Life After Delivery': a phenomenological enquiry into one woman's experience

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Being a parent is a true adventure. As you sail through the smooth times,you'll feel as if you're floating down a river on a warm sunny day,unable to wipe the smile from your face.And as you struggle through the harder times, it is as if you are climbing a mountain,physically and emotionally exhausted, yet you'll find relief and reward at the top.

Dr. Yehudi Gordon (2002) *Birth and Beyond*

Abstract

The massive shifts in emotions and upheaval of social roles women are likely to experience following the birth of a child have been well documented. And yet, it is still not possible to predict how each individual woman will respond. This research explores one woman's experience using a phenomenological, relational-centred research approach. My aim was to try to witness and 'give voice to' her unique, special and particular experience of life after delivery in a relatively unstructured interview. Analysis revealed four emergent themes: Protection-Desertion; Contact-Isolation; Belonging-Shame; and Anxiety-Ambivalence. Throughout the interview there was a sense that Kate wished to be seen as the same as other mothers, rather than as a 'mother-with-deficits'. She goes to some lengths to hide herself from her family and professionals to give them no reason to doubt her ability.

Introduction

This research explores one woman's experience following childbirth. The massive shifts in emotions and upheaval of social roles women are likely to experience have been well documented. And yet, it is still not possible to predict how each individual woman will respond.

As a psychotherapist, I am interested in the subjects of pregnancy, pregnancy and loss, infant communication and Post-natal Depression including mood changes after the birth of our infants and our miscarried infants. I also considered the value of understanding more about the above topics; for me personally, the more I learn in relation to these areas the better informed my work and research will be.

As a woman and mother myself, I am interested in how being pregnant (and experiencing hormonal shifts involved [1]) impacts upon us and those around us, particularly how it affects our capacity to relate to our infant(s) and those around us. I had considered focusing my research around pregnancy and loss, but I felt I was not ready or emotionally prepared to embark upon this journey. I therefore chose a more general focus concerning 'life after delivery'.

Following my personal experience of child birth, and the early stages of infancy with my own daughter,

I knew I felt 'different' but found it difficult to express what was 'different' about how I was feeling. I have met many women through my psychotherapy practice and many women friends/colleagues and have discussed mood, emotions and feelings during (and post) pregnancy.

Post-natal/post-partum depression is a common, potentially life-threatening and disabling condition. It is estimated to affect 10% to 15% of women, and its prevalence ranges from 5% to more than 20% (O'Hara and Swain, 1996) while nearly three-quarters of new mums feel down shortly after birth (e.g. they may experience 'baby blues' with associated feelings of sadness, mood swings, anxiety and/or loss of appetite). If all of the women above shared similar feelings in relation to mood, feelings and emotions why do some of us get diagnosed with post-natal depression and others do not? It seems the length of time we experience these feelings forms part of the diagnosis procedure (see, for instance, the Edinburgh Postnatal Depression Scale -EPDS). Do some of us 'slip through the net'? Are some of us afraid to express what we are really feeling? If so, what are we afraid of? Is it possible for us to find the words to express how we are feeling? Or is it too difficult to find the words to express what we are feeling when we really don't know what it is that we are feeling? These were some of the questions I held in mind, prior to embarking upon this research.

As a result of a chance meeting in a local supermarket and discussing my research project I found my co-researcher - 'Kate' (a pseudonym). I asked Kate (a person I've known for 4-5 years) if she knew of anyone who had experienced post-natal/post-partum depression, as I was seeking to interview them, to find out about their personal experience of themselves post the birth of their children. I was also curious as to how other people may have experienced the mother post birth. In addition, I had wanted to find out a little about how a mother might be supported by her local community midwife/health visitor and any other professionals involved. I had also suggested that it would be useful to hear the voice of the mother in the research, in the hope that she would be able to provide us with ideas which may help other mothers. Although I knew Kate, I was surprised when she said, "Well, if you want to do this then call me." In knowing Kate, I knew she had experienced "some separation anxiety", (a term offered to Kate from her GP with reference to her presentation at a GP consultation following the birth of both of her children), but I was surprised that she wanted to offer herself as a participant/co-researcher, as I have always found her to be a very private person. Kate declared she "wanted to do this" if highlighting her struggle "helped others" and "prove useful." As Kate said she wanted to do the research, and it may help or support others, we could therefore describe Kate's telling of her story as a *quest story* (Frank, 1998 cited in Finlay and Evans 2009) from which something can be learned and passed onto others.

Methodology

As part of my course work, my assignment topic was to explore, by relatively unstructured, in-depth interview some aspects of another individual's personal experience. I aimed to explore this interview dialogue with a 'phenomenological eye'.

Phenomenology is the study of phenomena; their nature and meanings. The phenomenological researcher aims to provide a rich, resonant, textured description of the lived experience (Finlay, 2006). With qualitative analysis I am aiming to understand the implicit and explicit meaning through carefully examining the data unpack both the explicit and hidden meanings through iteratively examining the data (Finlay and Evans 2009). My research methodology maybe best described as phenomenologically-orientated, using an interpretive reflexive, relational approach (Finlay and Evans, 2009). In my analysis I have also used inferential thinking. I wish to remind the reader, my research is only offering my tentative interpretation of the data. Any one analysis can only be presented as one perspective with many possible interpretations (Finlay and Evans 2009).

Data Collection and Analysis

The aim of the interview was to explore with Kate her own personal lived experiences of 'life after delivery'; that is, her experience of herself, and how she perceived others experienced her, after the birth of her second baby. Kate experienced a similar set of feelings, emotions and experiences post the birth of her first child. Although Kate was not formally diagnosed with post-natal depression she appeared to have experienced many of the symptoms. Kate recognised this and our focus really became how she and others experienced her *undiagnosed* Post-natal Depression.

In order to gather this information, Kate and I agreed to meet in a setting of her choice (Kate's home) to undertake an in-depth interview (one hour), to explore Kate's experiences, recording them digitally, for further analysis.

Even though we had spent some time prior to interview, agreeing the subject matter, the expectations, the focus of the interview, and matters in relation to disclosure and confidentiality, we discussed this further at the beginning of our interview on the recording. I utilised the first few minutes of the recording, to further clarify, in support of anxiety reduction and to confirm matters in relation to consent and anonymity. During the pre-interview discussions, and general conversations we've had over time, I know I gathered additional information from Kate and this information may have found itself in the interview. That we have been friends will also have influenced my understandings.

I started the interview by enquiring how Kate was feeling and if she was "Okay". I then checked out matters in relation to consent and clarified these with her. In order to minimise anxiety I also confirmed Kate's anonymity. I said, "just to confirm that I'm really happy that if you're not happy with this recording in any way that we don't use it." In support of Kate, I wanted to be as open as possible.

As suggested in the introduction I have approached this from a phenomenological perspective. My aim, in relation to my method has been to 'dwell' with the data to examine it and progressively deepen my understandings of her meanings, in the hope that you, the reader, can hear the 'voice' of my co-researcher Kate. This process required time and consideration. I visited the data on nine separate occasions. I listened to the recording and read the transcript simultaneously and reviewed them both individually. Here I looked beneath the words of Kate, utilising reflexivity, inferential analysis and intuition, to uncover potential hidden meanings. Alongside listening to the data I had made references to Kate's non-verbal utterances. I perceive these as valuable in terms of analysis and I make reference to these in my findings. Each reflective 'visit' uncovered some different meanings, and areas for potential exploration. Through this reflection process I was able to select and create a few figural themes which I have attempted to illustrate in my findings.

Ethical matters

I clarified the subject matter with Kate and confirmed her interest was still present. We discussed anonymity and confirmed that we would not be using her real name. I suggested to Kate that it was a matter of choice in relation to her level of disclosure on the recording. In preparation for the interview and in support of Kate we also spoke about how disclosing personal experiences, feelings and thoughts have the potential to be emotionally unsettling (Finlay and Evans, 2009).

In the spirit of being collaborative, I invited Kate to have access to all of the research components at all stages. I suggested she might want to read and comment upon the recording, the transcript, the analysis and the finished project. Offering Kate access to the research at all stages, raised questions in relation to authorial control. I suggested that it was fine for Kate to disagree with my interpretations and that I was happy to include any of her comments, disagreements in analysis and in all or any part of the project. However, it was agreed that I would have authorial control. Kate agreed to access this research as much or as little as she liked. I pointed out to her that she was able to withdraw from the research at any point. After the interview I offered space for Kate to debrief and, in the spirit of offering support, I have made

contact with her on three separate occasions (face-to-face and by telephone).

Both Kate and myself share the experience of motherhood. Given that the experience of labour and life after delivery varies so greatly between women, it is not surprising that our experiences have been different. Kate has rarely spoken about her feelings and has not discussed her involvement in this research with anyone, including her husband. I felt privileged and honoured Kate wanted to share her story with me, in support of others, and feel I have been mindful and respectful of this prior to interview, during and subsequently.

Findings

Four interconnected themes seemed to emerge and be particularly figural: Protection-Desertion; Contact-Isolation; Belonging-Shame; Anxiety-Ambivalence. These are described in more detail and illustrated by quotations from mainly Kate, but also I draw on our dialogue to illustrate the relational context.

Protection - Desertion

One of the most dominant themes to emerge in Kate's narrative was in reference to the need to protect. Kate mentions, on at least fifteen separate occasions, the theme of protection. She speaks poignantly of her need to protect her children, her family, her friends, herself from the depth of her feelings. She also refers to the need for protection from the outside world. Kate makes reference to, and comments upon, her own protective qualities and those of her father.

> Kate: Everybody adored him (William, Kate's baby). And then.....then I don't know, I just didn't want to go outside, I didn't want to take him out in the pushchair, just didn't like people stopping me and looking at him. Things like that and then. I think I was just over-protective of him.

In the quotation above, the theme of protection emerges powerfully. Kate talks of protecting William from the outside world. Yet Kate also appears to go to great lengths to protect her family and friends from the true depth of her experiences. Her methods to protect include 'wearing a mask', hiding the truth by 'telling little white lies', and omitting facts in relation to how she felt to family members and professionals.

By being unable to speak her real truth, Kate fulfils her role as 'protector'. Herein, she protects herself from her own reality, and others from her feelings and experiences. Kate attempts to hide both the depth and content of her feelings from both the outside world and from her internal world. Kate appears 'defended' against allowing herself to experience her 'reality'. Kate speaks of not talking about her experiences but in doing so she does not protect herself or others (her health visitor and her family members) from her lived experience.

> Kate: Friends and family had their concerns, but I kept it too myself, from everybody really, just put on a front and....which was hard in one way, but quite OK in another. It made you feel better at the end of it.

I wonder if underlying the need to protect could be an internalised sense of shame where she feels exposed and seen in a painfully diminished way(?) "Shame is as fundamental to human existence as

anxiety yet its nature is far more elusive" (Kaufman, 1992). In Kate's withdrawal from society, and her family to some extent, I began to wonder what lay beneath her withdrawal. I also became aware of how her strategy to protect herself from having true contact with others seemed, ironically, to result in Kate experiencing a sense of desertion.

Dwelling with and analysing this data, it seems to me that the themes of protection and desertion are interconnected. Kate seems to experience strong feelings in relation to being both 'protected' and 'deserted' by the health Visitor. Kate describes how supportive her Health Visitor was "for a bit" and how the support offered by the Health Visitor "just fizzled out." The dialogue below seems to support Kate's felt sense of desertion, in relation to the Health Visitor.

> Kate: It would have made a difference, yes, like you say, just to check in, you know, even if I could have just said, you know, yes I'm OK, thanks for phoning but.....but then she did want me to get help and she, you know, tried to encourage me to go to Toddler Groups and things, and she went along with me to two, so, you know, she was very good for a bit, and then it just fizzled out.

Kate focuses upon the changes in the health care provision of mothers and infants after leaving hospital and being discharged from care. She says both verbally and non-verbally that she is "appalled" by the changes in the system for mothers and babies. This allows us to further see her sense of desertion. In Kate's non-verbal body and facial utterances, she appears to recoil in disgust. She scrunches her face, leans back and her whole body appears very rejecting of the new system. Here, I feel Kate is experiencing a sense of rejection, desertion or abandonment. Kate says, instead of meeting with one named Health Visitor or Mid-wife, the system has now changed. The system is now set up as a drop-in centre. She describes her feelings in relation to the changes in the system and her visit to a drop-in centre in the following way:

> Kate: Yes I do, I think it's appalling. You don't even have your own Health Visitors now, you just go to these clinics and you just see random....random Health Visitors now."

Kate surprised and shocked me with her news regarding changes in the post-birth system. Both Kate and I, following the birth of our first children (like other mothers from this period) were written to and invited to our local GP Practice to meet with our Mid-wife for all follow-on tests and checks. Now there is an expectation upon the mothers or primary caregivers to attend local drop-in centres (when and if they feel like it or indeed they are able), placing the onus and responsibility only on the primary caregivers. The new system appears to offer primary caregivers less active support. Kate once again, appears to experience a felt sense of desertion in a system that seems to promote self-referral. It seems Kate rejects this system and the way the system is set-up.

> Kate: Yes, like drop-in centres. You literally get a clipboard with a number on and so....it's not....
>
> Vivien: Wow, I'm really shocked!
>
> Kate: Yes, it's like going to a meat counter. Getting your ticket.....

There are other issues in relation to desertion or abandonment. I wonder if Kate abandoned *her own* needs as she sought to protect her baby William? Having read the transcript I feel there is a huge shame-based level of anxiety. Throughout the interview I felt Kate wanted to experience herself as a good

mother yet she seems to feel confused about her own identity and who she has become. In some ways Kate seems estranged from her self. This appears to compound a deeper sense of self-desertion. As I re-write this now I feel the theme of rejection sits closely next to the themes of desertion and abandonment. Kate appears to experience others and the system as rejecting and she rejects her true feelings and masks them to protect others.

Contact - Isolation

As expectant mothers we look forward to the arrival of our infants, to the contact we might share. Kate's experience was also one of isolation however. The themes of isolation, of being alone, and contact are powerful in the utterances of Kate. I see something of a dance between Kate's apparent need for contact and her lack of capacity to have her needs met, which seemingly results in a felt sense of isolation and abandonment. I also note in the dialogue Kate's struggle to allow others (both family and strangers) to have contact with William her baby. In such an ambivalent process she seems to isolate both her 'true' self and William.

Kate begins to explore her feelings in relation to taking William out of the house she speaks of not liking all the "fuss of everybody...coming near him (William) or anything." She talks specifically of not wanting William to have contact with "interfering old people" whom Kate describes as: "just, dirty hands, you know, [old people] don't wash their hands after they've been to the toilet.....and just wanting to touch my baby, I thought, it was.....no don't touch my baby please." In such utterances, I am reminded of how 'Post Natal Illness' (a UK based website) describes and outlines many (but not all) of the symptoms of Post Natal Depression on their website www.pni.org.uk. They speak about obsessiveness as one of the symptoms. For instance, Kate refers to her need to ensure cleanliness in relation to William.

> Kate: And then, even up until about a couple of months ago, just not wanting to take William swimming, you know, anywhere would just freak me out completely. My Health Visitor was really supportive, she wanted me to get, you know, help further down the line because I think she could just read me like a book, but I just refused it all.

> Kate: Yes...but then on other days I'd be like, oh why can't she just phone me, just to phone, just to say, are you alright? Even if I could lie and say yes I'm absolutely fine, just getting that phone call, would have been nice, but it was always me just phoning her sometimes.

Kate and I discuss contact. She says she wouldn't make contact with the Health Visitor even though this was encouraged although she also acknowledges that a little bit of contact from the Health Visi- tor "would have made a difference". Kate feels the Health Visitor's contact "fizzled out" because Kate "didn't make any contact with her". Kate surmised that in the absence of making contact with the Health Visitor she "probably thought, you know, she is (Kate) fine, so I'll let her get on with it."

Whilst Kate felt like she did after the birth of her children, it seems she was able to recognise the Health Visitor's attempts to encourage contact. However, Kate was unable to reach out to find the contact solutions offered by the Health Visitor. The lack of contact seemingly resulted in Kate feeling isolation. Kate also appeared to want to ensure isolation for both her and William in avoiding contact with others in putting William's needs first, however, she experienced a lack of contact with herself. Kate appears to isolate herself from all, avoiding contact with the outside world and in depth contact with her family and friends. I wonder how her lack of contact fuelled her experience of isolation?

Shame – Belonging

> Kate: But in....you know, when I was probably at my worst, you know, I just wanted to go.
>
> Vivien: What does that mean?
>
> Kate: I know that's really weird, just like a few thoughts in my head, just go, sometimes I used to think he'd be better off.....not without me, but I used to think you know, why can't he have a mummy that can be proud of him and take him out and,.....and I, you know, I just couldn't do it inside. But you know, he's such a mummy's boy so he's not missed out on anything. I think he's probably gained more because he's had such a one-to-one with me, and he's a sociable little boy, it's unbelievable. And all the way through, sort of like the last six months, you know, the Health Visitor has been saying he's such a sociable boy, you know, he needs to be out there, he needs to communicate, he needs to get on with other people, you know, people will adore him, you know.....yes, she was right.

Here Kate seems to be describing another symptom of Post-natal Depression.[2] With her describing "wanting to go" and in "wishing he could have a mummy that can be proud of him", I felt deeply sad. I can clearly recall my sense of sadness, as I type this. I felt Kate's sense of "not being good enough". Kate's desire to withdraw and hide allowed me to consider the potential presence of shame. In considering the above quote Kate appears to oscillate between wanting to belong and wanting to avoid belonging. She wants to be part of the mothering community and have William experience this fully. However Kate also appears to want to run away from this role and community. "Is this connected with feelings of shame?", I wondered. Kate touches upon her contact with the Health Visitor. In the interview, Kate speaks of how she is encouraged to take William out but she explains "I just couldn't do it". Following on from this statement I experience a defensive quality. In considering Kate's defence I wondered again about the presence of shame and the need to talk about "not missing out" and "probably gaining more". Kate says, "he's not missed out on anything. I think he's probably gained more by having such a one-to-one with me." Here, I experience a sense of Kate wanting William to experience her and himself as the same as others - to be the same as others – again an inferential sense of belonging appears to be present here. Kate appears to want to belong; belong in her role as a mother. She seems to hear from others she does belong but she doesn't seem to experience a deep sense of belonging internally. The feelings of 'not being good enough' seem to overshadow her felt sense of belonging. Her logical mind knows all about belonging but her shame about her feelings appear to block her contact with her sense of belonging. Kate also makes an effort to belong to the 'mothering community' by visiting her local 'drop in' centre. Here she attempts to 'belong' to this community.

Anxiety-Ambivalence

> Kate: I felt quite safe inside, you know, to get on with everything inside, it was more of going out, getting panicky and things like that.
>
> Vivien: When you say panicky, I wonder if you could tell us what that means to you?

> Kate: Well when I went to the doctors and they said it was like panic attacks, because I literally.....like somebody was like sat on my chest, I couldn't breathe and just wanted to exit wherever I was, like, you know.

Here Kate describes her feelings of high anxiety and panic attacks. Further on in this discussion Kate says, "Yes, I was really anxious". Kate recognises her anxiety when she experienced panic attacks and she was able to own her feelings of anxiousness in relation to these attacks throughout the interview. Her acceptance and understanding of her feelings here are clear.

Just seconds after the above dialogue, I go on to ask Kate about more about some of the other feelings and emotions Kate experiences:

> Vivien: Right. OK. So what else was going on for you? Tell me a little bit about some of the other feelings and emotions that you were experiencing at the time.
>
> Kate: Gosh this is really hard.
>
> Vivien: Is it?
>
> Kate: Yes, really hard.
>
> Vivien: Is it hard to take yourself back there? Or is it....?
>
> Kate: I don't know. I think it is because.....I don't know, I think it's just because of the situation really.

At this point I recall feeling a little lost in our discussion. I felt unable to grasp what was "really hard". There seemed to be a felt sense of the difficulty from both of us but I was unable to understand what the difficulty was associated with. Kate seemed to be unable to make contact with the 'difficulty' , while I was unable to extract any meaning from Kate's non-verbal utterances at this time. On reflec- tion, there could well have been some parallel process in action here. Some uncomfortable experiences I had encountered from my past had found themselves present in the interview space and this affected my capacity to be 'present' in the interview. It is important for me as a relational-centred researcher to recognise the presence of unconscious processes and how they may affect my interactions with others. They will of course have steered the way in which I will have conducted the interview. I cannot separate my own history from myself as a researcher I can only acknowledge the presence of such unconscious processes. From my perspective, the presence of ambivalence here had avoidant and anxious qualities. Was this the same or different for Kate?

A few moments later I try to explore what "hard or really hard" meant to Kate. Kate says "This is". During this part of the interview I continued to feel lost and begin to wonder what Kate was experiencing. I was then offered information from Kate's non-verbal utterances.

> Vivien: Are you anxious? Because your foot's.....
>
> Kate: Sorry.
>
> Vivien: No, don't apologise, it's just your foot is tapping and I'm wondering what's going on in your body?
>
> Kate: I don't know.

Here I experienced an interconnectedness in terms of 'anxiety and ambivalence', both in the words of Kate and in our processes. Kate's non-verbal utterances of foot tapping, and some apparent wriggling in what seemed like mild discomfort, suggested something of Kate's anxiety. Her verbal utterances held an avoidant quality. Throughout this interview, Kate spoke of masking and hiding her truth. I began to feel Kate's ambivalence and wondered whether she was still unable to find the words to express her true feelings and as a result she (and I) experienced some avoidance and ambivalence. This felt-sense tapped into some of my embodied feelings post- pregnancies. Here there was both an interpersonal quality and a deeply embodied intra-personal experience. Had I felt ambivalence and anxiety following my pregnancies and losses? Had this been present in both the 'there and then' and the 'here and now'? I know that this section of this research paper has been the hardest part to write. I know I have been avoidant in the writing of it. I also know that in considering the writing of it I had felt some anxiety, a need to avoid and some ambivalence.

Reflections

This paper has attempted to describe some of the subjective meanings of the experience of 'life after delivery', focusing on one woman's experience– Kate. Four emergent themes form the basis for exploration: Protection-Desertion; Contact-Isolation; Belonging-Shame; and Anxiety-Ambivalence.

There was throughout our dialogue a sense that Kate wished to be seen as the *same as* others. An element of 'cultural shame' appeared to present in this. It was as if Kate wanted to mask her 'true' self and 'put on a brave face' so that she is seen to be like any other mother - not as a lesser mother or one with differences (which could be perceived as 'deficits'). She goes to great lengths to 'hide' herself from her family and professionals to give them no reason to doubt this.

Beyond these four themes, there are further possible themes on the horizon, such as rejection, confusion and complexity, and avoidance leading to feelings of indifference and ambivalence. I also noted a theme of reassurance and self-sufficiency. These other themes would be worthy of further exploration in future research.

It is important to note the possible presence of unconscious processes throughout the interview and the subsequent writing of this research. In all the elements of this research I have the shadow of a parallel process. I cannot ignore (and wouldn't wish to) the presence of Kate's embodied experiences and those of myself. As a researcher I wish to embrace their presence in order to deepen my understanding of the 'other'. I wish to separate out and untangle and in doing so experience the depth of my co-researcher's experience. I experience in the dialogue a wonderful sense of confidence growth in Kate, and identified by the Health Visitor. Kate said that the Health Visitor "noticed she looked amazing and that she had turned a corner." Kate said the Health Visitor said, "I'm so proud of you". During the interview I recall I was particularly moved by Kate relaying these words.

While much of what Kate shared with me suggests that she may well have experienced some 'post-natal depression', I have not specifically focused on this. My aim was to try to witness and give voice to her unique, special and particular experience of life after delivery. Of course, another mother's experience will be different and there is a limit to how much these findings can generalise more widely. That said I believe many mothers will identify with elements of Kate's experience and how it is easy to feel generally shamed, low, abandoned and isolated. I believe it would help mothers to hear of others' experience in order to normalise their own experience of these more 'negative' emotions. Further phenomenological research recognising the value of exploring ambivalence of life after delivery would be useful.

I asked Kate what she hoped would come as a result of this research, with reference to supporting others with similar experiences. Kate said, "I hope that maybe somebody recognises it, even just reading it and recognising it and thinking that you're not alone." I have certainly recognised part of my experi- ences in Kate's story and I would like her to know she is not alone in her struggle.

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(Endnotes)

1 Levels of oestrogen, progesterone (and other hormones to do with conception and birth) drop suddenly after the baby is born. It's not clear exactly how they affect your mood and emotions. No real difference has been found between women who do and do not get Postnatal Depression, and research does not suggest that this is a major reason for depression. Hormone changes may be more important in the baby blues and puerperal psychosis (The Royal Colleges of Psychiatrists UK 2010).

2 Post Natal Illness (a UK based website) describes and outlines many (but not all) of the symptoms of Post-natal Depression on their website www.pni.org.uk. They describe one of the symptoms as "A feeling that if you just disappeared out of your family's lives everything would be OK for them – that you're causing your family unhappiness just by being around." This seems to describe Kate's experience of herself and this is seen in quotes throughout the transcript.