Gloomy Mommy: Partner’s Affection And Support During Postpartum Depression Review Paper

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ABSTRACT
The birth of a baby, representing an important transition period in the lives of women, causes various changes and also brings about a great number of psychological problems in their lives. Postpartum depression is a highly prevalent disorder and previous research reveals that it is associated with several factors. Among these factors, the importance of partner relationship is especially highlighted and the variables that may affect this relationship negatively are one of the most important risk factors. Therefore, in this review article, the role partner’s affection and support during postpartum depression is evaluated in the light of the relevant literature.

Keywords: Postpartum Depression, Psychological Bonding, Psycho-social Support.

INTRODUCTION
Having a BABY is an extremely important life event, especially for women. It brings about serious changes in many areas, including the relationship between couples (Yelland et al. 2010). Therefore, the postpartum period is problematic. And can become a stage where various psychological problems can be experienced. (Bener et al. 2012). Postpartum emotional distress
mild expressive feeling it can range from postpartum psychosis to postpartum psychosis. However, childbirth, defined as “a depressive disorder that develops within one year after birth” postpartum depression (Mills et al. 1995), the most common in this period it appears as a problem experienced (Stocky and Lynch 2000). Post-natal depression, maternal sadness, and postpartum psychosis (O’Hara and McCabe 2013), differs in terms of clinical features and incidence.

The first definition of postpartum depression was “atypical depression” following birth (Pitt 1968). Postpartum depression; depressed mood, loss of interest and pleasure. It includes major depressive disorder symptoms such as not being able to get enough money (Robertson et al. 2003). Changes in sleep patterns and appetite, feelings of worthlessness and guilt may accompany these symptoms (Lichtman, et al. 2013), and suicidal thoughts may also be observed (Robertson et al. 2003). Some researchers are depressed a disorder in which symptoms occur in the postpartum period and are specific to this period while others think that it is the usual depressive symptoms that coincide only with this period. For example, Di Florio and Meltzer-Brody (2015) argue that due to its complex and heterogeneous nature, postpartum depression should be defined as a separate disorder within current diagnostic and classification systems. On the other hand, according to the research findings of some researchers, the prevalence of depression in women in the last trimester of pregnancy argues that this disorder cannot be seen as a specific clinical diagnosis, since the prevalence rates do not differ significantly from women in other periods.

RELATED LITERATURE
Postpartum depression also in DSM-5 (American Psychiatric Association 2013) a predictor of major depressive disorder not defined as a separate disorder. The expression "beginning at the time of birth (pre-partum)" was used. In the DSM-5, this for the determinant, “mood symptoms, during pregnancy or after birth. If it occurs within a week, the criteria are for the current major depressive episode or that if not fully met, this criterion for the most recent major depressive episode can be used” (American Psychiatric Association 2013). Also birth 50% of postpartum depression episodes are actually prenatal. It is emphasized that the term pre-partum, which covers all of these periods, is used (American Psychiatric Association 2013). Although the DSM-5 considers the onset of problematic mood symptoms within four weeks of birth as a criterion, there is no evidence to support this criterion. Is thought not to exist. However, although no consensus has been reached, the implementation in many studies, this limit will cover one year after birth. (O'Hara and McCabe 2013).

It included 59 studies that evaluated symptoms at least two weeks after birth in order to prevent the confounding effect of maternal blues. According to the results of a meta-analysis study (O'Hara and Swain 1996), the average prevalence of postpartum depression was 13%. However, this ratio is different and vary by group or culture. For example, childbirth in adolescent mothers. The rate of post-mortem depression is reported to be 26% (Troutman and Cutrona 1990). In a study conducted with women living in Arabia, this rate was found to be 18.6% (Bener et al. 2012).

Associated with postpartum depression due to prevalence rate and adverse outcomes factors have attracted the attention of researchers for many years. Made works Biological factors in the
development and maintenance of postpartum depression (Harris et al. 1993, Harris 1994); whether there is a planned pregnancy, breastfeeding and Pregnancy and birth-related factors (Hannah et al. 1992, Warner et al. 1996, Sayil et al. 2007) such as the mode of delivery (vaginal or cesarean section) seem to be effective. Individual and family psychiatric history (O'Hara and Swain 1996, Beck 2001, Johnstone et al. arc. 2001) and clinical features including variables such as mood in the prenatal period. Factors (O'Hara and Swain 1996, Yalçınkaya Alkar and Gençöz 2005, Sayil et al. 2007); some personality traits and psychological factors such as cognitive attribution style (O'Hara et al. Swain 1996, Johnstone et al. 2001, Martin-Santos et al. 2012, Dudek et al. 2014). It is also among the variables reported to be associated with postpartum depression. In addition, life events and social support and adult romantic attachment patterns, social factors including relational variables such as partner support and marital satisfaction. It is seen that it can be effective on postpartum depression. Therefore, the etiology of postpartum depression is very dimensional (Sharshar, et al. 2004). However, postpartum depression although a wide variety of factors have been reported that have an effect on (Dennis et al. 2004). It is thought that the factors that have negative effects on partner/spouse relationship and this relationship.

The transition to motherhood is an important change process for women and this process is emotional. It represents a very difficult and turbulent period in terms of (Gotlib et al. 1991). Therefore, in order to cope with the problems in this period in a healthy way, safe and a supportive spousal relationship is thought to play a very important role (Wright et al. 2015). In the light of literature findings, the aim of this review study is to provide a comprehensive review of some relational variables that affect postpartum depression is to do. For this purpose, adult romantic attachment patterns and partner support issues will be discussed. Although the risk factors of postpartum depression are a frequently studied subject in the international literature, it has it is noteworthy that the relevant variables are less included. Adult romantic attachment patterns are one of these variables related to the couple relationship. In addition, with social support although there are studies dealing with the relationship between transition to motherhood, postpartum Studies on the role of partner support on depression are more it is stated to be limited in number (Gremigni et al. 2011).

**Romantic Attachment Patterns**

Attachment theory (Bowlby 1982) examines the adaptation process of women during the transition to motherhood. It provides a very useful theoretical framework for researchers to understand. According to the attachment theory, the child depends on the quality of the relationship with the primary caregiver develops "internal working models" of himself and others, and these internal working models determine the child's behavior and attitudes in close relationships in adulthood, especially in stressful situations (Bowlby 1982). In line with this view, Hazan and Shaver (1987) in his groundbreaking work in the attachment literature, like Bowlby's (1982) His original theory, based on the child-parent relationship, also included adult romantic attachment expanded to include. Researchers have suggested that romantic partners serve similar needs such as maintaining intimacy, creating a safe haven and a secure base, and have different attachment styles, just as
parents do in childhood. For this reason, some researchers suggest that 'internal working models' are particularly adulthood, with the prediction that it is activated during a very challenging period such as the transition to parenthood and romantic attachment patterns as a risk factor for postpartum depression they examined.

When the literature on adult attachment patterns is examined, it is seen that the anxiety dimension of attachment has an important role in the development of postpartum depression in women appears to play a role. Gremigni, et al. (2011) couples' adjustment to parenting. In a longitudinal study in which they examined the process of depression in terms of depression symptoms, new mother examined the role of insecure attachment on the depressive symptoms of women with pre-existing depression. The researchers also found that couples experiencing parenthood for the first time and childless. Similar measures were taken from a control group of childless married couples to compare the changes in couples' attachment patterns over time. They have received. According to the results, the effect of attachment anxiety or depression symptoms. It is greater in newly mothers than in women who do not have children. This Based on the result, the process of transition to motherhood activates attachment patterns in women. That it is a stressful and challenging process that causes. It can be said that it makes women who have become mothers prone to show depressive symptoms. In addition, postpartum depression, such as low marital satisfaction and lack of social support, even when controlling for many of the other risk factors thought to affect depression, attachment anxiety predicts postpartum depression in new mothers. But more importantly, this relationship between attachment anxiety and postpartum depression is in response to the need for attention and support of spouses (fathers) and mothers by the form of submission. That is, the relationship between attachment anxiety and depressive symptoms is stronger for women whose partners show less interest. This finding is also the negative consequences of the support and care received from attachment anxiety in new mothers shows that it can be reduced to some degree.

Similarly, Simpson et al. (2003) determined that perceived partner support plays a mediating role in the relationship between pre- and postpartum depressive symptoms for women with an anxious attachment style. So, before birth women with an anxious attachment style who show higher levels of depressive symptoms perceive less support from their spouses during the transition to parenthood, which causes them to show higher levels of depressive symptoms afterward. However, a similar finding was not observed for the attachment avoidance dimension. That is, even if avoidant attachment women show high levels of depressive symptoms prior to childbirth. There was no increase in depressive symptom levels during the transition to parenthood. This based on the findings, the anxiety dimension compared to the attachment avoidance dimension. An important risk factor for postpartum depression and perceived partner support explaining the relationship between attachment anxiety and postpartum depression can be said to be an important variable.

In line with the findings of (Simpson et al. 2003), attachment patterns in another study examining the mediator role of partner support in the relationship between postpartum depression and postpartum depression in women (Sanger, et al. 2015), perceived partner support in the weekly
period with insecure attachment and postpartum. It has been reported that it plays a partial mediator role in the relationship between depression and depression. In other words, women with a more insecure attachment pattern are less satisfied with the support of their partners, and this increases postpartum depression. These findings (Iles et al. 2011) explaining the relationship between both insecure attachment and postpartum depression. And also in this review study it offers partner support as an important factor. How do the two risk actors mentioned together affect postpartum depression could be explains?

**Partner Support**

Interpersonal relationships have a very important role in people's lives (Collins et al. 1993). In stressful situations, interpersonal relationships become even more important and supportive relationships reduce the effects of stress (Antonucci 2009) and act as a protective factor against problems such as depression that these situations may cause function (Reid and Taylor 2015). The change in the life roles of individuals is considered as one of the situations that cause stress is taken. For this reason, role change can also increase the need for social support (Leahy-Warren, et, al., 2011). Insufficient social support is associated with psychological distress. It is known and one of these problems is depression (Barnett and Gotlib 1988). The birth event, which expresses an important change, is also brings a new role to the lives of individuals (Logsdon et al. 2009). Therefore, the transition period to other hood after birth is stressful and it is quite common in this period. The importance of social support becomes evident in postpartum depression, which is a problem (Reid and Taylor 2015).

When the literature is examined, it is seen that social support is classified in various ways emotional support (expression of importance and respect), informational support (advice or guidance). The state that three types of social support can be mentioned: and instrumental support (material support or assistance with tasks) perceived and received social support. A distinction is also made, while perceived social support expresses the individual's belief that he/she can get help from his/her social environment when needed, while social support refers to the actual support received in a specific context (Collins et al. 1993).

**CONCLUSION**

It was determined that psychosocial factors play a role in the etiology of postpartum depression. There are many studies available. However, there are some problems that are especially harmful to the quality of the spousal relationship. Factors are thought to be more decisive in this role. Therefore, in this study, some relational variables (adult romantic attachment patterns and partner support) with postpartum depression was reviewed. Based on the studies summarized, some inferences can be made. First of all, although the transition to motherhood is a very valuable and happy life event in women's lives, the baby's basic care and the stress caused by the changes in the career of the individual during this period. It can be perceived as a stressful process due to some compelling factors such as attachment patterns are activated during this stressful period. Hypothesized that insecure adult attachment patterns are a factor in postpartum depression and
investigated as a risk factor. The research findings are especially related to the anxiety of attachment and reveals the effect of size on postpartum depression. More importantly, possible factors that play a role in the relationship between attachment and postpartum depression. Studies examining these variables actually show that the relationship between insecure attachment and postpartum depression. As it is of a complex nature beyond what is anticipated. Therefore, it is thought to play a role in this relationship in future studies. Other possible factors also need to be explored.

Secondly, the importance of social support, especially from the partner, has been investigated in many studies supported by the finding. Studies show that partner support inadequately a significant risk for women to develop postpartum depression. It included as a factor as well. On the other hand, although there is limited evidence that it reduces the risk of postpartum depression by reducing the effect of stress, partner support. It is noteworthy that more direct effects are examined. The literature frequently mediates the relationship between attachment and postpartum depression and also partner support. It can also be considered as a variable. In this respect, attachment patterns and an understanding of how the postpartum depression relationship might be occurring. However, it is thought that there is a need for further research on this subject in order to better understand the mechanism of action of partner support specifically.

In our country, the number of studies on postpartum depression has increased in the last ten years. However, in developing countries postpartum depression can be neglected due to the fact that more attention is paid to other health problems. On the other hand, considering its incidence, it is actually quite common. It is considered to be a psychological problem and its treatment is very important. As a result, both attachment patterns and partner support play a role in postpartum depression, which is one of the problems experienced during the transition to parenthood.

It becomes clearer that they have responsibilities and that they may experience stress because of this. However, women also have various needs during this period, and at this point, it is seen that the role of the partners is very important. Research also shows that the partner relationship draws attention to its importance. The findings suggest that a supportive partner relationship is both direct. It also reduces the risk of postpartum depression by reducing the effects of stress. In addition, insufficient partner support plays a mediating role in the relationship between insecure attachment and postpartum depression. For this reason, clinicians should focus on the partner relationship in the treatment of postpartum depression. It is thought that it may be important for them to use interventions aimed at improvement. On the other hand, when the research results are examined, it is seen that attachment and postpartum. It is also seen that there are other variables that mediate the relationship between depressions. In addition to perceived partner support, self-esteem, marital satisfaction, and perception of parenting self-efficacy also provide the relationship between attachment and postpartum depression. Therefore, in the treatment of postpartum depression. In addition to increasing the support of the partners in the couple relationship, the self-esteem of the mothers. It is thought that improving self-efficacy perceptions regarding parenting will also contribute to treatment.
REFERENCES