Post-partum depression: A clinical experience with a group of women

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Abstract

In this contribution the complexity of the clinical picture of post-partum depression will be brought to light, which connects to the deep psychological dynamics experienced by women during the gestation and birth of the child. Starting with some reflections which arose from within a clinical journey of a group of women who suffer from this psychopathology, it highlights how the woman's pregnancy is a time when childhood conflicts re-emerge, and on the basis of personal experiences with her own mother, she rearranges her new role. There will be various considerations suggested on the usefulness of group intervention to address this pathology and its highly dysfunctional effects, recognized by international literature on the development and growth of the child.

Keywords: postpartum depression, women's group, pregnancy

The experience of a group of women with depression post-partum: narration of a clinical journey

It's widely recognized from scientific literature that mood disorders during the puerperium period deserve clinical attention as much for the suffering as for the risks involved for mother and child, especially in severe forms. In addition, more recent studies have highlighted the need to carefully consider the gravity of the form, in so much as it may cause significant impairment of quality of care, which can be a significant risk factor for the affective and cognitive development of the child (Goodman, Gotlib, 1999).

Based on these theoretical and clinical considerations, the idea of setting up a women's group with symptoms of postpartum depression was born to create a "psychic container" (Bion, 1962; Neri, 2003) that would be able to collect such suffering and mitigate effects to give a clinical picture of the relationship that these women have with their child (Rouchy, 2003).

Thanks to the administration of self-report instruments and clinical interviews with first-time mothers who turned to various family planning clinics in the Lazio region for their childrens' vaccinations N = 16 women were identified with stable depressive symptoms six months after the birth of their babies. These women were offered three clinical interviews in which difficulties emerged in the caring of the child and requests for psychological help. They were also offered the opportunity to work in a group to address the difficulties they had encountered in their maternal roles. Only N = 8 women agreed to participate in the weekly group. I will report some observations relative to the group's experiences during the first year of work.

I thought I'd divide the work of the group into four phases that describe: 1) the construction of a group space, 2) the sharing of angry and violent emotions, and 3)

the chance to get to the experiences of their child, and 4) the evocation of their own childhood experiences and fears about their maternal ability.

1) *The construction of a group space*: the first three months of work have allowed the building of a group space where one could leave ones own experiences (Rouchy, 2000). Repeating the words of M. that I feel seem to exemplify this point well: "I've always come, but I've never said anything, It seemed pointless. Now I feel that here, if I want, I can talk about me. When my son cries without stopping it makes my blood boil and I would do anything not to hear him". After this statement of M., slowly all the women began to share their feelings of anger towards their children.

2) *The sharing of angry and violent emotions*: in this phase the women of the group expressed intense emotions that brought them to experience their child as "guilty and bad", in the words of A. taken from an excerpt of a session that took place during this period. M. says "I would want to throw him out of the window when he wasn't calm." R. breaks in and agrees "I once thought to bang her on the floor until she stopped screaming." G. said "They do it on purpose to drive us crazy".

At this stage it is possible to hypothesize that "a common sharing" of their stories has helped women in the creation of a "dominant state" we can define as a "mental-area state" (Neri, 2003), which has opened a space for sharing a complex system of emotions, ideas and fantasies related to each other providing a first support base.

3) *The ability to get closer to the experiences of their child*: thanks to the expression of anger and violence, slowly, the women of the group have had the opportunity to question themselves on the experiences of their children. Thanks to the intervention of M., who confirmed, in a tone half worried, half joking "if I were my son I'd wish to have another mother, the women of the group began to take the side of their children. G. said "if I were you (my daughter) I would love to be cuddled and rocked." Also B. confirmed "I think he (my son) cries because he wants me, but I'm tired and he doesn't understand".

4) *The re-enactment of the experience of daughters and fears about their maternal capacity*: thanks to a important opening in the ability to understand themselves in their own maternal role, reconstructing their experiences as daughters and how they bonded with their own mothers. A. says "my mother never listened to me and I wouldn't want to be like her". Speaker C. said "one time my mother left me without food for a day because I had broken her mirror. I don't want to be that mean, but maybe I'm like her". In this phase, thanks to the possibility to recall their experiences as daughters, these women began to rethink their maternal role and the difficulties they encountered.

In this period of group work, the stage defined by Neri (2003) seems to arise, the "community of brothers", which allows the opening of new areas of thought that encourage greater differentiation and personal identification in the protection of the group that is configured as a whole, of which all women are part and which is equipped with special characters and functions.

The clinical experience carried out, seems to me to clearly demonstrate the critical role of the woman's relationship with her own mother, both in her childhood

experiences and her current relationship. In fact, the women who identified with their mothers in a positive way, presented fewer conflicts in accepting their new role as a mother than the other women who identified themselves negatively. In situations where the identification was lacking, as in the women of the group for example, where the woman has had an absent or distant mother or has remained tied to a relationship of childhood dependency, the pregnancy will accentuate the need for support from the mother and prevent the acquisition of new responsibilities towards their child (Badolato, Sagone, 1984). These dynamics of the psyche may be developed within the groups "new thinking space" (Neri, 2003) can allow the processing of those experiences that can become "mentalized" and give these women a chance of "thought" that transforms anger and lack of contingency in the relationship with the child, an opportunity to understand their needs and those of their child.

The period of post-partum period: some theoretical considerations

After entering into the core of this psychopathology through the words of the women who suffer from depression in the postpartum period, I think it is useful to discuss some concepts that can let us put this form of suffering within a space of thought and theoretical reflection.

The birth of a child represents for women an extremely delicate phase, characterized by a loss related to the end of pregnancy, and an acquisition that relates to the birth of the child. It is exactly in this complex period that the woman makes a profound distinction between fantasy, unconscious fantasies and the reality linked to the birth, the newborn and relations with the outside world (Ferraro, Nunziante Cesaro, 1985). To make this distinction an important process of work is needed, in which alternate feelings of depression, caused by ghosts of loss and disappointment from unrealized fantasies, persecutory experiences fueled by real difficulties and manic or denial states of mind. Furthermore, in order to understand the needs of the child, the mother experiences a regressive process inside of her that takes her back in touch with the emotions of her childhood (Soifer, 1971). This slow and gradual mental development takes many months and never ends completely, defined by Deutsch (1945) as the "umbilical cord" psychic between the mother and child.

So, the first months after birth largely define the future psychological situation of the woman and impact heavily on her relationship with the baby, the partner and the other members of the family group (Soifer, 1971).

As Winnicott (1965) highlighted, in the early stages of motherhood, every woman goes through a period of physiological disease that the author has defined "primary maternal preoccupation," referring to the psychological state characterized by profound and absorbing participation of the mother in fantasies and experiences of the child. It is an ingrained and adaptive biological function, which tends to activate from the last months of pregnancy through to the end of the first three months of the child, allowing the mother to understand the needs of the child and respond in a sensitive and contingent manner towards it. But when the emotional state persists in

the mother and favours an intense narcissistic withdrawal from herself and from reality, it can lead to the onset of clinical depression in the postpartum period (Hung, 2004), which, from a review of epidemiological studies, seems to occur between 6% and 28% of women after six months from the birth of the child (American Psychiatric Association, 2000; Halbreich, 2006).
Pazzagli and collaborators (1981) have identified three areas that characterize the psychological state of the mother after the birth of the child: 1) *the loss*, for which the woman experiences childbirth as a loss of a part of her own body with which she had been fully identified, as well as a sudden intrusion of reality into the biological unity created in the first nine months of waiting, 2) *disillusionment*, resulting from perception of the inevitable gap between the imagined baby and the real infant and 3) *A symbiotic regression*, which consists in letting oneself be enveloped by the infant in a symbiotic process where it's possible to establish a fusion. The integration and elaboration of these three aspects enable one to positively overcome the identity crisis related to motherhood (Pazzagli et al., 1981).
In this way, the elements that characterize the changes that women face after the birth of a child can be summarized as follows: a) *a global process of readjustment of the personality*, in which motherhood can find an integration between the relationship between fantasy and reality with oneself, with ones child and meaningful ties to the past, b) *a high amount of confusion*, because the identity of the woman oscillates between the image of herself that she had acquired in the evolutionary phases prior to pregnancy, the image of the mother figure constructed on the basis of the processes of identification with her own mother and the image of the infant with who the future mother who tends to identify herself to relive her childhood relationship she had had with her own mother; c*) the emergency and reactivation of dynamics and patterns belonging to positions prior to development*, ie the birth of a child reactivates oedipal conflicts and pre-oedipal conflict in a woman, reintroducing unresolved feelings of guilt related to her own childhood experiences (Smith, Nunziante Cesaro, 1985).

Psychoanalytic contributions

Psychoanalytic literature has provided an important frame of theoretical and clinical reference to the study of the phase of pregnancy and postpartum.
Already Freud (1915) spoke of pregnancy in relation to child development, sustaining that the entry of the child in the oedipal phase was marked by a desire to have a child by her own father. Freud later (1922, 1938) brought to light the presence of a pre-oedipal female, characterized by a particularly intense and symbiotic tie with the mother, from which originates the desire to receive or to give a child.
Starting from the work of Freud and given the growing number of women who submit themselves to psychoanalytic treatment, the knowledge is beginning to increase about the unconscious meaning that could play a part in the desire to have a child and take care of it; this desire being considered as a fundamental evolutionary moment of the development of a stable and mature feminine identity.

Helene Deutsch (1945) points out that the desire for motherhood is connected to the "natural female tendency to keep within oneself and take care of oneself" and is, according to the author, of an attitude on the border between the biological and psychological that builds the basis of femininity and maternal feelings. Motherhood is then considered as the satisfaction of a particularly deep desire. It's interesting to recall that Freud (1910), in the text as "a childhood memory of Leonardo Da Vinci" when he speaks of the painting of St. Anne with the Virgin and Child, defines the smile of the Blessed Mother as mysterious and blissful, because it draws on her internal psychological state that absorbs her completely and appears ineffable to an outside glance.

This natural tendency of women to "create an inner space which can welcome a child and take care of it" was studied in depth by Erikson (1963): the birth of a child is one of the most important developmental crises that occur in adulthood. Indeed, awareness of the procreative capacity enables full assumption of ones own responsibility, accompanied by experimentation of an individual creative power, tied to having created a child.

Even Levinson (1978) highlights that "Motherhood" is, within the cycle of life, a very significant milestone, a marker event, ie an event that marks the development of the adult personality and is part of a long process growth and maturation.

The psychodynamic literature emphasizes, therefore, how the birth of a child can be considered a critical step in the female life cycle, since it allows the expectant mother to reorganize their inner world, creating in her mind a space suitable to contain the idea of a child and of herself as a parent (Minuchin, 1976). In particular in woman, the pregnancy and the care of a child involves a transformation of identity due to the acquisition and integration of maternal functions, such as the ability to care, to protect and to empathize with their child.

It's interesting to note how the mother's attitude does not coincide precisely with the birth of the child, but gradually emerges from the "reshuffling of the mind" that started in the many months preceding the birth of her child. The new mind-set, defined by Stern (1995) "Motherhood Constellation", which already begins to take shape during pregnancy allows a woman to reorganize her mental life, resulting in a new capacity to emotional and mirroring attunement with her child and also allows a profound redefinition of her values, interests and priorities. It is not, therefore, simply a reorganization of ones mental life, but the birth of a totally new organisation that will co-exist next to the old one and influence it. Stern also believes that "Motherhood Constellation", will accompany the woman all her life, even though it might not always have a central position, as happens in the months following the birth of the child. In fact, during the period of postpartum, the former mental organization is left completely in the background, where it will remain for a variable period of time. Subsequently, the new structure will tend to lose its privileged position to reintegrate with the previous mental functionings and growth of a more mature, integrated and coherent personality. But, if the process is slowed down or broken (as in situations where the woman does not have an identificatory woman’s

image to refer to and also presents unfavorable economic conditions and lack of a socio-relational network), the mother's attitude will tend to remain too rigid and not allow the woman a more integrated view of herself as a person and as a mother; a situation which can lead to the onset of a negative and inconsistent mental individual representation of herself and of her child, often present in the picture in the beginning of depression in the post-partum (Kendall-Tackett, 2005).

Also in the studies of Bibring (1959) the birth of a child is considered one of the crucial moments of development in women, which favours the acquisition of a more mature level of psychological integration, characterized by the development and the resolution of previous childhood conflicts. With the introduction of the concept of "maturational crisis", which exposes women to a phase of extreme vulnerability linked to the reorganization of the sense of personal identity, Bibring highlights that the birth of the first child can destabilize the equilibrium that had previously been reached(Bibring et al., 1961).

Taking the theories of Bibring, authors such as Ferraro and Nunziante Cesaro (1985) consider the experience of motherhood (pregnancy, birth and caring for the child) a "psychic work" which usually ends with the acquisition of a new maturational balance of female identity, or it can present difficulties and develop into a depressive disorder, particularly intense in the post-partum period that is continued over time.

Also Pines (1972; 1982) stresses how, like the pregnancy and caring for an infant represents a major step towards the definition of female identity and the reworking of the process of separation-individuation (Mahler et al., 1975) in resect of her own mother. Women then, through motherhood, reach a higher individualization since she is able to complete the process of defining her own mental and emotional space.

With pregnancy, in fact, the woman is in a unique position: at the same time her mother's daughter and mother of her child; and is thanks to this dual identification that she can reprocess and compare her own experiences past and present.

Various authors (Deutsch, 1945; Benedek, 1959, Bibring et al., 1961; Pines, 1988) have demonstrated the importance of identifying the woman with a "good mother image"; situations in which the woman has experienced a good childhood relationship with which she can refer to in the important stages of her life and which allow her to adequately experience motherhood. In this sense, Pines (1982) highlights how a positive identification with her own mother allows the woman, through a temporary regression related to pregnancy, to identify with a parent capable of giving life, and simultaneously, to recall the memory of herself as a child: it is thus possible to realize a complete maturation of the personality. But when the regression due to pregnancy and motherhood is experienced as a painful and difficult, as in situations in which clinical depression emerges and is maintained over time, it often happens that infantile desires linked to the mother are reactivated, resulting in a partial failure of the differentiation process. In addition, it presents a risk to the full acquisition of identity and sense of personal autonomy, as was evident in the women's group.

The clinical setting group: opening up new areas for development

Based on shown theoretical considerations and brief reflections on a rewarding clinical experience that continues over time, it seems to emerge very clearly to me the usefulness of a group journey for women suffering from postpartum depression. This clinical setting allow women to experience facing themselves and to acquire a new female, maternal identity, which is not based solely on the relationship with her own mother, but on the ability to process complex emotional experiences that re-emerge with great power at birth of the first child.

In this way, guidance psychoanalytic authors (Deutsch, 1945, Bibring et al., 1961; Racamier et al., 1961, 1978; Pazzagli et al., 1981) have focused on how the reactivation during pregnancy and in the postnatal period, of a woman's unresolved ambivalence about her relationship with her own parents during childhood, excessive idealization of pregnancy and conflicts with her own identity, can develop into postpartum depression, that, as is widely documented by the international scientific literature, has a negative effect on the child's behavioural and emotional development (Sameroff et al., 1982; Field, 1992, 1994, Zuckerman et al., 1990; Weinberg, Tronick, 1997). Despite her physical presence, the depressed mother is not emotionally available for her child, in fact, tends to be inaccessible to interaction with the child, not "mirroring" the behaviour of the infant, the reciprocal play is usually sporadic and interrupted, characterized by a low emotional tone.

Raphael-Leff (1991) stated that a woman is at increased risk of developing depression in the postnatal period when she finds herself hampered in her realisation of specific expectations about motherhood that connect her to experiences that relate to her past history. A woman "*Facilitator*", as defined by the same author, in fact, may present postpartum depression when she is not able to meet up to her own expectations of a "perfect mother", or when her self-esteem, linked to a mutual matrix mother-child-self is threatened by her non-realization of her ideal. A woman "*Regulator*", in contrast, expects that the infant adapts to her pace and feels depressed when, unable to maintain a clear definition of herself as a "person" feels to lose her identity held before the maternal one; the decline of her self-esteem will come when she can not "adjust" her child and she feels trapped in her new role, excluding adult company, fully submerged and absorbed by the demands of the new baby. These experiences of depression in mothers "*facilitators*" and "*Regulators*," tend to be exacerbated by economic deprivation, sleep disorders and physical exhaustion, from social isolation, from a lack of emotional support from the partner and a negative and dysfunctional relationship with her mother (Raphael-Leff, 1991).

It may be interesting to conclude this contribution, necessarily partial and incomplete, which has tried to offer only a few insights that would require greater systematization and resume the theoretical construct that Winnicott (1965) has defined "primary maternal preoccupation." Winnicott (1956, 1965) compares this "very particular psychiatric state of the mother" "to a state of withdrawal, a state of dissociation, to an escape or an even deeper disturbance, such as a schizoid episode, where one of the aspects of the personality temporarily takes over. " The ability to get sick and recover from this "normal disease" gives the woman the qualities of what Winnicott called a

"devoted mother", in other words capable of being temporarily unable to care for their child in a total way, diverting, for as long as is necessary, one's attention from the surrounding world (Winnicott, 1965). We think that, in cases where depressive symptoms are maintained over time, this psychic state is unable to retreat because the woman's past conflicts re-emerge with such force that they prevent her from regaining her former psychic structure. In these situations, a work group, that allows new feminine identifications where the relationship with her own mother has been difficult, is very useful in a therapeutic context, which, in addition to offering her new spaces for thought and preparation, provides protection and reduces the weight of the mother-child relationship from the past that has greatly hindered her if it remains un-processed and un-said.

I conclude with the words of G., who seem in line with the considerations set out above: "My mother says I can not calm my daughter and always says that she could do better. But I think with me she didn't do such a great job. When my daughter cries she wants me, not her. I'm the mum. " I can therefore assume that the work of the group and the group matter appears to have allowed the development of a sense of belonging and strength in the performance of the functions of caring women.

In this way the group seems to have formed as an "object-self" (Kohut, 1966) that participates in the achievements of each woman and the input of teamwork may have fostered a sense of belonging and reinforcement to the specific situation of women and motherhood. Thus, in situations of post-partum depression, the group device, as well as having social qualities, can allow a reflection of the achievements made by women, each referring to a positive image that encourages them to undertake new enterprises (Neri, 2003) like that as caring for a growing child.

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