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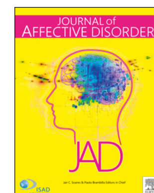

Research paper

The role of emotion regulation difficulties in the relationship between attachment representations and depressive and anxiety symptoms in the postpartum period

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ABSTRACT

Background: Insecure attachment representations have been established as a vulnerability factor for postpartum depressive symptoms. However, there is a lack of studies on the effects of attachment (in)security on postpartum anxiety symptoms, and on the mechanisms through which attachment representations may affect women's postpartum adjustment, namely, emotion regulation difficulties.
Methods: The sample included 450 women in the postpartum period (up to 12 months postpartum), who were recruited both online (advertisements on social media) and in person (study was presented by the researchers during the women's postpartum hospitalization).
Results: Approximately one third of the women with clinically significant symptoms (33.3%) presented co-morbid symptoms of anxiety and depression, and these women presented more insecure attachment representations and more emotion regulation difficulties ($p < .001$) than did women without comorbid symptoms ($p < .001$). The relationship between more insecure attachment representations and depressive and anxiety symptoms occurred both directly and indirectly through emotional regulation difficulties.
Limitations: The cross-sectional nature of the study, the use of self-report questionnaires that do not allow the establishment of clinical diagnosis and the self-selected bias in recruitment were study limitations.
Conclusions: The results underline the need for attention to anxiety symptomatology, which is a condition that co-occurs frequently in this period. Interventions that focus on promoting adaptive strategies of emotional regulation are relevant rather than more intensive interventions to change attachment representations.

1. Introduction

Emotional disorders in the postpartum period are an important public health issue due to their multiple negative consequences. Postpartum depression [PPD] is a prevalent clinical condition (13% in several countries) (O'Hara and McCabe, 2013) with short and long-term negative consequences to the mother, the baby, and the mother-baby interaction (Kingston et al., 2012; Woolhouse et al., 2014). Although less investigated, anxiety symptoms are also common in the postpartum period and are often associated with depressive symptoms (Falah-Hassani et al., 2016), reaching 40% in some studies (Austin et al., 2010; Reck et al., 2008). Thus, anxiety symptomatology should also be a target of research.

1.1. Attachment representations and clinically significant symptoms in the postpartum period

According to Attachment Theory (Bowlby, 1969), attachment representations (Hazan and Shaver, 1987; Mikulincer and Shaver, 2007; Pietromonaco and Barret, 2000) arise from the individual's early and repeated experiences with primary caregivers. These attachment representations have an influence on the individual's attention, interpretations and memories, while also guiding the individual's interactions (Pietromonaco and Barret, 2000).

Attachment representations are organized into two orthogonal dimensions: anxiety and avoidance (Brennan et al., 1998). Individuals with high levels of attachment-related anxiety have insecure attachment representations of the self (negative self-worth), whereas

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individuals with high levels of attachment-related avoidance have insecure attachment representations of others (others seen as untrustworthy) (Mikulincer and Shaver, 2007, 2012). Secure attachment representations are associated with positive representations of the self and others (i.e., lower scores in the anxiety and avoidance dimensions) (Mikulincer et al., 2003). Insecure attachment representations of the self and others may constitute vulnerability factors for the development of psychopathological symptoms (Mikulincer and Shaver, 2012).

Research has shown that attachment representations are more prominent under stressful conditions, such as the transition to (new) parenthood (Bifulco et al., 2004; Feeney et al., 2003; Simpson et al., 2003). During the pregnancy and postpartum periods, women tend to focus their attention specifically on attachment topics (e.g., interpersonal changes in the relationship with the partner and the family of origin) (Monk et al., 2008). Secure attachment representations can have a protective effect against the development of postpartum psychopathological symptoms (Safford et al., 2004). In contrast, insecure attachment representations, particularly insecure attachment representations of the self, may constitute one of the main predictors of depressive symptoms in the postpartum period (Bifulco et al., 2004; Ikeda et al., 2014; Robakis et al., 2016; Simpson et al., 2003; Warfa et al., 2014). Although most studies focus only on the effect of attachment representations in postpartum depressive symptoms, a recent study (Croce Nanni and Troisi, 2017) suggests that insecure attachment representations are also associated with a greater risk of postpartum anxiety symptoms. However, this relationship requires further investigation.

1.2. Clinically significant symptoms in the postpartum period and emotion regulation difficulties

The experience of motherhood is associated with several positive and negative emotions, and the emotion regulation strategies used by the women to manage these emotions may influence her well-being in this period (Haga et al., 2012). According to Gratz and Roemer (2004), emotion regulation involves awareness, understanding and acceptance of emotional states. It also involves the use of flexible and situationally appropriate strategies to address negative emotions as well as the ability to engage in goal-directed behaviors and refrain from impulsive behaviors when experiencing negative emotions. The inability to do so constitutes emotional regulation difficulties.

Studies in the general population suggest a positive association between emotion regulation difficulties and anxiety (Kashdan et al., 2008) as well as depressive symptoms (Pickard et al., 2016). Although there is a lack of studies in the perinatal period, Haga et al. (2012) found a significant relationship between some maladaptive cognitive emotion regulation strategies (e.g., self-blame, rumination, catastrophizing) and depressive symptoms, but no evidence exists concerning anxiety symptoms.

1.3. The mediating role of emotion regulation difficulties in the relationship between attachment representations and clinically significant symptoms

Attachment theory has been a foundation for understanding emotion regulation (Mikulincer et al., 2003). In threatening situations, individuals with secure attachment representations use adaptive emotion regulation strategies (proximity seeking) (Mikulincer and Shaver, 2007; Mikulincer et al., 2003; Morris et al., 2007; Shaver and Mikulincer, 2007), whereas individuals with insecure attachment representations tend to present more emotion regulation difficulties (Pickard et al., 2016). Whereas individuals with more insecure representations of others tend to present greater difficulties in accepting negative emotions, individuals with insecure attachment representations of the self tend to have more difficulties in controlling impulsive behavior in the presence of negative emotions and in using more effective emotion regulation strategies (Marganska et al., 2013).

Moreover, several studies conducted in the general population have identified the mediating role of emotion regulation in the relationship between attachment representations and depressive (Malik et al., 2015) and anxiety (Wei et al., 2005) symptoms. The results of a recent study (Marganska et al., 2013) confirm the mediating role of emotion regulation difficulties in the relationship between insecure attachment representations and depressive and anxiety symptoms. In particular, this study shows the role of difficulties related to the non-acceptance of negative emotions, limited access to adaptive emotion regulation strategies and the inability to control impulsive behavior when experiencing negative emotions in explaining the relationship between attachment representations and clinical symptoms. To our knowledge, no studies have investigated this relationship in postpartum women.

1.4. The present study

The postpartum period comprises several physical (e.g., physical recovery after labor and caregiving tasks) and emotional (e.g., conflict between the expected positive emotions and the experienced emotions) (Yim et al., 2015) changes and challenges. Sadness, emotional liability or anxiety symptoms may become frequent, and women's emotion regulation strategies have an impact on their own and their baby's well-being (Haga et al., 2012). Moreover, with regard to the postpartum period, the number of studies of depressive symptoms is considerable higher compared with the number of studies focusing on anxiety symptoms (Ross and McLean, 2006), despite they frequently co-occur. Thus, it is important to examine women's emotion regulation difficulties in the postpartum period and their impact on women's adjustment (depressive and anxiety symptoms) to this period as well as the role of vulnerability factors – namely, attachment representations – in these difficulties.

Therefore, the present study has the following goals: a) to describe and compare attachment representations and emotion regulation difficulties in postpartum women with and without clinically significant depressive and anxiety symptoms; and b) to examine the direct and indirect effects, through emotion regulation difficulties, in the relationship between attachment representations and depressive and anxiety symptoms in the postpartum period.

2. Methods

2.1. Procedure

This study is part of a cross-sectional study examining women's emotional and cognitive experiences during the postpartum period, which was approved by the Ethics Committee of Faculty of Psychology and Educational Sciences. Inclusion criteria to participate in the study were as follows: a) being a woman in the postpartum period (up to 12 months postpartum); and b) being 18 years or older. Sample collection occurred between December, 2016 and March, 2017. Participants were invited to participate in the study both online (through advertisements in social media websites and on websites/forums focusing on pregnancy and childbirth) and in-person (participants were contacted by the research team during their postpartum hospitalization at Maternity Daniel de Matos, Centro Hospitalar e Universitário de Coimbra; to women who agree to participate (n = 107), an email with the weblink to the online survey was sent about one month after their hospitalization.). In both cases, before accessing the survey, participants were given information about the study's goals and the researchers' (e.g., confidentiality, anonymity) and participants' (e.g., voluntary participation) roles, and gave their consent to participate in the study (by answering affirmatively to the question "*Do you agree to participate in this study?*"). Access to the Internet survey (hosted by LimeSurvey®) was secure, and the survey software prevented the same user from completing the survey more than once.

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