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Research paper

Maternal attachment style and psychiatric history as independent predictors of mood symptoms in the immediate postpartum period

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ABSTRACT

Background: There is evidence that both a past history of psychiatric illness and insecure attachment put women at risk for mood disturbances in the postpartum period. The aim of this study was to ascertain whether maternal insecure attachment is a risk factor for mood symptoms in the immediate postpartum period independently of the confounding effect of maternal psychiatric history.

Methods: A convenience sample of 120 mothers was assessed prenatally with the Maternal History of Mood Disturbances (MHMD), the Relationship Questionnaire (RQ), and in the first week after delivery with the Profile of Mood States (POMS).

Results: Mothers with higher scores on the preoccupied and fearful attachment scales had more severe postpartum anxiety and depression symptoms but only fearful attachment remained a significant predictor of postpartum anxiety when the significant effect of maternal history of mood disturbances was included in the model.

Limitations: Our diagnostic assessment focused on mood symptoms, not disorders, and we limited psychometric assessment to the immediate postpartum period and did not collect longitudinal data to ascertain whether the relationship between maternal insecure attachment and postpartum mood disturbances changed over time.

Conclusions: Our results show the necessity to assess prior psychiatric symptoms in studies of maternal attachment style and postpartum mood disturbances. The finding that a mother's recall of her own psychiatric history emerged as significant predictor of postpartum mood symptoms suggests that antenatal assessment based on maternal self-report can be used in those settings where structured diagnostic interviews are not feasible.

1. Introduction

Attachment theory is a multifaceted theory of interpersonal behavior, emotional bonds, and close relationships (Gillath et al., 2016). According to attachment theory, infants develop expectations about their caregivers' availability and responsiveness based on the quality of parental care they receive. These expectations then serve as the basis for the development of mental representations of the self, the other and the relationship between the two ("internal working models" in the terminology of attachment theory) that influence later emotional and psychosocial functioning. According to attachment theory, interactions with inconsistent, unreliable, or insensitive attachment figures interfere with the development of a secure, stable mental foundation and predispose a person to break down psychologically in times of crisis. Attachment insecurity can therefore be viewed as a general vulnerability to mental disorders, with the particular symptomatology depending on genetic, developmental, and environmental factors (Mikulincer and Shaver, 2012).

According to recent extensions of attachment theory (Solomon and George, 1999), just as children develop mental representations of their parents, adults preparing for parenthood develop mental representations of themselves as caregivers, their child as a care recipient, and the parent-child relationship. These mental representations influence parents' expectations, feelings, and behavior. If attachment insecurities influence working models of parenting, they should show up through mood changes when parents' feelings and self-doubts about parenting are assessed during critical periods like, for example, the transition to motherhood and the postpartum period (Mikulincer and Shaver, 2007).

In line with such a prediction, many studies (reviewed in Warfa

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et al., 2014) have shown that insecure attachment is a relevant risk factor for postpartum psychiatric symptoms. However, additional studies are necessary to determine whether maternal attachment style influences risk for postpartum symptoms directly or via covariation with other risk factors (Norhayati et al., 2015). In this study, we investigated maternal attachment style in conjunction with maternal lifetime history of mood disturbances, one well-known risk factor for postpartum disorders that is likely to be related to attachment insecurities.

There is evidence that a past history of psychiatric illness puts women at risk for depression in the postpartum period. The average effect size is one of the largest for the risk factors of postpartum mood disturbances (Robertson et al., 2004). Studies consistently show that having previously experienced depressive symptoms at any time, not just related to childbirth, leads to a significantly increased risk of postpartum depression (Kimmel et al., 2015). In addition, the current evidence from large-scale studies suggests that having a positive family history of any psychiatric illness confers risk of postpartum depression, although the effect size is smaller than that found for a personal history of psychiatric illness (Steiner, 2002). Insecure attachment is strongly related to psychiatric vulnerability, including an increased risk for mood disorders (Ma, 2006; Mikulincer and Shaver, 2012). Therefore, in studies of the relationship between maternal attachment style and postpartum mood symptoms, it is important to assess the confounding role of maternal psychiatric history.

The primary aim of this study was to ascertain whether maternal insecure attachment is a risk factor for mood symptoms in the immediate postpartum period independently of the confounding effect of maternal lifetime history of mood disturbances. Our secondary aim was to expand the existing database linking insecure attachment and postpartum mood symptoms by focusing on the first days after delivery and assessing anxiety and depression separately.

2. Methods

2.1. Participants

This study was based on a convenience sample. Pregnant women were considered for participation if they were medically healthy and had a singleton uncomplicated pregnancy and a vaginal delivery. The possible presence of psychiatric lifetime diagnoses was not investigated. 120 new mothers were enrolled between February and October 2002. Most of them were multiparous (96%) and were co-living with the father of the newborn (87%). The mothers completed psychometric assessment at two time points: two weeks before delivery (maternal psychiatric history and attachment style), and during the first week after delivery (mood state). The research protocol was approved by the ethical committee of the recruiting public hospital. Women were given verbal and written explanations of the study. Signed consent forms were obtained from each woman before participation.

2.2. Psychiatric history

Although the gold standard in psychiatric research is the use of structured diagnostic interviews for the assessment of personal and familial psychiatric history, obstetrical practices typically do not have the time or staff resources necessary to conduct such an assessment (Dennis and Ross, 2006). Rather, any available data on personal and familial psychiatric history are provided through unstructured maternal report. In this study, personal and family history of mood disturbances was assessed using a yes/no response format where mothers were asked to answer the eight questions proposed by Sichel (2000). The questions were combined to form the Maternal History of Mood Disturbances (MHMD), with a total score ranging from 0 to 8 (Table 1).

Table 1
Maternal History of Mood Disturbances (MHMD) (after Sichel, 2000).

1. Is there a family member who has or has had mood or emotional problems, problems with anxiety, or abuses alcohol (note, these conditions are often untreated)?
2. Have you ever experienced periods of sad or low mood, or lost interest in your usual activities?
3. If yes, were there changes in your sleep, appetite or concentration?
4. Have you ever thought about harming yourself, or have you attempted to harm yourself?
5. Have you at any time of your life believed that you have experienced depression, even though it has resolved on its own or while you have received counseling?
6. Did you have difficulties coping and feeling like your usual self for any length of time following a previous birth of one of your children?
7. Is there evidence for a previous postpartum depression?
8. Have you ever had medications prescribed for anxiety or depression?

Scoring, no =0, yes =1; possible score =0–8

2.3. Attachment style

To measure maternal attachment style, we used the Italian version (Troisi et al., 2001) of the Relationship Questionnaire (RQ; Bartholomew and Horowitz, 1991). The RQ is a single-item measure made up of four short paragraphs, each describing a prototypical attachment pattern as it applies in close adult peer relationships. Participants are asked to rate their degree of correspondence to each prototype on a 7-point scale. The four attachment patterns (i.e., secure, preoccupied, fearful, and dismissing) are defined in terms of two dimensions: anxiety (i.e., a strong need for care and attention from attachment figures coupled with a pervasive uncertainty about the willingness of attachment figures to respond to such needs) and avoidance (i.e., discomfort with psychological intimacy and the desire to maintain psychological independence). The preoccupied, fearful, and dismissing patterns reflect different forms of insecure attachment. The RQ paragraph describing preoccupied attachment reads as follows: “I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don’t value me as much as I value them.” The RQ paragraph describing fearful attachment reads as follows: “I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.” The RQ paragraph describing dismissing attachment reads as follows: “I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient and I prefer not to depend on others or have others depend on me.”

The reliability estimates for the RQ self-ratings are comparable to those for other short questionnaires assessing adult attachment styles (test-retest *r*'s around 0.50) (Scharfe and Bartholomew, 1994). The RQ shows convergent validity with interview ratings of adult attachment (Bartholomew and Horowitz, 1991). As for discriminant validity, several studies have demonstrated that the RQ explains individual differences in cognitions, emotions, and behaviors even after controlling for the “Big Five” personality traits (Mikulincer and Shaver, 2007).

2.4. Mood symptoms

Each new mother compiled the self-administered state version of the Profile of Mood States (POMS) asking her to describe “how you have been feeling today.” The POMS is a 65-item, adjective-rating scale designed to measure subjective mood states where respondents are presented with a list of feelings (McNair et al., 1992). Each question is rated on a 5-point Likert-type scale ranging from 0 (not at all) to 4 (extremely). Total mood disturbance is calculated by subtracting the Vigor scale score from the sum of the Anxiety, Depression, Anger,