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Amy Larson McGuirk
Lesley University, amcguirk@lesley.edu

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Motherhood: The Role of a Lifetime

Community Engagement Project

Capstone Thesis

Lesley University

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Amy Larson McGuirk
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Laura L. Wood PhD, RDT/BCT
Abstract

A mother is thought of only in relation to another person. When a woman becomes a mother, her identity changes. As early as pregnancy, a woman’s brain makes a massive shift in order to care for her child. She loses parts of herself, not only how she will identify, but biologically, she begins to lose some of the gray matter in her brain; all of this begins to be stripped away as the woman becomes the mother (Caruso, 2016). A mother has certain qualities which make her a mother; but aside from having a child, there are not very many rules. While some women thrive during motherhood, others have a more difficult time with the adjustments (Maushart, 1999). Little research has been done about how drama therapy can be practiced with postpartum women and their babies. Therefore, this thesis presents a community engagement project that was provided for two groups of women who were participating in a postpartum program at Women & Infants Hospital in Providence, Rhode Island. This thesis will examine a number of viewpoints on motherhood and then present the community engagement project with explored the role a woman plays in her life before becoming a mother and how that role influences her for the future in her role as mother.

Keywords: motherhood, identity, role theory, drama therapy, maternal mental health
This writer wants to begin this thesis by providing some personal context. This writer became pregnant during her second year of graduate school at Lesley University, studying drama therapy. Within a few short months, her identity began to shift. After delivering her daughter, she went through another transformation of self. She felt unsure about her plans and about what the future would hold. She was living in complete uncertainty. While the university offered substantial support around her mothering, allowing for a short maternity leave, being lenient with school assignments, and giving her access to the “Mothers’ Rooms” on campus, few professors or colleagues checked in about her transition from being a student to being a new mother.

This writer was grateful to be studying drama therapy while stepping into the role as new mother. However, not many people asked about her studies when this writer had her daughter. Endless questions about the new baby began pouring in: “Is she latching? Is she sleeping? How are you sleeping? Have you given her any formula? Are you giving her vaccinations? Do you co-sleep? Breast is best! Keep pumping and breastfeeding and you’ll drop all that weight! It’s not going to be easy! Have you decided where she will go to kindergarten? Oh, you’re not taking time off from school are you?! You cannot possibly go back to school and leave her at home! Don’t you worry about her? You go to school in Cambridge, Massachusetts!? You’ve got to be nuts.” Despite these constant questions, which this writer also asked herself, drama therapy gave her time to explore motherhood from a unique perspective. While going to school did not separate her from her role as mother, she could spend time thinking about other things, all the while going to the Mother’s Room every three hours, fully feeling the guilt of missing class and fully feeling the guilt of being away from home.
When this writer went to her first class after giving birth, her daughter stayed home with her husband. Her daughter cried the whole time. This writer did not. Feeling relieved to be back at school, she did not have any postpartum depression or anxiety (aside from the normal dramatic hormonal transition that one’s body makes after giving birth). She allowed herself to be a student again, a part of herself with whom she could always identify. She felt guilty for not crying about leaving her baby. Back at school, her life changed as a future clinician, and the scope of her graduate school experience was also changed. She knew that she might not ever have the chance to study maternal mental health, so this was the chance to live fully in parallel processing: the opportunity to explore the daily challenges as a new mother, making each discovery of motherhood as it came, and as the woman studying mental health counseling, learning about the therapeutic process of drama therapy. This thesis was typed “from the tower,” an office on the second floor of this writer’s childhood home. Listening to her baby’s cries and coos, and realizing that the baby’s needs are being fulfilled by the rest of my family. Fully living two roles: future clinician and mother.
The Politics of Motherhood

Most mothers today are familiar with Frida™ Products. They help suck boogers out of babies’ noses, help fussy babies burp and pass gas, and even help get pacifiers out of a toddler’s mouths. The company has recently expanded its inventory to add FridaMom™ products, a line of products to help with postpartum recovery. A hospital may give out similar products, but with little or no instructional information (Frida, 2020).

This year, FridaMom™ pitched an advertisement to be played during the screening of the Oscars. The advertisement begins with a baby crying, a father sleeping, and a mother turning on a light (Spark, 2020). As the advertisement continues, it displays the steps which the new mother must take before she begins soothing her crying baby, in the middle of the night, after just being discharged from the hospital. This advertisement shows the actual process of going to the bathroom after giving birth. No body parts are shown that have not been shown during different commercials, but it does not have the same upbeat tone as Tampax™ commercials (Procter & Gamble, 2020), where women having menstrual periods are jumping on trampolines, running marathons, working happily at their desks, and feeling fabulous. The FridaMom™ advertisement is down to earth, it is realistic, and it is relatable. The advertisement was rejected by the Oscars committee (Spark, 2020).

Perhaps Motherhood™ should have its own trademark next to its name. Women are told by the many mothers before them how to be a mother. Women are shown by the women of Instagram™ how to be a “good” mother, or at least how to fake it. Gone are the years when a woman had a baby, brought the baby home, raised the child, and hoped for the best. Lori Crowshaw, a nurse and mother of three, stated “Babies haven’t changed, we’ve just changed
how we raise them” (A. McGuirk, personal communication, December 9, 2019). With all of the changes made to baby rearing, there have been few changes made to the postpartum and lifelong experience of mothers. If one were to poll one hundred women about their motherhood journeys, one would have one hundred different answers. Similarities would be noted. A conclusion might be drawn. However, each person’s experience of motherhood and all that comes with it, would ultimately be shown to be completely unique (Maushart, 1999).

As a woman enters motherhood, her role expands exponentially. After giving birth, a drastic hormonal shift occurs and nearly all women then experience the “baby blues”. The baby blues are identified by emotional reactivity. They may feel emotionally overwhelmed or anxious, but a mother’s symptoms are not severe. Nearly fifty to eighty percent of women have some kind of postpartum blues (Spatzeck-Olsen, 2003). Some women may experience a true postpartum depression period; some may have more anxiety; some may be excited to get back to work after 6-8 weeks; some may want to stay home with their new baby for an entire year (Mayo Clinic, 2019). All women have a shift in role from who they were before they were pregnant to who they are as mothers. Now, they must wholly care for someone other than themselves, without neglecting their own needs as they step into motherhood (Maushart, 1999).

An identity crisis is defined as a period of uncertainty and confusion in which a person's sense of identity becomes insecure, typically due to a change in her expected aims or role in society (Miriam Webster, 2020). As a child grows, a mother's role shifts with each passing day. In the beginning, the caregiver role is in the forefront of a mother’s new identity, but eventually a mother becomes more than just a caregiver. “A nurturing mother must also find a way to care for herself” (Landy p 13). Kristin Wedel, a clinical social worker and client care coordinator at a
Day Hospital Program for perinatal women at Women & Infants Hospital, in Providence, Rhode Island, spoke about the identity issues she sees in her clients:

Pregnant women and new mothers find themselves in a whirlwind of transitions. Changes in their bodies, emotions, and hormones can all contribute to acute episodes of depression and anxiety during this period in a woman's life. Many mothers have a difficult time understanding and expressing their emotions. Feelings of shame and inadequacy lead to social isolation and feelings of loneliness (A. McGuirk, personal communication, December 16, 2019).

Without a diagnosis, throughout the postpartum experience, many of the transitions women face are disregarded (Barry, 2006). A handbook is not given out with each discharge from the maternity ward. An easy transition into motherhood is assumed and expected, but the reality is significantly more complex. A woman begins to face challenges which she did not expect to face, challenges in addition to the expected late night feedings and diaper changes. Her entire identity shifts in a major way, and rarely is the identity shift acknowledged in a positive light by society (Loudon, Buchanan, and Ruthven, 2016).

This literature review will explore the theories on the role of mother through the lens of 1) motherhood as a death, 2) motherhood as a birth, 3) separation of mother and mothering, 4) motherhood as a fulfillment, 5) motherhood and her unspeakables, through the lens of fear, as well as 6) motherhood as empowerment. After the theory on motherhood, the literature review will also include methods used to treat postpartum illnesses, including 1) dialectic behavioral therapies and 2) drama therapy.
The majority of research surrounding identity in motherhood encapsulates how this identity relates back to the child and how the new role of motherhood will affect the mother if she is having symptoms of postpartum depression or anxiety or how her new identity of “mother” will affect attachment with her new child. Less information and research has discussed a woman’s attachment to her new self as mother and her new role as mother (Rose, 2018).

**Motherhood as Death**

Marianne Marcote is a drama therapist who works with women living with postpartum depression in Ireland. In an interview with Marcote (A. McGuirk, personal communication, February 5, 2020), Marcote states that having a child is a transformation forced upon the mother, a transformation which causes a part of the mother to die. Marcote also describes how she quickly faced her own mortality when she became a mother. She explains that a mother hopes her child will outlive her. On occasion, a child does die before his/her parents, but, more commonly, a child outlives his/her mother. When a woman enters the role of motherhood, she knows that she will leave her imprint on her child. Learning how to navigate the world while taking care of a very dependent new human being can be difficult, and learning how to navigate the world again as oneself can also be difficult (Rose, 2018).

Lucy Kinsley is an author and artist who specializes in children’s books and graphic novels (Kinsley, 2020). After finding herself in the throws of motherhood, everything stopped. Her creative and artistic outlets were put on pause due to the endless necessities of motherhood. Motherhood blurs the boundaries of reality; women are unable to separate who they are from their mothering, self and mother need to schedule time that once came freely (Zeinberg, 2005). Throughout early motherhood, Kinsley describes finally crawling out of the first couple weeks,
breast milk stained and sleep deprived, finally able to create some small doodles of her new motherhood experience, unknowingly creating a new cartoon handbook of the feelings many new women have when becoming new mothers. Some of the drawings express feelings that do not translate directly into words but, on looking at her images, many new mothers relate immediately. Kinsley describes how she used her artwork to begin to understand her new self and her new baby (Kinsley, 2020 p.2). While many of her cartoons revolve around the new relationship to her child, Kinsley (2020) also draws clear pictures of “Mommification” (p. 68).

Traditional mummification allows for the flesh of a person to be preserved. The “mommification” which Kinsley (2020) references describes the state of a mother as a permanent fixture: there is no going back. Once this process begins, there may be some unexpected and joyful side effects, but a woman as mother is a permanent state (Kinsley, 2020).

**Motherhood as Birth**

The role of mother continues to be explored throughout literature today and also throughout modern film, music, and stage. The eleven o’clock number in the contemporary musical Waitress (2015) is about the exact moment a woman becomes a mother. The song is entitled “Everything Changes.” Throughout the song the main character describes her connection with her newborn child, a child whom she initially did not want, a child conceived out of abuse.

I didn't know, but now I see

Sometimes what is, is meant to be

You saved me

My blurry lines, my messy life

Come into focus and in time, maybe
I can heal and I can breathe

'Cause I can feel myself believe….

I swear I’ll remember to say we were both born today

Cause everything’s changed (Waitress The Musical, 2015).

This song suggests that part of the new role and identity of a mother is actually formed not only by becoming a mother to a baby, but also by the presence of the baby itself. Part of the new identity is brought on by the child. This song implies that the child causes a “factory reset” of the woman (Waitress The Musical, 2015). The song tells the audience that the mother has been reborn in a single moment (Galbally, et al, 2018).

Wholly accepting a new identity, motherhood can feel as though one needs to learn too much, too quickly, without any guidance. Finding a new sense of self encourages mothers to seek information. Traditionally, this information would have been given to new mothers by elder women within a community (Campbell, 1972). Today, research has found that women seek information when they lack support from a community, or, potentially, more importantly, when they lack support for their emotional well being after giving birth. The more intense the level of stress, the more information is sought. Mothers will seek information from other mothers, sharing stories within groups, encouraging each other, and resisting the temptation to compare oneself to another. In their new role, mothers seek to identify with others in order to make sense of their own new identity (Loudon, 2016).

Mothers utilize storytelling to share with others their everyday discoveries, especially discoveries concerning new babies. A “mom group” is often a structured place for women to share stories of struggle and success about their new role as mother. Groups have been offered
online, which can provide a more comforting form of story-sharing; however, a more traditional “mom-group” meets face to face (Jaworska, 2017). Oftentimes, women in the group empathize with each other and begin to trust each other because of the stories that they tell. This happens in the same way that babies and mothers interact through story while children are very young. This builds trust within the family. A mother is a person who holds information. She is the Keeper. She makes decisions about what is and what is not shared with children (West & Sarosy, 2019).

Separation of Mother and Mothering

One of the first real psychoanalytical works about women and their postpartum experience speaks to the “ghosts” (Fraiberg et al, 1974, p. 387) that follow women, as they become mothers, and enter into the nursery of their children. These ghosts from the pasts of women affect the bond that they have with their babies and eventually their mothering as a whole. If a woman has been raised in an abusive household, some of that abuse will, undoubtedly, be present in her mothering style. Fraiberg, Adelson, and Shapiro (1975) were three women psychologists who looked at motherhood and mothering styles in a novel way, a way in which other psychologists had not thought about until this time, in the mid 1970’s, in America. During the therapeutic process, these women treated more than one patient in the room: they did not only treat mother, nor did they only treat baby. They considered the two to be a unit; they allowed for women to be questioned, be scared, and new: much like the babies. This model continues to serve as the postpartum approach within current day depression, anxiety, and OCD programs (Fraiberg et al 1975).

A woman cannot tend to a child if her own inner child is not being cared for. If her own inner child is crying, she cannot care for her crying child (Fraiberg et al 1975). The use of
dialectical behavioral therapy (DBT) and interpersonal therapy go hand in hand with the works of Fraiberg, Adelson, and Shapiro (1975). DBT and interpersonal therapy both emphasize the learning and practicing of behavioral skills, not only advocating for what one needs, but putting oneself in a position to succeed. Learning and practicing these skills can be difficult for anyone, but to a new mother facing many unfamiliar difficulties, these skills can feel impossible (Linehan, 2015).

The separation of a woman who has become a mother and of mother is an important distinction. Why a woman cannot hear her baby crying is because of the needs of the mother, not the needs of the baby. Why a woman does not want to touch or engage with her newborn is due to the needs of the newborn mother, not the newborn baby (Fraiberg et al 1975). When a baby is born, a woman is immediately transformed into a 24-hour on-call nurse. She is unable to meet her own needs, because she is constantly tending to the needs of the baby, which trump her own (Maushart 1999).

**Motherhood as Fulfillment**

Women arrive at motherhood through many different avenues. Motherhood, especially in the world as it is, does not need to look exactly the same for every person. A person does not need to “play” at being a perfect mother; they can live that. A woman who feels whole and fulfilled in her role as mother, may not be what society would deem a perfect mother (Landy, 1993). Regardless of the trope that once demanded women have it all: marriage, home, two and a half children, dog, and two car garage, all while working successfully and having dinner on the table at six o’clock, some women in motherhood find a unique balance, some psychologists suggest this woman may be called the complete mother (Admin, 2019). In discussing the
neurological benefits of motherhood and its link to creativity, some studies show that, biologically, the brain must undergo a huge transition into becoming a mother. In order to be a fully functioning and whole person, a woman may be forced to be creative. An article in *The Atlantic* (2017) explores this notion within motherhood, “I am a better mother, a happier mother, when I am also able to carve out time to write. I am a better writer, a happier writer, when I am also an involved mom” (Hayasaki, 2017).

With a deeper understanding that when a mother’s many different roles are being fulfilled, a woman can feel whole within motherhood. Sarah Dowse speaks to motherhood as being the ultimate human achievement: if the woman’s focus for being made whole was on achievement alone, mothering can be considered the “central, revelatory event” (Maushart, 1999, p.15). Even within feeling complete, women may have guilt or shame around wanting to pursue mothering and choosing to do so. Some women may choose to accept the role of mother and want to be a person who has deeply changed, within motherhood (Fraiberg, Adelson, & Shapiro, 1974).

**Motherhood and her Unspeakables**

A mother holds herself to an idealistic standard (Steinberg, 2005). Most women may find the unspeakable topics of motherhood to be frightening: not bonding with the baby, having postpartum anxiety or depression, fearing Sudden Infant Death Syndrome (SIDS). All of these and more may ignite fear within a new mother’s heart (Galbally et al, 2019), but the most Unspeakable Moments of motherhood are the fears that a mother will not be good enough, or simply not be enough (Jaworska, 2018). A diagnosis of a physical or mental illness implies that there is a treatment plan, perhaps a pill or two, a few groups, and a lot of support. However,
women often do not receive a specific diagnosis related to motherhood and so are left alone on their mothering journey, to search Google or WebMD, with the fear, ultimately, of never living up to the image of a perfect mother. Motherhood drifts farther and farther from the practical application of a woman rearing a child, and becomes an all-encompassing race to perfection (Scharp & Thomas, 2017).

If, before giving birth, a woman already has a diagnosis of depression or another form of mental illness, she assumes she will have a postpartum diagnosis and labels herself as “bad” (Scharp & Thomas, 2017). The stigma not only exists around the mother, but becomes internalized, quickly. Fearing rejection from other mothers within their communities, women feel trapped in their homes, and, more importantly, trapped in their own thoughts (Jaworska, 2018). The stigma remains deeper than only within the maternal society of women. Assessments are not made available to clinics during prenatal appointments. Therefore, doctors have minimal chance to screen for mental illness associated with postpartum and due to their lack of time and information, women lack the agency to advocate for themselves to their doctors about further resources. Women fear mentioning their symptoms to medical doctors, due to the sensitivity of the subject and the lack of understanding by medical doctors about mental health (McCauley et al, 2019).

While further research continues to be conducted about maternal neurobiological changes, many studies have already found radical change in a mother’s brain, while pregnant, and after giving birth (Conaboy, 2018). Some studies have found that one in five women will experience postpartum depression or postpartum anxiety. However, despite the large numbers of women have these forms of depression and anxiety, they have little postpartum support.
Furthermore, the stigma attached to postpartum depression stops most women from speaking about it with providers (Pawluski, Lonstein, & Flemming, 2017).

**Motherhood as Empowerment**

On the other end of the spectrum is the feminist theory, a dramatically different perception of role and identity of motherhood. Zina Steinberg (2005) wrote about her work with two mothers, where one woman describes all of the empowerment of motherhood as essentially, making her a “man” (Steinberg, 2005). The fulfillment of empowerment created a man, a person who held ownership over her home, who was the caregiver, protector, and law-maker for her children. According to one woman in Steinberg’s (2005) practice, having so much power over children, house, and home, the woman as mother became a man. Men were powerful, therefore gaining power over nearly anything would allow a woman to feel strength and security (Steinberg, 2005). Significant writing surrounding motherhood has come from the feminist perspective. Some writers (Gloria Steinam, for example) negate the role of motherhood completely, perceiving it as a weak identity. Steinam reflected upon her own mother in her memoir (Steinam, 2016) and later spoke about her mother having an “unlived life” (Capretto, 2016, p. 2). Choosing the role of caretaker and abandoning the role of career person, meant to Steinam, a life unlived (2016).

Feminist theory may not feel as radical for women becoming mothers in the present day. Women have more agency now than the traditional ideals of womanhood, motherhood, and keeping a home. Some of the second wave feminists concluded that women who conquer patriarchal notions of motherhood would find great joy and satisfaction in mothering. To claim empowerment within motherhood is to look at the fundamental matriarchy of women; not to give
permission for critique on parenting styles and choices (O’Reilly, 2010). Seeking fulfillment does not merely mean finding satisfaction or being contented in the role of mother. Many women find difficulty coming to terms with pursuing motherhood in her entirety. It is suggested that by fully being a mother, a woman must only partly be something else; or by fully becoming an intellectual woman in society, a woman must reject her maternal instincts. A healthier balance may be found in challenging patriarchal norms in order to find fulfillment and empowerment in mothering and taking the step into motherhood (da Cunha, 2012).

Stepping into the role of motherhood involves transformation. Through pregnancy, a transformation of the body begins. Through birth, a transformation of the mind and body begins. Through parenting, a transformation of the mind, body, and spirit is fulfilled (Copeland & Harbaugh 2019). As part of this fulfillment of transformation, there is potential for the experience to be a completely new one. Some women may find that motherhood allows them to feel fully adored. This could be the first time that a woman has been completely loved by another person (Fraiberg et al, 1975).

**Dialectic Behavioral Therapies**

Dialectical behavioral therapy (DBT) was first introduced in 1987 by Marsha M. Linehan in order to treat more complicated diagnoses, such as borderline personality disorder (Moglie, 2019). Having permission to feel can be powerful. Releasing a deep exhalation after weeks or months of barely holding on is a way in which women can help themselves and also help their children (Fraiberg et al 1975). Teaching women the skills to tend to their needs is a way in which day programs, hospitals, and therapists support women living with postpartum depression, anxiety, or obsessive compulsive disorder. Babies are very good at asking for what they need;
they do not hesitate to demand their needs immediately and effectively. Women are not as effective at demanding that their needs be met. (This can also be applicable to the general population.) The D.E.A.R. W.O.M.A.N (see appendix A) skill has been utilized to help create a concrete way for mothers to get their needs met. (Linehan, 2015). The irony is that mothers do not need a diagnosis in order to have needs. Every mother needs a deep exhalation, regardless of the presence of a diagnosis (Maushart 1999).

These types of treatments were originally aimed at people who were assumed by clinicians to be untreatable. DBT allows for acceptance and a deeper understanding of knowing that not everything can change all at once. DBT does not exclusively focus on changing behaviors, but on understanding why the behaviors are happening in the first place. DBT practitioners want the client to come to an understanding while attending therapy, creating a more impactful change throughout the therapeutic process (Mogile, 2019).

Significantly based on attachment theory, interpersonal therapy is largely used among maternal mental health programs (Ungvarsky, 2019). Interpersonal therapy specifically examines a person living with mental illness, originally used for people with major depressive syndrome, and how that person’s relationships with other people are affected and affect mental illness. Finding new ways to communicate with important people in one’s life can create enormous change in a person living with mental illness. Both dialectical behavioral therapy and interpersonal therapy have been used together (Mogile, 2019), in order to provide tangible skills which can be practiced (Ungvarsky, 2019). Workbooks, handouts, the use of traditional therapeutic role play are all ways in which many maternal mental health facilities allow for
women to focus on their mental health, attachment to their child, and foster healthy relationships with others; i.e., to improve daily functioning for every member of the family (Linehan, 2015).

**Drama therapy**

Drama therapy is able to identify roles which people play, throughout their day, or throughout periods of their lives. Drama therapy is an embodied form of therapy, utilizing enactment, projection, and exploration of not only the outer persona, but the inner experience. Drama therapy utilizes a different set of tools than a talk therapist. Using these tools, clients may explore emotional issues, seek guidance about goal setting, and experience freedom from their mental imprisonments. In order to create change within clients, often a drama therapist offers an opportunity to explore the narrative a client brings into the room in a way different from talk therapy (Johnson & Emmunah, 2009).

In motherhood, women are asked to be many people all at once, and immediately. Even when a woman becomes pregnant, she transforms from ‘just’ a woman - a wife, a partner, a sexual being - into a vessel of life. Yet, some things a woman does not need to share. There are certain stories and experiences which are parts of a woman belong to her, as a woman, not as a mother, and do not belong to her baby (Fraiberg et al, 1975).

The play, *Cry it Out*, by Molly Smith Metzler, originally published in 2017, focuses on parenthood, maternity leave, and fitting a baby into a life that already exists. The characters explore the potential, and perhaps impossible, task of weaving together life before and after baby. This unique look at motherhood through the lens of this play gives opportunity for a male voice to be on stage as well, which emphasizes other experiences of motherhood and parenthood. A father’s perspective may be an unwanted voice in the room when discussing child rearing;
however in many situations, their voice needs to be heard in order to fulfill the needs of the child (Cry It Out, 2018). Metzler speaks about the universality of motherhood. Within this play, the audience can see and identify with the ‘good’ mother, the ‘distant’ and ‘disinterested’ mother, and the ‘guilty’ mother (Landy, 1993). The play suggests that not only is motherhood universal, it is also polarizing. Choosing the word “cry” in the title of this play evokes a different emotional response from each mother who reads the play or witnesses it onstage (Morisseau, 2018).

A therapist's role is to offer guidance through difficult times for a client. The therapist is not to offer advice, or to give someone an answer, but rather to be a person who helps along the way by being a guiding force, a secret keeper, a sounding board. One might assume that anyone in the helping profession who decides to have children has an easier transition than others or at least a different set of tools to access while going through the transition. When a woman becomes a mother, she has an understanding of what motherhood is and what it should be, but ultimately she may feel completely betrayed when she begins actually mothering her child (Maushart, 1999).

Developmental Transformation (DvT) is a different type of therapeutic practice within drama therapy. Only therapists who have gone through a separate, specialized training may practice this form of therapy. The DvT practice allows for persons to identify the non-repetitive moments within the playful interactions which the practice encourages (Johnson & Emunah, 2009). Four DvT practitioners (Greer Beckman, Jennifer Johnson, Talia Smigielski, and Whitney Sullivan) became mothers around the same time. In a conversation with Sullivan (LCSW, RDT/BCT), she discussed how they decided they needed extra support when they became new mothers (A. McGuirk, personal communication, February 25, 2020). They met on Google
hangout, a video chat application, every other Monday night, in order to get support, to feel like themselves for a little while, and to have a few moments of connection throughout the early weeks of motherhood. The long days and the seemingly longer nights, made life seem divided into 2-3 hour segments of time. During the beginning months of motherhood, repetition becomes embedded within identity. Despite the training, the education, and the career which these four women shared, they felt that they did not have anywhere they could speak about themselves.

After establishing a new routine on Monday nights, it became clear that their chats began to feel pointless. The four women, while all identifying as mothers, were also beginning to live in their roles as drama therapists, DvT practitioners, and artists. It was important that they have their conversations, but it became more important that they transform and take on another life, and changing their conversations into a theatrical piece made the most sense for these four mothers (A. McGuirk, personal communication, February 25, 2020).

Out of the Monday night Google hangout sessions was born “Mother’ish; The Instabilities of Being a Mother,” a DvT inspired performance piece which brought some of the shadows into the light. Dana Suttle, a director, was invited to witness the performance piece, and help make the piece worthy and to make the work feel grounded in art, not like a “Mom group” discussion. Ultimately, the piece allowed the women to see motherhood through a variety of lenses, two of which were patriarchal and matriarchal. As much of the literature explains, including the male perspective remains important (Steinberg, 2005). Another important feature of the performance was the use of four distinct thematic anchors: the head, the throat, the heart, and the gut. All of these anchors connected to each woman differently, so each became
grounded within a specific part of the performance. The piece was performed at two different conferences, and has been adapted for other platforms of performance (Mother’ish, 2018).

This piece allowed them to feel more wholly themselves, while incorporating the ambiguity within their roles; one mother’s daughter had had a heart surgery at a very young age, and the performance gave her the opportunity to feel deeply about the fear, anger, and guilt wrapped up in that surgery, without the audience needing to know much more than that. The people who were witness to the piece were able to speak at the end of the play about what they saw, or heard (A. McGuirk, personal communication, February 25, 2020).

Methods

In the year 2000, Women & Infants Hospital in Providence, Rhode Island opened the country’s first perinatal Day Hospital program for pregnant women and postpartum women living with anxiety, depression, and other mental illness symptoms. The Day Hospital program at Women & Infants was the first program attached to a hospital to offer care for a mother while allowing her to bring her child with her to the Day Hospital programming. The Day Hospital at Women & Infants offers child care services on site if needed throughout the day, but encourages mother and baby to remain together during the Day Hospital groups. There is also an understanding that some days may be more difficult than others; therefore, a mother may bring her child to the nursery or go to a quiet space at any time during the session, with no judgement on her mental status. The clinicians encourage the clients to use these spaces, without concern about mother/child attachment or success in the program. Motherhood is hard. This program is understanding.
In an effort to bring drama therapy to the perinatal population, Kristin Wedel, a social worker and clinical care coordinator in the Day Hospital met with this writer to discuss the opportunity. Wedel stated, “Drama therapy could provide an opportunity for mothers to express themselves and share their personal stories of their journey to motherhood. Listening to the stories of other mothers helps women to feel validated and less alone. New mothers deserve the opportunity to be heard even when what they are feeling seems ‘wrong’ to them. Drama therapy interventions could allow women to share their stories in a validating and non-judgmental environment” (A. McGuirk, personal communication, December 16, 2019). Upon considering a proposal for incorporating drama therapy into the day hospital program, Ms. Wedel decided to utilize the Friday “Art Group,” in which the Day Hospital has allowed outside clinicians or artists to work with a 45-minute group using various Expressive Arts. This group had previously experienced only traditional art forms and materials, and had no familiarity with drama therapy.

After discussing the opportunities with the head of the program, a plan was developed and the group leader was invited to come in for two Friday Art Groups during the month of March. The Day Hospital has a large and frequent overturn of patients, so planning for every other Friday in March made it probable that no one would participate in the group twice. Logistically, the women needed to be able to participate while being able to hold their babies. Although a nursery is available, it is common for babies to remain with their mothers throughout the day. It was important that the mothers not be forced during the exercise either to part with their babies or have to ask other group members to hold their babies. In the group room, the clients can put the babies in two large Pack n’ Plays or in a variety of bouncy
chairs/activity play areas. Understanding that the babies would be with the mothers during the session was essential to planning the group activities and would not be a barrier to the session.

Drama therapy is an embodied practice of therapy. Holding babies while participating necessitated some considerations while creating the group session. Many mothers become skilled at multitasking with one hand while holding their child; however, this group targeted the woman in the room and her identity, not necessarily the identity or role linked to the child in her arms. The group space was arranged to allow for all the women to remain seated, then be able to walk up to the front of the room and speak from that position as well.

Creating a “role bag”, a cloth bag full of small pieces of paper, which each had a word written on them, was passed around the group, as a warm up activity and introduction to drama therapy was useful for distancing in the room. Within the scope of drama therapy methods, distance is an important part of therapy. If a person has an “aesthetic distance” from the therapeutic topic, then they are neither too emotional (underdistanced) or void of emotion (overdistanced). A person does not simply find themselves over, under, or aesthetically distanced; this should be thought of as a “spectrum of feeling” (Landy, 1993). A person is able to move on the spectrum, while they have the security of a guide, or therapist, through the emotional journey (Johnson & Emunnah, 2009).

Cultivating the roles was a large part of the process. By gleaning “roles" from Robert Landy’s index of roles (1993), as well as ideas from the research performed for this thesis, a wide variety of roles were written down and put in the bag. Landy (1993) describes seven types of mother in his taxonomy of roles (p. 205-208). Each mother he describes is associated with how she nurtures or does not nurture her children and husband. By pulling from surrounding
roles to these descriptions of ‘mother,’ the women in the Day Program were able to explore a larger variety of their identity. Understanding that the methods used in the Day Program focused on being client led, the roles with which the women in the room might identify sparked conversation and allowed for the group to lead the first activity.

Role is not only metaphor and concept, but also method. With drama therapy, the role becomes an essential means of treating a person in psychological need (Landy, 1993). Robert Landy (1993) defines role as “an essential concept that provides coherence to the personality, and that in many ways supersedes the primacy of the concept of self” (p.7). It was important for the roles to be ambiguous. Some of the roles were meant to appear simple: sister, wife, partner, woman, young person. Some of the roles appeared more complex: man, beast, dictator, warrior, and guide. [See appendix B for a complete list of the roles.]

The group leader used the role bag to begin the session, describing what drama therapy was, what the group was going to consist of, and then described what the meaning of “role” is, and how it was going to be used throughout the 45 minutes together. If there were any questions or clarifications needed, this initial period provided an opportunity for the group to gain understanding of the concepts of role and identity. The group leader passed the role bag around allowing each member of the group to draw a role, then describe how she identified or did not identify with the role drawn, including their interpretation of the role.

The second half of the group allowed for a chance to talk more about self-identity and the roles which the group members chose to share. Three chairs were placed at the front of the room, with each chair representing a different time of life. The first chair represented: “Who you were”, the second “Who you are”, and the third “Who you want to be”; the chairs encouraged the
women to get in front of their group and speak. Also, moving physically from chair to chair sometimes elicited a different idea or identity response. The group members were encouraged, but not required, to share stories about themselves which did not pertain to motherhood. This being said, if the stories shared from the seats did pertain to motherhood, they were not stopped or shut down.

For a closure, the group leader offered the chance for the participants to share the positive insights they took away from the group and also offered a moment to “throw away” a negative feeling, phrase, or story which came up throughout the group.

Two different groups of women participated in the drama therapy group, as described. The group leader sat with the women during their morning goal setting group before their “Art Group” time, in order to be a more familiar face for the women, and to be introduced before the group began. The facilitator of the morning check in group spoke briefly about drama therapy and the group leader assured the women that no one had to “act” during the group.

This particular group of women had a postpartum diagnosis, but this type of group could be facilitated with any group of mothers, including mothers of new babies or older children. Despite their current mental status, all of the women in the group were willing to participate and engage. No one was required to participate in any activity in which they did not feel comfortable. Also, any woman new to the program was invited to be a witness, but was encouraged to participate. Due to the nature of the group, even newcomers to the program were, usually, willing to engage in the discussion.

The first group had ten participants plus one facilitator from the Day Hospital Program. The second group had six participants. The women spoke more easily about the roles with which
they identified than the roles included in the warm up activity. The roles drawn from the bag that stood out were: beast, guide, inferior/weak, man, older, optimist, rebel, savior, story teller, student, and teacher. No one in the room related to the word “man.” If there had been more time, there could have been more opportunity to explore how the role of “man” can relate deeply with motherhood and empowerment (Steinberg, 2005). Words with a perceived ‘negative’ connotation, such as beast or inferior person, were immediately identified with self-as-mother. A woman who drew the word beast shared with the group that she felt her husband perceived her as a beast since giving birth; this sentiment was deeply understood within the group. Not only did the sentiment elicit understanding, but also a knowing laughter from the other women in the room. When asked to think about how mothers go into “beast mode”: being up at all hours, getting the housework done, maintaining any work life, keeping up with friendships, again the group connected with one another. The more “positive words” such as “savior” immediately related back to the baby. The woman who drew this word explained how her child saved her life, as she felt she was hopeless without him. After the group leader asked how she could be a savior, she shared how she was a nurse, and saved people’s lives on a daily basis, to which the other women in the room looked stunned. This client had been in the program for over a week and not a single person knew what she did for a living.
Results

The table below explains which roles were explored during each group. These roles were not written by the group leader, but were explained by the group members throughout the “Who I was, Who I am, and Who I want to be” activity. These are the roles in which they self-identified.

Since it was important to stay connected to the group during the experience, the group leader felt that writing would feel impersonal and pull focus away from the women sharing stories, the group leader did not want to be writing throughout the group session. Instead, after the session was over, the group leader noted all of the roles the women identified throughout the group. (See Table 1 on the following page.)
Table 1 - Roles Identified During “Who I Was, Who I Am, Who I Want to Be” Exercise.

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Wife</td>
<td>Advanced person</td>
</tr>
<tr>
<td>Bad Woman</td>
<td>Advice giver</td>
</tr>
<tr>
<td>Burden</td>
<td>Atheist</td>
</tr>
<tr>
<td>Caring person</td>
<td>Educator</td>
</tr>
<tr>
<td>Doctor</td>
<td>Friend</td>
</tr>
<tr>
<td>Drinker</td>
<td>Heartbreaker</td>
</tr>
<tr>
<td>High School sweetheart</td>
<td>Lonely person</td>
</tr>
<tr>
<td>Lost person</td>
<td>Mother</td>
</tr>
<tr>
<td>Nurse</td>
<td>Mother who is not good enough</td>
</tr>
<tr>
<td>Person who fears stigma</td>
<td>Needy person</td>
</tr>
<tr>
<td>Person who forgot</td>
<td>Not strong</td>
</tr>
<tr>
<td>Person who is put together</td>
<td>Person who wants things</td>
</tr>
<tr>
<td>Scared person</td>
<td>Person who wants too much</td>
</tr>
<tr>
<td>Second time mom</td>
<td>Player</td>
</tr>
<tr>
<td>Sexy woman</td>
<td>Rebellious person</td>
</tr>
<tr>
<td>Too much</td>
<td>Religious person</td>
</tr>
<tr>
<td>Wife</td>
<td>Scared mother</td>
</tr>
<tr>
<td>Woman who wants alone time</td>
<td>Supported</td>
</tr>
<tr>
<td></td>
<td>Supporter</td>
</tr>
<tr>
<td></td>
<td>Too emotional</td>
</tr>
<tr>
<td></td>
<td>Too weak</td>
</tr>
<tr>
<td></td>
<td>Weird teenager</td>
</tr>
<tr>
<td></td>
<td>Willing person</td>
</tr>
<tr>
<td></td>
<td>Woman who sticks up for women</td>
</tr>
</tbody>
</table>
Throughout the groups, there was a constant reminder. Yes, every woman in this room is a mother. What else? As each woman drew a slip of paper from the “role bag”, she immediately began to relate the paper to how her baby “did this” for her, or “made her” into the role assigned on the paper. When asked a second time, but what about you, we know that your child is everything right now, what about you? There was a lot of hesitation. Through the process of navigating the hesitation, many discoveries were made within the group. Some moments brought laughter, some embarrassment, but also relief. The relief seemed to spring from the common understanding that “We feel uncomfortable talking about ourselves. This is not why we are here, but since you brought it up, let me tell you!”

Some of the topics allowed for everyone present to face some of the stigma about postpartum depression. The group is intended for any woman; but since the Day Hospital treats women with postpartum depression and anxiety, that role of the depressed person, or the anxious mother, was present throughout the group engagements. The role of the patient weighed heavily in the room. There was a shroud of embarrassment over some as they spoke about their lives outside of the program, especially those in the room who are also in a helping profession such as doctors and nurses.

The fearful person was also present. The group leader assumed that the women in the group had probably never engaged in any kind of therapeutic experience involving theatre or drama. The women who had been in the program the longest were the anchors of the group. They were able to share freely, with few hesitations. Some of the women refused to get up and speak from the chairs. The group leader allowed for the women to speak and share their stories,
while she [the group leader] moved from chair to chair. If this were a drama therapy group, this probably would have been discouraged, however for the purpose of this engagement, it was more important that the women share their stories and experience, rather than be forced to engage fully in the enactment of moving from chair to chair.

For the purpose of this thesis, an artistic response was created in relation to the groups held at the Day Hospital. The artistic response was created by this writer, from the perspective of the group leader, and also from the perspective of mother. Please see Appendix C for the group leader’s artistic response, in monologue form.

The group leader was also informed after the engagement project that several of the women noted “Drama group” as a group they appreciated, enjoyed, and found thought-provoking.

Discussion

From the literature, a woman’s experience as a mother is varied. This was completely validated throughout witnessing these two groups of women. The group leader saw every woman who came into the group in her role as mother, searching for answers about her mothering and her child. The women who participated in the group were different races, from different socio-economic status, with a wide range in age and experience. As described in the literature, the women presented with a multitude of different personalities, positive and negative, but with one thing in common: each woman was a mother, wanting to find herself in the eyes of her child.

By creating a community engagement, this writer was able to connect with the women in the group on a more personal level. There did not need to be a wall up between therapist and mother living with postpartum depression. The roles that the group leader and the other women
in the room were playing were honest, vulnerable, and completely equal. The women in the group did not need someone to tell them how to be a good mother; they were already being good mothers when they showed up for group therapy that morning (Hayasaki, 2017). The community engagement project allowed for every person in the room to examine their roles, including the group leader. Not only did the engagement project open up a conversation for the women participating in the program at the Day Hospital, but it allowed for a deeper understanding of how drama therapy could be an effective way of reaching women throughout their transition into the role of mother.

A mother is pathologized, she is blamed, she is told what to do, how to think, how to dress, how to behave, how to love, and how to bond. She is the subject of volumes of literature. A mother’s side of the story is often left out, unless to explain a child’s behavior. Once she steps into motherhood, there is no looking back (Rose, 2019). A woman who is beginning her journey of motherhood is in search of honest, raw, and vulnerable connection (Spark, 2020).

Conclusion

The woman who used to run marathons, who owned a shop where she sold her own goods, who lived all over the country before settling down into her home with a two car garage, becomes the mother who is constantly putting other people's needs before her own. Motherhood may define a woman, but it may not be her only definition.

Drama therapy can help mothers explore how to become the women who can freely love, nurture, and guide the next generation. Many women make up one mother. The exploration of roles allows women to remember all their accomplishments before their biggest one. Future directions might include incorporating more support afterbirth for women as they transition into
the role of mother, regardless of diagnosis. Within the programs which already exist, exploring a larger variety of therapeutic devices, to not only explore mothering, but women; these would be separate from traditional women’s programs, but specifically for women dealing with major identify shift. There is an abundant amount of collective understanding among women about their changing identity, there it not as much research as there is understanding. Some of the future steps for women and maternal mental health is to find more research opportunities in order to create a more supportive community around raising mothers. Drama therapy never seeks to undercut the incredible role a woman plays as mother; however, it may help to shape and change the way she pictures herself in her multiple roles.
Appendix A

**D** = Describe what is wanted (what is your intention for the conversation, or what do you want the end result to be?)

**E** = Encourage others to help (“You can help me by…”)

**A** = Ask for what is wanted (“I want….”)

**R** = Reinforce others (“It is helpful when you…..”)

**W** = Willingness to tolerate not always getting it my way

**O** = Observe what is going on inside and around me

**M** = Mindfully present in the current moment

**A** = Appear confident

**N** = Negotiate with others
Appendix B

Roles:
Angry
Artist
Beast
Bully
Career
Competitive
Daughter
Dictator
Dreamer
Empowered
Fearful
Friend
Guide
Healthy
Helper
Honest
Inferior/Weak
Innocent
Intellectual
Liar
Love
Lover
Man
Older
Optimist
Person
Pessimist
Protector
Rebel
Savior
Scared
Shelter
Sister
Story teller
Strong
Student
Teacher
Warrior
Wife/Partner
Young Person
March 8, 1989: Hi, I’m Amy and I am adopted!

Age 5: Hi, I’m Amy and I am a talker with a big imagination.

Age 10: Hi, I’m Amy and I love to sing and watch musicals with my Dad. I am a daughter

Age 12: Hi, I’m Amy and I am a rule follower.

Age 14: Hi, I’m Amy and I am a good friend.

Age 18: Hi, I’m Amy and I am an actor.

Age 22: Hi, I’m Amy and I am a cook.

Age 24: Hi, I’m Amy and I am a pessimist.

Age 25: Hi, I’m Amy and I am a person in recovery.

May 6, 2017: Hi, I’m Amy and I am a person who mourns.

September 2017: Hi, I’m Amy and I am a graduate student.

October 2018: Hi, I’m Amy and I am a future drama therapist.

January 5, 2019: Hi, I’m Amy and I am a wife.

February 9, 2019: Hi, I’m Amy and I am a mother!

Hi Ophelia-Jane!
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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Laura L. Wood, PhD, RDT/BCT

Laura L. Wood, Ph.D. 5.2.2020 12:31pm EST Electronic Signature