

The Perinatal Period and Pregnancy: The Effect that Attachment Theory has

Abstract

In this study, we intend to examine and integrate recent scholarship on attachment theory and its application to the obstetrics-specific perinatal period. Obstetricians, psychiatrists, and psychologists frequently encounter antenatal and postnatal concerns, psychological issues, and psychiatric symptomatology arising from closer observation of the women's difficulties or reported by the women themselves in medical settings in general and the clinical domain of the perinatal period in obstetrics in particular. It is of the utmost importance to our theoretical understanding to thoroughly examine the perspective proposed by attachment theory, as it was first developed by child psychiatrist-psychoanalyst John Bowlby, and the newest theoretical developments on the field that followed, in order to better comprehend these psychosocial concerns and deliver timely and more effective personalized interventions to women in need. The effects of different subtypes of attachment style on benefits as well as the challenges and risks they pose to women at each stage of pregnancy are examined. According to the reviewed literature, "insecurity" in significant relationships and attachment appears to make women more susceptible to psychopathology. The primary psychopathological disorders and symptomatology discussed in the literature appear to be perinatal depression, postpartum depression, perinatal anxiety, and Posttraumatic Stress Disorder (PTSD) symptoms related to pregnancy and labor. These disorders and symptomatology are related to the perinatal period and their connection to attachment. In addition, securely attached women appear to be able to remain calmer and make better use of their emotional and social resources during the challenging perinatal phase thanks to the "security" attachment that is tangibly observed in couples with strong intra marital support. As a result, expecting mothers are more likely to use patterns of behavior that are good for them to overcome perinatal challenges.

Keywords: Perinatal period • Obstetrician • Postnatal concern • Posttraumatic stress • Psychological concern

Introduction

The perinatal period, which encompasses the time frame from the beginning of pregnancy to the postpartum period, can be effectively conceived of as the primary path to parenthood. Maternal perinatal psychological health is a domain in which psychologists, psychiatrists, and obstetricians cooperatively combine their theological as well as clinical practical knowledge and the deriving of preventive guidelines in order to screen, support, treat, and follow-up populations at risk for psychiatric symptoms and disorders or burdened with psychological vulnerabilities, which could affect pregnancy and maternal health and well-being. The well-known child psychiatrist John Bowlby, who came up with the theory of attachment from the fields of

developmental psychology and psychoanalysis, proposed a theoretical scaffolding to meet the aforementioned requirements for clinicians and patients. The perspective it provides enables a comprehensive comprehension of the ways in which early childhood experiences may explain and structure relationships with other people. In order to comprehend how the quality of her own relating to her mother and her partner proclaims the process of adaptation to her pregnancy and the evolving future attachment to her baby, the new mother's attachment patterns become of great importance during pregnancy and early parenthood [1,2].

Theory of attachment

John Bowlby, a child psychiatrist and psychoanalyst, was the first to develop attachment

Marlin Dei*

Department of Psychology, University of Stanford, United State

*Author for correspondence:
marlin@us.ac.in

Received: 09-Feb-2023, **Manuscript No.** jlcb-23-93321; **Editor assigned:** 10-Feb-2023, **PreQC No.** jlcb-23-93321 (PQ); **Reviewed:** 24-Feb-2023, **QC No.** jlcb-23-93321; **Revised:** 27-Feb-2023, **Manuscript No.** jlcb-23-93321(R); **Published:** 28-Feb-2023; **DOI:** 10.37532/jlcb.2023.6(2).023-027

theory. It describes how and why children form bonds with their parents and caregivers in the pursuit of closeness, stability, emotional health, and security. Bowlby proposed attachment behavior as an evolutionary function, a “biological predisposition to form relationships,” facilitating adaptation and survival in accordance with a Darwinian paradigm. In times of distress, infants send signals to adults about their needs, such as crying and crawling toward the adult, to get comfort and security from their caregivers. Caretakers gradually develop and ensure a cure proximity baseline and style of attachment for the child when they provide timely and appropriate relief and consistently respond to the child’s care and attention-seeking behaviors. These basic interactions between the child and the caregiver are internalized early in life and guide the infant’s expectations and evaluations of relationship experiences throughout the individual’s lifespan. This mode of relating provides the socio-emotional supplies the infant will use later in life to navigate the social world.

The development of “internal working models” or “relational prototypes,” mental constructs of the self and of significant others that depict the way each individual has experienced and perceived attachment and proximity since infancy serves as the scaffolding for the emergence of relationship patterns across generations. The attachment scaffolding that was developed during infancy can be used to guide the further expansion of these internal working models to the development of adult romantic attachment styles [4].

In addition, the attachment theory paradigm holds that a person’s future significant relationships, mental and physical health, health-related behaviors, overall well-being, and personality development may be significantly harmed if these early relationships are disrupted; It would appear that even minor interruptions and separation experiences put the formation of a strong and secure bond in jeopardy. Given the sociocultural markers of his time, to favorable to a wide models while bringing issues to light concerning the long lasting impact of connection hypothesis, Bowlby recognized explicit pressure inclined circumstances which yield in enactment of the connection component. As a result, he recognized the milestones of marriage, childbirth, and parenthood as life events that increase women’s vulnerability to emotional stress and depression if their emotional needs are not met [5].

The primary characteristics of secure and insecure attachment are parental responsiveness and stability in care giving. Ainsworth and her colleagues developed an experiment based on observing children’s interaction patterns and immediate responses upon separation from their mother, their primary caregiver, following Bowlby’s innovative framework. Ainsworth proposed a comprehensive and extensive proposal for the classification of attachment styles in light of the observations and findings of the “Strange Situation” experiment. Grounded on the guardian’s previous responsiveness to the newborn child’s signs for solace and consideration, newborn children’s ways of behaving, as seen during the trial technique, mirror the degree and nature of vicinity and providing care got and established so far. In view of Ainsworth’s work in this manner, styles of attachment can be further subcategorized in three resulting classifications: “secure, ambivalent, and avoidant of insecurity” More specifically, infants with a “secure” attachment style are those who exhibit distress when they are separated from their caregiver, are comforted when they are reunited with them, and actively explore their surroundings and environment when the attachment figure is present [6].

The “insecure am-bivalent” category includes infants who exhibit anxiety upon separation from their caregiver and ambivalence upon return of the attachment figure, as well as infants who have difficulty exploring their surroundings due to preoccupation with the caregiver. Finally, the term “insecure avoidant” refers to infants who do not appear distressed or anxious when the caregiver leaves the room, avoid them when they return, and direct all of their attention away from the attachment figure [7].

Researchers used the same line of thought to understand and observe the development and maintenance of romantic relationships, further expanding on the theory of attachment and drawing on the hypothesis that the internal working models regarding attachment tend to remain stable throughout adulthood. Bartholomew and Horowitz, expanding on the theory of adult attachment, proposed the addition of a fourth style known as “fearful avoidant,” describing adults who appear to be dismissive of being romantically involved while actually being afraid of relationships. Hazan and Shaver first proposed how secure, anxious, and avoidant adults possibly felt in romantic relationships portraying their past personal

experiences in attachment [8].

The same theorists carried out additional research into attachment theory and focused on observing attachment and relating in adult romantic relationships. They recommended that the person's connect style reflects positive or negative considerations concerning self and others. Based on whether or not individuals consider themselves to be worthy of receiving support from their partner in a romantic relationship and positive or negative representations of the partner's accessibility and responsiveness upon their quests for intimacy and support, the four-category classification describes an "secure, preoccupied, dismissive and fearful/disorganized" attachment style [9].

Attachment Neurophysiology

Clinicians in the fields of psychology and obstetrics aim to better understand how to respond to presenting symptomatology and needs of their patients by taking into account the possible ways in which patients interact with significant and important others, including their health care providers, from the perspective of attachment theory. As a result, the primary goal is to improve patient satisfaction, treatment adherence, and doctor-patient relationships. In addition to narrowing our focus to obstetrics and the perinatal period, an equally important long-term objective is to demonstrate the potential risks associated with attachment theory while maximizing its benefits [10].

Perinatal mental attachment

We understand the significance of its protective role in the future psychological health of the newborn babies whose mothers experienced responsive and sensitive relationships with their own mothers, confirming the position that attachment tends to become inter generationally transmitted, or simply repeated throughout generations. As a result, we view the beginning of a new attachment relationship as the onset of pregnancy. A lot of research helps us understand that a pregnant woman who is securely attached to her own mother and, consequently, to her husband or partner woman has a very good chance of developing positive attitudes about her pregnancy and her unborn child. Better pregnancy health practices (i.e. compliance and adherence to medical counseling and guidelines) and thus better neonatal outcomes, quality of early mother-child interactions after birth, and safe-guarding of her psychological well-being

during the demanding phase of pregnancy and the post-natal period are examples of these positive attitudes. These positive attitudes also include self-confidence regarding motherhood and caregiving, a warm, caring, and positive attitude toward her unborn child. Attachment insecurity is generally regarded as a risk factor for the development of negative feelings, difficulties in adhering to the maternal role, and obstacles regarding the prenatal attachment process with the baby, particularly among teenage mothers (women over the age of 35) and women under the age of 18 [10].

During pregnancy attachment strategy

The authors⁵⁰ made the following observations considering the fetus as the "other" with whom the new mother is about to become closely related and the actual state of pregnancy as a stressful period and life change that energizes attachment patterns: Women and new mothers who were securely attached to their unborn child demonstrated positive attachment to their fetus from the beginning (first trimester) and maintained stable positive attachment throughout the gestational period, laying the groundwork for positive postnatal attachment. During pregnancy, anxiously attached women were associated with poor mental health. Nonetheless, their clinging to their baby moved along as pregnancy advanced, with the goal that they at long last [11].

Support of Partner during labor

For the mother-to-be, childbirth can be a very stressful experience, especially for first-time mothers. The new mother experiences a relative loss of control in relation to her body as clinicians and professionals take medical charge of the procedure in collaboration with the mother, in addition to the physical stress the body naturally experiences as a result of a biological procedure that promotes labor as such. Fear of labor and the pregnant woman's sense of self efficacy, i.e., her readiness to control labor pain, are the primary causes of anxiety related to childbirth. It has been reported that severe childbirth anxiety has been linked, in some instances, to obstetric complications such as prolonged labor, intravenous deliveries, or the choice of caesarean sections. It is interesting to note that people who are firmly bonded appear to benefit the most from having their partners support them and alleviate a stressful labor by making it less painful. According to leading researchers in the field of attachment theory, security in attachment

not only encourages a healthier and more robust capacity for coping with stressful situations, but it also has a positive physical impact on the individual, a biological expression of its effect. On the other end of the spectrum, research shows that people with insecure attachment patterns appear to report more pain and to have more negative thoughts about pain, feeling less in control of it than people with securely attached attachment patterns [11].

Postpartum support

The family's foundations are essentially structured around the resources it has been psychologically equipped with, as well as the attachment parameters each member represents and belongs to. However, at the same time, this transitional phase can occasionally bring turmoil and prove to be rather challenging. It has been hypothesized that in many instances, as reported, new parents experience decreases and ruptures in marital satisfaction and companionate activities, as well as an increase in personal difficulties and intra marital conflict during the first months postpartum. This is especially true for new mothers who have dealt with the perinatal exigencies of pregnancy, childbirth, and the rigorous caregiving of the newborn [12].

Conclusion

Throughout the course of this paper, we attempted to juxtapose the existing literature on the major issue of the expression of attachment theory during the crucial and demanding phase of the perinatal period, which is also the most life-altering. It is believed and has been observed to reactivate the mother's attachment style system by reproducing thought representations and behaviors indicative of her own personal attachment style patterns when viewed through the lens of symbolizing a significant period, including stressful personal milestones.

Overall, the mother and father to be couple's attachment security and stability appeared to provide a promising foundation for the formation of positive attitudes toward the unborn child and pregnancy. These positive attitudes included self-confidence regarding caregiving and motherhood, a caring positive attitude toward the fetus/newborn baby, and improved adherence to medical counseling. In contrast to these benefits, the attachment subcategory of insecure-ambivalent women receiving poor spousal support was faced with the largest declines in marital satisfaction

postpartum. In the postpartum period, where many couples appear to experience marital conflict and dissatisfaction due to the overall difficulties of the demanding perinatal phase, the attachment subcategory of insecure-ambivalent women receiving poor spousal support was faced with the largest declines in marital satisfaction. In terms of the psychopathological aspects of pregnancy and their connection to attachment, depression, depressive symptoms, postpartum depression, perinatal anxiety, and posttraumatic stress disorder symptoms seem to be the most frequently discussed disorders and symptoms in the literature. Insecurity in significant relationships and attachments made women more vulnerable, establishing a foundation upon which psychopathology could develop. As the bibliography predicts, security in attachment tangibly observed in couples with strong intra marital support provides a protective shield against disturbances by enabling deeply attached women to remain calm and make better use of their emotional and social resources to navigate themselves through the perinatal challenging phase and consequently overcome possible difficulties by using patterns of behavior that promote their well-being. The future of research and ostensible clinical work in the rich and profound field of attachment theory is essentially centered on how

Reference

1. Bowlby J Loss, sadness and depression. The Hogarth Press and The Institute of Psychoanalysis. 3 (1980).
2. Bartholomew K Avoidance of Intimacy: An Attachment Perspective. *J Soc Pers Relat.* 7: 147-178 (1990).
3. Holmes J Attachment theory and psychoanalysis.:SearchSecure Base. *Routledge.* (2018).
4. Bretherton I The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Dev Psychol.* 28: 759- 775 (1992).
5. Tsachi ED, Mikulincer M, Doron G, *et al.* The attachment paradox: How can so many of us (the insecure ones) have no adaptive advantages? *Perspect Psychol Sci.* 5: 123- 141(2010).
6. Eindor T, Mikulincer MII pd, Shaver PR Attachment Insecurities and the Processing of Threat-Related Information: Studying the Schemas Involved in Insecure People ' s Coping Strategies. *J Per Social Psy.* 101: 78-93 (2011).
7. Fraley RC A brief overview of adult attachment theory and research background: Bowlby ' s theory

- of attachment individual differences in infant attachment patterns. *Univ Illinois*. 2010: 1- 8.
8. Fonagy P, Steele H, Steele M Maternal Representations of Attachment during Pregnancy Predict the Organization of Infant-Mother Attachment at One Year of Age. *Child Dev*. 62: 891- 905 (1991).
 9. Bretherton I. Attachment Theory: Retrospect and Prospect Author (s): Inge Bretherton Reviewed work. *Monogr Soc Research Child Developm* . 50: 3- 35 (2011).
 10. Hazan C, Shaver P Romantic Love Conceptualized as an Attachment Process. *J Pers Soc Psychol*. 52: 511- 524 (1987).
 11. Bowlby J A secure base: Parent-Child Attachment and Healthy Human Development. Basic Books, New York (1988).
 12. Ainsworth MD Object relations, dependency, and attachment: a theoretical review of the infant-mother relationship. *Child Dev*. 40: 969- 1025 (1969).