



Socialization of emotion and offspring internalizing symptoms in mothers with childhood-onset depression

Jennifer S. Silk^{a,*}, Daniel S. Shaw^b, Joanna T. Prout^a, Flannery O'Rourke^b, Tonya J. Lane^b, Maria Kovacs^a

^a Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA

^b Department of Psychology, University of Pittsburgh, Pittsburgh, PA, USA

ARTICLE INFO

Article history:

Received 25 January 2010

Received in revised form 31 January 2011

Accepted 3 February 2011

Available online 25 March 2011

Keywords:

Maternal depression

Socialization

Emotion regulation

Internalizing symptoms

ABSTRACT

This study examines how mothers with and without a history of childhood-onset depression respond to their 3–9 year-old children's emotions. Mother–child dyads included 55 offspring of mothers with a history of childhood-onset depressive disorders and 57 offspring of never-depressed mothers. Mothers with a history of childhood depression were less likely than control mothers to respond in supportive ways to their children's negative emotions and were more likely to magnify, punish, or neglect their children's negative emotions. Magnification, neglect, and punishment of children's negative emotions were concurrently associated with children's internalizing symptoms, and neglect and punishment were associated with internalizing over a one year follow-up. Maternal neglect of children's negative emotion was positively associated with later internalizing symptoms for children who already had higher internalizing symptoms at the initial assessment. Findings suggest that atypical socialization of emotion may be one mechanism in the development of internalizing disorders.

© 2011 Elsevier Inc. All rights reserved.

It is well-documented that maternal depression significantly heightens children's risk for depression and other psychiatric problems (Downey & Coyne, 1990; Wachs, Black, & Engle, 2009). Children of depressed parents are at a 3- to 4-fold risk of developing depression during childhood and adolescence (Beardslee, Versage, & Gladstone, 1998; Weissman, Warner, Wickramaratne, Moreau, & Olfson, 1997). As many as 45% of children with a depressed parent will experience an episode of major depression by late adolescence, with this number reaching as high as 60% by the age of 25 (Beardslee et al., 1998; Hammen, 2000). Depressive disorders are often markedly severe in this population, including an earlier age of onset, longer duration of episodes, higher social impairment, and higher rates of suicide relative to other depressed children and adolescents (Beardslee, Keller, Lavori, & Staley, 1993; Weissman, Fendrich, Warner, & Wickramaratne, 1992; Weissman et al., 1997). Children with depressed parents are also at high risk for developing anxiety disorders (Beidel & Turner, 1997; Weissman et al., 2005; Wickramaratne & Weissman, 1998). The present study focuses on offspring of mothers whose own depression began prior to the age of 14. This group is at particularly high risk for internalizing problems.

Children of parents for whom depression began in childhood have a 14-fold greater risk of having depression before age 13 compared to children of parents with older-onset cases (Weissman, Wickramaratne, et al., 1984).

In order to improve prevention, early detection, and early intervention of depression and anxiety among children of depressed parents, we need a better understanding of the mechanisms through which risk is transmitted across generations. Despite overwhelming evidence of risk for internalizing symptoms and associated disorders in offspring of depressed parents, the underlying mechanisms of this risk are still unclear (Goodman, 2007; Goodman & Gotlib, 1999). The intergenerational transmission of internalizing problems is likely to result from complex transactional processes between the parent and child. As many researchers have shown (Anderson, Lytton, & Romney, 1986; Patterson, DeBaryshe, & Ramsey, 1989; Sameroff, 1975), child outcomes are the result of reciprocal influences among parental and child behaviors. Child factors shown to be important in the development of internalizing symptoms and disorders include negative emotionality (Eisenberg et al., 2009; Gilliom & Shaw, 2004; Morris et al., 2002; Shaw, Keenan, Vondra, Delliquadri, & Giovannelli, 1997), behavioral inhibition (Kagan, Snidman, Zentner, & Peterson, 1999), low levels of effortful and attentional control, and low levels of positivity and reward processing (Forbes, Shaw, & Dahl, 2007; Silk, Shaw, Forbes, Lane, & Kovacs, 2006). Several characteristics of the family environment can exacerbate these child characteristics in contributing to the development of internalizing problems. These include interparental conflict (Grych, Raynor, & Fosco, 2004; Shaw et al., 1997), parental criticism (Frye & Garber, 2005; Silk et al., 2009),

* Corresponding author at: Western Psychiatric Institute and Clinic, University of Pittsburgh, 3811 O'Hara Street, Pittsburgh, PA 15213, USA. Tel.: +1 412 383 8136; fax: +1 412 383 5426.

E-mail addresses: silkj@upmc.edu (J.S. Silk), casey@pitt.edu (D.S. Shaw), jtprout@gmail.com (J.T. Prout), feo3@pitt.edu (F. O'Rourke), tjd50@pitt.edu (T.J. Lane), kovacs@pitt.edu (M. Kovacs).

and controlling parenting (Gilliom & Shaw, 2004; Morris et al., 2002). Previous research on the family context of depressed parents has focused primarily on the quality of mother–child interaction. This work has revealed lower levels of positivity and higher levels of negativity in dyads with a depressed mother (i.e., Cohn, Campbell, Matias, & Hopkins, 1990; Cummings, Keller, & Davies, 2005; Field, Healy, Goldstein, & Guthertz, 1990; Foster, Garber, & Durlak, 2008; Tarullo, DeMulder, Martinez, & Radke Yarrow, 1994).

This body of research has pointed to general problems in the parent–child relationship in high-risk families; however, greater specificity is needed in pinpointing the specific parenting practices that promote the development of internalizing symptoms. The present study focuses on emotion-related parenting practices that could contribute to the development of internalizing symptoms in offspring and could be addressed in behavioral and parenting interventions. Emotion-related parenting practices are parenting practices that deal with emotion and emotion management, such as how parents discuss and respond to children's emotions. These practices are important because they are believed to play a key role in the socialization of emotion and emotion regulation in children (Eisenberg, Cumberland, & Spinrad, 1998; Morris, Silk, Steinberg, Myers, & Robinson, 2007).

Parents' emotion-related parenting practices appear to be influenced by what Gottman and colleagues refer to as a “meta-emotion philosophy”, defined as a parent's beliefs about his or her own and his or her children's emotions that guides responses to these emotions (Gottman, Katz, & Hooven, 1996). Emotion-coaching parents are aware of the child's emotion, help the child to verbally label emotions, empathize with or validate the child's emotion, see the child's emotion as an opportunity for intimacy or teaching, and/or help the child to problem solve (Gottman, Katz, & Hooven, 1997). Emotion-dismissing parents, on the other hand, believe that negative emotions are potentially harmful to children, and that parents should work to help children minimize negative emotions as quickly as possible (Gottman et al., 1996). In a longitudinal study of 5-year-old children, Gottman et al. (1996) found that emotion-coaching parents, assessed via a meta-emotion interview, were more likely to have children with vagal tone levels conducive to better regulation of emotion. These children also had higher teacher-rated social skills three years after parents' meta-emotion philosophy was assessed. More recent studies with school-aged youth have supported associations between parents' meta-emotion philosophy, children's emotion regulation, and children's psychosocial adjustment (Cunningham, Kliewer, & Garner, 2009; Lunkenheimer, Shields, & Cortina, 2007).

Research examining parents' specific responses to children's emotions suggests that parental reactions to child emotions play a role in conveying implicit and explicit messages to children about how to manage emotions (Eisenberg, Fabes, & Murphy, 1996). Positive responses to emotions can support emotion regulation by encouraging or providing models of potentially adaptive emotion regulation strategies. These supportive responses help children refine and rehearse strategies for managing emotion. Parents may also respond to children's negative emotions in non-supportive ways. Parents who view negative emotions as aversive, or who lack a sense of efficacy in their own ability to manage emotions, may be particularly likely to have negative responses to their children's emotional displays (Gottman et al., 1997). Critical or other overtly negative reactions, such as mocking or threatening to punish the child for his or her display of emotion, may encourage the suppression of emotion or the use of avoidant or aggressive emotion regulation strategies (Buck, 1984; Eisenberg et al., 1996; Roberts & Strayer, 1987). Buck (1984) theorized that if children's expression of negative emotions is consistently punished, they may begin to associate the experience of anger or sadness with negative consequences. When these children are faced with situations that provoke negative emotions, they may learn to suppress emotional expression while still experiencing heightened physiological arousal (Gross & Levenson, 1997).

Eisenberg and colleagues have found that parent report of supportive responses to children's emotions is associated with better effortful control among toddlers (Spinrad et al., 2007) and use of more constructive emotion regulation strategies in peer provocations among school-aged children (Eisenberg et al., 1996). In contrast, parent reports of punitive and minimizing responses are associated with school-age children's use of avoidant strategies in peer interactions and with parent-report of problem behavior and poor social functioning (Eisenberg, 1994; Eisenberg, Fabes, Carlo, & Karbon, 1992; Eisenberg et al., 1996, 1999). Other research has supported Eisenberg and colleagues' results. Roberts (1999) found that parents' non-punitive responses to preschool-age children's distress were concurrently associated with children's prosocial behavior. Ramsden and Hubbard (2002) found maternal acceptance of fourth-grade children's negative emotions to have a concurrent and indirect relationship with lower child aggressiveness through child emotion regulation.

In related work based on Tomkins' Affect Theory (Tomkins, 1963), Malatesta-Magai (1991) proposed a model of five strategies that parents typically use to socialize children's emotions: Reward, punish, override, neglect, and magnify. A rewarding response is a response to the child's emotion that provides comfort, empathy, and/or helps the child to solve problems. A rewarding response does not actually involve providing a reward to the child for displaying a negative emotion; therefore, to be more consistent with terminology used in existing literature on emotion socialization, we subsequently refer to this type of response as supportive. Override responses are dismissive parental behaviors that attempt to dismiss the emotion, such as telling a child “things aren't so bad” or distracting the child. Both supportive and override responses are believed to typically decrease children's negative emotions, although override responses may be experienced as less validating of children's emotional experience. A punitive response involves discouraging the child's emotional expression by showing disapproval, mocking, or punishing emotional expression. Magnify occurs when a parent responds to the child's emotion by matching the emotion with equal or stronger intensity. A neglect response occurs when the parent ignores the child's emotional expression. Punitive, magnify, and neglect responses are generally considered negative responses likely to increase children's negative emotions (Klimes-Dougan, Brand, & Garside, 2001).

These five responses can be assessed via parent or adolescent report using the Emotions as a Child Scale (EAC; Magai, 1996). Research using the retrospective reports of young adults on the EAC found that parental use of punish and neglect strategies during childhood were associated with higher levels of psychological distress in young adulthood (Garside & Klimes-Dougan, 2002). Work by O'Neal and Magai (2005) examined the relationship between adolescent-reported parental responses to children's emotions on the EAC and child problem behavior in a group of inner-city early adolescents. They found neglect, magnify, and punish to be concurrently related to elevated adolescent report of internalizing symptoms and externalizing behavior. Another more recent study using the EAC reported that adolescents with higher levels of internalizing symptoms and/or externalizing symptoms (based on parent and adolescent report) described their parents as less likely to use supportive strategies in response to their emotions. These adolescents also described their parents as more likely to punish, magnify, or neglect their anger, and more likely to neglect sadness when compared to parents of adolescents with low levels of problem behavior (Klimes-Dougan et al., 2007).

The work of Eisenberg and colleagues (Eisenberg, 1994; Eisenberg et al., 1996, 1999; Spinrad et al., 2007) and Gottman and colleagues (Gottman et al., 1996, 1997) has generally focused on the socialization of global negative emotions (e.g., general negative affect and distress), whereas most research using the EAC has focused on the socialization of discrete emotions, such as anger, sadness, and fear. O'Neal and

Download English Version:

<https://daneshyari.com/en/article/359807>

Download Persian Version:

<https://daneshyari.com/article/359807>

[Daneshyari.com](https://daneshyari.com)