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UNRAVELLING POTENTIAL COPING IN POSTPARTUM DEPRESSION POPULATION: A QUANTITATIVE ANALYSIS

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ABSTRACT

Postpartum period entails many physiological, psychological and emotional changes in mothers. It is a period of variety of readjustments and challenges. During this period a diagnosis of postpartum depression makes it more challenging for the mother to cope with every day motherhood roles and responsibilities, stressors and maintaining a sound mental health. The current study aimed at unravelling the potential coping that is present in postpartum depression diagnosed mothers. The study also explores the interplay between different types of coping. The sample consisted of 20 participants (N=20), female patients diagnosed with postpartum

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depression. Sample was selected through purposive and convenience sampling. Pearson's product moment correlation was applied to identify significant relationship between the variables. Findings suggest that there is a significant positive relationship between emotion-focused coping and problem-focused coping ($r = .68$; $p<0.01$); no significant relationship was found between problem-focused coping and avoidant coping ($r = .09$; $p>0.01$). Lastly, a significant positive relationship was found between emotion-focused coping and avoidant coping ($r = .49$; $p<0.01$). The findings derived from the raw data and scoring according to the Brief COPE stated that, emotion-focused coping is the primary coping used by postpartum depression diagnosed mothers.

INTRODUCTION

Usually lasting many weeks to months, the postpartum period also known as the "fourth trimester" includes the period immediately following childbirth. Mothers undergo a wide range of adjustments and difficulties during this time, which may significantly affect mother's mental, emotional, and physical health. Often during this time mothers experience a wide range of challenges pertaining to their mental well-being which are either stated as postpartum blues when these psychological challenges are mild and in case these challenges become major and chronic then it is referred to as postpartum depression. However, there needs to be proper diagnosis of these symptoms pertaining to the diagnostic criteria of Diagnostic and Statistical Manual of Disorders (DSM-5) or International Classification of Disorders (ICD-11) for diagnosing postpartum depression.

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The study aims at unraveling the potential coping persisting in postpartum depression diagnosed mothers. It also entails the relationship/ association between different types of coping present in postpartum depression population. The results derived from the current study suggested that the persisting coping in postpartum depression population is "emotion focused coping."

Previous researches also suggest that emotion-focused coping is a significant predictor of postpartum depression in mothers and it is the most employed coping by postpartum depression mothers. Azale (2018) conducted a cross-sectional community study which stated that emotion-focused coping was the most persistent coping that is seen in postpartum depression mothers. Zotes (2016) who conducted a multi-centric study suggested that emotion-focused coping is a significant predictor of postpartum depression in mothers. Guardino (2014) stated that avoidant coping behaviors or styles and poor coping skills are associated with postpartum depression. Ren (2015) concluded that subjective social support and positive coping methods had an interaction effect on EPDS (Edinburg Postnatal Depression Scale) scores, according to a more thorough examination of the relationship between social support and the two types of coping strategies used for depression. Positive coping strategies and high levels of social support were positively correlated with low EPDS scores, and vice versa.

Ayers (2018) suggested that depressive symptoms are especially linked to self-blame, an avoidant coping strategy. Future research should investigate postpartum PTSD predictors in Croatian women in more representative pregnant and postpartum follow-up groups. Moreover, screening for PTSD and depression symptoms after childbirth should be done for postnatal psychopathological symptoms. Atkins (2016) came down to a conclusion that majorly the

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depression patients fell into the Escape- avoidance category of coping, according to the findings. These were followed by the categories of seeking social support, positive reappraisal, planned problem solving, distancing, and self-controlling.

All of the above research findings indicate an existent emotion-focused coping in postpartum depression patients. Emotion focused coping entails various techniques that may enable the patient to cope with distressing situations and healthy emotional regulation. However, often emotion-focused coping turns out to be maladaptive as well, this maladaptive emotion-focused coping is a significant predictor of postpartum depression in postpartum mothers. Maladaptive emotion-focused coping occurs when emotions are avoided or suppressed, instead of addressing the underlying emotional problems that are generating the distress. Those who are experiencing emotional pain could resort to temporary measures like substance abuse, rumination, or denial rather than actively seeking support or fixing problems.

Although these techniques could offer temporary solace, they frequently overlook the underlying sources of stress and might eventually exacerbate mental health problems by increasing emotional distress and escalating interpersonal disputes. Furthermore, relying exclusively on emotion-focused coping can prevent people from accessing appropriate support networks and learning effective problem-solving techniques, which can exacerbate long-term psychological issues and create a vicious cycle of maladaptive coping.

POSTPARTUM DEPRESSION

According to Diagnostic and Statistical Manual of Disorders (DSM-5) postpartum depression can be defined as a major depressive episode with the onset of pregnancy or within 4

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weeks of delivery. The symptoms may start off mildly and only get worse throughout the first few days after giving birth. They could be initially confused for postpartum "blues" symptoms. Postpartum blues, which include transitory symptoms starting a few days after parturition and lasting up to two weeks, affect 26–84% of all mothers after giving birth. The absence of functional impairment serves as the primary differentiation criterion. To make the diagnosis, (3 on the 6-point Blues Handley Scale) and four out of seven mild-to-moderate symptoms are needed. The first week after giving birth is usually when the "Blues" pass. During the "Blues," there are quick swings in both enthusiasm and happy feelings. Research indicates that the "blues"—a bad mood that peaks between days 3 and 5 worsen during the first week after giving birth and then these symptoms gradually improve, mostly after 10-12 days.

After childbirth, symptoms are thought to represent some physical, hormonal, and emotional changes or readjustments for that matter. But occasionally, the "blues" turn into full-blown postpartum depression when the mood does not get better. Previous researches suggest that postpartum depression is recognized as a significant public health concern. It is the most prevalent medical condition during the perinatal period and consequently affects the long-term physical and mental health of parents and children. Specific and fundamental depression symptoms are present in Postpartum Depression.

Additionally, the DSM-5 entails "peripartum" specifier for Postpartum Depression. It emphasizes that the onset must happen during the first four weeks following delivery. The DSM-5 still uses the criteria that five of the nine symptoms must be present for at least two weeks during the postpartum period in order to diagnose depression, despite criticism from the scientific community following the release of the American Manual's fourth edition.

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Symptoms associated with postpartum depression:

- Intense exhaustion/ fatigues.
- Feelings of being physically incapable.
- Emotional fluctuation, crying suddenly without any valid reason.
- Intense and constant anxiousness.
- Alexithymia related to care of infant and parenting tasks.
- Anhedonia that is absence of feelings of joy that is originally related to and expected from parenthood.
- Phobias and ruminations regarding harming the infant or charged up constant guilt and helplessness.
- Charged up irritability and a constant lack of patience towards members of the family.
- Caring for the infant does not feel enjoyable and requires immense efforts, increasing sentiments of unreliability towards the child and causing feelings of being abandoned by a spouse or others.

Additional specific indicators may include:

- Difficulties falling asleep, even during sleeping.
- Increased weight loss and lost appetite.
- Various symptoms that are functional in nature, including pains and headaches.
- Lack of concentration and focus; and memory deficits.
- Predisposition or urge to remain at home and avoid social interactions.
- Insufficient libido that persists for several months after delivery.

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- Loss of typical interests, which can be challenging to evaluate due to the new routine that a baby adopts.

COPING MECHANISMS

Coping mechanisms refer to the various strategies and actions people adopt to deal with stress, hardship, and difficult circumstances in their lives. These systems affect how people see, understand, and react to stressors, which is important for psychological resilience and wellbeing. The efficacy, adaptability, and psychological effects of coping strategies can differ greatly. Coping mechanisms are fundamentally psychological and emotional strategies that people use to negotiate the difficulties of life. These might be taught or innate, conscious, or unconscious, and they may change over time in reaction to new situations and experiences. Coping mechanisms comprise an array of tactics, such as cognitive, emotional, behavioral, and social approaches, all of which have different roles in assisting people in managing their stress.

Types of Coping Mechanisms

Problem-Focused Coping

This type of coping entails going straight after the stressor or issue at hand. The goal of these processes is to modify the stressful circumstance or the person's attitude towards it. Some instances are:

- *Actively seeking out solutions:* Actively seeking out solutions and implementing them to address the problem is known as problem-solving.
- *Information gathering:* Compiling pertinent data or requesting guidance to enhance comprehension and tackle the issue.

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- *Creating a plan*: Coming up with an organized plan of action to deal with the stressor.

Emotion Focused Coping

Emotion-focused coping techniques, as opposed to stressor-focused coping strategies, concentrate on controlling the emotional distress brought on by a stressor. The goals of these systems are to control feelings and lessen mental discomfort. Some instances could be:

- *Seeking emotional support*: Asking loved ones, friends, or experts for consolation, understanding, and empathy.
- *Distraction:* Taking up hobbies or pastimes to momentarily take the focus off the stressor.
- *Relaxation techniques:* To calm physiological arousal and foster tranquilly, it may include practicing mindfulness techniques, relaxation techniques like- deep breathing, progressive muscle relaxation, or meditation.
- *Positive reframing:* It is the process of reinterpreting the circumstances in a way that is more adaptable or positive in order to reduce anxiety and promote hope.

Avoidant Coping

Instead of facing the stressor or related emotions head-on, avoidant coping techniques involve making attempts to avoid or escape from them. These methods may offer short-term respite, but they frequently don't deal with the underlying problem and may have unfavorable long-term effects. Some instances are:

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- *Denial:* The inability to recognize or acknowledge the stressor's presence or effects.
- *Avoidance:* Keeping oneself physically or mentally away from people, places, or things that are connected to the stressor.
- *Substance abuse:* Using drugs, alcohol, or other substances to feel better emotionally or to block out pain.
- *Other ways:* Overindulging in excessive gaming, binge-watching TV, or overeating as a means of diverting attention from a stressful situation are examples of harmful distraction tactics.

Adaptive Coping

Adaptive coping techniques are beneficial and successful in lowering stress and enhancing wellbeing. With the help of these techniques, people can manage stress in a way that is adaptable and healthful. Some instances are:

- *Seeking social support*: It entails going to loved ones, friends, or support groups in need of company, encouragement, and guidance.
- *Self-care:* It is setting aside time for things like exercise, a balanced diet, enough sleep, and relaxation that enhance one's physical, emotional, and mental health.
- *Acceptance:* The ability to face the stressor as it is, accept its reality, and deal with it without attempting to alter it.
- *Proactive coping and problem-solving*: Taking proactive measures to deal with possible stressors or challenges before they become serious issues.

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RATIONALE OF THE STUDY

This study offers an interesting chance to expand and enhance our understanding of postpartum depression. Postpartum period comes with a lot of changes, challenges and re-adjustments, in that case a diagnosis of postpartum depression may lead the mother to be more emotionally vulnerable and disturbed. Therefore, it becomes necessary to discover various variables that may play a significant role. To this context, this study is aimed at unraveling the intricacies regarding coping mechanisms that are specifically used by postpartum depression diagnosed mothers.

RESEARCH GAP

There is a huge void around postpartum depression as a topic for study. A number of reasons have contributed to the historically low research attention given to postpartum depression. First of all, the stigma attached by society to mental health problems especially those that impact mothers, this could be because of societal standards that are set for mothers which entails unrealistic motherhood expectations, claiming mothers to be super humans. The complexity of postpartum depression, with its many manifestations and complex aetiology, also poses difficulties for studies. Research efforts are also further hampered by practical obstacles including recruitment challenges, low prevalence or under-diagnosis of postpartum depression during postpartum period, ethical issues, which are particularly problematic when it comes to studies involving new mothers and infants. In order to successfully address this common and significant disorder, there is a relative lack of research on postpartum depression, which

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emphasizes the need for greater awareness, activism, and support pertaining to this particular topic.

PURPOSE OF THE STUDY

The main objective of the study is to unravel the potential coping that is prevalent in postpartum depression mothers and to assess the significant relationship between three coping styles- problem-focused coping, emotion-focused coping and avoidant coping.

HYPOTHESIS

Hypothesis 1: There is a significant relationship between problem-focused coping and emotion-focused coping.

Hypothesis 2: There is a significant relationship between problem-focused coping and avoidant coping.

Hypothesis 3: There is a significant relationship between emotion-focused coping and avoidant coping.

SAMPLE

Since the study was based on clinical population (postpartum depression), the sample size pertaining to this was 20 female participants.

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DESCRIPTION OF THE MEASURE USED

The 28-item Brief-COPE self-report test given by Carver (1997). It is intended to assess the efficaciousness and ineffectiveness of coping strategies for various stressors that may induce stress. In medical contexts, the scale is frequently used to gauge a patient's reaction to a serious diagnosis. The tool can be employed to assess an individual's ability to manage various forms of hardship, such as being diagnosed with cancer, experiencing heart failure, getting hurt or assaulted, natural disasters, or facing financial strain. The scale can determine primary coping styles- problem-focused coping, emotion-focused coping and avoidant coping. A condensed version of the original 60-item COPE scale (Carver et al., 1989) based on a variety of coping techniques was created as the Brief-Cope. The Brief Cope was first validated (Carver, 1997) using a community sample of 168 individuals who had experienced a hurricane, and it was found to have a sufficient factor structure.

STATISTICAL ANALYSIS

In this study convenience and purposive sampling was implemented. The data gathering was done via web based Google forms. The data was collected from a sample size of 20 participants (postpartum patients). It is a quantitative analysis and the analysis of the research was carried out via SPSS (ver28). First, descriptive statistics was applied in order to get basic idea about the data and variables that were being measured. Second, Pearson’s product moment correlation coefficient was applied in order to check the association/relationship among the variables. Third, to assess the coping, scoring was done from the raw data pertaining to the norms of Brief COPE scale and the interpretations were drawn out.

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PROCEDURE

The surveys were made available during the very first week of February 2024. The participants were provided with 1 Google form containing 4 sections each. Section 1 consisted of the socio-demographic details and consent form; section 2 consisted of Brief-Cope Scale. Participants were given their time to complete the survey. In order to refrain from duplicity participants were made to fill the form by making the use of their email accounts. After the entire survey was completed, data collected was sorted and the scoring was done. The data was then appropriately input into the SPSS program (ver28). Data was then analyzed and the result tables were drawn out.

RESULTS

The study was conducted on 20 female postpartum patients diagnosed with postpartum depression (N=20). Post data collection result statistics were drawn out. Descriptive Statistics was applied to get the basic idea about the sample. Pearson's product moment correlation was applied to find out the relationship between three copings. Lastly, analysis of prevalent coping was done through raw data analysis pertaining to the defined norms of Brief COPE.

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Table 1

Represents the descriptive statistics of the data

S.No.	Variables	Mean	Standard Deviation
1	Problem focused	22.75	3.89
2	Emotion focused	28.50	5.70
3	Avoidant	13.10	2.67
4	Total Coping	64.35	10.13

Table 2

Represents the correlation between problem-focused coping and emotion-focused coping

Variables	Problem- Focused Coping
Emotion-Focused Coping	r = 0.68 *(at 0.01 level of significance)*

Interpretation: *Significant positive relationship between problem-focused and emotion-focused coping.*

Table 3

Represents the correlation between problem-focused coping and avoidant coping

Variables	Avoidant Coping
Problem- Focused Coping	r = .09 *(at 0.01 level of significance)*

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Interpretation: *No significant relationship between avoidant coping and problem-focused coping.*

Table 4

Represents the correlation between emotion-focused coping and avoidant coping

Variables	Emotion-Focused Coping
Avoidant Coping	r = .49 *(at 0.01 level of significance)*

Interpretation: *Significant and positive relationship between emotion-focused coping and avoidant coping.*

Table 5

Result table of raw data for assessing various coping

Participants	Problem Focused Coping	Emotion Focused Coping	Avoidant Coping
A	28	34	13
B	21	32	18
C	20	20	12
D	18	23	10
E	31	41	17
F	19	32	15

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G	19	23	15
H	25	33	14
I	28	28	12
J	18	29	15
K	23	22	9
L	19	20	12
M	27	32	9
N	25	29	14
O	23	28	11
P	21	30	10
Q	24	30	17
R	26	33	13
S	22	32	15
T	18	19	11
Scores Interpretation		Highest scores.	Lowest scores

Interpretation: *According to Brief COPE, the coping style that scores the highest amongst the three coping styles, is claimed to be the primary coping style of the participant. Above table clearly depicts the highest number of scores in emotion-focused coping, hence, indicating the presence of emotion-focused coping in postpartum depression patients.*

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DISCUSSION OF RESULTS

The main objective of the study was to assess the potential coping present in postpartum depression patients. As per the analysis of the results, the interpretation drawn out was such that emotion-focused coping was the one that consistently had high scores as per the data, which indicates that postpartum depression patients use emotion-focused coping as their primary coping. Emotion-focused coping basically refers to when an individual tries to control and regulate how an individual feels in reaction to stressful events or difficult circumstances. When it comes to coping with stress, emotion-focused coping is different from problem-focused coping in that it concentrates on reducing the emotional pain that is linked to the stressor and not the stressor itself.

Various strategies, such asking for emotional support from others, practicing relaxation, or indulging in comforting or distracting hobbies, might be used to achieve this. Emotion-focused coping can help people reduce emotional pain and achieve emotional equilibrium in the face of adversity, especially when the stressor is outside of their control or when there is no possibility of an immediate resolution. However, emotion-focused coping may also be maladaptive in some cases, where emotion-focused coping is used as a primary strategy or the only strategy. Previous literature suggests that emotion-focused coping is directly linked to postpartum depression and various other mental health concerns. People who engage in emotion-focused coping may find it more difficult to ask for help from others and solve problems, and these are the two skills that are critical to preserving mental health. Instead of treating the underlying source of their distress, people who just concentrate on regulating their emotions may turn down opportunities to find authentic solutions to their problems and it may also prevent them from taking desired actions.

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Depressive symptoms include a sense of defeat and resignation that can be exacerbated by this inability to solve problems and emotions of helplessness and hopelessness. Emotion-focused coping might also make people less likely or unable to ask for help when they need it, which breeds social isolation and exacerbates depressing and isolating sentiments. Though it may be relieving at first from unpleasant feelings, emotion-focused coping eventually plays a role in the emergence or worsening of depression and mental illness. Rumination and unpleasant affect are two ways that emotion-focused coping contributes to depression. People that employ emotion-focused coping may have negative thought patterns regarding their emotions and the circumstances that are self-reinforcing rather than actively addressing the underlying stressor. Rumination like this might heighten depression symptoms by amplifying emotions of melancholy, hopelessness, and powerlessness. Individuals may find themselves stuck in a downward spiral of increasing emotional anguish rather than being able to break free from the pattern. This might ultimately contribute to the start or continuation of depression.

There could be numerous factors that suggests emotion-focused coping can be a risk factor for postpartum depression, and these factors also indicate as to why emotion-focused coping is the primary coping present in postpartum depression patients. However, emotion focused coping if implemented with guidance and support of a supervisor, it may turn out to be a healthy coping for individuals suffering with mental health conditions.

The ***first hypothesis*** of this study stated that there is a significant relationship between problem-focused coping and emotion-focused coping in postpartum depression patients. Results signify a positive relationship between the two ($r = 0.68$). This means that emotion-focused coping and problem-focused coping, both are often used simultaneously by postpartum depression patients. The positive link between emotion-focused coping and problem-focused

coping strategies could be attributed to various variables. Firstly, there can be a complicated interaction between practical difficulties and mental anguish as a result of the overwhelming nature of childbirth and the adjustment to parenthood, which may result in both dealing with the stressor and as well as the emotions associated to that stressor. In this case, people may utilize both emotion-focused i.e. coping to deal with the severe emotional turmoil brought on by postpartum depression and problem-focused coping i.e., to deal with the day-to-day needs of nursing a newborn. The acceptance of these coping mechanisms may also be influenced by society and cultural norms surrounding motherhood. In order to handle feelings of inadequacy and simultaneously fulfilling their caregiving responsibilities, mothers experiencing postpartum depression may feel compelled to present a facade of competence and maternal perfection. As a result, they may utilize emotion-focused coping in addition to problem-focused coping. Hence, the first hypothesis is retained because there is a significant relationship between emotion-focused coping and problem-focused coping.

The ***second hypothesis*** stated that there is a significant relationship between avoidant coping and problem-focused coping, however, the results from table 3 suggest that there is no significant relationship between the two (r = .09). Hence, the second hypothesis is rejected. This could be due to various reasons, some of them could be- for those suffering from postpartum depression, problem-focused coping may feel intimidating or overpowering since it entails going head-to-head with the source of stress, confronting the problem and finding a solution. As a temporary solution to their emotional suffering, individuals could instead resort to avoidant coping mechanisms like denial or distraction. In addition, the social and cultural aspects of motherhood might have an impact on the adoption of avoidant coping mechanisms. This is because women may experience pressure to live up to idealized conceptions of maternal

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competence and perfection, which can cause them to consider facing or admitting their difficulties.

The ***third hypothesis*** which claimed that there is a significant relationship between emotion-focused coping and avoidant coping in postpartum depression patients is retained, because as per the results a positive correlation was derived between the two. This simply means that postpartum depression patients often use avoidant coping and emotion-focused coping simultaneously. These findings may be supported by taking into consideration following few factors- since, postpartum depression can be overwhelming, people frequently adopt a variety of coping techniques at once, such as avoidant and emotion-focused coping strategies. When faced with severe emotional turmoil, new mothers could find themselves alternating between reaching out for emotional assistance and trying to push away or ignore upsetting ideas and feelings. Postpartum mothers adaptively move between methods dependent on the demands of the environment and their emotional state, this dynamic can lead to a positive association between the two coping techniques. In some cases, as a form of self-defense or emotional numbness, people may turn to avoidant coping techniques if they feel that their social environment is failing to provide them with concrete solutions or support. Therefore, it may foster a positive association between the two if avoidant coping is utilized concurrently and if people believe that emotion-focused coping strategies are effective but the support system is inadequate, and hence, it may fail them. Often, stressors may seem overwhelming or uncontrollable to postpartum depression diagnosed mothers, which might leave them feeling hopeless. In these situations, one may resort to avoidant coping strategies, including disengagement or denial, in an effort to preserve psychological stability and retain some degree of emotional control. Even if they don't directly address the underlying stressor, emotion-focused coping strategies can be employed in tandem to

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manage the emotional after effects of stressful experiences. This cognitive appraisal pattern can therefore encourage a positive association between emotion-focused coping and avoidant coping.

CONCLUSION

This study basically entails the complex coping interplay in postpartum depression patients. It can be concluded that potential coping that is found in postpartum depression patients is emotion-focused coping which literally means that postpartum depression patients use emotion-focused coping strategies as their primary coping in distressing situations. This study also explores the relationship between various different types of coping. It suggests that there is a significant and a positive relationship between problem-focused coping and emotion-focused coping; no significant relationship was found between avoidant coping and problem-focused coping; and lastly, a significant relationship was derived between emotion-focused coping and avoidant coping.

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