Learning Objectives

By the end of this chapter you will know:

- What type of care is needed by distressed mothers
- How to have a positive impact on women who are experiencing mental distress
- How to provide basic counselling to the mother in the form of listening
- What happens when you refer the mother somewhere else for professional counselling

This chapter gives an overview of treatment options, such as counselling, for women who are experiencing mental health problems.
6.1 What do women who experience mental distress need?

Activity

Close your eyes, and think about a period in your life when you were very unhappy.

If you could choose someone with whom you could talk and share your pain, even if they could do nothing to change your painful circumstances, what qualities would you want that person to have?

You are likely to choose someone you trust who would:

- accept your feelings
- not try to give you advice
- not interrupt you
- make you feel safe

Women experiencing mental distress need:

- Someone who really ‘listens’ to them
- Time, and a safe space to talk to someone and share their feelings
- Supportive health workers who do not judge them
- Respect
- The chance to explore their own possible solutions
- The opportunity to identify practical options
- Contact with supportive mothers who have had similar experiences
- A birth companion

Note

There are 3 messages that a woman suffering from emotional distress should hear:

- You are not alone
- Your are not to blame for how you feel
- There is help available for you
Treatment options depending on need

By now, you may have a better idea of how severe a woman’s psychological distress is from:

- Investigating mothers’ circumstances and history (Chapter 2)
- Screening (Chapter 4)
- Your own judgement

The image below summarises the different kinds of support a mother may need depending on her level of distress.

Different kinds of support

**Mild distress**
- Emotional support
- Acceptance
- Education and information
- Re-assurance
- Someone to listen

**Mild to Moderate distress**
- Emotional support
- Acceptance
- Education and information
- Sharing
- Support groups
- Counselling (therapy)
- Professional care
- Medication

**Severe distress**
- Professional medical care, e.g. psychologist, psychiatrist
- Medication
- Hospitalisation
6.2 What is counselling?

Counselling is an important tool in addressing mental distress. It is not about giving advice: it is about listening, validating, and empowering the person to think through her problems, develop her own solutions and put them into practice.

Note

Learning how to be a professional counsellor requires special training. However, there are some simple, yet powerful skills that any health worker can use when caring for mothers, such as:

- giving information about pregnancy and birth
- applying listening skills
- showing positive regard

What can counselling do?

Counselling can provide:

- Support and encouragement
- A safe space for a mother to be heard and to express her feelings without feeling judged or blamed
- A feeling of mutual respect between the counsellor and the mother
- Information about the emotions connected to pregnancy, labour and the postnatal period. Knowing that she is 'not alone' or that many other women feel like her can help the mother understand what she is feeling and lower her anxiety.
- Information about what to expect when the baby arrives and the resources that are available
- The opportunity to explore problems and develop solutions
- The identification of new or existing skills and support systems (boost resilience)
- The opportunity to identify the need for emergency or special care
- An opportunity to reflect on how childhood problems could be affecting the experience of pregnancy, childbirth and being a mother

Definition: positive regard

*Positive regard* is an attitude of unconditional acceptance and support of a person, regardless of what the person says or does.
6.3 Providing supportive care: sharing information

One way to provide supportive care to a mother in distress is to give her information and educate her about pregnancy and childbirth. Information can empower a woman and help her to feel in control of her situation. This can also make her feel less afraid and anxious. Below are some things that you can do to help an anxious or scared pregnant woman feel calm and reassured:

- Explain what to expect during labour. This is especially important for first-time mothers. Taking the ‘mystery’ out of childbirth can help a woman relax.

- Describe the signs of labour. Explain to the woman what is normal and what is not normal. This can help her to remain calm, and to know when to ask for help if her labour is not progressing normally.

- Be careful not to scare her with too much or too complicated information. Stories of other women’s bad pregnancy outcomes can be very frightening.

6.4 How to really ‘listen’

Knowing how to listen is an important step towards understanding what a mother needs and knowing what type of help she requires. Many doctors and nurses are trained to focus on the physical side of health care. Yet, people find it easier to cope, and to find solutions to their problems, when they talk to someone who is really listening. The simple act of listening can be a great support. By listening to the mother, you give her an opportunity to:

- Tell her story
- Explore her own understanding of her problem, without imposing your own advice or opinions on her
- Explore the factors contributing to her distress
- Explore her own possible solutions
Listening requires more than just hearing what the mother is saying. You also need to observe other aspects of her behaviour. The image below summarises the many ways you can show that you are really listening to your client. These are called active listening skills.

**Active listening skills**

- **With your body**: Lean towards the mother.
- **With your heart**: Feel the mother’s distress e.g. empathy.
- **With your eyes**: Make eye contact, watch, and observe body language.
- **With your ears**: Listen carefully to understand and respond sincerely.
- **With your mouth**: Respond to what you’ve heard in a warm, friendly, and helpful way.

The listening process is very different from taking a medical history. It requires a different set of skills, and includes empathy, which health workers need to learn.

**Definition: active listening**

*Active listening* is paying careful attention to what someone is saying, as well as their verbal and non-verbal communication. It requires you, as the listener, to give sincere feedback to show empathy and that you have understood what the person has said.

In this way, the speaker feels heard and her feelings are validated. The listener’s responses should focus on the client, and not express judgement or personal opinions.
**Definition: empathy**

*Empathy* is the act of identifying, understanding, being aware of or being sensitive to the feelings, emotions or experiences of another person. This happens without necessarily having experienced the same feelings, emotions or experiences.

Empathy is different from sympathy. Sympathy is ‘feeling sorry for’ or feeling pity for someone else’s suffering.

Empathy is considered to be a more useful action when dealing with mental distress: it is trying to understand what she is going through, so as to provide appropriate care.

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**What is the difference between a good listener and a poor listener?**

**A good listener…**

- Is aware of his/her own feelings and responses
- Finds a private, quiet place to talk
- Feels empathy for the mother
- Waits for the mother to speak
- Gives the mother an opportunity to tell her story in her own way
- Does not interrupt
- Is comfortable with silence
- Lets the mother know that they are willing to listen further if she has more to say
- Asks a few questions when they need more information to understand the situation
- Makes sure that the way they understand the situation is correct
- Looks interested and sits still, using body language to show that he/she is giving careful attention
- Makes gestures to show that he/she cares, like touching the mother’s hand or shoulder
- Clarifies, paraphrases and gives feedback to show that he/she is listening
- Uses senses and body language to ‘listen actively’. See the image on the previous page.
A poor listener...

- Talks about himself/herself or their own experiences
- Uses clichés e.g. ‘Everything will be okay’
- Tries to solve the mother’s problems
- Is overly sympathetic or feels ‘sorry’ for the mother
- Does not believe what the person is saying e.g. ‘That can’t be true! You must be wrong’
- Breaks confidentiality
- Feels uncomfortable with someone’s feelings
- Minimises the problem e.g. saying ‘It could be worse!’
- Interrupts or stops to talk to other people or answer the phone
- Concentrates only on the facts, not on the mother’s feelings
- Displays body language which indicates that he/she is not focused on the mother e.g. yawning
- Takes the side of the other person e.g. saying ‘You should have listened to your mother’
- Rushes the appointment
- Asks too many questions, gives advice or judges

**Note**

A good listener should make eye contact with her client and avoid distractions such as phone calls, texting or ‘multi-tasking’.
Guidelines for listening and responding

- Show positive regard
- Don’t be judgemental
- Don’t impose your morals
- Empathise
- Don’t sympathise or pity
- Don’t encourage blaming
- Don’t try to solve the mother’s problem: help her find her own solution
- Emphasise the positive aspects
- Don’t be shocked
- Don’t negate feelings
- Don’t make false promises
- Don’t say you know how she feels
- Look for relevant examples of where she has shown strength in the past

Useful responses

Part of listening is being able to respond in a helpful way. Below are 3 useful ways of responding: clarification, paraphrasing and giving feedback.

Clarification

Sometimes it is useful to check with the mother that you understand her problems clearly. Asking for clarity is a way of showing her that you are listening because you are taking more time to understand the details of her story. It also helps the mother to focus on the issue, which is helpful when she is feeling very emotional or confused.

Note

Be careful not to interrupt, or to ask too many questions.

Seek clarity by asking the mother gentle questions when appropriate. For example, you can say:

- So you are saying that...
- Did you mean that...
- Can you just tell me what you meant when you said...
**Paraphrasing**
Paraphrasing is repeating what the mother has said in your own words. It is a way of showing the mother that what she has said is important and that you have been listening. It is also provides an opportunity to check with the mother if you have understood her correctly. Try starting sentences with these words and ‘paraphrasing’ may come more naturally:

- What I’m understanding is …
- In other words…
- So basically what you’re saying is…
- Do you mean… ?
- It sounds as if…
- I’m not sure that I understand you correctly, but…
- I gather…

**Definition: validate**
To validate someone’s feelings means to give value to her feelings, and show acceptance that they are true and real.

**Giving feedback**
Once you have understood what the mother is saying, and you have asked for clarity about certain issues, you can give feedback. It is a way to share your understanding, insights and reactions with the mother. This should be done in a sensitive, supportive manner.

Giving feedback also gives you the opportunity to validate the mother’s feelings and concerns, and thus empowers the mother as she realises her feelings and problems are real and important.

For example, if the mother says ‘I am depressed’:

- You could validate her feelings by saying: ‘I can hear that you are down. How long have you been feeling this way?’
- Not validating her feelings would be to deny that her feelings are real: ‘I’m sure that you’re not depressed, maybe you’re just having a bad day?’
Try to empathise with the mother as you give feedback. This is not an opportunity to give advice, judge or preach. To give feedback, you could start by saying: ‘It sounds to me as though you are feeling ... because ...’

### More responses

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<th>If she says ...</th>
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<td>I hate my husband.</td>
<td>What bothers you about him?</td>
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<td>There’s no God.</td>
<td>When did you start to think that?</td>
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<td>I’m such a failure.</td>
<td>You’re finding everything very difficult right now, aren’t you?</td>
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<td>It’s all his fault.</td>
<td>Tell me how he’s involved.</td>
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<td>What should I do?</td>
<td>What are your choices? Let’s talk about them.</td>
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<tr>
<td>I’m so tired because my baby cries all the time.</td>
<td>It takes courage to say how you really feel.</td>
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| I smacked my baby really hard. | • What do you think drove you to do this?  
• How often has it happened?  
• I think you need to be referred to someone to help you with this problem. |
| I’ll never be the same again. | That must be a scary feeling. |
| I feel terrible. | Tell me about your feelings. |
| I want to kill myself. | • Why do you think suicide is a way out?  
• How long have you been feeling this way?  
More information about suicide is in Chapter 7 |

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On the next two pages are suggestions for mothers who are experiencing emotional distress. You can copy this information and give it to mothers to read.
A few suggestions...

- Stay close to people who are supportive, sensitive and who do not criticise you. Stay away from people and places which make you feel bad.

- It can be useful to have a ‘mother-person’ who you can turn to in times of crisis. This is someone who can help you feel safe and supported. Maybe you know another woman who can support you, even if your own mother is not there.

- Ask others to help you. Ask clearly for the type of help you need. Some examples are:
  - Ask a friend or relative to look after your older children
  - Find someone you trust to look after your new baby sometimes, to allow you to have a break and to rest
  - Ask someone to help with your housework or run your errands for you

- If people offer to help you, thank them, and allow them to do so – do not feel guilty.

- Lower your housekeeping standards. It is more important to take care of yourself and your baby than to have a tidy house.

- Even if you cannot sleep, rest whenever you can.

- Be well informed. Ask your health workers questions about things that worry you. If you can, visit a library or look on a website for information on pregnancy, motherhood or parenting.

- Get to know what to expect during pregnancy and labour. Your experience may not be what you expected and it is important to know that you have not ‘failed’ as a woman or as a mother if things do not go according to plan.

- The arrival of your baby will be a big change, so try not to make any other major changes to your life at this time. Try to simplify your life as much as possible.

- If you are feeling very anxious or depressed most of the time, try to do something about it. Talk to someone you trust about how you feel: your clinic sister, community caregiver, doctor, your partner, mother or a trusted friend.
- Counselling and/or medication for depression during pregnancy can help prevent some difficult, negative effects of maternal depression, which could affect you, your baby and your family.

- You may need to cry sometimes, or feel sad, and this is completely acceptable. It is not helpful to say ‘pull yourself together’. Instead, be kind to yourself.

- Try to make healthy decisions, like eating properly and quitting smoking or taking drugs.

- If you have a partner, try to keep communication open and friendly. If this is not easy, or you are experiencing other problems in your relationship, try to get counselling for both of you.

- Mental distress does not mean that you are a bad mother, weak or ‘crazy’. Many people who have experienced mental health problems now live normal and happy lives.

About 1 out of every 3 pregnant women suffers from depression during or after pregnancy. It is not your fault. You are not a bad mother. You can, and should get help.

Useful phone numbers

FAMSA (Family and Marriage Society)  
Cape Town 021 447 7951
Gauteng 011 975 7106

Lifeline 0861 322 322

SA Depression and Anxiety Group 011 262 6396

AIDS Helpline 0800 012 322

Crisis counselling for women 0800 150 150

National Mental Health Information Line 0800 567 567

Other

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‘Listening’
A poem

You are not listening to me when...
You do not care about me;
You say you understand before you know me well enough;
You have an answer for my problem before I’ve finished telling you what my problem is;
You cut me off before I’ve finished speaking;
You finish my sentence for me;
You feel critical of my vocabulary, grammar or accent;
You are dying to tell me something;
You tell me about your experience, making mine seem unimportant;
You are communicating to someone else in the room;
You refuse my thanks by saying you haven’t really done anything.

You are listening to me when...
You come quietly into my private world and let me be;
You really try to understand me even if I’m not making much sense;
You grasp my point of view even when it’s against your own sincere convictions;
You realise that the time I took from you has left you a bit tired and drained;
You allow me the dignity of making my own decisions even though you think they might be wrong;
You do not take my problem from me, but allow me to deal with it in my own way;
You hold back your desire to give me good advice;
You do not offer me religious solace when you sense I am not ready for it;
You give me enough room to discover for myself what is really going on.

Anonymous
6.5 What happens when someone is sent for professional counselling?

At some point, you may want to refer the mother for counselling or other types of support. See Chapter 5 for advice on how to refer the mother. If you think a mother requires professional counselling, make arrangements for her to see someone who has received this training.

Just like counselling from non-mental health professionals, the professional counselling process consists of:

- Opening: establishing a relationship and building trust
- Exploring: good listening
- Understanding: clarifying, reflecting, summarising problems
- Supporting: counselling, identifying resources and referral to improve coping and functioning

Before professional counselling starts

Professional counselling requires a lot of skill and time. Before committing to counselling, a professional counsellor must ensure that there is sufficient time to follow through. A counsellor should plan for 4 to 6 counselling sessions for the mother, but there is a chance that she will only be able to come less often. Many times 1 or 2 sessions is what is manageable.

Before meeting a mother for the first time, it is helpful for the counsellor to check for information that came with the referral. If you are referring someone for professional counselling, be sure to provide as much information as possible, such as mental health screening forms, notes on her background history or letters from other health workers.

Different types of counselling

Different problems need different counselling styles:

- **Trauma counselling** for traumatic life events, e.g. violent attack
- **Bereavement counselling** for loss, e.g. death of a family member, previous stillbirth or miscarriage
- **Interpersonal Psychotherapy** if there is evidence that a woman is struggling with her close relationships
• Cognitive Behaviour Therapy for depression, anxiety and on-going negative thoughts

• Motivational interviewing for substance-use problems

• Problem-Solving Therapy is a technique for depression and suicidal thoughts

• Progressive relaxation and visualisation for tension and fear of childbirth, especially if a woman has experienced a previous traumatic birth or rape

Some counsellors will use a combination of styles during therapy.

There is research evidence that many of these types of therapies work well in developing countries and when delivered by trained non-mental health professionals.
6.6 Speaking and being heard

The following story was written by Ntombomzi, a PMHP service user.

Things are easier for women today, because we are independent. Our mothers were not respected. They didn't have the rights we have now and didn't have the same opportunities. They were like slaves. These days if there is a problem, there is help available, something that I was fortunate to have when I discovered that I was suffering from postnatal depression.

When I first became a mother, I didn't know about depression. Now I would like to let everyone know about this problem so that people can stand up and do something about it.

I was born, one of twins. My parents divorced when I was only two months old. Because my mother was alone she couldn't do what she was supposed to do as a mother and I grew up with her family. There was really no one to talk to or to discipline us and I became pregnant at the age of 14. I have suffered depression since then.

Having a baby at such an early age was really hard. I had to leave school and was forced to work as a domestic worker, which I couldn't really do because I was so young. I tried very hard, but I just couldn't do it. So, I decided to go back to school when my baby was three years old. I passed my standard nine [penultimate year of high school], but didn't have enough money to register for my final year. I was forced again to go back to work as a domestic worker, which I am still doing to this day.

When I was twenty-one years old, I got married to my husband. He is not the father of my first child. A couple years after being married, we had a child together. I again suffered very much from postnatal depression, although I did not know what it was called at the time. The clinic I went to...
in the township did not know anything about depression. So, I was unable to get help from them. Luckily, my husband was always there for me and supportive throughout my depression, even though he didn’t always understand what I was going through.

Since then, I suffered from depression until I was able to get help from the Perinatal Mental Health Project in 2004. This was the first time I heard about perinatal or postnatal depression. I had suffered from depression all these years, but I didn’t really know what it was. Finally, I was able to get help.

When I was pregnant with my last baby, I was working for Linda, a psychologist. I was not at all happy to be pregnant. I was just very stressed and worried about telling her. I knew it was not the right time for me to become pregnant and I was very concerned about my job and all the things that I needed money for. But I realised that I needed to tell Linda, not only because she was my employer, but because I needed help. Everything was very hectic for me and nothing that I was experiencing seemed to be good. I knew that I was becoming more and more depressed.

I finally told Linda when I was 5 months pregnant. It turns out that she specialises in women who have perinatal and postnatal depression and when she heard my history she thought I was suffering from it. She decided to take the step to get help for me by sending me to the Mowbray Maternity Hospital which provides the Perinatal Mental Health Project.

At Mowbray, I met with a counsellor. It was very good to speak to her about how I was feeling and to just talk out about everything. That was what was killing me, having to keep all my feelings inside of me for a long time. I was so lonely and there were so many things that I needed someone to listen to. I needed to express my feelings and to be heard when I was
saying something. I needed someone who could understand and who could listen when I was talking. Meeting with this counsellor gave me that chance to finally speak out, which helped so much. They also sent me to a psychiatrist to get medication for my depression. Now I am doing just fine and coping very well with motherhood.

Dealing with perinatal and postnatal depression is a very difficult thing. When you are depressed there are so many things that are affecting you. You may not be able to tell exactly what it is that is making you feel so bad, but just that you can't get out from the fog you are in. Everything can feel like it is just falling apart, that nothing is happening right or according to plans. You may not know to take it seriously when you are first suffering from it, but it is very important to address it and to find a way out. There are so many women who are dying inside from this thing. They don’t know how to deal with it or how to cope. Everything in their lives is turning upside down. And they need someone who will understand and not judge them.

That is why I talk about this depression with everyone. I even talk to mothers I see on the bus. I want everyone to know about this problem. I want the mothers to listen.

If I could have my way, each and every one of the hospitals would have these kinds of counsellors, especially the government hospitals which are for everybody. That way everyone, including all black women who really don’t know anything about this depression, could get help.

Until that happens, I hope that all the mothers out there, who are suffering from perinatal and postnatal depression, will take care of themselves and find support. You only live once, and it does not have to be a life filled with depression!
6.7 Summary

- Women experiencing mental distress or mental illness have special needs.
- Treatment depends on how bad the mother’s level of distress is.
- Information can empower a woman and help her to feel in control of her situation.
- Women may require counselling to help them to deal with their problem.
- Being a counsellor requires special training. There are, however, things that you can do to support the mother, such as listening to her.
- There are several ways to develop good listening skills. Knowing how to respond, by clarifying, paraphrasing and giving feedback, is also helpful.