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## Rumination decreases parental problem-solving effectiveness in dysphoric postnatal mothers



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### ABSTRACT

**Background:** Postnatal depression is associated with poorer parenting quality, but there are few studies examining maternal-specific cognitive processes that may impact on parenting quality. In this study, we examined the impact of rumination on parental problem-solving effectiveness in dysphoric and non-dysphoric postnatal mothers.

**Methods:** Fifty-nine mothers with a infant aged 12 months and under, 20 of whom had a Beck Depression Score II (BDI-II) score  $\geq 14$ , and 39 who scored less than 14 on the BDI-II were randomly assigned to either a rumination or distraction condition. Problem-solving effectiveness was assessed post-induction with the "Postnatal Parental Problem-Solving Task" (PPST), which was adapted from the Means Ends Problem-solving task. Parental problem-solving confidence was also assessed.

**Results:** Dysphoric ruminating mothers exhibited poorer problem-solving effectiveness and poorer confidence regarding their problem-solving compared to dysphoric distracting, non-dysphoric distracting, and non-dysphoric ruminating mothers.

**Limitations:** A self-report measure of depressed mood was used.

**Conclusions:** Rumination may be a key mechanism associated with both depressive mood and maternal parenting quality during the postnatal period.

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### 1. Introduction

Postnatal depression (PND) affects between 10 and 15% of women (Gavin et al., 2005) and has been associated with adverse effects for both mother and child (Cooper & Murray, 1998; Field, 2010). Research has demonstrated that maternal depression has a negative impact on maternal competence, defined as "behaviours, skills and strategies that ... promote positive and adaptive child development and outcomes" (p. 346, Jones & Prinz, 2005). Maternal competence, in turn, has been linked longitudinally to problems in emotional, social and cognitive development in the child (Field, 2010; Teti & Gelfand, 1991). Although there is considerable research demonstrating that maternal sensitivity is associated with infant outcomes, there has been comparatively less research on other aspects of parental competence. In this study, we examine the relationship between PND and parental problem-solving. Further, because effective parental problem-solving is predicated on the ability to notice and accurately assess

environmental contingencies associated with the problem to be solved, we investigated whether rumination, which may interfere with an individual's ability to notice and engage with their environment, moderated the relationship between PND and parental problem-solving.

Parenting a new infant is a challenging task that places complex and often unfamiliar demands on parents. Babies have rapidly changing needs, frequently providing parents with ambiguous cues regarding the nature of their needs. In addition, infant demands must often be balanced against other, pressing individual and environmental demands. Effective, competent parenting requires the ability to both accurately ascertain the infant's needs and to respond with appropriate action (Belsky & Cassidy, 1994). This can be a challenge to the parent's attentional resources and their behavioural repertoire. Although parental competence is an inter-actinal, learned skilled that increases over time in most parents, this is less true in women with PND (van Doessum, Hosman, Riksen-Walraven, & Hoefnagels, 2007). As nondepressed mothers begin to get to know their new babies, a pattern of behavioural cues and resulting parental behaviours emerge. In circumstances where the parental behaviour results in positive outcomes (e.g., a infant who soothes, or settles into a pattern of behaviour during the day),

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parental confidence builds. Women with PND, however, are less sensitive to infant cues, and behaviourally have an interactional style characterized by inappropriate withdrawal and intrusiveness that is associated with an increase in emotional and behavioural problems in their infants (Cooper & Murray, 1998). Mothers suffering from PND also report more negative views of their infants (Field, 2010) and have lower levels of reported parenting confidence and self-efficacy (Teti & Gelfand, 1991). These factors are, in turn, associated with poorer parenting competence (Dekovic et al., 2010; Liu, Chen, Yeh, & Hsieh, 2012). Deficits in competence have the potential to have significant consequences. For example, mothers with PND exhibit specific parenting skill and care based deficits that include greater use of emergency medical services, less use of preventative medical services (e.g., vaccinations), reduced safety practices (e.g., using a car seat), and greater use of harsh punishments (i.e., slapping face, spanking with an object) (see Field, 2010 for a review).

Although there is considerable evidence demonstrating mothers with PND are less sensitive to their infants (Cooper & Murray, 1998; Field, 2010), there is less research examining how PND and its associated processes impacts on the specific skills associated with competent parenting. In the broader depression literature there is considerable evidence demonstrating that depressed individuals have social problem solving deficits, defined as the ability to “identify or discover effective or adaptive ways of coping with problematic situations encountered in everyday living” (D’Zurilla & Maydeu-Olivares, 1995, p. 110; Lyubomirsky & Nolen-Hoeksema, 1995; Lyubomirsky, Tucker, Caldwell, & Berg, 1999; Watkins & Baracaia, 2002). In the parenting domain, there is evidence that poor parental problem solving is more prevalent in maltreating mothers compared to nonmaltreating mothers (Azar, Robinson, Hekimian, & Twentyman, 1984), and occurs more frequently in mothers of infants with failure to thrive compared with mothers with normally growing children (Robinson, Drotar, & Boutry, 2001). Although these results suggest that the problem-solving process, which relies on attention to multiple environmental cues relevant to the problem and flexible thinking (D’Zurilla & Maydeu-Olivares, 1995) is an important process in parenting, this has not been directly investigated in relation to PND.

The negative impact of parental depression on problem-solving ability may be particularly important during the postnatal period, when parental caring needs are more intensive, and infants are solely dependent on their carers and without the language capacity to disambiguate their needs. In these conditions, there is particular pressure on maternal capacity to attend to the infant and immediate environment and engage in the types of flexible thinking associated with optimal problem solving.

Although attentional problems are a key symptom of depression, factors that further interfere with the problem-solving process may have a particularly detrimental impact on maternal problem-solving. Recently, Stein, Lehtonen, Harvey, Nicol-Harper, and Craske (2009) have proposed that rumination, defined as “repetitively thinking about the causes, consequences, and symptoms of one’s negative affect” (Nolen-Hoeksema, 1991) may, by virtue of its capacity to interfere with mental functioning, attendance and responsiveness to the environment, impede parenting capacities that rely on an awareness of environmental and infant cues. Thus, the self-focused attentional demands of rumination may interfere with the mother’s ability to attend to and process relevant cues needed to engage in appropriate problem-solving associated with difficult or challenging parenting situations.

In two previous studies, rumination was associated with bonding. Muller, Teismann, Havemann, Michalak, and Seehagen (2013) found that trait rumination assessed during pregnancy prospectively predicted poorer postnatal maternal self-reported

bonding with the infant. Similarly, in an experimental study, mothers who had Generalized Anxiety Disorder (GAD) and were induced to ruminate demonstrated poorer sensitivity to their infant in an observational task than mothers with GAD who were in the control condition, and mothers without GAD, either in the rumination or control condition. There was a similar, although non-significant, pattern of results for depressed mothers (Stein et al., 2012). Rumination may therefore be an important mechanism moderating the relationship between depression and poorer maternal competence. This idea is supported in the broader depression literature, which has robustly demonstrated in a number of experimental studies that dysphoric and clinically depressed individuals who were induced to ruminate exhibited poorer social problem-solving and problem-solving confidence than both nondepressed individuals and dysphoric and depressed persons who were induced to distract (Lyubomirsky & Nolen-Hoeksema, 1995; Lyubomirsky et al., 1999; Watkins & Baracaia, 2002).

In this study we aimed to examine whether there was a relationship between parental problem-solving and perceived competence in both dysphoric and non-dysphoric postnatal mothers. We further sought to investigate whether rumination moderated this relationship. We hypothesized that dysphoric mothers who were experimentally induced to ruminate would demonstrate poorer parental problem-solving effectiveness and report lower confidence than both dysphoric postnatal mothers who were induced to distract and non-dysphoric postnatal mothers.

## 2. Method

### 2.1. Participants

Fifty-nine post-natal women with an infant aged 12 months and under, who were still caring for the infant, took part in the study. Women were recruited via health visitors, perinatal mental health specialists, informal infant networks (e.g. infant groups and nurseries), internet advertising, and letter following GP record searches for women diagnosed with PND. Women were excluded if English was not their first language or if they were suffering from psychosis. To ensure a broad range of depressive symptoms amongst our participants, we screened women for depressive symptoms using the Edinburgh Postnatal Depression Scale (EPDS, Cox, Holden, & Sagovsky, 1987) and oversampled women with scores of 13 or greater ( $n = 20$ ,  $M = 22.4$ ,  $SD = 9$ ; Scores  $< 13$   $n = 39$ ,  $M = 9.40$ ,  $SD = 5.51$ ).

### 2.2. Materials

#### 2.2.1. The postnatal parenting problem solving task (PPST)

Because little research has been conducted on parental problem solving, we developed a measure of postnatal parental problem-solving (PPST) which focused on difficult, ambiguous situations in which the parent was ultimately responsible for the care and outcomes related to the infant. Parental problem solving differs from interpersonal problem-solving in several key ways. In contrast to interpersonal problem-solving, where some degree of responsibility may be attributed to the other, and individuals may avoid problematic situations, even indefinitely, in parental problem-solving the parent retains responsibility for the care of the dependent infant, and frequently problems or situations cannot be avoided due to possible detrimental consequences for infant care and safety. We therefore developed the Parental Problem-Solving Task (PPST) based upon the Means Ends Problem-Solving task (MEPS, Platt & Spivack, 1975) to reflect these both these processes differences and the specific content involved in parenting an infant.

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