

**THE ROLE OF SPIRITUALITY IN THE LIVES OF WOMEN COPING WITH EARLY
MOTHERHOOD AND POSTPARTUM DEPRESSION**

SANDRA MARTINS

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School of Counselling, Psychotherapy and Spirituality
Faculty of Human Sciences
Saint Paul University

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Abstract

The present qualitative study explored women's lived experiences of early motherhood, spirituality, and postpartum depression with the aim of better understanding the role spirituality plays in the lives of women coping with early motherhood and postpartum depression. Semi-structured interviews were conducted with six women with a child under the age of 18 months, two of whom self-identified with postpartum depression. Interview transcripts were analyzed using Interpretative Phenomenological Analysis and led to the emergence of three super-ordinate themes: *Realities of Motherhood*, *Realities of Postpartum Depression*, and *Motherhood Awakens Spirituality*. Motherhood emerged as a catalyst for spiritual development and renewal while spirituality played an important role in coping and contributed to the formation of self-conceptualizations of motherhood. Postpartum depression was manifest around issues of the self and closely associated with prolonged spiritual struggle. A model is proposed delineating the interconnectivity and movement of early motherhood and spirituality toward personal and spiritual transformation.

Introduction

Overview

Postpartum depression is a serious mental health condition affecting 13% of women internationally, with the average prevalence among Canadian women ranging from 8% to 8.69% during the post-natal period (Dennis, Heaman, & Vigod, 2012; Lanes, Kuk, & Tamim, 2011; O'Hara & Swain, 1996). During a time when societal images portray motherhood as a magical and fulfilling experience, women experiencing postpartum depression often report depressed mood, fatigue, disturbances in sleep and appetite, excessive feelings of guilt and inadequacy, irritability, manifest anxiety, and thoughts of suicide (O'Hara & Swain, 1996; Wee, Skouteris, Pier, Richardson, & Milgrom, 2011; Wylie, Martin, Marland, & Rankin, 2011). The detrimental effects of postpartum depression extend beyond the well-being of the mother to negatively impact her children and family (O'Hara & Swain, 1996; Wylie et al., 2011). Left untreated, postpartum depression may develop into chronic depression, poor mother-child bonding, alcohol abuse, and child abuse (Zittel-Palamara, Cercone, & Rockmaker, 2009). Much of the research pertaining to postpartum depression has focused on risk factors and treatment (O'Hara & Swain, 1996; Wylie et al., 2011). However, given the prevalence and serious nature of postpartum depression, it may be beneficial to look beyond treatment to areas relating to coping.

Women have reported using various strategies to manage postpartum depression, often employing multiple and simultaneous coping methods to alleviate cognitive, emotional and behavioural symptoms; some of these include accessing various forms of health services, drawing on social support systems, and initiating their own self-care strategies (Robertson, Curtis, Lasher, Jacques, & Tom, 2013). Self-care strategies become especially relevant for women with poor or limited access to prenatal and postnatal care, as well as for women who are

reluctant to disclose their depressive symptoms or ask for help for fear of being perceived as bad mothers (Robertson et al., 2013; Zittel-Palamara et al., 2009). Among the self-care resources that may be beneficial to coping with postpartum depression is spirituality. For many individuals, spirituality is a foundational aspect of life and interpersonal dynamics (Brown, Carney, Parrish, & Klem, 2013).

While research has shown a negative correlation between spirituality and depression with increased levels of spirituality related to decreased symptoms of depression (Brown et al., 2013; Koenig, 2010; Mann, McKeown, Bacon, Vesselinov, & Bush, 2008a; Sorajjakool et al., 2008; Westgate, 1996), only a few studies have examined spirituality in relation to postpartum depression specifically (Mann et al., 2008a; Zittel-Palamara et al., 2009). However limited, this research suggests that spirituality is associated with fewer symptoms of depression in peripartum women and may serve as an effective coping resource for mothers. It is important therefore, to better understand the role of spirituality as it relates to coping with the challenges of early motherhood. The present study proposes to fill a gap in the literature by exploring the role of spirituality in the lives of women coping with the challenges of early motherhood and self-identified postpartum depression using a phenomenological research design.

Literature Review

Motherhood. The transition to motherhood is both a deeply personal and highly public experience bringing with it physical, psychological, emotional, and social changes, and often leading to a re-organization in values and in what is considered to be meaningful in life (Ali, Lewis Hall, Anderson, & Willingham, 2013; Delle Fave, Pozzo, Bassi, & Cetin, 2013; Nicolson 1999; Prinds, Hvidt, & Buus, 2014; Redelinguys, Coetzee, & Roos, 2014). Women have described becoming a mother as a significant and dramatic life-changing event, recounting their

experience in terms of giving birth, as involving the creation of new relationships and the transformation of existing ones, as a shift in priorities and a change in how they now relate to themselves and the world, as an expansion and increased intensity of emotions, as well as in existential and spiritual terms (Prinds et al., 2014). In becoming mothers, women also experience a fundamental change in their identities as they re-evaluate and renegotiate their sense of selves with who they now are in relation to others (Ali et al., 2013; Laney, Hall, Anderson, & Willingham, 2015).

New mothers often identify family as their priority and are motivated toward the family's well-being and prosperity which they determine an important source of meaning and happiness, and as positively contributing to their personal identity development (Delle Fave, Pozzo, Bassi, & Cetin, 2013). In a qualitative study, Laney et al. (2015) interviewed 30 middle-class, Christian-American mothers with one or more children ranging in age from infancy to adulthood on their experiences in becoming mothers to explore the impact of motherhood on women's identity development. They found that women who transition to motherhood first lose a sense of themselves before they begin to incorporate their children and their mothering role into their identity and to establish a redefined sense of self. Women reported that in relinquishing their needs to meet the constant needs of their infant, they experienced a sense of identity loss as they became increasingly immersed with their children. As their infants grew however, mothers reported slowly regaining parts of themselves, as well as the emergence of the newly integrated identity of self as mother; their new identity included an expanded consciousness enabling the women to adopt their children's perspective and anticipate their needs. Laney et al. concluded that the transition to motherhood appeared to be "a unique relational and identity-transforming process" (p.143) which took place over time rather than occurring as an instant transformation.

Changes in identity and sense of self were similarly reported by Ali et al. (2013) in a phenomenological study of 15 mothers receiving public assistance and recruited from social services organizations and mental health clinics in an American urban setting. Researchers found that the experience of motherhood as expressed by these women living in poverty differed in some aspects from that of women of higher economic status. Mothers of lower economic status did not report a sense of loss in their experiences of motherhood but reported their experiences in terms of the formation of a positive self-identity (Ali et al., 2013). Having a child was an important source of motivation, purpose, and opportunity toward betterment, which brought with it a heightened sense of social status within their low-economic communities. Ali et al. hypothesized that women living in poverty may have limited opportunities to develop a positive identity (e.g., through work) and so motherhood, as a transformative experience, offers a path to positive change. Contextual variables therefore, become extremely important in influencing how women experience motherhood and the impact that it may have on their lives and identities (Ali et al., 2013).

An examination of popular culture and societal portrayals of motherhood in 20th century America reveal an emphasis on joy and fulfillment as the natural state of motherhood, a fixation on “good mothers as happy mothers” (Held & Rutherford, 2012, p. 119), and on motherhood as coming naturally to women (Held & Rutherford, 2012; Choi, Henshaw, & Tree, 2005). This prominence of positive depictions of motherhood in the absence of associated negative emotions often obscures the complex and multilayered nature of women’s experiences and creates an ideal of motherhood that many women struggle to achieve and adapt to (Beck, 2002; Choi et al., 2005; Held & Rutherford, 2012; Mauthner, 1999). In sharp contrast to this societal ideal of ‘happy’ motherhood, qualitative research frequently reveals a more negative picture of new motherhood.

A qualitative study with 24 primiparous and multiparous women revealed that mothers felt both unprepared for and overwhelmed by new motherhood which they described as all-consuming, and which led to feelings of loss and inadequacy (Choi et al., 2005). Mothers struggled to cope not only with infant care, but with domestic tasks and caring for other family members, and were reluctant to be perceived as not being able to do it all. Societal myths equating motherhood with happiness and complete fulfillment often foster unrealistic and unattainable expectations in women and how they should be as mothers (Beck, 2002). Women may experience conflict especially in those areas that most significantly represent their visions of motherhood. For some women for example, visions of motherhood include simultaneously coping with the demands of infant care, domestic tasks, and the care of others with minimal help, or of images of happy family life (Choi et al., 2005; Mauthner, 1999). The experience of conflict in motherhood is especially true for primiparous women who often struggle to live up to their internalized ideals of the perfect mother (Mauthner, 1999). Delle Fave et al. (2013) reported that while mothers derive meaning and well-being from family formation, women who perceived themselves as having a lower sense of competence and mastery over their environment, as well as lower self efficacy in managing negative emotions, also reported higher levels of depression at six months postpartum.

Definition of postpartum depression. Postpartum depression is classified in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V), not as a distinct disorder but as a type of major depressive disorder (MDD) with a peripartum onset up to 4 weeks postpartum that is characterized by depressed mood, diminished interest or pleasure, significant changes in weight or appetite, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness, excessive/inappropriate guilt, diminished ability to think or

concentrate, and possible recurrent suicidal ideation (American Psychiatric Association, 2013; O'Hara & Swain, 1996; Wylie et al., 2011). Although some research suggests that the symptoms outlined for the diagnosis of MDD are good indicators of depression experienced by women during the postpartum period, with manifestation of symptoms reported by postpartum women similar to those reported by non-postpartum women (O'Hara & McCabe, 2013), there is some debate in the literature as to whether the classification in the DSM-V presents a full and adequate representation of postpartum depression. Several researchers in the field of women's mental health report differences in symptom patterns between postpartum depression and MDD with peripartum onset (Beck & Indman, 2005; Jolley & Betrus, 2007; O'Hara & McCabe, 2013). In an analysis of the Postpartum Depression Screening Scale (PDSS) data of 133 women diagnosed with major postpartum depression according to DSM-IV-TR criteria, Beck and Indman (2005) found the top 3 symptoms to be emotional lability, mental confusion, and anxiety/insecurity; symptoms that are not included as part of the criteria for MDD with peripartum onset. They concluded that women may present with a wide range of symptoms, the prominence of which may vary. For example, depressive and anxious symptoms were shown to co-occur, often accompanied by feelings of irritability. Beck and Indman cautioned that in some cases, anxiety instead of depressed mood may present as the predominant symptom of postpartum depression, a finding acknowledged in the DSM-V (American Psychiatric Association, 2013).

In addition to differences in reported symptoms, the specified time-frame within which postpartum depression has been reported to occur has been debated (O'Hara & McCabe, 2013), and reported to extend beyond the four-week period specified in the DSM-V up to 18 months postpartum (Jolley & Betrus, 2007). Although there is a lack of consensus in the postpartum depression literature, a one-year postpartum period is often used in research studies as well as in

clinical practice (Grace et al., 2003; O'Hara & Indman, 2013; Nysten, Moran, Franklin, & O'Hara, 2006), along with a recognition that depressive episodes may begin in pregnancy (American Psychiatric Association, 2013).

Given the lack of diagnostic clarity, there is a great deal of variability in how postpartum depression is conceptualized and assessed in the empirical literature with variations present in reported symptoms, period of onset, and in diagnostic criteria (Jolley & Betrus, 2007; Leahy-Warren & McCarthy, 2007). Research studies vary in terms of assessment tools, timelines, sampling methodologies, socio-demographic variances, parity (primiparous and multiparous mothers), and cultural diversity (Leahy-Warren & McCarthy, 2007). As a result of this variability in methodologies, an overview of the research reported prevalence rates of postpartum depression as vastly different, ranging between 4.4% up to 73.7% at 12 months post-delivery (Leahy-Warren & McCarthy, 2007). In some instances, postpartum depression may be under-diagnosed and, thus, undertreated (Jolley & Betrus, 2007).

The experience of postpartum depression. Jolley and Betrus (2007) argue that depression experienced during the postpartum period is unique given that women undergo substantial physiological, psychological, and life changes after the birth of a child. Studies examining the lived experiences of women with postpartum depression have reported several emerging themes in women's personal accounts of their experience which span across cognitive, emotional and behavioural domains (Curtis et al., 2007; Robertson et al., 2013; Vik & Hafting, 2012).

With the intention of exploring the "essential structure of the lived experience of postpartum depression", Beck (1992, p.166) conducted a phenomenological study of seven women recruited from a postpartum depression support group. Analysis of interview transcripts

where women had been asked to report on their subjective experiences of postpartum depression revealed 11 emerging themes. Women identified a sense of unbearable loneliness due to the belief of being misunderstood, obsessive thoughts of being a bad mother, loss of self, loss of enjoyment and decreased importance of previous interests and goals, inability to concentrate with an overall sense of fogginess, a feeling emptiness and of just going through the motions, uncontrollable anxiety, loss of control of emotions and thoughts, fear and guilt over pondering harming their infants, contemplation of death as an end to suffering, and a need to be mothered due to feelings of weakness, vulnerability and fragility. Additional themes of unrealness, irritability, and fear of going crazy have also been reported in the literature (Beck & Gable, 2000). For women living with postpartum depression, a deep sense of isolation, alienation, vulnerability, and doubt appears to be pervasive in their experience of motherhood.

Robertson et al. (2013) found nine core themes in their analysis of 127 online surveys completed by multiparous women recruited from postpartum mood disorder and breastfeeding clinics in the United States. Open-ended questions explored their identification, experience, and management of postpartum issues. The women's reported experiences were characterized by emotional lability, anxiety/insecurity, mental confusion, guilt/shame, loss of self, sleeping/eating disorders, intrusive thoughts, suicidal thoughts, and psychosis. Especially prevalent were symptoms of emotional lability and anxiety. Emotional lability included feeling depressed and hopeless, bouts of crying, unstable emotions, and irritability. Anxiety was characterized by loneliness, feelings of being overwhelmed, psychomotor agitation, and symptoms such as panic and agoraphobia.

Robertson et al. (2013) point out that women continued to report a disparity between their expectations for motherhood and their lived realities beyond their initial transition to motherhood

into subsequent births; the majority of multiparous women experienced feelings of loss of self and of guilt/shame as a component of their postpartum mood, as they struggled to live up to their perceived image of a good mother. These findings suggest that the 'ideal' mother image does not dissipate across births and that women continue to feel pressure to be a good mother despite previous experience. Hall (2006) found that the most common theme to emerge in a sample of 10 women with postpartum depression was the experience of thoughts and feelings of being a bad mother. These thoughts were reinforced by perceptions of being negatively judged by others, and concerns of poor mother-infant attachment. Women often felt that others were more capable of parenting their children and perceived comments as criticisms and as such, evidence of their inadequacy. Fears of not having properly bonded with their baby, uncertainty as to whether they loved their child or were loved by their child, as well as harbouring resentment toward their babies further reinforced their belief that they were bad mothers. The majority of mothers also reported unmet expectations and not having experienced the level of happiness, fulfillment, and joy they had envisioned would come after the birth of their child (Hall, 2006). Women further reported harbouring a fear of disclosing their true feelings or the extent of their distress due to perceptions that they would be misunderstood and/or that their child might be removed from their care, with some underreporting the extent of their depressive symptoms to their health care providers (Hall, 2006).

Incongruity between expectations and the reality of motherhood was reported as an overarching theme found in a metasynthesis of 18 qualitative studies on PPD published between 1990 and 1999 (Beck, 2002). The synthesized reports of 309 women living in the United States, United Kingdom, Australia, and Canada revealed that motherhood ideals represent such widely held societal beliefs that women reported often experiencing the disillusionments of motherhood

in isolation, believing they were alone in their negative experiences and therefore bad mothers. Additional overarching themes of spiraling downward, pervasive loss, and making gains were also found (Beck, 2002). Spiraling downward was experienced as worsening feelings of anxiety, being overwhelmed by their responsibilities and emotions, anger directed at multiple targets with the fear of losing control, isolation and loneliness, guilt, harming, and as increased obsessive thinking and cognitive impairment (Beck, 2002). Fifteen out of the 18 studies revealed pervasive loss as the dominant theme. Women experienced a sense of loss in multiple domains including a loss of life control, of autonomy, of relationships, of voice, and of identity. Overall, women with postpartum depression have lost their sense of the “normal” self and who they were as mothers (Beck, 2002).

Nicolson (1999) interviewed 24 women at different intervals from pregnancy to 6 months after the birth of their child in order to shed light on how women made meaning of motherhood and of their experiences of postpartum depression. Women described their experiences of new motherhood in terms of loss – loss of time and autonomy, loss of appearance, loss of femininity/sexuality, and loss of occupational identity. Women reported being unprepared for the level of exhaustion they experienced and its negative impact on their emotions, worried about the unflattering changes in their appearance, expressed concern about the shift in their sexual experience and their self-image of femininity. They also reported a range of losses related to occupation such as a decrease in power, a deficit in intellectual challenges, and decline in relational interactions (Nicolson, 1999).

Women raise the issue of loss in motherhood even when not explicitly asked. A phenomenological analysis of open ended interview data from 15 Norwegian women with postpartum depression or depressive symptoms revealed themes of loss of former identity, self-

reliance, and a lack of capacity for self-care. Loss of former identity was reported in terms of missing their professional and social lives, difficulty in accepting their changed bodies and altered appearance, and feeling conflicted by how to balance their role of mother versus that of partner. Loss of self-reliance was experienced as insecurity regarding the mastery of skills related to motherhood, difficulty in managing conflicting demands in their lives, and loss of emotional control. The lack of capacity for self-care was manifest in reduced opportunity for hygiene, nutrition, and rest, while maintaining the facade that they were managing perfectly. All mothers reported exerting effort toward portraying themselves as happy and capable mothers and compared themselves to other mothers (Vik & Hafting, 2012).

Risk factors for postpartum depression. Emerging research suggests that there may be a subset of women that are at increased risk for mood disturbances during the perinatal period, and who are especially susceptible to the development of postpartum depression. Many studies have begun exploring possible biological factors underlying postpartum depression such as the effects of hormone level fluctuations (O'Hara & McCabe, 2013), and while results suggest that some women are particularly sensitive to the changes in hormone levels during the perinatal period resulting in mood dysregulation, the possible genetic, neuronal, and environmental mechanisms by which vulnerability is increased in some women and not in others is still not well understood (O'Hara & McCabe, 2013). There are however, numerous empirically identified psychological and social factors that have been associated with increased risk of developing postpartum depression (O'Hara & Swain, 1996; Beck, 1996; Beck, 2001; Wylie et al., 2011).

In a meta-analysis of 59 studies (n = 12,810) examining the prevalence of and risk factors for postpartum depression, O'Hara and Swain (1996) found that the occurrence of postpartum depression was most strongly predicted by a history of psychopathology such as major

depression or dysthymia, psychological disturbance during pregnancy such as dysphoric mood and/or anxiety, poor marital relationship with poor spousal support, low social support, and the experience of stressful life events. Findings further suggested that having fewer financial resources and experiencing obstetrical complications also place women at increased risk. Similarly, in a meta-analysis of 44 studies, Beck (1996) found a significant relationship between eight risk factors identified in the literature and postpartum depression: prenatal depression was identified as the strongest predictor, with childcare stress, life stress, low social support, prenatal anxiety, maternity blues, and marital satisfaction showing moderate effect sizes, and history of previous depression as the lowest significant predictor. Building on these results, Beck (2001) reported 13 significant risk factors in a meta-analysis of 84 studies examining the relationship between various predictor variables and postpartum depression, identifying an additional three risk factors to those already cited – low self-esteem, single marital status, and unplanned pregnancy – with the strongest predictors of postpartum depression in the analysis emerging as prenatal depression, low self-esteem, childcare stress, and prenatal anxiety. Beck (2001) postulated that higher levels of self-esteem may serve as a buffer against the stressors of early motherhood that might otherwise impact a woman's sense of self-worth and thus contribute to the development of postpartum depression.

Wylie et al. (2011) conducted a literature review and synthesis of studies relating to postpartum depression in order to compile an evidence-based understanding of PPD with the intent of assisting health care professionals in improving standards of care. The causes, screening, prevention, and treatment of postpartum depression were examined across 57 studies. Wylie et al. (2011) determined that the large number of potential risk factors cited - none of which comprehensively produced certainty of onset - combined with the potential for predictive

tools to elicit false negatives, called into question their effectiveness. Combined with the finding that care options and established drug and psychosocial therapies demonstrated similar effectiveness, Wylie et al. (2011) advised that health care professionals develop an in-depth knowledge of their clients in order to better assess and deliver individualized and inclusive care.

Coping and protective factors. Lazarus and Folkman (1984) defined coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.” (pp. 141). Coping does not involve mastery of a situation or automatic adaptive behaviour; regardless of effectiveness and irrespective of outcome, it is an ongoing process of attempts to manage psychological stress that are context specific (Lazarus & Folkman, 1984). The perinatal period is a time of substantial social, psychological, and physical adjustment, and a source of emotional distress in many women (Razural et al., 2013; Wylie et al., 2011). Reported strategies used by women to cope with stress associated with the transition to motherhood are varied and situational, and women often use more than one method of coping to assist in the alleviation of depressive symptoms (Curtis et al., 2007; Razurel et al., 2011; Robertson et al., 2013). Perceived openness of others to discuss postpartum depression helps relieve the related stigma and contributes to women’s acceptance of their situation, facilitating their efforts in seeking help (Roberston et al., 2013).

A qualitative study analysed the online responses of 252 women recruited from postpartum mood and breast-feeding support groups regarding their experiences of postpartum mood disorders. Results centering on what the women found most helpful in alleviating their distress revealed strategies in one or more of the following domains: Accessing professional and mental health services, self-help strategies, seeking para-professional help, and support from

family and friends (Curtis et al., 2007). Although professional and mental health services included counselling (identified by 30% of women interviewed) and using medication (identified by 48%), many women reported fears of being perceived as a threat to their children by their counsellor and concerns regarding possible adverse effects of medication on their children during pregnancy and while breastfeeding (Curtis et al., 2007). Self-help strategies included activities directed at personal care such as exercise, sleep and rest, alone time, self-education, meditation, and prayer, while paraprofessional help included attendance at postpartum depression support groups and massage. Women further reported that having their spouse and family understand their experience and support their needs helped them better cope with their thoughts, feelings, and behaviours (Curtis et al., 2007).

A qualitative study by Razural et al. (2011) exploring mothers' coping strategies in response to perceived stressful events and social support during the first six weeks postpartum found that mothers perceived events relating to breastfeeding (e.g., pain, feeding difficulties, and logistics) and events relating to interaction with their caregivers (e.g., having their experiences minimized or being given contradictory information) as the most stress inducing. Women reported wanting increased support from their caregivers, greater understanding of their needs from their partners and family, and greater material resources to manage the multiple demands of caring for an infant (Razurel et al., 2011). Social support was identified as the primary coping strategy sought by women during this time, followed by the "mobilization of internal resources", and the use of minimization in issues relating to their personal health support (Razurel et al., 2011, p.240). Overall, women reported a discrepancy between the support they had received and the support they had expected, desiring longer term postpartum support and greater emotional support (Razurel et al., 2011).

Tychey et al. (2005) assessed a sample of 277 women both during the prenatal and postpartum periods on measures of depression and coping strategies to discern whether there was a difference in coping strategies used by women who reported experiencing depressive symptoms and those who did not. Results found that during the prenatal period, adaptive strategies such as acceptance and the use of humour were related to lower depression scores while strategies of distancing, denial, guilt/blame, and substance abuse were related to greater depression. Similar results were found in the postpartum period, with depression more often associated with coping strategies focused on blame and substance abuse (Tychey et al., 2005).

Pakenham et al. (2007) explored the effects of appraisal, coping resources, and coping strategies in a sample of 242 primiparous women in their third trimester of pregnancy. They found that women who appraised their pregnancy as a threat to their lifestyles (e.g., loss of career) reported experiencing higher levels of depression. In addition, the use of wishful thinking coping, perceiving the self as being less competent as a mother, being less familiar with motherhood, and having less partner support was also associated with higher levels of depression (Pakenham et al., 2007).

In a review of 37 quantitative studies relating to maternal health, perinatal stress, and coping, Razural et al. (2013) reported an association between levels of perceived stress experienced in pregnancy and depressive symptoms both in pregnancy and after birth; perceived postnatal stress was similarly associated with depressive symptoms and anxiety in the postpartum period. Studies further suggested that social support may serve as a mediator between the stress inducing events experienced during the perinatal period and the development of postpartum depressive symptoms. Razural et al. reported however, that varying measures and categorizations of coping were used in these studies making it difficult to conclusively identify

specific strategies as being most beneficial, or to determine whether such strategies could be successfully incorporated by women (Razurel et al., 2013).

Spirituality. Spirituality is a universal human experience and yet deeply personal and subjective. It may encompass beliefs, practices, attitudes, goals, and values which serve to orient an individual to the world around them (Dein, 2013), and is determined by needs, motives, and societal influences, including religious institutions (Pargament, 2007). Studies examining the relationship between spirituality and mental health, for example, have applied the term spirituality to the following constructs: spiritual well-being (Brown et al., 2013) religious activity (Mann et al., 2008a), meaning and purpose in life, religious community, intrinsic values (Westgate, 1996), transcendent perspective (Sorajjakol et al., 2008), and spiritual assistance (Zittel-Palamara et al., 2009). Griffith and Griffith (2002) emphasize relatedness in their definition of spirituality, describing spirituality predominantly in terms of a continuous process of reconciliation with, and attunement to important relationships as a means of understanding and relating to the world; relationships with others, with environment, with the past, with customs, with a higher power, and with one's self (Griffith & Griffith, 2010).

A distinction is often made between spirituality and religiosity with the former referring to personal experiences and beliefs and the latter to social practices and doctrines (Smith, McCullough, & Poll, 2003). The definitions and constructs of spirituality have become increasingly differentiated from the concept of religion, becoming more personalized and evolving to include thought, affect, and experience in contrast with religion which has come to represent institution, ritual, and ideology (Pargament, 1999). Spirituality is often perceived as being wider in scope than religion, but many scholars and researchers have also alluded to the connection between the two (Pargament, 2007; Sorajjakool et al., 2008).

Pargament (2007) views spirituality as existing within the larger social, institutional, and cultural context of religion, and as an ever-present dimension of life best understood in terms of the sacred. At the core of what is sacred are concepts of God, divine beings, and transcendent reality; that which is transcendent, boundless, and ultimate (Pargament, 2007). The sacred quality of transcendence describes the perception of something beyond ordinary experience and knowledge; boundlessness is conceptualized as a limitless sense of time and space, infinitely extending; ultimacy as the basis of existence – vibrant, foundational, and essential (Pargament, 2007). These concepts are not limited to the idea of a higher power and extend outward, through association, as a sacred ring to both encompass and manifest in other aspects of life which then come to represent the sacred core. Sacred objects such as aspects of the self (e.g., moral and virtuous behaviour, and the soul), the relational (e.g., relationships emerging from love such as marriage, family, and community), and place and time (e.g., sacred spaces and life transitions), take on sacred qualities and combine in unique ways to form an individual's sense of spirituality. An individual may attach spiritual meaning and significance to virtually any aspect of life (Pargament, 2007).

According to Pargament (2007), spirituality is not fixed, but a dynamic and evolving process of *discovery*, *conservation*, and *transformation*; a search for the sacred that evolves over a lifetime (Pargament, 1999; 2007). During the phase of *discovery* an individual comes to identify what is sacred. This process of discovery may be experienced in a number of different ways and at different times throughout the lifespan. It may also evolve within a variety of contexts such as significant life events, and within family, community, and cultural environments. Discovery of the sacred may arise from actively seeking the divine or as a revelation following an experience; it may emerge from an intrinsic sacred core to encompass

other aspects of external life or conversely, through the interaction with, and internalization of sacred qualities imbued in external aspects of life (Pargament, 2007).

Once a sense of what is sacred develops, individuals work to sustain and nurture their relationship with what they hold sacred through a process of *conservation* (Pargament, 2007). Pargament (2007) identifies several pathways to conserving the sacred which involve thoughts, actions, relationship, and experiences. Expanding one's knowledge and understanding of the sacred through a process of reasoning, contemplation, and study are examples of conserving the sacred through the *pathway of knowing*, and serves to uncover profound truths and meaning, and to strengthen and deepen spiritual connections (Pargament, 2007). The *pathway of acting* involves both rituals and practices through which an individual lives their spirituality and actively connects with what is sacred (Pargament, 2007). Rituals are ways of relating to the sacred in a symbolic way and can promote comfort, connection, meaning, and expression. Spiritual practices often reflect beliefs, values, and desirable and undesirable behaviour. Rituals and practices often develop within a religious tradition but may also evolve as a personal everyday experience which comes to represent spiritual connection. Spiritual connection, and connection to the sacred, may also be maintained through relationships. The *pathway of relating to others* may unite individuals in a common experience of the sacred (Pargament, 2007). People may conserve the sacred in this way by engaging in a religious or spiritual community or through their daily interactions with family and friends where spirituality is lived in the sharing of accepted truths and communal practices. Relationships not only serve to sustain a relationship with the sacred but may contain their own sacred qualities and significance (Pargament, 2007). Encounters with the sacred are often accompanied by a powerful emotional experience, which may encompass and hold both positive and negative emotions such as awe, gratitude, and

elevation experienced alongside fear, aversion, and alarm. This *pathway of experiencing* may also take the form of prayer for example, which can range from expressions of gratitude to petitions for intervention, and be formal or spontaneous in nature (Pargament, 2007). Through the process of conservation, an individual maintains their connection to what they hold sacred, and the sacred can then become a powerful organizing force in the individual's life and function as a source of inspiration, motivation, and coherence (Pargament, 2007).

Methods such as meaning making, the seeking of spiritual support and connection, and spiritual purification are all examples of methods of coping to conserve the sacred: Adopting a spiritual perspective in the face of a crisis may allow individuals to make sense of painful events by allocating greater meaning to those events and thus preserving a sense of hope, comfort, and relationship with the sacred; individuals may engage in spiritual activities such as prayer, meditation, and involvement in a religious community to increase their sense of closeness to the sacred and derive emotional comfort, connectedness, and strength; admissions of wrongdoing and rituals of repentance may serve to repair the relationship with the sacred after a perceived transgression is committed (Pargament, 2007).

There may be times however, when repeated attempts to conserve the sacred fail and existing views of the sacred cannot be preserved. Spiritual confusion and struggles often follow and individuals may undergo a process of spiritual *transformation* whereby the fundamental quality and importance of the sacred to the individual, as well as the individual's spiritual path, undergo a process of modification (Pargament, 2007).

Spiritual struggles can be interpersonal or intrapersonal in nature, or involve the individual's relationship with the divine (Exline, 2013; Exline, Grubbs, Pargament, & Yali, 2014; Pargament, 2007). *Interpersonal spiritual struggles* - strained spiritual interactions or

disagreements with loved ones or members of a religious congregation - such as those resulting from gossiping at a place of worship or challenges to doctrine, may weaken an individual's connection to the sacred. Interpersonal spiritual struggles may also develop from conflicts with others arising from disagreements on religious matters. On an *intrapersonal* level, spiritual struggles may result from personal doubt with regards to one's own spiritual value, ambiguity of spiritual purpose, or a loss of confidence in one's spiritual tradition. Exline et al. (2014) identified three types of intrapersonal spiritual struggles: moral struggles, doubt-related struggles, and struggles related to ultimate meaning. These types of spiritual struggles focus inward on the individual's thoughts, feelings, and actions, and encompass issues of self-worth, the questioning of beliefs, and on the value of life, respectively. Struggles with the *divine* may challenge the individual's beliefs and values, and call into question the very nature of the individual's relationship with the divine (Pargament, 2007). Divine struggles may include anger towards God resulting from unanswered prayers or perceived punishment. In some cases, individuals may undergo *demonic spiritual struggles* where evil entities are perceived to create negative events (Exline et al., 2014).

Spiritual transformation may take place within the structure of organized religion where individuals adhere to a set of communal standards or take the form of a unique personal process (Pargament, 2007). Successful spiritual transformations will lead to spiritual growth and a redefinition of what is transcendent, boundless, and ultimate, and reinitiate a process of conservation of the sacred. At times however, an individual may not be able to reorient themselves towards a new set of values and source of significance, and so the process may lead to spiritual decline and disengagement; a loss of interest in the sacred (Pargament, 2007). Three

forms of spiritual transformations emerge as most significant - Sacred transitions, revisioning the sacred, and centering the sacred (Pargament, 2007).

Sacred transitions mark significant events and changes in spiritual status where individuals move into new roles; examples include rites of passage such as baptism, marriage, and funerals, and changes associated with coming of age such as childbirth and parenting (Pargament, 2007). As individuals move through life transitions and face crises and stressors throughout the life span, changes in conceptualizations and understandings of the sacred may occur. *Revisioning of the sacred* allows individuals to reconceptualise the sacred in terms that are more relevant to their present circumstances (Pargament, 2007). Spiritual transformation through *centering of the sacred* involves a process whereby the sacred is given a place of increased importance in the individual's life (Pargament, 2007). In this transformation, existing bonds, values, and connections decrease in relevance and priorities are rearranged. Individuals may initially feel a sense of loss and disorientation as long held principles and standards are challenged and lose their value. In search for significance, the sacred – divinity or other sacred objects – becomes a focus and begins to play a central role in the individual's life and identity; individuals may place religious beliefs at the center of their lives or shift from a self-centered life to one which concerns itself with the interests and well-being of others (Pargament, 2007).

Spiritual coping. Spiritual coping includes beliefs, practices, relationships, and experiences which people draw on in the face of life stressors and struggles to help sustain their physical, psychological, social, and spiritual functioning, especially in those situations where important views and beliefs are challenged; situations that threaten what they hold to be sacred (Pargament, 1997). Pargament (2007) identified two principle categories of spiritual coping:

coping methods that work towards preserving what is sacred and coping methods that work to transform the nature and/or significance of the sacred.

Pargament, Koenig, and Perez (2000) examined how individuals utilized various aspects of religion and spirituality to cope with life stressors by assessing measures of religious coping with mental and physical health outcomes in a sample of 540 college students having experienced a negative life event (e.g., death of a loved one, relationship conflict, serious illness). They identified five functions of religion in the coping process, defining both positive and negative religious methods of coping, directed at finding: Meaning, Control, Comfort, Intimacy, and Life Transformation. Religious methods of coping to find *Meaning* include attempts to understand events in terms of their religious and/or spiritual significance such as interpreting situations as ultimately positive, as having been influenced by God or the devil for a reason, or as an example of God's limited power. Coping to gain *Control*, involves both active and passive methods which work to assist individuals in regaining a sense of mastery over their lives such as engaging in collaboration with God, surrendering control to God, deferring outcomes to God, appealing for divine intercession, or acting without God's help. Individuals coping through *Comfort*, may seek spiritual connection by trusting in God's love and care, re-focusing their attention on religious activities, engaging in religious rituals of renewal, building stronger spiritual connections, expressing doubt and displeasure with the nature of God's involvement, or adopting rigid religious views and practices. Coping methods that foster *Intimacy* or a greater sense of closeness to God may include reaching out to a religious community to receive and/or provide spiritual support or may take the form of displeasure with the religious institution and its members. Individuals may also adopt methods of coping that strive towards *Life Transformation* such as looking to God for direction and new sources of

significance or seeking a dramatic change in life through spiritual transformation or by overcoming destructive emotional tendencies (Pargament et al., 2000). Based on the results of this study, Pargament et al. (2000) proposed that some aspects of religious/spiritual coping can be ineffective and may lead to increased short-term distress. They found that methods of religious coping such as punishing God reappraisals, reappraisals of God's power, and spiritual discontent were associated with poorer physical and mental health outcomes; coping methods such as benevolent reappraisals, religious forgiveness, and seeking religious support on the other hand were associated with greater adjustment to stressful life events (Pargament et al., 2000).

Motherhood and spirituality. The transition to motherhood is a major life event and transformative experience. As such, women often describe their experiences of childbirth and becoming mothers in spiritual terms (Callister, 2004; Callister & Khalaf, 2010; Price, Lake, Breen, Carson, Quinn, & O'Conner, 2007). The significance of spirituality in childbearing women is reported in Schneider's (2012) exploratory study of American women's childbirth experiences. A purposeful sample of 119 women aged 25 years or older and having given birth within three years prior to the study, completed online, open-ended questionnaires exploring their birth experiences, the impact of these experiences, and any felt issues of power and powerlessness. A grounded theory analysis of the participant's birth narratives found that women attempted to categorize their birthing experience which they imbued with liminal qualities, and while some viewed it as a normal process or a "natural act", most narratives revealed multiple spiritual themes. Giving birth was described as a sacred event and spoken of in terms of life significance, meaning, and connection with the sacred. Women viewed themselves as actively participating in creation leading to greater self-appreciation and sense of empowerment; prayer and spiritual beliefs were relied upon for comfort and faith in positive outcomes; faith was

spoken of in terms of a relationship with God, God's role in the birthing process, and as a safety net; words such as miracle, gift, and blessing were used to describe the birth of their child, as were emotions such as gratitude, awe, and wonder; women expressed feeling a greater connection to other women and with themselves; spiritual shifts were experienced and described as a choice to become closer to God and as a greater importance placed on values and life decisions toward betterment (Schneider, 2012).

In a secondary analysis of 20 years of published and unpublished descriptive narrative data from cross-cultural phenomenological studies of child-bearing women, Callister and Khalaf (2010) found that despite a variation in spiritual outlooks, most women in the studies examined - women from Christian, Jewish, and Islamic religious traditions and residing in different areas of Europe, the Middle East, the Americas, Asia, Africa, and Australia - identified childbirth as a spirituality-enhancing experience (Callister & Khalaf, 2010). Common spiritual themes included childbearing as a time of increased connectedness to God and/or the transcendent, childbearing as a time when religiosity became more meaningful and faith was increased, and childbearing as a time of personal spiritual transformation (Callister & Khalaf, 2010). Women also reported using religious beliefs and rituals such as prayer as methods of coping – praying for strength, help, and positive birth outcomes - and a greater reliance in the belief that God could and would influence their birth outcomes; the latter theme was especially prevalent in the narratives of women from developing countries with high maternal and infant mortality rates (Callister & Khalaf, 2010).

Price et al. (2007) examined the spiritual experiences of women coping with high risk pregnancies. Twelve Caucasian, English-speaking women from Eastern Canada admitted to a prenatal care unit for perinatal complications participated in face-to-face, open-ended interviews

exploring their experiences of pregnancy, and spiritual beliefs and practices. A thematic analysis of interview transcripts revealed that women spoke of a relationship and/or a dialogue with something sacred and transcendent, irrespective of whether they were able to clearly define it, which they reached out to during moments of stress. This sacred relationship served to diminish feelings of fear and aloneness and to promote calmness and positivism, which the women believed improved outcomes for themselves and their unborn infants (Price et al., 2007).

Spirituality and postpartum depression. Spirituality may be an important resource for individuals coping with issues over which they perceive to have little personal control (Pargament, 1997). This may be the case with pregnancy and early motherhood where women undergo many physical, emotional, and psychological changes, and often feel overwhelmed and a loss of control over their lives. The research examining the role of spirituality in coping with the transition to motherhood and postpartum depression is limited. However, as with the inverse association of spirituality and depression occurring outside the peripartum period (Brown et al., 2003; Smith et al., 2003; Sorajjakool et al., 2008; Westgate, 1996), the relatively small number of studies available examining spirituality during the childbearing year show a similar inverse relationship between measures of spirituality and perinatal depression.

Dunn, Handley, and Shelton (2007) found an inverse relationship between measures of spiritual well-being (SBW) and levels of anxiety and depression in both pregnant and non-pregnant women. A convenience sample of three groups of 60 women each – pregnant women experiencing a healthy pregnancy, pregnant women experiencing a high-risk pregnancy necessitating bed-rest, and healthy non-pregnant women – completed three separate measurement scales evaluating spiritual well-being, anxiety, and depression. Spiritual well-being was assessed as both religious well-being and existential well-being along dimensions such as

one's relationship with the transcendent, and satisfaction with, and purpose in life respectively. Results showed that higher levels of spiritual well-being were significantly related to lower levels of anxiety and depression in all three groups of women (Dunn et al., 2007). However, women experiencing high-risk pregnancies reported significantly higher levels of anxiety and of depression than did women experiencing healthy pregnancies and healthy non-pregnant women, and significantly lower scores of spiritual well-being than women experiencing healthy pregnancies (Dunn et al., 2007).

When examining religiosity, spirituality, and depressive symptoms in pregnant women, Mann, McKeown, Bacon, Vesselinov, and Bush (2007) similarly found greater overall religiosity/spirituality to be correlated with fewer depressive symptoms. However, when measures of social support were added to the model, the association weakened; as social support increased, the positive effect of overall religiosity/spirituality decreased. These results suggest that religion and spirituality may be a helpful coping resource for women who have little social support (Mann et al., 2007). Measures of spirituality and religiosity were also found to be associated with decreased symptoms of anxiety in pregnant women. Specifically, self-perceptions of religiosity and spirituality, and frequency of participation in non-organizational religious activities were significantly associated with lower odds of screening positive for moderate to severe anxiety (Mann, McKeown, Bacon, Vesselinov, & Bush, 2008b). Although results in the literature are inconclusive as to whether pregnant women experience greater anxiety than non-pregnant women (Mann et al., 2008b), these findings become relevant given the prevalence of anxiety symptoms reported in women experiencing peripartum depression and high-risk pregnancies (Beck, 1992; Beck & Gable, 2000; Beck & Indman, 2005; Dunn et al., 2007).

Lucero, Pargament, Mahoney, and DeMaris (2013) examined the relationship between religious and spiritual coping and adjustment to pregnancy. One hundred and seventy-eight married couples in their third trimester of pregnancy with their first child completed self-report measures assessing religious and spiritual coping with pregnancy as well as individual and marital adjustment. Religious and spiritual coping measures consisted of both positive and negative religious and spiritual forms of coping strategies. Positive forms of religious and spiritual coping were assessed with 19 items from the RCOPE (Pargament et al., 2000) such as seeking collaboration with God in problem solving and looking to God for love and support, and with three additional items relating to the use of prayer. Negative forms of religious and spiritual coping were assessed using 15 items from the RCOPE such as questioning God's power and managing without God's help. Psychological adjustment was assessed using two measures of positive adjustment – satisfaction with pregnancy and stress-related growth – and three measures of negative adjustment – labour fears, depression, and anxiety. Results indicated that first-time parents utilize spiritual coping to deal with pregnancy, and report greater use of positive spiritual coping strategies over negative religious/spiritual strategies. Overall, positive spiritual coping was related to a positive measure of stress-related growth. Negative spiritual coping strategies were associated with negative psychological adjustment to pregnancy by fathers and mothers with greater depression, anxiety and lower scores of marital commitment reported. For mothers in particular, greater negative spiritual coping was related to lower levels of satisfaction with their pregnancy. Unanticipated were the results of individual assessment of fathers that showed that greater use of positive spiritual coping strategies was associated with greater levels of anxiety, and the use of negative spiritual coping strategies were associated with increased stress-related growth. Lucero et al. (2013) surmised that since the directionality of the variables could

not be determined, fathers' increased level of stress may have resulted in greater use of spiritual coping strategies and that fathers' use of negative spiritual coping strategies may have been an indication of spiritual struggle leading to growth.

Cheadle, Schetter, Lanzi, Vance, Sahadeo, and Shalowitz (2015) interviewed 702 predominantly Christian, African-American women of low socio-economic status recruited from a cohort of women from community health organizations. New mothers were assessed on measures of spirituality and religiosity, social support, and postpartum depression at 2-16 weeks, 6-10 months, and 12-15 months postpartum. Results indicated that women who were less spiritual and religious reported a significant increase in depressive symptoms up to six months postpartum as compared to women who were highly spiritual and religious, with spirituality appearing to mediate the effects of religiosity (Cheadle et al., 2015). Cheadle et al. (2015) concluded that spirituality and religiosity may play an important interrelated protective role against the development of postpartum depressive symptoms in low income African-American women, and so serve as a significant coping resource.

In a prospective cohort study assessing the impact of antenatal spirituality on the development of postpartum depressive symptoms, 307 women recruited from obstetrics practices were assessed prenatally on a number of spirituality measures, and then again postpartum for depressive symptoms (Mann et al., 2008a). Mann et al. (2008a) found that out of the 6 constructs of spirituality measured – organizational religious activities, non-organizational religious activities, intrinsic religiosity, daily spiritual experiences, self-rated spirituality, and self-rated religiosity - only participation in organized religious activity at least a few times a month significantly reduced the likelihood of obtaining a positive screen for postpartum depression. This result was found after controlling for significant confounding variables, namely social

support and prenatal depressive symptoms. The findings suggest that religious participation may be a coping mechanism of early motherhood (Mann et al., 2008a). Although these studies are consistent with research showing an inverse relationship between spirituality and depression, they do not differentiate between types of activities (for example, worship service or prayer group) or determine what particular aspect of organized/unorganized religious participation or spiritual experience exert their effects on postpartum depression, and depression and anxiety in pregnancy.

In a quantitative study, Zittel-Palamara et al. (2009) surveyed a convenience sample of 45 women experiencing or having had experienced postpartum depression to identify the types of spiritual support they would prefer. The types of spiritual support examined were: Spiritual guidance, counselling from the head of a religious organization, congregational support, spiritual based support groups and prayer support. Sixty-six percent of women reported finding strength in their religion. Results found that the type of spiritual support preferred differed significantly by mental health history, race, and access to other care services, with women who reported previous history of mental health issues not desiring spiritual assistance, and women who expressed having limited access to postpartum care desiring spiritual guidance and prayer support; non-Caucasian women living in an urban setting and experiencing limited access to care preferred counselling from the head of their religious organization (Zittel-Palamara et al., 2009). Levin (1991) asserted that research should extend to other ethnic populations using relevant constructs of spirituality without the assumption that views of spirituality will be homogeneous within that population.

Limitations to Current Research

There is a dearth of research exploring the role of spirituality in the experience of postpartum depression. The studies that exist are either restricted in the generalizability of their findings, or do not fully capture the breadth of a mother's spiritual experience from pregnancy to the postpartum period. Studies exploring the ways in which mothers draw on aspects of their spirituality to cope with the transition to motherhood and to postpartum depression are absent from the literature. Quantitative studies that examine the role of spirituality in motherhood and postpartum depression are limited by their conceptualizations of spirituality which are reduced to a few discrete and measurable constructs, thereby reducing the complexity and unique nature of spiritual functioning. There is also a lack of consensus in the literature as to how spirituality should be measured and defined (Brown et al., 2013). Spirituality is a complex construct which may be defined in many ways from religious involvement and experience, to intrinsic values and meaning in life (Brown et al., 2013). The lack of consistency in the definition of spirituality in the literature and the diverse constructs of spirituality measured, make it difficult to generalize findings or to determine the particular aspect of spirituality that may have the greatest impact on coping with postpartum depression and new motherhood. Qualitative research would suggest that the most beneficial constructs of spirituality may be those most relevant to the individual and are not necessarily homogeneous within a population (Levin, 1991; Zittel-Palamara et al., 2009). However, available studies have explored pre-determined measures of spiritual coping thus potentially leaving other forms of spiritual coping unidentified. Lucero et al. (2013) examined various forms of spiritual coping in adjustment to pregnancy but did not extend their exploration beyond pregnancy into motherhood. It becomes important therefore, to examine spiritual constructs as defined by the participants themselves. Further research is warranted to clarify dimensions of spirituality relevant to women coping with early motherhood and postpartum

depression, and to elucidate how spirituality may impact and be impacted by postpartum depression and change in response to the life transition of motherhood.

Method

Statement of Purpose

The present study proposes to fill a gap in the literature by exploring the role of spirituality in the lives of women coping with the challenges of early motherhood and self-identified postpartum depression. The study uses a phenomenological approach, which aims to provide a detailed view of the topic from the women's own perspective; the purpose is to examine and increase understanding of women's lived experiences of spirituality, early motherhood and depression. Although research has shown spirituality to be related to decreased levels of depression, the ways in which women may access spirituality to cope with the challenges of early motherhood in the face of postpartum depression are not well documented in the literature. Exploring women's lived experiences of spirituality may provide insight into how spirituality is meaningfully defined in the context of early motherhood and postpartum depression, and how it may be accessed as a coping resource.

The aims of the research are to: (1) Explore whether the experience of postpartum depression has an effect on women's conceptualizations of motherhood; (2) Explore how the experiences of early motherhood and postpartum depression affect the spirituality of women; (3) Explore how spirituality may affect the experience of early motherhood and contribute to coping in the face of postpartum depression. A greater understanding of the relationship between spirituality, early motherhood, and depression may serve to identify possible protective factors of spirituality to the difficulties experienced in early motherhood and inform further research and

health care professionals on how best to address women's spiritual functioning in helping them cope with postpartum depression.

Research Design and Rationale

The present exploratory study employed inductive, qualitative research methods to develop themes based on the close examination of participants' verbal accounts of their experiences of motherhood, postpartum depression, and connection to spirituality. A qualitative, phenomenological approach allows for the examination of complex phenomena by accessing participants' lived experience; the phenomena is understood from the point of view of the participant and as such, there are no pre-existing hypotheses (Leedy & Ormrod, 2001; McLeod, 2001). Such an approach is especially useful when the phenomena being studied is novel or under-researched as it allows for the emergence of unexpected findings, possibly providing added insight or a fresh perspective to the phenomena. Interpretative Phenomenological Analysis (IPA) in particular is best suited to the detailed investigation of how a small number of individuals experience a particular phenomenon within a specified context (Larkin, Watts, & Clifton, 2006). IPA is not merely a descriptive methodology, but ventures beyond first-order analysis to engage with the data at an interpretative and conceptual level. The researcher therefore, is required to balance representation against interpretation and contextualization, and is thus in effect interpreting participants' interpretation of their experience (Larkin et al., 2006).

IPA is informed by three theoretical perspectives: Phenomenology, hermeneutics, and ideography (Smith, Flowers, & Larkin, 2009). IPA is phenomenological in that it follows the philosophy of Husserl (Husserl, 1939) in being concerned with the qualities of experience and in discerning how experiences are lived and understood by individuals themselves; significance is placed on how different elements of an experience take on meaning and connect to other

elements in a person's life (Smith et al., 2009). IPA is further informed by hermeneutics and the philosophy of Heidegger (Heidegger, 1985) who put forth the idea that phenomenology is an inherently interpretative process: individuals exist within the context of their environment which informs their interpretation of experience. The researcher in turn, also engages in the systematic interpretation of participant accounts (Smith et al., 2009). Lastly, IPA holds an ideographic focus – a detailed examination of a small, fairly homogeneous participant sample allowing for the exploration of similarities and differences where one case is fully explored before the next is considered (Smith et al., 2009).

In keeping with the components of IPA, verbal accounts of participants' views and experiences with early motherhood, postpartum depression and spirituality were collected through semi-structured, one-on-one interviews consisting of open-ended questions designed to elicit maximum breadth of response. The researcher used follow-up and probing questions to allow participants to expand, elaborate, clarify and provide further details to their responses. One-on-one interviews are well suited to the exploration of sensitive issues by allowing participants to describe their experiences and perspectives in a confidential and judgement-free setting, and allow for the collection of detailed accounts of individual experiences and the exploration of the meaning attached to those experiences (Braun & Clarke, 2013). The semi-structured nature of the interviews gave both researcher and participants the opportunity to explore and expand on unanticipated issues, as well as on those issues most important to the participant (Braun & Clarke, 2013). Allowing participants the flexibility to structure their responses – to determine the information they feel is relevant – provides the researcher with a window into the unique world of each participant. In applying IPA, the means by which participants make sense of their experiences are explored, described, interpreted, and situated

(Larkin et al., 2006). Results can thus provide valuable and in-depth insight into women's diverse constructs of spirituality, early motherhood experiences, and possible postpartum depression leading to more inclusive options for care which take into account individual differences (Curtis et al., 2007; Wylie et al., 2011; Zittel-Palamara et al., 2009).

Ethical Considerations

The present study was approved by the Research Ethics Board of Saint Paul University, Ottawa, Canada (see Appendix A - Ethics Certificate). Ethical guidelines and procedures were implemented at each phase of the research – in the planning, documentation, execution, participant interaction, analysis, and presentation of the data.

Braun and Clark (2013) emphasize three key ethical considerations to research: Disclosure of key elements of the study, maintenance of participant confidentiality and anonymity, and participant self-determination. Participants were informed as to the general aim of the research and the extent of procedural involvement desired prior to agreeing to take part in the study. Issues of confidentiality were addressed through the process of informed consent. Written and verbal informed consent was obtained from participants prior to their participation in the study and after their questions were addressed to their satisfaction. They were informed that privacy and confidentiality would be maintained at all times, interview data would be kept secured, and that only the researcher and research supervisor would have access to identifying information. Given the potential vulnerability of women during early motherhood, the personal nature of the interview, and the potential for disclosure, the legal limits of confidentiality were included in the consent form and discussed with the participants. Participants were also provided with a list of mental health and community resources in order to minimize any potential distress resulting from participation in the study. Informed consent further included an outline of the

purpose of the study, the extent of participation and time commitment required, and the benefits and risks of participation. Lastly, participants were informed of the voluntary nature of their participation, that they were free to take personal breaks as needed, could decline to answer any questions, and were permitted to withdraw from the study at any time.

Recruitment of Research Participants

Permission was obtained from community organizations in the Ottawa area to post advertisements in their facilities prior to the recruitment process (see Appendix B - Advertisement). Women interested in participating in the study were directed to contact the researcher by telephone. The nature of the study was explained to interested women at initial contact and any questions regarding the study were addressed. The information provided included the topic of the study, the estimated length and format of the interview including the demographic questionnaire, the audio-recording of the interview, how participant confidentiality would be maintained, the voluntary nature of participation, and the potential benefits and risks associated with participation (see Appendix C - Recruitment Information). All women who expressed an interest in participating in the study met the selection criteria and were invited to participate. Interview times were scheduled with each of the participants.

Participants

A convenience sample of six women between the ages of 29 and 34 ($M = 30.5$), each with a child under the age of 18 months was recruited over a span of four months through advertisements posted in community organizations in the Ottawa area. Six women responded to the advertisement and met the inclusion criteria for the study. Inclusion criteria consisted of women who: a) were 18 years of age or older, b) had a child under the age of 18 months, c) had a level of proficiency in English sufficient to comprehend and respond to interview questions, and

d) were willing to make a commitment of at least 1.5 hours (the estimated duration of participation). The obtained sample size of 6 participants is in keeping with qualitative analyses such as Interpretative Phenomenological Analysis which focuses on obtaining a detailed account of individual experience; sample sizes of between 3 and 6 participants are recognized as providing sufficient data for meaningful analysis (Smith et al., 2009).

Four out of the six women (~66%) were of European-Canadian descent, one woman was of African descent (~17%), and one woman was of South Asian descent (~17%). All women reported having attended University, with four of the six women (~66%) having earned graduate degrees. All six women were in committed relationships with three of the women reporting their relationship status as married, two reporting to be in a common-law relationship, and one woman reporting her relationship status as single but engaged. The age of the women's youngest child ranged from 5 weeks to 16 months ($M = 6.7$ months); three women had one child while three had two children. All pregnancies were wanted, and two (~34%) were unplanned. Half of the women experienced a pregnancy loss. See Table 1 for the socio-demographic characteristics of the participants and Table 2 for participants' pregnancy information.

Table 1

Socio-Demographic Characteristics of Participants

Participants	Age	Ethnicity	Marital Status	Annual Family Income	Highest Level of Education	Age of Youngest Child
Sarah ¹	29	European-Canadian	Married	>80,000	Graduate Degree	1 month
Nadia	33	European-Canadian	Common Law	20,000-39,999	Some University	16 months
Tina	29	European-Canadian	Married	>80,000	Undergraduate Degree	5 weeks
Irene	27	African	Single	<19,000	Graduate Degree	3 months

¹ All names have been changed to maintain participant anonymity.

Megan	31	European-Canadian	Common Law	60,000-79,999	Graduate Degree	4 months
Aditi	34	South Asian	Married	40,000-59,999	Graduate Degree	15 months

Table 2

Pregnancy Information of Participants

Participants	Number of Children	Number of Pregnancies	Number of Live Births	Planned Pregnancy	Wanted Pregnancy	Complications in Pregnancy or Delivery
Sarah	1	2	1	Yes	Yes	No
Nadia	1	2	1	Yes	Yes	No
Tina	2	2	2	Yes	Yes	No
Irene	1	1	1	Yes	Yes	No
Megan	2	3	2	No	Yes	Yes – anemia
Aditi	2	2	2	No	Yes	No

Two of the six women (~34%) self-identified with Postpartum Depression and four women did not self-identify with Postpartum Depression. Both women who self-identified with Postpartum Depression had their experience confirmed by a health care practitioner; one woman had received intermittent therapy while the other woman had not. Two out of the 6 women (~34%) reported a previous mental health diagnosis. See Table 3 for mental health information on the participants.

Table 3

Mental Health Status of Participants

Participants	Postpartum Depression	Treatment	Previous Mental Health Diagnosis	Stressful Life Events since Pregnancy
Sarah	No	-	Anxiety	No
Nadia	Yes – Self-identified and confirmed by nurse practitioner	Therapy scheduled	No	Yes

Tina	No	-	No	No
Irene	No	-	No	Yes
Megan	Yes – Diagnosed	Occasional therapy	Depression	Yes
Aditi	No	-	No	No

All six women acknowledged the importance of spirituality with 4 women (~66%) reporting spirituality as important or very important in their lives. Four women (~66%) reported to be both spiritual and religious with 2 of those 4 women reporting regular religious service attendance; two women reported to be spiritual but not religious. Five women (~83%) identified with a Christian religious affiliation with one of those women reporting a mixture of beliefs, and one of the six women (~17%) identified with a Muslim religious affiliation. See Table 4 for the religious and spiritual information on participants.

Table 4

Religious and Spiritual Information of Participants

Participants	Religious Affiliation	Religious Service Attendance	Importance of Religion	Importance of Spiritual Issues	Degree of Religiousness	Degree of Spirituality	Self-Describing Statement
Sarah	Protestant	Infrequent	Slightly	Important	Slightly	Spiritual	Spiritual but not Religious
Nadia	Mixture of Beliefs	Not Attending	Fairly	Important	Fairly	Spiritual	Spiritual but not Religious
Tina	Catholic	Infrequent	Fairly	Fairly	Fairly	Fairly	Spiritual and Religious
Irene	Christian	Once a week	Slightly	Very	Slightly	Very	Spiritual and Religious
Megan	Protestant	Once a week	Very	Very	Religious	Very	Spiritual and Religious

Adivi	Muslim	Infrequent	Important	Fairly	Fairly Religious	Fairly	Spiritual and Religious
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Procedure

Interview process. Five participants were interviewed in a private room at the Saint Paul University Counselling Centre and one participant was interviewed in the privacy of her home at her request. Five participants had their child with them during the interview and one did not. Interviews were conducted in a conversational style. A timeframe of 1.5 hours was suggested for each interview to allow participants an unlimited account of their experience, and participants were given the opportunity to shorten or lengthen the duration of the interview as needed. Interview duration ranged from 34 to 120 minutes reflecting the semi-structured format of the interview where participants were free to tell their stories in as much detail as they chose, and accounting for variability in the pacing of the interview to accommodate participants' need to engage in infant care throughout.

Informed consent was thoroughly explained to the participants at the beginning of the interview and a written consent form was provided for their signature (see Appendix D - Informed Consent Form). Participants were asked to read the consent form carefully and sign it as an indication of informed consent once their questions and concerns were addressed to their satisfaction by the researcher. They were reminded that participation in the study was strictly voluntary and they could decline to answer questions and withdraw from the study at any time without consequence. Each participant was given a signed copy of the consent form and one copy was retained by the researcher.

Once oral and written informed consent was obtained, an audio-recorder was turned on and participants were asked to fill out a paper-based demographic questionnaire (see Appendix E

- Demographic Questionnaire). Demographic information collected included age, ethnicity, marital status, socio-economic status, number of children, date of most recent birth, self-reported measures of spirituality and/or religiosity, religious affiliation if any, complications with conception and pregnancy and delivery if any, type and frequency of postpartum care accessed, mental health history, a diagnosis of postpartum depression and type of treatment received if applicable.

Participants were asked to answer the interview questions as honestly and in as much detail as they were comfortable with, and informed that the study was interested in their personal experiences and perspectives, and as such, there were no right or wrong answers. Participants who self-identified with postpartum depression were asked questions related to their experience of postpartum depression (see Appendix F - Interview Guide: Postpartum Self-Identification) while participants who did not self-identify with postpartum depression were not (see Appendix G - Interview Guide: Non-Postpartum Self-Identification). Participants were verbally informed of the process by which they could address questions, concerns, and complaints, and notified of the possibility that a second, 30-minute interview, might be requested for the purposes of providing further clarification on the thoughts and experiences shared in the first interview. A second follow-up interview was not requested of any of the participants as their responses were sufficient and allowed for in-depth analysis. In order to minimize any potential distress resulting from participation in the study, a list of mental health counselling resources was offered and provided to participants at their request (see Appendix H - List of Community Resources).

Data Analysis

The present study used Interpretive Phenomenological Analysis (IPA) to analyze the data as outlined in Smith et al. (2009). IPA is both an approach to qualitative research and a method

of analysis that examines participant interpretations of experiences and meaning within the lived context of the participant's life, and can be used to generalize themes across participants. It is well suited to the analysis of data obtained from semi-structured one-on-one interviews of a small participant sample (Braun & Clarke, 2013; Larkin et al., 2006; Smith et al., 2009).

Audio recordings of the interviews were orthographically transcribed by the researcher with non-semantic sounds and paralinguistic features included to fully capture the meaning of participants' responses. The first level of analysis involved familiarization with the data through multiple readings of each interview transcript, and the complete exploratory coding of the transcripts phrase by phrase at the descriptive, linguistic, and conceptual levels (Braun & Clarke, 2013; Smith et al., 2009). Descriptive coding involved capturing the semantic meaning in the data by succinctly describing all participants' thoughts, experiences, and comments relative to the research questions as reported by the participants; linguistic coding focused on the language participants used to convey their experience and on the manner in which they communicated, including repetitions, hesitations, laughter, etc.; conceptual coding consisted of researcher-derived interpretations of participant statements, while taking into account descriptive and linguistic information (Braun & Clarke, 2013; Smith et al., 2009). Each data item - a section of transcript comprised of a statement or grouping of statements that were part of the participant's response - was first coded descriptively, then linguistically, and finally conceptually, before the next section of transcript was analysed.

Following the completion of exploratory coding on all transcripts, a pattern-based analysis was conducted sequentially for each data item within a transcript to produce meaning units. Transcripts were reviewed multiple times during this process toward the development of emergent themes which incorporated participants' direct accounts with the researcher's

annotations and interpretations (Smith et al., 2009). Resultant emergent themes were concise statements capturing important concepts and meanings present in participants' narratives.

Emergent themes were combined to form super-ordinate themes through a process of abstraction, subsumption, contextualization, and numeration. Abstraction involved grouping similar themes together under a new higher-level theme; subsumption allowed emergent themes to take on super-ordinate status by encompassing related themes; contextualization organized emergent themes in terms of a temporal event; numeration regarded frequency of an emergent theme as a reflection of its importance and relevance to the participant (Smith et al., 2009). Patterns of themes across transcripts were then identified with emergent and super-ordinate themes being reviewed and revised to inform the research questions.

Quality of data analysis. In order to control for quality of analysis, all analyses were conducted separately by the main researcher and three peer reviewers from the Masters of Counselling and Spirituality program at Saint Paul University. The peer reviewer's principle role was to verify that the researcher's analyses accurately captured participants' accounts of their experiences (Smith et al., 2009). Due to availability constraints, each peer reviewer was randomly assigned two transcripts. The peer reviewers were given a copy of the research questions and a summary explanation of IPA data analysis as outlined in Smith et al. (2009). The researcher's transcript analyses were shared with the respective peer reviewers at each stage for feedback. Peer reviewers were first asked to read a transcript through for familiarity and to make comments at the descriptive, linguistic, and conceptual level, on any text they felt was relevant to the study or reflective of the participant's experience. Second, peer reviewers were asked to review the researcher's in-depth analysis of the same transcript, with special attention paid to any observed deviations from the data, or biases made by the researcher. Third, peer reviewers were

asked to review the emergent and super-ordinate themes formulated by the researcher. Peer reviewers were instructed to provide feedback on the researcher's analysis, to present their own findings, and to make any suggestions for improvement. Discussions between the researcher and peer reviewers were on-going throughout the data analysis process, and were held in person, over the phone, or through the exchange of documents. Consistency was found across analyses whereby peer reviewers were generally in agreement with the researcher's analysis and the researcher was able to incorporate the majority of the peer reviewers' suggestions. Conflicting codes and themes were negotiated until a consensus was reached to modify, include, or discard the formulation (Braun & Clarke, 2013; Creswell, 1998).

Results

Several overarching themes emerged from the narratives of the six women interviewed, each intricately connected to the other. These interconnecting themes offer rich and valuable insight into the women's experiences of having children as well as how they engaged with their spirituality as they lived the transition to motherhood. They are elaborated under three superordinate themes: "*Realities of Motherhood*", "*Realities of Postpartum Depression*", and "*Motherhood Awakens Spirituality*" (see Table 5 - Emergent Themes on Early Motherhood and Spirituality). Contextual information is first presented for each woman as a brief overview of their narrated story in order to more fully inform emergent themes. Due to similarity of experience, the results from the two women who self-identified with postpartum depression were combined with those from the women who did not self-identify with postpartum depression. The exceptions are themes which emerged uniquely in the narratives of the depressed women: "*Realities of Postpartum Depression*".

Table 5

Emergent Themes on Early Motherhood and Spirituality

Super-ordinate Themes	Emergent Themes	Meaning Units
Realities of Motherhood	Ideal versus Reality	<ul style="list-style-type: none"> • Unmet expectations • Unexpected practicalities • Letting go of expectations
	Emotional Paradox	<ul style="list-style-type: none"> • Conflicting emotions • Dichotomy of experience
	Multiple Loss	<ul style="list-style-type: none"> • Loss of identity/self <ul style="list-style-type: none"> - Confidence - Professional - Physical • Loss of control <ul style="list-style-type: none"> - Loss of time/autonomy
	The Bottom Line: Only a Mother Can Understand	<ul style="list-style-type: none"> • All-encompassing • Profound responsibility • Driven to be her best • Only a mother knows
Realities of Postpartum Depression	Struggle to Adapt	<ul style="list-style-type: none"> • Overwhelmed • Feeling inadequate • Isolation
	Negative Self-Evaluation	<ul style="list-style-type: none"> • Persistent unrealistic expectations • Self-blame
	Loss of Core Self	<ul style="list-style-type: none"> • Changes in temperament and demeanor
	Negative Emotion	<ul style="list-style-type: none"> • Guilt • Anxiety

		<ul style="list-style-type: none"> • Disconnection • Despair • Sadness
	Internal Struggle	<ul style="list-style-type: none"> • Connection and love persists
Motherhood Awakens Spirituality	Motherhood as Spiritual Experience	<ul style="list-style-type: none"> • Miracle • Creation
	Motherhood as Spiritual Connection	<ul style="list-style-type: none"> • Aloneness and need for connection with others • Striving for connection with the sacred • Ultimate meaning in connection
	Motherhood as Spiritual Struggle	<ul style="list-style-type: none"> • Making meaning of negative events • Shaken faith • Finality and loss • Disrupted connection • Postpartum depression and spiritual disintegration

Participant Life Context

The women presented with unique life stories and narratives which informed their experiences of motherhood and how they engaged with spirituality. Summaries of their life circumstances, prominent aspects of their narratives, and personal definitions of spirituality

provide essential context to better understand these women's lived experiences and the emerging themes presented.

Sarah. Sarah is a 29-year old married mother of a 1-month old son. She is of European-Canadian decent and identified as spiritual but not religious. Sarah described a protestant religious upbringing which she gradually moved away from beginning in adolescence. Although no longer engaging in religious practices, she retains a faith in humanity, community, and a belief in a greater organizing force which underlies her faith that things happen for a reason and will work out the way they need to; good is rewarded with good. Sarah's faith was challenged during her transition to motherhood. Her first experience of pregnancy had been an ectopic pregnancy which ended in termination. As a result, she had been reluctant to embrace her second pregnancy which led to the birth of her son. Sarah struggles to make sense of this loss, which includes a future inability to have a natural birth. After becoming a mother, Sarah has found comfort in the idea of an afterlife, and that her deceased father may be with her, accompanying her in some way.

Tina. Tina is a 29-year old married mother of two children under 5 years of age, her youngest aged 5 weeks. She is of European-Canadian decent and grew up in a Catholic family with regular church attendance. Both births were vaginal with no complications. She did however conceive twins with her first child where only one developed. Tina had increasingly distanced herself from regular church attendance and religious traditions beginning in adolescence through to adulthood, which culminated in a separation between spiritual beliefs and religious practice; she attended church only when visiting her parents who remained a part of her childhood church community. Tina has regained some of her religious faith since having children and now places greater importance on spirituality and religious involvement. Although she does

not adhere to the practices of her religious tradition, she turns to God for help, strength and comfort. Tina's faith includes a belief in a divine order in the world, which includes a fair and just transcendent being with whom she can connect and work in collaboration with during times of need. She sometimes questions however, whether God actually intervenes or whether hope and faith are what makes the difference and affects outcomes in her life.

Irene. Irene is a 27-year old single African woman who is raising her 3-month old son with the full support of her fiancé. She experienced a prolonged and painful, although uncomplicated, labour and delivery. Irene is a devout Christian whose spirituality plays a fundamental role in her life. She described a personal relationship with God built on love, faith, and acceptance that developed through a journey of participation in religious activities, engagement with a faith community, and the learning of religious texts. Irene recounted the spiritual impact of her mother's death and explained that she did not develop a personal relationship or connection to God until sometime after her mother's passing. Irene had grown up under the umbrella of her mother's strong religious faith and leadership, and so had deferred to her mother in all spiritual matters. Her mother had been her connection to the sacred, and she related to God as being her mother's God. With the death of her mother came the loss of spiritual connection, resulting in spiritual disengagement and the rejection of God. Driven in her need to make sense of her mother's death and seeking spiritual connection, Irene embarked on a spiritual journey with the initial intention of seeking answers from God. She found comfort, connection, and support in her religious community, and came to develop a personal relationship with the divine, and make meaning of her mother's death.

Aditi. Aditi is a 34-year old married mother of 2 children, her youngest aged 15 months, who immigrated from India with her husband prior to her second pregnancy. She shared two

very different experiences of pregnancy, childbirth, and early motherhood. She had her first child in India, surrounded by a large network of extended family which were a source of knowledge and support, and guided her through the transition. She had taken a passive role in childbirth however, feeling that she had relinquished control to her family and physician. Predominant in her narrative was her disappointment at having a c-section and her directed efforts toward natural childbirth with her subsequent pregnancy. Aditi became pregnant with her youngest child after immigrating to Canada with her husband and faced pregnancy and childrearing without the support of her extended family. Aditi sought information and community from a nearby resource centre where she connected with other expecting and new mothers in order to take charge of her well-being with directed effort toward the possibility of having a natural birth experience.

Despite her best efforts, Aditi required a second c-section to ensure a safe birth. Aditi identifies as Muslim and adheres to the religious practices of Islam as taught to her by her parents, which includes daily prayer and reading the Quran. She holds a spirituality based on acceptance - an unwavering belief in God, a trust in God's plan, and an acknowledgement of spiritual workings beyond her knowledge and comprehension. Aditi's belief system remained unchallenged into motherhood, but she now takes greater ownership of her faith and makes efforts to more fully adhere to religious practices. She views her primary role as one of striving to be a good person and set an example for her children, which includes a felt responsibility to educate her children in religious teachings and live her faith more fully.

Nadia. Nadia is a 33-year old Polish woman who immigrated to Canada in her early twenties. She is in a committed common law relationship and a stay at home mother to a 16-month old daughter. Nadia thoroughly enjoyed her pregnancy and birth experience which she described as self-affirming and empowering but had been ill prepared for the challenges

motherhood would present. Nadia took on full responsibility for child-rearing with little spousal support and explained that she began to experience substantial self-doubt early in motherhood which was compounded by tremendous feelings of guilt, inadequacy, and an expectation to know things intuitively and do things perfectly - strong, negative self-directed and self-describing statements were prevalent in her narrative. Nadia self-identified with postpartum depression. Nadia was raised Roman Catholic in Poland where religion and culture were closely linked. Her views of God into adulthood were of a distant, judgmental, and punishing God; she viewed religion as restrictive, impersonal, and imposing, which had left her wanting for meaning and connection. Once in Canada, she disengaged from her religious tradition and practices. While still believing in the existence of God as an all-powerful force, Nadia developed her own sense of spirituality separate from the church which was based on a sense on intuition and an undefined source of internal knowledge and feeling - as originating from the self. In motherhood, Nadia sought to reconnect with the divine by praying to Archangel Michael as a personal intermediary to God.

Megan. Megan is 31-year old mother of 2 children under 5 years of age, her youngest child aged 4 months. She is of European-Canadian descent and considers both religion and spirituality as playing a very important role in her life. Megan's educational and professional life were directly linked to a protestant religious tradition and involvement in a faith community that was disrupted with the birth of her children. She had not had any prior aspirations of having children, and although both children were welcomed and wanted, her pregnancies had been unplanned. Each child was accompanied by a unique struggle which impacted her sense of motherhood and spirituality. Megan self-identified with postpartum depression. Megan's spirituality, although tied to her faith tradition, is less informed by a divine being and religious

practices as it is by social justice, care for one another, and community. Participation in what she regards as humanity's divine interconnectedness is very important to her and considered life-giving. Motherhood has presented challenges to her engagement with her faith community and she has felt disconnected and unsupported as a result.

Superordinate and Emergent Themes

Realities of motherhood. Predominant in the narratives of all six women was the idea that their lived experience of motherhood was not how they had imagined it would be. The women reported having entered the transition to motherhood with idealized thoughts of how their experience would unfold and how they would be as mothers. As such, each woman articulated a similar experience of not fully being prepared for the realities of motherhood. They reported underestimating the impact that motherhood would have on their lives and described instances of the *ideal versus reality*, of felt *emotional paradox*, *multiple loss*, and the idea that in *the bottom line: Only a mother can understand*.

Ideal versus reality. Each woman described entering motherhood with certain aspirations for their role and lives as mothers, having imagined a future for themselves and for their children which included emotional, psychological, and physical expectations. The women had not anticipated the challenges they would face, nor did they fully comprehend the practicalities of having children and the effect a baby would have on their lives. Their descriptions of motherhood were characterized by multiple instances of *unmet expectations* and of the *unexpected practicalities* they faced in their daily life of rearing their children. For the women, coming to terms with the realities of motherhood meant *letting go of expectations*.

Megan described her unrealized vision of motherhood:

I had this little picture in my head where I would get up in the morning and take my kid to daycare and go to work, and come home and make a nice dinner, and go bed, and it would all just be lovely, and it would be lots of storybooks and, uh, knitted things. And uh... it wasn't like that as much.

Sarah explained that despite having been informed as to what to expect in childbirth, she could not have foreseen its impact as it did not unfold in the way she had envisioned:

Nothing can prepare you really. Like, I mean, I read all the books, I took a doula course, like, I was ready and it was still, you know, I took the doula course and I knew what the contractions were going to be like, you know, but oh my! That was nothing that I could have ever described to anybody, right, so even though I was, like, intellectually prepared, emotionally it was much different than what I thought.

Sarah further described feelings of uncertainty regarding her efficacy as a mother and for not meeting the expectations she had held for herself in motherhood:

I had grand ideas of what I was going to do as a mom like, you know, and with summer coming to fruition, we're like doing cloth diapering. You know and I was like, 'Well, I'll read to him every night.' But I'm like, 'I haven't because he's you know, drools most of the time and sleeps. 'Oh my god, I haven't read to him yet' ...

Not only did the mothers hold expectations of motherhood that went unrealized, they were also faced with practical outcomes they had not expected. Tina articulated that there was more to motherhood than what she had envisioned or romanticized:

But I guess I didn't understand, not having gone through it, the little intricacies you know, like uh, like the daycare thing, like the little struggles, the daily struggles that, they're not, I mean... My mom always said that having a baby is not romantic, and it's

true because maybe you have these romanticized these ideas that you know, you and your husband are going to have this little, you'll be the perfect little family, a white picket fence and, but no, there's you know, financial ramifications and uh, which you know going into but you really don't fully understand until it happens.

Irene also expressed that the difficulties and amount of work accompanying motherhood had been unexpected as she had primarily focused on the aspirations and feelings of love she would have for her child:

I really, before I just... I didn't really think of all the work that you have to put into, that you still have all the love that I have, that I want to transfer to him and... the stories, and my experience, how, you know, I want to share this with him, but I didn't really think of, the amount of work that you have to put into raising a child.

Aditi discovered that motherhood was a constant and challenging process of adaptation to the needs of her children which differed with each child:

Responsibility, responsibility, responsibility, ha ha. You need to be...on the toes, you know. But children really need help at any point of time. And you should be knowing the things and uh, you should be doing it well, and when they need... Every child is different. But kind of, you have to know, act accordingly what the children needs are. Just different. My daughter is different, my son is different...It's not easy. Definitely it takes time to understand what your child needs. Uh, at least for the first, uh, first time motherhood, I took lot of time...

Nadia shared her eventual discovery that motherhood involved navigating through and combining both internal and external resources, and alluded to a life-long process of learning and development she had not expected:

And there's a lot of aspects and areas of motherhood, I never knew that existed. So, following your instincts, and then educating yourself in order like to find out what's the best for her. Motherhood is, is such a, huge area of life. Being a parent, parenting, that, it's a lot of effort and research and a lot of...work.

At some point during early motherhood, the women came to recognize the need to let go of previously held beliefs and expectations, and to embrace motherhood's reality. Letting go of expectations appeared difficult for the new mothers and a process to be worked through over time. Nadia explained:

...Before I had her everyday was the same, so that was my, mmm, a big change for me that I'm realizing now, 16 months after. That I need to let go of my expectations of myself, I need to let go of my routines, I need to be flexible and... just shake it off, learn how to... let go.

Sarah likewise emphasized the importance of accepting her new reality:

You have some grand ideas, but in the end really, you can only do what you can do. You know, and then you have to be okay with those decisions. Right? You can't regret them otherwise you'll go crazy with regret.

Having been unprepared for the challenges they would face as mothers as well as for the level of gratification and fulfillment that would result, the women came to appreciate that the benefits of motherhood come at the cost of hard work.

Emotional paradox. The women's narratives indicate that their experiences of motherhood were comprised of both positive and negative emotions. Descriptions of concurrent feelings of joy and frustration, as well as clarity of purpose and doubt were common. These *conflicting emotions* were often felt at a heightened level of intensity and combined to create a

dichotomy of experience which was described as both overwhelming and rewarding. Sarah described a paradox of emotions from intense love and joy to incredible frustration and doubt:

There were a few moments where I was like ‘I don’t know how I am going to live without... If something happened to him. Right? So that was a whole different...because I’d experienced loss before, but not, I don’t think I would’ve been as able to cope with this kind of loss, like if I’d lost a child, right? Uh, but then, you know, when you get on the other side it’s like, intense love. [...]. I was just full of joy when I saw his face. You know, and then there’s frustration when he’s up all night crying, and you know, you think ‘why did I ever do this?’

Irene similarly reported holding opposing emotional experiences:

Overall, it has been a great, a great experience, just... Okay, let’s start with the frustration. Lack of sleep, for example, it frustrates me, uh, sometimes... The, the excessive crying, especially when he’s, he’s crying a lot and I’m trying different, at the beginning, and he’ll cry a lot and I’m trying different things, you know, ‘no it’s the colic’, and it’s this and it’s that, and I’m trying different things to soothe him, and he just keeps crying and I just feel kind of helpless and I’m just kind of ‘Oh my gosh, am I doing something wrong?’. So that, that was a bit frustrating but, overall, it, it has been one of the best experiences of my life.

Not only did mothers experience contrasting emotions, their experiences were often in opposition as well. Sarah held dichotomous experiences of motherhood, using expressions such as “rewarding” and “really hard” to describe her life as a mother:

People take it I think, sometimes too lightly. You know, becoming a mom. You know what, even I did. I was like ‘It’ll be great, it’ll be easy.’ You know, but it’s not. It’s not at

all. On so many different levels you know, emotionally and physically. Right? But I think um...I couldn't imagine a more rewarding experience in my entire life. Right, so. Yeah, just like everybody that has kids eventually realizes that it's actually really hard. And hopefully your life can be, can be great.

Nadia experienced the daily practical challenges of mothering a newborn in sharp contrast with the powerful feelings associated with having become a mother:

It's that feeling that, 'I'm so happy I have you in my life!' It's an amazing feeling that, um, you created a human being, and uh, it's growing and it's with you and... And then came no showers, no food, no peeing, baahhh. Hair not washed for two weeks because there is always something else to do. Complete chaos.

Despite the paradoxical nature of motherhood and identifying negative emotions and experiences, the women ultimately felt that the trials of motherhood were outweighed by the positive and held motherhood to be a worthwhile experience overall.

Multiple loss. In coming face to face with the realities of having a child and in keeping with the paradoxical nature of motherhood, these women articulated feelings of loss which were experienced in various facets of their lives. The women most identified with losses in aspects of their identities. A *loss of identity/self* was described by all the women to varying extents and was predominantly articulated as losses in *confidence*, in who they had been in a *professional* capacity, and as a loss of *physical* appearance. The women further shared a similar experience of *loss of control* relating to their ability to mother which was elaborated as *loss of time/autonomy*, limiting the women's ability to engage in self-care, leisure activities, and to manage other responsibilities.

Loss of professional identity in particular had a notable impact on Sarah and Megan who were no longer able to maintain their professional status to the same extent after having children. Sarah expressed feeling overlooked and left behind at no longer being able to maintain the same level of mastery and achievement in her career and competitive pursuits, which to her had been self-defining. She described her perceived loss of professional status:

... just even, um, you know, giving up things, right, like I had to give up, well for the time being, [competitive pursuit], which was a humongous part of our lives. Right, so it was, and it was difficult, so there were times where I would sit in the living room and cry, you know... Yeah, not often, and I wasn't, like depressed or anything, but I was just, it was the realization that, you know, I had to put things on hold like my career, my [competitive pursuit], right, you know, beer... I have to put these things on hold, right, while I see everyone else continuing... and they're getting better...

Megan revealed having been deeply impacted by the loss of her professional identity after the ambitious plans she had for her career were interrupted by motherhood. Unable to meet the demands of both career and family, Megan was left with feelings of disappointment and self-doubt:

I worry there's, the identity piece is very tied up in it. I'm not going to go back to be a [profession]. [Profession] didn't work for me. I feel very insecure about it. I feel like it's something I'm not capable of doing anymore, which isn't true. [...]. I don't have the confidence anymore to get up and do it all the time. And, I, I feel like I have mommy brain or whatever, that I'm so busy with toddler rhymes and diapers and breastfeeding and all of that stuff has consumed the part of my brain that used to be about [profession]. [...]. I'm the primary care-giver for the kids. I would still be doing drop-offs and pick-

ups at daycare, I would be doing lunches and clothes and diapers and night time. And I, I can't do all of that. And there's a, I think I'm disappointed in myself, I think I should be able to do all of that. I think I have messages from society saying I should be able to do all of that. Um, but I can't do it, and be the mom...that I want to be.

Irene spoke of the loss of her physical appearance and an inability to maintain the level of fitness she had identified with and been proud of prior to having a baby. Her positive body image had comprised an important part of her identity and was tied to her self-esteem:

I feel tired...exhausted...uh...I'm someone that, I like to look good, for myself. And I like exercising, like, I was like an exercise junkie. I came from looking at myself in the mirror and going 'Wow, baby, look I have four pack. If I just work harder I can make it to six', to now, just like 'Oh my gosh, I have a belly'. And I can't go to the gym. You know, I like working out, and working out is a way for me to release the stress and everything. And I haven't worked out since the month of February. I have to prioritize things and working out is just... just not fitting in my schedule anymore. So I have some, I haven't worked out so... my, my self-esteem...

A feeling of loss of control is a recurrent theme in all the participants' narratives, as is efforts to regain control. Loss of control was poignantly described by Sarah. In her narrative of an ectopic pregnancy and subsequent emergency c-section surgery, she explains her sudden change in circumstances from living the anticipation of having a child to experiencing an urgent medical intervention, and being impacted by her realization that she was limited in her ability to affect the outcome:

You have no control over it, and I think that was for me, the big thing no matter what I did, sometimes it just happens. Same with the ectopic [pregnancy] – I didn't smoke, I never had surgery, it was totally a fluke that it happened, so...

She reported a similar sense of loss of control and helplessness when her newborn child was hospitalized days after birth despite her best efforts to care for him:

And that was again something that was again totally out of my control, right? Like, I couldn't help him. He was... He ended up being fine, nothing was wrong. But you know, for those two or three days he was just laying there and nothing I could do... would make him better.

Nadia experienced loss of control over her daily life as she struggled to adapt to a new lifestyle she could not predict. She expressed no longer being able to take comfort in routines nor to retain a sense of mastery over her environment:

I've always had a very structured, routinely, life. And this is what I... Now I realize this is what I'm holding on to, this is what I'm clinging to, and this is what I, how do I call it? My security blanket. And with having a baby, there is no routine, there is no continuous. Every day is different.

A sense of loss of aspects of who they were prior to having children and the subsequent loss of control felt after their children were born became a very real experience for these women, and one which they had to navigate in motherhood.

The bottom line: Only a mother can understand. Emerging from the experience of motherhood's realities was the idea that motherhood must be experienced to be fully understood. Given the range and intensity of often incongruent emotions, experiences that failed to meet expectations, and feelings of loss, each woman expressed the belief that in *the bottom line: only*

a mother can understand. The role of motherhood touched every aspect of their lives and was depicted as *all-encompassing* in nature as each woman felt a *profound responsibility* in their role as mothers. Each woman was also *driven to be her best* self in order to do the best for her children now and in the future, which represented an important shift in how the women saw themselves and conducted their lives going forward. Given the extent of their experiences, all the women reflected that the true nature of motherhood is something that *only a mother knows*.

Caring for their children became the women's first priority as they completely immersed themselves in their role as mothers. Sarah identified motherhood's all-encompassing nature as she explained her discovery of what her love for her child meant in practical day-to-day life:

I think, everyone always says you're, you're going to love him, or her, more than yourself. And I... I sort of acknowledged that, but I didn't quite, you know, realize that, you know, I wouldn't shower for two days at a time, because he was, he needed me, right?

Megan shared a similar experience of purposeful dedication to her children's needs:

For me, motherhood is a 24/7 vocation, where I am the last person on the needs list, um. It is, um, for me motherhood is doing what's right for my kids. And so if that means my kid needs to sleep with me, great. My kid needs to nurse every twenty minutes, we'll do it. Um, that it is understanding the personality and the needs of my child, and responding to them.

The women faced motherhood with a profound sense of responsibility for the lives of their children. Tina explained:

You bring this being into your life and you're responsible, I want to say until they die, until you die type thing. To me there is no end to the responsibility. Once you're a mom,

you're a mom forever. Love is biological, adoption, you're a surrogate, whatever, by proxy, whatever. Motherhood to me is a lasting thing. All the women spoke of a drive to be their best selves and of striving to provide the best care and future for their children. Irene for example, poignantly described working toward the betterment of her life circumstances in order to provide a better life for her child than the one she had experienced:

I feel like I have to work harder, you know, so I can make a life for myself, a better life for myself to be able to provide to him everything that you know, he would need.

Um... Yeah, just, I always say 'The things that I've cried about, I don't want my baby to cry about, the things, the things that I didn't have, I don't want him to not have them'.

You know the things that, the hardships that I went through I don't want him to experience. I feel like, I've paid for both of us. So, I just want to work hard so I can just give him the best life that I can.

The women shared a common experience of not having fully realized the enormity of motherhood prior to having a baby even if they had previously been informed or had prior experience with children. Only as mothers could they fully grasp the complexity and full impact of motherhood. Sarah explained that her intellectual preparation for motherhood had not provided her with adequate insight into the level of emotionality she would experience:

Um, I, I knew it was going to be challenging. I knew, you know, all this stuff, that it was going to be rewarding, but I don't think I quite really understood how challenging, and how rewarding it was going to be. Like, you can't really feel it until you're there. [...].

So, I knew it was going to be hard and I knew it was going to be challenging, and like I rationally knew these things, but emotionally, I, I couldn't feel it until I was actually there.

Aditi explained that a full understanding of motherhood can only be gained through first-hand experience. She expressed having felt initially confident in becoming a mother after having cared for a niece and nephew:

I felt little bit related because I have one niece and one nephew who was in front of me and uh, I was actually taking care of them a little bit. Uh, but I didn't experience that motherhood that, that you experience like when you get pregnant and then you have labour and then you start taking care of child, yeah. It happened only after the birth of the child.

In emphasis of this point, several participants made the distinction between parenting and mothering, expressing that even fathers could not fully comprehend what it meant to be a mother and share in the experience of raising a child in the same way. Nadia explained:

I think men will never experience being a mom. They don't have that bond and connection that we have, since birth, right? They don't. So, he doesn't know what I'm experiencing and he doesn't, he'll never experience it. Some dads may come close to it, but they will never know... The power of being a mom.

Despite differing life stories, the women were all in agreement that the felt pressure to balance all the demands of motherhood in its enormity, together with the strong drive to excel and be competent in every aspect of child rearing, are realities that can only be fully understood in motherhood.

Realities of postpartum depression. The experience of postpartum depression was an identified and unexpected reality of motherhood for two of the six women. Both Megan and Nadia self-identified with postpartum depression and described their individual experiences

which were lived in deeply personal and unique ways. Still, commonalities emerged in their experiences that did not surface in the narratives of the other four women.

Although all the women reported unmet expectations in motherhood, Megan and Nadia conveyed difficulty in moving beyond them in a *struggle to adapt* to their new life circumstances. Each held a *negative self-evaluation* and engaged in self-blame. They both experienced a *loss of core self*, describing changes to their temperament and character with which they struggle to identify and expressing difficulty in integrating negative emotions. *Negative emotion* featured prominently in the women's experiences and was present as a component of each emergent theme. Yet, for Nadia and Megan, living with postpartum depression was considered separate from their love and care for their children. Despite their *internal struggle* with depression, they declared happiness in being mothers, love for their children, and pleasure in child-raising.

Struggle to adapt. Predominant in Megan and Nadia's narratives were combined and interwoven feelings of being *overwhelmed* and *feeling inadequate* which were experienced with a greater level of intensity than that described by the other women and accompanied by a deep sense of *isolation*. In terms of adapting to motherhood and her depression, Megan described struggling to bond with her second child. She attributed the absence of attachment to her child's disposition – low needs, unresponsive, and sleepy – which was in sharp contrast to her first child who had been alert and demanding of her attention. In this experience, she described intense isolation and a deep feeling of loss, resulting in an inability to move beyond the expectations she had for her second child. She conveys disillusionment in her response, and expressed disappointment in her child, in herself, in the experience, and in the outcome:

He came out and went back to sleep. And slept. And slept. And he didn't need to be held, and he didn't nurse very much, and he was happy to go in his playpen, and very opposite my first experience and I really felt like, he didn't need me. And uh, and I wanted a girl. I pretended I didn't care but I really wanted another daughter. And it doesn't matter. And, and, there are still days though that I'm grumpy he's a boy, and I don't understand it and it's not rational, but it definitely got in the way of bonding and um, when he started to open his eyes a bit more, I recognized that I was struggling to bond with him. [...]. I'm like 'I don't even like him. Can I send him back? Cause, he's not really what I wanted. He sleeps all the time and he doesn't need me'. And uh, um, and so we had a huge talk, and [midwife] was like 'Bonding isn't easy'. [First child] and I bonded instantly. When he was born, I didn't even want to look at him. And... I, I was disappointed, and uh, confused and he just fell asleep and he didn't even care. And, and... so, bonding was really hard and I think that got us off on a tricky foot.

Nadia shared the moment she attributed the sadness and sense of defeat she had been feeling to postpartum depression. She had felt overwhelmed and isolated in her struggle to live up to her persisting expectations of herself as the perfect mother and felt inadequate, confused, and betrayed by the experience; motherhood had let her down:

I started realizing I had depression when all my other friends started planning their second baby. [...]. And I went to a friend of mine and I cried for two hours....and I asked her... '[friend's name], why the hell do you have three kids?! Like what the hell possessed you to have three kids?!... And she said 'But I never had feelings like you do' And this is when I realized, not everybody has those feelings, and not everybody feels like that...and that I should get help.

As each woman shared a unique account of their lived depression, they expressed a similar struggle in coming to terms with their experience.

Negative self-evaluation. Adding to their struggle with postpartum depression was their tendency to evaluate themselves negatively. Megan and Nadia held on to *persistent unrealistic expectations* of themselves and engaged in *self blame*. Despite being firm in the knowledge that she is competent and able to care for her children, Megan shared feeling unable to easily provide what she considered basic care:

I am struggling to provide care, I feel like I can only handle one at a time, like I can do one of my children or my spouse, or me. But I can't, watching both of my children, even for an hour, sends me into a full-on panic attack. Which I, I don't understand because I can do it. I, I have the ability and the capacity. I can do it, I'm good at it. But the thought of doing it sends me into full on panic mode.

With the realization that motherhood presented challenges she had not been aware of nor prepared for, Nadia evaluated herself negatively and felt that she had failed to meet the standards of motherhood:

...I basically brought myself down to the ground zero. I'm like 'Oh, you're nobody, you're not a mom, you're not a mom. Like look at other women. Look at what needs to be done to become a mom.' So that was, these were my feelings.

Difficulty in letting go of expectations together with blaming themselves for failing to meet them appeared to be a contributing factor to their distress.

Loss of core self. Expressions of deep felt loss were woven throughout Nadia and Megan's accounts of postpartum depression. While all mothers described a loss in aspects of who they were, this loss was felt keenly by Nadia and Megan, who struggled to retain a sense of

their former selves and to redefine themselves in their role as mothers. They shared a similar experience of being transformed by postpartum depression into people they did not recognize. *Changes in temperament and demeanor* were described by both women and attributed to postpartum depression. Megan described a change in temperament, and explained that she often feels emotionally, physically, and mentally depleted, and struggles to regulate her emotions which are often expressed through anger and fear:

I get way worn down and then I bottom out emotionally for a little while, and I have trouble. I lose my temper, and I, um, I'm, I'm very short-tempered right now, and I hate that. [...]. I get angry and then have to remove myself from the situation to calm down. Um, I don't want to be angry, I'm not a really angry person, but... I'm just, it's like it's bubbling, all the time...

Nadia spoke of a shift in her demeanor from confident, playful and adventurous to sad, anxious, and insecure:

I couldn't pretend anymore, you know. I say 'Oh, I have postpartum depression'... It's cleansing for me because I want people to know like 'This is not me you see. This is not the Nadia that I know. This is not me. This is somebody else, this is, is somebody who's overwhelmed, has negative feelings about myself, but that's, that's not me. I'm a happy, I'm a social person. I'm... a prankster, I like to be into the mischief. You know like, just... a happy, positive person.

In both the women's descriptions, their loss of self was portrayed by a loss of positive self-defining attributes replaced by negative and unwelcomed traits.

Negative emotion. The transition to motherhood for these two women was characterized by persistent negative emotions which adversely impacted their experience as mothers and which

they struggled to make sense of. Feelings of *guilt* and *anxiety* were most notable in Nadia's narrative, while feelings of *disconnection* and *despair* stood out in Megan's accounts of motherhood. Both women expressed a feeling of pervasive *sadness* as part of their experience of postpartum depression.

Nadia described inescapable feelings of guilt - an extreme reaction to the process of trying to meet all the demands of motherhood - and engagement in relentless self-blame and criticism:

So, there was so much pressure around me and guilt...Guilty feelings and just horrible feelings, that...I started realizing a little bit that my day revolves around bashing myself, being guilty with myself, feeling like a complete piece of crap. And this is one day I just came into real-realization, I'm like 'Oh my God, this is the only thing I feel'.

Anxiety also accompanied Nadia's feelings of guilt which she did not immediately recognize:

Anxieties. Then I realized simple activities of the day give me anxieties. Then I realized I'm anxious all the time. [...]. I always thought when I hear anxieties and depressions 'Oooohoo, you people are crazy! Not me!'. But this is when I realized I, I'm having anxieties over stuff that I should not have anxiety about.

Nadia struggled to understand and make sense of her feelings of sadness:

'Don't, don't tell me that this is normal. Don't tell me that every mom feels sad'. [...].

Yeah, every mom does because we strive for the best but we don't always accomplish it, but don't tell me this is normal.

Megan's sadness was closely tied to her feelings of disconnection which left her feeling isolated:

I've felt sad and disconnected. And I've been working on creating a network here and that's helped. But I'm also, I see myself pulling back from it. [...]. Um, the just not being

able to shake the fog. Like I sort of feel, like everything, I feel disconnected from things.

Um, I am withdrawing from things,

Megan also expressed desperation, and an inability to obtain nor maintain perspective in her constant struggle to regain a sense of calm and safety. She articulated a deep level of sadness and despair:

I, I just feel like I'm flailing, all the time. Like, I want to just curl up on the floor in the fetal position, to make, I feel like my arms and legs are constantly like waving about in the air, and, like my head is spinning in a hundred directions, and I just want to curl up in a fetal position and cry for a few days, and, like that will somehow make everything better. It doesn't make anything better.

Although all the women felt negative emotions at times, for Megan and Nadia, these emotions were not only felt but lived, becoming an inextricable constant in their motherhood experience.

Internal struggle. Despite the negative experiences in motherhood that accompanied postpartum depression, both Nadia and Megan described their feelings and experiences of postpartum depression as separate from how they felt toward their children or the fulfilment they experienced in motherhood. They shared a similar dedication to their children and investment in their wellbeing. Nadia clarified that her experience with postpartum depression was an internal struggle and distinct from the care and love she expressed toward her child:

My depression is not about baby. Having her or being - her disrupting my life. My depression is about me. It's a constant fight against myself. It's me, being so stuck on routines; me, trying to be the best mother out there. It's, it's me against me.

Megan also spoke of the desire to provide for and nurture her children through her feelings of depression and described her children as a motivating force. She expressed that positive

experiences such as pleasure, satisfaction, and motivation can co-exist with postpartum depression:

I don't think it's [postpartum depression] changed how I think about being at home and being their mother. I think that that's still my number one, and, and, and I think really, I'm getting out of bed and getting clothes on because they need me to. My kids need me to get out of bed, and they need me to take them to the park, and they need me to feed them, and clean them, and um, and I think that's, my fear is that I will get to the point where I don't care. And that fear is keeping me getting out of bed and getting them dressed and providing them with the care that they need. Um... because I want to and it really does make me happy to be home with them and to be able to um... They're a hoot, they're exhausting, but they're a hoot.

Living with postpartum depression included an awareness of their experience and created an internal struggle as they worked to reconcile both positive and negative aspects of mothering. The experience of postpartum depression did not appear to diminish Megan and Nadia's devotion to, and love for their children.

Motherhood awakens spirituality. A deeply connected relationship between motherhood and spirituality emerged from the narratives of the six women and was expressed in the following themes: *Motherhood as Spiritual Experience*, *Motherhood as Spiritual Connection*, and *Motherhood as Spiritual Struggle*. The meaning of motherhood for these women extended beyond to something greater than the self and the practicalities of raising children.

Motherhood as spiritual experience. The women interviewed all spoke of their transition to motherhood and the process of becoming mothers using spiritual language. Concepts of *miracle* and *creation* were spoken of in conjunction to describe pregnancy, childbirth, and baby.

Pregnancy was defined as a miracle of creation and in terms of intimacy and connection. Irene regarded her pregnancy as a miracle and a link to God, which served to reinforce and affirm her faith:

I would say it was a, it was really miraculous... It was, for me it was a miracle. Like, the thing that was just happening seeing him for the first time... I was like 'Its, its just like a shock to me that, there has to be a God for that baby to be in my stomach right now'... It was difficult but the pregnancy itself was the most amazing experience of my life.

Sarah similarly described the miraculous nature of a mother's role in creating and sustaining life:

Just the idea that like babies really are just these little miracle things. Right? That, the fact that, you know, they started from nothing and then you grow them inside of you. That to me just still blows my mind. You know, and just being able to connect though feeding him, right? The idea that, you know as a mom we're self-sufficient enough, you know, to be able to care for our children even food wise...

Nadia spoke of the transition to motherhood as a sacred and defining moment in a woman's life:

As women we have the great gift of being pregnant and having kids, but everything goes away so quickly. There is um, meaning. The pregnancy is, you think nine months is long but then it's 'boom' and gone. The labour is 'boom' and gone... but I think it's the beautiful, spiritual, creative act...of becoming a mom, of becoming a woman.

Tina described the personal connection she felt with the child growing inside her as separate beings bonded in an intimate and meaningful way:

Something so personal that, you know, I don't know, I can't explain it. It's just no one else can feel what I'm feeling. It's just, it's so personal between she and I or my son and I

that I can feel this little being inside me that's growing almost. So, I had a very positive experience for both.

The women portrayed childbirth as a transformative rite of passage marking the transition into motherhood, and attached significance to the act, promoting recognition and celebration of the experience as an act of creation. Nadia equated childbirth with empowerment and self-affirmation, describing her experience as an intimate moment between her and her child with words such as “mind-opening”, “self-defining”, and “creative”:

Mmm, very mmm, how could I call it?... Mind-opening, self-defining...very mine. Um, very creative, um. My childbirth was very easy and I think it's because of my mindset... I think it's the beautiful, spiritual, creative act of becoming a mom, of becoming a woman.

The significance of childbirth as an act of creation and the importance of participating in the creative act is especially emphasized in Megan 's narrative, who after a distressing birth experience with her first child, actively sought to improve and add spiritual meaning to the birth of her second child:

I've always talked about being in co-creation with, I'll use God cause that's the word from my tradition, um, that being co-creators with, with God for my artwork, for the artwork that I'm doing and the crafting, and the designing and that sort of thing, and so why wouldn't I think about that, with birthing... that phrase is really important to me – being co-creators.

All women made mention of a desire to have a “natural’ labour and equated the act with participating in creation. The ability to deliver their child with minimal medical intervention held meaning for these women beyond the outcome of the birth of a healthy child and became a key factor in influencing their transition to motherhood as a spiritual experience. Irene stated “I know

I was ready, I was just like, ‘Okay, I’m gonna do it, I’m just gonna to do it the natural way, I wanted to do it the natural way.’” In contrast, not having a natural birth impacted the meaningfulness of this experience. Sarah and Aditi, who had their children via c-sections expressed disappointment and shared a similar experience of disempowerment and having felt cheated of a vital and defining experience. They considered their experience less meaningful and felt excluded and disconnected from other women who shared in what they considered a more genuine and authentic passage into motherhood. These mothers described being passive rather than active participants in the birth of their children, and identified with feelings of failure. Sarah explained:

I felt like I’m not part of this, you know, labour club, you know what I mean, like, I don’t get to talk about how I was in labour for 24 hours and you know and experience, experience that. Especially because it was something that wasn’t my decision, like, I couldn’t say, okay, I want a c-section, I want to have natural labour, it was taken, you know, it was you have to have a c-section. Um, so...you know, I think it was something that I wanted to experience, cause for me that was sort of like, you know, the end sort of powerful thing as a woman you know, you get to go through labour and you know, experience sort of that.

Although the significance of having a ‘natural’ experience emerged predominantly in narratives relating to childbirth, it was also present in aspects of mothering. For Nadia in particular, the concept of ‘natural’ extended beyond labour to her expectation for herself as a mother. Being “a natural mother” meant the presence of intuitive knowledge and skill that reflected her value as a mother. Becoming mothers took on meaning for these women beyond that of having a child.

Having a child took on sacred qualities, inspired spiritual reflection, and re-oriented them to the divine in a special way.

Motherhood as spiritual connection. Motherhood had an impact on the spiritual lives of the women interviewed. They spoke of a change in values, behaviour, and outlook on life, all which were directed toward greater connectedness. To this end, each woman described a deliberate effort toward faith participation and endorsed the importance of living personal values and beliefs in order to transmit these to her child(ren). The women shared a similar experience of *aloneness and need for connection with others*, conveyed *striving for connection with the sacred*, and sought *ultimate meaning in connection* as they took comfort in the notion that they, and their children, were not alone in the world.

For most of the mothers, the need to be part of the sacred and to find meaning beyond existence was expressed in their need for connection and community. Aditi spoke of the importance of having family for support and reassurance during the journey into new motherhood. Irene expressed feeling the absence of her mother more keenly and the desire to reconnect with her mother and to share her most intimate experiences of motherhood:

I feel more emotional, because it's something, it's an experience that I will have, I want to share with my mom for example. [...] There's just days, I would just kind of cry like 'If she was alive, this wouldn't even have been an issue. She would be here in our need'. So, it makes me think of her more, so emotionally I tend to cry more. Um, when I see him smile, when I think of how much she would've wanted to see that.

A need to share in their experience of motherhood was conveyed by all the women, with each expressing the desire for connection and community with other mothers in particular. Sarah

felt unsettled at times and uncertain in her ability, and sought to connect to other mothers who could validate and normalize her thoughts, feelings, and experience:

So it's uh...so it's just making sure the things you think are crazy, aren't because all the other moms are doing it too. Right? Sort of, and it's neat because it's a similar...you know you are not going through it alone. That other people experience the same thing of, and dealt with the same thing, and thought the same stuff. And being able to talk to other moms about it, and feel normal afterwards is a good thing.

Community with other mothers became spiritually significant for these women as it was reassurance that they were not alone in their experience. All the women expressed a belief in an existing commonality of experience in motherhood irrespective of circumstances. Sarah expressed the ability of other mothers to assuage her uncertainty and doubts in her capacity to mother through validation and normalization of thoughts, feelings, and experience:

So it's just making sure the things you think are crazy aren't, because all the other moms are doing it too, right? Sort of, and it's neat because it's a similar...you know you are not going through it alone. That other people experience the same thing of, and dealt with the same thing, and thought the same stuff. And being able to talk to other moms about it and feel normal afterwards is a good thing.

Sarah further described feeling a greater sense of connection to humanity through the common and communal experience of motherhood:

I think I've become more connected, I guess, being pregnant and now being a mom. Just to, humanity, you know. It's like this experience of being pregnant and then having a child, is something completely universal, across all women that have had kids. Right, which is really neat. I'm sure that I could talk to a mom in, anywhere in the world and

some of the experiences would be exactly the same. Which is kind of neat. You know, that regardless of where you come from, and what language you speak and what not, pregnancy is the same. Right? And then having the baby is the same. That universal human experience is really amazing.

Aditi shared a similar experience of connection and universality of motherhood with a group of mothers she had accessed through a community centre. For her, they became a valuable source of much needed interaction and support as they shared information, encouragement, and personal stories of pregnancy and childbirth:

... Being a part of that, even there are so many moms around, uh, you feel good. [...]. Then I had some very good interactions like uh, what people are change, what should people do for mom and pregnancy, they're giving some tips also, yeah, it was good. Made me feel, uh, so safe and comfortable, and uh, some more priority. Yeah, it was good.

Megan explained her need to engage with other mothers, and described the nature of their unique connection which provides her with a meaningful source of support and feeling of kinship:

So, and so I'm working slowly to rebuild a mom network here. And, and it's been tricky because my spouse doesn't understand why I need, why it needs to be moms. And, and it's hard to explain without sounding sexist, um, but other moms get it. And he doesn't get it. And my friends who don't have kids try very hard, and a lot of them are very understanding but, if I text them and say '[first child] up from one until three, [second child] up from four until seven', they're like 'Oh man, that sucks', my mom friends go

‘Oh God!’. And, and they understand. They’re living the same thing, and, and that’s key, I think, for me.

Five of the six women expressed a belief in participating in something greater than themselves that was beyond their own existence and knowledge. Their striving for connection with the sacred provided them with comfort and relief from thoughts of finality. Tina articulated the importance of providing her children with a religious foundation and exposing them to a spiritual community. She expressed a desire to pass on the values which informed her daily life and felt driven to reengage in her religious tradition and resume church attendance after having children:

I’ve been thinking about it more, especially now that we’ve decided to baptize the kids, and, I don’t know if it’s this belief, I need to have a belief, now that I have children. Like, I guess like I said I don’t believe that there’s nothing waiting for you. I really can’t explain why, I just have this feeling that I want to go back. [...]. I think being a good person, I think that’s probably the biggest one that. Being positive and a good person – Do onto others what you want done to you, type thing. Um, maybe with baptizing them, as I get older, I kind of look into the idea of, well I think about it more often, going back to church.

Tina’s need to connect with the sacred also took the form of relinquishing control to a higher natural order. Tina expressed the belief that life would present her only with that which she could manage and that daily non-critical matters would work themselves out:

I’ve adopted that idea that I can, I’m being thrown at what I can handle. To say ‘Yes, it’s hard, whatever I’m dealing with right now, but we will figure it out and we’ll find a way’, and it’s just, it’s not as oppressive. Cause I, with two kids I don’t have time to let things

weigh me down. [...]. If I can be more positive, and just kind of stick it out there for, you know, for the, something, it'll work itself out type thing then it's... So, I don't know if like I'm, if I'm, like, bringing it up to religion or spirituality. I don't know if someone's affecting that for me or if it's just a mindset that, that's kind of how I'm living my life now. That's kind of how I see it, so.

Irene expressed deriving comfort from her existing relationship and connection to God which assured her of a continued spiritual existence:

So that relationship that I have with Him, that's kinda what spirituality is. My connection with Him, something that's bigger than myself. Knowing that, my existence, it's not just, it's not just a coincidence that I'm here, uh, there's a reason for it, and when I'm not here one day, I'm not just going to vanish, like I, like I never existed.

Irene's connection with God served as her main source of support in early motherhood. Her belief in God as the creator and sustainer of life underpinned her reliance on God as a constant and unwavering resource for strength, guidance, and comfort. She relied on her sense of God's unconditional support and enduring presence and likened her relationship with God to that of a parent and child:

Through everything, it's just, it's, it's God. I say 'I wouldn't be here if it wasn't for God'. I would, I say "I would have died long time ago if it wasn't for God'. I'm alive because of him, and, it feels good to know that, it's like, He's at the foundation of everything. Even when, like, like right now, I'm not as connected to him like I was before, but I always know that, the foundation is always there... It's like a child, you know? A child who has a really good connection with his mom, he can, he walks awhile, and always looks back, and then he continues. It's like you have that foundation even when you kind

of wander off you always look back ‘Okay, you there’, and then. So, right now I feel like, what’s helping me the most is God even though I’m not connected to Him as I was before. I’m like that child, that I’m just wandering off, but I’m always gonna look back ‘Okay, you there?’, and that, whenever I’m ready, I can always come back to you and you always ready to take me with your arms open.

Irene described actively sustaining her connection with God through expressions of faith and engagement in spiritual practices which allows her to make meaning of her experiences. She expressed however, that the way she envisions God’s role in her life and the way she engages with God have shifted in motherhood and she described a movement toward working in collaboration with God rather than deferring all outcomes to him:

I sing a lot. With the baby I sing all day long basically, like church songs and stuff. Uh, talking to God. Uh, sometimes just kind of observing, you know, just, contemplating things... Contemplating things that makes me connected to him and... listening to like uh, sermons and stuff...is part of, I guess is, it is part of spirituality and how I connected to God. [...]. I just kinda went with faith [before]. I was like ‘A little faith, I’m gonna have a kid and God’s gonna come through and everything is gonna be great’. But now I’m starting to realize ‘Okay, God is, God is coming through, but I have to work hard as well, to come up with the money, to be able to put him to daycare, to be able to give him what he needs. And it’s, it’s hard work.

Irene’s desire for personal connection with the sacred extended to her son, she described her connection with God as a spiritual journey that she hoped to share with her son so that he might one day develop his own personal connection with God and turn to God for support:

So, just knowing that He's there, that's my, my strength, my source of support [...] I just hope that I'll be able to transmit that, not impose it to him because you cannot really impose that to somebody, it's a personal experience, it's a journey, and it's a personal journey [...] I can kind of introduce him to this majestic being who I call God. Who this person is, and, and, I cannot kind of introduce him to that person and hope that one day, by the grace of God, that he can take his own journey. So right now, I think spirituality is even more important than it ever was before.

Nadia sought spiritual connection to cope with motherhood by revisioning and expanding her definition of spirituality and the divine. While she maintained her belief in the divine and the transcendent – God as the higher power – she relinquished the traditional and unhelpful concepts of a distant and punitive God from her childhood and moved toward a more casual and intimate spiritual relationship with the divine:

... We were taught that God, you were supposed to obey, because 'God is going to punish you. God is gonna get mad if you don't do this, this is a sin'... Uh, a friend of mine, she introduced me to spirituality as a, treating God as the higher power, who means nothing but love, and doesn't mean bad things for you... a view of intuitiveness and being in tune with yourself with love, respect, peace. As being in tune with God and the, the spirituality itself, like this is what...this is what it meant for me. And, that rang a bell. That was like 'This is me. This is me. This is, I want a God who loves, I want a God who's merciful, I want a God who forgives. I want a God who uh, who is good, peaceful, and who offers um, comfort.

Belief in a loving, accepting, personal messenger of God allowed Nadia a closer connection with God. Through Archangel Michael, God became more accessible and readily available for support

as Archangel Michael was more relatable and reachable – initially a bridge to the distant, judging God of her youth. Nadia turned to prayer to strengthen and maintain a personal connection to the sacred. No longer the formal and structured religious practice of her childhood, prayer became more intimate and frequent –personal conversations which better fit with her needs in motherhood. She described a continuous connection with the divine:

Archangel Michael gave me a lot of security. [...]. Since I learned about him, I started praying to him a lot. But I don't mean prayers like 'Holy Father who art in Heaven'. That was the prayers that never resonated with me. The prayers that I do now, that tap into my spirituality, that this is the, my beliefs, like my religious system, religious beliefs. Like I pray to him every evening. Like "Okay Archangel Michael, give us, um, give us safety. Make sure we're all safe and healthy. Um, I pray for little things. If my car makes funny noises, I'm like 'Okay Archangel Michael, please don't, don't, just fix it'. I started praying every day, a lot of times a day. So, that's a completely new aspect of spirituality that I learned, and I don't need to go to church to feel spiritual and religious. I sort of have my own, created my own, religion.

As the women actively sought increased engagement with the sacred, they often altered the manner of their interaction or modified their conceptualizations of the divine and transcendent in order to facilitate and ensure greater connection.

Although some women reported having moved away from their faith tradition as adults, they nonetheless described a desire for ultimate meaning in connection and voiced an intent to impart spirituality to their children in the hopes that their children would come to experience their own sense of transcendence and relationship with the divine. Aditi described an increased commitment to her faith since becoming a mother resulting from a developed sense of

responsibility to teach her children religious values and beliefs. She explained that she had adopted a more positive view of religiousness and the role it played in life after the birth of her first child:

...you become more responsible... I have to teach my child, whatever I'm... If I don't know properly, what will I teach my child. So, be from the, from all the earlier phase to religious phase. Everything I have to teach her. For that reason, I started thinking more seriously.

Placing faith in God's plan and organizing force also helped Aditi cope with motherhood. For her, adherence to the teachings of her religious tradition provided comfort, connection, and meaning. She was able to accept the challenges of motherhood by drawing on the philosophy of her religion to inform her outlook and guide her actions; she maintained a positive stance by behaving in accordance to her religious tradition and so was supported and assured in the knowledge she was doing her part and God would do the rest. Once a mother, Aditi increased her adherence to prayer in order to strengthen her connection to her faith and made meaning of her experience by making the most of what life had offered her and maintaining a positive stance:

If I'm doing what God had told, then, I should be happy and that's it, that's it. [...].

[Keeping positive] most helpful, because, uh, the life itself is a beautiful thing. And life comes only one time. You have to live the life the more beautiful there is, as possible.

And you have to... I am trying myself, and uh, and my kids, to lead the life, you know, very positive, yeah.

Tina similarly expressed a need to believe in the continuation of life after death since becoming a mother. She explained that since becoming a mother she has returned to aspects of her faith, holding on to those beliefs compatible with her new priorities and values, while rejecting those

that no longer fit with her world view. She described an inability to tolerate the thought of an irreversible and conclusive end to existence. Her spirituality is now driven by a need to believe in transcendence and an afterlife which for her, ensures continuity of existence and connection to loved ones she has lost. She found comfort and meaning in the idea of continued sacred connection. Tina now believes in a spiritual world where the spirits of those she has lost accompany her, serving as personal guardians:

I have to believe in something because I don't believe, and I don't want to believe that once it's over, it over. I can't, that scares, scares me way too much... I can't believe that there's nothing there for you at the end. I just, I physically, my, my mind will not let me think that because then it just, then what's the point. Like what is the point of all these experiences that we're having of, of the relationships you have with people, you know, my children. Like really, what's the point of everything that's going on if there can't be some continuity to it? [...]. But spirituality I've always thought as kind of like, not spirits but, who kind of follow, like your guardians and stuff like that, like the... I guess, God's there, everywhere, but then these, the spiritual side I always saw the people that kind of follow you, individually... And God is watching everything, but they are kind of the ones watching me.

This new spiritual belief offers her connection to the twin she had lost in utero. Tina clarified how believing in continuity of existence helped her make meaning of her loss and foster connection with her unborn child, and thus maintain her existing view of the world:

I guess I don't like to think that there was a, I missed out on this, this little girl ... I guess I don't like the idea of like, these lost souls somewhere.... If they're anywhere, they're gone somewhere, and they're happy and you know, being kids somewhere... It's really

weird how parenthood changes everything... Everything kind of has a place in the world, and you kind of, the more you touch on it, you can kind of pick up on those things more when you have kids. Or when you're a bit more religious.

Sarah also spoke of spirituality as playing a larger role in her life since becoming a mother, and of attaching greater importance and meaning to spiritual issues. Sarah who had stopped believing in God and the idea of an afterlife in her youth, now similarly returned to the idea of a divine being and the existence of something beyond what she could logically account for. She found comfort in the idea of an afterlife, an ability to connect to those that have passed, and a connection to a greater organizing force that would ensure her child was taken care of and not alone. She expressed a belief in transcendence and a desire that her son believe in something greater than himself:

I'm definitely more cognizant of it. I think about it a lot more. I guess, you know. You know, and I want, like I want to pass that along to him, and I don't want him to feel lonely in the universe and you know, and... I guess maybe... thinking that there is something else is sort of comforting, right? Um... You know and I, I want him to be able to decide for himself...how he... understands spirituality, I guess. Um, and I, it comforts me a little bit too, I think. You know, the "I'm not alone". [...]. Um, I'd like him to, you know, have faith in something else. It's kind of lonely when you think you're just lowly humans in the world, right? I mean I think it's important for him to believe what he needs to.

Sarah's reformed belief that there may be more to existence than what is seen, heard, or touched - the idea of an afterlife which she had rejected in her youth - is an additional source of comfort

as she entertains the possibility of connection with her deceased father. A greater sense of connection has become an important component of her spirituality in motherhood:

I, I just feel more, I don't know, connected with humanity and just with him [son], just having, you know. Like my husband and I are best friends and we've been together for years but it's not the same connection that I have with him. Right? And I think that's, that in itself is just, you know, very unreal. You know, like it's just really different. Right? And I'm thinking, you know, that maybe there's more to it. You know, the collective ... I don't know. There's a lot of stuff that I, that's been, that I've been thinking about, you know. Looking at this little face.

Early motherhood presented as a time when women seek increased connection.

Connecting to others and in particular, reaching out to and connecting with other mothers was very important to these women and appeared to ease their sense of aloneness. They further sought connection to what they held sacred which was predominantly expressed in terms of connection to the divine and transcendent. Many of the women's conceptualizations of motherhood were thus described as transformative, altruistic, and boundless – as being connected to something greater than the self.

Motherhood as Spiritual struggle. The awakening of spirituality in motherhood can at times be accompanied by spiritual struggle. Most of the women described instances in their experience of motherhood where they struggled to make sense of events which challenged their assumptive worlds. The women strived toward *making meaning of negative events* and cope with feelings of helplessness and frustration which were at times incongruent with the positive feelings of love and awe, and which led to instances of *shaken faith*. For some women the struggle centered on *issues of finality and loss*. For others, being a mother created obstacles to

faith participation and resulted in *disrupted connection* to the sacred and to faith communities. For Megan and Nadia, their experience of spiritual struggle appeared closely tied to their experience of *postpartum depression and spiritual disintegration*.

Sarah remembers struggling to make meaning of negative events surrounding her first experiences of motherhood. An initial miscarriage followed by the hospitalization of her newborn did not fit with her spiritual belief that good things happen to good people and people generally get from life what they deserve. Unable to reconcile her view of herself as a good person deserving of positive outcomes with her loss of pregnancy and her child's medical complications at birth, she entertained these negatives events as possible punishment and questioned what she had done wrong. As a result, she struggled to reconcile her view of herself as a good person having done "everything right" with the "bad things" that had happened to her and her child. She described a reluctance to fully engage with her second pregnancy, struggling with shaken faith in a positive outcome and questioning her personal value:

So, it was sort of one of those, you know, 'This is my first experience of pregnancy, and it was horrible' but then, I ended up being pregnant with him... So, after that it was, I didn't really acknowledge - like I was pregnant but it was really hard to really embrace it for quite awhile because of what happened the first time. [...] There was no reason... I was sort of hesitant to really embrace being pregnant, right, because you never know. Um, so that was really kind of challenging at first. [...]. Honestly I was like 'what have I done to deserve this? Right? You know, I thought I had done everything right, and...you know, like as a person almost...right?

Her spirituality which was strongly tied to her sense of morality and world view was challenged and she struggled to maintain her faith:

What have I done? You know, if you think about the cardinal thing. You know, what have I done to make this happen? Is there, was there an action? Or was there something that I did that I deserve this? ...Like, with, with him being sick. Like, you know, “Did I do something?” You know, “Am I being tested?” Like, “why?”

Eventually, Sarah coped with motherhood by relinquishing control to a higher natural order. In this way she was able to make sense of these negative event which had defined her transition to motherhood. By assigning events in her life to fate, she was able to let go of her sense of responsibility over those events that were out of her control and take comfort from searching for a positive interpretation of negative events that fit with her world view:

...No matter what I did, something would happen. Not that I was being negative but it was, you know, just out of your control. It happens, it happens, you know. If I ate something or did something, it didn't matter. It was your body would have decided.

Sarah's struggle to make meaning of negative events eventually allowed her a certain level of acceptance of these events, and she was able to conserve her sense of the sacred – the moral code which she lived by – and reclaim her place in the world as a good person doing good and deserving of good things:

I go back to things happen for a reason, you know. I find comfort in being able to figure out the reason, I guess. You know, otherwise you're like 'things happen and then you move on'. But I, I like thinking that there is a reason for these things to happen.

Tina struggled with the idea of *finality and loss* after having children. Having distanced herself from religious beliefs, she could no longer accept the possibility that life and existence was extinguished after death and as she tried to make meaning of a child she had lost in utero:

I think just the finality of it all. Like, everything you experience every day and your mind is always going. Everybody's just got this voice inside their head, essentially of themselves. I can't picture that being extinguished. Like, it's, it's too dark or too sad of a thought that I won't let myself think about it... There's a positive idea that, it's not the end. And that whoever it is, whether it's me or one of my children or my husband or a family member, they're going to a better place. I guess I just, opening the door to being able to believe that more.

Finding meaning in the positive interpretation of events was cited by Tina as her main form of coping with motherhood. She described daily coping by making a conscious effort to maintain a positive stance with the hope that her attitude would affect outcomes. In this way, Tina gained a feeling of control over unexpected events and a sense of mastery over her environment. Her positive appraisals of her experiences allowed her to make meaning of negative events:

Yeah. I think and I, and I decide that's, that's how I want to look at it, because if I took everything and some of the stuff was negative, I'd probably feel like "well, I don't want to deal with this because I don't want to deal with the negative". But in order for me, for it to stay positive, I think I have to only take the positive.

While all six women felt an increased desire to more fully engage in their spirituality after becoming mothers, some women found it difficult to resume religious practices and reengage with their faith communities as mothers given the new responsibilities of caring for a newborn. For Irene and Megan in particular, the challenges in accessing their community meant disrupted connection and feelings of isolation. Irene, who considered participation in religious activities within her church community as an important expression of her spirituality, voiced feelings of aloneness and a loss of an important source of support. While her sense of spirituality

and faith remained constant, she struggled to maintain the same level of religious engagement, attributing her decreased involvement to tiredness, lack of time, and bonding with baby and working towards their future as an immediate priority:

I feel like, spiritually I feel like I'm alone...and I don't have a, a place where I can call home...uh, I'm not really participating in the activity that, that I was participating in, sort of being in church in person experiencing this, I 'm doing it more online for example. Which is not the same experience. So, and, with a baby now, I can't go to church, of course, it's impossible. [...] At the end of the day I'm exhausted I can't even pray. I used to get on my knees, or, or re-engage, but now I'm just like on my bed half asleep "God, thank you for today, okay amen' kind of thing. [...] The role that God played had never changed. He's always been loving, and caring, and, and giving, and compassionate. It's just me as a person, I'm just kinda going through that stage like I was saying, that, He's there, I'm not giving Him all my time because I have this baby that I have to give him my time and energy, I'm so tired at the end of the day.

Megan similarly reported that the practical responsibilities of caring for a child interfered with her ability to maintain spiritual engagement during church attendance leaving her feeling disconnected:

I'm finding the Sunday morning piece um, harder to participate in and when that's the primary way that we get together as a community, that's a struggle for me to go to. [...] And church pews are really uncomfortable after you've had a baby. Um, while you're healing, a church pew is just not the, the place to be. [...] There's a nursery I can take him to but he's not, we nurse on demand and so that doesn't really work. So, I don't get to listen, I don't get to participate in the same way, and I find myself distracted and, and I

have trouble focusing. [...] And it's sort of coming down to I'm, I'm, I feel I'm operating on bare necessities - everybody is fed today, everybody has clean diapers... that's all I can handle for today. And so instead of using my spirituality to support me and to uplift me, I'm sort of ignoring it again.

As identified in Megan's narrative, the women who self-identify with postpartum depression experienced losses in their experience of motherhood which led to prolonged spiritual struggles. Their struggles led to feelings of isolation and distress which further amplified their experience of *postpartum depression and spiritual disintegration*. In speaking of her first experience of childbirth, Megan describes a delivery void of a sense of control, hope, and meaning which left her feeling defeated, disconnected, and alone:

I just shut down. At one, when they said 'This might be days', my brain just stopped. And I, and I didn't do the things that I would have done otherwise – the getting up and moving around, and the trying to change positions, and find other positions to birth in. [...] And, yeah, just very, everything just seemed very hostile. And I loved my midwife, she was wonderful... but... just a number of things just sort of cascaded. And, and, culminating in this little, very sterile, very unwarm, unwelcoming place to have a baby. And, and, so I wasn't, it just didn't do it for me, and I, I was disappointed in myself after. Um... I got stuck and decided I couldn't do it. I don't know what I thought was going to happen if I couldn't do it, but I was sure I could not have that baby.

Left disappointed and unfulfilled, she sought spiritual support, connection, and meaning from her religious tradition only to feel further neglected and abandoned as it did not offer her the acceptance and significance she needed. Megan described a sense of spiritual loss as her

religious tradition no longer appeared compatible with what had become sacred to her – her experiences of early motherhood, and her connection with her spiritual community:

Coming out of my first pregnancy I was mad at, I don't know that I was mad at God. I was mad at my church, I was mad at, the tradition that I, um, grew up and lived in, that there was nothing to honour my experience of birthing and nursing. Um, that those are crazy profound experiences and there's not a thing, um, in my experience of Christianity, that honours that, or upholds it, or celebrates it as a rite of passage, or anything. And, and it caused a real disconnect. Um, that got worse over, sort of between my pregnancies. It just built and built and built. Um, a disconnectment and attention, and a, you know, a "I don't belong here - if this is, if my experience isn't honoured, this is not a tradition I want to participate in."

Megan expressed the impact of her transition into motherhood on her spiritual well-being:

My fear of going back into the experience of birthing was stronger than my faith. My faith was totally broken up in little pieces after, uh, after [my child] was born, so.

Nadia experienced the difficulties and challenges of early motherhood as a sacred loss. For her, being a good mother was equated with the ability to mother with ease and was intimately tied to her personal sense of value and worth. She had experienced becoming a mother as a "spiritual, creative act" with pregnancy and labour imbued with spiritual meaning. Being a "natural" mother meant that her ability to mother was not something that was learned, but a sacred quality that emerged from within bringing spiritual connection, empowerment, and purpose:

Before I became a mom I always thought it would be like...I, I thought 'it's a natural thing'... I thought, my expectation was that I was all of a sudden going to become that

very wise person. 'I'm a mom now, and I will know what to do, and everything just as we thought' ... I thought I was going to become that natural mom. And it didn't happen.

Nadia's spiritual struggle is intimately connected with her lived experience of postpartum depression where negative self-evaluations of inadequacy and worthlessness contributed to a sense of loss of core self. With this keen sense of loss – loss in her identity as a “natural” mother – came spiritual struggle. Nadia lost faith and hope in her ability to mother as she perceived herself to be the very obstacle she could not overcome. loss in personal spiritual value ensued:

And this is when I realized I started taking it hard on myself...um, 'Oh my God, I'm not doing all the things. My child is going to be an idiot'. 'Oh my God, she's not going to develop properly', 'Oh my Lord, I am ruining, I'm destroying my child' ... Yeah. Yeah. This is immediately when it happened that I realized I am... 'I'm going to raise an idiot. My child is not going to develop properly'

Nadia's intrapersonal spiritual struggle extended outward affecting her relationships. Her loss in personal spiritual value left her feeling displaced and disconnected from the community of motherhood which she held to be sacred:

I basically realized I don't belong in their train.... I don't belong to them. So maybe like... I immediately think I'm bad because I think I'm not social, maybe I'm lazy, I'm stupid, maybe I don't have intelligent topics to talk about because I don't have a career.

Spiritual struggle appeared as an integral component of the women's experience of early motherhood as they faced shifting priorities, values, and responsibilities. For each of them, motherhood challenged existing spiritual assumptions and engagement as the women strove to avoid isolation and maintain connection.

Overall, the women reported a shift in their perceptions of motherhood from pregnancy to after their children were born. They also experienced a shift in their spirituality and in what they considered sacred. Some women struggled to maintain aspects of their religious faith and spiritual engagement that no longer fully addressed their need in the face of new motherhood, and so worked to reengage spiritually. Mothers who self-identified with postpartum depression experienced especially pronounced spiritual struggles while all six women reported accessing aspects of their spirituality to cope with early motherhood through increased connection.

Discussion

The present study examined the role of spirituality in the lived experiences of six women coping with early motherhood and postpartum depression. In particular, the research explored whether the experience of postpartum depression has an effect on women's conceptualizations of motherhood; how the experience of early motherhood and postpartum depression affect the spirituality of women; how spirituality may affect the experience of early motherhood and contribute to coping in the face of postpartum depression.

Three super-ordinate themes emerged from an in-depth phenomenological analysis of each mother's narrative: "*Realities of Motherhood*", "*Realities of Postpartum Depression*" and "*Motherhood Awakens Spirituality*". "*Realities of Motherhood*" expounds the women's experiences of becoming mothers and describes their movement from aspirations for motherhood to its actualization. "*Realities of Postpartum Depression*" presents the women's lived experiences of postpartum depression and how it was manifest in their sense of self in early motherhood. "*Motherhood Awakens Spirituality*" encompasses the themes capturing the women's engagement with spirituality and their process of personal and spiritual change. Emergent themes in "*Realities of Motherhood*" and "*Realities of Postpartum Depression*" lend

support to previous studies which examine women's lived experiences of becoming mothers, while themes under "*Motherhood Awakens Spirituality*" extend the findings of the transition to motherhood as a time of spiritual transformation.

Taken as a whole, the themes come together to create a picture of early motherhood as a spiritually transformative journey, where having children serves as a catalyst for spiritual change and transformation. A discussion of the *Transformative Nature of Motherhood* is presented and a model conceptualizing the interconnectivity of motherhood and spirituality is proposed to further elucidate the findings. Lastly, the clinical implications of the present study are explored as well as its strengths and limitations.

Superordinate and Emergent Themes

Realities of motherhood. The women's lived realities of motherhood encompass the prominent experiences reported by these women as they transitioned into motherhood or became mothers for a second time. Their narratives reveal that what they experienced in early motherhood contrasted sharply with their aspirations for motherhood and the visions they had held for themselves as mothers. The ideal versus reality held by the women included unmet expectations of motherhood experiences of unexpected practicalities of daily living that they had not fully considered, and efforts toward letting go of expectations. The existing disparity between visions of motherhood and lived realities supports previous research in revealing the challenges women experience in their transition to motherhood (Choi et al., 2005; Beck, 2002; Held & Rutherford, 2012; Mauthner, 1999; Robertson et al., 2013). In essence, women seemed surprised at times with the reality of motherhood in its complexity and its impact on their sense of self.

In comparison to lived reality, concepts of motherhood held prior to having children were predominately general, abstract in nature. As such, their pre-existing understandings of motherhood had not fully captured the extent of their motherhood experiences and were often incongruent with their lived reality. The idea that they would have to work towards becoming the type of mother they had envisioned for example was unexpected, as was the impact of unforeseen circumstances and the depth of their felt emotional responses. Expectations of motherhood as an entirely intuitive process were prevalent among the women in the present study. In reality, competency in mothering developed slowly over time through repetition, effort, acquisition of knowledge, and at times, trial and error. These women similarly underestimated the large investments in time and energy, considerable amount of work and directed effort needed, unforeseen level of responsibility required, and negative emotions experienced - all that entailed motherhood. These findings support previous studies that attribute women's idealized expectations to social myths of motherhood (Beck, 2002; Choi et al., 2005; Hall, 2006), where women entering new motherhood held high expectations for their experiences and expected to feel intense positive emotions (Hall, 2006).

Choi et al. (2005) and Held and Rutherford (2012) contend that societal depictions of motherhood are largely unrealistic, ill-preparing new mothers for the challenges ahead. These assertions are corroborated by the mothers in the present study as they described their idealized visions for themselves. The importance of first-hand experience was emphasized throughout their narratives and aligned with participant accounts put forth by Choi et al. as a characteristic in their view of motherhood. Only after becoming mothers could the women fully comprehend and appreciate the complex daily and practical struggles of raising a child. This would appear to suggest that although societal portrayals of motherhood may indeed set women up for unrealistic

expectations of being a mother, there are some characteristics inherent in the lived experience of motherhood that only a mother can understand.

Nicolson (1999) described the experience of motherhood as a paradox - gains in status, in social position, and in identity on the one hand, and a loss of former status, former self, independence and perceived control over one's life on the other. Prinds et al. (2014) similarly reported the transition to motherhood as a pivotal and paradoxical life event in which women spoke of their experiences in terms of both joy and pain, and, gain and loss. The women in the present study experienced this emotional paradox in similar ways. The level of intensity with which they lived both positive and negative feelings which often presented simultaneously, supports findings by Prinds et al. where some women described childbirth in terms of never before experienced pain accompanied by an equal intensity of joy.

Similar to descriptions of the ideal versus reality and paradoxical experiences, articulations of multiple loss were present throughout each woman's narrative. Early motherhood as a time of loss is well supported in the literature as a commonly reported experience in both women that identify with post-partum depression and those that do not (Beck, 2002; Laney et al., 2015; Nicholson, 1999; Vik & Hafting, 2012). Loss of identity, which in the present study included losses in the areas of confidence, professional status, and physical appearance, align with existing research that report motherhood experiences as encompassing losses in aspects of the self, such as overlooked personal goals and unmet needs (Laney et al., 2015). Losses in autonomy, in self-image, in occupational identity, and in relationships have also been identified as part of the postpartum experience, with loss of autonomy as an antecedent to feelings of loss of control (Beck, 2002; Nicholson, 1999; Vik & Hafting, 2012). A sense of loss of control was

especially pronounced for the women in this study and emerged as a sense of helplessness surrounding unplanned events of pregnancy, childbirth, and early motherhood.

Despite recounting unique life stories, the women in the present study appeared to share a commonality of experience, struggle, and disappointment irrespective of whether or not they had self-identified with postpartum depression. The women who self-identified with postpartum depression however, stood out in a few notable areas that are in keeping with existing qualitative literature on the lived experiences of postpartum depression.

Realities of postpartum depression. Unlike the women who conveyed growing acceptance of negative feelings as part of motherhood, the women who self-identified with postpartum depression in the present study struggled to adapt to motherhood and to let go of unmet expectations, evaluated themselves negatively, and viewed encountered difficulties as a reflection of who they were as mothers. Loss of self was also felt in a pervasive way, and they reported sadness, desperation, and being bombarded by negative emotion which left them vulnerable, helpless, and alone in their experience. These women reported an experience characterized by intense feelings of inadequacy and guilt as well as disconnection, and poor mother-child bonding in the case of one mother. These results parallel the findings in the literature (Beck, 2002; Beck & Indman, 2005; Hall, 2006; Mauthner, 1999; Nicholson, 1999; Robertson, 2013).

Unlike Beck (2002) and Hall (2006) that found thoughts of self-harm and of harming the baby to be part of mothers' depressive symptoms, postpartum depression did not appear to impact the women in the present study in the same manner. The women continued to care for their children and did not express having entertained thoughts of harm. Being a mother remained valuable for these women and they derived pleasure in their role despite their sense of despair at

times. This difference in findings, in addition to the unique postpartum experiences of the women in this study, is in keeping with Beck's (2002) assertion that postpartum depression manifests itself differently according to different women. It would then appear that for the women in the current study, postpartum depression created issues of internal struggle and centered around issues of the self (expectations, perceptions, identity, and isolation).

In summary, the women in the present study struggled to reconcile opposing forces – visions they had of motherhood versus their lived reality, positive feelings accompanied by negative ones, and the gains of love and child with the losses in identity, lifestyle, and personal autonomy and control over aspects of daily life. The women who self-identified with postpartum depression faced additional challenges in adapting to motherhood confronted with more extreme negative emotional reactions and a difficulty in overcoming shifts in identity.

Motherhood awakens spirituality. The emergence of spirituality in motherhood outlines a process whereby spirituality is awakened during pregnancy and childbirth to impact the experiences of early motherhood. For the women in the study, spirituality was lived not just accessed, as motherhood became the essence of their spiritual selves. Three emergent themes are highlighted: Motherhood as a spiritual experience expanding aspects of pregnancy, childbirth, and mothering; Motherhood as spiritual connection moving women toward greater connection with family and other mothers, with the sacred, and toward ultimate meaning; Motherhood as spiritual struggle where women attempt to make sense of negative events, issues of finality, and postpartum depression.

All six women experienced a spiritual shift once their child was born where faith and spirituality took on a more central and significant role in their lives. They described a renewed spiritual awareness and the experience of becoming mothers as imbued with spiritual qualities.

Expressions describing the miraculous nature of pregnancy, childbirth and mothering accompanied feelings of awe, connection, and significance at participating in creation through childbirth. These expressions echoed findings by Callister and Khalaf (2010). Women in their study similarly described their experiences of childbirth in terms of their participation in creation and as increasing their sense of connection and faith (Callister & Khalaf, 2010). Childbirth as a spiritual experience was also reported by Prinds et al. (2014) in a thematic review of studies from Western oriented societies. The sacred quality of childbirth appeared to be missing however, in the absence of a “natural” delivery; somehow, the idea of being a co-creator was lost. The inability to have a natural birth impacted the meaningfulness of the experience since for all the women, having a natural labour and birth was an important component in their desired experience of motherhood. According to Pargament (2007) “Life transitions such as birth... can also be seen as sacred in character, for they may reveal the underlying transcendent dimension of existence” (p.48). All women made mention of the transcendent nature of motherhood as they moved outward from themselves toward and beyond the child contemplating questions around ultimate and transcendent reality.

These women shared a similar experience of aloneness and need for connection which underlay a desire to reach out and share their experience of motherhood. Their narratives revealed that early motherhood is at times a lonely and isolating experience driving a need for connection to what they hold sacred - be it a divine being, a sense of community, or a relationship with a deceased loved one – and a striving for meaning and significance. The association of the concept of aloneness in relation to spirituality experienced in early motherhood represents a newly presented finding in the literature.

Although each mother presented a personal definition and idea of what spirituality was and what it meant to them, the process of change and transformation took on a similar pattern with all the participants that was irrespective of their starting point or how they viewed their spirituality. All mothers moved towards a more personal relationship with the divine and the sacred and one that facilitated greater, more frequent, and more intimate connection. To this end, engagement also became more informal in terms of how they prayed or accessed the sacred. This finding is in alignment with those of Price et al. (2007) who observed that “informal or instinctual spiritual dialogue” was engaged in by participants as needed and consistently lead to experiences of “relaxation, reduced anxiety, and restfulness” (p.68).

The pattern of results and process of spiritual change articulated by the women are compatible with Pargament’s (2007) model of spiritual discovery, conservational coping, and transformation. When faced with the life altering transition to new motherhood, women in the study rediscovered the importance of their spirituality. Exposure to religion and spirituality as children appeared to provide the context for the development of their personal spiritual beliefs and practices which served to support them in early motherhood. Once they became mothers however, the women worked to adjust, reorganize, and in some cases alter the spiritual beliefs, activities, and relationships that most informed their daily lives.

With childbirth, and in some cases pregnancy, came a drive to find meaning in existence beyond the practicalities of daily living. The women moved towards and held on to a belief in transcendence – an ultimate plan, an organizing force, ultimate meaning – and moved away from the idea of finality. The women also sought greater spiritual connection to what they held sacred in a movement away from aloneness. These forms of spiritual coping (Pargament, 2007; Pargament et al., 2000) served to conserve their sense of the sacred and helped them cope with

distressing experiences of early motherhood; a personal and intimate relationship with the divine became a source of strength and support allowing some women to maintain a positive stance which afforded them a certain level of acceptance over their circumstances.

As with many major life transitions, the women initially experienced spiritual struggles. Those women who did not identify with postpartum depression worked to conserve the sacred. Women who had moved away from their faith traditions renewed aspects of their faith by adjusting their spiritual beliefs and/or their relationship to the sacred, so that it better fit with their current ideology, values, and needs. Some women actively worked to develop a more personal relationship to God while those women with postpartum depression experienced a period of spiritual disengagement when their beliefs were challenged. Although they also worked to conserve a relationship with the divine, the women with postpartum depression began a process of spiritual transformation as they sought to rediscover spirituality by either revisioning their conceptualization of God as judgmental and punishing in favour of a more personal connection to a loving God, or by attempting to re-establish a faith community and thus reconnect with the sacred. These findings expand the work of Lucero et al. (2013) who put forth the notion that spiritual struggles may result in spiritual growth and transformation.

The Transformative Nature of Motherhood: A Spiritual Journey

The mothers in this study presented with a commonality of experience despite narrating unique life stories and personal definitions of spirituality. Although their experiences of motherhood and spirituality were organized as three super-ordinate themes, the women lived their realities of motherhood and spirituality as experiences interwoven into a holistic, integrated journey. Early motherhood and spirituality were depicted by the women as interconnected, with motherhood awakening spirituality, and with motherhood's related struggles (both practical and

spiritual) initiating spiritual transformation. Spiritual change, in turn, affected the women's perceptions and experiences of motherhood, as the women drew on aspects of their spirituality to cope with the challenges of motherhood and postpartum depression. Given these results, a model envisioning the evolving relationship between motherhood and women's spirituality is proposed. (see Figure 1 - The Transformative Nature of Motherhood: A Spiritual Journey).

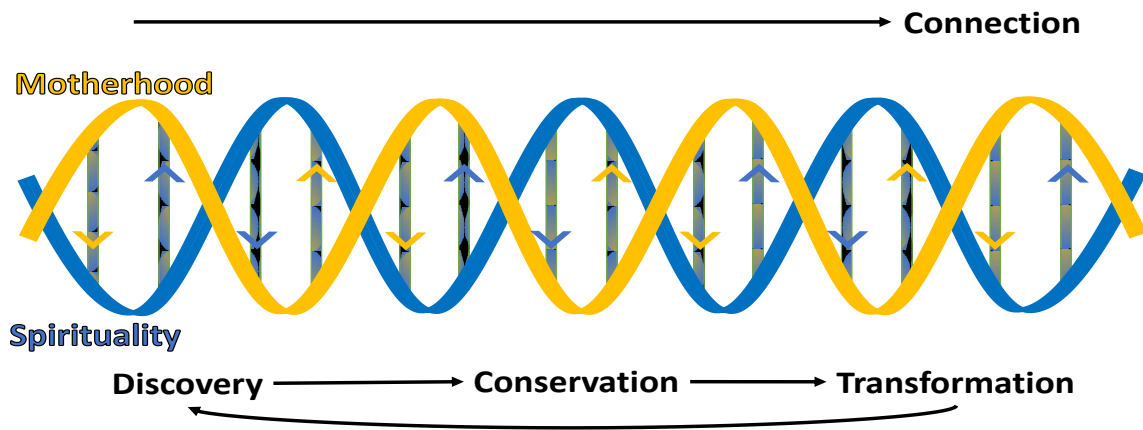


Figure 1. The Transformative Nature of Motherhood: A Spiritual Journey

An integrated model. The proposed model captures motherhood and spirituality as an integrated process where the experience of early motherhood is intertwined with spiritual development – one influencing the other in a continuous forward moving spiral toward greater connection. The model is informed by Pargament's conceptualization of spirituality as an evolving process of discovery, conservation, and transformation which cycles throughout one's life (Pargament, 2007). In this model, motherhood similarly cycles through the lifespan in a parallel process of discovery, conservation, and transformation.

Conceived from a template of the double helix model of DNA proposed by Watson & Crick (1953), motherhood and spirituality are represented as two advancing strands that wind around each other, linked together, and mutually impacting each other through interacting connections. The connections denote reported emergent themes representing both positive and negative experiences or concepts which serve as the catalysts for spiritual and maternal change, and which flow bidirectionally from motherhood to spirituality and from spirituality to motherhood (see Figure 2 - Interaction of Motherhood and Spirituality Toward Transformation). In this dynamic process, motherhood impacts spirituality and initiates transformation, generating spiritual growth and in some instances decline, both of which lead to spiritual renewal. As spirituality is impacted and evolved, it too impresses upon the experience of motherhood, shifting and transforming the lived experience toward the formation of a woman's new identity as a mother. The model thus provides visual representation of the movement of mother identity and spirituality through early motherhood.

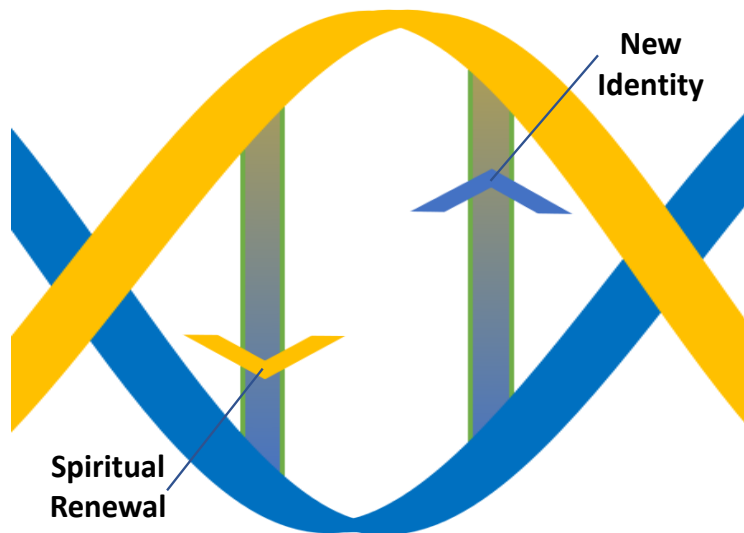


Figure 2. Interaction of Motherhood and Spirituality Toward Transformation

Women turn to their spirituality to describe and capture their experiences of having children, and so the spirituality of women expands to include their experiences of motherhood. First, the transition to motherhood serves as the catalyst that awakens women's spirituality whereby new mothers seek a purposeful participation in creation and strive to make meaning of their experiences; spirituality is rediscovered. In turn, spirituality imbues otherwise worldly and mundane experiences with transcendent and sacred qualities and in so doing, informs women's views and conceptualizations of motherhood and how they see themselves. Second, experience of lived realities of motherhood such unmet expectations, unexpected outcomes, loss, and negative emotions begin to challenge existing spiritual truths – spiritual beliefs, values, world assumptions. Spirituality then undergoes a process of change and adaptation where aspects that support and connect mothers to their sense of the sacred are conserved while those that do not are discarded or transformed. Losses experienced in motherhood for example, interact with feelings of aloneness, disconnection, and isolation prompting women to access as well as modify aspects of their spirituality that promote feelings of connection; spirituality provides mothers with connection to the sacred as well as meaning in the connection which allows women to better cope with their experiences of motherhood, promoting a positive motherhood identity. Turning toward spirituality for meaning, comfort, control, and intimacy represent fundamental functions of spiritual coping put forth by Pargament et al. (2000).

When spirituality remains unchanged and incompatible with motherhood experiences, or fails to provide what is needed, spiritual struggles ensue. Instances of shaken faith where spiritual beliefs are called into question, and disrupted connection to the sacred where responsibilities of motherhood interfere with spiritual practices, are examples of struggles and of

how motherhood and spirituality may negatively impact each other leading to spiritual disintegration or disengagement as well as to experiences of isolation, distress, and depression in motherhood. Motherhood and spirituality are connected and transactional, mutually influencing each other either by supporting or by blocking progress along the transformative journey toward the development of a motherhood identity and spiritual renewal.

The transition to motherhood emerges from the results as a spiritually transformative experience and extends the finding of Callister and Khalaf (2010) who described childbirth as spiritually transforming for women. In their study, the term spiritual transformation was used to describe women's accounts of childbirth as shifting or enhancing spiritual perspectives and resulting from women's use of spiritual terms/concepts in relation to their birth experience; these descriptions of spiritual experience in childbirth were found across continents and religions, and in multiple studies spanning 20 years. The present study augments and provides greater depth of analysis of this phenomenon by detailing the process by which women are spiritually transformed in motherhood. Motherhood as transforming has been similarly conceived in the literature as an ongoing process reported in terms of identity and sense of self (Laney et al., 2015). Motherhood identity in the present study was found to be similarly changed. Transformation unfolded through interaction with a women's sense of evolving spirituality, adding a new and complex dimension to Laney et al. (2015)'s findings. Prinds et al. (2014) noted that as the transition to motherhood is interpreted as a spiritual experience it becomes an existentially changing event.

Clinical Implications

Current findings present a complex relationship between the experiences of new motherhood and the spiritual lives of women. Women routinely access and engage spirituality to

cope with early motherhood. Spirituality impacts the quality of motherhood experiences and also plays an important role in the development of a positive motherhood identity. Positive motherhood identity in turn, impacts the spiritual development of women. Spiritual connection emerged as an important resource for coping in early motherhood. The ability of mothers to create, maintain, and strengthen connection appeared to impact how mothers coped with the challenges of having children. When connection was disrupted or absent, mothers felt increased feelings of loss and isolation which were spoken of in conjunction with expressions of distress, negative emotions, and experiences of postpartum depression.

Spiritually informed counselling/therapy has limited representation in the literature as a viable treatment modality for postpartum depression suggesting that it is underutilized in helping women cope with the transition to motherhood and depressive symptoms. Addressing the spiritual dimension of new motherhood with inquiry around spiritual beliefs and practices would see a movement from a practical and bio-medically focused method of treatment to a more integrative and holistic approach to therapy and support – one that recognizes the interconnectivity of spirituality and motherhood with spirituality as an important resource for meaning making, connection, and internal strength from pregnancy through to the postpartum period and beyond.

The emergent themes in the present study provide valuable insight into the needs of mothers and how spirituality may be incorporated into therapy to support spiritual development and to promote wellbeing. On a practical level, therapy would endeavor to normalize and validate new mothers' incongruent experiences and emotions while working toward the integration of those experiences. It would also be important to provide mothers with guidance toward developing more balanced expectations for themselves and for their children. On a

spiritual level, striving to understand each mother's unique sense of spirituality and changing spiritual engagement would not only affirm the unique spiritual experiences of motherhood and of depression experienced in early motherhood, but would also help uncover possible areas of both struggle and coping. Recognizing early motherhood as a spiritually transformative journey both nurtures and fosters new mothers' spirituality which in turn promotes connection as a way of enhancing coping and promote wellbeing.

Limitations and Strengths

The present study carries a number of limitations inherent in qualitative research. First, is the limited number of participants (Creswell, 2007). Although a six-participant sample is sufficient to obtain an in-depth account of women's lived experiences of early motherhood and spirituality and allow for the emergence of similarities and differences in their narratives (Smith et al., 2009), the small number of participants in the study who self-identified with postpartum depression leaves open the question of whether their experiences were fully exposed. It also precludes an adequate comparison of experiences between those women who self-identified with postpartum depression and those who did not; a sample of 10 participants with five participants representing each side of the phenomena is recommended (Smith et al., 2009). Also, participants are women who volunteered to discuss issues of spirituality and identified as spiritual. Although such a sample is in keeping with qualitative research where a purposive sample allows for the full exploration of an experience, the possibility exists that the way in which they engage with spirituality differs from the experiences of women who are not spiritual or not willing to discuss spiritual issues.

A further limitation exists in reporting the interaction between the experiences of motherhood and spirituality which although evidenced in the women's narratives, causality and

directionality of effect cannot be discerned. In addition, the reliance on self-report data and retrospective accounts may be subject to inaccuracies of recall which may bias the results (Creswell, 2007). This may be especially true for new mothers and those experiencing postpartum depression, where the insecurity of being portrayed as a bad mother and the stigma attached to issues of mental health may create a self-serving bias in their attempt to portray themselves in a way they perceive as acceptable (Beck, 2002; Hall, 2006; Vik & Hafting, 2012). Lastly, given the integrated nature of spirituality and motherhood, the functional nature of the interview questions may have been restrictive, and difficult to answer without contemplation; being new mothers, all but one woman had her baby present during the interview which may have served to distract mothers and limit their responses.

Despite these limitations, the present study retains numerous strengths. The present study augments the growing literature connecting the transition to motherhood with spirituality (Callister, 2004; Callister & Khalaf, 2010; Cheadle et al., 2015; Dunn et al., 2007; Lucero et al., 2013; Mann et al., 2007; Mann et al., 2008a; Mann et al., 2008b; Price et al., 2007; Prinds et al., 2014; Schneider, 2012; Zittel-Palamara et al., 2009). In keeping with interpretive phenomenological research, the present study provides an in-depth and layered account of how six women lived the transition to early motherhood, engaged with spirituality before and after children, and how some experienced postpartum depression; it is so far unique in providing women's accounts of their conceptualizations and lived experiences of motherhood, spirituality, and postpartum depression prior to pregnancy through to early motherhood. The study further captures diverse definitions and conceptualizations of spirituality as it is lived and accessed by women and reconstructed in early motherhood. Most importantly, the present study proposes a model illustrating how new mothers engage with spirituality and the process by which both

spirituality and self-concepts of motherhood are transformed by the experience. The model represents a compelling contribution to the literature as it explicates the interconnectivity of motherhood and spirituality and presents early motherhood as an evolving process of spiritual change.

Conclusion

In exploring the role of spirituality in the lives of women coping with early motherhood and postpartum depression, spirituality was revealed to be integrated with mothers' lived experiences. Postpartum depression, a reality of motherhood for some women, was lived in deep and personal ways. As with spirituality, postpartum depression was found to be intricately woven into the experiences of motherhood.

The reported experiences of early motherhood revealed a great paradox: On the one hand a time of creative engagement, of intimacy, of ultimate connection with another human being, and yet on the other, intense feelings of being alone and in need of connection, and, seeking of community. Expressions of aloneness, isolation, and need for connection emerged predominantly in the narratives of the women who self-identified with postpartum depression.

The women's narratives of spiritual coping evidence a process of spiritual conservation and transformation born out their experience of struggle. At the core of spiritual struggle, was the movement away from aloneness toward greater connection. As the women struggled to make sense of negative events and cope with the challenges of new motherhood, they experienced a shift in their relationship with the sacred. It would appear that the transition to motherhood ignites a need for connection – to be part of a community, to be part of the sacred, to have meaning beyond existence. To this end, mothers moved toward a more collaborative, personal, and intimate relationship with the sacred.

The process of becoming a mother was revealed as a spiritually transformative journey, at once filled with joy and wonder, and yet wrought with spiritual struggle - both leading to spiritual transformation. During the transition to motherhood, motherhood and spirituality interact and change over time to influence transformation in a multiplicity of ways impacting motherhood identity and experience, and leading to spiritual renewal. Motherhood was revealed to be at the centre of women's lived spirituality with women's spirituality firmly embedded in their experience of motherhood. Ultimately, the changing needs, priorities and impact of motherhood lead to a reorganization of values, spiritual practices, and beliefs which shift to accommodate women's experiences and imbue motherhood with a sense of connection and ultimate meaning. Early motherhood is a spiritual experience and awakens a need for spirituality while at the same time interfering with it; both propel the other forward toward transformation.

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Appendix A – Ethics Certificate



UNIVERSITÉ
SAINT-PAUL
UNIVERSITY

10-04-2014
dd-mm-yyyy

Bureau de la recherche et de la déontologie
Office of Research and Ethics

Certificat de déontologie Ethics Certificate
Comité de la déontologie Research Ethics Board

REB File Number 1-1360.5/13

Principal Investigator / Thesis supervisor / Co-investigators / Student

Last name	Name	Affiliation	Role
Martins	Sandra	Faculty of Human Sciences	Principal Investigator-Student
Gall	Terry Lynn	Faculty of Human Sciences	Thesis Supervisor

Type of project Master's Thesis

Title The Role of Spirituality in the Lives of Women Coping with Early Motherhood and Postpartum Depression.

Approval date	Expiry Date	Decision
10-04-2014	09-04-2015	1 (approved)

Committee comments

The REB approved the project.
The researcher is asked to provide later all the written authorizations from the various centres she will be posting her recruitment poster.

In accordance with the Tri-Council Policy Statement, the Saint Paul University Research Ethics Board has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.

The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety.

Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.

The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.

Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.

Signature

Louis Perron
Chair
Research Ethics Board

Appendix B - Advertisement for Participant Recruitment

EARLY MOTHERHOOD, SPIRITUALITY, AND DEPRESSION**CALL FOR RESEARCH PARTICIPANTS**

Are you a new mother with an infant under the age of 18 months? Would you like to share your thoughts and experiences of early motherhood in a confidential and judgement free environment?

You are invited to participate in the project:

“THE ROLE OF SPIRITUALITY IN THE LIVES OF WOMEN COPING WITH EARLY MOTHERHOOD AND POSTPARTUM DEPRESSION”

Inviting mothers:

- 1. Who self-identify with postpartum depression**
- 2. Who do not self-identify with postpartum depression**

To participate in this study or to learn more about it, please contact:
Sandra Martins at (613) 236-1393 ext. 4195.

This research is supervised by Dr. Terry Lynn Gall, Professor, Faculty of Human Sciences, Saint Paul University, (613) 236-1393 ext. 2279.

Appendix C - Recruitment Information
(Read during the first telephone contact with a participant)

Hello Ms _____

I would like to thank you for your interest in participating in this research project examining the role of spirituality in the lives of women coping with early motherhood and possible postpartum depression.

First, in order to be eligible to participate in this study, you must be 18 years of age or older, and have a baby who is less than 18 months old. You do not have to self-identify with postpartum depression in order to participate.

The research will look at experiences of early motherhood and explore the potential role of spirituality.

If you choose to participate, I will arrange for us to meet privately at Saint Paul University for an individual interview on your experience of early motherhood and spirituality. The interview will last approximately 1.5 hours, and will be audio-recorded. You will also be asked to fill out a short questionnaire for demographic information purposes. In some instances, I may invite you for a second follow-up interview of approximately 30 minutes in order to clarify some of the issues raised in the first interview.

Your participation in the study is strictly voluntary, and you can decline to answer questions at any point during the interview without explanation. You can also withdraw from the project at any time without consequence. If you choose to withdraw from the study, all data collected on your experience will be destroyed.

The information you share will remain strictly confidential and will be used solely for the purposes of this research study. In the event of publication or public presentation of the research results, only an overview of the data in the form of common themes and descriptions across participants will be presented. Any direct quotes used in publication will not identify you personally.

One of the benefits of participating in this study is the opportunity to share your story with an attentive listener in a confidential and judgement-free environment. Reflecting on your experiences can be potentially affirming and allow for further reflection, awareness, and personal growth. Also, the information gathered in this study may serve to better inform health care professionals on how women experience and cope with early motherhood, as well as lead to further research.

However, since you will be asked to share your personal experiences, there is a possibility you may feel some emotional discomfort during the interview. If this occurs, every effort will be made to assist you in accessing appropriate support services in your community.

Do you have any questions about this study?

(During initial telephone contact):

- Would you like to participate in this study?
- Are you 18 years of age or older?
- Is your child under 18 months of age?
- Are you able to commit to 1.5 hours at Saint Paul University in order to participate in the interview?
- Do you self-identify with postpartum depression?

(In presentation to support groups): If you would like to participate in this study, you will find my contact information at the bottom of the 'Request for Participants' poster. Please feel free to contact me at anytime. Thank you for allowing me to present this study to you today, and for taking the time to listen to my presentation.

Appendix D – Informed Consent

CONSENT FORM

(on Saint Paul University letterhead)

Title of the Study: The Role of Spirituality in the Lives of Women Coping with Early Motherhood and Postpartum Depression

Researcher: Sandra P. Martins, M.A. Candidate, Counselling and Spirituality,
Saint Paul University
(613) 236-1393 ext. 4159
smart139@uottawa.ca

Research Supervisor: Dr. Terry Lynn Gall, Professor, Faculty of Human Sciences,
Saint Paul University
(613) 236-1393 ext. 2279
tgall@ustpaul.ca

Invitation to Participate

You are invited to participate in the abovementioned research study conducted by Sandra P. Martins and Dr. Terry Lynn Gall.

Purpose of the Study

The purpose of this study is to look at experiences of early motherhood and explore the potential role of spirituality.

Participation

You will be asked to share your thoughts and experiences in a semi-structured personal interview. The interview will take approximately 1-1.5 hours to complete. You will be asked questions about: 1) your experiences of, and leading up to motherhood; 2) your experiences of postpartum depression, if any; and 3) your views on spirituality and the role it plays in your life.

You will also be asked to complete a short paper-based questionnaire of demographic information.

A second interview may be requested in the future for the purpose of providing further clarification on the thoughts and experiences you shared during the first interview. The second interview would last a maximum of 30 minutes and is strictly voluntary

Interviews will be audio-recorded.

Once all participants are interviewed, a summary description of the research findings will be mailed to you. You will be asked to provide feedback on whether the summary description fits with your experiences.

Possible Risks

Since you will be asked to share your personal experiences with early motherhood and depression, there is a possibility you may experience some emotional discomfort or distress. In order to minimize any potential distress resulting from participation in this study, personal breaks may be taken at any time. Also, you may decline to answer a question without explanation, and have the option of withdrawing from the study at any point during the interview. In instances of extreme distress, the interview will terminate and every effort will be made to assist you in accessing appropriate support services.

Benefits

Participation in this study will allow you to share your story with an attentive listener in a confidential and judgement-free environment. Reflecting on your experiences can be potentially affirming and allow for further reflection, awareness, and personal growth.

Your contribution will expand our knowledge and understanding of how women experience spirituality in relation to experiences of early motherhood and postpartum depression. Knowledge gained from this study may also inform health care professionals on how best to support women in early motherhood.

Confidentiality and Anonymity

The information you share will remain strictly confidential and will be used solely for the purposes of this research study, with the exception of specific legal and ethical limits (see below). The audio-recording and transcript of the recording will be coded and any information that identifies you as the participant will be removed. The consent form will be stored in a locked area separate from the recording, transcript and demographic questionnaire so your name cannot be matched to your data. The audio-recording will be erased at the end of the project. Only the researcher, Sandra P. Martins, and the research supervisor, Dr. Terry Lynn Gall, will have access to the audio-recording. A research assistant working on the project will have access to the transcript of the recording only, and not to any information that identifies you as the participant.

In the event of publication or public presentation of the research results, only an overview of the data in the form of common themes and descriptions across participants will be presented. Any direct quotes used in publication will not identify you personally.

If any of the following issues arise in the interview, I may have to break confidentiality:

- If there is a danger of you seriously hurting yourself.
- If there is any indication that a child is at risk from sexual, physical, emotional abuse and/or neglect, the Children's Aid Society will need to be notified immediately for participants in Ontario and the Director of the Youth Protection Centre for participants in Quebec.

Conservation of Data

The data collected – consent form, demographic questionnaire, transcript of the audio-recorded interview, and research notes - will be stored in a locked area at Saint Paul University for a

period of five years after the completion of the study at which time all material will be destroyed. All data will also be stored electronically and password protected, and erased five years after the completion of the study.

Voluntary Participation

You are under no obligation to participate. If you choose to participate, you can withdraw from the study at any time and /or decline to answer any questions without consequence. If you choose to withdraw from the study, all data gathered until the time of withdrawal will be destroyed by the researcher.

Questions about the Study

If you have any questions or require more information about this study, you may contact the researcher, Sandra P. Martins (613-236-1393 ext. 4159 or smart139@uottawa.ca) or the research supervisor, Dr. Terry Lynn Gall (613-236-1393 ext.2279 or tgall@ustpaul.ca).

If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research and Ethics Services, Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4. Tel.: (613) 236-1393 or recherche-research@ustpaul.ca.

Consent

I have read this Consent Form and have had the opportunity to ask the researcher any questions I had about the study. My questions and/or concerns have been addressed to my satisfaction and I agree to participate in the study. If I decide at a later stage in the study that I would like to withdraw my consent, I may do so at any time.

There are two copies of the Consent Form, one of which is mine to keep.

Participant's Name: _____

Participant's Signature: _____ Date: _____

Researcher's Name: _____

Researcher's Signature: _____ Date: _____

Research Supervisor's Name: _____

Research Supervisor's Signature: _____ Date: _____

Participant Contact Information: _____

Mailing Address: _____

Thank you for your participation in this study.

Appendix E – Demographic Questionnaire

1. Sex: _____
2. Age: _____
3. Marital Status:

a) Single _____	d) Separated _____
b) Married _____	e) Divorced _____
c) Common Law _____	f) Widowed _____
4. a) Last grade completed in public or high school: _____
 b) Level of post-secondary education:
 - i) Some University/College _____
 - ii) Community College diploma _____
 - iii) Undergraduate University degree _____
 - iv) Graduate University degree _____
5. Occupation prior to pregnancy: _____ Hours per week: _____
6. Total Annual Family Income:
 - a) Less than 19,999 _____
 - b) 20,000 to 39,999 _____
 - c) 40,000 to 59,999 _____
 - 4) 60,000 to 79,999 _____
 - 5) Greater than 80,000 _____
7. Cultural/racial background: _____
8. Religious affiliation:

a) Catholic _____	d) Muslim _____
b) Protestant _____	e) Other _____ Please specify _____
c) Jewish _____	f) None _____
9. Religious service attendance:
 - a) Not attending _____
 - b) Infrequently attending _____
 - c) Once or twice per month _____
 - d) Once a week _____

- e) More than once a week _____
10. How important is religion to you?
- a) Not at all important _____
- b) Slightly important _____
- c) Fairly important _____
- d) Important _____
- e) Very important _____
11. How important are spiritual issues to you?
- a) Not at all important _____
- b) Slightly important _____
- c) Fairly important _____
- d) Important _____
- e) Very important _____
12. To what degree do you consider yourself to be **religious**?
- a) Not religious at all _____
- b) Slightly religious _____
- c) Fairly religious _____
- d) Religious _____
- e) Very religious _____
13. To what degree do you consider yourself to be **spiritual**?
- a) Not spiritual at all _____
- b) Slightly spiritual _____
- c) Fairly spiritual _____
- d) Spiritual _____
- e) Very spiritual _____
14. Choose **one** of the following statements that best describes your own religiousness and spirituality:
- a) I am spiritual **and** religious _____
- b) I am spiritual **but not** religious _____
- c) I am religious **but not** spiritual _____
- d) I am **neither** spiritual nor religious _____
15. Number of children: _____ Age of each child: _____
16. Number of pregnancies: _____
17. Number of live births: _____

18. Date of most recent live birth (dd/mm/yyyy): _____
19. Was your most recent pregnancy planned? Yes _____ No _____
20. Was your most recent pregnancy wanted? Yes _____ No _____
21. Did you experience any difficulties in becoming pregnant? Yes _____ No _____
22. Did you access infertility health care to become pregnant? Yes _____ No _____
If yes, please specify the type and frequency _____
23. Did you experience any complications during pregnancy? Yes _____ No _____
If yes, please specify _____
In which trimester(s) did the complications occur? _____
24. Did you experience any complications during delivery? Yes _____ No _____
If yes, please specify _____
25. Describe the type and frequency of health care you have been receiving since giving birth

26. Have you experienced any stressful life events since becoming pregnant?
Yes _____ No _____
27. Have you ever received a diagnosis of postpartum depression? Yes _____ No _____
If yes, are you currently receiving treatment? Yes _____ No _____
What type of treatment(s) are you receiving (medication, therapy, support group, etc.)?

28. Have you ever been diagnosed with a mental health condition?
If yes, please specify _____

Appendix F – Interview Guide: Postpartum Self-Identification

Sample Questions

1. Please describe your experience of pregnancy. Of childbirth? What sustained you during that time? What was most helpful to you?
2. How did you view motherhood before pregnancy? During pregnancy?
3. Please describe in as much detail as possible, your experience of motherhood. What has sustained you during this time? What has been most helpful to you?
4. How do you view motherhood now?

5. How have you been feeling since giving birth?
6. Do you self-identify with experiencing postpartum depression? Please explain.
7. Please describe in as much detail as you are comfortable with, what has been your experience with postpartum depression from its onset until now?
8. Has postpartum depression impacted your views of motherhood? If so, in what way.

9. Are there any spiritual beliefs/activities/relationships that inform your day-to-day life?
10. Please describe the role of spirituality in your life before becoming a mother. In your life now as a mother.
11. What aspects of spirituality have been most helpful to you in coping with motherhood and depression? What aspects have been least helpful (i.e., beliefs, activities, relationship with higher power, etc.)
12. Has your experience with postpartum depression had an impact on your sense of spirituality? If so, how have your spiritual views, beliefs, and involvement changed?

13. Is there anything that you would like to add regarding the role of spirituality or religion in your experience of motherhood and depression?

Appendix G – Interview Guide: Non-Postpartum Self-Identification

Sample Questions

1. Please describe your experience of pregnancy. Of childbirth? What sustained you during that time? What was most helpful to you?
2. How did you view motherhood before pregnancy? During pregnancy?
3. Please describe in as much detail as possible, your experience of motherhood. What has sustained you during this time? What has been most helpful to you?
4. How do you view motherhood now?

5. How have you been feeling since giving birth?
6. Has the way you have been feeling impacted your views of motherhood? If so, in what way?

7. Are there any spiritual beliefs/activities/relationships that inform your day-to-day life?
8. Please describe the role of spirituality in your life before becoming a mother. In your life now as a mother.
9. What aspects of spirituality have been most helpful to you in coping with motherhood and how you are feeling? What aspects have been least helpful (i.e., beliefs, activities, relationship with higher power, etc.)?
10. Has your experience of motherhood had an impact on your sense of spirituality? If so, how have your spiritual views, beliefs, and involvement changed?

11. Is there anything that you would like to add regarding the role of spirituality in your experience of motherhood?

Appendix H – List of Community Resources



- Saint Paul University Counselling Centre: 613-782-3022
- Walk-In Counselling Clinics:
 - Family Services Ottawa: 613-725-3601
 - Jewish Family Services: 613-722-2225
 - Catholic Family Services: 613-233-8478
- Crises Line (bilingual): 613-722-6914 (Ottawa)
1-866-996-0991 (outside of Ottawa)
- Distress Centre – 24/7 (bilingual): 819-595-9999 (Gatineau)
- Tel-Aide (French): 613-741-6433 (Ottawa)
819-775-3223 (Gatineau)
1-800-567-9699 (outside of Ottawa)
- Ottawa District Centre (English): 613-238-3311