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Maternal Depression and Child Development

Maternal depression, whether defined in terms of self-reported symptoms or clinically diagnosed disorder, is an identified risk factor for children's socioemotional and cognitive development (Beardslee, Bemporad, Keller, & Klerman, 1983; Cummings & Davies, 1994; Downey & Coyne, 1990; Field, 1992). Data from primary care clinics and community samples document a prevalence of depressive symptoms for 40% to 50% of poor mothers of young children (Lanzi, Pascoe, Keltner, & Ramey, 1999; Orr, James, Burns, & Thompson, 1989). Though common, depressive symptomatology often goes untreated and undiagnosed. Maternal depressive symptoms can adversely affect parents' attitudes and competence. Depressed mothers may show high levels of irritability. They may use discipline styles ranging from excessively relaxed to controlling. Maternal depression is also more likely to have an effect on children's development in the context of other life stressors, such as poverty (Rutter & Quinton, 1984). Children of mothers with depressive symptoms may exhibit significant physical, mental health, and behavioral problems (Cummings & Davies, 1994). Children of depressed mothers may have depressed behavioral styles during infancy, insecure attachment, irritability, and aggressive or oppositional behavior. The effects of maternal depression may be especially evident when children are very young because they are more dependent upon nurturance, stimulation, and support from their primary caregivers (Beardslee et al., 1983; Cummings & Davies, 1994). Therefore, it is important for early childhood professionals to recognize mothers with depressive symptoms and children at risk.

Maternal Depression, Maternal Behavior, and Child Outcome

The associations among maternal depression, maternal behavior, and child outcomes are complex (Cummings & Davies, 1994). Until recently, research focused on discovering the genetic and biological causes that underlie the association between depression in parents and maladjustment in children. Twin and adoption studies provide evidence of genetically-based risk. As early as the neonatal period, children of depressed parents more often have difficult temperaments, and exhibit more irritability and negative affect, less social responsiveness, and low activity (Field, 1992). However, biological models can only partially explain the association between depression in parents and maladjustment in children. More complex explanations are needed.

The study of contextual and environmental risk factors associated with depression emphasizes the familial factors and processes implicated in the relations between parental depression and child psychopathology. Depression may influence child development through its effects on the parent, parent-child interaction, or marital functioning.

Maternal Depression and Parenting

Depression may influence child development through its effects on the behavior, thoughts, and emotions of the depressed mother. Depressed mothers have been reported to be more negative, unsupportive, and intrusive with their children when compared to both well parents and groups of medically ill parents (e.g., Field, Healy, Goldstein, & Guthertz,1990). While the "internalizing" profile is often thought of as the typical characteristic of depression, depressive symptomatology is, in fact, heterogeneous. High levels of irritability and aggression also occur during depressive episodes. Depressed mothers are more likely to be critical, scolding and physically abusive than nondepressed mothers. Cox, Puckering, Pound, and Mills (1987) reported that depressed mothers were often engaged in escalating cycles of coercion, and were less likely to use explanations, persuasion and reasoning in their attempts to manage their children.

Some studies demonstrate the impact of depressed mothers' affective behavior on their children. For example, Field et al. (1990) analyzed videotapes of depressed mothers and their infants interacting in face-to-face situations and found that depressed mothers spent less time looking at their infants, touching them and talking to them, and showed fewer positive facial expressions and more negative facial expressions. Their infants in turn showed fewer positive faces and more negative faces. They looked away more often and protested more often. Depressed mothers and their infants matched negative behavior states more often and positive behavior states less often than nondepressed dyads. Prolonged exposure to such interactions has been linked with the development of depressive behavioral styles observed in contexts outside of mother-infant interactions (Cohn, Campbell, Matias, & Hopkins, 1990).

Differences in cognitive and social-cognitive patterns are also defining features of depression. Negative social cognitions, altered appraisal, lowered self-esteem, reduced sense of control, and unrealistic expectations typically represent the thinking processes of depressed individuals (e.g., Beck, 1976). Within the context of parenting, these negative social-cognitive processes of depressed mothers may influence their responses to child behavior. Research indicates direct links between maternal depression, negative cognitions, and maladaptive parenting. For example, depressed mothers make more negative appraisals of their children's behaviors, which in turn are linked to coercive and critical parenting practices (Webster-Stratton & Hammond, 1988). Compared to their spouses and to nondepressed mothers, depressed mothers perceive their children as having significantly more behavior problems. The lowered self-esteem and low levels of perceived parental efficacy among depressed mothers have also been linked to parenting problems, especially with more difficult children (Cummings & Davies, 1994). Several studies have shown that in comparison to parents with high-perceived competency, parents with low perceived competency reacted to difficult child behavior with more withdrawal, negativity, and physiological arousal; no differences were found in response to well-behaved children (e.g., Bugental & Shennum, 1984). Thus, a reduced sense

of efficacy, which is common among depressed mothers, may place them at an increased risk for responding maladaptively to the misbehaviors of their children.

Maternal Depression and Parent-Child Relations

Maternal depression has frequently been associated with impairments in the parents' ability to discipline their children and with disturbances in parent-child attachment. A diverse array of problems in child management techniques has been linked with parental depression. On the one hand, in comparison to non-depressed mothers, depressed mothers are more inconsistent, lax, and generally ineffective in child management and discipline; and on the other they are more likely to engage in direct, forceful control strategies. Depressed mothers also tend to use the least effortful discipline and teaching strategies, and they tend to submit to child noncompliance more often (Kochanska, Kuczynski, Radke-Yarrow, & Welsh, 1987; Zahn-Waxler, Iannotti, Cummings, & Denham, 1990). Direct relations between these dimensions of parenting and children's antisocial and aggressive behaviors have been reported in a number of studies (e.g., Dishion, 1990). Children's expectations of both coercive and lax or inconsistent parenting practices may increase noncompliance and aggression (see Patterson, 1980).

Maternal depression has been repeatedly linked with insecure mother-child attachments (e.g., Murray, 1992, Radke-Yarrow, Cummings, Kuczynski, & Chapman, 1985; Spieker & Booth, 1988). Insecure attachment patterns can be conceptualized as the children's way of coping with parental depression (Cummings & Cicchetti, 1990). The avoidance characteristic of insecure-avoidant patterns serves an adaptive function by limiting children's involvement in stressful interactions with a psychologically insensitive, unavailable, or rejecting mother. The negativity and dependency characteristic of insecure-resistant attachments is adaptive in some contexts because it helps the child elicit attention of an otherwise preoccupied, depressed mother (see Cummings & Cicchetti, 1990 for further discussion). However, while possibly adaptive within the context of growing up with a depressed mother, insecure attachments are associated with maladaptive functioning in other contexts, and with problems of emotional regulation, and problems in interpersonal relationships. Pathways have been reported between insecure child-mother attachments and the development of internalizing and externalizing disorders (Sroufe, 1983; Erickson, Sroufe, & Egeland, 1985).

Maternal Depression and Marital Functioning

Maternal depression is associated with marital hostility, distress, and anger. Marital conflict may be the primary mediator in the transmission of difficulties from depressed mothers to children, with concurrent depression and marital discord a better predictor of child psychopathology then either factor alone (Rutter & Quinton, 1984; Emery, Weintraub, & Neale, 1982). Maternal depression affects children by influencing marital functioning, and marital functioning may, in turn, affect parent-child interaction (e.g., increase ineffective discipline methods) or parental behavior (e.g., contribute to more intense depressive symptomatology in mothers) (Cummings & Davies, 1994). Children of depressed parents are more likely to be repeatedly exposed to martial conflict, with increased risk of experiencing emotional and behavioral difficulties.

Conclusion and Future Directions

While substantial progress has been made in understanding the relations between maternal depression and risk for child maladjustment, the precise relations between maternal depression, family environments and child outcomes need to be further articulated. Only a few investigators have empirically examined how specific dimensions of depression (e.g., type of symptoms, chronicity) influence child and family outcomes. It has been suggested that certain subcategories of depression should be distinguished, including (a) unipolar versus bipolar depression; and (b) postpartum depression. For example, children of bipolar depressed mothers may be at a greater risk due to the significant externalizing component that characterizes this type of depression (Davenport, Zahn-Waxler, Adland, & Mayfield, 1984). Insecure attachment is particularly prevalent among children of bipolar depressed parents (Radke-Yarrow, et al., 1985). Another category is depression associated with the birth of a child (postpartum depression). During the post-natal period approximately 10% of women experience a clinical depression (Campbell & Cohn, 1991). It has been reported that depressed women show less positive engagement and more negative affect in their interactions with their newborn, and that postpartum depression severity is related to personal and family history, minor pregnancy and delivery complications, and adaptation to the pregnancy (Cohn et al., 1990). Postpartum depression is more likely to have prolonged effects on the infant when the depression is chronic and severe. In low-risk samples, when depression is short-term, effects may be negligible (Campbell, Cohn, Meyers, Ross, & Flanagan, 1993).

Research on children of depressed mothers often has not considered child effects. Children are not passive recipients of environmental conditions; they are active participants in shaping their developmental outcomes. Some attention has been called to individual competencies of children at risk, including their stress-resistance, and demographic characteristics, such as age and gender. The impact of maternal depression is present from the earliest week of life through adolescence. Whereas some studies show increasing relations between maternal depression and child behavior problems as children get older (e.g., Goodman, Brogan, Lynch, & Fielding, 1993), other research suggests that younger children may be more vulnerable (Burbach & Borduin, 1986). It is also possible that children of different ages may be differentially vulnerable to specific forms of psychopathology. For example, infants and young children generally respond to stressors with aggression, noncompliance, and temper tantrums, whereas older children are more inclined to dysphoria and passivity. Thus, a greater understanding of how various child characteristics mediate the relationship between maternal depression and child outcome is important.

In conclusion, a quite substantial body of evidence now exists on the relations between maternal depression and child outcomes While maternal depression increases the likelihood of family discord, the impairments in parenting and marital conflict associated with parental depression have effects similar in important ways to those in nondepressed families. An important direction for future research is the study of the interrelations between environmental and biological risk processes in families with depression. Given the significant mental health problem that maternal depression poses in children's development, further research in this area will provide a foundation for more effective prevention and intervention for at-risk children and families.

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