Through a close analysis of the text, this study explores how Albert portrays the symptoms and effects of postpartum depression, including anxiety, guilt, and detachment. It argues that After Birth provides a powerful and nuanced depiction of postpartum depression that challenges stereotypes and encourages greater understanding and empathy for those who struggle with this often-misunderstood condition. This paper follows Ari’s experience of postpartum depression the four stages of healing from her depression and the importance of social and cultural impacts on mothers and their process of healing.
Accepted: Jun 27, 2024	
Keywords Postpartum Depression (PPT) Motherhood Healing Social & cultural impacts and after birth	
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INTRODUCTION

Postpartum depression theory refers to the set of concepts and models used to understand the etiology, symptoms, and treatment of depression that occurs after childbirth. This theory recognizes that postpartum depression is a complex and multifaceted condition that can have significant impacts on both the mother and child. The concept of postpartum depression (PPD) has a long history, but it was not until the latter part of the 20th century that it began to receive significant attention from researchers and clinicians. In the mid-20th century, PPD was often misunderstood and overlooked, and women who experienced depressive symptoms after childbirth were often stigmatized or pathologized (Henderson et al., 2018). One of the earliest theories of PPD was developed by psychiatrist Eliot Slater in the 1960s. Slater proposed that PPD was caused by hormonal imbalances and recommended hormone treatments as a way to alleviate symptoms (Slater, 1965). However, this approach was controversial and not widely adopted.

It was not until the 1980s and 1990s that researchers began to more fully explore the complex biological, psychological, and social factors that contribute to PPD. Psychologist Karen Wambach and nurse researcher Ruth Levenkron, for example, conducted early studies on the prevalence and risk factors of PPD (Wambach & Levenkron, 1989). Cheryl Tatano Beck's postpartum theory, which includes the four-stage process for the consequences of PPD, was developed in the late 1990s; it had since become a widely recognized framework for understanding and treating PPD (Beck, 2002). Today, PPD is recognized as a significant public health issue, and efforts are being made to improve

screening, diagnosis, and treatment for women who are affected by this condition (American College of Obstetricians and Gynecologists, 2018).

Cheryl Tatano Beck is a nursing professor and researcher who has made significant contributions to the field of postpartum depression (PPD) research. Beck has conducted extensive research on PPD and developed a widely recognized theoretical framework for understanding and treating this condition. Beck's work emphasizes the complex and multifaceted nature of PPD, highlighting the importance of considering biological, psychological, and social factors in both the development and treatment of PPD. In particular, Beck has emphasized the role of stress and social support in the development of PPD, as well as the need for comprehensive and individualized treatment approaches that take into account a woman's unique circumstances and experiences (Beck, 2002). She has also emphasized the need for increased awareness and education about PPD among healthcare providers, as well as the need for improved screening and diagnosis of the condition (Beck & Gable, 2001). She has called for a more holistic approach to care that includes attention to maternal role attainment, support for breastfeeding, and addressing the impact of PPD on the mother-infant relationship (Beck & Watson, 2008).

In her published landmark phenomenological inquiry 'Teetering on the edge: A substantive theory of postpartum depression' (1993), Beck theorized a four stages process of the consequences and the healing process of (PPT). The first stage is called "Implosion" or "terror" as some researchers may describe this stage to explain the intense feelings of fear and anxiety that some women experience during this time. These feelings can be overwhelming and debilitating, and may be accompanied by physical symptoms such as panic attacks and difficulty breathing. During this stage, women with PPD experience intense and overwhelming feelings of despair, fear, anxiety, and sadness. These emotions can be so severe that they may feel as if they are being consumed by them, leading to a sense of emotional collapse or implosion. This stage is marked by a sense of emotional instability and loss of control, which can be distressing for both the woman and those around her (Beck, 1993).

Symptoms that may be associated with the implosion stage include intense feelings of sadness or hopelessness, difficulty sleeping, loss of appetite, and irritability (Sit et al., 2013). Women in this stage may also have difficulty caring for themselves and their infants, and may feel overwhelmed by the demands of motherhood (Sit et al., 2013). The implosion stage is not a linear process and may occur multiple times throughout the course of PPD (Beck, 1993). The implosion stage is often a critical period for women with PPD, as they are at risk for self-harm or suicide (Sit et al., 2013). Therefore, it is important to seek appropriate treatment and support during this stage. Treatment during the implosion stage may involve a combination of medication, therapy, and other supportive interventions, such as social support from family and friends (Sit et al., 2013).

The second stage is called "dying of the self" which is a crucial stage that occurs when a new mother with PPD begins to feel a crippling sense of loss, confusion, and guilt. In this stage, a woman loses her sense of self and feels as though she is no longer the person she once was. This can lead to a significant amount of distress, as the mother may feel hopeless and powerless to change her situation (Beck, 1993). During the dying of self-stage, a mother may feel as if she has lost control over her body, her thoughts, and her emotions. This sense of powerlessness can be traumatic and may lead to feelings of guilt and shame. The mother may feel as though she is not doing enough for her baby or may feel disconnected from her child (Beck, 1993). Beck notes that the dying of self-stage can be particularly challenging for women who have always defined themselves by their roles as caregivers. These mothers may feel as though they have failed in their duties as a mother and may struggle to reconcile their own needs with the needs of their child. Additionally, if the mother does not receive appropriate support and treatment during this stage, it can have significant long-term consequences for her mental health and well-being (Beck, 1993). Research has consistently supported the notion that the dying of self-stage is a crucial aspect of the PPD experience. In a qualitative study by Lee and Chung

(2018), mothers with PPD described feeling a sense of "emptiness" or "hollowness" during this stage. Additionally, the mothers in this study reported feeling a sense of guilt about not being able to care for their child in the way they believed they should. This guilt and sense of failure can exacerbate feelings of worthlessness and contribute to a further deterioration in the mother's mental health.

The third stage of PPD is called "struggling to survive," where women have difficulty resuming their daily routines and may experience lingering depressive symptoms (Beck, 1993). In this stage, women face interpersonal and emotional challenges that hinder their ability to fully recover from PPD. The third stage of PPD is characterized by emotional dysregulation, intense feelings of guilt, and anxiety about motherhood (Beck, 1993). Women may become preoccupied with their infant's health and safety and worry about their ability to care for their child adequately. They may also have difficulty bonding with their child, leading to feelings of inadequacy as a mother. These negative emotions can exacerbate existing depressive symptoms and make it challenging for women to move past this stage. Interpersonal challenges in the third stage also contribute to women's difficulty in resuming their daily routines. Women may experience strained relationships with their partners or family members, as the demands of caring for a newborn and managing their mental health become overwhelming (Beck, 1993). The lack of social support and perceived isolation further exacerbates the depressive symptoms in the PPD survivors. Furthermore, Women may feel stigmatized or ashamed of their struggle with PPD and avoid seeking help or disclosing their condition to others (Beck, 1993). Thus, the third stage of PPD, struggling to survive can last months to years and can lead to negative consequences for both the mothers and their families. Women may face difficulty in carrying out daily activities, lower quality of life and experience impaired cognitive and emotional functioning (Beck, 1993).

The fourth and final stage is called "Regaining Control" which is characterized by a sense of empowerment and a renewed ability to manage daily life. According to Beck (1993), the Regaining Control stage involves a sense of empowerment and the ability to manage daily life with greater ease. Women in this stage may have developed effective coping strategies and have gained a better understanding of their symptoms and triggers. This can lead to a sense of control over their emotions and the ability to manage their daily responsibilities with greater ease. The Regaining Control stage is also marked by a sense of self-discovery and personal growth. Women may have gained insight into their own strengths and limitations, and may have developed a greater sense of self-awareness. This can lead to a greater sense of self-esteem and self-confidence. Beck asserts that women in this stage may also have developed a greater sense of connection with others; they may have formed new relationships or strengthened existing ones, and may feel a greater sense of support and understanding from others.

The Regaining Control stage represents the culmination of the psychotherapeutic process for postpartum depression. Women who have successfully navigated through the previous stages of the model have developed effective coping strategies, gained insight into their symptoms and triggers, and developed a greater sense of self-awareness and self-esteem. This can lead to a renewed ability to manage daily life with greater ease and a greater sense of empowerment.

In summary, Cheryl Tatano Beck's model of the consequences of psychotherapy for postpartum depression provides a comprehensive and insightful framework for understanding the complex emotional and psychological processes involved in recovering from this condition. Through her qualitative study of women's experiences, Beck has identified four stages of the psychotherapeutic process: Terror, Ambivalence or Dying of the Self, Struggling to Survive, and Regaining Control. Each stage represents a unique set of challenges and experiences, and highlights the importance of effective therapeutic interventions that address the individual needs and experiences of women with postpartum depression. Beck's model has significant implications for clinical practice, research, and

policy development, and serves as an important resource for healthcare providers and researchers working to improve the care and treatment of women with postpartum depression.

Furthermore, Beck's theory of postpartum depression emphasizes on the importance of social support in recovery from this condition. Her work highlights the critical role of family, friends, and healthcare providers in providing emotional and practical support to women with postpartum depression. Research has shown that social support can have a significant impact on the recovery process for women with postpartum depression. Studies have found that social support can help to reduce the severity of depressive symptoms and improve overall well-being (Dennis & Chung-Lee, 2006; O'Hara, Schlechte, Lewis, Wright, & Stowe, 2000).

Beck's theory highlights the importance of healthcare providers in addressing social support as part of the treatment process for postpartum depression. She emphasizes the need for healthcare providers to be aware of the potential impact of postpartum depression on women's relationships, and the importance of addressing family dynamics and social support in promoting recovery (Beck, 1993). Effective social support can help women to feel less isolated and more connected to their support network, which can be a critical factor in recovery from postpartum depression (Dennis & Chung-Lee, 2006). Social support can also provide practical assistance with childcare, household tasks, and other responsibilities, which can help to reduce the stress and overwhelm often experienced by women with postpartum depression (O'Hara et al., 2000; Jam et al., 2018).

In addition, Beck's theory of postpartum depression recognizes the impact of cultural beliefs and values on women's experiences of this condition. Cultural factors can influence how postpartum depression is perceived, understood, and managed within different communities and may play a critical role in shaping women's experiences of this condition. Research has shown that cultural beliefs and values can influence how women perceive and cope with postpartum depression. For example, in some cultures, postpartum depression may be viewed as a spiritual or moral issue rather than a medical condition, which may impact how women seek and receive treatment (Lindahl, Pearson, & Colpe, 2005).

Beck's theory highlights the importance of healthcare providers being aware of and sensitive to the impact of cultural factors on women's experiences of postpartum depression. She emphasizes the need for healthcare providers to understand and respect women's cultural beliefs and values in order to provide appropriate and effective care (Beck, 2002). Cultural factors can also influence how women seek and receive social support for postpartum depression. For example, in some cultures, women may be expected to rely on family members or community support rather than seeking professional help (Lindahl et al., 2005; Kanval et al., 2024). Understanding these cultural factors can help healthcare providers to identify and address barriers to treatment and support for women with postpartum depression.

In light of the above, Cheryl Tatano Beck's contributions to the field of postpartum depression have been significant and have greatly advanced the understanding of this complex and often misunderstood condition. Through her theory and concepts, she has shed light on the various stages of postpartum depression and emphasized the critical role of social support and cultural context in recovery. Her work serves as a reminder of the importance of taking a holistic approach to healthcare, one that recognizes the multifaceted nature of human experience and prioritizes compassionate care for all.

After exploring the medical and therapeutic process of postpartum depression, it becomes necessary to cover the integration of insights from fiction into clinical practice as literary works can play an important role in enhancing the diagnosing, treatment, and support for mothers struggling with postpartum depression. It is widely acknowledged the valuable contributions that literature can contribute significantly to reducing the stigma surrounding postpartum depression in several ways.

For instance, there are memoirs, novels, and short stories that depict characters grappling with postpartum depression, trying to normalize the conversation around postpartum mental health. These literary works challenge stereotypes and dispel common misconceptions about it such as the belief that it is rare, a sign of weakness, or easily resolved. Through the power of storytelling, fiction has the ability to foster empathy to cultivate compassion and reduce the loneliness felt by mothers. Such narratives play a role in raising awareness, and contribute to the normalization of discussions around maternal mental health.

The representation and portrayal of postpartum depression in fiction has developed significantly over time, reflecting the changing societal attitudes and medical understanding of this mental health condition, and its representation in literature has also shifted. For instance, its early depiction in the 19th and early 20th centuries, postpartum depression was often misunderstood and stigmatized. Charlotte Perkins Gilman's *The Yellow Wallpaper* (1892) represented postpartum depression as a condition of hysteria and female madness, reflecting the limited medical knowledge and societal views of the time. *The Yellow Wallpaper*, Gilman underwent three months of the Rest Cure. For her, such an existence brought Gilman 'so near the border line of utter mental ruin that I could see over' (2011, 265). It was only in writing *The Yellow Wallpaper* that she 'recover some measure of power' (2011, 265). Later, Gilman asserted that *The Yellow Wallpaper* was not a work of memoir; she never experienced 'hallucinations or objections to my mural decorations' (2011, 265). The result is a hauntingly Gothic portrait of 'the potentially nightmarish, "dark side" of motherhood' (Davison 2004, 163; Rashid et al., 2023).

While, in the Mid-20th Century, the field of psychiatry advanced, some novels portrayed postpartum depression with some kind of difference. Sylvia Plath's *The Bell Jar* (1963) explored the protagonist's struggles with depression and anxiety during the postpartum period, drawing attention to the condition emphasizing its risks on mothers' mental health (Harmer, 2015). In the late 20th and 21st centuries, the representation of postpartum depression in fiction has become more prevalent, diverse, and widely reflected. Contemporary authors have drawn on personal experiences, medical research, and a greater societal awareness to create more realistic and empathetic portrayals like Elisa Albert's *After Birth*, the novel under scrutiny. This evolution in the literary depiction of postpartum depression illustrates the broader societal shift towards greater awareness, understanding, and support for new mothers experiencing mental health problems.

1.2 Analysis

Elisa Albert is a well-known American author who has gained critical acclaim for her works of fiction. Her novel "*After Birth*" was published in 2015 and tells the story of a new mother struggling to come to terms with her experience of childbirth and motherhood, while also grappling with her own history of trauma and loss (Albert). In interviews, Albert has spoken about the deeply personal nature of "*After Birth*," which draws heavily from her own experiences of motherhood and the difficulties she faced in the aftermath of giving birth (Pryor). She has also discussed her desire to challenge the dominant narrative around motherhood and childbirth, which she sees as often idealized and romanticized, and to instead offer a more complex and nuanced portrayal of the realities of motherhood. Through her writings, Albert has become known for her unflinching honesty and her willingness to tackle difficult and taboo topics. She has been praised for her ability to write with both humor and heart, creating characters and stories that are at once relatable and deeply thought-provoking (Pryor).

In her "*After Birth*" that narrates the story of Ari, a first-time mother struggling to come to terms with her traumatic birth experience while dealing with the isolation and struggles of motherhood. The novel is set in a small town in upstate New York, where Ari finds herself feeling disconnected from the world around her and struggling to connect with her newborn son. As she navigates the ups and downs of early motherhood, Ari forms a close bond with a fellow mother, Mina, who helps her to

confront the trauma of her birth experience and the complexities of female friendship. Along the way, the novel explores themes of identity, feminism, and the cultural narratives around motherhood, offering a nuanced and honest portrayal of the challenges faced by new mothers in the modern world.

Ari's traumatic experience and childbirth led her go through postpartum depression after that she goes through several stages of this traumatic kind of depression in order to heal herself fully.

Ari painfully experiences a terror stage after giving birth to her son. This stage is characterized by intense fear, anxiety, and feelings of helplessness, which are common symptoms of postpartum depression. Throughout the terror stage, Ari struggles with the reality of motherhood and the overwhelming responsibilities that come with it.

One of the significant moments in this stage is when Ari describes her traumatic birth experience, which left her feeling violated and powerless. She recalls, "I was cut open and my baby was pulled out of me without my permission. They held him up, bloody and screaming, and I felt nothing" (Albert, 2015, p. 23). This experience left Ari feeling disconnected from her son and questioning her ability to be a good mother. Furthermore, the terror stage is also marked by her intense anxiety about her son's health and well-being. She obsessively checks on him, fearing that he will stop breathing or become ill. This fear is evident when she says, "I am afraid to sleep. I am afraid to leave him alone. I am afraid he will die." (Albert, 2015, p. 31). In this stage, Ari also experiences feelings of isolation and loneliness. She feels that she cannot share her struggles with anyone, and she is unable to connect with other mothers. This feeling is evident when she states, "I am not a mommy. I am a person who has a baby. I am alone in this experience." (Albert, 2015, p. 18)

After that, her symptoms develop into the second stage, dying of the self. Ari experiences a loss of her identity and sense of self as she struggles to adjust to motherhood and deal with her postpartum depression. One example of this stage is when Ari reflects on her life before motherhood and how it feels like a distant memory: "It was all a long time ago, everything before this. I can barely remember it. Who was that girl? Was she even a girl?" (Albert, 2015, p. 39). This quote shows how Ari is struggling to connect with her past self and how motherhood has taken over her identity. Another example is when Ari talks about feeling like a failure as a mother and questioning her ability to take care of her child: "I feel like I am the worst mother in the world. I can't get anything right. I don't know what to do with him. I don't know how to hold him or feed him or put him to sleep" (Albert, 2015, p. 51). This quote shows how Ari's self-doubt and feelings of inadequacy are contributing to her sense of losing herself. Throughout this stage, Ari is also grappling with her past traumas and how they are affecting her ability to be a mother. She reflects on her difficult relationship with her own mother and how it is shaping her experience of motherhood: "My own mother, who would never forgive me for being born, would have reveled in this. I can almost hear her saying, 'See? This is what you wanted? This is what you get'" (Albert, 2015, p. 41). In this stage, Ari is struggling to reconcile her old sense of self with her new role as a mother, leading to a sense of loss and confusion. However, as the novel progresses, Ari begins to move towards the next stages of struggling to survive and regaining control, ultimately finding a path towards healing and recovery.

Moving forward to the next stage, the "struggling to survive", Ari learns how to recover and cope with the birth depression. This stage in postpartum depression refers to the phase where the mother begins to take steps to regain control and start the healing process. Ari's struggle to survive can be seen in her efforts to seek out and connect with other mothers who may be experiencing similar feelings of isolation and despair. One instance of this struggle is seen when Ari attends a new mother's group, which she initially views with skepticism and disdain. However, as she begins to connect with the other mothers and share her experiences, she begins to feel less alone and more hopeful. She realizes that she is not the only one struggling with the challenges of motherhood, and this realization gives her a sense of strength and purpose. Another example of Ari's struggle to survive can be seen

in her decision to confront her own mother about the traumatic birth experience that she had as a child.

By facing her past and acknowledging the pain that it caused her, Ari takes a step towards healing and reclaiming her sense of self. As she says to her therapist, "I am not just a vessel, I am a person. And I am not just a mother, I am myself" (Albert, 2015, p. 244). These moments of connection and self-realization are essential for Ari's survival, as they allow her to begin to break free from the suffocating grip of her depression. While the road to recovery is long and difficult, Ari's determination to survive is a testament to the resilience of the human spirit.

Lastly, Ari arrives at the stage of regaining of control as she starts to take care of herself and make decisions for her own well-being. One example of this is when Ari begins to take walks with Mina, her neighbor and new friend. These walks provide a much-needed break from her responsibilities as a mother and allow her to connect with someone outside of her family. As she walks, she reflects on her life and starts to see things more clearly, stating, "I'd forgotten what it felt like to move, to stretch my legs, to look around and take in the world" (Albert, 2015, p. 165). Ari also starts to stand up for herself and assert her own needs and desires. She confronts her ex-boyfriend, Paul, about his past behavior and how it has affected her, stating, "You know what, Paul? Fuck you. You're not a good person" (Albert, 2015, p. 213). This shows that she is no longer willing to let others control her or dictate her actions. Furthermore, Ari begins to take control of her mental health by seeking therapy and medication for her depression. She recognizes that she needs help and takes the necessary steps to get it. This is shown when she says, "I'm seeing a therapist. I'm on medication. I'm trying to take care of myself" (Albert, 2015, p. 242). Through these actions, Ari demonstrates her ability to regain control of her life and make positive changes. She acknowledges her own needs and takes steps to meet them, which is an important part of the recovery process from postpartum depression.

Throughout the novel, Ari goes through the struggle of identity. She embodies this struggle when she describes such feeling as "a different person" after giving birth (Albert, 2015, p. 3), and struggles to reconcile her former identity as a passionate feminist with her new role as a mother. This tension is further compounded by her difficult birth experience, which leaves her feeling disconnected from her body and unable to breastfeed her newborn son. Ari's struggle with identity is also reflected in her interactions with other characters in the novel. She feels alienated from the other mothers in her community, who she perceives as conforming to traditional gender roles and domesticity. This sense of isolation and disconnection contributes to her experience of postpartum depression, as she struggles to find a sense of belonging and purpose in her new role as a mother.

Other characters in the novel also grapple with issues of identity in relation to motherhood. Mina, a mother and midwife who becomes Ari's friend, reflects on the changes motherhood has brought to her life, noting that "everything is different now" (Albert, 2015, p. 66). However, unlike Ari, Mina has found a sense of purpose and fulfillment in her new identity as a mother and midwife. This reflects a notable issue that not all women are supposedly to undergo through this psychological case of postpartum depression of giving birth.

Approximately 1 in every 7 women will get a perinatal mood or anxiety disorder like postpartum depression or anxiety. No one knows what triggers postpartum depression (PPD). It probably does not have a single cause. It likely results from a combination of physical and emotional factors. It's important to know, though, that postpartum depression does not occur because of something a mother does or does not do. (UPMC, no p.)

It is also clear that the societal expectations of motherhood and the pressure on women to conform to certain standards of behavior and performance play a role in triggering the postpartum depression. For instance, Ari reflects on the unrealistic and idealized images of motherhood that are

presented in popular culture and how they can contribute to feelings of failure and insecurity. Furthermore, the novel explores the ways in which motherhood intersects with other aspects of women's identity, such as their professional aspirations and their relationships with their partners. Her struggles with postpartum depression are compounded by her sense of isolation and disconnection from her former life as an academic and her strained relationship with her partner.

Additionally, Beck's theory of postpartum depression emphasizes the importance of social support in recovery from this condition. Unfortunately throughout the Ari's life after giving birth, Ari faces isolation and lack of support from her husband, mother, and other women in her life. This lack of social support contributes to her worsening mental state and prolongs her recovery process. Ari's husband, Paul, is depicted as being distant and unsupportive towards her struggles with postpartum depression. He is often absent from their home and fails to provide emotional support to Ari. This lack of support is evident when Ari says, "I could have used his help, his touch, his words of comfort. But there he was, so far away" (Albert, 2015, p. 9). This isolation worsens Ari's condition and delays her healing process. Similarly, her mother is also depicted as being unsupportive towards her daughter's struggles. She feels that her mother does not understand her situation and fails to provide the emotional support that she needs. This lack of support is evident when Ari says, "my mother . . . can't fathom what I'm going through" (Albert, 2015, p. 27). This lack of social support further contributes to Ari's isolation and prolongs her recovery process.

One example of the impact of cultural beliefs on Ari's experience can be seen in her relationship with her own mother. Ari's mother is dismissive of her daughter's struggles with motherhood and insists that Ari should simply "snap out of it." This attitude is reflective of a cultural belief that motherhood is supposed to be a joyful and fulfilling experience, and any negative emotions should be suppressed or ignored. This perspective not only invalidates Ari's experiences but also adds to her feelings of shame and guilt. The novel thus suggests that cultural beliefs and values can have a significant impact on the way postpartum depression is experienced and understood. Furthermore, there is also a highlight on the impact of cultural factors on the way postpartum depression is diagnosed and treated. In one scene, Ari visits a doctor who is dismissive of her symptoms and suggests that she is simply experiencing "baby blues." This highlights the tendency of medical professionals to downplay the severity of postpartum depression and the need for appropriate treatment. This is especially true for women who do not fit the traditional mold of motherhood or do not conform to cultural expectations. The novel thus underscores the importance of acknowledging the impact of cultural beliefs and values on the diagnosis and treatment of postpartum depression, and the need for more culturally sensitive approaches to mental health care.

Ari's traumatic experience with her mother is briefly mentioned, but it is not explicitly described. It is implied that her mother had a difficult and strained relationship with her, and this had a significant impact on Ari's mental health and well-being. This mother-daughter relationship suggests that Ari's feelings of inadequacy and fear of failure as a mother are linked to her unresolved issues with her own mother. Additionally, her traumatic experience with her mother may have contributed to her postpartum depression, as studies have shown that a history of trauma and adverse childhood experiences can increase the risk of developing postpartum depression (Beck, 2002). Ari also struggles with the cultural expectations placed on motherhood and the pressure to conform to societal norms. She faces criticism and judgment from other mothers who adhere to these expectations, and this contributes to her feelings of isolation and inadequacy. Ari's experiences highlight the importance of considering cultural factors when diagnosing and treating postpartum depression, as these factors can significantly impact a woman's mental health. Fortunately at the end, Ari finds herself and begins living her life after fully recovering from postpartum depression.

CONCLUSION

In conclusion, Elisa Albert's novel *"After Birth"* provides a compelling and nuanced portrayal of postpartum depression that contributes to ongoing efforts to better understand and address this complex and often-misunderstood condition. Through a close analysis of the text, this study has highlighted the ways in which Albert's novel represents postpartum depression as a multifaceted phenomenon that is shaped by a range of social and cultural factors. It is also concluded that this novel matches Cheryl Tatano Beck's theory of postpartum and her concepts of social and cultural impacts on new mothers especially that this novel's focus is on motherhood and its impact on women and their experience and problems with depression and becoming unable to perform their daily activities due to their depression. This paper also found out that Cheryl Tatano Beck's stages of healing from postpartum depression is achieved in this novel by the way the protagonist's actions was developed throughout the novel according to these stages reaching towards her healing point at the end.

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