

Women's Experiences of Fatigue After Childbirth

Narratives of Ideology and Resistance

Women commonly experience fatigue after childbirth. The influence of a patriarchal ideology of motherhood may contribute to mothers evaluating their mothering experiences more negatively when fatigued. This study systematically examined manifestations of ideology and resistance in a sample of thirteen mothers who were participants in a qualitative study on fatigue after childbirth. The days and weeks after childbirth were a period of intensity and complexity. Patriarchal motherhood ideology influenced mothers when fatigued. Many of the women expressed frustration as they struggled to negotiate between the reality and ideology of caregiving when fatigued. Patriarchal motherhood ideology was oppressive to women as evidenced by the self-criticism and self-disappointment in their caregiving abilities when fatigued. Resistance to this ideology occurred when women reached a point of exhaustion beyond which they were unable to care for their infants. At this point, women resisted the idea that they provide continual infant care and gave the infant to another caregiver with instructions to not approach until the mother had rested. The postpartum period is a time when patriarchal motherhood ideology is acutely experienced and when new patterns of behavior and identity rapidly form. Feminist inquiry examining the days and weeks after childbirth holds great potential for influencing women's constructions of themselves as mothers.

Tiredness, fatigue, and exhaustion are common experiences in the weeks after giving birth. Sleep deprivation, healing from childbirth, newborn carework, and self/family identity transformations add to women's ongoing everyday carework demands. Furthermore, patriarchal ideologies of motherhood may be most acutely experienced in the weeks after childbirth. As a result, women who are influenced by a patriarchal ideology of motherhood may critique their mothering behaviors and experiences through the lens of exhaustion

and fatigue, potentially perpetuating the feelings of guilt, self-deprecation, and anxiety that they are not living up to their own or society's expectations of motherhood. Ongoing negative self-evaluations could ultimately potentiate symptoms of postpartum depression. Feminist activists and scholars have yet to embrace the potential that feminist inquiry into the first weeks after birth holds for advancing theory and practice of feminist mothering. To this end, the purpose of the following study was to systematically examine and describe how women involved in a qualitative study of postpartum fatigue manifested narratives of ideology and resistance to a patriarchal ideology of motherhood within their accounts of fatigue after childbirth.

Literature review: Patriarchal ideology of motherhood

The word "mothering" refers to women's experiences of being a mother which is female defined, female centered and potentially empowering to women (O'Reilly, 2006). The word "motherhood," on the other hand, refers to a socially-constructed patriarchal institution that is male defined, male controlled, and can be extremely oppressive to women (Glenn, 1994; Thurer, 1994). This patriarchal ideology of motherhood is a dominant ideology that has shaped western culture thinking about mothering and often serves as a lens that filters and distorts experiences and understanding of women's lives (Glenn, 1994; Douglas and Michaels, 2004). Patriarchal motherhood ideology fundamentally oppresses women by holding as a core tenet the idea that only the biological mother is capable of fulfilling the mother role (O'Reilly, 2006; Wearing, 1984). Other tenets of this ideology include that children can only be properly cared for by their biological mother; that care be provided 24/7 without fail or complaint; that a mother must always put the needs of her children before her own; that her identity is completed as a mother; and that a woman is singularly satisfied and fulfilled by motherhood (Wearing, 1984; O'Reilly, Porter and Short, 2005; Rossiter, 1988). Patriarchal motherhood ideology constructs "good" or "perfect" mothers as those who uphold each and every tenet without fail, leaving mothers who do not achieve this ideal to be constructed as "bad" mothers (A. O'Reilly 2004). Furthermore, this ideology moves through dominant ideologies of race and class to construct a legitimate mother as one who is white, married to a man, and who has the financial means to secure any product required to care for their children in the manner proscribed by the ideology (O'Reilly, A. 2004; Eyer, 1996).

Paradoxically, while this ideology professes that being a "good" mother is the most important ideal that women can achieve, the ideology also constructs motherhood as an easy role for which a woman should need no assistance from others or ever tire of, because such caregiving and carework arise out of women's biological endowment (Glenn, 1994). A patriarchal ideology of motherhood is oppressive to women in large part, because it compels women to sacrifice their identity and selfhood in order to live up to the important responsibility of total care of their children, yet denies women any tangible authority or agency

within which to mother or recognize their lives as their own (O'Reilly, 2006; O'Reilly, Porter and Short, 2005).

Fatigue, depression, and ideology after childbirth

The experience of fatigue after childbirth is common to nearly all women (Milligan, Lenz, Parks, Pugh and Katzman, 1997; M. O'Reilly, 2004). Postpartum fatigue (i.e., fatigue after childbirth) is one of the most distressing and concerning symptoms women have in the early weeks after childbirth (Kline, Martin and Deyo, 1998; Troy, 2003). Unrelenting, severe postpartum fatigue has effects on women that include reduced health and functional status and early weaning from breastfeeding (McVeigh, 2000; Pugh and Milligan, 1988; Tulman and Fawcett, 1988; Tulman, Fawcett, Groblewski and Silverman, 1990).

Postpartum fatigue as evidenced by difficulty falling asleep or staying asleep is a major symptom of depression (First, Frances and Pincus, 2002). Postpartum fatigue and depression are positively correlated such that when fatigue is high, depression symptoms are also high (Rychnovsky, 2007). Furthermore, studies report that the presence of severe postpartum fatigue at seven or fourteen days postpartum accurately predict the development of significant depression symptoms 28 days postpartum more than 90 percent of the time (Bozoky and Corwin, 2002; Corwin, Bozoky, Pugh and Johnson, 2003).

Complete adherence to the tenets of patriarchal motherhood ideology is not only unreasonable and impractical, it is impossible (Green, 2004). The good/bad binary that requires a "good" mother to fully adhere to all tenets of the ideology means that all mothers will fall short; that no mother is "perfect." However, because this ideology permeates so many aspects of American culture, institutions, and relationships, women continue to strive to be "good" mothers in the ideological sense, because often the only other option available to them is to be a "bad" mother. When women who loosely or strictly evaluate their mothering against the tenets of this ideology fall short of this standard, they may judge themselves as inadequate both as mothers and as women (Green, 2004; Wearing, 1984). Combining such negative evaluations within the context of the fatigue women frequently feel in the weeks and months after childbirth sets women up for an ongoing, unrelenting cycle of self-doubt, guilt, anxiety, and shame when constructing their identity as mothers (Rossiter, 1988). Such feelings when ongoing and unrelieved are symptoms of postpartum depression (Kendall-Tackett, 2005).

Research aims

During the interviews and data analysis of the grounded theory study of postpartum fatigue¹ the investigator noted that many participants critiqued their mothering abilities and behaviors when fatigued in a manner that suggested an underlying adherence to aspects of a patriarchal ideology of motherhood. Conversely, women also discussed their resistance of ideological constructions of motherhood and explored the contradictions between ideology and reality

when fatigued. As a result, two research aims were developed to systematically examine women's critiques of their mothering experiences when fatigued. Within women's accounts of postpartum fatigue, they identify manifestations of: 1) a patriarchal ideology of motherhood, and 2) resistance to this ideology.

Methodology

The data were examined using the methodology of feminist qualitative content analysis (Reinharz and Davidman, 1992) informed by Anderson and Jack's (11) method of listening for meaning within interviews when the researcher is located within a dominant ideology. A feminist qualitative content analysis design involves using an interpretive lens to systematically examine what is present and absent in texts for the purpose of learning how aspects of culture such as institutions and ideas shape women's lives (Reinharz and Davidman, 1992).

Listening to women's voices is a valuable means of uncovering women's experiences and insights into their world (Anderson and Jack, 1992). Anderson and Jack propose a method of listening for three types of statements in order to assist researchers to become more aware of the meaning expressed within each woman's narrative when the researcher is located within the dominant ideology (e.g., patriarchal motherhood ideology). The first type of statement is moral language, which includes statements of self-evaluation and self-judgment. The second type of statement involves meta-statements where a participant may stop, reflect back and comment on what she has previously said. Meta-statements can alert the researcher to discrepancies between what a woman experiences and what is expected by others or society. The third type of statement is to examine the logic of the narrative by asking if there are consistencies and contradictions within a discussion that has recurring themes. As researchers living within the ideology we were studying, this method enhanced our ability to attend to participants' articulations of how conflicting social forces and the institution of motherhood shaped their lives (Anderson and Jack, 1992).

Sample and data collection procedure

Approval to conduct the study was secured from the appropriate university and hospital institutions prior to recruitment. Transcriptions of semi-structured interviews with 13 non-depressed women living in the southwest United States were examined. In the original study, participants were chosen to represent diverse experiences of fatigue, sociodemographic, and health characteristics. Participants were recruited during their inpatient hospital stay after childbirth and interviewed between two and five weeks later ($M = 3.6$ weeks, $SD = .81$) at a location of their choice (usually their home). Semi-structured interviews with written questions provided a loosely structured framework to elicit women's experiences of fatigue. Example questions included: "How does your mind (and body) feel when you are fatigued?" and "How do you cope when you are really tired?"

Participants were between 19 and 41 years old ($M = 29.1$, $SD = 7.5$) and included women who were Caucasian (six participants), Hispanic (five), African-American (one), and Native-American (one). Participants were either married (nine) or single (four). Two of the single participants had partners, and two did not. Five participants were first-time mothers, four women had two children, two women had three children, and two women had four children. Participants reported both vaginal (nine) and operative (four) births, and at the time of data collection were feeding by breast (eight), bottle (three), or using both methods (two).

Results

Each participant's transcript was carefully read for statements of moral language, meta-statements, and narrative logic to identify expressions of patriarchal motherhood ideology and resistance to this ideology within women's experience of postpartum fatigue. Each identified statement was interpreted independently by two researchers within the context of the interview to promote interpretation accuracy. The participant statements and both researchers' interpretations were placed into a table. Any disagreements in interpretations or categorizations of findings were resolved by examining the original statement within the context of the interview. Themes of ideology and resistance when fatigued after childbirth that were common across multiple participants were categorized using a feminist qualitative content analysis. Seven major themes arose out of women's narratives of fatigue after childbirth: Real versus ideal; myths of motherhood; frustration; limitations experienced; lack of choice in carework role; support; and evaluations of self. Resistance to patriarchal ideology of motherhood is reported separately. To varying degrees, depending on the level of influence ideology exerted upon their lives when fatigued, all thirteen participants were represented within the data. What follows is a description of the major themes with participant exemplars (pseudonyms used).

Myths of motherhood

The tenets of a patriarchal ideology of motherhood, termed "myths of motherhood" were identified within the narratives of ten participants. Participants indicated that they felt completely responsible for the infant's care even when recovering from birth in the early days and weeks postpartum. Women stated that fatigue prevented them from being fully present as mothers for their infants and any older children. Many of the participants felt the need to get life back to "normal" as quickly as possible after birth, even if this meant denying their bodies time to heal from childbirth. Participants with older children expressed difficulty meeting older children's requests for their attention and attempted to reduce disruptions in the children's schedules as a result of the mother's decreased functional ability in the weeks after childbirth.

I wanted to attend to the baby, to be alert completely, but with fatigue, I'm not 100 percent there, as I'd like to be. (Lilia)

I know I need to attend to his needs no matter how tired I am. I have to get up and feed him. I have to get up and make sure his diaper is changed and he's clean and you know he's taken care of and that can be hard when you can barely keep your eyes open. (Ann)

Ideal-Real Contradiction

Nine of the women struggled between ideal motherhood practices and the reality of everyday life in the weeks after childbirth. Some mothers struggled to reconcile their need to rest and heal from childbirth with the demands of their infants and older children. Women with more than one child also felt guilty when they had difficulty adjusting to the new baby, because they thought they should be “expert” mothers. However, having one child (or even two children) had not completely prepared them for the realities of having another child, which they thought would be “easy” given their prior experience.

I felt guilty for wanting to rest and for asking if I could rest instead of being with them [her children] and I was in bad moods too and, and I would take it out on my husband or a little bit on [the two-year-old] ... sometimes I catch myself, but you just feel guilty. I guess like you're not handling being a mother really good when you're supposed to be an expert. (Maria)

And also books that say they sleep 16 to 18 hours a day, that's a lie. My cat does that, you do not (to baby). He can cry 8 hours straight and not sleep. (Kari)

Frustration

Nine women said that when fatigued, frustration was a major challenge they faced. Frustration resulted from not being able to sleep for more than two to three hours uninterrupted for weeks on end. Frustration also arose from being unable to accomplish all the carework-related tasks they were responsible for completing that day due to either the limitations created by the fatigue from not sleeping, from their healing bodies, or simply from the heavy care-giving demands of the baby and other children. Women who were frustrated described being tied down, constantly in demand, being limited to the home, feeling loss of independence, and feeling out of control and overwhelmed. When frustrated, women said they had little or no patience with other family members and when communicating with people outside their homes (e.g., making doctor appointments, etc.).

It's frustrating not getting enough sleep and not having enough hours to do what you need to do. (Cathy)

I have this sort of set list of what I want to do, what I want to get done. I get really, extremely frustrated when I can't get those things done. (Monica)

Limitations experienced when fatigued

Within the narratives of fatigue after childbirth, eleven participants readily discussed the limitations that their minds, bodies, and the carework demands of a young infant placed on their lives. Six of these participants said how they resisted the messages from their minds and bodies to rest by keeping busy or doing more activities, which women later noted tended to increase the severity of their fatigue. Additionally, a few participants spoke of de-valuing their personal needs for rest to prevent older children from perceiving that the mother had any limitations as a result of the new baby's caregiving demands. Women believed that older children may feel disappointment if they perceived their mother was limited in her caregiving abilities. In some cases, the need to perform up to self- and/or societal-imposed standards resulted in women mothering beyond exhaustion.

I'm crankier and frustrated and more stressed out, because I can't seem to get things I need to get done and then I'm tired and I feel that if I sleep, then I pay the price for not having my house clean. So, it's like if I sleep then my house isn't clean and if my house isn't clean I don't like that. (Cathy)

I feel like they're [three children] important and I feel like I'm failing them somehow. I don't think of them as so much a burden as I feel like you know, I'm more of a disappointment to myself than I am feeling that they're a burden. It's like I should be able to do whatever. (Monica)

Lack of Choice in the Carework Role

Six participants stated that they had no choice when it came to providing care to their infants in the weeks after childbirth. No matter how much their minds and bodies demanded rest or how much pain they experienced, the participants still had to provide continual care for their infant. Even when other family members might be helping with the baby, the ultimate responsibility for either providing or ensuring the infant's care fell to each of the mothers in this study.

I'd had a c-section and I wanted to just recover, but you're not allowed to. It seems like it's the only surgery that you don't get to recover from, because you've got all these other demands and that's it. If the kid's screaming or needs something you can't say, 'well you know what? I feel like crap,' and stay in bed. You just get up and keep going. (Kari)

There's no such word as can't, because you have to, I mean if you're the only one here there's like some things you have to do, you have to do it. It's

not an option of you picking that you can or can't do it. You have to do it.
(Maria)

Support

Ten participants indicated that physical and mental support from people who could relieve mothers of constant caregiving was viewed as critical to their ability to cope those first weeks after childbirth. Women who had little or no support lamented the lack of support, because they realized how essential support was to their own health and ability to function. Participants were supported to varying degrees by a wide variety of family and friends who offered different kinds of support such as live-in support of families to daily or occasional naps, to simply having outstanding offers of support that could be accessed in times of need. However, women noted that most support was available only during the day. Regardless of whether women had help with the infant at night from a partner, mothers were acutely aware of the inequality between day and night support. As mothers, they were ultimately responsible for the infant all night.

Sometimes I rely on my husband to help me. If he's not there then I have a twin sister of mine that is calling me every night asking me how I'm doing, which is really good. She's telling me that I can take the babies over or that I can go sleep with her at her home. I haven't done that yet, but it's nice to know that if I have to I can. (Maria)

Talking to somebody who's been through what you've been through helps me 'cause you know you're not, nothing wrong with you, it's OK. [Later] But they don't want to help you when it's nighttime. They wanna help you in the daytime. So it's good I have the support, but they're not there in the nighttime. (Janet)

Evaluations of self when fatigued

Eight participants evaluated themselves negatively when fatigued. Participants expressed feeling self-disappointment and thought they disappointed other family members when they could not live up to their own expectations of what they should be able to accomplish as mothers. Participants spoke of regularly putting the needs of the people they cared for before their own needs. We consistently noted that mothers would construct their own personal needs as “wants” whereas infants and other children had “needs,” but not wants. This subtle self de-valuation was an example of where the patriarchal ideology of motherhood came through strongly in the participants' narratives. Participants expressed great conflict between what their minds and bodies were telling them to do (i.e., rest) and what caregiving demanded of them (i.e., never rest). In order to see that their infant or older children were cared for, participants described being compelled to “fight” through the fatigue, “deal” with it, “ignore”

the fatigue, and “get used to it.” On the other hand, the participants recognized how much the fatigue contributed to their negative self-evaluations. Participants said they did not feel like themselves and that they didn’t recognize the person they turned into when fatigued, but that these feelings and harsh judgments went away when they felt rested. When rested, participants felt positive about their mothering abilities and identity.

I just realize that you know his [baby's] needs are more important than mine and I'll find another time to sleep. (Ann)

I just keep on going. I just deal with it, you know. I don't really think about it. It's just I know I got things I have to do and you know my family needs me or a job needs me so I just keep on going, learn to live with it. (Susan)

I feel like I can't do everything I want to do. Like incapable of handling things the way I usually do, so I guess I kinda feel a little disappointed in myself. Or when I get stressed out and I just tell (two-year-old) just go to sleep and be quiet and don't wake the baby, I feel bad. I'm like oh, I'm so, so mean, he's just two. But I just um get a little disappointed in myself. (Lilia)

That you're not you. You just feel like there's something wrong with you. Like you're not yourself. That's how I just felt; like I wasn't me. So you're not really happy with yourself. (Janet)

Resistance to ideology

Resistance to maintaining the precepts of a patriarchal ideology of motherhood was manifested when participants were at the limits of their exhaustion; when participants simply could not function any longer. Six participants spoke of times when they crossed a line beyond which they could no longer care for their infant until they either rested or got control of themselves. Often this happened when the mother had been providing continual care for a long period of time, because the infant was irritable, sick, or inconsolable. Other factors that contributed to these situations included a pile-up of stressors over a short period of time including toddler/preschool children requiring extra care or attention in combination with financial, school (e.g., taking exams), or other household stressors. Often a near-complete lack of sleep (e.g., two hours of sleep in the past 24 hours) occurred just prior to complete exhaustion. When participants reached their limit, they took steps to remove themselves from all carework. This included giving the infant to a partner and stating that partner could not give the infant back or even approach the mother until she was ready to assume care again. Mothers spoke of retreating to the bedroom for anything from a short break to get control to sleeping a few hours. At these points in women’s postpartum experiences,

they had to resist patriarchal motherhood ideology in an act of survival and preservation of selfhood.

And I got to the point a couple times during the night when I knew he'd eaten already and I just told my husband "OK. I'm not nursing him anymore. I can't do it, so you're gonna have to just take him and walk him or whatever." I hadn't slept. I felt like I had no milk left I was just so tired that I just had to say, okay, no. I can't do this anymore. I'm going to sleep now. You guys deal with it. (Linda)

Eventually after, you know a really bad day or whatever, I end up melting down just in tears and so frustrated and just you know go in, shut the door, lock everybody out. (Cathy)

Limitations

Several study limitations are noted. The results reported are those ideological and resistive experiences common to the participants sampled and are not meant to represent larger groups of women. Caution should be taken when examining the usefulness of these findings in women whose experiences or social contexts differ from those represented in the study. Care should also be taken to remember that these results represent the participants' experiences from within the context of postpartum fatigue. The results do not reflect the totality of the participants' mothering experiences. Women noted how they felt differently about themselves, their mothering abilities, and their children when not fatigued. Interview questions were specifically directed to elicit how women felt and behaved only when actually fatigued.

Discussion

The tenets of a patriarchal ideology of motherhood were readily identifiable within participants' narratives of fatigue after childbirth. Patriarchal motherhood ideology was embedded in participants' mothering beliefs and behaviors and functioned as an oppressive feature in their lives on a number of levels. For example, participants expressed feeling they did not deserve to rest even though they had recently given birth. Participants expressed feeling guilt over being a "burden" to the person they asked to care for their children when they rested. Participants also felt guilty when resting, because rest time was time not spent promoting the development of the older children. When fatigued, participants felt disappointment in their body and mind's "failure" that they could not provide continual caregiving. Sleep was constructed as a "want" rather than as physiological imperative.

The type of resistance to patriarchal motherhood ideology that women engaged in was unexpected. We had expected to see acts of resistance such as railing against the tenets of the ideology, and expressions of discontent or anger about how society's expectations of mothers are unrealistic and unat-

tainable. Instead, resistance within the postpartum context of fatigue took on a more somber tone. Resistance manifested as acts of self-preservation and survival when mothers were so exhausted that they were unable to continue caring for their infants.

These findings reveal a great need for feminists to more closely attend to the early weeks and months after childbirth in their development and critique of motherhood. The postpartum period is a complex and often chaotic time when new patterns of behavior are formed. Relationships with existing family members are also transformed during this time to accommodate the new family configuration. While women may struggle between the real/ideal and contradictions of mothering throughout their lives as mothers, these struggles and contradictions may be most acutely experienced and acted upon during the postpartum period due to the intensity with which each minute, hour, and day is experienced. Examining and critiquing the intensity and complexity of the issues that intersect in the early days and weeks postpartum is an especially important area for future feminist thought, because this period in women's lives has great potential for transforming women's constructions of mothering to realize the theory and practice of feminist mothering.

¹For a full explanation of data collection and analysis procedures and results see Runquist (2007).

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