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Birth experiences, trauma responses and self-concept in postpartum psychotic-like experiences

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ABSTRACT

The frequency of psychotic-like experiences (PLEs) amongst new mothers is beginning to be explored but the mechanisms underlying such experiences are yet to be understood. First time mothers ($N = 10{,}000$) receiving maternity care via the UK National Health Service were contacted postnatally via *Emma's Diary*, an online resource for mothers. Measures assessed birth experience, trauma appraisals, post-traumatic stress symptoms, adjustment to motherhood, self-concept clarity and PLEs (in the form of hallucinations and delusions). There was a 13.9% response rate ($N = 1393$) and 1303 participants reported experiencing at least one PLE (93.5%). Three competing nested path models were analysed.

A more negative birth experience directly predicted delusions, but not hallucinations. Trauma appraisals and poorer adjustment to motherhood indirectly predicted PLEs, via disturbed self-concept clarity. Post-traumatic stress symptoms directly predicted the occurrence of all PLEs.

PLEs in first time mothers may be more common than previously thought. A key new understanding is that where new mothers have experienced birth as traumatic and are struggling with adjustment to their new role, this can link to disturbances in a coherent sense of self (self-concept clarity) and be an important predictor of PLEs. Understanding the development of PLEs in new mothers may be helpful in postnatal care, as would public health interventions aimed at reducing the sense of abnormality or stigma surrounding such experiences.

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1. Introduction

One to two women per thousand are diagnosed with postpartum psychosis (Valdimarsdóttir et al., 2009; VanderKruik et al., 2017), with onset in the first postnatal month (Sit et al., 2006). However, the occurrence of psychotic-like experiences (PLEs), non-clinical experiences of hallucinations or delusions similar to psychosis but in a diminished form (Cicero et al., 2013), are common (Mannion and Slade, 2014). The mechanisms underlying the development of such experiences are still unclear.

The continuity hypotheses (Johns and Van Os, 2001) postulate that psychosis exists on a spectrum within the population, from no psychotic experiences or symptoms through to clinical levels of psychosis. Postpartum psychosis is associated with distress, illness related behaviours, impairment of functioning and help-seeking behaviour (Van Os et al., 2009; *The Diagnostic and Statistical Manual of Mental Disorders*, DSM–5, American Psychiatric Association, 2013). However, PLEs are often not associated with distress or illness-related behaviour, and maybe fleeting in duration. Longitudinal studies however indicate that people who experience PLEs are at increased risk of clinical psychosis (Poulton et al., 2000). Five percent of the population experience PLEs during their lifetime (Van Os et al., 2009). Attempts have been made to understand the development of PLEs and what may cause a transition to psychosis. Childhood traumas are associated with PLEs and psychosis in adulthood (Peters et al., 2016; Read et al., 2008; Varese et al., 2012b). Certain traumas are related to specific psychotic symptoms (Bentall et al., 2014) and these relationships are mediated by factors including dissociation (Varese et al., 2012a), and attachment (Sitko et al., 2014). A further potential mediator is self-concept clarity (SCC) i.e. the extent to which a person's beliefs about themselves are well-defined, confidently held, internally coherent, stable and cognitively accessible (Campbell et al., 1996). SCC is reduced in schizophrenia (Cicero et al., 2015). SCC mediates the relationship between childhood traumas and psychosis (Evans et al., 2015). If PLEs and psychosis can be regarded as on the same continuum (Van Os et al., 2009), then difficult life events and low SCC may play key roles in the development of both.

PLEs may occur in mothers as result of childbirth (Barratt, 2012; Mannion and Slade, 2014). Despite childbirth being a normal event, up to half of women experience birth as traumatic (O'Donovan et al., 2014), and three to 15% meet the criteria for post-traumatic stress

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disorder (PTSD) (Ayers et al., 2016; Czarnocka and Slade, 2000). Both fearful birth experiences (Mannion and Slade, 2014) and a traumatic birth (Barratt, 2012) are associated with increased risk of PLEs. Given that birth can be experienced as traumatic and lead to post-traumatic stress symptoms (PTSS) and becoming a mother entails substantial life adjustments, which in turn may threaten self-concept, the relevance of self-concept to the occurrence of PLEs warrants investigation in new mothers.

This study aimed to explore the relationships between birth experience and trauma, adjustment to motherhood, SCC and PLEs in new mothers. We aimed to test three competing hypotheses (Fig. 1). Each model hypothesised that birth experience would directly predict the occurrence of PLEs, as has been found previously (Mannion and Slade, 2014). We hypothesised that birth experience would predict trauma appraisals, PTSS and adjustment to motherhood. Birth experiences have been found to predict PTSS (Edworthy et al., 2008) and trauma appraisals and PTSS are associated (Ehlers and Clark, 2000), whilst the relationship between birth experience and adjustment to motherhood is yet to be established. We also hypothesised that trauma appraisals, PTSS and adjustment to motherhood would in turn predict SCC, as they are part of the cognitive affect system that corresponds to self-concept (Markus and Wurf, 1987). SCC would then predict PLEs, in accordance with the general psychosis literature (Cicero et al., 2013). As the association between PTSS and PLEs has been established (Alsawy et al., 2015; Hamner et al., 1999) we included this relationship throughout the models. However, we were uncertain whether trauma appraisals and adjustment to motherhood would directly predict PLEs, therefore these paths were removed in two of the models. We also wished to test whether birth experience directly predicted SCC in one of the models, as this relationship is yet to be established. In accordance with the defined onset of post-partum psychosis in the DSM-5, it is hypothesised that PLEs occur in the first month postpartum. However, in order to encapsulate the entire theorised period of risk we extended this time frame to two months.

2. Method

2.1. Participants

Women aged 16–50, proficient in English, who gave birth to their first child 2–6 months before recruitment, were included. This time frame was chosen for consistency, and to ensure all participants had passed the hypothesised risk period for PLEs. To ensure our estimates were conservative, and not confounded by participants with known mental health problems receiving treatment, participants with a history of psychosis or having had input from perinatal mental health teams (from self-report prior to questionnaire completion) were excluded.

2.2. Procedure

University of Liverpool ethics committee provided approval. Recruitment took place via *Emma's Diary* (www.emmasdiary.co.uk), an online resource for mothers. Information about Emma's Diary is routinely supplied to pregnant women by their NHS general practitioner or midwife. An emailed invitation was sent to 10,000 website registrants meeting the inclusion criteria. Scales were administered via Qualtrics (www.qualtrics.com); 2870 participants commenced the survey, 77 participants were excluded (35 past history of psychosis, 42 input from

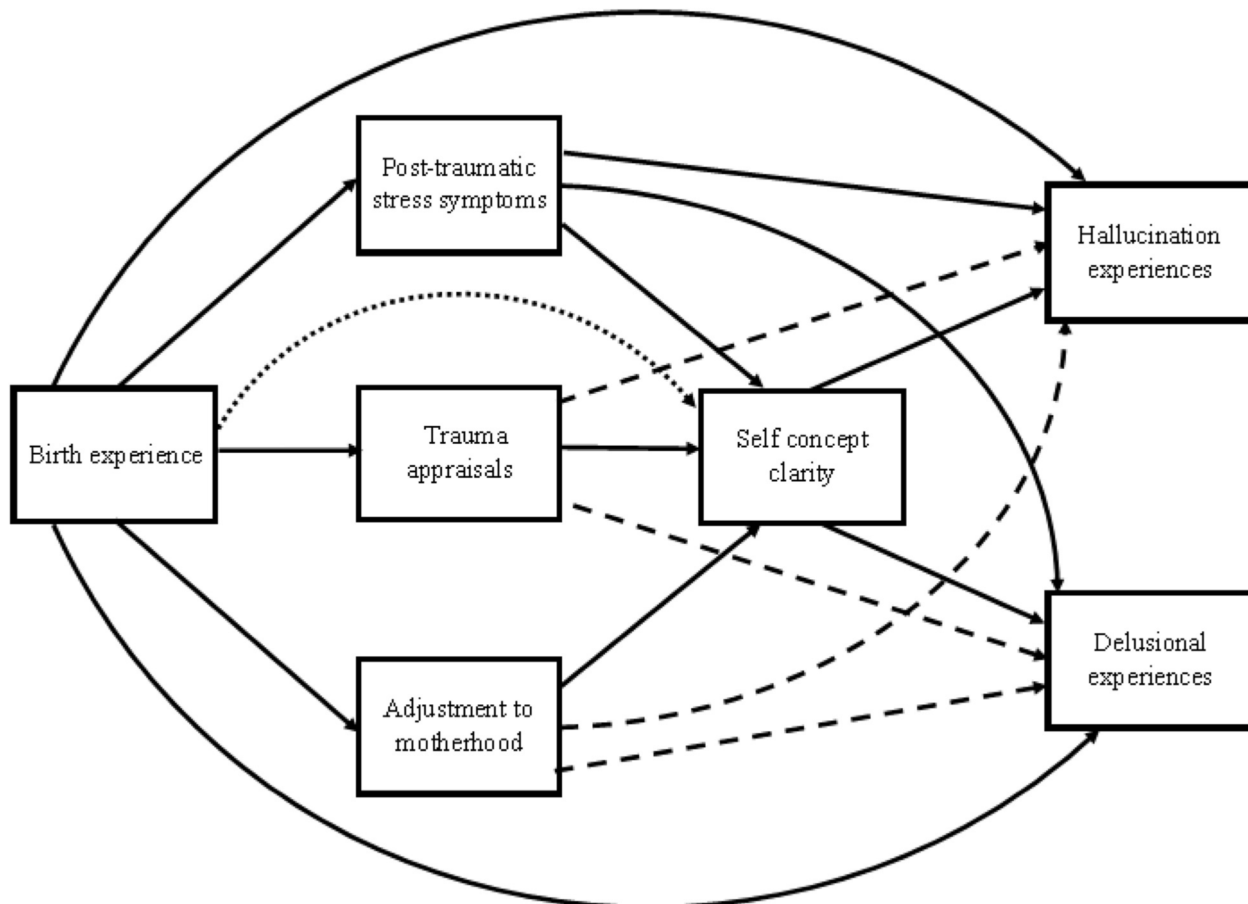

Fig. 1. Three nested competing path models exploring the relationship between birth experience and psychotic like experiences (hallucination and delusional experiences) through two stages of mediating variables (i) trauma appraisals, post-traumatic stress symptoms and adjustment to motherhood (ii) self-concept clarity. — — — Pathways included in Model 1 only. ·········· Pathway included in Model 2 only. ——— Pathways included in Models 1, 2 and 3.

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