Postnatal Depression

Facing the Paradox of Loss, Happiness and Motherhood

Dr Paula Nicolson

University of Sheffield
Postnatal Depression
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Postnatal Depression

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Contents

About the author ix
Foreword xi
Acknowledgements xvi

Introduction 1
Who should read this book and why 1

1 Being depressed 11
What is depression? – official and unofficial definitions 11
What it feels like to be depressed 15
Who gets it and what causes it? 16
Explaining depression 19

2 What is postnatal depression? 25
Discovering the paradox 25
Different theories and different kinds of depression 25
3 What causes postnatal depression?

Why me? Why now?

Different approaches to understanding women’s postnatal experiences

Trauma following birth

Factors influencing PTSD

Worrying about the baby’s health and welfare

Getting the best support over the postnatal period

Coping with depressed moods

Finding social support

Not all company is supportive

Getting support to prevent PND

What has happened to me?

Motherhood and the arrival of self-confidence

4 Happiness and loss: the paradox of postnatal depression

Introduction

The experience of loss

The healthy grief reaction

Losing sleep

Losing time

Bodies

Breastfeeding

Feeling too fat

Losing your looks

Losing your ‘mind’

Losing my self
## Contents

Being clear about who you really are ........................................... 100
Finding yourself as a mother ...................................................... 105

5 **Being a ‘good’ mother:**  
the paradox of sacrifice ............................................................ 107
Introduction .............................................................................. 107
What is the truth about the maternal instinct? ......................... 110
Is maternal instinct a biological drive? ................................. 111
Is there a paternal instinct? ..................................................... 115
Is biology destiny? ................................................................. 115
Were you born knowing how to bath a baby? ....................... 117
The father’s role ....................................................................... 118
Is a good woman the same as a good mother? ..................... 120
But, what does make a good mother? ..................................... 123
Negotiating the boundaries between self and other .......... 127
Voices of the experts ................................................................. 132

6 **Postnatal depression by proxy** ............................................ 137
Introduction .............................................................................. 137
The paradoxical burden ............................................................ 140
Women’s rage: gender relations or PND by proxy? ............... 143
What do women expect? ........................................................... 150
Penelope’s story ........................................................................ 151
Wendy’s story ........................................................................... 156
Isobel’s story ............................................................................. 160
Understanding PND by proxy ................................................. 164

7 **Challenging the paradox and getting on with your life** ......... 165
Introduction .............................................................................. 165
Taking control: when and how? ................................................. 166
Social support 169
Emotions fitness 170
Finding the help you need 173
Cognitive–analytic therapy (CAT) 174
Cognitive–behavioural therapy (CBT) 175
Physical fitness 176
Where to go from here? 178
Conclusions 179

Portraits of the women 183

Useful books, addresses and websites 213

Notes and references 215

Index 221
Dr Paula Nicolson is a psychologist who has been researching in the area of women’s reproductive health and postnatal depression for over 20 years. She is currently Reader in Health Psychology at the University of Sheffield School for Health and Related Research. She is soon to become a grandmother.
In memory of Barbara Gullick
My GP friend was expecting her first baby. She and I were part of a small group who were setting up a company. My friend said, ‘When I finish work before the baby’s born I’ll take over the company’s correspondence. I’m busy now but once the baby’s born I’ll have plenty of time.’

I said, ‘No you won’t. You won’t have any time and your brain will have turned to mush.’

She ignored me. Time passed, her daughter was born, and the usual sleep and feeding problems followed. My friend was besotted with her baby. One day, when we were trying to discuss some business matters, she said to me, ‘My brain has turned to mush.’

My friend has always been a competent, self-confident though modest person. On the scale of difficult babies hers is at the easy end. My friend has a very supportive husband, parents and parents-in-law. Yet, even she has found it impossible to maintain her usual level of self-confident, clear thinking. How much more difficult it must be for women who come to childbirth with serious
doubts about their worth and competence, and who are not well supported by family and friends.

When we feel self-confident and competent, we are aware that there are a number of matters competing for our attention. We can put these matters in order of priority and focus appropriately on each as the need arises. Thus, we can deal with ‘What shall I wear today?’ quickly and move on to planning our day’s work. When, in motherhood, our brain turns to mush, many matters which might need our attention disappear from the world we are inhabiting, and our focus is absorbed completely by a scrap of humanity who is now our one huge responsibility.

Moreover, when we feel self-confident and competent we can keep from our consciousness all those troubling thoughts, emotions and memories which, if we dwell on them, will undermine our self-confidence and sense of self-worth. But, once our brain turns to mush, these troubling thoughts, emotions and memories can break into our consciousness and attach themselves to our concerns about our baby and our ability as a mother. If you’ve been lucky enough to have had truly loving and supportive parents, if as a baby and child you had mostly good experiences of mothering (no mother is perfect: if she were her baby would have no reason ever to learn to look after himself) and if you’re surrounded by people who constantly show you that you are loved and valued, troubling memories and feelings are not likely to be any more than a momentary problem. But, parents who did not love you, or if you’ve grown up telling yourself that your parents did love you while secretly fearing that they did not, if your own experiences of being bothered were not pleasant, if in childhood adults treated you badly and if now you are surrounded by selfish people concerned only with their own welfare, then, when your brain turns to mush, you can find it extremely difficult to keep
at bay that host of horrible memories with their train of miserable, self-condemning thoughts and feelings.

It is self-condemnation which turns misery and sadness into the prison of depression. If you have learned, as many woman have, how to be an expert in feeling guilty and blaming yourself for whatever disaster might occur, you can, at any time in your life, turn the sadness which naturally follows loss and disaster into depression. For all women, motherhood involves the loss of freedom, the loss of irresponsible youth and the loss of the belief that you are always in control of your life and your body. For each individual woman, other losses can occur, while any woman who demands perfection in everything she sets out to achieve will find being the perfect mother a goal utterly beyond her reach.

For the expert in feeling guilty, self-blame comes into operation far more quickly than conscious thought can ever operate, and so depression can seem to appear out of the blue without any apparent reason. However, if we understand ourselves, if we recognise our well-practised skill in blaming and condemning ourselves, if we are aware how certain trains of thought, particularly about certain past events, can lead us into misery, then we can listen to the way we talk to ourselves and learn how to control and change our pernicious self-talk. Never again will we tell ourselves that we are useless, wicked and worthless. If, at the same time, we recognise how our nearest and dearest can hurt and belittle us, we can learn not to accept their bad feelings as our just punishment. Then we can devise strategies to protect ourselves against that hurt. There is no law that says you have to telephone your mother every day or that you must not confront your partner with his selfishness.

These are matters which are best dealt with before your baby is born. One of the many myths about postnatal depression used to be that pregnant women
should not be told about the existence of PND, because then they would worry about it. This myth prevailed when the medical profession believed that PND could be explained solely in terms of changes in hormone levels. (There is no difficulty or disaster in a woman’s life which a male doctor cannot blame on the state of the woman’s hormones.) Now it is recognised that hormonal changes alone cannot explain why one woman becomes depressed after childbirth and another does not. What is now recognised as being extremely important is how the woman sees herself and what kind of support she gets from professional staff, family and friends. A woman cannot do anything about her hormonal changes, but there is much she can do in checking and perhaps changing how she sees herself and what kind of support she is being given.

What has been greatly needed by pregnant women, by the professionals who look after them and by the woman’s husband or partner and her family and friends is a book written simply and clearly setting out what needs to be done if the woman is to meet the huge challenges of motherhood without her blaming herself for her failures and thus falling into depression. This is such a book. Paula Nicolson has combined a highly readable account of the concepts and research now forming the leading edge of the study of PND with reports of her sensitive and revealing interviews with women trying, and sometimes failing, to cope with the impact of motherhood on their lives. Other people’s stories tell us much more than any recounting of facts, however skilfully that might be done. Out of these accounts and out of the practical advice which is found throughout the book, and added to at the end, every woman can give herself an excellent chance of experiencing fully the joys of motherhood.

This book should be read by every person, of whatever profession, who is involved in the care of mothers and
babies, by men who can be shocked by the discovery that becoming a father involves more than one small sexual act, by older women who had their babies at a time when new mothers were not listened to but merely told what to do, and by every woman who wants to understand the marvellous and extraordinary process of becoming and being a mother.

Dorothy Rowe
I want to thank all the women who took part in the study and told me their own stories of pregnancy, childbirth and postnatal depression. I am also grateful to Dr Vivien Ward, who gave me the opportunity to write this book, to Sheila Kitzinger for her supportive and constructive comments and to my family and friends who ensured I had the time and support to finish it.
Introduction

Who should read this book and why

This book is about women’s experience of the first year after childbirth and the feelings and changes in emotion and relationships that motherhood provokes. Researchers have shown that between one and two out of every ten women becomes seriously depressed during this period of their lives. This is only a small part of the picture. As many as 90% of new mothers experience some degree of weepiness and anxiety, especially during the first few days after delivery and most women become depressed, disheartened or feel low for short but significant periods of time at least once during that first year of motherhood. This is not only true of first-time mothers. Depression can occur every time someone has a baby or after some pregnancies and not others. Some women, for example those who are socially isolated, have very low incomes and poor housing, or who have a history of emotional
illness, are more at risk than others. Even so – *depression after childbirth can affect anyone.*

Depression during that first postnatal year is usually referred to as postnatal or postpartum depression. This is *not* the same as the psychiatric condition postpartum or puerperal psychosis that affects a small minority of women who literally ‘lose their minds’. The mass media have made much of this illness and referred to it as PND. I have no desire to deny the extent and intensity of the distress that this state causes to all concerned. But it only happens to 1 or 2 women in every 1,000. Experts continue to debate whether puerperal psychosis is a separate mental illness or just the extreme end of PND. They still do not know for certain.

Health-care experts generally define PND as *a depression that occurs during the first 12 months following childbirth.* Some say that it is ‘atypical’ – that is, that it is *dissimilar* from any other kind of depression that the individual woman would have experienced before. Other experts disagree. They see PND as distinct from other types of depression only in so far as it is associated with the aftermath of childbirth and the life events and changes brought about through motherhood. Recently, psychologists have argued that many women experience depression in the last stages of pregnancy and what is identified as PND might actually be *pre-natal depression* caused by bodily changes and psychological reactions to being pregnant. Theories about the *causes* of PND vary, from those who argue that PND is an illness caused by hormonal disruptions which take place during childbirth and early lactation to those who suggest that it is the social conditions of motherhood itself that are depressing to women. The majority believe that, probably, PND has several causes and that the life history and social circumstances of each woman give clues as to the origins of their distress.
What most women want to know is ‘will it affect me?’ and if it does ‘what should I do?’ It is these issues that are highlighted in this book. It answers some important general questions. Why are some women depressed in early motherhood and others not? What causes PND? Is it easily diagnosed or cured? Is it the result of hormonal or other biological problems? Is it ‘madness’ or is it simply the result of women ‘wanting it all’? Are there any other explanations as to why as many as nine out of ten new mothers find themselves in tears and feel ‘down’ shortly after they have their babies, and at least one out of ten find themselves seriously depressed at some time during the first year of motherhood?

More particularly, the book takes a first-hand look at mothers’ experiences of stress, anxiety and depression and answers their questions ‘Why me?’, ‘Why do I feel this way?’, ‘How can I feel better?’

The book is based upon the stories of 24 women who talked to me while they were pregnant and several times during the first year after the birth of their babies. They came from all walks of life. They all lived in and around London in the UK, although some lived in the inner city and others in suburbs. Some of the women had full-time careers, some gave up work to become full time mothers. Several worked part-time to fit in with childcare arrangements. All had a relationship with the father of their baby, but not all were married to him or stayed married over the course of our meetings. Not everyone I talked to could be described as having PND. However, everyone had had some periods of feeling down, irritable, confused and anxious and some were very distressed at times. Their feelings and emotional reactions to their situations were for different reasons in every case and their expressions of distress took more than one form. What they had in common was that they were trying to negotiate their lives as mothers. They talked to me about the difficulties
they faced with their self-esteem, relationships, self-confidence, work, practical aspects of their lives and the changes that becoming a mother can bring to all of these parts of our lives.

It is not only first-time mothers who face these kinds of problem. Some women manage their way through the tiredness, physical strain and change of lifestyle with only passing irritability and the occasional uncharitable thought. However, a woman who had sailed through a previous experience of new motherhood, might find herself seriously depressed after the birth of a subsequent child. And vice versa. It is the apparent lack of logic surrounding PND that taxes the mind of health professionals and researchers as well as those who are suffering.

Here I show how women can understand more fully the realities of motherhood from the psychological to the biological. What can women expect from their bodies, health-care services, their friends, partners and other family members?

Most importantly though, from my perspective as a psychologist, I illustrate the many available ways of gaining a clearer sense of self-knowledge to help cope with depression after childbirth, and how this links into other aspects of emotional life. Understanding PND and learning about feelings which emerge at this stage can also enable insight and a broader self-awareness. For example, one of the most difficult things for many women is recognising what they themselves want. New motherhood is a time when we learn how to care for another – someone who could not survive alone. This is a great responsibility. Sometimes, this is combined with increased domestic duties, which involve, again, doing things for others. Losing sight of your own needs is easy. Developing your sense of self-worth and making (reasonable) demands that reflect your needs is difficult.
A great deal has been written and talked about PND over the past 10 years; much of which has indicated that, somehow, depressed women are suffering from ‘raging female hormones’ or are mentally unfit. They chose motherhood and then cannot cope. They became mothers and then complained. If they remain depressed, their children may suffer intellectually and emotionally through lack of attention and stimulation. Their relationships suffer because it is very difficult to live with or have a close friendship with a depressed person, particularly if they appear to have everything they want and are still unhappy. Sympathy for a bereaved, divorced, sick person or accident victim is typically far greater than for someone with PND. But having PND is particularly distressing if combined with fear, guilt and self-blame. ‘I wanted this baby and I should be able to cope.’

Having a baby and being a ‘good’ mother is taken for granted by most people as being the central part of being a woman. Despite the range of lifestyle choices available to contemporary women, many become parents. This is not necessarily because women all want babies without question. It is quite normal to be fearful about risks of infertility, pregnancy, giving birth and taking care of babies and children. We also know more now than in previous generations about the potential instability of marriage, difficulties surrounding child-rearing from infancy to adolescence and the opportunities for those women who remain childless. Motherhood is a serious challenge, but one which the majority of women still embrace.

Many women today, though, experience motherhood outside the traditional marriage, sometimes but not always as a matter of choice. It is generally acceptable to be a single mother, mother within a lesbian relationship, cohabit with the baby’s father or live in a ‘re-constituted’ family with a partner who is not the
father of your children. Contemporary women also expect to play some part in life outside the home in paid employment. Again, patterns vary and some women only work once the children are in school, while others maintain careers following only brief maternity leave. Fewer women, though, than ever before remain in the traditional housewife/mother role.

What happens to you when faced with motherhood for the first time? Few women experience the kind of conception, pregnancy and birth they expected. Few ‘bond’ immediately with their baby, and that can be a major setback. Individual physiological, psychological, emotional, economic and social circumstances vary enormously, and all of these things influence the way women mother children. Health professionals frequently advise would-be mothers that they are unlikely to conceive the first few occasions they try. However, many women do so. Many women never conceive, or take years before they become pregnant. Some conceive with ease the first time and never manage it again. There is no consistent route to motherhood.

Similarly, there is no uniformity about postnatal experience. After labour, many find it difficult to care about the infant that has been the cause of this pain and exhaustion. Of the women I talked to, most wanted to avoid that immediate post-birth time alone with the baby – they wanted to scream out ‘take it away, please!’ Others felt tears of joy and tenderness towards the infant. Feelings about the very new baby ranged from intense hatred, through ambivalence, awe and anxiety about its well-being. In the majority of cases, warmth and affection emerged before too long. These first encounters, though, may have far-reaching consequences. Samantha told me how distressed she had been for several weeks after a difficult delivery. Forceps were used to ease the baby into the world. But when she found herself faced with
this ‘distorted’, ugly red thing that was supposed to be her baby, she ‘freaked’. The guilt of those early feelings towards her baby remained with her for several months.

Many new mothers are confronted by a further and more enduring paradox: the new baby is exciting and much wanted. But daily life can be devastating. It might feel to the mother that she has lost everything she once had and expected for the future. But there is no going back. You cannot return the baby. Motherhood, with its dilemmas and stresses, is not any indication of feeling for the baby. It is common to love the baby, but hate the things you have to do for it and the domestic ‘captivity’ that motherhood frequently imposes.

Postnatal depression, which is the label given to these feelings, comes in several forms and hits you hard. It comes when you least expect it and are least equipped to cope. You have had a baby, you are tired, anxious about your new skills and worried about the time you no longer have for your partner, your friends or yourself. Many women feel this way, as shown through the stories of those I interviewed.

Felicity was preparing for Christmas four weeks before her first baby’s expected arrival. All of a sudden, as she was making the beds, she went into labour and within two hours ‘I was lying there with this stranger between my legs – I had no idea what to do’. Her mind was still focused on preparations for her parents’ Christmas visit to launch her maternity leave from work as a government scientist. ‘Everything was upside down – I panicked. I had no idea how to cope.’ She thought she would never get her life back to normal again.

Wendy’s baby was born on time and according to plan. She and her partner were delighted. However, neither had imagined how much new parenthood would interfere with the renovation of their large Victorian house. They had both seen Wendy’s maternity leave as a chance for rapid