



Parent-adolescent relationship quality as a link in adolescent and maternal depression



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ABSTRACT

Guided by family systems theory and the depression-distortion hypothesis, the purpose of this study was to test the extent to which mother-adolescent relationship quality linked the known associations between maternal depression and adolescent depression. Data from the Longitudinal Study of Child and Adolescent Well-being were used to test hypotheses with a sample of 267 mother-adolescent dyads. Findings demonstrated the longitudinal associations between perceptions of mother-adolescent relationship quality and adolescent and maternal depression. Specifically, maternal depression symptoms were negatively correlated with adolescent perceptions of the relationship at age 12 and 14, which were positively correlated with adolescent depression at age 14. Additionally, youth depression at age 8 was positively correlated with maternal depression at adolescent ages 12 and 14. A significant association was found between youth depression and adolescent perception of the parent-adolescent relationship quality, such that higher youth depression scores were moderately linked with lower adolescent report of quality of the relationship at age 12. Further, higher levels of youth depressive symptoms were associated with lower maternal perception of the parent-adolescent relationship quality at youth age 12. Implications for clinical intervention and research are discussed.

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1. Introduction

An estimated 350 million people are affected with depression worldwide (World Health Organization [WHO], 2013). Nearly 2.6 million adolescents experienced at least one depressive episode in 2013 (Center for Behavioral Health Statistics and Quality [CBHSQ], 2014) and an estimated 1 out of 10 mothers suffer from a diagnosis of depression (Ertel, Rich-Edwards, & Koenen, 2011). The prevalence of depression is concerning, and current literature suggests associations between mother and adolescent depressive symptoms. Whereas the link between maternal depression and adolescent depression is well established in the literature (Brennan, Hammen, Katz, & Le Brocque, 2002; Lizardi, Klein, & Shankman, 2004), limited research also shows reciprocal relationships between maternal and adolescent depressive symptoms (Hughes & Gullone, 2010). Moreover, scholars have suggested that the parent-adolescent relationship may influence the associations between maternal and adolescent depression (Claridge et al., 2015; Steinberg, 2001). Research testing these associations, particularly among higher-risk families, however, is limited. Findings specific to higher-risk families are particularly important because maternal depression is associated with an increased risk of maltreatment (Dubowitz et al., 2011) and adolescents living in risky family contexts

tend to demonstrate higher levels of mental health symptoms (Moylan et al., 2010). As such, additional research is needed to test the bidirectional effects of maternal depression and adolescent depression and the extent to which parent-adolescent relationship quality serves as a link in this association.

1.1. Parent-adolescent relationship quality as a link in adolescent depression

Depression experienced by one or both parents has been associated with a variety of maladaptive adolescent outcomes, including internalizing and externalizing symptoms (Brennan et al., 2002; McAdams et al., 2015). While parental depression increases the risk for adolescent developmental problems, some evidence points to maternal depression as a stronger predictor of adolescent depression compared to paternal depression (Connell & Goodman, 2002). As a result, the adolescent offspring of mothers with depression are at an increased risk of experiencing depressive symptoms (Brennan et al., 2002). In fact, longitudinal research found that young children of mothers experiencing depression demonstrated higher levels of depression at age 15 (Hammen, Hazel, Brennan, & Najman, 2012).

Adolescents from family contexts considered high-risk may be even more susceptible to the effects of maternal depression. For example, with a sample from Germany, Zimmerman et al. (2008) found that adolescents at-risk due to a history of adverse events demonstrated an increased risk for depression when there was also a history of parental

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depression. Further, a comparative study found that adoptive mothers' depression symptoms were significantly associated with increased adolescent depressive symptoms and there were no significant differences in depressive symptoms of adolescents who were adopted compared to biologically related children (Tully, Iacono, & McGue, 2008). In fact, a review of studies comparing environmental and genetic risk factors point to the significant impact of the family context in the development of adolescent depression symptoms (Natsuaki et al., 2014). Indeed, the significance of the family environment in the context of maternal depression points to the need to better understand factors that might mitigate the association between maternal depression and child outcomes.

The mother-adolescent relationship is one factor that may link the known association between maternal depression and adolescent depression. High parent-adolescent relationship quality has been shown to act as a protective factor against depression symptoms in early adolescence (Brendgen, Wanner, Morin, & Vitaro, 2005; Fanti, Henrich, Brookmeyer, & Kuperminc, 2008). Extant research with diverse families tends to show a similar association. For instance, Cooper and McLoyd (2011) found that positive mother-adolescent relationship quality was associated with fewer adolescent depression symptoms with a sample of African American single mothers.

In contrast, maternal depression also impacts the perception of the maternal-adolescent relationship. For example, Jones, Beach, and Forehand (2001) reported that maternal depressive symptoms were associated with maternal perceptions of higher mother-adolescent conflict one year later, which was significantly stronger when compared to the association between father depression and father-adolescent conflict. Among high-risk samples, adolescents perceived a lower amount of parental support when parents reported higher depressive symptoms (Kim, Thompson, Walsh, & Schepp, 2015). Another study involving a sample at risk for child maltreatment found that maternal perceptions of mother-adolescent relationship quality mediated the association between maternal depression at age 12 and maternal report of adolescent internalizing symptoms at youth age 14, such that high maternal depression was associated with lower maternal perception of the mother-adolescent relationship, which was associated with higher adolescent internalizing symptoms (McWey, Claridge, Wojciak, & Lettenberger-Klein, 2015). This study aimed to extend these findings by including youth rather than maternal report of youth depressive symptoms as well as testing the extent to which youth depression reciprocally predicted maternal depression.

1.2. Parent-adolescent relationship quality as a link in maternal depression

Even though there is some evidence supporting the bidirectional relationship between maternal and adolescent depression symptoms (Hughes & Gullone, 2010; McAdams et al., 2015), minimal attention has been given to youth depression as a predictor of maternal depression (Steinberg, 2001). Some investigations have found a bidirectional relationship between adolescent internalizing symptoms and maternal internalizing symptoms, such that higher levels of adolescent internalizing concerns were associated with more maternal internalizing symptoms, and vice-versa (Hughes et al., 2010; McAdams et al., 2015). While this provides potential support for the bidirectional processes between mother and child symptomatology, these findings warrant further investigation to determine if they are generalizable to the links between youth and maternal depression among families at higher risk for maltreatment.

Of the limited research on the impact of youth depression on maternal depression, results are mixed. For example, Raposa, Hammen, and Brennan (2011) found that depression symptoms at youth age 15 significantly predicted maternal depression symptoms 5 years later. More specifically, results indicated that adolescent depression increased the likelihood that mothers would endure elevated levels of stress, which was associated with increased maternal depression (Raposa et

al., 2011). Findings from another study involving a high-risk sample found adolescent depression symptoms increased the risk for maternal depression symptoms more than two years later among mothers who experienced recurrent depression (Sellers et al., 2016). In contrast, Brown et al. (2015) found that maternal depression significantly predicted adolescent depression one and two years later but youth depression did not predict maternal depression. Therefore, further research is needed to examine the link between youth depression on maternal depression, and potential factors that might explain this association.

1.3. Theoretical orientation: family systems theory and the depression-distortion hypothesis

The interplay between maternal and adolescent depression and parent-child relationships can be understood through family systems theory (Bowen, 1974). Family systems theory asserts that in order to understand an individual's functioning, one must consider the family system as a whole. According to the theory, all members within a family system are interconnected, such that each member influences the system and the system as a whole influences each individual member (Bowen, 1974). Therefore, if a member of a family is struggling with symptoms of depression, this would both impact and be impacted by family relationships, which, in turn, would influence other members within the family system. Consequently, examining maternal and youth depression without considering the bidirectional influence of mother-adolescent relationship quality may result in one failing to capture important family dynamics associated with the expression of depressive symptoms.

The depression-distortion hypothesis (Richters & Pelligrini, 1989) proposes that a mother's dysphoria may be linked with a negative bias that increases the number of reported child externalizing and internalizing symptoms. However, findings in the existing research are inconsistent regarding the effect of maternal depression on her perception of the mother-adolescent relationship. For example, Chi and Hinshaw (2002) found a marginally significant mediation effect of the relationship between maternal depressive symptoms and reports of negative parenting by depressive distortions on reports of child attention deficit hyperactivity disorder. This is unfortunate because scholars of adolescent depression assert that the parent-adolescent relationship may impact maternal depression more significantly than adolescent depression (Smetana, Campione-Barr, & Metzger, 2006; Steinberg, 2001).

The depression-distortion hypothesis can be extended to adolescent perceptions of the relationship as well. For example, adolescents experiencing more depression symptoms are more likely to report a negative parent-adolescent relationship (Fanti et al., 2008). A possible explanation for this finding is adolescents with higher levels of symptoms of depression tend to have more conflictual parent-adolescent relationships compared to adolescents with low levels of depressive symptoms (Sheeber, Davis, Leve, Hops, & Tildesley, 2007). In addition, high-risk adolescents who report higher depressive symptoms report lower levels of perceived parental support (Kim et al., 2015). Given the possible bias of self-report, particularly in the context of depression, it is important to examine the parent-adolescent relationship across multiple informants, as parents and adolescents may have different perceptions of the quality of the relationship.

Some studies have identified the parent-adolescent relationship as a possible mediator in the association of youth and maternal depression. For instance, Ge, Conger, Lorenz, Shanahan, and Elder (1995) reported a reciprocal longitudinal relationship between mothers and sons' symptoms of psychological distress, including depression, in early adolescence. Additionally, with a high-risk sample, Claridge et al. (2015) found that high adolescent reports of relationship quality were associated with fewer maternal depression symptoms two years later. Given the higher rates of depression (Moylan et al., 2010), coupled with increased likelihood of maltreatment among families in higher-risk contexts, it is important to understand the extent to which negative family

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