

Postpartum Depression and Disrupted Attachment: The Impact of Maternal Mental Health on Child Development

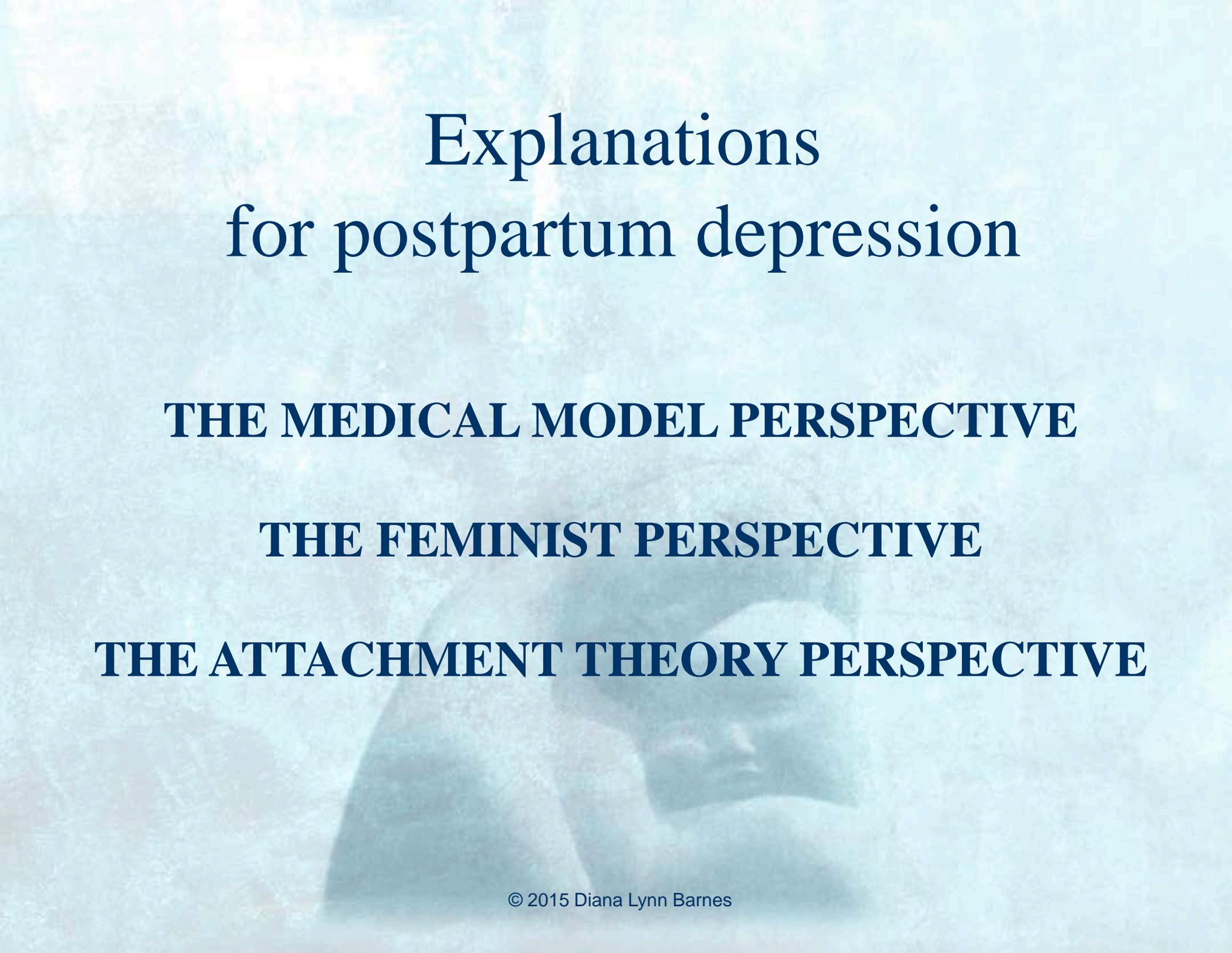
Diana Lynn Barnes, Psy.D
The Center for Postpartum Health
Sherman Oaks, CA
www.postpartumhealth.com

“Her devotion, her ability to be intricately in tune with his wants, enables the infant to experience himself as the master of his world...A long period of intense and harmonious involvement with a sensitively attuned mother is essential to the baby’s emotional health.”

(Karen, 1994)

Birth of a child as a developmental crisis

- More psychiatric admissions around childbearing years
(O'Hara & Stuart, 1999)
- Rates of major depression postpartum in the U.S. estimated at 800,000 women annually
- International rates estimated between 10% and 28%
- Cross-cultural meta-analysis documents 143 studies reporting prevalence in 40 countries with rates as high as 60%
(Halbreich & Karkun, 2006)



Explanations for postpartum depression

THE MEDICAL MODEL PERSPECTIVE

THE FEMINIST PERSPECTIVE

THE ATTACHMENT THEORY PERSPECTIVE

What is Attachment?

What are the functions of attachment?

- Physical and psychological survival
- A template for all other relationships

What disrupts attachment?

(Disrupted Attachment
is a traumatic event for the infant)

- Separations from the primary caregiver
- Death of the primary caregiver
- Mental illness of the primary caregiver

The new mother and the developing attachment relationship

- Primary maternal pre-occupation (Winnicott)
- The good enough mother (Winnicott)
- Maternal attunement (Ainsworth)
- Development of self (Stern)
- Affect regulation (Emde)

Characteristics of Attunement

- cross modal matching
- selective use of attunement

Types of Attunement

- misattunement
- unauthentic attunements
- overattunement

The Neurobiology of Attachment

- interpersonal relationships and genetic expression
- the matching of affective states
- contingent communication

The Still Face Experiment

(Tronick, E. 1975)

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Attachment Representations

- Internal working models of attachment are stable across time
- Intergenerational transmission of attachment
- Earned security and the transmission of attachment

The Adult Attachment Interview

Infant Attachment

- secure
- ambivalent
- avoidant
- disorganized

Adult Attachment

- secure
- preoccupied
- dismissing
- unresolved/disorganized

Depression/Anxiety During Pregnancy

- 15% during pregnancy
- 50-75% relapse after discontinuing meds
- low birthweight
- preterm
- constriction in placental blood supply
- heightened startle response
- later behavioral problems
- > cortisol levels
- organ malformation

Baby Blues

- 50%-80% of postpartum women
- onset usually between day 3 and day 14 postpartum
- symptoms persist few days to few weeks
- usually diminish without intervention

Symptoms of the Blues

- tearfulness
- irritability
- sadness
- sleeplessness
- anxiety
- exhaustion

What is Postpartum Depression

A biological illness caused by changes in brain chemistry following the birth of a child.

Postpartum depression occurs in response to a number of biological, psychological and psychosocial factors that converge to create vulnerability

- 15%-20% with “baby blues” will develop a major depression
- can occur anytime within the first year
- early assessment and tx critical – can become chronic
- 50% - 75% recurrence rate in subsequent birth

The language of postpartum depression

- No one has ever felt as bad as I do (helplessness)
- I have made a terrible mistake (anxiety)
- I am all alone and no one understands (isolation, withdrawal)
- I am a failure as a mother, woman and wife
(guilt, diminished self-esteem)
- I will never be myself again (hopelessness)
- I'm losing it (despair)
- I am on an emotional roller coaster (mood lability)
- I want to cry all the time (tearfulness)
- Everything is an effort (exhaustion)
- I have such trouble deciding (disorientation, confusion)
- I feel like I have coke fizzing through my veins (anxiety)
- Sometimes I think everyone would be better off without me
(suicidal thinking)

Symptoms of PPD with Anxiety

- insomnia
- weight loss
- inability to cope
- hopelessness
- confusion and disorientation
- difficulty concentrating
- “going through the motions”
- sadness
- feelings of inadequacy
- memory loss
- fear of being left alone
- overwhelming anxiety
- emotionally detached from their infant
- suicidal ideation

Symptoms of Obsessive-Compulsive Disorder

- intrusive and repetitive thoughts or images
- thoughts often about hurting/killing baby
- thoughts often accompanied by anxiety-reducing behavior

Symptoms of Panic Disorder

- shortness of breath, chest pain, dizziness
- trembling, numbness
- restlessness and agitation
- sudden episodes of extreme anxiety, excessive worries

Symptoms of PTSD

- reliving of past traumatic events
- flashbacks, nightmares, images
- sense of doom

Symptoms of Postpartum Psychosis

- refusal to eat
- inability to sleep
- agitation
- depressed or elevated mood (mania)
- delusions
- hallucinations
- paranoia

Biological Risk Factors

- personal / family history of depression and/or anxiety disorder
- personal / family history of postpartum depression
- depression / anxiety during pregnancy
- premenstrual dysphoric disorder (PPD)
- personal / family history of thyroid illness
- long / short intervals between pregnancies
- fertility tx

Psychological Risk Factors

- interpersonal stress
- unsupportive spouse
- poor relationship with woman's own mother
- ambivalence about the maternal role
- past experience of trauma (physical, emotional, sexual abuse)
- chemical dependency in the family
- previous unresolved losses (death, divorce, miscarriage, abortion, stillbirth)

Psychosocial Stressors

- absence of a social support structure
- complicated pregnancy and/or delivery
- premature delivery
- infertility issues
- sick/colicky infant
- multiple births
- stressful life events (moving, financial pressures)

PDSS – The Four Stage Process of Teetering on the Edge

- Encountering Terror
- Dying of Self
- Struggling to Survive
- Regaining Control

When the attachment relationship is disrupted by maternal depression

- Disengaged or withdrawn
- Hostile or intrusive
- Less likely to respond to their infants' cues
- Less likely to engage with their infants and young children in positive and harmonious ways
- Prolonged attachment disruptions alter brain chemistry
- Established negative parent-child interactions may persist throughout childhood increasingly the likelihood of negative interactions with other adults
- A hostile caregiver creates fear and anxiety in a child

Why Treat Postpartum Depression?

Risks to the infant present risks to the developing child

- attachment difficulties
- poorer developmental scores at one year
- social developmental delays
- cognitive deficits and attention disorders
- microdepression
- serious maternal depression carries risk of child abuse and neglect, maternal suicide or infanticide

Impact on the System

- responses to loss
- renegotiation of roles
- social developmental delays
- closed system vs. open system

Resources

Postpartum Support International
www.postpartum.net

Marce Society
www.marcesociety.com

Los Angeles County Perinatal Mental Health Task Force
www.maternalmentalhealthla.org

2020 Mom Project
www.2020mom.org

Suggested Reading

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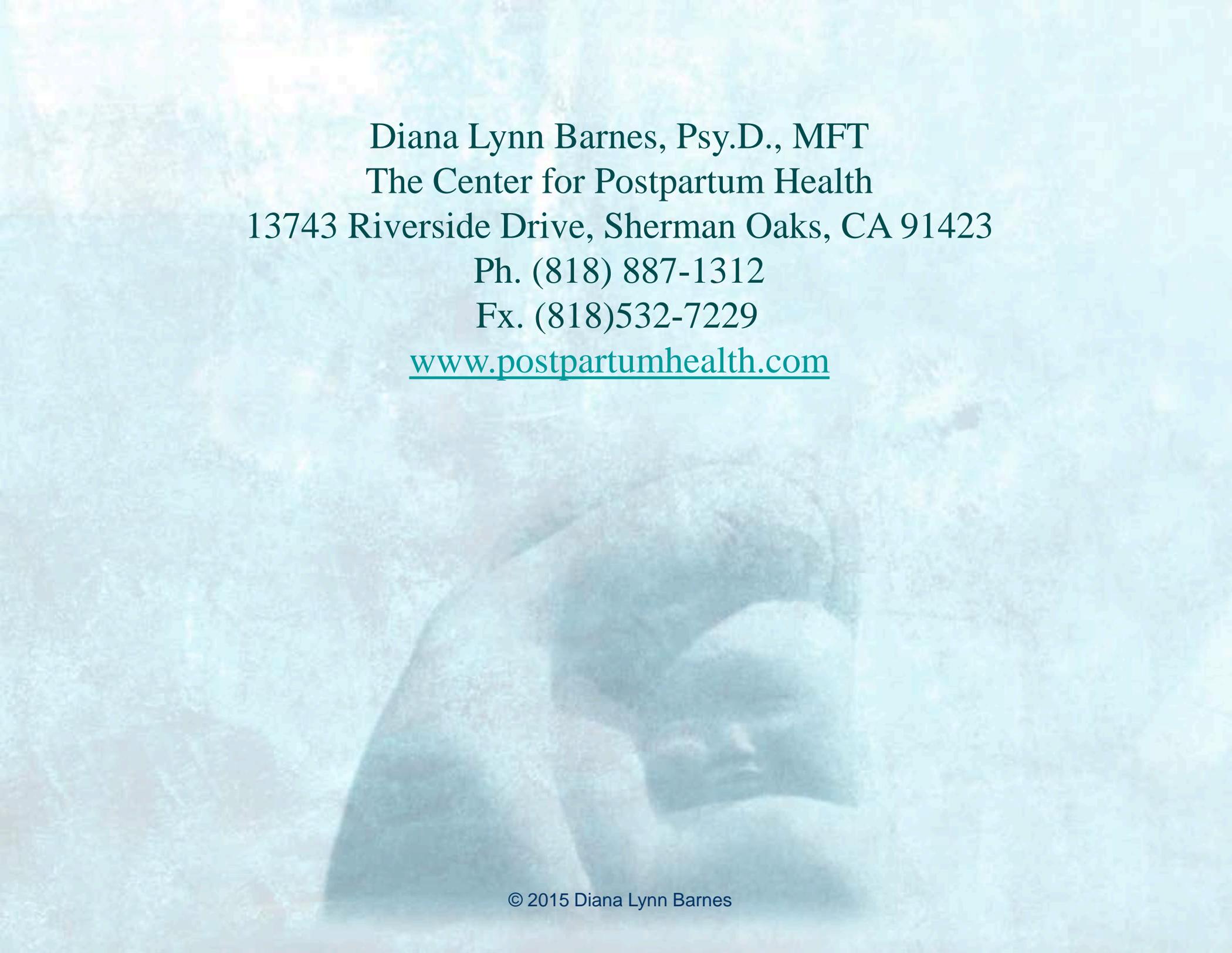
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Diana Lynn Barnes, Psy.D., MFT
The Center for Postpartum Health
13743 Riverside Drive, Sherman Oaks, CA 91423
Ph. (818) 887-1312
Fx. (818)532-7229
www.postpartumhealth.com