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Illness of the Soul, Body or Culture? Postpartum Depression as a Theme in Contemporary Literature

Choroba duszy, ciała czy kultury? – depresja poporodowa jako temat współczesnej literatury

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Abstract

This article describes the characteristics of postpartum depression (PPD), its etiology and reasons for making this phenomenon a taboo in contemporary culture. The author analyses cultural representations of postpartum depression, which she sees as one of the most important factors contributing to the phenomenon of removing the masks of motherhood (S. Maushart), growing in force at the turn of the 20th and 21st centuries. Referring to selected examples from contemporary literature, and contextually also to film (including E. Şafak, N. Fiedorczuk, M. Susdorf, D. Barker, E. Atef), the author discusses the psychological and socio-cultural determinants of PPD, emphasising not only biological, but the mainly existential dimension of this experience and its strong connection to the contemporary norms of femininity and motherhood.

In one of her lesser-known essays called *On Being Ill*, penned in the second half of the 20th century, Virginia Woolf wonders why illness has never come to be one of the prime literary topics on a par with love, jealousy, or battle. After all, the loneliness which accompanies illness – she argues – lets us take a step back from the reality, but at the same time provides an acute reminder of our bodily nature and forces us to perceive the world from the confines of our aching body, thus making us exceptionally sensitive to sensory impulses and meanings

(Woolf 2010). Nowadays, illness (including depression) seems to be a well-established theme in art and literature. Better yet, Susan Sontag observes that mental illnesses have become the modern-day media for the secular myth of self-transcendence; as such, they have superseded tuberculosis, which used to be perceived as a source of creative imagination, spirituality, and even a social ennoblement in the 19th century (Sontag 1999). However, in this regard, the depression afflicting young mothers is an exception. Until recently, it had virtually no cultural representation. In this article, I analyse the reasons behind the long-lasting tabooisation of this sphere of women's experience, both in the real world and in art. I identify the prototypical text which sets forth the universal model for experiencing and representing PPD and proceed to trace the contemporary representations of the disease, as well as their functionality in the selected cultural texts, mainly of the literary genre. In my reflections, I resort to the methodology residing at the crossroads of literary studies, modern-day sociology of literature, and intersectional cultural studies on motherhood.

Etiology of post-partum depression

Giving birth is one of the most important biological, interpersonal and social changes in the lives of women. In most cases, it is accompanied by feelings of joy, satisfaction and fulfilment, which are not materially disrupted by the physical and psychological nuisances of the new role. However, WHO data indicate that statistically, one mother in ten (or even 30%) develops post-partum depression. The researchers characterise the etiology of the disease as inconsistent and complex (Abdollahi, Lye, Zarghami 2016). It should be regarded as a result of biological, personality-related and socio-cultural factors. Medicine recognises that the most common symptoms in depression include low mood, loss of interest in hobbies, loss of appetite, shame or feeling of worthlessness, sleeplessness, mood swings (from deep sadness, apathy and withdrawal to euphoria and compulsive behaviours), trouble with completing daily activities, helplessness, aversion towards the child. In extreme cases, the woman develops a distorted view of reality, accompanied by pseudo-hallucinations, violence, suicidal thoughts, or attempts at infanticide, in which case we are dealing with post-partum psychosis.

From the perspective of biological theories, post-partum depression is the effect of temporary and curable hormonal imbalance experienced by women in transition periods; it is related to the low level of oestrogen in the postpartum

period¹. However, considering that depression cases are not evenly distributed across the world, biology cannot be viewed as the main etiological factor of the disease². The geographical variation allows us to search for the causes of postpartum depression in the contemporary socio-cultural conditions, wherein the role of women is strictly defined as child caregivers subjected to men's rule. The socio-cultural factors comprise the standard of motherhood adopted in the given culture, including all the related views, myths, and rituals, of the specifics of care provided to the young mother, and her relations with the community. Sociological research has revealed that lower incidence rates of depression are recorded in countries with a developed social welfare system (such as Sweden) and cultures with a full-fledged family support system for young mothers before and after childbirth (Bina 2008). The findings show quite clearly that vulnerability to depressive states remains closely related to not only physiological issues but, possibly even more importantly, to the roles served by women in the family and the society³. The common point of the examples most frequently cited by sociologists is the maternal role and the related function of a caregiver, which puts women under the obligation to constantly respond to the needs of another while simultaneously restraining the pursuit of own goals. The situation of entering motherhood with the etiology of depression also involves – more than any other life situation – the feeling of uncertainty related to the new role combined with the simultaneous pressure on women regarding their duties as the so-called good mothers. In modern times, this pressure takes the form of the “intensive mothering” and, in broad terms, entails the full, physical and material involvement of the woman in the “task” of bringing up her child, in strict compliance with the authorities and specialist knowledge (Hays 1996).

The indicated cultural factors of PPD are compounded by psycho-social conditions: cognitive (relating the tendency to depressive states with personality traits such as: unrealistic visions of motherhood and the related pursuit of full control and perfectionism), interpersonal (relationships in the marriage and in

¹ The same process takes place in the menopausal period or during the temporary low mood in the premenstrual period. If the symptoms of depression are observed throughout the first two weeks after childbirth, they are viewed as a natural physiological state called baby blues which normalises upon regaining the hormonal balance. However, if the symptoms continue for more than a month or start later (even a month or a year after childbirth), they are probably a manifestation of postpartum depression.

² For instance, PPD is virtually unobserved in Singapore (0.5%), but Guyana has a high incidence rate (57%) (Soliday and Fancher 2010: 109).

³ The highest incidence rates are observed in single mothers, married housewives caring for the children, and married working mothers under a lot of stress as they combine their professional and parental duties (Frąckowiak-Sochańska 2014: 92).

the family), behavioural (wherein the depressive episodes are causally linked to stressful and psychologically disruptive events from the past, such as the divorce of the parents, lack of emotional support when growing up, or a troubled mother-daughter relationship) (Bina 2008: 234).

Considering the social order in the light of its potential impact on the incidence of depression allows us to broaden the perception of motherhood beyond the natural categories, typical of the female condition, and by the same token – to define depression, not as an individual problem of a woman, but a complex disease entity which cannot be viewed in isolation from the social context.

PPD (*postpartum depression*) – the taboo and the attempts at its destruction

Until this day, postpartum depression remains one of the strongest maternal and cultural taboos. Only recently has it become present in the public discourse, literature, or film. Suffice it to say that the first nationwide debate on the topic in Poland took place only in 2016, as part of the third edition of the campaign *Twarze depresji. Nie oceniam. Akceptuję* [*Faces of Depression. Acceptance, Not Judgment*]. One of the participants and author of the book *Depresja poporodowa. Możesz z nią wygrać* [*Postpartum Depression. You Can Beat It*] confessed in an interview that the search for women who would agree to publish their stories on battling depression, even anonymously, had taken her a year. Similar difficulties plagued the search for ambassadors and faces for the campaign (Mandżak-Matusek 2016). It seems that society fears this topic because of the culturally internalised vision of the mother and motherhood. Our social imagination, additionally stirred by the media and the pop culture, provides a vision of a woman who feels a strong and unconditional love for her child even before giving birth and provides the child with love and tender care after it comes into the world. The incorporation of the mother figure into the framework of the religious and romantic tradition infused with Freudian legacy has resulted in the idealisation of motherhood and placed the burden of responsibility for the child's life and health solely upon the shoulders of the mother. In this framework, motherhood considered as the primary social and biological role of a woman – together with the manner of its performance – is a key indicator of women's worth and comes under rigorous social judgement. In the context of these findings, the disclosure of the depressive experience could be viewed as a serious offence against the cultural script of being “a good mother” and the ideal of instinctive maternal love

which leaves no space for indifference or withdrawal, let alone rejection or violence toward the child. Besides, the Freudian mother figure – ready for masochist sacrifice and devotion, but at the same time good, loving, understanding – is still powerful in culture. As a result, young women tend to experience stressful situations in a style consistent with social expectations shaped by gender roles. That is why women are more inclined to direct their negative feelings inward (instead of defusing them in action as men do), which fosters the development or exacerbation of symptoms and hinders the ability of its verbalisation (Frąckowiak-Sochańska 2014: 92–93). Meanwhile, the women who have overcome depression are reluctant to discuss it because of shame and remorse about their behaviour towards the child during the disease (Mandżak-Matusek 2016).

Without a doubt, the watershed moment in art and literature on the topic came at the end of the 20th century. The date is by no means accidental. The writings published at the time form part of the maternal discourse, which enriched the literary canon of the humanities with the key texts on the problem penned by: Adrienne Rich (*Of Woman Born* 1976), Elisabeth Badinter (*Mother Love: Myth and Reality: Motherhood in Modern History* 1980) and Marianne Hirsch (*Mother/Daughter Plot. Narrative, Psychoanalysis, Feminism* 1989). They were preceded by seminal publications of their forerunners – S. de Beauvoir, B. Friedan, or S. Macintyre. In the second half of the 20th century, female researchers boldly pressed for the voice of mothers in culture, presenting motherhood as a complex experience of an existential, psychophysical, and identity-related – nature, just as it is institutional.

What also facilitated the opening to the topic of postpartum depression was the cultural turn to the autobiographical and intimist forms. The object of interest shifted from the global and universal to the private and individual. Breaking the conspiracy of silence which surrounded postpartum depression was also fostered by the growing culture of therapy. It was one of the more important impulses to – in the words of Susan Maushart – take off the “masks of motherhood”, i.e. to reveal the dark sides of motherhood which remain a cultural taboo. In her seminal book, Maushart describes entering into motherhood as a transformation being one of the best-kept secrets in the adult life of a woman. As a result, young mothers are unprepared for the clash of their, frequently idealised, visions of motherhood with the reality of daily life (Maushart 2000).

Postpartum depression as a theme of literary representations

In modern times, it is literature (and rarely film)⁴ that gradually seems to fill this void. Cultural narratives on postpartum depressions may be found in both high-brow and popular books, which attempt to reflect the complex web of emotions felt by a depressed mother and to give an indirect indication of the sources of the problem. The best-known representations of this experience include non-fiction writings (such as *Black Milk: On Writing, Motherhood, and the Harem Within* by Elif Şafak), narratives at the juncture of fiction and an autobiography (Natalia Fiedorczuk, *Jak pokochać centra handlowe* [*How to Fall in Love with Shopping Malls*]; Marek Susdorf, *Trzy śmiertelne historie, cz. 1 Dziennik znaleziony w piekarniku* [*Three Deadly Stories, part 1. Memoirs Found in an Oven*]) and classic examples of fiction (*Fractured Dawn* Barker, *The Memory Child* Steena Holmes or *After Birth* Elisa Albert). The questions about the reasons why a woman in the early 21st century chooses to hide her maternal feelings inspired the aforementioned film by Emily Atef *The Stranger in Me* (2008). Most of these examples reiterate, in their own way, the experience of the character portrayed in *The Yellow Wallpaper*, a story written by Charlotte Perkins Gilman in 1892, pointing to a defined universal pattern of experiences and a corresponding model for representing postpartum depression. The examples may be additionally categorised by the means of artistic expressions used, which I shall discuss later.

The Yellow Wallpaper, not unlike the dark tales by Edgar Allan Poe in terms of poetics, is an account of Gilman's personal experience with depression which worsened after the birth of her daughter. In the light of typical symptoms of depression – apathy, weariness, no will to live, or suicidal thoughts – Dr S. Weir Mitchell, a popular 19th-century therapist, recommended the so-called rest cure, which involved limiting both intellectual and physical exertion to the minimum. The treatment usually placed women in isolation of their homes and exacerbated

⁴ The first film to cover the subject autonomously and to break the PPD taboo is Emily Atef's *The Stranger in Me* of 2008. It is one of the three films of the topic which appeared in roughly the same time – together with *First Born* (2007, by Isaac Webb) and *Baby blues* (2008, by Lars E. Jacobson and Amar Kaleka) – but the other two handle PPD instrumentally, in the convention of a thriller and a horror. As a result, the figure of a depressive mother is only a mean to provoke a strong emotional response, not necessarily related to an understanding of the maternal experience. On the other hand, the film *Tully* (by Jason Reitman) of 2018 shows similarity to Atef's work both in terms of style and the message, which could suggest that the figure of a depressed mother will soon gain a multidimensional, complex reflection also in cinematography.

the disease, but through willpower and tenacity, Gilman managed to return to creative work. Her story ruthlessly laid bare the disastrous effects of both the recommended therapy and the dismissive attitude faced by depressed women. A first-person narrative told from the perspective of an unnamed woman portrays the slow process of descending into madness. The protagonist is a young mother who “cannot be” in the presence of her beloved child, which both her husband (a doctor) and her therapist diagnose as a serious affliction requiring treatment, but also as a trifling whim, a temporary bout of hysteria, which will be best cured by peace, rest, and isolation. The protagonist gets shut off from family life at the top floor of an old house, in a room where windows have bars and the prime piece of furniture is a bed fixed to the floor. Little by little, she loses all contact with her environment. Deprived of the possibility to read, write, or express her feelings, disregarded and infantilised by her environment, she starts to “read” the yellow wallpaper with recurring motifs of the eyes, of looking – a symbol of the permanent observation, panoptical in spirit. Overcoming the displeasing feeling of being watched, the protagonist starts to lay out the patterns into a coherent text which reveals another woman imprisoned behind the bars. The other woman is a projection of her imagination and her ill mind but, at the same time, an alter ego which embodies the suppressed part of her personality. As the protagonist cannot speak or write of her experience directly, she seeks an alternative way of expression – she speaks from behind the wallpaper, from behind its outer pattern, as a subject at the margins of official culture. The act of stripping the wallpaper is a symbolic gesture of reclaiming freedom, but also a confirmation of madness. As it turns out, the escape is possible only by succumbing to insanity.

Gilman’s story – writes Krystyna Kłosińska, paraphrasing Kolodny – can be interpreted as an illustration of Bloom’s category of “misreading”. The mistaken party is the doctor-husband, as well as the readers and critics who fail to see the progressing insanity of the wife or to link her illness to hierarchy and dominance [...] to which she is subjected in her closest relations (Kłosińska 2010: 264)⁵.

The Yellow Wallpaper provides a universal image of the condition of a woman imprisoned not only inside her own psyche but also in the confines of the boundaries set by the sex policy and social relations of her time. The most important feature in the condition of Gilman’s subject – the maternal version of the “madwoman in the attic” – is her feeling of imprisonment, isolation, and the resulting lack of control over her life, in the real and emotional dimension.

⁵ Translator’s note: All quotes in own translation unless stated otherwise.

The imagery of confinement and escape portrayed in *The Yellow Wallpaper* is simultaneously the most universal way of expressing the state of a depressed woman in the modern representations of the disease.

They present the experience of motherhood, usually awaited and well-planned, as evolving helplessness, loneliness and breakdown of the woman's personality, accompanied by feelings such as fear, sadness and inability to experience pleasure. Psychological loneliness is closely related to the specifics of this experience in the developed western societies where the incidence rate of depression is three times higher than in developing countries or homogenous agricultural societies (the countries of Latin America and the Middle East). It stems from the erosion of close bonds within the traditional communities of western countries and the related lack of support in times of hardship. The accelerating speed of life also takes a toll. The protagonist in Elisa Albert's *After Birth* says it outright: normalcy is belonging to a community that protects a woman from going insane. "This is what women have done since time immemorial" (Albert 2016: 92)⁶. The sense of confinement is also the product of an abrupt change in the lifestyle of women entering motherhood, which involves an alienation from the knowledge that used to be an inextricable aspect of their daily life. Medicalisation of basic tasks related to the early stage of the experience makes women feel lost and insecure in their new role, which is conducive to states of depression:

Here's the problem – laments the protagonist of Albert's book – we are taught nothing. How to sew, grow food, preserve food, build things, fix things, make fires, birth babies, care for babies, feed babies, move through time, grow old, die, grieve, change, sit still, be quiet. Still and quiet, endless Interneters, quiet, quiet, quiet. [...] Basic knowledge in shocking disuse while we tap away at our devices. [...] Birthing and care of newborn humans is a specialty now, an area of expertise, hired out (Albert 2016: 86).

Albert's book – which comes with a motto from *The Yellow Wallpaper* – elaborates on (and here I go back to the potential categorisation of the cultural representations of PPD) the feminist model of this writing and the message of Gilman's story. While describing the reality of a depressed mother, Albert – just like Marek Susdorf in Poland – accentuate chiefly the role of socialisation and the inability to live in the patriarchal world which reduces women to their procreational functions. The protagonist of Albert's story survives through

⁶ Translator's note: All quotes from *After Birth* provided as in the original edition (Elisa Albert, *After Birth*, Houghton Mifflin Harcourt, 2015).

friendship and female solidarity, in a return to a community. Before, even as she asks for help, her signals are usually dismissed:

Paul's mother in Ohio called every third day. – How are you doing? I don't want to bother you. – How am I. I don't really know. I don't know how people are supposed to do this. I don't know how to do this. – New babies are a lot of work! – I need help, I told her. I can't do this. My voice was low. She's good people. [...] – Don't be silly. Of course you can (ibid.: 21).

The main character in Susdorf's book – a hybrid narrative in terms of both genre and style – beset by social expectations and deprived of family support, decides to commit murder-suicide and go on the final journey with her daughter. She does not love the girl from birth, their bond develops with time. Both texts, saturated with feminist theories, can be classed into the poetics of scream – as a defence mechanism and, at the same time, a cry for help. In Susdorf, scream poetics manifests in the emotional-intellectual affectivity of the protagonist who, aware of her situation, screams as she faces the social defiance to grasp her condition as a mother. In such a plight, a woman – writes Krystyna Kłosińska – is forced to assert her presence by way of screaming (Kłosińska 2006: 26–29). Writing a journal is the last attempt at expressing the entrapment and insecurity in the new role, but even that fails and lures her to the semblances of authenticity – the language of mothers does not exist, as it always builds up the patriarchal awareness, so all that is left is screaming, parody and liberation in death. To some extent, Albert's protagonist uses a similar strategy – her language is sharp, vulgar, blunt, and she herself, as a doctorate student in Sociology, is fully aware of the transformations she is going through. However, the presentation of the problem leaves a little to be desired – the image of a depressive protagonist suspended between the panic fear for her child and suicidal thoughts, between love and hate, lacks psychological depth and remains structurally unmotivated. Meanwhile, the feminist dimension of the project, although not always successful, boils down to the attempt at showing that women rarely become mothers on their own terms. The institutional dimension of motherhood is far from the individual experience of every woman.

Another narrative on postpartum depression, definitely superior in terms of artistry but also feminist in spirit, may be found in the book *Black Milk: On Writing, Motherhood, and the Harem Within* penned by the Turkish writer Elif Şafak. Contrary to appearances, it is not a record of suffering but a serene autobiographical story of depression and a creative crisis which afflict the protagonist after childbirth. Personality breakdown is portrayed as an internal “harem”

of conflicting voices of her own ego, personified as minuscule, phantasmatic beings visiting her in times of difficulty. Noticing and recording those voices allows the protagonist to balance out the intellectual and cultural part of herself with the biological and bodily element – which amounts to appeasing the contradiction between life and writing. And though it could seem that the writer makes light of a serious problem, she manages to use her curious essayist formula to show the primary source of emotional problems – the conflict between the intellect and the body, between the somatic – tantamount to maternal – and symbolically subjected to the priorities of modern culture. Thus, the eponymous “black milk” could be interpreted as an attempt to work through a crisis by the act of writing down, but also revealing and introducing into the literary tradition an issue thus far bashfully pushed to the fringes of cultural imagination.

Difficulties in overcoming the taboo of depression are linked on many levels with the fact that, like no other disease of psychological origin, postpartum depression is closely related to the experience of the body. As the abject – due to its connection to the time of transition – it is consistently ousted from the space of culture which has perpetuated for centuries the vision of Mary as an incorporeal mother. Therefore, the somatic experiences of the early stage of motherhood such as pregnancy, childbirth, the hardships of breastfeeding, pain, exhaustion, lack of sleep not only confine women to suffering but also deepen the alienation and personality breakdown. The majority of the discussed narratives present a protagonist which provides a textbook example of a person at risk, which is due to the physical pain and exhaustion experienced in the early phase of motherhood – most frequently this refers to pain at childbirth, which is resolved through anaesthesia or a caesarean delivery. A notable context is a mother’s perception of her experience as anonymous and impersonal. When the protagonist of Barker’s book, overwhelmed by the pain of childbirth, decides to go through with epidural anaesthesia, what she hears is: “‘I have another epidural here for you.’ Anna heard herself being reduced to just another nameless patient, just a procedure. As she felt herself slipping away, she couldn’t shake the feeling that she had failed” (Barker 2015: 48). Her emotional distress clearly begins in the labour room already:

She tried to breathe deeply as a horrible sense of suffocating claustrophobia settled on her. She felt as though she was stuck on a long flight, with no way to stretch out without touching someone, no way of protecting her own space (ibid.: 51).

A shock, and at the same time a protest against the medicalisation of childbirth was experienced also by Albert’s protagonist:

They cut me in half, pulled the baby from my numb, gaping, cauterized centre. Merciless hospital lights, curtain in front of my face. Effective disembodiment. Smell of burning flesh. Sewn back up again by a team of people I didn't know, none of whom bothered to look me in the eye, not even one of them, not even once. Severed from hip to hip, iced, brutalized, catheterized, tethered to a bed, the tiny bird's heartfelt shrieks as they carted him off somewhere hell itself (Albert 2016: 19).

A depressed mother sees her body as something foreign – it is the body which takes her into its power, amplifying the sense of losing control over own life:

Amazing – writes the protagonist of Fiedorczuk's book – how portly and pronounced is the space taken up by this body. It contrasts with the sense of disappearing that I get since the first pregnancy. I stop feeling myself physically, stop identifying weariness, hunger [...] I hide behind the fridge, my lips full of chocolate. I still sense myself shrinking and withering but the opposite is the truth. I'm really big, which embarrasses me to no end. I'd like to be bony and shrunken, tiny, as miniscule and unimportant as I feel before myself (Fiedorczuk 2016: 75).

Fiedorczuk's character compensates for the lack of control through compulsive cleaning (of her house or car) which helps her regain balance and gives an illusory sense of control over the environment in the face of an unpredictable and unpleasant adventure with the body:

I'm sitting on the sofa, crying, the child at my breast. The room smells of detergent. It's beautiful, like in a photo in a high-end real estate catalogue. This compulsive cleanliness is the only part of my life I can control. I have no control over my body, including the breasts which hurt like a motherfucker, the pangs of wild hunger during breastfeeding, or the frightful lines that don't fit any beauty canon at all. I have no control over my sleep. I think that I will never be able to think anything up anymore, I will never go beyond this lingering, this wait. I find myself in another space-time continuum, in an immaculately clean cell. [...] On the sixteenth of March 2016 [...] I tell my husband [...] to look for another woman, another mother for our son. The advice does not seem ill-fitted or moronic. Certain of my impending death, I want to help him get over it and prepare for my passing before I take with me someone or something besides just myself. But still, it is the time when our house is at its cleanest. It's beautiful (ibid.: 28).

The book of Fiedorczuk, the 2016 laureate of the "Polityka" magazine award, is suspended between fiction and an autobiography. To give her rendering of the emotional condition of a depressed mother, the author uses the spatial category of non-place introduced by Marc Augé, which exposes lability, anonymity, lingering in non-time and the liminality of the experience.

The ambivalence of states experienced in postpartum depression – from euphoric love to animosity or even infanticide – is undoubtedly amplified by shame. Embarrassment to reveal own feelings heightens the emotional sensitivity of the mother. The postmodern model of motherhood, with its intrinsic duty of self-control, does not allow for honesty on the topic, as emphasised in *After Birth*: “But you can’t talk about this” (Albert 2016: 100). All attempts at verbalisation meet with condescendence, dismissiveness or non-belief, and the visible symptoms of the disease provoke outright disapproval. The disciplining role of the environment is painfully exposed in Emily Atef’s film, where the most ruthless critics of the sick mother are her father and the childless sister of her husband. *The Stranger in Me*, just like fiction texts by Barker and Holmes, presents an in-depth psychological image of depression with a rich narrative covering the phenomenon from the perspective of the protagonist’s environment. The family of Rebecca and Julian in Atef’s movie fails to notice, and then to accept the progressing helplessness and fear of the mother in the presence of the child. When the woman realises that she poses a danger to her offspring and gradually secludes herself, she meets with fierce criticism of her husband’s family. She recovers thanks to her perseverance, the love for her child, the help of other women, advanced therapy, but most of all the understanding and acceptance of her partner.

In their handling of the topic, the authors of *Fractured* and *The Memory Child* use the strategy of a riddle. Both books have an in-depth retrospective narrative which explains the behaviours and anxieties of the protagonist but also leads to the resolution of the dramatic mystery consuming the characters. Steena Holmes describes the tragedy of a woman who, after the sudden death of her husband and her new-born daughter in a car accident, succumbs to a mental breakdown. She sees her present life through the filter of the past, professing that her husband’s absence is due to his work overseas and replacing her daughter with a doll. Indubitably, the disease is further exacerbated by the qualms of the protagonist, a businesswoman in demand who long opposed the prospect of becoming a mother and finally gave in to her husband’s pressure. Meanwhile, Dawn Barker touches upon the most severe form of postpartum breakdown, i.e. psychosis. The author runs a parallel narrative wherein the day of the murder and the related investigation come entwined with the retrospective story of the approaching tragedy. Step by step, Baker seemingly aspires to describe the condition of the mother and to reveal the causes of infanticide but, at the same time, she draws the web of multiple examples of negligence, committed by the family and others, which eventually lead to the tragedy. In the woman who had been

trying for a baby for a long time and loves her son to bits, postpartum psychosis appears suddenly, as a phenomenon both inexplicable and incomprehensible. The disease is partially accounted for by personality-related and cognitive factors – Anna is a perfectionist with an ingrained vision of ideal motherhood, which fades in the face of reality. Having a depressive mother is an additional factor. Although Anna is utterly exhausted, she cannot or will not ask for help, ashamed of her helplessness. Simultaneously, she feels growing frustration and resentment towards her husband who, out of convenience, glosses over the subtle signals suggesting the suboptimal condition of his wife. Only after the tragedy, when he analyses all the facts, he manages to truly empathise with the situation of his ill wife:

He picked up Jessie's lead and kept walking. How long had it been since he'd slept properly? It was nine days since Jack had died. It was physically impossible to have gone that long without any sleep at all: his body would have shut down, he'd be hallucinating. He now understood why sleep deprivation was used as torture. He'd feel better if only his mind would rest, but every time he closed his eyes he castigated himself over and over with questions and accusations for which he had no answer. Was this how Anna had felt? (Barker 2016: 138)⁷.

Barker does not give an unequivocal answer to the questions about the origin of the disease and responsibility for the infanticide. In the eyes of the law, the protagonist is exculpated, but many questions remain unanswered. Why did the husband not see that his wife stopped eating or sleeping, that she obsessively cared for the baby but felt absent-minded, performing her tasks mechanically and emotionlessly? Who or what is at fault? Is it the mother, who clings to her idealised image of motherhood, the culture and society, which perpetuate that vision, the genes, inherited after the depressive mother, or the lack of real support? There is no single answer, but the discomfort remains – and therein lies one of the main values of the book.

The examples discussed implement the concepts of literature which communicate no universal truths but reconstruct the feminine experience, thus far tabooed or overlooked in cultural representations. They include texts of varying artistic value, using diverse narrative strategies. Aside from virtually textbook examples illustrating the process of entering the disease, together with its socio-cultural and psychological aspects, we find others, accentuating the relationship between women's experiences and the psychology of creativity,

⁷ Translator's note: All quotes from *Fractured* provided as in the original edition (Dawn Baker, *Fractured*, Hachette Australia, 2013).

as well as the individual and social agency. Therefore, in most stories, the recovery involves restoration of control over both body and speech. That is why the incorporation of postpartum depression into the literary tradition is important not only as an act of breaking “the conspiracy of silence” but also in view of its cognitive, social and therapeutic functions.

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