A CATHOLIC GUIDE

Postpartum Depression

Hope, healing, and practical help for the whole person

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A Note Before You Begin

This guide is offered for information, encouragement, and spiritual support. It is not a substitute for professional medical or mental health care. Postpartum depression and postpartum psychosis are real, treatable illnesses. If you are struggling, please reach out to your physician, a licensed counselor, and the people who love you. If you ever have thoughts of harming yourself or your baby, treat it as an emergency and seek help immediately.

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CHAPTER ONE

Why Catholic Voices Belong in This Conversation

Recent events have spurred a national conversation about Postpartum Depression, Anxiety, and Psychosis. As a Catholic Pastoral Counselor and founder of CatholicCounselors.com, I think there are at least two important reasons Catholic voices should be contributing to this discussion.

First, because people-of-faith aren't immune to postpartum illness (i.e., depression and/or psychosis). Although research demonstrates that healthy religious faith can both decrease the risk of contracting serious mental illness and increase our ability to bounce back from emotional struggles more readily, Christians are still human. We suffer from the same struggles all human beings do.

Second, the Catholic view of healing incorporates every aspect of the person; the biological, psychological, relational, and, of course, the spiritual. Catholicism's holistic view of the person, combined with the treasury of unique spiritual resources offered by our faith means that Catholics can bring a lot to the table.

CHAPTER TWO

Recognizing Postpartum Illness

A Common Problem

Postpartum depression affects about one in seven new moms. The good news is that, with proper treatment (which usually includes both medication and counseling), research shows that the vast majority of mothers make a full recovery.

Let's look at some things that Catholic moms (and the people who love them) need to know about postpartum illness.

Baby Blues or Postpartum Illness?

Because the days and weeks after giving birth can involve large hormonal shifts, physical pain and discomfort, exhaustion, and even massive psychological shifts as the woman adjusts to motherhood, mood swings and strong emotions aren't uncommon for all new moms, whether or not they are struggling with, or at risk for, postpartum illness. These normal (though sometimes still unsettling) emotional shifts are commonly referred to as "the baby blues." This is different from postpartum depression. The Baby Blues often show up a couple of days after delivery, peak around day five, and tend to resolve on their own inside two weeks. Even so, it is good to discuss these feelings with your doctor.

Postpartum Depression may begin to be a concern if you are still struggling with persistent feelings of emptiness, sadness, anger, guilt, or other emotions that make it hard to feel close to the baby, to experience love and compassion for yourself, to feel

connected to God and your faith, or feel genuinely loved and supported by your husband and family beyond this point. If you are feeling any of these things, even a little, it would be good to have a conversation with your physician (first) as well as the other members of your support team (e.g., husband, family, pastor, counselor, and friends). Having this conversation is just an opportunity to explore ways to close the gap between the support you're getting and the support you need to thrive--on every level.

You May Not Feel Sad

It's worth highlighting that many moms with postpartum depression don't feel sad. They may feel numb, or wired, or anxious, desperate, and depleted, or they may feel irritable or angry. If you're experiencing any of these feelings for more than a few days in a row, don't wait. Ask your doctor for a postpartum depression screening questionnaire; it takes four minutes, and can help you get clarity about what you're dealing with.

It doesn't matter if you think you're "doing ok" or "not doing THAT badly." If you're experiencing any of the above feelings, tell your doctor and your support team now. Even if you don't have postpartum depression, the screening and conversations that follow can help you make sure you're getting all the support that's available to help you do your absolute best through this challenging adjustment.

How's Your Basic Self-Care?

The other thing to look at is how well you're handling basic self-care. Can you sleep when the baby finally sleeps? Or do you end up staring at the wall or wandering the house feeling ill at ease? Are you eating well (preferably meals prepared by others)? Or just grabbing whatever's handy or forgetting to eat altogether? Are you getting a shower every day, and doing the daily things that help you feel at least basically put-together? Or does it feel like you're in a contest to see how long you can go without soap?

Making these things happen are not "extras" or "niceties." They are ALL necessities and a critical part of determining how well a mom adjusts to her postpartum realities. Don't neglect them and don't just treat these things as one more thing you're expected to figure out how to do for yourself. As a beloved daughter of God, you have a right to expect the people who love you to help you make these things happen for you. If they don't intuit that, use your God-given prophetic voice to speak up.

And if you feel guilty or selfish speaking up, remember that St. John Paul taught that there are two ways we can be generous. First, obviously, we can be generous by serving others, but we can also be generous by allowing others to experience the good feelings and sense of meaningfulness that comes from using their gifts to serve us. It's all about balance. And for now, because of the extra challenges new moms face, the scales are tipped in your favor. Allow the people who love you to take care of you, even if it feels uncomfortable or "wrong." Remember it is a Corporal Work of Mercy to care for the sick and afflicted. And even if you think you're "just" experiencing the "normal" struggles associated with recovering from giving birth, that includes you.

How Do You Feel About Your Baby?

Another way to tell if there is something more going on than normal "baby blues" is to consider how you are feeling toward your baby. Despite all the discomfort and exhaustion, do you feel a natural, genuine sense of love, warmth, and affection toward your baby? Or do your feelings seem forced or...complicated?

Be honest. If your feelings about your baby are negative, or at least not what you hoped they would be, it's OK. Your negative feelings are NOT a sign that you are failing as a mom or a Christian, or that you're being ungrateful to God for the gift of your baby. Those conflicted feelings are not you. You are experiencing the *symptoms of a treatable illness* (even if it doesn't seem like other illnesses you've experienced) and the sooner you let your doctor know what you're feeling, the quicker you can get back to feeling good about yourself and your child.

More Serious Warning Signs

> **IF YOU ARE IN CRISIS**
>
> Most importantly, if you're having thoughts of hurting yourself, or your baby, or you feel like your family would be better off without you, don't even wait to finish this article. Call your doctor immediately. Again, these feelings are not you. They are the illness talking, and God has placed good, expert people in your life to help you fight back. Let the Holy Spirit connect you to the help you need.

CHAPTER THREE

Sacrificial Love Is Not Self-Destruction

A question that many Catholic mothers have asked me is how they can tell the difference between the normal, but still profound and challenging, sacrifices God asks mothers to make as part of the vocation of motherhood versus what constitutes unhealthy suffering?

It is true that sacrifice is a hallmark of motherhood. But Catholicism recognizes a difference between healthy self-sacrifice and self-destruction.

Healthy Self-Sacrifice

Healthy self-sacrifice is *meaningful.* It allows us to commit to a clear mission to use our gifts, and even our very selves, to bless others and help them thrive, even when it costs us something. It leads to *connection* in that it bonds us closer to the people we're serving. It is *loving*, in that it serves the ultimate good of both the person making the sacrifice and the people benefitting from that sacrifice. Finally, healthy self-sacrifice is *communal*, not only in the sense that what we do benefits other people but also in that we allow others to share in our sacrifice and support us in the efforts we're making.

Self-Destructive Sacrifice

On the opposite end, self-destructive sacrifice is *meaningless*. It doesn't have a real goal or a purpose and neither blesses the person making the sacrifice nor the people receiving it. It causes *resentment and isolation* rather than connection. It is *not loving* to oneself or others, because it undermines the dignity and wellbeing of the person making the sacrifice and treats others as obligations to be endured, not persons to be cared for. And it is *lonely* in that it closes the person making the sacrifice off to help and drives a wedge between them and the people they are supposedly sacrificing for.

But What About Jesus?

Jesus' sacrifice was certainly total, but even though it involved his death, it was not self-destructive. It was *meaningful*. His suffering served a mission only he could do. It was *loving*, in that it allowed the Father to glorify Christ through his resurrection as well as granting us new dignity as sons and daughters of God. It was *communal*, because not only did Christ suffer for us, but he allowed Simon to help him carry his cross, Veronica to wipe his face, John and Mary to stand at the foot of his cross to love and support him. And he invites us to pick up our cross and follow him as well.

The sacrifices *every* mother makes can be very, very hard and draining, but if the way mom is approaching that effort is healthy, she'll still be able to experience the challenges her sacrifices entail as *meaningful*. You feel a real desire—a mission--to help your child thrive. And you find joy where you can in your baby's coos, the spark in his or her eyes, the little smiles, and the milestones made possible through your loving care. It leads to deeper *connection* by facilitating secure attachment, which is the basis of a happy life. It is *loving*, in that everything you do is done for the best of your child and the bond you're building. And it is *communal*, because not only are the sacrifices you're making

helping you build a stronger more loving family, but you're also inviting your husband and your older children's help to take care of you and work alongside of you to build a happier, healthier home.

Healthy maternal sacrifice is, perhaps, the closest a human being can get to modeling Jesus' own sacrifice. Saints throughout the history of the Church—even from the earliest days--have made this comparison. You bled to give your child life. You nourished your child with your own body, just as Jesus nourishes us with his Precious Body in the Eucharist. You die to yourself in little ways every day. And it's hard, but it's good too, and meaningful, and inspiring, and sanctifying.

Postpartum illness seeks to rob you of all this. It takes the pain and suffering that is an inevitable part of new motherhood and makes you think that's all there is. It robs you of your sense of meaning and mission. It makes you feel alone and isolated, stealing any sense of connection to your child or the people who love you. It violates love by making you feel that your child and the people around you exist only to persecute you or drain you. And it is profoundly lonely.

If you identify with even a small part of what I am describing, please know that you are not failing. The parts of your heart, mind, and spirit responsible for creating your sense of joy are being attacked by an illness. You are not yourself. And even though the experience of PPD is much worse, these feelings aren't your fault any more than feeling badly from having the flu or another serious illness would be your fault.

The good news? These symptoms can be treated and healed. And that is what God and the Church, as well as your family and everyone who loves you wants for you.

CHAPTER FOUR

Getting Help: Start With Your Doctor

Although postpartum depression and postpartum psychosis do have strong psychological and relational dimensions, they are first and foremost physical illnesses caused by your body's struggle to cope with the hormonal changes that occur after giving birth. Postpartum illness is not a personal or spiritual failing. It is not a sign that you aren't good enough or strong enough. It is an illness like any other illness. And even the strongest, most faithful, prayerful people—including saints--sometimes get sick.

Get Screened

OB/GYNs recommend that every woman be screened for depression and anxiety at her first prenatal visit, again late in pregnancy, and at all postpartum visits. If your doctor's office forgets, don't hesitate to ask to take their PPD screening questionnaire. It doesn't mean you think you have it. It's just good practice. Like checking your blood pressure even if you don't feel lightheaded. If you score well, you can take it as confirmation that everything you're doing is working. And if your results show that you might have PPD, it just helps everyone think about how they can support you better.

Your baby's pediatrician can also do postpartum screenings at any baby visit. Chances are, if you're like most moms, you're going to see your baby's doctor far more than your own, so take advantage of whichever option is most convenient for you.

Rule Out Other Physical Problems

Even if your score on the screening instrument indicates the possibility of postpartum illness, it may not mean that you have it. Some physical illnesses imitate PPD. A higher score indicates the need for lab work to rule out other medical conditions that can cause or worsen what looks like depression.

For instance, *postpartum thyroiditis*, an inflammation of your thyroid gland that can negatively impact your hormone levels, affects five to ten percent of American women. It can cause exhaustion, anxiety, depression, as well as other issues that can resemble postpartum illness. In its early stages, it can be easy to miss because everyone assumes a tired new mother is just a tired new mother. *Anemia* (the lack of enough red blood cells or hemoglobin to carry oxygen to your cells) is also linked to higher rates of postpartum depression.

If your doctor doesn't mention ruling out these conditions, don't hesitate to ask.

Medication

If your doctor has ruled out other physical problems and confirmed a diagnosis of postpartum depression, he or she will probably prescribe a class of anti-depressants known as SSRIs (*selective-serotonin re-uptake inhibitors*). They work by preventing your body from absorbing serotonin—a neurotransmitter that's responsible for mood regulation—too quickly. If you're breastfeeding, and wish to continue despite your illness, don't worry. The American College of Obstetrics and Gynecology (ACOG) assures moms that breastfeeding can continue uninterrupted while taking an SSRI.

If you don't seem to be responding to SSRIs, don't worry. There are other treatment options. You can explore those with your doctor if necessary.

CHAPTER FIVE

Getting Help: Counseling

Regardless of the medical interventions you are receiving, I would highly recommend being in counseling for as long as you are taking any psychiatric medication, unless directed otherwise by your mental health professional. Research shows that medication tends to impact the physical symptoms of depression (e.g., the fatigue, brain fog, lack of energy), but it tends not to have as much effect on the cognitive and emotional symptoms of depression (e.g, negative thoughts, feelings of hopelessness or powerlessness). Even if you feel better on the medication, counseling will help you get the skills, support, and information you need to thrive. Addressing your postpartum illness with both medical and psychological tools can give you the best chance of a full, speedy and long-lasting recovery.

What Counseling Can Do

For mild to moderate postpartum depression, ACOG actually notes that psychotherapy has even stronger evidence supporting it than medication alone. And as I mentioned above, if you are on medication, it is considered best for you to be in counseling as long as you are taking medication unless directed otherwise by a mental health professional.

Your work with a counselor will help you develop better coping, stress management, and self-care skills, and help heal any emotional wounds that the postpartum depression may be piggy-backing on. It should also look at ways to improve your marriage and help your husband—and the rest of your social supports--know how best to support you physically, emotionally, and spiritually.

Even though postpartum depression can feel like a solitary illness, the best solution is relational.

Issues to Explore With Your Counselor

Women who are at higher risk for postpartum depression tend to have many if not all of these traits:

Perfectionism

"Socially prescribed perfectionism" is the term psychologists use for the belief that others expect a great deal of me and that my worth and lovability depend on my ability to deliver. Moms who are at higher risk for postpartum depression often have a very hard time not being the best at everything they do or being compassionate with themselves when they feel they are not hitting the mark.

As a Catholic, it's important to remember that your worth does not depend on anything you do or how well you do it. As St. Paul says, "But [The Lord] said to me, 'My grace is sufficient for you, for my power is made perfect in weakness.' Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me." Your dignity and worth are rooted in the infinite love God has in his heart for you, not how quickly and confidently you are adjusting to the challenges of new motherhood. You will get where you want to be through God's grace and your persistent, faithful effort. Be patient and compassionate with yourself.

That said, if you tend to beat up on yourself when you fail to live up to your standards or struggle to forgive yourself for making mistakes or even having needs, please discuss this with your counselor.

Trouble Naming Your Own Needs

Some women struggle to name their needs, much less ask for help to meet them. Psychologists call this "self-silencing," and research shows that it can play a big role in depression. The logic of self-silencing goes like this; "If a little bit of ignoring my needs seems to make people appreciate me more (or at least be annoyed by me less), maybe cancelling myself altogether is what it will take to finally get the love and validation I need." I hope you can see how insidious this way of thinking can be. It is one of the lies the Enemy whispers in our spiritual ear to crush us by making us unable to seek or accept help

In my experience as a pastoral counselor, I find that Catholics often have the mistaken impression that being a good Christian means ignoring our needs altogether. It doesn't. Catholic Social Teaching (CST), the branch of Catholic theology that helps us apply our faith to our daily life and relationships, offers several insights about dealing with our needs in healthy, holy ways,

First, it says that God is the author of our needs. Therefore, they are good, and certainly nothing to be ashamed of.

Second, everyone has a God-given right to have their needs attended to, as long as we do so in ways that also allow us to be sensitive to the needs of those around us. But it's never "either-or." It's "both-and." That's what St. John Paul referred to as "mutually self-giving love." The kind of love that makes room for all the people in the relationship to thrive and become everything God created them to be. The spiritual practice of "dying to ourselves" *doesn't* mean ignoring our needs. It means recognizing that we need to learn how to meet our needs—not in the selfish ways that tend to come naturally to us—but in ways that are sensitive to others, so that everyone can thrive and, as St. Irenaeus put it, glorify God by being "fully alive." As a beloved daughter of God, you have the same right anyone else does to be heard, loved, and cared for.

Finally, it's important to understand what a need is. Many people believe that the only needs that we're allowed to be concerned with are those that allow us to just function. Food, water, shelter, safety. Those are *basic needs*, but there are many other legitimate needs. In fact, biology tells us that a need is anything that allows an organism to thrive, not just limp along. Our Catholic faith—and particularly St. John Paul's Theology of the Body-- teaches that God does want us to be generous and self-giving, but he wants to help us learn to be generous in ways that help us thrive too.

If you can't figure out ways to be loving to your baby, other children, husband, or others you care about without neglecting your own needs, please speak to your counselor about this. Learning this will be an important goal in your recovery.

Hidden Anger

Anger is an underappreciated emotion in postpartum depression. In one survey of nearly three hundred mothers, thirty-one percent reported intense anger, showing up alongside depression, poor sleep, and the sense of being trapped.

Christians can have a complicated relationship with anger. But like all of our emotions, anger is a gift from God. It's true that we don't often use that gift well or wisely, but that doesn't change the fact that fundamentally, anger is God's way of calling our attention to something that seems like an injustice. Unfortunately, if I don't have a healthy relationship with anger, I may not have ways to healthily address the injustice I naturally feel when I'm running around taking care of everyone else but never allowed to even think of myself. And if others fail to show up for me (particularly in light of any tendency toward perfectionism I may have) I may not get angry at *them*, but rather at *myself* for being what I consider weak and needy. Topping things off, if the people around me are not helpful—either because of basic ignorance or simple selfishness—I will feel the injustice even more, but blame myself for not being enough to

make up for their limitations.

If you identify with any of this, discuss it with your counselor.

Unresolved Childhood Wounds

Caring for a baby can be beautiful and rewarding but it can also be taxing in a way that's hard to appreciate until you're in the middle of it. Sometimes, when a mom is trying her best to be present to her baby, she can experience a deep and undesired sense of anger and resentment toward her child.

That tends to be because there is a part of her—her inner child—who was taught that she was not allowed to have needs or ask for help. In a sense, her inner child can begin to feel a kind of sibling-rivalry with her baby. No matter how much she tries to tell herself that it's wrong to feel that way and to just get over it, part of her can feel like the baby is just one more person preventing her from even getting any of her needs met.

The good news is that counseling is perfectly suited to help you heal these inner-child wounds that are stopping you from knowing how to care for yourself while caring for your child. If this issue resonates with you, please discuss this struggle, or any other relevant family-of-origin challenges you may be experiencing, with your counselor.

Bring Your Husband Into Counseling

I mentioned earlier that postpartum depression presents as an individual problem but ideally, the solution is relational. Research suggests that there are relationship factors that can set moms up to be at higher risk for postpartum depression.

When He Doesn't See the Emotional Labor

Research shows that planning tasks is more stressful than doing them. This stress is called “emotional labor” and women tend to do most of it. Many husbands are willing to help when they’re asked, but do little to none of the planning that’s necessary to complete various relational or household tasks. This can make a mom feel resentful, but also guilty, because, “he helps when I ask so what am I upset about?” Likewise, mom’s resentment can make a husband feel confused because, “I’m doing what she asks me to do.” But doing what one is asked to do is not the same as being a real partner in making the plans that enable things to get done—and stay done.

Combining the mom’s perfectionistic traits I described above, with the conflicted relationship she may have with her own needs, and a husband who is either passively or maliciously unhelpful with the emotional labor involved in daily life can lead to some very dark emotional storms.

For Catholics, marriage is meant to be a mutually self-giving partnership modeled on the love between the Father, Son and Holy Spirit. That might sound very pie-in-the-sky, but it’s very practical. St. Bonaventure said that the Trinity is like a three-bucket water wheel. The Father, Son, and Holy Spirit are constantly pouring themselves out for one another, but never running dry, because the love from the other buckets keeps filling them back up. That’s the Catholic vision for a healthy, holy marriage rooted in Trinitarian love. The husband, wife, and even the kids in a Christian family are meant to serve each other—each to the level they are able--so that everyone can be generous to everyone else without feeling alone, uncared for, or burned out.

If you’re not sure how to create that kind of dynamic in your marriage, please speak about this with your counselor as it will be an important goal in your recovery and a critical way your husband can learn to support you and be more of the man God is

calling him to be.

When He Shames You for Needing Help

Across three large analyses, one covering nearly 389,000 women, researchers found that physical, emotional, and psychological abuse, and/or spousal neglect can triple a woman's risk of postpartum depression.

A husband who makes his wife feel foolish or weak for needing help—whether or not he means to-- is on the mild to moderate end of that abuse/neglect continuum. Sometimes, the husband's behavior can go beyond shaming his wife for needing help, and he can find ways to punish her (emotionally or practically) for expecting "too much" from him or not just handling things herself. This is evidence of the failure of the basic respect required for a healthy marriage, much less a holy one. If you see this pattern in your marriage, discuss this with your counselor.

Other Well-Established Risks

These are among the most common personal or relational contributors to postpartum depression, but there are others. Be open to discussing what your counselor believes may be a contributing factor, even if you're not sure of why they're asking about it at first.

CHAPTER SIX

What Else Actually Helps?

In addition to medication and counseling, there are a few other standard practice research suggests can help your body rebound from postpartum illness. All of the following should be viewed as suggestions that support medical and mental health interventions, not replace them.

Move as Much as You're Able

Even if you don't feel like it, gently push yourself to move at least a little more than you might want to. Depression isn't like other illnesses. It doesn't get better with rest. In fact, too much rest can make it worse.

Multiple studies find that moderate exercise improves mental health and enhances our our *bounce-back ability*. Aim for about 30 min a day (in total) of some kind of activity that gets your heart pumping a bit. You can even break that 30 min up throughout the day so that it's a more manageable 5-10 min here and there. Of course, before starting any kind of exercise program, you should make sure to get your OB's clearance first, especially after a cesarean.

Sleep

Let's face it. No new mom sleeps well. But especially if you are experiencing signs of postpartum depression, fragmented sleep can make it harder to recover.

While it's good and important to be there for your baby, attachment parenting experts, like Dr. Bill Sears, counsel "balance and boundaries" as one of the "7 Baby B's" that include other attachment-friendly practices like breastfeeding,

babywearing, and bedding close to baby, being responsive to cries, etc. These practices aren't just good for baby, generally speaking, done with the right sense of balance, they can be great for mom's wellbeing too. But that's why "Balance and Boundaries" are included in the 7 attachment friendly Baby B's. It is the thing that allows mom to attach with baby in ways that are healthy, sustainable, and mindful of the unique circumstances of your life.

As a proponent of Attachment Parenting practices myself, I remind my clients that the most important attachment parenting practice is making sure mom is *here*, *healthy*, *and in a good place to be attached to.* Do what you need to do to get the sleep you need to recover.

For mom and baby-friendly tips for handling baby sleep in the face of challenges like postpartum depression, check out books like *The Baby Sleep Book* and *Becoming a Father*, by Dr. Bill and Martha Sears, and *The No Cry Sleep Solution* by Elizabeth Pantley, or my book, *Then Comes Baby: A Catholic Guide to Surviving & Thriving in the First 3 Years of Parenthood.*

Food (and Who Brings It)

New moms need good nutrition. But don't make this one more thing you (mom) have to do. Instead, don't be shy about asking your husband, family, and friends to provide healthy meals for you—especially in first few weeks after giving birth and through the hardest parts of your emotional recovery.

Guilt has no place in this. In fact, unhealthy guilt—the kind that doesn't help you correct some moral error but just makes you feel bad for not being perfect—is a tool that the Enemy may be using to keep you from enjoying your motherhood and your baby. Fight back by asking the people who love you to help you keep up your strength.

Hygiene

I mentioned this above, but it bears repeating. Getting a daily shower, wearing clean clothes, and feeling at least basically put together can play a big role in both preventing postpartum depression from worsening and in general recovery. These things are not niceties. They are necessities.

Although Catholics do value fasting, and small sacrificial acts, depriving yourself of food, rest, and help—particularly when you are going through hard physical and mental challenges-- is not a path to holiness. Right now, those things just make it harder for you to be the mom you want to be. That is why the Church exempts new moms from the usual requirements of fasting and abstinence on Fridays or during Lent.

Don't Treat Concessions as Failures

Sometimes, due to circumstances beyond our control and despite our best intentions, we cannot do all the things we wanted to do for our babies. That is OK.

The best way to navigate the tension between what you hoped to do and what you are able to do is to *do as much as you can in a manner that allows you to follow your treatment plan and get the recommended amount of self-care you need.* Let everything else go.

Again, the most important parenting practice is doing whatever it takes for mom to *be here, healthy, and in good shape to be attached to.* Regardless of how it may feel, parenting isn't a test that requires you to do certain things at a certain level to pass or win anyone's approval—including God's. It is a relationship that you build with your child through all your years together, and like all relationships, your relationship with your child will continue to grow, deepen, and develop with time and care.

What About Supplements?

Of course, as Catholics, we recognize that God has made a beautiful world and filled it with many helpful things. That said, when dealing with serious problems like postpartum depression, it's important to only use supplements and other complementary medicine approaches that are both supportive of your medical and mental health treatment plan and supported by hard evidence.

You may be besieged with suggestions from family and friends and the internet to try this treatment or that supplement. Please do not use any of these without discussing them with your doctor. Remember "natural" doesn't mean "proven" or "free of interactions with your medications." And even when these approaches are helpful they are meant to support more traditional, evidence-based approaches to treatment, not replace them.

CHAPTER SEVEN

When It's an Emergency

According to the ACOG, unwanted, intrusive fears that something terrible might happen to your baby (e.g., that the baby might stop breathing, or become ill, or get hurt) are extremely common. But they add that moms who find these thoughts distressing are at low risk of acting on them. If the thought of something bad happening to your child is upsetting to you, that is a symptom of anxiety rather than any sign of intent to harm your child. By all means, you should discuss these fears with your doctor and your counselor, but in most cases, they are not a cause for serious concern.

That said, a mom will need to seek emergency help if thoughts about harm coming to your baby (or actually harming yourself or your baby) give you a sense of relief or sometimes feel like a desirable or even necessary outcome.

Warning Signs of Postpartum Psychosis

Other signs that it's time to seek urgent help include:

- Mom experiencing confusion or a fog-like delirium that goes beyond normal, so-called, "mommy brain" and makes it very hard to think clearly or problem-solve at all.
- Mom has gone days without sleep
- There's a sudden, dramatic change from how she normally functions, usually in the first two weeks.

These can be the signs of the beginning of postpartum psychosis. It occurs in roughly one to two births out of a thousand, usually begins three to ten days after delivery, and it is a medical emergency often requiring hospitalization. A mom in this

position should not be left alone, and never alone with the baby. Most women hospitalized with postpartum psychosis had no prior psychiatric diagnosis, so "she's never had problems before" is not something to count on. The good news is that if postpartum psychosis is treated quickly and properly, a mom can experience full remission within two months.

CHAPTER EIGHT

Where Faith Does (and Doesn't) Fit In

Catholics have a wealth of spiritual resources to help us cope and heal. Research clearly shows that having a healthy, vibrant spiritual life can be an important tool for both reducing the risk of serious mental illness and recovering more quickly when we are afflicted.

Even so, postpartum depression is not a sign of spiritual failure. Sickness is an unavoidable part of our fallen, human condition. Even the strongest, most prayerful people get sick sometimes. Even saints have struggled with physical *and mental illness.*

Spiritual Helps

Despite our all too real human struggles, spiritual practices are another evidence-based toolbox that can aid in our recovery from mental, emotional, and physical illnesses. Research by, Dr. Ken Pargament, who studies the psychology of religion and coping, found that practices like the following can be an important part of our healing journey:

- Prayers and spiritual devotions that help you feel close to God and give you the grace you need to do the hard work of coping and healing,
- Sacraments, like Anointing of the Sick, the Eucharist, and Reconciliation that convey God's healing and sustaining grace and remind us that God loves us even when we are struggling to be the people he is calling us to be.
- Relationships with your brothers and sisters in Christ who will pray for you or who, like pastors, pastoral counselors, and

other ministry professionals, can provide expert support and guidance.

- Asking for the intercession of the saints. We can particularly turn to those saints who are patrons of mothers like the Blessed Mother and St. Gerard, or saints who have experienced mental illness like St. Dymphna (trauma & abuse), St. Teresa of Calcutta (depression & spiritual dryness), or St. Alphonsus Liguori and St. Ignatius of Loyola (both struggled with scrupulosity and what we would now call OCD) among others.
- Sacred moments where you have felt God's presence, love, or deliverance in the past. Don't leave those experiences in the past. Treat them as resources. Intentionally recall these experiences and reflect on your present struggles in light of them. Consciously recall (and *relive* if possible) the times in your life when you have felt God's presence and love or experienced him coming to your rescue—even if you're struggling to feel those things now. Remember all the times in your life when you were sure you were in over your head, but remind yourself how you came through by God's grace.
- Sacred readings, like scripture, devotions and the Lives of the Saints, that can be an inspiration and reminder of how to persevere in the power of faith.

Any Catholic who is suffering from any problem, but especially one that can feel as soul-crushing as postpartum illness should be encouraged to take full advantage of all of these resources.

The Role of Grace in Recovery

It's important to remember that while spiritual resources like the ones I mentioned above can be supportive of treatment, they are never meant to be the treatment themselves.

People often ask me what role grace plays in our recovery if we still have to seek medical or psychological help. I like to use this

metaphor. Imagine that you're a car. Grace is the gas; the fuel you run on. Prayer, the sacraments, and all your spiritual resources are what fill your tank. But if you have a full tank and four flat tires, you're still not going anywhere.

As St. Thomas Aquinas explained, grace *builds* on nature, it doesn't replace it. We should definitely bring our struggles to God and the Church, but we must use the grace we receive from our spiritual strivings to do the repair work on the rest of the "car." This way, we can take full advantage of the grace God is putting in our tank to help us get to where he wants us to go.

Unhealthy Spiritual Approaches ("Spiritual Bypassing")

Catholics who are struggling with emotional problems often believe (or are told) that they should be able to simply pray these challenges away. Sometimes we can even give into thinking that if we were just more faithful in the first place, we wouldn't have these problems at all.

These ideas are insidious lies from the Enemy. Psychologists and trained spiritual directors both refer to these lies as "spiritual bypassing." That's when we rely on spiritual tools to do jobs God did not create them to do. Of course, God can and does work miracles, and it's ok to pray for that. But if that was the normal way God operated, we wouldn't call them "miracles." We'd just call them "Tuesday."

Faith isn't meant to make us sidestep or ignore our problems. And despite what Marx said, it isn't just an opioid that numbs our pain and lets us check out while our world burns. Lived rightly, faith is the source of our strength and the vision toward which we aspire. Grace fuels the hard work of carrying our cross all the way up the hill…to the resurrection that comes after.

But if you're just praying instead of going to the doctor, or just reading the bible instead of seeking counseling, or just trying to

“give it to God” even though it keeps landing right back in your lap, you may be engaging in spiritual bypassing. That isn’t holiness. It’s avoidance, shame, guilt, and pride dressed up in liturgical vestments.

The Catechism states that "even the most intense prayers do not always obtain the healing of all illnesses," and encourages Catholics to attend to the physical, emotional, and relational dimensions of healing in addition to seeking spiritual support.

What If I Don't Feel God or Grace?

It is very common to feel spiritually dry and empty when we are depressed. That’s not a moral failure. That is the illness shouting so loudly in our heads that we can’t hear the voice of the Holy Spirit encouraging us to seek help and pursue healing.

The Catechism observes that illness itself "can lead to anguish, self-absorption, sometimes even despair and revolt against God." But the Church views these as the spiritual symptoms of the illness, not a sign that we’re letting God or the Church down. Spiritual desolation is a symptom, not a sin. The best way to treat spiritual dryness is to bring it to God, the Divine Physician, and—rather than trying to fix ourselves—let him heal our hurts from the inside out.

But what if we feel that God has left us? Or that we’re not worthy of his love and grace? How do we find and hold onto God in the middle of the pain especially if he seems far away?

We listen for the small voice in our hearts that, despite how miserable we feel and how hopeless things seem that says, “There is more for you.” “There is help.” “You can heal from this.” “You can use this.” “Don’t carry this alone.”

Those messages don’t come from us. The natural human response to suffering is to give up. IF there is even the tiniest part of you that wants to heal, believes things can be better, that they

shouldn't be like this, or that there must be some way forward, that is not your voice. That is the Holy Spirit, encouraging you, putting his arm around you, and trying to carry you to a healthier place with the help of the people he has placed in your life. Let him.

In 2026, Pope Leo XIV said that the contributions of science, psychology, medicine, and the neurosciences are "indispensable." Use these resources to heal.

CHAPTER NINE

Get Help. Get Grace. Get Going. Get Better.

As you continue your healing journey, regardless of the potholes on the road, remember that being a good mother has never meant being perfect. It means being responsive to the challenges you face and being willing to grow into the mom you want to be. Right now, that means getting help, which is exactly what a good mother does in a situation like this.

Get the screening. Get the treatment. Get the grace. And get the healing you need for your mind and your marriage. God loves you and has a wonderful plan for your family and your motherhood. Just take his hand and let him lead you through the next steps in his plan to help you become the whole, healed, godly, grace-filled woman and mother he created you to be.

To learn more about getting faithful support for marriage, family and personal challenges, visit CatholicCounselors.com

About the Author

Dr. Greg Popcak is a Catholic pastoral counselor and the bestselling author of more than twenty books on marriage, family, and personal well-being. He is the founder and director of the Pastoral Solutions Institute (CatholicCounselors.com), which provides faithful, professional tele-counseling to Catholic individuals, couples, and families around the world.

With his wife, Lisa, he hosts *More2Life*, heard daily on EWTN Radio and SiriusXM 130, and together they serve as co-directors of the Peyton Institute for Domestic Church Life. Dr. Popcak is a Fellow of the American Association of Pastoral Counselors and has presented worldwide, including a keynote at the 2022 World Meeting of Families in Rome at the invitation of the Vatican Dicastery for Laity, Family, and Life.

Where to Find Help & Resources

If this is an emergency

If you have thoughts of harming yourself or your baby, or you feel you are losing touch with reality, call 988 (the Suicide & Crisis Lifeline, available 24/7 in the U.S.), call your doctor, or go to your nearest emergency room. Do not wait, and do not stay alone.

Postpartum Support International

Offers a help line, online support groups, and referrals to providers who specialize in maternal mental health. Learn more at postpartum.net.

Pastoral counseling

The tele-counselors at CatholicCounselors.com provide faithful, professional support for postpartum struggles, marriage, and family life, wherever you live.

More2Life Radio

Join Dr. Greg and Lisa Popcak each weekday on EWTN Radio and SiriusXM 130 for practical, faith-filled help with the challenges of everyday life.

Books for new parents

Then Comes Baby: A Catholic Guide to Surviving and Thriving in the First Three Years of Parenthood • *Parenting Your Kids with Grace: Birth to Age 10* • *The Corporal Works of Mommy (and Daddy Too)* • *Unworried: A Life Without Anxiety*

You do not have to carry this alone. Get help. Get grace. Get going. Get better.