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Affinity of Women's Depression with Bulesis Self-Help Regulations in the Postpartum Period

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ABSTRACT

The article deals with the main symptom complex of indicators of postpartum depression and their connection with mechanisms of voluntary self-regulation in women in the postpartum period. For the homogeneity of the sample, 23 women at the ages from 27 to 36 were selected to check whether the appearance of signs of depressive states is connected with a weak will sphere. During the study, it was found that women in the postpartum period significantly reduced the rate of aggressiveness. Thus, a woman tries to be a good mother and defends the child from bed behavior. But the effect of this mechanism leads to a decrease in the indicators of other mechanisms that a woman needs for healthy and proper functioning in the difficult period of looking after a newborn child. The authors present the results of the study and highlight the main partial indicators of depression, which allow working with women in the postnatal period, based on the mechanisms of voluntary self-regulation.

Key words: *Depression, Voluntary self-regulation, Postpartum period, Self-Regulating styles, Affective states*

INTRODUCTION

Postnatal depression is a special form of depression that occurs in women after some time after childbirth and lasts from three days to several months, or even up to several years. Postpartum depression develops in 10-15% of women [1-3]. The rate may be over 25% for women with a previous episode of postpartum depression [4]. This depressive state negatively affects not only the health of the woman but also the mental development of the child [5-10]. The odds of postnatal depression increased by 71–79% when male infants are born compared to female infants [11].

In Ukraine, the depressive state of the native physicians does not diagnose at all if he does not acquire forms of psychosis. Meanwhile, women who have infants often complain about a state of despair, amount, tiredness, sleep disturbances, appetite, and tears. A similar mental state surrounding and the woman most often bind to a debilitating process of child care. However, postpartum depression is a serious psychopathological condition

requiring the intervention of various specialists, including psychologists and social workers. Timely diagnosis and treatment of this condition are extremely important for both the mother and the child [12, 13].

The great importance acquires the analysis of the characteristics of the personality of a sick woman using various psycho-diagnostic methods. Features that lead to the development of depressive symptoms, reflected in many concepts and areas of research. Special attention was paid to personality-volitional peculiarities [14, 15]. Volitional features determine behavioral management, conscious self-regulation of activity, the ability to overcome obstacles and achieve a subjectively set goal, the possibility of choosing between two and more different aspirations, especially when there are obstacles to normal life. It is common knowledge that effective disturbances of the anxiety-depressive spectrum affect the ability of a patient to perform certain social and psychologically significant functions.

The physiological basis of postpartum depression is the hormonal reorganization after childbirth [5, 16-21]. However, this reorganization occurs in all women, and depression does not occur at all. Its origin and expressiveness does not depend on the intensity of the hormonal background, but essentially depends on two following factors:

- the individual style of woman's experience of hormonal changes, that accompany various phases of the reproductive cycle (depressive states in puberty, distinct depressive nature of premenstrual syndrome, predisposition to depression in the first trimester of pregnancy);
- the conditions of pregnancy and the period of newborn, which contribute to an acute decline in the value of the child against a background of intense stress from other needs and motivational spheres of the mother [22]. Effects of external adverse conditions that contribute to the emergence of depression are always individual and are expressed in the loss of a child's independent value for the mother. However, for her, it is impossible to abandon the child (in this case does not mean women who refuse the child). The peculiarity of postpartum depression is the loss (or non-occurrence) of feelings for the child. In addition to the frustration of this feeling, which is always to some extent known and expected for the mother, there is an acute sense of guilt or loss, as the inevitable assessment of his condition in comparison with existing cultural and family models of motherhood [23].

In some cases, the causes of depression are difficult to determine unequivocally. In the period of pregnancy and after childbirth, the possibility of occurrence of this disorder is increased by the following factors: mental illness, including clinical depression, anxiety and panic disorder, bipolar disorder, anorexia nervosa or bulimia, obsessive-compulsive disorder in history; abuse of alcohol and drug addiction in the past; menstrual disorders or difficulties with conception of a child in the background against hormonal disorders [24]; ill-treatment in childhood, including emotional and physical stress and sexual harassment; thyroid dysfunction; chronic inflammatory diseases of the genital organs, including venereal; excessive use of antibiotics and steroids; the use of contraceptives to prevent pregnancy; a diet with low levels of essential substances and vitamins; forced and independent interruption of breastfeeding for a short period after delivery; stressful situations (family or work problems, new work, moving to another place of residence, death of loved ones) [25]; burdened family history (mental illness in relatives); lack of support from family and friends [26]; insufficient social support [27]; bad relationship with mother or presence of maternal postpartum depression; anxiety about the health of the fetus; problems with previous pregnancy or childbirth; family and financial problems; the young mother's age or the first pregnancy after 30 years; unwanted, accidental pregnancy.

For social reasons, in the first place, including those cultural characteristics that accompany a pregnant woman and mother of a small child [28]. In the postpartum period, women are isolated. The help of grandparents is less common, and women are lagging in their social careers. Postindustrial society is more concerned with the production of goods and services than the mother. Women are trying not to spoil their careers and be good mothers, and this exhausting both: physical and mental resources. Ideal notions about maternity are not fulfilled, and women are as if "frustrated in their motherhood".

The personality characteristics of a woman may also contribute to depression. Such accentuation of character as cyclotamy, anxiety, demonstrative, hypothetical can serve as the basis for the emergence of depression. In line with the regulatory theory, V.K. Kalina examines the specifics of the will in regulating a person's mental processes (rebuilding their organization to create the optimal model of mental activity) and in transferring the purpose of volitional actions from the object to the state of the subject [29].

Since the symptom of postpartum depression is practically no different from classical depression, we assume that postpartum depression negatively affects the volitional self-regulation of the mother's personality, which we are

investigating in our work. Psychological studies that prove the connection between voluntary self-regulation and postpartum depression were not found at the moment. There is only a brief mention of the effect of postpartum depression on the motivational-volitional sphere: namely, M.O Cornetov talks about this, describing his view of the somatic symptom of postpartum depression. He notes a decline in overall activity, lethargy, fatigue (energy), a sense of chronic fatigue [30]. Due to the loss of strength and energy, difficulties arise in taking care of the child and a constant sense of impotence. Mothers feel a sense of disability to get up and go or have a hard torment before starting any physical or intellectual activity. They tend to spend a lot of time in bed, feeling excessive gravity throughout the body. The feeling of psychophysical energy loss is characteristic of depressive disorders and is often the first complaint of mothers who care for a child [29].

In the review of post-partum psychosis literature [31] is concluded that depressions in the postpartum period differ in their atypical picture, polymorphism, and varying degrees of severity. Only 20% of patients have a typical melancholic form with a classical depressive triad. The fear of a child and the feeling of guilt before relatives, observed in the initial period of psychosis, can later become a sense of alienation from them, hostility, and aggression. However, the authors write only about the analysis of changes in the endocrine profile and the emotional sphere [32].

There are also researches aimed at improving the behavioral mechanisms to overcome depressive states. They are based on the use of volitional women [33, 34]. But the authors propose a complex impact on the development of several areas at once. Undoubtedly, in terms of emergency care, this has a good effect. However, according to our observations of women in the hospital, we see that the volitional sphere cannot always be helpful if a depressive state occurs.

MATERIALS AND METHODS

The purpose of the study: Detection of connection of depressive states with volitional self-regulation in women in the postpartum period.

Object: depressive states in women in the postpartum period.

Subject: affinity of women's depression with bulesis self-help regulations in the postpartum period.

Sample: 23 women out of 50 examined postpartum depression with the Edinburgh scale for postpartum depression. The age of women is 27-36 years old, all married, the level of income is average or above average. They are mainly employees of banks or large enterprises, all with higher education, the bulk of the economic or legal, and 5 people with engineering education.

Psychodiagnostic Techniques: The Edinburgh Scale of Postpartum Depression allows the express method to establish a risk group **(Table 1)**. More precisely, the Beck Depression Scale technique helps to reconsider the severity of the respondent's states **(Table 2)**.

Table 1. Probability of postpartum depression

Probability of postpartum depression	*N*	*%*
Low	27	54%
High (up to 86%)	0	0%
Very high (up to 100%)	23	46%

Table 2. Indicators of depression in women on the scale of depression by A. Beck

Depression level	*N*	*%*
Mild depression	6	26%
Moderate depression	3	13%
Severe depression	14	61%

61% of respondents found a severe level of depression. Symptoms of severe depression: decreased mood, loss of pleasure and interests, decreased energy, fatigue, decreased activity, as well as ability to concentrate, undervalued self-esteem and lack of confidence, self-destruction and guilty, pessimistic and gloomy vision of the future, sleep disturbance, appetite loss. The main symptoms of severe depression in the respondents include the daily depressive mood, decreased interest in previous activities, deterioration of thinking abilities, and concentration, fluctuation and indecision, inhibition, change in psychomotor activity, loss of libido, thoughts of suicide.

The questionnaire "The style of self-regulation of behavior" by V.I. Morosanova [15] allows you to consider the indicators of planning, modeling, flexibility, independence, and others to the main indicator of the overall level of self-regulation **(Table 3)**.

Table 3. Styles of self-regulation of behavior by the method of V.I.Morosanova

Self-Regulatory Styles	Low Level		Middle Level		High Level	
	Number of respondents	%	Number of respondents	%	Number of respondents	%
Planning	6	26%	16	70%	1	4%
Modeling	10	43%	13	57%	-	-
Programming	21	91%	2	9%	-	-
Score	22	96%	1	4%	-	-
Flexibility	23	100%	-	-	-	-
Independence	23	100%	-	-	-	-
The total level of self-regulation	23	100%	-	-	-	-

By the method "Self-regulating styles of the personality" we see that self-regulation is at a very low level. Somewhat pronounced planning and modeling component at a moderate level, and all other self-regulatory styles are not available to women with postpartum depression.

For the diagnosis of partial indicators of depression, we applied the method of self-esteem of mental states G. Isenk and the method "Tendency to affective states" by V. Boyko **(Table 4)**.

Table 4. Indicators of the severity of mental states by the method of G. Isenk

Mental states	Low level		Medium level		High level	
	N	*%*	*N*	*%*	*N*	*%*
Anxiety	-	-	9	39%	14	61%
Frustration	-	-	10	43%	13	57%
Aggressiveness	14	61%	9	39%	-	-
Rigidity	2	9%	17	74%	4	17%

Note that 61% of women have a low level of aggression, which suggests passivity, not the desire to participate in conflicts. Given that we are investigating exclusively depressed women, it should be noted that aggression, in this case, is also considered as a thirst for life, a desire to uphold their rights and interests, vital energy – in this case, it is reduced. 39% of women show their irritation and anger, but do not fall into the affection.

RESULTS AND DISCUSSION

After conducting a correlation analysis on the Spearman coefficient, we obtained the following correlations **(Table 5)**.

Table 5. The correlation analysis on the Spearman coefficient

	Planning	Modeling	Programming	Assessment Evaluating	Self - support	General self-strolling
Postpartum depression (Edinb.)	-0,432*	- 0,693***	-0,616**	-0,525**	-0,375	-0,781***
Depression (Beck)	-0,521**	-0,789***	-0,466*	-0,435*	-0, 424*	-0,747 ***
Anxiety	-0,555**	-0,496*	-0,302	-0,425*	-0,335	-0,537**
Frustration	-0,343	-0,370	-0,375	-0,458*	-0,325	-0,467*
Rigidity	-0,486*	-0,519**	-0,273	-0,334	-0,374	-0,589**
Aggressiveness	0,482*	0,668**	0,380	0,346	0,375	0,617**
Efficiency	-0,310	-0,288	-0,596**	-0,621**	-0,365	-0, 549**

*p<0.05; **p<0.01; ***p<0.001

Correlation relations indicate that depressive conditions adversely affect the development and manifestation of voluntary self-regulation of the mother. Namely, the index of postpartum depression on the Edinburgh scale was inversely correlated with planning, modeling, programming, assessment, and general self-regulation (p = 0.001). This indicates that during postpartum depression volitional self-regulation significantly falls in proportion to the growth of a depressed state. And the higher the depression, the less volitional effort can attach a woman to self-regulation of their own lives. Beck's depression indicator was invariably correlated with planning, modeling, programming, assessment, autonomy, and general level of self-regulation (p = 0.001). Here we see a similar situation but the index of independence is included. This may be because Beck's technique measures depression more widely, therefore depression, in general, is even more depressing self-regulation than just her postpartum manifestation.

Anxiety, rigidity, frustration as a partial depressive manifestation correlate with planning, modeling, assessment, and general level of self-regulation. That is, it means that these manifestations negatively affect attempts to plan, model, and evaluate their lives and self-regulation in general. Effectiveness, as a partial depressive manifestation, was inversely correlated with programming (R = -0.596; p = 0.003), evaluation (p = 0.002), general self-regulation. That is, the more a mother is inclined to fall into emotions, the less she can use programming and evaluation in the process of self-regulation of life. General self-regulation with high affectivity is also reduced.

Aggressiveness, as a partial depressive manifestation, was directly correlated with planning, modeling (p = 0.003), general self-regulation (R = 0.617) **(Table 6)**.

Table 6. Indicators of connection of depression with aggressiveness

Scales		Postpartum depression	General index of depression by A. Beck	Cognitive-affective component of depression	Somatic component of depression
Aggressiveness	Correlation coefficient	-0,488*	-0,602**	-0,436*	-0,698**
	Significance Bilateral	0,018	0,002	0,038	0,000

*p<0.05; **p<0.01; ***p<0.001

All ligaments are inverse, suggesting that high aggressiveness contributes to reducing the depressive state of the individual, that is, the more aggression increases, the greater the decline in postpartum depression, the overall rate of depression, and its cognitive-affective and somatic components. We assume that this is because the aggression, in this case, is reduced because of the lack of energy, the desire to live, and therefore the increase in aggressiveness means the expression of negative feelings – anger, and consequently the regulation of the boundaries of reality – the search for support from husband, relatives, psychotherapist, rejection of unrealistic ideas about motherhood. Aggressiveness positively affects the ability to plan and model life, as well as self-regulation as a complex of many skills. Perhaps aggression in this case is the key to getting out of depression. Volitional characteristics with high aggressiveness are also high, so it is necessary to stimulate the expression of displaced aggression by the mother in a safe way to stimulate the recovery process. Aggressiveness has a positive effect on self-regulation, so we will use this result in building a strategy for helping such women.

CONCLUSION

In the period of postpartum depression, the parameters of volitional self-regulation are significantly reduced. This may seem quite logical and meaningless for research, but detailed statistical analysis allows us to identify structural indicators and their direct connection with the indicators of volitional self-regulation. In the course of the study, we found an important segment of the possibility of influencing depressive states – this is an indicator of aggression. It can be interpreted as an indicator of apathy and infantilism in this case. A woman can lose interest in herself and life, and a healthy, protective way out of aggression is considered taboo. This choice can lead to serious psychosomatic illnesses and aggravate depression.

Thus, we can assert that women with postpartum depression do not only fall into the voluntary self-control parameters, which considerably complicates their lives but also aggressiveness index, as the internal ability to resist, falls. It can be said that regular exercises and training on the emergence of aggression in a safe space can affect the tendency to postpartum depression, and therefore, it can be recommended to women in the period immediately before the birth and in the postpartum period as a postpartum prevention depression or a means of fighting an already existing depressive state. You should also pay attention to training, teaching planning, life

modeling, independence, and adequate evaluation of results. By raising these indicators in advance, we significantly reduce the risk of postpartum depression.

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