

Lee: This is Episode number 180 of Stay Happily Married: Postpartum Blues.

Announcer: Welcome to Stay Happily Married, your source for weekly updates on the latest tips and advice to build a happy and healthy marriage.

Lee: I'm Lee Rosen, and I'm your host today. Welcome to the show. Are baby blues hurting your family and your spouse? Some of us have spent our entire lives dreaming of what it would be like once we were all grown up. We planned out our weddings. We picked our ideal spouses. We had our whole vision of our perfect nuclear family with 2.5 children. It is when life does not go exactly according to plan that we begin to panic and lose control of our lives. Childbirth can be one of those hazy moments in life. We plan for months and months about the new addition to the family, but once we welcome this new little bundle into the world, life doesn't always become the sunshine-filled dream that we expected.

Today, I'm here with Dr. Sara Rosenquist. She is a specialist in the field of dealing with postpartum depression in women and in couples. Sara's book, "After the Stork: the couple's guide to preventing and overcoming postpartum depression", deals explicitly with these issues.

Sara has a very extensive, global background, which has allowed her to communicate easily with everyone. Over her lifetime, she's lived everywhere from Tunisia to Argentina, to Uruguay, Thailand, El Salvador, but coming back to the United States to study at Duke University, where she received her doctorate in clinical psychology. I'm excited to have with us, Dr. Sara Rosenquist. Sara, welcome to the show.

Sara: Thank you, Lee. I appreciate you having me.

Lee: This is an important topic, and I think we ought to start, right off the top, with the definitions, and just make sure we're clear exactly what it is we're talking about. Exactly what is postpartum depression?

Sara: Postpartum depression is any episode of clinical depression that occurs within six months after a baby comes home. It affects women who give birth, and women who adopt, and it affects men - 15 percent of women, either by birth or adoption in our culture, and ten percent of men, which is double the incidence of depression at any other time in life.

Lee: When you say it affects men, is it a different thing? I get it that women have just had the baby, so I assume there's a physiological piece to this because you just had a baby. Am I off with that?

Sara: Yes, you are. It tends to be more cultural. In some cultures, it hardly exists at all. As a culture becomes more westernized and starts to look more like us, the depression rates increase across the board. But, in particular, postpartum

depression increases. So, the fact that a woman has just had a baby, the physiology of birth and pregnancy is pretty much debated. I think, personally, that it's a red herring, that the hormones have little that is quasil.

I think though that in our culture we train women to pay attention to hormone shifts and to attribute their emotions to those hormone shifts that they've learned to pay attention to. When they actually do research and have assigned men, for example, an arbitrary 28 day cycle and get them to track their moods, they find just as much fluctuation in moods over a random 28 days for men as you do women in a menstrual cycle.

Lee: Wow. That is really interesting. Now, with postpartum depression though, it is more predominant in women than in men, right?

Sara: Depression is always more predominant in women than in men, and we're not a hundred percent sure why. There are a whole lot of ideas why that might be. Again, those ideas would be cultural-social and have to do with stress and how we train people to manage stress in our culture.

Lee: Wow. Boy, I'll tell you, we've talked now for a minute and a half, and you've already turned a bunch of ideas on their heads that I just, things I have assumed forever. That's fascinating. Let me ask you this, we have today, so many families that are having children in new ways. We have couples adopting, we have gay couples that are producing children using various scientific approaches to having babies. It's a whole range of options out there today. How does postpartum depression affect all of those folks?

Sara: Well, depression is depression is depression, to tell you the truth. The pressures that are on people are the things that are ultimately going to trigger depression, right? So, with gay couples, for example, they're a minority, and then they're a minority within a minority, the ones who have children. There's a whole lot of isolation, social isolation, which we know is a factor in depression, and there's a whole lot of unique pressures to being a minority, but particularly a minority that has a lot of controversy, a lot of hatred and so forth, a lot of prejudice that continues.

Lee: Right. So, you would worry about a couple, let's say you had two homosexual men adopting a child, you would be just as worried about them from a postpartum depression standpoint, as you would about any other couple. For instance, a heterosexual couple that had just had the baby through childbirth in the way so many people do.

Sara: Right. Exactly. What I would look for in assessing them, if they came wanting to prevent postpartum depression, for example, I would look at their habits of thought and their habits of relating, because those are the two domains of risk factors that we've really identified consistently again, in our culture.

We're not real sure how it translates to cultures worldwide, but in Western culture, the habits of thought and habits of relating, and the "jargony" way to talk about habits of thought is cognitive distortions. You have overly global thinking, the tendency to think in black and white terms, the tendency to look outside yourself for the causes of things, externalizing, external locus of control, but to hold yourself responsible and to blame yourself.

You're perceiving the cause of stuff in your life to be outside of you, and yet, you're to blame. That's pretty crazy making right there. But, if you think about it, our culture does a lot of that to people, make them responsible for things that are not under their control.

Lee: Right. I mean, I'm sitting here listening to you, and I'm surprised I'm not curled up in a ball under the bed.

Sara: And that ambiguity of not being able to tell what is and isn't under my control, is huge.

Lee: Right. Absolutely, that makes a lot of sense. Do you see certain kinds of people, not so much the sort of thought things that we're talking about, but are there families that are in particular circumstances that you think are more likely to suffer postpartum depression?

Sara: Yes, actually, the 15% and 10% that I gave you, it's the average of a lot of other demographic variables. So, it can be as much as 27% of people who are unemployed, have strained finances, who are poor, or who feel torn between work and family responsibilities, that don't have a lot of support in terms of childcare, leave, and that sort of thing. They feel torn between their work and their child caring responsibilities.

When we send women back to work at three months, it has little to do with anything, in terms of the stresses that are on couples, the main predictor of a relapse to depression. If you've ever had an episode of depression before, it's sleep disturbance. Some babies sleep through the night and some babies don't. If your baby's not sleeping through the night, and you have to go back to work, wow, that can really spin things out of control.

Lee: Right. Right. That's very interesting. So, you're saying if a family is having money trouble, strained finances, that sort of thing, they're going back to work, meaning everybody is sleeping less. You may have a baby that keeps you up even more at night. So, just the issue of sleep deprivation can be a big trigger.

Sara: Absolutely.

Lee: What other things are happening in those families, like the sleep deprivation, that might be the things that set this off?

Sara: One of the things that people don't really anticipate is how their friendship network, their social structure is likely to shift. But, there's pretty consistent evidence that when a couple has a baby, after the covered dishes and the congratulations, and so forth, we tend to then leave the couple to their own devices, to support each other. The single friends, or the friends that don't have children tend to drop out, and the friends who have children are busy with their own lives.

A new family can end up being really quite isolated, particularly if they're far away from their family of origin. In big cities, there's some evidence that people are kind of creating their own tribes or social networks and so forth, but even then, it will shift and people will drop out when you go through a major life transition.

Lee: Right. That is so interesting. It's always fascinating to me to talk to someone like you, who studies all of this from a scientific perspective. I just think of it as, "Oh well, they had kids and they don't hang out with their single friends anymore" but I hadn't really thought of all the dominoes that start to fall when you have that change. It's just intriguing to me.

That is just absolutely fascinating. Do you see other things like that that play out in these families where postpartum depression becomes more likely?

Sara: Lots and lots of things, and, the particulars of any given case will be different. Just looking at the research in general, there's these things that pop out. Sometimes, family can either be too intrusive, in an effort to be supportive, or too critical. One of the huge things that I think is enormous in our culture right now, is that we don't have a really consistent homogeneous idea of what is "right" parenting.

There are 100,000 books on parenting, and everybody you talk to has a different opinion. Some people are very belligerent about their opinions and about what is right. If you are in a small, tribal, primitive culture, everybody's doing the same thing, and they have very, very tightly held beliefs about what is right. It works for them, because everybody's supporting the same thing. When, in our culture, you've got so many different ideas, and parents want to do it "right" instead of looking at it as a learning curve. You know, you're going to learn your baby, it's a relationship.

You're going to learn each others' queues, and it's a process when people hold really tightly to the notion that they have to get it right, and they've got to be a good mother. A good mother tends to mean, in our culture, the baby's always happy. Those are enormous expectations that really nobody can live up to.

Lee: Right. Right. Now, you have written about this topic. You have this book, "After the Stork: the couples' guide to preventing and overcoming postpartum depression". Did you write that book because you're in the room with folks going through this all the time? Do you tell a lot of stories in the book of what it's like for people going through this?

Sara: Absolutely. I started this book . . . actually it was my dissertation 30 years ago. I was expecting my baby, when I started the dissertation, and I started looking at postpartum depression in couples and wanted to see about the men. It's like nobody thought to ask anything about the men. I found that it was a function of high stress and low perceived marital support, and just as many men in my sample were depressed as the women, which was really, really interesting.

Then, I had my child, I finished my degree, I went to work, all of that kind of life happened. I finally got back to it when my baby was 27, and refreshed all the literature. Now we have really good longitudinal research that starts from looking at couples before they ever conceive a child or have a child, and following them for years after. That longitudinal research is showing the depression in the dads and showing really interesting impact on the children.

For example, if Mom's depressed, we have loads and loads of research going back decades, half a century, on the impact that will have on the child's cognitive and emotional development. Now, we're beginning to see in this new research that James Paulson does up in Virginia and his colleagues, that dads also have an impact, particularly on reading ability. Isn't that interesting? Who knew?

Lee: Right. That is fascinating. I feel sometimes like most of us who are just living life out here without your scientific perspective on all of this, we never would connect the dots. It's so intriguing to me that there are experts like you doing it. It's so helpful to realize. It's like "Oh, that didn't just happen. That's what happens when this scenario goes on." What does it look like when you drill down into a family where depression is an issue? What is the life of that couple and that family like? What does it look like? How do you know you're in it?

Sara: Well, you know you're in it because you feel pretty miserable. Women, of course, will be really tearful. Men tend to evidence depression a little bit differently. They'll be more irritable and withdrawn rather than tearful. Typically, they might get more involved in work or internet, or something, if they have an avoidant coping style. They might become more obsessed with work and trying to provide for this little family now if they have a ruminative coping style.

You feel pretty miserable. You have trouble sleeping. You have trouble, you either eat too much or not enough, so appetite gets affected. Sex tends to drop out of a relationship. Then that's interesting, because when sex is happening in a couple and it's normal and it's plain vanilla, it only accounts for that 15% of marital happiness. But, when it becomes conflicted or it drops out, it's like 75%

of marital unhappiness. It really turns out to be a pretty important glue in a couple.

Lee: Right. Right. Very interesting.

Sara: And then, there's ways in which relationships with others, family and friends, get even more strained. It's just a miserable experience.

Lee: If you have a couple that's in the middle of all this, and they're assuming, "Hey, this is postpartum depression, we just had the baby. It's miserable but we're assuming there's going to be light at the end of the tunnel." What are those folks doing on their own to try and solve the problem? And I'm going to hit you with a follow-up question, does that stuff work?

I will tell you, in my family, in our house, when we did this, and it's been a long time since we had babies, we thought that the Mommy and Me kinds of groups, the Gymboree groups, were sort of a helpful solution to get Mom together with other moms and be out and about. Are people doing things like that, or other things to try and solve the problem?

Sara: Yeah, and I think that's a really good way to shore up the social support piece of it. But, if you're really seriously depressed and you have those vegetative symptoms already, the trouble with the appetite, the sleep, and the sex and not feeling pleasure in anything, then a lot of times people just sort of spin their wheels and go around in circles feeling miserable. Then they start to blame themselves because, "I should be happy, and I'm not" is the thought line. The truth of the matter is that once you're down in a hole, it's really hard to bootstrap yourself out of it.

Lee: Yeah, that would be my assumption is that you might have great ideas but it's tough to dig out of that.

Sara: Yeah, it really is. In particular, the sleep deprivation, sometimes people get into a pattern where they start ruminating and their mind is going at a 1,000 miles an hour it's really kind of racing, and then when they do have an opportunity to go to sleep, their mind is going so fast that they can't go to sleep. Then when they do go to sleep, they go into REM sleep too quickly, they don't get enough of the deep sleep, which is where, apparently, decouple emotions from memories, from the stuff that happened during the day, and that leaves you more emotionally vulnerable and more hair-trigger to having an intense emotional response to everyday frustration.

That is your biggest risk factor for postpartum psychosis. You've really got to fix the sleep. There are a lot of things that you can do, without medications, to prepare yourself for the sleep problems that are coming. I prefer to emphasize

prevention. What is it they say? An ounce of prevention is worth a pound of cure. Sometimes, the sleep medications actually make some of the sleep issues worse.

It's a complex thing, and getting professional help can really make it better in less time. One of the things that breaks my heart is that, oftentimes, I see people, and the baby's now three, and they're finally coming out of the woods, but they kept thinking, "It'll be over any day. I'll feel better any day" and now the baby is three. So, they don't really qualify for a technical diagnosis of post partum. But you talk to them, and that's when it started. It just never lifted.

Lee: Right. Right.

Sara: It doesn't have to be that way.

Lee: You're giving us some ideas here of the sorts of permanent solutions that you come up with to help people through it, and I love the idea of being pre-emptive, of never getting into this big black hole that you're talking about. Can we read the book and solve the problem, or are we really going to need to sit down with an expert like you to deal with this? What's the reality of getting through this?

Sara: Well, I think you can get a lot from the book. I've had patients that came to me, and they had the book and it was helpful to a point. If you're already depressed, it will give you hope and a sense of what the treatment plan is going to look like. That's helpful but I've also had people indicate that it helped them not relapse, that have had an episode of depression before.

Lee: Right. Right.

Sara: How helpful it is, is going to vary, but I think it's always kind of helpful to know what the landscape looks like and where the landmines are and the sand traps and that sort of thing.

Lee: Right. I agree with you and I feel like just the education that you've given us today makes this all so much more manageable. There's something about knowing that there are experts out there that have studied it and know the real ins and outs of it that make you feel much more optimistic about solving the problem. So, I think that's very helpful.

I will say that the thing that just blows me away about everything you've said is that postpartum depression is not limited to moms. That just really rocks my world because that is just totally where I had come from for all of these years of thinking about it. I feel like that's just incredibly illuminating, but I also just feel that you've really given us some reasons to be optimistic about solving the problem.

Everyone that I know that deals with depression at some point or another has been on medications. That seems like it's become almost something that is handed out to everybody at some point or another. Is that the case, or am I wrong about that?

Sara: Well, I think they are handed out pretty regularly, and I don't want to bash medications. I think they have their place; everything does. But a physician in their eight minute visit that they have with you, they don't have much else to offer. People think that it will be cheaper over the long run, whether it's three years, six years and so forth.

Personally, I think it's a whole lot more expensive. Half of my patients get better in 8 to 12 sessions, and half of them take a little bit longer.

Lee: Right.

Sara: But I have very, very few patients in my case load that are years and years and years, sort of Woody Allen in analysis forever kind of model. It has not been present for a good little while. There's a place for that, too, but you're dealing with a life transition. It's a normal event in people's lives.

Lee: Right. That makes a lot of sense.

Sara: The depression that results just doesn't have to be a whole lifelong, years and years of psychotherapy kind of process.

Lee: Right.

Sara: There are some really powerful things that you can do in a short amount of time that can make a huge difference. And then, if you want to continue psychotherapy later on, you can.

Lee: Right. Lots of good information. Is there anything else that we need to know aside from to go pick up a copy of "After the Stork?"

Sara: Well, if you get "After the Stork" from my website at drsara.com, you get a 15% discount. There you go. And there's a downloadable Kindle version that's about nine bucks. It's not much at all.

Lee: You can't beat that.

Sara: The website address is [drsara](http://drsara.com) without an "h", drsara.com and lots and lots of information.

Lee: Terrific. Well, Sara, thank you so much for walking us through all of this today. I feel like we've learned a lot, a lot of things we didn't expect. So, thank you very much.

Sara: You're quite welcome. Thanks again for having me.

Lee: If you'd like to find out more about Dr. Sara Rosenquist, you can visit her website at www.dr.sara. Now, that's D-R-S-A-R-A.com, or you can call her office at 919-872-4648. Sara's book, "After the Stork: The Couple's Guide to Preventing and Overcoming Postpartum Depression" can be found on Amazon.com.

Thank you so much for listening in this week. I hope you will join us again next week. In the meantime, we love your feedback and comments. You can reach us at our comment line at 919-256-3083, or you can e-mail us at comments@stayhappilymarried.com.

I'm Lee Rosen. Until next time, stay happily married.

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