

Motherhood, Grief, and Melancholia in Jayne Anne Phillips's *MotherKind*: Maternal Identity as Wound and Continuity

Anuja¹, Prof. (Dr.) B. M. Yadav²

¹ Research Scholar, Department of English, Baba Mastnath University

² Research Supervisor, Department of English, Baba Mastnath University

Abstract—Jayne Anne Phillips's *MotherKind* places Kate Tateman between the birth of her son and the approaching death of her mother. This paper argues that maternal identity in the novel is neither a fixed role nor a sentimental ideal. It is formed through bodily injury, interrupted sleep, caregiving, anticipatory grief, memory, and the transfer of care between generations. Freud's distinction between mourning and melancholia explains how loss can enter the structure of the self; Kristeva clarifies the crisis of language produced by grief; Winnicott illuminates the mother's heightened responsiveness to the infant; and Chodorow explains why becoming a mother renews the daughter's identification with her own mother. Close reading of Phillips's exact diction shows that motherhood is experienced as a wound because attachment exposes Kate to exhaustion, anxiety, and helplessness. Yet maternal identity also becomes continuity because Katherine survives through Kate's memory, language, and practice of care. The novel therefore revises recovery as detachment and presents grief as a transformed relationship that continues within the maternal self.

Index Terms—motherhood, grief, melancholia, maternal identity, psychoanalysis, memory, caregiving, Jayne Anne Phillips

I. INTRODUCTION

Contemporary motherhood studies have challenged the assumption that maternal identity is natural, complete, and emotionally uniform. Adrienne Rich distinguishes maternal experience from the social institution that regulates it. Her phrase “the potential relationship of any woman to her powers of reproduction and to children” identifies motherhood as a lived capacity before it is organised by

patriarchal expectations (13). Sara Ruddick similarly treats mothering as a practice that develops forms of attention, judgement, and responsibility rather than as an automatic feminine instinct (367). These arguments are essential to *MotherKind*, where love is never separated from repeated work. Feeding, washing, carrying, watching, remembering, and waiting are not background details; they are the actions through which maternal identity is created.

MotherKind centres on Kate Tateman, who gives birth to Alexander while her mother, Katherine, is undergoing treatment for terminal cancer. Kate also enters a new marriage and becomes responsible for two stepsons. Phillips therefore compresses biological motherhood, stepmotherhood, daughterhood, and caregiving into one year. In her discussion of the novel, Phillips calls birth and death “concurrent transformations” (“Author Interview”). The exact adjective is structurally important. The transformations do not occur in sequence; they act upon Kate together. The newborn makes immediate claims on her body, while Katherine's illness threatens the maternal relationship through which Kate has understood care, home, and her own past. Phillips criticism has established memory, family history, mourning, labour, and narrative fragmentation as central features of her writing. Phyllis Lassner reads Phillips's fiction through women's reconstruction of history in domestic and familial forms (206). Joanna Price describes mourning as both a “symbol of and a structure for identity” in American new realist writing (173). Richard Godden's analysis of labour in Phillips exposes the material work hidden inside family narrative (279), while Kate Rhodes's interview

situates Phillips's work within recurring questions of memory, intimacy, and women's narration (517–20). Yet *MotherKind* requires a more focused account of the point at which maternal attachment and anticipatory loss become one psychic process.

This paper argues that Phillips presents maternal identity as a continuing reorganisation of the self. It becomes a wound because love makes Kate vulnerable to bodily pain, anxiety, guilt, and the approaching disappearance of her mother. It becomes continuity because Katherine's care is not simply ended by death; it is internalised, remembered, revised, and carried into Kate's own maternal practice. The argument is developed through exact textual quotations, close reading, and psychoanalytic theory. Quotation marks are used only for wording verified in the cited source; interpretive claims remain outside quotation marks.

II. PSYCHOANALYTIC FRAMEWORK

Freud's "Mourning and Melancholia" provides the first distinction needed for the novel. Mourning gradually accepts the loss of a loved object, whereas melancholia converts object-loss into an alteration of the ego. Freud's famous formulation, "the shadow of the object fell upon the ego," describes loss as internal identification rather than external absence (249). Kate's situation complicates the separation between mourning and melancholia because Katherine is still alive while already being lost. Kate cannot ethically withdraw from her mother; caregiving requires greater attachment precisely when illness makes separation inevitable. The shadow falls before death because anticipatory grief has already changed the daughter's relation to herself. Kristeva extends the problem from attachment to language. At the opening of *Black Sun*, she names melancholia "an abyss of sorrow, a noncommunicable grief" (3). The phrase is useful for Kate because her experience repeatedly exceeds orderly explanation. Birth, nursing, fear, exhaustion, and the sight of her mother's decline do not enter consciousness as a stable argument. They appear through bodily sensation, fractured time, intrusive images, and sudden memory. Kristeva's emphasis on noncommunication does not mean that grief is entirely silent; it means that ordinary language is inadequate to the intensity and contradiction of loss.

Winnicott describes early mothering as "a very special state of the mother, a psychological condition which deserves a name" (302). He calls that condition primary maternal preoccupation. The concept explains Kate's intensified attention to Alexander's breathing, hunger, movement, and sleep. However, Phillips also reveals the cost of such responsiveness. The mother's sensitivity is not presented as effortless instinct: it develops through injury, sleeplessness, fear, practical instruction, and help from other women. Winnicott's framework is therefore most useful when the holding environment is understood as surrounding the mother as well as the infant. Chodorow explains why the birth of a child returns a woman psychologically to her own mother. She writes, "Women, as mothers, produce daughters with mothering capacities and the desire to mother" (7). The sentence identifies mothering as relationally reproduced rather than biologically predetermined. Kate's care for Alexander brings Katherine's habits and earlier care into new visibility. Daughterhood does not disappear when Kate becomes a mother; it is reactivated, examined, and painfully transformed by the knowledge that Katherine will not remain physically present.

III. MOTHERHOOD AS EMOTIONAL LABOUR

Phillips refuses to begin new motherhood with an idealised image of completion. After childbirth, Kate's rest comes in "jagged pieces of sleep" (Phillips, "Excerpt" 1). The adjective *jagged* converts sleep into something broken and sharp. Rest no longer restores the self; it cuts into consciousness in fragments. The phrase also establishes the novel's maternal temporality. Kate's nights are organised by feeding and pain, not by uninterrupted duration, and this temporal fragmentation becomes the formal rhythm through which the narrative represents early motherhood. The postpartum body is described with equal directness as "an open wound" (Phillips, "Excerpt" 1). The image rejects the cultural tendency to treat childbirth as a finished miracle whose physical damage can be ignored. *Open* indicates exposure, vulnerability, and incomplete healing. Kate must care for another body while her own body remains painful and unstable. The wound is therefore both literal and interpretive: it is the condition from which maternal obligation begins. Motherhood is not

represented as the addition of a new role to an unchanged self; it begins by breaking bodily continuity.

Ruddick's account of maternal practice clarifies why the novel gives so much space to repetitive actions. Preservation and growth require concrete judgement: the caregiver must notice changes, anticipate danger, interpret need, and respond before complete certainty is available (367). Kate learns Alexander's bodily signs while also negotiating Katherine's treatment, household demands, and the feelings of her stepsons. Her labour is emotional because she must interpret other people's vulnerability; it is material because interpretation leads immediately to feeding, cleaning, lifting, scheduling, and waiting. Phillips also rejects the fiction of the isolated, naturally competent mother. Katherine arranges postpartum support; a nursing counsellor supplies practical language; Moira cooks, cleans, monitors Kate, and offers bodily care. Rich's distinction between maternal experience and the institution of motherhood becomes visible here: love may be intimate, but the expectation that one woman should perform care without interruption is socially produced (13–14). The novel's ethics of care depends on interdependence. Kate can hold the infant because other women temporarily hold her.

IV. GRIEF AND MELANCHOLIA

Grief begins before Katherine dies. Cancer changes the meaning of ordinary time because each conversation, judgement, meal, or domestic habit may be repeated for the last time. Kate therefore inhabits two realities: her mother is present, and her mother is disappearing. Freud's model of reality-testing becomes unstable in this condition, since the lost object has not yet been physically removed (244–45). Anticipatory grief does not permit withdrawal; it demands intensified attention to the person whose absence is approaching. Phillips's own account of the novel confirms this temporal contradiction. She describes the "absence/presence" of the dead as part of "identity beyond death" ("Author Interview"). These exact formulations explain why *MotherKind* does not organise grief around a single final scene. Katherine's disappearance begins during illness, while her continuation begins before death through memory, speech, and Kate's newly awakened recognition of maternal labour. Grief is therefore not

a later response added to motherhood; it enters motherhood as one of its forming conditions.

Kate's bond with Alexander intensifies rather than cancels this fear of loss. Phillips condenses the relation into the sentence "He was her blood" (Phillips, "Excerpt" 9). *Blood* carries several meanings at once: bodily substance, kinship, inheritance, injury, and continuity. Alexander is physically separate, yet Kate experiences him as internal material. This is the maternal form of Freud's identification: attachment alters the boundaries of the self. Katherine's approaching death threatens Kate in the opposite direction because the mother is also part of the daughter's internal history.

Caruth's trauma theory helps explain why Kate's fear arrives through intrusive images and altered time rather than through controlled reflection (5). Herman similarly emphasises that overwhelming experience affects bodily arousal, attention, and the capacity to narrate a coherent self (7). These frameworks support, rather than replace, the novel's language. Phillips represents grief not as an abstract theme but as a disturbance in perception: past and present overlap, ordinary objects become charged, and the future is anticipated as absence. Butler argues that mourning reveals the extent to which identity is made through relations that the self does not fully control (24). Kate's grief exposes this relational constitution. Katherine is not merely someone Kate loves; she is part of the language, memory, and practical knowledge through which Kate recognises herself. Consequently, loss cannot be solved by restoring a self that existed before grief. The former self has already been altered by caregiving, childbirth, and the internal presence of the mother.

V. MATERNAL IDENTITY AS WOUND

The maternal wound extends from the body into language. In the most compressed account of Kate's altered consciousness, Phillips calls her "someone beyond language" (Phillips, "Excerpt" 10). The phrase does not romanticise an instinctive maternal wisdom. *Beyond* marks estrangement from the symbolic identities: poet, wife, autonomous adult through which Kate previously organised herself. Physical exhaustion and emotional extremity place her outside familiar speech. Kristeva's "noncommunicable grief" becomes materially

present in a consciousness that feels before it can interpret (3). The next sentence states, “She was shattered” (Phillips, “Excerpt” 10). The verb refuses the language of smooth development. Kate has not simply matured or accepted an additional responsibility; the former organisation of the self has broken. The sentence’s brevity gives the rupture formal force. It interrupts the surrounding prose as motherhood interrupts the continuity of Kate’s previous life. Yet the novel does not leave her in pure fragmentation.

Phillips immediately adds, “Something new would come of her” (Phillips, “Excerpt” 10). The indefinite *something* matters. The new maternal self cannot yet be named, and *would come* places identity in a future that remains incomplete. The line avoids both restoration and heroic rebirth. Kate will not return to the person she was, but neither will she simply disappear into sacrifice. Maternal identity emerges through the difficult task of holding attachment and difference together. Chodorow’s relational model clarifies why the wound is also intergenerational. Kate’s new knowledge of care arrives when Katherine’s illness makes reciprocity increasingly impossible. She begins to recognise the labour she once received at the moment she must begin losing the woman who performed it. Guilt and helplessness arise because maternal knowledge is inherited under the pressure of death. The wound is not only the anticipated loss of a role called mother; it is the approaching disappearance of Katherine’s particular voice, judgement, humour, and practical presence.

VI. MATERNAL IDENTITY AS CONTINUITY

Although loss wounds maternal identity, *MotherKind* does not define healing as detachment. Hirsch’s mother-daughter model challenges narratives in which female maturity requires the mother’s symbolic disappearance (15). Kate develops by recognising how Katherine already exists within her habits of attention and care. Continuity is not imitation: the daughter does not become an identical mother. She selects, revises, and relocates inherited practices within a different marriage and household. Domestic objects make this process visible. Furniture, clothing, food, photographs, and repeated family expressions preserve histories that cannot be reduced to abstract memory. Lassner’s work on

Phillips shows how women’s narrative reconstructs history through intimate and domestic forms (206). In *MotherKind*, objects bear the marks of bodily use and changing interpretation. Their survival depends not on remaining untouched but on being moved, recovered, and understood differently. They become material analogues for maternal inheritance.

The title itself enlarges continuity beyond biological lineage. *MotherKind* is a service, but it also names a network of women whose labour crosses family and cultural boundaries. Katherine’s intention is carried out through Moira; counsellors and neighbours supply knowledge and presence; Kate extends care to Alexander and to children she did not give birth to. This distributed practice supports Ruddick’s claim that maternal thinking arises from the work of responding to vulnerable children, not solely from biological maternity (342). Price’s argument that mourning structures identity is especially relevant here (186). Katherine’s loss persists, but persistence is not only pathological repetition. Kate’s maternal actions transform received care into future relation. Butler’s account of mourning likewise permits continuity without denying alteration (20). The mother remains within the daughter not as a complete internal replica but as a changing archive of language, gesture, conflict, and practical love.

VII. NARRATIVE TECHNIQUE

Phillips’s narrative method makes grief a structure of consciousness rather than a topic added to the plot. In the author interview, she explains that the novel occurs on “two planes at once” and that the past becomes an “eternal present” (“Author Interview”). The phrases accurately describe a form in which childbirth and illness unfold chronologically while memory repeatedly interrupts the present. This nonlinearity reproduces the temporality of grief: the past does not remain behind the mourner but returns through sensory detail and domestic association.

Interior narration keeps bodily fact, memory, fear, and metaphor in immediate contact. Medical objects and practical instructions appear beside lyrical images; humour appears beside mortality; domestic conversation becomes an archive of inherited language. The method prevents both birth and death from becoming sentimental abstractions. Godden’s attention to labour in Phillips is useful because the

accumulation of detail reveals work that conventional family narratives often conceal (279).

Silence is equally important. Kate's most intense fears do not become speeches delivered to other characters. They enter the narrative as bodily reactions, images, and breaks in ordinary time. Kristeva's account of melancholia explains the pressure placed on signification, but Phillips's prose also shows language slowly returning through narration. The novel itself becomes the form in which what seemed beyond language can be arranged without being simplified.

VIII. CONCLUSION

MotherKind presents maternal identity at the intersection of birth and death. Kate becomes a mother while anticipating the loss of her own mother, so bodily attachment and grief enter the same psychic space. Phillips refuses the romantic image of effortless motherhood: sleep is broken, the body is wounded, and care requires repetitive labour and social support. She also refuses to restrict grief to the moment after death. Katherine's illness begins altering Kate before bereavement, while memory begins carrying Katherine forward before physical separation is complete.

Freud clarifies the internalisation of loss; Kristeva explains the crisis of language; Winnicott identifies the heightened responsiveness of early mothering; and Chodorow shows why mothering renews the daughter's relation to her mother. These theories are useful because they sharpen attention to Phillips's exact words rather than replacing them. The novel's crucial images: broken sleep, the wound, blood, linguistic estrangement, shattering, and the emergence of something new trace a self that is bodily disrupted and relationally remade.

Maternal identity is therefore both wound and continuity. It is a wound because attachment exposes the self to exhaustion, guilt, anxiety, helplessness, and irreversible loss. It is continuity because care can be remembered, transformed, and passed forward. Katherine survives neither as an idealised image nor as a completed memory, but as a living influence within Kate's language and practice. Phillips's final achievement is to present resilience not as a return to an untouched self, but as the capacity to remain open

to relationship after grief has permanently changed what the self can be.

WORKS CITED

- [1] Butler, Judith. "Violence, Mourning, Politics." *Studies in Gender and Sexuality*, vol. 4, no. 1, 2003, pp. 9–37. <https://doi.org/10.1080/15240650409349213>.
- [2] Caruth, Cathy. *Unclaimed Experience: Trauma, Narrative, and History*. Johns Hopkins UP, 1996.
- [3] Chodorow, Nancy J. *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender*. U of California P, 1978.
- [4] Freud, Sigmund. "Mourning and Melancholia." 1917. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, translated and edited by James Strachey, vol. 14, Hogarth Press, 1957, pp. 237–58.
- [5] Godden, Richard. "No End to the Work? Jayne Anne Phillips and the Exquisite Corpse of Southern Labor." *Journal of American Studies*, vol. 36, no. 2, 2002, pp. 249–79. <https://doi.org/10.1017/S0021875802006837>.
- [6] Herman, Judith. *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*. Basic Books, 1992.
- [7] Hirsch, Marianne. *The Mother/Daughter Plot: Narrative, Psychoanalysis, Feminism*. Indiana UP, 1989.
- [8] Kristeva, Julia. *Black Sun: Depression and Melancholia*. Translated by Leon S. Roudiez, Columbia UP, 1989.
- [9] Lassner, Phyllis. "Jayne Anne Phillips: Women's Narrative and the Recreation of History." *American Women Writing Fiction: Memory, Identity, Family, Space*, edited by Mickey Pearlman, UP of Kentucky, 1989, pp. 194–206.
- [10] Phillips, Jayne Anne. "MotherKind: Author Interview." Penguin Random House, www.penguinrandomhouse.com/books/130605/motherkind-by-jayne-anne-phillips/. Accessed 29 June 2026.
- [11] Phillips, Jayne Anne. *MotherKind*. Alfred A. Knopf, 2000.
- [12] Phillips, Jayne Anne. "MotherKind: Excerpt, Chapter Two." Jayne Anne Phillips, 2023, jayneannephillips.com/wp-content/uploads/2023/05/MotherKind-Excerpt-

Jayne-Anne-Phillips.pdf. Accessed 16 May 2026.

- [13] Price, Joanna. "Remembering Vietnam: Subjectivity and Mourning in American New Realist Writing." *Journal of American Studies*, vol. 27, no. 2, 1993, pp. 173–86. <https://doi.org/10.1017/S0021875800031510>.
- [14] Rhodes, Kate. "Interview with Jayne Anne Phillips." *Women's Studies: An Interdisciplinary Journal*, vol. 31, nos. 4–5, 2002, pp. 517–20.
- [15] Rich, Adrienne. *Of Woman Born: Motherhood as Experience and Institution*. 10th anniversary ed., W. W. Norton, 1986.
- [16] Ruddick, Sara. "Maternal Thinking." *Feminist Studies*, vol. 6, no. 2, 1980, pp. 342–67. <https://doi.org/10.2307/3177749>.
- [17] Winnicott, D. W. "Primary Maternal Preoccupation." *Through Paediatrics to Psycho-Analysis: Collected Papers*, edited by M. Masud R. Khan, Hogarth Press, 1975, pp. 300–05.