

Essay Before a String Quartet

By Loretta K. Notareschi

One afternoon in January 2013, I gave birth to a beautiful daughter. She was five weeks early and small, but healthy. I was overjoyed to be her mother and instantly fell in love. My husband and I sang *Oh, How Lovely Is the Evening* to her within minutes of her birth, and we spent the next several hours in a state of bliss, marveling at her every move.

That night, as we tried to rest, I had a peculiar thought: *what if I were to throw my daughter down the spiral staircase in our home?* Ashamed, I confessed the thought to the nurse on duty. She kindly suggested that I was exhausted from my labor and should get some sleep. She would take care of our baby for the night. The next day, a social worker summoned by that nurse visited us and became the first of many professionals to help me understand my postpartum mind.

As the days, weeks, and months of my daughter's first year went by, I bonded deeply with my daughter. At the same time, I intermittently had scary thoughts about harming her or myself. Terrified, I tried to counter the thoughts with certain repetitive behaviors, phrases, images, thoughts, and musical patterns. This condition, I learned, is called postpartum obsessive-compulsive disorder (PPOCD).

Unlike postpartum depression, PPOCD is not a widely known condition. It affects only about 3 to 5 percent of postpartum women.¹ Mothers who experience it often have no reference for their suffering, and believe that if they tell someone, social services will take their baby away. Thus many women do not seek treatment, resulting in an underreporting of the condition. I was lucky, in contrast, to receive excellent medical care from two psychologists and a neurologist who recognized the illness. I was also treated with strong medications and joined a support group in the Healthy Expectations Perinatal Mental Health Program at Children's Hospital Colorado.

PPOCD arises out of a deep protective instinct gone awry. Because I was so determined to keep my daughter and myself safe, I looked every minute for danger. Everything in the room became a potential weapon in my mind. When I was in the kitchen, I imagined picking up a knife and stabbing my baby. In the bathroom, I pictured myself drowning her. In a parking lot, I imagined myself leaving her in her car seat on the ground and driving away. The scary thoughts were also about myself. I pictured killing myself by jumping over railings, taking whole bottles of medicine, or drowning in a lake. When my anxiety was at its highest, these thoughts would persist in periodic episodes lasting hours, even while I was lovingly caring for my daughter.

¹ OCD Center of Los Angeles, "Perinatal/Postpartum OCD: Symptoms and Treatment," OCD Center of Los Angeles, <http://www.ocdla.com/postpartum-ocd.html> (accessed Oct. 29, 2015).

About 90% of people, men and women alike, experience violent or scary “intrusive thoughts.”² These thoughts are not a sign of bad parenting or deficient morals. Rather, they emerge from the overzealous care that sometimes accompanies early parenthood, a product of a mind constantly scanning for danger. Sleep deprivation increases the likelihood of such thoughts. The difference for mothers with PPOCD, however, is the intensity and frequency of the scary thoughts, as well as the panic attacks that accompany them. For me, the intrusive thoughts created a physiological anxiety response—fear in the pit of my stomach, queasiness, inability to sleep (even when exhausted), weakness in my arms and legs—along with a cruel indictment of myself as a mother.

Because I pictured myself doing monstrous things to my daughter or myself so often, I began to wonder if I was a monster. I felt an almost unbearable shame from the thoughts. This is a sign, called *ego dystonia*, that my psychologists used to assure me that I was not psychotic or a danger to my daughter. I constantly told myself that I was not crazy and that I loved my baby. But the thoughts kept coming, leading to various coping behaviors. These included constant checking and rechecking of the temperature of my daughter’s room; an avoidance or rearrangement of knives and other dangerous objects in my house, in restaurants, and in other people’s houses; an avoidance of staircases in all buildings; an avoidance of crowds; asking my husband to hide my medication until it was time to refill my pill case; certain mantras I repeated to myself; certain imagery I required myself to imagine; and certain musical patterns I repeated in my mind *ad nauseam*.

In the midst of my sickness, I was lucky: I had a supportive husband, parents, in-laws, friends, church community, and medical providers. Similar to other mothers who experience PPOCD, I had many ups and downs. At times, the thoughts would go away, and I would become hopeful that I had recovered. Then, the thoughts would return.

Around my daughter’s first birthday in January 2014, I began my real recovery. My anxiety attacks became less frequent, finally fading to almost nothing. I felt as if I had experienced a second, extended, labor and delivery—much more difficult than the first. While I cared for my daughter with tenderness during her first year, and loved her deeply, it was only during her second year that I began to believe that I was, in fact, a good mother.

In the four movements of *String Quartet OCD*, I have sketched the emotional landscape of my PPOCD experience. In the first movement, I portray the obsessions—the “Intruders”—in all their suddenness, violence, and repetition. This movement is a textural fugue, inspired by one meaning of *fugare* in Italian: to dispel or rout. *Fugando i demoni* is “dispelling the demons.” The “subject” texture of the fugue is symbolic of the intrusive

² Kevin Gyoerkoe, Laura Miller, and Pamela Wiegartz, *The Pregnancy and Postpartum Anxiety Workbook: Practical Skills to Help You Overcome Anxiety, Worry, Panic Attacks, Obsessions, and Compulsions* (Oakland, CA: New Harbinger Publications, 2009), 118.

thoughts themselves. I find this material, with its dissonant intervals and *sul ponticello* timbre, to be unsettling and alarming, much as my thoughts were. The constant undercurrent of anxiety that I felt is represented by the “countersubject” texture, a rumbling figure in minor thirds. The episodes of the fugue represent the various attempts I made to control my thoughts, including a musical pattern of the resolution of fully-diminished seventh chords, a structure built from two tritones.

The second movement begins with a tense, “fragile” music representing my suggestibility early in my illness. In this movement, I continue to explore the forms my compulsions took. Its title, “You Must Think I’m Made of Candy Glass,” refers to one of the phrases I repeated to myself each time I had an intrusive thought.³ Resolving tritones and fully-diminished seventh chords also appear in this movement. And there is a repeating pattern of minor chords derived from the resolutions of a fully-diminished seventh chord in all its possible tonal interpretations.

In the outer sections of the third movement, “Shame,” I express the shame and sadness I felt about my condition. A tumultuous middle section shows the frustration I felt as I tried and failed, over and over again, to control my thoughts. As in the first movement, minor seconds and tritones predominate here.

The fourth movement shows the jagged path of my recovery—with periods of relief followed by the return of anxiety, and finally my “Second Delivery,” when I became free of OCD (though not free of anxiety). As the movement progresses past the opening *agitato*, the tritone is transformed into a perfect fourth. Later, I reclaim the round tune *O, How Lovely Is the Evening*, the lullaby we sang to our daughter from her birth. The ending of the quartet has a restful quasi-tonic, but the tritone lingers on in the first violin and cello, representing my lingering memories from that time.

Some words about the origin of my idea for this quartet. After the Playground Ensemble commissioned me to write a string quartet to go on the same program as George Crumb’s *Black Angels*, I thought about how Crumb’s music was a response to the horrors of the Vietnam War, a kind of “public hell.” That led me to think about the various kinds of “private hells” many people go through with mental illness, and I began to form the idea that I would write my string quartet about my own “private hell” of PPOCD.

For a time, I tried to talk myself out of the idea. I had too many doubts. Would it be too personal, I thought, or too self-pitying? Would I be wallowing in the past? Further, would the audience judge me for my intrusive thoughts? I myself had been disgusted by them; what would keep audience members from believing I was a terrible person?

³ It came from an episode from Season Three of *The West Wing*, when a character scoffs at someone who thinks she is emotionally fragile.

In answer to these doubts, I decided that writing the piece would help me give a musical narrative to my experience and finally move on from it. It would also help me spread awareness about the disease. As widespread as understanding is about postpartum depression, most people have never heard of postpartum OCD. And many, including myself before I got the disease, think of OCD as a joke, as in, “Wow, you’re so OCD about organizing your socks.” For these reasons, I decided writing the piece would give me a chance to educate audiences about what OCD is really like.

The worst of my doubts was whether the piece might be seen as too “female.” In a musical culture where I had encountered several instances of blatant misogyny regarding female composers and where music by women is a distinct minority on concerts, I feared being labeled and dismissed. This began to make me angry, however. Why shouldn’t there be deep and expressive music about women’s experiences with maternity? If Berlioz could write a symphony about his opium-induced delirium and Smetana a string quartet subtitled “From My Life” about “what has oppressed me so significantly,”⁴ why couldn’t I write music about my postpartum obsessions and compulsions? The string quartet is, after all, a confessional and intimate genre—witness not only Smetana’s work but also Berg’s *Lyric Suite*, the quartets of Janáček, and the late quartets of Beethoven and Shostakovich.

It is in this spirit that I offer my *String Quartet OCD*. I hope it will help other women experiencing postpartum disorders feel less isolated and seek treatment. I hope it will lead listeners to feel empathy for the distress some women feel when society expects them to be feeling only the bliss of new motherhood. I also trust that it will give voice to the universal fears of all people—men and women alike—about our and our children’s vulnerability in a dangerous world.

LKN
October 2015

⁴ *Grove Music Online*, s.v. “Smetana, Bedřich.” (by Marta Ottlová, et al.), <http://www.oxfordmusiconline.com/subscriber/article/grove/music/52076> (accessed May 3, 2015).