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Darkness Visible



How could the birth of her baby—potentially the greatest joy in her life—send a new mother into such despair that she does the unthinkable? Family and friends of Jenny Gibbs Bankston hope to shed light on perinatal mood disorders.

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By Laura Billings

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Jenny was the kind of friend who never forgot a birthday and who would tell you, in the kindest way possible, which wedding dress was right for you and which one wasn't. She was so confident about her own style and judgment she could cut her own hair, coordinate the construction of dream homes for *Southern Living* magazine, and decorate them with lights made from minnow buckets. She was the rare job candidate who didn't just mail a thank-you note, she sent a plant in a perfect terra cotta pot, with a note that read, "Plant me in your office."

Friends say Jenny bloomed wherever she was.

She was a student leader and a standout athlete in the Wayzata public schools, where she and her fraternal twin sister, Becky, may have had an unfair advantage in the statewide synchronized swim meet they won in eighth grade. "It was like they could read each other's minds," recalls childhood friend Laura Baum. "I remember once, when Jenny fell off a curb and hurt her leg, Becky was the one who cried. They were like a matched set."

When the pair graduated from Wayzata High School in 1993, they went on to Louisiana State University, where Becky had won a swimming scholarship and Jenny took the role of team manager, earned a master's degree, and eventually married Chip Bankston, "that cute boy" (as she described him to her parents) on the men's swim team. When Becky became a professional triathlete, Jenny cheered her rise up the ranks of the country's top female competitors, crafting the glittering Go Becky! signs their friends hoisted along the course. When Becky won an event, Jenny teased that having shared a womb now meant that her sister ought to share her winnings. "She did love to shop," recalls their mother, Sandy Gibbs.

While Jenny's husband attended medical school in New Orleans, she took a job at an ad agency, along with an unpaid position as the firm's social director, organizing "fresh flower Mondays" and margarita nights when she thought her co-workers could use a lift. By the time the couple moved to Birmingham, Alabama, where Chip was resident in orthopedic surgery, Jenny had taken her morale-boosting to a new level, sending daily inspirational quotations via e-mail that colleagues at Southern Progress Corporation, the Time Warner subsidiary that publishes *Southern Living* and other magazines, signed up to receive. She drew from sources as varied as Lance Armstrong and Ralph Waldo Emerson, and the aphorism she taped to her refrigerator captured their general tone: Whatever you are, be a good one.

She may have needed the motivating messages herself during what turned out to be a trying first pregnancy. Morning sickness lasted for seven months, followed by Bell's palsy, a temporary facial paralysis that made her usually wide smile a little lopsided. Even so, she was buoyant at the baby shower her sister and mother threw in July 2007, announcing to her friends—five of whom were pregnant too—that she and Chip had chosen their son's name more

than three months ahead of deadline. Though she joked about scheduling a cesarean section so she could stay on a predictable schedule, Graham Bankston arrived naturally enough on November 1, 2007. To her friends back home, she reported that childbirth was not as painful as she feared. "I highly recommend it," she said.

In the weeks that followed, Jenny took pictures of her baby, sent e-mails to her friends, tried to sleep, and struggled to find time with her husband, who was cycling through a six-week rotation in a hospital trauma unit. She took Ruby, her beloved golden retriever, for walks, chatted happily with neighbors who stopped by to admire her son, and hosted Becky (who now lives in California with her husband, Brian Lavelle) and brother, Randy Gibbs, who came to visit in November. She hung a Christmas wreath on the front door, took Graham to his first checkup, and sent her mother home after a three-week stay.

One Wednesday afternoon in December, Jenny called her mother at home in Minnetonka and held the phone up to Graham so she could hear her grandson cooing. While she cooked, Jenny recounted the long list of errands she'd managed that day—buying groceries, getting the car washed, doing the laundry, and packing for the Christmas trip to see her in-laws in Baton Rouge. She did not mention the most critical errand she had run that day—to a local sporting goods store, to buy a gun.

Just after 7 p.m., ninety minutes after Jenny said goodbye to her mother, neighbors heard the sound of gunshots at the Bankstons' home. Police arrived moments after Jenny's husband, still in his hospital scrubs, found his wife and infant son in the backyard, both of them shot to death.

"At first, we just couldn't make any sense of what happened," says Beth Haversack Smith, a childhood friend who had stayed in regular contact with Jenny, comparing notes about their parallel pregnancies. "At first, I think we all assumed it had to have been an intruder."

But reading the handful of letters Jenny left behind, police investigators realized she had lost her struggle against an intruder of a different sort—postpartum psychosis, a rare maternal mood disorder that affects fewer than one in a thousand new mothers. It is a medical emergency characterized by delusions, disordered thinking, and intrusive thoughts often so discomfiting to new mothers suffering from the illness that fewer than 20 percent will bring the symptoms to their health care provider. In Jenny's case, whether the darkness fell over the course of weeks, days, or the space of a few hours is something that not even her twin sister will know.

"She didn't confide in any one of us," Becky says. "Maybe she felt too ashamed, too scared—we just don't know."



Jenny was thirty-three; Graham was seven weeks old. They are survived by Jenny's husband, parents, brother, sister, and a tight-knit circle of Twin Cities friends determined to help the one in seven new mothers who experience depression or other mood disorders in the postpartum year find their way through the darkness and back into the light.

There wasn't much light to look to in the first few days after the deaths of Jenny and Graham, the darkest week in December, when Bob and Sandy Gibbs learned that their daughter had taken their grandson into a sporting goods shop, where she decided on a weapon she told the clerk she needed for personal protection. Before the lunch hour was over, she left the shop with her baby, a 9-millimeter pistol, and the two rounds the clerk helpfully loaded for her after she told him

she'd never used a gun before. (Alabama, unlike Minnesota and sixteen other states, does not require a waiting period when purchasing a handgun.)

"That just wasn't the Jenny we knew," says Bob Gibbs, a retired biology teacher and swim coach. "I'll tell you the second-guessing you go through after something like this, the conversations you run over in your mind wondering if there was some sign. There just weren't any signs."

It was only when they flew to Birmingham to prepare for Jenny's funeral that the Gibbsses began to get a glimpse of what she was going through—and had kept hidden from even those closest to her. She told her husband only that she'd been feeling "a little down," yet a search of her computer history revealed that she'd been researching the symptoms of postpartum depression for weeks. She then brought her self-diagnosis to her six-week postpartum checkup several days before she died. Though she was prescribed an antidepressant, her family doesn't know whether she was screened for any other problems or referred for any additional care.

Her computer records also showed what Randy Gibbs describes as "a tug of war" between the normal concerns of a new mother and the psychosis her family believes overwhelmed her. "One minute she'd be looking at Pottery Barn, and a few minutes later she'd be looking up *suffocation*," Randy says. "She'd go from shopping for Graham at babyGap to looking up the crash-test results for the exact make and model of her car." The suicide note she left for him, he says, "was in her handwriting, but it wasn't in her language."

As the Gibbsses tried to learn everything they could about what happened to Jenny, they discovered that perinatal mood disorders are more common than many people realize, affecting between 15 and 20 percent of expectant and new mothers—far more than the 1 in 20 who develop gestational diabetes while they're pregnant or the 1 in 700 who learn their child has Down syndrome. While screening for the latter two conditions is routine for many women, research shows that fewer than 50 percent of expectant and new mothers are screened for depression and fewer still get the treatment some of them should have. The consequences of this gap became all the more apparent to Jenny's family when they learned that perinatal mood disorders are also considered the most treatable of psychiatric illnesses. "But did Jenny know any of that?" Sandy wonders. "Did she know it wasn't her fault?"

Even before the four memorial services—one in Birmingham, another in California, and two in the Twin Cities—the Gibbsses knew the name of the nonprofit foundation they planned to start with the donations that began pouring in after Christmas, when Jenny's obituary appeared in the Birmingham paper. " 'Jenny's Light' was the name that came to me," says Bob.

The foundation's goal would be to educate families about the mental health issues that confront many new mothers—but first Jenny's family had to educate themselves. "I was really angry at first," says Randy, Jenny's senior by four years and a ski coach who works as a service technician for the U.S. ski team during the winter. "I felt like, 'Jenny, why didn't you tell us? Why would you do this?'"

Most of what Randy knew about postpartum depression and psychosis had been gleaned from the news stories about Andrea Yates, the Texas mother who drowned her five children in 2001. "I remember thinking that's about the worst thing I ever heard, she ought to go to jail, and that's it," he says. But within months of his sister's death, Randy found himself speaking at a conference in Houston for Postpartum Support International, the nonprofit organization whose website his sister had been searching only weeks before she died. There he met Andrea Yates's attorney, who successfully appealed her conviction for capital murder and, in 2006, won a jury verdict of not guilty by reason of insanity. "Other countries are way ahead of where we are on this issue," Randy argues, noting a 1938 law in Great Britain that assumes any mother who kills a child in the first year of life is mentally ill, "the balance of her mind disturbed by reason of her not having fully recovered from the effect of giving birth."

"The [Yates] case has changed people's minds, for sure, but there's still a lot people don't understand," Randy continues. For instance, he says, four out of five new moms can expect to experience the hormonal letdown in the first two weeks after giving birth often called the "baby blues." But when symptoms last longer than two weeks, experts say a woman may be experiencing postpartum depression—a phrase that probably doesn't fully describe the host of emotional health issues that confront some new mothers.

Experts have begun moving toward the term "perinatal mood disorders" to describe the spectrum of distinct and often overlapping mental health problems that may begin either during pregnancy (perinatal) or following childbirth (postpartum) and may range from depression, anxiety, and panic disorders to obsessive-compulsive behavior, posttraumatic stress, and the much rarer psychosis that Jenny suffered. All are multifactorial in origin, meaning they may be triggered by sudden hormone changes, disrupted sleep, a traumatic child delivery, previous or undiagnosed mental illness, a stressful home environment, or even the often unremarked-upon but utterly life-changing experience that is parenthood.

"The word *depression* can be an obstacle to some women because that's not always what they're feeling after having a baby," explains Suzanne Swanson, a St. Paul psychologist who coordinates the Minnesota chapter of Postpartum Support International. "More and more, we're seeing anxiety issues—women who say, 'I feel fine about myself, but I can hardly sleep at night because I'm so worried that something is going to happen to my baby.'"

A recent survey of more than 900 postpartum women conducted for Childbirth Connection, a national nonprofit group dedicated to improving maternity care in this country, found that anxiety was a common concern among new mothers. It also found that nearly one-fifth scored high on a screening test for posttraumatic stress disorder, while nearly two-thirds screened high for postpartum depression, with nearly a third reporting "feeling down, depressed, or hopeless" or having "little interest or pleasure in doing things." Five percent admitted to having had suicidal thoughts.

Almost a third of all new mothers said their emotional health had interfered in some way with the care they had been able to give their babies during the first two months of life. "From the baby's point of view, that's a problem," says Susan Schultz, an infant-parent psychotherapist in Edina. "Babies are wired so that everything they need to develop and thrive unfolds in the context of the relationship with the mother. So when a mother is experiencing significant depression, she doesn't have the psychic energy to respond to her child . . . and, over time, the baby's development suffers."

Though the U.S. Centers for Disease Control estimates that about 18 percent of women will report perinatal depression, Schultz and other experts suspect this may underestimate the number of new mothers who suffer from mental health problems in the postpartum year. "There's a sort of Hallmark card expectation of how great parenthood is supposed to be early on, and we tell women that having a new baby should be the happiest time in their life," she says. "So women who are struggling may think they're doing something wrong, and the shame they feel may make it even harder for them to reach out for help."

Women who do reach out may have trouble finding help—as two tragedies in the Twin Cities during the summer of 2003 revealed. In July of that year, Naomi Gaines, a single mother with a history of psychiatric problems, threw her two young sons from St. Paul's Wabasha Bridge. In August, Mine Ener, an assistant professor at Villanova University in Philadelphia, killed her six-month-old daughter while visiting at her mother's St. Paul home, then suffocated herself while in sheriff's custody. Paired in the headlines, the two cases offered painful proof that perinatal mood disorders cut across socioeconomic boundaries. They also highlighted how little understood these diseases are. For instance, Ramsey County Attorney Susan Gaertner proposed, as a possible deterrent, "enhanced penalties" for mothers who commit infanticide. Fox News's Bill O'Reilly mocked a memorial that Ener's colleagues had created in her honor at Villanova. "Do we honor people who kill their babies?" O'Reilly demanded. "Is that what we've come to here?" Eleven days after it was installed, the Catholic university removed Ener's memorial plaque, following a conservative campus newspaper campaign against it.

In St. Paul, Ener's family staged a quiet but persistent campaign of their own to put a small brochure about perinatal depression in the hands of every new mother in Minnesota. The law passed in 2005, and Mine's sister-in-law, Ruth Ener, believes it has helped elevate discussion about the public health risks of maternal depression—and may help

alleviate some of the pain and stigma for families affected by it. “At least that’s what I hope happens,” she says.

Randy Gibbs was unaware of any shock jocks jeering after his sister’s death, which authorities and the media in Birmingham attributed to postpartum depression within days of her death. Closer to home, he says, “I’ve had some people I thought were friends who’ve said, ‘Your sister’s a murderer and she’s gonna burn in hell.’” Now, as the executive director of Jenny’s Light, Gibbs says his job is “to tell women they’re not to blame for this and they don’t need to be ashamed—it’s a treatable and completely curable condition.”

He admits that his experience as a bartender and ski coach might make him seem an unlikely advocate for women’s mental health. “But,” he says, “if this can happen to my sister, this could happen to anyone.”

Several factors have also been shown to raise a woman’s risk of developing a perinatal mood disorder, among them single parenthood, strained financial circumstances, premenstrual syndrome, a previous episode of depression, and a history of abuse. Yet another factor that may help explain why mood disorders affect women from all walks of life: perfectionism.

“Being driven, high-achieving, ambitious, and used to accomplishing what you want—when you bring these incredibly high expectations into motherhood, it’s a setup for falling short,” says Helen Kim, a psychiatrist and director of the Hennepin Women’s Mental Health Center at Hennepin County Medical Center in Minneapolis. Kim received a 2008 Bush Foundation Medical Fellowship to expand Minnesota’s mental health treatment for pregnant and postpartum women beyond the metro area. In June, she was one of the featured speakers at a conference titled “Beyond the Baby Blues” sponsored by the Minnesota Chapter of the National Alliance on Mental Illness. Board members of newly organized Jenny’s Light attended the conference and took notes.



Joining the Gibbs family that day and dressed in black “Team Jenny” T-shirts were some of Jenny’s childhood friends—Nicole Kustermann, Karen Jennings McCarren, and Alison Hankins—each of whom was the mother of a baby less than a year old. As the friends learned more about the disease that gripped Jenny, they say they’ve seen some of their own struggles as young mothers reflected in the data.

“The perfectionism—that’s the piece that fits Jenny, and me, and almost every woman I know,” says Kustermann, a Minneapolis attorney who serves as the legal secretary of Jenny’s Light. “Especially in this country, where you’re expected to be Supermom.” Kustermann’s son, Gavin, was born a couple of weeks before Jenny’s Graham.

“I think women are blindsided by how hard it is at first,” says Beth Haversack Smith, another high school friend, who helped pass out literature about Jenny’s Light during the Twin Cities’ Lifetime Fitness Triathlon in which Becky Gibbs Lavelle finished third. “Everyone tells you this is the best time of your life, but for me it wasn’t.” Like Jenny, Smith struggled when trying to breastfeed her first son, battling that “feeling that you’re not a good mom if you don’t automatically know how to do something you’ve never done before.” (Difficulty breastfeeding can be a trigger for maternal depression—though not necessarily the cause, says Helen Kim. “What it’s really about is this primal fear, ‘How can I keep this baby alive?’”)

What resonates for McCarren, a former swim teammate of Jenny’s and a part-time physical therapist, is the unexpected isolation of new motherhood. “To be like Jenny was—out in the world, interacting with so many people, doing a job that people respect—and then, all of a sudden, being home all day with a baby who is depending on you for everything and not being able to sleep or take care of yourself,” she says. “Even if it’s something you choose and want—and I know Jenny really wanted a baby—that adjustment can be overwhelming.” (In a Childbirth Connection survey, four of ten new mothers reported feeling “isolated” in their new role.)

As Jenny’s friends grieved alone and together, while honing the message of Jenny’s Light they’ve also struggled with a “there but for the grace of God” feeling, that the joy they’ve experienced in their own lives as young mothers is a feeling their friend may never have felt. “I found a lot of peace in holding Haden and being with him, but at the same time it reminded me so much of Jenny and Graham,” Smith says. “Nursing him in the middle of the night was one of the hardest times for me.” During the longest nights last winter, Smith says she and Kustermann sent text messages to each other during their predawn feedings. “Are you up?” one would ask the other. “Are you OK?” “Do you need to talk?”

“We each knew the other one would be awake at three in the morning, and we knew—” Smith says, before she pauses to compose herself. “I’d just had a baby myself so I didn’t take it as anything when Jenny didn’t return my calls after Graham was born because I knew what that was like. I knew how hard it was. I wish she’d told someone. I wish I’d had a chance to tell her that it really does get better.”

“That’s probably one of the best things Jenny’s Light could do for women,” says Kustermann. “Just open up the conversation about what it’s like to be a new mother. What it’s *really* like.”

That conversation started in February, when Randy Gibbs set up a website—jennyslight.org—with information about perinatal mood disorders, links to other resources, and a suicide-prevention hot line. Within six months, the site had received more than 20,000 hits from seventy-eight countries. One of the features most visited has been the guest

book linked to Jenny's obituary, where classmates and former co-workers share their memories. But many more of the messages have been left by women who never knew Jenny, but who know how postpartum depression affected their lives. "There were days that I thought I wasn't going to make it and was afraid of what I might do to my children," writes a woman from Louisiana. "I can't bear to think of what might have happened if I hadn't managed to drag myself into my ob-gyn's office one day and 'confess' to my misery," a woman from New York says.

More urgent are the e-mails the site has received—a few dozen already—from women who say they're in the throes of depression or anxiety, some with subject lines that say "Help me!"

Jenny's Light board member Jesse Kuendig recently relocated to Minneapolis from Illinois, where she served as clinical coordinator of the perinatal depression program of Evanston Northwestern Healthcare, and, though she's an experienced social worker, she's not comfortable dispensing advice via e-mail. "There are liability issues, and you really need to be face to face with a woman to see what's going on," she says.

"But these women need help right now," says Alison Hankins, who coordinates public relations for Jenny's Light. "It seems like we have a responsibility to help them find it."

This is one of the issues debated during a board meeting in July in Bob and Sandy Gibbs's family room, where Jenny's dog, Ruby, provided comic relief, eating cookies off unguarded laps. The dog was visiting with Jenny's husband, who just finished his residency in Alabama where fellow physicians raised \$50,000 during a golf tournament in Jenny's honor. That has been the most successful of a series of fundraisers and outreach programs Jenny's Light has planned—given a boost, perhaps, by Becky Gibbs Lavelle's recent competitions, including a strong enough finish at Olympic trials in Des Moines to earn her an alternate spot on the U.S. women's triathlon team. Some 200 people have volunteered for Jenny's Light events, and HCMC's Helen Kim has agreed to join the board to provide clinical guidance. "Let's make a note to talk to Dr. Kim about those e-mails," Kustermann suggested at the July meeting, trying to stay on top of the long list of business at hand. While board members are encouraged by what's been accomplished in the past several months, they're also very aware they've only just begun.

"At first, I think we thought, 'Let's get out there and set the world on fire,' " Randy Gibbs says. "But the more you learn about perinatal mood disorders, the more you see the gaps in our health care system and how hard they're going to be to close." For instance, while new laws in Illinois and New Jersey mandate maternal mental health screenings, 46 million Americans still don't have health insurance and many uninsured women will never come in for prenatal care. Team Jenny has compared the different screening tools for diagnosing depression, but how do you guarantee treatment for women whose insurance doesn't cover mental health or who live in places short on mental health providers? And while many nations have much to teach Americans about extended postpartum leave and other employee benefits for young families, how do you change the postpartum culture in this country? "Legislation," says Bob Gibbs, "could take forever."

Impatience is one reason Gibbs rose early one morning in August to meet with a group of ob-gyns at Abbott Northwestern Hospital in Minneapolis. Last year, more than 4,400 women gave birth there, which means that, by the most conservative estimate, about 600 of them probably went home with depressive symptoms far beyond the baby blues. Four or five of them may have even gone through what Bob's daughter endured. "All of you, I'm quite sure, could come up with a profile of what kind of woman might suffer from postpartum depression," Gibbs said, standing in front of a large-screen photo of his daughter, who is smiling as she holds her son up to the camera. "Well, I'm not sure there is such a profile."

Then Jesse Kuendig took over the presentation, outlining the goals of Jenny's Light and the kind of perinatal mental health care the group hopes to help create in hospitals such as this one. This is, in fact, the first of what Team Jenny hopes will be a series of meetings with medical professionals, mental health providers, and new-parent groups, to share Jenny's Light with the struggling mothers who need it most. "Our job is to put a face on this illness," Bob says.

Though sharing his daughter's story has been painful, he says it has helped give the past year without her some purpose. "If telling their stories saves the next Jenny and Graham who come along, then it will all be worth it."

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