OBJECT REPRESENTATION, RELATIONSHIP SATISFACTION, MATERNAL-FETAL ATTACHMENT, AND DEPRESSION IN HIGH RISK PREGNANCY

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Little is known about the nature of a woman’s early caregiver object relations and the role they play in her relationship satisfaction, maternal-fetal attachment and possible experience of depression in a high risk pregnancy in the context of antepartum hospitalization. This study investigated the effects of a woman’s internal object representations of her early female and male caregivers and the association between her development as evidenced in her rated written narratives and the relationship satisfaction she experience with her current romantic partner, the attachment she felt toward the child she carried, and her experience of depression in a high risk pregnancy. One hundred sixteen women completed the Object Relations Inventory (ORI), Maternal Antenatal Attachment Scale (MAAS), The Edinburg Postnatal Depression Scale (EPDS) and the Depressive Experiences Questionnaire (DEQ) during antepartum hospitalization. Participants also completed the Dyadic Adjustment Scale (DAS). There was a positive correlation between reported satisfaction in a primary romantic relationship and the rating of a woman’s representation of her level Differentiation-Relatedness with her primary male caregiver (ORI-DR-M), usually her father. There was also a significant relationship between depressive symptoms, as measured by the EPDS and the Quality of a woman’s attachment to fetus or unborn child (MAAS-Q). No relationship between a woman’s ORI-DR for her primary male or female caregiver and depressive symptoms was identified. Nor was any association found between dependency (anaclitic depression) and a woman object representation of her mother or self-criticism (introjective depression) and a woman’s object representation of her father. The findings do suggest that the object representation level of woman’s relationship with her father influences the quality of her relationship with her romantic partner during hospitalization for complications of pregnancy.