

# Coping Strategies To Satisfied Psychological Needs Women With Postpartum Depression

*by Istiqomah Istiqomah*

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Istiqomah  
Psychology Faculty of Muhammadiyah  
University of Jember  
[iztieq75@yahoo.com](mailto:iztieq75@yahoo.com)

Latipun  
Psychology Faculty of Muhammadiyah  
University of Malang  
[lativ\\_un@yahoo.com](mailto:lativ_un@yahoo.com)

Cahyaning Suryaningrum  
Psychology Faculty of Muhammadiyah  
University of Malang  
[csuryaningrum@yahoo.com](mailto:csuryaningrum@yahoo.com)

### Abstract

Postpartum depression often appears as type of unsuccess in adapting to face new role as parents. The recent study found that personality factor, include psychological needs, consistent determination in determining appearance of the postpartum depression.

The aim of this study is to explore the psychological needs of women with postpartum depression. The focus of the study is directed to understand: 1) The types of psychological needs; 2) The pattern of interaction among psychological needs; and 3) The coping strategy that is used for satisfied the psychological needs.

The case study approach was applied to encourage that purpose. The subjects of the research are three women with postpartum depression. The method of collecting data were observation, depth interview, and objective test (TAT). The data was collected and analyzed by analysis model interpretative phenomenological analysis (IPA).

The study found that psychological needs in women with postpartum depression mother are: 1) Love and belonging, it appears in forming of desire to get support, attention and understanding from spouse; 2) Safety needs appears in forming to feel safety from the anxiety about health and the growth of baby; and 3) Esteem appears in forming of desire to manage and play an important role as independent mother. Psychological needs above to have interaction with certain pattern, in this research was found two patterns: fit out each other pattern, and interaction incompatible each other pattern. The Coping strategy that done is proactive coping, mostly on instrumental support seeking and emotional support seeking aspect.

**Key Words:** Postpartum depression, psychological needs, coping strategies.

### INTRODUCTION

Postpartum depression are major depressive that onset within 4 weeks after childbirth. Maternal attitudes toward the infant are highly variable but can include disinterest, fearfulness of being alone with the infant, or overintrusiveness that inhibits adequate infant rest. However, the postpartum period is unique with respect to the degree of neuroendocrine alterations

and psychological adjustments, the potential impact of breast-feeding on treatment planning, and the long-term implications of a history of postpartum mood disorder on subsequent family planning (APA, 2000).

8% up to 15% women were diagnosed postpartum depression in mid level, and postpartum depression is a serious problem that affects many mothers of infants. Although effective

treatment is available, fewer than half of cases are recognized. Although several depression screens have been used in postpartum women, it may not impact clinical outcomes unless systems are in place to ensure effective treatment and follow-up. However, for screening to positively impact clinical outcomes, it needs to be combined with systems-based enhanced depression care that provides accurate diagnoses, strong collaborative relationships between primary care and mental health providers, and longitudinal case management, to assure appropriate treatment and follow-up (Gjerdingen & Yawn, 2007).

Survey used by Gjerdingen & Yawn (2007) indicated that parents had not, but should have been asked about family or psychosocial risk. In a national survey of pediatricians, 57% said that they felt responsible for recognizing maternal depression, but only 32% expressed confidence in their ability to diagnose postpartum depression.

Symptoms of postpartum depression, include: think to hurt themselves or their babies, feel strange from themselves and their babies, feel confused about reality. This symptoms can work in few of weeks or months (Nevid, dkk, 2003).

Previous qualitative studies have depicted the feelings experiences of mothers with postnatal depression: loneliness, obsessive thinking, anxiety attacks, loss of control, guilt, insecurities, diminished concentration, fear that life would never be normal again, lack of positive emotions, loss of interests in hobbies or goals, and fear of contemplation of harming themselves and their infants (Beck in Chew-Graham, et al., 2009).

Although postpartum depression involve unstable hormone in preiod of

childbirth, there are many factors associated with decrease risk, include: stress, single mothers atau the first time become a mothers, financial, marital problem, social isolation, unless support from spouse and family, history of depression, or unwanted child, ill, or having babies with difficult temperament (Nevid, dkk, 2005).

It has been established that the transition to parenthood is a stressful event, requiring ongoing adjustments at both individual and dyadic level. It has also been shown that attachment security predicts threat appraisal and coping strategies in many stressful situations, including new parenthood. Most of the new mothers reported that they were providing full-time care for their infants; further, of those husbands who had taken some time off after the birth, almost all had returned to full-time employment. Hence, mothers may have reported more problem-focused coping support seeking because they were responsible for most of the tasks of infant care and home making. In addition, as noted earlier, women tend to focus on intimacy and emotional support in their relationships with friends and family. For this reason, it is not surprising that new mothers reported turning to others for support and advice; in fact, support-seeking was their most strongly endorsed coping strategy (Alexander, et al., 2001).

Postpartum depression could impact to dyadic interaction between mothers and their babies. In addition to impacting parent-child relationships and disturbing the attachment process (Hadadian & Terbler in Misri & Reebye, 2006), high levels of parenting stress can contribute to the disruption of family systems and indirectly affect children's development (Mash & Johnson in Misri & Reebye, 2006). Given the negative impact of parenting

stress on children's cognitive, affective, and social development (Crnic & Acevedo; Rodgers in Misri & Reebye, 2006).

Based on the conditions and facts about postpartum depression phenomena, preventive action is more effective way to better than rehabilitative. For this aim, is needed a comprehensive understanding about postpartum depression. According to Lusskin, et al. in Zee, et al. (2009), postpartum depression has recently become more publicized due to heightened awareness of negative outcomes and the vulnerability to depression during the postpartum periode.

There have been a number of studies on postpartum depression of both the risk factors and symptoms, and the risks factors predicting will be changed (Cooper, et.al., 2003). However, few studies have examined personality as a determinant of depression after childbirth. Personality was a stable determinant of both clinical depression and depressive symptoms in the first year postpartum (Verkerk, et al., (2005). Some women described their feeling as a response to physical changes around childbirth, but suggested that they were susceptible to depression in some way (Chew-Graham, et al., 2009). Edhborg, et al., (2005) from the perspective of women with symptoms of depression, the women's struggles with life related to te self, to the child, and to the partner during the first two months postpartum.

It become clearlier that understanding about characteristics and prsobality factors of women with postpartum depression is urgent to be explore. Neoroticism leads people to cope ineffectively, and this coping, in turn, leads to increases in distress (Bolger, 1990).

Based on understanding that womens struggle to face themselves, it can called as a process to understanding their hopes and willingness. Understanding their willingness means trying to understand determinant of their personality, as Murray explanation about needs. Murray (in Hjelle & Ziegler, 1987) define need as a construct that can be found in brain, internaly or externaly organize anohetr psychological -proceses in individual, e.g. persepction, thinking, and action to change the condition than unsatisfied. Definition of needs also called as psychological proceses that influence behaviour.

Need to change the condition that unsatisfied explore in previous study (Bilszta, et al., 2006), one of the most often repeted comments from women was a need to be seen be, 'keeping up appearances' – the façade or image of being seen to be able to cope with the demands of parenthood.

In the postpartum period, Blum (in Montgomery, et al., 2009) proposed that the availability of a sympathetic other counterbalances another's inherent dependency needs, whether verbalized or not. Women's risk for maternal distress increased when they find no one available to assits tkem in meeting such rudimentary psychodynamic needs (Montgomery, et al., 2009).

Studies about personality factors of women with postpartum depression were done by Verkerk, et.al (2005), high neuroticism was associated with an increased risk of clinical depression and depressive symptoms during the postpartum period. According to Greco (2006) studies about corelation between perfectionism and postpartum depression.

Neuroticism aspek correlate with the effectiveness of coping in stressful event. Bolger (1990), suggest that coping has an interactional component that is consistent with the state-trait theory of anxiety. Neuroticism emerges in pattern of coping with major stressful event and that certain coping modes, namely wishful thinking and self-blame, help explain why neuroticism leads to increases in anxiety under stress.

Studies about psychological needs women with postpartum depression explain by Gauthier, et al., (2010), self determination theory posits three fundamental psychological needs: competence; relatedness; and autonomy. According to self determination theory, when these needs are satisfied, they enhance personal well-being. Taken

## METHODS

This study were Case Study-Interpretative Phenomenological Analysis, the rancangan tahat integrated case study and interpretatif fenomenologis. The aim of interpretative phenomenological analysis (IPA) is to explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meaning particular experiences, events, states hol for participants (Smith & Osborn, 2007).

This study were integrated phenomenology to understanding the phenomena of postpartum depress<sup>13</sup>, base on Davidson (2004) suggests this special issue reconsiders the contributions that phenomenology can make to the development and practice of clinical science of psychology.

together, past research on these three psychological needs suggests that women's autonomy in the decision to have a child, perceived self-efficacy in the maternal role, and a less anxious attachment to the partner are important components that foster women's psychological adjustment during the transition to parenthood.

<sup>7</sup> This paper focus to explore psychological needs of women with postpartum depression. The aim of this study are: 1) To understanding the psychological needs of women with postpartum depression; 2) To understanding interaction of psychological needs of women with postpartum depression; 3) To understanding coping strategies of women with postpartum depression to satisfy their psychological needs.

Data were collection from three women with postpartum depression (EPDS). They have been interviewed and observation. Proyektif test, TAT (Thematic Apperception Test) have been used to assest psychological needs that could not explore by interview. In detail characteristic of the subject:

1. Women with indication postpartum depresi pasca melahirkan, it shown by scor of EPDS up to 12.
2. Minimum in the 4 weeks period of postpartum.

<sup>11</sup> Data analized with Interpretative Phenomenological Analysis (IPA), wi<sup>11</sup> this steps (Smith & Osborn, 2007): 1) Looking for themes in the firsts case; 2) Connecting the themes; 3) Continuing the analysis with other cases; 4) Writing up.



## RESULTS

### Psychological Needs of Women With Postpartum Depression

The dominant psychological needs of women with postpartum depression are: love and belonging needs that raise in form of need to get support, attention, and understanding from spouse and family. Safety needs that raise form of satisfied secure feeling about health conditions and developmental of their babies. And esteem needs that raise in form of motivation to learn about how to manage and get some role as a independence mother.

"... 'understand my feeling.' now he is the one nearest form me. I want he understand may feeling... as effort to take care of me... if still hurting me... so I will ask whome to take care of? Not to my father and mother ofcourse, there was Him beside Me ..." (*Ibu Dewi*).

"Yeah... usually there is husband beside Me, as same as with other wpomen... but now there is not... I want be happy... like other women ..." (*Dik Ida*).

"... My hope... He is become the first man that I told about My feeling.... Yea He is nearest beside Me... so He should be the most understand of Me... because we're as a family... everithing to be think together... include our feeling" (*Mbak Dea*).

This psychological needs more over rise by spouse and family that perceived as a source of conflict. These conflicts arise in form of lose support from spouse and family, dependence feeling arise in form of feel blamed by spouse and family, or feel pushed to be a good mother in take care baby or role as a new mother.

"I feel sad of my children.... I fear that she and her father could not close as a family ..." (*Ibu Dewi*).

".. She is have been not a father figure as usual... live with no father... and died was not a father too ..." (*Dik Ida*).

"... because who take care all of my baby activities almost by her grand mother... so the frequent of childbearing more done by my mother than Me... especially I am work now... so it is make Me worry... I fear if My baby does not close to Me..." (*Mbak Dea*).

### Interaction Pattern of Psychological Needs of Women With Postpartum Depression

The dominant psychological needs of women with postpartum depression were interact in some pattern, this recent study found two patters: fusion pattern and conflict pattern.

The fusion pattern work in love and belonging need and safety need. Needs and hopes to get some support, attention and loving by spouse and family can satisfied by when the women try to actualization safety needs to the baby or spouse and family. Such as breast feeding process and take care of developmental and growth of the baby. This condition rise some support behavior from spouse and family, such as available of healthy food for the women or driving her to get some medical check up for the babies.

Esteem needs that arise in form of feeling guilty or blaming others, feel empty, unhappy, until feeling to suicide, relize could disturb the relation between women and their spouse and family.

"... My mother could not to be confronted... If I confronted to her, she could not

accepted...because she did not accept others opinion...So I did not want to confronted her...especially to avoid the conflict..” (*Ibu Dewi*).

“...I fear lose this close relation....because I have experience about lose some one...so I worry about this condition...if its not become better...can impact to may close relationship ...” (*Mbak Dea*).

### **Coping Strategies to Satisfied Psychological Needs of Women With Postpartum Depression**

The dominant psychological needs of women with postpartum depression that arise in form of love and belonging needs, safety needs, and esteem needs were important to be satisfied. The satisfied process can be call coping strategies. Coping strategies that found in recent study is proactive coping, specially in instrumental support seeking aspect and emotional support seeking aspect.

“...when I was angry...sad...I was cry...after cry I felt better...or I talk to my friend...because I can see their expression...after my baby birth, I more like talk to My friend.” (*Ibu Dewi*).

“...I talk to my friend first...until I done express my

emotion...after that I feel better...” (*Mbak Dea*).

Coping strategies that usually done by women with postpartum depression are the willingness to be more disclosure by trying to talk about their feeling to with spouse, family, and riends. This disclosure process have been choosen because similarly could satisfied their needs to be support (love and belonging) by spouse and family. This proactive coping, can be arise in form of all efforts to seek information and new knowledge about how to take care and facilitating the growth and developmental process of their babies.

“...usually if I have some problem...I send a massage to my friend...There are respons or not...I was share my feeling...it was make me feel better...” (*Ibu Dewi*).

“...I need to be heard, to be understand....it is can reduction my emotion...just by talk to others...if I need to cry...I want be let take a tiem to cry...untill I feel better... I need to talk face to face with my friend, I feel do not enough by send a messages or by phone...maybe it was about interaction that I could got...” (*Mbak Dea*).

## **DISCUSSION**

### **Support from spouse as media to satisfy love and belonging needs of women with postpartum depression**

This study found that women experienced of love and belonging needs that actual in to willingness to be support and understood by thier spouse. Montgomery, et.al., (2009) finding that the women characterized two types of husband availability: 'doing for' and 'being with'. 'Doing for' stories

involved the husband's response to the immediate needs of family, both spouse and child (Montgomery, et al., 2009).

His physical presence, regardless, lessened their fear of "going crazy". Being "alone" in the home was perceived as begrudgingly to tolerable, especially when husbands were contract or shift workers, requiring them to be out of the home for extended or unpredictable periods of time. Additionally, their husband's physical

presence was represented as an opportunity for women to verbally express their worries and uncertainties. Overall, the women were strategic about what, how and when they talked to their husbands. Women did not want to risk "further isolation," "frightening" their husbands or having their partner distance themselves by "never talking about what happened" in illness (Montgomery, et al., 2009).

'Being with,' stories involved the husband's affective presence that also promoted the women's sense of security. 'Being with' their husbands afforded women the opportunity to discuss their worries without fear of alienation (Montgomery, et al., 2009). Women hoped to be together with their spouse to take care of their babies as representation of love and belonging needs. Especially in the period of transition to be a mother. Behaviours that maintain attachments to significant others will change as the individual passes through different life stages (Ma, 2006). Attachment relationships in adulthood provide feelings of security and belonging (Crowell, et al. in Ma, 2006).

These feelings of security and belonging could be developed in to anxiety attachment and avoidance attachment. This study explains that relation between women and their spouse is inadequate. It is shown with unopen communication. Moreover, support from spouse could not be perceived as a support by the women with postpartum depression. Unopen communication represented conflict that faced by women with postpartum depression. On the one hand, they need support, but on the other side they do not want to receive support, but in another hand they would not be perceived as a 'bad mother.'

According to Maunula & Hunter (dalam Ditzen, et al., 2008) proposed an influence of insecure attachment on stress responses in humans via (1) the increase of perceived stress, (2) the impairment of the psychological responses to stress, and (3) the reduced effectiveness of social support in buffering stress. This condition strengthened the previous study by Stewart, et al. (2003), was found that women with postpartum depression often seen everything in negative side, including perception about level of support. This study found that support by spouse still perceived do not enough by women with postpartum depression.

#### **Interaction with child as a projection of safety needs of women with postpartum depression**

Unrealistic hopes to childbearing processes influence the fact that were new mothers. Conflict between hopes and experience become a mother make some anxiety, and judge themselves fail and guilty. The women described many moral belief regarding the definition of a "good mother". A "good mother" would be happy when she got a healthy child, have patience with all her children, always think about the children before herself, and she would breastfeed her children. As consequence of this belief, women felt guilt and like a "bad mother" if they were not immediately happy about the new child but instead wanted personal space and time for themselves (Edhborg, et al., 2005). It is shown as feeling guilty and worries that felt by women with postpartum depression. That condition correlate with inadequate safety needs.

This inadequate safety needs can be projected in interaction mothers and their baby, so that become insecure attachment. This insecure attachment actual in to interaction that: 1) Stripped



of a strong desire to interact with their children and plagued by oversensitivity to stimuli, mothers often failed to respond to their infants' cues; 2) Guilt and irrational thinking pervaded mothers' minds during their day-to-day interactions with their children. Postpartum depressed mothers perceived themselves as being the worst mothers in the world. They were filled with pain-ridden guilt for not being able to love their babies as they thought they should; 3) Striving to minimize the negative effects of postpartum depression on their children, mothers attempted to put their children's needs above their own. (Beck & Driscoll, 2006).

To be alone with the child might weigh heavy both related to the responsibility of the child, but also because the mothers felt lonely and tie; they longed for help, support, and adult people to talk to. They felt that the feeling might be confirmed and consolidated when speaking about them (Edhborg, et al., 2005). In fact the process to speak not an easy thing to do, because in some way women did not want to be seen weak that can be perceived as fail mother. Now become clear there are conflict between need to be support and need to be perceived as good mother. More time conflict doesn't solve, more longer time needed to adapted with this period childbearing.

#### **Contribution of psychological needs in choosing coping strategies of women with postpartum depression**

Research by Hachaturova (2010) choosing coping strategies deals with such personality traits as empathy, locus of control, anxiety, self-appraisal, and temperament. Person with the high level of empathy chooses emotional coping strategies in interactions. Internal controllers choose cognitive behavioural coping strategies in

conflict, while the majority of external controllers choose emotional coping strategies. While people with low self-appraisal choose emotional coping strategies. According to Terry in Alexander, et al. (2001) personal resources are relatively stable personality and cognitive characteristics that shape coping processes. In term of personal resources, coping is influenced by a range of dispositional factors (e.g., self-efficacy, optimism, sense of coherence) that are related to self-esteem (Holahan, Moos, & Schaefer, 1996 dalam Alexander, et al., 2001).

Basic psychological needs, as one of personal characteristics have role in choosing process coping strategies of women with postpartum depression. This study found that women choose to speak with trusted figure. Interaction and regard that accepted, felt as support and can facilitate their psychological needs, involved love and belonging needs and safety needs. The interaction were learning processes to develop coping strategies. Maslow in Feist & Feist (2008) explain that coping usually consists, need effort, learned, and influence by external.

About seeking support behaviour, Alexander, et al. (2001) for both husbands and wives, support-seeking was predicted directly by wives attachment security and husbands' parenting strain. This seeking support behaviour actual in process talk to trusted figure. Consequences from talk to others is one of processes that usually happen in proactive coping strategies, also termed preventive coping and anticipatory coping, involves making an effort to prepare for stressful events that could occur in the future (Aspinwall, 2005; Aspinwall & Taylor, 1997; Greenglass, 2002 dalam Allen & Leary, 2010), especially talk about infant

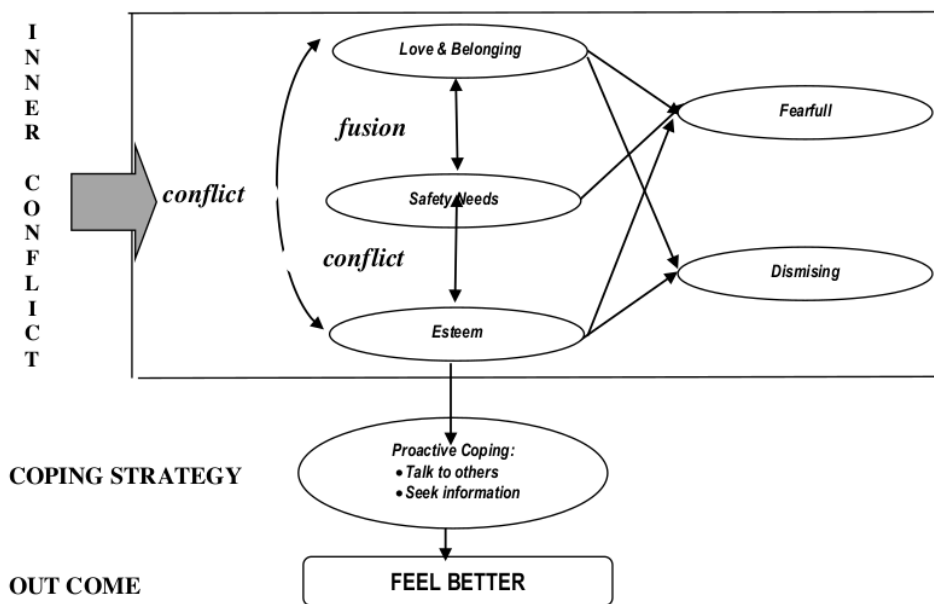
health and relation between women and spouse.

Recent study, found that proactive coping were choose by women especially in instrumental support seeking and emotional suport seeking. Greenglass, in Sulistyarini (2010) explain instrumental support seeking, is coping strategi that focus on solve the problem by seeking support, such as suggestion from others. Emotional support seeking, is an coping strategi by seeking emotional support by more focus to self relation more than solve the problem. This coping strategi develop by arouse emphaty and seeking emotional support from nearest person or family.

Seeking support proces works similarly with development of attachment between women and environment, specially with spouse. Discuss about corelation between attachment and coping, Milkulincer &

Florian, 1998 dalam Alexander, et al. (2011) suggested that secure attachment is a core protective factor from which coping resources, such as self esteem and social support, are derived. Adult attachment may contribute to individual differences in well-being. The ability to build close personal relationships may have a profound impact on well-being (Wei, et. Al., 2011).

Finding of the recent study describe that women with postpartum depression does not optimal in develop secure attachment, they describe more develop insecure attachment (fearfull and dismissing). This attachment pattern develop similarly with indication deprivation in some basic psychological needs (love and belonging, safety needs, and esteem). More over, they effort to adapation with with their conflicts by develop proactive coping. As seen in this picture:



Picture 1. Pattern of satisfying psikological needs of women with postpartum depression

## SUMMARY AND RECOMMENDATIONS

Although recent study can help to understanding the psychological needs of women with postpartum depression, advanced study still needed, especially to conceptualization and to redefining correlation between psychological needs fulfillment and bonding behaviour mothers and their infant. It is also important to develop research about deprivation in affection needs can be influence attachment process and maturity of interpersonal relation in general.

Finding of recent study were explain that women with postpartum depression needs support, specially

from spouse and family, it can be more important to get some relational perspective in preventive process and recovery period. As explain by Montgomery, et.al (2009) as secondary intervention, program that develop relational intervention have positive association with optimization mother and family in childbearing. This program can do by volunteer, paraprofessional, or home visit workers. Based on experience of home visitors, they were report that their coming develop relation between mothers and children. While women said that they were need for some information and skill to make empathic relational.

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