2—Depression. Maternal depression was measured at T1 (α = .76) using the Edinburgh Postnatal Depression Scale (EPDS) and at T3 (α = .90) using the Beck Depression Inventory—II (BDI-II) (Hollander, & Sagovsky, 1987; Beck, Steer, & Brown, 1996).

3—PTSD. PTSD symptoms were assessed at T1 (α = .87) and T3 (α = .91) using the PTSD Checklist—Civilian Version (PCL-C) (Weathers, et al., 1996). Traumatic event exposure history was assessed at T1 using the Trauma History Questionnaire-Revised (THQ-R; Green, 1996).

Table 2

<table>
<thead>
<tr>
<th>Example of the Three Types of Shame</th>
<th>Mother—shaming-self</th>
<th>Mother—shaming-other</th>
<th>Other—shaming-other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think your baby will get along with his or her father? What will you do if there are disagreements?</td>
<td>Mother—shaming-self</td>
<td>Mother—shaming-other</td>
<td>Other—shaming-other</td>
</tr>
</tbody>
</table>

Results

Table 3

Inter-correlations Among Study Variables

Table 4

Regression Models with Trauma History, Maternal Total Shame, and Maternal Self-Same Shame Predicting PTSD Symptoms at T1 and T3

Discussion

Aim 1:

- A reliable coding system for shame was developed for a semi-structured interview assessing the parent-child attachment relationship (WMCI).

- Coding will continue using the WMCI at pregnancy; it is hypothesized that shame levels will further predict concurrent and subsequent PTSD and depression symptoms at T2, T3, and T4.

Implications:

- Shame levels can be reliably coded using narrative data from interviews; mothers with trauma histories describe shame during interviews aimed at assessing representations of parenting.

- This system may benefit future research examining the influence of different types of shame experiences on parenting and attachment, and may inform interventions for PTSD symptomatology among parents of young children.

Aim 2:

- Total maternal shame predicted concurrent PTSD symptomatology, and trended toward predicting PTSD symptomatology 1 year later.

- Total maternal shame did not predict current depression symptomatology, but higher shame levels significantly predicted less depression 1 year later.

- Maternal self-same shame predicted PTSD symptomatology concurrently and 1 year later.

Implications:

- Results support existing research regarding the role of shame in individuals’ current and subsequent PTSD symptomatology, but failed to support research regarding the role of shame in current and subsequent depression symptomatology.

- Coded maternal self-same may have more predictive value than other types of shame, e.g., shame directed externally.

Contact Information: jteslow@emich.edu

Sources:

- American Psychiatric Association, Eastern Michigan University, & Psi Chi Psychology Honor Society

Shame Within the Parent-Child Relationship: Associations with Depression and PTSD Symptomatology

Jessica Teslow, B.S.¹, Rena Menke, Ph.D.², Fatu Kamara, B.S.⁴, Cassidy Caldwell¹, Jerrica Pitzen, M.S.¹, & Alissa Huth-Bocks, Ph.D.¹

¹Eastern Michigan University, ²University of Michigan College of Pharmacy

Introduction

- Shame is related to depression and complex trauma reactions, and profoundly affects one’s self and social schemas (Lee et al., 2001; Cheung et al., 2004).

- High levels of self-reported, maltreatment-specific shame predict symptoms of PTSD (Feiring, Taska, & Lewis, 2001; Feiring, Simon, & Colind, 2009).

- Shame is the most significant outcome of traumatic experiences, and psychological abusers use shame as a powerful tactic in abusing (Maltz, 2000).

- Researchers identified a type of shame that is directed internally as continual self-criticism, i.e., the comprehensive view of the self as bad, defective, powerless, worthless and inferior (Gilbert, 1998; Tangney & Dearing, 2002; Lewis, 1992; Tenney, 1995).

- Another type of shame is social shame. Statements of social shame include: “I feel other people see me as not good enough” and “others are critical or punishing when I make a mistake” (Gross, 1994).

- No system for coding shame from narrative data exists that incorporates the complex ways in which shame is expressed in speech, i.e., shame directed at one’s self, shame directed at others, and being shamed by others.

- Also, few studies have examined shame during the perinatal period, a crucial time for parent and child relationship development.

Research Aims:

1) Create a reliable coding system for shame within parent-child relationships for narrative data.

2) Determine if shame within the parent-child relationship predicts PTSD and depression symptoms concurrently and longitudinally.

Method

PARTICIPANTS:

120 women followed from pregnancy through 2-years postpartum; age range: 18-42, M = 26, SD = 5.7; median monthly household income = $1500.

PROCEDURES:

- A community sample of pregnant women was recruited for a prospective longitudinal study on parenting through the posting of flyers in pregnancy agencies and community organizations.

- Data collection occurred during the mothers’ third trimester of pregnancy (T1, n = 120), and at 3-months postpartum (T2, n = 119), 1-year postpartum (T3, n = 115), and 2-years postpartum (T4, n = 99). This study utilized data from T1 and T3 specifically.

MEASURES:

1—Shame. A coding system assessing maternal shame within the parent-child relationship was developed by the first and second authors based on shame and trauma literature and shame assessment tools.

Several self-report measures of shame were used when creating the coding system, e.g., The Experience of Shame Scale (ESS; Andrews, Oquendo, & Vanilla, 2002; Cassidy, D’Souza, & Oquendo, 2004), and Other as Shamer Scale (OAS; Gross, 1994, 2004), and the authors predicted that three different types of shame would be important to the system, i.e., mother-shaming-other, mother-shaming-self, and other-shaming-mother. The authors applied the coding scheme to strategically selected questions from the Working Model of the Child Interviews at T1 (WMCI; Zeanah, Baruch, & Barton, 1986). This interview elicits caregivers’ perceptions and subjective experiences of their child and their relationship with their child, which are associated with present and future parent-child attachment. Each question from the interview was given a score for each of the three types of shame given above. Totals from all questions for each type of shame were summed together to create a total shame score for the transcript.