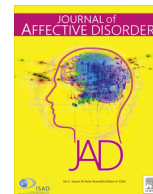




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Research paper

Family functioning mediates the association between parental depression and low self-esteem in adolescents

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ABSTRACT

Background: The negative impact of parental depression on offsprings' development has been repeatedly documented. There is however little research on the potential pathways contributing to this association. The present study examined the relationship between parental depressive disorders, family functioning and adolescents' self-esteem.

Methods: A community-based sample of 1040 participants aged 14–17 years and their parents was assessed including direct and indirect information on parental psychopathology based on the Munich-Composite International Diagnostic Interview (M-CIDI). Family functioning and youth self-esteem were assessed by self-report questionnaires using the McMaster Family Assessment Device (FAD) in parents and the "Aussagen-Liste zum Selbstwertgefühl" in adolescents.

Results: Findings from multiple regression analyses indicated positive associations between parental depressive disorders and dimensions of dysfunctional family functioning as well as between dysfunctional familial affective involvement and youth's positive self-esteem. The relationship between parental depression and self-esteem was partly mediated by familial affective involvement.

Limitations: Associations may be underestimated, since incidence for depressive disorders spans to the third decade of life. Consensus diagnoses for parental depressive disorders were based on direct and indirect information for maximum use of available data, neglecting familial load, chronicity of parental depressive disorders or comorbid conditions. Thus, specificity of the findings for the family transmission of depressive disorders remains yet to be determined.

Conclusions: Findings contribute to understanding of the pathways on how parental depression impairs offsprings' view of themselves, and to consider family functioning as a possible target for preventive interventions.

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1. Introduction

Self-esteem is commonly conceptualized as the global level of individuals' self-acceptance and self-respect (Marsh, 1990). High levels of self-esteem have been associated with well-being and health promotion (i.e., Mann et al., 2004), whereas low levels of self-esteem were found to be strongly related to psychopathology such as depression (Montague et al., 2008; Abela and D'Alessandro, 2002). Examinations about self-esteem as a precursor, correlate or consequence of depression including meta-analytic studies (Shahar and Davidson, 2003; Orth et al., 2009) argued that poor self-

esteem in fact is more likely a predictor rather than a consequence of depression (Asselmann et al., in Preparation; Sowislo and Orth, 2013). There is also a significant amount of research examining predictors of self-esteem as well as consequences of poor self-esteem for the onset of depressive and other mental disorders (Orth et al., 2008, 2009, 2012; Sowislo and Orth, 2013; van Tuijl et al., 2014).

The well documented familial aggregation of depressive disorders (Lieb et al., 2002; Hammen et al., 2012) stimulated studies finding that parental and particularly maternal depressive disorders are important predictors for poor self-esteem in offspring (Lewinsohn et al., 2005; Hammen et al., 1990; Jaenicke, et al., 1987). For example, Goodman (2007) highlighted that offspring of depressed mothers reported more negative attribution styles, lower self-worth, are more likely to hold themselves responsible

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for negative outcomes and remember less likely positive self-describing adjectives than offspring of non-depressed mothers. Similarly, Garber and Flynn (2001) found that a history of depressive disorders in mothers predicted poor global self-worth in offspring as well as depressogenic cognitions such as hopelessness and negative attributional style. Moreover, others observed offspring's self-esteem to mediate the relationship between maternal and offspring's depressive symptoms (Vongsirimas et al., 2009).

In addition to parental depression and offspring's self-esteem as putative risk factors for the onset of offspring's depressive disorders, family functioning characteristics have been considered to potentially link parental depression and poor self-esteem in adolescent offspring. Family functioning reflects a transactional and systemic concept on the structural and organizational properties of the family and patterns of transaction. Dysfunctional family characteristics indicate harmful family patterns and interactions with stress and disorder-related behaviors (Epstein et al., 1983; Ghamari et al., 2012). Although it is unclear to what degree this relationship might be due to other factors, such as general stress and illness-related neglect (Friedmann et al., 1997), there is at least some evidence that depressive disorders compared to other mental disorders negatively affect family functioning significantly (Nasir et al., 2011; Trangkasombat, 2006). For example, families with patients suffering from major depression or adjustment disorder showed poorer family functioning than families with bipolar and schizophrenic members (Miller et al., 1986). Further, lower levels of different dimensions of family functioning, such as problem solving, affective involvement or communication were found in families affected by major depressive disorders relative to families without a history of mental disorders (Keitner et al., 1986, 1987). It is noteworthy though that even after remission of acute depressive symptoms, these families scored higher on communication, behavior control and general functioning, but still underperformed as compared to control group families (Keitner et al., 1987).

There is also evidence that lower levels of family functioning seem to negatively affect adolescents' physical and emotional development, potentially leading to feelings of insecurity, uncertainty and being neglected which in turn, lowers offspring's self-esteem. Given reported associations between family functioning and self-esteem (Tamplin and Goodyer, 2001; Prechawong et al., 2007; Shek, 2002; Mandara and Murray, 2000) and increasing evidence for poor self-esteem as a precursor to depressive disorders in youth (also see Asselmann et al., *In preparation*), family functioning characteristics can be assumed as an important factor in promoting lower self-esteem in youth. Then, both family functioning and self-esteem might be promising targets to prevent offspring psychopathology and in particular, depression.

Despite this body of studies, there are a number of research deficits. First, most previous studies examined bidirectional associations between parental depressive disorders, family functioning and self-esteem, without taking into account their interplay. Thus, it remains unclear to what degree family functioning might mediate the association between parental psychopathology and offspring self-esteem. Second, results are often based on small or clinical samples, restricting the use of more complete statistical examinations and generalization to the general population.

To fill at least partially this research gap, we use data from a large-scale prospective-longitudinal community study in adolescents and young adults that included separate assessments of parental psychopathology and family functioning as well as self-esteem measures. The study re-examines (1) the relationship between parental depressive disorders and offspring's self-esteem in adolescence, (2) the relationship between parental depressive disorders and dimensions of family functioning, and (3) the

relationships between dimensions of family functioning and self-esteem. (4) Finally, we aim to expand previous analyses by also examining in one model whether dimensions of family functioning mediate the associations between parental depressive disorders and self-esteem in adolescence.

2. Methods

2.1. Study design and participants

Data stem from the Early Developmental Stages of Psychopathology Study (EDSP), a 10-year prospective longitudinal study with a baseline (T0, 1995, N=3021, response rate 70.8%) and three follow-up investigations (T1, 1996/97, N=1228, response rate 88.0%; T2, 1998/99, N=2548, response rate 84.3%; T3, 2003, N=2210, response rate 73.2%). The sample was drawn randomly from the Munich area (Germany); participants were aged 14–24 years at baseline and 21–34 years at last follow-up. Because the study focused on early developmental stages of psychopathology, 14–15-year-olds were sampled at twice the probability of individuals aged 16–21 years, and 22–24-year-olds were sampled at half this probability. Socio-demographic characteristics of the total sample are reported in Lieb et al. (2000). Briefly, at baseline the majority of the younger cohort were attending school (90.1%), only 8.5% were in job-training or employed (1.4%). 72.7% of respondents came from a two parent household, 25.2% came from a one parent household, and the minority was living alone (1.5%) or with others (0.6%). At final follow-up, 1.2% and 51.1% attended school or university, respectively, and 47.7% were employed. Also the living situations had changed, revealing that 19.7% still lived with their parents, 32.4% alone and 47.9% with others (e.g., partner, flat share) (Knappe et al., 2009). Detailed descriptions of the EDSP along with information on method, design, responsiveness, and sample weights have been previously presented (Lieb, 2000; Wittchen et al., 1998b; Beesdo-Baum et al., 2015). This study focused on individuals of the younger cohort (aged 14–17 at baseline), for whom parental reports on family functioning was available at T1 (N=1040/1228).

3. Measures

3.1. Parental depressive disorders

The computer-assisted version of the Munich-Composite International Diagnostic Interview (DIA-X/M-CIDI; Wittchen and Pfister, 1997) was used to assess parental depressive disorders, including major depressive disorder and dysthymia (lifetime). The DIA-X/M-CIDI allows standardized assessments of symptoms, syndromes and diagnoses of 48 mental disorders including the assessment of ICD-10 and DSM-IV diagnostic criteria as well as information about onset, duration and severity. Due to its standardized computer-based assessment, the DIA-X/M-CIDI was found to be highly objective. Reliability and validity were estimated in multiple studies. Test-retest-reliability was good to very good (Wittchen et al., 1998a). Validity was high for depressive episodes up to $\kappa=.96$, but only moderate for dysthymia ($\kappa=.51$; Reed et al., 1998). Parental diagnoses were assessed (1) by direct parental interviews at T1/T3 and (2) by family history information assessed from the offspring at T0/T2/T3. At T1, parents, mostly mothers, of T1 respondents were examined; at T3, the families (parents and siblings) of participants with affective disorder were interviewed. Directly interviewed parents (T1 and/or T3: N=1155 mothers, N=217 fathers, N=1192 any parent) underwent the same assessment procedures as their offspring (DIA-X/M-CIDI). In

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