

## PRIMAL HEALTH RESEARCH A NEW ERA IN HEALTH RESEARCH

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Charity No.328090,72, Savernake Road, London NW3 2JR

[Modent@aol.com](mailto:Modent@aol.com)

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## HIDDEN MALE POSTNATAL DEPRESSION

### Interpreting anecdotes

“We are not lucky; my husband is in bed”.

I heard this “bad news” many times at a certain phase of my home-birth practice. Finally I became convinced that it was too common to be just “bad luck”. It was always roughly the same story. When visiting the family some days after a birth, I found the mother happy and active with her baby. At the end of my visit I used to politely ask news about the rest of the family. This is how I realized that health problems of the father are common during the days following birth. There was almost always a rather precise diagnosis, such as lumbago, kidney stones, generalized eczema, abdominal pain, or toothache, for example. I started to establish a link between all these “unlucky” situations and to interpret them differently when a young mother just said: my partner is “drained”.

I went a step further still when considering the strange behaviour of some men during the days following birth. A woman gave birth at home on the French Riviera, in the presence of her husband; her husband behaved “normally”, according to the popular books published at that time; the day after the birth the father disappeared and went back to Italy, his native country. Another man had his first schizophrenic attack at the age of 35, two days after the birth of his first baby. A woman told me that she divorced because her husband disappeared to play golf the day after the birth of their baby. Obviously all these men felt the need to escape, one way or another. Modern physiology can explain that, in adverse circumstances, there are two ways to protect our health: “fight or flight”. These men had an urgent need to protect their health by escaping. What sort of disease were they preventing?

Those who are familiar with the concept of “covert depression” easily understand my interpretation of the symptoms experienced by some fathers during the days following birth and also of the urge to escape displayed by others. This term has been coined by Terrence Real in his studies of male depressions in general.<sup>1</sup> Men tend to express depression differently than women. Depression in men is largely unacknowledged and unrecognized because it is usually ‘masked’ by a great diversity of misleading symptoms. According to Terrence Real we tend not to recognize depression in men because the disorder itself is seen as unmanly. Depression carries, to many, a double stain – the stigma of mental illness and also the stigma of “feminine” emotionality. Depression is hidden from the men who suffer it and also from those who surround them. This is how I came to the conclusion that we must introduce the concept of “male postnatal depression” and, more precisely, of “covert male postnatal depression”.

### Risk factors

From a practical point of view we must first identify risk factors for “male postnatal depression”. Although one cannot establish final conclusions from anecdotes, I notice many similarities between the cases I have personally observed. They correspond to a time when the dogma of the father participating in the birth was unchallenged and when I was going to home births by myself. Since I’ve started going to home births with Liliana, an experienced doula (and mother of four children including three born at home) who has the capacity to keep a low profile

and to remain silent, I have not seen one case of male postnatal depression. In this context my job is usually to encourage the man to be busy in the kitchen or to identify topics of conversation that can distract him. Meanwhile the two women are somewhere in the house, with nobody else around. This is the best situation I know for an easy birth.

There are obvious reasons why it is difficult to evaluate the incidence of male postnatal depression after a hospital birth. Hospital practitioners would not even think of making routine enquiries about the health of the father during the days or weeks following birth. During my hospital career I, too, never thought of studying the possible effects of childbirth on the health of the father. However, we did notice the case of a man who was admitted in the surgical unit for abdominal pain each time his wife was in the maternity unit with a newborn baby.

### Interpreting the ritualistic *couvade*

If male postnatal depression is related to the participation of the father at birth we can easily explain why it was not mentioned in classical textbooks of midwifery and obstetrics, since the new doctrines regarding the role of the father appeared recently as an adaptation to the industrialisation of childbirth. Furthermore, in the current context, one can offer renewed interpretations of the universality of the ritualistic *couvade*. This French term originally means "hatching". Anthropologists adopted it when they refer to various customs performed by men whilst their partners were giving birth. In all cases the man stops his social activities in a ritualistic way. For example, he goes to bed so that other people devote their care to him, and offer him their congratulations. The most amazing aspect of *couvade* is that various forms have been practiced by many diverse cultures around the world with no historical links between them.

The phenomenon of *couvade*, with local variations, was known amongst African tribes to Herodotus, among the Scythians of the Black Sea to Nymphodorus, in Corsica to Diodorus, amongst the ancestors of the Basque to Strabo and amongst the mountain tribes of Miao-tse to Marco Polo. Recently *couvade* was still found in places that are distant from each other, such as Siberia, South America, Africa and Malaysia. In the light of what we are learning today about male postnatal depression we can assume that giving a task to the father is a way to protect him from extreme emotional reactions he might experience if participating in the birth. It might be a way to reconcile the need of men to give some importance to themselves in the period around childbirth, and the fact that women traditionally tried to protect themselves from the presence of men when giving birth.

A century ago, when most babies were born at home, the man was not participating in the birth. He was usually spending hours boiling water! The task he was then given might be interpreted as a modern variant of *couvade*. Today, in several countries, it is possible to rent a transportable birthing pool. This birthing pool has to be rebuilt at home. This is more often than not the task of the husband/partner. It often happens that it takes longer than anticipated to rebuild the pool or that a last minute technical problem - regarding, for example, the size of the pipes or the temperature of the water - must be overcome. In such cases where the man is continuously kept busy, not only is the birth easy, but also the father is in good shape and active the following days! Do we need such anecdotes to reinvent *couvade*?

It is tempting to include male postnatal depression in the framework of what is called *couvade* in medical circles. The medical term, in contrast to the anthropological term, refers to pregnancy-like symptoms or "sympathetic pregnancy". Yet the symptoms of male postnatal depression occur suddenly and unexpectedly after the birth of the baby and they are usually different from the descriptions of "sympathetic pregnancy". Research is needed to confirm new nosological classifications.

### A new generation of research

There is some research that should be feasible in countries where there are well-organized community midwives who routinely visit the families during the days following birth. It should be easy for such midwives to make note of the possible health problems that the father experiences in the postpartum period. After that it should be easy to relate the way the baby was born, the

behaviour of the man in the birthing place and his health in the post-partum period. We can anticipate that the emotional reactions of the man are not the same if, for example, the woman was watching the TV while giving birth thanks to an epidural anaesthesia, or if the woman gave birth without any drugs, or if she had an elective caesarean. We can also imagine more sophisticated tests. It should be possible, for example, to take saliva samples from men who are sick in the postnatal period, and from men who are in good shape, in order to compare levels of cortisol. It is well known that authentic depression is associated with high levels of cortisol. Introducing a new concept such as 'male postnatal depression' should open the way to a great diversity of new research. We can imagine, for example, enquiries exploring the background and personality traits of fathers in order to identify the most vulnerable men and to recognize premonitory symptoms. We can also wonder if men who had postnatal symptoms are at risk for other emotional disturbances later on in life.

### Is the participation of the father at birth dangerous?

Around 1970, when theoreticians introduced new doctrines, they did not consider the effects of extreme emotional reactions some men may experience when their wife/partner is giving birth. To support their theories, they anticipated that participation of the father would strengthen ties between partners and that rates of divorce and separation would dramatically decrease. They assumed that the presence of the baby's father, as a familiar person, would make the birth easier. By introducing the concept of male postnatal depression we first want to emphasize that many relevant questions were not raised at that time.

Among the questions that have not been raised properly were those about the possible influence of the participation of the father at birth on the sexual life of the couple afterwards.<sup>2</sup> Through such a question we introduce the complex issue of sexual attraction. Sexual attraction is mysterious: mystery has a role to play in inducing and cultivating sexual attraction. I had opportunities in the past to talk about the birth of their baby with women who were themselves born at the end of the 19th century. They could not imagine being watched by their husband when giving birth: "and what about our sexual life afterwards?" was their most common reaction. Today I am amazed by the great number of couples who split off some years after a wonderful birth according to the modern criteria. They remain good friends but they are not sexual partners any longer. It is as if the birth of the baby had reinforced their comradeship while sexual attraction was fading away.

We must add that the theoreticians of the 1970s had not understood that in order to give birth, a woman must put to rest her neocortex and her 'fight and flight system' (i.e. maintaining a low level of adrenaline). If they had understood this, they would have been more cautious before routinely introducing in to the birthing place a male neocortex stimulated by a release of adrenaline. They would have understood that when a man loves his partner, his anxiety during birth is normal and that his adrenaline release is highly contagious.

At a time when there is such a tiny number of women who give birth to their baby and to the placenta without any drug or intervention, young men must not conclude that it is because their wives are unable to do it. They need explanations. They need to understand how dangerous it is to be a prisoner of theories, pre-conceived ideas, and doctrines.

Michel Odent

### References:

- 1 - Terrence Real. I don't want to talk about it. Overcoming the secret legacy of male depression. Scribner NY 1997
- 2 - Odent M. Is the participation of the father at birth dangerous? Midwiferytoday 1999 (autumn); 51: 23-4.