

A Critical Evaluation of Emotional Regulation and Suicidal Ideation on Postpartum Depression

Ms. Pallavi Solanki^{1*}, Dr. Rajendra K Sharma²

ABSTRACT

Postpartum depression, according to ICD-10, postnatal depression is depressive disorder within 6 weeks of delivery. “Emotion regulation” is a term typically used to explain someone’s capacity to successfully manage and reaction to an emotional stimuli and “Suicidal ideation” implies needing to take your own life or contemplating suicide. In this study, our aim was to investigate the relationship between postpartum depression, emotional regulation and suicidal ideation in an outpatient and inpatient Hospital setting. In this study, 250 women 4 weeks postpartum were screened for Depression with Edinburgh postnatal depression scale (EPDS) and the women with positive screening were further assessed for emotional regulation with Difficulties in emotional regulation scale (DERS) and suicidal ideation with .Beck suicidal ideation scale (BSS). Results indicate that there is a significant positive relationship between Postpartum depression emotional regulation and suicidal ideation. These findings suggest that emotional regulation strategies, suicidal ideation and depression of women postpartum directly affect each other.

Keywords: *Postpartum depression, Emotional regulation, suicidal ideation*

According to ICD-10, postnatal depression is depressive disorder within 6 weeks of delivery. And it classified under F53.0 Mild mental and behavioural disorder associated with the puerperium.

Postpartum depression according to DSM 5 is a group of depressive symptoms that occur during pregnancy or 4 weeks following delivery or childbirth. DSM 5 classifies postpartum depression as Bipolar disorder or Depression with peripartum onset. Prior to delivery 50% of depressive symptoms begin so as collectively these episodes are collectively known as peripartum episodes. Early studies failed to distinguish adequately between puerperium blues, depression and psychosis (e.g. Manly, McMahan, Bradley and Davidson, 1982). Diagnostic criteria have varied from study to study, however in the past ten years a degree of consensus has emerged (Troutman and Cutrona, 1990) to limit puerperium depression to affective

¹MPhil in Clinical Psychology Scholar, Department of Clinical Psychology, Amity University. Gwalior, Madhya Pradesh, India

²Associate Professor & Head, Department of Clinical Psychology, Amity University, Gwalior, Madhya Pradesh, India

*Responding Author

Received: May 25, 2019; Revision Received: June 27, 2019; Accepted: June 30, 2019

A Critical Evaluation Of Emotional Regulation and suicidal ideation On Postpartum Depression

syndromes that arise within 6 months of childbirth and meet at least Research Diagnostic Criteria (RDC; Spitzer, Endicott and Robins, 1978) for a minor depressive episode or RDC or DSM-III-R criteria (American Psychiatric Association, 1987) for a major depressive episode in the absence of psychotic features (Cutrona, 1982; Kumar and Robson, 1984; O'Hara and Zekoski, 1988).

The clinical symptoms of post partum depression are low mood, reduced interest in activities which were pleasurable, less energy, tiredness, anxiety and irritability, disgrace, misery, annoyance, self-loathing, helplessness or hopelessness, oversensitivity, feelings of inadequacy and symptoms of self-neglect, disorders of sleep, libido and appetite and suicidal ideas. Other symptoms include a sense of being incompetent and disappointment, feelings of deep decline, not living up to one's own expectations, guilt and worthlessness, rather than elated and joyful there is a fear of judgment and criticism by others and shame at being depressed. Mothers suffering from postpartum depression are anxious about the baby's well-being and fears of harming him/her psychologically or physically are some other subjective experiences. Also Chalmers and Chalmers (1986) notified, financial stability, loss of self esteem, her own internal abilities, or her abilities to deal with the child is also associated with female's feelings of sadness and despair.

Women's desire to spend time with her new born is stolen by the postpartum depression (Beck, 1999). After the first year of delivery this disorder is experienced by 13% of women. (O'Hara & Swain, 1996). Postpartum melancholy can have more dangerous results, including impaired emotional and cognitive development of the children and disturbed mother-infant relationships (Beck, 1995). A huge issue within the length of postnatal depression is the duration of postpone to good enough management (England, Ballard, & George, 1994 sickness).

"Emotion regulation" is a term typically used to explain someone's capacity to successfully manage and reply to an emotional reveal in. People unconsciously use emotion regulation techniques to cope with difficult situations in many instances all through each day. Most people use a variety of emotion law techniques and are able to observe them to specific conditions with the intention to adapt to the needs of our surroundings. Some of those are healthful, a few are not. Healthy coping strategies, inclusive of managing pressure with a walking program, do now not cause damage. They can assist to diffuse strong feelings, regularly bearing in mind a greater expertise of what led to the emotional reveal in. Postnatal depression [PPD] is a widely wide-spread medical condition (thirteen% in numerous nations) (O'Hara and McCabe, 2013) with shortand lengthy-time period negative effects for the mom, a child, and the maternal-infant contact). The postpartum duration contains several bodily (e.g., bodily recovery after exertions and care giving responsibilities) and sentimentall (e.g., conflict between the anticipated fine sentiments and the skilled sentiments) (Yim et al., 2015) adjustments and struggels. Despair, sentimental legal responsibility or tension signs and symptoms may grow to be common, and women's emotional law plans have an effect on themselves and their infant's wellbeing (Haga et al., 2012). Thus, it's far critical to have a look at women's emotional instability inside the postnatal length and their effect over girls's proper settlement in this phase. Haga et al. (2012) depicted women experience different types of sentiments during her period of motherhood and her well-being may be affected by her skills to manage her emotions in this time period. Understanding and acceptance and awareness of emotional states is compromised in emotional regulation studies. Gratz and Roemer (2004). To get involved in goal directed behavior, using of strategies which are

A Critical Evaluation Of Emotional Regulation and suicidal ideation On Postpartum Depression

flexible and situation ally appropriate and when experiencing negative emotions to refrain impulsive behavior is also involved under this. Emotional regulation difficulties are inability to do these. The inability to do so constitutes emotional regulation difficulties. Kashdan et al. (2008) found positive correlation between anxiety, and emotional regulation. Positive association was also found between depressive symptoms and maladaptive emotional regulation strategies (catastrophizing, self-blame, rumination) Haga et al. (2012).

Suicidal ideation implies needing to take your own life or contemplating suicide. In any case, there are two sorts of suicidal ideation: Active and Passive. Passive suicidal ideation happens when you wish were dead or that you could pass on, yet you don't really have any plans to submit suicide. Active suicidal ideation, then again, isn't just reasoning about it yet having the aim to submit suicide, including arranging how to do it. Self-destructive ideation is one of the indications of both significant sorrow and the melancholy found in bipolar confusion. Be that as it may, the danger of self-harming and self-destroying ideation after pregnancy for ladies with state of mind issue is obscure. This examination evaluated the pervasiveness of musings of self-mischief and self-destructive ideation amid the 1-year baby blues period in ladies with significant burdensome turmoil or bipolar II issue. Concentrate on suicide following a baby blues mental confusion, Appleby (1998) discovered that ladies admitted at the doctor's facility for a infant blues mental confusion were at high danger of suicide. "Suicide is a main cause of maternal deaths within the perinatal period in industrialized international locations. Suicide is more common in humans with suicidal mind and suicidal thoughts are consequently a motive for problem whilst elicited via health experts.

METHODOLOGY

Sample

The sample compromised of 32 females with postpartum depression who were screened from 250 females 4 weeks after their child's birth. Their age range should was between 18-40 years. The education level of the participants were 5thstd to post graduation and some were employed and others were not. Participants also belong to different socioeconomic classes – low, medium, and high were interviewed.

Instruments

Three measures were used in this study,

- 1. Edinburgh Postnatal Depression Scale** (Cox et al, 1987): It is a widely used screening tool for postpartum depression. It consists of 10 items which measures the presence and intensity of various depressive symptoms (eg. Tearfulness and sadness) in the last seven days. It uses a 4 point Likert scale where higher depressive symptoms are indicated by higher scores. The EPDS is a widely used 10-item scale used to screen for postpartum depressive symptoms. It evaluates the presence and intensity of depressive symptoms (e.g. sadness, tearfulness) in the previous seven days, using a 4-point Likert scale. Higher scores are indicative of higher depressive symptoms. A cut off score higher than 9 indicated clinically related depressive symptoms was found in Portuguese validation studies. (Figueiredo, 1997). In a study, the EPDS's Cronbach alpha value was found to be 0.90. It consists of satisfactory spilt half reliability and validity found in Snaith's earlier work.
- 2. Difficulties In Emotional Regulation Scale**(Coutinho et al., 2010) : The DERS is a self-inventory consisting of 36 items, with a 5- point Likert scale, and it consist 6 dimensions: "Non acceptance of emotional responses" ("When I'm upset, I become

A Critical Evaluation Of Emotional Regulation and suicidal ideation On Postpartum Depression

angry with myself for feeling that way”);’ Difficulties engaging in goal directed behavior” (“When I’m upset, I have difficulty focusing on other things”);” Impulse control difficulties” (“When I’m upset, I have difficulty controlling my behaviors”);” Lack of emotional awareness (“I pay attention to how I feel”) “Limited access to emotion regulation strategies” (“When I’m upset, I believe that I will remain that way for a long time”)”Lack of emotional clarity” (“I have no idea how I am feeling”). Greater emotional regulation difficulties will be indicated by greater scores. The scale has high internal consistency for total scale ($\alpha = .93$), Cronbach’s alpha coefficients for the six subscales are the following: Non acceptance (.85), Goals (.89), Impulse (.86), Awareness (.80), Strategies (.88), and Clarity (.84).

- 3. Beck Scale For Suicidal Ideation**(Beck, Kovacs, & Weissman, 1979) : This Scale consist of Ideat a 21-items, which through an interview form measures the existing strength specific behavior, attitude and strategy of patient to commit suicide . Individuals with the risk of attempting suicide in future having feelings, wishes and plans to take their lives are also assesed. (SSI) was designed to assess the strength, frequency, and characteristics of suicidal ideation in adults. SSI evaluated three dimensions of ideas of suicide: 1. Active suicidal desire, 2. Specific plans for suicide, and 3. Passive suicidal desire. The SSI had been found to have moderately high internal consistency with Cronbach coefficient alphas ranging from 0.84 (Beck, Brown, & Steer, 1997) to 0.89 (Beck, Kovacs, & Weissman, 1979). The SSI also had high interrater reliability with correlations ranging from 0.83 (Beck, Kovacs, & Weissman, 1979) to 0.98.

Procedure

250 females 4 weeks after their delivery were taken inform consent and were screened with Edinburgh Postnatal Depression Scale(EPDS) and 32 females were found with postpartum depression and then they were further assessed for emotional regulation with Difficulties in emotional regulation scale(DERS) and suicidal ideation with Beck suicidal ideation scale(BSS).

RESULTS

Table 1: shows the socio demographic details of the patients (n=32)

Sr.no.	Variable	Mean±SD/n(n%)
1.	Age	25.25±4.53
2.	Family type	Nuclear
		Joint
3.	Residence	Rural
		Urban
4.	Socio-economic Status	Middle
		Lower

A Critical Evaluation Of Emotional Regulation and suicidal ideation On Postpartum Depression

Table 1- It shows the socio demographic details of the sample who were screened positive for postpartum depression. It shows the mean age of the participant was 25.25 and the SD was 4.53. It was also found the “Family type” of participants, 53.12% were from nuclear family whereas 46.87 from joint family. 56.25% participants come from rural background and 43.75% comes from urban .75% participants belongs to middle SES, whereas 25% belongs to lower SES.

Table No.2 Correlations between Postpartum depression and emotional regulation:

Variable	Emotional Regulation
Postpartum Depression	.487**

**Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level.

The table shows that there is a significant positive co relation between postpartum depression and emotional regulation.

Table No.3 Correlations between Postpartum depression and suicidal ideation:

Variable	Suicidal ideation
Postpartum Depression	.762**

**Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level.

The table shows that there is a significant positive co relation between postpartum depression and suicidal ideation.

DISCUSSION

The finding from the study is that there is a significant positive co relation between postpartum depression and emotional regulation. It is a well-known fact that after delivery of a child female goes through a lot of physical and mental changes, and it also observed her to be emotionally distressed and vulnerable even due to a lot of hormonal fluctuations, she is going through, this can lead to emotional disturbances and depression with various other contributing factors. In a study supporting this finding by Marquesa et. Al (2018), where the research was conducted on a sample of 450 women in the puerperium period and the study depicted that approximately 1/3rd of the females having clinically significant symptom had comorbidity of anxious and depressive features. There was an evidence which stated that ladies showed attachment with greater insecurity and greater emotion difficulties (incommodity with depression). There is also a study by Haga et al (2012), which focused on the identification of predictors of PPD and found that postpartum depression to be associated with maladaptive emotional regulation strategies (eg. Rumination and self blame). In a study conducted by Edward et al (2017), similar results were found where maladaptive emotional regulation (eg suppression of emotional states) were associated with maternal psychopathological symptoms. Mainly the presence of maladaptive depressive symptoms have been associated with maladaptive emotional regulation strategies. (Nolen-Hoeksema et al., 2008; Joormann and Gotlib, 2010; Joorman and Vanderlin, 2014) Females generally are with more risk for postnatal depression who are [resent with less self-compassion and psychological flexibility. Heneley (2007) focused on emotional well-being and health beliefs of Bangladeshi mothers during puerperium. The qualitative approach was used to explore the value and view of the mother regarding their mental health. Findings suggest that when mothers shared their emotional issues, this helped in seeking the support of their family, friends and primary care givers. In the findings suicidal ideation is also positively correlated

A Critical Evaluation Of Emotional Regulation and suicidal ideation On Postpartum Depression

with postpartum depression and supporting this finding there are studies which depicts that maternal death leading due to suicide in postpartum period. Campagne (2004) found that out of 1,000 mothers suffering from postnatal depression at least 2 new mothers will have suicidal tendencies who will actually attempt suicide. Appleby et al. (1998) found that women who were admitted to the hospital for a postpartum psychiatric disorder were at high risk of suicide. It was also found that due to breastfeeding in postpartum period, females prefer no medications which also put them at higher risks for suicidal ideation and behaviour. (Campagne 2004; Dietz et al. 2007; Newport 2007; Pompili et al. 2008). Carley Pope et al 2013, conducted study on women with mood disorder during natal and postnatal period to assess suicidal ideation with HAM-D scale, thoughts of harming self using EPDS and found that 6.16 % mentioned thoughts of harming self while 16.97% mentioned ideas of suicide during the first year postpartum period. There is also a study by Louise M Howard, Clare Flach, Anita Mehay, Debbie Sharp and Andre Tylee (2011), on 4,150 women with EPDS question related to suicidal ideation; and was found that 4% of women reported that the thought of harming themselves had occurred to them sometimes or quite often. These ideations were also found in association with higher levels of depression and younger age.

REFERENCES

- American Psychiatric Association.(2013).Diagnostic and statistical manual of mental disorders (DSM-5®).American Psychiatric Pub.
- Aldao, A., Nolen-Hoeksema, S., &Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical psychology review, 30*(2), 217-237.
- Beck, C. T. (1995). The effects of postpartum depression on maternal-infant interaction: A meta-analysis. *Nursing Research, 44*, 298-304.
- Chalmers, B. E. and Chalmers, B. M. (1986). Post-partum depression; A revised perspective. *Journal of Shrestha, S. D., Pradhan, R., Tran, T. D., Gualano, R. C., & Fisher, J. R. (2016).*
- Cutrona, C. E. (1983). Causal Attributions and perinatal depression. *Journal of Abnormal Psychology, 92*(2), 161-172.
- Gross, J. J., & Feldman Barrett, L. (2011). Emotion generation and emotion regulation: One or two depends on your point of view. *Emotion review, 3*(1), 8-16.
- Haga, S. M., Kraft, P., & Corby, E. K. (2009). Emotion regulation: Antecedents and well-being outcomes of cognitive reappraisal and expressive suppression in cross-cultural samples. *Journal of Happiness Studies, 10*(3), 271-291.
- Haga, S. M., Ulleberg, P., Slinning, K., Kraft, P., Steen, T. B., & Staff, A. (2012). A longitudinal study of postpartum depressive symptoms: multilevel growth curve analyses of emotion regulation strategies, breastfeeding self-efficacy, and social support. *Archives of women's mental health, 15*(3), 175-184.
- Howard, L. M., Flach, C., Mehay, A., Sharp, D., &Tylee, A. (2011). The prevalence of suicidal ideation identified by the Edinburgh Postnatal Depression Scale in postpartum women in primary care: findings from the RESPOND trial. *BMC pregnancy and childbirth, 11*(1), 57.
- Kashdan, T. B., Barrios, V., Forsyth, J. P., & Steger, M. F. (2006). Experiential avoidance as a generalized psychological vulnerability: Comparisons with coping and emotion regulation strategies. *Behaviour research and therapy, 44*(9), 1301-1320.
- O'hara, M. W., & Swain, A. M. (1996).Rates and risk of postpartum depression—a meta-analysis. *International review of psychiatry, 8*(1), 37-54.

A Critical Evaluation Of Emotional Regulation and suicidal ideation On Postpartum Depression

O'hara, M. W., Schlechte, J. A., Lewis, D. A., & Varner, M. W. (1991). Controlled prospective study of postpartum mood disorders: psychological, environmental, and hormonal variables. *Journal of abnormal psychology*, 100(1), 63.

Acknowledgment

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

How to cite this article: P Solanki & R K Sharma (2019). A Critical Evaluation Of Emotional Regulation and suicidal ideation On Postpartum Depression. *International Journal of Indian Psychology*, 7(2), 927-933. DIP:18.01.112/20190702, DOI:10.25215/0702.112