

## When the Joy of the Mother is Missing - An Organic Perspective on Postpartum Depression

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**Full Text:** Headnote ABSTRACT: An adaptive lens widens the exploration of postpartum depression to include the consideration of a mother's own primal history and its resurgence through the initiation of childbirth, her preparedness to thus "meet herself" and be seen by her baby, her experience of labor, birth, and the postpartum period; implications for a healthy attachment with her child and thus that child's lifelong development; and a call to recognize postpartum non-separation as an essential protective factor against postpartum depression. KEY WORDS: Postpartum depression, attachment, mirroring, infant mental health, interpersonal neurobiology, postpartum separation, malattachment, disconnection, anhedonia, depression, parenting, motherhood, mothering, childbirth. INTRODUCTION Postpartum depression is one of those terms like "love"-it trips off our tongues, we assume we know what it means, we do know that it is important and serious, but it remains quite abstract. What does it really look like (and feel like)? A web search easily turns up a list of symptoms: extreme fatigue, loss of interest in activities, sleeplessness, sadness, tearfulness, anxiety, hopelessness, feelings of worthlessness and guilt, irritability, appetite change, poor concentration. However, postpartum depression can almost always be detected by a single, simple screening question: Is the mother feeling joy? If she is suffering from any form of postpartum depression, the answer may be a straightforward "No." But more likely it will be, "Well, I know I'm supposed to feel joy... and sometimes... occasionally... there are brief hints of joy... kind of..." (Brooke Shields' (2006) self-portrait of postpartum depression, *Down Came The Rain*, articulates the experience in a raw, immediate and brilliant way.) THE BABY SHE ONCE WAS IS AWAKENED Many new mothers experience what I call Chronic Covert Postpartum Depression (CCPD). They suffer behind a façade of frantic perfectionism that effectively obscures the possibility of even considering that there might be something wrong. As a result, all the helpful information available about postpartum depression doesn't even get near their radar screens. Years ago I wrote (1995) about my own struggles with a CCPD that I didn't truly recognize until very recently. I described my ... vague but persistent fears of incompetence, an intangible but relentless drive running deep inside me to always be trying to do it better, or at least do it right. Do what right, I couldn't define. I just knew that I rarely felt a respite from this steady pressure that seemed to define my life after becoming a mother. And it seemed that I was angry, silently resentful, most of the time. When there were no specific tasks to accomplish, like diapering or feeding or driving us somewhere, I felt deep discomfort at simply being with my baby. I had learned from my RIE parent/infant class that babies and children thrive on this "wants-nothing time," that it's as nourishing to their psyches as food is to their bodies. But as soon as I would sit down on the family room carpet with my baby, to just be there while he explored and played, the resistance would rise up and I would quell it by suddenly thinking Oh, I've got to jump up right now and call about those slipcovers, or Maybe I should plan tomorrow's dinner, or I'd better go wipe the water spots off that table. The refuge of life's droning busywork. We had planned for Ian to sleep in a cradle in our room during the early weeks, but on our first night home his snuffling baby noises kept me so on edge, his closeness so chafed at me, that he was alone in his own room beginning the following night. Then I could feel tense and guilty from safely down the hall. My first years of mothering were thus: my need to escape Ian's crushing dependency on me, and the guilt, the anger, and the ever-present gnashing conflict of my two deepest impulses-to attach, and to pull away (not necessarily in that order.) When Ian was about four months old I said to my husband, "I feel like he's sucking all the me out of me." But actually he was sucking the real me, terrified and enraged, out of hiding. And there it is, right there-a clue, a key, one way into the labyrinth of this sneaky, joy-stealing affliction: I

was hiding. I recently had the honor of speaking at a wonderful conscious pregnancy and childbirth conference in Brazil (A vida bem vinda [Welcoming Life]). This gave me the rare opportunity to hear expressed in a different language-literally-what I understand to be a powerful factor involved in postpartum depression. It has long been known, as famed child psychologist Erik Erikson taught, that when we spend a lot of time with a child of a particular age, our own unresolved feelings from that age tend to surface. When a mother has a baby in her arms, the baby she once was is there too, reawakened in her. Accordingly, conference presenter Dr. Claudia Orthof sees a central postpartum focus as "the art of meeting yourself again." Is the mother prepared for this? WHEN THE MOTHER IS UNPREPARED TO BE SEEN, THE CHILD SUFFERS We focus so much upon childbirth preparation and so little on preparing for what comes after! Has a new mother prepared to face again whatever might have been true for her in her own early days of life? And perhaps meet her own long-banished feelings of longing, grief, or rage? Or will she tend to slip into the "hiding place" of postpartum depression? By contrast, a mother whose own birth and postpartum relationship with her mother was joyous, uncomplicated, uninterrupted, will be far less likely to suffer from postpartum depression. The latest science of attachment and brain development reveals that it is in the context of the mother's gaze that the infant discovers who he is, and he wires up his brain to match. One of the first things we do when depressed is to avoid the gaze of others, including a baby. A baby who cannot find his mother-and thus himself-within her gaze, is drastically handicapped in the complex developmental task of putting together a "self" (Schore, 2003). As Dr. Eleanor Luzes stated it at the conference in gorgeous Rio de Janeiro, when a mother is "unprepared to be seen," the child suffers deeply. And of course, so does the mother. We are seriously handicapped around this issue by the way we handle birth, when biological realities clash with our accepted cultural "norms"-which aren't normal at all when we recognize that we are mammals! Everywhere in nature, when we try to "skip a grade," to hurry past any given developmental stage, we cause problems (like the butterfly that dies when "helped" with the shedding of her chrysalis.) When mother and baby-in accordance with most hospital protocols-miss their undisturbed bonding dance of eye-to-eye, skin-to-skin contact in the hours after birth... or are separated by a well-meaning night nurse to "give Mom a well-deserved rest"... especially following a labor and birth that featured her disempowerment rather than her triumph... a mother is deprived of Nature's powerful biochemical "leg-up" to her momentous new role. (Contrary to the most common conventional wisdom, there is little evidence that hormonal fluctuations cause postpartum depression; rather, they engage with, reflect and intensify it!) Cultural anthropologist Robbie Davis-Floyd (1992) points out that a woman giving birth shares a similar psychophysiological profile as those involved in rite-of-passage rituals. By virtue of the cascades of oxytocin, prolactin, and natural opiates that flow during an unmedicated labor, she is open to birthing not only her child, but entirely new layers and levels of herself. But when there is no one present to help "hold" and support the mother through this awakening, what we have labeled postpartum depression can settle upon the mother like a shroud, hormones and soul engaged in a recursive downward spiral. The uninterrupted, biologically-mandated postpartum connection between mother and baby needs to be recognized as an essential protective factor against postpartum depression (Klaus, Kennell, & Klaus, 1995). What I needed all those years ago was someone to know my story, recognize my risk factors, and support my growth beyond my own pain... by lovingly urging me to not give in to that deep impulse-a memory, really-to pull away. I most needed what felt most deeply unfamiliar: connection-to my son, myself, my joy.<sup>1</sup> Footnote 1 Thank goodness for breastfeeding and RIE (e.g., Gerber, 2005), which allowed for intimacy, healing, and tasting the joyful empowerment of mothering. But of most fundamental importance, I think, is that I was on a path of consciousness, and my husband and I chose to conceive Ian, who is now grown up and deeply connected with life. REFERENCES REFERENCES Axness, M. (1995, July). A mother's call to healing: old wounds surface when children are born. *Whole Life Times*, 14-15. Davis-Floyd, R. (1992). *Birth as an American rite of passage*. Berkeley: University of California Press. Gerber, M. (2005). *Educaring Quarterly Newsletter*. Resources for Infant Educators. Available: <http://www.rie.org/educaring.quarterly.htm>. Klaus, M. H., Kennell, J. H., & Klaus, P. H. (1995). *Bonding: Building*

the foundations of secure attachment and independence. New York: Addison-Wesley. Schore, A. (2003). Affect dysregulation and disorders of the self. New York: WW Norton. Shields, B. (2006). Down came the rain. New York: Hyperion. AuthorAffiliation Marcy Axness, Ph.D. AuthorAffiliation Marcy Axness, Ph.D., is an early development specialist, adjunct faculty member of Santa Barbara Graduate Institute's Prenatal & Perinatal Psychology program, and counselor in the L.A. area, specializing in fertility, pregnancy psychology, adoption, and early parenting. She can be reached 818-366-7310, or via her website at [www.QuantumParenting.com](http://www.QuantumParenting.com).

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