



The Postpartum Survival Guide

*Everything You Need to Know about
Postpartum Depression*

PAUL MEIER, M.D.
TODD CLEMENTS, M.D.
LYNNE JOHNSON, R.N.



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The Postpartum Survival Guide: Everything You Need to Know about Postpartum Depression

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The case studies in this book are composites based on the authors' clinical experiences with hundreds of clients through the years. Every effort has been made to maintain doctor/patient confidentiality and protect the identity of those being portrayed.

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I (Dr. Meier) would like to dedicate this book to several significant individuals in my life. They all contributed to making this book a helpful and practical one that will let women experience postpartum delight instead of postpartum depression.

First and foremost, I want to thank my wife, Ann, who gave me love, prayers, and encouragement during my long hours of hiding away in my study writing my portion of this book. She also came up with many creative ideas to include.

Second, I thank my very sweet and beautiful daughter Alana Fones (2007 runner-up in the Mrs. Florida contest), who presented Ann and me with our first grandchild, Vance. We also dedicate this book to him. We practiced all of our advice and techniques for postpartum delight on Alana and her devoted husband, Don, whom we also appreciate.

Thank you to Cheryl Lamastra, a Christian therapist in the Dallas area who at one time worked with me at the Meier Clinics in Dallas, and even helped me do radio broadcasts. To spend more time with her family, she has gone into part-time practice closer to her home, yet she still spent many hours searching psychiatric research to assist Dr. Clements and me in making the book scientifically accurate. She offered particular help on the effects of postpartum depression on fathers and children.

More than a decade ago, my awesome number one nurse, Lynne Johnson, was living in the far Northwest. She felt a call from God to move to Dallas. In faith, she and her husband quit their jobs and moved. I already had a wonderful nurse, Kathy, at that time. But just as Lynne arrived in Dallas, Kathy informed me that her husband had been transferred to Wisconsin, so she would have to move. We began to write a newspaper ad to find a qualified nurse compatible with the missions of our Christian, nonprofit clinic. Lynne had already accepted another job when she saw our ad in the paper. She said her dream nursing job would be to work with me, combining her love for psychiatric nursing and Christian principles. She struggled with leaving on the day she was to start her new position but could not turn

down her dream job or the call of God. Lynne showed up at the exact moment we needed her, and she has been the most loving, intelligent, and dedicated nurse any doctor could ever hope for. Lynne became a coauthor in this project because she searched all of our records for the past ten years to find the very best cases of postpartum depression to include in the book. She then assisted me in writing up the case stories, disguising enough details to maintain doctor/patient confidentiality. She also interviewed some friends who had experienced varying degrees of postpartum depression. We all owe her a debt of gratitude for making the teachings of this book come alive by letting us see how postpartum depression actually plays out in the lives of individuals.

Paul Meier, M.D.

INTRODUCTION

Before we became psychiatrists, Dr. Todd Clements and I first had to become general physicians. We practiced medicine, assisted in surgeries, and were trained in almost every major field of medicine. But the most exciting time of my entire thirteen years of college, graduate school, medical school, and psychiatry training was the period when I studied obstetrics and gynecology. I personally delivered twenty-three babies, and watching live, human bodies and souls emerge from their mothers often brought tears of awe and joy to my eyes. An eternal soul was born—an eternal soul with thirty trillion cells, each having thousands of components and thousands of indispensable enzymes. I witnessed a living miracle every time I delivered a baby.

When you were conceived, three hundred million sperm were probably released—enough to repopulate the entire United States of America. Those three hundred million sperm then raced up your mother’s fallopian tubes to the recently released egg, one of thousands of eggs produced by her ovaries. Only one sperm was smart enough and a fast enough swimmer to beat all two hundred ninety-nine million others, and that egg and that sperm united to become the miracle that is you. Whether your parents planned you or not, God did. And no matter how they treated you growing up, you are an eternal soul worthy of loving and being loved forever. Your child—whether already born or still growing in the womb—was also planned by God and is deeply loved by him.

There’s no question that children are an incredible gift from God. Yet the fact remains that having a baby brings an immense

amount of change to a family. All significant changes are stressful, even good ones, like getting married or taking a job promotion. For some women, the added responsibility, new routines, and surging hormones after childbirth combine to give them some form of what is called postpartum depression. In fact, 80 percent of women deal with some degree of postpartum depression, ranging from a light case of what is sometimes called “postpartum blahs” or “baby blues” to the rare, worst-case scenario of postpartum psychosis.¹ The most likely time to develop postpartum depression is within a few days after the birth of the baby, but it can come during pregnancy or even weeks after the baby is born.

Despite how common this is, it’s not discussed very frequently. Many women feel isolated and alone in their experience, even ashamed. In fact, it’s been estimated that approximately two-thirds of women who experience depression during pregnancy are afraid to tell anyone, and two-thirds of women with postpartum depression still do not get any help.²

We want to change this. Our goal is to help you understand that postpartum depression is normal and treatable. It doesn’t signify a spiritual problem or a lack of gratitude for your baby. It’s a stress-related, hormonal problem, and it can be corrected. There is hope!

We cannot guarantee totally preventing postpartum depression, of course, because there are a host of complicating factors, from thyroid abnormalities to hidden nutritional deficiencies to buried spiritual and emotional secrets that need to be dealt with. But we feel really good about the fact that the information in this book will either prevent or lessen postpartum depression in thousands of women for many years to come.

Our perspective on this topic is a distinctly Christian one. At the Meier Clinics, we integrate biblically based, Christian

beliefs with psychological principles to treat the whole person—emotional, physical, and spiritual. We believe in God’s ability to change and heal, and you’ll see examples of that throughout this book.

As a team of two psychiatrists and a nurse, we have seen too many women suffer from this condition. We have also seen the effects of postpartum depression on the husbands, children, parents, and friends of the suffering victims of this painful disorder. So it is with great delight that Dr. Clements, Nurse Lynne, and I aim to show every woman how to prevent postpartum depression and turn the birth experience into postpartum delight.

Practical Tools

The postpartum period doesn’t have to be a low point. In this book we’ll talk about the root causes and risk factors of postpartum depression. We’ll look at treatment options. We’ll also give you highly practical tools to help your family adjust to a new member with the least amount of difficulty for everyone. And we’ll share stories from our own case files so you can see how postpartum depression and recovery have happened in the lives of some specific families.

Scientists who have desperately tried to nail down the causes of postpartum depression have thus far been unsuccessful. That’s because as human beings with minds, bodies, and spirits, we are not one dimensional, but rather three dimensional. Likewise, postpartum depression is a three-dimensional problem resulting from spiritual factors, emotional factors, physical factors, or any combination of the three. In this book we’ll examine all three factors and the role each one plays.

Grandparents, as well as other relatives and friends of expectant or new mothers, will become more helpful to their loved ones by reading this book. But this book is primarily for

current or expectant mothers. You are the ones in the trenches, in terms of pregnancy (except in cases of adoption), childbirth, and often the lion's share of hands-on care in the newborn stage. You are the ones with immense hormone fluctuations in the immediate postpartum stage. So you're the ones most often affected by postpartum depression. But the book is also for husbands, who play a huge role in helping depressed mothers get back on their feet. The more you know, the better you can help. In the second half of the book, you'll find discussion about postpartum depression for men, how postpartum depression affects families, and how to make family relationships stronger during the transition to a new family member.

Postpartum psychiatric problems should be used to rally a family together and bring them closer. The apostle Paul says in Romans 8:28 that God can use any situation for the good of those who love him. God will never abandon his followers, even in the midst of a difficulty like depression.

If you're a pastor, counselor, physician, social worker, hospital staff member, or law enforcement officer, this book is not written to you, but you can benefit from it. You will undoubtedly deal with families experiencing postpartum depression. When that happens, will you recognize it? Will you know what to do? We sure hope so, and we want to equip you. The more truth people know about these conditions, the less pain and suffering they will cause us. Our prayer is that this book spreads truth—because after all Jesus said, “The truth will set [us] free” (John 8:32).

1



Learning the Basics

An Overview of Postpartum Depression

You've seen the Hallmark cards, the television commercials, and the magazine ads. Beautiful, glowing, rested women gaze adoringly at their tiny new babies. Babies who are never crying, never need clothing changes because of a diaper blowout, and never spit up. Mothers who look perfectly fulfilled after spending a whole day alone in the house with a little being who is constantly needy and who communicates virtually no gratitude or affection. Mothers whose houses are still surprisingly immaculate. Parents whose every dream is complete now that they have their new bundle of joy.

Those are the ideals, and certainly there's some truth to them. Having a baby does fulfill a desire for many people, and it's enriching and includes moments of genuine, heart-filling joy. But as in every area in life, perfect doesn't exist. Parenting will bring challenges, messiness, and exhaustion. And while most experienced parents will tell you that eventually the joy overcomes the challenges, in the first few months of adjustment—months in which your baby perhaps needs you more than he or she will at any other time—challenges are significant. Some

amount of ambivalence about these huge life changes is perfectly normal—but many women are ashamed of having any negative feelings.

That's why it's no surprise to us that up to 80 percent of postpartum women develop some level of depression.

The Good, the Bad, and the Ugly

Thankfully, the majority of postpartum depressions are mild “baby blues” that only last a few weeks. And there is good news about all of the postpartum mood disorders: they are almost 100 percent treatable. Researchers and physicians are learning more about why they happen, who's at risk, and how to better treat them (all subjects we'll cover in this book). People in this country and across the world are also becoming more aware of and educated about postpartum disorders. We see more people coming for treatment. We have learned from our years of experience practicing psychiatry that many women will suffer silently for years without asking for help, but will seek treatment at a friend or family member's prompting.

Unfortunately, there is still a stigma attached to psychiatric problems. Many people continue to view them as character weaknesses rather than medical problems. This keeps many mothers from admitting that they need help, because they're afraid that getting help means they are weak. In addition, many mothers blame themselves for their feelings. This only worsens their guilt and intensifies the downward spiral.

The more anger and the more guilt a person experiences, whether or not those emotions are justified, the more serotonin dumps out of the brain, causing depression. If the depression reaches a severe enough level, dopamine also kicks in, and the depressed person eventually breaks into delusions and hallucinations.

Every week we see patients who feel isolated. They think they are the only people in the world who feel the way they do, and therefore no one else could understand them or help them. You can see the weight of a thousand pounds lifted off of their shoulders when they realize we do understand and can help. Their despair turns into hope, which in itself brings new life. Counseling or medical treatment from a professional is confidential, caring, and corrects the problem in almost 100 percent of cases.

The six months following delivery of a newborn baby is the highest period of risk in a woman's life for developing mood symptoms. The added danger is that not only is a mother at risk, but so is a helpless infant. Unfortunately mood symptoms in pregnancy and the postpartum period are frequently overlooked or downplayed by family members and caregivers.

There is nothing so tragic as a young mother or infant whose life is cut short due to a condition that could have been treated. While suicide and infanticide from postpartum problems are rare, they happen. We have also seen postpartum problems contribute to divorce, financial ruin, and the long-term health issues of mothers and children. It does not have to be this way. All three of us have treated hundreds of women who could have had tragedies had they not come for immediate help when they sensed that they were "losing their minds." Often a person can sense it before it happens.

That's why we are writing this book. The more we can get the word out, the more mothers will realize that it's not their fault and there's no shame in asking for help.

A few years ago, a public feud broke out between two movie stars, Brooke Shields and Tom Cruise. Brooke Shields was vulnerable and publicly admitted taking an antidepressant for a severe bout of postpartum depression. It took a lot for her to do

that, because so many women feel falsely guilty for having this problem. She gave women permission not only to be human but to do whatever it takes to restore joy to their lives, even if medications are required in some circumstances. Tom Cruise, on the other hand, essentially told the world of women that they should work out their postpartum depression on their own, without medication. Based on his status and influence, this probably discouraged many women from getting the help they needed, or made those who did turn to medication feel guilty for doing so.

Most bouts of depression, whether postpartum or not, *can* be worked out without meds. But some people run out of “happy juice”—the hormone serotonin—in their brains because of genetic factors, low thyroid, lack of sleep, too much alcohol or marijuana, viral illnesses, or even the stress of having a baby.

Your brain runs on serotonin just like your car runs on gasoline. What would Tom Cruise do if his car ran out of gas? Would he coast to the side of the road and think positive thoughts until the car ran without gasoline? Or would he get up and walk to the nearest gas station to bring back a can of gas to make his car operate normally again? Probably the latter. If a new mom’s serotonin depletion is mild, positive thinking and counseling may be enough to get her out of it. But if it is severe, meds are needed to fill up her gas tank of happiness and straight thinking.

A Historical Overview

Postpartum depression has been documented for centuries. We would venture to guess that it has been around for millennia—ever since women began giving birth. Postpartum depression is a normal, natural occurrence, but unfortunately, over the generations it has been misunderstood, ignored, or denied, and therefore remained untreated.

Historians have credited Hippocrates as the first physician to describe postpartum depression—more than four hundred years before the birth of Jesus. Hippocrates and the ancient Greek philosophers knew about the existence of depression but misunderstood its roots. The condition was referred to as “melancholy” and was thought to stem from the overproduction of “black bile” by the spleen, which led to dark and somber moods. Physicians believed that the planet Saturn somehow influenced the spleen’s functioning and that black bile overproduction usually occurred in the autumn. They also thought that some emotional reactions of women were due to a “wandering uterus.” Have you ever heard anyone say, “She was really hysterical”? The root of the word *hysterical* is actually “wandering uterus”! We may laugh at the ancient Greeks’ guesses, but actually, they were not as far off as we think. Lots of postpartum depression comes from “wandering hormone shifts” that stem from changes in the ovaries and brain.

What Hippocrates actually described was a state of “insanity” common in ancient times after the delivery of an infant. The mother often did not recover and died shortly after the emergence of her bizarre behavior. What he was most likely describing was a state of delirium associated with a post-delivery infection.

Until the late 1800s, women commonly died during or soon after a delivery. It was not until Louis Pasteur proved the existence of germs and their role in infections only a couple of centuries ago that the death rate of new mothers plummeted. This was in large part due to the simple action of health care workers washing their hands between patients and sterilizing the medical equipment! In the mid-1800s Dr. Ignaz Semmelweis insisted on this practice in the delivery room and was locked up in an insane asylum for having obvious “delusions” about germs.

It was not until the 1960s, when the term *maternal blues* was coined, that physicians finally began investigating this phenomenon. We see women today in our practice who tell us their mothers and grandmothers experienced the symptoms of postpartum depression years ago, but when they told their doctors about it they were labeled hypochondriacs and told to quit worrying and stop whining. Sadly, many of these godly women who were humiliated and misunderstood by the overwhelmingly male-dominated medical society of that generation never came forward again.

The knowledge and understanding of postpartum psychiatric problems lags way behind our understanding of other disorders in the medical and spiritual community. Sadly, some physicians and pastors today even refuse to acknowledge that depression is real.

In this modern computer age, with billions of dollars spent annually on scientific research, medical knowledge is doubling every five years. Most of the awesome medications we prescribe for patients today did not even exist five years ago. But unfortunately, because of attitudes toward women throughout history, gains in the area of women's health and hormones tend to lag far behind other areas of medicine that are exploding with new discoveries. We intend to do something about that, and we hope you will too, by voting, by volunteering, by giving out books like this one, or even by becoming a researcher yourself to make the needed breakthroughs.

Roberta: Diary of postpartum depression and recovery

As we mentioned in the introduction, throughout the book we will be including case studies of women who have experienced postpartum depression. This first case study is different from most of the others in that it's in the patient's own words.

Roberta kept a diary during her spiral down into postpartum depression and then during her recovery. It's a beautiful, moving account of one woman's experience.

I am realizing how seldom people talk about postpartum depression. It's a stigma. I have it myself right now but have not told a soul except God. How can a woman give birth to a child and not love it? I do love my beautiful baby boy, but I also feel like killing myself. How can it be that the maternal instincts don't just kick in? Why do I want to throw up every time I hear him cry? I can't even care for my own baby that I desperately wanted all my life.

I feel guilty that I may not be taking good enough care of my baby. My husband is having to miss work. My friends and relatives are calling me to congratulate me and to check on me, but I don't even answer the phone. They leave messages, but I don't even call them back, and I feel horribly guilty about this but still don't have the energy to do it. I am too sad to hide my sadness. If I talk to them, they may be able to tell my secret: that I am so depressed I feel like killing myself. My parents are really stressed. I just know in my heart that I will never get over this depression. Death is around the corner. I don't think God will deliver me.

I am scared my husband will become too tired to help me and I will have to care for my baby all alone. I'm afraid that if I stay alive I may have even more children that I cannot take care of. I am afraid that I may turn into a mean and abusive mother like my mom was to me. Becoming like my mom is one of my greatest fears. I would kill myself for sure if I became as verbally and physically abusive with my kids as my mother was with me all my growing-up years. Why do I feel like I have made the biggest mistake of my life by having a baby?

Day 1. *I decided to keep a diary of my experience having a baby, to share with my children someday. My baby boy, Joseph, was born at 2:00 in the afternoon today. Visitors came and went all day. I breast-fed and it went well. I feel happy. I am all worn out, though, and will go to sleep now,*

because the nurse will bring little Joseph back to me in the middle of the night to feed again.

Day 2. *I looked forward to breast-feeding little Joseph during the night, but it did not go well. I had problems getting him any milk, and then I worried about my failure and I got no more sleep.*

Day 3. *This morning the pediatrician came into our room with the news that the baby has lost too much weight and may have to stay in the hospital. I immediately began crying. I had just spent hours again last night trying to breast-feed—trying to do what so many people told me was best for my baby, and I failed. I was still sobbing when the doctor returned again with even more bad news—my baby needs to be evaluated by a cardiologist. There may be something wrong with baby Joseph. She offered no reassurance that everything would be fine. I cried the entire day.*

Day 4. *(No entry)*

Day 5. *My husband, Jose, and I were able to take our son, Joseph, home today.*

Day 6. *Dear Joseph,*

If I die before you grow up, then I hope you will read this someday so you will know how much I loved you and that I did not want to leave you without a mother. I am trying to stay alive for you. Your daddy and I love you very much. You are the most beautiful little boy I have ever seen. Everyone who has met you agrees. I don't deserve you, and I don't know why I've already let you down.

My pregnancy with you was the most amazing experience of my life until your birth—then that became the most amazing thing that ever happened to me. I felt great the whole time. Not one day of morning sickness, no swollen legs or muscle cramps. Just a huge belly. I read every single magazine, book, and Web article I could find to prepare to be a good mother for you. Your dad and I laughed and cried with joy and excitement

as we painted and decorated your room. I always knew I wanted to be a mother, and I always knew that a baby would make me so happy.

But being a mother is much harder than I expected. No amount of reading could prepare me for taking care of you. As soon as I saw you, I knew I couldn't let you down. And yet, as hard as I tried to be the perfect mom, I just seemed to be having one failure after another, even with your dad helping me. I was constantly worried that you would die. I stayed awake three nights in a row to make sure you didn't smother or stop breathing. I became exhausted and soon was praying that God would let me die. Your poor dad would run from one end of the house to the other because you and I were usually getting pretty hysterical at the same time. He didn't know who to run to first.

Your grandma (Daddy's mom) insisted on coming and spending the night. I still couldn't sleep because I could still hear you crying across the house. I couldn't stop crying. I was terrified your dad and grandma would leave me alone with you and I would not be able to take good enough care of you. I am sorry, Joseph. I love you.

Day 7. Dear Joseph,

I went to see a counselor today who told me and my family I needed to go into the hospital. Even though you were well cared for by your dad and grandma, I felt I was depriving you. I just can't seem to bond with you; you don't feel like you're mine. I know it is not your fault. You are a wonderful baby boy. I am just not a good enough mother. I know in my head that this depression melts me down and isn't your fault. I can't help resenting you, though, but only because having you showed me how inadequate I am. I mean, you just aren't the bundle of joy I thought you would be. You are a bundle of joy, but I have a mothering defect, so there is no joy for me. You exposed the worst in me. The failure that I can't breast-feed or even function with a baby. My mothering light switch just won't turn on.

Day 8. Dear Joseph,

You've exposed that I am lazy and unreliable. You've exposed that I can't just forgive and forget ten years of my life as a child that were filled

with rejection and loneliness. You've exposed that no matter how much I swore never to become like my mother, I still did. Underneath all the work I've done and the ways God has changed me and healed my heart, still my basic instincts are defective, because I was robbed of them. Without saying one single word, you have ripped off my happy mask. I liked my life before you came. I was happy, and my life was predictable. I had fun with friends and your dad. You changed all that. You did not ask to be born. Your dad and I wanted to have you. And I am sure that God wanted you to be born. You are a wonderful baby. You have not ruined my life. My mother defect has ruined my life, and bonding with you seems like such a remote possibility.

Day 9. *Dear Joseph,*

Dr. Paul Meier admitted me today to his day hospital in Richardson, Texas. He told me that most women get depressed when they have a baby, especially their first baby. He said my depression was pretty severe, wanting to die and all, but I promised him I would stay alive. He said everybody gets over depression with help if they cooperate. I hope he is not lying to me. I have a little bit of hope, though. People say he is an honest man and a good psychiatrist. He started me on an antidepressant to take every morning and a tranquilizer to help me sleep every night, since I was getting further and further behind in my sleep. He also gave me some vitamins to take every day, and he says when the chemicals in my brain build back up, I will be able to be a good mother and bond with you and even learn to like myself. I have never been able to do that.

Day 10. *It took me three hours just to fill out the psychological tests. Then I had to go to a lab and get blood drawn so Dr. Meier can see if I have any medical problems causing my depression, like thyroid hormones or my female hormones. Then I had to sit in front of five other strangers who are also patients at the hospital and share all our problems with each other. It was a hard day all around, but I will do whatever it takes to make this horrible pain go away. Dr. Meier said I will probably feel much better within*

three weeks—almost for sure. If I don't, I may kill myself after I leave. I would drive my car in front of the train that comes near my house every day, so it would look like an accident.

Day 11. *I went on the Internet today to read about train wrecks. I want to be sure that if I do it, I will die without killing anybody else. I know that the driver will feel bad, and I feel bad to do that to him. But hopefully I may not need to kill myself if I get better. The people in the group turned out to be really nice, educated, loving people, so I feel relieved about that. And the staff here is extremely loving and smart, and they dig stuff out of me that I never knew was there.*

Day 12. *Dr. Meier asked me if I had any dreams last night, and I told him the truth. In my dream my mother was driving a car and I was the age I am now, but somehow still living with her like a young child. I was in the backseat, and she was yelling at me and slapping me in the face. When she turned around to tell me how horrible I am and to slap me, she had a wreck and ran into a tree. Then I woke up in a panic attack, not knowing if either of us lived or died in the dream.*

Dr. Meier said that my unconscious writes my dreams like writing a movie script, and that whatever I dream about I should talk about in therapy. He quoted a Bible verse that says God speaks to us in the night seasons, in our dreams.¹ He said he thinks the dream means that I am still basing my self-worth on lies my mom taught me. That is why I do not feel in control of my life. My mother is still in control of my life—driving the car that represents my life right now. I am only in the backseat in my life, with my mom's negative messages running through my head. I believe her negativity, and that is why I am depressed. He said I am a good mom but just think I am a bad one.

Day 13. *Today my counselor made me put an empty chair in front of me during our private one-hour session. She made me pretend my mom was sitting in the chair. I had to look her straight in the face and tell her how*

I feel about all the mean things she did and said to me all my life. I refused at first, but the counselor insisted. So I started to tell the counselor more about my mother, but she made me stop and look my mom in the eye in the empty chair and tell her, not the counselor, how I really felt. She told me to get out my emotions. I was shaking at first, but after a minute or two I burst out weeping and even screaming sometimes. I told her how furious I am that she has hurt me so bad and now it was hurting my own baby who I love. Then my counselor asked me to turn vengeance over to God and to release my mom from my life. Not to condone her, but to forgive her so she won't keep eating away at my joy all my life. I felt greatly relieved after I got my sadness and grief out in the open and wept and told my mom off, even though it was an empty chair.

Day 14. *I can tell Dr. Meier was not lying to me. I feel better already, and I don't know if it is from the meds, the sleep, the vitamins, the prayer, or the digging out of my root problems. My group therapist said it is from all of those things. He said that in James 5:16, the apostle James writes that if we admit our faults and problems to each other, we will be healed. And that is exactly what we do here seven hours a day, five days a week, for three weeks or so. We all share secrets we have never told anybody. It feels really good to know that other people have been through the same things and have felt the same way, and to see them recover too.*

Day 15. *I was able to hold Joseph in my arms tonight and feel deep love for him for the first time since he was born. Oh, I loved him even when depressed, but not anything like the awesome feeling I had tonight. Then Jose held me close and we had a family hug. Even our dog jumped into my lap and wanted to be in on it, licking Jose and me both in the face when we were kissing each other.*

Day 16. *I had a setback today. Mom called me and I took her call, and when she asked how I was doing, I told her I was feeling much better. When she asked how I was getting so much better at the Meier Clinics,*

I made the mistake of telling her that talking about all my anger toward her for yelling at me, and all my anger at myself for not being “good enough” to please her—that talking about all this and forgiving her was one of the main reasons I was doing better. She got so mad at me that she yelled that she was a perfect mom and that she had to hit me sometimes because I was such a bad little girl. Then she hung up on me. I got really depressed and felt like killing myself again for the first time in several days.

Day 17. *The people in the group all told me that I was still believing my mom. That I must still want her to change and become a good mom and love me, and that I think I need that to feel okay about myself. They reminded me that I do not really need my mom at all, any more than I needed their moms. Dr. Meier showed me a verse in Psalm 68 that says that God loves abandoned people and takes the lonely and places us in families.² He said that God wants me to love and be loved by new mothers and fathers and sisters and brothers from my church and my friends and siblings, not my mean mom. So today I gave up on my mom ever changing, and I felt relieved. If she ever does get better, that will be a bonus, but I do not need that anymore.*

Day 18. *Today Dr. Meier asked me to write something in my Bible or some other place where I won't lose it. I told him about my diary, and he said I could write it here—so here goes:*

Dear Roberta,

I am writing this letter to myself to promise myself that from this day forward I will be my own best friend. I will quit saying the horrible and nasty things I was saying about myself every day. I will never again say anything negative to myself that I would not tell my best friend or Jose if they did the same thing. What would I say to my best friend if she could not breast-feed, for example? Would I yell at her in rage and tell her she deserved to die in a train wreck for being such a horrible mother? Of course not. And yet that is what I have been doing to you, Roberta, and I promise to quit. I will be

your best friend from now on and love you like God loves you. And I promise to build a nice support group of friends that I can share with the rest of my life like I have learned to share my innermost feelings here in group therapy at the Meier Clinics. Sincerely, me.

Day 19. *The day program staff had what they call “staffing” today. That means they sat around in a long meeting talking about me today, and about each of the clients here, to design a unique plan of attack for each of us depending on our needs and all. Then my counselor met with me this afternoon and told me what a good job I was doing of admitting my faults and talking about painful things and getting everything out in the open. They even decided I could go home a week early, after only two weeks, and just see the counselor once a week until I feel great two or three months in a row. I will see Dr. Meier for a medicine check in a month or so, and he says by then I should be feeling as good as I ever felt. If so, he will see me for fifteen minutes once every three months as long as I stay on meds. He said that if I am not feeling absolutely great, then he will adjust my meds or change something until we get it right, but that it will almost certainly do the trick this time.*

Day 20. *My counselor wants Jose to come in for a marital session before I leave the program. They said he seems like a wonderful husband, but that sometimes he can be a little too controlling or critical like my mother—but only a little bit compared to her. They want to be sure to talk to him about that. They want to help me to be stronger and to have boundaries to protect myself from not only my mother, but from anyone who tries to verbally abuse me or manipulate me through false guilt like Mom did.*

Day 21. *Jose and I met with the counselor together today. He is such an awesome husband. Totally nicer than my mom or my dad, too. When we pointed it out nicely to him, he saw that he was too controlling and critical sometimes, and he cried right in front of the counselor and apologized to me. That was very hard for him to do because he is a macho man and*

was embarrassed, but he said he loves me and little Joseph so much that he would do anything to give us a happy life together.

Day 22. *Dear God,*

I was so mad at you. I thought you did not like me. I thought you could not possibly accept me. I thought you were off at a distance and did not really care about me except when you got mad at me. But now I realize that when I learned to pray as a little girl to my heavenly Father, I was thinking, Dear heavenly version of my earthly father and mother . . . I am so sorry for being so prejudiced against you. Now I am learning to see you as you really say you are in the Bible. You said in Psalm 139 that you designed me in my mother's womb, and did the same for Joseph. You said you think about me so many times every day that I cannot even count them. You said that you are always hugging me with one arm while bringing circumstances into my life and leading me with your other arm. Thank you for leading me to therapy to find out the truth about you and about myself. The truth has set me free from the pain of believing lies all my life about you and me. I love you more than I ever have, and I finally feel on the inside like you truly do love me unconditionally. I believe what you said in Romans 8:1 about there being no condemnation for me, so all the guilt that I carry around with me is either false guilt, or true guilt that has already been forgiven and forgotten by you. Thank you for giving me a son who is a miracle from you. Thank you that even though I will make many mistakes the rest of my life as a mother and otherwise, that is just part of being human. You will help me to learn from my mistakes and get better and better at being a mother and a wife and a friend. Amen.

Day 23. *I was discharged from the day program today after only two weeks instead of the usual three. Everyone in my group therapy went around the room and told me wonderful things that they saw in me. I cried and cried with joy, and also with sadness that I have to leave. I did not really want to come when I came, and I do not really want to leave now that I have tasted how awesome it is to share with other loving*

human beings and to learn to love and be loved in spite of all my faults. I knew Dr. Meier was writing a book on postpartum depression with Dr. Clements and Nurse Lynne, so I gave him a copy of this diary and asked him if he would put it in his book. He promised he would, but that he would just change our names. I can hardly wait for his book to come out. I hope and pray that the horrible pain I went through helps other postpartum women to get over their depressions and see that it is not only possible, but also nearly certain that they will if they get the right kind of help and cooperate.

Sincerely, Roberta

NOTES

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2. See verses 5 and 6.

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ABOUT THE AUTHORS

Paul Meier, M.D.

Paul Meier is an M.D., psychiatrist, and ordained minister, and the founder of the Meier Clinics, a national chain of nonprofit Christian psychiatry clinics. He has authored 81 books, including Christian self-help books such as *Love Is a Choice* and *Happiness Is a Choice*, and a series of Bible prophecy novels beginning with *The Third Millennium*. He has been on many Christian and secular TV and radio shows, including those hosted by Oprah Winfrey, Tom Snyder, Norman Vincent Peale, Joyce Meyer, and many others. He has also traveled to countries all over the world to train both professional and lay counselors, as well as missionaries and pastors, in the field of Christian counseling. He taught full-time for twelve years at Dallas Theological Seminary, where he disciplined Tony Evans, John Trent, John Townsend, Henry Cloud, and many other students. He has also lectured at seminaries around the world, including Southwestern Seminary in Ft. Worth, the Baptist Seminary in Cuba, and the Greek Bible Institute in Athens. Dr. Meier was the team physician for a mountain-climbing expedition in 1985 with American astronaut Jim Irwin, attempting to find Noah's Ark on Mt. Ararat.

Dr. Meier's clinics have launched many ministries, including Women of Faith, which he and Steve Arterburn started after low attendance at their own seminars prompted them to hire women speakers to address women listeners. The Meier Clinics employ 144 Christian psychiatrists, psychologists, and therapists in over 30 cities, see over 3,000 clients each week, and give over \$2 million of charitable care each year. About 2 million people have trusted Christ through various Meier Clinics counseling sessions and ministries.

Dr. Meier is also the only psychiatrist invited for the past five years to the private strategy meetings of the nation's top conservative governors, senators, congressmen, presidential appointees, generals, CIA personnel, and think tank experts from around the world. He lectures to them and sits in on their sessions. He has been tentatively invited to participate in the launching of a similar movement of European conservative politicians.

Dr. Meier's daily prayer partner is Dr. Jean-Luc Bertrand, of Paris, who helped the president of France get elected in 2007 and has been asked to run for the

office himself in the coming years. Dr. Meier's previous daily prayer partner, Dr. David Larson, died of a heart attack in March 2002, and a permanent Chair (scholarship) in the Library of Congress was named after him, to honor his work in designing courses on spirituality that are now offered in over half of the medical schools in the United States. The only other permanent Chair in the Library of Congress belongs to Henry Kissinger.

In 2003 the Association of Christian Counselors honored Dr. Meier as a father of the Christian psychology movement. *Christianity Today* magazine called Dr. Meier a "modern-day reformer" for moving Christians toward an openness to admitting faults, getting counseling, being less legalistic, and even being willing to take psychiatric medications if necessary.

The Meier Clinics can be contacted toll-free at 1-888-7-CLINIC. Visit their Web site at www.meierclinics.org.

Todd Clements, M.D.

Dr. Clements served as a youth pastor and motivational speaker during college. Upon graduation he pursued a master's degree in divinity from Southwestern Baptist Theological Seminary in Fort Worth, Texas. The Lord had different plans for Dr. Clements, though, leading him to pursue a career in medicine.

Dr. Clements obtained his medical degree from the University of Arkansas. He served as president of his class all four years of medical school. He then completed his residency training in psychiatry at the University of Oklahoma–Tulsa, where he served as chief resident of the program. Dr. Clements began his career in psychiatry with the Meier Clinics in Dallas, Texas. While there he founded Breakaway, an intensive counseling program designed specifically for teenagers. Dr. Clements also coauthored the book *Blue Genes* with Paul Meier, M.D.

Dr. Clements spent two and a half years with the Amen Clinics in Newport Beach, California, where he specialized in SPECT brain imaging.

Dr. Clements is now the medical director of the Clements Clinic in Plano, Texas. The Clements Clinic is a full-service psychiatric outpatient clinic offering SPECT brain imaging along with a wide variety of counseling therapies. The clinic is on the cutting edge of psychiatry in an effort to better diagnose and treat mental health issues.

Dr. Clements serves on the marriage commission for the Christian Medical

and Dental Association, where he and his wife, Lynda, lead conferences aimed at helping physicians and their spouses improve their marriages. Dr. Clements has been married to Lynda for twelve years. They make their home in Frisco, Texas. Visit Dr. Clements's Web site at drtoddcléments.com.

Lynne Johnson, R.N.

Lynne Johnson received her BSN degree from Montana State University and spent the majority of her nursing career in Billings, Montana. Her experience includes working as a hospital staff nurse on an inpatient psychiatric unit, as a Montana State University clinical psychiatric nursing instructor, and as a hospice nurse. Eleven years ago, after moving to Texas with her family, she returned to her first love in nursing (psychiatric), and began working with Dr. Paul Meier at the Meier Clinics day program. She and her husband, Jud, have been married thirty-two years and are the proud parents of married daughters Kora and Kelsey and are blessed by grandsons Alex and twins Samuel and Joshua.