

Fulfilling an unmet need

Practitioner Diane G. Sanford, who specializes in treating women for infertility, postpartum depression and other women's issues, says there's more than enough room for other psychologists in this niche.

By Rebecca A. Clay

Motherhood is supposed to be a happy time. But for many women, the birth of a child results in great anxiety and even life-threatening depression. That's where psychologist Diane G. Sanford, PhD, comes in.

"Women wonder why they don't feel like the storybook mom who looks like she's just having the best time in the world with her infant," says Sanford, president of Women's Healthcare Partnership in St. Louis, Mo., and co-author of "Postpartum Survival Guide" (New Harbinger, 1994). "As a culture we depict motherhood that way, but I don't believe it's true."

For the last 14 years, Sanford has specialized in postpartum problems and just about everything else related to female hormones. Whether the issue is infertility, pregnancy loss, postpartum adjustment or menopause, Sanford provides behaviorally oriented interventions with a problem-solving focus. And she wonders why more psychologists aren't moving into this booming field.

A reproductive focus

Sanford never set out to become a specialist in women's health. For many years, she had a general psychotherapy practice emphasizing marital and family issues. Then she started collaborating with a psychiatrist whose clients included women with postpartum depression.

Working with some of these clients sparked Sanford's interest in hormones and their effect on women's health. Once she discovered that an unmet need there was for competent services in the area, she was hooked.

"Women are just thirsting for someone who can understand their problems," says Sanford. "I've had people come to me and say they've been to practitioners who just wanted to talk about their childhoods. That's not helpful. In fact, many of these women got worse in the meantime."

Today Sanford has a thriving practice focused almost exclusively on helping women and their partners cope with a wide range of reproductive issues. Instead of delving into childhood trauma, Sanford offers practical advice she says helps women get well fast.

Take postpartum anxiety and depression, which afflict an estimated 15 percent to 20 percent of new mothers. Among women who have had high-risk pregnancies, the rate of postpartum anxiety and depression may be as high as one in three.

Sanford begins by helping clients think of concrete steps they can take to ease their emotional turmoil during this major life transition. New mothers may need help figuring out ways to get partners and others to help with their infants. Or they may just need to be reassured that they can handle the responsibilities of parenthood. Sanford also works with psychiatrists to ensure that women who need medication get it.

Once the immediate crisis has passed, Sanford focuses on helping, Sanford focuses on helping clients develop skills they can use to manage anxiety or depression more generally. Using a cognitive-behavioral approach, Sanford teaches them how to talk back to negative thoughts and worries. She also teaches them relaxation techniques they can use for the rest of their lives.

Although much of Sanford's practice focuses on postpartum issues, many of her clients can't get pregnant in the first place. Although Sanford uses the same basic approach with these women, the issues they're grappling with are somewhat different.

Grief is the primary issue that brings in infertile clients. According to one researcher, women with infertility have the same rate of depression as women struggling with cancer and other life-threatening illnesses.

"Many women think that motherhood is going to be a part of their lives and that if they don't have their own biological child they're failures as women," says Sanford. "They need help dealing with negative feelings they've developed about themselves and their bodies."