



Brief report

The association between maternal depression and sensitivity: Child-directed effects on parenting during infancy



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ABSTRACT

The current study prospectively explored infant behaviors as a moderator of the association between maternal depression and parenting sensitivity in a sample of 167 families. Maternal depression was only associated with later sensitivity for infants who displayed more negativity during mother-infant interactions.

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Introduction

It is well-established that maternal depression is associated with compromised parenting behaviors (i.e., decreased parenting sensitivity and warmth, impaired mother-infant interactions, caregiving difficulties) and adverse child outcomes (i.e., insecure attachment, behavior problems, cognitive and socio-emotional deficits) (e.g., Field, 2010; Goodman et al., 2011). The parenting behaviors and interactional styles of depressed mothers are proposed to act as essential mechanisms for the transmission of psychopathology to children (Downey & Coyne, 1990; Goodman & Gotlib, 1999). However, the overall effect of maternal depressive symptoms on positive parenting behaviors is small (Lovejoy, Graczyk, O'Hare, & Neuman, 2000), suggesting that other maternal, infant, or family factors may influence which depressed mothers display less sensitive parenting behaviors. Indeed, there is some, albeit limited, evidence for moderators of the association between maternal depression and sensitivity (Crockenberg & Leerkes, 2003b). As infant behavioral style (e.g., irritability) shows complex relations to parenting behaviors (Crockenberg & Leerkes, 2003a), infant characteristics may be a crucial determinant of parenting, especially for mothers with depression, who are at-risk for suboptimal parenting. Much of the research on children's influence on parenting behaviors has focused on infant temperament and, specifically, infant difficult temperament (Crockenberg & Leerkes, 2003a). Infant interactive behaviors during face-to-face interactions with their mothers may provide additional insight into the transactional mother-infant interactions that may contribute to maternal caregiving behaviors in the context of maternal depressive symptoms.

This report examines infant interactive behaviors early in infancy as a moderator of the association between maternal depression and later maternal sensitivity. It was hypothesized that depressed mothers whose infants interacted with them in more negative ways would display less sensitivity, whereas infants who displayed less negativity might buffer the effect of maternal depression on parenting. We also explored whether these associations were specific to infant behaviors when

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Table 1
Descriptive Statistics and Intercorrelations of Key Variables.

Variable	1	2	3	4	5	6	7
1. SES, prenatal	–	–0.22**	–0.15	–0.03	0.11	0.16	0.47**
2. Maternal depression, 4 mos.		–	–0.06	–0.03	0.02	0.03	–0.28**
3. Infant negativity ratio with mothers, 4 mos.			–	–0.02	–0.47**	–0.11	–0.39**
4. Infant negativity ratio with fathers, 4 mos.				–	0.01	–0.22*	–0.18
5. Infant positivity ratio with mothers, 4 mos.					–	0.15	0.31**
6. Infant positivity ratio with fathers, 4 mos.						–	0.24
7. Maternal sensitivity, 15 mos.							–
M	5.43	5.85	0.17	0.09	0.55	0.64	5.58
SD	0.94	7.62	0.21	0.15	0.29	0.22	1.10
N	167	165	155	80	154	80	106

Bold values indicate significant correlations at $p < 0.05$.

* $p < 0.05$.

** $p < 0.01$.

interacting with their mothers, versus a more general interactive style (as measured by comparing results of mother–infant interactions to infant interactions with their fathers).

Data were drawn from a larger investigation that prospectively explored goodness of fit in parent–child dyads (for a description of the larger study, see Seifer et al., 2014) and included assessments from the prenatal period through 30 months. Mothers with depression were oversampled, such that approximately half of the families had a mother with a lifetime history of major depression. The current study included data from a subset of 167 families at child ages 4 months and 15 months, for whom data on any of the key study variables was available.

Families were recruited during the prenatal period at the main obstetrics hospital that accounted for approximately 90% of the births in a metropolitan area in northeastern United States. Parents were approached during prenatal birthing classes and given a brief presentation about the study, noting that a history of depression was a focus of the research. Interested mothers were contacted by project staff for a more thorough study description and to schedule an enrollment assessment, including the informed consent process.

Fifty-three percent of infants were boys. Most of the sample was middle or upper socioeconomic status (SES; 84% of mothers had at least some college education). Eleven percent of mothers were of minority racial status; the remaining were White, non-Hispanic. Seventy-eight percent of mothers were married and living with their spouse, and 74% of mothers were first-time mothers.

Demographic information was collected prenatally from the families. Hollingshead (1975) 4-factor SES scores were computed from the education and occupation scores of the two adults in the household. For those families with only a mother in the home (approximately 11% of current sample), her education and occupation were used to determine SES.

Maternal depressive symptoms were measured at child age 4 months using the modified Hamilton Rating Scale for Depression (HRSD; Miller, Bishop, Norman, & Maddever, 1985), a 17-item clinician-rated interview assessing current severity of depressive symptoms. The HRSD was administered by doctoral-level clinicians.

Observers used a revised version of the Infant Engagement Phases (IEP; Weinberg & Tronick, 1998) to code infant interactive behaviors while playing with a parent at age 4 months (rater reliability 0.80 or above). Infant behavior was continuously coded to reflect the proportion of time infants were in one of six states during a 10-min play episode with mothers, followed by a separate 10-min play episode with fathers. During the play task, infants were seated in an infant seat, and toys were provided. Parents were given non-directive instructions to play with their infants for 10 min. The states coded include Negative Protest, Negative Withdrawn, Social Positive, Social Monitor, Object Engagement, and Other Engaged. To reduce the number of outcome variables, two subscales were created. Infant Negativity is the combined proportion of the Negative Protest and Negative Withdrawn states. Infant Positivity is the combined proportion of the Social Positive, Object Engagement, and Other Engaged states.

The Emotional Availability Scales (EAS; Biringen, Robinson, & Emde, 1998) was used to code maternal sensitivity during 8 videotaped semi-structured home observations of mother–infant interaction at 15 months. Each observation included at least 10 min of three situations: mothers in close proximity to their children, children alone, and mothers engaged in caretaking behaviors (primarily feeding and diapering). Efforts were made to capture these situations naturally, but mothers were prompted when necessary to engage in one of the three types of interaction. In total, the videotaped interaction lasted approximately 45 min. Each observation was then coded on a 9-point scale with higher scores reflecting higher levels of maternal sensitivity (rater reliability 0.80 or above). Scores for each observation were averaged to compute an 8-observation aggregate score. High levels of maternal sensitivity reflect a behavioral style which is responsive to infant cues, affectively positive, flexible, interactive, and emotionally connected.

Descriptive statistics and correlations among the key variables are displayed in Table 1. The significant associations between SES and the variables of interest led us to covary SES in all analyses. When controlling for SES, the partial correlation between maternal depression at 4 months and maternal sensitivity at 15 months was in the small to medium effect size range

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