Beneath the Skin: The Horror in Silence

From the moment a girl starts menstruating, society begins to claim her body. A woman's body is not her own, but a machine for production. Modern-day narratives define womanhood as what a woman produces, not what she experiences or feels. Thus, framing motherhood and reproduction as labor that is capitalized on societally, culturally, and economically. Postpartum depression has been silenced by societal norms that disregard women's mental and physical health for a growing world population.

The recognition of postpartum depression as a valid mental illness has been historically misrepresented due to a distortion of women's pain, emotions, and bodies. The underlying stigmas and cultural stereotypes about postpartum depression perpetuate harmful ideas about motherhood that prioritize self-sacrifice and emotional suppression over health. By examining artistic, cultural, and clinical characterizations of postpartum depression, we can investigate the horrorized narration of women's bodies. This way, we can better understand how the capitalization, medicalization, and cultural framing of postpartum depression continue to shape—and limit—conversations around motherhood and mental health, showing how postpartum depression is often portrayed not as a health issue requiring care, but as a threat or failure of womanhood.

In many cultural spaces, particularly those shaped by colonial and capitalist systems, pregnancy is embodied as a milestone of success, a natural joy, and a blessing. But this narrative diminishes any complexity of pregnancy that may exist in the real world. Pregnancy is medicalized until the mother steps out of the hospital, so why does she lose her worth after the pregnancy is over? How does society define what womanly characteristics are valid in a modern

society? How can a woman possibly suffer when she has a child in her arms? Why is motherhood more respected and well-regarded compared to the aftermath of postpartum depression? Societally, we would never describe a woman to be plagued with pregnancy, because, societally, pregnancy is objectively beautiful. Anything that a woman experiences afterwards is minuscule in comparison because we value production over protection.

The Joys of Motherhood (1979) is a powerful novel by Nigerian author Buchi Emecheta about gender roles, colonialism, and motherhood in Nigeria. The novel follows Nnu Ego, a woman whose self-worth lay in her ability to bear children, more specifically, sons. Nnu Ego believes that motherhood will bring prosperity and pride to her life: “God, when will you create a woman who will be fulfilled in herself, a full human being, not anybody’s appendage?” (Emecheta 209). This belief stems from the capitalization of women's bodies, where their value is measured by what they can produce—children, care, labor—rather than who they are or what they feel. This paints a narrative that women's bodies are machines used fully for the process of having children. The machine of woman is programmed to bear children, and to be happy about it. Any deviation is a functional issue that should be addressed. But, in a world where a functional woman's body earns her land, wealth, and respect, functional issues result in poverty, shame, and loneliness. Nnu Egos' only transactional value in society is her ability to bear sons. She pays to exist with her womb and positive feminine attitudes.

To Nnu Ego, the emotions that result from pregnancy should be joy and gratitude because that means she was blessed with a functioning body. For a woman to have a child is a part of her entire being and something that should be appreciated in its entirety. It is as if you are sad after motherhood; the problem is you, not the society that created unrealistic stereotypes. But, after losing her first child, the grief and pain Nnu Ego felt

were not welcomed; more so, it was questioned. Any pain felt by Nnu Ego was seen as a functional failure and inherently unnatural and unwomanly.

"It's All in Your Head Series: Postpartum" artistry by Shawn Cross uses disturbing and surreal imagery to reflect the internal chaos and isolation that postpartum depression can influence. For example, in Cross's work, the twisted anatomical style evokes both physical pain and fragmentation—symbolizing the unspoken struggle behind the "joys of motherhood" narrative.

In this artistry, the disturbing figure is barely representative of a woman. The figure has no defining characteristics of a woman, and features a face filled with horror. All other human features are omitted, but more noticeably, the stomach. Why is postpartum depression associated with an absent being? In a way, the missing stomach isn't a physical omission, but a metaphorical imagery of unacknowledged women's pain. To acknowledge the stomach would be to recognize the pain that women go through. But womanhood and femininity are soft, light, and beautiful—never difficult or painful. When the stomach is erased, so is a part of the mother that gave everything to bring life into the world. When women's pain is not palatable, feminine, or real, an erasure of humanity is imminent. The most horrific thought is that this erasure is an erasure of human origin and sacrifice.

This artistic erasure of the pregnant stomach is not just a disappearance of origin, but a transformation of the body—from a human being to a lifeless machine. This artwork relates to the theme of capitalism and the exploitation of women's bodies, as well as the performance of femininity. The erasure of the stomach similarly signifies a completed product of womanhood, no longer in use. The process of pregnancy, the aftermath of societal expectations, and the body that brought life into the world are deemed unimportant—only the child, the final product, holds

value. This artwork signifies the use of women's bodies as objects, not as beings. And once the machine is “broken,” there is no use for it, and no reason for it to take up space in society. The most horrifying aspect of the imagery of the capitalization of women's bodies is that there is meaning in emptiness, like a woman's body is for sexual appeal and motherhood; otherwise, there is no use for its existence at all.

Baby Ruby is a psychological horror-thriller film written and directed by Bess Wohl, which traverses through identity, motherhood, and societal pressure through the lens of a woman with postpartum depression. The main character, Jo, is the societal ideal of a mother. Jo is an educated, white, thin, conventionally attractive, and heterosexual woman. Jo ticks off all the requirements for perfection, so following suit, Jo would be the “ideal” woman to have a healthy child and an aesthetic motherhood experience. But *Baby Ruby* tragically challenges Jo’s perfection. The horror is that such a perfect woman like Jo is traumatized by one of life's most societally beautiful processes. Jo’s embodiment of the ideal mother makes the audience feel the same horror that Jo does. Not because they are feeling the same pain in an empathetic sense, but because they fear seeing perfection disrupted by the monster of imperfection, embodied by postpartum depression. With everything she has, what other-worldly excuse is there to have her feel this way? The biggest horror is when societal expectations don't follow through.

Furthering the argument that Jo is the embodiment of womanhood, her job is quite literally selling the aesthetic of having it all—a curated lifestyle of beauty and femininity. Jo monetarily profits from her perfect image of womanhood. This further highlights the capitalism of motherhood and women's bodies. The second that Jo shows that her body isn’t functioning “as it should,” she suffers not only emotionally, but monetarily as well. Motherhood was supposed to be another avenue for Jo to profit from her performance of perfection. Where emotion is a

liability and femininity is a brand, Jo needs to market herself strategically. Resultantly, Jo's brand was inevitably challenged by other mothers who pressured her to conform to societal perfection: "You guys look so happy and relaxed and rested — and your babies are so quiet. They don't even cry." (*Baby Ruby*). Ironically the people who challenged her brand were other "perfect mothers," whose only defining characteristics were smiles and support. But behind the smiles lie nothing but hollow beings emptied by the capitalism of women's bodies. When the biggest goal is to profit, you must give everything to succeed. Jo falls victim to this mindset time and time again. In this societally horrific depiction, Jo, the embodiment of womanhood, crumbles under pressure despite society's expectation that pressure creates diamonds.

This societal pressure to commodify and control women's bodies extends into medical practices, where postpartum care often reflects the same neglect, devaluation, and silence. These literary works and artistry mirror the general silence surrounding postpartum depression in modern medical practices. Postpartum care focuses overwhelmingly on the child's well-being. In contrast, the mothers' psychological well-being is put on the back burner immediately. For example, in *Baby Ruby*, Jo is constantly surrounded by modern healthcare with her easy access to hospitals, birthing professionals, and even her supportive husband. But, regardless, Jo still ends up isolated and dissociated from everything postpartum. Her suffering is left unaddressed medically because Jo has fulfilled her purpose as a woman. Medicine is no longer willing to legitimize or acknowledge Jo's postpartum pain. When medicine promotes functionality, only during pregnancy is a woman legitimate. Similarly, in *The Joys of Motherhood*, no medical intervention is considered a cure for Nnu Ego's relentless pain. Emotional distress is simply ingrained into the expectation of labor and motherhood. There is no institutional or medical intervention in either case because these women are still functional by medical and societal

means. Only when a woman's fertility is questioned, or when her functionality is questioned, is women's pain an issue.

A closer look through a biomedical lens reveals how race and institutional medicine expose the silence surrounding maternal suffering, the question of whose pain is normalized, and whose pain is taken seriously. When read through the framework of biomedical systems and clinical care, both *Baby Ruby* and *The Joys of Motherhood* illuminate a more profound disparity: that the acknowledgement of postpartum depression is culturally and racially stratified in modern medical structures. For example, Jo, a wealthy white woman, is surrounded by hospitals, midwives, and birthing consultants, while Nnu Ego, a Nigerian woman, is in the absence of these resources. Initially, one may assume that Jo seems more protected, and Nnu Ego more vulnerable to the pains of postpartum depression. This is not to dismiss the fact that both women suffered in silence, but to note that Jo suffered despite her medical access, while Nnu Ego suffered because of a lack of access.

Emecheta, the author of *The Joys of Motherhood*, reveals through her work that Black women's pain is not invisible; in fact, it is highly visible but intentionally devalued. This directly mirrors real-world biomedical practices where Black women are less likely to be screened for postpartum depression and more likely to die from pregnancy-related complications. Furthermore, they are generally less likely to be believed when they report pain in a medical setting. In Baby Ruby, Jo’s horror lies in her perfection being destroyed by the monster of postpartum depression. In contrast, Nnu Ego's horror lies in the institutionalized absence of the idea that she deserves to be acknowledged and treated.

Coopoperatively, these texts suggest that the medical system doesn't just fail mothers, but it fails mothers in an institutionalized fashion, influenced by race, class, and socioeconomic status. White motherhood is appalling and out of the ordinary. Black motherhood is seen and ignored. Current medical practices mistreat most women, but why White mothers are forced to suffer and Black mothers are forced to survive is rooted in discrimination. This institutional disregard for mothers is not limited to cultural or historical narratives—it continues in the very places meant to protect them.

While cultural norms frame mothers as selfless and invulnerable, hospitals often reinforce these ideas through clinical neglect. There is hardly ever any mental health screening before departure. There is little to no consideration of the mothers' well-being after childbirth. The primary concern for the hospital is getting women discharged as quickly as possible to ensure monetary compensation. Any distress that a woman feels postpartum is dismissed as hormonal issues or as the typical “baby blues”. Because hospitals are run for a capitalist society and not a healthy society, women's mental health issues postpartum are only recognized if they are evident. Otherwise, a part of motherhood is carrying the burden of mental health issues silently. Postpartum is only recognized as it is in the DSM-5 when women’s pain disrupts the system of society; otherwise, it’s simply ignored.

Revealing one of the unspoken horrors of postpartum depression: when women's pain is ignored until it challenges the capitalized use of women's bodies. Influencing a society that ignores women's pain unless it involves their fertility. Thus leading to a systematic control of women's bodies via pregnancy, self-worth, and femininity.

When postpartum depression goes unnamed and unrecognized in modern artistic representations as well as in reality, it encourages the collective unwillingness to acknowledge a

woman for more than bearing children and sexual appeal. The refusal to validate postpartum depression signals a societal logic that mothers must sacrifice themselves for the next generation, and that is not a burden, but a blessing. As long as maternal health is measured only in terms of basic survival and products, society will continue to fail the people they use for life. These works remind us that if we do not interrogate the silence around women's maternal pain, we become complicit in the systems that use women's bodies but discard any other part of their being.

Postpartum depression is rarely explicitly named outright in literature and film, not because it isn't there, but because the societies surrounding these experiences still refuse to acknowledge it as anything other than unimportant. These literary and artistic works expose a horrific truth: that in society, a mother is allowed to mentally suffer relentlessly, so long as her function continues. All of this is not to say that pregnancy is inherently plagued or ugly, because it is neither. However, it is important to acknowledge that pregnancy is a multifaceted process filled with individual inspirations and challenges. The capitalization and monetization of women's bodies contribute to the unspoken rules of pregnancy. In a world where women are machines for sex and childbearing, pregnancy will forever be plagued by culturally enforced stereotypes about how a woman should behave. Postpartum depression in itself is not a horrifying process, but society's unwillingness to see and name this experience is what makes postpartum depression so intensely plagued and horrifying.

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