The Ripple Effect: Exploring the Intergenerational Impact of Perinatal Mental Health Disorders

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She sat opposite me, her hands clasped tightly in her lap.
Clara had been silent for a long time.

When she finally spoke, her words came without looking up.
"I think my baby knows I don't love him."

I had heard words like these before. Not here, in a hospital, but in another room years ago, quieter, more contained. Before medical school, I spent much of my time listening to new mothers in those early weeks after birth. It was there I began to notice the patterns: how a mother's story could stretch far beyond herself, shaping her child, her partner, and sometimes even the generation to come.

We call it a perinatal mental health disorder: depression, anxiety, trauma, sometimes psychosis (O'Hara & Wisner, 2014). Clinically, "perinatal" includes both the antenatal period and the first year postpartum, a span of time where a mother's mental health is intimately bound up with her infant's development. Such disorders affect approximately 25% of mothers worldwide (Al-Abri et al., 2023) and cost billions each year in healthcare, lost productivity, and long-term social consequences (Bauer, Knapp & Parsonage, 2016). But statistics do not capture the moment a mother looks at you as if asking permission to confess she feels nothing for her own child.

Over the weeks, Clara began to tell me about him. Noah. Six weeks old, restless, slow to feed. She described holding him stiffly, her arms tense. She would put him down quickly, afraid her emptiness might somehow seep into him. These were not the "baby blues" that many mothers experience in the first days. This was something heavier, more persistent, more isolating.

Melanie Klein described how an infant's earliest emotional life is organised into what she termed the paranoid schizoid position. This is a split world in which experiences are polarised into "good" and "bad" parts (Klein, 1946). A breast that feeds on time and soothes hunger is perceived as all good, while a breast that withholds or frustrates is experienced as entirely bad. At this stage, the infant cannot yet grasp that both experiences belong to the same person. Over time, with a caregiver who can consistently hold, survive, and respond to the baby's distress, these polarised parts are gradually integrated. The baby learns that the same mother can both frustrate and comfort, and that love can withstand moments of disappointment.

Bion (1962) extended this idea through his concept of containment in which the caregiver receives the infant's projected feelings such as hunger, rage or fear and returns them in a more manageable form. When the caregiver is emotionally available, this process allows the infant to develop a more coherent and tolerable inner world. However, when a mother is too overwhelmed, depressed, or emotionally withdrawn, the containment process falters. The infant's projected distress is not metabolised but bounces back in raw form, reinforcing the split between "good" and "bad". Without repair, this early fragmentation can persist, shaping the child's later capacity for trust, emotional regulation and resilience.

Clara was describing exactly that. She feared her absence was shaping Noah's world into something fragmented and unstable before he could even speak. In her mind, his unsettled cry was not simply hunger or discomfort. It was a verdict on her inadequacy.

In clinical language, Clara met criteria for postnatal depression, but to reduce her experience to a label felt too thin. She described a constant hum of guilt, punctuated by moments of panic when she was alone with him. Her sleep was fractured, not just from feeding but from lying awake, scanning for signs she was doing harm without meaning to.

As she talked more, I began to hear another story, the story of Noah's father, Sam. He came home late, she said, not because of work but because "he doesn't want to be here". He had grown quieter and drank more in the evenings. He spent longer in the shower in the mornings, sometimes sitting in the car before coming inside. No one had asked him how he was coping. Fathers of mothers with perinatal depression often experience their own mental health problems. About one in ten develop depression themselves (Cameron et al., 2017), yet they are rarely offered help (Philpott et al., 2017; Le Bas et al., 2025).

The further back we went, the more I saw. Clara told me about her own mother, volatile and unpredictable, and her father, who had left when she was four. She spoke with the watchfulness of someone who had learned early to read a room for danger. In attachment terms, her own history reflected disorganised attachment; a pattern characterised by a simultaneous pull towards and retreat from closeness, often rooted in early caregiving that was both a source of comfort and fear (Main & Solomon, 1990; Main, Hesse & Kaplan, 2005).

Freud described repetition compulsion, the unconscious drive to recreate familiar but often painful relational dynamics from early life (Freud, 1920). In the perinatal period, these patterns can surface with striking clarity, as caring for an infant reactivates the parent's own earliest attachment experiences. Without awareness, a parent may unwittingly replay aspects of their childhood they once wished to escape. In various forms it has been said that we repeat what we do not repair, an idea that resonates strongly in perinatal mental health, where therapeutic work can offer the chance to break these cycles before they take deeper root.

Now, with Noah, Clara found herself repeating patterns she hated but could not seem to stop. Bowlby wrote that our earliest relationships form "internal working models", blueprints for how we see ourselves and others (Bowlby, 1969). These models can pass from parent to child without conscious intention.

Klein might have called it the "internal bad mother" (Klein, 1946). When Noah cried, Clara did not hear a need; she heard proof she was failing. Her mother's voice. This is what psychoanalysts describe as projective identification: the unconscious process of locating unbearable feelings in another person who then begins to feel and express them. In the mother-infant relationship, a baby's distress can be projected into the mother who contains and transforms it. But when the mother's own history is full of similar states, the projection fuses with old memories, and the baby's cries are experienced as accusations rather than communications. Each exchange reinforces the next, creating an exhausting and self-perpetuating loop.

Beyond the therapy room, the ripples continued. Maternal stress can alter a baby's stress-response system, the hypothalamic-pituitary-adrenal (HPA) axis, and even leave epigenetic marks on their DNA (O'Donnell & Meaney, 2017; Mansell et al., 2016). Over years, these small biological shifts can become differences in mood, behaviour, even physical health. On a larger scale, children who grow up with early adversity are more likely to leave school early, face unemployment, and encounter the criminal justice system (Hughes et al., 2017).

Clara's case was not unique. In my earlier work, I had met mothers from very different backgrounds, some living in temporary accommodation, others in suburban homes, yet the underlying themes repeated.

One of the most striking was Layla, a mother I met while volunteering at a community support programme for refugee families. She had arrived in the UK with her husband and two children after fleeing conflict. Her third child, Amal, was born in a one-bedroom flat above a noisy high street. She spoke little English and spent most days alone, her husband working long hours in a takeaway shop. When she talked about Amal, she smiled briefly before looking away. She described feeling as though she was "watching someone else's baby", tending to her needs mechanically but without connection.

Her isolation was not only geographic. In her home country, new mothers were surrounded by a network of women: sisters, aunts, neighbours. Here, she had no one to guide her through the haze of early motherhood, no one to reassure her when Amal cried inconsolably. She described walking to the park in winter and sitting on a bench, waiting for the hours to pass until it was time to prepare her husband's dinner.

Peter Fonagy and his colleagues emphasise that mentalisation, the capacity to understand one's own and another's behaviour in terms of underlying mental states, develops in the relational context of secure, emotionally available relationships (Fonagy et al., 2002). Without that web of relationships, Layla lacked the social scaffold that fosters reflective functioning. The capacity to mentalise is not simply an individual trait; it is fostered in the context of secure and supportive relationships (Fonagy et al., 2023). The absence of extended family and supportive peers meant there was no collective "we mode", no shared mentalising that might have helped her hold Amal's distress as communication rather than rejection. In that absence, her confidence in both her mothering and her bond with Amal was further weakened.

In Layla's case, the weight of unprocessed trauma from her journey to the UK mixed with the demands of caring for an infant in a foreign environment. She startled at loud noises and had vivid flashbacks at night. Amal's cries sometimes triggered memories of explosions. Perinatal depression in refugee mothers is often complicated by post-traumatic stress with prevalence rates exceeding those in the general population (Fellmeth et al., 2017). Without timely, culturally attuned interventions, both mother and baby risk long-term consequences.

In time, Layla was referred to a bilingual health visitor and a peer-support group for migrant mothers. She began attending sessions in the community centre where women cooked together while their babies played. Her mood lifted gradually. When I saw her months later, she told me

Amal now laughed when she entered the room. The bond, once fragile, was beginning to take root.

Parent-infant psychotherapy can help reframe a baby's signals, turning moments of frustration into opportunities for connection (Fonagy et al., 2023; Sleed et al., 2023). Specialist perinatal services, especially mother-baby units, can treat mothers without separating them from their infants (Howard et al., 2022). For both Clara and Layla, support had meant the difference between an entrenched cycle and the possibility of change.

Not all mothers get that chance. Many areas have no dedicated perinatal mental health services. Waiting lists can stretch for months, an eternity when the first year of life is so developmentally sensitive. For every story like theirs, there are others where help comes too late or not at all. Silence becomes the family language, and the patterns pass quietly on.

The ripple effect does not stop with one child. A mother's mental health can shape her child's development and in turn, how that child parents in the future. Maternal childhood adversity often predicts postpartum depression, increasing the risk of difficulties in the next generation (Choi et al., 2019). Fathers' distress can also affect their bond with the baby and support for the mother. At a community level, clusters of disadvantage can grow, reinforcing cycles that become harder to break.

These experiences have shaped the way I think about psychiatry. My background in psychotherapy taught me to listen for the layers beneath the words, to notice the patterns repeating across generations. Medical training has deepened my understanding of the biological and systemic forces at play. In perinatal psychiatry, the two are inseparable. A baby's development is shaped by molecular processes and unspoken histories alike.

An infant's first map of the world is drawn in pencil. With the right care, the lines can be redrawn. Without it, they may harden into something far more difficult to change. Psychiatry at its best is not only about naming and treating disorders but also about recognising and addressing the unseen forces that shape a life from its earliest moments. Psychodynamic thinking reminds us that sometimes the smallest, most delicate shifts in those first maps can alter the course of an entire lifetime.

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