A Trauma Informed Understanding of Postpartum Psychosis
Understanding the connections between childhood experience and psychotic illness during the reproductive years.

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

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

Working models of attachment

Child’s image of self
AND
Child’s image of other

INFLUENCES
Emotional regulation, expectations, defensive methods and coping strategies

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

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: Positive view of self and negative view of others
- Dismissing: Positive view of self and negative view of others
- Fearful: Negative view of self and negative view of others


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

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
WHAT IS TRAUMA

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

- FEAR
- TERROR
- HELPLESSNESS
- ABSENCE OF SAFETY

“Trauma is NOT a disorder”

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


Traumatic Information is Stored

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

Attachment trauma can lead to

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

Insensitive or abusive caregiving

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

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
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).

Differential responses to threat

Dissociation
- detached
- numb
- compliant
- suspension in time
- de-realization
- mini-psychoses

Hyperarousal
- hyperaroused
- anxious
- reactive
- alarm response
- freeze
- flight


Adaptive responses to threat

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

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. distress

Consequences of childhood abuse in adulthood

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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

connections between trauma and psychosis
The traumagenic neurodevelopmental model of psychosis

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

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
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


Impact of trauma on maternal mental health

- dissociation
- depersonalization
- PTSD
- freeze response
- psychosis

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.
Dissociation

An Atypical Psychotic Phenomenon

depersonalization

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

derealization

A sense that events around the individual are unreal or strange
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

Postpartum Psychosis

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

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
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

Phillip Resnick - Five categories of filicide based on motive

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


Michelle Oberman

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

ALTRUISTIC FILICIDE AND POSTTRAUMATIC DISORDER

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

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.

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
References


