



Rumination and postnatal depression: A systematic review and a cognitive model



Hannah DeJong ^{a, *}, Elaine Fox ^b, Alan Stein ^a

^a Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford, OX3 7JX, UK

^b Department of Experimental Psychology, University of Oxford, 9 South Parks Road, Oxford, OX1 3UD, UK

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ABSTRACT

Postnatal depression (PND) confers risk for a range of negative child developmental outcomes, at least in part through its impact on parenting behaviour. Whilst the behavioural effects of depression on parenting are well established, the cognitive mechanisms that may mediate this effect are less well understood. The current paper proposes that rumination may be a key cognitive mechanism through which parenting is affected in PND, and provides a systematic review of the existing literature on rumination in the context of perinatal depression. The review identifies ten relevant papers. Eight are questionnaire-based studies examining the role of rumination in predicting future depression and/or mother-infant relationship outcomes, such as bonding. Two are experimental studies examining the effects of induced rumination on parenting behaviours. The results of the review are discussed, and remaining questions highlighted. We then present a new theoretical model, developed specifically for the perinatal context, and informed by existing models of rumination and worry. Our cognitive model emphasises the relationship between rumination, cognitive biases and cognitive control, and the impact of these variables on infant cue processing and subsequent parenting responses. The model provides a potential framework for future work in this area, and to guide the development of treatment interventions.

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Postnatal depression (PND) is a psychological disorder, typically defined as involving an episode of depression during the first postnatal year. Point prevalence during the first three months postpartum is around 13% (Howard et al., 2014). Whilst many women will recover within a few months, around 30% experience more persistent depressive symptoms and there is a high risk of further depressive episodes (Howard et al., 2014). PND is considered to be phenomenologically equivalent to major depressive disorder (MDD) at other times, and is highly similar in terms of symptoms, course and prognosis. Some studies have suggested that somatic and sleep-related symptoms may be somewhat more prevalent in PND (e.g. Williamson, O'Hara, Stuart, Hart, & Watson, 2015), leading to the development of perinatal assessment measures that exclude these features. However, in general these disorders are understood to be similar in symptomology and presentation. PND differs from MDD primarily in the timing of the depressive episode, and consequently its implications. PND has onset either during

pregnancy or in the first year postnatally, and thus has specific impacts due to the importance of this developmental window for the infant, and also due to the uniqueness of the mother-infant relationship. During this period the infant is developing rapidly, and is highly dependent on the parent.¹

Post-natal depression represents an important target for support and intervention, not only because of the impact on maternal mental health but because PND also carries long-term risks for offspring. A range of negative child outcomes associated with PND have been reported across cognitive, behavioural and emotional domains (Stein et al., 2014). One potential mechanism underlying the negative impact on child outcomes is difficulties with parenting quality. Aspects of parenting quality that have been identified include reduced sensitivity and responsiveness to infant cues, as

¹ The majority of the research in this area has focused on mothers and so the mother-infant relationship is particularly emphasised throughout this review. However, we recognise that fathers are also involved in parenting, and similar processes are likely to apply. There is a clear need for additional research to examine this directly.

* Corresponding author.

E-mail address: hannah.dejong@psych.ox.ac.uk (H. DeJong).

well as a tendency to interact in a way that is either excessively withdrawn or intrusive (Murray, Halligan, & Cooper, 2010). These parenting behaviours then confer risk for a range of negative child outcomes. Negative outcomes for the child seem to be particularly pronounced where maternal disorder is persistent or recurrent (Stein et al., 2014).

It is recognised that early environmental and social input is vitally important for healthy development in infants, and that the mother–infant relationship provides a key part of this input. Whilst depression is understood generally to have negative impacts on relationships and social functioning, which apply to the mother–infant relationship, there are also distinctive features. For example, social cues from the infant may be more ambiguous than from adult interactive partners; infants are extremely sensitive to the qualities of interaction and contingency of responding (e.g. Bigelow & Rochat, 2006; Nadel, Carchon, Kervella, Marcelli, & Réserbat-Plantey, 2001; Striano, Henning, & Stahl, 2006); infants rely on a close degree of contingency in order to make sense of the interaction, due to their limited ability to detect contingency over temporal delays (Bornstein & Manian, 2013; Keller, Lohaus, Völker, Cappenberg, & Chasiotis, 1999). The mother–infant relationship is also unusual in its intensity and the amount of time devoted to this dyadic interaction. The implications of depression during the perinatal period are therefore somewhat unique, in terms of impact on parenting, the mother–infant relationship and on various child development outcomes.

PND then is understood to exert effects on the child, at least in part, via its behavioural impact on parenting. However, the cognitive features of PND that are likely to mediate this relationship are not well understood. This paper seeks to outline the existing literature on one specific cognitive feature of PND, that is, rumination. Recent developments have highlighted the important role played by rumination in the onset and maintenance of depression. These findings are beginning to influence treatment approaches within the adult mental health field, but have not yet been broadly applied in the perinatal context. We suggest that integrating these developments into understanding PND provides helpful clues as to the mechanisms through which maternal depression may impact on child development.

Rumination is a key cognitive feature of depression and is defined as ‘a mode of responding to distress that involves repetitively and passively focusing on the symptoms of distress and the possible causes and consequences of these symptoms’ (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Loss is hypothesised to be the core theme of rumination, and it is characterised by sustained and repetitive processing of negative emotional material. People who frequently ruminate when distressed are more likely to develop depression and are likely to remain depressed for longer. Rumination therefore confers risk for prolonged episodes and for future depressive episodes. The tendency to ruminate is trait-like and appears to remain fairly stable, even as depression improves. It has also been suggested that rumination is a trait vulnerability factor, as elevated rumination is found in never-depressed offspring of depressed parents (Nolen-Hoeksema et al., 2008).

Several authors have suggested that rumination may be an important cognitive mechanism through which perinatal psychological disorders affect parenting (Psychogiou & Parry, 2014; Stein, Lehtonen, Harvey, Nicol-Harper, & Craske, 2009). Stein and colleagues in particular have hypothesised that rumination is a form of preoccupation, which affects mothers’ ability to effectively process infant cues and results in reduced contingency and sensitivity in parenting behaviour. Whilst rumination has received considerable attention as a key cognitive feature in depression, it has been much less extensively characterised in the context of PND. In this paper, we seek to provide the first systematic review of evidence relating

to rumination in the perinatal context. Drawing on this literature, as well as broader understandings of rumination, we then present a new framework for conceptualising the specific impact of rumination in the postnatal context. It is intended that this model can be used to generate hypotheses and to guide future research in this area.

We focus specifically on rumination because of its recognised importance in depression, and because theoretical accounts propose that this may be a key process in explaining the impact of PND on parenting. This is not however intended to imply that this is the only area of cognition or emotional regulation that is important within PND. Similarly, whilst we focus here on PND, there are likely to be parallels with other perinatal psychological disorders, e.g. anxiety disorders, eating disorders. Stein et al. (2009) argue that all these disorders are characterised by preoccupation, whether in the form of rumination, worry or obsessions, and that the mechanisms through which parenting is affected may then be very similar across disorders. Similar cognitive processes may therefore have broad applicability across a range of perinatal mental health conditions, but here we focus particularly on rumination in the context of depression.

1. Method

A systematic review of the literature was conducted, following the PRISMA guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009). The search was conducted using several online databases: PsychInfo, Pubmed, MEDLINE and Scopus. The most recent search was completed in March 2016. Search terms included “perinatal depression” OR “postnatal depression” OR “postpartum depression” OR “maternal depression”, in combination with “rumination” OR “repetitive negative thought” OR “repetitive negative thinking” OR “perseverative thought”. Papers identified in this search were also used to check for additional results, by examining references and citations. In order to be included in the review, papers had to report data on some measure of rumination, or to report on the effects of a rumination induction. Results were limited to the perinatal period (i.e. measured during pregnancy or the first year postnatally). Review papers and opinion pieces were not included in the systematic review. Inclusion criteria also included publication in a peer reviewed journal, and availability in the English language.

Search results were combined and duplicates removed, before titles and abstracts were screened. Full texts were then screened for relevance and fulfilment of the inclusion criteria. The search and screening process is shown in Fig. 1. There were only a small number of papers identified, with varied questions addressed and a wide range of methods and measures used. A qualitative synthesis or meta-analysis of the data is therefore not feasible or appropriate. Instead, a narrative synthesis of the findings is presented below.

2. Results

Ten papers were identified, addressing a range of questions about rumination within the perinatal context. Eight of these papers examined whether rumination is predictive of other maternal outcomes, including mood/depression and bonding with the infant, using questionnaire measures. Two papers described experimental studies examining the effects of induced rumination on some aspect of parenting behaviour. Each paper is described briefly below and study details are presented in Table 1.

2.1. Questionnaire studies

Five papers using questionnaire measures examined whether rumination is predictive of depression in the perinatal period,

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