

# MOTHERS WITH POST-PARTUM DISORDERS AND THEIR BABIES

*Dianne Albiston*

Movement and dance are valuable additions to the range of therapeutic media which can be effective in caring for women with post-partum psychiatric disorders. The following is a brief description of a weekly group, the 'Move and Play' group, run for mothers and their babies admitted to a Mother and Baby Unit in a psychiatric hospital.

## Background

### The Place

The six bed Mother and Baby Unit is part of a general psychiatric ward, the Professorial Unit, at Larundel Psychiatric Hospital in Bundoorra, Melbourne. The existence of mother and baby units has been justified on the basis of encouraging the development of bonding between mother and child at a crucial stage and of hastening the mother's recovery. By admitting both mother and baby the negative effects of separation are prevented.

### The People

The mothers and babies are admitted when the mother has developed a severe psychiatric disorder which requires treatment in hospital following the birth of her baby. Such illnesses are called 'post-partum disorders' or 'puerperal disorders' and include post-natal depression and post-partum psychosis.

It has been stated:

Puerperal psychosis has been estimated to occur following 1 in 600 pregnancies and is thus relatively uncommon. Puerperal depression is thought to occur more frequently - estimates range from 11 to 20% but these often do not come to the attention of psychiatrists. (Buist, Dennerstein & Burrows, 1987: 2)

Many women have experienced the 'baby blues' and recover without treatment of any sort. Other women who may have more severe problems may be cared for by general practitioners, community health centres and so on, in their local

community. For a small number of women, hospitalisation is needed.

*Mothers and babies (up to the age of 12 months)* are admitted at the same time. If the mother is too unwell to care for the baby initially, nursing staff provide the appropriate care. As the mother improves she gradually takes responsibility for care.

The type of treatment used for each mother is chosen according to her individual needs. The range of services include: medication, individual therapy and counselling, marital and family therapy, electro-convulsive therapy and involvement in a group therapy programme.

## The Group

The 'Move and Play' group is run weekly by the occupational therapist as part of a comprehensive group programme.

The broad objectives are:

- to facilitate the bonding process between mother and child;
- to improve mothers' confidence and skill in handling their babies;
- to increase mothers' knowledge of appropriate movement and play activities;
- to improve sense of well-being of both mothers and babies;
- to educate the mothers about child development;
- to encourage interaction and support between the mothers.

Each session has a specific theme and set of objectives, and is evaluated by the staff leader at the end of the group.

Possible themes include:

- soothing crying babies,
- play activities,
- child development,
- singing and language development,

- relaxation and stress management,
- massage for mothers and babies.

Movement and dance have the potential to provide a vital component of the session.

The mothers respond more positively to the idea of an 'educational' rather than a 'creative' dance session and so the information and skills to be taught are integrated with movement activities, providing a well-rounded session. Each session consists of movement 'warm-up' for both mothers and babies, a combination of movement activities and discussion according to the theme, and then some quiet relaxing movement activities to complete the session. Flexibility in presentation of the activities is essential in order to meet the differing needs of the participants.

Such a group may have considerable impact on four major areas of concern noted in the objectives.

## Bonding

*'I just can't feel anything for my daughter.'*

*'The baby always cries when she's with me.'*

The comments above are indicative of the lack of attachment which may occur when the mother is suffering from a post-partum disorder. As noted by Hurt:

... the term 'bonding' is used to denote a gradual ongoing process that comes about from reciprocal interaction ... depression or psychosis in the mother renders her unavailable for the mutual interaction that acquaintance and subsequent attachment entail. (1985: 18)

One important factor in the development of bonding is the use of facial expression. Blank affect and minimal change of expression are common in any depressed person. Winnicott (1974) has presented the concept of the mother's face as a mirror of her baby, so it is not surprising that a blank face evokes little response in the baby. In the group, activities requiring face-to-face contact are often used. Positioning the child so she/he can make clear eye contact with the mother is important. Activities, such as singing, which require change in facial expression are also useful.

Improving the mother's sense of well-being and her pleasure and enjoyment of the baby are vital steps in the development of the relationship. All of these may be achieved by using appropriate movement and dance activities, especially those which are fun for both mother and child.

Some mothers are also tentative about touching the baby and may have difficulty in carrying and holding the baby in a relaxed, comfortable manner. Initially, activities involving touch, such as massage and action-songs, provide a stepping-stone to more mobile activities such as 'flying' the baby around the room, with the mother taking the full weight of the baby. Movement sessions are an ideal time to explore a variety of ways to hold and move with the baby.

## Self-Confidence

*'She'd be better off with a different mother, I'm no good.'*

For most mothers being admitted to hospital is a terrible blow to their self-esteem and self-confidence, especially following such an important event as the birth of a baby. As Suzanne Cecil states:

... it is possible to re-learn ways of interacting,  
... confidence comes from experiencing successful ways of relating to the child, ways to calm him, ways to play with and delight him. (1982:11)

Sensitively choosing activities appropriate to the abilities of the mother provides experience of success and a sense of achievement. For example, if a mother has a short concentration span, brief activities still provide a chance for her to succeed.

Using activities and skills already acquired, for example, one mother teaching a folk dance to the other mothers, builds self-esteem.

Many mothers feel anxious about their situation and performance, so a variety of relaxation techniques and quiet calming movement activities assist in relieving the anxiety. In other types of groups the mother may feel she has failed but most movement and dance activities are 'no-fail' activities which promote a sense of well-being and success.

## Knowledge and Mothering Skills

*'There's so much I don't know about being a mother.'*

Any mother feels more confident about being a mother if she has some knowledge and skills in child development and child care. In an informal way, movement and dance may be used to educate mothers about child development, especially motor and sensory development.

Many of the mothers are absorbed with their own concerns and have poor observation skills.

The process of attachment relies on the mothers 'getting to know' their babies. Encouraging mothers to observe their babies, noting changes and development, can be an integral part of the group.

### Interaction With Other Mothers

*'It's great knowing there are other mums with the same problems.'*

Frequently, mothers leaving the unit comment on the amount of support and help they received from the other mothers. By encouraging cohesion and interaction between the mothers whilst in the unit it is hoped they will continue to seek similar support when they leave.

Movement and dance activities are an effective means of reducing tension and encouraging interaction and cohesion. They provide opportunities for the mothers to communicate with one another in a non-verbal mode. The mothers are often sensitive to each other's needs and emotions and can express their sensitivity in a constructive way in the sessions.

### Summary

There is little doubt that to experience the disruption and turmoil caused by a psychiatric disorder at such a crucial time can be devastating to any woman and her child. Movement and dance used as a therapeutic modality can play an important part in promoting mental health and in overcoming the disabling effects of a puerperal disorder, so that mother and child can resume their place in their family and the community.

April 1991

### References

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