

Effects of support group intervention in postnatally distressed women A controlled study in Taiwan

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Abstract

Objective: The symptoms of depression experienced by women during the postnatal period may have profound effects on the lifelong health of both the mother and the child. In this randomized controlled study, we systematically evaluated the effects of weekly supportive group meetings for women with postnatal distress. **Methods:** Sixty postnatally distressed women were randomly assigned to support ($n = 30$) and control ($n = 30$) groups. Women assigned to the support group participated in four supportive group sessions that comprised discussions concerning transition to motherhood, postnatal stress management, communication skills,

and life planning. **Results:** Subjects who attended the support sessions had significantly decreased scores on the Beck Depression Inventory (BDI) and the Perceived Stress Scale (PSS), and significantly increased scores on the Interpersonal Support Evaluation List (ISEL) as evaluated at the end of the fourth weekly session. In contrast, no significant changes were observed in the control group during this period. **Conclusion:** This is the first controlled study to provide evidence that participation in support groups for postnatally distressed women provides quantifiable psychosocial benefits. © 2001 Elsevier Science Inc. All rights reserved.

Keywords: Support group; Postnatal distress; Stress; Social support

Introduction

The birth of a baby signals major changes in a woman's life, and is frequently accompanied by strong emotions ranging from joy to despair [1]. There has been an abundance of research documenting the problems associated with postpartum depression. In Taiwan, a 40% prevalence of mild to severe postpartum depression has been reported at 6 weeks postpartum, as assessed with the Beck Depression Inventory (BDI) [2]. Postpartum depression can be a threat to the life of the mother and the infant, and can also have a significant negative impact on the infant–mother relationship. Only physically and mentally healthy postpartum women are able to find a balanced point between caring for themselves and for others [3].

Support group programs have been found to be effective in helping women to cope with postnatal depression [4–10]. However, there have been few controlled studies that have actually measured postnatal distress parameters in women.

Morgan et al. [11] reported on the use of an eight-session group program for postnatally distressed women and one session for the couple that employed psychotherapeutic and cognitive–behavioral strategies to assist them in dealing with postnatal concerns. They found that formal measures showed a decrease in maternal distress over time and an increase in the level of self-esteem. However, their study did not employ a control group. Another study that evaluated the effects of an eight-session social support intervention ($n = 44$), a no intervention condition ($n = 83$), and a group-by-mail intervention ($n = 15$) found that the social support intervention group that mixed depressed and nondepressed mothers had no effect on new mothers' general affective mood, some negative effects on mothers' self-confidence, and apparently positive effects on infant–mother interaction [12]. Their results suggest that depressed mothers will not become more self-confident by being placed in a group in which most mothers are confident; in fact, it was found that this placement might have been detrimental to depressed mothers' self-confidence although it did increase the mothers' proximal attention to their infants. To our knowledge there have been no studies that have directly assessed

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the effect of support group sessions on the psychosocial parameters in new mothers. The purpose of this study was to investigate the psychosocial effects of a support group program on postnatally distressed mothers in Taiwan. The term distress is used to indicate that, although no diagnostic interview was undertaken, all of the women showed a nonspecific negative affectivity on self-report instruments such as the BDI [11,13].

Method

Subjects

Mothers were recruited through the postnatal wards at two urban hospitals in Kaohsiung. Mothers were approached on the second or third postpartum day and were told that the intention of our study was to understand postpartum mood. Those who consented to participate in the study were asked to complete the BDI at 3 weeks postpartum and return it by mail. The inclusion criteria were: (1) over 18 years of age; (2) survival of the infant; (3) at least a junior high school education; and (4) BDI score above the depression cut-off point of 9/10. Eighty-five percent of the 1107 approached postpartum mothers consented to provide the BDI data at 3 weeks postpartum ($n = 941$) and 414 returned it. Among these, 115 mothers met the inclusion criteria. The women who met the inclusion criteria were randomly assigned to either the support or control groups. The women assigned to receive support were invited to attend the support group sessions, while the control group did not receive a support group intervention. Although 34 of the distressed women who were assigned to the experimental group consented to attend the support group sessions, four of them declined participation for one of the following two reasons: (1) lost interest/too much work; or (2) going abroad. The average attendance rate at the sessions was 92%. A total of 30 control subjects completed the two period assessments.

Measures

In addition to statistical assessment of demographic data, four instruments were employed to measure the variables of interest:

1. The BDI [14] was used as a measure of depression. The Taiwanese version of BDI has good internal consistency, test–retest reliability [2], sensitivity, and specificity [15]. Using a cut-off point of 10, the Taiwanese BDI showed a sensitivity of 100% and a specificity of 78% in prospectively detecting major depression and a sensitivity of 83% and a specificity of 86% in detecting minor depression. Therefore, the Taiwanese BDI using cut-off point of 10 is considered appropriate to screen for minor depression of women in the perinatal period [15].

2. The Perceived Stress Scale (PSS) [16] was used to express how unpredictable, uncontrollable, and overloaded respondents found their lives to be, for example, subjects were asked “In the last week, how often have you felt that you were unable to control the important things in your life?” The Taiwanese version of PSS has adequate test–retest reliability and construct validity [2].

3. The Interpersonal Support Evaluation List (ISEL) Short Form [17] was used to assess the availability of support along four dimensions: tangible aid, appraisal, self-esteem, and belonging. The ISEL consists of a list of 16 statements concerning the perceived availability of potential social resources. For example, subjects were asked to respond to the statement “When I feel lonely, there are several people I could call and talk to.” Possible responses included “definitely true,” “probably true” or “definitely false,” “probably false.” The Taiwanese version of the ISEL Short Form has adequate convergent validity, internal consistency, and test–retest reliability [2].

4. The Coopersmith’s Self-Esteem Inventory (SEI) [18] was used to measure evaluative attitudes toward the self in social, academic, family, and personal areas of experience. All SEI items are short statements (such as, “I’m a lot of fun to be with”) and are answered “like me” or “unlike me.” The Taiwanese version of the SEI has adequate internal consistency, test–retest reliability, and concurrent validity [2].

Procedure

Support groups consisted of five to six mothers with their 6- to 10-week-old infants and a registered nurse researcher who functioned as the group leader. The group members were selected prior to the first session and not changed thereafter. Groups met for four weekly sessions, each of 1.5–2 hours duration, held during the day. The primary goal of the group was to bring women into contact with other women having similar experiences, so they could share problems and conflicts and talk about solutions. Each week a different topic area was given primary emphasis, although if other issues arose these were also discussed. If distressed mothers became engaged in another topic that had not been planned, the scheduled topic was deferred for 1 week. Two groups had an additional session (fifth session) meeting. The group characteristics and importance of confidentiality were explained at the beginning of the first session. The group members were then asked to share their expectations about the support group. The four sessions comprised discussions that centered around transition to motherhood, postnatal stress management, communication skills, and life planning. In Session I Transition to Motherhood mothers introduced themselves, their infants, general experiences since the birth, and liability of mood. In Session II Postnatal Stress Management mothers discussed their first few weeks after birth, dealing with stress associated with childbirth, early child-care responsibilities,

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