

Audio Transcript for Episode 503: “Mental Health in Motherhood” with Ceara Pertain and counselor Leighya Richard

Please note: This transcript has been lightly edited to remove filler words or sounds.

CEARA PERTAIN: You know, there's this expectation that your instinct will kick in when you need it to and that you're a woman and motherhood is inherent. So of course, you're going to be a duck in water. And I was hopeful. I was hopeful that that's how everything was going to be. Because I wasn't ready to be pregnant. I wasn't ready to be a mom. And I was just really hopeful that everything was gonna work out the way it's supposed to.

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CHAD MOSES: You're listening to the To Write Love on Her Arms podcast, a show about mental health and the things that make us human. I'm your host CHAD, and in each episode, we'll be talking about the things that can often feel hard to talk about, like depression, addiction, self-injury, and suicide. We'll be sharing stories and exploring big themes like hope, healing, and recovery. If any of the topics we discuss or the stories we share feel too heavy for you, know that it's OK to pause, to restart, or stop altogether. As we discover new stories, we hope to remind you that your story is important.

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So today we're talking about something rather specific. Something that we haven't addressed on the podcast until now and only briefly explored elsewhere. Something that carries a heavy stigma and the weight of expectation. Something that impacts 20% of people who give birth. Today, we're talking about perinatal mental health—mood and anxiety disorders that include depression, irritability, and heightened anxiety that may occur before, during, and after pregnancy.

To start, you'll hear from Ceara Pertain, an Air Force vet, an Intuitive Life and Soul Coach, a Master Resiliency Trainer, a Yogi, an author, a blogger, and a poet. She lives with her mystical daughter and her black cat, and is a self-confessed book and crystal fanatic. Ceara will not only share her own difficult journey with a traumatic birth experience and a myriad of mood disturbances that followed—but will cast a net of compassion for those entering or facing motherhood.

And at the halfway point in our conversation, we'll pause to talk to a mental health professional named Leighya Richard, who specializes in the care and treatment of those experiencing perinatal mood disorders. Leighya will guide us in better understanding these challenges and how treatment can range from therapy and medicine to movement and sunshine.

So without further ado, let's get started.

[music playing]

CHAD

Ceara, thank you so much for joining us. I guess to start off, last year during May's mental health month, she wrote an incredible piece on her journey with postpartum depression and perinatal mental health challenges. And today, obviously, the blog is about those very concerns and experiences. So perhaps let's start at the beginning, which we all know parenting begins before the child enters the world. Just to kind of set the stage, Ceara, prior to having your baby what were your expectations surrounding childbirth and early motherhood?

CEARA

So of course, I think that the expectation is maybe not even set by ourselves, but the outside and I mean, hence the word expectation, right? So it's supposed to be like, "Oh, you're pregnant and glowing and lovely and beautiful." And they don't talk about the things like swollen feet, or the fact that you can't poop, you know, and like the odd cravings. I never liked coffee before being pregnant. And then when I was pregnant, all I wanted was coffee and sour candy for whatever reason. But you know, there's this expectation that your instinct will kick in when you need it to and that you're a woman and motherhood is inherent. So of course, you're going to be a duck in water. And I was hopeful. I was hopeful that that's how everything was going to be. Because I wasn't ready to be pregnant. I wasn't ready to be a mom. And I was just really hopeful that everything was gonna work out the way it's supposed to.

CHAD

Yeah, there is this expectation of unbridled joy. But there's a life context that's happening all around it. And we've seen studies that show up to 20% of parents, of mothers, will experience depression during pregnancy or after birth. And yet, with that number, there continues to be a sense of shame and guilt surrounding something that is common, that experience with postpartum depression and perinatal mood disorders. Why do you think that stigma exists, even with these numbers that are showing increased commonality with that experience?

CEARA

Well, like you said it yourself, it's expectation. And I do think, you know, there's always a societal pressure. But sad thing is that I think it's mostly from other women. And that's really sad to think about, that women put pressure on women to be good mothers, and to hurry up and be thin after you have your child, and to never have issues and to smile all the time and just revel in the joy and the glow of having created life. And all of those things are true, but we all do that very differently. And you know, there's shame, shame is inherent guilt is gifted, right? So, because of those things, you do have shame if you don't take to motherhood, you do have shame because your body is different. And I think that's one of the biggest things, you know, it's a miracle that we produce milk, but then at what cost? In a society that praises the maiden figure as opposed to the mother figure. So I think that's a huge part of it. I also think that from a guilt perspective, women are "meant" to be mothers. "Why aren't you happy being a mother? Why don't you want to have a child? Or why do you feel this way about your child?" Just pressure.

CHAD

With your journey into motherhood, did you have friends or did you have direct family members that have gone through a mothering journey?

CEARA

I did. I'm actually the youngest of three daughters. And my mom is fucking amazing. She's the most amazing woman that's ever walked the planet. She is tough as nails, and she has this spirit of pink charisma that just follows her wherever she goes. You know, there's some movie, I think it's FernGully, where she walks across the field and like flowers pop up. That's a vision of my mother. So she is just strength and grace in motion. And my husband's mother, too. So you know, she had a very difficult birth story. She was very tiny, and he was very large. So you can just imagine what happened there. But um, yes, I definitely, and my sister is a mother too. So I definitely had models. And I'm really glad that you brought that question up. Because the truth of the matter is, regardless of our models, regardless of anything external, we internally are all different. We all have different chemical imbalances, or we all have our version of crazy, you know? So regardless of our amazing models are the people we look up to, sometimes life just has other plans. It gives you a struggle you don't expect, and I'm grateful for those struggles, because you can't know your strength without those struggles.

CHAD

And at any point during the early phases, or maybe in the late phases of pregnancy, as you know, conversations of showers and gifts start coming up, were there any side conversations about, "Now, here's maybe some things to expect with changing and immediate hormone imbalances right after birth" or maybe "Here are some things keep an eye out for regarding mood, anxiety, depression," anything like that?

CEARA

No, no, of course not. You know, it was more of, "Here's some advice on what to do if your baby is difficult," or "This is when you should expect them to crawl or walk. This is when you should feed them solid foods." Those kinds of things. It was never about, "This is how you're going to feel as a mom," or "These are maybe some struggles you're going to go through." And it's really heartbreaking, honestly, that those aren't things that we talk about. It's not normal conversation, you know, it's kind of faux pas even still today.

CHAD

And I think even with that, that's perhaps one of the reasons why, 16 years into the journey of To Write Love on Her Arms, this is the first time we're having a verbal conversation about this. These are, in many ways, new conversations about really old topics. And because of that, we just really want to acknowledge your courage and the gift that you're giving to so many people to talk honestly about this, to talk compassionately about this, and to talk in really straightforward yet poetic ways about it. So just to get off of the intro soapbox, we want to pick out one piece of the blog that you wrote last year that really stuck out to us. You said "Having a child forces a person into an unbecoming of their former identity. If they're not quite rooted enough in their core self that unbecoming turns into an abyss. And for a few of us, that abyss swirls in on itself

turning into a black hole named postpartum depression.” Before you elaborate on those words, and how sharing this experience with others has made you feel, we do want to note that although postpartum depression (PPD) specifically mentions depression, this can also include a number of other things, a number of other mood disorders, including heightened anxiety, anger, irritability, and even in some cases, a sense of psychosis. So let’s take a beat on just the growing and evolving world of perinatal mood disorders and then would love just to revisit those words that you gifted to us and our audience last year.

CEARA

So, anger, irritability, you said anxiety? Those were all the case, in my case, for sure. I definitely remember. My daughter was very difficult so that did not help but exacerbate the issue. And of course, it wasn’t her fault. She had an illness and we didn’t know. But I specifically remember, there was a time when I was holding her and she’d been crying for probably two hours. And not just like, like, screaming. So I was holding her. And I had her like this, she was swaddled and I had her out in front of me. And it didn’t shake her even though I wanted to, I didn’t shake her. And I just screamed—screamed. Shot up at her right in her face, this tiny infant, who all she wants is her mother’s love and comfort and she wants to feel better and she doesn’t understand why she’s outside of the womb. I couldn’t understand why she was crying. So I was angry and I was irritable. So absolutely, absolutely. And that comes prior to, that comes prior to, to giving birth as well. So to expand on the words, the term “unbecoming” is one of my favorite terms. I am not the author of the word unbecoming. Somebody else once said that, someone far, far more brilliant than me, and unfortunately I can’t think of who it is right now. But change is unbecoming. And it’s scary, it’s scary to break something that you’ve built. And sometimes that happens without your capability or acknowledgement or anything along those lines. Change is inevitable. And that’s where growth happens. But sometimes if we’re not ready for it, it does break us. But it’s in the breaking that we open. And again, like I said before, I’m grateful for the challenges. At the time, I wasn’t. You know, I was like, “Can we not do this? I don’t even want to be alive for this.” But looking back, that is growth, right? You know, you think about a seed. It has to break open to root. Same thing is true here, you know, you have to unbecome what you once were to become the thing you’re meant to be.

CHAD

What a compassionate lens, that when you are welcoming a child into the world through labor and delivery, through C-section, you name it. Whatever brings something new that’s breathing our same air into this world, that it’s actually two new things. At least that’s what it sounds like to me.

CEARA

You’re absolutely right. It’s creation. And that’s another thing, too. You know, women are expected to breed as we are creators, but that doesn’t necessarily mean a child. And I really want to, kind of, foot stomp that. As a woman, it’s OK if you don’t have a child. But please follow your creativity because that is a giving of birth. I do want to caveat that the void is where creation comes from. So the abyss is very scary. But that’s where imagination is, you know, that’s where—babies come from the abyss. Like, we’re born from nothing. Right? All of us.

CHAD

I'm wondering if you can look back. And I think it is too much to ask someone, in the midst of it, to identify their safe places. But looking back now, through the 2022 lens, what were some of the sources that were keeping you tethered to a sense of safety so that you weren't spiraling? So that you still had a sense of safety to come back to even amidst the hecticness and the chaos and the anger, irritability, depression, anxiety, name whatever word. What was keeping hold of the pieces of your identity that you wanted to return to, something that felt familiar?

CEARA

Chad, I'm really glad that you asked me that. I didn't know it at the time. Or maybe I did, I had just not acknowledged it or understood it. There's this movie, it's called the Guardians. It's animated, it's about Jack Frost and Santa is in it. And one of the things that Santa talks about with Jack Frost is that Jack Frost is feeling very lost. And he says, "What you have to find is your center." And that was Santa, his center is wonder. He looks at things and figures out what they can become. So he has this magic about him, you know, that this creation about him and wants to share that with the world. And that's him sharing his gift. So the one tether I had that I didn't know, my very center, is love. So regardless of how I felt, regardless of the amount of times I thought about standing up with my daughter in my arms and chucking her out the window like a football—I'm not kidding, those are thoughts that I had—the amount of times that I screamed at my spouse and and just wanted things to stop and to end, there are moments when you lock eyes with your child, or anything alive, if you look them in their faces and in their eyes and you see the life in them, you can't help but love them. And that was my number one tether. And I did not know that at the time. But of course there's also, from the standpoint of expectation, you don't want to let anybody down. You don't want to let your mom down, you don't want to let your spouse down. You don't want to have to look someone in the eye and tell them that you've hurt your child. So even though an expectation I guess is a a double sided coin, because sometimes it it does keep you in the right

CHAD

I love that. Thank you so much. What a gift that, even through something that painful, something that shifting, that can be a mirror that we don't expect.

[music playing]

BECKY EBERT: Hey everybody! It's Becky Ebert here. You might not be familiar with my voice and that's because I work behind the scenes as the producer of the podcast you're listening to. But I want to change that. So before we get back to the conversation, I'd like to tell you about the 10th Annual Run For It 5k.

At TWLOHA, we believe caring for ourselves includes the whole self—the brain and the body. To explore this connection, we're inviting folks from all around the globe to move for something that matters. It's an invitation to get curious and to roll, run, walk, ride, dance, swim, or move with us in a way that feels authentic for you. Along the way, we'll share stories of healing and

recovery, honor loved ones gone too soon, and carry hope into communities by declaring this year's phrase: Here I am. Here we are. Moving forward. You can learn more about the virtual event happening on Saturday, April 23rd by going to runforit5k.com.

[music playing]

CHAD: It's now time for a special segment called "Pass the Mic to the Pro." At TWLOHA, we like to think of ourselves as friends who offer you safe spaces to share your experiences and present opportunities to explore what it means to find help. But we know how important it is to bring professional voices into the conversation early on. So this is where we invite counselors, therapists, and psychologists to lend their expertise to the topic at hand.

CHAD

It is my distinct honor to welcome to the podcast our new friend, Leighya Richard. She is a licensed mental health counselor, a wife, and toddler mom. And she works to support and advocate for women's health and to empower those facing perinatal—That's before, during and after pregnancy—mood and anxiety disorders. Leah, thank you so much for finding the time to meet with us. We're thrilled to have this time with you. So this is a conversation that we find to be super important, super relevant. So as we try to wrap our minds around big words, big topics like postpartum depression, now it kind of goes by a different term, right? Now, kind of the standard is perinatal mood and anxiety disorders. Can you explain just a bit about those definitions, why the change, and what is really kind of included in that expanding of the definition or changing up the terminology?

LEIGHYA

Definitely. So as you said, perinatal is referencing before, during and after the birthing period. So this could include trying to conceive it, this could include infertility concerns, this could also include abortions, whether that was just elective or something that was needed due to medical reasons. So it includes a lot of things kind of in the forefront there during the pregnancy period, as well as postpartum up to 12 months after giving birth. And, which I love, it also includes dads now, your birthing partner. Just because it doesn't just affect the birthing person, it can affect those in that system. So I'm enjoying that shift in language. And then as well, the disorders, right? So before it was just depression. Now we're including anxiety, bipolar disorder, trauma reactions, OCD. So we're including everything because I, in my work with folks and also experiencing it, it's hard to narrow down, "Oh, you are just depressed." There's gonna be a little sprinkling of other things there, and the language "perinatal mood and anxiety disorder" just speaks to that. And it also helps folks say like, "Oh OK, this might be me" rather than ruling themselves out.

CHAD

When you began caring for people going through a perinatal experience, when did you get this shift in language? When was that shift professionally to use this new language?

LEIGHYA

I would say it probably started when I first experienced it. I know, in my bio it says I'm a toddler mom. I also had a pandemic baby. So I'm a mom of two littles now, right? So after the birth of my first daughter, I was just experiencing a little bit more anxiety, checking her often, didn't really want folks to hold her. And it wasn't depression, but I knew something wasn't right. So just in my experience, it was just doing some research. Like, "OK, you can also have postpartum anxiety or perinatal anxiety." So it just, like, put a name around it, like, "OK, this is it." I was able to identify with this, and then just kind of being able to use my experience and working with others, right? Like, "OK, it may not look like not doing anything, it may not look like not wanting to care for the baby, it may look like something else."

CHAD

So I guess now we turn to a question of prevalence. About how common are perinatal concerns, specifically with mental health challenges?

LEIGHYA

Well, let me tell you, it's the number one complication of childbirth. Not preeclampsia, not gestational diabetes. It is perinatal mood and anxiety disorders. And right now it's like one in five. So 20 percent of birthing people will experience some kind of perinatal mood disturbance or distress.

CHAD

And I loved how you frame that. You put that side by side with biological concerns, physical health concerns, like preeclampsia, like how important it is to view mental health as a health concern, as a primary health concern. And one in five, 20 percent, I imagine that's mostly based on people that are self reporting. People that can, on some level, self-diagnose that something doesn't feel right before they start reaching out for that help.

LEIGHYA

Yeah. And as you said, it's paired with that medical, the moms or the birthing folks are in the medical system. You're definitely going to go to the pediatrician, you're definitely going to go to the OBGYN. As far as meeting with us, it's going to be hard to get referred. So that's why we're really pushing those folks to screen. Screen, screen, screen. Can we at least get some kind of picture or baseline of where they are during pregnancy, where they are after pregnancy, and if there's a major shift, refer out. One of the big reasons why a lot of providers tell me that they don't necessarily like to screen is because they don't know where to refer to. So they'll have this mom with these significant mental health challenges and don't know where to send her. So I'm part of Postpartum Support International, which is a nonprofit, international organization to support perinatal mood disorders. And we also have a directory.

CHAD

Kind of going back to the theme of language. When an infant is introduced into our environment, we often kind of change how we talk about things. We make words about as cute as possible. And I can't help but believe that at times, it does a really disservice to some of the challenges that we're walking through. We're all familiar with the term "baby blues." Can we take a beat just

to address what is meant and perhaps the challenges that exist just in using that language to talk about something like perinatal mental health challenges?

LEIGHYA

Yeah, so “baby blues” is the phenomenon in which, you know, there's going to be an extreme imbalancing drop in hormones after giving birth. So as a result of that, you'll have a shift in mood. Increased teariness, just feeling overall overwhelmed, maybe there's some rapid mood changes. And that usually will occur about three to five days after delivery. 80 percent of women experienced this. So it's normal, it definitely happens. What folks kind of miss is, OK, if this is happening longer. I would say time is definitely a factor between baby blues and perinatal mental health concerns. So if this is happening longer than I don't know, let's say two weeks, something's wrong there. Or if it's super intense. So if it's a deep sadness, hopelessness, possible suicidal ideation there, that's not par for the course with baby blues. And that is something that you definitely need to get support from a medical or mental health professional.

CHAD

With something like the baby blues, you've mentioned that you've gone through the motherhood journey twice now. Is that something that can be battled through expectation? Is seeing it coming, is that something that is helpful or hurtful?

LEIGHYA

It's good to put a name on something like, “Oh, OK, this is baby blues, this is what it looks like.” And as well as like, “OK, this is what depression is” or “This is what anxiety is, this is what was gonna look like.” So I think the more awareness and education around this is going to be helpful in just alleviating a lot of that concern.

CHAD

What are the varying ways that say depression, anxiety, stress, compulsion, even psychosis, can present themselves in motherhood?

LEIGHYA

Definitely something that a lot of moms or birthing folks don't necessarily think about is, there's something called mommy rage. So this is when we have this intense kind of anger that's almost uncontrollable that happens. And I believe that's a result of a, you know, it could be the depression that's leading that, it could be anxiety that's leading that. It could also be, there's something as far as perinatal bipolar disorder, right? So when you experience that, you kind of almost turn inward. Like, “What is wrong with me? Why am I reacting this way?” So just kind of speaking on it, just letting you know that, yes, this is the thing that happens. Yes, it's due to hormonal changes, environmental factors, certain risk factors there. And as I always say, yes, this is something that we can address. We can treat this. And not making it about like, “This is me, this is my fault. I'm less than” versus like, “OK, this is something that I'm experiencing. I don't want to experience this.” And that's the big factor, especially between the mommy rage as well as, there's something called intrusive or scary thoughts. Sometimes moms will think of, “What if I drop my baby? What if I throw my baby off the balcony?” Now, like I said, it's not ego.

We say egosyntonic, meaning this is something that I want to do. Right? It's very egodystonic. Like, "This is not something that I want to do. This is not part of me. Yet, this keeps coming up. And now I'm worried about this thought."

CHAD

Kind of wrapped up in that, it became very clear to me through your tone, through your compassion, that having a thought is not a reason to accept blame or shame. You're not a bad parent for a thought subconsciously working its way to the front of your mind.

LEIGHYA

No, you're absolutely correct. Like I said, going back into the brain, our brain has this canny ability to want to protect us at all times and keep us safe. So the thought is, they're putting these vivid, frightening thoughts in our mind to like, almost keep us aware not to do that. Counterproductive, but they're coming up in that way. So it's just important to know that yeah, moms thinks scary thoughts sometimes.

CHAD

So Leighya, within your work, you talk about how these disorders are temporary, how the individual is not to blame. So what is the treatment outlook for people that are living with some of these disorders and challenges? And how can we combat the attached stigma and shame associated with them?

LEIGHYA

So as far as the treatment outlook, I would say it's good to fair. Of course, you know, that's gonna depend on other variables. The earlier we're able to identify and kind of screen and detect that, get you to support and treatment. As well as, I would say, the client or patient's readiness for treatment, because although I may feel this way, there's a lot of uncertainty. "What's on the other side of this? Where I'm at is familiar. Although uncomfortable and not where I want to be, at least I know what this is like. I don't know what the other side of treatment looks like." So there's that factor there. And not to blame the client, just to meet them where they're at. But as far as reducing the stigma, I would say just education and awareness. Doing podcasts like these, having maybe some folks with bigger platforms, celebrities kind of talking about their experience with this, can really let you know that you're not alone. There's a common humanity, there's a common solidarity, within this. Motherhood is supposed to be blissful and everything is cupcakes and rainbows, and being a voice out there and saying, "No, sometimes this shit sucks, like, sorry. I love my children to death yet, sometimes, Mama needs a break." And being able to have a space for that and not necessarily, you know, subscribing to that Superwoman myth that is out there, I think is helpful. I encourage a lot of my clients that once we go through treatment, and they ask, "How can I pay it forward?" You know, talk about it on social media. Put it in your Instagram Stories, put a post on it, how you struggled and how you're getting support. And I think the more folks that do that can slowly reduce the stigma and the shame around it.

CHAD

Thank you so much for that encouragement, for that perspective. Perhaps for the people listening to this podcast that think that maybe counseling is a one-day thing, what are some middle steps?

LEIGHYA

Definitely. Like I was saying before, Postpartum Support International would be kind of your go-to. There are many studies that have shown yoga to improve the outcomes of folks with perinatal mood and anxiety disorders, just kind of really getting into the body. Having that piece of stillness, that movement is really helpful in impacting the mental health concerns there. And also, I have the book right here, that's so funny that you said that. Karen Kleiman, she has *Good Moms Have Scary Thoughts*, which is something that I definitely recommend to a lot of my clients. And it talks about a lot of things that we talked about in this session here. And it also gives strategies, "What can I do if I'm feeling this way?" There's definitely little things such as getting outside. Sometimes people don't think about that. But if you think that our hormones are out of whack, right, serotonin is a big hormone for mental health. Going outside is two-fold. Being in nature is shown to increase serotonin, and the sunlight is shown to increase serotonin, as well as that movement, even if it's taking a walk, is shown to do that. So you don't necessarily have to speak to a therapist or a counselor. Yet, there are some things that you can do just within your neighborhood that could improve your mental health.

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CHAD

That blog that we mentioned earlier, you went to some lengths to describe the traumatic nature of that labor and delivery experience. How do you think that experience contributed to the mental health challenges that followed your process of giving birth?

CEARA

So this is a really difficult question to answer. Because what I wanted to do was cover it, I think, with blame. But in the interest of being honest and vulnerable for all of the people out there suffering with this, and it's not just the mothers that are suffering this, you know, it's the spouses that have to also deal with the mother suffering with this. I didn't enjoy being pregnant at all. I didn't want my body to change, I didn't want to quote unquote, "lose my youth." So I was resentful from the beginning. I never resented my daughter's life, and I never have. She's the greatest thing that has ever and will ever happen to me. She is my heart walking around. But I resented everything that came with it: the loss of my freedom, the loss of my body. It is indescribable to have something attached to you 24 hours a day, that was once inside you. It's easier when they're inside, but you can't wait until they're out because you don't want to be walking around like a blimp. So I was resentful from the beginning. And then I went through 19 hours of labor, four epidurals. And when you're numbed for a bit, and then that pain that you haven't been able to build up to comes back, there's no describing that. There's no describing that. And then after all of that, epidural four caked in and I was done. I was just done. So I almost died. I let go, I floated up, and I saw the room from above. And then I was forced to come back, because I heard a nurse say that my daughter's heart rate was up. And then I was

cut open. So that's another thing that happened to my body. And then all of a sudden, the life that was inside me, that didn't have the natural progression of leaving my body, was gone. And I resented all of that. I do want it to be very clear: never have I resented my daughter. But truly, I resent everything that has to do with what you have to become, or what you're created to become a mother. It is a difficult, arduous process. Some people take to it like they're meant, and I think that I had shame in that, too. I was not the type of person that wanted to carry around a child or give birth to one.

CHAD

Was there any expectation that that trauma would turn into something that felt like anxiety, depression? Or was it kind of the hope, magical thinking as it may be, that what happened in the hospital stays in the hospital?

CEARA

Hell yes! I mean, if you watch TV, you see these women screaming and in agony and all of a sudden there's a baby in their arms and everything is great. I really do hope that it's like that for 90, for 100 percent of women. I hope that that's how it is. It was not that way for me. I was very concerned from the start. I don't know if I carried the hospital situation with me, because I couldn't. You have to just keep going. I don't know if I carried it consciously, I guess is what I'm trying to say. But I, looking back, definitely carried that subconsciously for a very long time. It was an arduous healing process as well. Physically.

CHAD

I can only imagine but again, just really filled with gratitude that you still exist, and that this is a story that gets to continue. And seeing that we're able to continue the story in a way that can be more grounding and more freeing for other people. I know that we're knocking on the door of redundancy here but it's worth it, it is so worth it for people that haven't heard this before. That the expectation is not the truth. The expectation you mentioned earlier that parenting instincts will kick in instantly. They'll come naturally, there'll be this overwhelming and unwavering desire to care for this new living thing under your domain. So let's again, just revisit why this expectation is so problematic, especially when people are struggling so deeply during this new season of parenting.

CEARA

So I think even regardless of whether the season is new, whether or not the season is deep in struggle, the answer lies in the question again. So the thing is that expectation doesn't hold room for the things that are most important, which is allowance, and acceptance, and grace. And that's the realm in which women live. That is our natural tendency, we allow things to happen. If we didn't, no babies would be born. We accept things, if we didn't no babies would be born. And if we didn't have grace, no babies would be born. So there's this other part to this. And I'm really glad that this question was asked, because I don't think that a lot of people talk about this. When you are pregnant, people dote. They ask you how you are, how you're feeling. "Are you getting any sleep? Have you had any morning sickness?" Etc., etc., etc.? Then you have your child. And that question is rarely asked again. Everybody's cooing over this new life,

which is great, obviously, yes. It's a new life. And it's amazing, truly, a body created a body with millions of neurons and a heartbeat, and a little liver, you know? And these toes that are going to grow toenails. Like, it's amazing. It's truly amazing. But it's like, after you've given birth, the new life is what matters. Your job as the conduit is over. People don't really ask you how you are anymore. They might ask you if you're getting any sleep, and they joke about it like "Haha, are you getting sleep?" "Well, no, I'm not. And it's not funny." You know. So the mother is kind of shoved into the background. At that point, not only do we physically feel like we're just there to carry this child and feed them and wipe their asses and clean up spit-up. But we're leeches on to, and we're just a thing. As it's meant to be, that's a thing that I don't think that many people think about or talk about. And I think that that exacerbates the issue.

CHAD

It's very difficult to have any conversation—much less a mental health, emotional health, behavioral health conversation with an infant, something that is aware of what words are yet—how important it is to make sure that those in the caregiving position, that the guardians, that the parents, are able to remember their agency in the midst of this. That you are still a lovable, beautiful, adorable, priceless person yourself. And yeah, it is amazing. Even looking back, I've had the joy of being an uncle many times over. And you know, just kind of revisiting ways I should have checked in. You know, I'm the mental health guy in the family, right?

CEARA

No, don't put that pressure on yourself. You're off work at that point.

CHAD

Fair enough. But totally, I'm not accepting guilt or shame for that. But accepting the challenge that the next time a new person is welcomed onto the scene, be aware of the old guard. Be aware of the people that have a bit more experience on the earth and realize that they are going through a new experience as well, even if they've had kids before. This is the first time they've had this kid. And that's important, that is a shift of dynamics and paradigms altogether. So we know that there is support to be found in partners and new grandparents and other friends and coworkers that have gone through a parenting journey as well. It is important, as you do, to highlight professional help. So through your lens, why is professional support for PPD, for perinatal mood disorders, and motherhood essential? And what did that help look like in your experience?

CEARA

So here's the thing. Mental health is exactly the same as physical health. And there's a thing, there's this stigma. "Oh, it's all in your head. Just get over it." It's not. It's a chemical imbalance in your body. Something isn't right. And no matter what advice your well-wishers give you, they're not doctors. And they're also not unbiased. You know? They may look at you and know, maybe, that you're a difficult person, right? So they may look at you and be like, "Well, here's the advice that you need, because you're some kind of way." In that situation, it doesn't matter. You're in an imbalance, something is incorrect. And you go to a doctor to fix that the same way you do when you have a physical malady.

CHAD

When did you get the inkling that your perinatal journey could be a value to other people?

CEARA

So the Air Force, whom I still work for, I'm just not active duty. They have their resiliency program. And they focus on physical, mental, emotional, and spiritual health. And they actually acquired it, lovingly, from the Army. And I was very, very fortunate to be one of the first civilians to be able to be trained by the Army to bring this to the Air Force. And as I was going through this training, I was sitting in a class, thinking to myself, "If I had had this prior to all of the issues that I've gone through," and I haven't only suffered from postpartum depression. I do want to throw that out there. I've suffered from depression, pretty much my whole life. And it comes and goes, you know, sometimes it's good, sometimes it's bad. But I was thinking to myself, if I had had at least this bedrock of thought processes to be able to be mindful and to check in and to think to myself, "How do I balance this thought process?" I think that my postpartum depression would have been very different. Because I would have been able to ask myself the right questions, to be able to gauge where I was mentally and emotionally and physically and spiritually.

CHAD 35:00

So glad you sought that out. I love that sense of empathy and action, that this went beyond, "What would I say to younger me?" into "I bet there's younger mes already out there. We don't have to time travel, it's really a matter of asking a couple questions and looking to see who stirs in their seats. And maybe that's where I go."

CEARA

Absolutely. After I went through the class, I became a trainer. That's the master resiliency training, I went full-fledged into that. Absolutely. Because I never, ever, ever, I wouldn't wish it on my worst enemy's dog to feel the way that I felt, ever. I never want somebody going through that alone.

CHAD

Well, let's then take a second to expand that net of care just a little bit further than previously imagined. For anyone here, that's listening. Anyone here that's watching, anyone here that has brought a child into the world and is in the midst of some serious struggles, do you have any words of comfort and wisdom that you'd love to offer them?

CEARA

Of course, because advice comes from past mistakes, right? So of course I do. So yes, the biggest thing is honestly, truly, without a shadow of a doubt, trust your intuition. Ask yourself, "How do I want to feel, and who do I want to be in this moment?" And if you are not that person, and you can't climb out to become that person in the moment, something isn't right. So just take the steps, ask for help. Go to *To Write Love on Her Arms*. That's what the whole thing is about, you know. Don't ask for, well, maybe ask for help from your loved ones, of course. But

sometimes, like I mentioned before, they will say things like, “It’s just hard being a new mother,” or “It’s just hard being the mother of four and having an infant,” or whatever the case may be. Or your spouse may say something like, “You’re just tired.” Maybe you are. Maybe you are just tired, maybe you do need to get out of the house, maybe you do need a break from your crying infant. But if you ask yourself, “How do I want to feel? And who do I want to be?” And you’re not able, maybe even to answer those questions, or you don’t feel right, or the person you want to be isn’t something that you can aspire to in that moment, don’t wait. Trust yourself. Go get help. Don’t suffer alone or in silence. Don’t do it. Your life depends on it. And your child’s life depends on you.

CHAD

As we mentioned earlier, so much of what we’ve learned about forming our own identities didn’t come through direct conversations. They were inferences and expectations and things that were given to us. And many of us get this information, get these ideas, through books, through music, through media, TV shows, you name it. What were some valuable pieces of art or media that helped you reframe what it looked like to be a mother, as opposed to these expectations that you grew up with?

CEARA

That’s a really great question. That honestly, I may have to undo, to answer. And I think the answer to that is none of the above. Obviously I had books and art and music to get me through the trying times, but it had nothing to do with who I wanted to be as a mother. So what I had to do was take a step back, and I had to observe everything from a wide angle lens and be like, “This is how these people did this. This is how this guy writes this book and says to do this. This is what’s actually happening. And this is me, truly following what I feel is right. It doesn’t matter what anybody else says.” I knew my daughter had an earache, like an ear infection. I just, I knew it. I also knew that there was something wrong with her, I don’t even know what it’s called, like the little flappy thing. It wouldn’t close. And I knew I knew something was wrong. And I was just like, listening to everybody else, “Oh, she’s just colicky.” But I knew it was more severe than that. And it took me a long time to be like, “Screw everybody else and what they’re saying, I don’t care what these books say. I’m trusting me.” And that’s really what it is. You know best, you really do. The things we have internally truly, truly do lead us. We just have to be brave enough to listen.

[music playing]

CHAD: We want to express our thanks to both Ceara and Leighya for lending their voices to this conversation. Ceara, we are grateful for your willingness to be vulnerable and unabashedly honest in sharing your story with motherhood. And Leighya, we extend our thanks for your expertise and desire to inform, assist, and support others when it comes to these significant and yet common experiences.

And finally, to you, our listeners, we hope this episode made you feel seen and supported, taught you something new, or will encourage you to share this with someone in your life who

may need to hear it. Thank you so very much for tuning in. And as always, we're glad you're here.

[music playing]

CHAD: We hope this episode has been a reminder that your story is important, you matter, and that you're not alone.

If you're struggling right now, know that it is OK to reach out and that there are people who want to help. Part of our mission is to connect people to the help they need and deserve. You can find local mental health resources on our website: twloha.com. That's [T-W-L-O-H-A.com](https://twloha.com). And click FIND HELP at the top of the page.

If you're in the U.S. or Canada and you need to talk to someone right now, you can always text our friends at Crisis Text Line. Simply text the word TWLOHA—again, that's T W L O H A—to 741741. You'll be connected to a crisis counselor. It's free, confidential, and available 24/7.

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A big thank you to our friends at Copeland for the original music on this episode. The To Write Love on Her Arms podcast is produced by Rebecca Ebert. Music assistance was provided by James Likeness and Ben Tichenor. And again, I'm CHAD. Thank you so much for listening. We're glad you're here.