

SUICIDAL RISK AND POSTPARTUM DEPRESSION: THE CASE OF CINZIA

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Introduction

Emotional disorders affect up to 85% of women who are pregnant or in puerperium: 75% of cases are slight and transitory difficulties (maternity blues); 10-12% of women in puerperium experience major depression. Puerperium psychosis affects 1-2 women in 1000 during the six-week period after childbirth.

Depressive pathology during pregnancy and puerperium has a twofold negative impact, since there are repercussions on the health of both mother and child.

It is estimated that 5-12% of attempts at self-injury in the general population are committed by pregnant women. 0,4-3,9% of successful suicides are committed by pregnant woman. Women are at high risk also in the post natal period.

In puerperal depression the relationship between mother and child is compromised which causes a deficit in the cognitive and social development of the child: depressed mothers are hyper attentive and hyper stimulated when dealing with their babies.

The case of Cinzia, a 39 year old primipara, tells of the suffering that characterises the gestation and post partum periods for many women, a discomfort that is too often underestimated or negated by relatives and not well recognised by doctors.

Early diagnosis is essential in these cases. Our patient was recognised as being affected by a psychic disorder only after a period of great suffering, which culminated in an attempt at suicide.

The case of Cinzia

Cinzia says that she chose to get pregnant because she was reaching an age where fertility starts to diminish and pregnancy had been planned as a necessary and consequent event of marriage; the patient had not openly demonstrated any desire to become a mother.

About midway through the gestation period the patient began to express doubts about her ability to love her unborn child, she was distressed about what might happen after the birth, she was afraid that she wouldn't be able to fulfil the role that was expected of her. Her anxiety grew as the birth date neared; Cinzia was increasingly convinced that she would not know how to care for her child.

The birth was difficult: she had been fearful for some time, not because of the pain that she would feel, but rather because of her fear of being inadequate and incapable. She says that she cursed and screamed during the long 12-hour labour. She remembers not wanting to push, and she was not moved when at the end they rested the newborn on her stomach. She was moved however when her own mother arrived and she still has the same reaction when she sees her. From the first day that she was discharged from hospital she remembers feeling annoyed because her child was always nearby. She struggled at breastfeeding; she was annoyed because she couldn't manage to keep the newborn's weight at an adequate level. The child appeared to be malnourished at routine checks but she had not noticed. The doctors decided to switch to artificial feeds: Cinzia states that she experienced this as a defeat.

Everyone around her told her what she should do and how she should behave; she detested having people in her home at every hour of the day; she saw the house as being dirty, cluttered and confused. Afterwards she admitted that maybe she was wrong.

Cinzia never carried the child with her like a trophy; to the contrary she was ashamed of her baby. She felt false when interacting with others. The patient's functioning worsened progressively: it seemed to her that time passed too quickly, she was unable to commit herself; she struggled to remember what had happened recently, and she took on many activities but did not conclude any of them.

The patient began to think that she wouldn't make it and that someone else would have to take care of her child. Cinzia has no memory of ever wishing the death of her child, she says that this would not have been possible because everybody would have been against her.

In a phone call to her niece she had said clearly that she couldn't cope any more and that she had decided to end it all. Her niece was frightened and alerted the family, but no one seemed to take her seriously. No one behaved how Cinzia would have liked: her husband was annoyed by the situation; her mother did not come to her aide as the patient had wished.

The patient began to think about how to end it all, she thought about taking drugs; the idea of more violent methods like throwing herself from the window or stabbing herself frightened her and so she didn't consider them.

During one of their many fights, her husband threatened to go to a lawyer with the child for a separation. Cinzia then ran into the kitchen, she seized a knife and she pointed it at her left breast: “ ...I started slowly to see if it would sting, then I closed my eyes and stabbed myself several times, cuts...”. Then she stopped and began crying.

Her mother and husband who came running hit her and insulted her. Her mother took her under the shower to wash off the blood, and then she called the ambulance.

Once the patient was admitted to hospital she felt calm, protected, and relieved of family responsibilities and her mother.

Discussion

Numerous psychopathological aspects emerge from the clinical history that point towards a framework of complicated post natal depression that was not recognised by the medical personnel (family doctor, gynaecologist, and paediatrician) or by the family. The subjective symptoms and the signs that the patient was showing - among which the important loss of social and working functions - are complicated by a significant neurotic lack of balance.

In terms of personality, Cinzia appears to be a woman that has adolescent traits to her character: the excessive attachment to her mother is an example of an incomplete separation-individuation process.

Cinzia had always paid an extreme amount of attention to her own body; she had always tried to appear perfect in everything that she did, showing her fragility even before her pregnancy. Our impression is that Cinzia had used the pregnancy in a narcissistic way to peruse her ideal of perfection, and become “a mother as well” without being ready for the role change. Her difficulty to express affection for her child at the moment of birth is indicative of this.

The use of division as a defence mechanism had always been one of the patient's tendencies, but it increased after the birth with growing external intrusions in her sphere of intimacy. Cinzia did not tolerate having her home and her life “invaded” by other people. Her equilibrium was lost definitively in the post natal period when Cinzia realised that she was unable to sustain the pressure created by her child, an element that was too close to be tolerated.

At the peak of the crisis, it explodes in a self-damaging act that is highly symbolic (the heart-side of the maternal breast) and highly aggressive against “the other” (her husband, her mother, the context in which it occurred). We note that when she was admitted to hospital and in the first months after discharge the patient continued to act out other less evolved defence mechanisms such as negotiation and denial.

Therapy

The patient’s therapy was carried out in three phases: the first, which lasted 12 days, coincided with admission to hospital; the second, three months long, consisted in support psychotherapy; and finally, in the last four months of meetings, the events that occurred prior to the act were reconstructed.

The hospitalization period, in which the patient was treated primarily with pharmaceuticals, allowed the patient to separate from the family situation that had caused her lack of equilibrium, allowing her to overcome the acute phase. The patient was confused during meetings, she was not aware of what she had done, her attention was focussed on the physical dimension, the wounds, and she continually expressed the desire to return home.

After she was discharged from the hospital there was a support phase that was managed through visits to the clinic. Cinzia accepted the course of therapy passively: she said that she came to the appointments because her family wanted her to, not because she felt the need. The patient did not open up; the dialogue with the therapist was prevalently through limited questions and answers. This time was dedicated to teaching and constructing the maternal experience by structuring daily activities. Once she acquired her role, Cinzia, who at first had been helped by her mother, learned to separate from her mother and manage the experience of maternity in an autonomous way.

Regaining self-confidence, the patient invested more and more in her alliance with the therapist. It was then decided to re-examine and elaborate what had happened during her pregnancy and the birth of her child. Cinzia began to speak spontaneously, slowly she lowered her defences: when she recalled what had happened she participated and was moved. The patient finally accepted that she had wanted to die and had attempted suicide.

We want to underline that, in the dimension of therapy, the integration of pharmacological and psychotherapy approaches played a key role. During psychotherapy the use of a support – behaviour approach was important in the first phase and only following that, reinforced by the alliance with the therapist, was it important to recall and then elaborate the traumatic

experience. The fusion of these techniques in the therapy project allowed Cinzia to sew up the division and to recover her maternal relationship with her child.