

**A Trauma Informed Understanding of Postpartum Psychosis**

*Understanding the connections between childhood experience and psychotic illness during the reproductive years.*

*Diana Lynn Barnes, Psy.D*

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**Early Experiences**

- Inform later development
- Alter one's world view
- Affect resilience
- Influences brain development and brain chemistry
- Creates a framework for other intimate attachments across the lifespan

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**SECURE ATTACHMENTS**

- Proximity maintenance
- Separation distress
- Safe haven
- Secure base

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**Intimate emotional bonds between individuals serve a biological function**

- The way a child is treated influences development and personality functioning
- Part of an organizational system that guides expectations and the planning of behaviors
- Attachment behavior is resistant to change

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**Working models of attachment**

Child's image of self  
AND  
Child's image of other  
INFLUENCES  
Emotional regulation, expectations, defensive methods and coping strategies

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**Affective Competence**

□ Secure attachment	Feel and dealing while relating
□ Ambivalent attachment	Feel but not dealing
□ Avoidant attachment	Dealing but not feeling
□ Disorganized attachment	Not feeling and not dealing

Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York: Basic Books.

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### Four category system of adult attachment

- Organized along two dimensions
- Concept of self and concept of others
- Positive v negative evaluation of self
- Secure - positive view of self and others
- Preoccupied - negative view of self and positive view of others
- Dismissing - positive view of self and negative view of others
- Fearful - negative view of self and negative view of others

Bartholomew, K. & Horowitz, L.M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61(2), 226-244.

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### Parental experience that creates potential for disorganized attachment

- Unresolved trauma
- Traumatic memories intrude
- Experiences of past abuse

OR

- Experiences of loss through death of significant others
- Frightening/frightened parental behavior

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### Childhood Trauma, Attachment Disruptions and Personality Disorders

- Each personality disorder has a characteristic interpersonal style
- Personality disorders reflect internal working models of attachment
- Working models are rigid and inflexible
- Causes significant distress in social, occupational and relational functioning
- Individuals with personality disorders - insecure or unresolved attachment patterns

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**WHAT IS TRAUMA**

A psychologically distressing event that is outside the range of usual human experience

- FEAR
- TERROR
- HELPLESSNESS
- ABSENCE OF SAFETY

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***“Trauma is NOT a disorder”***

***“it is a human experience that is rooted in survival instincts”.***

Levine, P.A. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Books.

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**Traumatic Information is Stored**

- ▶ Cortex - Cognitive Memory
- ▶ Limbic - Emotional Memory
- ▶ Midbrain/cerebellum - Vestibular memory
- ▶ Brainstem - State Memory

Perry, B. (2003). Effects of traumatic events of children. *Child Trauma Academy*. [www.childtrauma.org](http://www.childtrauma.org)

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**Attachment trauma can lead to**

- Affective dysregulation
- Aggression & impulsivity
- Unstable relationships
- Psychotic symptoms

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**Insensitive or abusive caregiving**

- Elevated cortisol levels
- Neurodevelopmental abnormalities
- Deficits in mentalization and reflective function

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**Neurobiology of attachment**

- Relational trauma leads to insecure attachment
- Affects brain development (right hemisphere)
- Alters the limbic system
- Long term impact on the ability to manage stressful emotional experiences
- Vulnerability to PTSD and relational violence

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### Neurobiology of Trauma

1. HPA Axis Over-reactivity and dysregulation
2. Elevations in cortisol preceding psychosis onset
3. Reduced gray matter in the frontal lobes
4. Changes in the Hippocampus

Read, Bentall & Fosse (2009); Holmes & Wellman (2009); Heckers (2001).

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### Differential responses to threat

<b>DISSOCIATION</b> detached numb compliant suspension in time de-realization mini-psychoses	<b>HYPERAROUSAL</b> hypervigilance anxious reactive alarm response freeze flight
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Perry, B. (2003). Effects of traumatic events of children. *Child Trauma Academy*. [www.childtrauma.org](http://www.childtrauma.org)

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### Adaptive responses to threat

- Changes in cognition
- Changes in affect
- Changes in behavior
- Changes in neurophysiology
- Changes in physiology

Perry, B. (2003). The effects of traumatic events on children. *Child Trauma Academy*. [www.childtrauma.org](http://www.childtrauma.org)

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### Impact of trauma on children

1. impulsive
2. hypervigilant
3. withdrawn or depressed
4. sleep difficulties
5. slower rate of acquiring developmental tasks
6. regressed behavior
7. hyperactivity
8. delinquency

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### Consequences of childhood abuse in adulthood

cigarette smoking	promiscuity
obesity	heart disease
depression	cancer
suicide	stroke
substance abuse	liver disease
STD's	diabetes

Chapman, D.P., Whitfield, C.L., Felitti, V.J., et al (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*. 82: 217-225.

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### Adverse Childhood Experiences Study

- ▶ Adverse Childhood Experiences
- ▶ Disrupted neurodevelopment
- ▶ Social-emotional and cognitive impairment
- ▶ Adoption of health risk behaviors
- ▶ Disease, disturbances and social problems
- ▶ Early death

Anda, R.F., Felitti, V.J., Bremner, D.J. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*. 256(4), 256-263.

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### Connections between trauma and psychosis

The traumagenic neurodevelopmental model of psychosis  
► Integrating biological and psychological research

► Read, J., Fazel, R., Moskowitz, A. & Perry, D. (2014). The traumagenic neurodevelopmental model of psychosis revisited. *Neuropsychiatry*, 4(1), 65-79.

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### Risk Factors for Psychosis when there has been childhood adversity

- Maternal physical and mental health during pregnancy
- Being the product of an unwanted pregnancy,
- Early loss of parents via death or abandonment
- Separation of parents
- Witnessing domestic violence
- War trauma
- Rape or physical assaults
- Heavy marijuana use in adolescence
- Poverty

Moskowitz, A., Shafer, I., Dorahy, M. (Eds). (2008). *Psychosis, trauma and dissociation: Emerging perspectives on severe psychopathology*. Chichester, U.K.: Wiley-Blackwell.

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### Posttraumatic Stress Disorder

Loss of stimulus discrimination  
Inhibits effectiveness of the stress response  
Results in desensitization (numbing)  
Physical problems  
Autoimmune diseases in women with hx of sexual abuse

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### Posttraumatic Stress Disorder

1. Exposure to a traumatizing event
2. Symptoms of intrusion
3. Persistent avoidance of stimuli associated with the traumatic event
4. Negative alterations in cognitions and mood associated with the traumatic event
5. Marked alterations in arousal and reactivity associated with the traumatic event
6. Specify, with dissociative symptoms

Diagnostic and statistical manual of mental disorders, (5<sup>th</sup> Ed) Washington D.C.: American Psychiatric Publishing.

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### Impact of trauma on maternal mental health

- ✓ dissociation
- ✓ depersonalization
- ✓ PTSD
- ✓ freeze response
- ✓ psychosis

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### dissociation

An experience where a person may feel disconnected from herself and/or her surroundings. Dissociation may range from temporarily losing touch with things that are going on around you to having no memories for a prolonged period of time.

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Dissociation

An Atypical Psychotic Phenomenon

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depersonalization

- pronounced sense of detachment
- feeling robotic
- may result in mood shifts, difficulty thinking and loss of sensation

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derealization

A sense that events around the individual are unreal or strange

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**freeze response**

- part of the fight or flight mechanism response to stress
- activated when there is no hope and in the face of extreme terror

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**Postpartum Psychosis**

1. manic episode	7. hallucinations/delusions
2. cognitive clouding	8. mixed affective states
3. insomnia	9. waxing and waning
4. confusion	
5. depersonalization	
6. thought disorder	

Biszta, J.L.C., Meyer, D., Buist, A.E. Bipolar affective disorder in the postnatal period: Investigating the role of sleep (2010). *Bipolar Disorder*, 12: 568-578.

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**What is a delusion?**

- A delusion is a fixed and rigid belief that cannot be changed or willed away despite any evidence to the contrary.
- A delusion can be bizarre or non-bizarre

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**risks associated with postpartum psychosis**

- Infanticide - 4%
- Suicide - 5%
- Personal/family hx of bipolar disorder, schizophrenia, schizoaffective disorder, major depressive disorder with psychotic features
- Infants are more vulnerable to abuse and neglect

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**Phillip Resnick - Five categories of filicide based on motive**

1. Altruistic filicide
2. Unwanted child
3. Accidental filicide
4. Spousal revenge
5. Acutely psychotic

Resnick P.J. 1970, Child murder by parents: A psychiatric review of filicide. American Journal of Psychiatry, 126:325-334.

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**Michelle Oberman**

Neonaticide  
Infanticide

addiction-related chronic mental illness      postpartum psychosis affective disorder with postpartum onset

Meyer, C B Oberman, M. (2001). Mothers who kill their children: Understanding the acts of moms from Susan Smith to the "prom mom". New York: New York University Press

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**ALTRUISTIC FILICIDE AND  
POSTTRAUMATIC DISORDER**

What does it mean to feel safe ?  
What do you do when you don't feel safe ?

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**Reducing Stigma**

- ❑ Mothers with postpartum psychosis are **NOT** bad mothers - they are ill
- ❑ If you have postpartum psychosis, that does **NOT** automatically mean you will kill your child
- ❑ Postpartum psychosis is **NOT** severe postpartum depression
- ❑ If you have postpartum psychosis, that does **NOT** mean you always hear voices telling you to hurt your child
- ❑ A woman with postpartum psychosis is **NOT** a danger to the society at large
- ❑ Once psychotic does **NOT** mean always psychotic
- ❑ Just because a woman doesn't look psychotic, does **NOT** mean she is **NOT** psychotic

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**Protective factors that contribute to  
positive outcomes for children**

- ❑ Sensitive and attuned parenting
- ❑ Parental resiliency that fosters an attitude of hope and belief in oneself to change the circumstances of one's life
- ❑ Ability to access basic services in times of need
- ❑ Social connectedness

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 Larkin, W. & read, J. (2008). Childhood trauma and psychosis: Evidence, pathways, and implications. *Journal of Postgraduate Medicine*, 54(4),287-293.  
 Read, J., Fosse, R. Moskowitz, A. & Perry, B. (2014). The traumagenic neurodevelopmental model of psychosis revisited. *Neuropsychiatry*, 4(1), 65-79.  
 Spinelli, M.G. (2009). Postpartum psychosis: Detection of risk and management. *The American Journal of Psychiatry*, 166(4), 405-408.  
 Varese, F., Smeets, F. Drukker, M. et al (2012). Childhood adversities increase the risk of psychosis: A meta-analysis of patient-control, prospective and cross-sectional cohort studies. *Schizophrenia Bulletin*, 38 (4), 661-671.

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