

# Why do women get postnatal depression?

Postnatal depression is widely assumed to be a negative reaction to motherhood – but are we simply failing to ask the right questions? *By Anna Kinnaird Folkman*  
*Illustration by Eleanor Shakespeare*

Postnatal depression (PND) – an experience characterised by persistent low mood, tearfulness, anxiety and other depressive symptoms following childbirth<sup>1</sup> – is generally considered in clinical terms as a mental disorder linked to giving birth.<sup>2</sup> PND has the same diagnostic criteria as a general depressive episode, with onset occurring within the first four weeks postpartum.<sup>3</sup> This has led to substantive research seeking to understand what causes depression following childbirth.

Numerous studies have focused on social adjustment,<sup>4</sup> aspects of loss,<sup>5</sup> identity crisis,<sup>6</sup> shattered expectations,<sup>7</sup> hormonal fluctuations<sup>8</sup> and post-traumatic stress disorder<sup>9</sup> as causes of PND. What is striking, however, is that such research and its findings remain firmly rooted within the locus of motherhood. Very little research has taken into significant account women's experiences outside of the perinatal period as potentially important factors in their postnatal distress. It seems the circumstances of motherhood are the focus of exploration simply because in most cases the depression was not apparent before the birth. As a result, much 'postnatal-focused' research has effectively divorced depressed mothers from their lives as individuals with complex experiences unrelated to motherhood. Indeed, because the term 'postnatal' implies a phenomenon that develops after birth,<sup>10</sup> PND is generally assumed to be a reaction to motherhood, but this may not be the case.

## Historical contexts

My own research and work with women in postnatal distress provides new thinking on difficult postnatal feelings.<sup>11</sup> My research was for an MA in transpersonal psychotherapy at Northampton University. My aim was to provide a transpersonal understanding of difficult postnatal experiences and

the meaning women make of their difficulties, specifically in light of their own childhood and life circumstances. I interviewed six women in depth using organic inquiry – a qualitative approach that seeks to understand the transformative aspects of experience – about their postnatal experience and the meaning they had made of this event in their lives.

My findings, which I draw on here, suggest that PND can be a re-arousal of, or depressive reaction to, events in one's own childhood. This is supported by a recent study that found 'women who are experiencing PND are experiencing it in the context of both the consequences of distal life events and the stress of proximal life events'.<sup>12</sup> Despite this, women's life context outside of motherhood is largely absent from most PND research and treatment, despite studies that show definite correlation between difficult childhood experiences and PND prevalence. In one such study the majority of respondents rated their own childhoods as unhappy.<sup>13</sup> Similarly, researchers discovered that women who had experienced low care and/or high control in childhood were seven times more likely to be diagnosed with PND.<sup>14</sup> Studies such as these appear to recognise a relationship between PND and childhood, yet further investigation into the nature, impact and therapeutic implications of such a link has not been reported. As such, a meaningful discussion of the link between difficult postnatal experiences and childhood is lacking in the predominant perspectives of PND.

My own work with depressed mothers has provided various examples of a relationship between postnatal distress and childhood. For one woman, the birth of her first child triggered enormous rage and grief at having been abandoned by her own mother as a newborn. Her difficult postnatal feelings



References

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were the feelings she had experienced as an abandoned child. For another woman, anger, guilt and depressive feelings at adjusting to the neediness of her baby reflected her feelings about her childhood and growing up with a narcissistic mother. Once again, these were the same feelings she had first experienced as a child. For yet another woman, her acute tearfulness, anxiety and low mood following the birth of her baby brought up the same catastrophic feelings she first experienced when her father abandoned her in childhood.

In each case, the depressive symptoms made little sense outside their individual contexts and they were not especially related to the women's experiences of motherhood. In each case the symptoms they experienced – anger, guilt, depression, grief, tearfulness, low mood – fit the profile for a postnatal depressive episode. It was clear to me from talking in depth with these women that the feelings originated in their histories; giving birth had triggered unconscious material that was already there. Yet, because their symptoms fit a traditional PND presentation, the context, the underlying heart of the matter, would not necessarily have been taken into account in their clinical treatment.

Is it always possible to make the connection between PND and difficult childhood experiences? Arguably not always, and of course no single theory will account for every woman's experience. I have, however, noticed that some highly defended women are strongly resistant to looking deeper into their postnatal experiences, and their belief in the 'postnatal' aspect of diagnosis remains fixed. I interviewed one woman with severe postnatal obsessive compulsive disorder whose description of her intolerable postnatal feelings appeared to mirror traumatic feelings of growing up with a suicidal father, yet she was unable to link the

two experiences. For her, the postnatal diagnosis – and subsequent treatment using antidepressants and cognitive behavioural therapy (CBT) – enabled her to perpetuate her strong defences against this painful material. Depth therapy would possibly have facilitated a different experience but was not offered to her. I observed a similar situation in another woman for whom PND was a 'random and unexpected' experience, despite indicators in her life story that could have explained why she reacted negatively towards motherhood. For her, becoming a mother caused debilitating anxiety that seemed to mirror chronic childhood anxiety about change and fear of failure. She did not see the potential link between the two experiences and considered herself 'just unlucky' for having developed PND. Unfortunately she was not offered therapy, where she might have explored a broader perspective.

Although the postnatal experience did not trigger specific memories consciously in these two women, an emergence of adaptive ways of feeling and responding consistent with childhood conditioning was apparent; the postnatal reactions were conditioned behaviours. Another woman I spoke with struggled with feelings of perfectionism and disappointment after the birth of her first baby. For her, these feelings were connected with her

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life-long tendency to take responsibility for her mother's feelings and happiness, while simultaneously needing her mother's care and attention. She described feeling vulnerable, needy and hurting after the birth of her child, but also feeling an overwhelming need to take responsibility for her mother's disappointment at being absent from the birth. Similarly, she connected with a 'tremendous' fear of loving after her baby's birth, which she acknowledged as a maladaptive response linked to her childhood experience of being abandoned by her father. It was evident from a deeper exploration of these women's experiences that, once again, existing theories of postnatal depression did not adequately account for their distress.

An important question arising from my research was why should depression regarding historical events surface at this time in a woman's life? What catalyses unconscious material that surfaces after giving birth? There are several theories that could potentially explain why this occurs. I believe body memory research offers some important considerations. Here, researchers have demonstrated the body's ability to remember feeling states from the past (retaining emotional memory)<sup>15</sup> and the potential for an intense physical experience such as childbirth to bring those memories to awareness.<sup>16</sup> The physicality of childbirth and its potential impact on a mother's postnatal feelings are generally overlooked, yet the increasing evidence of post-traumatic stress disorder in postnatal mothers highlights the often violent experience of giving birth as a profound emotional trigger<sup>9</sup> or emotionally mutilating.<sup>17</sup> Several of the women I spoke with reported feeling they no longer had the barriers to hold 'away' unresolved pain following the birth. Indeed this was the experience of a woman I worked with who felt strongly

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that her experience of an uncontained, disempowering birth catalysed her difficult postnatal feelings.

### Implications for women

The pervasive grip of the clinical model has meant standard help for PND in the UK remains largely curative: namely, antidepressants, self-help and short-term therapies such as CBT.<sup>1</sup> Such treatments attempt to reduce or eradicate the difficult feelings. Perhaps unsurprisingly, I notice a correlation between women's acceptance of an orthodox postnatal diagnosis and clinical treatment and a need to understand their postnatal difficulties within the parameters of motherhood. I also notice a strong desire in these women to have the feelings go away and to attempt this through medication.

It is unclear what percentage of women presenting with PND symptoms are prescribed antidepressants in the UK. A 2011 survey by the charity 4Children found that 70 per cent of the women surveyed were prescribed antidepressants by their GP and only 41 per cent were referred to talking therapies, contrary to NICE guidelines.<sup>18</sup> Sadly, this method of treatment can leave women feeling confused and frightened by their experience of PND. They feel largely powerless in the face of its random onset and relieved at its resolution – potentially without ever having had the opportunity to discover the meaning of the experience for themselves. The prevailing clinical paradigm understands symptoms as a sign of illness and the elimination of symptoms as a measure of wellness, but this does a disservice to women with PND by ignoring the potential for deeper issues and possibly denying a healthy integration of this difficult experience.

In my experience, helping women to make sense of their PND symptoms in the context of their entire life is

significantly empowering for them. One woman said that clearing the long-held grief from her childhood that surfaced after the birth of her baby was a huge breakthrough. Another described her difficulties as a 'gift' she was 'unwrapping' as she explored her experience in therapy. Another similarly described how the 'gift within the [PND] crisis' was the opportunity to work on uncleared emotional material. Similarly, another woman spoke about 'the opening of the shell' she had constructed around herself throughout her life. These women felt that their postnatal difficulties were ultimately a positive experience because of the healing they ultimately brought to unresolved aspects of their lives. This is in stark contrast to many women's experiences of PND. It is important to note, however, that for each of these women their journey of discovery and growth was facilitated by depth therapy.

### Implications for practice

An expanded perspective of PND has several implications for counselling and psychotherapy practitioners working with women in postnatal distress. Importantly, it indicates that practitioners should not assume that postnatal distress is necessarily a reaction to motherhood. Holistic principles invite taking a broader perspective: that the part (postnatal distress) reflects the whole (the individual's life), and the whole is

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reflected in the part. When clients present with PND, therapists should instead explore more deeply the context in which the PND is situated in order to understand how the depressive episode relates to the entirety of the woman's life. This will potentially uncover further layers of the crisis. Many women report 'inexplicably descending' into PND, so finding links beyond the postnatal presentation can be very grounding and reassuring.

Implicit in such an expanded, transpersonal perspective on PND is the belief in healing through crisis and that meaning can be found in postnatal distress. This requires the therapist to hold awareness of their client's potential for growth through their crisis. This is a huge departure from the illness-based approach to PND treatment that seeks to eradicate symptoms and restore 'normality' as swiftly and cost effectively as possible. As with the many other perspectives on PND, the link to childhood won't necessarily explain every case. The important consideration I stress here is not to limit understanding of PND to a fixed aetiology. Practitioners need to avoid being reductionist and simplistic with individual clients' presentations; as with any presenting issue, we must remain open to what unfolds. An expansive perspective of PND based on the assumption of relatedness as opposed to reactivity offers women the potential for appropriate care and support that facilitates understanding and growth through their difficult postnatal experience. ■

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