Episode 70B - Linda Lewis

[00:00:00]

**Meg:** Welcome back moms and dads to Sense by Meg Faure. I am your host Meg Faure and I'm super delighted to have you join us here today. As we do every week we're joined by a [00:01:00] guest who comes alongside me to share some of the wins and the joys of parenting, but also very often some of the challenges.

And as a seasoned mom, I know exactly what it's like to be at the Rockface and that there are daily challenges that change along the trajectory of your baby's life from the time of conception all the way through. I don't know. My eldest is nearly 25 years old and I still feel the pain at times.

So it's a changing journey. And today I'm really, really excited to be looking at a very topical subject. In fact, it's just around about now that there's been a legal ruling on a mom who really was pushed beyond the limit and took her own life in the life of her children. And must have been going through the most incredible amount of trauma and this level of trauma and grief and distress, really, that she was going through at this time, and has become known as postnatal depression in the press, but it's actually a much, much broader subject. And so today we are [00:02:00] joined by somebody who's a real expert a micro specialist really in this specific field. And that is Linda Lewis. Linda, thank you so much for joining us today.

**Linda:** My pleasure.

**Meg:** So Linda is a psychologist she specializes in what is called perinatal distress, and we're going to unpack what the difference between perinatal distress and postnatal depression is but she looks quite broadly at women who experience any form of distress in pregnancy.

So that can be around loss of pregnancy, around infertility, and then of course around feeling anxious as they approach birth, and obviously what's classically known as postnatal depression or perinatal distress. Linda sees individual clients in her clinical practice, but she also runs support groups.

And we were just chatting about how incredibly powerful support groups are for postnatal depression or perinatal distress. She is a member of the center for group analytic studies, and she is furthering her own studies studying through the university of California, Berkeley and studying a degree in mindful meditation.

So [00:03:00] she has got an enormous amount to share with us today, Linda, thank you for joining us. So I think. As we get started, why don't you just tell us a little bit more about yourself and why it is that you've ended up in this very specific field of perinatal distress.

**Linda:** Thank you Meg. So lovely to be here. It's always my passion to, to be able to share with women so that they can get what I actually didn't get. So after I had my first son, actually on that very night, I was riddled with anxiety, and I never knew what anxiety was actually, and what real anxiety was. It was a physiologic experience, and I, from that moment on, I was completely consumed by devastating distress and what happened was that nobody actually understood or knew what I was going through.

And so I [00:04:00] was sent from pillar to post and did not receive the help I needed. And I felt incredibly alone and abandoned by the medical profession and misunderstood by people, family, friends. Well. Who talks about it? You know, there's a controversy of silence around unhappiness after having a child. And yet, we have to hold it all.

The joy and the happiness. Not, I love my child, but I'm not feeling good. I love my child, and... I'm feeling terribly unhappy or somewhat unhappy. So Meg, I found that after nine months, eventually I recovered. And at that point, I thought to myself, I have to help women out there. I then had a second child and...

The same thing happened, despite all my alterations, and then I went back and did my master's and focused entirely on perinatal distress.

**Meg:** amazing. And such a [00:05:00] personal story, Linda, and you mentioned something very interesting there that you know, people say everything's supposed to be wonderful. I love my child, but X, Y, Z, you know, I'm not feeling great. And when you and I first met, you had taken that concept of, I love my child, but, and you had written a book which the title completely for me encapsulated what this is about.

And the book title is When Your Blessings Don't Count. And that is very much what happens to many moms that are around about this time. Isn't it? That is their experience that they don't feel like their blessings count. And when people are saying to them, you know, count your blessings, it doesn't feel like they've got any to count.

**Linda:** Yeah, and you know, when people say, count your blessings, be positive or worse than that, thinking that you're a drama queen, it is really associated with such shame for the mother such tremendous shame, which stops them from reaching out and misunderstood and alienation. [00:06:00] And, you know, I so strongly believe that we cannot gratitude ourselves out of pain.

**Meg:** Absolutely. I love that.

**Linda:** Yeah, yeah. And I find it's asked of us so often. Gratitude has its role profoundly, but it's not a solution, okay?

**Meg:** So just be grateful for what you got is the most useless piece of advice anybody could give a mom in this situation.

**Linda:** It's not only useless, it's harmful.

**Meg:** That's harmful. Yeah. Yeah. So let's just look a little bit, you know, this work. I mean, most people are going to call this postnatal depression just because that's the buzzword.

You very specifically when we were chatting in the lead up to this interview, wanted me to stress that it is perinatal distress. Can you please unpack that for me. Why distress rather than depression?

**Linda:** Well, depression, first of all, pathologizes the condition in a way that is associated with [00:07:00] mental illness. So it holds like kind of the stigma around mental illness. And actually very often it's not depression, it is sense of anxiety. So every mother goes through some distress after having a baby. It's the biggest life changing experience, even if it's your third child, it's an adjustment.

So there's adjustment on the one side, which does involve distress, and that on the other end of the spectrum is extreme distress, and that can be associated with the tearfulness, the dread, the sense of losing your mind sometimes. And in between that is a whole spectrum of distress. And so we can't just call it depression. It's really limiting that experience that is so nuanced for some women.

**Meg:** yeah, no, absolutely. You know, [00:08:00] I also had certainly not debilitating anxiety, but definitely anxiety and some distress. You know, especially after the birth of James, because it was such a shock, my firstborn. But I did have very severe baby blues. For a couple of days, just a few weeks after he was born, I think it was probably in my second week.

And it was really severe. It wasn't just you know, kind of, oh, I'm not feeling it comfortable and happy. It was about three or four nights where at about 6pm it would come over me and it was the most incredible visceral sensation of like a fog that came over. And then I couldn't see tomorrow.

I really couldn't see it. I couldn't work out how I would get up for the next feed. I couldn't work out how I could take care of him the next day. It was so, So deep and so overwhelming. And it's the only time in my life when I have experienced that. And I only experienced it with my firstborn.

And luckily my mom was there at the time and I could articulate, I would say to her, it's happening. I can feel it. It's coming. And I could, it was a, it was a real sensation of [00:09:00] dread. And she would say to me, look, you know, it's the end of the day. Get into bed. I'm going to bring you tea and sleep to start your sleep.

And let's just see how far we can get you. And that was at about six o'clock in the evening. And that's what I did for those few days. And luckily on the fourth or fifth day of it happening, and it lifted, and I never had it again, not with the other two little ones, but it was very severe. Now that I'm presuming would fall into the camp of baby blues rather than postnatal depression or perinatal distress.

Can you just unpack that a little bit? How common are baby blues? Does every mother experience it and is it a warning sign that worse is to come or is it something that a lot of people move through quite painlessly? Okay.

**Linda:** Well, you've said something quite critical, and that is that it was in about the two week or up to two-week period, and that is what really identifies postnatal with postnatal distress. So to [00:10:00] 90% of women.

**Meg:** Oh, wow. Okay. Oh, my word. 90% of women experience baby blues, and yet it's not the topic of conversation. How's that?

**Linda:** It's not the topic of, because of this conspiracy of silence, that society, I actually think it's an evolutionary mechanism so that women will have children again, so they don't about the bad news, but it's completely hormonal. It is associated with lactation, with the milk coming in, and if, if you don't experience it, well, you were quite lucky with the second two.

And, and it is, as you said, just a few days. If it goes on longer, say up to three weeks. And you need to start addressing it. It's not a sign of what's to come.

**Meg:** Yeah. Interesting. Very, very interesting. So

**Linda:** just hang in there. Just know that that dread, that [00:11:00] fear, that overwhelming responsibility, that indecisiveness, insecurity, I can't do this.

How am I ever going to do this? Sense and know that it passes. And if it doesn't seek help as soon as possible. As soon as possible.

**Meg:** So we definitely going to talk a little bit about when you should be seeking help, but you mentioned something there that I found very interesting. You said the baby blues are strongly associated with the hormonal shifts. Perinatal distress or postnatal depression is more than just associated with hormonal shifts.

So what are the precursing factors that we see that many women have the lead to the development of postnatal distress? Are there factors in their lives?

**Linda:** Yes, there are factors in their lives. And look, when you have distress, depression, anxiety during your pregnancy, that is one of the highest risk [00:12:00] factors for postnatal distress. And so very important to receive help during the pregnancy. And of course, if there is, a pregnancy loss previously, then there may be tremendous anxiety around that pregnancy.

And the other risk factor, which is seldom looked at, is fertility treatment, because it is when you when you're going to this sometimes devastating trial of fertility treatment. There is so much hope attached to having a baby. There is the dream is held over there of when this baby comes, when this baby comes.

And then the baby arrives and it's been over dreamed of. And so the expectations of how it's going to be sometimes really are dashed in the reality of the [00:13:00] experience. So apart from those which are pregnancy related, there's the history of having had a loss in your family, especially a when you've lost your mother and here comes your own baby and you're just needing that nurturing yourself. You're needing the mothering that your baby is needing. So first rule out biological factors, go and have your thyroid checked immediately. Because the thyroid can mimic symptoms of anxiety and depression. And if your thyroid is okay, then you've got a quick fix to this experience.

And that's what happened to me actually at the very end of my postnatal

distress. I took the cheapest, easiest pill after 14 medications and it cured me. I'm not [00:14:00] saying that that was the problem from the beginning at all. I don't know how that happened in the end, but it wasn't the problem from the beginning. I'm not sure, but I'm really convinced it's not. I had a thyroid test after the birth.

Anyway, check your thyroid and just holding on again to the ambivalence of motherhood because in every experience in our lives, there is a shadow side, even if it's the most beautiful thing that's happening. If you're walking down the aisle into this long life commitment. If you're not having a few doubts, then I'm wondering why it's not just joyful, it's a massive life change and holding them both. Hold, as I said earlier, I'm delighted to have this baby and I'm feeling like I'm out of my depth.

**Meg:** Interesting. Interesting. So the physiological factors that come through in pregnancy. [00:15:00] They are your life experiences before you even fall pregnant.

**Linda:** and there's personality factors. And this is the hard one is that people who are quite perfectionistic and needing control and predictability. You know, Susan Marshall, who was an author of The Mask of Motherhood. She said, having a baby is like having a hand grenade thrown into your life because there's no control and there's shrapnel flying everywhere.

So if you're needing predictability, consistency, control, perfectionism, was that you?

**Meg:** Yeah. Yeah. Yeah. I, I mean, I, and that was where, you know, James just threw me a complete curveball because up until that point, my life had been planned and ordered and organized and I liked control. And you're right, you have to suspend control because babies don't read the book.

**Linda:** Well, you know that as much as anyone.

**Meg:** Well, I wrote the book that they don't read. So,[00:16:00]

**Linda:** no goal

**Meg:** exactly.

**Linda:** no goal. And let's not forget that fathers can also get postnatal distress.

**Meg:** Very interesting. Very interesting. And I think that would be a very important topic, probably for a deep dive conversation with you at another point. Now for me, I have always been about maternal and infant mental health. So, you know, it's kind of looking at that unit together and specifically how the mother's interactions with her baby affect her baby's long term emotional life.

And so there would be concerns, and of course there have been experiments done like Dr Ed Tronick Still Face Experiment and other experiments that we know of that have looked at the impact of moms who are not emotionally available to their infants. And of course when you're feeling low, and you've got perinatal distress, potentially that could impact how available you are emotionally to your little one.

What is your position and what advice can you give to moms around specifically their relationship with their little ones and how do [00:17:00] they foster a positive bond in the context of these really, really trying circumstances?

**Linda:** Oh, you know, my heart gets sore as you're talking about that because I know what it was like to be completely disconnected and I felt the, I still feel the tremendous loss of me not having enjoyed my children in the beginning and then not having had me with all my love and all my absolute loving of motherhood which emerged afterwards. So it really pains me to think of how mothers can really be harsh on themselves and then offer themselves some forgiveness, a lot of forgiveness for something that wasn't their fault. You can't cause PND, you can't. So what is very helpful is to hold

**Meg:** Interesting.

**Linda:** Hold your baby when they are resting.[00:18:00]

Let them sleep on you because that oxytocin against your body allows you to connect and it's very soothing and there's no expectation of you having to soothe the baby. The baby's sleeping hold.

**Meg:** I love that.

**Linda:** Yeah, yeah. When you are feeling completely disconnected, you can just sit next to somebody. It's touch. Sit next to whoever's taking care of them and just rub your baby's back or have yourself be soothed that you can soothe your baby. So when, when you have those moments of relief, and you know, we could so often say, I have been anxious the entire day. Well, actually, in the space of the day, there have been pockets of relief, perhaps. When you feel those pockets of relief, Go straight to your baby and interact, looking in their eyes, [00:19:00] holding them here.

They need that eye contact with you. So, slowly, slowly, without any huge expectations of yourself, to be 100% present. Actually. 100% present is the wrong way to go for any healthy development in any child. A good enough mother is the optimal

**Meg:** mm-hmm. And that's so important.

**Linda:** a discussion.

**Meg:** It absolutely is. And moms, if you haven't heard my interview with Nadine Kuyper, another psychologist on maternal guilt, we go very deeply into that. And so that is definitely an episode of one of the podcasts that you will want to go and have a look at is, is, you know, how, how do we remove ourselves from those expectations from within ourselves and from society as well?

And, and remove ourselves from that pressure and just be good enough Mums. You know, that's what's important.

[00:20:00]

**Meg:** So Linda, obviously there are varying degrees of perinatal distress all the way through from the baby blues, which you said occur in about 90% of moms through into perinatal distress. And then, of course, into postnatal psychosis, which is a lot more of a dangerous diagnosis situation, which was the one that unfolded with Dickinson, I think her name was in New Zealand where the ruling just happened today. What are the treatment options that moms should be looking for? If they're in any of these levels [00:21:00] you know, kind of baby blues, I know we're going to move through it.

Is there any treatment that's needed? And then what about postnatal distress or perinatal distress and, and postnatal psychosis?

**Linda:** Yeah, well postnatal psychosis is a medical emergency. It's not a psychological emergency. So that is straight into the medical field. Psychologists can't stop a postnatal psychosis. It is abrupt, it's rapid, it's critical. When it comes to postnatal distress, I just really, really encourage women to seek help as soon as possible.

The longer you hold on trying to march on your own, especially those ones who always march on their own, lest anyone see their vulnerability, the longer you hold on to it and don't receive help, the more [00:22:00] The more lost there is, the longer it may take to get better. So in the blues, what you're needing is just to be contained.

Everybody to say you're doing a great job. You're going to be an amazing mom. And yeah, here's your tea. Your mom was fantastic. Your mom was lovely, just giving that message. So With post, with PND, what's really important is to go and have an assessment. Now let me tell you, there are six questions that you need to be, that's the Cheryl Beck assessment for PND. And they are so critical. If you can just ask yourself, am I having trouble sleeping, even when my baby's sleeping?

Now, what it does is it measures it on a scale of [00:23:00] completely disagree on one and on five, completely agree. The next question is, am I getting anxious over the smallest of things? The next question is, are my emotions on a rollercoaster? The one, am I losing my mind? Do I feel like I'm losing my mind?

Another one is, I'm scared I'm not going to be my normal self again. And how we all experience that. And then, a very critical one is, I'm not feeling like the mother I want to be. Most critical of all is, I feel like I've made a big mistake. And I'm feeling like I want to way out of this.

**Meg:** Hm, very

**Linda:** So, yeah, so it's just really important to go through those.

And if you're on the higher end of the scale, you need to take it seriously and seriously [00:24:00] means either going into therapy, individual sessions, but group therapy is the most helpful way of managing PND. I told Meg that I'm going to read something from the New York Times that came out in the last month.

And it said that group therapy is often recommended for new moms who are struggling. It can be one of the most powerful interventions. It's the support that women provide to one another that helps them to feel so much less alone in this really, really challenging journey. And sadly, there aren't many support groups available.

I run support groups online and in person, and there isn't, I can't find them when I'm out of space. I don't know who to refer

**Meg:** Hm, hm,

**Linda:** to. And so the other thing is, At some stage, if this is persisting and actually it's getting in the way of your relationship with your child [00:25:00] and the family, then medication may be indicated. So, go and get an assessment again. Meg, I want to mention one last thing. In terms of the before we go on to the next question is that what impacts on PND is also the first three things that happen in the first small period of your life with your baby, and that is how is the birth experience,

**Meg:** ah, yes.

**Linda:** how is the breastfeeding,

**Meg:** Yes.

**Linda:** and the expectation that you should feel an immediate surge of maternal love, which is a myth. Breastfeeding is a huge factor that contributes to PND, as if it's meant to happen naturally. And

**Meg:** It's so interesting, you know, all three of those things. And I mean, this is just such critical information, Linda, because all three of those things are also very socially, there's a lot of social expectations. You are expected to have this like [00:26:00] glorious birth that, you know, this, you know, the, the Instagram dream.

And I mean, I've seen some things on Instagram that make my skin crawl of these so called ideal births that I think have been staged because birth isn't like that birth is gritty and it doesn't always go according to plan. In fact, it usually doesn't go exactly according to plan. The second is the pressure to breastfeed where it's put out there as the gold standard.

And we're not talking about nutrition in this conversation but breastfeeding as a whole. Many moms don't manage to actually breastfeed or even choose not to. And that immediately sets them up for a feeling of failure. And then, you know, and then the third one that you mentioned is also just, it is just so, so, you know, there's expectations around, I'm going to fall in love, it's going to feel beautiful.

My blessings are just amazing. You know, just what we spoke about at the beginning. And so when those three things don't happen according to plan, you feel like you haven't hit that golden benchmark and it's, it's very difficult. Very important.

**Linda:** right in the beginning. All those things are right in the beginning. Then [00:27:00] set yourself up with failure. I'm not good enough. Your confidence is shattered from the very beginning. So just to remember that actually the research shows that very, very few births are what you expected. They may go according to plan.

It may not be what you expected, whatever

**Meg:** Yeah.

**Linda:** it may be. And that, and I say, the myth of natural breastfeeding and of immediate bonding. So you're not alone. And I think that's the biggest message to women.

**Meg:** Yeah.

**Linda:** That you're alone. Up to 40% of women experience perinatal distress.

**Meg:** Linda, it's incredible. I mean, everything you've spoken about has been so incredibly helpful. I know that moms are going to be clamouring to find out how they get hold of you, particularly for these groups, which just sound incredibly impactful. Moms, I'm going to give Linda's details out to get at the end, but for those of you who wanting to get that right now you can actually WhatsApp Linda, [00:28:00] she takes WhatsApp messages and her number is.

Which is the South African code and then 0 8 2 4 4 1 4 0 9 9. So 2 7 8 2 4 4 1 4 0 9 9 and that is how you'd probably most likely get hold of Linda. Linda, before we head off though, and I will come back around and, and read that information out again. And there might be some women who listening to this either moms or friends or husbands who want to know how to help you know, somebody who they really can see that this is playing out for and how can we help them?

I mean, what do we need to look out for? What should those warning signals be that are like, Oh goodness, this is not looking good. And if we see those warning signals, what should we be doing about it?

**Linda:** Okay. So the basic question that needs to be asked is, Is Meg The person we know her to be. Is she in her normal character, [00:29:00] albeit, you know, having the challenges of motherhood, but is she there? Is she seeming as intact as she usually is or as normal as she usually is despite the challenges? So that's a critical question.

That's a critical question to ask oneself. Am I the person I know myself to be? So that is one of the signs, you know, that you can look out for. Then of course, the tearfulness, the, the feeling alone, the cleanliness, needing to have someone by your side all the time, if that's not who you normally are.

Having fears of going out, not wanting to socialize. Anger, irritability and not letting anyone in actually, because no one's going to get it right or needing someone completely in because you can't do it. I mean, I'm really skimming the surface here because I'm aware of time. But it is so [00:30:00] important just to see how her mood is, how's her mood and not to be scared to talk to her about it. Now the very important thing is, Don't give her what you think she needs. In other words, not, come, you should go for a walk, let's go for a walk. Or, you need to get up and get dressed. Or, come, let's make supper together. Whatever it may be to get her functional, ask her what she's needing and go with that.

**Meg:** Yeah. Yeah. That's, I love that, Linda. So ask me a question, like what would make this easier for you?

**Linda:** Yeah. Sometimes she doesn't know. Sometimes she won't know, but then you can explore it. Do you need more practical help? Do you need more meals? Do you need me to lie next to you? Do you need me to take care of the baby [00:31:00] more? And another one is if you're not there in person, and so many times families are, you know, just not together in the same country anymore, is how can I help you?

And if you can say, If you need it, I need financial help. Financial help in order to get meals, ready made meals, in order to get domestic help, a night nurse or, or a nanny, just to let in every bit of support possible. And then for free, not to, to let people know so that you can be carried. You need your bodyguards. You need your roster of people to take care of you. I had a roster from morning to night when my husband wasn't at home because of work. And they used to come in their shifts to take care of me. You know,

**Meg:** That's incredible. What an expression of love. [00:32:00] Amazing. Yeah. Linda, this has been a very, very impactful podcast, and I'm sure they're going to be a huge amount of questions. Are there any last words of wisdom that you would love to give to moms who are. terrified that they are always going to feel this way.

And maybe have waited their whole life to have this dream baby. And now so disappointed at how she's feeling. What would you be saying to our moms?

**Linda:** I am saying to you, you are not alone. You are going to get better if you receive help and you will be your normal self again. You will, in fact, when I was going through it, one of the psychiatrists I went to said to me, I hope you don't get better. And I said, that is unethical. How can you do that? He said, because then I can write you up in a medical journal as being the only one who doesn't get

**Meg:** Love that.

**Linda:** said to him, start [00:33:00] writing. I will be the only one.

**Meg:** Cause that's how you felt.

**Linda:** And every woman that I have seen has come through, not only comes through, sometimes come through, often come through better than ever before.

**Meg:** Yeah. It's such a massive phase of transition and what does lie on the other side is super exciting as a, as a mother, you know, for the rest of your life, it's just getting through those muddy patches and you know,

**Linda:** And I want to say that when you come through PND, two things will happen. First of all, you will be able to face other crises in your life in a way that is so much more resourceful and robust, because it's very hard. experience not to be well after your child is born. The other thing is that you will embrace motherhood so freely because you know what it's like not [00:34:00] to.

**Meg:** what words of hope. Yeah. Thank you, Linda. Wow. That's really incredible. So I know that we're going to have a lot of moms for whom this has rang very true. Linda, would you like to just give out your WhatsApp number again and your email address where people can get hold of you?

**Linda:** sure. So my WhatsApp number is +27 82 4414 099 and my email address is linda@lindalewis.co.za.

And I just want to add Meg, if anyone would like a book, then they're welcome to message me and we can sort out how to get it.

**Meg:** And Linda's book just as a reminder is called when blessings don't count by Linda Lewis. And it is a fabulous book. So get hold of Linda. She'll let you know exactly where to get the book and reach out to her if you want him to have [00:35:00] those sessions. She is international. So I know the podcast has listeners all over the world.

So Linda would be able to make time for you regardless of where you are. So Linda, thank you. It's such a massive journey into motherhood and to have people alongside our moms, like you is very powerful. So thank you so much for the work that you do. And mom's a message to you as we end off is hang in there.

You will get better. And that's, I think the very key message from Linda and reach out, take hold of all the support you can, including somebody like Linda. So Linda, thank you very much for joining us today.

**Linda:** Thank you, Megan. I just want to say thank you to you for taking care of all these mums, and you make a huge difference. Thank you.

**Meg:** Thank you. That's very kind of you. Thank you, Linda. Mums, we will be back next week at Sense by Meg Faure. Until then, keep well.

[00:36:00]