

Postpartum Depression and its Effects on the Emotional Development of Children

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Abstract

This paper defines and explores the effects of postpartum depression, PPD, on mothers, as well as their children and emphasizes the importance of treatment early in the child's life, through brief research from the Developmental Psychology textbook, *Development Through the Lifespan*, as well as online research. The paper looks in depth at emotional development and the problems these children experience including problems with emotional self-regulation and attachment. Treatments of postpartum depression are also discussed as well as how to reestablish families that have experienced PPD to be much healthier in the future through use of therapy.

*Keywords:* postpartum depression (PPD), emotional development, emotional self-regulation, attachment, treatment

### **PPD's Effects on Mothers**

Postpartum depression, PPD, is a major depressive disorder, MDD, which usually occurs within one month after a mother gives birth to her baby. Symptoms of postpartum depression include, "sleep disturbance, appetite disturbance, loss of energy, feelings of worthlessness or guilt, diminished concentration, and thoughts of suicide" (Pearlstein et al., 2009, p. 357). 10 percent of women may experience a few of the symptoms of postpartum depression, but tests need only be performed if symptoms persist past two weeks after the birth of the baby, or if the mother believes herself to have one or more psychosocial risk factors for PPD which include, "MMD during pregnancy, anxiety during pregnancy, previous nonpuerperal MDD, previous premenstrual dysphoria, stressful life events during pregnancy or the early puerperium, poor social support, marital conflict, low income, immigrant status, and young maternal age" (Pearlstein et al., 2009, p. 358). It is important for mothers who believe they that may be have this disorder to have themselves screened through tests such as the Edinburgh Postnatal Depressive Scale or The Postpartum Screening Scale as if postpartum depression goes untreated, it may have life changing effects on the mother, her family, and especially her child.

One of the biggest items that can lead to PPD is stress, which can affect the mother before she is even pregnant with her child by causing hormone fluctuations due to the release of cortisol in the mother's body in stressful situations. If a mother is still experiencing what is causing stress during her pregnancy with her child, such as a stressful marriage or work situation, this alone can affect the child's neurological functions. Stress is known as a teratogen which can cause low birth weight in babies and is linked to a rise in fetal heart rate due to high cortisol levels.

Sleep deprivation can also lead to PPD, which is another reason why mothers are so susceptible to this depressive disorder. Fussy babies can cause sleep disturbances in the mother, which alter her sense of reality and can even create a more stressful situation as well. Depressed mothers view their children as being more fussy and irritable than outsiders observing her child, which only deepens her depression. This then negatively affects the child, creating a vicious cycle that can only be fixed through family therapy, which will be discussed further later in this paper.

### **PPD's Effects on Children**

Children are affected by both internal and external forces. So although a child's genes may be set before birth, environmental forces affect them throughout their whole life. A mother with postpartum depression is an example of an external factor that will negatively affect a child for the rest of his life if not treated early in the child's life. Her interactions with her child set the stage for how the child interacts with the world from that point on.

One of the first ways depressed mothers can affect their child is by emotionally unregulating them. Emotional self-regulation occurs when we adjust our emotions to match situations effectively to accomplish our goals (Berk, 2014, p. 189). This can be done by giving a child still face or inconsistent reactions when they perform any action. Still face is an emotionless face mothers show babies that usually unintentionally discourages the baby's actions, causing them to become emotionless, or even upset. Children use social referencing, which is when a child looks to a parent or guardian who will then show them how to understand a certain situation. Depressed mothers usually give their children still face because one of the symptoms of depression is numbness to emotions, but they can also respond to situations inconsistently as well, another symptom of depression which can be confusing to the child.

Therefore, when a child socially references his depressed mother, he will not know how to handle many situations and become unregulated. For example, when a baby laughs because he is happy, in most situations, nondepressed mothers will smile or even join in the baby's laughter. This encourages the baby to be happy and helps him better regulate his emotions. However, when the baby of a depressed mother laughs, the mother may give him still face, discouraging this action. Later, she may try to get her baby to laugh again by smiling when he is upset, which will only cause him to become even more unregulated due to inconsistency of the situation. This can lead to attachment difficulties later in life.

Goodness-of-fit occurs when a parent matches their parenting style to fit with the child's temperament (Berk, 2014, p. 194). Rarely does this kind of interaction occur between depressed mothers and children because depressed mothers can be inconsistent with their actions. In the worst case scenario, this can then lead to disorganized/disoriented attachment between a parent and her child. This is when the child actually displays depressed emotions and behaviors both around and away from the parent (Berk, 2014, p. 198). Attachment is an enduring bond between a parent and a child that persists over time and space and sets the stage of how the child will deal with all relationships from that point on. If the disorganized/disoriented child continues to receive this same attachment style throughout his childhood, he will definitely not know how to have a healthy relationship in the future. Generally, boys act out, and girls become dependent on other people if they do not receive a more secure attachment from their parents. Berk also points out that disorganized/disoriented attachment is a predictor of another type of insecurity in adolescents and early adulthood and that parents negative care giving can "disrupt emotional self-regulation so severely that confused, ambivalent feelings towards parents often persist" (2014, p. 198).

## **Solutions**

Postpartum depression can lead to many negative consequences if gone untreated. However, there are treatments available to mothers dealing with PPD and, if taken advantage of consistently and early in the child's life, as research suggests that this window of sensitivity is between 2-18 months, almost all of the negative consequences listed above can be avoided entirely.

After mothers have been screened with depression scales and have been found to be positive for postpartum depression they have a few options. They can either take part in interpersonal psychotherapy, take antidepressants, or do a combination of the two. Interpersonal therapy allows the mother to address her interpersonal issues, for instance marital or baby troubles with a professional who can help her through the situations in hopes of a better outcome. Antidepressants are also helpful for mothers who have PPD, which include medications such as paroxetine, fluoxetine, setraline, and nortriptyline. It is important that mothers talk with their doctors about which kind of medication is best for them as they can have different affects on the mother, and even the baby as some kinds of medications do affect breast milk more than others, although there is little research exploring all the effects of antidepressants in breast milk. In the future, the Food and Drug Administration hopes to provide more information about this to consumers (Pearlstein et al., 2009, p. 359). And of course the last option is a combination of interpersonal psychotherapy and antidepressants which research shows is the best option for mothers suffering from PPD.

Once the mother has undergone some sort of treatment, further treatment such as family therapy can take place as a way for the family to connect as a functioning unit at a deeper level. Emotional regulation can be improved through face-to-face play between parent and child. This

involves the parent playing with their child to form a connection through adjustment of their own behavior to match and improve the child's. This causes babies to be less overwhelmed and distresses them while increasing their tolerance to stimuli (Berk, 2014, p. 189). Attachment can also be improved through healthy exploration of "(1) early availability of a consistent caregiver, (2) quality of caregiving, (3) the baby's characteristics, and (4) family context, including parents' internal working models" (Berk, 2014, p. 199). The best way to do this is through family therapy sessions, or through practice of something called a mother-baby unit. This is when the mother and baby actually go through therapy together to bring them closer without disrupting their relationship. There are many advantages to this which include, "support, absence of breastfeeding disruption or cessation, multidisciplinary treatment of PPD, direct observation of mother-infant interaction, and the promotion and modeling of a healthy maternal-child relationship" (Pearlstein et al., 2009, p. 360) as well as increased interaction synchrony, which is the emotional dance between mother and child that sets the stage for all attachments.

### **Conclusion**

The emotional connection between a mother and her baby are crucial to the emotional development of the child. Without it, the child becomes unregulated and is unable to form a more secure attachment which will affect him throughout his entire life. One way this occurs is when mothers suffer from postpartum depression after their baby is born, but there are many ways it can be treated, including starting treatment as early as possible, which is the best way to help create that emotional connection children need that they can only receive from their mothers.

References

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