Psychological defensive methods occupy an important place in the theory of psychoanalysis as part of the defensive methods that the ego possesses in its dealings with external reality, and its constant attempt to reconcile the requirements of external reality with the impulses of the id and the prohibitions of the superego. Conflict arises, and when the ego fails to resolve the confli Depression and anxiety can be considered common mental disorders (CMD). CMD encompasses these two major dimensions of underlying symptoms, but also includes symptoms such as sleeping problems, fatigue, forgetfulness, irritability, difficulty with decision-making, and somatic complaints (Goldberg & Huxley, 1992). CMD are highly prevalent through out the world, arising in approximately 17.6% of individuals (Steel et al., 2014), and are among the most common pregnancy and perinatal morbidities (Alvarenga & Frizzo, 2017; Biaggi, Conroy, Pawlby, & Parianti, 2016). Major depression is quite prevalent in women, affecting in 20 women of reproductive age (Guo, Robakis, Miller, & Butwick, 2018), with similar fi gures for anxiety (Soto-Balbuena et al., 2018)

يمكن اعتبار الاكتئاب والقلق اضطرابات عقلية شائعة (CMD). يشمل CMD هذين البعدين الرئيسيين للأعراض الأساسية ، ولكنه يشمل أيضا أعراضا مثل مشاكل النوم ، والتعب ، والنسيان ، والتهيج ، وصعوبة اتخاذ القرار ، والشكاوى الجسدية (Goldberg and Huxley ، 1992). ينتشر CMD بشكل كبير في جميع أنحاء العالم ، وينشأ في حوالي 17.6٪ من الأفراد (Steel et al. ، 2014) ، وهو من بين أكثر حالات الحمل والأمراض المحيطة بالولادة شيوعا (Alvarenga and Frizzo، 2017; بياجي ، كونروي ، باولبي ، وباريانتي ، 2016). ينتشر الاكتئاب الشديد لدى النساء ، حيث يؤثر على 20 امرأة في سن الإنجاب (Guo، Robakis، Miller، & Butwick، 2018) ، مع وجود أشكال مماثلة للقلق (Soto-Balbuena et al. ، 2018) يمكن أن يكون ضارا بالعلاقة بين الأم والطفل (Brockington، Butterworth، & Glangeaud-Freudenthal، 2016; فريزو ، فيفيان ، بيتشينيني ، ولوبيز ، 2012). Silverman et al. (2017) ، على سبيل المثال ، حدد أن PPD يمكن أن يرتبط ب previou ...

it can be harmful to the mother-baby relationship (Brockington, Butterworth, & Glangeaud-Freudenthal, 2016; Frizzo, Vivian, Piccinini, & Lopes, 2012). Silverman et al. (2017), for example, identifi ed that PPD can be associated with a previous

 history of depression and obstetric and perinatal factors. However, the risk factors associated with early parenting stress have not been widely researched, despite their strong link with depression (Leigh & Milgrom, 2008). It is emphasised that all the signifi cant changes that take place during pregnancy and the postpartum period can act as risk factors for women’s mental health (Alvarenga & Frizzo, 2017), and can have long-lasting negative consequences on the developing child (Brand & Brannan, 2009) indicating the importance of considering a child’s physical and mental health in relation to maternal mental health (Avan, Richter, Ramchandani, Norris, & Stein, 2010). Although there is still a prevalence of studies relating PPD to child development, recent literature states that maternal depression (in general, not only PPD) plays an important role in children’s development during the preschool and school years, especially in children’s capacity to internalise problems (Pizeta, Silva, Cartafi na, & Loureiro, 2013). Regarding the associated factors, income is among several variables related to women’s mental health. Fisher et al. (2012)

تاريخ من الاكتئاب وعوامل التوليد والفترة المحيطة بالولادة. ومع ذلك ، لم يتم بحث عوامل الخطر المرتبطة بإجهاد الأبوة والأمومة المبكرة على نطاق واسع ، على الرغم من ارتباطها القوي بالاكتئاب (Leigh & Milgrom ، 2008). يتم التأكيد على أن جميع التغييرات المهمة التي تحدث أثناء الحمل وفترة ما بعد الولادة يمكن أن تكون بمثابة عوامل خطر للصحة العقلية للمرأة (Alvarenga and Frizzo، 2017) ، ويمكن أن يكون لها عواقب سلبية طويلة الأمد على الطفل النامي (Brand and Brannan، 2009) مما يشير إلى أهمية مراعاة الصحة البدنية والعقلية للطفل فيما يتعلق بالصحة العقلية للأم (Avan, ريختر ، رامشانداني ، نوريس ، وشتاين ، 2010). على الرغم من أنه لا يزال هناك انتشار للدراسات المتعلقة ب PPD لتنمية الطفل ، إلا أن الأدبيات الحديثة تنص على أن اكتئاب الأمهات (بشكل عام ، ليس فقط PPD) يلعب دورا مهما في نمو الأطفال خلال سنوات ما قبل المدرسة والمدرسة ، وخاصة في قدرة الأطفال على استيعاب المشاكل (Pizeta, Silva, Cartafi na, & Loureiro, 2013). وفيما يتعلق بالعوامل المرتبطة بذلك، يعد الدخل من بين عدة متغيرات تتعلق بالصحة العقلية للمرأة. فيشر وآخرون (2012

revealed higher rates of CMD among women from low- and middle-income countries, affecting 15.6% of pregnant women and 19.8% of women who had recently given birth. In Brazil, a high prevalence (41.7%) of low-income women with symptoms of CMD was identifi ed, but there was no information concerning whether they had children (Vidal et al., 2013). Anselmi et al. (2008), in a cross-sectional cohort study in Brazil, also found that low-income women have a higher prevalence of CMD (32.8%). Another critical variable is health during pregnancy, especially maternal mental health (Field et al., 2010).

عن ارتفاع معدلات الإصابة بالأمراض الناجمة عن الأمراض المتوسطة الدخل بين النساء من البلدان المنخفضة والمتوسطة الدخل، مما يؤثر على 15.6٪ من النساء الحوامل و19.8٪ من النساء اللائي وضعن مؤخرا. في البرازيل ، تم تحديد معدل انتشار مرتفع (41.7٪) من النساء ذوات الدخل المنخفض المصابات بأعراض CMD ، ولكن لم تكن هناك معلومات بشأن ما إذا كان لديهن أطفال (Vidal et al. ، 2013). Anselmi et al. (2008) ، في دراسة أترابية مقطعية في البرازيل ، وجدت أيضا أن النساء ذوات الدخل المنخفض لديهن معدل انتشار أعلى ل CMD (32.8٪). متغير مهم آخر هو الصحة أثناء الحمل ، وخاصة الصحة العقلية للأمهات (Field et al. ، 2010)

 Alvarenga and Frizzo (2017) showed that total CMD scores during pregnancy were the only signifi cant predictor of PPD, pointing to the stability of symptoms of CMD from pregnancy to the postpartum period. Pregnancy desirability can also be a variable that interferes with maternal mental health. Gariepy, Lundsberg, Miller, Stanwood, and Yonkers (2016) recognised that a lack of planning and timing of pregnancy may be associated with psychiatric illness, psychological distress, and the degree of support during pregnancy, in a cohort of 2,654 pregnant women. Unplanned pregnancies were associated with major depressive episodes and high stress rates.

أظهر Alvarenga and Frizzo (2017) أن إجمالي درجات CMD أثناء الحمل كان المؤشر الوحيد غير القادر على التنبؤ ب PPD ، مما يشير إلى استقرار أعراض CMD من الحمل إلى فترة ما بعد الولادة. يمكن أن تكون الرغبة في الحمل أيضا متغيرا يتداخل مع الصحة العقلية للأم. أدرك Gariepy, Lundsberg, Miller, Stanwood, and Yonkers (2016) أن عدم التخطيط وتوقيت الحمل قد يترافق مع المرض النفسي والضيق النفسي ودرجة الدعم أثناء الحمل ، في مجموعة من 2,654 امرأة حامل. ارتبطت حالات الحمل غير المخطط لها بنوبات اكتئاب كبيرة ومعدلات إجهاد عالية

 On the other hand, poorly timed pregnancies were associated with a greater presence of generalised anxiety disorder and low social support. Another study (Cheng et al., 2016), with 862 Asian mothers, showed an association between unplanned pregnancy and increased anxiety in women, as well as between poorer pregnancy and birth outcomes, like shorter birth length for neonates. Marital satisfaction can also play a role in maternal mental health.

من ناحية أخرى ، ارتبطت حالات الحمل ذات التوقيت السيئ بوجود أكبر لاضطراب القلق العام وانخفاض الدعم الاجتماعي. أظهرت دراسة أخرى (Cheng et al. ، 2016) ، مع 862 أما آسيوية ، وجود ارتباط بين الحمل غير المخطط له وزيادة القلق لدى النساء ، وكذلك بين نتائج الحمل والولادة الأسوأ ، مثل طول الولادة الأقصر لحديثي الولادة. يمكن أن يلعب الرضا الزوجي أيضا دورا في الصحة العقلية للأمهات

A longitudinal study (Hollist et al., 2016) conducted with 99 Brazilian women identifi ed a bidirectional relationship between marital satisfaction and PPD. The authors highlighted that not only does depression affect marital satisfaction, but the marital relationship also has an impact on depressive symptoms in a transversal and longitudinal manner (postpartum and in the future). The presence of maternal depression may lead to diffi culties in relationships with both the mother’s partner and child (Piccinini, Frizzo, Brys, & Lopes, 2014). Mothers with depression and their partners pointed out that the division of tasks concerning childcare, fi nancial concerns, and disagreements and confl icts about the child’s care are some of the issues generating diffi culty. Because of their impact on child development, it is vital to identify predictors of maternal mental health. The World Health Organization (WHO, 2009) suggested that future research on women’s mental health should investigate the predictors, prevalence and correlates of maternal mental health in the poorest countries. The current study, then, investigated the prevalence of symptoms of CMD and their associated factors in mothers of children under seven years old in Brazil. As predictors, we followed the four domains suggested by Reading and Reynolds (2001): (a) income, (b) mother’s health during pregnancy, (c) pregnancy desirability and (d) marital satisfaction.

2.2 Defense mechanisms have received considerable attention over the past century (e.g., Cramer, 1991; Feniche1, 1945; A. Freud, 1936; S. Freud, 1894; Kernberg, 1976; Klein, 1973; Vaillant, 1971, 1975, 1976). Sigmund Freud first theorized d(~fense mechanisms in 1894 and modified his conceptualizations numerous times over a fort Y year period (e.g., 1894, 1915, 1926). He is credited with theorizing the defenses of altruism, displacement, dissociation, distortion, humor, hypochondriasis, intellectualization, passive-aggressive behaviour, projection, psychotic denial, reaction 8 formation, repression, schizoid fantasy, suppression, and sublimation (VaiUant, 1992). Overall, however, Freud devoted notably more attention to other psychoanalytic concepts (Vaillant, 1992). It was Anna Freud (1937) who wrote the pivotaI book on defenses, summarizing her father' s work, and shedding considerable theoretical insight into the processes. At minimum, A. Freud identified the defenses of denial in fantasy, denial in word, and identification with the aggressor. More recently, many authors have made significant contributions to the defense mechanism literature. However, a review of even the most influential works is beyond the scope ofthis paper. Briefmention should be made of Klein (1973), Kemberg (1976), and Vaillant (1976), who in sum added another eight defenses to those suggested earlier: acting out, anticipation, fantasy, primitive idealization, projective identification, psychotic denial, splitting, and omnipotence with devaluation. Vaillant (1986) summarized the seminalliterature on defenses, noting that the original insights into these complex mechanisms still hold true today. Namely, that they are 1) predominantly unconscious means by which, 2) instinctual urges and emotions are managed, 3) considered both adaptive and maladaptive, with the latter resulting in psychiatric symptomatology, and 4) conceptualized as being malleable. They are proposed to prevent unbearable anxiety from expressing itself at a conscious level. Despite the extensive theoretical work conducted on defense mechanisms, outlining their common features proves arduous in the midst of methodological constraints. Moreover, there has been significant controversy regarding the exact nature, number, and definitions of the mechanisms (e.g., Brenner, 1981; Haan, 1977; Moos, 1974; Siegel, 1968; Sjoback, 1973; Wallerstein, 1983). Divergent conceptualizations 9 even exist amongst Freudian psychoanalysts, and differences are pronounced when comparing European and North American scholarship (Vaillant, 1992). Further complications have arisen from the disregard of divergent definitions when employing common defense nomenclature and from treating coping reactions and defenses as synonymous (Endler & Parker, 1996).

2.2. From theory to investigation In light of such diverse defense conceptualizations, research progress has been arduous. Over the last thirty years there has been an increasing push to reach consensus regarding the scope and definitions ofthe mechanisms. In the early 1980's a movement began to have defenses occupy a new axis in the Diagnostic and Statistical Manual of Mental Disorders (DSM; Karasu & Skodol, 1980). Agreement regarding the quantity and definitions of the constructs was necessary to best operationalize the mechanisms. Due to notable variance in opinion regarding axis content, however, defenses were relegated to an appended glossary in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition Revised (DSM III-R; American Psychiatric Association, 1987).

من النظرية إلى التحقيق في ضوء هذه المفاهيم الدفاعية المتنوعة ، كان التقدم البحثي شاقا. على مدى السنوات الثلاثين الماضية كان هناك دفعة متزايدة للتوصل إلى توافق في الآراء بشأن نطاق وتعاريف الآليات. في أوائل عام 1980 ، بدأت الحركة في احتلال الدفاعات محورا جديدا في الدليل التشخيصي والإحصائي للاضطرابات العقلية (DSM; كاراسو وسكودول ، 1980). وكان الاتفاق على كمية وتعاريف التركيبات ضروريا لتفعيل الآليات على أفضل وجه. ومع ذلك ، نظرا للتباين الملحوظ في الرأي فيما يتعلق بمحتوى المحور ، تم إنزال الدفاعات إلى مسرد ملحق في الدليل التشخيصي والإحصائي للاضطرابات العقلية ، الطبعة الثالثة المنقحة (DSM III-R; الجمعية الأمريكية للطب النفسي ، 1987). في عام 1986 ، تم تشكيل لجنة بهدف التوصل إلى توافق في الآراء بشأن الدفاعات وتطوير محور سادس حصريا لتقييم آلية الدفاع (اللجنة الاستشارية لآليات الدفاع ...

 In 1986, a committee was formed with the intention of reaching consensus regarding defenses and developing a sixth axis exclusively for defense mechanism assessment (Advisory Committee on Defense Mechanisms, 1986). The utility of defense assessment was shown to have incremental validity above the DSM' s global functioning sc ale, to be transtheoretical, and valid (Skodol & Perry, 1993). In light of such positive findings, the committee proposed that the axis be reserved for ranking defense styles, which are broad descriptions of clients' characteristic ways of dealing with stress, inc1uding internaI conflicts. Furthermore, it was suggested that the axis be used to record 10 a maximum of seven individual defenses (which, although less reliable, are argued to be more c1inically useful) (Skodol & Perry, 1993). Vaillant (1994) summarized the re1evance of the axis well, noting: ... despite problems in reliability, the validity of defenses makes them a valuable diagnostic axis for understanding psychopathology. By inc1uding a patient's defensive style as part of the diagnostic formulation, the clinician is better able to comprehend what seems initially most unreasonable about the patient and to appreciate what is adaptive as well as maladaptive about the patient's defensive distortions ofinner and outer reality. (p. 44) Notably, in 1994, the Defensive Functioning Scale (DFS; American Psychiatric Association, 1994) was included in the DSM-IV as an axis for further study. The DFS contained 27 specific defenses and rankings for one of seven levels of defensive functioning. A number ofstudies (e.g. Perry et al., 1998; Perry & Hoglend, 1998) have further demonstrated the reliability, validity (including incremental validity in relation to the other axes), and clinical utility ofthis axis. These results affirm the importance of taking defense mechanisms into account in today' s mental health practice. In addition to the work cited on the DSM defense axis, the most frequent agreement amongst researchers concems the existence of a continuous hierarchy of defenses Ce.g., Battista, 1982; Bond et al., 1983; Perry & Cooper, 1989; Vaillant,

1986), ranging from adaptive to maladaptive (Perry & Skodol, 1993). Adaptive defenses are regularly associated with mental health, adjustment (e.g., vocational attainment, relationships, and physical health) (Vaillant, 1976), and good global functioning (Perry & Cooper, 1989). Conversely, maladaptive defenses are correlated with psychopathology increased symptomatology (Watson, 2002), and a weakened therapeutic alliance (Bond & Perry, 2004). Anxiety (Pollock & Andrews, 1989), depression (Bond & Perry, 2004), eating disorders (Steiner, 1990) and personality disorders (Sinha & Watson, 1999) have been linked with maladaptive defense use.