



Editors' Comment

Upwards of 40 million Americans suffer from depression and approximately 3.5 million of them are children and adolescents, according to a 1999 report of the United States Surgeon General. In searching for the roots of this prevalent psychiatric disorder, researchers are investigating the ways in which the interaction of familial, genetic, biological, and socio-economic issues can either heighten or ameliorate a child's vulnerability to depression. One area of research has focused on the effects of depression in parents on the development of their children. It is within the family that a child's emotional, cognitive and social competence develop, and it has been determined that depression in parents, particularly mothers, has the potential to affect the quality of their relationships with their children and, in turn, the emotional well-being of their children.

In this issue of the *NYU Child Study Center Letter* we discuss the impact that depressed mothers can have on their children's development at different ages, the ways in which the parenting by depressed mothers differs from parenting by mothers who are not depressed, as well as risk and protective factors. The importance of early identification and intervention is emphasized, and suggested guidelines are provided for those working to help mothers who have depression.

AG/HSK

MOTHER BLUES – CHILD BLUES How maternal depression affects children

Introduction

Infants before birth exist in a special and protected environment, but they're already part of a network. Many people and many events, all interrelated, affect the course of each child's development. Each child and each family has its own specific set of characteristics and ways of interacting, and not all children respond in the same way to the same life circumstances. Here are the stories of some children whose mothers have depression.

Nine-month old Sandra is listless. Her mother has frequent crying spells and spends little time with her infant. Left alone in her crib for long periods of time, Sandra is unresponsive, difficult to arouse, and looks downcast.

Celia, a 7-year-old whose parents were recently separated, refuses to go to school because her mother stays in bed all day since she lost her job. Celia believes she has to be at home to "cheer her up."

Alex, a high school sophomore, lives with his parents whose open conflicts pervade the home atmosphere. His mother has been hospitalized twice for depression. Alex prefers to spend time away from home and aligns himself with friends who often find reasons to cut school. He has always "just gotten by" in school, but as the work is becoming more demanding he is failing two subjects.

Because of the high prevalence of depression in the general population, recent research has examined the effects on children of parental depression, particularly in mothers. The emphasis on mothers is due to several factors:

- statistics show that twice as many women than men have depression¹
- depression is more common among women of childbearing age
- women usually are more involved than men in raising children

(Research on the effects of paternal depression on children is beginning to be done.)

What is depression?

The term in some instances has been trivialized and used to describe a range of emotional states from ordinary sad moods to suicidal behavior. The scientific criteria for a diagnosis of depression, however, are specified in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).² Symptoms include depressed mood, loss of pleasure, apathy, low energy, sleep and appetite problems, and negative views of oneself and the future. For some individuals, low self-esteem, low self-confidence, guilt, and pessimism are present. Some symptoms, such as disturbed sleep, loss of energy, and eating disorders, may have a physiological component. Depressed individuals are often irritable, preoccupied with themselves and uninterested in others. Lethargy, or tiredness, feeling that "everything is too much" is very common.



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Depression may be triggered by a negative life event or circumstance, but it may occur without a visible provocation.

The period after childbirth is a particularly vulnerable time for some women, due to hormonal changes and the stress of caring for a new infant. Although many women experience a temporary period of sadness after giving birth, an estimated 10 to 20 percent of women experience a postpartum depression, which may last for a few days or a few months.³ Rates of depression in mothers of young children are high, with estimates ranging from 12 to 50 percent, depending on the measures used.⁴

Maternal depression seldom occurs in isolation and can be associated with marital problems. Problems in the marriage may be the result of the mother's depression, or, in circular fashion, they may contribute to the mother's depression, reflecting possible psychological problems of the father and/or the couple's mutual interactions. In addition to possible biological causes, other stresses that contribute to or co-exist with maternal depression are inadequate social supports, economic strains, having a child with special needs, such as developmental delays or a difficult temperament.

In most people, depression is what professionals call episodic; it comes and goes. The average episode is about 6 months, but it can be chronic and remain for years if left untreated. The symptoms of a mother's depression may have a different impact at different times in a child's life. When a woman experiences episodes of depression, she is likely to have difficulty in nurturing, guiding her child through developmental stages, and being a role model. Maternal depression has been shown to be associated with increased rates of behavior problems, social/emotional maladjustment, and deficits in cognitive functioning in children from infancy through adolescence. The disturbed relationship between a depressed mother and her child doesn't necessarily give rise to psychiatric problems in the child, but current research suggests that it may be the means by which a vulnerability to depression in adulthood is transmitted.^{5, 6}

What are the possible effects on children at different ages?

Infants and toddlers

Because many infants and toddlers spend much of their time with their mothers, the impact of a mother's depression can be significant. Research has been conducted in several areas, one of which is attachment behavior, the major developmental task of infancy. Attachment is the emotional bond that develops between mother, or other caregiver, and baby during the first year of life; the mother helps the infant to regulate his or her physical and emotional state, anticipates what the child needs, reads a baby's signals and responds appropriately.⁷ If the attachment is secure, the young child is able to successfully negotiate developmental tasks. The attachment relationship serves as a model for subsequent interpersonal relationships and is believed to be an important predictor of a child's future adjustment. Children of depressed mothers have been found to have difficulty in establishing secure relationships, which may put them at risk for later difficulties.⁸

Research has identified other areas in which developmental problems may arise. Young children of depressed mothers have been rated as more drowsy, passive, more temperamentally difficult, less able to tolerate separation, more afraid or more anxious, than children of nondepressed mothers. Studies have shown that depressed mothers are less involved with their children; they are inconsistent, sometimes nurturing and sometimes withdrawn.⁹ They have been found to:

- be slow to respond to overtures for verbal or physical interactions by their children
- make critical comments
- have difficulty in encouraging the child's speech and language facility
- have difficulty asserting authority and setting limits, which would help the child learn to regulate his or her behavior

- initiate interactions less and derive less pleasure from them
- talk less to their infants
- don't use the lilt and exaggeration ("motherese") that are typical of non-depressed mothers
- have difficulty in providing appropriate stimulation
- are less aware of and responsive to their infant's cues

On the other hand, some depressed mothers interact excessively and overstimulate their infants, which may result in the infants' turning away. In either understimulation or overstimulation, mothers are not responding appropriately to their infants' cues and thus are not providing the appropriate feedback that enables infants to learn to adjust their behavior.^{10, 11}

Children mirror their mothers' moods and, even at a young age, the children of depressed mothers have been shown to be overly sensitive to their mothers' negative moods.¹² Some mothers draw the child into inappropriate closeness and inappropriate identification with their own mood. Children who are preoccupied with the reactions of their mothers or other caregivers may not learn to seek or accept comfort for their own needs. As a result, their own activity and ability to express emotion may not develop appropriately.

School-age children and adolescents

The patterns of interaction between mother and child laid down in the early years may have an effect on development in the school-age and adolescent years. If the child has not been able to successfully master developmental tasks at an early age, competencies at subsequent ages may be affected. Compared to children of non-depressed mothers, school-age and adolescent children of depressed mothers have been found to function more poorly in a number of areas. They have more school problems, poor peer relationships, lower levels of self-esteem, more behavior problems, and to be at risk for a

variety of depressive and anxiety disorders.^{13,14,15,16} Deficits and delays in the development of social and interpersonal competence are risk factors for the development of adjustment problems. During the adolescent years, mothers with depression have difficulty in setting limits, negotiating conflicts and showing interest in their child's daily life.

In summary, at each age period children of depressed mothers show difficulties in mastery of age-appropriate developmental tasks and in cognitive, emotional and social functioning.

Depressed mothers as parents

Mothers with depression aspire to provide their children with a nurturant environment. However, they differ from non-depressed mothers in their opinions of themselves as mothers and of their children's behavior. Many perceive themselves as inadequate and as having little control over their children's development.^{17, 18} In addition, they may be critical of their children and perceive them in a negative light.^{19, 20} They report feeling overwhelmed and alternate between being overcontrolling and undercontrolling. Some depressed individuals, when they encounter frustration, may react with anger and hostility, which affects their relationships with their children. The child may model the mother's sad emotions, passive coping and depressive style of interacting.²¹ Not surprisingly, depression in a woman affects her parenting ability and may interfere with the child's development of social-emotional competence.

Other risk factors

How children cope depends also on the interaction of genetic predisposition and environmental factors which may place a child at increased risk. For example, a genetically vulnerable child who does not encounter life stresses may do fine, but a genetically vulnerable child who is then exposed to stressful circumstances (e.g., marital discord, a father's psychiatric problems, poverty, lack of social supports, parental divorce) is more likely to develop emotional problems.

Protective factors

A child's risk for developing emotional problems may be reduced by

- an intact marriage, free of conflict
- favorable family circumstances, such as sufficient economic resources
- a healthy, well-functioning father who is involved in the child's life
- exposure to fewer episodes of maternal depression
- an age-appropriate developmental progression
- the personal characteristics of the child, such as an easygoing individual temperament
- age at the time of the mother's depression. In general the older the child at the time of the mother's first episode of depression, the more likely it is that the child's behavioral systems will have matured, and therefore the child will be less vulnerable. It is also more likely that the older child will have developed strategies that enable him or her to cope successfully with negative circumstances.²²

Prevention and treatment

The good news is that depression is responsive to treatment, especially to a combination of medication and therapy. Early identification and intervention are critical, since the severity and chronicity of the mother's depression will obviously affect treatment and outcome. Another important reason for intervention is that children of depressed mothers still show problems in adjustment even when their mothers are no longer overtly symptomatic, indicating that there may be a substantial lag between the time the mother improves and the time her child improves.²³

General suggestions

Mothers who are depressed are not one group, but, in general, they are often preoccupied with their own concerns and, compared to non-depressed mothers, may have difficulty in learning to attend to the needs of their children.²⁴ Following are suggestions to enhance mother-child relationships:

- help mothers with depression gain confidence in their ability to utilize positive resources in the family and in the community to deal with stresses on the family, such as divorce, marital conflict, poverty.
- help them improve their ability to recognize the situations which may trigger depression
- educate them regarding appropriate parenting practices
- encourage them to recognize their feelings about their child and to understand their child's individual temperament. For example, a temperamentally difficult, fussy child may be more demanding of a mother than a child with a quiet, relaxed temperament.

Suggestions for mothers of infants and young children

Depressed mothers of young children may be less responsive and less consistent than other mothers with their children. They would benefit from being helped to:

- develop a positive attachment relationship by becoming attuned to baby's temperament and style
- increase sensitivity and appropriate responses to baby's cues
- become aware of developmentally appropriate toys and games

- encourage the child's social growth by encouraging peer interactions
- learn to respect the child's growing autonomy
- set limits and recognize the importance of consistency
- provide a less critical, more positive environment
- encourage sustained attention to an activity
- become aware of their child's individual style

Suggestions for mothers of school-age children and teenagers

Depressed mothers may be critical of their children and less able to establish open communication. They would benefit by being helped to:

- monitor children's behavior and develop effective disciplinary strategies
- learn problem-solving and conflict resolution strategies
- show interest in their teenagers' daily lives
- maintain open communication

When appropriate, consultation with a mental health professional can be helpful.

About the Author

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