

Correlates of Depressed Mothers' Sensitivity Toward Their Infants: The Role of Maternal, Child, and Contextual Characteristics

KARIN T.M. VAN DOESUM, M.A., CLEMENS M.H. HOSMAN, Ph.D.,
J. MARIANNE RIKSEN-WALRAVEN, Ph.D., AND CEES HOEFNAGELS, Ph.D.

ABSTRACT

Objective: To examine various maternal, child, and contextual characteristics, as well as the number of risk factors present, to distinguish which factors explain variance in the sensitivity of depressed mothers toward their infants. **Method:** Participants were depressed mothers ($n = 84$) with their infants ages 1 month up to 1 year. Mothers were videotaped while bathing their children. The recordings were rated using the sensitivity scale of the Emotional Availability Scales. **Results:** Three characteristics independently contributed to the explained variance in maternal sensitivity: level of education, feelings of parental incompetence, and family income. In addition, two subgroups were found to be particularly at risk: young mothers with high levels of depressive symptoms and low-income mothers who felt insecure about their parental competence. Together, these factors explained 23% of the variation in sensitivity in our sample of depressed mothers. The number of risk factors explained 9.8% of the variation in sensitivity. **Conclusions:** The present results have implications for preventive interventions. Identifying specific groups at risk for low maternal sensitivity at an early stage may lead to favorable outcomes of targeted interventions that focus on enhancing depressed mothers' maternal sensitivity and feelings of parental competence. *J. Am. Acad. Child Adolesc. Psychiatry*, 2007;46(6):747–756. **Key Words:** depression, maternal sensitivity, mother–child interaction.

Much has become known recently about the negative impact of accumulating unfavorable conditions on the quality of parenting. Many studies on this topic have applied Belsky's theoretical framework (Belsky, 1984).

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Ms. van Doesum is with the Prevention Research Center, Department of Clinical Psychology, Radboud University Nijmegen and the Community Mental Health Center, RIAGG IJsselland; Dr. Hosman is with the Prevention Research Center, Department of Clinical Psychology, and Dr. Riksen-Walraven is with the Department of Developmental Psychology, Radboud University Nijmegen; and Dr. Hoefnagels is with the Department of Health Promotion, University of Maastricht, The Netherlands.

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Correspondence to Karin van Doesum, Prevention Research Center, Department of Clinical Psychology, Radboud University Nijmegen, P.O. Box 9104, NL6500 HE Nijmegen, The Netherlands; e-mail: k.vandoesum@riagg.ijsselland.nl.

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The model is comprehensive in that it takes into account not only the individual characteristics of infant and parent, but also aspects of the caregiving context. Extensive empirical support for the model has been found in various populations, for example, teenage mothers and their 8- to 15-month-old children (Luster, 1998), mothers of 5- to 7-year-olds (Meyers, 1999), and a community-based sample of parents with 15-month-old infants (Van Bakel and Riksen-Walraven, 2002). Although there is now substantial knowledge about the determinants of parenting in healthy mothers, less is known about the determinants of parenting in mothers who suffer from mental illness. The present study focused on likely determinants of parenting in mothers with postpartum depression.

Various studies have shown that maternal depression negatively affects the quality of the mother–child interaction, especially mothers' sensitivity toward their children's signals and needs (Cummings and Davies, 1994; Field, 1998; Goodman and Gotlib,

1999; Murray and Cooper, 1997). Maternal sensitivity includes a variety of parental qualities that include affect, timing, flexibility, acceptance, conflict negotiation, and the parents' awareness of their children's cues, as well as appropriate responsiveness (Biringen et al., 1998). Lowered maternal sensitivity, in turn, negatively affects various aspects of a child's development. Attachment research, for example, has repeatedly documented the association between less sensitive and responsive parenting and an increased rate of insecure parent-child attachment among young children (De Wolff and Van IJzendoorn, 1997; Van den Boom, 1994). However, despite the generally lower levels of sensitivity found in depressed mothers, studies reporting effects of maternal depression on child outcomes found a substantial number of children of depressed caregivers that did not evince dysfunction. This implies that there is considerable variation in the sensitivity among depressed mothers, which is associated with the variance in developmental outcomes among their children. Moreover, it also seems to imply that apart from maternal depression, other maternal, contextual, and child characteristics may contribute to the differences in maternal sensitivity or that they may interact with maternal depression to affect maternal sensitivity (or child development).

Maternal characteristics repeatedly found to be related to sensitivity are the severity and chronicity of a mother's depressive symptoms (Campbell et al., 1995; NICHD, 1999). Previous studies show differences, both within and between studies, in terms of using samples of mothers with depressive symptoms and mothers diagnosed with depressive disorders. The course of the depressive symptoms tends to be more important than the diagnostic status of the depression (Seifer et al., 2001). Furthermore, a longitudinal study of depressed mothers found the severity of the depression to be predictive of insecure attachment in infants ages 1 and 2 years (Teti et al., 1995). Depression with comorbid psychopathology was also found to impair the quality of mother-child interactions (Carter et al., 2001). A fourth characteristic that may explain differences in sensitivity between depressed mothers includes the mothers' feelings of incompetence as parental caregivers. Depressed mothers generally regard themselves more unfavorably as parents and feel less attached to their children than nondepressed mothers (Cox et al., 1987; Frankel and Harmon, 1996).

Furthermore, associations have been reported between lower levels of education and low socioeconomic status on the one hand and maternal sensitivity on the other (Albright and Tamis-Lamonda, 2002; Hammen, 2002; Sameroff et al., 1983). Finally, contradictory results have been found for maternal age. In one study younger mothers showed less favorable parenting and lower child acceptance (Levine et al., 2001), although Pederson et al. (1990) had earlier failed to find such evidence. When occurring in combination with other stressors, young maternal age appears to be a strong predictor of parenting problems (East et al., 1994; Fox et al., 1995).

Certain child characteristics have also been found to make infants more vulnerable to developmental problems, which may also affect maternal sensitivity. This includes children who have experienced perinatal difficulties (including low birth weight, long duration of labor, cesarean birth, and induction of labor in combination with difficult temperament). Neurological problems that compromise the regulation of autonomic processes have been found to occur more frequently among low birth weight preterm babies and play a key role in the developmental prognoses for infants at high risk. Difficulties of neural autonomic regulation are associated with irritability or negative emotionality in infancy (Porges, 1996). In turn, a difficult temperament in children has been found to be related to low maternal sensitivity (Van Bakel and Riksen-Walraven, 2002; Van den Boom and Hoeksema, 1995). However, studies on the relation between perinatal risk factors and difficult temperament have shown inconsistent findings (Ross, 1987).

The present study included four contextual characteristics that earlier research had found to be related to maternal sensitivity in depressed mothers: chronic stress, stressful life events, social support, and SES. Families with a depressed parent may be exposed to multiple chronic stressors that typically accompany depressive disorders, such as economic hardship, relational difficulties, work-related problems, stressful episodic life events, and lack of social support (Belsky, 1984; Hammen, 2002; Rutter and Quinton, 1984). Several researchers have found that the presence of life events, chronic stress, lack of social support from the spouse, and low socioeconomic status affect the quality of the dyadic interaction between depressed mothers and their infants (Lyons-Ruth et al., 1997; Mertesacker et al., 2004; Murray et al., 1996).

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