

Three Trends in Research on Postpartum Depression in the mid-20th Century

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Abstract

This paper identifies three different research trends aiming at analyzing the etiology of postpartum disorders: the social environment, psychodynamics, and biological origins. The emergence of research on postpartum depression is analyzed simultaneously to the evolution of the American DSM during the mid-20th century. Through the analysis of various studies categorized into the three research trends, it becomes apparent that the trends merge into one research focus driven by biological psychiatry during the 1970s. This can be seen as a response to the psychiatric shift, away from a clinical-based towards a research-based orientation, at that time.

Keywords: postpartum disorders, postpartum depression, origin of PPD, history of PPD

Introduction

Giving birth to a child is a very significant experience for many people and, for this reason, it has attracted the attention of psychologists and psychiatrists for many decades. Some have described it as a life-changing experience (Samuel & Vilter, 2007). It can trigger various emotions in a mother, from pride and happiness to shame and exhaustion (Lupus, Hatch, & Moore, 2019). Hormonal change right after giving birth can cause irritability and negative moods lasting for roughly two weeks. This condition is called 'baby blues' in colloquial language.

Nowadays, baby blues are so common even that mothers-to-be get informed about and prepared for it during pregnancy (Welberg, 2008). However, when these baby blues become disabling and longer lasting, the mother might be suffering from postpartum depression. Therefore, postpartum depression is nowadays defined as having various symptoms that last for more than two weeks, ranging from mental and physical fatigue, over lack of interest in the newborn and daily life, to shameful feelings of being unable to identify with the maternal role (Torres, 2020). At present, every seventh mother suffers from depression during their postpartum period worldwide (Anokye, Acheampong, Budu-Ainooson, Obeng, & Akwasi, 2018). Treatment for postpartum depression involves psychotherapy, antidepressants, or a combination of both (Stewart & Vigod, 2016).

The diagnosis of postpartum depression comes with an extensive history filled with disagreement over the disorder's symptoms, etiology, and even its mere existence. The postpartum period has been a topic of much discussion. When the World Health Organisation published their sixth edition of the International Statistical Classification of Diseases (ICD) they included for the first time a section on mental illnesses (World Health Organization, 1948). This classification of mental illnesses was used as a foundation for the first Diagnostic

and Statistical Manual of Mental Disorders, DSM-I, in 1952. The manual reflects psychiatric research's increasing interest in postpartum disorders (Kawa & Giordano, 2012).

Since there is ongoing disagreement on the etiology of postpartum depression, it is of utmost importance to understand the diagnosis' historical origin. Researchers need information about the past before expanding knowledge about the disorder and provide effective treatment for mothers suffering from postpartum depression. Therefore, this paper introduces and analyses research on postpartum depression, which took place analogous to the evolution of the DSM. A particular focus will be put on psychiatry in the United States because extensive resources and funding support the DSM. However, this paper also includes a few works beyond the borders of the United States because the spike in postpartum research took place internationally. An analysis of the number of articles issued on postpartum depression, from the time the Second World War took place to the present, visualizes an impressive growth in publications around the mid-20th century (Appendix A).

To analyze what trends can be identified in the research on postpartum disorders, studies on postpartum disorders during the mid-20th century were collected to examine the cause of the growth in publications on this topic. Sources were collected via PsycINFO, an international bibliography for psychology. The search was limited to the keywords 'postpartum disorders' and 'postpartum depression'. After the source collection via PsycINFO, further publications were investigated based on the reference lists of the selected studies. When papers came with follow up studies, only the original study was analyzed.

The studies were published from 1955 to 1975. This time frame has been chosen for two reasons. First, the dates correspond to the publication of the first DSM, which was in 1952, and with a shift within psychiatry from psychodynamics to biology shortly before the

publication of the third DSM in 1980. Secondly, the graph of the quantity of articles on postpartum disorders illustrates that research started off during this time (Appendix A).

The following section will start off by putting research on postpartum disorders during the mid-20th century into psychiatric context. The shift from psychodynamics to biology within psychiatry will be assessed simultaneous to the development of research on the postpartum. While assessing the development of research on postpartum period disorders, it became apparent that research in the beginning of the studied time was split up into three different research approaches: social environment, psychodynamics, and genetic predispositions. These three research approaches will be elaborated on and compared to one another, which will then result in a final assessment of how the diagnostic label 'postpartum depression' emerged in the mid-20th century.

The Analogy of the Shift in Psychiatry and Research on Postpartum Depression

After World War II, United States' society was haunted by neuroses and anxiety. The British-American poet Wystan Hugh Auden labeled this time "the age of anxiety" (Auden, 1947). This centrality of psychoneuroses was reflected in the DSM-1 (1952) and DSM-2 (1968), while depression was absent from diagnostic summaries (Kawa & Giordano, 2012). This absence was due to the conceptualization of depression as a defense mechanism used to decrease underlying feelings of anxiety (Crocq, 2015). The centrality of anxiety was prominent even in American magazines, which published three times as many articles about anxiety than they did about depression (Hirshbein, 2009).

The publication of the first diagnostic and statistical manual of mental disorders in 1952 introduced an emphasis on psychodynamic orientation in research, focusing on psychoneuroses, which involved symptoms of anxiety, anger, and mental confusion. Under those circumstances, exploratory research started to be conducted on postpartum mental

diseases (Newton, 1955). This research quickly split into three trends, distinctively studying the factors of social environment, psychodynamics, and biological origins. The three research trends agreed that postpartum mental diseases do not have an entity, which explains why the studies were primarily exploratory. In this decade, research on the postpartum period was mainly conducted in psychiatric hospitals or at hospital wards of prisons. In other words, only those cases with extreme consequences, such as infanticide, were regarded as relevant (McDermaid & Winkler, 1955) .

In the 1960s, less severe cases began to be observed when studying postpartum mental diseases. These diseases still were not giving a diagnostic entity by themselves but were described as presenting as depression, schizophrenia, hysteria, and anxiety (Lomas, 1961). Meanwhile, postpartum psychosis and postpartum depression started to become the most researched postpartum mental disorders, with studies attempting to identify for both differential diagnoses.

In the meantime, three research trends started to merge. Studies analyzing the factors of social environment and psychodynamics failed to find significant arguments for their relevance in the development of postpartum mental diseases (Krueger, 1964). In contrast, research on biological origins factors became more detailed over the decade, with an increased focus on postpartum depression (Bratfos & Hang, 1966). This development is in line with the general trend of psychiatric research starting to connect biological approaches with depressive symptoms. The most compelling evidence for the growing interest in postpartum depression is the longitudinal incidence study by Brice Pitt, published in 1968. Pitt conducted this incidence research to respond to a request for guidance and insight into postpartum depression. Moreover, Pitt was the first to establish diagnostic criteria for

puerperal depression and he was the president of the association for postnatal illness, offering anonymous support to women experiencing a postpartum illness.

Simultaneously, in 1968, the second diagnostic manual of mental disorders was published. It included more than 180 disorders, by including milder symptoms of the diseases. The DSM-I's psychodynamic perspective stayed unmodified (Kawa & Giordano, 2012). The lack of specificity led to a great deal of criticism of the DSM-II's diagnostic system at the beginning of the 1970s and, with it, a severe cutback of funding. Prominent critics emerged in the '70s, highlighting studies on healthy people hospitalized because of faulty psychiatric labels (Rosenhan, 1973; Szasz, 1976).

To compensate for the inadequacies of the second DSM, the American Psychiatric Association put research-oriented psychiatrists in charge of revising the Diagnostic Manual of Psychiatric Disorders, which resulted in a professional competition within psychiatry. These psychiatrists focused on biological research on specific disorders. Depression fits the professionally desirable concept of a specific disease grounded in brain chemistry (Horwitz, 2010). Research started to connect biological approaches with depressive symptoms (Bunney & Davis, 1965; Schildkraut, 1965). The division of psychosis and depression became officially relevant in 1980, where research-oriented psychiatrists published the DSM-3 (1980). The biological grounding of depression heightened its appeal and resulted in an own diagnosis for depression. Generally, opposing the loosely defined diagnoses in the DSM-1 and DSM-2, the DSM-3 defined various specific pathological conditions / diseases, each being a qualitatively discrete disease. Correspondingly, anxiety and depression, formerly categorized under psychoneurotic disorders, were now two completely distinct conditions. This shift in psychiatric research corresponds with researchers on postpartum disorders beginning to work hard on identifying differential symptoms for postpartum psychosis and postpartum

depression. With time, postpartum depression increasingly became the favored research focus (Lomas, 1961).

All in all, the 70s were the decade in which the psychiatric focus shifted from a clinically oriented biopsychosocial model to a research-based medical model (Wilson, 1993). At the same time, postpartum depression received increasing attention, resulting in research aiming to identify symptoms and design treatment. By and large, one can see the emergence of the diagnosis of postpartum depression as a reaction to the psychiatric trend at that time. Put differently, the shift towards biological psychiatry motivated researchers who studied postpartum diseases to study those diseases that are grounded in biology, particularly depression. The analysis presented in the following will reflect on the development of research on postpartum depression during the mid-20th century.

Studying Postpartum Disorders: Three Research Trends

Social Environment

While pregnancy, labor, and the postpartum period are all stressful experiences in themselves, the environment in which a woman experiences these stages in can influence the way she adapts and behaves. For this reason, one approach to study postpartum disorders in the mid-20th century focused on social and physical environmental factors as the etiology of postpartum mental diseases. The researchers presented in this section share the belief that social stressors and the environment highly influence a person's ability to adapt. Moreover, the researchers believe that stressful environments and a lack of social support increase the risk of developing mental disorders.

Gordon, Kapostins and Gordon conducted in 1965 research on postpartum disorders during the mid-20th century with a specific focus on the mother's social environment. Their results indicated that an in-depth preparation for birth and the stabilization of the social life

influences the mother's mental state during the postpartum period (Gordon, Kapostins, & Gordon, 1965). Another research, done at a hospital in New Jersey, USA, investigated the psychosocial causes of the maternal-role conflict in 500 mothers categorized into those who attended prenatal courses and those who did not. The hypothesis was that the main difference between mentally diseased and mentally stable people is that the first have difficulty in adapting to stressful life experiences. Personal and social stress and behavioral change were investigated by analyzing interrelations between patient questionnaires and psychiatrist observations. The findings suggested that women are less likely to develop postpartum disorders when being provided with social support and living in a stable relationship.

Another study focusing on the mother's social environment investigated mothers' motivations to commit infanticide. Researchers of the time believed that infanticide, defined as the act of committing murder of a newborn (Britannica, 2018), was caused by postpartum disorders. So much so, that women who had suffered from postpartum disorders before, were admitted to mental hospitals as a precaution when they expected another child (Marland, 2012). In 1955, the clinical and experimental psychopathologists Gladys McDermaid and Emil Winkler observed twelve cases of women treated at the prison ward of an American hospital for committing infanticide. Their goal was to identify the motivations behind the murder. The researchers diagnosed the criminal offense as a compulsive infanticidal action. They classified it as schizophrenic psychosis, claiming that suicide and infanticide go hand in hand. In the same fashion, the researchers labeled depression as a subcategory of psychosis since it is more a resultant than a causative factor. Then again, they admitted that there is no clear cut on when to categorize specific symptoms into a psychotic or a depressive reaction because hallucinations are observably in line with depressive thoughts (McDermaid & Winkler, 1955). The authors believed that the lack of a clear distinction between psychosis

and depression and the simultaneously appearing symptoms of hallucinations and depressive thoughts highlighted the relevance of further investigation on postpartum depression.

Moreover, most of the imprisoned women reported that they did not meet the social norms, such as being married and financially stable. They felt immense social pressure, urging them to dispose of their child. In other words, the mother's social environment influenced her ability to adapt to parenthood.

Simultaneously, researchers of existential psychology took an interest in studying postpartum depression because the research orientation of life stressors and how to deal with them appeal to the existential psychology's four elements of the human condition: isolation, meaninglessness, mortality, and freedom (Sander, 2010). A group of existential psychologists introduced an exploratory study attempting to investigate the endocrine, behavioral relations by interviewing 39 women at a hospital in Stanford, USA, shortly before giving birth and for ten days right after giving birth (Yalom, 1968). The interviews analyzed prenatal symptoms, such as fatigue and nausea, and mental states, such as fear of labor and overall discomfort. The data was then correlated with behavioral observations and psychological tests to investigate the mothers' adjustment and emotional disturbance. In essence, the results showed that women express a high vulnerability to emotional instability when major life stressors disrupt the parent's pattern of living. Therefore, an unstable social environment and lack of support during this major life change fosters the development of maladaptive behavior during the postpartum period.

In sum, psychosocial factors of postpartum mental diseases interested researchers from many psychological branches, including clinical, experimental, and existential psychology. All the studies in this section worked with the knowledge that there is no clear entity of mental diseases during postpartum. Moreover, they could not offer differentiating diagnoses

—not for psychoses nor depressions in general. However, researchers started to pay increased attention to less severe mental diseases with less dramatic consequences over a little more than ten years. In general, research in the 50's paid specific attention to those cases labeled as dangerous (McDermaid & Winkler, 1955), while depressions along with suicidal thoughts were usually overlooked. The decrease in the severity of the mental diseases studied during the postpartum runs in parallel to the shift in psychiatry from anxious psychoses during the 50's to depressive states in the late '60s.

Psychoanalysis

Based on Sigmund Freud's theory of psychoanalysis, research on postpartum disorders was based on the idea that a woman's attitudes and emotions during pregnancy determine her mental state during the postpartum period (Newton, 1955). Previous negative attitudes and emotions elicit defense mechanisms in the form of rejection of offspring and motherhood (Lomas, 1961). This section introduces four studies conducted by researchers who aimed at identifying a certain personality profile that could determine the development of a postpartum disorder.

To begin with, the British psychotherapist, Peter Lomas, published some case studies of mothers suffering from a postpartum breakdown. He aimed to explore postpartum mental diseases in general (Lomas, 1959, 1960). Lomas is known for his critical thinking and co-founding of the Guild of Psychotherapists, which values and promotes different psychoanalytic perspectives. He took an interest in observing postpartum mental diseases because they did not have a well-defined entity. As we have seen above, some psychiatrists labeled disorders during the postpartum period as diagnoses ranging from depression and schizophrenia to hysteria and anxiety. In his studies, Lomas identified one inter-personal pathology that applied to all mothers: a disturbance of the relationship between the mother

and her offspring caused by a projection of hate and envy. He concluded that the women suffering from postpartum breakdown used maladaptive defense mechanisms to suppress emotional conflict (Lomas, 1961).

Attempts to define postpartum mental diseases included symptoms from disorders ranging from anxiety to depression. This inclusion of two opposite disorders, depression and anxiety, greatly mirrors the beginning of the professional competition within psychiatry where research-oriented psychiatrists started to oppose the psychodynamic orientation.

Shortly after Lomas' observational studies, another psychoanalytic-oriented publication from Germany observed four cases of postpartum psychosis (Krueger, 1964). The study aims at distinguishing the diagnosis for postpartum psychosis from general psychoses. The findings point out symptoms of psychoses exclusively observable during the postpartum period, which were a helpful for arriving at a more precise definition of postpartum mental diseases: the mother experiences a lack of maternal identification, which urges her to reject motherhood. The resulting inability to care for her newborn elicits feelings of guilt and shame. This study is notable because it provided an idea of the onset of postpartum psychosis and facilitated the early discovery and diagnosis of such disorder. Nevertheless, it did not provide significant arguments for psychodynamics to be the root cause of postpartum mental diseases. Most importantly, however, the study illustrates the level of knowledge about and research on postpartum mental diseases and its lack thereof during the mid-sixties, since it is one of the first to provide exclusive symptoms for the postpartum period pushing towards the need of acknowledging it as a separate entity.

The female researcher, Niles Newton, interviewed various women during their first days of the postpartum period in a hospital in Philadelphia. The systematic interview aimed to identify the feelings the women had about all parts of female development, including

menstruation, pregnancy, and the wish to be a man. The final statistical analysis of the qualitative data suggests that the predictability of reactions to childbirth is based on the female's attitude towards other aspects of life developments (Newton, 1955). Being a specialist in the psychology of childbirth, breastfeeding, and childbearing, the researcher set a cornerstone of the back-to-breast movement, which challenged the mid-century norms of sexuality and gender roles. While keeping a somewhat exploratory viewpoint on the women's situation during their postpartum without aiming to label any abnormal behavior or mental state, Newton suggested that their attitude highly influenced the women's state during the postpartum period.

One of the last publications based on the idea that psychodynamics are the root cause of postpartum psychosis was a prospective study of seven women hospitalized in Connecticut (Brown & Shereshefsky, 1973). The researchers expected that the females' acceptance of and adaptation during pregnancy would determine their state and maternal adaptation during the postpartum period. However, not one personality profile or adaptation mechanism was identifiable to explain a predisposition to postpartum psychosis. It is important to note, the researchers themselves state that postpartum psychosis should not be confused with postpartum depression, "which is so common" (Brown & Shereshefsky, 1973). However, in the same breath, they declare that postpartum depression has no need for any specific treatment and that it stands in no relationship to postpartum psychosis. This statement is based on opinion and not empirical evidence since differential diagnoses and own entities for the postpartum mental diseases were still not established. This lack of definition for postpartum disorders highlights the necessity of research on the different mental diseases during the postpartum period so that misleading claims like these can be avoided.

Altogether, psychoanalytic research on mental diseases in the postpartum attracted researchers from various countries, as can be seen in the previous studies conducted in the United States, Great Britain, and Germany. Their hypotheses ranged from attitudes influencing the mother's mental state to maladaptive defense mechanisms used to suppress emotional conflict coming to the surface in the form of psychosis. Although none of the studies managed to find significant arguments for a specific personality profile or adaptation mechanisms as being the root cause of postpartum mental diseases, they did provide pertinent input on the relevance of a differential diagnosis with symptoms exclusive to the postpartum period. Moreover, the studies' publication dates ranging from the mid-'50s to the mid-'70s greatly reflect the development of detail-oriented research on the postpartum period. While research in the 50's merely explores a woman's postpartum period in general terms (Newton, 1955), research in the 70's focuses explicitly on postpartum psychoses while alluding to postpartum depression as being familiar and having its own entity (Brown & Shereshefsky, 1973).

Genetic Predispositions

Genetic predispositions increase the likelihood of developing a particular disease based on one's genetic makeup (Dellwo, 2020). Since hereditary diseases are passed down from parents to their offspring, the following studies investigate the presence of genetic predispositions passed down from the parents of mothers suffering from postpartum mental diseases and whether these mothers pass hereditary diseases down to their offspring. Furthermore, they look into whether pre-existing diseases apart from the postpartum period can affect the development of postpartum mental diseases. This research trend includes case studies of women hospitalized for postpartum mental diseases to identify the biological reasons for their

onset. The general trend of moving away from researching anxiety and towards researching depression becomes apparent in the following studies.

Reseracher's conviction that genetic predispositions can explain postpartum mental illnesses led them to conduct systematic studies on the topic. One incidence study was conducted in a psychiatric clinic in Oslo on patients suffering from a manic-depressive disorder (Bratfos & Hang, 1966). The study aimed to identify differentiation between manic-depressive and postpartum-depressive symptoms. The results indicated that women suffering from affective disorders are ten to forty percent more likely to suffer from postpartum depression. This study was one of the first in which the focus lay solely and specifically on postpartum depression and no other postpartum mental illnesses, which shows that the general trend within psychiatry to focus on depression was also reflected in the shift of the research direction within postpartum mental diseases.

Another systematic investigation conducted in Scandinavia studied heredity factors of puerperal psychosis by looking at case records from women admitted at the Goteborg Mental Hospital and Asylum in the years from 1872 to 1926, investigating the mental state of the women's offspring (Thuwe, 1974). The study exclusively analyzed and mentioned postpartum psychosis. Its findings supported the hypothesis that mothers who experienced postpartum psychosis had a higher incidence of offspring with mental disorders. —. When the cases used in this study were recorded, all postpartum mental diseases were unified and classified as hysteria (Brockinton, 2020). The historical diagnosis of hysteria shares many symptoms with psychoses (Cherry, 2020). Thus, the fact that this study solely works with postpartum psychosis can be due to the time of the case records where the women were all diagnosed as hysterical.

In hope to increase understanding of postpartum illnesses and help patients, the American clinical psychiatrist James Hamilton co-founded the international Marcé society, named after the French psychiatrist Louis Victor Marcé. In 1858, he wrote the first treatise on puerperal mental illness and advocated for research, treatment, and social support. In 1962, Hamilton aimed to raise awareness of the lack of knowledge on the causes and outcomes of postpartum illnesses with his book 'Postpartum Psychiatric Problems.' In it, Hamilton collects and summarized different information on postpartum illnesses' possible diagnoses and treatments. He found that thyroid treatment elevated negative postpartum symptoms and concluded that women suffering from hypothyroidism are more likely to suffer from postpartum illnesses (Hamilton, 1962). Thyroid deficit was associated with various symptoms, such as confusion, delirium, and disturbance of consciousness (Miller, 2020). However, hypothyroidism causes a hormonal imbalance the same way a pregnancy does. Thus, the similarity of the illnesses' symptoms and their elevation through thyroid treatment can be seen as an association but not causation.

One of the pioneers in treating puerperal psychosis (Shoenberg, 2021), Gwen Douglas, introduced the idea to not separate psychotic mothers from their children during treatment. This proposal was made at a time when it was a conventional hospital practice to perform mother-infant separation postpartum (Csaszar-Nagy & Bokkon, 2017). Douglas worked with the idea that due to a predisposition postpartum psychosis consists of and shares symptoms with schizophrenic and depressive illnesses. Additionally, she recognized that postpartum psychosis cannot be considered a specific entity.

Douglas explained postpartum psychosis' etiology as rfollows: the female patient's inability to bear her hostility towards her newborn causes her personality to break down and earlier infantile conflicts to resurface, which leads to the patient becoming psychotic

(Douglas, 1956). In her publication of 1956, the researcher treated six mothers diagnosed with puerperal psychosis at the neurosis unit of a clinic in London. She found psychotherapy to be more effective for mothers not separated from their newborns during treatment. However, most mothers relapsed after hospital treatment, regardless of whether they were separated from their newborns or not (Douglas, 1956). This relapse and the absence of an entity indicate the necessity of a clear definition for postpartum illnesses to avoid unclear diagnoses and ineffective treatments.

In essence, research on genetic predispositions in postpartum mental diseases accumulated significant findings. Previous affective disorders increase the likelihood of women experiencing postpartum depression, and mothers who suffered from postpartum psychoses had higher incidences of offspring with mental disorders. In general, the studies in this section emphasized diagnoses for postpartum psychosis and postpartum depression. This focus differs from the other research orientations, which kept a somewhat exploratory point of view on the general mental disorders during the postpartum period. Moreover, this trend differentiates itself from the other two by being most rooted in biological psychiatry, which was the leading research orientation during the professional competition within psychiatry that emerged during the beginning of the '70s.

Conclusion

This Bachelor thesis guides through the time leading up to the emergence of the diagnosis of postpartum depression. The general psychiatric shift from psychodynamics to biology is also apparent in the research on postpartum disorders at that time. This can be seen in the three research trends that started to converge around the time of the publication of the third DSM. In other words, researchers studying postpartum disorders became motivated to direct their focus on diseases that are grounded in biology, particularly depression.

The studies introduced in this paper have given insightful information on the historical development of the diagnosis of postpartum depression. Since the studies' publication dates range from 1955 to 1975, this paper provides an overview of the general level of knowledge about postpartum disorders and how this knowledge developed over twenty years. Moreover, the studies were conducted by researchers worldwide, including countries such as Sweden, Germany, and the United States. Taking an international point of view enhances the understanding of the extent to which the psychiatric shift in the 70's affected research worldwide.

The implications made in this paper should be used with caution because the number of studies included in this literature review is limited. For example, including paternal postpartum disorders could be a good way to expand this research. Nevertheless, the number of studies introduced in this paper should suffice to highlight the distinction of research on maternal postpartum depression into three research trends. Furthermore, this paper provides a qualitative study of the understanding and research approaches of the past, which helps to illuminate the problems and difficulties of research on PPD.

Future studies could focus on the impact postpartum disorders had on the mother's newborn or partner. Likewise, investigating how the shift in psychiatric research between the publication of the second and third DSM influenced researchers in other areas of psychology could be an exciting direction for future research.

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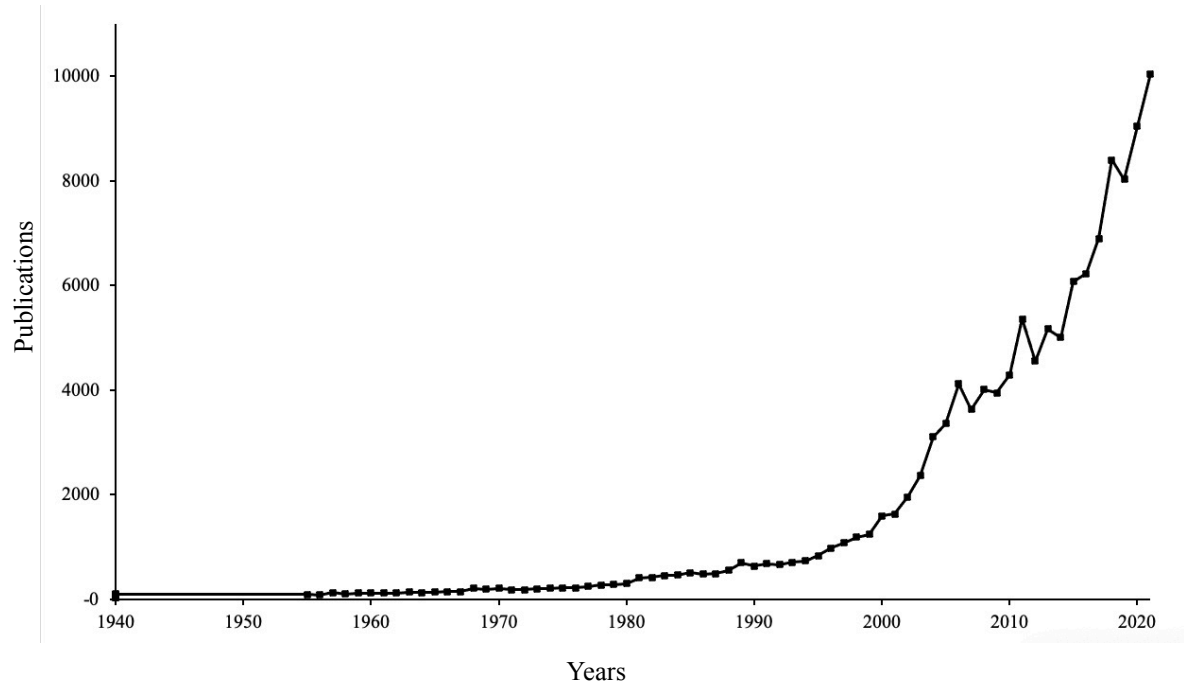
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Appendix A

Figure 1

Publications on Postpartum Depression per Year



Data retrieved from https://app.dimensions.ai/analytics/publication/source_title/aggregated?search_mode=content&search_text=postpartum%20depression%20&search_type=kws&search_field=full_search&or_facet_publication_type=article