

Theoretical framework for interpersonal psychotherapy in the prevention of postpartum depression: A commentary

Mizuki Takegata¹, Yukiko Ohashi², Megumi Haruna¹, Toshinori Kitamura^{2,3}

¹Department of Midwifery and Women's Health, Division of Health Sciences & Nursing, Graduate School of Medicine, the University of Tokyo, Tokyo, Japan

²Kitamura Institute of Mental Health Tokyo, Tokyo, Japan

³Department of Psychiatry, Graduate School of Medicine, Nagoya University, Nagoya, Japan

Email address

takegata@institute-of-mental-health.jp (M. Takegata)

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Abstract

Postpartum depression occurs in around 10 % of women in several countries. Among preventive interventions during pregnancy, interpersonal psychotherapy (IPT) is identified to be effective. However, little theoretical explanations for this effect have been proposed. Since the perinatal period is a time that interpersonal conflicts are more likely to occur in a woman's life, IPT may be effective to help women and their significant others achieve a new role and adapt to role conflict. The present commentary discusses the issue from the self-efficacy theory.

Keywords

Commentary, Interpersonal Psychotherapy, Postpartum Depression, Prevention, Theoretical Framework, Women

1. Postpartum Depression

Postpartum depression (PPD) occurs in around 10% of women in both developed and developing countries (O'Hara & Swain, 1996; Affonso, De, Horowitz, & Mayberry, 2000). In Japan about one in every 20 women develops a major depressive episode within three months after childbirth (Kitamura, et al., 2006). The onset of PPD usually occurs within 12 weeks of delivery and consists of multiple symptoms such as depressed mood, markedly diminished interest or pleasure, decreased appetite, psychomotor agitation or retardation, fatigue, feelings of guilt, insomnia, and suicidal ideation (American Psychiatric Association, 2013). PPD may have an adverse impact on child development and on relationships with other family members (Beck, 2001; Weissman, Wickramaratne, Nomura, Warner, Pillowsky, & Vardeli, 2006). Therefore, PPD is considered to be an important postnatal issue in research and clinical settings.

Despite significant efforts to screen and treat women with PPD, many affected women remain undetected. Kitamura, Yamashita, and Yoshida (2009) reported that roughly 10% of women with depression after childbirth spontaneously seek professional mental health support in Japan. This may be because some features of PPD, such as fatigue and sleep disturbance, are commonly associated with motherhood itself (Dennis & Dowswell, 2013). Postnatally depressed women are less likely to seek medical support if they are also experiencing bonding difficulties (Kitamura, Yamashita, & Yoshida, 2009). Therefore, increasing emphasis has been placed on initiating preventive measures for PPD during pregnancy, to complement the interventions conducted after delivery (Dennis & Dowswell, 2013).

Several interventions have been proposed for PPD (Dennis & Dowswell, 2013). Cognitive-behavioral therapy (Cooper & Murray, 1997), interpersonal psychotherapy (IPT: O'Hara, Scot, Gorman, & Wenzel, 2000; Zlotnick, Miller, Pearlstein, Howard, & Sweeney, 2006) and peer support (Dennis, 2003)

have been studied as methods of preventing the occurrence of PPD. ITP has specifically been shown to effectively prevent PPD (Dennis & Dowswell, 2013; Zlotnick, Miller, Pearlstein, Howard, & Sweeney, 2006). ITP is “a manual-based and time-limited psychotherapeutic approach within an interpersonal context” (Weissman, Markowitz, & Klerman, 2000). The technique aims to solve current rather than past interpersonal issues. It does not explore underlying personality characteristics or unconscious motivations that contribute to interpersonal problems.

ITP has been developed to help clients experiencing the following types of interpersonal conflicts: grief, role transitions, interpersonal disputes, and interpersonal deficits (Weissman, Markowitz, & Klerman, 2000). Through ITP sessions, women can become aware of the ways in which these conflicts are caused by maladaptive processes such as dependency or hostility, and thereby modify their coping styles in adaptive ways.

First, grief is associated with the death of a loved one (Weissman, Markowitz, & Klerman, 2000). A mother who has experienced a miscarriage, abortion, stillbirth, or infant death may show strong grief reactions such as sadness, anguish, feelings of discomfort, guilt, and anger (Turton, Badenhorst, Hughes, Ward, Riches, & White, 2006; Vance, Boyle, Najman, & Tharle, 1995; Weissman, Markowitz, & Klerman, 2000). Grief over the lost fetus may be treated by exploring the mother’s wishes, expectations, and fantasies about the baby. It is not uncommon for a mother to blame herself for the death of the fetus. In ITP, such negative feelings are considered to arise from the relationship between the mother, her lost child, and her current infant. IPT helps women become aware of their grief reactions so that they can experience a more normal grieving process.

Second, role transition refers to “a significant change of role status experienced as a loss by the individual” (Weissman, Markowitz, & Klerman, 2000). Pregnancy and the postpartum period can be framed as a dynamic role transition focusing on the parental role, adaptation to physical changes, and altered relationships with the spouse, other children, coworkers, or significant others (Condon, Boyce, & Corkindale, 2004; Feeney, Alexander, Noller, & Hohaus, 2003; Levy-Shiff, 1994; Lewis, & Cooper, 1988; Mercer, Nichols, & Doyle, 1988; Rholes, Simpson, Campbell, & Grich, 2001; Hock, Schirtzinger, Lutz, & Widaman, 1995; Rubin, 1976; Simpson, Rholes, Campbell, Tran, & Wilson, 2003). Women must adapt to the physical and social changes brought about by pregnancy, adopt the new role of mother, and build new relationships. They are likely to experience emotional conflicts in themselves and social problems with others. During pregnancy, women must begin to attain a maternal identity and learn the social skills necessary to cooperate with others and build a new family.

Third, interpersonal dispute is “a situation in which the patient and at least one significant other person have nonreciprocal expectations about their relationship” (Weissman, Markowitz, & Klerman, 2000). During pregnancy, conflicts will occur with the partner and other important

people regarding childcare responsibilities and with extended family members over the management of the newborn. If the relationship with the partner is poor and there is little hope of improvement, mental health problems such as depression and anxiety are likely to occur (Kitamura, Shima, Sugawara, & Toda, 1993; O’Hara, & Swain, 2003).

Lastly, “interpersonal deficits” indicates a substantial lack of social skills, resulting in problems in initiating and sustaining relationships (Weissman, Markowitz, & Klerman, 2000). Mothers have feelings of isolation not specifically related to recent transitions or interpersonal disputes. This phrase also encompasses situations resulting from unwanted pregnancies or expected problems in interacting with the child. Pregnant women with interpersonal deficits often have inadequate social support, or may lack affection towards fetuses and neonates (Kokubu, Okano, & Sugiyama, 2012). Thus, the pregnancy and postpartum periods are stressful for women because of the increased incidence of these interpersonal problems.

The goals of ITP are to increase women’s self-awareness regarding problems such as grief, disputes, and isolation, whether these occur during pregnancy or during the postpartum period. During ITP, women learn how to successfully reduce excessive expectations and overcome maladaptive communication styles. They ultimately view their new role as more positive and are less reluctant to form new relationships (Weissman, Markowitz, & Klerman, 2000). Considering that lack of support and a poor relationship with partners are strongly associated with PPD (Beck, 2001; O’Hara & Swain, 2000) as well as antenatal depression (Kitamura, Toda, Shima, Sugawara, & Sugawara, 1998a, 1998b), it is presumed that ITP can contribute to the prevention of PPD, however the mechanism whereby this occurs is still unclear.

A specific method for preventing PPD, called “Survival Skills for New Moms,” was developed by Zlotnick, Johnson, Miler, Peralson, and Howard (2001). It consists of four group sessions during pregnancy and a single group session after childbirth. Each session lasts for about 60 minutes. The first session includes the rationale for the program and psychoeducation on PPD. The second session focuses on identification of role transitions to motherhood, changes associated with role transitions, and goals for successfully managing role transitions. The emphasis of the third session is on setting goals, developing supports, and identifying potential interpersonal conflicts, particularly those that occur after childbirth. The fourth session involves psychoeducation on skills for resolving interpersonal conflicts as well as a review of the main themes of the intervention. The session after childbirth consists of a review of the mothers’ experiences before and after childbirth and associated difficulties and conflicts. Zlotnick and colleagues published two discrete reports on the efficacy of the intervention method in preventing PPD (Zlotnick, Johnson, Miler, Peralson, & Howard, 2001; Zlotnick, Miller, Pearlstein, Howard, & Sweeney, 2006).

2. Interpersonal Psychotherapy and Self-Efficacy

The process by which IPT-based preventive measures bring about adaptive behaviors can be explained by self-efficacy theory (Bandura, 1978). "Self-efficacy" is "a person's belief that one has the power to produce the effect by completing a given task or activity related to that competency" (Bandura, 1978). Bandura (1978) suggested that the following four resources may help an individual improve their self-efficacy: (a) vicarious experience, (b) verbal persuasion, (c) emotional arousal, and (d) performance accomplishment. Vicarious experiences involve observing others perform activities successfully. The role model the individual gains through this observation will encourage them to perform and improve the recommended behavior. The more people relate to the model being observed, the more likely the model's performance will have an impact on them. Verbal persuasion provides the individual with positive verbal suggestions regarding specific activities, which increases their confidence that they can achieve their goals. Emotional arousal is the enhancement of physiological or emotional states. Finally, performance accomplishment involves one's personal experience with previous successes and failures. Strong efficacy expectation is developed through repeated success with relevant behaviors. On the other hand, reduced efficacy is brought about by failures.

In the following paragraphs we examine IPT's four categories of internal difficulties using Bandura's framework. ITP-based prevention techniques developed by Zlotnick and colleagues include providing information and clarification regarding postpartum mental condition (the first session), analysis of clients' communication styles (the second session), and assertiveness role playing, brainstorming possible situations and tactics, and relaxation exercises (the third and fourth sessions) (Stuart & O'Hara, 2003; Zlotnick, Miller, Pearlstein, Howard, & Sweeney, 2006). Of these, role playing is a major part of the prevention program because women can observe therapists' or other participants' coping activities and learn what types of behavior would be more assertive and practical (vicarious experience). In addition, a good relationship with the therapist and other participants over the course of multiple sessions is very important in helping women maintain motivation for behavioral change (emotional arousal).

During a series of preventive ITP sessions, women are initially asked to focus on low-level conflict and to define a small task that can be achieved easily. When the task is achieved (performance accomplishment), participants are encouraged to move on to a more challenging step, resulting in the gradual improvement of social skills. The more at ease an individual is with the task at hand, the more capable they feel and the stronger their efficacy beliefs. Self-efficacy is enhanced by a series of successful experiences, which provide incentives for further actions.

Terry, Mayocchi, and Hynes (1996) noted that higher self-efficacy and self-esteem, stronger social skills, and good

social support are strong coping resources for dealing with stressful situations. These resources enable women to cope with challenges not only during the perinatal period but for the rest of their lives. Therefore, ITP-oriented prevention is expected to be an effective method to help pregnant women adapt to both current changes and those in the future.

3. Conclusion

ITP is effective for preventing PPD probably by enhancing self-efficacy, and improving coping resources in pregnant women.

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