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## Remembering Postpartum Depression in Later Life: An Interpretative Phenomenological Analysis

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### Abstract

Postpartum depression (PPD) occurs in as many as 1 in 7 women (Gavin et al., 2005). PPD remains underdiagnosed and largely untreated, contributing to high societal costs and increased maternal mortality. Despite the wealth of research reporting the adverse effects of PPD on childbearing women and their offspring, little is known about how women who have experienced PPD describe or interpret the meaning of the experience in later life. I conducted semi-structured interviews with a purposive sample of 10 women self-identifying as having had PPD a minimum of 13 years in the past. Using interpretative phenomenological analysis (IPA) I identified three themes: (a) what PPD was like, (b) PPD changed me, and (c) I am grateful for PPD. Women reported that PPD was like falling down a black hole, perceiving themselves as bad mothers. Women identified PPD as having changed them in positive ways, including new self-confidence, increased compassion, and a passion to help others impacted by PPD. Women described PPD as facilitating meaningful personal growth for which they were grateful. Understanding how women reflect on PPD in later life provides new insight into the lived experience beyond the postpartum period and highlighting the need for future research women's experience of perinatal mood and anxiety disorders over their life span.

### Keywords

postpartum depression (PPD), phenomenology, meaning, lifespan, qualitative, IPA

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# Remembering Postpartum Depression in Later Life: An Interpretative Phenomenological Analysis

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Postpartum depression (PPD) occurs in as many as 1 in 7 women (Gavin et al., 2005). PPD remains underdiagnosed and largely untreated, contributing to high societal costs and increased maternal mortality. Despite the wealth of research reporting the adverse effects of PPD on childbearing women and their offspring, little is known about how women who have experienced PPD describe or interpret the meaning of the experience in later life. I conducted semi-structured interviews with a purposive sample of 10 women self-identifying as having had PPD a minimum of 13 years in the past. Using interpretative phenomenological analysis (IPA) I identified three themes: (a) what PPD was like, (b) PPD changed me, and (c) I am grateful for PPD. Women reported that PPD was like falling down a black hole, perceiving themselves as bad mothers. Women identified PPD as having changed them in positive ways, including new self-confidence, increased compassion, and a passion to help others impacted by PPD. Women described PPD as facilitating meaningful personal growth for which they were grateful. Understanding how women reflect on PPD in later life provides new insight into the lived experience beyond the postpartum period and highlighting the need for future research women's experience of perinatal mood and anxiety disorders over their life span.

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## Introduction

Postpartum depression (PPD) is an episode of non-psychotic unipolar depression occurring within one year of childbirth (American Psychiatric Association [APA], 2013; O'Hara & Wisner, 2014; Wisner et al., 2013). PPD includes physical and psychological symptoms resulting in significant distress and dysfunction, including overwhelming sadness, excessive crying, severe anxiety (including rumination and obsessions), loss of interest in activities, feelings of intense guilt and incompetence accompany physical symptoms of psychomotor agitation or retardation, insomnia or hyposomnia, and an increase or decrease in appetite. Additional symptoms include irritability; agitation; excessive worry about the health of the baby; and feelings of inability or incompetence in caring for a baby, such as suicidal ideation (APA, 2013).

As many as 1 in 7 women experience a mood or anxiety disorder during pregnancy or postpartum (Bauman et al., 2020; Gavin et al., 2005). Postpartum depressive symptoms are underdiagnosed and remain largely untreated (Cox et al., 2016; Elisei et al., 2013; Ko et al., 2017). Left untreated, these disorders have an estimated societal cost of \$14.2 billion annually (Luca et al., 2019) and represent the second most common cause of maternal mortality in the postpartum period, with suicide accounting for 20% of deaths in women following the birth of a child (Lindahl et al., 2005).

Current research investigates the sequelae of PPD as a disorder negatively effecting the physical, emotional, cognitive, and behavioral development of the fetus, infant, and child, relative to the effects of PPD on maternal functioning (Slomian et al., 2019). A smaller body of research examining the impact of PPD on women's health and wellness in pregnancy and the immediate postpartum period (0 - 4 years postpartum) exists. To date, no research exists regarding how women who have had PPD reflect on the experience in later life (Johnson et al., 2020; Woolhouse et al., 2015). Therefore, the problem addressed in this study was the gap in knowledge regarding women's perceptions and interpretations of this significant life event.

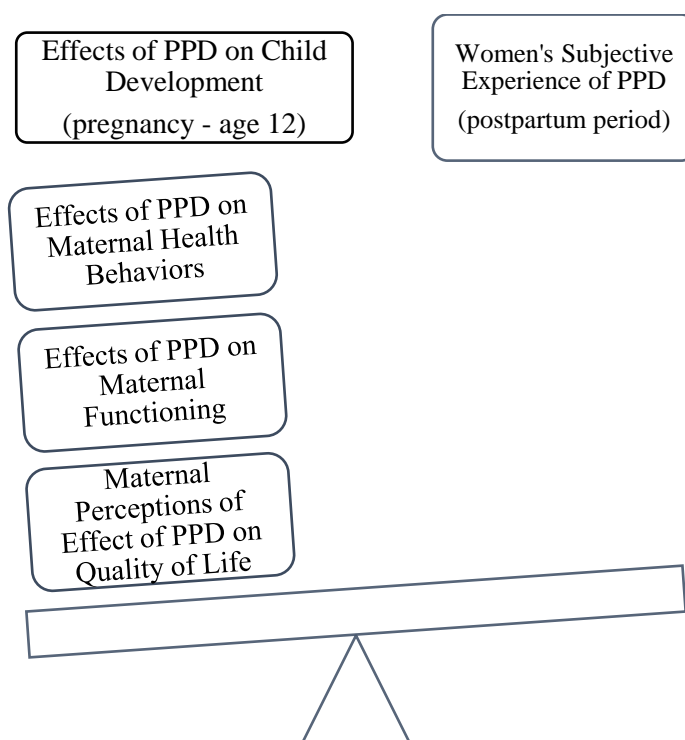
## **Theoretical Framework**

Humanistic psychology provides the theoretical framework for this study. Traditional positivist paradigms of psychology examine human experience within a biopsychosocial paradigm, using nomothetic methods of inquiry in evidence-based medicine (Ghaemi, 2010). In contrast, humanistic psychology posits a holistic understanding of a life experience through the subjective interpretation of an individual's perspective, and influence of sociocultural contexts. IPA aligns with the holistic paradigm of humanistic psychology (Graham, 1986), giving voice to idiographic, phenomenological, and interpretative dimensions of human experience (Eatough & Smith, 2008; Smith & Eatough, 2007). In seeking to understand how women remember PPD in later life from a holistic, humanistic perspective, I chose IPA methodology to provide a descriptive phenomenological structure of the phenomenon, a hermeneutic interpretation of the lived experience of the phenomenon, and an honoring of the psychologically idiographic nature of PPD (Smith & Eatough, 2007). In this way, IPA provided me the tools to access description and interpretation of each single participant's experience in order to create a holistic understanding of PPD in alignment with humanistic psychology.

## **Literature Review**

Four decades of biopsychosocial research regarding PPD defines the current understanding of PPD as a psychiatric disease understood within evidence-based medicine, and the absence of the research regarding the subjective experience of women who experience the disorder. The "loss of the subjective" (Ghaemi, 2010, p. 123) in research has not gone unnoticed. Rosenfield and Maine (1985) posed the critical question, "Where is the M in maternal child-health?" (p. 83) in their landmark critique of the state of maternal child health. Strides have been made in public health sector to conceptualize maternal health as "a complex interplay of biological, behavioral, psychological, environmental, and social protective and risk factors contributes to health outcomes across the span of a person's life" (Pies et al., 2012). Research regarding women's mental illness over the lifespan, however, remains the charge of reproductive psychiatry and as the majority of research conducted focuses on the sequelae of the disorder as a disease and its effects on offspring (see Figure 1). What follows is a review of literature regarding (a) the effects of PPD on child development, (b) the effects of PPD on maternal functioning, (c) the effects of PPD on maternal health behaviors, (d) maternal perceptions of the effects of PPD on quality of life, and (e) women's subjective experience of PPD in the immediate postpartum period.

**Figure 1**  
*Literature Review Concept Map*



### **Effects of PPD on Child Development: Pregnancy – Age 12**

The majority of literature on PPD has examined the potential negative physical, cognitive, and emotional effects of PPD on the fetus, infant, and child, but has not extended to offspring beyond early adolescence. For example, research regarding the negative effect of PPD on birth outcomes have demonstrated increased risk of preterm birth (Grigoriadis et al., 2013; Grote et al., 2010), and decreased fetal birth weight (Gress-Smith et al., 2012; Nasreen et al., 2013) and length (Bakare et al., 2014). Similarly, the effect of PPD on infants and children's cognitive and behavioral development have been correlated with the association of PPD with disrupted maternal-child attachment (Hayes et al., 2013; Muzik et al., 2013; O'Higgins et al., 2013). To date, the PPD literature remains focused on the fetus, infant and child, citing an association with impaired maternal functioning during the immediate postpartum period.

### **Effects of PPD on Maternal Functioning**

PPD has been associated with a woman's decreased maternal-child interaction (Bernard et al., 2018; Logsdon et al., 2006), decreased breastfeeding (Dias & Figueiredo, 2015; Figueiredo et al., 2014; Gagliardi et al., 2012; McCarter-Spaulding & Horowitz, 2007; Stuebe et al., 2013; Watkins et al., 2011), increased hostility in her interactions toward her infant or child (Ross & Dennis, 2009) and decreased response to infant cues (Azak & Raeder, 2013; van Doesum et al., 2007). Impaired maternal functioning due to maternal depression has also been a reported association with decreased responsiveness to children at age 5 (van der Waerden et al., 2017), age 6 (Matijasevich et al., 2015), age 7 (Ashman et al., 2008), and through to

adolescence (Ferro et al., 2015; Letourneau et al., 2013). Women's subjective experience of maternal-child interaction relative to PPD across the life span has not been explored.

### **Effects of PPD on Maternal Health Behaviors**

Relative to the larger body of literature regarding the deleterious effects of PPD on offspring, a significantly smaller body of literature reports deleterious effects of PPD on women's physical health behaviors, cognitive health, and perceived quality of life in the immediate postpartum period (0 – 18 months postpartum). Women with PPD report more self-harm (Kim et al., 2015; Pope et al., 2013), as suicide is one of the leading causes of maternal mortality in the first year after childbirth (Bodnar-Deren et al., 2016; Do et al., 2013; Howard et al., 2011; Mars et al., 2014; Oyston et al., 2017; Palladino et al., 2011).

### **Maternal Perceptions of Effect of PPD on Quality of Life**

In addition to reports of PPD negatively effecting women's health behavior, PPD has been associated with maternal perceptions of lower the quality of life for in postpartum period, (Darcy et al., 2011). Lower self-esteem, increased stress, and decreased household functioning have been reported in women with depression during the perinatal period (Posmontier, 2008; Wang et al., 2005). Women with PPD report decreased social support, social functioning, and impaired relationships (Jones & Coast, 2013; Posmontier, 2008; Wang et al., 2005), poor relationship quality (Myers & Johns, 2018; Vliegen et al., 2013), increased problems with a partner (Lilja et al., 2012), increased sexual dysfunction (Faisal-Cury et al., 2013; Khajehei et al., 2015), and an increased risk of homelessness (Curtis et al., 2014) have been reported. Women's perception of the impact and meaning of the experience of PPD on the quality of life over the lifespan has not been addressed.

### **Women's Subjective Experience of PPD**

A small body of literature regarding women's subjective experience of PPD exists but does not extend beyond the postpartum period. Beck (2020) explored the impact of PPD on mother-infant interaction through a secondary analysis of the metaphors used by women in previously published qualitative literature (Beck, 1992). The analysis examined women's perceptions of interacting with their child, not on the meaning of PPD and the samples included in the immediate postpartum period. Based on relational dialectics theory, Scharp and Thomas (2017) conducted a contrapuntal analysis of the meaning of PPD using the narratives of 55 public domain stories published at two community blogs. However, the findings were limited because the age and diagnosis of the participants posting the story were not verifiable. Most recently, Hansen (2020) used IPA to investigate the experience of motherhood for women of preschool-aged children with PPD but women with children older than 4 years old were excluded and the focus of the research was the impact of PPD on maternal identity, not the experience of PPD. The absence of literature regarding the subjective experience of the meaning of PPD over the lifespan is addressed by the current study.

## **Methods**

### **Rationale**

As supported by qualitative research methodological paradigms established over the last two decades (Giorgi, 2009; Guba & Lincoln, 1981; Moustakas, 1994; Polkinghorne, 1989;

van Manen, 2016), I chose a qualitative research design because I sought to explore a woman's subjective description and interpretation of the phenomenon of PPD within a humanistic psychology framework. The research question framing the topic: *how do women describe and interpret PPD in later life?* required an interpretative method of understanding the unique nature of individual's experience to reveal the meaning of the phenomenon as a whole. In alignment with that framework, IPA provided a method of analysis for me to elicit descriptive phenomenological structure of the experience (Smith et al., 2009) in addition to a hermeneutic phenomenological strategy to consider my personal and professional preconceptions during interpretation. As such, my personal experience of PPD following the birth of my son in 2000, and professional experience conducting qualitative research on the topic offered an opportunity for a double hermeneutic analysis of the phenomenon rather than attempting to bracket my preconceptions (Smith & Shinebourne, 2012). Therefore, the research question was best addressed through implementing IPA. What follows is a description of the procedures and protocol of the study methodology: recruitment, screening, data collection, methods of verification, and data analysis.

### **Recruitment**

Prior to recruitment, I obtained approval from Saybrook University's Institutional Review Board (IRB) to conduct the study. I posted the recruitment flyer, along with a call for participants, to the list serve and society members with my contact information.

### **Screening**

Because the extant literature regarding PPD does not include women beyond the immediate postpartum period or children extends beyond age 12, I determined inclusion criteria of women I determined inclusion criteria for participation as adult females who self-identified as having had PPD a minimum of 13 years post-delivery. A total of 17 potential participants contacted me by email. After screening for inclusion criteria, I identified a final purposive sample of 10 and obtained written informed consent. I scheduled telephone interviews and sent a copy of the interview questions to participants.

### **Data Collection**

I first asked participants to share demographic data, including their age, ages of their children, race, marital status and level of education. In alignment with IPA, I designed an interview schedule to "elicit detailed stories, thoughts and feelings from the participant (Smith et al., p. 57), constructing "open and expansive" (Smith et al., p. 59) questions. As recommended in IPA, my initial interview question allowed "the participant to recount a fairly descriptive episode of the experience" (p. 59). The question was: How would you describe your experience? While I designed the second question as an inquiry into participant interpretation of the experience, then used prompts to probe for more "narrative, structural, contrasting, evaluative, circular, or comparative" (Smith et al., 2009, p. 60) responses and reflections. The second question was: How has the experience impacted you?

I recorded interviews and retrieved transcripts using Speechpad, an encrypted telephone and transcription service. I stored the recordings and transcriptions labeled with numerical identifiers on a password-protected encrypted drive on my computer. I conducted transcription analysis (Gibbs, 2018) by listening to each recording while reading the transcriptions for quality assurance.

## Data Analysis

Following the six steps of IPA data analysis (Smith et al., 2009), I sought to identify (a) the objects of concern describing PPD and (b) the experiential claims relating how women make meaning of the experience (Larkin et al., 2006). In step 1, I read and reread the transcripts several times to familiarize myself with the participant experience. I conducted step 2, initial noting, using "close, line-by-line analysis of the experiential claims, concerns, and understandings of each participant" (Larkin, as cited in Smith et al., 2009, p. 79). I formatted the transcripts in a Microsoft Word document with text in the left-hand margin. I recorded descriptive meaning units as objects of concern for the participants in the right-hand margin. In addition, I noted interpretative memos on the data dialogue wall. I then returned to the text to identify metaphors or analogies used by the participant to describe the experience. The meaning units were then placed in another document in the left-hand margin, and conceptual notes regarding how the participant identified explanatory elements of the experience as a whole were noted in the right-hand margin. Exploratory initial analysis yielded an extensive data set that included the participant text and provisional research notes.

My goal of the third step, developing emerging themes, was as Smith et al. (2009) described, to break the "original whole of the interview broken down into a 'set of parts'" (p. 91). I worked to reduce the large volume of data extracted in the initial analysis by conducting conceptual mapping, moving back and forth between the notes and interpretation. I identified essential themes while abstracting the interpretation in graphic form. Reducing the interview transcription to significant themes was supported by visually diagramming, moving those elements, and drawing connections between them while adding text from the participants.

In step four, searching for connections across themes, I charted the themes in chronological order for each participant, noting objects of concern describing the experience of PPD in the past, and the past as experienced in the present. I identified clusters of themes, the related themes, and the relationship between themes. Clustering like themes and renaming themes abstracted the analysis. Next, I created a schematic representation of the developing "structure, frame, or gestalt" (Smith et al., 2009, p. 79) of the themes. The relationship between the themes was recorded before moving to the next case. I then moved to the next case (IPA Step 5) and repeated the steps with each case for participants 1 - 7 (see Figure 2). During the final stage of analysis, I looked for patterns across cases (Smith et al., 2009).

## *Methods of Verification*

I integrated methods to establish trust throughout the research study, committing to the exploration of the phenomenon described by the participants to interpret how they made sense of the experience (Larkin et al., 2006). I used Yardley's (2000) four evaluative criteria for assessing the quality of qualitative research: (a) sensitivity to context, (b) commitment and rigor, (c) transparency and coherence, and (d) impact and importance. Sensitivity to context was practiced throughout the research design process, as demonstrated by the following: (a) the choice of IPA as a method of analysis, (b) the use of a purposive sample of participants, (c) employing verbatim extracts, and (d) substantive awareness of the existing literature before and after analysis.

Yardley's (2000) second principle, commitment and rigor, refer to the researcher's deep commitment to the topic and comprehensive data collection and analysis. Commitment to rigor was established through attention to the individual participant in data collection and data analysis. Rigor, or thoroughness of the design, was verified through crafting the research question, careful screening of participants, and employing methods of verification to establish



the credibility of the data collected. In-depth interviews with participants provided a thick, rich description, strengthening the credibility of the data.

Yardley's (2000) third principle, transparency and coherence, guided the data analysis as I followed the steps of IPA consistently for each participant, while maintaining detailed records throughout. Using Yardley's (2000) fourth guiding principle, impact and importance, I shared a detailed description of the process of interpretative analysis with a peer researcher. Peer feedback was recorded and cross-checked to establish external verification of findings (Lincoln & Guba, 1985; Onwuegbuzie & Leech, 2007).

## **Results**

### **Participants**

All participants (N = 10) shared relevant demographic data. The average age of participants was 50.7 years old. Ages of children ranged from 13 to 26 years of age. The majority of participants reported being White (n = 8), married (n = 7), residing in the United States (n = 8), and having a postgraduate degree (n = 7). A single interview was conducted with each participant, lasting an average of 46.97 minutes per participant. Of note, IPA recommends a length of 45 to 90 minutes for interviews (Smith et al., 2009, p. 60).

### **Master Theme 1: What PPD Was Like**

Participants described the lived experience of PPD in the past in rich detail. I noted the categories of symptoms as objects of concern including insomnia, anxiety, constant worry, thoughts of ending the suffering, and thoughts of harm coming to the baby. I proceeded with interpretative analysis resulting in the PPD as an experience of confusion, darkness, and a sense of falling.

#### ***Confusion***

PPD was an experience of confusion with regards to the conflicting expectations of motherhood and the experience of self, relative to the symptoms of PPD. Participant 4 described confusion in this way, "One of the things that was confusing was that I had a very good pregnancy, and then it hit."

The disconnect between one's previous self and perceptions of self during PPD resulted in confusion, as Participant 6 shared,

I went from being a very kind of laid-back person to having a lot of stress over if he didn't nap, or he didn't eat, or he wasn't eating the right things. Everything stressed me out; it really threw me because I'd never really been that kind of person before. (Participant #6)

#### ***Darkness***

Darkness and the color black pervaded women's descriptions of the symptoms of PPD. Participant 5 noted, "I call it the dark vortex" and Participant 3 referred to PPD as "that black cloud." Participant 10 referenced the symptoms as feeling "like a black curtain fell down." Women described the experience of PPD as a black hole. Participant 9 reflected, "I was in a black hole for probably about six months." Participant 7 described her realization that she was

suffering symptoms of PPD again following the birth of her second child: “It was like a switch went off in my head, and I felt it was just that black hole again.”

### ***Falling***

The experience of the symptoms of PPD was described as a sense of moving downward, as explained by Participant 4, “I started to feel a shift going down”; and Participant 9 noted, “I was four months along and that's kind of when everything went downhill.” For many, the experience of the symptoms of PPD was like falling into a hole. As Participant 8 shared, “When she was born, I just fell into this hole, and I couldn't understand it.” Further, participant 7 described, “I just fell right down into that hole and I was terrified.”

Women interpreted the experience to mean they were a bad person or a bad mother. As Participant 1 described, “I remember feeling like a really bad mom. I remember feeling, like, being a horrible person and a really bad mom.” Participant 6 remembered the experience as a reflection of her being a bad mother in this way: “I just felt like I sucked at being a mother. I just remember thinking that everyone is supposed to know what to do, mothers, but there's just something wrong with me.” Participant 8 described making sense of the experience this way:

It's like when you get married and have kids, like, this timeline of the way things is supposed to be happening and the way you're supposed to be. And when you get there, and it's not like that, it's pretty jarring, and you can start to feel bad about yourself. (Participant #8)

### **Master Theme 2: PPD Changed Me**

The objects of concern relative to how the experience impacted women included feeling more confident, more compassionate toward others, and developing a professional passion for helping others who have suffered from PPD.

#### ***Confidence***

Increased confidence was a component of how women experienced PPD as impacting them. Participant 3 explained, “When I was going through it, I would say that I didn't feel competent. If you ask me to describe myself now, I feel competent again.” Participant 7 described a change in her sense of confidence as a result of PPD in this way:

Today, I am in a good place. I feel really good about who I am and how I am mentally. I feel more robust; I look at life differently. I don't know if that's because I'm getting older and I'm in my late 40s now I don't know. But I have a sense of calmness, I feel good, I feel happy, I feel content, (Participant #7)

Reflecting on strength as a result of the experience, Participant 9 said, “This horrific experience definitely what became more of a journey. I think about it now, in terms of, ‘Look at what you did, look how strong you are. You can get through anything’.”

#### ***Compassion***

Women described PPD as giving them a new sense of compassion for others as a result of their experience. Participant 3 described, “One of the gifts of going through it was finding way more

empathy and compassion and understanding for everybody, not just other women struggling with postpartum, but like, I could no longer say, 'All those crazy people'."

Compassion for others was experienced through women deciding to engage in professional or vocational work to helping other women impacted by PPD or preventing PPD. For example, Participant 1 shared,

I'm passionate about preparing parents for what parenthood means and equipping them with the knowledge that I didn't have, and the awareness that I didn't have so that everybody knows who they can call or talk to about things that are, for most people, unspeakable, including me. (Participant #1)

Participant 2 explained,

It has literally become a passion for me, and my clinical work is now this. You know, that year of my life was probably the worst year, and nobody should say that when they have a new baby, no one should say that. The ultimate goal for me now is to not have anybody else suffer the way I suffered or the moms I know that are survivors have suffered. (Participant #2)

Women described the impact of PPD as having gained confidence and compassion for others, interpreting this component of their experience as having been changed by PPD. Participant 8 noted, "Who I've become is very much like evolved a few times since all of that. I feel like I have become a new person." Participant 4 described changing as a result of PPD in this way:

I'm forever different because of having gone through that. I don't think it goes away. I think it gets integrated, and, just like anything else difficult, you can either use it for growth or use it to define you. (Participant #4)

In addition, Participant 10 noted the sense of change by noting:

I look back now, and I am not who I was before I had PPD. There's been this multitude of blessings and a multitude of losses throughout that whole period of my life. I don't think anyone's ever the same after PPD. I don't think anyone would ever say they're the same. (Participant #10)

### **Master Theme 3: I am Grateful for PPD**

Women reported value and no regret for having been through PPD. For example, Participant 3, "If I could go back go through the child-raising years, I would not skip the postpartum depression. There was so much value in it." Gratitude for the PPD resulted from reflecting on the growth experienced subsequent to living through the event. As Participant 4 explained,

I've come a long way in this journey, and I've done a lot of great things both personally and professionally because of it. I don't regret that at all. I've made meaning of it. If I regretted it, then I feel like that's just missing all the good things that have come out of it. (Participant #4)

In these interviews, women expressed gratitude and appreciation for the experience of PPD. Participant 7 shared, "It makes me look back on my experience, and appreciate how far I've

come, and how strong I am. And that's not a bad thing." Reflection on the past suffering relative to perceptions of value and growth was noted by Participant 9 in this way,

At that time, I didn't have the presence of mind to think this way, but now, I'm so glad I had that experience, because my daughter's at risk too. If she ever has kids, she needs to know that this could happen. I want her to see--as awful as I felt, look at me now. (Participant #9).

Women were grateful for the experience of PPD in later life, valuing the significant positive changes resulting from the event. Women interpreted that the experience was necessary in order to create the opportunities for personal growth, as Participant 4 shared,

I feel like it's something I had to go through; and Participant 8 described, I do have gratitude for what I've been through because I know that I had to go through it to make me the person that I am today.

## **Discussion**

### **Symptoms of PPD**

The objects of concern identified were the symptoms of PPD and the experience of those symptoms. Insomnia, anxiety, worry, thoughts of harm coming to the baby, wanting to leave, and suicidal ideation were experienced as confusion, darkness, and a sense of falling. The interpretation of the experience at the time was that they were either a bad mother or a horrible person. These findings are supported by Beck's (1992) phenomenological characterization of the lived experience of PPD as "a living nightmare filled with uncontrollable anxiety attacks, consuming guilt, and obsessive thinking, during which women contemplated not only harming themselves but also their infants (p. 166). Findings are further supported by research identifying clinical symptoms of PPD, including insomnia (Alvaro et al., 2013; Obeysekare et al., 2020; Sharma, 2003; Wisner et al., 2013), anxiety (Agrati et al., 2015; Ali et al., 2013; Fisher et al., 2016; Heron et al., 2004; Wenzel et al., 2005; Wisner et al., 2013), excessive worry about the baby (Highet et al., 2014; Martini et al., 2015; Wardrop & Popadiuk, 2013), intrusive thoughts of harm coming to the baby (Abramowitz et al., 2010), and suicidal ideation (Kim et al., 2015).

### **Master Theme 1: What PPD Was Like**

The experience of confusion as a result of the symptoms of PPD supported by findings in the extant literature regarding the experience of PPD as a loss of emotional control (Abrams & Curran, 2009; Dennis & Moloney, 2009; Highet et al., 2014; Wardrop & Popadiuk, 2013). The confusion related to the conflicting experience of motherhood with PPD and the social or cultural constructs of motherhood (Leung et al., 2005; Roberts et al., 2018).

The current study suggests that darkness represents how women experience PPD in later life. Examples of the use of similar language in qualitative literature exist, but do not to assess women's description of PPD as darkness as a phenomenological descriptor. In a grounded theory study of how women with PPD symptoms experience the first two months with their child, Edhborg et al. (2005) described their final core category, struggling to survive, by sharing that women "struggled to keep their spirits up to avoid being caught in the darkness" (p. 264). Beck's (2020) secondary analysis of the qualitative literature examining women's experience of the effect of PPD on infant interaction noted eight metaphors of PPD: (a) a thief,

(b) a robot, (c) enveloping fogginess, (d) being at the races, (e) an actor, (f) an erupting volcano, (g) skin crawling, and (h) a wall, however, no metaphors of darkness or falling were reported. The absence of language regarding darkness or falling may shed light on how women's description of PPD changes in later life. Further research regarding language, metaphor, and representations of PPD are warranted.

The interpretation of the PPD symptoms, and the experience of the symptoms, as a “bad mother” supports the literature examining social constructs of motherhood relative to perinatal mood or anxiety disorders (Abrams & Curran, 2009; Edhborg et al., 2005; Leung et al., 2005; Roberts et al., 2018). Of note, the women in this research study did not report holding this belief in later life. Previously held schemas of self as “bad” changed over time. Women no longer appraised themselves as having been a bad mother for having PPD, developing a new understanding of mental illness in contrast to an inherent moral character. This demonstrates a shift from assimilating the event at the time into a schema of self-blame to accommodating new worldviews about themselves (Joseph & Linley, 2006). Extant literature has focused on women's perceptions of the impact of PPD in the immediate postpartum period but not over the lifespan. As a result, an understanding of how personality schemas, relative to an experience of PPD, may change over time has yet to be considered. Further research is warranted to examine this topic in more depth.

### **Master Theme 2: PPD Changed Me**

Women developed more confidence, an increase in compassion for others, and a passion for helping others impacted by PPD professionally or vocationally as a direct result of their own experience with PPD. To date, there is no research considering growth as a result of the adversity of PPD. However, humanistic and positive psychology have offered several conceptualizations of growth following traumatic life events such as perceived benefits (McMillen et al., 1997), positive changes (Joseph & Linley, 2008), posttraumatic growth (Tedeschi & Calhoun, 1996) and thriving (Abraído-Lanza et al., 1998). There are two studies of posttraumatic growth subsequent to the onset of psychosis (Dunkley et al., 2007; Mapplebeck et al., 2015) and posttraumatic growth subsequent to a traumatic childbirth (Beck C. & Watson, 2016; Berman et al., 2020; Sawyer & Ayers, 2009; Taubman-Ben-Ari et al., 2011) but no peer-reviewed studies regarding PPD and growth exist.

### **Master Theme 3: I am Grateful for PPD**

As a result of the experience of positive growth through the suffering of PPD, women described PPD as a valuable experience for which they had no regret. The interpretation of the sense of gratitude for PPD was that the suffering was necessary for the personal growth that resulted. How might an experience of suffering result in the sense of gratitude? Personal gain through suffering is a central tenet in existential-humanistic psychology (Jaffe, 1985; Yalom & Lieberman, 1991). Gratitude for a traumatic life event as a result of recognizing one's personal strengths and resiliency after adversity has been noted in the literature (Morland et al., 2008). Research examining the role of gratitude following PPD in later life is suggested.

The findings in this study present a deeper understanding of how women make sense of PPD in later life. PPD was an experience of suffering that resulted in personal growth through changes in appraisals of self, developing positive personal schemas and gratitude. Future research into PPD as a traumatic life event may inform clinical interpretations and interventions to foster health and growth and meaning making.

## Limitations

Limitations of this research study include the use of a self-reported PPD for inclusion criteria. A documented clinical diagnosis of PPD was not verified.

## References

- Abraído-Lanza, A. F., Guier, C., & Colón, R. M. (1998). Psychological thriving among Latinas with chronic illness. *Journal of Social Issues, 54*(2), 405-424.
- Abramowitz, J. S., Meltzer-Brody, S., Leserman, J., Killenberg, S., Rinaldi, K., Mahaffey, B. L., & Pedersen, C. (2010). Obsessional thoughts and compulsive behaviors in a sample of women with postpartum mood symptoms. *Archives of Women's Mental Health, 13*(6), 523-530.
- Abrams, L. S., & Curran, L. (2009). "And you're telling me not to stress?" A grounded theory study of postpartum depression symptoms among low-income mothers. *Psychology of Women Quarterly, 33*(3), 351-362.
- Agrati, D., Browne, D., Jonas, W., Meaney, M., Atkinson, L., & Steiner, M., & MAVAN Research Team. (2015). Maternal anxiety from pregnancy to 2 years postpartum: Transactional patterns of maternal early adversity and child temperament. *Archives of Women's Mental Health, 18*(5), 693-705.
- Ali, N. S., Mahmud, S., Khan, A., & Ali, B. S. (2013). Impact of postpartum anxiety and depression on child's mental development from two peri-urban communities of Karachi, Pakistan: A quasi-experimental study. *BMC Psychiatry, 13*(1), 274.
- Alvaro, P. K., Roberts, R. M., & Harris, J. K. (2013). A systematic review assessing bidirectionality between sleep disturbances, anxiety, and depression. *Sleep, 36*(7), 1059-1068.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). Author.
- Ashman, S. B., Dawson, G., & Panagiotides, H. (2008). Trajectories of maternal depression over 7 years: Relations with child psychophysiology and behavior and role of contextual risks. *Development and Psychopathology, 20*(1), 55-77.
- Azak, S., & Raeder, S. (2013). Trajectories of parenting behavior and maternal depression. *Infant Behavior and Development, 36*(3), 391-402.
- Bakare, M. O., Okoye, J. O., & Obindo, J. T. (2014). Introducing depression and developmental screenings into the National Programme on Immunization (NPI) in southeast Nigeria: An experimental cross-sectional assessment. *General Hospital Psychiatry, 36*(1), 105-112.
- Bauman, B. L., Ko, J. Y., Cox, S., D'Angelo, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020). Vital signs: Postpartum depressive symptoms and provider discussions about perinatal depression, 2018. *Morbidity and Mortality Weekly Report, 69*(19), 575-581.
- Beck, C. T. (1992). The lived experience of postpartum depression: A phenomenological study. *Nursing Research, 41*(3), 166-170.
- Beck, C. T. (2020). Mother-infant interaction during postpartum depression: A metaphor analysis. *Canadian Journal of Nursing Research, 52*(2), 108-116.
- Beck, C. T., & Watson, S. (2016). Posttraumatic growth after birth trauma: "I was broken, now I am unbreakable". *MCN: The American Journal of Maternal/Child Nursing, 41*(5), 264-271.
- Berman, Z., Thiel, F., Dishy, G. A., Chan, S. J., & Dekel, S. (2020). Maternal psychological growth following childbirth. *Archives of Women's Mental Health, 24*(2), 313-320

- Bernard, K., Nissim, G., Vaccaro, S., Harris, J. L., & Lindhiem, O. (2018). Association between maternal depression and maternal sensitivity from birth to 12 months: A meta-analysis. *Attachment & Human Development, 20*(6), 578-599.
- Bodnar-Deren, S., Klipstein, K., Fersh, M., Shemesh, E., & Howell, E. A. (2016). Suicidal ideation during the postpartum period. *Journal of Women's Health, 25*(12), 1219-1224.
- Cox, E. Q., Sowa, N. A., Meltzer-Brody, S. E., & Gaynes, B. N. (2016). The perinatal depression treatment cascade: Baby steps toward improving outcomes. *The Journal of Clinical Psychiatry, 77*(9), 1189-1200.
- Curtis, M. A., Corman, H., Noonan, K., & Reichman, N. E. (2014). Maternal depression as a risk factor for family homelessness. *American Journal of Public Health, 104*(9), 1664-1670.
- Darcy, J. M., Grzywacz, J. G., Stephens, R. L., Leng, I., Clinch, C. R., & Arcury, T. A. (2011). Maternal depressive symptomatology: 16-month follow-up of infant and maternal health-related quality of life. *The Journal of the American Board of Family Medicine, 24*(3), 249-257.
- Dennis, T. R., & Moloney, M. (2009). Surviving postpartum depression and choosing to be a mother. *Southern Online Journal of Nursing Research, 9*(4), 1-16.
- Dias, C. C., & Figueiredo, B. (2015). Breastfeeding and depression: A systematic review of the literature. *Journal of Affective Disorders, 171*, 142-154.
- Do, T., Hu, Z., Otto, J., & Rohrbeck, P. (2013). Depression and suicidality during the postpartum period after first time deliveries, active component service women and dependent spouses, US Armed Forces, 2007-2012. *MSMR, 20*(9), 2-7.
- Dunkley, J. E., Bates, G. W., Foulds, M., & Fitzgerald, P. (2007). Understanding adaptation to first-episode psychosis: The relevance of trauma and posttraumatic growth. *The Australasian Journal of Disaster and Trauma Studies, 1*, 3-16.
- Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis In C. Willig & W. Stainto-Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 193-211). SAGE
- Edhborg, M., Friberg, M., Lundh, W., & Widström, A. M. (2005). "Struggling with life": Narratives from women with signs of postpartum depression. *Scandinavian Journal of Public Health, 33*(4), 261-267.
- Elisei, S., Lucarini, E., Murgia, N., Ferranti, L., & Attademo, L. (2013). Perinatal depression: A study of prevalence and of risk and protective factors. *Psychiatria Danubina, 25*(Suppl 2), S258-62.
- Faisal-Cury, A., Huang, H., Chan, Y. F., & Menezes, P. R. (2013). The relationship between depressive/anxiety symptoms during pregnancy/postpartum and sexual life decline after delivery. *The Journal of Sexual Medicine, 10*(5), 1343-1349.
- Ferro, M. A., Boyle, M. H., & Avison, W. R. (2015). Association between trajectories of maternal depression and subsequent psychological functioning in youth with and without chronic physical illness. *Health Psychology, 34*(8), 820-820.
- Figueiredo, B., Canário, C., & Field, T. (2014). Breastfeeding is negatively affected by prenatal depression and reduces postpartum depression. *Psychological Medicine, 44*(5), 927-936.
- Fisher, S. D., Wisner, K. L., Clark, C. T., Sit, D. K., Luther, J. F., & Wisniewski, S. (2016). Factors associated with onset timing, symptoms, and severity of depression identified in the postpartum period. *Journal of Affective Disorders, 203*, 111-120.
- Gagliardi, L., Petrozzi, A., & Rusconi, F. (2012). Symptoms of maternal depression immediately after delivery predict unsuccessful breastfeeding. *Archives of Disease in Childhood, 97*(4), 355-357.

- Gavin, N. I., Gaynes, B. N., Lohr, K. N., Meltzer-Brody, S., Gartlehner, G., & Swinson, T. (2005). Perinatal depression: A systematic review of prevalence and incidence. *Obstetrics & Gynecology*, *106*(5), 1071-1083.
- Ghaemi, S. N. (2010). *The rise and fall of the biopsychosocial model: Reconciling art and science in psychiatry*. Johns Hopkins University Press.
- Gibbs, G. (2018). *Analyzing qualitative data*. Sage. <https://doi.org/10.4135/9781849208574>
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Duquesne University Press.
- Graham, H. (1986). *The human face of psychology: Humanistic psychology in its historical, social, and cultural contexts*. Open University.
- Gress-Smith, J. L., Luecken, L. J., Lemery-Chalfant, K., & Howe, R. (2012). Postpartum depression prevalence and impact on infant health, weight, and sleep in low-income and ethnic minority women and infants. *Maternal and Child Health Journal*, *16*(4), 887-893.
- Grigoriadis, S., VonderPorten, E. H., Mamisashvili, L., Tomlinson, G., Dennis, C. L., Koren, G., Steiner, M., Mousmanis, P., Cheung, A., & Radford, K. (2013). The impact of maternal depression during pregnancy on perinatal outcomes: A systematic review and meta-analysis. *The Journal of Clinical Psychiatry*, *74*(4), e321-e341.
- Grote, N. K., Bridge, J. A., Gavin, A. R., Melville, J. L., Iyengar, S., & Katon, W. J. (2010). A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. *Archives of General Psychiatry*, *67*(10), 1012-1024.
- Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches*. Jossey-Bass.
- Hansen, L. (2020). The self-as-mother in the preschool years: An interpretive phenomenological analysis. *Children Australia*, *45*(1), 48-53.
- Hayes, L. J., Goodman, S. H., & Carlson, E. (2013). Maternal antenatal depression and infant disorganized attachment at 12 months. *Attachment & Human Development*, *15*(2), 133-153.
- Heron, J., O'Connor, T. G., Evans, J., Golding, J., Glover, V., & ALSPAC Study Team. (2004). The course of anxiety and depression through pregnancy and the postpartum in a community sample. *Journal of Affective Disorders*, *80*(1), 65-73.
- Hight, N., Stevenson, A. L., Purtell, C., & Coo, S. (2014). Qualitative insights into women's personal experiences of perinatal depression and anxiety. *Women and Birth*, *27*(3), 179-184.
- Howard, L. M., Flach, C., Mehay, A., Sharp, D., & Tylee, A. (2011). The prevalence of suicidal ideation identified by the Edinburgh Postnatal Depression Scale in postpartum women in primary care: Findings from the RESPOND trial. *BMC Pregnancy and Childbirth*, *11*(1), 57.
- Jaffe, D. T. (1985). Self-renewal: Personal transformation following extreme trauma. *Journal of Humanistic Psychology*, *25*(4), 99-124.
- Johnson, S., Adam, S., & McIntosh, M. (2020). The lived experience of postpartum depression: A review of the literature. *Issues in Mental Health Nursing*, *41*(7), 1-8.
- Jones, E., & Coast, E. (2013). Social relationships and postpartum depression in South Asia: A systematic review. *International Journal of Social Psychiatry*, *59*(7), 690-700.
- Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical Psychology Review*, *26*(8), 1041-1053.
- Joseph, S., & Linley, P. A. (Eds.). (2008). *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress*. John Wiley & Sons.



- Khajehei, M., Doherty, M., Tilley, P. M., & Sauer, K. (2015). Prevalence and risk factors of sexual dysfunction in postpartum Australian women. *The Journal of Sexual Medicine, 12*(6), 1415-1426.
- Kim, J. J., La Porte, L. M., Saleh, M. P., Allweiss, S., Adams, M. G., Zhou, Y., & Silver, R. K. (2015). Suicide risk among perinatal women who report thoughts of self-harm on depression screens. *Obstetrics & Gynecology, 125*(4), 885-893.
- Ko, J. Y., Rockhill, K. M., Tong, V. T., Morrow, B., & Farr, S. L. (2017). Trends in postpartum depressive symptoms—27 states, 2004, 2008, and 2012. *Morbidity and Mortality Weekly Report, 66*(6), 153-158.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*(2), 102-120.
- Letourneau, N. L., Tramonte, L., & Willms, J. D. (2013). Maternal depression, family functioning and children's longitudinal development. *Journal of Pediatric Nursing, 28*(3), 223-234.
- Leung, S. S., Martinson, I. M., & Arthur, D. (2005). Postpartum depression and related psychosocial variables in Hong Kong Chinese women: Findings from a prospective study. *Research in nursing & health, 28*(1), 27-38.
- Lilja, G., Edhborg, M., & Nissen, E. (2012). Depressive mood in women at childbirth predicts their mood and relationship with infant and partner during the first year postpartum. *Scandinavian Journal of Caring Sciences, 26*(2), 245-253.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.
- Lindahl, V., Pearson, J. L., & Colpe, L. (2005). Prevalence of suicidality during pregnancy and the postpartum. *Archives of Women's Mental Health, 8*(2), 77-87.
- Logsdon, M. C., Wisner, K. L., & Pinto-Foltz, M. D. (2006). The impact of postpartum depression on mothering. *Journal of Obstetric, Gynecologic & Neonatal Nursing, 35*(5), 652-658.
- Luca, D. L., Garlow, N., & Statz, C. (2019). Societal costs of untreated perinatal mood and anxiety disorders in California. *Mathematica Policy Research, 1*-4.
- Mapplebeck, C., Joseph, S., & Sabin-Farrell, R. (2015). An interpretative phenomenological analysis of posttraumatic growth in people with psychosis. *Journal of Loss and Trauma, 20*(1), 34-45.
- Mars, B., Heron, J., Crane, C., Hawton, K., Kidger, J., Lewis, G., Macleod, J., Tilling, K., & Gunnell, D. (2014). Differences in risk factors for self-harm with and without suicidal intent: Findings from the ALSPAC cohort. *Journal of Affective Disorders, 168*, 407-414.
- Martini, J., Petzoldt, J., Einsle, F., Beesdo-Baum, K., Höfler, M., & Wittchen, H. U. (2015). Risk factors and course patterns of anxiety and depressive disorders during pregnancy and after delivery: A prospective-longitudinal study. *Journal of Affective Disorders, 175*, 385-395.
- Matijasevich, A., Murray, J., Cooper, P. J., Anselmi, L., Barros, A. J., Barros, F. C., & Santos, I. S. (2015). Trajectories of maternal depression and offspring psychopathology at 6 years: 2004 Pelotas cohort study. *Journal of Affective Disorders, 174*, 424-431.
- McCarter-Spaulling, D., & Horowitz, J. A. (2007). How does postpartum depression affect breastfeeding? *The American Journal of Maternal/Child Nursing, 32*(1), 10-17.
- McMillen, J. C., Smith, E. M., & Fisher, R. H. (1997). Perceived benefit and mental health after three types of disaster. *Journal of Consulting and Clinical Psychology, 65*(5), 733-739.
- Morland, L. A., Butler, L. D., & Leskin, G. A. (2008). Resilience and thriving in a time of terrorism. In S. Joseph & P. A. Linley (Eds.), *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress* (pp. 39-62). John Wiley & Sons.

- Moustakas, C. (1994). *Phenomenological research methods*. SAGE.
- Muzik, M., Bocknek, E. L., Broderick, A., Richardson, P., Rosenblum, K. L., Thelen, K., & Seng, J. S. (2013). Mother–infant bonding impairment across the first 6 months postpartum: The primacy of psychopathology in women with childhood abuse and neglect histories. *Archives of Women's Mental Health, 16*(1), 29-38.
- Myers, S., & Johns, S. E. (2018). A life history perspective on maternal emotional investments during infancy. *TBC*.
- Nasreen, H. E., Kabir, Z. N., Forsell, Y., & Edhborg, M. (2013). Impact of maternal depressive symptoms and infant temperament on early infant growth and motor development: Results from a population-based study in Bangladesh. *Journal of Affective Disorders, 146*(2), 254-261.
- Obeysekare, J. L., Cohen, Z. L., Coles, M. E., Pearlstein, T. B., Monzon, C., Flynn, E. E., & Sharkey, K. M. (2020). Delayed sleep timing and circadian rhythms in pregnancy and transdiagnostic symptoms associated with postpartum depression. *Translational Psychiatry, 10*(1), 1-8.
- O'Hara, M. W., & Wisner, K. L. (2014). Perinatal mental illness: Definition, description and etiology. *Best Practice & Research Clinical Obstetrics & Gynecology, 28*(1), 3-12.
- O'Higgins, M., Roberts, I. S. J., Glover, V., & Taylor, A. (2013). Mother-child bonding at 1 year; Associations with symptoms of postnatal depression and bonding in the first few weeks. *Archives of Women's Mental Health, 16*(5), 381-389.
- Onwuegbuzie, A. J., & Leech, N. L. (2007). Validity and qualitative research: An oxymoron? *Quality & Quantity, 41*(2), 233-249.
- Oyston, C., Rueda-Clausen, C. F., & Baker, P. N. (2017). Current challenges in pregnancy-related mortality. *Obstetrics, Gynecology & Reproductive Medicine, 27*(7), 199-205.
- Palladino, C. L., Singh, V., Campbell, J., Flynn, H., & Gold, K. (2011). Homicide and suicide during the perinatal period: Findings from the National Violent Death Reporting System. *Obstetrics and Gynecology, 118*(5), 1056-1063.
- Pies, C., Parthasarathy, P., & Posner, S. (2012). Integrating the Life Course Perspective into a local maternal and child health program. *Maternal & Child Health Journal, 16*(3), 649–655.
- Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41-60). Springer.
- Pope, C. J., Xie, B., Sharma, V., & Campbell, M. K. (2013). A prospective study of thoughts of self-harm and suicidal ideation during the postpartum period in women with mood disorders. *Archives of Women's Mental Health, 16*(6), 483-488.
- Posmontier, B. (2008). Functional status outcomes in mothers with and without postpartum. *Journal of Midwifery & Women's Health, 53*(4), 310-318.
- Roberts, L., Berrisford, G., Heron, J., Jones, L., Jones, I., Dolman, C., & Lane, D. A. (2018). Qualitative exploration of the effect of a television soap opera storyline on women with experience of postpartum psychosis. *BJPsych Open, 4*(2), 75–82. doi:10.1192/bjo.2018.9
- Rosenfield, A., & Maine, D. (1985). Maternal mortality-a neglected tragedy. Where is the M in MCH? *The Lancet, 2*(8446), 83–85.
- Ross, L. E., & Dennis, C. L. (2009). The prevalence of postpartum depression among women with substance use, an abuse history, or chronic illness: A systematic review. *Journal of Women's Health, 18*(4), 475-486.
- Sawyer, A., & Ayers, S. (2009). Post-traumatic growth in women after childbirth. *Psychology and Health, 24*(4), 457-471.

- Scharp, K. M., & Thomas, L. J. (2017). "What would a loving mom do today?": Exploring the meaning of motherhood in stories of prenatal and postpartum depression. *Journal of Family Communication, 17*(4), 401-414.
- Sharma, V. (2003). Role of sleep loss in the causation of puerperal psychosis. *Medical Hypotheses 61*, 477-481.
- Slomian, J., Honvo, G., Emonts, P., Reginster, J. Y., & Bruyère, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health, 15*, 1745506519844044.
- Smith, J., & Eatough, V. (2007). Interpretative phenomenological analysis. In E. Lyons & A. Coyle (Eds.), *Analyzing qualitative data in psychology* (pp. 35-50). SAGE.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE.
- Smith, J. A., & Shinebourne, P. (2012). *Interpretative phenomenological analysis*. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbooks in psychology®. APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 73-82). American Psychological Association. <https://doi.org/10.1037/13620-005>
- Stuebe, A. M., Grewen, K., & Meltzer-Brody, S. (2013). Association between maternal mood and oxytocin response to breastfeeding. *Journal of Women's Health, 22*(4), 352-361.
- Taubman-Ben-Ari, O., Findler, L., & Sharon, N. (2011). Personal growth in mothers: Examination of the suitability of the posttraumatic growth inventory as a measurement tool. *Women & Health, 51*(6), 604-622.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455-471.
- van der Waerden, J., Bernard, J. Y., De Agostini, M., Saurel-Cubizolles, M. J., Peyre, H., Heude, B., & EDEN Mother-Child Cohort Study Group. (2017). Persistent maternal depressive symptoms trajectories influence children's IQ: The EDEN mother-child cohort. *Depression and Anxiety, 34*(2), 105-117.
- van Doesum, K. T., Hosman, C. M., Riksen-Walraven, J. M., & Hoefnagels, C. (2007). Correlates of depressed mothers' sensitivity toward their infants: The role of maternal, child, and contextual characteristics. *Journal of the American Academy of Child & Adolescent Psychiatry, 46*(6), 747-756.
- van Manen, M. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge.
- Vliegen, N., Casalin, S., Luyten, P., Docx, R., Lenaerts, M., Tang, E., & Kempke, S. (2013). Hospitalization-based treatment for postpartum depressed mothers and their babies: Rationale, principles, and preliminary follow-up data. *Psychiatry: Interpersonal & Biological Processes, 76*(2), 150-168.
- Wang, S. Y., Chen, C. H., Chin, C. C., & Lee, S. L. (2005). Impact of postpartum depression on the mother-infant couple. *Birth, 32*(1), 39-44.
- Wardrop, A. A., & Popadiuk, N. E. (2013). Women's experiences with postpartum anxiety: Expectations, relationships, and sociocultural influences. *The Qualitative Report, 18*(3), 1-24. <https://doi.org/10.46743/2160-3715/2013.1564>
- Watkins, S., Meltzer-Brody, S., Zolnoun, D., & Stuebe, A. (2011). Early breastfeeding experiences and postpartum depression. *Obstetrics & Gynecology, 118*(2), 214-221.
- Wenzel, A., Haugen, E. N., Jackson, L. C., & Brendle, J. R. (2005). Anxiety symptoms and disorders at eight weeks postpartum. *Journal of Anxiety Disorders, 19*(3), 295-311.
- Wisner, K. L., Sit, D. K., McShea, M. C., Rizzo, D. M., Zoretich, R. A., Hughes, C. L., Eng, H. F., Luther, J. F., Wisniewski, S. R., Constantino, M. L., & Confer, A. L. (2013).

- Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry*, 70(5), 490-498.
- Woolhouse, H., Gartland, D., Mensah, F., & Brown, S. J. (2015). Maternal depression from early pregnancy to 4 years postpartum in a prospective pregnancy cohort study: Implications for primary health care. *BJOG: An International Journal of Obstetrics & Gynecology*, 122(3), 312-321.
- Yalom, I. D., & Lieberman, M. A. (1991). Bereavement and heightened existential awareness. *Psychiatry*, 54(4), 334-345.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15(2), 215-228.

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