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

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“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)
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

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<thead>
<tr>
<th>Infant Attachment</th>
<th>Adult Attachment</th>
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<tr>
<td>• secure</td>
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<td>• ambivalent</td>
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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

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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

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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

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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

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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


Siegel, DJ (1999). The developing mind: How relationships and the brain interact to shape who we are. New York: Guilford Press


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