

The role of Dependency and Self-Criticism in the relationship between postpartum depression and anger

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Abstract

This study explored the role of the personality dimensions of Dependency and Self-Criticism in the relationship between postpartum depression and anger. Self-reported state and trait anger, anger directed towards the self and others, and the control of anger were compared between inpatient postpartum depressed mothers ($n = 55$) and non-depressed mothers in the postpartum period ($n = 244$), and associations between Dependency and Self-Criticism, anger, and anger regulation were investigated. Postpartum depression was associated with elevated levels of state and trait anger and anger directed towards the self. However, the relationship between depression and anger was influenced by Dependency and Self-Criticism. Dependency was associated with state anger in non-depressed mothers; and highly dependent mothers directed their anger significantly more towards the self and less towards others. Self-Criticism was associated with high levels of trait anger, low control of anger, and high levels of anger towards the self and others. Hence, these personality factors should be taken into account in both research and treatment of anger in depression.

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1. Introduction

Estimates of the prevalence of postpartum depression in the general population range between 11% and 20% (Goodman, 2004a; de Tychey et al., 2005). Hence, for a considerable number of young mothers,¹ the postpartum period is not a positive and happy experience, but a period of considerable mental pain and anguish. In addition, many mothers suffer from subclinical feelings of depression (the so-called “baby-blues”) (Matthey, Barnett, Howie, & Kavanagh, 2003; Stuart, Couser, Schilder, O’Hara & Gorman, 1998; for a review see Beck, 2002). Another potentially important emotion that may characterize the “dark

side” of the postpartum period, namely anger, has received relatively little research attention. Yet, both clinical descriptions and empirical studies indicate that postpartum depression is associated with elevated levels of anger and anger attacks (Beck, 1996, 2002; Hagen, 1999; Mammen, Shear, Jennings, & Popper, 1997; Weinberg & Tronick, 1998). Beck (1996), for example, found that ‘uncontrollable anger’ was an important recurring theme in a study of mothers with postpartum depression. These feelings may be associated with considerable concerns and worries, as many mothers in the postpartum period may find it hard to admit that they have feelings of aggression and ambivalence towards their child (Hoffman, 2003).

Yet, because high levels of parental anger can have detrimental effects on child behaviour and development (Cummings & Davies, 1994), recognizing and treating problems of anger and anger regulation in postpartum period may be vital in the prevention and treatment of postpartum depression (Mammen et al., 1997, 1999).

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¹ Without ignoring the growing body of research addressing paternal postpartum depression (e.g. Goodman, 2004b; Paulson, Dauber, & Leiferman, 2006; Ramchandani, Stein, Evans, O’Connor, & the ALSPAC study team, 2005), this study focuses on postpartum depression in women.

Studies concerning the role of anger in major depression in general may shed more light on the role of anger in postpartum depression. These studies suggest that anger is an important symptom that is present in about 30–40% of patients with Major Depressive Disorder (MDD) (Benazzi, 2003; Fava & Rosenbaum, 1999). Some researchers have argued that problems concerning anger expression and regulation may play an etiological role in the development of MDD (Gilbert, Gilbert, & Irons, 2004), and have suggested that MDD is linked to arrested/suppressed anger. For example, traditional psychoanalytic assumptions have linked depression with the turning of anger against the self. A review by Fisher and Greenberg (1996), however, found that less than half of the studies reviewed (i.e., 44%) reported that depression is associated with the turning of anger against the self, while 24% of these studies contradicted this hypothesis, and 32% yielded inconsistent results.

One explanation for these conflicting findings is that depression is a heterogeneous condition with respect to etiology and pathogenesis (Luyten, Blatt, Van Houdenhove, & Corveleyn, 2006), and thus that the relationship between depression and anger is not similar for all depressed patients. In this context, Blatt and colleagues have proposed two specific personality dimensions as vulnerabilities for depression, namely Dependency and Self-Criticism (e.g., Blatt, 2004), which may explain heterogeneity in the relationship between postpartum depression and anger. Dependency refers to a cognitive–affective personality style that is characterized by strong needs to be loved and taken care of, in combination with exaggerated fears for loss and abandonment. Self-Criticism implies a strong emphasis on control, self-definition, and autonomy, in combination with fears of disapproval and loss of autonomy and control. Studies have shown that Dependency is inversely related to postpartum depression, probably because having a child satisfies these mothers' strong needs for caring, while Self-Criticism is strongly associated with postpartum depression (e.g., Besser & Priel, 2003; Besser, Priel, Flett, & Wiznizer, 2007; Priel & Besser, 1999, 2000; for a review see Besser, Vliegen, Luyten, & Blatt, *in press*). However, as far as we know, the role of both personality dimensions in the relationship between postpartum depression and anger has not yet been addressed.

Based on Blatt's (2004) theoretical framework, one would expect that Dependent and Self-Critical individuals experience, express and regulate anger in different ways. Dependent individuals are described as sensitive to frustration, and would react to frustrations with rage, but they typically also would inhibit their anger, particularly towards significant others, for fear of losing their love and support. In addition, they may control anger by turning their anger towards the self. Self-Critical individuals, in contrast, are described as competitive, hostile, and ambivalent towards others. They would have difficulty controlling anger and would typically express their anger towards others. At the same time, however, because of their high personal standards, they can also be expected to turn anger towards the self in the form of harsh Self-Criticism.

The present study therefore aims at further exploring the relationship between the personality dimensions of Dependency and Self-Criticism and anger in the postpartum period in a sample of postpartum depressed mothers and a control sample of non-depressed mothers in the postpartum period. The first hypothesis of this study was that, in line with both traditional psychodynamic theory (e.g., Fisher & Greenberg, 1996) and recent evolutionary accounts (Gilbert et al., 2004), depressed mothers would show significantly higher levels of state and trait anger, and significantly higher levels of anger control and anger turned towards the self, compared to non-depressed mothers. Our second hypothesis was that dependent and self-critical mothers show differential patterns in experiencing and regulating anger in both the postpartum depressed and non-depressed mothers. Both Dependency and Self-Criticism were expected to be positively associated with both state and trait anger, because Dependency has been linked to high sensitivity to frustrations and Self-Criticism to competitiveness and hostility. Third, congruent with Blatt (2004) theoretical descriptions, we expected that Dependency would be positively related to the control of anger and the turning of anger towards the self, and negatively to the expression of anger towards others. Finally, we expected that Self-Criticism would be positively related to anger towards others, not or negatively to anger control, and positively to the turning of anger towards the self.

2. Participants and methods

2.1. Participants

Participants were 55 young mothers, meeting DSM-IV criteria for major depressive disorder with postpartum onset, who were hospitalized in two mother-infant units (Bethaniënhuis Zoersel, Belgium, and St. Camillus Gent, Belgium), and 244 non-depressed young community mothers who had recently given birth. Exclusion criteria for the postpartum depressed group were schizophrenia or other psychotic disorders, bipolar disorders or post-traumatic stress disorders, severe somatic pathology, and acute suicidal risk. Exclusion criteria for the non-depressed mothers were a current mood or other psychiatric disorder, and a history of psychiatric disorder.

A MANOVA revealed a significant multivariate effect for group (Wilks' $\Lambda = .71$, $F(5, 293) = 24.30$; $p < .0001$). Mothers in the depressed sample had significantly less years of education than mothers in the non-depressed group ($M = 13.04$ yrs, $SD = 2.96$ and $M = 15.27$ yrs, $SD = 2.29$, $t = 5.25$, $p < .001$). The children in the depressed sample were significantly younger than those in the non-depressed sample ($M = 4.20$ months, $SD = 2.64$ and $M = 7.87$ months, $SD = 2.72$, $t = 9.08$, $p < .001$). The mean maternal age was very similar in both samples ($M = 29.73$ yrs, $SD = 4.68$ and $M = 29.73$ yrs, $SD = 4.68$, $t = 8.77$ ns) as well as the mean period of pregnancy ($M = 38.95$ wks, $SD = 82.03$ and $M = 38.95$ wks, $SD = 82.03$, $t = 0.68$ ns). There was a small,

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