



Turning the pink cloud grey: Dampening of positive affect predicts postpartum depressive symptoms



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ABSTRACT

Objective: Maladaptive response styles to negative affect have been shown to be associated with prospective (postpartum) depression. Whether maladaptive styles to positive affect are also critically involved is understudied, even though anhedonia (a correlate of low positive affectivity) is a cardinal symptom of depression. The present study is the first to investigate the predictive value of cognitive response styles to both negative (depressive rumination) and positive affect (dampening) for postpartum depressive symptoms.

Methods: During the third trimester of pregnancy, 210 women completed self-report instruments assessing depression (symptom severity and current and/or past episodes) and scales gauging the presence of depressive rumination and dampening. Of these women, 187 were retained for postpartum follow-up, with depressive symptoms being reassessed at 12 ($n = 171$) and 24 ($n = 176$) weeks after delivery.

Results: Regression analyses showed that higher levels of dampening of positive affect during pregnancy predicted higher levels of depressive symptoms at 12 and 24 weeks postpartum, irrespective of initial symptom severity, past history of depression and levels of rumination to negative affect. Prepartum trait levels of rumination, however, did not predict postpartum symptomatology when controlled for baseline symptoms and history of major depressive episode(s).

Conclusions: The results of this investigation suggest that the way women cognitively respond to positive affect contributes perhaps even more to the development of postpartum depression than maladaptive response styles to negative affect.

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Introduction

Postpartum depression refers to a major depressive episode following childbirth [1] and affects as many as 7.1% of women in the first three months postpartum [2]. Given this high prevalence and the well-documented negative consequences of postpartum depression for both mother and child [1], many studies have been conducted to explore

potential risk factors for this distressing condition. The greater part of this research typically looked into potential predisposing demographic factors and the pregnancy itself, whereas the role of *cognitive risk factors* was largely neglected [3] despite their being central to influential theories in the larger depression literature.

For example, past research has shown that depressive rumination, a dysfunctional cognitive response style to negative or depressed affect, is critically linked to depression. Depressive rumination has been defined as a cognitive dwelling on one's sad or depressed feelings and the possible causes and consequences of these feelings [4]. "Why do I always feel like this?", "Where did it all go wrong?" and "Will I ever feel better again?" are characteristic examples of ruminative thoughts. This typical response style to negative affect has been consistently shown to

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contribute to the development and maintenance of depressive symptoms and clinical episodes [5,6]. Thus, the more people respond to negative, sad or depressed feelings with such ruminative thinking, the more likely it is that these feelings will be prolonged, deepened and possibly progress to a (new) full-blown clinical depressive episode.

Recent studies have provided preliminary evidence suggesting that depressive rumination may also play a role in the development of postpartum depression. For instance, in a group of pregnant women at risk of depression, rumination predicted prospective increases in depressive symptoms over a 3-month follow-up in those with poor social functioning [7]. It should be noted, however, that in only 41.6% ($n = 26$) of cases the follow-up was conducted after delivery. In another study, assessing depressive rumination during the third trimester of pregnancy in 101 women, found that it was not predictive of short-term depressive responses (baseline to 1-month postpartum), but that it did predict longer-term symptom changes (baseline to 2-months postpartum) [3]. In a final study prepartum rumination did not predict postpartum depressive symptoms five weeks after childbirth [8].

Considering all the above, depressive rumination during pregnancy is taken to be predictive of higher levels of postpartum depressive symptoms, which is in line with the general literature documenting a predictive association between rumination and depression. Arguably, postpartum symptoms may be limited to longer-term reactions (≥ 2 months postpartum) [3], while appearing less relevant in the immediate postpartum period [3,8]. Also, the handful of studies conducted so far are limited by their relatively small sample sizes ($N < 100$) as well as by the fact that none of the studies took prior history of clinical depression into account. This latter omission is not without importance, since (a) prior history of clinical depression is a well-known risk factor for future depression, including postpartum depression [1,9], and (b) cognitive risk factors such as depressive rumination are often elevated in people with a history of depression [10]. Accordingly, before one can draw firm conclusions regarding the predictive value of any hypothesised risk factor, in this case a ruminative response style to negative or depressed affect, prior depression needs to be controlled for.

Furthermore, recent research has made clear that focusing on how people respond to negative affect (e.g. by engaging in depressive rumination) may only tell us half the story of disrupted or maladaptive emotion regulation underlying depression. Depression is not only characterised by an increase in negative affect but also by a decrease in positive affect or a diminished ability to respond to positive affect, a construct related to anhedonia. Anhedonia is a central symptom of clinical depression, and refers to the inability to enjoy activities that the individual previously experienced as pleasurable and fun. Therefore, one could reasonably expect that depressed individuals and those vulnerable to depression also respond differently to positive affect, just as they differ from healthy individuals in how they cognitively deal with negative feelings. There is some preliminary evidence to suggest that this might indeed be the case, in that symptoms of depression appear to be associated with what is called a *dampening* cognitive response style to positive emotion. “I probably don't deserve this”, “Ah well, these good feelings won't last, you'll see”, “I shouldn't forget that there have been times that I wasn't so lucky”, are some examples of dampening thoughts people may resort to when feeling (particularly) happy [11]. Dampening basically comes down to effortful cognitive attempts to downregulate positive feelings which prevents an individual from fully enjoying or benefiting from pleasant experiences. Results of cross-sectional studies have shown that higher levels of dampening predict higher levels of concurrent depressive symptoms in students above and beyond depressive rumination [11–13], as well as in children [14]. In another cross-sectional study students with clinically significant levels of depressive symptomatology self-reported significantly higher levels of dampening than the controls [15]. Also in students, lifetime history of depressive symptoms was found to be positively associated with higher dampening scores [16]. Finally, in a series of three cross-sectional studies, it was confirmed that the phenomenon was related to

depressive symptoms in students, while they additionally showed that also clinically depressed adults reported higher levels of dampening than never-depressed controls [17]. Importantly, preliminary data furthermore indicate that the positive association between dampening and depression also holds prospectively. In two student samples our research group [18] found that increased levels of dampening responses predicted higher levels of depressive symptoms at follow-up while controlling for baseline depressive symptomatology and depressive rumination; but there is one nonreplication in children [14].

It was our conclusion that these preliminary results indicate that dampening responses to positive affect add useful information above and beyond ruminative responses to negative affect in explaining both concurrent and prospective symptoms of depression [18]. Still, the vast amount of studies documenting a robust positive association between (ruminative) responses to negative affect and depression stands in sharp contrast to the relatively few studies that have investigated and documented a link between (dampening) responses to positive affect and depression. It has been rightly noted [18] that such an asymmetry is to some extent understandable since depression is typically labelled as a disorder of elevated negative affect; yet anhedonia, a correlate of low positive affect, is of course the other cardinal symptom of depression.

There is a clear need for more studies examining the involvement of maladaptive regulation of positive affect in explaining the development and persistence of depressive symptoms in other than student populations as the assessment of such response styles in at-risk and clinical populations may tell us the other half of the story of affect regulation deficits underlying depression in general and postpartum depression in particular. We do not know of any study that has looked at this side of the story, even though inadequate responses to positive emotions can be expected to play a (key) role especially in postpartum depression since pregnancy and giving birth are typically accompanied by a mixture of both negative and positive events and feelings. We want to stress that the current study aims to examine the predictive value of a certain response style (i.e. dampening) to positive affect for postpartum depressive symptomatology and not of low positive affect. The latter has been investigated in previous studies, showing that positive affect was predictive of fewer cases of postpartum depression [19,20] and less depressive symptomatology in the three months postpartum [19].

The present study hence aims to examine the predictive value of cognitive response styles to both negative and positive affect for prospective postpartum symptoms of depression. More specifically, using multiple regression analyses and by controlling for baseline depressive symptoms and prior history of major depression, we investigated whether depressive rumination and dampening predict postpartum depressive symptomatology.

Methods

Participants

Pregnant women receiving care at the University Hospitals of Leuven ($n = 155$) and Antwerp ($n = 55$), both in Belgium, were invited to participate in this study. Participants needed to be at least 18 years old and fluent in Dutch, with a pregnancy between 24 and 34 weeks without complications and no history of (hypo)manic episodes. Of the women meeting these criteria, 210 agreed to take part, with 18 dropping out at an early stage of the study, leaving 192 women from whom we collected prepartum data. One of the women lost her baby three days after delivery and we decided to omit her from the follow-up analyses because we wanted to keep the study sample as homogeneous as possible given that our main interest was in depression rather than grief. In addition, four women met the DSM-IV [21] criteria for current major depressive disorder according to the Major Depression Questionnaire (MDQ) [22] at baseline. They were also omitted from the analyses as we were interested in depression risk factors for a currently non-clinically depressed sample. Of the remaining 187 women

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