

The Lived Experience of Postpartum Depression in Orthodox Jewish Women

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Abstract

The purpose of this study was to gain an understanding of postpartum depression as experienced by Orthodox Jewish women. Using a phenomenological approach, a sample of twelve Orthodox Jewish women who had experienced postpartum depression within five years, (with the exception of one participant who had experienced postpartum depression 13 years prior) preceding data collection were interviewed. A diagnosis of postpartum depression had been made by a mental health professional. The women reported common symptoms such as disconnect from reality and having difficulty eating and sleeping. Some of the participants also reported having frightening and suicidal thoughts. The participants expressed the importance of family and community support in relieving their symptoms. The interviewees stated that anti-depressant medications and therapy were most helpful in overcoming their condition. Many reported feeling a stigma attached to postpartum depression and insufficient awareness in Orthodox Jewish communities. Analysis of the participants' responses revealed the following themes: (a) Orthodox perceptions of postpartum depression; (b) post-birth support; (c) postpartum depression symptoms; and (d) types of treatment.

Postpartum depression in Orthodox Jewish women is a disorder that negatively affects Orthodox Jewish women and their families. Health care professionals can play a key role in assisting this population of women through proper screening, education and support for the women, their families and the community.

Keywords: Postpartum depression; Orthodox Jewish; Childbirth; Support; Symptoms; Treatment

Introduction

Postpartum depression is a complex phenomenon with numerous interrelated factors [1-3]. Approximately 13% of women experience some degree of depression following childbirth [4-5]. Mental health professionals who specialize in reproductive psychiatry have described postpartum depression as consisting of a variety of syndromes and symptoms ranging from mild depression and anxiety to more severe forms of emotional disorders [3]. Evidence is accumulating that postpartum depression may adversely affect the mother-child relationship and may also have long-term effects on the child if the mother does not receive treatment [6-7].

Postpartum depression is a cluster of symptoms that occur after a woman gives birth; it is a variant of major depression [8,9]. Symptoms include feelings of sadness and/or emptiness, excessive crying, inability to sleep or wanting to sleep all the time, lack of appetite or overeating (especially junk food), lack of concentration and low energy [8,9]. These symptoms can lead to feelings of worthlessness, feelings of being a bad mother, lack of interest in previously enjoyable activities, little interest in the newborn and obsessive worry over the baby's health and if left untreated, a new mother can begin to have repeated thoughts of death or suicide, which can occur in any major depressive illness [8,9]. Women suffering from postpartum depression usually manifest symptoms that are much more severe than those of women who suffer from major depressive disorder that is unrelated to the postpartum period [1].

According to the Diagnostic and Statistical Manual of Mental Disorders [10] postpartum depression falls under the classification of postpartum onset specifier for mood episode. It stated that the specifier with Postpartum Onset is typically applied to Major Depressive Disorder, Manic, Mixed Episode, or Major Depressive Disorder, Bipolar 1 Disorder, Bipolar 11 Disorder, or Brief Psychotic Disorder, if the onset is within four weeks after childbirth. The symptoms of postpartum-

onset Major Depressive, Manic, or Mixed Episode do not differ from the symptoms experienced in non-postpartum mood episodes [10]. Symptoms include labile moods, mood swings and obsessing about the infant's well-being. This can be so intense that it becomes delusional. There can be ruminating or delusional thoughts about the infant that are fixated on risk or harm to the infant. Postpartum depression is an illness that often goes undetected and is usually obscured by the woman, which may cause her to suffer in silence. This research allowed women to speak openly about their illness without the fear of being judged, as recommended by Beck [11,12] and Beck and Driscoll [1].

The term perinatal mood and anxiety disorders are currently used to describe a more broad range of symptoms that include; depression, anxiety, obsessive compulsive disorders (OCD), panic disorder, psychosis and/or post traumatic stress disorders (PTSD). The "baby blues" and "perinatal bereavement" do not fall into this category, as they are normal adjustments. Symptoms of depression are stated above. The symptoms of anxiety include excessive worry or anxiety irritability or short temper, feelings of being overwhelmed, major sleep disturbances; insomnia, or fatigue, disinterest in the baby, feeling inadequate, inability to focus, loss of appetite, or non-psychotic, intrusive, persistent thoughts and/or images of the baby being hurt and/or killed. There can be intense, irrational fears that the baby may be harmed and irrational

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behaviors to reduce related anxiety (not walking near windows with the baby, hiding knives/scissors, not bathing the baby, not staying alone with the baby). There is a tremendous sense of horror and fear about these thoughts and images with an awareness of their irrational nature (as compared to psychosis, where this awareness is absent). Anxiety does overlap with OCD which can also include intrusive, repetitive and persistent thoughts or mental pictures, thoughts often are about harming the baby or herself, can include excessive counting or checking, or other repetitive behaviors, horror or disgust in herself for having these thoughts and sometimes exhibiting behaviors to reduce the anxiety of these thoughts as stated above [9,13,14].

Panic can include episodes of extreme anxiety shortness of breath, chest pain, sensations of choking or smothering, dizziness, hot or cold flashes, trembling, palpitations, numbness or tingling sensations. Symptoms may also include possible restlessness, agitation or irritability. During the attack she may fear that she is going crazy, dying, or losing control. A panic attack may wake her from sleep and sometimes there is no identifiable trigger. Usually she experiences excessive worry or fears about more panic attacks. PTSD can include repetitive flashbacks and images of an event (often of the birth experience or of prior sexual abuse). Nightmares and “Daymares”, hypervigilance (always on alert), increased arousal (startles easily), depressive symptoms and anxiety tend to co-occur, as does conditioned insomnia [9,13,14].

Orthodox Judaism

The Jewish people are members of a traditional religion known as Judaism and they define themselves as originating from the ancient Hebrew people from Israel or Canaan [15]. Judaism is not just a religion; it is a history, a culture with recognized values and a way of life [16]. Religious practice and observant behavior varies and is broken down into Orthodox, Conservative and Reform, consisting of almost 5.82 million Jewish people in the US, 11% of whom are Orthodox [17]. There are many variations in practices and customs and there are varieties of degrees of acceptance in religious practices, laws and traditions. Orthodox Judaism has the strictest observance among the three groups and is further broken down into modern, ultra-orthodox, Hassidim, Misnagdim and Sephardim. These groups are subcategorized even further into different sects, or sub groups, where there may be some differences in practice according to where they were born and/or what Rabbi they follow [18].

Orthodox Jews are deeply committed to the Torah (Bible) and it encompasses their lives, however, the Torah does allow for flexibility when necessary as long as it remains within the parameters of their laws. These modifications are typically based on their Rabbi's decisions [19]. They regularly interact with the secular world and have dealings with the non-Jewish world around them.

Orthodox Jewish Women

In order to accurately understand the lived experiences of Orthodox Jewish women with postpartum depression, it is important to understand the cultural distinctions involved in the ethnic group of Jews. Orthodox Jewish women have many religious obligations to fulfill that are different from the obligations of the men, although their roles complement each other. This is believed to originate from the idea that men and women are intrinsically different in nature, with varying strengths and limitations [16]. A woman's role in Judaism, once she is married and certainly after she becomes a mother, is to care for the house and home, while strictly following all of the Jewish practices and rituals, as well as raising and educating the children. Most of these

women are content and happy to be in this prescribed role. These tasks are highly valued and the woman is praised every week during the Sabbath prayer known as “Eshet Chail,” a woman of valor [16].

In general, Orthodox Jewish people underutilize psychotherapy and mental health services, especially when they feel that they have failed to meet the expectations of a culturally expected role [20] Orthodox women are expected to follow the commandment found in Genesis (1:28) to be “fruitful and multiply” [21]. They are expected to feel happy within their prescribed role. Therefore, Orthodox Jewish women suffering from postpartum depression may have a harder time recognizing their illness as well as admitting to others that there is a problem. According to Margolese [20], Orthodox Jewish people are reluctant to seek professional help due to fear of stigmatization and trepidation of not living up to the expectations of their families, communities and value systems.

Currently, it is not known whether the cultural factors associated with Orthodox Jewish women, including the expectation to procreate and be happy in that role, do or do not add to the symptoms in Orthodox Jewish women who have experienced postpartum depression. This study attempted to contribute to that gap in knowledge.

Cultural diversity in general makes it necessary for mental health professionals to understand the needs of clients from other cultures and also, to conduct research that will enable us to better care for our culturally diverse clients [22]. Professionals need to become culturally competent in order to better serve these clients. Postpartum depression is a devastating disease to all families and Orthodox Jewish women may have a different type of experience due to their background and beliefs. For an Orthodox woman, to reveal that she is less than thrilled after the birth of her child is not only difficult on a psychological level, but on a spiritual level as well.

Review of the literature

Research on postpartum depression has been largely quantitative [11], with just a handful of studies using qualitative methods existing in the literature [23]. Studies assessing the signs and symptoms of postpartum depression have tended to utilize questionnaires to evaluate women for the illness. There are a few qualitative, phenomenological studies that investigate postpartum depression. A thorough review of the literature revealed that there were no studies, qualitative or quantitative, that investigated the experience of postpartum depression in Orthodox Jewish women.

Qualitative Research on Postpartum Depression

Beck's [11] phenomenological study on postpartum depression was the first in the nursing literature that examined the lived experience of women with this illness. Beck [11] sought to discover a deeper understanding regarding the character and significance of the illness itself. Using Colaizzi's [24] phenomenological methods, Beck [11] encouraged women to describe their subjective experiences. Her goal was to gain a pre-reflective understanding without attempting to label and classify the illness into signs, symptoms, or risk factors. The research question that guided the study was: “What is the essential structure of the lived experience of postpartum depression?” [11] Seven women participated in the research. Significant statements were derived from the interviews. Corresponding meanings were formulated from the statements, which were then organized into a total of 11 theme clusters. These clusters became a foundation for the development of a quantitative instrument to assess for postpartum depression, the Postpartum Depression Screening Scale [25,26].

Beck's study suggested that phenomenological methods are appropriate and can be valuable for research into postpartum depression. In addition, it suggests that these methods can provide a sound qualitative basis for further quantitative studies to be developed, which was a goal of the present study on postpartum depression in Orthodox Jewish women.

Mauthner [27] sought to obtain a thorough exploration of postpartum depression from a woman's direct perspective. Her goal was to understand what the women experienced with respect to motherhood and depression; Mauthner further wanted to understand how these factors affected the women's relationships and their views of themselves as mothers. The study was based on a theoretical foundation from feminists such as Gshur B [28], who, as noted previously, formulated theories regarding women's personal experiences. Mauthner [27] recruited a sample of 40 mothers; 18 of this group categorized themselves as having postpartum depression. The mothers were interviewed with the question "Perhaps you would like to begin by telling me a bit about what motherhood has been like for you?" (p. 149). The transcripts were analyzed utilizing a voice-centered relational model [28]; a thematic analysis was then obtained from the data.

Mauthner [27] theorized that her research allowed professionals to fully understand the circumstances of women who become clinically depressed in the postpartum period. She further postulated that postpartum depression may be prevented if more new mothers are encouraged to be open and speak about their illness in a sympathetic and compassionate relational environment. This study was valuable because it affirmed the utility of thematic analysis of interviews in phenomenological research of postpartum depression.

Purpose of the Study

The purpose of this phenomenological study was to explore the lived experience of postpartum depression within the cultural group of Orthodox Jewish women. The findings that were generated from this study will attempt to begin to fill the gap in the empirical evidence about this population. This knowledge may inform health care practitioners of the needs of Orthodox Jewish women suffering from postpartum depression and may ultimately lead to an understanding of the illness for these women, which may in turn lead to future education on how to recognize the signs and symptoms. This knowledge may lead to earlier diagnosis and treatment of the illness, which will improve health outcomes and overall well-being of this particular population.

Research Question

The research question guiding this study was: What is the lived experience of postpartum depression in Orthodox Jewish women? This question attempted to address the gap in literature about postpartum depression in orthodox Jewish women in order to create a context and starting point for additional empirical research and later interventions into the disorder.

Methodology

The study was qualitative and utilized a phenomenological approach. The study illustrated the reflections and thoughts of Orthodox Jewish women who have experienced postpartum depression. The methodology model used was developed by Moustakas [29]. Moustakas' methodology enabled the researcher to elicit themes, or meaning units, from the statements that described the phenomenon. This approach allowed the researcher to derive a textual description of the phenomenon from the data derived from participant interviews.

Moustakas' methodology allowed for the essential structure of the experience to be extracted from the data and in turn, there was greater evidence as to how the participants experienced postpartum depression and what this experience meant to them. Moustakas [29] believed that the phenomena under study should emerge from the data.

The inquiry focused on exploring and interpreting interview data of the women's lived experiences with postpartum depression. Phenomenology was selected as the method for this investigation as it allowed the researcher to gain insight and understanding of a phenomenon from the perspective of those who have experienced it.

Setting

All of the women were from the same cultural and religious community and all suffered from the same postpartum illness, that is, depression. Contact with the Israel Ministry was made and the researcher was given a verbal commitment from The Israel Ministry of Foreign Affairs' Academic Department to conduct the study.

Prior to conducting this study, the researcher obtained Institutional Review Board approval through Capella University. All participants gave a verbal informed written consent. The researcher protected the identity of each participant by changing all the names of the participants. The researcher protected the confidentiality of each participant by keeping all data sources such as audiotapes, computer discs and transcripts in a locked file cabinet in her office.

The researcher drew from a variety of professional and personal contacts for recruitment of participants. One particular contact included a message that was posted on a popular Internet website where Orthodox Jewish community members network and obtain information on events. Other contacts were through colleagues and other professional acquaintances.

Women who were interested in participating in the study contacted the researcher directly via email or phone. Once a woman had been determined to be eligible for the study and was still interested in participating, an informed consent was mailed to her and she then sent it back to the researcher. This was done prior to the interview. For those participants who lived in Israel, the interviews were set up through email contacts as well. The researcher contacted each of the participants who were interested and a follow-up phone call for the interview was arranged at the time of the initial phone call or email. Eligibility for the study included having been diagnosed with postpartum depression by a psychiatrist, psychiatric nurse practitioner, psychologist, or other mental health professionals. The researcher obtained this information verbally.

Participants needed to have experienced postpartum depression within the past five years. Five years was selected as a time frame based on the researcher's personal and professional experience caring for women with postpartum depression. It is clear that within a five-year time frame, women still have vivid thoughts and memories of their illness experience. Women were considered for participation regardless of what child they experienced the illness with or even how many times they experienced the illness.

The setting for the interview took place in the participants' homes and the researcher's home, both interviewer and interviewee conversed via telephone.

Participants

Twelve women were interviewed, ranging in age from 26 to 46 (Table 1).

	Mean	Range
Age	33.92	26 – 46; 20
Time Since PPD (Months)	20.5	6 – 42; 36
Number of Children	2.83	1 – 5; 4

Table 1: Demographic Characteristics of the Participants (*N* = 12).

Country of Residence	<i>n</i>
Israel	3
United States	8
Canada	1
Marital Status	<i>n</i>
Married	11
Divorced	1
Education	<i>n</i>
High School	1
College	9
Master's	2

Table 2: Living Situation of the Participants.

Two of the women were 26; one was 27; one was 29; two were 30; one was 35; two were 36; one was 41; one was 45; and one was 46. Eleven out of the 12 women had been diagnosed with postpartum depression within five years; one had postpartum depression 13 years prior to the interview, but the symptoms she had experienced at the time re-surfaced two years ago after a painful divorce. All but one of the women were married at the time of the study, one was divorced and one married woman was in her second marriage. Ten out of the 12 women were in stable relationships; one reported marital issues, however was still diagnosed with PPD. All of the women were Jewish, spoke English and considered themselves Orthodox.

Three of the women reported that they currently lived in Israel; eight of the women reported they lived in the United States; one woman lived in Canada. Six of the women reported having bachelor's degrees. Three of the women stated that they had master's degrees. The women also worked in a variety of jobs. Some of those with jobs indicated that employment added an extra layer of stress on their lives post-pregnancy. Four of the women worked in education, one worked in sales, another was employed in the financial sector and six did not work outside the home. Five of the survey participants had three children, three had two, two had four, one had five and one had only one child. Four of the interviewees reported experiencing postpartum depression with their first child; five with the one born last and three experienced it after several or all pregnancies.

Data Collection

Data collection began with an in-depth interview with the participants from the United States, Israel and Canada by telephone. Each interview lasted 60 to 90 minutes. The researcher called the participants at a predetermined time to offset costs to the participant. All telephone interviews were recorded in the privacy of the researcher's office and were kept confidential. The participants' own words, their descriptions, images, stories and tone of voice were all part of the data record and were used in the data analysis. Data collection was completed once data saturation was reached. This occurred, when no new information emerged from the interviews. Saturation occurred after twelve interviews at which point the interviews ended. This small sample size is consistent with a phenomenological study [29].

Data Analysis

The data collected included in-depth audiotaped interviews.

Handwritten notes were taken immediately after each interview, using a separate pad for memos about each participant. A journal for each participant was created and kept. The journals contained notes taken after the interview. These notes were further elaborated after transcribing the audiotapes. Mauthner used a voice-centered relational type of analysis wherein each transcript was read and the audiotape listened to few times, paying attention to both cultural and interpersonal issues. A similar method was adopted for this study since the population under study is a specific cultural population.

The recorded interviews were emailed directly to a transcriptionist, who professionally transcribed and transferred them to a CD-ROM to be emailed back to the researcher for storage and to begin the analysis. The researcher compared the transcription with the audiotape to ensure accuracy in the transcription. The data were analyzed in Microsoft Word, 2007. Once the data were collected and transcribed, they were analyzed using Moustakas' method [29]. Critical statements were extracted from each interview and they were grouped into meanings. From that, the meanings were grouped together into themes to create a general understanding and a deep insight into the essential structure of the phenomenon [30].

From this, a description of the structure of the participant's experience was developed, which was used to develop a description of the meanings and essences of the experience, postpartum depression, as experienced by each participant. The process was repeated for each transcript. The final step was to develop a composite of the meanings and essences of the experience and integrate all of the descriptions into a universal description, considering the group as a whole. The researcher integrated all of these descriptions into a collective description of the experience, which represented the meanings and essence of the experience as a group [29].

Moustakas' methodology model was employed for this study. It enabled the researcher to elicit themes, or meaning units, from the statements that described the phenomenon. This approach allowed the researcher to derive a textural description of the phenomenon from the data derived from participant interviews. Moustakas' methodology model allowed for the essential structure of the experience to be extracted from the data and in turn, there was greater evidence as to how the participants experienced postpartum depression and what this experience meant to them. Moustakas believed that the phenomena under study should emerge from the data.

Moustakas' [29] method of phenomenology was appropriate for this research study because it addressed human wholeness and the essence of the phenomenon. This method enabled the researcher to describe the experience and focus on the meaning of the experience. The researcher was inherently interested in capturing the essence of the experience of postpartum depression in Orthodox Jewish women.

Results

Analysis of the participants' transcribed responses revealed four categories of themes or meaning units: (a) Orthodox Jewish women's perceptions of postpartum depression, (b) post-birth support, (c) postpartum depression symptoms and (d) types of treatment. The four themes express the essence of the lived experiences of the twelve women with regard to their experiences and feelings about postpartum depression and their experiences within their respective communities. These four statements represent the farthest level of reduction in phenomenological analysis.

1. The women had many common elements of postpartum

depressive symptoms, most notably a feeling of disconnect from the world around them.

2. Although there was a perception of a stigma surrounding postpartum depression, many felt that openness and knowledge about the condition were important for their communities.
3. Women felt that post-birth assistance from community members and family members were helpful in relieving their stress and anxiety.
4. The treatment that was perceived to be the most helpful was the use of anti-anxiety and anti-depressant medications.

Orthodox Jewish Women's Perceptions of Postpartum Depression

The first thematic category attempts to reflect how the interviewees understood the Orthodox community's perception of postpartum depression. According to the analysis of the interviews, five of the participants in the study felt that there was some stigma attached to postpartum depression in their communities. Elianna stated, "I think, yeah, there's a stigma attached, I think for sure". Miriam noted that a further problem with the stigma was it did not allow women in the community to understand the problem very well, I would say it's not in the sense that it's partly a stigma, but it's a failure to recognize how much help is needed. I think by now, people in the community know about it. They just don't realize how bad it is, or how common it is, or how much help is needed

Some of the women felt that it was important to speak about their experience with other members of the community and to express what they went through in order to help others who may not be aware of how serious postpartum depression could be. Sarit thus stated, "If someone looks depressed, then I'll try to reach out and often they know".

Some participants like Ranana noted that there was a level of openness in their communities about the issue and that they did not feel like they were stigmatized.

Aviva did not feel a stigma either and stated, but I would say that a lot of the women that I'm friends with, people are a lot more open about – "You had postpartum? I had postpartum". So I definitely didn't feel stigma. I felt that the women were very, very – really wanted to help. So as far as being in an orthodox community, I would say what really helped is the cohesiveness in the community.

Conversely, others like Miriam felt that they were too embarrassed about their problem to express it to those around them. She felt that there is definitely a stigma attached to having postpartum depression and that it is not easy to come forward to get help because of those perceptions. Devora also felt a stigma associated with postpartum depression within the Orthodox community. She stated that, "There's definitely a stigma, I mean, people, now I think people are more aware, especially if, you know, my friend saw me going through it". However, she continued by saying that if people know how serious it is, especially if a person has chosen to use medication then, "When anybody always says medication, they think, oh, yeah, she's a crazy woman, you know? People are very close-minded".

Sarah felt that living in an Orthodox community had certain pressures when dealing with postpartum depression.

I'd be pushing my carriage and I'd see somebody, you know, with a lot more kids than me. And I'm, like, "Wow. How do they do that"? I was working at the preschool before I had the little one. And I would

think, that the mothers come in and with every year another baby. But always a smile and always, just, able to do it. I didn't get it. You know and that also would make me feel like why can't I do this? Why am I having so much trouble with this?

Liora also felt a certain stigma attached to postpartum depression by being part of an Orthodox community in a large village in Israel.

People here try to our best themselves on who can have the most natural kid, like who doesn't need baby wipes, their cloth diapers and something like that. And you just feel—you're eternally among this societal pressure and also, of course, when people ask or they wanna know why you don't have more kids because—you can't—you do have—people—I mean, there's one woman here who every time you turned around she was pregnant. I mean, she had I think five kids in about four and half years and it was insane. Like every time you saw her I felt like she was doing the same thing, having the baby and everything.

Post-Birth Support

This theme attempts to establish the type of community and family support that was available to the women after their pregnancies and when they entered into their postpartum depressive state. Five of the women noted that their mothers were the most important person to give them support after pregnancy. Aviva was especially glad for her mother's help, "My mother was my mom. She was very, very concerned; especially when I was telling her I wanted to die. She really freaked out. But my mom is my best friend. She's very supportive".

Liora felt saddened that she did not receive adequate support "What was really difficult and what is continually difficult is that I don't have an older female like an aunt, a mother who's nearby who can take over and let me rest". Without that kind of help she had much more difficulty balancing her life. Three women responded that either community members or other family members were integral in assisting with care and support after childbirth.

Symptoms

The third category attempted to define what the women experienced during their postpartum depression. All the interviewees expressed that they had some feeling of general disconnect from the world around them. This included feelings of not being connected to reality. As Shira noted, "I didn't take interest in anything. I felt disconnected from reality, disconnected from my kids, from my husband".

Six participants had appetite-related issues. Sarah remembered, "I know that I wasn't, like, eating very healthfully". The participants also had difficulty getting regular sleep. Lisa thus reported, "I really was very sleep-deprived so I kept on going, you know, what I knew?" She did not have any idea that this could be a symptom of postpartum depression, but in retrospect, she pointed to it as a problem.

Some of the women also had frightening or suicidal thoughts. These feelings took various forms. Some women noted that they just wanted to die, like Aviva, who had vague thoughts about death and declared, "I wanted to be dead. I wanted to die". Others had more specific visions, like Shira, who remembered that she would wonder for long periods of time, "What would happen to my kids if they saw their mother dead. How long would they be with this dead body until my husband comes home?" Participants like Elianna reported violent thoughts towards her child and said she had "a few visuals of her in the bath and drowning her". Devora suffered from postpartum depression after the birth of her third child. Her symptoms included sleeping problems, eating problems and a general disconnect from her child and from those

around her. When describing her early interactions with her child she remembered, “I was, like, oh, my gosh, I can’t even, look at him, I don’t know, I can’t do this”. She was unable to connect with her child at first. “I seriously, sometimes felt, oh my gosh, I just want to throw my baby out the window, it was crazy, it wasn’t even, a normal thing”.

Sarah had postpartum depression experiences with all of her children. She also said that after going to therapy she discovered that she suffered from an underlying depression throughout her life, which could also be seen as a risk factor. She had similar problems with her next two children. She noted that, “The second two were very close in age. They were 14 months apart. And so before recovering from the second, I was already having a third”. This added extra stress because she was still suffering some of the effects of postpartum depression with her second when she had it all over again with her third. She too, felt a sense of disconnect. She felt that she could not see any life beyond her children. “I just felt like that was it. Like that was where my life began and ended. You know, I couldn’t experience, what other people were experiencing”. She also knew that she was not eating a balanced diet since she had studied nutrition in college.

Ruchie experienced postpartum depression with her third child. She began to feel disconnected from her husband.

He tried to help me. At first, I just couldn’t be alone. Like he would leave for work and I would just break down. I couldn’t be alone for a second. You know, if I emptied the— if I emptied the dishwasher, it was a good day.

Elianna also had visual episodes, which made connecting to her child even more difficult. “With my fifth baby, I had a few psychotic episodes”.

I had—it was very scary—a few visuals of her in the bath and drowning her. And I barely bathed her ever, even now if she takes a bath and I’m sitting in the bathroom sometimes I get nervous just remembering. It was hugely terrifying. I never told my husband. But I did tell him—I guess I don’t know, at one point where I said to him I can’t have any more. Because I have a degree in social work and I studied psychology and I know enough to know that postpartum depression, that there are some points where you can cross the line and not come back.

Types of Treatment

The fourth theme was constructed out of the various responses to treatments that were pursued to alleviate the symptoms of postpartum depression. Nine of the participants noted that medication was the method that they felt was the most effective for treating their symptoms. Sarah started taking Cymbalta (duloxetine), an antidepressant/anti-anxiety medication and she stated, “That was good. That really worked. And besides, I was having, also, therapy with it”. Sarit also underlined that medication that she was taking, Klonopin (clonazepam), a benzodiazepine to treat anxiety and panic attacks, had been essential for her: “I think [the medication] saved my life”. Tovah expressed similar feelings.

I love the medicine. It’s way better—even if I wasn’t before, before I had the episode of postpartum depression, I still had some symptoms. Taking the medicine, I feel like it’s the best thing I could do for my kids.

Six of the participants felt that seeing a mental health care professional and engaging in therapy was a good way to deal with the difficulties of postpartum depression. An additional four found support groups to be helpful. Liora said, “What I’m doing instead is

I’m in one support group, which is very helpful, which is a support group for women who are chronically ill. And I find that that’s really helpful to go to that”. One participant Elianna, sought relief solely with homeopathy and stated, “homeopathy works much differently...it goes much deeper”.

Devorah stated that after identifying the problem, she was prescribed medication and said that it really helped get through the problem.

I saw there was a change in myself and it kept on progressing. So as much as I don’t like taking medicine, even when I’m pregnant, I don’t even take Tylenol (acetaminophen), as much as I’m against taking medicine, I saw that was, like, if that was the solution to help me fix myself and help me keep my family together.

Aviva had many symptoms of postpartum depression including appetite problems, anxiety, sleep problems and fear. She sought support groups, psychiatry, medicine and personal reading to cope with her postpartum depression.

Shira sought treatment through medication as well as therapy. Miriam felt that medication was the main way in which she addressed her postpartum depression. Ranana had panic attacks and general feelings of disconnect during her postpartum depression. Visiting a psychiatrist, a support group and getting medication were her preferred means of treatment. Ruchie had suicidal feelings, as well as a general feeling of disconnect during her experience with postpartum depression. She sought therapy and used medication to help with her postpartum depression.

Elianna is the only participant who found relief using homeopathic medicine. She felt that homeopathy also helped her to discover other things about herself and did not feel the need for therapy. “Most likely, my depression is linked to anxiety and issues around that”. Homeopathy had helped her to discover that.

Discussion

All of the interviews and analysis were performed in an attempt to provide more information on the question of what is the lived experience of postpartum depression in Orthodox Jewish women. As was previously noted, there is a very limited amount of literature on the subject. The twelve women that were interviewed provided rich and meaningful insights into their experiences of postpartum depression within an Orthodox Jewish community. Their answers, opinions, experiences and explanations provided beginning context for a deeper understanding of postpartum depression as it is experienced in an Orthodox Jewish community, whether it is in the United States, Israel, or in Canada. Although many of the women in the study felt there was some degree of stigma attached to postpartum depression within their communities, they were hopeful that recounting their experience might be helpful to other women. Interviewees reported feeling disconnected from reality and having eating and sleeping problems. They highlighted the importance of community and family support in relieving their stress and anxiety and stated that anti-depressant medications had been, along with therapy and support groups, instrumental in their recovery.

Limitations

The study had a sample of twelve women, which was a sufficient sample size for a phenomenological approach [29] but limited the ability to generalize its findings to other women who suffer from postpartum depression. The sample was limited to Orthodox Jewish

women suffering from postpartum depression and not Jewish women as a whole.

For a woman who is destined to be a mother, which is true of women in the Orthodox Jewish faith, her devotion and concern for the role begins when she is very young. Young girls mimic their mothers by dressing, feeding and pushing their dolls in strollers. Children have a natural affinity towards the role of a mother. As they grow up, they may pursue careers or other activities, such as volunteerism. While these activities are enjoyable, they do not provide fulfillment for these women the way that motherhood does. "The desire to bring new life into the world is the manifestation of the essence of the Jewish woman and the foundation upon which the entire Jewish nation is built" [31].

Despite the enthusiasm and preparedness that Orthodox Jewish women may have when they become pregnant, there is still a significant number of women who experience postpartum depression. There remains a stigma associated with mental disorders; this is especially true in the Orthodox Jewish community. The symptoms of postpartum depression or a perinatal mood disorder are often overlooked for this reason, leaving the new mother to suffer silently which has repercussions for her husband, newborn and other children.

The descriptive data from this qualitative study attempted to acknowledge the pain that these women experienced with postpartum depression. The themes that emerged from the analysis of the women's stories aimed to illustrate characteristic symptoms of postpartum depression among the Orthodox Jewish community. The women who participated in this study were provided with an opportunity to articulate the significance of their postpartum depression within the context of their faith and religion. Most of the participants expressed gratitude to be able to express their feelings to another woman who was both a professional and also a woman who was truly interested in their spiritual lives. Many of the women became emotional as they described their experiences and their fears and described the pain it caused both themselves and their loved ones. Most of the participants stated that they were grateful for their treatments, which most stating that they found relief with medications, therapy, social support, or a combination of all three. The participants also expressed satisfaction of having been given the opportunity to educate mental health professionals about the experience of postpartum depression in Orthodox Jewish women.

Conclusion

A first recommendation may be to focus on ways these issues can best be addressed. The study's findings seem to point to the possible usefulness of education and prevention programs on postpartum depression targeting Orthodox Jewish communities. Many of the survey participants reported difficulty identifying their disorder or sharing their symptoms with other community members. Providing relevant medical information may prevent women from going undiagnosed for a long time and may contribute to alleviating the stigma still attached to postpartum depression in some Orthodox Jewish communities.

The study revealed that even though they chose different methods, participants all found medical treatment was instrumental in helping them overcome their postpartum depression symptoms. Possible further research could focus identifying the most efficient courses of treatment in the Orthodox Jewish context. In addition, it could also be interesting to assess the efficiency of treatment with regards to the development of the mother and child relationship.

Another possible recommendation for further research involves a more widespread, quantitative study of postpartum depression sufferers

in Orthodox communities as well as Jewish women in general. As it was noted in the limitations, with such a limited number of participants, the study cannot make broad claims about the lives of all Orthodox Jewish women or even Jewish women in general. A larger study may have the advantage of capturing a more comprehensive picture of some of the common problems that women in Orthodox communities experience.

Further research could also investigate the usefulness of more all-inclusive social networks that would provide outlets and opportunities for women to unburden themselves of the difficulties of motherhood. Several of the participants in the study indicated that they had found support groups a useful means of relief. However, in many of these cases, the support group was not specifically for women suffering from postpartum depression or not in the particular Orthodox community that the women lived in. Having such a support system could provide an important place for women to come together in a safe and comfortable environment where they could express their feelings and experiences with postpartum depression, or merely their difficulties with motherhood.

All of the women's experiences have shed light on the main research question. It is in the context of the mothers' experiences that groundwork can be placed for further research and understanding. There are numerous recommendations that can be developed from this study. A possible recommendation for further research involves a more widespread, quantitative study of postpartum depression sufferers in Orthodox communities as well as Jewish women in general. The motivation for this investigation was based on the belief that women of Orthodox Jewish faith may choose to suffer in silence when experiencing symptoms of postpartum depression due to the stigmatization of mental illness, or their concern of not fitting into their expected role of motherhood. In addition, the thought was that they might not initially be aware of the fact that their symptoms are actually a sign of mental illness.

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