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The Impact of Interpersonal Psychotherapy on Post Partem Depression

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Abstract:

The present study deals with postpartum depression and interpersonal psychotherapy. In the interpersonal psychotherapy the therapist diagnoses the problem area such as role transition, disturbed interpersonal relations, role deficit and psycho education within the three months of post-partum depression. The present study includes the sample of 25 women facing post-partum depression the depression is measured through BDI, in three sessions the interpersonal psychotherapy is administered to the PPD women and the study concludes that there is clear need to develop psychosocial intervention for the treatment of PPD.

Keywords: Post-partum, psychotherapy, depression, interpersonal-therapy, adaptation.

Introduction:

Childbirth is a happiest, encouraging and exciting moment for every mother. Now a day the percentage of working women's are increased. Education makes every woman independent for making her own decisions, child birth is one of the major decision taken by both the partners make them exciting. Nuclear families make the parous woman more anxious and stressful, if the situation is prolonged that mothers may face post-partum depression.

Recent studies revealed that post-partum depression (PPD) is a common disorder, estimated range from 7% to 16% across all childbearing women (Goltib I, Whiffen V.E. 1989). PPD is associated with childbirth. Symptoms of PPD includes sadness, low energy, anxiety, crying episodes, irritability and change in eating and sleeping patterns (Pearlstein T, Howard, M, Salisbury A Zlotnick C, 2009).

The effective treatment of depression, where the patients are experiencing social disruptions is a theory of interpersonal psychotherapy (IPT). IPT is a time limited interpersonal oriented psychotherapy.

The target of IPT is a patient's interpersonal relationship as a point of intervention. The main target of IPT is to assist the patient in either modifying the relationship to themselves or their expectation about their relationship. IPT is a tool to use to treat acute episodes of depression and long term measure to prevent depression.

The postpartum depression is not associated with child birth, but other factors which are associated to their interpersonal relationships. The major reason for PPD is the discrepancy of social support, they expect from their family members, friends and especially their spouse and the level they actually received. The woman who is suffering from PPD faces more impaired relationship with their husbands than who are not depressed.

Another part of PPD is role transition. Role transition is associated with the need to develop new skills and adopt new responsibilities with maintaining old responsibilities. The patients deal with several different roles simultaneously, increase the demands from all relations attach to them. In this situation the confusion may occur to prioritize the relationship and responsibilities. Working woman faces role of mother with addition to the older roles of spouse and employee.

Interpersonal disputes are one of the more important stressor in PPD. The relationship between both the spouses is disrupted at the same time the relationship with the parents, in-laws and other child is included in interpersonal disputes.

Grief reaction may occur after the death of new born or a significant other during the neonatal period. Mother Child attachment is crucial in the development of infants' security and psychological well being. In interpersonal deficit the mothers facing PPD the relation with her new born is in danger and affects total development of the infant.

Methods:

The following methodology has been selected

Statement of the Problem:

To study the Interpersonal psychotherapy and its effects on Post Partum Depression in women

Participants:

The women's involved in the study are between the age group 22 to 35 (mean age = 28.5) total 38 women consented to involve in this study, but only 25 women met the criteria for depression and involved in this study.

Procedure:

In the initial session therapist must completely assess the symptoms of depression and identify the problem area on which to focus treatment. Participant who met criteria of depression should be told about their diagnosis and about PPD.

Participants are told that they are suffering from PPD, which is a legitimate medical illness which is common in new moms and a specific treatment is available for depressive illness. After informing about PPD, the therapist told the patient about interpersonal psychotherapy as well as information about child care and child development.

In the second session should focus to cover the problem area in detail. In this session the aim is not only to collect the information but identify the exact problem area (role transition, interpersonal disputes, grief and interpersonal deficits) in the patient's relationship.

Measures:

Following measures were used to collect data from Post-Partum Depressive women.

Personal Information:

The personal data sheet containing age, educational qualification, occupation, marital status family history about depression, other medical problems, type of delivery, breast feeding, sex of the new born was administered first. The respondent was asked to fill personal data sheet without leaving any information incomplete.

Beck's Depression Inventory:

Beck's Depression Inventory developed by Beck, Ward, Mendolson, Mock and Erbaugh (1971), is a self-administered 21 items self-report scale measuring characteristics, attitude and symptoms of depression. BDI takes approximately 10 minutes to complete.

The internal consistency of BDI ranges from .73 to .92 with a mean of .86. BDI is widely used depression scale for research and found highly valid test.

Result:

Table no. 1: Age, Profession, and Number of delivery and sex of the fetus of post-partum depressive women.

Sr. No.	Variables	Particulars	Frequency	Percentage
1	Age	< 24	04	16
		25-29	18	72
		30-34	03	12
2	Profession	Working	13	52
		Housewife	12	48
3	Number of Delivery	First Time	16	72
		Second Time	09	64
4	Sex of the Baby	Male	18	72
		Female	07	28

Table no. 1 shows the age, Profession, and Number of delivery and sex of the fetus of post-partum depressive women. Majority of the subject's age 72% happen to be in between the class interval of 25-29 and the least 12% have been between the class interval of 30-34. The remaining subjects 16% are below 24 years of age.

In the present study 52% women's are working women while 48 % women are housewife. 64% women have first time experience of delivery while 36% women have second time delivery. 72% infants are male while 28% infants are female.

Table 2: Changes in Depression Symptom Scores Before and After Random Assignment to an Interpersonal-Therapy or Treatment as Usual and Depression Status at 3 Months Postpartum for 25 Women for Postpartum Depression.

Becks Depression Inventory Score	Intervention		Treatment As Usual	
	Mean	SD	Mean	SD
Before Intervention	18.46	5.72	8.4	7.8
After Intervention	7.98	2.62	13.23	6.88

Table no. 2 shows the mean pre and post intervention scores. The mean score of BDI before intervention is 18.56 (SD=5.72) while the mean score of the women whose treatment is as usual the BDI mean score is 8.4 (SD = 7.8). the mean score of after intervention is reduced with 7.98 (SD=2.62) and the women whose treatment is as usual has increase the score of BDI, the mean score of BDI is 13.23 (SD=6.88).

Discussion:

The therapist helps the participants for Role transitions associated with the need to develop new skills and adopt new responsibilities with maintaining old responsibilities and prioritize the relationship and responsibilities.

The therapist identifies the interpersonal disputes and problems of the interpersonal disputes, and then problem solving approach should be taken, helping the participants to assist in developing plan of action and carrying out the same. The expectations of the participants are explored and compared with the expectations of their relatives. After the expectation from both the sides are clear the exploration of options for modifying the expectation by changing or lowering the expectations, balance set of expectations for newborn and develop new source of support. The participants are motivated to take an active role in changing the relationship and pattern of interactions with the person whom she is having disputes, adaptation of new effective communication skills to resolve the disputes.

Grief reaction may occur after the death of new born or a significant other during the neonatal period. In the present study grief reaction didn't occur.

The overall development of the infant depends on the relationship of mother and child. In the present study the therapist guide the PPD participants for nurturing relationships with her child. The therapist also assists to develop social support for the PPD mothers.

Conclusion:

There is clear need to develop psychosocial intervention for the treatment of PPD. PPD patients are faces multiple stressors at the time and after the delivery. Role transition disturbed interpersonal relations and the problems to nurture the child. Interpersonal psychotherapy helps the PPD woman's to effectively cope with the problems arise after delivery. The therapist guides the PPD women about their problems and resolves the same by reorganizing interpersonal relations, change in expectations from both the side. The therapist also guides to cope with role transition and prioritize the roles. Psycho education makes the women more aware as well as prepare for the new roles and responsibilities.

Limitation:

The study is conducted in Nashik city, with limited sample size. Therefore, the results of the study are related to the sample used in this study only. It cannot be generalized for all population.

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