

The Effect of Interpersonal Psychotherapy on Marriage Adaptive and Postpartum Depression in Isfahan

Mahnaz Hajiheidari, Marzieh Sharifi, Fariborz Khorvash¹

Department of Counseling, School of Educational Sciences and Psychology, University of Isfahan, Isfahan, Iran, ¹Isfahan Neurosciences Research Center, Department of Neurology, Isfahan University of Medical Sciences, Isfahan, Iran

Correspondence to:

Dr. Fariborz Khorvash,
Isfahan Neurosciences Research Center,
Isfahan University of Medical Sciences,
Isfahan, Iran.
E-mail: fkhovash@med.mui.ac.ir

Date of Submission: Feb 23, 2013

Date of Acceptance: Feb 23, 2013

How to cite this article: Hajiheidari M, Sharifi M, Khorvash F. The effect of interpersonal psychotherapy on marriage adaptive and postpartum depression in Isfahan. *Int J Prev Med* 2013;Suppl 2: S256-61.

ABSTRACT

Background: Regarding high prevalence and injurious consequences of postpartum depression, the aim of the present work is the study of the effect rate of interpersonal psychotherapy on marriage adaptive and postpartum in women.

Method: The present study is semi-empiric, and included control group and pre- and post-test groups. Thirty-two women suffering from postpartum depression were selected from among female referents to counseling centers and clinics in Esfahan city by purposive sampling and were placed in two groups (control and test) randomly case group participated in a 10-weeks marriage interpersonal psychotherapy meetings. Beck II depression questionnaire and marriage adaptive scale were completed by two groups at pre-test and post-test steps. Collected data were analyzed using SPSS software and multivariable covariance analysis.

Results: The scores of average of depression and marriage adaptive post-test in test group was significantly less than that in the control group ($P < 0.0005$).

Conclusions: The findings of this research confirm marriage interpersonal psychotherapy on the depression recovery and the increasing marriage satisfaction of women suffering from postpartum depression.

Keywords: Depression, marriage adaptive, postpartum

INTRODUCTION

Postpartum depression is the most prevalent health problems of women in different culture, which the lack of in-time treatment can leave injurious effects on mother, baby, and other members of the family.^[1] Undesirable function of a mother can influence emotional health of mother and family members, marriage relationship, and baby-care modality.^[2]

In spite of multifactor etiology of this disorder, many researchers have emphasized on the important role of relative factors like marriage conflicts and shortage of husband support.^[3] Based on evidences, postpartum depression correlates with increase in the marriage conflict and maladaptation.^[4] Fathers' withdrawal after birth of a child including behavior such as preventing eye contact,

increasing physical distance, non-sensitivity, and lack of responsibility on sympathy to the wife have negative effect on the whole family until after 12 months of the delivery.^[5] Although infant birth is a normal accordance in life, all couples may not adapt to new infant birth easily.^[6] Adding an infant to family pattern has the potential for changing in sympathies system spontaneously, and most pairs predict qualitative changes in their marriage relationship. This problem, particularly in the first delivery, may appear in the frame of disturbances about cordiality division and the couple's affective source to the third person.^[7] Women in postpartum period are frequently faced with significant challenges in relation to husband and other supportive source. This relative perturbation may be a dangerous factor and as a consequence of postpartum depression. Relative perturbation subjects women to danger of depression syndrome and plays an important role in continuity, serenity, and relapse of their psycho health problems.^[8] On the other hand, some investigators suggest that supportive relationships can serve as a protective factor against depression.^[9] The lack of support, particularly from the wife, can increase depression, probably under high-stress condition. Lack of husband's support can be an appearance of marriage perturbation, which is yet another reliable predictor for postpartum depression.^[10] Considerable role of relative factors in providing, continuing, and relapse of postpartum depression has become fundamental rationale for using interpersonal interventions in treatment of this disorder. Interpersonal psychotherapy helps patients in understanding relation between life experiences in three major areas of problem (interpersonal discussions, transferring the role, and bereavement).^[11] This treatment has adapted to special populations like women suffering from postpartum depression and include relative special issues to postpartum, such as relationship with the baby and husband and role transferring (from working at an office to staying at home).^[11,12] Interpersonal psychotherapy has shown desirable effectiveness in postpartum depression treatment, and many of the participant women reported significant recovery in depression syndrome, maternal mood, social function, and marriage satisfaction.^[13-18]

Although experimental findings show interpersonal psychotherapy effectiveness in

postpartum depression treatment, recent studies emphasize on the necessity of increasing support and involvement of husbands in preventive and therapy programs for women suffering from postpartum depression.^[19] Experimental evidences have shown that focused interventions on marriage relationship are effective for preventing and treating postpartum depression and has been associated with positive results.^[20-23] Based on such information, it is suggested that husbands participation can equip wife better for confronting postpartum stress factors.^[22,23] Some evidences indicate that pair therapy intervention has an effect on relative perturbation and depression recovery in depressed women; therefore, pair therapy is more efficient than personal treatments in term of reducing homogeneity depression syndrome and reducing marriage perturbation.^[24,25]

Group interpersonal psychotherapy has shown significant effect on reducing postpartum depression by annexing two meetings based on the husband's participation.^[16]

Regarding the importance of participation of husbands in helping women recover from postpartum depression, until now, only limited research of pair therapy interventions effect on treating this disorder have been made. Therefore, the aim of present research was to study pair interpersonal psychotherapy effect on marriage adaption and postpartum depression in women.

METHODS

This research is a semi-empiric intervention with pre- and post-test, and it is of test-control kind. The study include women suffering from postpartum depression who were referred to clinics (health services centers) and psychotherapy centers for counseling in the Esfahan city from April to June 2012. From among this community, 32 women were selected by purposive sampling and after primitive screening and using Edinburgh's postpartum depression questionnaire (scores ≥ 14) and by the diagnosing review by a psychologist. Entrance criterion to home lateral sample by other made studies^[15] include lack of personality and psychology disorders, no background for self killing action or thoughts, no abuse of alcohol or drugs, disuse of anti-depressive drugs, lack of reception of any other psychological treatment for present

depression, no background of basic or bipolar depression, and husbands' participation in therapy sessions. The participants were then placed in two groups randomly (case and control, 17 women in each group). The case (test) group included women of an average age of 27.2 ± 2.3 years and control group included women of age 28.51 ± 12.3 years. Case (test) group participated in a 10-weeks pair interpersonal psychotherapy sessions.

Investigation (research) tools

Edinburgh postpartum depression questionnaire

This test studies mothers' morality position post-delivery and includes 10 self-report short questions that describe mothers' state and feelings weeks after the delivery. This tool in many researches has shown desirable validity for identifying postpartum depression.^[26-28] In recent study, this questionnaire was used for primary screening for women suffering from postpartum depression.

Revised double adaptive score (RDAS). This 14-question score (questionnaire) is scored as heraldic spectrum from 5 (very agree) to 1 (very disagree). The validity of this score was reported by Holist and Miller from 80% to 90%.^[29] Validity and admissibility of this score were studies by Isa-nejed that was obtained by Alpha Cronbakh at 92%.^[30]

Beck II depression questionnaire

This questionnaire is a new copy of a self-report including 21 articles inventory for measuring depression intensity in ≤ 13 -year-old adults and juveniles. In addition to identifying depression rate in patients with clinical depression diagnosis, it has also been used for normal population, including some cases such as depressed morality, pessimism, failure feeling, guilty, self blame, punishment, social isolation, and questionnaire.

The scores of this inventory (questionnaire) was adjusted based on four choices (0-3) for lack of special sign to the most degree of the existing sign.

This study, which was performed in Iran and on a sample containing 354 patients with major depressive diagnosis in a recovery period, showed total validity coefficient of 913%.^[31]

Performing method

Structure and content of meeting arranged was adapted from the suggested models of Carter *et al.*, and Reay *et al.*, Before treatment, in one session,

the style of group working and therapy focus for couples was demonstrated. The first therapy step included 3 sessions, which emphasized on the following cases:

- Providing psychological training about postpartum depression, training to couples about depression and the ways of managing it.
- Making relation of postpartum depression perturbations, marriage discussion identification, and pair treatment rational explanation.
- Drawing up a therapy contract.
- Evaluating the function of parents and psychic health.
- Discovering relative pattern.
- Studding present and previous disturbances in pair relations.
- Determining home assignments for clearing each part subject.

The middle step included 5 sessions. Final aim of these sessions was supporting and guiding the pair in the process of active participation for interpersonal disturbances solving.

This part contains, from key discussions, identification and demonstrating pair position against each disturbance and providing a practical program for negotiating disturbances and determining members' expectation for redefining relation.

Therapist facilitates this work through different intrapersonal psychotherapy strategies such as relation analyzing, role playing, emphasizing an behavior change, interpersonal styles recovery, the study of common disturbances of mothers, information research, relationships retrospection and relative pattern, defining the most important interpersonal challenges, providing support, retrospection in selections right, problem solving, challenge to problematic behaviors, and adaptive changes encouragement.

In the final step, the review of work progression, predicting and programming problems in the future, considering alarming signs, and arrangement of preventive plan from depressive relapse and representing feeling about ending group was discussed.

RESULTS

Average and standard deviation of pre- and

post-test of participants in two groups (control and test) were shown in Table 1.

Descriptive results (averages) in Table 1 showed that, in the test group, the average of depression and marriage adaption scores changed in post-test in comparison with those in pre-test; but, in the control group, there was no sensible change. In order to study the significance of differences between two groups, multivariable covariance analysis was used [Table 2].

As shown in Table 2, four tests of relative multivariable covariance analysis to research variables difference were statistically significant. Therefore, two groups (test and control) had significant difference at tests in one of the two comprising variables. In other words, interpersonal pair therapy influenced average of test group than that of control group in post-test step, at least in term of one of dependent variables ($P < 0/0001$). In order to compare groups and variable and to study research assumptions, covariance analysis in Mancova test was used. Obtained results from covariance analysis in Mancova text in two steps (post-test and follow-up) are shown in Table 3.

As shown in Table 3. After omitting the effect of pre-test on dependent variables and regarding computed F coefficients, it was observed that, between adjusted averages of depression and marriage adaption scores of participants in terms of group membership (test group and control group), there is a significant difference ($P < 0.001$). So, regarding to average comparison, interpersonal pair therapy influenced the marriage adaption and depression of test group in post-test.

DISCUSSION AND CONCLUSIONS

The aim of this work was studying the double (pair) interpersonal psychotherapy effectiveness on depression and marriage adaption of women suffering from postpartum depression. Comparison of averages in two steps (pre- and

post-treatment) shows significant changes in marriage satisfaction and depression; therefore, one can conclude that pair interpersonal psychotherapy has had positive consequences on psychic health and marriage quality of depressed women. Other studies have shown that interpersonal psychotherapy is a relative and effective treatment for women suffering from postpartum depression.^[13-18]

According to this trend, often depression syndrome appears in a social field and is associated with interpersonal relationship.

So, improving individual ability for solving interpersonal disturbances is important in reducing depression syndrome.^[11]

On the other hand, parents face challenges in their interpersonal and marriage relations after infant's birth. Basic changes occur in daily behaviors and in important social aspects of a parent's life after infant's birth and they must retrospect their new roles and relations.^[30] In interpersonal psychotherapy, there is a possibility that pair may retrospect relative interpersonal stressing factor after delivering.^[18]

Cater *et al.*, suggest that pair interventions can influence more on managing this position, because it provides the possibility for reducing depression syndrome, pair relation recovery, and support of family unit spontaneously. In Misri *et al.*,^[22] husband support had a considerable influence on postpartum depression in women. Schulz *et al.*,^[23] supported the importance of the role of husband and pair relation amplification in women recovering from postpartum depression. On the other hand, postpartum depression has negative effects on husbands' psychic health; therefore, it is necessary to consider some intervention for both pair.^[19]

Based on the results of this work, pair interpersonal psychotherapy has effect on reducing depression and marriage adaption recovery of women suffering from postpartum depression,

Table 1: Average and standard deviation of pre- and post-test of depression and marriage adaption in two groups (test and control)

Varied	Groups	Number	Pre-test		Post-test	
			Average	Standard deviation	Average	Standard deviation
Depression	Test	17	22/88	1/50	10/05	1/34
	Control	17	19/94	0/34	19/64	1/72
Marriage adaption	Test	17	19	1/72	32/94	2/24
	Control	17	19/74	1/64	19/30	1/57

Table 2: Total results of multivariable covariance analysis in two groups (test and control) in terms of pre- and post-test scores in depression and marriage adaption

Among	Amount	F	DF hypothesis	DF fault	Value
Pill's trace	0/979	674/03	2	29	0/0001
Wilkes lambda	0/21	674/03	2	29	0/0001
Hostelling trace	46/48	674/03	2	29	0/0001
Roy's largest root	46/48	674/03	2	29	0/0001

DF=Degree of freedom

Table 3: Results of relative covariance analysis to score of depression and marriage adaption difference in two groups (test and control)

Varied	Sum of square	df	Mean of square	F	P	Power
Depression	563/61	1	563/61	415	0/001	0/0001
Marriage adaption	831/12	1	831/12	485	0/001	0/0001

and it is used in health services and counseling centers along with these groups of referents. It is suggested that, in future studies, the rate of pair therapies effectiveness in comparison with personal treatments (without husband participation) will be considered.

REFERENCES

- Affonso DD, De AK, Horowitz JA, Mayberry LJ. An international study exploring levels of postpartum depressive symptomatology. *J Psychosom Res* 2000;49:207-16.
- Thurgood S, Avery DM, Williamson L. Postpartum depression (PPD). *Am J Clin Med* 2009;6:17-22.
- Dennis CL, Ross L. Women's perception of partner support and conflict in the development of postpartum depressive symptoms. *J Adv Nurs* 2006;56:588-99.
- Holden JM. Postnatal depression: Its nature, effects, and identification using the edinburgh postnatal depression scale. *Birth* 1991;18:211-21.
- Paley B, Cox MJ, Kanoy KW, Harter KS, Burchinal M, Margand NA. Adult attachment and marital interaction as predictors of whole family interactions during the transition to parenthood. *J Fam Psychol* 2005;19:420-9.
- Ballard CG, Davis R, Handy S, Mohan RN. Postpartum anxiety in mothers and fathers. *Eur J Psychiatry* 1993;7:117-21.
- Raphael-Leff J. *Pregnancy—The inside story*, London: Karnac, New York: Other Press; Routledge; 1997. p. 100-20.
- Belsky J, Rovine M. Patterns of marital change across the transition to parenthood: Pregnancy to three years postpartum. *J Marriage Fam* 1990;52:5-19.
- Mauthner NS. Postnatal depression: The significance of social contacts between mothers. *Women's Stud Into Forum* 1995;18:311-23.
- O'Hara MW, Swain AM. Rates and risks of postpartum depression: A meta-analysis. *Int Rev Psychiatry* 1996;8:37-54.
- Klerman G, Weissman MM, Rounsaville B, Chevron E. *Interpersonal psychotherapy of depression*. New York: Basic Books; 1984. p. 223-30.
- Grigoriadis S, Ravitz P. An approach to interpersonal psychotherapy for postpartum depression: Focusing on interpersonal changes. *Can Fam Physician* 2007;53:1469-75.
- Klier CM, Muzik M, Rosenblum KL, Lenz G. Interpersonal psychotherapy adapted for the group setting in the treatment of postpartum depression. *J Psychother Pract Res* 2001;10:124-31.
- O'Hara MW, Stuart S, Gorman LL, Wenzel A. Efficacy of interpersonal psychotherapy for postpartum depression. *Arch Gen Psychiatry* 2000;57:1039-45.
- Dennis CL, Ravitz P, Grigoriadis S, Jovellano M, Hodnett E, Ross L, *et al.* The effect of telephone-based interpersonal psychotherapy for the treatment of postpartum depression: Study protocol for a randomized controlled trial. *Trials* 2012;13:38.
- Reay R, Fisher Y, Robertson M, Adams E, Owen C, Kumar R. Group interpersonal psychotherapy for postnatal depression: A pilot study. *Arch Women's Ment Health* 2006;9:31-9.
- Mulcahy R, Reay RE, Wilkinson RB, Owen C. A randomized control trial for the effectiveness of group interpersonal psychotherapy for postnatal depression. *Arch Women's Ment Health* 2010;13:125-39.
- Stuart S, O'Hara MW. Treatment of postpartum depression with interpersonal psychotherapy. *Arch Gen Psychiatry* 1995;52:75-6.
- Carter W, Grigoriadis S, Ravitz P, Ross LE. Conjoint IPT for postpartum depression: Literature review and overview of a treatment manual. *Am J Psychother* 2010;64:373-92.
- Brugha TS, Wheatley S, Taub NA, Culverwell A, Friedman T, Kirwan P, *et al.* Pragmatic randomized trial of antenatal intervention to prevent post-natal depression by reducing psychosocial risk factors. *Psychol Med* 2000;30:1273-81.
- Buist A, Westley D, Hill C. Antenatal prevention of

- postnatal depression. *Arch Women's Ment Health* 1999;1:167-73.
22. Misri S, Reebye P, Corral M, Milis L. The use of paroxetine and cognitive-behavioral therapy in postpartum depression and anxiety: A randomized controlled trial. *J Clin Psychiatry* 2004;65:1236-41.
 23. Schulz MS, Cowan PA, Cowan CP. Promoting healthy beginnings: A randomized controlled trial of a preventive intervention to preserve marital quality during the transition to parenthood. *J Consult Clin Psychol* 2006;74:20-31.
 24. Barbato A, D'Avanzo B. Efficacy of couple therapy as a treatment for depression: A meta-analysis. *Psychiatr Q* 2008;79:121-32.
 25. Emanuels-Zuurveen L, Emmelkamp PM. Spouse-aided therapy with depressed patients. *Behav Modif* 1997;21:62-77.
 26. Berle JO, Aarre TF, Mykletun A, Dahl AA, Holsten F. Screening for postnatal depression. validation of the Norwegian version of the Edinburgh postnatal depression scale, and assessment of risk factors for postnatal depression. *J Affect Disord* 2003;76:151-6.
 27. Hanna B, Jarman H, Savage S, Layton K. The early detection of postpartum depression: Midwives and nurses trial a check list. *J Obstet Gynecol Neonatal Nurs* 2004;33:191-7.
 28. Dennis CL. Can we identify mothers at risk for postpartum depression in the immediatepostpartum period using the Edinburgh postnatal depression scale? *J Affect Disord* 2004;78:163-9.
 29. Wieman RJ. *Conjugal relationship modification and reciprocal reinforcement: A comparison of treatments for marital discord*. Pennsylvania: State University; 1973.: p. 150.
 30. Esanezhad O, Ahmadi A, Etemadi O. Mental effect on the quality of marital welfare. University of Tehran; Proceedings of the 3rd National Congress of Family Pathology, 2008. Effectiveness of relationship enhancement on marital quality of couples. *J Behav Sci* 2010;4:3-4.
 31. Dabson KS, Mohammadkhani P. Psychometric characteristics of beck depression inventory –II in patients with major depressive disorder. *J Rehabil* 2007;8:82-8.
 32. Cast AD. Well-being and the transition to parenthood: An identity theory approach. *Sociol Perspect* 2004;47:55-78.

Source of Support: Nil, **Conflict of Interest:** None declared.