



POSTNATAL DEPRESSION IN DISFUNCTIONAL ATTACHMENT STYLE

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Abstract

The aim of this paper is to determine whether there is any connection between the mother's dysfunctional attachment style and the prevalence of postnatal depression.

We formulated the following hypotheses: the style of dysfunctional attachment predisposes to the appearance of postnatal depression; women with dysfunctional attachment style show more symptoms associated with postnatal depression than those with functional attachment; and the symptoms of postnatal depression have a relatively constant incidence during the first 12 months postpartum.

The study was performed on a group of 128 women, aged between 21 and 43 years, with a mean age of 31.2, using the following tools: Collins and Read Adult Attachment Scale (1990) and Edinburgh Scale for Postnatal Depression (1987).

The obtained results demonstrated the validation of the 3 hypotheses: respondents with dysfunctional attachment style have a risk of postnatal depression 3,705 times higher than respondents with functional attachment style; there was a statistically significant difference between the average scores for depression in the group of women with dysfunctional attachment, compared to the group of women with secure attachment; and the incidence of postnatal depression remains relatively constant in both analysed groups (0 - 6 months postpartum vs. 7 - 12 months postpartum).

Keywords: *postpartum depression, attachment style, incidence*

1. INTRODUCTION

Attachment theory was developed by John Bowlby (1969, 1973) and refers to the biological instinct in which closeness to a protective figure is required when the child feels or perceives a threat or discomfort. The most important principle of the theory

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is that a child must develop a relationship with at least one of those who care for him, to have a healthy social and emotional development and particularly to learn how to successfully manage their own emotions.

The postpartum period is known as a period of high risk for the onset of an affective disorder: epidemiological data shows that between 7-13% of mothers develop depression during the first year after birth and up to 20% in the first postpartum trimester (Almond, 2009).

The term „postpartum depression” is used generically in the literature, encompassing the depressive symptoms that manifest starting from the immediate postpartum period and which is etiologically connected with the birth or with physiological, hormonal, social, psychological, psychological, or medium aspects and related to the time interval in the vicinity of birth (Austin, 2010; Howe, 2011; Mikulovic, Rizeanu, 2020).

In a broader sense, the concept of postpartum depression encompasses a mild to moderate non-psychotic depressive episode, including subclinical depressive symptoms, beginning in the first year after birth, and in narrower sense, postpartum depression refers to a major depressive episode that begins in 4 weeks after birth, according to the guidelines of the American Psychiatric Association (APA, 2013).

2. OBJECTIVE AND HYPOTHESES

2.1. OBJECTIVE

The main goal of this research is to determine whether there is a link between the mother's dysfunctional attachment style and the prevalence of postnatal depression.

2.2. HYPOTHESES

Hypothesis 1: The dysfunctional attachment style predisposes to postnatal depression.

Hypothesis 2: Women with dysfunctional attachment style show more symptoms associated with postnatal depression compared to those with functional attachment.

Hypothesis 3: The symptoms of postnatal depression have a relatively constant incidence during the first 12 months postpartum.

3. METHOD

The research sample consisted of 128 women, aged between 21 and 43 years, with an average ageing of 31.24, of which 96.1% come from urban areas. Regarding

the literacy, only one respondent had only secondary education, 86 of the participants having university studies (67% of the total) and 41 of them (32%), post-university studies.

At the same time, 87 women were at the time of this study in their first year postpartum, after birth of their first child. The other 41 women were included in the multiparous group: 35 mothers with 2 children each, and 6 mothers with 3 children each.

Regarding the attachment style, 81 of the study participants, in a percentage of 63.3%, presented a functional attachment style, while 47 of the participants presented dysfunctional attachment styles, accumulating a percentage of 36.7% of the total respondents.

The investigation tools were the following:

- Collins and Read Adult Attachment Scale, used for measuring the type of attachment, which was developed in 1990 by researchers Collins and Read, on basis of previous works of psychologists Hazen and Shaver (1987) and Levy and Davis (1988).
- The Edinburgh Scale for Postnatal Depression was developed in 1987 by Cox, Holden and Sagovsky, a psychometric tool specially adapted to postpartum women and universally used to identify depressive symptoms in women in the first year after childbirth and to assess the severity of postnatal depression.

To validate the hypotheses, we performed statistical analysis in the IBM SPSS Statistics and Graphpad Prism software, the used tests being the contingency tables, the T test with independent variables and the ANOVA linear regression model.

This paper is an observational, descriptive study, conducted in a cross-sectional manner, through observation and questionnaires that were self-applied by participants or during their interviews.

4. RESULTS

To verify the first hypothesis, we compiled a contingency table in SPSS, to investigate whether there is a correlation between the two variables: attachment style (functional or dysfunctional) and the occurrence of postnatal depression. The results are illustrated in the following tables:

Tables 1 and 2: Statistical analysis, attachment style contingency tables x postnatal depression I

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Attachment style* Depression yes/no	128	100.0%	0	0.0%	128	100.0%

Attachment style* Depression yes/no Crosstabulation					
			Postpartum depression		Total
			No	Yes	
Attachment style (AS)	functional	Count	43	38	81
		% within AS	53.1%	46.9%	100.0%
	dysfunctional	Count	11	36	47
		% within AS	23.4%	76.6%	100.0%
Total		Count	54	74	128
		% within AS	42.2%	57.8%	100.0%

Tables 3 and 4: Statistical analysis, attachment style contingency tables x postnatal depression -II- Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10.744a	1	.001		
Continuity Correction	9.561	1	.002		
Likelihood Ratio	11.180	1	.001		
Fisher's Exact Test				.001	.001
Linear-by-Linear Association	10.660	1	.001		
N of Valid Cases	128				

Risk Estimate			
	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for AS (functional / dysfunctional)	3.703	1.657	8.275
For cohort Depression yes/no = without depression	2.268	1.301	3.956
For cohort Depression yes/no = with depression	.612	.463	.811
N of Valid Cases	128		

Basically, it was demonstrated that respondents with dysfunctional attachment style have a risk of 3.705 times higher than respondents with functional attachment style for the occurrence of postnatal depression. The value of p (Sig.), at the 95% confidence interval, was 0.001.

To test the second hypothesis, we used the T test with independent variables. We compared the numerical scores obtained after completing the Edinburgh Scale for Postnatal Depression (ESPD) to the two groups: women with functional attachment style and women with dysfunctional attachment style. The results are illustrated in the following tables.

Tables 5 and 6: T test with independent variables for ESPD score and attachment

Group Statistics					
	Attachment style	N	Mean	Std. Deviation	Std. Error Mean
EPDS	functional	81	9.47	3.956	.440
	dysfunctional	47	12.85	4.823	.703

Independent Samples Test

Levene's test for Equity of Variances				T-test for Equity of Means						
									95% Confidence Interval of the Difference	
Depression score		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
	Equal Variances assumed	3.125	.079	-4.296	126	.000	-3.382	.787	-4.940	-1.824
	Equal variances not assumed			-4.077	81.768	.000	-3.382	.830	-5.032	-1.732

The obtained results suggest a statistically significant difference in the average scores for depression in the group of women with dysfunctional attachment,

compared to the group of women with secure attachment (attachment considered to be functional), so the second hypothesis is confirmed.

To be able to compare the incidence of depression according to the postpartum period situation corresponding to each mother, we formed and divided the participants into two groups: a group of mothers in the postpartum period of 0-6 months, and a group of mothers in the postpartum period of 7-12 months. The group of 0-6 months consisted of 58 participants, meaning a percentage of 45% from total, and the group of 7-12 months was formed by 70 participants, meaning a percentage of 55% of the total.

To be able to test the third hypothesis, we checked if the first 6 months postpartum present a higher risk for the appearance of symptoms specific to postnatal depression, compared to the next 6 months (7-12), the results being illustrated in tables 7, 8 and 9, as follows:

Tables 7 and 8: 2x2 contingency tables, testing the influence of the postpartum period on the incidence of postnatal depression -I-

Postpartum period * Depression yes/no Crosstabulation				
Count				
		Depression yes/no		Total
		With Depression	Without Depression	
Postpartum period	0.6 months	24	34	58
	7.12 months	30	40	70
Total		54	74	128

Chi-Square Tests					
	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.028 ^a	1	.866		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.028	1	.866		
Fisher's Exact Test				1.000	.505
Linear-by-Linear Association	.028	1	.867		
N of Valid Cases	128				

Table 9: 2x2 contingency table, testing the influence of the postpartum period on the incidence of postnatal depression -II-

	Risk Estimate		
	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Postpartum period (0,6 months / 7,12 months)	.941	.465	1.905
For cohort Depression yes/no = Without Depression	.966	.642	1.453
For cohort Depression yes/no = With Depression	1.026	.763	1.380
N of Valid Cases	128		

Basically, the incidence of postnatal depression remains relatively constant in both analysed groups (0-6 months postpartum vs. 7-12 months postpartum), so the third hypothesis is in this way confirmed, the incidence of postnatal depression is not depending on the time elapsed since birth, in the first birth in postpartum.

5. CONCLUSIONS

In conclusion, the present study shows the dysfunctional attachment style presents a 3.7 times higher risk for the development of postnatal depression, compared to the secured attachment style, a fact also found by various research works conducted by McMahon and colleagues (2005), Lee and Koo (2015), or Robakis and colleagues (2015), concluding that anxious and insecure attachment styles are predictors of maternal depression.

We also demonstrated that women with dysfunctional attachment style show more symptoms suggestive of postnatal depression in the first 6 months postpartum, compared to women with secure attachment style, and the symptoms of postnatal depression are constant during the first year of postpartum, which was also confirmed by other studies conducted by Nanni and Troisi (2017).

The limitations of this research refer to the fact that the group of subjects was relatively small, chosen arbitrarily, and the distribution by age groups and backgrounds of the participants to this study was not uniform.

However, this study is a first step in researching dysfunctional attachment styles and postnatal depression in Romania. Starting from the obtained results, other studies can be conducted in the future aiming to investigate the debated topics, but also other topics that may be found related to them.

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