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Identification of Postpartum Depression

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Senior Thesis
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Spring 2001
Identification of Postpartum Depression

Introduction

In the postpartum period many women experience "baby blues," which is a completely normal period of stress, sadness, and some sadness. Although every woman is different and therefore may experience "baby blues" for a different amount of time, this transient alteration of mood is said to last for a few days or up to two weeks after birth. (Harvey, 1999) Some women, however, experience something much more serious: postpartum depression.

Postpartum depression lasts much longer than "baby blues" and can be delayed in its occurrence up to 60 weeks after birth. However, just like with the "baby blues," some women experience a different time period of depression. (Stewart et al., 1984) While this depression is treatable, many women do not do anything about it. In this paper I will review symptoms, statistics, possible causes, and treatments of postpartum depression.

What I am interested in is this question: Why are so many women who suffer from postpartum depression not seeking help? In answering this question, I will consider sociocultural status, shame, motivation, time, and equal. Based on the reasons found about why women are not seeking help, I will make some suggestions about what can be done to make this less of a problem.

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Introduction

Postpartum is the period after a mother has given birth to a baby. During this period many women experience "baby blues", which is a completely normal period of stress, tiredness, and some sadness. Although every woman is different and therefore may experience "baby blues" for a different amount of time, this transient alteration of mood is said to last for a few days or up to two weeks after birth. (Harvey, 1999) Some women, however, experience something much more serious: Postpartum depression. Postpartum depression lasts much longer than the "baby blues" and can be delayed in its occurrence up to 30 weeks after birth. However, just like with the "baby blues" some women experience a different time period of depression. (Stewart et al, 1998) While this depression is treatable, many women do not do anything about it. In this paper I will review symptoms, statistics, possible causes, and treatments of postpartum depression.

What I am interested in is this question: Why are so many women who suffer from postpartum depression not seeking help? In answering this question, I will consider socioeconomic status, shame, motivation, time, and denial. Based on the reasons found about why women are not seeking help, I will make some suggestions about what can be done to make this less of a problem.

Symptoms and Statistics

There are many symptoms that are indicators of postpartum depression. The following is a list of some of the most prevalent symptoms:
• Irritability
  (DeAngeles, 1997)
• Change in sleep patterns
• Wish to be dead
• Feelings of worthlessness and guilt
• Loss of appetite or overeating
  (Liao, 2000)

I have found different statistics on how many women are affected by postpartum depression. Most of these percentages were pretty close to each other. Beck states that approximately 10 to 15 percent of women are affected by postpartum depression. (Beck, 2000) This figure is closely representative of the majority of percentages I have found. A probable reason for the discrepancy in figures is the number of women reporting postpartum depression. Many women do not receive treatment and therefore the percentages are estimated taking this into account.

Possible causes and risk factors

There are many factors that seem to contribute to postpartum depression. Some are physical and some are emotional.

Hormonal changes are a very likely cause. (Liao, 2000) When a woman is lactating, her body produces a chemical called prolactin. Prolactin is a mild relaxant and depressant. Also, the level of the hormones estrogen and progesterone drop sharply after childbirth. These drops can also lead to depression. (www.healthy.net)
Other factors include lack of sleep, change in relationship with husband, body image disturbance, and isolation. Caring for a baby, especially if the woman is breastfeeding, cuts down on the amount of sleep a woman gets. If a woman senses a change in her relationship with her husband, she may blame herself or the baby. The weight gained during childbirth can cause a woman anguish once she feels the weight should be gone. Most of the time, the woman stays home with the child while the man goes off to work. This can cause feelings of isolation and loneliness. (Liao, 2000)

Low socioeconomic status is considered to be a risk factor for depression. Women who live in poverty experience higher rates of postpartum depression than other women. (Liao, 2000) This may be due to the added stresses that women with low socioeconomic status face that women with more means do not have to.

History of depression is a major factor in postpartum depression. Whiffen and Gotlib (1993) studied two groups of women; one group had experienced postpartum depression and the other had not. Their study, which used the Beck Depression Inventory, showed that 60 percent of postpartum depressed women had been treated before for emotional problems. (Liao, 2000)

Treatments

There are many treatments for postpartum depression. These include medications, psychotherapy or counseling, and in some extreme cases hospitalization.

Some medications include antidepressants, anti-anxiety pills, and sleeping pills. Anti-depressants increase neurotransmission, which can release dopamine, a chemical in your brain, which makes one “happy.” (Ambrosini and Wagner, 2001)
Another form of treatment is the support of others who know what you are going through. There are support groups all over where women who have or are experiencing postpartum depression can go to get help, comfort, and also to make contact with people who understand.

**Why Don’t More Women Get Help?**

Many women who suffer from postpartum depression do not get help. (Liao, 2000) This section will explore the possible reasons for this problem.

**Socioeconomic status**

There are many reasons why a woman would not get help if she were feeling depressed after childbirth. One study by Seguin L, Potvin L, St-Denis M, Loiselle J, (1999) showed that many women of poor economic means are affected by postpartum depression. This study surveyed 68 French-Canadian women of low socioeconomic status. The study showed that 38.2 percent of the women studied were very depressed still after 6 months postpartum. The conclusion was: “Health practitioners should recognize that high depressive symptomatology frequently occurs among low socioeconomic status first-time mothers at six months postpartum.” If this study is accurate, then a possible reason behind why these women would not get help is that they do not have the money for it. Because this study was done in Canada the women would have been able to find health care for free but low socioeconomic means still may account for lack of treatment. What would they do with their child or children while they are at a doctor? The women would not have the means for childcare. Also, how would
they get to the appointment? They may not have access to transportation or the money for it.

**Shame**

Often times, women feel shame or fear over the idea of admitting to feeling depressed. During the time after a baby is born, a woman is supposed to be ecstatic and overcome with joy about the new arrival. Women who are depressed may feel that there is something “wrong” with them for not being as happy as they “should” be. They may also feel selfish for feeling this way and for the fact that it is taking them away from the baby. Many of the narratives of depressed women that I have read expressed such shame and guilt over not being happy.

Some women are too proud to seek help and admit they are not happy; others are afraid of the consequences. Some women fear that if they admit to feelings of depression or wanting to hurt oneself or anyone else, they may have their baby taken away. This fear can be especially amplified due to studies that show that babies of women who faced postpartum depression were likely to suffer because of it. Studies of children whose mothers were depressed during the pregnancy and postpartum periods showed that these children were more likely to be fussy, be more discontent and avoidant, and make fewer vocalizations and positive facial expressions than were babies of non-depressed mothers. This could be caused by the lack of bonding right after the birth of the baby. (Beck, 2000) If a woman has read or has heard of these studies she may fear for the well being of her baby and also fear that the baby will be taken away.
Motivation

Motivation is also a factor in getting treatment for depression. Because lack of motivation is a primary symptom of depression, it is hard to do something about getting help. Some of these women cannot care for their babies, how can they possibly be motivated to care for themselves? Women with postpartum depression are said to have paid less attention to their pregnancies and to have not taken care of themselves properly. This shows the lack of care for being healthy. A woman must care about taking care of herself before she can get treatment for her depression.

Time

Time is a problem for all new mothers, and this can be another cause why women who are depressed do not seek help. New mothers are overwhelmed with things to do. They now have a new baby to care for, on top of all the other things they used to do throughout their days. Many women may feel that they simply do not have the time to get help. A woman may feel that her mental health is either not as important as the other things she needs to get done, or that this will pass with time and can go untreated. The fact is though, depression is something that time should be made for.

Realization of a Problem

Another reason why women do not seek help is that some women simply do not know they are depressed. Many women hear of the baby blues and may just think that they are having a period of change and stress that is causing them some anxiety and
depression. They may not realize that it is something more serious that can and should be treated. (Liao, 2000)

What is it that finally makes a woman realize that there is a deeper problem than just the “baby blues”? There are a variety of possibilities such as a friend or relative convincing her, a doctor diagnosing her, or the woman herself may realize on her own that she should not feel this way. After the realization of a problem, when does a woman seek help for it? If she does not seek help immediately, what is stopping her?

This realization of a problem is the issue I am most interested in learning more about and therefore it is what I based my study on.

Denial

When a person cannot handle the reality of his or her own situation, he or she sometimes uses defense mechanisms to avoid confrontation of the situation. Sigmund Freud’s work included a study of these defense mechanisms, including a set of different kinds of mechanisms and a description of why we have them. Freud felt that the ego defends itself against situations that the ego feels are unacceptable. In essence, we use these mechanisms to protect our self-esteem. The different defense mechanisms that he identified are repression, reaction formation, projection, displacement, undoing, isolation, sublimation, and denial. Denial is the Freudian mechanism that most relates to postpartum depression. Freud’s definition of denial includes refusal or reluctance to accept the implications of an event or situation. Minimizing the severity of a problem is also a form of Freud’s denial. (Baumeister, Dale, and Sommer, 1998)
Denial is sometimes used to refuse acknowledgement of one having an illness. With depression, there can be a few reasons for this denial of illness. One big reason is that there is a stigma attached to depression. In one study, military cadets were asked to use the Beck Depression Inventory to rate depression in themselves. A substantial percentage of the cadets received a score of zero, which means no depression. A further study, however, showed something interesting. The cadets who scored low on the BDI also scored high on the MMPI, which is a measure of defensiveness and shows some denial. (Joiner, Schmidt, Lerew, Cook, Gencoz, and Gencoz, 2000) The reason for the denial is believed by the authors to be that there is a stigma attached to the disease depression and that the cadets did not want to have this stigma attached to themselves.

Another study showing denial was done on college students. Eighty-five undergraduates were asked to go to the infirmary and take a test for extra credit for a class. After the test some of the subjects told they had an enzyme deficiency, which could lead to irritating pancreatic disorders. These subjects were then asked to fill out a questionnaire that assessed how serious they found the problem to be. The results showed minimization of the problem and skepticism of the diagnosis, both of which are considered by the researchers to be forms of denial. (Croyle and Sande, 1988)

Denial was found in women with HIV/AIDS in a 1994 study. Self-blaming denial was the most prevalent kind of denial. In self-blame, a patient believes it is his or her fault they got sick and rather than accepting the illness, he or she refocuses his or her attention on blaming themselves. (Commerford et al., 1994)
Methodology

Measurement

I will be using narrative in order to get my measurements. Narrative has been defined as "a discourse that consists of a sequence of temporally related events connected in a meaningful way for a particular audience in order to make sense of the world and/or people's experiences in it." (Bell, 2000) I will be using narrative because I feel it is the best way to understand what these women were feeling because it is in their own words.

In my study, I interviewed women who have dealt with postpartum depression and heard from them the history of their diagnosis. I questioned them about when exactly they realized there was a problem that needed help. I also tried to find out how long after the realization did they pursue help.

In addition to interviewing women I also analyzed the postings of women on support bulletins on the Internet. I read about what these women had to say about their experience and analyzed their narratives. I then coded their comments into categories so that they would be easier to interpret and group together.

Subjects for Study

In order to obtain information on this topic, I interviewed several women who were faced with postpartum depression. In order to obtain subjects I went through the Healthy Steps Program, which is a program that helps women faced with postpartum depression. I spoke with a counselor there, who put me in touch with a few of the women
who participate in her program. I also used personal contacts. To reduce any risk of upsetting subjects I used women who have recovered from their depression. Before doing any of these interviews I had to get approval from the Institutional Review Board. The Institutional Review Board was very slow in approving my application and therefore I did not have the time to do as many interviews as I would have liked.

**Data Collection Methods**

In order to collect the data I needed for my study I conducted interviews. These interviews included questions in appendix A. I called five women and had interviews with two of them. One woman was away on vacation and the other two ignored my calls. I also used bulletins of depressed women from the Internet. I went to sites on the Internet that are specifically for mothers and found bulletin boards where the mothers could post about their experiences. The three bulletins that I used were "Baby Center", "Yahoo" and "UK Mothers." From these three sites, I obtained 11 bulletins. I used seven bulletins from "Baby Center", one from "Yahoo", and three from "UK Mothers".

**Analysis**

Through interviewing women and reading accounts of women on the Internet with postpartum depression, I found several ways that women come to realize they have postpartum depression. I have coded these reasons into the following categories:

1. A friend/family member suggested it.
2. A doctor/counselor suggested it
3. Had already heard about it/researched it and diagnosed self
4. Is asking the opinion of the group

Some women fell into more than one category. For this reason, there is some overlapping of experiences.

Two women fell under category 1. Five women fell under category 2. Four women fell under category 3. Four women fell under category 4.

The majority of women had a doctor or counselor suggest postpartum depression as an explanation of what the women were experiencing. The same number of women realized it on their own, or asked the opinion of a bulletin board. This number fell close behind those who sought medical help. What this suggests to me is that most women know something is wrong and have an idea of what the problem is. For a woman to go to a doctor, she knows something is wrong. To ask the opinion of a postpartum depression group bulletin, a woman must realize this is most likely the problem; otherwise she would not search for this type of page.

The fact that most of these women waited to be diagnosed by a doctor before calling themselves depressed or asked the opinion of the group on the bulletin before calling themselves depressed shows some denial. It seems to me that these women have some sense of what is wrong and are not willing to accept it just yet. They need to be sure beyond a shadow of a doubt because they are not ready to call themselves depressed yet. One of my interviews shows this denial. This woman was depressed with all three of her children. She felt guilty, would cry for no reason, thought she was inadequate, and said she felt depressed. At the time she said she thought what was going on was that she was guilty over the fact that she could not breast-feed her children. She finally called a
counselor after her third child, whom she experienced the depression the worst with, and was diagnosed with postpartum depression. The interesting thing is that she was not calling about being depressed. She was calling over her guilt. She had not accepted her depression yet. She was in denial. Even during her interview she kept stressing her guilt over not being able to breastfeed, rather than her depression. Although she has says she had postpartum depression, it was as if she was trying to explain it away.

I have also coded the women’s experiences with getting help into the following categories:

1. Went to a doctor eventually after realizing something was wrong
2. Was talking to doctor about a different problem when was diagnosed
3. Treated herself
4. Scared to tell the doctor

Seven women fall into category 1, and only one woman each falls into 2, 3, and 4. I do not feel that this accurately represents the population. I got my information through a health care provider and an Internet support group, both of which are homes to women who want to seek help. The one thing that all the women had in common when seeking help is that they wanted to know what exactly was wrong with them and they wanted to make it better.

Some of the women waited a long time before getting help. One woman on Baby Center said, “I don’t know if I have PPD but I’m beginning to think I do. It has been over 7 months since I gave birth…” Another said, “I think….No, let me rephrase that….I know I’m suffering from PPD. My daughter, Chloe, was born 7 months ago….Ever since her birth I have been a wreck.” This woman later asks how she can find a therapist.
Many other women had stories just like this. These women are depressed for months before they seek help, perhaps due to the denial of postpartum depression.

**Conclusion**

Postpartum depression is a common and terrible illness. There are treatments, though. Many women face this kind of depression and do not seek the help they need. Many do not realize that there are things they can do to alleviate their feelings of hopelessness, failure, sadness, and isolation. It seems though, that people in general are becoming more comfortable with the idea of seeking mental health care. Hopefully this will spill over into the pool of women who are experiencing postpartum depression and these women will get the help they need.

**What Can be Done to Lessen Postpartum Depression?**

The best way to treat postpartum depression is to catch it early. If women are informed of what they may experience and where to go to for help, they will be able to help themselves more efficiently.

Literature about postpartum depression could easily be dispensed during prenatal visits with an OB/GYN. This literature could also be available through a pediatric office. Women will know what symptoms to look for and if they experience them, they will understand what is happening to them. These new mothers will also know where they can get help if they start experiencing depression.

The most important thing that women can find out from this information though, is that they are not alone. These women could find support groups and share their experiences with other people who will understand. They also will benefit from this by
having the knowledge that there is not something "wrong" with them. If they know others are experiencing the same thing, they will not feel so isolated and feel like they are the only one going through this.

If literature on postpartum depression is dispensed at the time of a prenatal visit it can potentially educate the women who would not realize they were depressed or what exactly they were going through, educate the women who would not know who to turn to, and educate women who would feel like there was something to be ashamed of. This could cut down on the amount and severity of postpartum depression.
Appendix A

Questions to be asked of participants:

I will be asking the following questions and analyzing the answers I get from my subjects:

1. How many children do you have?
2. Did you experience PPD with all of them? If not, which one(s) did you experience it with?
3. How soon after the birth did you think, in looking back, that your PPD started?
4. What did you feel like?
5. What did you think was wrong?
6. When did you realize something was seriously wrong?
7. What specific events or feelings led you to realize?
8. When did you realize it was PPD?
9. What led you to give it that label?
10. How long after that (if not found out in counseling) did you get help?
11. Did anyone try to tell you it was more than “Baby Blues”?
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