





Managing Postpartum Depression

A GOSPEL PERSPECTIVE

When a woman is struggling with postpartum depression, it's important that she have support from her husband, family members, and others.

BY LYNN CLARK CALLISTER

Brigham Young University professor, College of Nursing

After four years of trying to have another baby, Anna (names have been changed) and her husband were grateful for the birth of a daughter. But Anna found that adapting to the needs of a newborn, in addition to caring for her sons, was overwhelming. She found herself sinking into depression in spite of her best attempts to manage everything and maintain a sense of normalcy. Anna was struggling with postpartum depression.

All mothers, including Anna, know that having a baby is “supposed” to be a happy time and new mothers are “supposed” to be grateful for this incredible blessing in their lives. Yet for some women, postpartum mood disorders detract significantly from these happy feelings. Postpartum depression is manifested in many ways and can have physical, emotional, and even spiritual implications for the women who suffer from it. For instance, these women might have unrealistic expectations for themselves at a time of great transition, feeling that they should be able to do everything immediately for themselves and

their newborn because they should be “super-mom” and “super-wife.”

It is important that these women—and their families—understand what postpartum depression is (and what it is not), recognize symptoms, find effective ways to manage it, and, most of all, know that there is hope for normal functioning while dealing with feelings of depression.

A woman’s experiencing postpartum depression does not mean that she is weak, that she has done something wrong, or that she is to blame for her overwhelming feelings. In most cases the state is temporary. Suffering from postpartum depression, like facing other trials, can bring us closer to the Savior as we find ways to obtain spiritual strength. As former Young Women general president Ardeth G. Kapp explained: “We know about our Savior, but it is often in our adversities that we truly find Him and know Him and love Him. . . . I can testify from my own experience in life that some of our heaviest burdens, disappointments, and heartaches can in time be replaced with ‘the peace of God,

which passeth all understanding' (Philippians 4:7) while we 'wait upon the Lord' (Isaiah 40:31)."¹

More Than Just the "Baby Blues"

For some women, giving birth creates temporary feelings of sadness that are often referred to as the "baby blues." Symptoms—which usually appear within the first week after giving birth and can last up to 10 days—may include tearfulness, irritability, fatigue, anxiety, and emotional sensitivity with highs and lows. Baby blues are most often attributed to physical changes the mother is experiencing, but these symptoms can be aggravated by sleep deprivation, inadequate nutrition, a challenging infant, and lack of support. The baby blues are observed in all cultures across the world and affect up to 80 percent of women who give birth.

In contrast, postpartum depression is an illness with a biochemical basis. Although no one is sure what the exact cause is, researchers believe that the hormone-level shifts that occur during pregnancy and after childbirth may contribute to chemical changes in the brain. That, combined with the stresses and fatigue that accompany having a new baby, can lead to depression. About 10 percent of women who have a baby will experience postpartum depression, which typically occurs within four weeks after giving birth but can occur anytime during the following year. Many women who experience postpartum depression have had a previous encounter with depression; new mothers in this category should closely monitor their feelings so they can get help if symptoms appear and escalate.

Some women experiencing postpartum depression start to feel better within a few weeks, while others don't feel "like themselves" for several months. But help is not out of reach: identifying symptoms is the first step to starting to feel good again.

Symptoms

Often, a new mother assumes that feeling depressed demonstrates weakness. She may even worry that others will think less of her if they know how she is feeling. For

these and other reasons, she might not discuss her symptoms, leaving the postpartum depression to go undiagnosed and untreated.

John, speaking of his family's experience with postpartum depression, said, "My wife, Carolyn, hid her symptoms from everyone, even me. It was hard for me to know how much she was truly suffering. I think she thought that as the bishop's wife she couldn't let anyone—not me, not her friends, not her mother—know what was going on."

Dr. Cheryl Tatano Beck, a noted nurse-researcher, calls postpartum depression "a thief that steals motherhood."² But family members and close friends can help mitigate this "theft" by watching for its symptoms. They may notice behavioral changes in the new mother, including the following:

- A depressed mood lasting most of every day.
- The absence of laughter or play with the infant.
- A downcast or blank facial expression.
- Persistent sadness.
- Comments about flaws she perceives in herself or the infant.
- Indications of feelings of guilt or inadequacy.
- Indecisiveness about ordinary matters.
- Noticeable irritation, especially related to the infant's fussing or crying. (See "Symptoms of Postpartum Depression" sidebar on page 30 for more internal signs that only mothers themselves may notice.)

If family members and close friends think they detect some of these symptoms but aren't sure, they can sensitively ask the mother such questions as "Are you feeling down [or depressed or hopeless]? How long have you been feeling that way?" or "Do you feel a lack of joy in your life?" Once the mother and those closest to her recognize the symptoms, they can begin to get a handle on the depression.

Managing Postpartum Depression

Managing postpartum depression is important not only for the woman's welfare but also for that of the infant and the rest of the family. Because the mother is often the center of her child's social environment, her mood affects the child. And the mother's and



Family members and close friends can help mitigate postpartum depression by watching for its symptoms and offering help and support.

the baby's well-being affect the family's well-being.

Because this condition affects the entire family, the management of the postpartum depression is a family concern. It is important for the woman to have support from her husband, family members, and others.

Support from Family and Friends. According to "The Family: A Proclamation to the World," "husband and wife have a solemn responsibility to love and care for each other and for their children."³ The primary strategies for meeting the challenge of postpartum depression are to strengthen the couple's relationship and increase the husband's sensitivity. It is essential that the new mother have help and support from her husband in activities like these:

- Taking over household tasks and the care of other children.
- Limiting the number of visitors to foster a peaceful environment. (For some women, however, having visitors may help alleviate symptoms of depression.)
- Helping the mother get enough rest, appropriate nutrition, and exercise.
- Assisting with infant care.
- Becoming educated about postpartum depression.

- Giving priesthood blessings as appropriate.
- Offering the gift of presence—listening, caring, and just being with her. Accompanied by a hug, a healing conversation may be just one sentence long: "This must be very hard for you."
- Encouraging the new mother to get professional assistance as appropriate.

Rachel, who experienced postpartum depression after the birth of her third child, said, "The smallest task seemed insurmountable because I lacked emotional and physical energy. I was so grateful that my husband was understanding and compassionate and assisted me in getting the help I so sorely needed."

Postpartum depression may be difficult for a husband to understand, and sometimes he may react with confusion, frustration, anger, guilt, anxiety, or embarrassment. It may be helpful for him to engage in counseling or reading to increase his understanding of postpartum depression and to learn how he can be most helpful. His doing so can benefit both him and his wife.

Johanna, who suffered postpartum depression after having preterm twins, said, "Although the experience was challenging for Sam and me, our marriage became stronger. We became closer in our relationship than we had ever been before. We worked together to resolve issues.

SYMPTOMS OF POSTPARTUM DEPRESSION

Mothers experiencing postpartum depression may have one or more of the following symptoms:

- Struggling for perfection.
- Feeling overwhelmed or feeling a sense of failure.
- Experiencing shattered expectations.
- Plunging into despair.
- Having difficulty focusing and concentrating.
- Feeling lonely.
- Panicking.
- Having difficulty sleeping.
- Lacking appetite.
- Feeling as though she is losing her mind.
- Struggling to survive.

I relied on him for priesthood blessings. We truly communicated with each other and the Lord.”

Extended family and the Church community can augment the support of the father. Kathleen H. Hughes, former counselor in the Relief Society general presidency, spoke about her experience with postpartum depression and the help she received from others:

“After the birth of our son . . . , I sank into a horrible depression. Many of the women in my family suffer from postpartum depression and, as you may know, in those days medical professionals did very little to help women with this condition. I was left to fight my way out of the darkness.

“But those hard times for me were often tempered and lightened by wonderful sisters in the ward who cared for my children and who cared for me physically, emotionally, and spiritually—helping me through that emotional battle.”⁴

Women might find additional support through organizations for new mothers. Christine, who lived far from

extended family and felt alone after she had her first baby, reported, “As I talked to other young mothers in my housing complex, I found a lot of commonalities in our struggles. It really helped—and I even found myself laughing instead of crying.”

Professional Treatment. New mothers might consider seeking professional assistance, including counseling from LDS Family Services (see www.ldsfamilyservices.org) or from an appropriate source recommended by a health care provider. For some, medication may be necessary, as prescribed by a psychiatrist or other clinician.

Taking Care of Yourself. It is vital that new mothers care for themselves by resting as much as possible, eating a nutritious diet, and taking “time out” with mothers’ groups or children’s play groups.

In addition, because motherhood is physically and emotionally demanding, mothers should set realistic goals that allow for flexibility, remembering that “to every thing there is a season” (Ecclesiastes 3:1). Elizabeth, who gave birth to four daughters in a period of just a few years, said, “It isn’t feasible to quit doing housework and cooking when there are other children needing clean clothes and lunch. I found it helpful to do just a little bit each day—one load of laundry, cleaning the bathroom sink (instead of the whole bathroom), planning the meals, and having my husband do the shopping. Feeling productive, even if it’s just a little each day, is very encouraging.”

Other Helpful Outlets. Other activities might also be helpful in managing and overcoming postpartum depression:

- Listening to uplifting music.
- Reading the scriptures and other inspiring books. Anna reported that she especially enjoyed reading 2 Nephi 4, which documents Nephi’s feelings of discouragement and doubt, then his growing recognition of the love of the Lord for him: “My God hath been my support; he hath led me through mine afflictions” (2 Nephi 4:20).
- Keeping a journal. Rachel said, “As I wrote in my journal, I was able to articulate my feelings of deep despair. It helped me to become more aware of



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what seemed to trigger feelings of depression. It also helped me begin to count my blessings.”

- Praying for help and comfort. Anna said, “Being depressed made it harder for me to feel the comfort of the Holy Spirit I so desperately needed. I tried to challenge the negative voices that left me feeling weaker and doubting my capacity to overcome my negative emotions.” Johanna asked herself and the Lord this question as she engaged in personal prayer and contemplation, “Heavenly Father, what am I supposed to learn from this?”

The Place of Trials in Our Lives

Recognizing that we can learn from our trials can strengthen our faith, even as we are in the midst of them. God does not leave us alone in our struggle to find hope. Elder Jeffrey R. Holland of the Quorum of the Twelve Apostles counseled: “To any who may be struggling to see that light and find that hope, I say: Hold on. Keep trying. God loves you.”⁵ And He does. Sister Patricia Holland, Elder Holland’s wife, once invited us to return to “the wholeness of our soul, that unity in our very being that balances the demanding and inevitable diversity of life.”⁶

Anna explained the process she went through: “As I struggled to overcome postpartum depression, I sought

to get beyond the darkness and into the light, the light of the Son of God. I wept as I read Isaiah 53:3–4, understanding fully for the first time that the Savior was ‘a man of sorrows, and acquainted with grief. . . . Surely he hath borne our griefs, and carried our sorrows.’ I held on to the promise that the Savior was my personal Savior, that He had been sent to ‘give unto [us] beauty for ashes, the oil of joy for mourning, the garment of praise for the spirit of heaviness’ (Isaiah 61:3). As I looked toward the Savior, I realized more fully that He knew my pain, that He could sensitively succor me as I reached out to Him.” ■

NOTES

1. Ardeth G. Kapp, “Pray Not for Light Burdens but for Strong Backs,” *The Joy of Our Salvation: Talks from the 2004 BYU Women’s Conference* (2005), 116.
2. Cheryl Tatano Beck, “Postpartum Depression: It Isn’t Just the Blues,” *American Journal of Nursing*, vol. 106, no. 5 (May 2006), 40.
3. “The Family: A Proclamation to the World,” *Liahona*, Oct. 2004, 49; *Ensign*, Nov. 1995, 102.
4. Kathleen H. Hughes, “Serving and Supporting One Another,” *The Rock of Our Redeemer: Talks from the 2002 BYU Women’s Conference* (2003), 52.
5. Jeffrey R. Holland, “An High Priest of Good Things to Come,” *Liahona*, Jan. 2000, 42; *Ensign*, Nov. 1999, 36.
6. Patricia Holland, “‘One Thing Needful’: Becoming Women of Greater Faith in Christ,” *Ensign*, Oct. 1987, 30.