



Postpartum Depression Associated with Beliefs in *Pelesit*: A Case Report

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Abstract. Background: Depression can occur in postpartum mothers, influenced by various biological factors, such as temperament, genetic or biochemical, and other psychological problems, including personality/personal history and family environment. Previous studies also stated that the condition is associated with socio-cultural factors, such as socioeconomic pressures, isolation, cultural diversity, socio-political discourse, and injustice. Furthermore, the best treatment for mothers with postpartum depression (PPD) involves the combination of pharmacology and psychotherapy to obtain the optimum management level.

Case report: A 30-year-old woman who lives in Jorong Sumatra complained of experiencing auditory and visual hallucinations. Three pathognomonic symptoms of depression were found, and the patient admitted a suicidal attempt. The patient's son died at the age of 4 weeks, and she felt that the child had been bullied. Treatment was carried out by using antidepressants and antipsychotics for hallucinations, after which CBT and ITP were performed.

Conclusion: Our report showed a relationship between PPD and local culture or beliefs about superstition. Therefore, the pharmacological treatment for PPD must be considered carefully, and its combination with psychotherapy is expected to provide a better outcome.

Keywords: Postpartum Depression · *Pelesit* · Major Depression · Culture

1 Introduction

Causal beliefs, such as ideology about causes, consequences, interventions, and causal mechanisms are part of the belief system, which is often explored. Several studies have been carried out on various cultural groups in the western and non-western regions. Furnham (1988) explored common theories about the causes of medical conditions, such as depression, obesity, and lung cancer in the UK and other countries. Murdock (1980) analyzed and summarized anthropological work on lay medical theory in cultural groups worldwide. Causal beliefs are related to attitudes or stigma toward medical practice due to diagnosis and treatment, which often contradict people's expectations and predictions, such as the prognosis of the disease's causal factors and actions of seeking help. Okello and Ekblad (2006) studied beliefs about Multiple depression in Uganda, where witchcraft was suspected to be its cause. This led to the consultation of a traditional healer to cure

their illness, while medical treatment was only used to treat somatic causes and symptoms [1].

Culture can be defined as the ideas, habits, and social behavior of a particular group of people or society. It is also a dynamic and evolving process, which varies from time to time. Consequently, it affects the biological and psychological changes that are regarded as taboo. Disorders associated with culture are some of the factors that influence the symptoms felt. In psychiatry, there are few discussions about culture because it differs in several ways [2, 3]. *Pelesit* or *palasik* is believed to be from the Minangkabau tribe in Indonesia. *Pelesit* refers to a woman who exhibits a high level of witchcraft, involving babies and placentas buried after giving birth based on the type of *palasik* [4]. Consequently, people often forbid mothers to take small children out of the house and it is recommended to put them under white or talisman when they are going out. Defaulters of this rule are believed to have a bad impact on the health of their babies, and they are reprimanded for being *pelesit* [5]. Mental illness in non-western cultures tends to attribute supernatural powers, such as black magic and possession of evil spirits as the underlying causes of the condition [6]. Depression can be caused by various phenomena and theories, such as biological factors, including temperament, genetics or biochemical. It is also influenced by psychological problems, such as personality/personal history and family environment as well as socio-cultural factors, including social-economic pressure, isolation, cultural diversity, socio-political discourse, and injustice. The fact that depression occurs due to the interplay of numerous biological, psychological, relational, and cultural factors is hard to deny. The best clinical approach to the condition is to treat its symptoms and various stressors individually [7].

Postpartum depression (PPD) is a severe but treatable mental disorder and one of the most common complications after birth. It was included in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), as a major depressive episode "with peripartum onset when mood symptoms occur during pregnancy or within four weeks of delivery". In clinical practice and studies, PPD (nonpsychotic puerperal depression) is variably defined as depression occurring within four weeks of delivery, or 3, 6, to 12 months after birth [8].

2 Case Report

A 30-year-old woman, FA, living in Jorong, West Sumatra, complained of experiencing hallucinations in the form of hearing voices and seeing people which others cannot see. This condition occurred following the death of her 4-weeks old son. After the incident, there were symptoms of frequent sadness, loss of sense of pleasure, and tiredness during activities. There was also the feeling of self-guilt after the death of the child because the patient went out with the boy 3 weeks after birth. Based on the belief in the place of residence, every woman who needs to travel after delivery must bring a white bottom or talisman, but this process wasn't carried out. Subsequently, the child fell ill, and the condition worsened with the symptom of a thin appearance. Several people in the neighborhood believed the child was affected by *pelesit*. The boy was taken to a traditional healer but did not recover and eventually died. This led to guilt, being useless, pessimistic, trouble sleeping, and a reduced appetite. FA was taken to a traditional

Table 1. Distribution of respondent based on the support of health workers in Medan

F53.1 Severe mental and behavioral disorders associated with the puerperium, not elsewhere classified
This classification must be used only for mental disorders associated with the puerperium (commencing within 6 weeks of delivery) that do not meet the criteria for disorders classified elsewhere in this book. This can be caused by insufficient information or the presence of special additional clinical features, which make the classification inappropriate. It is possible to classify mental disorders associated with the puerperium using two other codes: the first is from Chapter V(F), which indicates the specific type, namely F30-F39. The second type is O99.3, which shows mental diseases and diseases of the nervous system complicating the puerperium in ICD-10. Includes: puerperal psychosis NOS

healer, but the condition did not improve. Hence, the patient was referred to a doctor. *Pelesit* stories were often narrated from childhood and parents were always conscious of late-night movement. This story is a belief in the area where FA live, and it has been narrated from generation to generation where a *pelesit* is a person who has black magic and often sucks the blood of babies. Therefore, FA believes that the child was killed by *pelesit*. The patient often listened to babies’ voices and people with similar situations. The voices brought the idea of suicide, which was attempted through cutting, but FA’s husband jeopardized the attempt.

After the patient was brought to the psychiatry clinic, the symptom alleviated, but depressive and anhedonia remained. The husband and family revealed no history of the same disease in the family, illicit substance use, or previous medical condition. Furthermore, the level of impairment was assessed using HADS and a score of 19 was obtained at the presentation. The patient’s husband and family rejected the suggestion of hospitalization. The treatment consisted of sertraline, lorazepam, and olanzapine to treat the psychotic symptoms. The patient was also referred to obstetrics and gynecology specialists to discuss further treatment approaches.

3 Discussion

In this case, a woman has symptoms of depression, including depressed mood, loss of pleasure, tiredness, pessimistic, suicide attempts, difficulty sleeping, and decreased appetite. These correspond to depressive signs listed on ICD 10 (F31.5), which indicate severe depression with psychotic symptoms. However, based on ICD 10, the PPD in FA can be coded as F53.1, indicating severe mental and behavioral disorders associated with the puerperium, not elsewhere classified, as shown in Table 1.

The results showed that there was a relationship between the surrounding culture and depression in FA. Depression is one of the most common and disabling mental disorders worldwide, with substantial consequences at the individual, family, and socioeconomic levels. Treatment adherence is fundamental to recovering from its clinical symptoms. People’s beliefs about the condition and its treatment have been considered the main variables associated with adherence to antidepressant medication. Several determinants

can enhance this belief, namely sociodemographic, cultural, and disease [9]. Haroz et al. reviewed the qualitative literature on cultural variation in depression to gauge the extent to which current diagnostic criteria fit people's experiences in diverse contexts. The results showed significant variation and suggested that the study program must be expanded to explore the meaning and importance of these differences in mental health, where culture influences the biological and psychological changes associated with mental conditions [2, 10].

The patient in this study was administered antidepressant sertraline as the first-line antidepressant for PPD depression because several studies reported that it was not detectable in breastfeeding infants. Switching from one antidepressant to an untested drug in women who are stable on their current regimen is not recommended because it can increase the risk of recurrence. However, other studies showed that fluoxetine could be given to mothers who are not breastfeeding [11, 12]. In this case, FA was referred to an obstetrician and gynecologist to examine the effect of hormones or hormone therapy. A previous study was designed to mimic the hormonal changes associated with pregnancy and postpartum. The results showed that five of eight women with a history of PPD disorder experienced worsening depressive symptoms due to increased levels of progesterone and estradiol exogenously and they were rapidly withdrawn. People prone to PPD are also more likely to experience these symptoms during hormonal disturbances, such as the premenstrual phase, menopause, and while using oral contraceptives [12].

This case also combines pharmacology with psychotherapy, namely Cognitive Behavioral Therapy (CBT) and Interpersonal Psychotherapy (ITP). There is evidence that psychotherapy in PPD is beneficial while combining the two methods effectively prevents and treats major depressive disorder. The use of ITP is believed to be more useful than CBT, hence, the combination of psychotherapy can maximize treatment for PPD patients [12].

4 Conclusion

The results showed that PPD is associated with local culture or beliefs about superstition or witchcraft. Therefore, the pharmacological treatment for PPD must be considered carefully, and the combination of psychotherapy with pharmacology can improve the management of the condition.

References

1. Furnham A, Malik R. CROSS-CULTURAL BELIEFS ABOUT “ DEPRESSION “. 1993;106–23.
2. Shafi AMA, Shafi RMA. Cultural Influences on the Presentation of Depression. *Open J Psychiatry*. 2014;04(04):390–5.
3. Hagmayer Y, Engelmann N. Causal beliefs about depression in different cultural groups- what do cognitive psychological theories of causal learning and reasoning predict? *Front Psychol*. 2014;5(NOV):1–1.
4. Zalita F, Nasution MI. Struktur dan Fungsi Sosial Kepercayaan Pada Ungkapan Larangan Masa Hamil, Masa Melahirkan, dan Masa Kanak-Kanak Masyarakat di Minangkabau [The Structure and Social Functions of Belief in the Prohibition of Pregnancy, Childbirth, and Childhood in Minangkab. *J Bhs dan Sastra*. 2019;7(3).

5. Rahmadani, Yelvi, Ermanto dan EN. Ungkapan Larangan Masyarakat Lubuak Sariak Kengarian Kambang Keamatan Lengayang Kabupaten Pesisir Selatan. J Bhs dan Sastra Indones. 2012;1 no. 1(September 2012):9
6. McClelland A, Khanam S, Furnham A. Cultural and age differences in beliefs about depression: British Bangladeshis vs. British Whites. Ment Heal Relig Cult. 2014;17(3):225– 38.
7. Falicov CJ. Culture, society, and gender in depression. J Fam Ther. 2003;25(4):371–87.
8. Donna E. Stewart, C.M., M.D., and Simone Vigod MD. Postpartum Depression. N Engl J Med. 2016;375(22):2177–88.
9. Acosta F, Rodríguez L, Cabrera B. Beliefs about depression and its treatments: Associated variables and the influence of beliefs on adherence to treatment. Rev Psiquiatr Salud Ment. 2013;6(2):86–92.
10. Kirmayer LJ, Gomez-Carrillo A, Veissière S. Culture and depression in global mental health: An ecosocial approach to the phenomenology of psychiatric disorders. Soc Sci Med. 2017;183:163–8.
11. Batt MM, Duffy KA, Novick AM, Metcalf CA, Epperson CN. Is Postpartum Depression Different From Depression Occurring Outside of the Perinatal Period? A Review of the Evidence. Focus (Madison). 2020;18(2):106–19.
12. Pearlstein T, Howard M, Salisbury A, Zlotnick C. Postpartum depression. YMOB [Internet]. 2009;200(4):357–64. Available from: <https://doi.org/10.1016/j.ajog.2008.11.033>

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