



Depressed mood and maternal report of child behavior problems: Another look at the depression–distortion hypothesis[☆]

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ABSTRACT

Caregiver depression has been described as leading to overreport of child behavior problems. This study examines this “depression–distortion” hypothesis in terms of high-risk families of young adolescents. Questionnaire data were collected from mothers, teachers, and fathers, and self-report information was obtained from youth between ages 10 and 14 years. First, convergent and discriminant validity were demonstrated for internalizing and externalizing multiagent constructs. Second, the depression–distortion hypothesis was examined, revealing a modest effect of maternal depression, leading to the inflation of reported son externalizing and daughter internalizing problems. The data suggest the need to consider multiple influences on parental perceptions of child behavior and psychopathology in research and clinical settings.

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1. Introduction

Child behavior problems and maternal depression have been linked in a multitude of investigations involving both clinical and community samples (Downey & Coyne, 1990; Goodman & Gotlib, 1999). Children of mothers who experienced clinical levels of depression were found to be at increased risk for psychopathology in general and for behavior problems in particular (Fendrich, Warner, & Weissman, 1990; Weissman et al., 1984; Welsh-Allis & Ye, 1988). This association between mothers' depressive symptoms and child behavioral and emotional difficulties has been demonstrated for families of preschoolers participating in the treatment of child disruptive disorders (Webster-Stratton & Hammond, 1988) and community samples that included children of various ages (Egeland, Kalkoske, Gottesman, & Erickson, 1990; Krain & Kendall, 2000). The strength of the association between maternal depressive symptoms and child behavior problems is borne out by the consistency of findings across developmental stages from preschool (Campbell, Pierce, Moore, Marakovitz, & Newby, 1996) through adolescence (Thomas, Forehand, & Neighbors, 1995). In addition, studies using diverse measurement approaches, including diagnostic interviews, self-report questionnaires, and observations, have yielded convergent findings (Egeland et al., 1990; Fendrich et al., 1990; Hops et al., 1987).

It should be noted that maternal depressive symptoms have been shown to predict increased risk for child externalizing and internalizing type problems differently as a function of child gender (Essex, Klein, Cho, & Kraemer, 2003). On the other hand, divergent results have also been obtained. Hammen (1991), for example, did not detect gender differences in the impact of maternal depression. Interestingly, Hops (1996) found that girls of depressed mothers experienced more pronounced effects, particularly when older, whereas other investigators reported more extensive effects for younger boys. More recently, maternal depression was found to be associated with both externalizing and internalizing behavior problems for boys, but not linked with behavior problems/symptoms for female offspring (Carter, Garrity-Rokous, Chazan-Cohen, Little, & Briggs-Gowan, 2001). Given these inconsistent findings, we explored the existence of gender differences in associations between maternal symptoms of

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depression and child behavior problems, but did not formulate specific a priori hypotheses about the exact nature of such differences.

A number of mechanisms have been proposed to explain the association between maternal depression and child behavior problems (Campbell et al., 1996; Cummings & Davies, 1994; Goodman & Gotlib, 1999; Patterson, 1980). First, mothers' symptoms of depression may lead to an actual increase in child behavior problems, either directly via symptoms of depression (e.g., dysphoria) that manifest while parents interact with their children, or through the effects of depressive symptoms on parenting/parent–child interactions. A presentation characterized by emotional unavailability, negative affect, and cognitions associated with depression likely diminish the quality of parent–child interactions (Cummings & Davies, 1994; Goodman & Gotlib, 1999). In addition, maternal depression has been linked with the use of ineffective behavior management practices (e.g., harsh or inconsistent discipline and inadequate supervision) and marital/family discord, which in turn may contribute to the development and maintenance of child behavior problems (Forehand, Lautenschlager, Faust, & Graziano, 1986).

The depression–distortion hypothesis (Richters & Pellegrini, 1989) has also been proposed as an explanatory mechanism for the association between maternal depression and child behavior problems. Specifically, dysphoric emotions associated with depression were hypothesized to activate a negative perceptual bias in the mothers' ratings of child behaviors that, in turn, leads to overreporting of child adjustment difficulties (Field, 1992; Geller & Johnston, 1995; Griest, Wells, & Forehand, 1979; Johnston & Short, 1993). A number of studies have called into question the accuracy of maternal report of child behaviors when mothers experience symptoms of depression (Breslau, Davis, & Prabucki, 1988; Friedlander, Weiss, & Traylor, 1986). Schaughency and Lahey (1985), for example, warned about the risk of pathologizing child behavior on the basis of maternal ratings if the level of maternal depression is not taken into account. Friedlander et al. (1986) concluded that maternal depressive symptoms had a significant impact on the report of child behavior, although they did not regard maternal ratings as completely invalid.

However, evidence contrary to the depression–distortion hypothesis has also been presented. For instance, Pellegrini (1989) and Richters (1992) examined correlations between ratings of child behavior problems provided by mothers and by teachers and reported that the associations were not affected by the level of maternal depressive symptomatology or mood disorder diagnosis, and they noted that this pattern of findings was not consistent with the depression–distortion hypothesis. When Richters and Pellegrini (1989) evaluated state–trait dimensions of maternal depression as mediators of the agreement between teachers and mothers, their findings failed to demonstrate any significant differences in agreement as a function of maternal depression status. However, children of mothers who experienced a current depressive episode or who reported a history of one or more depressive episodes were described by mothers and teachers as having exhibited more frequent behavior problems than had control children.

Investigations into discrepancies between different sources of information about child symptoms of psychopathology and behavior problems, and the impact of parents' own symptoms on discrepancies between their ratings and those of other informants, have continued. Treutler and Epkins (2003), for example, examined whether parents' symptoms made unique contributions to mothers' and fathers' reports of children's behavior problems, as well as to discrepancies between mother–child, father–child, and father–mother reports. Maternal and paternal symptomatology contributed to father–mother discrepancies regarding internalizing and externalizing type difficulties, indicating that differences between caregivers' reports were a function of both caregivers' symptoms. Chi and Hinshaw (2002) investigated the depression–distortion hypothesis by examining the effects of maternal depressive symptoms on cross-informant discrepancies in reports of child behavior problems for a sample of children identified as presenting with attention deficit hyperactivity disorder (ADHD), combined type. Overall, maternal depressive symptoms predicted negative biases in their reports of their child's ADHD symptoms, general behavior problems, and their own negative parenting style. Interestingly, increases in mothers' symptoms of depression were associated with maternal reports of negative parenting, but not with indicators based on laboratory observations of parent–child interactions, suggesting possible depression–distortion effects. De Los Reyes and Prinstein (2004) applied the depression–distortion hypothesis to the assessment of peer victimization from the perspective of the victim, and examined whether adolescents' depressive symptoms and aggressive behavior were associated with discrepancies between self- and peer reports of peer victimization experiences. Adolescents' aggression was associated with underestimation of peer victimization directed toward the teen, on self-report instruments relative to peer reports, whereas depressive symptoms were associated with overestimations of own peer victimization on self-report compared with peer reports.

Structural equation modeling (SEM) techniques have been used to directly test the hypothesis that maternal depression contributes to over-report of behavior problems and thus leads to divergence from indicators derived from other informants, and an increase in the error associated with maternal ratings of child behavior problems. Fergusson, Lynskey, and Horwood (1993) evaluated three models: (a) maternal depression was unrelated to maternal report of child difficulties, (b) maternal depression causally influenced maternal report of child difficulties, and (c) maternal depression was correlated with error in maternal report of child difficulties. A sample of adolescent boys was included in this research, and information regarding conduct disorder and attention deficit disorder was gathered from teachers, mothers, and children. Fergusson and colleagues detected moderate associations between maternal depression and reporting errors, supporting the latter two models. However, questions remain regarding the applicability of these findings to girls as well as to other areas of child functioning (e.g., internalizing-type difficulties, including symptoms of depression and anxiety).

This study applied statistical advancements to understanding the extent to which maternal depression distorts reports of child and adolescent psychopathology (Fergusson et al., 1993; Richters, 1992). First, an array of agents (e.g., mothers, fathers, teachers, and children) provided information about child adjustment that served as the bases for the multi-agent constructs of internalizing and externalizing problems. Second, a series of analyses was undertaken to ascertain convergent and discriminant validity. These analyses were conducted to address the need to establish superior validity of multiagent constructs used as criteria for ascertaining

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