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Maternal Reflective Functioning, Perceived Parenting Competence, And Postpartum Depression Among First-Time Young Mothers.

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ABSTRACT

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Becoming a mother for the first time involves substantial psychological and emotional adjustment, particularly during early motherhood. This study examined the relationships among maternal reflective functioning, perceived parenting competence, and postpartum depression among first-time young mothers. A sample of 153 first-time mothers aged 18–29 years ($M = 23.41$, $SD = 2.61$) was recruited from Lahore using convenience sampling. Data were collected using the Parental Reflective Functioning Questionnaire (PRFQ), Parenting Sense of Competence (PSOC) scale, and Edinburgh Postnatal Depression Scale (EPDS). All three measures demonstrated good internal consistency, with Cronbach's alpha coefficients of .82, .84, and .81, respectively. Pearson product-moment correlations were conducted to examine the relationships among the study variables, while hierarchical regression was used to examine the contribution of dimensions of maternal reflective functioning to postpartum depression. Independent-samples t tests were also conducted to examine differences according to working status. The findings indicated that overall maternal reflective functioning was not significantly related to perceived parenting competence ($r = .01$) or postpartum depression ($r = .07$). At the dimension level, Interest and Curiosity about Mental States was positively associated with perceived parenting competence ($r = .29$, $p < .01$). The regression analysis indicated that the dimensions of maternal reflective functioning explained 12% of the variance in postpartum depression in the final model. No statistically significant differences were found between working and non-working mothers in postpartum depression or perceived parenting competence. The findings highlight the multidimensional nature of maternal reflective functioning and the complexity of psychological adjustment during the transition to first-time motherhood.

Introduction

It is one of the most important developmental periods in women's life in which there is a significant change in their psychological, emotional and social life that occurs after giving birth. While motherhood can be a source of joy and satisfaction, it also comes with its share of difficulties and challenges, demanding women to adjust their roles and responsibilities. This transition can be especially challenging for first-time young mothers, who must also accommodate to their own transition while taking care of a baby. They may have less parenting experience, shifting demands within the family and a variable role as a mother, and societal expectations that impact their confidence as a parent and their

effectiveness in meeting the emotional needs of their infants (Slade, 2005). These early experiences are significant as they have a role in the mother's wellbeing as well as the child's healthy development. Motherhood has been identified as a developmental phase, akin to adolescence, called *matrescence*, with women's identities, emotions, and interpersonal relationships undergoing significant changes. In this time, women must learn to blend the previous part of their lives with the new one as mother; learn to deal with the physical and emotional demands of their parenting. Many young mothers experience stress, uncertainty and self-doubt during this period, especially when they miss understand and fail to respond to the needs of the infant (Stern, 1995). The successful adjustment in this period is closely related to psychological resources and their ability to interpret the emotions of their child during the period as well as their own emotional management.

Maternal reflective functioning (MRF) is one of the psychological resources which is associated with early parenting. Maternal reflective functioning is defined as the mother's ability to appreciate her own thoughts, emotions and intentions as well as those of her baby (Slade, 2005). Mothers with higher reflective functioning tend to be more responsive and available emotionally to their children, leading to secure attachment and good socio-emotional development (Fonagy et al., 2002). Reflective functioning, on the other hand, has been found to be associated with more problems in the mother's capacity to accurately interpret her infant's signals, which can elevate parenting stress and emotional issues (Vanwoerden et al., 2021). Another important dimension of maternal adjustment is perceived parenting competence, which is a mother's self-confidence in her ability to successfully perform her parenting role. For mothers, self-perception of competence leads to higher levels of parenting satisfaction, better coping with everyday demands, and more positive relationships with their infants (Gibaud-Wallston & Wandersman, 1978). Low perceived competence on the other hand, is linked to self-doubt, parenting stress, and diminished confidence, especially in the first months of motherhood.

The mother's guilt is one of the common emotional experiences, in addition to reflective functioning and parenting competence, experienced by the first-time mother. Mothers often feel guilty when they feel they have not lived up to their own expectations or the society's ideals around motherhood. Moderate guilt can lead to more parental responsibility, while guilt that is too frequent or severe has been shown to negatively affect self-confidence, psychological well-being, and maternal well-being (Haslam et al., 2019; Shalev et al., 2024). Other studies have indicated that mothers who have better reflective functioning will better be able to manage these emotions by responding to themselves with greater understanding and self-compassion (Fonagy et al., 2002). In the context of Pakistan, it is possible that maternal experiences are further influenced by cultural expectations and family structures. Young mothers are often part of a joint family system in which Elders and extended family play a role in the childrearing. While this setting may offer concrete help, it can also cause more stress, self-doubt and guilt. Thus, it is significant to explore the reflective functioning of mothers and perceived competence of parenting in relation to maternal guilt in order to draw a picture of the psychological adjustment of young mothers in the very first pregnancy. The results of this study could support intervention development that builds maternal confidence, supports parent-infant relationship and supports positive maternal mental health.

Theoretical Framework

There are three complementary theories that underlie the present study: Mentalization Theory (Fonagy et al., 2002; Slade, 2005), Self-Efficacy Theory (Bandura, 1977, 1997), and Maternal Role Attainment Theory, later expanded into the Becoming a Mother Theory (Mercer, 2004). These theories offer a holistic understanding of how a mother's reflective functioning contributes to confidence in parenting and her feelings of maternal guilt when transitioning to first time parenthood.

Mentalization Theory

The main theory that underlies the current research is Mentalization Theory, created by Fonagy et al. (2002) and more recently adapted for parenting by Slade (2005). Mentalization is a person's capacity to describe behaviour in terms of mental state (thoughts, feelings, beliefs, desires, intentions). In the context of parenthood this ability is referred to as maternal reflective functioning: the ability to identify and understand one's own and one's baby's emotions.

Slade (2005) suggests that according to the theory mothers with high reflective functioning rates will be more likely to respond sensitively to their infants because they will be able to understand emotional meaning of their child's behaviour rather than responding to behaviour that can be seen on the surface. This ability helps to foster safe attachment bonds, emotional regulation, and positive interactions with parents. Conversely, a lack of reflective functioning could lead to misinterpretation of infant cues, emotional reactivity, and parenting problems (Fonagy et al., 2002). Thus, the conceptual framework of Mentalization Theory can be used to understand how maternal reflective functioning is one of the psychological resources affecting mothers' transition to motherhood.

Self-Efficacy Theory

Bandura's Self-efficacy Theory (1977, 1997) is a theory that outlines the relationship between people's self-efficacy (confidence in their ability to perform a behavior successfully) and their behavior, motivation and emotional state. These beliefs are expressed in mothers' perceived parenting competence, which is defined as their confidence in their parenting capabilities and how well they are able to care for and respond to their baby. Bandura (1997) states that people with high self-efficacy face challenges with a positive attitude, will keep going if they get stuck in something, and will be more resilient when a challenge fails. Mums who think they are good at parenting are therefore more likely to be good parents, less stressed and are able to adjust to their role as a mum well. On the other hand, mothers who feel they have less competence may develop self-doubt, anxiety and uncertainty and this can lead to emotional vulnerability. Maternal reflective functioning is thought to be a mechanism that enhances parenting competence by increasing mothers' ability to comprehend infants' needs and adjust to them.

Maternal Role Attainment (Becoming a Mother) Theory

This is known as Mercer's Maternal Role Attainment Theory (later revised to Becoming a Mother Theory 2004), which argues that motherhood is a gradual developmental process where women learn to become confident, skilled, and achieve a maternal identity with their infant. The theory implies that motherhood is a life-long journey of learning, adaptation and psychological development, and not a one-time occurrence after giving birth to a child. According to Mercer (2004), there are four factors affecting successful maternal role development: maternal attributes, infant behaviour, family support and environmental factors. It can be a very confusing time in the first few months of motherhood, and there are a lot of feelings that come with it such as uncertainties and emotional issues and a lot of women gain confidence as they gain more experience in motherhood. Mothers' proficiency and satisfaction in the parenting role gradually increases as their understanding of infants' needs increases. But if mothers believe they are not able to attain their self-imposed or cultural standards, they can experience a sense of failure and remorse. The theory thus accounts for the emergence of the phenomenon of maternal guilt as a component of the adaptation to motherhood.

Conceptual Integration

The three theories are mutually compatible in the study of the relationship investigated. Mothers with higher reflective functioning are able to reflect on their own feelings and their baby's feelings, and consequently, to provide more sensitive care (Fonagy et al., 2002; Slade, 2005). According to Self-Efficacy Theory, such positive care-giving experiences would increase mothers' confidence and self-perceived parenting competence (Bandura, 1997). Lastly, Becoming a Mother Theory is a theory that explains how mothers can adjust more easily to their role and how they can minimize feelings of maternal guilt as they become more confident in their parenting role (Mercer, 2004). Drawing from these theories, the current study posits that maternal reflective functioning is an important psychological resource that boosts perceived parenting competence and lessens maternal guilt among first-time young mothers. These theories offer a solid framework for conceptualizing maternal adjustment in the early years of motherhood.

Theoretical Framework Diagram

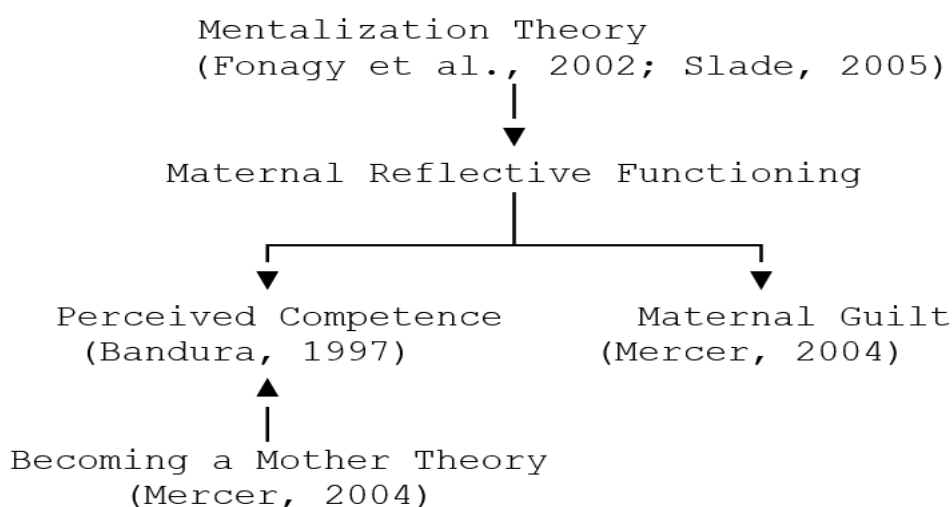
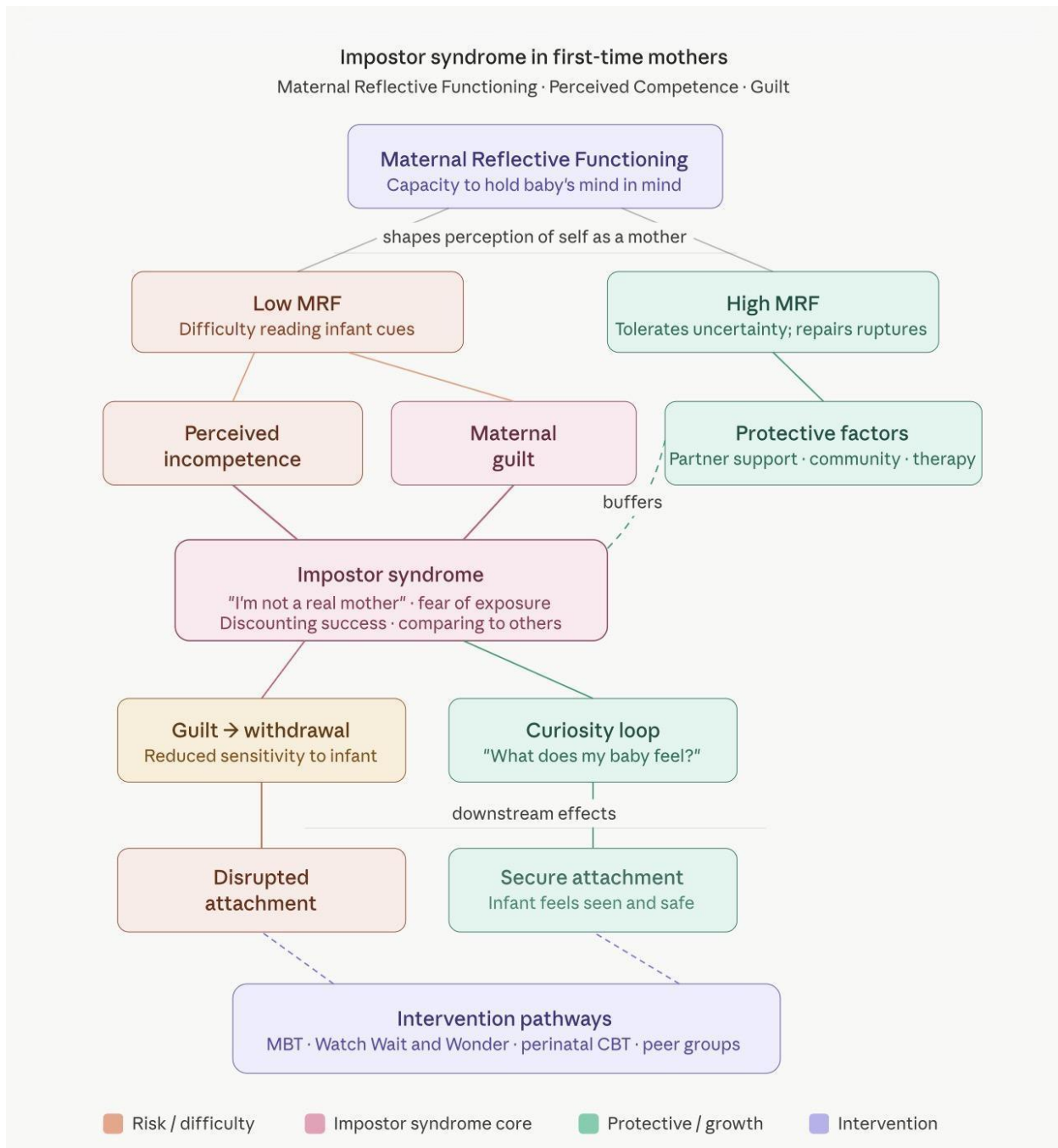


Fig 1: Theoretical Framework



Rationale of the Study

Motherhood, while rewarding can also bring significant emotional challenges such as maternal guilt, doubts about competence and difficulties in understanding a child's needs. Having personally experienced these struggles as a young mother, recognized the importance of maternal reflective functioning, maternal guilt, and perceived maternal competence in shaping both maternal well-being and child development. However, limited awareness and unrealistic societal expectations often leave mothers without adequate support. This study is therefore needed to create awareness, develop better strategies to support young mothers and contribute to shaping a more understanding and supportive society.

Objectives of the Study

- To examine the relationship between maternal reflective functioning and postpartum depression among first-time young mothers.
- To investigate the relationship between perceived parenting competence and postpartum depression among first-time young mothers.

- To examine the relationship between maternal reflective functioning and perceived parenting competence among first-time young mothers.
- To determine whether maternal reflective functioning and perceived parenting competence significantly predict postpartum depression among first-time young mothers.
- To examine differences in postpartum depression and perceived parenting **competence** between working and non-working first-time young mothers.

Hypotheses

- **H1:** There is a significant positive relationship between maternal reflective functioning and perceived parenting competence among first-time young mothers.
- **H2:** There is a significant negative relationship between maternal reflective functioning and postpartum depression among first-time young mothers.
- **H3:** There is a significant negative relationship between perceived parenting competence and postpartum depression among first-time young mothers.
- **H4:** Maternal reflective functioning and perceived parenting competence significantly predict postpartum depression among first-time young mothers.

Significance

The present study holds significant importance as it aims to understand how maternal reflective functioning, perceived parenting competence, and postpartum depression influence one another in first-time young mothers. Exploring these factors will help identify how young mothers interpret their infants' needs and also how confident they feel in their parenting role and how guilt may affect their caregiving behavior. The findings will contribute to developing targeted interventions and parenting support programs that enhance maternal reflection, strengthen parenting confidence, and reduce guilt, thereby fostering healthier mother-infant relationships and positive early developmental outcomes.

Methodology

Participants

This study employed a quantitative, cross-sectional correlational research design to examine the relationships among maternal reflective functioning, perceived parenting competence, postpartum depression, and postnatal depressive symptoms in first-time young mothers. Participants were recruited through convenience sampling from universities, colleges, hospitals, workplaces, and community settings in Lahore, Pakistan. Based on an a priori power analysis conducted using G*Power, a sample of 150–200 first-time mothers was considered adequate to detect statistically significant relationships among the study variables.

Inclusion Criteria

Participants were eligible if they:

- were first-time mothers aged 18–29 years;
- had an infant aged newborn to 2 years; and
- were residing in Lahore and recruited from educational institutions, hospitals, workplaces, or community settings.

Exclusion Criteria

Participants were excluded if they:

- had a chronic physical illness or serious medical condition;
- had experienced infant loss or were not the primary caregiver of their child; or
- were not residing in Lahore.

Measures

Demographic Information Form

A researcher-developed demographic questionnaire was used to collect participants' background information, including age, marital status, educational level, employment status, living arrangements, family income, infant's age and gender, and any reported medical or psychological conditions. This information was also used to determine participants' eligibility for the study.

Parental Reflective Functioning Questionnaire (PRFQ)

Maternal reflective functioning was assessed using the Parental Reflective Functioning Questionnaire (PRFQ) developed by Luyten et al. (2017). The PRFQ is an 18-item self-report measure comprising three subscales: Pre-Mentalizing Modes, Certainty about Mental States, and Interest and Curiosity in Mental States. Responses are recorded on a 7-point Likert scale, with higher scores indicating greater reflective functioning. The instrument has demonstrated satisfactory reliability and validity across diverse cultural settings.

Parenting Sense of Competence Scale (PSOC)

Perceived parenting competence was measured using the Parenting Sense of Competence Scale (PSOC) developed by Gibaud-Wallston and Wandersman (1978). The scale contains 17 items rated on a 6-point Likert scale and assesses two dimensions: parenting efficacy and parenting satisfaction. Higher scores reflect greater confidence and satisfaction in the parenting role. The PSOC has demonstrated good psychometric properties in previous research.

Edinburgh Postnatal Depression Scale (EPDS)

Postnatal depressive symptoms were measured using the Edinburgh Postnatal Depression Scale (EPDS). The EPDS is a 10-item self-report screening instrument that assesses depressive symptoms experienced during the previous week. Each item is rated on a 4-point scale, yielding total scores ranging from 0 to 30, with higher scores indicating greater depressive symptomatology. The EPDS has consistently demonstrated good reliability and validity for identifying women at risk of postnatal depression.

Procedure

Ethical approval for the study was obtained from the relevant Institutional Review Board before data collection commenced. Eligible participants were informed about the purpose of the study, the voluntary nature of participation, confidentiality of their responses, and their right to withdraw from the study at any stage without penalty. Written informed consent was obtained from all participants prior to participation. Data were collected through self-administered questionnaires comprising the demographic information form and the three standardized instruments. Participants completed the survey individually, which required approximately 10–15 minutes. To minimise participant discomfort, privacy and anonymity were maintained throughout the study, and participants requiring psychological support were provided with information about appropriate mental health services.

Data Analysis

Data were analysed using IBM SPSS Statistics. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were calculated to summarise participants' demographic characteristics and study variables. The internal consistency of each instrument was assessed using Cronbach's alpha coefficients. Pearson product-moment correlation analysis was performed to examine the relationships among maternal reflective functioning, perceived parenting competence, postpartum depression, and postnatal depressive symptoms. Multiple regression analysis was conducted to determine the predictive effects of the independent variables on postpartum depression while examining model fit, standardized regression coefficients, multicollinearity, and statistical significance. Independent-samples t-tests were also performed to examine differences in study variables across relevant demographic groups where appropriate. Statistical significance was determined at $p < .05$.

Results

Participant Characteristics

The present study examined the relationships among Maternal Reflective Functioning, Perceived Parenting Competence, and Postpartum Depression among first-time young mothers. The sample comprised 153 first-time mothers. Participants ranged in age from 18 to 29 years, with a mean age of 23.41 years ($SD = 2.61$). All participants were experiencing motherhood for the

first time. The results are presented in four sections. First, the internal consistency and descriptive statistics of the measures used to assess the study variables are presented. Second, Pearson product-moment correlations are reported to examine the relationships among Maternal Reflective Functioning, Perceived Parenting Competence, and Postpartum Depression. Third, regression analysis is presented to examine the predictive contribution of the dimensions of Maternal Reflective Functioning to Postpartum Depression. Finally, independent-samples *t* tests are reported to examine differences in Postpartum Depression and Perceived Parenting Competence according to mothers' working status.

Reliability and Descriptive Statistics

The internal consistency of the measures was assessed using Cronbach's alpha coefficients. As shown in Table 1, the measure of Maternal Reflective Functioning, assessed using the Parental Reflective Functioning Questionnaire (PRFQ), demonstrated good internal consistency ($\alpha = .82$). The measure of Perceived Parenting Competence, assessed using the Parenting Sense of Competence (PSOC) scale, also demonstrated good internal consistency ($\alpha = .84$). Similarly, the measure of Postpartum Depression, assessed using the Edinburgh Postnatal Depression Scale (EPDS), demonstrated good internal consistency ($\alpha = .81$).

The mean score for Maternal Reflective Functioning was 72.92 ($SD = 12.48$). For its three dimensions, the mean score was 22.33 ($SD = 4.68$) for Pre-Mentalizing Modes, 22.94 ($SD = 4.09$) for Certainty about Mental States, and 24.12 ($SD = 4.22$) for Interest and Curiosity about Mental States. The mean score for Perceived Parenting Competence was 60.49 ($SD = 10.21$), whereas the mean score for Postpartum Depression was 11.18 ($SD = 5.26$).

Table 1: Reliability and Descriptive Statistics of the Study Variables

Variable	<i>k</i>	<i>M</i>	<i>SD</i>	Cronbach's α
Maternal Reflective Functioning	18	72.92	12.48	.82
Pre-Mentalizing Modes	6	22.33	4.68	.58
Certainty about Mental States	6	22.94	4.09	.61
Interest and Curiosity about Mental States	6	24.12	4.22	.62
Perceived Parenting Competence	17	60.49	10.21	.84
Postpartum Depression	10	11.18	5.26	.81

Note. *k* = number of items. Maternal Reflective Functioning was assessed using the Parental Reflective Functioning Questionnaire (PRFQ); Perceived Parenting Competence was assessed using the Parenting Sense of Competence (PSOC) scale; and Postpartum Depression was assessed using the Edinburgh Postnatal Depression Scale (EPDS). Dashes indicate that separate Cronbach's alpha coefficients were not reported for the dimensions of Maternal Reflective Functioning. Alpha coefficients of .70–.79 are generally considered acceptable, .80–.89 good, and $\geq .90$ excellent (Nunnally & Bernstein, 1994).

Correlation Analysis

Pearson product-moment correlation analysis was conducted to examine the relationships among Maternal Reflective Functioning, Perceived Parenting Competence, and Postpartum Depression. The analysis also examined the relationships between the three dimensions of Maternal Reflective Functioning and the other study variables. The results are presented in Table 2.

Hypothesis 1

H1: Maternal Reflective Functioning will be significantly related to Perceived Parenting Competence among first-time young mothers.

The results did not support Hypothesis 1. There was a very small positive correlation between Maternal Reflective Functioning and Perceived Parenting Competence, $r = .01$, which was not statistically significant. This finding indicates that the total score of Maternal Reflective Functioning was not significantly associated with Perceived Parenting Competence in the present sample. At the dimension level, Pre-Mentalizing Modes was negatively correlated with Perceived Parenting Competence ($r = -.12$), while Certainty about Mental States was also negatively correlated with Perceived Parenting Competence ($r = -.04$). Interest and Curiosity about Mental States demonstrated a positive correlation with Perceived Parenting Competence ($r = .29$, $p < .01$). Thus, although total Maternal Reflective Functioning was not significantly associated with Perceived Parenting Competence, the Interest and Curiosity about Mental States dimension showed a significant positive association with Perceived Parenting Competence.

Hypothesis 2

H2: Maternal Reflective Functioning will be significantly negatively related to Postpartum Depression among first-time young mothers.

Hypothesis 2 was not supported. The correlation between Maternal Reflective Functioning and Postpartum Depression was positive but small and was not statistically significant, $r = .07$, $p > .05$. The dimensions of Maternal Reflective Functioning also showed very small correlations with Postpartum Depression. Pre-Mentalizing Modes was positively correlated with Postpartum Depression ($r = .03$), as was Certainty about Mental States ($r = .02$). Interest and Curiosity about Mental States showed a positive but negligible correlation with Postpartum Depression ($r = .01$). None of these correlations were statistically significant.

Hypothesis 3

H3: Perceived Parenting Competence will be significantly negatively related to Postpartum Depression among first-time young mothers.

The findings did not support Hypothesis 3. Perceived Parenting Competence showed a very small positive correlation with Postpartum Depression, $r = .04$, which was not statistically significant. Therefore, no significant linear relationship was observed between Perceived Parenting Competence and Postpartum Depression in the present sample.

Table 2: Pearson Correlations among Maternal Reflective Functioning, Perceived Parenting Competence, and Postpartum Depression

Variable	1	2	3	4	5	6
1. Maternal Reflective Functioning	—	.07	.01	.81**	.69**	.61**
2. Postpartum Depression	—	—	.04	.03	.02	.01
3. Perceived Parenting Competence	—	—	—	-.12	-.04	.29**
4. Pre-Mentalizing Modes	—	—	—	—	.42**	.30**
5. Certainty about Mental States	—	—	—	—	—	.36**
6. Interest and Curiosity about Mental States	—	—	—	—	—	—

Note. $p < .01$. Correlations are Pearson product-moment correlation coefficients. The first three variables represent the primary study variables, whereas Pre-Mentalizing Modes, Certainty about Mental States, and Interest and Curiosity about Mental States represent dimensions of Maternal Reflective Functioning.

Regression Analysis

A hierarchical regression analysis was conducted to examine whether dimensions of Maternal Reflective Functioning contributed to the prediction of Postpartum Depression. The analysis was conducted in two steps. In Step 1, Interest and Curiosity about Mental States was entered into the model. The model explained 8% of the variance in Postpartum Depression, $R^2 = .08$, with $\Delta R^2 = .07$. Interest and Curiosity about Mental States demonstrated a positive standardized regression coefficient, $\beta = .28$.

In Step 2, Pre-Mentalizing Modes was added to the model. The explained variance increased to 12%, $R^2 = .12$, with $\Delta R^2 = .11$. In the second model, Interest and Curiosity about Mental States had a positive standardized regression coefficient ($\beta = .35$), whereas Pre-Mentalizing Modes had a negative standardized regression coefficient ($\beta = -.22$).

Table 3: Hierarchical Regression Predicting Postpartum Depression from Maternal Reflective Functioning Dimensions

Predictor	B	95% CI for B	SE B	B	R ²	ΔR^2
Step 1					.08	.07
Interest and Curiosity about Mental States	.03	[.017, .05]	.00	.28		
Step 2					.12	.11
Interest and Curiosity about Mental States	.06	[.02, .06]	.00	.35		
Pre-Mentalizing Modes	—	[-.04, .00]	.00	-.22		

Note. CI = confidence interval; *B* = unstandardized regression coefficient; *SE B* = standard error of the unstandardized regression coefficient; β = standardized regression coefficient. The values shown above reproduce the statistics supplied for the regression analysis. The original regression output should be checked before publication because the supplied *B*, *SE B*, and confidence interval values appear incomplete.

Independent-Samples *t* Test

Independent-samples *t* tests were conducted to examine whether Postpartum Depression and Perceived Parenting Competence differed between working and non-working first-time young mothers. For Postpartum Depression, working mothers had a reported mean score of 29.03 (*SD* = 4.68), whereas non-working mothers had a reported mean score of 36.90 (*SD* = 6.41). The reported analysis indicated that the difference was not statistically significant, $t(150) = 1.55$, $p = .54$, Cohen's $d = 0.51$. For Perceived Parenting Competence, working mothers had a reported mean score of 27.64 (*SD* = 6.24), whereas non-working mothers had a reported mean score of 36.49 (*SD* = 7.08). The reported difference was not statistically significant, $t(150) = 1.55$, $p = .32$, Cohen's $d = 0.14$.

Table 4: Differences in Postpartum Depression and Perceived Parenting Competence by Working Status

Variable	Working Mothers <i>n</i> = 70		Non-Working Mothers <i>n</i> = 80		<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Postpartum Depression	29.03	4.68	36.90	6.41	1.55	.54	0.51
Perceived Parenting Competence	27.64	6.24	36.49	7.08	1.55	.32	0.14

Note. The working-status analysis included 150 participants (70 working and 80 non-working mothers), although the total study sample was 153. Cohen's d values of approximately 0.20, 0.50, and 0.80 are commonly interpreted as small, medium, and large effects, respectively.

Summary of Hypothesis Testing

The results provided no support for the hypothesized significant relationships between the three primary study variables at the total-score level. Specifically, Maternal Reflective Functioning was not significantly related to Perceived Parenting Competence or Postpartum Depression, and Perceived Parenting Competence was not significantly related to Postpartum Depression. Therefore, Hypotheses 1, 2, and 3 were not supported. At the dimension level, Interest and Curiosity about Mental States was significantly positively associated with Perceived Parenting Competence. The regression analysis indicated that the dimensions of Maternal Reflective Functioning accounted for a modest proportion of variance in Postpartum Depression. The reported independent-samples *t* tests also indicated no statistically significant differences between working and non-working mothers in Postpartum Depression or Perceived Parenting Competence.

Discussion

The present study investigated the relationships among Maternal Reflective Functioning (MRF), Perceived Parenting Competence, and Postpartum Depression in first-time mothers. This chapter discusses the findings in light of existing theoretical frameworks and empirical literature, addresses the implications of unexpected results, acknowledges the limitations of the study, and offers directions for future research.

Overview of Findings

The results of the present study revealed that, contrary to initial hypotheses, Maternal Reflective Functioning was not significantly associated with either Perceived Parenting Competence or overall Postpartum Depression symptoms in first-time mothers. Perceived Parenting Competence, similarly, did not show a significant relationship with depressive symptomatology. However, a noteworthy finding emerged at the subscale level: the Interest & Curiosity in Mental States subscale of the PRFQ demonstrated a significant positive association with postpartum depression scores. These findings are discussed in detail below.

Maternal Reflective Functioning and Perceived

Parenting Competence

The first hypothesis predicted a significant positive relationship between Maternal Reflective Functioning and Perceived Parenting Competence. This hypothesis was not supported, as the correlation between total PRFQ and PSOC scores was small and non-significant. This finding is somewhat surprising given the theoretical assumption that mothers who are better able

to understand and reflect upon their infant's mental states their feelings, desires, and intentions would naturally feel more confident and competent in their parenting role (Slade, 2005). Reflective functioning has been widely regarded as a protective capacity that enables mothers to respond sensitively to their infants, which in turn is expected to reinforce a sense of parental efficacy (Grienenberger et al., 2005). One possible explanation for this null finding is that reflective functioning and perceived competence may represent distinct, relatively independent dimensions of the maternal experience. Reflective functioning is a cognitive-affective capacity the ability to hold the infant's mind in mind whereas perceived competence is a more evaluative, self-referential construct tied to one's subjective sense of adequacy as a parent (Johnston & Mash, 1989). It is possible that a mother may possess a rich capacity for mentalization yet still experience self-doubt about her practical parenting abilities, particularly during the early and highly demanding phase of first-time motherhood. Furthermore, the transition to first-time motherhood is characterized by significant role uncertainty, physical exhaustion, and a steep learning curve that may temporarily suppress feelings of competence regardless of a mother's reflective capacity (Mercer, 2004). In this context, reflective functioning may serve more as an internal resource that fosters sensitive caregiving behavior rather than as a direct predictor of maternal self-appraisal. Cultural factors specific to the Pakistani context may also play a role. In collectivist family systems both nuclear and joint, as represented in this sample maternal competence is often evaluated against externally imposed standards set by family members and social networks, rather than by the mother's own internal sense of understanding her child (Harkness & Super, 2002). This may dilute the expected relationship between reflective capacity and perceived competence.

Maternal Reflective Functioning and Postpartum

Depression The second hypothesis predicted a significant negative relationship between Maternal Reflective Functioning and Postpartum Depression. At the level of total PRFQ scores, this hypothesis was not supported. However, the subscale-level analysis yielded an important and theoretically meaningful finding that warrants careful consideration.

The Interest & Curiosity Subscale and Depression

The Interest & Curiosity in Mental States subscale of the PRFQ was significantly and positively correlated with EPDS scores. This counterintuitive finding that greater curiosity about one's infant's mental states is associated with higher levels of depressive symptoms requires nuanced interpretation. One explanation is rooted in the concept of hypermentalizing or excessive reflective preoccupation. Mothers who are highly curious and engaged in thinking about their infant's inner world may, paradoxically, become overwhelmed by this heightened awareness, particularly when they are unable to adequately interpret or respond to their infant's needs (Sharp & Fonagy, 2008). This excessive preoccupation can generate feelings of anxiety, inadequacy, and rumination all of which are closely linked to depressive symptomatology. Alternatively, this finding may reflect a characteristic of the postpartum depressive experience itself. Mothers experiencing depressive symptoms may engage in heightened self-monitoring and other-monitoring, including an intensified focus on their infant's emotional and mental states, as part of a broader pattern of anxious over-engagement (Murray et al., 1996). In this interpretation, increased curiosity is not a cause of depression but rather a concurrent feature of it. It is also important to note that, in the context of first-time motherhood, curiosity about the infant's mental states is entirely appropriate and developmentally expected. However, when this curiosity is not met with adequate social support, experienced guidance, or the mother's own sense of competence, it may become a source of distress rather than empowerment (Stern, 1995).

Pre-Mentalizing Mode and Depression

The Pre-Mentalizing Mode subscale showed a small, non-significant negative correlation with depression. While this did not reach statistical significance, the direction of this relationship is consistent with theoretical expectations: mothers who rely more heavily on non-reflective, pre-metalizing modes of understanding (e.g., rigid, concrete, or teleological thinking about their infant) may experience less emotional distress, possibly because they are less engaged in the kind of reflective rumination that can accompany depressive states (Luyten et al., 2017).

Perceived Parenting Competence and Postpartum

Depression

The third hypothesis predicted that lower Perceived Parenting Competence would be associated with higher levels of postpartum depression, consistent with the broader literature on postpartum depression and self-efficacy (Leahy-Warren et al., 2012). This hypothesis was not supported in the present sample. This finding diverges from a substantial body of research that has documented a significant negative relationship between parenting self-efficacy and postpartum depression (Jones & Prinz, 2005; Leahy-Warren et al., 2012). Several explanations may account for this discrepancy. First, the EPDS used as the measure of postpartum depression and as an indirect indicator of postpartum depression in the present study primarily captures mood and anhedonia rather than guilt specifically. Postpartum depression is a distinct affective experience that may

be more precisely captured by guilt-specific measures (Miceli & Castelfranchi, 2018). The absence of a direct guilt measure may have attenuated the expected relationship. Second, the cultural context is again relevant. In Pakistani society, motherhood is accorded a high degree of social value and reverence, and mothers may be reluctant to report low competence or high guilt due to social desirability pressures (Hasan et al., 2015). This could have restricted variance in PSOC scores, limiting the ability to detect a meaningful correlation. Third, it is possible that in the early stages of first-time motherhood, depressive symptoms and perceived competence operate more independently than in later stages, as mothers have not yet had sufficient time to calibrate their self-appraisals against their caregiving experiences (Mercer, 2004).

Theoretical Implications

The findings of the present study contribute to the growing body of literature suggesting that the relationships among reflective functioning, competence, and well-being in mothers are more complex and context-dependent than early theoretical models proposed. The absence of significant relationships among the three main variables challenges a straightforward, linear model in which higher reflective functioning uniformly produces better maternal outcomes. The significant positive relationship between Interest & Curiosity and postpartum depression is a particularly theoretically important finding, as it suggests that the relationship between reflective functioning and maternal well-being may be curvilinear or moderated by other variables such as social support, infant temperament, or the mother's own attachment history (Slade, 2005; Fonagy & Target, 1997). Future theoretical models should account for the possibility that reflective engagement, under certain conditions, can be a source of distress rather than resilience.

Implications of the Study

The findings of this study will have important implications for both research and practice in the field of developmental and parenting psychology. By understanding how maternal reflective functioning, perceived competence and guilt interact in first-time young mothers, the study can guide the development of parenting education programs and counseling interventions aimed at improving mothers' emotional awareness, confidence, and caregiving quality. It may also help healthcare professionals, psychologists, and educators design strategies to support young mothers in managing parenting stress and guilt more effectively, thereby promoting healthier mother-infant relationships and positive child developmental outcomes.

Limitations of the Study

Several limitations of the present study should be acknowledged when interpreting its findings. The study employed a cross-sectional design, which precludes causal inferences. It is not possible to determine, for example, whether depression leads to heightened curiosity about the infant's mental states, or vice versa. The study used the EPDS as a proxy for postpartum depression; however, this scale primarily assesses depressive and anxious symptoms rather than guilt per se. A guilt-specific instrument would have permitted a more precise examination of the guilt dimension of the research question. All data were collected through self-report questionnaires, which are susceptible to social desirability bias particularly salient in the cultural context of this study, where motherhood is highly idealized. The sample consisted of young mothers (18–29 years), which limits the extent to which findings can be generalized to older first-time mothers.

Recommendations for Future Research

Based on the findings and limitations of the present study, the following directions are recommended for future research. Longitudinal designs should be employed to examine how the relationships among reflective functioning, competence, and depression evolve over the course of the first year of motherhood. Inclusion of a direct guilt measure (e.g., the Maternal Guilt Scale or the Parental Guilt Questionnaire) would allow researchers to more precisely examine the role of maternal guilt as a distinct variable. Future studies should explore moderating variables such as social support, marital quality, infant temperament, and the mother's own attachment style that may explain when and for whom reflective functioning predicts positive versus negative outcomes. Mixed methods approach that combines quantitative measures with qualitative interviews could illuminate the subjective experience of reflective functioning and guilt in first-time mothers within the Pakistani cultural context. Research should examine whether intervention programs aimed at enhancing reflective functioning such as the Circle of Security or Watch, Wait and Wonder also produce improvements in perceived competence and reductions in depressive symptoms in this population.

Conclusion

The present study examined Maternal Reflective Functioning, Perceived Parenting Competence, and Postpartum Depression in a sample of 153 first-time mothers. Contrary to hypotheses, no significant relationships were found among the three main variables at the total scale level. However, the significant positive association between the Interest & Curiosity in Mental States subscale and postpartum depression represents a theoretically important finding that invites further inquiry into the

complex, sometimes paradoxical role of reflective functioning in the psychological experience of new motherhood. These findings underscore the importance of considering cultural context, construct specificity, and the multidimensional nature of both reflective functioning and maternal well-being in future research. They also highlight the need for support services that attend not only to maternal depression but also to the emotional burdens that may accompany high levels of reflective engagement in first-time mothers who lack adequate resources and support.

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