

Egyetemi doktori (PhD) értekezés tézisei

**POSTPARTUM ANXIETY
IN THE LIGHT OF MOTHERS' ATTACHMENT
CHARACTERISTICS**

Molnár Judit

Témavezető: Dr. habil. Pék Győző



DEBRECENI EGYETEM

Humán Tudományok Doktori Iskola

Debrecen, 2014.

Objectives and background

In our dissertation we focus on postpartum pathological anxiety and related disorders. Postpartum anxiety disorders seem to be immensely ignored theoretically and empirically as well. Despite their high prevalence, nosological systems don't categorize postpartum anxiety disorders as distinct diagnostic entities, while postnatal depression has received considerable clinical and scientific attention. Researchers of the field suggest that various postpartum emotional symptoms are often subsumed under the diagnoses of depression, limiting our understanding of postnatal distress. They argue that categorizing a number of diverse disorders under one title and confining these states to postpartum depression may result in limited or inappropriate treatment options. They also claim that the traditional classification of postpartum disorders is an oversimplification because the range of disorders is much wider. Articles published about postpartum anxiety disorders make an effort to draw attention to the relevance of these disorders by describing their symptomatology and assessing their prevalence. Besides, researchers of the field argue for handling postpartum anxiety disorders as distinct diagnostic entities.

In the *theoretical part of the dissertation* we offer a review of recent literature about postpartum anxiety disorders, with special regard to the prevalence, clinical appearance and consequences of these pathological mental states.

Our *research* has two main objectives. The first objective is related to the measurement of postpartum anxiety. Researchers of the field emphasise the necessity of working out and using specific screening instruments to assess anxiety symptoms in postpartum women. We propose a modified utilization of the Spielberger State Anxiety Inventory (STAI-S) for the examination of pathological anxiety in the postpartum period. As the role of prevention is also a significant aspect of treating postpartum mental disorders, identifying subclinical anxiety is also a very important part of our first main objective.

The second main objective of our dissertation is to investigate a suppositional aspect of the etiology of postpartum anxiety disorders: we examine the interrelations between postpartum pathological anxiety and mothers' attachment characteristics. Our intention is to verify the assumption that mothers' intrapsychic vulnerability may have considerable effect on the level of postnatal anxiety. Our expectance is that results may contribute to the psychotherapy of mothers suffering from postpartum pathological anxiety.

Main objectives and hypotheses

Objective I.: The first main objective of the dissertation is to draw attention to the prevalence and relevance of postpartum pathological anxiety. So firstly, we propose a method for a more nuanced measuring of postpartum anxiety, then we assess the frequency of postnatal pathological anxiety and related states in our sample with an exploratory attitude.

In the 1. investigation we propose a modified application of the State-Trait Anxiety Inventory in order to screen mothers with subclinical anxiety with a greater exactiveness.

In the 2. investigation we assess the frequency of pathological anxiety and some specific anxiety disorders in the first postnatal year in our sample. We also describe the relations among the demographic variables of the sample and the level of postpartum anxiety.

Objective II.: Our second objective is to examine mothers' intrapsychic vulnerability in the etiology of postpartum pathological anxiety. Our related investigations focus on the effects of mothers' attachment characteristics on the level of postpartum anxiety.

In the 3. investigation we examine direct and dynamic interrelations among representations of parental behaviour, attachment patterns and pathological postpartum anxiety.

Hypotheses:

h1: We suppose that mothers experiencing pathological anxiety in postpartum period have rather insecure attachment style, while mothers with normal anxiety are more likely to be securely attached. Our assumption is that in case of mothers with pathological anxiety the most likely attachment pattern is preoccupied style.

h2: We hypothesise that mothers who have more negative representations about their parents react with significantly higher anxiety in postpartum as those who report more satisfying parental treatment of their basic needs.

h3: We assume that there are dynamic, processual interrelations between representation of parental care, attachment patterns and the level of postpartum anxiety.

In our 4. investigation we intended to reveal interrelations among early maladaptive schemata, difficulties in emotion regulation and postpartum pathological anxiety.

Hypotheses:

h4: We assume that mothers with early maladaptive schemata are more vulnerable for pathological postpartum anxiety.

h5: Regarding to the basic psychological needs, we hypothesise that there are significant differences among three schema domains: Disconnection and Rejection, Impaired Autonomy and Performance and Other-Directedness.

h6: Our assumption is that mothers who have difficulties in emotion regulation are more vulnerable for postpartum pathological anxiety.

h7: We hypothesise that mothers having early maladaptive schemata have also more difficulties in emotion regulation.

Sample and methods

Sample

Our research site was created at the website of the Institute of Psychology, Debrecen. At the main page participants got basic information about the research and about postpartum anxiety disorders. They could participate in our research after registration, through which they also gave an agreement for using their data in our research. Supporting anonymity, participants used nick-names.

At the main page we also provided an e-mail-adress, through which subjects could ask for help or information about the research. We examined mothers who gave birth in the last 12 months. Other inclusion criteria weren't applied, because we intended to investigate the frequency and characteristics of postpartum anxiety disorders in a community sample. We

made 500 brochures with the link of our site, contact information, information about the research, and postpartum anxiety. During the recruitment of participants we paid attention for finding ways to send these brochures and our link directly to postpartum mothers.

Completing our test battery needed about 45-60 minutes. The reason of online data collection was that it was quite difficult to get in contact directly with mothers suffering from pathological anxiety. The limits of our data collection is that only those could participate who had internet connection, so our results can't provide information about certain parts of society. As data collection was continuous, and as quite a few of the subjects didn't fill out completely the time-consuming test-battery, in our investigations we could work with different sample sizes (1. investigation: 101 subjects, 2. investigation: 247 subjects, 3. investigation: 134 subjects, 4. investigation: 125 subjects).

Methods

In the first investigation we applied the state subscale of the State-Trait Anxiety Inventory (STAI-S), developed by Spielberger et al. In Hungary the questionnaire was adapted by Sipos Kornél et al. Participants can rate the items on a 4-point Likert-scale. Besides STAI-S we used DERS (Difficulties in Emotion Regulation Scale, adapted by Kökönyei Gyöngyi) for checking predictive validity of our results. Subjects can answer the 36 items of the questionnaire on a 5-point Likert scale. The items measure six factors: Nonacceptance of Emotional Responses, Difficulties Engaging in Goal-Directed Behavior, Impulse Control Difficulties, Lack of Emotional Awareness, Limited Access to Emotion Regulation Strategies, Lack of Emotional Clarity.

In the second investigation we used modified STAI-S, a symptom check-list measuring postpartum panic disorder, obsessive-compulsive disorder and posttraumatic stress disorder, and a demographic questionnaire.

In the third investigation we used the Hungarian version of RSQ (Relationship Scale Questionnaire), developed by Bartholomew and Horowitz, adapted by Csóka et al. in Hungary. Subjects can rate the 30 items of the questionnaire by using a 5-point Likert Scale. The questionnaire can be used for measuring the dimensions of Anxiety and Avoidance. Combinations of these dimensions can define the four attachment styles described by Bartholomew (secure, fearful, dismissive, preoccupied). We also used the Hungarian version of the Young Parenting Inventory, developed by Young et al., translated by Unoka et al. The questionnaire consists of 72 items. Subjects, using a 6-point Likert scale, rate their parents

separately on several forms of toxic behaviour that may lead to the development of specific early maladaptive schemata.

In the fourth investigation we used DERS (described above) and the short form of the Schema Questionnaire (YSQ-SF), developed by Young et al. The questionnaire consists of 75 items and can be applied for measuring 15 early maladaptive schemata. Each schema is assessed by five items that can be rated on a 6-point Likert scale.

Results

In the 1. investigation we proposed a modified application of the State Anxiety Inventory in postpartum women. Our goal was to screen mothers suffering from subclinical anxiety with a greater exactiveness. During data-analysis we found an unexpected result: a specific response-style of women suffering from pathological anxiety. Analyzing the subjects' specific response-style, we could identify ten items as especially „sensitive” in measuring postpartum anxiety. The discriminant analysis of these items can classify mothers into normal, subclinical and pathological groups with great exactiveness. Predictive validity of our classification was confirmed with the analysis of the relations between the subjects' difficulties of emotion regulation and their anxiety. Modified utilization of STAI-S offers a more accurate measure of postpartum anxiety, as well as a more precise categorization of subclinical cases that also deserve attention in the prevention of postpartum anxiety disorders.

In our second investigation we assessed the frequency of pathological anxiety and the main specific forms of clinical appearance, namely postpartum panic disorder, obsessive-compulsive disorder and PTSD. Regarding to the distribution of the sample our data are not representative, much more serve for drawing attention to these mental states in postpartum period. Our results indicate pathological anxiety in 24,7%, subclinical anxiety in 38,5% and normal anxiety in 36,8% of our sample. 8,9% of our participants suffer from panic-, obsessive compulsive or posttraumatic disorder at a clinical level, while further 9,3 % experience mixed, but clinically relevant anxiety symptoms. Our results confirm the high prevalence of anxiety disorders in the postpartum period.

Examining the effect of demographic variables on the level of postpartum anxiety provided significant results only in case of two variables. (Subjective) experience of delivery (easy; normal; hard but not traumatic; very hard, traumatic) seemed to have a significant effect on anxiety. Besides those who haven't had psychiatric treatment before but felt that it would have been necessary were also much more likely to react with abnormal anxiety in postpartum. Level

of education and the factor if the child was planned or not proved to be also important, but not significant variables in the background of postpartum anxiety. In case of the remaining demographic variables we haven't found mathematically demonstrable connection to the level of postpartum anxiety.

In our third investigation we examined the effects of mothers' representations about their parents and their attachment style on the level of postpartum anxiety.

Examination of direct relationship between attachment pattern and anxiety supported partly our hypothesis. Secure attachment seem to be protective, while insecure attachment styles seem to be risk factors in the etiology of postpartum anxiety. One exception is dismissive avoidant type that seem to be also protective, contrary to our hypothesis. According to our results, preoccupied mothers are the most vulnerable for abnormal anxiety in postpartum.

In dimensional aspect our results suggest that mothers who gave low score on Anxiety dimension (Model of the Self), that is secure and dismissive type, are more likely to experience normal anxiety in postpartum. Those who score high on this dimension are significantly more vulnerable for pathological anxiety in this period. So negative self-representations (Anxiety dimension, Model of the Self), seem to be an important risk factor in the etiology of pathological postpartum anxiety, while Avoidance (Model of the Other) seem to be a relatively independent factor.

Studying direct relationship between representations of parental behaviour and anxiety confirmed that those who have significantly more negative representations about their parents caring, are more likely to react with stronger anxiety after giving birth.

Investigating dynamic interrelations among parental representations, attachment patterns and anxiety revealed that attachment style may modify the effects of toxic parental effects, so our third hypothesis is also confirmed.

Results of our fourth investigation confirm our fourth hypothesis, as mothers with maladaptive schemata seem to be more likely to experience pathological anxiety in postpartum period.

All schema domains proved to be active with a significantly higher probability in case of pathologically anxious mothers as in women with normal anxiety, except III. schema domain (Impaired Limits). So we couldn't find specific deficits in the fulfillment of core needs. But we can conclude that impaired limits play a less significant role in the etiology of

postpartum anxiety than other basic needs. These results confirm our fifth hypothesis and add the effect of the frustration of an additional core need, namely 'spontaneity and play'.

Investigation of direct relations among difficulties of emotion regulation and anxiety indicate that pathologically anxious mothers suffer from significantly more difficulties in emotion regulation than normal group. Anxious mothers tend to react to their own emotion with shame (Nonacceptance of Emotional Responses). They have problems with identifying their intense emotions (Lack of Emotional Clarity), and aren't able to control them adequately (Impulse Control Difficulties). They can use emotion regulation strategies only on a limited level (Difficulties Engaging in Goal-Directed Behavior), so they experience negative emotions permanently (Limited Access to Emotion Regulation Strategies). This creates difficulties in concentration and/or incapability of finishing tasks (Difficulties Engaging in Goal-Directed Behavior). In the light of our results our sixth hypothesis is also confirmed. Only the factor of Emotional Clarity didn't show significant effect on postpartum anxiety. This suggest that anxious mothers do pay attention for their emotions, but it is not adequate capacity itself. Focusing on emotions can be adaptive strategie only if the expression of emotions is also possible. If it is not so, this capacity is often coupled with higher distress, because of ruminative occupation with emotions.

Examination of dynamic interrelations among emotional regulation problems and anxiety revealed that those mothers who have maladaptive schemata are much more likely to suffer from emotion regulation difficulties as well. These result confirm our seventh hypothesis.

Results of our first objective verify the relevance of postpartum anxiety, and indicate that more attention should be payed for these mental states. The relevance of these results is basicly preventive. It would be important to give much more information about the clinical symptoms, relevance and consequences of these mental states to professionals and mothers as well.

Results of the second objective confirm that the outcome of the postpartum period can be affected by the mother's attachment characteristics, with special regard to the possible deficits deriving from early relationships. (Negative) experiences in early attachment can lead to the development of specific pathologies in interaction with a number of other factors (temperament, individual vulnerability etc.) So our aim was not to declare specific variables in the etiology of postpartum anxiety. We rather intended to examine empirically, whether the effect of early attachment experiences can be empirically detected in the etiology of

postpartum anxiety, and whether pathologically anxious mothers are different in this aspect from those who experience normal anxiety in this period. Results, deriving from investigations of this question, have relevance mainly in psychotherapy. They suggest that psychotherapy should focus on mothers intrapsychic vulnerability and their attachment characteristics as well, and also confirm the role of the patient- therapist relationship as a corrective factor in psychotherapy.

Publications related to the topic of the dissertation

Molnár Judit (2013): Prevalence and symptomatology of postpartum psychiatric disorders. In: Angyalosi, G., Münnich, Á., Pusztai, G. (Eds.): *Interdisciplinary Research in Humanities*. Constantine the Philosopher University in Nitra, Faculty of Central European Studies, pp. 311-325.

Molnár Judit (2014): Posztpartum szorongás az anyák kötődési jellemzőinek tükrében. In: Münnich, Á. (Ed.): *Pszichológiai Kutatások: Debreceni Egyetem Pszichológiai Doktori Program*. Debreceni Egyetemi Kiadó, Debrecen. pp. 7-23.

Molnár Judit, Münnich Ákos: A STAI módosított alkalmazása posztpartum szorongás vizsgálatában. *Alkalmazott Pszichológia*, megjelenés alatt. (Várható megjelenés: 2014/3.)

Nagy Anikó, Molnár Judit, Balázs Katalin, Vági Petra (2013): A szülői bánásmód hatása a párválasztásra a séma-fókusz elmélet tükrében. *Magyar Pszichológiai Szemle*, 68 (4). pp. 713–735.