

The Many Faces of Postpartum Depression by William S. Meyer, MSW, BCD

For over twenty years I have co-lead the Duke Postpartum Depression Support Group and, as someone who has met 100's of struggling new mothers, I have come to understand a few things about this condition.

How does one recognize the woman with postpartum depression? I can tell you because at one time or another she has participated in our support group. She is the young unsupported mother who had an unwanted pregnancy. She is the middle-aged mother whose own mother is deceased or unavailable. She is the mother in her 40's who feels awkward and out-of-step with the young mothers in the neighborhood play group. She is the mother who was sick throughout her pregnancy or the one who went through the labor and delivery from hell (an experience from which she had neither the time nor opportunity to physically and psychologically heal).

She is the mother in a strained relationship with the baby's father, or she is dealing with the added stress of an unconventional life style. She is the mother with a career who always wanted to be a mother but now, at home, misses the challenges and adult stimulation of her former employment. She is the working mother who out of necessity had to return too soon to work and had to leave her baby in less-than-optimal child-care. She is the relocated mother who just moved to the area due to her partner's job transfer and finds herself alone in an unfamiliar city. She is the anxious mother of a hard-to-soothe baby. She is the perfectionist mother who has always held herself to impossibly high standards and now as a new mother feels she is a failure. She is the mother who was used to having a fair amount of control over her life until she had an early delivery, an unexpected c-section or a baby with special needs. She is the giving mother whose baby has colic, won't sleep, won't take the breast and won't be consoled. She is hard on herself, sleep-deprived, and even food-deprived.

Sometimes she resents her baby and sometimes she even has secret worries or frightening images that she or her baby could get in harms way. She is ashamed and embarrassed for feeling as she does. She thinks that other mothers feel only warm and positive feelings toward their babies, and she is frightened that she will never recover and feel like her old self again. Her house is a mess, the thank-you cards have not been written, and everyone around her chortles, "Don't you just love being a mother?"

I will always be grateful to the mother who recently told me, "My friends ask me if being a mother is wonderful? 'Well,' I replied, 'it's certainly *wondrous!*'"

We have learned so much from the hundreds of women who have attended our group meetings because they have been so candid and such generous teachers. They have taught us that just a little support from us and from those around them can go such a long, long way. In our group we support them first by encouraging them to talk. They feel relieved to hear that other mothers have shared similar experiences. We reassure them that even though they get so frustrated with their babies it doesn't mean they don't also love them. We remind them how hard it can be to give to their babies in the earliest weeks and months, when their babies don't yet have the capacity for a real bonding and can't give them very much in return. After all, it's nearly impossible to feel loving when one is personally spent but dealing with an infant whose needs seem relentless.

We tell them it will get better, because it will. We tell them that regardless of whether they stay at home or work, whether they breast-feed or bottle-feed, they can still be terrific mothers and have happy and thriving babies. Finally, we tell them the most important thing: that they will find it easier to give to their babies if their needs are taken care of first. We encourage them to be assertive and reach out and get assistance from all who can offer it.

Parenting an infant is unusually difficult and demanding. No fewer than 10-15% of new mothers experience significant postpartum anxiety and depression. Consider then just how many women are so affected! If we wish to give this condition the currency and visibility it deserves, and I believe we must, we must do so by emphasizing its high prevalence. Postpartum stress/anxiety/depression is real, it is common, and it is treatable. Let us all strive to reach out to new mothers in need so that they may be provided with good health care, accurate information, adequate resources and support for as long as it may be necessary.

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