




# The Experience of Primiparous Mothers in Regulating Emotions during the Postpartum Period

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## INTRODUCTION

The moment of childbirth generally brings happiness. For mothers, this is also a gateway to a new world with bigger challenges, which does not always lead to pleasant things. Mothers' sleep patterns and daily activities can be disrupted, and they need to adjust their personal and professional lives (De Choudhury et al., 2013; Yang et al., 2020). Mothers were found to experience moderate levels of fatigue which could affect their health and their babies (Astuti & Indriastuti, 2021). During this period, they also lack self-confidence about their ability to care for the baby and have concerns regarding the breastfeeding process or interpreting the meaning of a baby's cry (Xiao et al., 2020). These conditions make mothers vulnerable to developing negative emotions.

Mothers who have just given birth to their first children are called primiparous mothers or primiparas, while those with more than one child are known as multiparous mothers or multiparas. There are differences in the conditions experienced by primiparas and multiparas. In primiparas, the negative emotions experienced can be worse. It was found that the levels of anxiety and depression were significantly higher in primiparas compared to multiparas (Motegi et al., 2020). Another study found primiparas experience higher levels of fear, lack of control, emotional dissociation, maternity

blues, postpartum depression, and anxiety compared to multiparas (Green et al., 2022; Nakamura, 2020).

In dealing with negative emotions, some mothers try to overcome them by controlling or avoiding them (Monteiro, 2019). Barriers to processing negative emotions can be caused by expectations from the environment that a mother should be happy at the birth of a child (Monteiro, 2019). Some mothers also try to avoid negative emotions by playing the role of a mother, but in the end, they feel disconnected from their babies (Coates et al., 2014). Furthermore, this causes them to feel like they are a different person or their baby is someone else's baby (Coates et al., 2014). Although this strategy can temporarily reduce discomfort, this strategy actually increases negative emotions later (Hayes et al., 2006; Monteiro, 2019). If this suppression of negative emotions continues in the long run, individuals can experience increased stress (Patel & Patel, 2019). Furthermore, negative emotions and pain during childbirth experienced by mothers can also lead to symptoms of posttraumatic stress disorder (Goutaudier et al., 2012). Thus, it is vital to understand more deeply the experiences of primiparas in regulating negative emotions during the postpartum period so that they do not develop into more serious psychological problems.

Emotion regulation is a process in which individuals can influence or regulate the types of emotions they have when these emotions appear and how they experience and express them (Gross, 2014). The emotion regulation process model, according to Gross (2015), includes identifying opportunities to regulate emotions, selecting regulatory strategies, and implementing strategies to be monitored. If the strategy is not effective, the individual re-identifies opportunities to regulate emotions and so on. In terms of emotion regulation strategies, individuals can choose one of several such as situation selection, situation modification, attentional deployment, cognitive change, and response modulation (McRae & Gross, 2020).

The use of appropriate emotion regulation strategies in everyday life will have a positive impact on various aspects of life. One emotion regulation strategy, cognitive reappraisal, was found to be positively correlated with positive mental health indicators and negatively correlated with negative mental health indicators (Hu et al., 2014). Other studies have also found that implementing cognitive reappraisal strategies is associated with increased resilience, which includes hope and the ability to seek social support and pleasant activities (Cardi et al., 2021).

In mothers who have just given birth, previous studies have found that the ability to regulate emotions predicts breastfeeding, while breastfeeding plays an important role in maternal attachment and child development (Sahin, 2021). Emotion regulation is also expected to reduce the risk of postpartum depression in mothers because, with good emotional regulation abilities, they will be better able to evaluate and manage emotional reactions adaptively when facing changes in the postpartum period (Dinni & Ardiyanti, 2020). A mother who uses an emotion regulation strategy in the form of emotional suppression will find it difficult to vent various stresses adaptively. This stress usually arises from the adaptation process after giving birth and when caring for a baby. If stress is not managed or suppressed, it will increase physiological problems and worsen mental conditions (Dinni & Ardiyanti, 2020).

## Rationale of the Study

The results of a study conducted by Andarini & Ulya (2022) showed that there are several coping strategies used by mothers with symptoms of postpartum blues in managing stress, including crying, trying to be more patient, and interpreting children's crying as a way for children to communicate, so they need to respond positively. Another study by Muslimin & Ahmad (2021) found various forms of emotion regulation in mothers in the postpartum period: self-blame, blaming others, acceptance, rumination, and positive appraisal. However, this study was limited to mothers with good

emotional maturity in the Mamuju area, West Sulawesi. Previous studies have examined the role of emotion regulation on the mother's psychological condition in the postpartum period, as well as descriptions of coping strategies and emotion regulation in case study studies. However, studies regarding the depiction of negative emotion regulation in the postpartum period, especially in primiparous mothers, are still limited.

## Objectives

Given the importance of emotion regulation in primiparous mothers, this study was conducted to obtain an overview of the emotion regulation experiences in primiparous mothers in the postpartum period through a case study approach. The results of this study can help enrich the understanding of the description of primiparous mothers' experiences in regulating emotions during the postpartum period.

## METHODS

### Design

This study was conducted using a qualitative strategy through a case study approach. Case studies are empirical research investigating contemporary phenomena (cases) in in-depth and real-life contexts (Yin, 2018). The criteria for participants in this study were mothers who gave birth to their first children within the last six months. The data collection process was carried out by looking for individuals who experienced the phenomenon according to the criteria: Mothers who gave birth to their first child within the last six months. The interview guide used in this study was in line with, but not limited to, the theory of emotion regulation from McRae & Gross (2020). The researchers explored the participants' experiences in general in regulating emotions, then specifically covered each emotion regulation strategy from the theory of McRae & Gross (2020).

### Participants

Sampling was carried out using purposeful sampling strategies (Creswell & Poth, 2018), in which the researchers looked for some people who had specific experiences according to the sample criteria, which are mothers with their first children born within six months ago.

### Data Collection

Data collection was carried out using the in-depth interview method online by each researcher for 90 minutes. The interview was conducted by first explaining to the participants about the purpose, benefits, and duration of the study, voluntary participation, guarantees of data confidentiality, risks that might be experienced (such as remembering unpleasant experiences during the postpartum period), the participants' permissibility to withdraw from the study at any time without consequences, including the ability to retrieve data in the middle of the research process, as well as permission to record. If participants experienced negative impacts from participating in the research, the researchers were open to being contacted and could refer them to professionals.

In ensuring the trustworthiness of qualitative research, this study gives attention to credibility by ascertaining the background of the researchers. In this case, the researchers, as the main instrument of data collection and analysis, already have knowledge of qualitative research methods. The next way is to ensure that the participants provide truthful and correct information by building a good rapport. Furthermore, the researchers ensure data confidentiality and the participants' freedom to stop in the middle of the research. Finally, the researchers conducted referential adequacy by finding previous studies relevant to this study's results (Shenton, 2004).

Table 1. The Description of Participants

ID	Age (Years)	Child Age (Months)	Occupational Status	Live with Husband	Type of Delivery	Main Difficulties
P1	26	3	Not work	Yes	Normal	Adjusting to the daily demands of the baby
P2	24	4	Not work	Yes	Premature	Baby's weight is not ideal and conflicts with their parent in-laws
P3	25	1	Not work	Yes	Normal	The process of breastfeeding and the baby's weight is not ideal, and conflicts with their parent in-laws

Table 2. Themes and Subthemes

Themes	Subthemes
Strategies for dealing with difficult situations	Modify the situation Avoid the situation
Strategies for changing attention	Rumination
Strategies for changing cognition	Re-appraise the situation Accept the situation
Strategies for managing responses	Tell a trusted person Cry

## Data Analysis

The interview results were analyzed using thematic analysis (Braun & Clarke, 2006). The thematic analysis steps include compiling the results of the interviews into transcripts, reading the results of the transcripts and writing down initial ideas, creating an initial code of interesting findings and then organizing the data according to the code, turning the code into potential themes, compiling data based on potential themes, then re-checking themes based on their suitability with the code and overall data. Each theme is labeled and defined, and then the analysis results are reported in brief, relevant, logical, and non-repetitive and include evidence on each theme (Braun & Clarke, 2006).

## RESULTS AND DISCUSSION

### Results

Data were obtained through one-on-one interviews with three participants. The following is a description of the first participant (P1), the second participant (P2), and the third participant (P3). Based on the thematic analysis results, the following four themes emerged regarding the participants' emotion regulation strategies: Strategies for dealing with difficult situations, strategies for changing attention, strategies for changing cognition, and strategies for managing responses.

### *Strategies for Dealing with Difficult Situations*

For situations that cause negative emotions, P1 and P2 made efforts to change the situation so that the emotions that arose were not so strong. P1 used this strategy when worried about spending the night with the baby. She tried to reduce tension by breastfeeding the baby while watching dramas, having dinner, and chatting casually with her husband. These activities made her feel better, so she found them effective in reducing anxiety during tough and tiring nights with the baby.

"So, while having dinner, we watched a movie, then talked, shared stories." (P1)

P2 went through a moment when she was gloomy about the condition of her premature baby through changing the situation in the form of reading messages in the online group for mothers filled with jokes. This made her feel happy and not alone when caring for her baby.

“The mothers’ online group frequently contained funny messages. I felt so happy.” (P2)

Unlike the two participants, P3 carried out a strategy of avoiding situations. This happened when her mother-in-law was present and started talking about her baby’s unideal weight because she had been unable to breastfeed optimally. P3 chose to leave her baby with her in-laws and busy herself in the room by tidying things up or cleaning the room.

“There was a moment when I got really emotional. The child was being carried away, I did not want to join in. ‘Just take it.’ I preferred to clean up the room.” (P3)

### ***Strategies for Changing Attention***

The next theme that emerged was the strategy of changing attention. Each participant in this study often thought about the baby and the conditions that usually cause stress. The content that the participants thought varied depending on the difficulties experienced with their babies. P1 spent most of the day (especially in the afternoon) thinking about what would happen tonight and what kind of demands the baby would give, then questioning whether she could make it through the night and what if unexpected things happened. Meanwhile, P2 thought more about the condition of her baby, who was born prematurely and questioned whether the baby could grow normally. P3 almost every time, especially when she was about to give formula milk to the baby, she thought about the reasons for her lack of breast milk, thought that it might be her fault that she had had breast surgery or her birth experience that was not followed by early initiation of breastfeeding. P3 also questioned why her condition had to be like that and what had to be done so that more milk could come out and she could breastfeed optimally. These things often make the negative emotions of the three participants even higher.

“For example, I forgot on what day my child was constantly breastfeeding from 02.00 to 03.00 am. What if that happens again tonight? I felt, ‘ouch, that will happen again’. I would be alone, lonely in a dark room. What should I do? All my thoughts were only about my daughter. In the early time after giving birth, I spent almost 24 hours thinking about how I could survive dealing with this baby.” (P1)

“Moreover, my child was premature, so there were thoughts like, ‘Oh my God, will he be normal or not when he grows up?’” (P2)

“I felt like ... my mind was full of questions of what to do to increase the supply of my breast milk. Finally, the thought came again, regret the [absence of] early initiation of breastfeeding and ... maybe this was because of it, huh?” (P3)

### ***Strategies for Changing Cognition***

Participants were also found to apply strategies to change their cognition. One of the ways was by re-appraising the emotions and conditions they experienced. In conducting the reappraisal, all participants saw that the difficult moments they were going through were moments when they became very valuable figures for their babies. They interpret that their baby is still weak, only able to

communicate through crying, and only they can meet their needs. Participants expressed it as follows.

“She is a child who is really weak. In this world, she only knows your heartbeat, body warmth, the warmth when she was in your womb; that’s why, let’s learn how to understand this child. Poor her. If you do not feed her, who will?” (P1)

“We may feel like he is the one thing in our lives that we should take care of.” (P2)

“I am always on her left. So, it was like, she was looking at me as if she already knew her mother’s position. Like, ‘Mommy, I need you. You know what I need.’ I felt like my baby said that way. So, I was like, ‘Here I come, dear. Mama is coming, honey. What happens?’” (P3)

This reappraisal strategy was also carried out by P1 through recalling her purpose of having children. When overwhelmed and irritated by her baby’s constant demands, she reinterpreted the situation by realizing that she wanted the baby herself. That encourages her to continue her role as a mother, even though her journey will be difficult in the future.

“So, you do not want to have children, or what? No, I still want to have children, even though I know it feels like this. I still continue my role as a parent, even though the road will be full of wounds, bleeding, and very difficult. I have to struggle, but I want to go through this.” (P1)

P2 initially tried to suppress negative emotions because she believed she was the weak one. When referring to the theory of emotion regulation, this can be a form of expressive suppression in which individuals prevent emotional expression (McRae & Gross, 2020). But then, the participant realized and changed her appraisal of the situation. She judged that what she felt was real and not because she was weak. This she expressed as follows.

“I felt like, was this because I am weak? When feeling a little uncomfortable, I became sad. So, I tried to withhold, thinking that it was okay, it was nothing. But it turned out that that feeling were real, not just because I was weak.” (P2)

Compared to the strategy of expressive suppression, re-appraising the situation is more helpful for P2 to feel better about the condition of herself and her baby. In line with this, a previous study found that individuals who used cognitive reappraisal more than expressive suppression showed fewer depressive symptoms, were more satisfied with their lives, more optimistic, and had a higher self-esteem (Gross & John, 2003). P1 and P3 associated acceptance with their religion. They felt that children were a gift from God, caring for them was a part of worship, and surely there would be wisdom and benefit in every difficulty.

“I tried to accept it. I believe that Allah would not leave me. By being given children and by being given all these kinds of things, there must be lessons and wisdom.” (P1)

“Managing my emotions by listening to lectures about patience, sincerity, living all of this. They are also a part of worship. What is being done now is also a worship.” (P3)

Furthermore, P3 also accepted her condition that she could not give breast milk optimally to her baby and that her baby must be given formula milk. She did this to reduce repeated thoughts about the breastfeeding process, which can interfere with breast milk production. She tried to accept by believing that she had tried her best and that was what mattered. She also listened to religious lectures to strengthen her faith.

“Now, I have tried to accept it. That is it. What else should I do? I have been trying hard and praying. There was still a feeling of disappointment, especially when I gave formula milk. I still think about it every day, but not as often as before.” (P3)

Acceptance strategies were also found in P1 and P3. They accepted that negative emotions were a normal experience that most mothers in the world also experienced. Hence, they were more able to accept emotions and felt not alone. The following are excerpts from the participants' expressions.

“Yea, I am human, I am not a robot that does not have feelings, that does not get tired, whose battery is always full. I am a human who can feel many feelings. So it is okay to experienced that.” (P1)

“I felt more like, it turned out I am not the only one who feels this way. [I] joined webinars, especially with those who have the same problem. That made me feel better.” (P2)

### ***Strategies for Managing Responses***

In regulating negative emotions, each participant applied strategies related to managing behavioral responses, one of which was by telling their stories. Participants in this study were found to tell people they trusted about their difficulties, such as their biological mothers and husbands. P1 and P3 thought that this method was most effective in reducing the intensity of negative emotions. They often got suggestions for solutions needed. As for P2, she thought the influence was not much, but she felt it was not useless. After telling stories, the participants also felt relieved and more empowered. The following is a statement from P2.

“What is really effective is ... I think it was when talking to Mom, when Mom accompanied, or when there was help from people around. For example, my husband and I shared stories with each other, and in the end, I asked for help from him.” (P1)

“I felt more at ease. From feeling congested to be more relieved. What's more, when we tell a story, we can also gain feedback, and also being supported. So it felt like I am more empowered.” (P2)

In addition to telling stories, each participant in this study also regulated emotions by crying. P1 usually cried when she was tired, and her frustration was so intense that her throat felt heavy and her head felt full. Under these circumstances, she also threw things, slapped herself, or screamed. When her irritation subsided, she breastfed the baby and cried simultaneously, but she thought it was okay. P2 cried when she was alone, and P3 cried while sharing her story with her husband about her difficulties. The following were excerpts from the participants' explanations.

“Definitely, [I] cried, accompanied by self-slapping, throwing things, or screaming. When it was over, when I had finished throwing things, the crying had not stopped yet; I did breastfeeding at the same time; okay, it is okay.” (P1)

“One to two months after giving birth, I really cried a lot. I usually cry early in the morning, when it is quiet when people are resting.” (P2)

“Then I conveyed those emotions to my husband, cried several times to my husband, my husband calmed me down.” (P3)

## Discussion

This research aimed to gain a comprehensive understanding of the emotional regulation challenges faced by first-time mothers during the postpartum period using a case study method. The results showed that emotion regulation in the form of avoidance of situations occurs when a person refuses to be emotionally involved (McRae & Gross, 2020), as practiced by P3. Meanwhile, the strategy of changing the situation occurs when people take action to influence their situations (McRae & Gross, 2020), as done by P1 and P2. In line with the results of this study, the results of a previous study conducted by Muslimin & Ahmad (2021) found that the participants also applied strategies for dealing with difficult situations, but in a different form, which was changing the situation that became a stimulus for emotional emergence by moving to a place of residence temporary.

These results aligned with the strategy of changing attention through rumination or repetitive thoughts. Rumination arises when individuals repeatedly direct attention to the causes and consequences of the emotions they experience (McRae & Gross, 2020). Previous research has revealed that rumination is a process of adjustment to significant changes (Newby et al., 2021). Thus, rumination is a common thing experienced by primiparas with various themes of thoughts (Newby et al., 2021). Usually, the emerging themes are related to the gap between reality and expectations (Newby et al., 2021). Another study found that there were mothers who carried out this strategy by thinking about their feelings of anger and disappointment towards their neglectful husbands, and there were also those who thought about the painful experiences of giving birth (Muslimin & Ahmad, 2021).

This result was confirm that the emotion regulation strategies known as cognitive reappraisal, which is when individuals reinterpret or re-evaluate their emotional situations and/or personal goals (McRae & Gross, 2020). This method was also found in a previous study where participants tried to increase their patience in dealing with babies by viewing crying as a way for their babies to communicate (Andarini & Ulya, 2022). This made the participants respond more positively to the babies, such as talking to them when they were crying, telling stories, and understanding the baby so that the baby calmed down (Andarini & Ulya, 2022).

In addition to reappraisal, each participant also managed their negative emotions by accepting the difficulties and negative emotions they experienced. This is another way of changing cognitive strategies, namely acceptance, in which individuals accept or allow themselves to experience emotions without criticism (McRae & Gross, 2020). In line with this, a previous study revealed that the feeling of being part of a group helps mothers accept their conditions and feel no different from others (Salleh et al., 2022). Thus, the awareness that the difficulties and negative emotions experienced are normal makes them more able to accept the situation. The use of this emotion regulation strategy was also found in another study where there were mothers who accepted the

condition that they had to be away from their children, and there were also those who accepted that dizziness and nausea were normal conditions (Muslimin & Ahmad, 2021).

This finding was in line with the results of a previous study in which participants regulated their emotions during the postpartum period by telling trusted people so that they felt less burdened, did not feel trapped by their own feelings, and could get through difficult times (Salleh et al., 2022). Furthermore, participants in that study revealed that talking about the emotions they experienced was the best way to avoid feeling overwhelmed caused by symptoms of postpartum depression (Salleh et al., 2022). In line with these findings, previous qualitative studies also found that participants in their research cried when they were tired and had thoughts that piled up silently at night or during the day when their babies were sleeping (Andarini & Ulya, 2022).

### Implications

The results of this study reinforce the importance of primiparous mothers to utilize emotion regulation strategies in the form of strategies for dealing with difficult situations, changing the appraisal of situations from a more positive perspective, and changing responses that provide room to express emotions through telling stories and crying. In addition, these results also encourage those around them, such as partners, parents, and mental health practitioners, to be able to provide opportunities and support for them so that they can apply appropriate emotional regulation during the postpartum period. On the other hand, since this research is limited to the normal population, future research could examine the emotion regulation process in clinical populations, such as mothers who experience postpartum depression, because different experiences may arise.

### Limitation and Suggestions

The study had some limitations including a small sample size and limited diversity among the participants. The sample size of three participants may limit the generalizability of the findings to a larger population, and future studies should aim to include a larger sample size to increase the reliability of the findings. Additionally, the participants in the study were homogeneous in terms of ethnicity, education, and socioeconomic status, and future studies could benefit from a more diverse sample.

To address these limitations, future research could take a longitudinal approach to provide a more in-depth understanding of the emotion regulation experiences of primiparous mothers over time. Additionally, incorporating the perspectives of the partners of primiparous mothers could provide a more comprehensive understanding of the experience of postpartum emotion regulation. Finally, a comparative study between primiparous and multiparous mothers could provide insights into the differences and similarities in the emotion regulation experiences of mothers in the postpartum period.

### CONCLUSION

This study enriches the understanding of mothers' experiences who have just given birth to their first child in regulating the negative emotions that arise during the postpartum period. Although each participant experiences varied negative emotions and difficulties, there were several emotion regulation strategies that were carried out by all participants, which were changing the situations, changing attention by repeatedly thinking about the problem, changing perspectives on the conditions experienced, and changing responses in the form of crying and telling stories. These things, except for emotional suppression, were considered effective ways of helping them feel better and getting them to continue motherhood. Suppressing negative emotions often increase the intensity of the emotions experienced. Therefore, it is essential to educate and support primiparous

mothers so they can apply emotion regulation strategies that provide more chances to change situations, perspectives, and expressions of emotions in a healthy way rather than constantly thinking about negative things and suppressing or ignoring negative emotions. Thus, the psychological condition of primiparas can be maintained, and interactions between mothers and babies can be established healthily.

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## AUTHOR CONTRIBUTION STATEMENT

All authors have read and agree to the final version of this article.

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