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The protective role of maternal posttraumatic growth and cognitive trauma processing among Palestinian mothers and infants[☆]

Safwat Y. Diab^a, Sanna Isosävi^b, Samir R. Qouta^c, Saija Kuittinen^b,
Raija-Leena Punamäki^{b,d,*}

^a Al Quds Open University, Department of Educational Psychology, Gaza Strip, Palestine

^b University of Tampere, Faculty of Social Sciences, Department of Psychology, Finland

^c Islamic University Gaza, Department of Education and Psychology, Gaza, Palestine

^d Universidad de Sevilla, Facultad de Psicología, Departamento de Psicología Evolutiva y de la Educación, Spain

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ABSTRACT

War survivors use multiple cognitive and emotional processes to protect their mental health from the negative impacts of trauma. Because mothers and infants may be especially vulnerable to trauma in conditions of war, it is urgent to determine which cognitive and emotional processes are effective for preventing negative trauma impacts.” This study examined whether mothers’ high posttraumatic growth (PTG) and positive posttraumatic cognitions (PTC) protected (a) their own mental health and (b) their infants’ stress regulation and sensorimotor and language development from the effects of war trauma. The participants were 511 Palestinian mothers and their infants living in the Gaza strip. The mothers were interviewed in their second trimester of pregnancy (T1) as well as when the infant was four months (T2) and twelve months (T3). Mothers reported posttraumatic growth (PTG; Tedeschi & Calhoun, 1996) at T1 and posttraumatic cognitions (PTCI; Foa et al., 1999) at T2. They also reported their exposure to traumatic war events both at T1 and T3 and described their mental health conditions (e.g., PTSD and/or depressive and dissociation symptoms) at T3. The Infant Behaviour Questionnaire (IBQ) was used to measure infants’ stress regulation at T2 and sensorimotor and language development at T3. The results, based on regression analyses with interaction terms between trauma and PTG, showed that high levels of traumatic war events were not associated with high levels of PTSD, depressive, or dissociation symptoms among mothers showing high levels of PTG. This suggests that PTG may protect maternal mental health from the effects of trauma. In turn, positive maternal PTCs appeared to protect the infants’ stress regulation from the effects of war trauma. The study concludes by discussing ways to develop and implement preventive interventions for mother-infant dyads in war conditions.

1. Introduction

War is an extreme stressor for human beings. Pre- and postpartum women may be especially vulnerable to trauma, as they struggle with protecting their infants from the dangers of war (Stern, 1995; Glover, 2011). Evidence confirms that mothers exposed to

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* Corresponding author at: Faculty of Social Sciences, Department of Psychology, FIM-33014 University of Tampere, Kalevankatu 5, Linna 4krs, Finland.

E-mail address: Raija-leena.punamaki@uta.fi (R.-L. Punamäki).

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war trauma suffer from high levels of posttraumatic stress disorders (PTSD) and depressive symptoms (Kaitz, Levy, Ebstein, Faraone, & Mankuta, 2009; Yehuda et al., 2005), and their infants exhibit psychophysiological stress and regulatory problems (Brand, Engel, Canfield, & Yehuda, 2006; Yehuda et al., 2005). A similar phenomenon in which distressing experiences transfer from mother to infant is true for mothers who have experienced non-war trauma. Infants of mothers who have experienced interpersonal trauma such as physical and emotional abuse and family violence are more likely to develop insecure attachment and to experience dysfunctional emotion regulation (Lieberman, Chu, van Horn, & Harris, 2011; van der Kolk, 2005).

According to contemporary views, however, traumatic experiences may not directly impair mental health or development, but multiple cognitive and emotional processes and psychosocial factors can ensure that survivors' mental health remains intact (Bonanno, Westphal, & Mancini, 2011; Punamäki, 2014; Wilker, Elbert, & Kolassa, 2014). These processes can thus involve a protective function. Survivors attempt to make sense of and reconstruct new meanings for the trauma to preserve their self-worth and psychological integration despite undergoing shattering experiences. Posttraumatic cognitions (PTCs) conceptualize these novel appraisals and reconstructions (Foa, Ehlers, Clark, Tolin, & Orsillo, 1999; Zoellner, Feeny, Eftekhari, & Foa, 2011). Moreover, there is evidence that traumatic events, including war atrocities, do not only result in poor mental health or psychosocial problems, but also posttraumatic growth (PTG) and other beneficial gains (Jayasuriya, 2014; Joseph & Linley, 2005; Tedeschi & Calhoun, 2008).

Concerning the relationship between war trauma and mental health, the predominantly available evidence focuses on soldiers and war veterans. Studies confirm good mental health, strong fighting capacity among those who show high PTG (Marotta-Walters, Choi, & Shaine, 2015), and positive PTCs (Currier, Lisman, Harris, Tait, & Erbes, 2013). Modern warfare, however, inflicts excessive pain on civilians and seriously threatens civilians' lives. Therefore, learning about mothers' cognitive and emotional responses to war conditions is urgent, as these responses can be decisive for children's safety. The present study explores the potential role of PTG and PTCs in protecting mothers' own mental health and their infants' development from the effects of war trauma, specifically in the Middle East.

1.1. Parental posttraumatic growth and child wellbeing

Ample evidence confirms the negative impacts of parental mental health problems on children's wellbeing and development (for reviews, Beardslee, Gladstone, & O'Connor, 2011; Glasheen, Richardson, & Fabio, 2010). In the context of war, children are more likely to experience augmented levels of PTSD if their mothers or fathers suffer from the disorder (Cohen, Zerach, & Solomon, 2011; Qouta, Punamäki, & El Sarraj, 2005; Smith, Perrin, Yule, Hacam, & Stuvland, 2002). However, less is known about parents' positive posttraumatic responses and how those responses can possibly protect war survivors and their children from the effects of trauma.

Posttraumatic growth (PTG) refers to the positive psychological changes experienced as a result of the struggle with highly challenging life circumstances (Tedeschi & Calhoun, 2008). PTG involves experiences of gratitude for surviving; deepened appreciation of life; higher levels of social affiliation; and spiritual, ideological, and philosophical enlightenment (Calhoun, Cann, Tedeschi, & McMillan, 2000; Tedeschi & Calhoun, 2008). It reflects mental growth and reorganization; novel attributions and assumptions regarding the world, self, and others; and increased psychological insights (Weiss & Berger, 2010). This corresponds with psychodynamic principles of self-actualization of the human psyche and engaging with the necessity of mentally working through and completing traumatic sequels (Herman, 1997). Therapy has been described as successful when an individual transforms from a victim of trauma into a survivor, indicating new existential and political possibilities through rejecting feelings of imposed inferiority, worthlessness, and weakness; rebuilding a competent identity; and restoring control over one's own future (Gorman, 2001; Herman, 1997).

Thus, high levels of PTG should predict optimal recovery from trauma as well as improved psychological, social, and psychophysiological wellbeing, but empirical research regarding this relationship is somewhat discrepant (Bonanno, Brewin, Kaniasty, & La Greca, 2010; Zoellner & Maercker, 2006). Available cross-sectional studies have shown associations between both high PTG and good mental health and co-occurrences of PTG with negative mental health outcomes. For example, a study of Israeli settlers showed positive associations between PTG and good mental health, indicated by low levels of PTSD symptoms (Hall et al., 2008) while findings of Israeli national samples revealed that those with high PTG also reported high levels of PTSD and depressive symptoms (Hall et al., 2010; Hobfoll et al., 2007). A longitudinal study of Israeli prisoners of war and their spouses found that psychological distress predicted high PTG and not vice versa (Dekel, 2007), while another study based on the same sample found that only a moderate level of distress was associated with high PGT (Dekel, Ein-Dor, & Solomon, 2012).

The Janus face model of PTG developed by Zoellner and Maercker (2006) may partly explain these discrepant findings. The positive mental health outcomes correspond with the original idea of reconstruction, thriving, and gaining psychological growth, whereas the co-occurrence of PTG and PTSD or other psychiatric symptoms reflects inefficient steeled coping strategies or illusory gains without real opportunities to change traumatic circumstances. None of these studies analyzed PTG's potential ability to prevent negative effects of trauma on mental health. A study of Palestinian political prisoners found that a high level of PTG could protect a prisoner's wellbeing from the impacts of torture and ill-treatment, but only among individuals with a secure attachment style (Salo, Qouta, & Punamäki, 2005).

The current study focuses on the potentially protective function of PTG during the pre- and postnatal periods among mothers living in life-threatening war situations. To our knowledge, there are currently no studies that examine the role of PTG in traumatized parents at this life phase, but studies of families with school-aged children in the context of natural disasters provide some reference. A study of 67 Norwegian Tsunami survivors showed that a high parental PTG was associated with and predicted children's wellbeing and successful recovery from trauma, as indicated by low levels of PTSD symptoms (Hafstad, Gil-Rivas, Kilmer, & Raeder, 2010; Siqveland, Hafstad, & Tedeschi, 2012). However, a study of 68 families who had survived Hurricane Katrina in the United States

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