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Maternal touch in caregiving behavior of mothers with and without postpartum depression



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ABSTRACT

The way a mother touches her infant plays a central role in maternal caregiving behavior. Thus, the purpose of the present study was to examine associations between touch and positive and negative caregiving behavior and whether this association differed in mothers with and without postpartum depression, an episode of depressive disorder following childbirth. Positive caregiving behavior was operationalized as sensitive behavior, i.e. the mother's ability to notice the child's signals, interpret these signals correctly and respond to them promptly and appropriately. Negative caregiving behavior was operationalized as overriding behavior, i.e. behavior which disturbs the child's behavior or redirects the child's attention to follow the parent's agenda. Eighty-one mother-infant dyads (52 in the nonclinical group, and 29 in the clinical group) participated in a 10 min long mother-infant interaction at four months postpartum. The sample is part of an archival dataset of a longitudinal study investigating the parent-child relationship and child development. Three minutes of the interaction were coded a) microanalytically for touch, using a modified version of the Maternal Touch Scale (Beebe et al., 2010), and b) macroanalytically for sensitive and overriding behavior, using the Coding Interactive Behavior measure (Feldman, 1998). Hierarchical regression analyses with bootstrapping showed that caregiving touch, but not affectionate and static touch, was associated with sensitive behavior across the whole sample. Moreover, playful, but not rough-intrusive touch, was associated with overriding behavior across the whole sample. Associations did not differ between mothers with and without postpartum depression.

1. Introduction

In the beginning of life, the mother-infant interaction is characterized by nonverbal communication. One central nonverbal modality through which a mother communicates with her infant, especially throughout the first year of life, is touch (Field, 2001). Maternal touch has both theoretically and empirically been associated with a child's socio-emotional development (Bowlby, 1969; for a review see, Hertenstein, Verkamp, Kerestes, & Holmes, 2006).

Also, touch has been shown to hold an important affect regulative function in the mother-infant interaction. For example, in a stress-inducing experimental task termed the still-face (SF) procedure (Tronick, Als, Adamson, Wise, & Brazelton, 1978), infants showed lower levels of distress when their mothers were touching them during the SF-period (e.g. Jean, Stack, & Arnold, 2014; Stack & Muir, 1990). In addition, previous studies indicate that touch can be used to maximize infant smile (Stack & LePage, 1996),

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and to elicit infant positive emotional displays (Stack & Muir, 1992).

Finally, different types of touch have been shown to provoke different responses in the infant. For example, affectionate touch (also termed nurturing touch), such as kissing, stroking, or massaging, has been found to reduce activity level in infants (Moreno, Posada, & Goldyn, 2006), and to lessen negative affect in comparison to tickling and poking (Peláez-Nogueras et al., 1997). Playful touch (also termed stimulating touch), such as tickling, lifting, moving arms or legs, has been found to heighten positive affect (Lowe et al., 2016), and activity level (Moreno et al., 2006). Results of previous studies also indicate that intrusive touch (or harsh negative touch), such as pinching, poking, pulling and scratching, is associated with negative child development, such as later emotional-behavioral problems, and less attachment security (e.g. Beebe et al., 2010; Weiss, Wilson, Seed, & Paul, 2001). Caregiving touch (also termed utilitarian, instrumental and matter-of-fact touch) is less studied than playful and affectionate touch, but typically used to lessen infant discomfort. Caregiving touch is applied when the mother is adjusting the infant's seating position, the infant's clothes or when she is wiping the infant's mouth. To summarize, the way a mother touches her infant constitutes a central aspect of maternal caregiving behavior.

Most studies assessing maternal caregiving behavior measure positive and negative behavior 'globally', evaluating, for example, the mother's overall level of sensitive and overriding behavior in a mother-infant interaction. Sensitivity is the mother's ability to notice the child's signals, interpret these signals correctly, and respond to them promptly and appropriately (Ainsworth, Bell, Stayton, & Richards, 1974). On the other hand, overriding behavior is defined as behavior which disrupts the child's ongoing behavior or redirects the child's attention to parent-led activities (Feldman, 1998). Both sensitive and overriding behavior are often measured using global coding scales, i.e. measurement instruments in which a global score is given based on the mother-infant interaction as a whole (Mesman, 2010; Mesman & Emmen, 2013). It is well-established that positive caregiving behavior, such as sensitivity, plays an important role in child cognitive and socio-emotional child development (e.g. Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003), and that negative caregiving behaviors, such as intrusive, disconnected and insensitive behavior, are associated with adverse child outcomes (e.g. Bernier & Meins, 2008; Ispa et al., 2004). Accordingly, many interventions aim at improving maternal sensitive caregiving behavior in order to facilitate healthy child development (for a meta-analysis, please see Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003).

However, despite the importance of both maternal touch and caregiving behavior for optimal child development, little is known about how a mother touches her infant when behaving in a sensitive or overriding way. In other words, we lack knowledge about the specific types of touch associated with sensitive and overriding caregiving behavior. Micro-analyses of mother-infant interactions assess specific behaviors, such as maternal touch, on a small time-scale, and provide an important supplement to global coding approaches when assessing the quality of mother-infant interactions (Mesman, 2010). Beebe and Steele (2013) suggest that micro-codings function as a 'social microscope', enabling the identification of underlying behaviors which might be missed by global codings in real time. In other words, supplementing global coding approaches with microcoding might provide additional information about underlying micro-behaviors which are not visible to the naked eye.

Identifying specific micro-behaviors underlying positive and negative caregiving might enable clinicians to target these behaviors in interventions aimed at improving maternal caregiving behavior. Specific micro-behaviors might be more directly accessible and changeable than global concepts of caregiving, such as sensitivity and overriding behavior. Thus, interventions targeting the quality of touch in mother-infant interactions might be an important supplement for improving overall caregiving behavior. This might be especially relevant in mother-infant dyads in which the mother is suffering from psychopathology, such as a depressive disorder in the postpartum period.

1.1. Maternal touch in sensitive and overriding caregiving behavior

Only a few studies have investigated the role of touch in sensitive and overriding behavior. One previous study (Ferber, Feldman, & Makhoul, 2008) examined the development of touch across the first year postpartum and its relation to mother-infant reciprocal communication in a sample of 131 nonclinical mother-infant dyads. They investigated the role of affectionate touch (i.e. holding and passive touch), stimulating touch (i.e. firm and vestibular touch), and instrumental touch (also termed caregiving or matter-of-fact touch) in maternal sensitivity and dyadic reciprocity. Results showed that neither affectionate, stimulating nor instrumental touch was associated with maternal sensitivity.

Malphurs, Raag, Field, Pickens, and Peláez-Nogueras (1996) examined associations between touch and maternal intrusiveness and withdrawal. They classified 88 adolescent mothers with and without depression as either intrusive, withdrawn or "good" based on the mothers' overall behavior, but without taking into account the way the mothers touched their infants. Additionally, each 10-s interval of the three minute interaction session was coded for touch. Results indicated that depressed and non-depressed intrusive and withdrawn mothers did not differ in regard to the amount of positive touch they gave their infant, i.e. stroking and playful touch. However, intrusive depressed and non-depressed mothers used more frequent negative touch, i.e. rough poking or pulling, tickling, or shaking, and touched their infants more than withdrawn depressed and non-depressed mothers, respectively. Thus, the mother's overall interactional style was related to her touching behavior.

1.2. Effects of depression on touch and caregiving behavior

Previous studies indicate that maternal psychopathology may affect maternal touching behavior. For example, several studies have shown that mothers with depression touch their infants in a more negative manner than mothers without depression (e.g. Beebe et al., 2012; Field, 1995; Herrera, Reissland, & Shepherd, 2004; Malphurs et al., 1996). Also, previous research indicates that mothers

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