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Perinatal Discomfort and Depression on the Mother-Child Relationship

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Abstract

Historically, the role of women was confined to some extent to being a mother and wife, with women being expected to dedicate most of their energy to these roles, and to spend most of their time taking care of the home. Nature intends that the physical and hormonal changes of pregnancy insure the growth and development not just of the baby but of the mother. The physical and emotional changes of pregnancy and, then, labor, birth, and breastfeeding play vital roles in guiding women on the journey of becoming a mother. This shift can prove to be challenging and feelings of "disconnect" can occur. Hence this paper first, discusses the occurrence of postpartum depression then the variables which predict postpartum depression and eventually the relationship between anxiety postpartum depression and parenting stress and how these variables influence the relationship styles and emotional regulation of the mother-child dyad. To do so some number of women between during their pregnancy and the first months of post-partum were selected using STAI-Y, EPDS and ICEP. The results showed that those mothers who have a lot of psychosocial risk factors have more probability to develop depressive symptoms in pregnancy and in the post-partum period.

Key words: Perinatal Discomfort, Pregnancy, Mother-Child Relationship, Depression, Physical Emotion.

INTRODUCTION

Antenatal depression, also known as Prenatal depression, is a form of clinical depression that can affect a woman during pregnancy, and can be a precursor to postpartum depression if not properly treated. It is estimated that 7% to 20% percent of pregnant women are affected by this condition. Any form of prenatal stress felt by the mother can have negative effects on various aspects of fetal development, which can cause harm to the mother and child.

Even after birth, a child born from a depressed/stressed mother feels the affects. Pregnancy places significant strain on a woman's body, so stress, mood swings, sadness, irritability, pain, and memory changes are to be expected. Antenatal depression can be extremely dangerous for the health of the mother, and the baby, if not properly treated. In the current paper the transition to motherhood is deepened emphasizing the psychic processes that are born and begin to develop during the pregnancy and form the basis of the "birth of a mother" is first presented (Stern & Bruschweiler- Stern, 1999). It is highlighted that how this transition represents a "crisis maturity "for the woman, which leads her to create fantasies of herself with the child that will be born and fantasies of herself as a mother (Bibring, 1961).

Thereafter, the encounter between the "imaginary child" and the "real child" takes place and the woman does finds to replace the image of itself as pregnant expectant with that of a mother who has to look after your child (Ammaniti et al., 2007). The new mother in this phase is usually dedicated to your child and activates a new mode of thoughts and behaviors defined by Stern "maternal constellation" (Stern, 995), thanks to which a link is created that allows the development of the relationship mother-child (see figure 1) and guarantees the survival of the child and adequate development socio-emotional (Raphael-Leff, 2014; Riva Crugnola, 1999). In the rare cases in which this process of transition to parenting does not have an outcome positive we are witnessing the development of the psychopathologies of motherhood, which can present for the first time or represent a recurrence of critical situations precedents in the life of women (Cook et al., 2010).

The following work presents research that focused on post-partum depression, but in this first short introduction gives space to other diseases that a mother can develop in the perinatal period, which are usually: bipolar mood disorder, disorders anxiety, parental stress, use and abuse of substances in the perinatal age, psychosis puerperal and psychotic disorders, infanticide, eating disorders and post-natal post-traumatic stress disorder (Paschetta et al., 2014). For the woman the pregnancy, the becoming pregnant, the becoming mother represents a fundamental moment of one's life, a particular, crucial evolutionary phase and at the same time very delicate. During pregnancy the woman processes physical and mental changes that lead to a new organization of the representation of self. Pregnancy, in particular the first one, represents for the majority of women realize their femininity, the establishment of dreams and desires that develop since childhood and also the fulfillment of a socio-cultural duty (Stern, 1985). It is an important event for both parents and psychic experiences linked to it are transmitted from generation to generation. This new mental organization can be influenced by major disturbances, because even in the most sought-after pregnancies can emerge anguishes and contradictory feelings, which must be recognized and addressed (Raphael-Leff, 2014). The woman to fully acquire the new role maternal needs to do a profound work of re-elaboration and reorganization mental that allows it to prepare itself in a "mental asset", which represents the birth of a new psychic organization (Riva Crugnola, 2012). In some ancient societies the killing of a child was an admitted practice: in Brazil, for example, infanticide was implemented to preserve limited resources food that should be available to strong adults and children, while in Mexico a child with physical abnormalities was "sacrificed" to protect her community from any diseases.

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The killing of a malformed baby was one practice tolerated even in Roman and Greek times and likewise happened in China in the disadvantaged classes up to the twentieth century to female daughters, who were considered one weight to maintain, unlike the males, which were more suitable for work and they would pass on their father's customs and traditions to later generations. IS' important to note that while in societies where infanticide was admitted.

This was achieved with liabilities through abandonment, while in companies industrial and technologically advanced, where the killing of infants is a practice illegal, very aggressive means are used instead. Infanticide is a theme also treated in Greek mythology: in the myth of the Maenads, for example, the followers of the god Dionysus, who personify the orgiastic spirits of nature, are driven by the god himself to kill the son of one of them because he is guilty of opposing to the rites of the mother. The myth of the Menades is a typical case of figlicide by insanity mental: Dionisio was also called "Menadones" or "carrier of the madness".

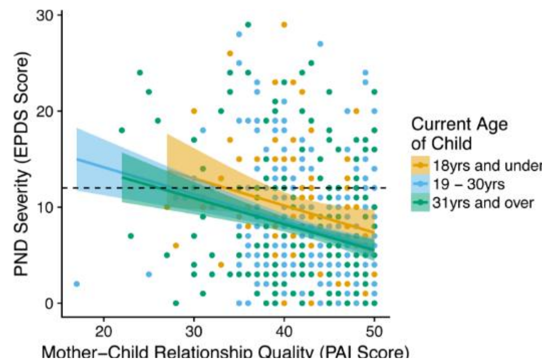

Fig. 1 Mother-Child Relationship

The research carried out in this paper is aimed at studying and investigating perinatal depression maternal and how this can influence the establishment and structuring of the mother-child relationship since the first months of life. Particular attention was given to the study of the variables that influence in the woman developing psychic problems such as perinatal depression and specifically the role of anxiety has been investigated. Furthermore, the paper is investigated how the mother's mind can influence the couple's relationship with her own child and its social-affective development.

The phases of the research are as follows: third trimester of pregnancy, third month of post-partum, sixth month of post-partum, ninth month of post-partum and between the fourteenth and sixteenth month of post-partum. The different test batteries used for the research have been administered, corrected and coded by psychologists adequately formats. In these phases, different variables were investigated longitudinally as: depression, anxiety, parental stress, couple adaptation, temperament of the child, adult and child attachment, interactive dyadic styles and regulation emotion of the mother and child couple.

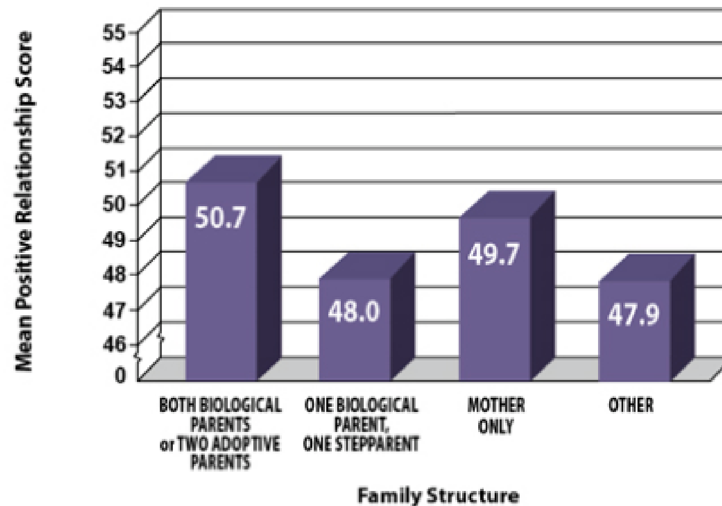

Fig. 2 Quality of Parent-Child Relationship By Family Structure

THE INFLUENCE OF DEPRESSION POSTPARTUM ON MOTHER REPORT AND CHILD AND COUPLE ADAPTATION

Becoming a parent is a moment of major developmental crisis (Racamier et al., 1961; Raphael-Leff, 2014) and having a baby and growing it has an impact significant on the satisfaction perceived by the couple with respect to their relationship. Different factors linked to post-partum can influence the perception of the quality of the couple relationship (Werner & Myers, 2007) and having a child, above all if it is the first one, it is a crucial factor in the change of the couple's adaptation, but most of the research in this area is focused on risk factors prior to the child's birth and becoming parents.

At 3 months of the child's life the depressed mothers would seem less sensitive and less responsive towards children, they have less physical contact and little attention, they focus mainly on their experience and anguish (Munk-Olsen et al., 2007), also have difficulty in correctly interpreting the requests of the children and do not often respond appropriately to their needs too physiological. Children who live long with depressed mothers, similar to the "dead mother" described by André Green (1983), present physically but emotionally and emotionally absent, they can internalize this emotional emptiness as a primary interactive scenario that will influence them subsequent exchanges becoming a "dysfunctional relational compass".

Few longitudinal researches have been carried out that have analyzed as the Postpartum depression influences during the first few months of the perinatal period the mother and child relationship, doing more than one measurement, is also not well clear if there are specific child behavioral styles associated with maternal depression. The present study will also assess whether postpartum depression influence the dyadic mother and child relationship at 3 and 6 months and will seek identify specific relational patterns.

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In light of what previously presented, this research focuses on the relationship between maternal depression, mother-child relationship and adaptation of couple. The first objective of the present study is to analyze whether maternal depression it influences the couple's adaptation of the woman, that is how she perceives if itself in the relationship with your partner. Based on the studies in literature (Benazon & Coyne, 2000; Coz et al., 1999), we hypothesize to find a significant association between the perception of the quality of the couple and the depression, such that with the increase in the risk of depression we will have one decrease in the satisfaction of the couple relationship both at 3 months and at 6 months of post-partum.

THE METHODS OF INVESTIGATIONS

The paper was studied by 95 mothers contacted at various Consultors Family and wards of Obstetrics during control visits. The age of the participants is between 23 and 44 years (M = 33.25, DS = 4.99). Regarding the degree of education (M = 14.35, DS = 2.82, range = 8 - 18), 53.57% of women have obtained the average license, 28.57% own the degree, 13.10% is in possession of a diploma of higher studies and 4.76% has obtained the elementary license. Regarding the incidence of 3 months postpartum depressive risk, 11% of women presents a slight risk of developing depressive disorders during the period post-natal, while 9% presents a total risk, on the whole 20% of the sample is at risk. The criteria for being included in the research were the absence of techniques assisted fertilization, term birth and without organic problems and the compilation of informed consent to participate in the study by the families contacted.

The DAS is used as a tool in this research where the Dyadic Adjustment Scale (DAS, Spanier, 1976), is a self-report questionnaire that assesses the degree of torque matching and quality of the relationship in cohabiting couples, married or not. Being a self-assessment tool, the DAS allows to evaluate the perception that each spouse has of the own report. The scale consists of 28 items, divided into four scales:

Dyadic satisfaction, which evaluates the happiness or unhappiness that couples perceive of their relationship; Dyadic consensus, which investigates the degree of agreement and disagreement partners on topics such as finance, leisure time, religion; Cohesion dyadic, which evaluates the amount of time that partners share activities enjoyable such as social interests, dialogue, working together on common goals; Affective expression, which examines how the couple expresses their feelings, love and sexuality. The sum of the score obtained by the individual scales provides a final index that expresses the representation that each partner has of the couple's relationship, called Couple adaptation.

ANALYSIS OF RESULTS

The statistical analyzes of this research were carried out with the package Statistical SPSS 22.0. Preliminary analyzes have been carried out to identify the missing data. The first analysis was that of the distribution of the scores related to depression to identify the percentage of mother at clinical risk at sub-clinical risk for depression. In order to test the association between the variables and the effect of maternal depression at 3 and 6 months of post-partum on couple adaptation and dyadic relational styles standard linear regressions have been performed, in which the depression is the independent variable and the other variables are the employees. T-tests for paired samples were performed on all the variables analyzed to study the changes occurred between T1 and T2.

Results and Discussion

In the present study the associations between the different variables were analyzed considered through the scores obtained by the mothers in the two detection times, a 3 months, or T1, and 6 months, or T2, to the DAS sub-scales (Dyadic Adjustment Scale), and EPDS (Edinburgh Postnatal Depression Scale). Using linear regression models it was possible to evaluate the influence that the scale of depression has on the various sub-scales of the couple adaptation.

The sub-scale of the DAS of the dyonic Consensus at T1 has a tendency to significance in being negatively affected by maternal depression measured with the EPDS, $F(1, 81) = 3.49$; $p = .065$, instead the DAS scale of Dyadic Satisfaction is significantly adversely affected by maternal depression at T1, $F(1, 81) = 6.42$; $p = .013$, as well as the total Cohesion scale of the DAS that adds up all its sub-scales are negatively affected by maternal depression a T1, $F(1, 81) = 5.22$; $p=0.025$. At three months postpartum, the maternal depression measured with the EPDS is not negatively affects the sub-scales of the DAS significantly of affective expression and dyadic adaptation.

At 6 months of postpartum, T2, maternal depression, on a reduced sample of 45 women, significantly negatively affects the DAS sub-scale of the Dyadic consent, $F(1, 45) = 5.22$; $p =.027$, as well as with the sub-scale of the Dyd dyadic satisfaction, $F(1, 45) = 15.18$; $p = 1.000$. Furthermore, the sub-scale of the DAS of affective expression is also affected negatively significantly from the EPDS, $F(1, 45) = 9.88$; $p = 1.003$, also the sub-scale of Dytic Cohesion is negatively affected in a way significant from the EPDS, $F(1, 45) = 7.11$; $p = .011$. Finally, maternal depression at T2 negatively affects the total adaptation of the DAS test, $F(1, 45) = 15.04$; $p =0.001$

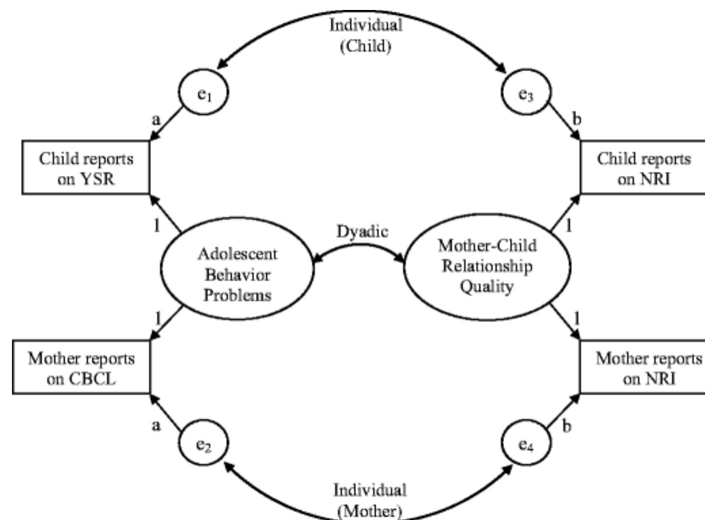

Fig. 3 Dyadic and Individual Correlations between Adolescent Behavior Problems and Mother–Child Relationship Quality: A Common-Fate Model. *Note.* Paths with Same Subscripts Are Constrained To Be Equal

In this research the relationship between measured maternal depression was also investigated with the 3 and 6 month post-partum EPDS and the relational styles of the baby dad dyad, specifically, the effect of depression on each was analyzed CARE-INDEX classification for both mother and child. Postpartum 3-month maternal depression negatively affects the sensitive parent category of CARE-INDEX, $F(1, 74) = 5.16$; $p = .026$. Furthermore the Parent controlling category is significantly affected by depression maternal to T1, $F(1, 74) = 11.10$; $p = .001$, while the Parent category does not responsive is not influenced by maternal depression.

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At 3 months postpartum the maternal depression investigated with the EPDS influences in negative way the category Child cooperative, F (1, 74) = 7.13; p = 1.009, e also the Child difficult category, F (1, 74) = 3.70; p = 2.050. The Depression maternal does not affect 3 months of post-partum the categories Child compliant and passive child.

At 6-month post-partum on a reduced sample of 41 women compared to 74 of the 3 months, maternal depression investigated with the EPDS does not have a significant effect on any category of the CARE-INDEX of both the mother and the child, therefore in this phase of life of the couple does not seem to be a relationship in our sample between depression and dyadic relational style.

The results partially confirm the initial hypotheses of the work and the data present in literature. At 3 months post-partum in the research sample there is a risk total depressive of 20%, divided into 11% at slight risk and 9% at risk overt; this figure is slightly greater than most data in literature that show how in this period and in the areas in the western world the percentage of risk goes from 10% to 15% (Ban et al., 2012; Berle, 2012; O'Hara & McCabe, 2013). Despite the incidence of the group with a clear risk both in the average highlighted by the literature, the fact that in our research the paper also has a high percentage of women at slight risk can depend on the emotional climate of openness and availability promoted by midwives, that could have helped mothers to express their concerns and fears.

Table 1. Comparison T1 and T2: sub-scale and total scale DAS and EPDS

	T1		T2				
	M	DS	M	DS	t	gl	p
Dedication	51.61	6.90	51.13	7.61	0.667	45	0.508
Satisfaction	49.24	6.73	49.43	6.99	0.198	45	0.844
Expression	47.59	7.33	48.51	6.39	0.643	45	0.524
Cohesion	59.29	8.93	57.69	6.93	0.165	43	0.564
Total DAS	56.95	8.62	53.254	7.35	0.654	45	0.365
EPDS Depression	6.81	4.36	3.21	3.25	3.95	59	0.0001

Notes: average (M), standard deviation d (DS), Stude t nt (t), freedom hert (g), level of significance (p). * p <.05, ** p <.01, *** p <.001

A significant association between depression and risk has been found 3 month adaptation of postpartum couple, specifically mothers the most depressed have lower dyadic satisfaction and low scores total that show a low total adaptation of torque. The risk depressive negatively affects the couple's female adaptation even at 6 months of post-partum and in a more incisive way compared to 3 months of post-partum, because all the test scales are affected. At 6 months of life of the child the depression significantly influences: dyadic consent, dyadic satisfaction, affective expression, dyadic cohesion and total adaptation. The depressive state maternal flu in a continuous way at 3 and 6 months of life of the child perception of the couple and its adaptation and is considerably aggravated at 6 months, these data found in the present study are in line with the literature (Benazon & Coyne, 2000; Cox et al., 1999; Davila et al., 2003). The data is confirmed furthermore, from the comparison analysis between the scores at the DAS scales at T1 and at T2, which they do not show significant improvements.

After 3 months of post-partum another hypothesis of this study was confirmed, that is, depression negatively affects the mother and child relationship (Beebe et al., 2008; Murray Cooper, 1999; Tronick 1989). The study highlights that how depression affects 3 months of postpartum the mother's relationship child, emphasizing however as the main maternal characteristics associated with this state is the little sensitivity and being controlling and intrusive, while those of the child are being less cooperative and more difficult. In research the withdrawn and absent depressed mother does not emerge, which has been described in several studies (Field et al., 2010; Monti et al., 2005; Weinberg & Tronick, 1997,) and neither retired or passive children, problematic dyads seem to be distinguished from a greater expression of negative affectivity and a difficulty in finding one dyadic tuning.

At 6 months of the child's life the depressive risk has no significant effect on any maternal and child relational style, this figure is in contrast with ours hypothesis and with part of the scientific literature that emphasizes the continuity of this discomfort (Beck & Discroll, 2006; Gaynes et al., 2005; Goodman, 2004; Nemeroff, 2008). The data is also confirmed by the significant decrease in the scores of the depression from 3 to 6 months of post-partum and also by the decrease of some scales that measure dyadic interactive styles and underline their improvement, these significantly improved styles are: non-responsive mother, child cooperative, difficult child and passive child. This data in contrast to the literature could depend on whether the mothers involved in the present study they are part of a non-clinical population, and therefore without psychiatric diagnosis and not at risk of developing a complete depressive disorder, a fact that it could contributing to the remission of depressive symptoms. In this sample with the spending time the mother could have better acquired the role parenting also thanks to the help of family, friends and support. Furthermore, the significant drop-out of the sample may have influenced our results, because they may not have reappeared at 6 months of post-partum the most suffering mothers. The present study confirmed that the maternal depressive risk in the post-partum has negative effects both on the perception of the couple relationship and on the relationship mother and child, the influence on the dyad would seem to be present only at 3 months of postpartum, while the one on couple adaptation is constant at 3 both at 6 months post-partum. Figure 4 shows effect of interaction between time and cumulative psycho-social risk factors

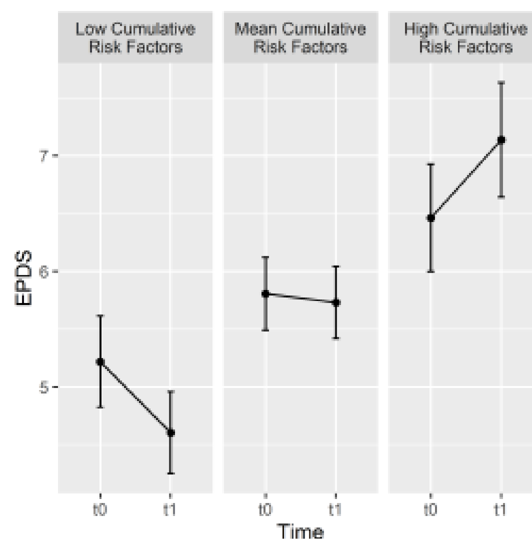

Fig. 4 Effect of Interaction between Time and Cumulative Psycho-Social Risk Factors

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The results of the paper also showed that the correlations between depression, anxiety and 3 month postpartum dyadic emotional regulation. Both anxiety and depression they are associated with difficulties in dyadic emotional regulation. In fact the depression is correlated with both the negative maternal states and the dyadic matches negative and mismatches "positive child-negative mother", while anxiety is correlated with the negative behaviors of both the mother and the child.

CONCLUSION

The woman who becomes a mother, especially when it is the first time, makes one complex work of re-elaboration and "restructuring" of one's own psychic world internal to assume the new identity and in particular its subjective sense and functional of being a mother. At the intrapsychic level there is the transition from the role of daughter to that of mother, with the consequent acquisition of the maternal body, while on the physical level there is the acceptance of a new self image given by changes in the perinatal period and in this period the new mother creates a "potential space" for welcome the child both physical and above all mental. However, in some cases the transition to motherhood can be affected negatively from states of psychological distress ranging from mild suffering transitory up to more complex psychopathological states such as depression perinatal, which was the focus of this work.

Perinatal depression influences the acquisition of the maternal role, the health of women, the report between the woman and the partner and the nascent mother-child relationship. The purpose of this work was to try and study under different "Angles" as maternal depression manifests itself, from what is influenced and with what other states of psychic distress go together, how the relationship influence mother-child and dyadic emotional regulation does. The women of this research with high levels of depression at 3 months of their child's life are characterized instead by a greater difficulty in the interaction and in being able to find a dyadic tune with their child. These women try to stay in the relationship with the child but they do not succeed, they do not maintain a harmony adequate and prolonged, depression probably influences their ability to modulate the behaviors in response of the child and become so intrusive. The children are so little cooperative in interacting with these mothers and they put in act numerous difficult behaviors. Also note that at 6 months postpartum maternal depression does not affect the mother and child relationship in our sample, this data is in contrast with our initial hypotheses and with the research on these topics, but may have been affected by the drop-out of a part of the research sample, because it has gone from 95 women of 3 months to 45 women of 6 months. To better clarify this unexpected result in the future it will be necessary expand the sample and try to keep it stable in the different surveys of the longitudinal research, to determine more clearly if at 6 months of life of the child there is a spontaneous remission of maternal depressive states.

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