



Posttraumatic stress symptoms and postpartum depression in couples after childbirth: The role of partner support and attachment

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ARTICLE INFO

Article history:

Received 6 July 2010

Received in revised form

21 December 2010

Accepted 21 December 2010

Keywords:

PTSD

Depression

Childbirth

Couple

Support

Attachment

ABSTRACT

Aim: The roles of partner attachment and perceptions of partner support were explored in relation to symptoms of posttraumatic stress and postpartum depression in couples within the first three postnatal months.

Methods: Participants ($n = 372$) were recruited within the first seven days postpartum, and completed questionnaire measures of trait anxiety, symptoms of acute posttraumatic stress, and perceptions of partner support. Postal questionnaires were completed at six weeks and three months, assessing attachment, perception of partner support, symptoms of posttraumatic stress, and postpartum depression. Two hundred and twelve couples completed all time-points.

Results: Results indicated that symptoms were significantly related within couples. Men's acute trauma symptoms predicted their partner's subsequent symptoms of posttraumatic stress. Less secure attachment and dissatisfaction with partner support were associated with higher levels of postpartum depression and posttraumatic stress.

Conclusions: Men's and women's responses following childbirth appear to be strongly interlinked; services should target both members of the dyad.

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Postpartum depression occurs within the first twelve months following childbirth and can include feelings of low mood, loss of interest in usual activities, feelings of worthlessness, and loss of energy. Maternal postpartum depression has been widely researched, and evidence suggests that up to 19% of women may experience symptoms (Gavin et al., 2005). Study of paternal postpartum depression has developed more recently (Ramchandani, Stein, Evans, & O'Connor, 2005), with prevalence varying between 1 and 25% in men whose partners do not report depressive symptoms, and as high as 24–50% in those whose partners report current symptoms (Goodman, 2004).

Recognition of childbirth-related posttraumatic stress has emerged relatively recently. Elements of labor and delivery may be unexpected and frightening, potentially eliciting trauma responses (Soderquist, Wijma, & Wijma, 2002). Ballard, Brockington, and

Stanley (1995) published four cases in which women reported symptoms of posttraumatic stress following long, painful and distressing childbirths. Individuals unable to integrate these experiences with prior expectations and core beliefs may be vulnerable to symptoms of posttraumatic stress, including intrusive dreams, images, and thoughts, elevated levels of arousal and irritability, and avoidance of reminders of the experience.

Although rates vary across studies, it is suggested that 1–6% of women experience symptoms of posttraumatic stress within the first six postpartum months (Ayers and Pickering, 2001; Czarnocka and Slade, 2000; Leeds and Hargreaves, 2008). Paternal symptoms of posttraumatic stress following attendance at the partner's labor and childbirth have been explored in less detail, yet the experience holds the potential for fathers to fear for loss of their partner or baby (Vehviläinen-Julkunen and Liukkonen, 1998). Prevalence varies between previous studies. Bradley, Slade, and Leviston (2008) found no men met the full constellation of symptoms at six weeks, while Ayers, Wright, and Wells (2007) reported prevalence of 4.7% at nine weeks. However, the low response rate (31%) in the latter study confounds results.

Studies report high concordance of depressive symptoms within couples (Ramchandani et al., 2005). However, little is known as to couples' experiences of postpartum posttraumatic stress; symptoms in either parent clearly have the potential to impact

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significantly upon the relationship and on partners' experiences of symptoms concurrently and across time. Those who are traumatized may experience irritability and anger, find difficulty maintaining intimacy, and withdraw both emotionally and physically from others (Goldbeck-Wood, 1996). Avoidance may lead to failure to seek appropriate help or support, leading to isolation and inadequate cognitive processing, prolonging symptom duration (Ehlers and Clark, 2000). Further exploration is essential in informing practice and reducing any long-term impact upon couples.

Relatively little is known as to potential risk or protective factors which may play a role in the onset and maintenance of postpartum posttraumatic stress symptoms in women and men. Precipitating factors, including obstetric procedures and mode of birth, formed the focus of much early research (Ryding, Wijma, & Wijma, 1998). In a study exploring pre- and postpartum predictors of postpartum posttraumatic stress ($n = 248$) Van Son, Verkerk, Van der Hart, Komproe, and Pop (2005) developed an etiological model proposing two pathways to symptoms within the first year postpartum: delivery-related stressors and depressive symptoms. This highlights importance of understanding predisposing personal vulnerability factors, as well as those directly related to the experience of labor and childbirth; the former are currently less well understood and require further exploration (Slade, 2006), particularly within couples.

In line with research into risk for non-childbirth-related posttraumatic stress (Ozer, Best, Lipsey, & Weiss, 2003), a small number of studies have explored perceptions of support during pregnancy, labor, birth, and the postpartum (Czarnocka and Slade, 2000). According to theoretical models of posttraumatic stress, access to adequate social support is essential in enabling successful cognitive processing and re-alignment of information following a traumatic event (Brewin, Dalgleish, & Joseph, 1996). Social support may provide a channel through which memories can be 'safely' accessed and integrated into existing schemas (Brewin et al., 1996). However, the role of perceptions of partner support in the course of postpartum posttraumatic stress is not yet fully understood. For example, Van Son et al. (2005) did not find a significant association between partner support and postpartum posttraumatic stress symptoms, whereas Soet, Brack, and Dilorio (2003) found lower perceptions of support during pregnancy were associated with women's postpartum trauma symptoms. However, the study measured perceived support across the network; it did not explore the potential impact of key individuals such as the partner.

Lemola, Stadlmayr, and Grob (2007) found women who perceived higher levels of postpartum emotional support from their partner were less likely to develop symptoms of posttraumatic stress and depression at five months postpartum. The authors hypothesized that those who perceived high levels of support were able to discuss worries and concerns without fear of rejection or criticism.

Knowledge into associations between fathers' perceptions of postpartum partner support and their symptoms of posttraumatic stress remains particularly limited and evidence in relation to paternal postpartum depression is contradictory. In a study exploring postpartum depression in men, Deater-Deckard, Pickering, Dunn, Golding, and ALSPAC (Avon Longitudinal Study of Parents and Children; 1998) found that low perceptions of support and small social networks were associated with men's depressive symptoms after their partners had given birth. In contrast, Matthey, Barnett, Ungerer, and Waters (2000) found men's perceptions of partner support were not associated with depressive symptoms. The current study therefore aimed to explore perceptions of support within couples, to increase understanding of the potential role of this factor in parents' symptoms of postpartum posttraumatic stress and depression. It also aimed to explore whether individ-

uals within a couple perceive similar levels of support, or whether there are discrepancies in levels of support perceived within the dyad.

To benefit from support, individuals must be able to form close relationships and depend upon others. Insecure attachment to significant others may lead to low perceptions of support or an inability to effectively utilize available support. Attachment is thought to develop based on caregiver responses during childhood, influencing the way individuals perceive themselves and others in relationships (attachment "representations") and ways of relating to others (working models of attachment) (Bowlby, 1969). It is hypothesized that two fundamental dimensions underlie attachment: anxiety (regarding abandonment and separation) and avoidance (of intimacy and dependency) (Brennan, Clark, & Shaver, 1998). Attachment models are thought to stabilize into adulthood, affecting adult interactions and relationships, including attachment to the partner (Hazen and Shaver, 1987). Early work into attachment categorized individuals into discrete attachment 'styles' (Hazen and Shaver, 1987); more recently, it is proposed that attachment falls along a continuum of each dimension (Brennan et al., 1998; Fraley, Waller, & Brennan, 2000).

Attachment has been found to be stable across the marriage transition, as well as being predictive of marital functioning and satisfaction in first and second-time parents (Crowell, Treboux, & Waters, 2002; Moller, Hwang, & Wickberg, 2006). Attachment may be particularly important during the transition to parenthood and the early postpartum; those holding positive models of themselves and others may turn to partners for support while those with more negative views of others may withdraw, reducing availability of support. Within couples, attachment of one partner may impact upon psychological adjustment of the other partner (Berman, Marcus, & Berman, 1994). It is unknown, however, whether a partner's attachment anxiety and avoidance impacts upon their partner's symptoms of postpartum posttraumatic stress and depression; it is possible that individuals whose partners are insecurely attached are unable to elicit the support they need during times of difficulty, potentially impacting their own psychological well-being.

Both secure attachment and social support have been found to buffer individuals against stressful situations (Ditzen et al., 2008), yet whether and how attachment models may influence postpartum posttraumatic stress and depression remains unexplored. Support may mediate the relationship between partner attachment and symptoms of postpartum depression and posttraumatic stress. Alternatively, attachment may have a direct relationship with postpartum symptoms, irrespective of perceptions of support. For example, rather than operating via social support, it has been hypothesized that posttraumatic stress responses may arise directly from increased activation of an insecure attachment base during distress and maladaptive attachment behaviors (Sable, 1995). This study aimed to explore these two conflicting hypotheses to further understand the mechanisms through which partner attachment may influence postpartum symptoms.

1.1. Aims and hypotheses

The study aimed to identify whether symptoms of postpartum depression and posttraumatic stress are related within couples, both concurrently and across time. It was aimed to explore the relationships between partner attachment, perceived social support and posttraumatic stress and depressive symptoms in couples in the postpartum. The following hypotheses were explored:

(1) Concordance patterns within couples:

Symptoms of postpartum depression and posttraumatic stress will be associated within couples at both concurrent and subsequent time-points.

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