OVERCOMING BARRIERS IN MINDS AND SOCIETY
8TH CONFERENCE – TOGETHER AGAINST STIGMA

Postpartum mood disorders: Relationships between self-stigma, loneliness, and depressive symptoms

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Stigma

- Public knowledge of the origins and treatability of mental illness has increased in recent years

- Yet stigma still exists (and some research has found it has worsened)

- Stigma directly impacts treatment seeking and treatment adherence

- Stigma is associated with important human and economic costs

Self-Stigma

- The internalization of stereotypes and application of negative public attitudes to one's own self-concept.

- Robustly associated with hopelessness, lowered self-esteem, poorer sense of mastery/empowerment, reduced self-efficacy, decreased quality of life, and lowered social support/integration.

Self-Stigma and Depression

- People with depression are seen as weak, seeking attention, selfish, and having self-pity.

- People with depression experience guilt, shame, and embarrassment.

- Certain self-stigmatizing beliefs may also occur in depression.

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Self-Stigma and Postpartum Depression

- Stigma results in low treatment levels in women experiencing postpartum mood disorders.
  - In a sample of non-depressed pregnant women, 42.5% indicated they would not seek help for postpartum depression due to stigma. (Goodman, 2009)
- Additional challenges relate to ideas of idealized motherhood and how mothers should feel post-childbirth.
- Much of the research has been qualitative, and/or small N.

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Methods

Participants

- N = 23 women who had given birth within the prior 12 months and who had experienced mood changes lasting at least 2 weeks.

31.2 years	Average age (SD = 6.7)
93%	Married/common law
70%	College/university education (vs. 30% high school)
54%	1 child (32% 2 children; 14% 3 children)
44%	Currently taking a medication for a mood disorder
79%	Previously received counselling/therapy for a mood disorder

Methods

Treatment

- 8-week group interpersonal psychotherapy (2 hours/week) facilitated by two mental health counsellors.

- Childcare was provided free of charge, on-site.

- Data are pooled across 5 groups.
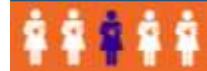
Methods

Measures

| Measure	Description
Beck Depression Inventory – II (BDI-II)	21-item self-report measure of depressive symptoms
Self-Stigma of Depression Scale (SSDS)	16-item self-report measure of stigmatizing attitudes towards the self in relation to depression
UCLA Loneliness Scale (LS)	20-item self-report measure of subjective feelings of loneliness and social isolation
Manchester Short Assessment of Quality of Life (MANSA)	12-item self-report assessment of satisfaction with life

Methods

Procedure

- REB approval.

- All women gave signed informed consent.

- A $10 incentive was provided.

- Questionnaire completion:

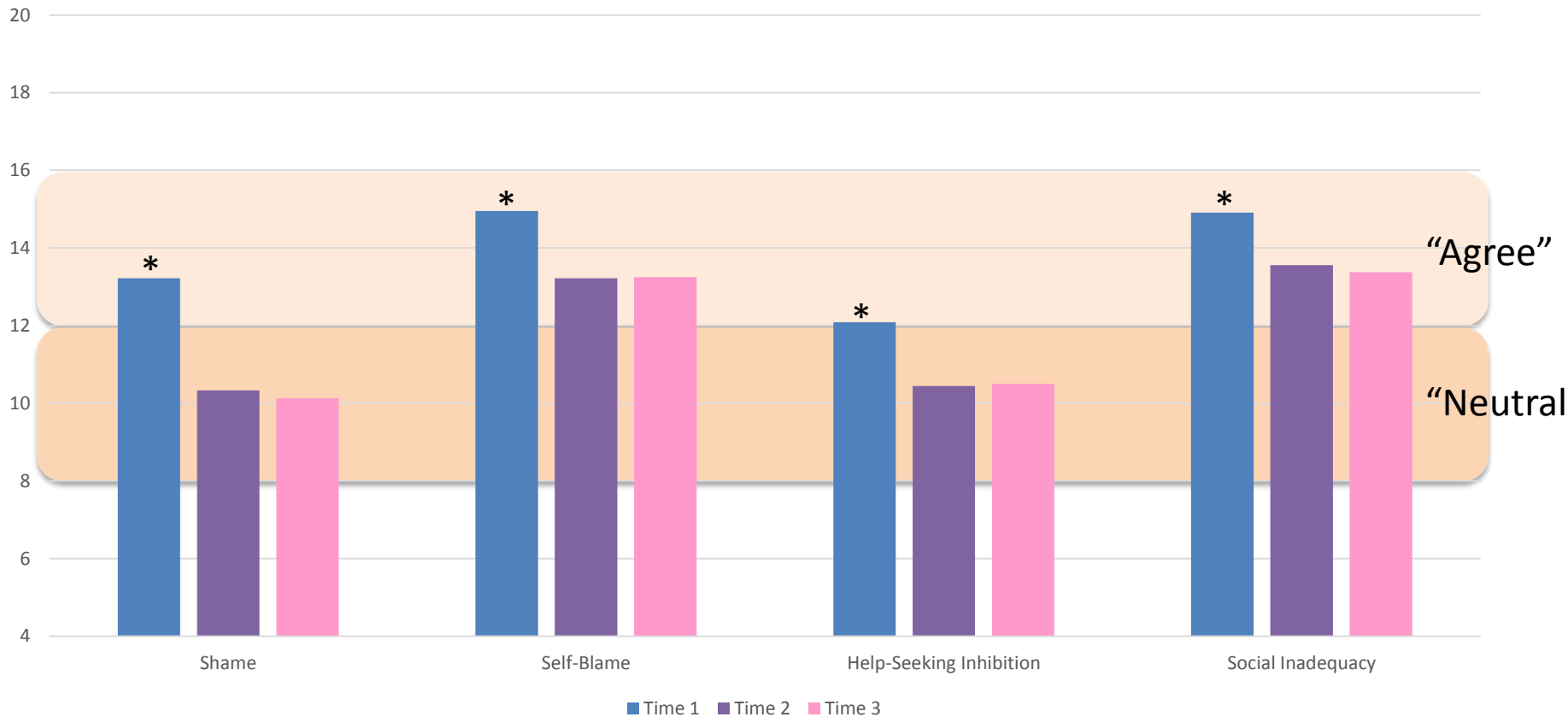| T1 Prior to 1st session	T2 Mid-point	T3 End-point
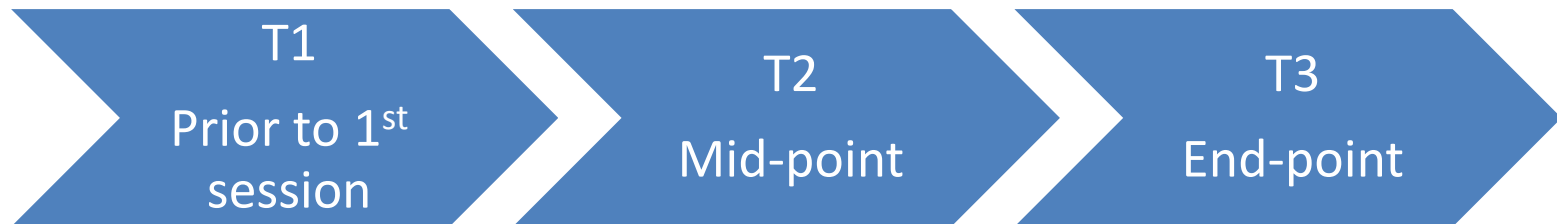
Results

Across treatment, Beck Depression Inventory - II
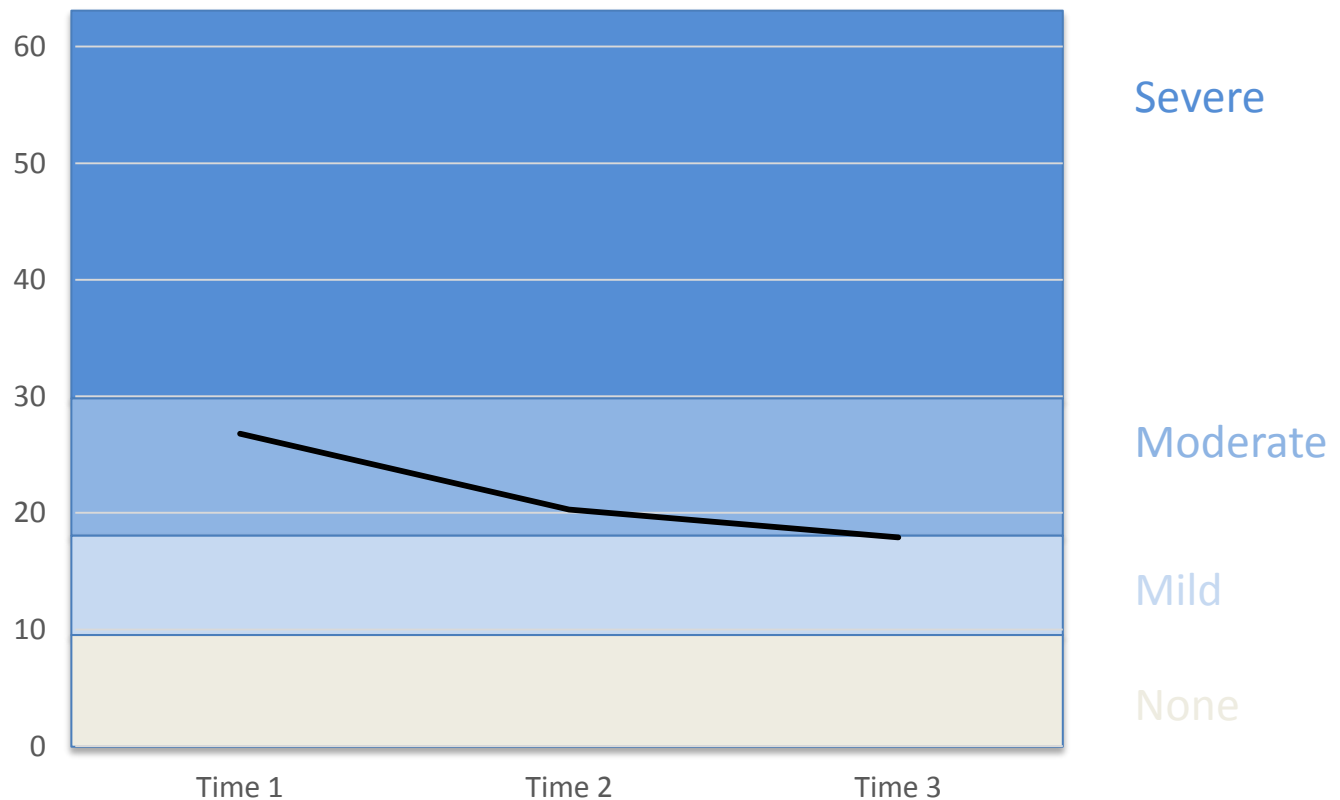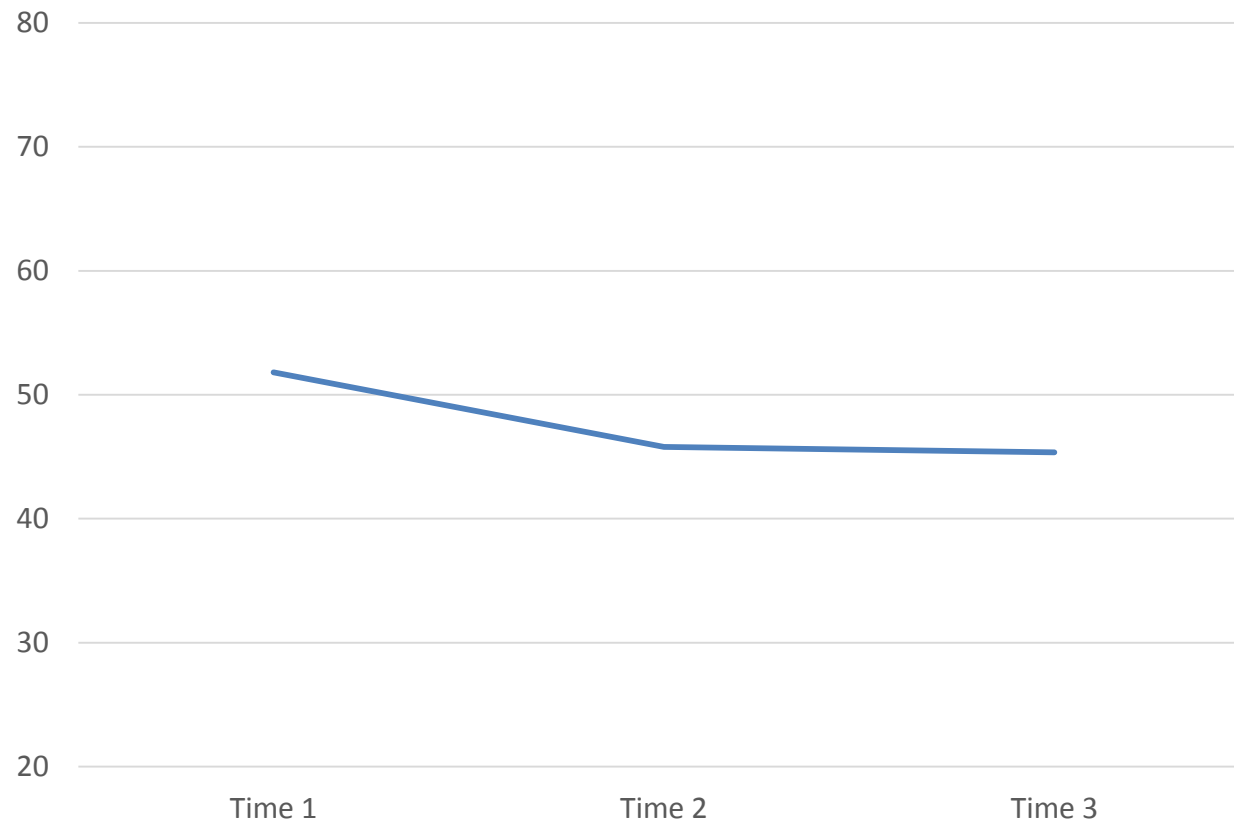
Results

Across treatment, Self-Stigma of Depression Scale

Results

Across treatment, Loneliness Scale

Results

- Depression scores, stigma scores, and loneliness were significantly positively correlated:

	1.	2.	3.	4.	5.
1. BDI-II	1.0				
2. Shame	.597**	1.0			
3. Self-Blame	.391*	.477**	1.0		
4. Help-Seeking Inhibition	.302	.493**	.315	1.0	
5. Social Inadequacy	.684**	.635**	.308	.362**	1.0
6. Loneliness	.543**	.436**	.266	.393**	.475**

Note: *p < 5   **p < .001

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Shame was pervasive in our sample

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Help-seeking inhibition was strongly related to shame, social inadequacy, and loneliness

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Limitations

- Sample: Small N; treatment-seeking

- No control group

- Self-stigma measure – not specific to postpartum depression

Conclusions

- Self-stigma amongst women seeking treatment for postpartum mood changes was high, and significantly correlated with depressive symptoms and loneliness.

- Negative cognitions about the self are a core feature of depression and a target for psychotherapy treatment – how do they relate to self-stigma?

- Knowledge of and attention to self-stigma is important for clinicians working with postpartum women.

Thank You

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