

Voices of Disarray: Exploring Chaotic Realities of Motherhood in *A Mom Like That*

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Abstract—The interconnection between societal stigma and the dominance of classical motherhood beliefs is a significant blend to consider when it comes to maternal disorders. In the traditional motherhood tales, happiness and self-sacrificing abilities were seen as primary characteristics of a mother, which therefore stigmatized and silenced discussions about postpartum mental health and practical difficulties faced by mothers. Among the various maternal illnesses, Postpartum Psychosis (PPP) stands out as a peculiar mental illness that is widely unrecognized and deeply stigmatized. Media and society have often interlinked PPP with infanticide, where complicated psychological experiences are frequently overlooked. Thus, the study has explored the psychological impact of PPP through the memoir, ‘A Mom Like That – A Memoir of Postpartum Psychosis’ by Aaisha Alvi. The selected memoir is a sensible text exemplifying the postpartum complications that deviate from the socially constructed patterns of motherhood. The key focus of the study is to showcase the ability of postpartum psychosis, which can obstruct the narrative flow, and this is analyzed with Arthur Frank’s Chaotic Narrative approach. By employing a literary narrative analysis, the study seeks to explore the characteristics of chaotic stories that contain fragmented or broken sentences, narrative disjunction, and improper sequence of life events. Further, the paper argues the importance of postpartum narratives, which are significant for gaining a wide understanding of postpartum mental health, and advocates reshaping ideologies and beliefs about motherhood.

Index Terms—narratology, chaos narrative, stigma and motherhood, narrative fragmentation, narrative analysis

I. INTRODUCTION

The National Health Service (2023) defines Postpartum Psychosis (PPP) as a ‘severe’ mental health condition that requires immediate medical attention. Though a rare disorder, it affects 1 in 1000 mothers within the first two to three weeks post-birth. The WebMD Health Corporation (2023) has listed a wide range of symptoms of PPP that include Hallucinations, Delusions, Prolonged depression and confusion, Insomnia, Rapid Mood disorders, and Self-harming. One of the most alarming symptoms of PPP is hallucinations, which might result in infanticide and homicide, as women find it difficult to differentiate reality from a delusional state. Unlike ‘Postpartum depression’ and ‘Baby blues’, which are common among women after childbirth, Postpartum psychosis remains distant from the literary and academic discourses. The lack of understanding as a result of the misleading stigma surrounding PPP has led to detrimental consequences in maternal health (Ball, 2022). The stigma attached to postpartum psychotic disorders has paved the way for misdiagnosis, and in many cases, women suffering from PPP are left untreated. Alford et al. (2024) have reported that the misdiagnosed and untreated cases have resulted in 4% of infanticide.

The most tragic incident that happened almost 25 years ago is the case of Andrea Yates, who killed her five children by drowning them as a result of having PPP. This incident has received global attention and sparked discussions on maternal mental health. The significant cause for Andrea’s crime was the negligence in seeking medical care, even after being diagnosed with ‘clinical depression’ and a lack of awareness of Postpartum illnesses (Banerji, 2024). There are a lot of women worldwide with PPP who are left untreated and, as a result, they commit infanticide and suicide, similar to Yates. Ryu (2023) has argued that the dominating reason for misdiagnosis or neglecting medical care is the silence surrounding maternal mental health and the influence of unrealistic motherhood expectations, where post-childbirth happiness is seen as the primary emotion, and the psychological realities are overlooked. When mothers cannot fulfill these expectations set on mothering, they often experience feelings of maternal guilt and shame.

The emergence of illness narratives and qualitative studies on postpartum care has helped detach maternal shame and the deficiency of knowledge associated with maternal mental illnesses. In recent decades, writing has become a medium or tool to convey the essence of mental illness. Writing or journaling ongoing thoughts has been considered an effective approach to healing traumatic episodes of depression (Ruini & Mortara, 2021). These writings and narratives take various forms, such as memoirs, social media narratives, blogging, and podcasts, where many women share their traumatic perinatal stories.

Postpartum psychotic episodes can leave women’s narratives lacking chronological structure and consistency. Wiesepape et al. (2025) argue that non-linear narratives of victims are crucial for understanding the nature of the mental

illness, paving the way for a more accurate diagnosis. Consequently, memoirs on postpartum disorders are valuable in literary narrative analysis, as they are firsthand accounts that authentically depict the torments and challenges of motherhood without second-person narrative interference. Being personal encounters, memoirs offer a patient-oriented narrative that aims to provide a vivid picture of PPP rather than its clinical definitions. Thus, these memoirs play a significant role in analyzing various perspectives of postpartum psychological challenges. Among the traditional medical narratives that primarily focus on clinical symptoms and eventual recovery, the memoir 'A Mom Like That – A Memoir on postpartum psychosis' by Aisha Alvi highlights existential suffering during the perinatal period, which many women experience in silence. Alvi's memoir presents raw and unfiltered experiences of motherhood through realistic portrayals of psychological anguish. This paper aims to explore the psychological challenges of the postpartum period and analyze the structure of Alvi's narrative through her memoir, providing deeper insights into perinatal mental disorders. The paper will further examine the connection between the impact of stigma and traditional motherhood ideologies on perinatal mental health, while also analyzing the use of non-structured and disjointed syntax in the author's narratives to explore cognitive affliction.

II. REVIEW OF LITERATURE

Over the past decades, women have been excluded from research in medical studies due to data predominantly collected from men. This misogynistic approach has conventionally ignored the physical and major mental illnesses experienced by women, resulting in an insufficient collective understanding of postpartum mental health (Merone et al., 2022). According to a study on the history of mental illness, when women experience mental illnesses, which is often seen as 'hysteria' – a psychological condition characterized by uncontrollable emotions, typically linked to hormonal fluctuations. Women's mental illnesses are frequently misunderstood, as they are perceived to be either vulnerable or their conditions are tied to supernatural explanations, which further induces feelings of shame (Tasca et al., 2012). Shim (2021) argues that women have been marginalized and oppressed regarding mental health equity, leading to social injustice. Stigmatized and denied medical care, women suffer negative mental health consequences without recognition of the severity of their conditions. The biased portrayal by the media, which overshadows PPP with infanticide and suicide cases, hinders understanding of the psychological impact of the disease (Twhohig & Kalitzkus, 2004).

Another remarkable reason for the deficit of awareness of postpartum mental health is the glorification of motherhood in historical narratives. Mothering a child is often seen as a cake-walk experience, whereas reality involves psychological and physical challenges. Cultural, religious, and societal values have shaped the definition of motherhood by neglecting mothers' psychological outcomes and needs (Omer et al., 2021). Raudasoja et al. (2022) have stated that beliefs and ideologies about motherhood have been changing over the decades, as the social beliefs about motherhood portray mothers as sacred figures who provide love, care, and sacrifice everything for the baby. However, contemporary narratives have brought the practical challenges of mothers who are unlike the idealized motherly figures. Williamson et al. (2022) have argued that the past ideologies of motherhood label women as 'good' or 'bad' mothers, forcing women to stick to the side of being a good mother, where the child's needs are given more importance than the mother's needs. The need to adhere to motherhood beliefs has resulted in negative mental health impacts on both mothers and babies. Feelings of shame and maternal guilt are widely experienced by mothers who feel excessive pressure to stick to the label of a 'good mother', and the prolonged shameful experiences result in depressive symptoms during the postnatal period (Constantinou et al., 2021). Thus, widely prevalent tenets about motherhood have dominated contemporary mothering beliefs, and this one-sided definition has promoted unauthentic mothering expectations, which further exacerbate maternal guilt.

Along with the previously mentioned dimensions, the insufficiency of personal and first-hand narratives of mothers affected by PPP makes it more incomprehensible to the public and medical professionals. Studies on narratology have suggested that the prevalence of personal narratives and real-life experiences provides a safe space for women to make meaning out of their traumatic symptoms, which paves the way for processing trauma and emotional healing. It also helps in early diagnosis of the illness, resulting in healthy healing (Engqvist et al., 2011; Jefferies et al., 2021; Posmontier & Fisher, 2013). A study of the lived experiences of PPP has focused more on the themes of the mother-baby relationship, treatment experiences, and psychosocial experiences, which are pivotal in learning about this complex illness. The personal experiences will enhance future research and provide an extensive comprehension of the complexity of this illness (Vanderkruik et al., 2023). The narratives of the mothers affected with PPP often portray a discontinuous structure that contains disordered syntax formation, which creates further complications while treating this condition. The most conspicuous sign of PPP is the disruption of linguistic coherence, as it affects cognitive health, which is pivotal in producing language. When PPP affects mental function, it often produces fragmented sentences lacking clarity, coherence, and logic. Liebenthal et al. (2023) have reported that psychotic illness often results in a disorganized mental state, which provides broken and disfluency in speech.

Thus, the presence of personal experiences and narratives can add to narrative analysis methods, which will help the public, medical professionals, and midwives to gain insights into the complexity and severity of the condition. Hence, the reviewed literature decodes the need for extensive knowledge on postpartum mental health, specifically PPP. The reviews have also highlighted how entrenched stigma, along with the one-sided portrayal of motherhood, further contributes to the interruption of timely antenatal care that results in feelings of personal failure and inadequacy among mothers.

Additionally, it also signifies the importance of illness narratives, which are pertinent in gaining a profound apprehension of the psychological intensity of PPP.

III. METHODOLOGY

Arthur Frank's chaotic narrative approach has been chosen to analyze the structural order of the narratives and the chaotic intensity of the illness in the memoir. Frank, a renowned professor of Sociology introduced this approach in his book titled, 'The Wounded Storyteller: Body, Illness and Ethics' along with 'Restitution Narrative' and 'Quest Narrative' where Restitution narratives focus majorly on healing and recovery, whereas the latter projects the journey to find the purpose of suffering with the illness. According to Frank, irregular coherence in the narrative is believed to be chaotic, as these narratives do not emphasize eventual healing but rather depict the endless suffering of the illness. A person who tells chaotic stories during an ailment is perceived to lead a disordered life, as these stories do not progress from one life event to the other, unlike the portrayal of regular narratives (Frank, 1996). The chosen approach presents an ideal framework for interpreting the severity of the illness and how that can affect an individual's identity and the inability to process and communicate the traumatic events in a linear order. The main characteristic of chaos narratives is that the life of the teller does not move towards improvement or towards a normal life, where conflicts normally arise and are resolved. Vickers (2003) insists that the comprehension of chaos narrative is fundamental to acknowledging the psychological experiences of patients, as their traumatic stories depict the need for patient-centered perspectives, which are vital for the advancement of research in mental health. The study also highlights how the anxiety associated with people affected by mental illness diminishes when their chaotic stories are acknowledged and heard. Similarly, Neimeyer et al. (2006) suggest that traumatic conditions often break the coherent order in illness stories, which can be transformed into meaning-making processes when these stories are interpreted through the lens of a chaotic narrative approach. Donnelly (2021) has stated that chaotic stories are often given a minimal place in discussions as they do not meet the expectations of classical narrative order, where there is a clear structure of life events that have a fruitful purpose or end on a happy note. Further, recent studies on the psychological impact of PPP suggest that women frequently experience difficulties in processing events and differentiating between past and present (Friedman et al., 2023). Thus, this disrupted sense of self among women who are affected by PPP mimics the key aspects of chaotic narratives.

The article has employed thematic analysis that deals with four main themes: Lack of coherence, Repetition of Phrases and Broken sentences, Absence of redemption, and Denial of Chaotic stories. Alvi's memoir resonates with these themes as it is a quintessential text that mirrors the sternness of the illness through a disrupted narrative structure. The structure of the memoir is disorganized as clarity is absent between the past and the present events. Thus, along with the chosen memoir and the analytical framework, the study insists on the significance of illness narratives and how these narratives can provide nuanced insights that can help reform the medicalized conceptualizations of PPP.

IV. DISCUSSION

One of the hallmark features of Chaotic stories is the absence of sequence in the life events of the teller. Alvi's memoir projects her dissociated mental state and her torments with PPP, where her life events are narrated without sequential order. Aaisha Alvi, mother of two, has a daughter named Lina through her first pregnancy, and her second pregnancy ended in miscarriage. After two pregnancies along with psychological disturbances and a family who is unaware of perinatal illness, Alvi reaches the bottomless depth of her suffering with PPP. The text starts from her present reality, where she has recovered from PPP and is trying to help a family friend named Nadia, who is going through the same illness. Nadia mirrored the harrowing symptoms of PPP, where she was unaware of her actions and felt homicidal. During her first encounter with Aaisha, while explaining her hallucinations, she stated, "He says I have to kill Omar because he will ruin the baby. But I don't want to kill him. I love him. But I have to. But I won't. I'll kill myself instead" (Alvi, 2024, p. 29).

Nadia's statements reveal that she is stuck between unconditional motherly love and harmful, intrusive thoughts. Her urgency to kill her son depicts the petrifying nature of PPP and the domination of illness over her body and mind as external voices control her thoughts. Frank (1996) suggests that the teller of the chaotic stories often repeats phrases in the sentences without being able to find appropriate words to describe their emotional conflict. Similarly, 'But I have to' and 'But I won't' - These phrases are juxtaposed and expose the confused mental state of Nadia. When she was admitted to the psychiatric ward, her flow of words was interrupted by abrupt shifts, "I want to laugh and laugh and laugh... I want to scratch people with these nails he told me to grow" (Alvi, 2024, p. 34). The abrupt shift from wanting to laugh and harming people encapsulates the 'staccato' structure of words, which projects the disconnected nature of the teller's mind and also confuses the listeners by resulting in less enthusiasm (Frank, 1996). Wiesepape et al. (2023) have reported that narratives of PPP often exemplify loss of self-realization, which results in fractured sentences with abrupt shifts in clarity and repetitive phrases with less connectivity.

Another striking example of an incoherent structure can be when Nadia mentions she hates Aaisha but also blames the external forces for saying those statements, "You're evil, I hate you," she'd say occasionally when she woke. "I — I don't mean that," she'd say just as quickly. "It's him," she'd say, pointing at her head. "He's forcing me to say that. He really hates you" (Alvi, 2024, p. 40). In her statements, when Nadia mentions Aaisha as 'You're evil' which is immediately

followed by ‘I—I don’t mean that’, it shows the disconnection between herself and her thoughts. According to Frank (1996), the tellers of chaotic stories experience a gap between themselves and their emotions, as the emotions are not in their control, which results in broken narratives. The repetition of the word ‘I – I’ refers to her internal conflict to maintain a linear narrative, which is often surpassed by her uncontrolled thoughts, which are attributed to an external voice. When she labels the external voice as ‘him,’ she suggests her internal battle to differentiate between hallucinations and reality, which is a potential trigger in PPP.

The structure throughout the memoir is disoriented, where there is less clarity in the difference between the present and the past. This back-and-forth flow of narration suggests the cognitive havoc of the author, which is a substantial symptom of PPP. The analysis of the chaos narrative exhibits the quest to produce the right words that can capture the existing suffering, as Frank says, “but those who are truly living the chaos cannot tell in words” (Frank, 1996, p. 98). When the psyche is disrupted because of the illness, the tellers often run short of words, which results in repetitive phrasing that showcases how the symptoms of PPP and chaos narratives can be correlated.

Soft pulsating fontanel. Long iron handrail. The soft top of her fragile skull colliding with the edge, the unusually pointy edge of the handrail along our basement stairs. Blood pouring out of the jagged puncture wound. (Alvi, 2024, p. 54)

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The above statements are the sudden picturization of Alvi about her newborn, which are triggered during different circumstances like feeding Lina or being in the shower, indicating the unpredictable haunting of intrusive thoughts. She had recurring homicidal thoughts, and her sentences kept repeating throughout several pages. This repetition and the urgency to hurt her daughter stems from the chaotic nature of PPP, which can result in not only self-harming but can potentially hurt others, including the newborn. The recurrence of these sentences highlights the severity of PPP, which stops the ability to connect with her infant. Another prominent example of being struck by repetitive thoughts is when Alvi feels jealous of Lina, who is taking up all her time. After Lina’s birth, Alvi had very little time to spend with her partner Adam, which is a common case in the postpartum period. But the thought of Lina being her opponent and constant jealous feelings made her chaotic experiences worse which led her to suffer in spiralling thoughts and she kept repeating phrases that either projected homicidal thoughts or blamed others/external forces, “She’s doing it on purpose! She’s doing it on purpose... She’s doing it on purpose! She’s doing it on purpose!” (Alvi, 2024, p. 64).

Alvi felt constantly triggered by Lina’s tantrums, so she ended up feeling she was doing it on purpose to make her feel exhausted and depressed, whereas she was happy with her father, Adam. In chaotic stories, the teller’s condition of not being able to tolerate the illness results in blaming the surroundings or external factors. While the baby being cranky and colicky is normal, postpartum mood disorders might get triggered with possibly anything and result in disturbing the cognitive health of the woman. Frank has implied that chaotic stories defy order in the narration, which can be seen in Alvi’s usage of syntax where her thoughts jump from one to another without a rational transition.

Adam must want to sexually assault Lina. He’s a sick, sick man. I just want to have a normal life. I want to go to the mall. I am not selfish. I am protecting Lina. He’s a sick, sick man. (Alvi, 2024, p. 73)

Her initial intention of framing Adam as a sexual abuser takes an unforeseen shift in the next sentence, where she explains her desire to lead a normal life, which has no connection to the prior sentence. After this, again there is a change in the syntax formation where she insists, she wants to go to the mall without rational correlation to the prior sentence – ‘I just want to have a normal life’. The broken syntax pattern used in the memoir not only captures the narrative patterns but also highlights the psychological representation of PPP. Her narrative enacts the ferocity of postpartum illness, which can affect women both psychologically and physically. The broken syntax formation, recurring phrasing, and non-linear storytelling in the memoir reflect how the plot acts as an enactment of the chaotic narrative approach suggested by Frank as he asserts the illness makes the body and mind of the teller so weak that the stories project the vulnerable and immobilized mental state of the teller.

One of the determining characteristics of chaotic stories is the absence of resolution. According to the chaotic narrative structure, it does not often begin with the regular introduction of life events or end with a purposeful conclusion. The teller of chaos stories is not guaranteed a resolution or offered a pathway to deviate from the limitless suffering. Rather, the teller is trapped in the loop of emotional and physical turmoil of the illness that refrains from seeking closure. The chaos narrative approach implies that, unlike restitution narratives, where there is assured healing or a way to come out of the illness, chaos narratives do not promise any prosperous endings. Rather, the troubles only get bigger, and the words necessarily fail to capture the essence of suffering. When the teller is trying to communicate the story, things worsen as the teller realizes “What can be told only begins to suggest all that is wrong” (Frank, 1996, p. 99).

My life was a mess: my family couldn’t be trusted with Lina; she was autistic and then she wasn’t; Adam wanted to sexually abuse her, and now he was a physical abuser as well. I loved Lina, but I couldn’t protect her anymore. It was too much, and I was exhausted. I wanted a normal life, to be able to enjoy the simple things like going to

the mall, reading a book, watching a movie. From now on, God would have to protect my little baby, because I was done. (Alvi, 2024, p. 74)

Her statements reveal the pressure to handle her hormonal fluctuations and her family at the same time, which felt overburdening to her. Her mention of her life being a mess enacts the exhausted state of her mind, for which she submits herself to the psychological turmoil of PPP. She also adds that she is unable to protect her daughter, which shows the loss of autonomy and the saturation point she has reached. The lines, ‘She was autistic and then she wasn’t’ represent her overthinking patterns where she suspects Lina of having any disorder, showing her disoriented mental health, which is a noticeable symptom of PPP. The final statement – ‘From now on, God would have to protect my little baby, because I was done’ – portrays the helpless state of Alvi, as Frank suggests that the people living chaotic stories are confined by troubles and cannot find any remedy or pathway to healing.

Another instance in the memoir where Alvi shares about her mentally drained phase, “I’m exhausted. Lina’s always crying, I can’t ever console her, and she can’t even put herself to sleep” (Alvi, 2024, p. 84). The recurring pattern in the theme of chaotic narrative is the exhausted mental state of the teller, where he/she is not prepared to look for a resolution anymore, and all that can be figured out is the realization of the vulnerable mindset by the teller. Alvi’s mention of ‘I am exhausted’ expresses her futile condition where she is both emotionally and physically fatigued, followed by her upcoming statements about her plight getting worse – ‘Lina’s always crying, I can’t ever console her, and she can’t even put herself to sleep’. The fact that her daughter is often crying portrays the central theme of Chaotic narratives, where the teller is left to suffer in the never-ending chaos. It also insists on maternal failure where she is struck with her daughter without any time for herself, resulting in the addition of troubles. Alvi’s repetitive statements,

There’s something wrong with me,” I said. “There’s something really wrong with me. I just want to die. All the time. I just want to die. Leave me at a mental hospital or something,” I continued. “Because I just want to die.” (Alvi, 2024, p. 86)

The above-mentioned statements express the threshold point Alvi has reached, as the initial line shows suspicion about herself and explains her dissociated identity, where she can differentiate herself from her unfamiliar characteristics. Furthermore, the repetition of the same line in the following sentence reveals the obstruction to processing the future. Suicidal thoughts can be decoded as the central theme in both PPP and chaotic narratives, as people suffering from illness finally surrender themselves without being able to find a way toward recovery. According to Alvi, her story does not seem to have any ray of hope for the future, but rather suggests death as the ultimate closure to the unending chaos of PPP.

The disorders of postpartum might often be termed baby blues or hormonal fluctuations, which lead to the refusal of catastrophic consequences or failure to acknowledge the complicated experiences of postpartum disorders. With this, Frank (1996) has argued that when a person’s illness story is denied or not heard, it is not just the denial of the narrative; it is the rejection of the person’s pain that makes them get caught in the circle of painful treatments and medicines. Alvi’s family was unaware of her condition, and they tried to impose the socially approved patterns of motherhood on her, such as not encouraging her to spend time on herself. When Alvi wanted to give her daughter up for adoption, her mother was shocked to know this.

How could you? How could you say such a thing?” my mom’s voice came exploding at me. “All this time I’ve been wondering what’s wrong with you. How come you’re not happy? And now you say this. How could I possibly have a daughter like you? (Alvi, 2024, p. 56).

Alvi’s mother is projected as a person who believes in the conventional mothering ideology, where mothers are believed to fulfil the needs of the infant to their fullest potential. Her confusion about Alvi’s unhappiness after becoming a mother explains the prevalent thought that motherhood brings only joy, and the psychological challenges attached to this transforming phase are merely ignored. Further, by saying ‘How could I possibly have a daughter like you?’ – she exacerbates her daughter’s maternal struggle rather than acknowledging it. She portrays Alvi as a failing mother who does not fit into the normal aspect of motherhood, which leaves no room for understanding the severity of illness. The amount of stigma that is attached to postpartum mental health often makes women suffer in silence and delay medical care. When Alvi had a miscarriage after Lina, her mental health worsened as her earlier intrusive thoughts and hallucinations were not yet resolved with proper medical care, where Adam’s reaction to Alvi’s psychological venting further worsened her psychological condition, “Can you stop with the exaggerating?” he burst out. “So many women have miscarriages. You’re not the first one, okay? I’m sick and tired of how long you’re dragging this out for, Aisha. Get over it and move on.” (Alvi, 2024, p. 105).

Along with the unresolved impulses in her first pregnancy, her miscarriage added more misery to her existing confusion. As Frank (1996) rightly points out, when it comes to chaotic stories, there is no end to the problems as they only pile up and never seem to disappear. When trouble seems resolved, it paves the way for another add-on trouble, which complicates the illness. Adam’s mention of ‘exaggerating’ shows his failure to understand her emotional anguish and to provide moral support for his partner. Additionally, when he says that she is not the only woman who is going through this grief symbolizes the generalization of emotions and a stereotypical approach towards coping with pregnancy loss. His ignorance about postpartum mental illnesses can be taken as an example that highlights the need for society to get educated about this which can serve as an effective tool in addressing psychotic illness, “What would help every woman with a postpartum mood disorder is having a provider who takes the time to really listen and understand what is going on, even if it takes more than fifteen minutes” (Alvi, 2024, p. 185).

Alvi's statements on the importance of acknowledging postpartum disorders accentuate the need for patient-driven medical settings where the emotions of patients with postpartum psychosis will be given more importance than their homicidal thoughts. Patients with PPP do not always want to harm others, as that is not their authentic character, and they are also not murderers, as shown by media headlines. According to Alvi, this disorder is a mere phase that can be handled with the help of the right psychological care. This helps promote a safer and more intellectual space for women to open up about their psychotic episodes. As mentioned earlier, PPP is often outweighed by the horrifying cases like Andrea Yates, where more emphasis is given to the horror of infanticide, and less emphasis is given to the dreadful psychological experiences. Alvi's statement, 'even if it takes more than fifteen minutes,' pinpoints the need to address the insufficiency of healthcare professionals to provide holistic and empathetic care for patients suffering from PPP.

V. CONCLUSION

The memoir's sensible portrayal of motherhood with practical emotional hardships questions the dominant mothering beliefs that emphasize child-focused mothering, which rejects the physical and mental needs of the mother. The unrealistic preconceived notions about motherhood, as discussed in this study, project how they worsen psychotic disorders. When 'happiness' is set as a basic checklist of motherhood, the memoir defies this thought by representing the severe complications of motherhood. The analysis also reveals the need for more discussions and research on postpartum health, which is often given labels without foreseeing the severity of the disorders. When viewed from the analytical sketch of the chaos narrative approach, the usage of fragmented syntax, repetitive phrases, and abrupt shifts in Alvi's narratives not only explains the disability of narration but also underscores the cognitive fragmentation to recollect herself from the traumatic experiences of PPP. With the selected research approach, the article has highlighted how an illness can disrupt a person's narrative ability, which needs extensive research to uphold these narratives as realistic expressions of internal conflicts. This narrative incoherence acts as a barrier to receiving medical care, as there is a lack of universal understanding that collapsed or broken narratives used by persons affected with illness are not only narrative disturbances but also an indication of their mental health. Thus, the memoir serves as an exemplar that defies societal stigma on motherhood and encourages the importance of illness narratives, which helps to include postpartum mental health in the field of narrative literature and medical humanities.

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