

Role of Attachment Patterns and Partner Support in Postpartum Depression

Doğum Sonrası Depresyonda Bağlanma Örüntüleri ve Partner Desteğinin Rolü

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Abstract

The birth of a baby, representing an important transition period in the lives of women, causes various changes and also brings about a great number of psychological problems in their lives. Postpartum depression is a highly prevalent disorder and previous research reveals that it is associated with several factors. Among these factors, the importance of partner relationship is especially highlighted and the variables that may affect this relationship negatively are one of the most important risk factors. Therefore, in this review article, the role of adult romantic attachment patterns and partner support in postpartum depression is evaluated in the light of the relevant literature.

Anahtar sözcükler: Doğum sonrası depresyon, bağlanma, psikososyal destek.

Öz

Kadınların yaşamında önemli bir geçişi temsil eden bebek doğurma olayı, bireyin yaşamında birçok değişikliğe neden olmakta ve psikolojik sıkıntıları da beraberinde getirebilmektedir. Doğum sonrası depresyon oldukça yaygın bir sorun olduğu görülmekte ve yapılan çalışmalar bu bozukluğun çeşitli faktörlerle ilişkili olduğunu göstermektedir. Bu faktörler arasında partner ilişkisinin önemi özellikle vurgulanmakta olup bu ilişkiyi olumsuz yönde etkileyebilecek değişkenler doğum sonrası depresyonda risk faktörleri arasında yer almaktadır. Bu nedenle, bu derleme yazısında doğum sonrası depresyonda yetişkin romantik bağlanma örüntüleri ve partner desteğinin rolü ilgili alan yazındaki bulgular temel alınarak incelenmiştir.

Keywords: Postpartum depression, psychological bonding, psychosocial support.

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HAVING a baby is an extremely important life event, especially for women, and it brings about a wide variety of serious changes including the relationship between couples (Yelland et al. 2010). Therefore, the postnatal period may be problematic and may become a stage where various psychological difficulties can be experienced (Bener et al. 2012). Postnatal emotional distress can vary from mild depressive mood to postpartum psychosis. However, postpartum depression, which is defined as “a depressive illness that develops up to 1 year after the birth of a child” (Mills et al. 1995), is the most frequently experienced problem in this period (Stocky and Lynch 2000). Postpartum depression differs from the postpartum blues and postpartum psychosis (O’Hara and McCabe 2013) in terms of clinical features and frequency of occurrence (Robertson et al. 2003).

The first definition of postpartum depression was established as “atypical depression” following birth (Pitt 1968). Postpartum depression includes symptoms of major depressive disorder such as depressive mood, loss of interest, and diminished pleasure (Robertson et al. 2003). Changes in sleep patterns and appetite, and feeling of worthlessness and guilt may accompany to these symptoms (American Psychiatric Association 2013), and suicidal thoughts may also be seen (Robertson et al. 2003). Some researchers believe that these depressive symptoms indicate a specific disorder occurring in the postpartum period, while others suggest that these are just the depressive symptoms, that incidentally occur in this period. For example, Di Florio and Meltzer-Brody (2015) suggest that postpartum depression needs to be identified as a separate disorder within existing diagnostic and classification system, due to its complex and heterogeneous nature. On the other hand, some researchers (Kirkpınar et al. 2012) argue that this disorder can not be regarded as a specific clinical diagnosis, because of the epidemiology of depression in women in the last trimester of pregnancy has not shown any significant difference from women in other periods.

Postpartum depression has not been defined as a separate disorder in DSM-5 (American Psychiatric Association 2013) as well, but the term “with peripartum onset” has been used as a specifier of major depressive disorder. DSM-5 stated that “this specifier can be applied to the current or, if full criteria are not currently met for a major depressive episode, most recent episode of major depression if onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery” (American Psychiatric Association 2013). Since 50 % of the postpartum depression periods have started in fact before the birth, it is also emphasized that the term “peripartum”, which covers the entire period, is used (American Psychiatric Association 2013). Although DSM-5 recognizes the occurrence of the symptoms of problematic mood within four weeks after birth as a criterion, it is believed that there is no evidence to support this criterion. While a consensus has not been reached yet, this limit has been extended to cover the year after birth in the field of practice and in many studies (O’Hara and McCabe 2013).

According to a meta-analysis of 59 studies assessing the symptoms occurring at least two weeks after the childbirth to prevent the confounding effect of postpartum blues, the overall prevalence of postpartum depression was reported as 13 % (O’Hara and Swain 1996). However, this prevalence rate differs according to different groups and cultures. For instance, the prevalence rate of postpartum depression was reported as 26 % in adolescent mothers (Troutman and Cutrona 1990). This prevalence rate was found as 18.6 % in Arab women (Bener et al. 2012). While the number of postpartum

depression prevalence studies is limited in Turkey (Arslantaş et al. 2009, Durat and Kutlu 2010), a recent study found the prevalence rate of postpartum depression as 15.4 % in Turkish women (Turkcapar et al. 2015).

Due to its high prevalence rate and adverse outcomes, factors associated with postpartum depression have been capturing the attention of researchers for several years. When the relevant research is examined, it appears that biological factors (Harris et al. 1993, Harris 1994) and birth-related factors such as having a planned pregnancy, breastfeeding or type of delivery (vaginal delivery or cesarean section) (Hannah et al. 1992, Warner et al. 1996, Sayil et al. 2007) have an impact on the development and maintenance of postpartum depression. Clinical factors such as individual and family psychiatric history (O'Hara and Swain 1996, Beck 2001, Johnstone et al. 2001) or prenatal maternal mood (O'Hara and Swain 1996, Yalçinkaya Alkar and Gençöz 2005, Sayil et al. 2007) and psychological factors such as some personality traits and cognitive attribution style (O'Hara and Swain 1996, Johnstone et al. 2001, Martin-Santos et al. 2012, Dudek et al. 2014) were also among the factors that have been reported as being associated with postpartum depression. In addition, it has been revealed that social factors including life events and social support and relational factors such as adult romantic attachment patterns, partner support and marital satisfaction have also an influence on postpartum depression (Beck 2001, Dennis et al. 2004, Yalçinkaya Alkar and Gençöz 2005, Sayil et al. 2007, Reid and Taylor 2015, Clout and Brown 2016). For this reason, the etiology of postpartum depression is considered on a multidimensional base (Ross et al. 2004). However, while a variety of factors have been found to be related to postpartum depression (Warner et al. 1996, Beck 2001, Robertson et al. 2003, Dennis et al. 2004), it has been suggested that partner relationship and the factors having a negative influence on this relationship might be more important determinants of postpartum depression.

Transition to motherhood is an important process of change for women and this process represents an emotionally quite difficult and unsteady period (Gotlib et al. 1991). For this reason, it is thought that a safe and supportive partner relationship plays a very important role in coping with the problems in this period in a healthy way (Wright et al. 2015). In the light of the literature findings, the aim of this review article is to provide a comprehensive review of some relational variables having an influence on postpartum depression. In accordance with this purpose, adult romantic attachment patterns and partner support will be addressed. Although the risk factors for postpartum depression have been extensively studied in the international literature, it is noteworthy that variables related to couple relationship have been less frequently studied. Adult romantic attachment patterns is one of these variables related to couple relationship. Besides, although there are a reasonable number of studies investigating the relationship between social support and transition to motherhood period, the number of studies specifically examining the role of partner support on postpartum depression is limited (Gremigni et al. 2011). Therefore, a systematic review has not been conducted in this review article; rather, it is aimed to address postpartum depression from a broad perspective in terms of some relational variables that are needed to be still studied.

Adult Romantic Attachment Patterns

Attachment theory (Bowlby 1982) offers a highly useful theoretical framework for researchers to understand the adaptation process of women in the period of transition to motherhood. According to attachment theory, the infant develops “internal working models” about the self and others based on the quality of the relationship with his/her primary caregiver and these internal working models determine the behavior and attitudes of the infant during adulthood in close relationships, especially in stressful situations (Bowlby 1982). In line with this view, Hazan and Shaver (1987) extended the original theory of Bowlby (1982) based on infant-parent relationship to include adult romantic attachment in their groundbreaking work in the literature of attachment. Researchers have suggested that romantic partners also serve similar functions as parents do in childhood such as satisfying the needs for proximity, a secure base and a safe haven and they have also proposed that romantic partners have different attachment styles. For this reason, some researchers have examined adult romantic attachment patterns as a risk factor for postpartum depression, suggesting that ‘internal working models’ are especially activated in challenging periods, such as transition to parenthood.

When literature on adult attachment patterns is examined, it appears that especially the anxiety dimension of attachment plays an important role in the development of postpartum depression. In a longitudinal study addressing the transition to parenthood in terms of depressive symptoms of parents, Feeney and colleagues (2003) have examined the role of insecure attachment in the depressive symptoms of new mothers. The researchers also took similar measures from a control group of married couples without children to compare new parents and the couples without children in terms of the changes in attachment patterns over time. According to the results, the effect of attachment anxiety on the depressive symptoms was greater for new mothers than women without children. Based on this finding, it can be said that transition to motherhood process is so stressful and challenging that it can activate the attachment patterns in women and especially anxious attachment makes new mothers prone to suffer from depressive symptoms. Moreover, even after a great number of other risk factors considered to have an effect on postpartum depression (e.g., low marital satisfaction and lack of social support) were controlled, attachment anxiety still continued to predict postpartum depression in new mothers. However, more importantly, this relationship between attachment anxiety and postpartum depression was moderated by the way that husbands respond to their wives’ need for care and support. In other words, the association between attachment anxiety and depressive symptoms were greater for women whose husbands reported showing less care. This finding suggests that the support and care provided by husbands can reduce the negative consequences of attachment anxiety to a certain extent in new mothers.

Similarly, Simpson and colleagues (2003) found that perceived partner support played a mediating role in the relationship between prenatal and postnatal depressive symptoms for women with anxious attachment style. More specifically, anxiously attached women who showed higher levels of depressive symptoms before childbirth perceived less support from their partners in transition to parenthood, which then led to higher levels of depressive symptoms after childbirth. However, no such finding was found for avoidance dimension of attachment. In other words, even if avoidantly attached women showed high levels of depressive symptoms before childbirth, there was no

increase in the levels of their depressive symptoms during the transition to parenthood. Based on these findings, it can be said that attachment anxiety is an important risk factor for postpartum depression as opposed to attachment avoidance and perceived partner support is a key variable that explains the mechanism between attachment anxiety and postpartum depression.

Consistent with the findings of Simpson and colleagues (2003), in another study investigating the mediator role of partner support in the link between attachment patterns and postpartum depression (Iles et al. 2011), it was found that mothers' perceived partner support in the period of six weeks after childbirth partially mediated the relationship between insecure attachment and postpartum depression. In other words, women with higher insecure attachment were less satisfied with their partners' support, which in turn increased the possibility of postpartum depression. These findings (Fee-ney et al. 2003, Simpson et al. 2003, Iles et al. 2011) both suggest that partner support appears as an important factor explaining the relationship between insecure attachment and postpartum depression and clarify how two risk factors addressed in this review article (i.e., insecure attachment and partner support) have an effect on postpartum depression together.

In another study, postpartum mothers and nonpostpartum mothers were compared in terms of attachment patterns, self-esteem and depressive symptoms (Kang et al. 2014). This study revealed that self-esteem played a mediator role in the association between preoccupied attachment style and depression severity; however, this relationship was observed only in mothers who were in postpartum period. That is, postpartum mothers with preoccupied attachment style had lower levels of self-esteem, which in turn increased the possibility of having depressive symptoms. Thanks to this research supporting the mediator role of self-esteem in the relationship between attachment anxiety and postpartum depression, a new finding was added to the literature which sheds light on the possible mechanisms in the relationship between these variables.

Similarly, in a study conducted by Lee and Koo (2015), the mediator role of self-esteem in the relationship between adult romantic attachment patterns and postpartum depression was investigated. Moreover, the moderator role of mothers' parental self-efficacy on the mediating effects of self-esteem was also examined. Results demonstrated that self-esteem acted as a full mediator in the relationship between preoccupied attachment and postpartum depression, whereas it acted as a partial mediator role in the relationship between fearful attachment and postpartum depression. However, more importantly, the mediator role of self-esteem in the relationships between insecure attachments (preoccupied and fearful) and postpartum depression was moderated by maternal self-efficacy. Based on these findings, it can be concluded that not all mothers with an insecure attachment style (preoccupied or fearful) tend to show depressive symptoms through low self-esteem; rather, having a high parental self-efficacy protects mothers from the risk of developing depressive symptoms. In other words, a high perception of maternal self-efficacy appears to be a protective factor in the relationship between insecure attachment and postpartum depression in which self-esteem acted as a mediator.

On the other hand, in a recent longitudinal study, Clout and Brown (2016) investigated the role of attachment dimensions and marital quality in postpartum stress, anxiety, and depressive symptoms and obtained conflicting results with the previous fin-

dings in the literature. In the light of past research findings, researchers hypothesized that attachment anxiety in the last trimester of pregnancy would significantly predict depressive symptoms at 4–6 months postpartum. However, they reached the conclusion that neither general-attachment nor marital-specific attachment patterns did not predict significantly postpartum depression. On the other hand, according to mediation analyses, marital satisfaction acted as a full mediator in the relationship between attachment anxiety and postpartum depression. That is, although the anxiety dimension of attachment does not have a direct effect on postpartum depression, the low marital satisfaction appears to be the mechanism that provides the link between attachment anxiety and postpartum depression. In other words, new mothers with high attachment anxiety were found to be prone to postpartum depression only when they had difficulties with marital relationships.

In another study (McMahon et al. 2005), the effects of both current relational difficulties (low marital satisfaction and insecure attachment) and negative childhood experiences on postpartum depression were investigated to understand the processes that affect postpartum depression from a broader perspective. It was revealed that anxious attachment was a significant predictor of depression at 12 months postpartum. In addition to this, anxious attachment played a mediator role in the relationship between mothers' low perceived maternal care in their childhood and their postpartum depressive symptoms. Based on these findings, it can be said that anxious attachment plays a vital role in the maintenance of postpartum depression.

In a more recent study (Hairstone et al. 2018), the mediator role of postpartum depression in the relationship between new mothers' adult romantic attachment styles and mother-infant attachment difficulties was investigated. The results yielded that postpartum depression mediated the relationship between only the anxious/ambivalent attachment style and infant-focused anxiety. This finding was consistent with the previous findings suggesting that attachment anxiety was a more effective factor on postpartum depression as compared to attachment avoidance.

The well-known consistent relationship between insecure attachment patterns and postpartum depression in Western countries has begun to be investigated in non-Western cultures as well in recent years. In a study conducted in Japan (Ikeda et al. 2014), consistent with previous research findings, it was found that insecure attachment patterns were a significant predictor of postpartum depression. Furthermore, a study conducted in Turkey (Sabuncuoğlu and Berkem 2006) also supported the positive link between insecure attachment patterns and postpartum depression symptoms.

In summary, a great number of studies supported that especially the anxiety dimension of attachment plays an important role in the development of postpartum depression. While some studies investigate only the direct effect of attachment anxiety on postpartum depression (Sabuncuoğlu and Berkem 2006, Ikeda et al. 2014), the possible mechanisms that may underlie the relationship between these two variables have captured the attention of some researchers. Perceived partner support is one of these factors that accounts for this relationship. Since individuals with high attachment anxiety do not perceive themselves as worthy of being loved and give extreme importance to close relationships (Hazan and Shaver 1987), they may feel as if their relationship is tested by an important life stressor, such as transition to motherhood. If they feel that they do not receive the expected care and support from their spouses, this process can be more

stressful (Feeney et al. 2003, Simpson et al. 2003). Hence, these individuals may become more prone to develop postpartum depression. These findings support the view of Bowlby (1988), the pioneer of attachment theory, suggesting that anxiously attached women who think they do not receive the expected support from their husbands during the transition to parenthood are more likely to develop postpartum depression. In addition to perceived partner support, self-esteem (Kang et al. 2014), marital satisfaction (Clout and Brown 2016), and perception of parental self-efficacy (Lee and Koo 2015) are among the factors that underlie the relationship between attachment anxiety and postpartum depression. These research findings support that the relationship between insecure attachment and postpartum depression has in fact a complex nature and it is important to investigate the possible mechanisms that underlie this link.

Partner Support

Interpersonal relationships have a crucial role in people's lives (Collins et al. 1993). Interpersonal relationships become more important in stressful situations, and supporting relationships can act as a protective factor against problems such as depression (Reid and Taylor 2015) by reducing the effects of stress (Kahn and Antonucci 1980).

The changes in the life roles of individuals are considered as one of the situations that cause stress. For this reason, role change may also increase the need for social support (Kahn and Antonucci 1980). It is known that inadequate social support is associated with psychological difficulties (House et al. 1988), and one of these difficulties seems to be depression (Barnett and Gotlib 1988). The birth, which represents a significant change, also brings a new role to the individuals' lives (Logsdon et al. 2006, Logsdon et al. 2009). Therefore, the transition period to motherhood after birth can be stressful (Bener et al. 2012, Clout and Brown 2016), and the importance of social support in postpartum depression, which is a very common problem in this period, becomes evident (Reid and Taylor 2015).

When literature is examined, it has seen that social support appears to be classified as various forms (House 1981, Cutrona and Suhr 1992). Collins and colleagues (1993) state that three types of social support can be identified in general: emotional support (expression of caring and esteem), informational support (advice or guidance), and instrumental support (tangible goods or assistance with tasks). There is also a distinction between perceived and received social support. Perceived social support refers to belief that an individual may receive assistance from the social environment when needed, while received social support refers to the actual support received in a specific context (Collins et al. 1993). The source of support can be partner/spouse, family or friends (Robertson et al. 2003).

It has been determined that social support is a very important (O'Hara and Swain 1996) and protective factor in postpartum depression (Reid and Taylor 2015). In this respect, considering the importance of couple relationship in postpartum depression (Wright et al. 2015), it is argued that especially partner support may be important. Since the relationship established with the partner is one of the most important interpersonal relationships in individual's life (Whisman and Baucom 2012), it is stated that in addition to being a good source of emotional support in the postpartum period, partner may be a source of instrumental support by helping with child care and home-related tasks (Dennis 2003). The mentioned characteristics of the partner relationship

distinguish the partner support from the other forms of social supports that come from different sources.

Studies have also supported the relationship between partner support and postpartum depression. In a study examining the effects of partner, family, and friend supports separately (Reid and Taylor 2015), it was reported that all support sources (partner, friends, and family) were associated with postpartum depression in married, cohabiting, and single women. Accordingly, while all these forms of social support from different sources have been found to reduce the risk of postpartum depression and the findings supported the fact that specifically the support from partner may be especially important. Results revealed the effect of partner support on depression was higher than the effects of friends or family support in married and cohabiting women. Therefore, it is stated that a supportive partner relationship could be a protective factor for postpartum depression. In a study conducted by Dennis et al. (2004), it was also found that partner support as well as total support were associated with symptoms of depression in the early postpartum period. Consistent with the results of the mentioned studies, the findings of another study (Cooper et al. 1999) showed that specifically partner support was associated with postpartum depression. According to the results of the research, while there was no difference in terms of social support provided by friends and relatives between the depressed and non-depressed women, the received support from the spouses/partners of the non-depressed women was higher than the depressed women. Moreover, in a meta-analysis conducted by O'Hara and Swain (1996), the relationships between total social support and the support from the baby's father with postpartum depression were examined and it was revealed that the support from the baby's father was negatively related to severity of postpartum depression. In other words, as the partners' social support increases, the severity of postpartum depression in the women decreases. Furthermore, unlike other studies, Milgrom and colleagues (2011) have examined prenatal risk factors for postpartum depression and found that low partner support was one of the strongest predictors of postpartum depression. This finding suggests that partner support may be not only postnatal but also a prenatal risk factor.

Similar results have been obtained in other studies conducted recently. In a study investigating relationship- and postpartum-specific support from the partner separately (Dennis and Ross 2006), women with no depressive symptoms in the first week after birth were included in the study in order to control the effects of the existing depressive symptoms. As a result, it was found that women with depressive symptoms in the 8 week postpartum period had lower perceptions of both relationship- and postpartum-specific partner support than non-depressed women. In addition, women with depressive symptoms were more likely to perceive lower support from their partners, as well as had conflicts with their partners than women who were not depressed. Similarly, according to the results of another study investigating the relationship between partner support assessed six weeks after birth and postpartum depression assessed five months after birth (Lemola et al. 2007), the risk of having depression symptoms was lower in women with higher perceptions of support. It is stated that women who believe that they would be supported by their partner and who could share their concerns with their partner without fear of being criticized or rejected were less likely to develop symptoms of depression. In a study conducted in Turkey (Sayil et al. 2007), the obtained results were consistent with the previous findings in the literature. In the mentioned study

conducted with women who were first time mothers, dissatisfaction with paternal support was reported to predict postpartum depressive symptoms. In other words, as the satisfaction with partner support increases, the symptoms of postpartum depression decrease for women.

Consistent with the studies showing the effects of perceived partner support on postpartum depression, the results of other studies seem compatible with mentioned findings. For example, Gremigni and colleagues (2011) investigated the role of expected partner support, which was based on attachment theory, on postpartum depressive symptoms. The results of the study showed that 55.7% of the mothers showed depressive symptoms three months after birth, and the difference between the anticipated support and the actual support from the partner predicted the depressive symptoms. In other words, the failure of the husbands to satisfy the expectations regarding spousal support have a negative impact on women emotionally. Similarly, in another study (Iles et al. 2011), dissatisfaction with partner support was reported to be associated with a higher level of postpartum depression. As previously mentioned, it has also been reported that the perceived partner support had a mediating role in the relationship between insecure attachment and postpartum depression.

Although the aforementioned research findings provide the evidence that partner support has a both direct effect on postpartum depression and a mediator role between insecure attachment and postpartum depression, it is noteworthy that these findings do not provide detailed information on the possible mechanisms of the relationship between partner support and postpartum depression. However, it is stated in the literature that social support can directly contribute to well-being and thus reduce the risk of depression, as well as it can indirectly prevent depression by reducing the negative effects of stress on the individuals in various ways (Cohen and Wills 1985, Cohen 2004, Thoits 2011). In a study regarding postpartum depression (Cutrona and Troutman 1986), consistent with the view that social support can affect depression indirectly, it was found that perception of parental self-efficacy mediated the relationship between social support and postpartum depression. Moreover, in another study (Brock et al. 2014), it was reported that specifically partner support affected peripartum depression (depression during pregnancy and throughout the postpartum period) both directly and by reducing the effects of stress. It is considered that there appears a need for new research in order to better understand mentioned indirect effects of partner support on postpartum depression.

In summary, although there have been a few conflicting findings in the literature (Saligheh et al. 2014), a large number of studies consistently showed that partner support was associated with postpartum depression and also even might be one of the prenatal risk factors of postpartum depression. Lower levels of perceived partner support seems to increase the risk of developing depressive symptoms in the postpartum period for women. Despite the need for more information on the mechanisms of effect, it appears that inadequate partner support may be a risk factor for depression in the postpartum period.

Conclusion

There are many studies supporting that psychosocial factors play a role in the etiology of postpartum depression. However, it is considered that some of the factors which are

detrimental to the quality of spouse relationship may be more determinant in this role. Therefore, in this study, the relationships of some relational variables (i.e., adult romantic attachment patterns and partner support) with postpartum depression were reviewed. Some implications can be made based on the summarized research. Firstly, although being a very valuable and pleasurable life event in women's lives, the transition to motherhood can be perceived as a stressful process due to some compelling factors such as care of the baby and the stress caused by changes in the individual's career during this period. For this reason, many researchers have examined insecure adult attachment patterns as a risk factor for postpartum depression based on the assumption that attachment patterns will be activated in this stressful period. The research findings supported especially the effect of anxiety dimension of attachment on postpartum depression. More importantly, studies investigating the possible variables which play a role in the relationship between attachment and postpartum depression showed that the relationship between insecure attachment and postpartum depression had a complex nature beyond predicted. Therefore, it is needed to continue to examine other possible factors that may play a role in this relationship in future studies.

Secondly, the importance of social support, especially received from partners, has been supported by many research findings. Research shows that inadequate partner support is an important risk factor for developing postpartum depression in women. On the other hand, although there is a limited number of findings indicated that partner support diminished the risk of postpartum depression by reducing stress, it is noteworthy that the direct effect of partner support has been mostly examined. In addition, partner support is considered as a variable that often mediates the relationship between attachment and postpartum depression. Although it provides an understanding of how the relationship between attachment patterns and postpartum depression may emerge in this context, it is believed that there is a need for new research to be done in order to better understand the mechanisms of effect of partner support on postpartum depression specifically.

It can be said that the number of research on postpartum depression in our country has increased in the last decade; however, postpartum depression may be ignored due to more emphasis on other health problems in developing countries such as Turkey. On the other hand, considering the prevalence rate, it is thought that postpartum depression is in fact a very common psychological problem and its treatment is highly important. Taking into consideration the important predictive role of relational factors, it may be proposed that more research is needed in this area in Turkey.

To conclude, both attachment patterns and partner support appear to be the factors that play a role in postpartum depression, which is one of the problems experienced during the transition to parenthood. Given that babies' primary caregivers are usually their mothers, it becomes clear that women have significant responsibilities after the birth and therefore may experience stress. However, women also have various needs in this period, and it is seen that the role of their partners is highly important at this point. Research has also highlighted the importance of partner relationship. The findings show that a supportive partner relationship reduces the risk of postpartum depression both directly and by reducing the effects of stress. In addition, inadequate partner support plays a mediating role between insecure attachment and postpartum depression. For this reason, it is considered that it may be important for clinicians to use interventi-

ons in order to improve the relationship by focusing on the partner relationship in the treatment of postpartum depression. On the other hand, when the research results are examined, it is also revealed that there are other variables that mediated the relationship between attachment and postpartum depression. In addition to perceived partner support, self-esteem, marital satisfaction, and perception of parental self-efficacy are among the factors that underlie the association between attachment and postpartum depression. Therefore, in addition to increasing partner support in the treatment of postpartum depression, improving mothers' parental self-efficacy and self-esteem may contribute to treatment.

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