

# Reactivity to Support Receipt During Pregnancy and Postpartum

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## Introduction

- Past studies of support receipt have reported null, adverse, and positive associations with important personal and relational outcomes (e.g., Aneshensel & Stone, 1982, Bolger & Amarel, 2007; Bolger, Zuckerman, & Kessler, 2000; Gleason, Iida, Shrout, & Bolger, 2008).
- Costs of support receipt may be mediated by the recipient's perceived inefficacy (Bolger & Amarel, 2007).
- However, past costs associated with support receipt were mostly found in achievement domains (e.g., bar exam; Bolger et al., 2000).
- Social cognitive theory posits that contextual cues will modify the salience of concepts like efficacy/competence, which will affect the interpretation of ambiguous events.
- We believe that costs will be likely in personally-relevant domains, whether they be achievement oriented or not.
- The current study examines the consequences of motherhood-related and motherhood-unrelated support receipt during pregnancy and postpartum.

## Goals and Hypotheses

- Primary goal: To examine reactivity to support receipt in different domains from the sixth month of pregnancy to six weeks postpartum
- Hypothesis 1: Receipt of motherhood-related support will be associated with an increase in evening distress whereas receipt of motherhood-unrelated support will be associated with a decrease in evening distress
- Secondary goal: To examine individual difference factors affecting reactivity to support receipt

## Participants and Design

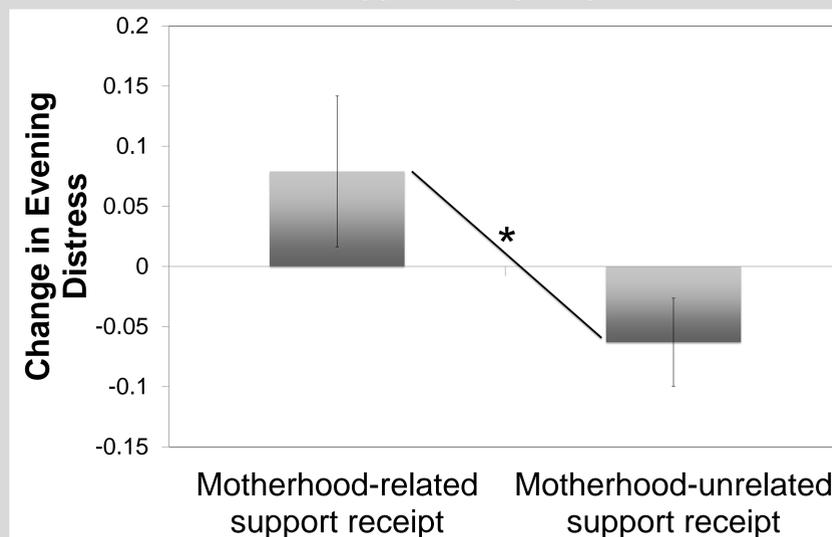
- **Participants:** N=31
  - Aged 22-38,  $M = 30.22$
  - 29 (93.55%) described themselves as White
  - Almost all (N = 28) reported being married to the father of the baby ( $M = 3.93$  years)
- **Design and Procedure:**
  - Three waves: 6<sup>th</sup> month, 8<sup>th</sup> month, 4 weeks postpartum
  - Global assessment immediately followed by a 2-week daily diary period (morning and evening)

## Measures

- **Global assessments** – assess changes in perinatal depression
  - Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, & Sagovsky, 1987)
- **Daily diary periods** – assess day-to-day enacted support events and their relationship to the stress-support-depression process
  - *Mood.* Anxious and depressed mood assessed using an adaptation to the Profile of Mood States (POMS; McNair, Lorr, & Droppleman, 1971). Mood was assessed in both morning and evening to obtain a mood change score.
  - *Support receipt.* Receipt of support was assessed in the evening each day (Shrout et al., 2010). Enacted support receipt was defined as responding “yes” to *received help from a loved one today.*
  - *Open ended support descriptions.* Participants were asked to indicate who helped them (and their relationship), what the person did for them, and what they believe prompted the person to help them. Coded for whether or not the support behavior related to motherhood.

## Results

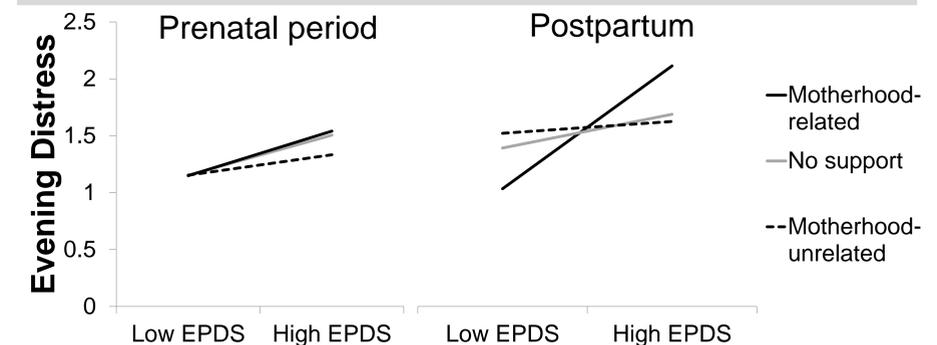
Do the outcomes of support receipt depend on domain?



The associations between receipt of motherhood-related and motherhood-unrelated support with changes in evening distress in predicted directions, albeit not significant.

\*Significant contrast between receipt of motherhood-related and motherhood-unrelated support ( $b_{\text{contrast}} = 0.142$ ,  $t(26) = 2.07$ ,  $p = .049$ ).

## Depression and reactivity to support receipt in different domains



In the prenatal period, there was a significant interaction between depression scores and motherhood-unrelated support receipt ( $b = -0.021$ ,  $t(394) = 2.18$ ,  $p = .030$ ), but not motherhood-related support receipt ( $b = 0.005$ ,  $t(394) = 0.40$ ,  $p = .692$ ).

In the postpartum period, there was a significant interaction between depression scores and motherhood-related support receipt ( $b = 0.094$ ,  $t(105) = 4.06$ ,  $p < .001$ ), but not motherhood-unrelated support receipt ( $b = -0.023$ ,  $t(105) = 0.09$ ,  $p = .360$ ).

## Conclusions

- Receipt of motherhood-related support was associated with a significantly greater increase in evening distress than was motherhood-unrelated support.
- In support of our hypothesis, support receipt was associated with an increase in distress if that support occurred in personally-relevant domains.
- We believe that support receipt in domains for which personal efficacy and autonomy are important for the individual may deliver the sense that one's own efforts and abilities are insufficient, thereby increasing distress through a lowered self-evaluation.
- Depressive symptoms moderated this effect. In the prenatal period, more depressed women had a weaker association between receipt of motherhood-unrelated support and daily distress. In the postpartum, more depressed women had a significantly stronger association between motherhood-related support and daily distress.
- Thus, more depressed women exhibited greater benefits of motherhood-unrelated support in the prenatal period and greater costs of motherhood-related support in the postpartum.
- These results suggest that the nature of depression may shift during this time as the woman confronts a new set of needs and challenges.