



A longitudinal investigation of perfectionism and repetitive negative thinking in perinatal depression



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ABSTRACT

Repetitive negative thinking and perfectionism have both been proposed as processes that are related to depressive symptoms. The purpose of this study was to investigate concurrent and prospective relationships between antenatal and postnatal depression, perfectionism, and repetitive negative thinking. A longitudinal design was used and 71 women were followed from their third trimester of pregnancy to six weeks post birth. A structural equation model was tested with antenatal perfectionism predicting antenatal repetitive negative thinking, perfectionism predicting postnatal depression, and antenatal repetitive negative thinking predicting antenatal and postnatal depression. The final model provided an adequate fit to the data but the pathway from antenatal repetitive negative thinking to postnatal depression was not significant. The findings provide support for the role of perfectionism and repetitive negative thinking in the onset and maintenance of perinatal symptoms of depression. It is suggested that future research investigates the efficacy of targeting repetitive negative thinking and perfectionism in pregnancy to examine if this can reduce perinatal depression.

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1. Introduction

Postnatal depression affects up to 20% of mothers (Dennis & Dowswell, 2013). A strong risk factor for postnatal depression is antenatal depression (e.g., Chojenta, Lucke, Forder, & Loxton, 2016), with a meta-analysis indicating 12% of women meet a diagnosis of depression in their third trimester of pregnancy (Bennett, Einarson, Taddio, Gideon, & Einarson, 2004). Early cognitive-behavioural models of postnatal depression highlighted the role of various negative cognitions and cognitive styles (e.g., O'Hara, Rehm, & Campbell, 1982). Research since that time has focused on many variables that contribute to postnatal depression including cognitive and behavioural factors, but has predominately focused on correlations between variables rather than models that examine mediating factors. In order to inform future theoretical models and improve treatment of perinatal depression, further examination of key mediating mechanisms is vital as mediation models can explain more than correlational research through describing the mechanisms by which variables influence one another (Selig & Preacher, 2009).

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Perfectionism and repetitive negative thinking have been found to be associated with multiple psychological disorders, for example anxiety disorders, eating disorders and depression, but have received little attention in perinatal depression. Exploration of these processes in perinatal depression may hold promise given treatments for perfectionism and repetitive negative thinking have been found to reduce symptoms of a wide range of psychological disorders (Egan, Wade, & Shafran, 2011; McEvoy et al., 2015). This study used a prospective design to investigate whether these factors are stable and demonstrate temporal precedence relative to postnatal depression, which helps to build the case that they may be causal pathways and not just epiphenomena of the symptoms (Topper, Emmelkamp, & Ehring, 2010).

Perfectionism has been defined as multidimensional and involving striving for excessively high standards and critical self-evaluation (Frost, Marten, Lahart, & Rosenblate, 1990). The definition of clinical perfectionism refers to self-worth being based on achieving high standards despite negative consequences (Shafran, Cooper, & Fairburn, 2002). Perfectionism is elevated in eating disorders, anxiety disorders, and depression (Egan et al., 2011). Perfectionism has typically been measured with Frost and colleagues' Multidimensional Perfectionism Scale (FMPS; Frost et al., 1990) and Hewitt and Flett's Multidimensional Perfectionism Scale (HMPS; Hewitt & Flett, 1991). Maia et al. (2012) found in a

sample of 386 pregnant women that self-oriented and socially-prescribed perfectionism on the HMPS were significantly associated with depressive symptoms. Similarly, Gelabert et al. (2012) found that women with postnatal depression had significantly higher scores on the Concern over Mistakes subscale of the FMPS (Frost et al., 1990) compared to controls. Mazzeo et al. (2006) reported in a population-based study of 1119 women that perfectionism measured on Concern over Mistakes accounted for severity of postnatal depression. Research has also indicated that the relationship between past depression and the development of postnatal depression was partially mediated by perfectionistic dysfunctional cognitions (Church, Brechman-Toussaint, & Hine, 2005).

Repetitive negative thinking refers to repetitive thoughts that are centred on negative content, combined with a sense of passive experiencing or lack of control over the thoughts (McEvoy, Watson, Watkins, & Nathan, 2013). In a recent systematic review, there was mixed evidence regarding whether repetitive negative thinking during pregnancy predicts the onset of later depression, after controlling for the effects of previous and current depression (DeJong, Fox, & Stein, 2016). For example, Barnum, Woody, and Gibb (2013) found that antenatal repetitive negative thinking in the third trimester predicted increased postnatal depression 8 weeks postpartum. In contrast, Raes et al. (2014) found repetitive negative thinking in the third trimester did not predict postnatal depression at 12 or 24 weeks postpartum, after controlling for previous episodes of depression. Further, while O'Mahen, Flynn and Nolen-Hoeksema (2010) found repetitive negative thinking during pregnancy predicted later levels of depression, this effect was only seen for women with poor social functioning. Consequently, given these mixed findings it would be useful for research to examine whether other processes such as perfectionism and repetitive negative thinking both contribute to explaining depression in the perinatal period. Repetitive negative thinking has been found to mediate the relationship between perfectionism and depression (Di Schiena, Luminet, Philippot, & Douilliez, 2012), perfectionism, and post-traumatic stress disorder (Egan, Hattaway, & Kane, 2013), and perfectionism and psychological distress (Flett, Madorsky, Hewitt, & Heissel, 2002; Macedo et al., 2015; O'Connor, O'Connor, & Marshall, 2007; Short & Mazmanian, 2013). Therefore, it would be useful to explore the contribution of both repetitive negative thinking and perfectionism to perinatal depression.

The findings of the mediating role of repetitive negative thinking between perfectionism and psychological distress suggest that it would be useful to examine whether perfectionism is a precursor to repetitive negative thinking, and repetitive negative thinking in turn is associated with higher subsequent psychological symptoms. Consequently, the aim of this study was to investigate the prospective relationships between antenatal and postnatal depression, perfectionism, and repetitive negative thinking. Structural equation modelling (SEM) was used to test the first hypothesis that antenatal perfectionism would predict antenatal repetitive negative thinking. The second hypothesis tested by SEM was that antenatal repetitive negative thinking would predict depression at Time 1 (third trimester) and Time 2 (six weeks post birth). It was hypothesised that perfectionism would predict postnatal depression. It was further hypothesised that antenatal depression would predict postnatal depression. Given some studies have found repetitive negative thinking during pregnancy predicts the onset of later depression, but others have found this relationship was no longer significant after controlling for the effects of previous and current depression (DeJong et al., 2016), we examined the role of antenatal depression in the prospective relationship between repetitive negative thinking and postnatal depression. The hypothesised model, depicted in Fig. 1, was based on evidence that

perfectionism predicts the onset of depressive symptoms in prospective studies (Smith et al., 2016), that repetitive negative thinking mediates the relationship between perfectionism and depression (Di Schiena et al., 2012), and that repetitive negative thinking is involved in the maintenance of depression (McEvoy et al., 2013) and has predicted the onset of postnatal depression in some prospective studies (Barnum et al., 2013).

2. Method

2.1. Participants

Pregnant women ($N = 71$; mean age = 32.3 years; SD age = 3.74, age range 22–44 years) were recruited via flyers posted at a private hospital which specialises in obstetrics, hospital antenatal classes, and private obstetricians. In addition, study details were shared via Facebook, posted on websites relevant to expectant parents and flyers distributed at Pregnancy and Baby Expos. Inclusion criteria were at least 28 weeks pregnant and under the care of an obstetrician. There were no exclusion criteria.

2.2. Measures

2.2.1. Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, & Sagovsky, 1987)

The EPDS is a 10-item self-report measure of postnatal depression, with an example item being "I have been so unhappy that I have been crying". The measure is considered to have good validity in the assessment of both antenatal and postnatal depression (Murray & Cox, 1990). Internal consistency for the EPDS in the current study was excellent for Time 1 and Time 2 ($\alpha = 0.80$ and $\alpha = 0.83$).

2.2.2. Clinical Perfectionism Questionnaire (CPQ; Fairburn, Cooper, & Shafran, 2003)

The CPQ is a 12-item self-report questionnaire of clinical perfectionism which has good internal consistency, test-retest reliability, and convergent and construct validity (Egan et al., 2016). The CPQ was used as the measure of perfectionism given its clinical relevance compared to the multidimensional measures of perfectionism (Egan et al., 2016). The internal consistency for the present study was good at Time 1 ($\alpha = 0.80$).

2.2.3. Repetitive negative thinking - short scale (RNT-10; McEvoy, Mahoney, & Moulds, 2010; McEvoy, Thibodeau, & Asmundson, 2014)

The RNT-10 is adapted from the Repetitive Thinking Questionnaire (RTQ; McEvoy et al., 2010) and is highly correlated with the full scale ($r = 0.95$). The 10 item scale had excellent internal consistency in this study at Time 1 ($\alpha = 0.90$).

2.3. Procedure

The Human Research Ethics Committee of Curtin University and St John of God Hospital granted ethics approval. Participants were recruited from April 2012 to November 2014. The participants were instructed to contact the researchers via email to register their interest and obtain a 4-digit identification code for data matching. A participant information sheet and link to an online survey was hosted on the Curtin University School of Psychology website. An online survey was hosted on Qualtrics (Qualtrics, 2013). Participants were instructed to complete the online survey during their third trimester (Time 1) and then again at least six weeks after the birth of their baby (Time 2). Participants were followed up at time 2 for several weeks after the six weeks post birth if they had not

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