When Motherhood Feels Malevolent
Coping with Maternal Anxiety and Scary Thoughts

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The Spectrum of Postpartum Emotional Distress

• The Baby Blues – very common, usually within first two to three weeks
• Postpartum Depression – affects up to 1 in 5 new mothers (15-20%)
• Postpartum Anxiety – the hallmark symptom of postpartum depression ranging from generalized anxiety, panic, OCD and PTSD
• Postpartum Psychosis – extremely rare (0.1%), affects 1-1000 new mothers

The Perfect Storm

- Cultural Expectations
- Sleep Deprivation Before & After Birth
- Personal Expectations
- Overwhelming Sense of Responsibility
- Physical & Emotional Recovery After Birth
- First Time Mom or Guilt with 2nd or 3rd child
Maternal Anxiety
Takes Many Forms:
• Excessive worry
• Rumination
• Obsessive and Intrusive thoughts
• Intrusive Memories - PTSD
• Catastrophic misinterpretation of bodily sensations

The True Nature of Intrusive Thoughts
• We all have them
• They represent our worst fears
• Based on media reports, things we have heard, seen or know have happened to other people
• We attach significance that forces these ideas or images into our thinking when we least expect it

Intrusive Thoughts
• Become less easily dismissed and more scary when we have other stress, are tired or feel vulnerable
• Scary thoughts can take on greater significance and impact more deeply causing us to dwell on them or behave in ways that will minimize the chances of them happening – even if that behavior seems erratic or bizarre
A Mother’s Worst Fear

Universal and Primal

Harm will come to her baby

Examples of Scary Thoughts
- What if I burn the baby in the bathtub?
- I keep picturing the baby falling off the changing table.
- Every time I go into the kitchen, I feel like I’m going to pick up that knife and stab him.
- What if my baby has autism?
- What if I take this pillow & smother my baby?
- What if I molest my baby?

And Even Worse Fears . . .
- These thoughts are a warning that I will hurt my baby.
- These thoughts mean I want to hurt my baby.
- I am a threat to my baby.
- I will hurt my baby.
Intrusive Thoughts About Herself

- I’m not sure I even love my baby.
- Sometimes I hate my baby.
- I don’t want to be a mother.
- I don’t think the baby likes me.
- What if I feel like this forever and never get better?

Intrusive Thoughts About Others

- No one could possibly understand what I am feeling.
- If others knew what I was thinking they would think I am evil.
- Everyone thinks I’m a bad mother.
- I don’t trust anyone to be with my baby.

What Providers Need to Know About Intrusive Thoughts In New Mothers

- Represents a mother’s “worst fear” and not something she will act on
- Content (often very graphic and scary) is not the core issue
- Accompanied by an extreme level of distress
- Intrusive images or thoughts are contrary to the mother’s values, beliefs and what she knows to be true of her (ego dystonic)
Psychosis vs Intrusive Thinking

Critical and Defining Difference

• Mothers who express high levels of distress from these thoughts DO NOT act on them
• Mothers who are psychotic are not distressed by these images or thoughts as they are seemingly compatible with how she would or could behave (ego syntonic)

What the Research Says . . .

• 91% of all new parents experience obsessive, scary and intrusive thoughts about their baby at some point following their birth (Abramowitz, Schwartz and Moore, 2003)
• Research shows that 41 – 57% of women experiencing postpartum depression report having aggressive (obsessive thoughts of harming their babies) (Jennings, Ross, Popper & Elmore, 1999)
• Research shows no correlation between a mother’s scary thoughts and her acting on these thoughts (Barr & Beck, 2008)
• Whereas obsessive thoughts are very common, psychotic thoughts are very uncommon and occur in 1 or 2 of 1,000 postpartum women (Kendall, Chalmers, & Platz, 1987)

A Mother’s Story
Screening and Treatment for New Moms

“I told no one, except my husband knew obviously that I was depressed, but my sister’s came down for Christmas and all the while I’m having scary thoughts that I’m going to hurt my baby and I don’t want to see anyone and I’m terrified all the time. I would put a Santa suit on the baby and they would think I was just fine.”

Mary Jo Codey, Former First Lady of New Jersey

The Paradox

“…I am beginning to understand why it’s so important for women struggling with depression to look so good. There’s an undeniable loss of control that is so hard to bear that it forces women to make a choice between two options: give up completely or fake it. When giving up isn’t an option, creating an illusion of control becomes their sole driving force.”

Karen Kleiman, Therapy and The Postpartum Woman, 2009, p. 7

Why Women Don’t Tell

• The Ambiguity Factor
• The Critical Inner Voice
• The Sentencing
• The Depression Factor
• The Propaganda Factor
• The Community Factor
• The “What-If” Factor
Screening Variables to Consider

• Who is asking?
• How is it being asked?
• Why is the person asking it?
• What does the mother have to gain or lose by answering the question honestly?
• Does the environment communicate an importance of caring for the mother?

Do’s and Don’ts for Providers*

✓ DO...
  • “Respect my opinions.”
  • “Take time to listen.”
  • “Anticipate my concerns.”
  • “Talk to my child/care about my child.”
  • “Ask; I would answer.”

✗ DON’T...
  • “Judge me.”
  • “Cut me short.”
  • “Talk down to me.”

*Based on info gained at focus groups looking at this issue (Heneghan et al., 2004, p. 464)

Routine Informal Screening

• Keep in mind:
  Even the best-trained providers may not be able to tell if a woman is experiencing PP symptoms simply by the way she presents in a clinical visit. Routine screening should be considered as important of a health indicator as checking blood pressure, one’s temperature, or weight.

• Verbal face-to-face screening
  – Normalize it
  – Open Questions, then specific
• Verbal screening over the phone
### Routine Formalized Screening

- **Written Forms:**
  - Customized written questionnaire asking about symptoms
  - Edinburgh Postnatal Depression Scale (EPDS) (Cox, Holden, & Sagovsky, 1987)
  - Postpartum Checklist (Beck, 1995)
  - Postpartum Depression Screening Scale (PDSS) (Beck & Gable, 2000)

### Treatment

- **Assess**
  - Functioning prior to pregnancy
  - Severity of Sx.’s – scary thoughts vs. psychotic thoughts
  - History of Mental Health Issues
  - Family History of Mental Health Issues
  - Survey Supports
  - Twisted Thinking/Cognitive Distortions

### Treatment (continued)

- **Normalize/ Education about anxiety, depression, and female hormones**
- **Inventory self-care habits – finding room for “you” in the new normal**
- **Teach and practice skills to restructure thoughts**
- **Decrease emotional response to scary thoughts**
Finding a “New Normal”

- Accept the current state
- Take care of yourself and your relationships
- Recognize your own strengths
- Set limits
- Find your sense of humor
- Forgive yourself and others
- Find meaning

Characteristics of Positive Postpartum Adaptation

1. Positive reinterpretation and personal growth
2. Active coping
3. Planning
4. Seeking social support
5. Humor
6. Ability to accept and trust current state
7. Rearranging priorities
8. Insight
9. Capacity for or interest in intimacy
10. Self-expression
11. Spiritual search

(1999, The Postpartum Stress Center, Adapted from the work of Carver, Scheirer, & Weintraub (1989))

Resources

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