

Higher psychoticism as a predictor of thoughts of harming one's infant in postpartum women: A prospective study

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Abstract

Background: Some women experience thoughts of harming their infants during the early postpartum period. These intrusive thoughts are conceptually similar to obsessive-compulsive disorder. The aim of our study was to assess whether personality characteristics may predict a mother's development of postpartum thoughts of harming her infant.

Methods: We studied 137 women with no psychiatric history. They were assessed at two different times during the postpartum period (2–3 days after giving birth and during the 8th week following delivery). We assessed postpartum thoughts of harming one's infant with a semi-structured interview conducted in person. Personality characteristics were assessed with the Eysenck Personality Questionnaire. Depression was assessed with the Edinburgh Postnatal Depression Scale and with a structured interview (Diagnostic Interview for Genetic Studies). We also assessed socio-demographic variables, obstetric variables and stressful life events. Adjusting for age, depression and stressful life events, logistic regression was conducted to explore the relationship between a woman's personality characteristics and postpartum thoughts of harming her infant.

Results: Women with postpartum thoughts of harming their infants scored higher in EPQ-Psychoticism ($P = 0.003$) but not in neuroticism or extraversion. EPQ-Psychoticism was significantly associated with the presence of postpartum intrusive thoughts ($OR = 1.67$, $p = 0.003$) after adjusting for other personality dimensions, age, depression and life stress. Those women scoring 5 or higher in EPQ-Psychoticism were 5.5 times more likely to report postpartum intrusive thoughts ($p = 0.004$).

Conclusions: In healthy women without psychiatric history, psychoticism is a predictor of postpartum thoughts of harming their infants.

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1. Introduction

The postpartum period represents an increased risk for women to develop a wide variety of psychiatric disorders [1], including “maternity blues”, postpartum depression, puerperal psychosis, anxiety symptoms and concerns [2], obsessions or compulsions [3,4] and unwanted intrusive thoughts of harming the infant [5–7].

Classic studies in the field have reported obsessions of infanticide in nearly 3% of postpartum women [8]. More recent studies have used a broader definition of the variety of thoughts of harming the newborn that a mother may have

increased this to 24–41% of postpartum women [6,7]. These thoughts appear in the early postpartum period, are not desired by the individual, being intrusive and egodystonic. They can cause an intense negative affect in women who suffer them [5]. These thoughts are conceptually related to the Obsessive-Compulsive Disorder (OCD) [7] and may be reported by women with postpartum depression [6,9] or OCD [3,10]. In some circumstances, thoughts of harming one's infant may be considered by some to be a relatively normal maternal experience resulting from an increase in parental stress and low levels of social support [5]. It has also been suggested that biological factors play a role because dysregulation of the stress system is associated with this psychopathological disturbance [11].

Other studies have addressed whether personality features are related to postpartum thoughts of harming one's infant. Phillips et al. (2009) administered the Vulnerable Personality Style Questionnaire (VPSQ), which was specifically

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developed for use with postpartum women. The VPSQ measures two factors: vulnerability and organized/responsiveness. Women with maternal concerns for their baby scored higher in the vulnerability factor compared with the women in the control group. Fairbrother and Woody (2008) explored neuroticism and psychoticism in a sample of 100 women with intrusive thoughts of harming their infants. Using the Eysenck's Personality Questionnaire-revised (EPQ-R) short subscales, the study compared women reporting thoughts of accidental harm with those women reporting thoughts of intentional harm. No significant differences in neuroticism or psychoticism were found between these two groups.

Thoughts of harming one's infant are phenomenologically similar to aggressive obsessions [7]. The personality features of postpartum women experiencing these intrusive thoughts may be similar to the personality features of subjects with OCD. Some OCD studies assessing personality characteristics have found increased neuroticism [12,13] and psychoticism [12] in subjects with OCD. Fullana et al. (2004) studied the relationship between obsessive-compulsive phenomena and personality traits using the Eysenck Personality Questionnaire (EPQ). Fullana et al. sampled both healthy individuals with subclinical obsessive-compulsive symptoms and OCD patients, comparing the results against a control group without obsessive-compulsive symptoms. Although both groups (healthy individuals with subclinical OC symptoms and OCD patients) scored higher than the control group on the neuroticism and psychoticism subscales, neuroticism was the stronger predictor of OC symptoms in healthy individuals. However, among OCD patients, psychoticism was the personality feature more strongly related to an OCD diagnosis. Eysenck's psychoticism, rather being considered a marker of vulnerability to psychosis, is currently used as a measure of impulsivity. In another study that assessed personality features in two non-clinical samples from Turkey and Canada, neuroticism was associated with OC symptoms in both samples [14].

To our knowledge, there are no studies that have assessed neuroticism or psychoticism as a predictor of the development of thoughts about harming one's infant among postpartum women. The main aim of our study was to address whether personality dimensions are associated with these obsessive-like phenomena. Previous studies have revealed a relationship between both psychoticism and neuroticism and OC symptoms and we hypothesized that women with intrusive thoughts of harming their infants would score higher on the psychoticism and neuroticism scales of the EPQ-R.

2. Methods

2.1. Participants

The sample size consisted of 137 women who had given birth between December 2003 and October 2004 in the

Department of Obstetrics and Gynecology at Hospital Sant Joan in Reus, Spain. The exclusion criteria included the presence of a psychiatric disorder requiring medical treatment before or during pregnancy, death of the child following delivery, presence of language difficulties or cultural illiteracy rendering questions unanswerable, and refusal to participate in the study or complete the follow-up visit. Ethical approval was obtained from the institutional review board and all participants gave written informed consent.

2.2. Clinical assessment

Each of the subjects was evaluated twice. The first assessment, which took place 2–3 days after delivery, was performed when the participants were still hospitalized. The second assessment coincided with the 8th week-postpartum visit to the Department of Obstetrics and Gynecology. The visit was conducted at home when subjects failed to come to the appointment. Sociodemographic characteristics, obstetric variables and personality features were assessed during the first visit. The presence of thoughts of harming one's infant during the postpartum period was assessed during the second visit. Life stressors and mood status were assessed during both visits.

We designed a semi-structured interview to assess the presence of thoughts of harming one's infant during the postpartum period (defined as the first 8 weeks after childbearing). Women were asked whether they experienced active or passive intrusive thoughts related to the newborn after the birth. Active thoughts were defined as thoughts of harming the infant in which the harmful situation was induced by the mother (e.g., strangling the baby). Passive thoughts did not require the involvement of the mother in the harmful situation (e.g., the baby falling).

For both passive and active thoughts, the intensity and repercussion was ranked according to the following degrees: 1) the absence of intrusive thoughts; 2) transient intrusive thoughts; 3) repetitive intrusive thoughts; 4) such severity of intrusive thoughts that the mother must take precautions to avoid harming the infant; 5) the mother has inflicted a harmful act on the newborn. These ranges have been previously used in another study on postpartum thoughts of harming the infant [6]. When postpartum intrusive thoughts were reported, the following items were also explored: a fear of postpartum thoughts occurring, a fear of being alone with the infant, anxiety arising from being left alone with the infant, and a self-perception of the inability to care for the infant. The severity of the intrusive thoughts at the 8th week after delivery was assessed using the obsession subscale of the Yale-Brown Obsessive-Compulsive Scale [15].

Acute life events occurring during the early postpartum period were assessed using the St. Paul Ramsey's life experience scale [16]. The Edinburgh Postnatal Depression Scale (EPDS) [17] was used to assess for depressive symptoms. All of the women who scored 9 or higher on

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