

A LINE ON LIFE

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You Don't Need to Sing the Postpartum Blues *

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About three-fourths of women suffer an intense feeling of letdown for the first few weeks after childbirth – then it subsides. This is often called the "*baby blues*." Even worse, 10-20% of new mothers suffer from some combination of depression, anxiety and/or obsessive-compulsive symptoms that can last for months. At the most extreme, about one new mother in 1,000 suffers from **postpartum psychosis** – a break with reality that includes hallucinations and delusions. They may even have obsessions about murdering their children, but only an extremely small minority of women actually does that.

New motherhood should be a wonderful, exciting experience, but there are some new mothers who feel absolutely miserable.

Psychologist Susan Feingold specializes in these disorders. She is also president of Depression after Delivery, Inc., which provides support and education related to postpartum disorders. She founded the organization after her own bout with depression, after her second child was born. Feingold couldn't find the help she needed. This led her to specialize in this area. She is one of the few health professionals who have specialized training in **postpartum depression (PPD)**, which can last a year or more.

When new mothers seek treatment, they often discover that their mothers and grandmothers were also confined to their beds for a year after the births. They may have suffered the same symptoms, before the label was created. Without treatment, the depression lingers. This not only affects the mothers, but also the spouses and especially the children.

Feingold says that personality tendencies before the birth become the new mother's "*Achilles' heel*." Women with tendencies toward depression become extremely depressed after the birth. Women – who were perfectionists before the birth – are likely to develop full-blown obsessive-compulsive disorders.

A variety of factors contribute to the problem. There may be a family history of mental illness. After delivery, there is a dramatic drop in hormones. The stress of marital difficulties and major role changes intensify the problem. Especially if the new mother previously worked, it is hard to adjust to being cooped up as a stay-at-home mother.

Psychologist Barbara Lewin, clinical director of the Center for Postpartum Depression in Philadelphia, claims our **workaholic culture** makes the problem worse. Many women believe they have to "*do it all*."

"Women today feel they should be back to their prepartum weight and into a power suit in the blink of an eye. They are simply not allowed to catch their breath and stay by the hearth."

In contrast to many other cultures, women are more socially isolated in the United States. They may lack the needed family support, because they live far from their homes of origin. In addition, their hectic schedules may not allow time for interaction with extended family members.

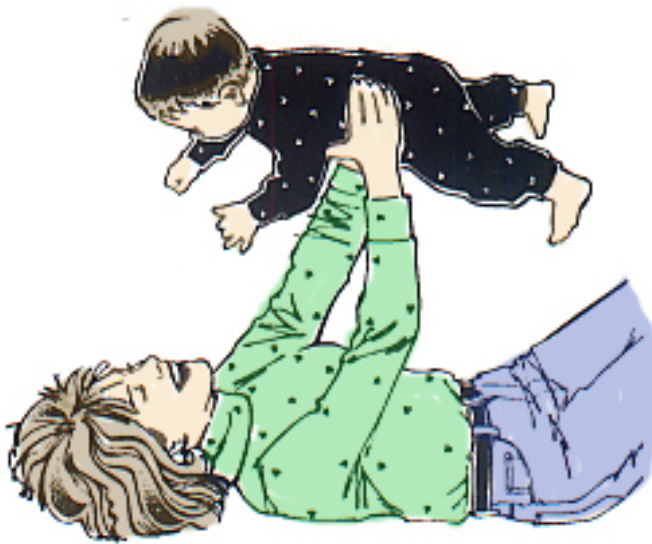
Feingold says at least three ingredients are needed for successful treatment for PPD. New mothers suffering from PPD need therapy, medication (if necessary), and peer support. (Peer support is social support from others in similar circumstances.)

Therapy will vary depending on the woman's symptoms, the issues, and the coping strategies used. Rather than exploring the past – what happened her family of origin – Feingold recommends concentrating on the present situation. Some women suffer mostly from anxiety. They are more likely to be helped by **stress management** and **relaxation techniques**. Others might need **assertiveness training** to set limits with friends and family.

Sometimes family members add to the problem. If so, they need to be included in the therapy. The key for recovery is the woman's relation with her husband.

If depression is the woman's main symptom, therapy may not be enough. She may need antidepressant **medication**. If medication is needed, clients are referred to physicians or psychiatrists. Hormone treatments may help, but their use needs more study. Hormone treatments are still controversial.

Support groups provide a place to share feelings and to understand that you are not alone. Jane Honikman, executive director of Postpartum Support International, says, *"If a woman gets no other form of treatment, she should join a support group."*



Although the depression and anxiety will spontaneously lift for most sufferers, at least 25% of women with PPD don't improve without treatment. Typically, those who get quality treatment fare better than those who "tough it out" on their own. Those women who are more perfectionist and driven can emerge from treatment with more softness, flexibility and forgiveness. They can enjoy the new baby more, while accepting their imperfections with new motherhood. As with many crises that are handled well, they may find themselves better off than they were previously. They can gain *"...a new sense of direction or a feeling of being more self-confident and together."*

If you want to contact people who can help you deal with postpartum depression, there are several numbers you can call. There is Feingold's Depression after Delivery (DaD) group at **1-800-944-4PPD**. Their web site is <http://www.behavenet.com/dadinc>. They provide information and have a list of professionals that treat the disorder. They also have trained volunteers available to discuss personal issues. Another group is Postpartum Support International. Their number is **1-805-967-7636**. If you – or someone dear to you – are suffering from this disorder, don't hesitate to call.

* Adapted from Tori DeAngelis' "There's new hope for women with postpartum blues," [*The APA Monitor*](#), September, 1997, pages 22-23.