

Down and out

How surviving postpartum depression made me a better doctor and a better person

Lisa A. Bromley MD CCFP

What traits make a good physician? Not many patients would say “neurotic,” but, ironically, many of us are self-selected to be this way. Perfectionism, obsessiveness, persistence, and compulsive attention to detail are qualities we need in medical school in order to cope with the sheer volume of knowledge we have to acquire, digest, and keep ready to be recalled instantly when the need arises. Being neurotic definitely helps.

People would say compassion makes a good doctor, naturally. I thought I was compassionate, and mostly it was true. Skills to enhance compassion and connection with patients can be taught: for example, active listening and reflecting back to patients how you understand what they have said. You can also be trained to be alert for issues that are commonly hidden and give patients “permission” to speak freely about such things as the guilt and shame of depression or the presence of violence in the home. During my training, I soaked up these skills avidly and became pretty good at unearthing the underlying reasons for visits, if there were any. If a patient had a headache, I helped her make the connection with stress at home.

What I didn't realize was that, although I had compassion, I was cut off from my own feelings. I had been all my life; it was how I was raised. How to anesthetize my own feelings was another useful skill I learned going through medical school. I often yearned to have a life instead of constantly studying or working at the hospital. I found a lot to dislike during my training, and, in order not to give up, I couldn't afford to be fully aware of it. Happily, medical school was indeed finite. Family medicine residency was much more in line with my values, and I became a contented family doctor.

Hitting a brick wall

My life hit a brick wall, however, a decade later when I had my first baby. Whoa! This was a situation for which life up to that point had left me completely and utterly unprepared. There was lack of sleep, incessant crying (he was colicky), total loss of my previous sense of self, and lack of access to the usual things that used to make me happy and calm me down (eg, reading; exercise; and general solitary, quiet, introverted activities). I couldn't live on baby time, and the perfectionism and rigidity that

had served me so well in medical school were now maladaptive and causing me to suffer.

I didn't realize it, but I had postpartum depression—a misnomer, because I didn't feel sad or suicidal or depressed per se, but I had enough anxiety to power a small city. I couldn't relax. I couldn't sleep when the baby slept. I wanted to escape. Not surprisingly, my husband was also completely shaken. Not only was he overwhelmed by the new baby too, but his usually professional, capable, and competent wife was a basket case. It inevitably led our relationship into dysfunctional territory. I was terrified to be left alone with the baby, this screaming monster who drained me completely. I was in despair the moment my husband left for work, and hysterical if he was a few minutes later coming home than he said he would be. He became resentful toward me for being so exhausted. He was exhausted and besieged too. I was completely spent; my reserves were beyond empty. There were a variety of mommy-baby activities in my community, but I couldn't connect meaningfully with the other moms who were actually functioning. If I ventured up a trial balloon of how I was truly feeling, mostly I got blank stares and incomprehension. It just wasn't their experience, and they didn't understand. I felt alone and isolated.

I sought help

Eventually our spirited boy slept through the night, and my batteries started to get recharged. Now here is the triumph of hope over experience: we wanted 2 children. When our second boy came, some self-preservation module, somewhere deep, deep down, turned itself on and allowed me to consider the possibility that I needed help. I sought a peer-support group for postpartum depression. It was the most difficult, humbling thing I have ever done. Mercifully, I didn't need to reveal my occupation to the other participants, and I just got down to the business of weekly meetings and doing the dance of getting a grip on emotions that were unbearable but that nonetheless needed to be felt fully to figure out the direction I needed to go. Between that group and my therapist, my life was saved. Not in a literal sense that I was at risk of suicide (and I thank the universe that the pain of living and loss of hope never became that bad), but that the life I had became bearable and even wonderful again. It might not have.

Eventually it dawned on me that I also had post-traumatic stress disorder. It came from a childhood that wasn't happy after all, but was filled with emotional abuse from a wounded and angry mother. I realized that this was the engine that was driving my depression. The once-protective mechanism of being numb to my feelings was now preventing me from getting better. As a child, the only way I was able to survive and thrive was to float above my distress. To be connected with and aware of my feelings then would have assured paralysis, hopelessness, and failure. The messages that my emotions were sending me as a child were completely impossible for me to hear at the time, and thus became meaningless. They were trying to tell me to flee and run away, but I needed to stay connected with my mother to stay alive. Who else would have clothed, fed, and housed me? What an absurd and unmanageable situation, to be terrified and wanting to avoid my caregiver and life giver.

Luckily, I was good at school. Part of me knew that this was a route to salvation. I ignored my suffering and excelled in school, but in learning not to pay attention to my emotions, I had lost the use of a critical navigation system. I managed all right, going through the motions, up until the moment when I became a mother. Then I was faced with the choice of learning how to cope; or suffering, and through my own suffering, cause my children and my husband to suffer too.

Healing

Healing from depression and posttraumatic stress disorder involved finally reacting to the constant fire alarm in my head and my heart and recalibrating the dials so that my emotions are now an early warning system rather than a continuous blaring siren. It is hard—so hard—as my emotions are jumpy and skittish, and anxiety shoots up very easily in me. I have to accept that this is how I have been hard-wired, that feeling under threat for so long and from such a young age has taught my brain that the world is a dangerous place in which one must be vigilant and ready for life-defending action at any moment. Of course, this is not truly the case, but my poor old brainstem has been well trained by millions of interactions over thousands of days, and I have to be patient and gentle in retraining it.

Through this process I have discovered a deeper level of compassion. It is a compassion rooted in the real world, and it includes myself. I realized that the compassion I used to have was detached and aloof. I was at the same time disconnected from patients yet overinvested in them. My aloofness and disconnectedness also caused


a degree of social ineptitude and a lack of perception that made me capable at times of being a jerk to peers and co-workers. I am more self-possessed now and more genuinely connected with other people.

Readers might have noted that I have not yet mentioned the traditional response of the medical profession to depression and anxiety, antidepressants. I did take antidepressants when I was at my worst. I was grateful to have access to them because they took the edge off the worst moments. In the end, however, for me, it was neither necessary nor sufficient. I pay more attention now to literature criticizing the psychopharmaceutical industry that points out that antidepressants in clinical trials have a notorious and inconvenient rate of placebo response. It is regrettable to say, but in my personal case, my beloved profession did little to heal me. For this I credit my peer-support group and

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my therapist, both of which were critical to my getting better. In my wilder moments, I wish for therapists as skilled as my own on every city block, and that psychotherapy and emotional regulation be taught from the first day of medical school. I am so grateful because what I have healed from is so enormous, deep, and pervasive that when I look back, it seems nothing short of a miracle.

I do not wish to trivialize the illness of depression by minimizing the role of medication in my healing. In fact, the pain of depression was so terrible that it was the push I needed to face the painful truths in order to heal. I don't know if I would have had the courage to go through the awful process of self-examination and self-confrontation in therapy if the torture of depression was not at my back, cattle-prodding me forward. It was a psychic agony that said to me, learn, or suffer. The way ahead was terrifying, hard work, and difficult, but the road behind was even more miserable. In this way I think that the depression fulfilled its purpose.

Physical pain is a message from the body that something is wrong, and so it was with my mental distress. I stopped walking on my broken leg and made the decisions to change my thoughts and behaviour and allow it to heal. I can now face the future with all of my human tools and faculties fully functioning, life is so much better for me and for my family than it might have been. 

Dr Bromley is a family physician and mother in Ottawa, Ont.

Competing interests

None declared