

Lived Experiences Of Women Who Have Recovered From post-Partum Psychosis: A Phenomenological Study

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Abstract

Background: Puerperal psychosis is a psychiatric disorder that is prevalent in women in their postpartum period, although it's not very common. It has an adverse impact on their mental health, leading to neglect of their newborns.

Objective: The objective of the study was to explore the lived experiences of women who have recovered from psychosis following childbirth.

Material and Methods: This phenomenological qualitative study adopted an exploratory approach and was conducted at Jinnah Medical College Peshawar from July 1st to December 31st, 2023. Data was collected from 15 patients through non-probability purposive sampling. These women presented to the psychiatry OPD for follow-up visits and were previously admitted to the psychiatry unit of Jinnah Medical College, Peshawar, for postpartum psychosis. Those diagnosed cases who had recovered from postpartum psychosis were selected, and semi-structured interviews were conducted with them to explore their lived experiences in detail. The data was analyzed by manual thematic analysis.

Results: Data collected showed that women who had given birth recently suffered from severe depression melancholy and grief. Their daily behavior was greatly affected by this ailment, and they were unable to function properly and look after their babies. Eight themes were identified from the data, which were severe depression, suicidal tendencies, violent behavior, hallucinations, delusional beliefs, mood swings, disorientation, and bizarre thoughts.

Conclusion: Suicidal and infanticide ideations are the important aspects of this study that can put the lives of mothers and babies in danger. This illness negatively affects women's mental health, resulting in their neglecting their newborns.

Keywords: Lived experiences, post-partum, psychosis

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Introduction

Physiological changes during pregnancy facilitate the development and, later, care of the newborn.¹ These changes also affect the mental health of the mother.² Postpartum period is stressful for women because they are physically drained and exhausted after giving birth.³ There is an increased risk of depression, anxiety, and psychosis in these women.⁴ Overall, 3% of women develop psychiatric disorders three months postpartum.

These include postpartum depression, anxiety, and psychosis.⁵ Postpartum psychosis is a major psychiatric illness and is usually severe. It is a combination of psychiatric disorders involving issues like manic depression, violent behavior, delusional beliefs, aggression, self-harm, severe mood swings, and suicidal tendencies.⁶

Women who experience stress during their pregnancy

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are more likely to develop puerperal psychosis.⁷ Similarly women who have bipolar disorder or schizophrenia are more likely to develop postpartum psychosis.⁸ Family history is another major identified risk.⁹ Women develop this disorder usually within three months after giving birth, mostly after two weeks postpartum.¹⁰ Postpartum psychosis is rare and occurs in 1-2/1000 births.¹¹ This condition has debilitating effects on a mother's health and poses a serious threat to her own and her baby's health.¹² mothers are unable to breastfeed and look after their infants properly, and therefore the infants born to these mothers suffer badly.¹³

Maternal psychosis is a medical emergency and needs to be treated immediately.¹⁴ In developing countries, including Pakistan, it is believed that supernatural forces are responsible for the disease, and people contact spiritual healers for the disease. They delay contact with a health professional for the management of this illness. The signs and symptoms of this disease need to be identified very soon by the family, and the mothers should be brought to the hospital for early admission. Early diagnosis and prompt treatment would result in a less severe manifestation of the disease and a shorter duration of medication.⁶

Previous studies have explored the causes and risk factors responsible for this disease.¹⁵ In the past, studies have also established the management of postpartum psychosis.¹⁶ Limited literature is available on the lived experiences of women suffering from postpartum disorder in our setup. This study will be fruitful as it will explore the experiences of these women and identify management techniques to lessen this disorder, which has disastrous effects both on maternal and infant health.

Material and Method:

Study Design, Area, and Period:

This phenomenological study adopted an exploratory approach and was conducted at Jinnah Medical College, Peshawar, from July 1st to December 31st, 2023. Data was collected from 15 patients who presented to the psychiatry OPD for follow-up visits and were previously admitted to Jinnah Medical College, Peshawar, for postpartum psychosis. Data was collected from mothers who were one year postpartum. This period was selected to take advantage of participants' recovery so that they could reflect on their lived experiences. The no-probability purposive sampling technique was used, and data collection was continued until no new information was obtained. Saturation was achieved with fifteen participants.

Inclusion Criteria:

Participants who were clinically diagnosed by qualified psychiatrists as having postpartum psychosis according

to the Diagnostic and Statistical Manual of Mental Disorders V (DSM 5)¹⁷ were included in the study. In addition, mothers of reproductive age who were 18 years of age or older and who had delivered live babies were included.

Exclusion Criteria:

Participants who had not recovered from postpartum psychosis, those with pre-existing medical disorders, and those younger than 18 years old were excluded from the study.

Data Acquisition:

Semi-structured interviews were conducted with open-ended questions using the biopsychological model of psychosis from the participants in Pashto and Urdu, which were converted to English. Open-ended questions were included to stimulate the thought process of the participants. Probing questions were included for more clarification without interrupting the flow of the discussion. After obtaining informed consent, in-depth interviews were conducted in a private room to maintain privacy and confidentiality at the hospital. The interviews lasted for 30 to 45 minutes, and written notes were taken. The first and second authors collected the data.

Data Analysis:

The data was analyzed using manual thematic analysis due to the exploratory nature of the study. In the first step, authors read and reread all the transcribed interviews for better understanding. In the second step, axial codes were made, which were then merged to form subthemes in the third step, which, in turn, were converted into themes in the fourth step.

Results:

The mean age of the patients was 29±8.20 years. The mean parity was 2±1.18. The majority of the patients were Pathan. Majority of the patients were middle class (n=8) and lower middle class (n=4)

S.NO	Ethnicity	Age	Parity	Socioeconomic status
1	Pathan	23	1	Middle class
2	Pathan	28	2	Middle class
3	Afghani	19	1	Lower middle class
4	Pathan	34	3	Middle class
5	Balochi	36	3	Middle class
6	Punjabi	42	4	Lower middle class
7	Punjabi	40	5	Upper middle class
8	Punjabi	33	2	Lower middle class
9	Urdu speaking	27	1	Middle class
10	Pathan	18	1	Upper middle class
11	Pathan	29	3	Lower middle class
12	Afghani	35	2	Middle class
13	Punjabi	41	3	Middle class

14	Punjabi	20	2	Upper middle class
15	Pathan	22	3	Middle class

Data collected showed that women who had given birth recently suffered from severe depression melancholy and grief. Their daily behavior was greatly affected by this ailment, and they were unable to function properly and look after their babies. A woman said; "I felt extremely down and low and did not want to talk or interact with anyone". They frequently had suicidal thoughts and wanted to end their lives because they felt stressed out and anxious. Their behavior towards their baby was harsh and rude. A lady said; "I wanted to end my life so that my misery would end permanently". There was a marked change in their attitude which often was violent and aggressive, and they were unable to provide the love and care that a mother shows towards her baby. They would often feel the urge to hit their babies when he or she would cry they would often shake them violently and handle their babies improperly and other people would have to take their babies away from them to protect them. A lady exclaimed; "I felt a strong urge to thrash my baby to quiet him down because his high-pitched crying gave me a bad headache".

Women experienced different types of hallucinations, like auditory and visual. They would hear and see things that were not present, which made them more confused and frightened, and they would want to shut themselves in a room away from all people. A lady said; "I used to hear scary noises as if someone were calling me, and I used to see frightening faces that seemed to follow me and then vanish completely". They also would experience false delusions, which would affect their content of thought. These women had irrational thought patterns and believed that something horrible was going to happen to them soon. They thought that some bad incident, like an accident or

the death of a loved one, would occur and they would be left all alone and shattered. A lady said; "I was unable to think clearly and focus on any work because my thought process was haphazard, and I was badly disturbed".

These ladies also experienced mood swings which are mood changes. One day they would feel happy and contented, and they would behave normally having positive thoughts and behavior and the other day they would experience severe anger or sometimes very low mood and depression because of this sudden change in mood. They would be unable to complete any task whether it was related to looking after the baby or any other house-related work. This would further make these ladies confused and unable to do any work efficiently. One woman told us; "I was constantly swinging between low and high mood one day I was cheerful and excited and the next day I would be depressed and agitated tremendously".

These women experienced a condition called disorientation where they would feel disoriented and confused about time place and person. They were unable to comprehend the timings of the day. They would think day is night and night is day and would change their routine accordingly. They were often confused with facial recognition of people and were unable to locate their location properly. Ladies were unable to focus on any work and were not able to offer their prayers properly. They often used to forget things and had short-term memory losses off and on. One of the ladies said; I was completely lost I didn't know what was happening around me and I felt confused and helpless.

This condition greatly affected their thought process. Most ladies experienced queer and unnatural thoughts. Their thoughts were incoherent, and they were not able to process their thoughts in an organized manner. This greatly affected their planning and rationalizing and they were

Table 2: Themes and subthemes, codes, and representative quotes.

S.NO	Themes	Sub-themes	Codes	Representative quote
1	Severe depression	Slump Melancholy Sorrow	Unhappiness, gloom, decline, misery, standstill, and sleep disturbance.	I went into a state of severe anxiety and depression after my puerperium, despite being blessed with a healthy baby.
2	Suicidal tendency	Destructive inclination Eradicative tendency Wreckful behavior	Kill, deadly, ruinous, unsafe, demise terminate	I experienced a strong urge to end my life because I couldn't cope with my anxious condition.
3	Violent behavior	Harsh behavior Intense reactions Forceful actions	Savage, wild, brutal, powerful, extreme, vicious, strong, rough	I exhibited uncontrolled violent behavior like throwing things and banging doors and I wasn't able to control myself
4	Hallucinations	Wild imagination Imaginary perceptions	Visions, voices, vibration, pressure, touch	I used to hear voices off and on followed by horrific images that someone was following me and the feeling that I should kill my baby, other children, and husband.
5	Delusional beliefs	False faith misapprehension	Exploit, react, grudge, respond, stimulus, emotions, impression, mistaken	Despite being religious and offering prayers I used to have irrational thoughts that something bad was going to happen to me soon.
6	Mood swings	Emotional instability Bipolar disorder	Intense, shift, emotion, change, thinking, pattern	One moment I would be happy and peaceful and a few moments later I would suddenly become extremely angry and would experience intense rage
7	Disorientation	Confessional state Perplexed condition Bafflement	Confuse, daze, surprise, lost, bewilder, focus	I felt slow and was unable to focus on my house chores and handling my baby.
8	Bizarre thoughts	Strange thinking Peculiar ideas Odd concepts	Odd, unorthodox, atypical, queer, unusual, eccentric, abnormal, irregular	I used to constantly have negative thoughts about myself and felt like a loser. Often I used to have nightmares about accidents and deaths.

unable to plan any task and they felt their life was a total mess. They were unable to complete any task because they felt they had brain fog. One of the ladies being interviewed said; that a few days after I gave birth, I felt strange, my mind was occupied with strange and weird ideas. I had a negative idea about myself and felt unworthy and unwanted although my family was trying to help me with my recovery after delivery”.

Discussion:

This study explored the lived experiences of the women who had recently recovered from a clinical diagnosis of postpartum psychosis. The eight major themes that emerged were: 1) severe depression; 2) suicidal tendency; 3) violent behavior; 4) hallucinations; 5) delusional beliefs; 6) mood swings; 7) disorientation; and 8) bizarre thoughts. Childbirth has a wide range of impacts on a mother's physical and mental health. In this study, participants reported severe depression, anxiety, and sleep disturbances after their puerperium, despite being blessed with a healthy baby. The mother attributed these symptoms to the care demands of the newborn, instigated by crying babies and breast-feeding. These symptoms align with previous studies showing an association between childbirth and depression in new mothers. In a study conducted in Saudi Arabia, it was found that one-third of the women experienced fatigue, sleep disturbance, and fatigue and were unable to take care of their infants, leading to poor childcare practices.¹⁸ In the current study, participants reported suicidal thoughts during the post-partum period that needed urgent attention. These ideas were attributed to several factors, including a lack of social support from husbands, parents, siblings, in-laws, and other family members. Social support is expected in the form of sharing house chores, guidance in motherhood, and taking care of the infant while the mother rests. The other reason reported was financial constraints. It was reported in a study that around 70% of women with postpartum psychosis committed suicide in their postpartum period.¹⁹ Other studies show that self-harm is more common among postnatal mothers with psychosis due to persistent negative thoughts. Lack of support results in distress, anxiety, and a feeling of neglect.²⁰

The findings of this study showed that these women exhibited uncontrolled violent behavior like throwing things and banging doors, and they were not able to control themselves. Irritability, agitation, and violent behavior have been reported in 34% of the women with postpartum psychosis.²¹

The women in the present study experienced mood instability and disorientation. They felt overwhelmed and were unable to focus on house chores and handling the

baby. Mothers are expected to perform their housekeeping work, including washing clothes, cooking, and cleaning, and there is an increased demand for childcare and feeding. Such experiences reduce the time and opportunities for the couple to have intimacy, leading to stress and aggravated postpartum psychosis. Previous studies show that women with postpartum psychosis can present with prodromal symptoms that are mistaken for medical illnesses. These prodromal symptoms include irritability, mood swings, and disorientation.⁶ It is therefore important to investigate these symptoms promptly.

These women experienced hallucinations. They reported that they used to hear voices off and on, followed by horrific images that someone was following them. These women had experienced delusional beliefs and misapprehensions that something bad would happen to them. Some women had feelings of wanting to kill their newborn baby, other children, and husband. Infants are the leading victims of these women. These delusional beliefs about mothers killing their infants are reported in other studies too. The motives behind killing babies reported in other studies are their delusional beliefs about sacrificing their babies, unwanted babies, the child's best interest, and revenge against their partner.²² These results show that postpartum psychosis is not only a risk to the mother but also to the infants, other children, and husband. Thus, prompt intervention is needed to address the issue.

Bizarre thoughts, including self-blame, feelings of loneliness, and regrets about marriage and conception, emerge from this theme. These thoughts are attributed to the husband not taking on the responsibility of the mother and baby during pregnancy and the postpartum period. The spouse and family are not happy with the sex of the child, and they are unable to bear the health costs of the mother and baby.²³ Unwanted pregnancy and the husband not being happy with the sex of the baby were the major contributing factors in the present study.

Implications of the study:

Exploring the real-life experiences of women suffering from postpartum psychosis might help highlight the specific challenges they're facing and offer insightful knowledge for medical professionals. The findings of this research can influence the establishment of individualized interventions, support networks, and educational resources suitable to these women's needs. By taking their perspectives into account, we can both increase the overall understanding of postpartum psychosis and the standard of care and support given during this difficult time.

Limitations of the study:

This was a single-center study with a small sample size. Moreover, these mothers were one year postpartum and had recovered from postpartum psychosis, so there can be

a recall bias and we cannot conclude the experiences of women with existing symptoms.

Conclusion:

Women with postpartum psychosis experience symptoms that are distressing and overwhelming. Suicidal and infanticide ideations are the important aspects of this study that can put the lives of mothers and babies in danger. This illness negatively affects women's mental health, resulting in their neglecting their newborns.

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