

**Research Paper -Why Women Kill: The Effects of Postpartum Depression on Women**

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## **Introduction**

Postpartum depression (PPD) is a significant mental health condition that nearly 400,000 women struggle with following childbirth in the U.S per year. While some new mothers experience very mild symptoms, like mood swings such as the “baby blues,” other women who have pre-existing mental health conditions are more likely to experience severe symptoms along the postpartum depression spectrum. The more severe forms of PPD can involve long-lasting symptoms such as intense sadness, anxiety, isolation, suicidal thoughts, and thoughts of harming others. In extreme and rare circumstances, untreated postpartum depression can escalate into postpartum psychosis, a severe disorder that may lead to tragic outcomes such as infanticide or maternal suicide. Though these cases represent a small percentage, they underscore the urgent need for awareness, timely diagnosis, and proper treatment. Understanding postpartum depression, rooted in the profound physical, hormonal, and psychological changes that follow childbirth, is essential to recognizing how it can distort a mother’s perception of reality. This paper will examine the root causes of postpartum depression, explore how it can drive a woman to commit acts of violence, analyze notable case studies, and consider treatment strategies to prevent such devastating outcomes.

## **Postpartum Depression- The Causes and Effects**

Postpartum Depression (PPD) is a complex and serious mental health disorder that, according to the Center for Disease Control and Prevention (CDC), affects approximately “10-20% of new mothers in the United States.” PPD typically develops within the first few weeks after the childbirth but can also develop more than a year later. Unlike the “baby blues,” as previously mentioned, which involves brief periods of emotional fluctuations, PPD is

accompanied by symptoms of lingering sadness, fatigue, irritability, changes in sleep pattern, loss of appetite, strained relationship with the infant, and feelings of guilt and worthlessness. In more severe cases of PPD, women may also experience suicidal thoughts and feelings as well as thoughts of harming others, particularly their newborn child. There are many factors that play into the development of PPD. For example, during and after pregnancy, a woman may experience an imbalance in hormones or fluctuating hormones, psychological stress as a result of an imbalance in hormones, and other external factors. An article written by Micheal W. O'hara and Jennifer E. McGabe from the *Annual Review of Psychology*, discusses how “women with family history of mental illness, those with limited support systems, or those with experience birth complications are particularly at risk for suffering from postpartum disorder. PPD is known for significantly impacting the way a woman naturally functions, weakening the important bond between the mother and newborn baby, also further straining relationships with partners and even other family members. When left unchecked, PPD can develop in postpartum psychosis or lead to cases of infanticide or maternal suicide. Understanding the depth of this condition is crucial to recognizing how it can distort perception and behavior in ways that, while rare, may contribute to criminal actions.

### **The Link Between Postpartum Mental Illness and Criminal Behavior**

Postpartum depression is becoming a more commonly recognized side effect of pregnancy. Some women suffering from the condition will exhibit criminal behaviors, however it is important to note that having postpartum depression does not mean with certainty that “any person who has had a baby, miscarriage, stillbirth, or termination, can get postpartum depression,” as emphasized by *UPMC*. In the more severe cases where PPD is untreated, postpartum psychosis can occur, which is a rare but acute mental illness that affects between 1-2

out of every 1,000 births. Symptoms of PPD psychosis can include hallucinations, extreme paranoia, delusions, extreme mood swings, and mania, all of which can heavily distort a mother's perception of reality and alter her perception of her infant. In some cases where women are suffering from psychosis, they will commit suicide because they believe that they need to protect their child from themselves as they view themselves as a threat to their child's safety, or in other cases, they can be driven by delusions so powerful to the point where they don't even recognize their child as their own. Andrea Yates is a tragic case that illustrates how untreated psychosis can result in intense delusions and devastating outcomes, which will be discussed more in depth further in this paper. The specifics of her case highlight how deeply the condition can affect cognition, decision making, and emotional stability. Recognizing the potential for violence is not about criminalizing mental illness, but about understanding its power and the importance of early intervention, support, and access to treatment to prevent such irreversible tragedies.

### **Case Studies of Postpartum Depression Psychosis and Infanticide**

Delving into real life cases will give insights into how severely mental illness can distort and drive behavior. As mentioned before, the case of Andrea Yates is a prime example of how delusions as a result of postpartum psychosis, result in irreversible consequences. In 2001, Yates drowned all five of her children in a bathtub during a severe psychotic episode. Yates planned on having a fifth child with her husband Rusty Yates, when her doctor noted that with her pre-existing mental disorders that consisted of bipolar disorder and depression, she would be predisposed to suffering from an extreme form of postpartum depression. Despite knowing the risks of following through with this pregnancy, Rusty Yates insisted on having a fifth child, as he wanted more kids, disregarding the doctor's warnings. According to *EBSCO*, Andrea Yates

drowned her kids because she “believed that she was saving them from eternal damnation,” which was a delusion that was rooted in her illness having a religious background. Although Yates was initially found guilty of the murder of her five children during trial, her conviction was later overturned by reason of insanity, meaning she was out of sight out of mind, during the commission of the crime. Another well known case is that of Dena Schlosser. In 2004, Schlosser fatally injured her infant daughter while going through a psychotic break brought on by postpartum psychosis. Schlosser had claimed that she was acting on what she believed were divine commands, meaning that God was telling her to kill her own daughter. An article from the *New York Times*, “The Crime of Dena Schlosser,” highlighted how like Yates, “Schlosser was also not found guilty by reason of insanity and was committed to a state mental hospital.” These cases serve as examples of the devastating and long lasting consequences of untreated postpartum psychosis. Additionally, these cases raise questions about the convergence of mental health and the criminal justice system, and about the societal responsibilities to create preventative methods in order to avoid these tragedies from occurring.

### **Treatment and Prevention of Postpartum Depression**

Preventing these outcomes that are associated with postpartum depression and psychosis is extremely important. The preventative methods begin with a combination of early detection, effective treatment, and strong support systems. Screening for PPD during and after pregnancy is especially crucial, as many women are not aware that they are experiencing symptoms, or in other circumstances, may feel embarrassed to acknowledge them. As claimed by the *British Journal of Psychiatry*, the authors discuss how “The Edinburgh Postnatal Scale (EDPS) is one commonly used tool that allows healthcare providers to identify at-risk mothers early on.” After taking the assessment and if a woman is diagnosed, they are offered variations of different

treatment options involving psychotherapy, particularly cognitive behavior therapy (CBT) and interpersonal therapy, as well as pharmaceutical interventions, through the usage of antidepressants or antipsychotic medications when needed. In severe cases similar to those of Andrea Yates, some mother's may need to be hospitalized to ensure the safety of both the child and the mother herself. Educating expectant mothers is as equally important as preventative measures, which involves educating those about the signs of PPD, ensuring access to affordable mental health care, and establishing strong support networks during the postpartum period. Other programs like community-based programs, peer support groups, and partner involvement in caregiving can also significantly reduce stress and feelings of isolation. Investing in comprehensive maternal mental health care, society can decrease the rates of postpartum complications and reduce the risk of devastating outcomes like infanticide or maternal suicide.

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