



From Childhood Worries to Adult Struggles: A Medical Professional's Battle with Postpartum Depression and Anxiety

Sindhu B¹, Gupta S¹, Bhatt S¹, Ahuja S² Kamini Chauhan Tanwar³, and Sameer Malhotra^{4,5}

¹Citizen Hospital and De-Addiction centre, India

²Director and Head- Department of Mental Health and Behavioral Sciences, Max Hospital, New Delhi, India

³HOI, AICP, AMITY University Haryana, India

⁴IGNOU, India

⁵Director Health services, Haryana, India

*Corresponding author: Srishti Bhatt, Psychologist, Citizen Hospital and De Addiction centre, India, Email: bhattsrishti58@gmail.com

Review Article

Volume 10 Issue 2

Received Date: March 07, 2025

Published Date: April 24, 2025

DOI: 10.23880/pprij-16000458

Abstract

This case study explores the psychological profile of a 35-year-old female medical doctor experiencing generalized anxiety disorder (GAD) and postpartum depression (PPD). Despite her notable professional achievements, she faces persistent struggles with low self-esteem, excessive worry, emotional exhaustion, and heightened self-criticism. Her history reveals a childhood marked by chronic parental discord, emotional neglect, and a rigid family structure, which contributed to her maladaptive perfectionism and anxiety. These early-life adversities shaped her cognitive and emotional development, fostering an intense fear of failure, people-pleasing tendencies, and an overwhelming sense of responsibility. A comprehensive psychological assessment includes an in-depth exploration of her early experiences, attachment patterns, current presenting symptoms, and a mental status examination. The case formulation identifies key contributing factors, including unresolved childhood trauma, maladaptive perfectionistic traits, chronic stress, and postpartum hormonal fluctuations, which exacerbate her distress. Her coping mechanisms centred on rigid self-discipline and an aversion to vulnerability—have further intensified her psychological burden, leading to emotional exhaustion and interpersonal difficulties. A multimodal treatment plan is proposed, integrating cognitive-behavioural therapy (CBT) to address maladaptive thought patterns, psychodynamic interventions to explore unresolved childhood conflicts, mindfulness practices to enhance emotional regulation, and family therapy to improve relational dynamics. Pharmacotherapy may be considered for symptom management. This case underscores the profound impact of early-life adversity on adult psychopathology and highlights the importance of a holistic therapeutic approach. Through structured intervention, emotional support, and self-compassion-focused strategies, she is expected to develop psychological resilience, enhancing her ability to balance the demands of motherhood and professional life.

Keywords: Postpartum Depression; Generalized Anxiety Disorder; Childhood Trauma; Perfectionism; Cognitive-Behavioural Therapy

Abbreviations

GAD: Generalized Anxiety Disorder; PPD: Postpartum Depression; CBT: Cognitive-Behavioural Therapy; SEHT:

Subconscious Energy Healing Therapy; MSE: Mental Status Examination; ACT: Acceptance and Commitment Therapy; SSRI: Selective Serotonin Reuptake Inhibitors.

Introduction

The transition to motherhood is a profound and transformative experience, yet it also presents significant psychological challenges, particularly for women with anxiety and perfectionistic tendencies. Postpartum depression (PPD) is a common yet often overlooked mental health condition that affects many new mothers, influencing their emotional well-being, self-perception, and ability to cope with the demands of both parenthood and professional responsibilities [1]. Women in high-stress, achievement-oriented careers, such as medicine, may be particularly vulnerable due to the compounded pressures of their work environment, societal expectations, and personal aspirations [2]. Despite their professional competence, many high-achieving women struggle with self-doubt, excessive worry, and emotional exhaustion, which can be further exacerbated by the challenges of motherhood [3,4].

The psychological vulnerabilities associated with PPD often stem from deeper-rooted emotional and cognitive patterns shaped by early life experiences. Existing research underscores the profound impact of childhood adversity on adult mental health, highlighting how early exposure to familial discord, emotional neglect, and critical parenting styles can shape an individual's cognitive and emotional development [5,6]. Adverse childhood experiences (ACEs) have been linked to a higher risk of anxiety, depression, and difficulties with emotional regulation in adulthood, particularly among individuals who adopt perfectionistic and overachieving behavioural patterns as coping mechanisms [7,8]. While perfectionism is often perceived as a driving force for success, it has also been associated with increased vulnerability to psychological distress, especially when accompanied by self-criticism and unrealistic personal standards [3].

The case of a 35-year-old medical doctor provides a compelling lens through which to examine the intersection of postpartum depression, perfectionism, and early-life adversity. Despite attaining professional success, her internal struggles with low self-esteem, fear of inadequacy, and an overwhelming sense of responsibility have left her emotionally drained. Her difficulties are not merely a consequence of recent life changes but are deeply rooted in early adverse childhood experiences that shaped her emotional resilience and self-perception [9]. Growing up in a household marked by parental conflict, emotional instability, and a highly critical family environment, she developed coping mechanisms centred on high self-expectations, people-pleasing behaviours, and an aversion to vulnerability. These traits, while instrumental in her academic and career achievements, have also contributed to persistent self-criticism and heightened susceptibility to mood disorders.

Understanding the interplay between early attachment patterns, perfectionism, and postpartum depression is crucial for developing effective psychological interventions tailored to high-achieving women facing similar struggles. This article aims to explore the underlying factors contributing to her mental health challenges, drawing upon relevant psychological theories and empirical research. By examining her case through cognitive-behavioural frameworks, attachment theory, and mindfulness-based approaches, this study seeks to provide insights into effective therapeutic strategies that can help individuals like her navigate the psychological demands of motherhood and professional life [10].

An emerging therapeutic approach that has shown promise in addressing these challenges is Subconscious Energy Healing Therapy (SEHT). SEHT integrates energy-based healing techniques with psychological principles to facilitate deep emotional healing, particularly for individuals struggling with anxiety, perfectionism, and unresolved childhood trauma [11]. Recent studies highlight its effectiveness in anxiety management and stress reduction among young mental health professionals, demonstrating its potential as a holistic intervention for high-achieving women experiencing postpartum depression [12]. Furthermore, Soul Mandala Therapy, an integral component of SEHT, has been successfully utilized in managing acute stress disorder and behavioural challenges, offering a creative and introspective approach to emotional healing [13,14].

Through an integrative therapeutic approach focusing on self-compassion, emotional resilience, cognitive restructuring, and SEHT, women experiencing postpartum depression can develop healthier coping mechanisms, ultimately improving their overall well-being and quality of life. The incorporation of SEHT into psychological interventions may provide a transformative path for high-achieving women grappling with the psychological demands of motherhood and professional responsibilities [15].

Methodology

Demographic and Background Information

A 35-year-old female medical doctor working in a hospital setting. She is married and recently gave birth to her first child, placing her in the postpartum period. Her primary concerns include significant anxiety-related issues and postpartum depression, which have intensified following childbirth. Her reports a lifelong struggle with anxiety, which she attributes to a tense home environment during her childhood. Currently, she faces immense pressure in balancing the demands of her profession with her new responsibilities as a mother.

Presenting Complaints

Her primary psychological concerns include excessive anxiety, low self-esteem, and postpartum depression. She describes persistent worry about her performance in both her professional and maternal roles, fearing criticism and judgment. Her self-perception is deeply rooted in feelings of inadequacy that she traces back to her childhood experiences. Since childbirth, she has experienced overwhelming sadness, irritability, guilt, and emotional exhaustion, characteristic of postpartum depression. Additionally, she struggles with relaxation and sleep disturbances, reporting that her thoughts race uncontrollably, particularly at bedtime, leading to chronic insomnia.

History of Present Illness

Her anxiety has been a longstanding challenge, yet she managed to function effectively through medical school and residency by adopting perfectionistic tendencies. While these traits contributed to her academic and professional success, they also exacerbated her stress levels.

During her pregnancy and postpartum period, significant life transitions including hormonal fluctuations, disrupted sleep, and increased caregiving responsibilities led to a depressive episode. She sought professional help after realizing that her anxiety and mood disturbances were interfering with her daily life, parenting abilities, and interpersonal relationships.

Personal History and Childhood Experiences

She is the eldest of three siblings, having grown up in a household characterized by frequent parental conflicts and emotional distress. As a child, she often felt the need to take on a caregiving role for her younger siblings, reinforcing an early sense of responsibility and emotional burden. Her family environment was marked by instability, particularly due to her father's extramarital affair, which created significant marital discord. Witnessing her mother's emotional struggles, compounded by the dominance of her paternal grandmother, contributed to her feelings of insecurity and powerlessness. Her paternal grandmother was a highly authoritative figure who frequently criticized her mother and occasionally directed criticism at herself.

This contributed to her anxious temperament and her tendency to avoid conflict. Additionally, her mother's ongoing distress and anxiety further reinforced a model of emotional instability. Within her sibling relationships, her brother also exhibits anxiety, struggles with obesity and self-esteem, and has recently sought therapy following a broken relationship. Their interactions often centre around shared negative self-perceptions, reinforcing a pattern of self-criticism and doubt.

Educational and Occupational History

Despite experiencing early life stressors, she excelled academically and pursued a career in medicine. Her perfectionistic tendencies played a crucial role in her success, though they also contributed to chronic self-doubt and emotional strain. She completed her medical residency and currently practices in a hospital setting, where she continues to experience heightened stress and pressure to meet demanding professional expectations.

Relationship History and Current Family Life

The client is married to a supportive spouse, though her high anxiety levels sometimes create tension in their communication. The transition to motherhood has been particularly challenging, as she struggles with guilt regarding her divided attention between work and parenting. She often feels inadequate in both roles experiencing distress when she is not fully present for her child, yet also feeling guilty for not dedicating herself entirely to her career. This internal conflict has resulted in a cycle of self-criticism, worsening her anxiety and depressive symptoms.

Mental Status Examination (MSE)

During assessment, she appeared well-groomed and neatly dressed, though she displayed signs of nervousness, such as fidgeting. Her speech was clear and coherent but slightly rapid when discussing anxiety-related topics. She described her mood as overwhelmed and sad, with a congruent effect, becoming tearful when discussing feelings of guilt and inadequacy.

Her thought process was logical and organized, though preoccupied with worries about performance and family life. There was no evidence of delusions or hallucinations. She demonstrated good insight into her difficulties and recognized the impact of her childhood experiences. Her judgment was intact, and she remained fully alert and oriented to time, place, and person.

Case Formulation (Integrative Conceptualization)

The client's clinical presentation suggests traits of Generalized Anxiety Disorder (GAD) and Postpartum Depression. Her excessive worry, perfectionism, and persistent feelings of inadequacy align with GAD, while her sadness, exhaustion, and heightened guilt post-childbirth are indicative of postpartum depression.

These symptoms are compounded by unresolved childhood experiences, including chronic familial discord, emotional neglect, and internalized insecurity.

Contributing Factors

Several factors contribute to the client's current psychological distress:

- **Family Environment & Attachment:** Growing up in an unstable home led to internalized beliefs about insecurity and lack of emotional safety.
- **Paternal Grandmother's Dominance:** Her experiences with a controlling figure reinforced feelings of powerlessness and avoidance of conflict.
- **Modelling of Anxious Behaviour:** Witnessing her mother's distress normalized anxiety as a coping mechanism.
- **Perfectionism & Achievement:** Her drive for success has been both a strength and a source of self-criticism.
- **Postpartum Hormonal & Life Transitions:** Adjusting to motherhood has amplified existing vulnerabilities, intensifying her depressive and anxious symptoms.

Diagnostic Considerations

- **Generalized Anxiety Disorder (GAD):** Characterized by excessive and uncontrollable worry across various life domains.
- **Major Depressive Disorder, Postpartum Onset (Postpartum Depression):** Manifested by persistent sadness, guilt, low energy, and difficulty coping with daily tasks post-childbirth.

Treatment Plan and Interventions

The treatment plan integrates Subconscious Energy Healing Therapy (SEHT) with established psychological interventions to provide a holistic approach. Cognitive-Behavioural Therapy (CBT) will focus on identifying and challenging negative automatic thoughts related to self-worth and performance, utilizing thought records, cognitive restructuring, and graded exposure to anxiety-provoking situations. SEHT will complement CBT by incorporating energy clearing techniques to remove subconscious blocks, guided visualizations for reinforcing positive self-beliefs, and energetic desensitization to regulate emotional distress. Psychodynamic Therapy and Inner Child Work will address unresolved childhood conflicts and familial influences through guided imagery and subconscious reprogramming. SEHT-based trauma release techniques and energetic balancing methods will be integrated to heal deep-seated emotional imprints and break unhealthy generational patterns. Acceptance and Commitment Therapy (ACT) and Mindfulness Practices will include mindfulness-based techniques such as deep breathing and grounding exercises, enhanced by chakra alignment exercises and SEHT visualization to cultivate present-moment awareness. SEHT will also aid in clarifying core personal values through energy alignment techniques. Family and Couples Therapy

will focus on improving communication with the spouse to reduce marital strain and promote a supportive environment, using SEHT clearing exercises to remove emotional barriers and enhance connection. Energetic bonding techniques will further help rebuild trust within the relationship. Pharmacotherapy will involve a referral to a psychiatrist for the consideration of SSRIs (e.g., sertraline) to manage postpartum depression and anxiety symptoms. SEHT will serve as a complementary method to pharmacotherapy, utilizing vibrational healing techniques to reduce medication side effects and energy recalibration methods to support overall emotional regulation and well-being. This integrative approach ensures a comprehensive healing process, addressing psychological, emotional, and energetic aspects for a balanced recovery.

Cognitive-Behavioural Therapy (CBT):

Identifying and challenging negative automatic thoughts regarding self-worth and performance. Implementing thought records, cognitive restructuring, and graded exposure to anxiety-provoking situations.

- **Psychodynamic Therapy & Inner Child Work:**
 1. Addressing unresolved childhood conflicts and emotional pain related to family experiences.
 2. Utilizing guided imagery and exploration of familial influences.
- **Acceptance and Commitment Therapy (ACT) & Mindfulness Practices:**
 1. Teaching mindfulness-based techniques such as deep breathing and grounding exercises.
 2. Encouraging detachment from anxious thoughts while clarifying core personal values.

Family and Couples Therapy: Enhancing communication with her spouse to reduce marital strain and promote a supportive environment.

Pharmacotherapy: Referral to a psychiatrist for consideration of SSRIs (e.g., sertraline) to manage postpartum depression and anxiety symptoms.

Subconscious Energy Healing Therapy (SEHT)

Subconscious Energy Healing Therapy (SEHT) is a holistic therapeutic approach that focuses on identifying and clearing deep-seated subconscious blocks, negative patterns, and unresolved emotional imprints that affect mental and emotional well-being. It integrates principles of energy psychology, mindfulness, guided visualization, and vibrational healing to facilitate transformation at the subconscious level.

SEHT operates on the understanding that unresolved emotional trauma and limiting beliefs stored in the subconscious mind create energetic imbalances, leading to psychological distress, anxiety, depression, and self-sabotaging behaviours.

By using energy clearing techniques, subconscious reprogramming, and chakra alignment exercises, SEHT helps individuals release negative emotions, rewire thought patterns, and restore emotional harmony.

Key Components of SEHT

Subconscious Reprogramming & Energy Clearing:

- Identifying negative subconscious beliefs and reprogramming them using guided affirmations, visualizations, and vibrational techniques.
- Clearing emotional blocks through energy healing methods, allowing for a deeper emotional reset.

Trauma Release & Inner Child Healing:

Addressing unresolved childhood traumas by engaging in deep subconscious healing sessions.

Using SEHT-based trauma release techniques to resolve emotional pain stored in the body and subconscious mind.

Energetic Balancing & Chakra Alignment:

- Aligning and balancing the body's energy centres (chakras) to enhance emotional resilience and overall well-being.
- Incorporating breathwork, guided meditations, and mindfulness exercises to maintain energetic harmony.

Hypnotherapeutic Techniques & Visualization:

- Utilizing hypnosis-inspired deep relaxation methods to access and heal subconscious patterns.
- Engaging in therapeutic visualizations to reinforce self-worth, confidence, and emotional stability.

Integration with Psychological Interventions:

- SEHT is often combined with Cognitive-Behavioural Therapy (CBT), Psychodynamic Therapy, Acceptance and Commitment Therapy (ACT), and Family & Couples Therapy to enhance therapeutic outcomes.
- It works as a complementary approach to pharmacotherapy, helping to reduce medication side effects and support emotional regulation through vibrational healing techniques.

Lifestyle Modifications:

- Establishing a sleep routine to improve rest quality.
- Engaging in gentle physical activity for stress reduction.
- Encouraging participation in postpartum support groups.

Prognosis

With comprehensive treatment, her prognosis is favourable. Her strengths, including good insight, motivation for self-improvement, and professional skills, will facilitate progress. Signs of improvement may include better sleep, reduced worry, and more balanced mood states over time.

Ethical and Cultural Considerations

- **Confidentiality:** Ensuring all shared information remains protected.
- **Cultural Sensitivity:** Recognizing the influence of patriarchal family structures and addressing expectations with respect and understanding.
- **Informed Consent:** Providing her with detailed explanations regarding therapeutic approaches, potential benefits, and limitations to support her autonomy in treatment decisions.

Conclusion

This case exemplifies how childhood anxiety, shaped by family discord and perceived emotional insecurity, can persist into adulthood, influencing self-perception, relationships, and coping mechanisms. The emotional distress stemming from early-life experiences, including exposure to parental conflict and criticism, has contributed to the development of deep-seated perfectionism, chronic worry, and low self-esteem. These factors have played a critical role in shaping her personality, making her more vulnerable to stress and anxiety.

The added challenges of new motherhood, coupled with the physiological and emotional demands of the postpartum period, have further intensified Suchita's existing struggles. The overwhelming responsibilities of balancing her medical career with caring for a newborn have heightened her feelings of inadequacy and self-doubt. Postpartum depression, characterized by persistent sadness, exhaustion, irritability, and guilt, has compounded her emotional burden, making it difficult for her to navigate her dual roles effectively.

Given her perfectionistic tendencies, she experiences a heightened fear of failure, both as a professional and as a mother, leading to an ongoing cycle of self-criticism and distress. A tailored, multi-dimensional treatment plan is essential to address the complex interplay of Suchita's childhood trauma, anxiety, and postpartum depression. Cognitive-behavioural therapy (CBT) can help challenge and reframe her negative self-beliefs, allowing her to develop healthier thought patterns and reduce self-criticism. Inner child work and psychodynamic approaches can assist in processing unresolved childhood emotions, helping her cultivate self-compassion and emotional resilience.

Additionally, pharmacotherapy, particularly selective serotonin reuptake inhibitors (SSRIs), may be considered to alleviate severe depressive symptoms, enabling her to function more effectively in daily life. Beyond individual therapy, involving her family particularly her spouse through couples or family therapy can foster a supportive home environment. Encouraging open communication and shared responsibilities within her household can significantly reduce Suchita's perceived burden and emotional strain.

Additionally, mindfulness-based practices, including meditation and grounding exercises, can help her manage stress, regulate emotions, and improve overall well-being. Through comprehensive therapy, Suchita can learn adaptive coping skills, address and heal unresolved childhood wounds, and cultivate a resilient sense of self.

By gradually shifting from self-criticism to self-acceptance, she can improve her ability to balance motherhood and professional life with greater confidence and emotional stability. With the right support system and therapeutic interventions, she can reclaim a sense of inner strength, enhancing her well-being both as a dedicated medical professional and as a nurturing mother.

References

3. Beck CT (2001) Predictors of postpartum depression: An update. *Nursing Research* 50(5): 275-285.
4. Kumar R, Robson K (2016) A prospective study of emotional disorders in childbearing women. *The British Journal of Psychiatry* 144(1): 35-47.
5. Flett GL, Hewitt PL (2002) Perfectionism: Theory, research, and treatment. American Psychological Association.
6. Shafran R, Egan SJ, Wade TD (2010) Overcoming perfectionism: A self-help guide using cognitive-behavioural techniques. Robinson.
7. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, et al. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine* 14(4): 245-258.
8. Repetti RL, Taylor SE, Seeman TE (2002) Risky families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin* 128(2): 330-366.
9. Blatt SJ (2004) Experiences of depression: Theoretical, clinical, and research perspectives. American Psychological Association.
10. Mikulincer M, Shaver PR (2012) An attachment perspective on psychopathology. *World Psychiatry* 11(1): 11-15.
11. Bowlby J (1988) A secure base: Parent-child attachment and healthy human development. Basic Books.
12. Neff KD, Germer CK (2013) A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology* 69(1): 28-44.
13. Nayar P, Bhatt S, Puri A, Gupta S (2024) Subconscious Energy Healing Therapy (SEHT) in anxiety management: A holistic approach for young mental health professionals. *Gyankosh: An Annual Double-Blind Peer Reviewed Interdisciplinary Journal* 7(1): 1-8.
14. Bhatt S, Puri A, Gupta S, Gauba B, Aneja K, et al. (2025) Exploring the therapeutic potential of soul mandalas. *EC Neurology*.
15. Bhatt S, Puri A, Gupta S, Aneja K, Gauba B, et al. (2025) Soul mandala, art therapy, and family therapy in managing acute stress disorder in adolescent: A case study. *International Journal for Multidisciplinary Research* 7(1).
16. Bhatt S, Puri A, Shelat S, Gupta S, Aneja K, et al. (2025) Unlocking the heart: Soul mandala therapy for aggression and behavioural challenges in a 7-year-old. *Journal of Psychology & Clinical Psychiatry* 16(1): 1-4.
17. Puri A, Shelat S, Bhatt S, Gupta S, Aneja K, et al. (2024) Unlocking the secrets of color psychology for transformative interior design through SEHT. *International Journal of Science and Research Archive* 13(02): 2089-2095.