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## Anxiety and anger effects on depressed mother–infant spontaneous and imitative interactions

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### Abstract

Depressed mothers (high CES-D scores and SCID diagnoses) were assessed for anxiety (STAI) and anger (STAXI). Based on median splits on scores on these scales, depressed mothers with high and low anxiety were compared and depressed mothers with high and low anger were compared on their spontaneous and imitative interactions with their 3-month-old infants. The high versus low anxiety mothers spent less time smiling, showing exaggerated faces, gameplaying and imitating, more time moving their infants' limbs, but equivalent amounts of time vocalizing and touching. The infants of high versus low anxiety mothers spent less time smiling and more time in distress brow and crying, but spent equivalent amounts of time on other behaviors (vocalizing, motor activity, gaze aversion and imitation). The high anger versus low anger mothers differed in the same ways that the high anxiety mothers differed from the low anxiety mothers. However, the infants of high versus low anger mothers differed on all behaviors (less time spent smiling, vocalizing, and showing motor activity and imitation and more time spent showing distress brow, gaze aversion and crying). During the imitation versus the spontaneous play sessions the mothers in all groups spent less time smiling, vocalizing, touching and gameplaying and more time showing imitative behavior. The infants also showed increased time in imitative behavior but also increased time spent crying during the imitation sessions. In general the infants' positive affective behaviors decreased (smiling and vocalizing) during the imitation sessions

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and their distress behaviors increased (motor activity, distress brow, gaze aversion and crying), although the infants of the high anger mothers changed less than the infants of the high anxiety mothers.

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The attunement model (Field, 1985, 1989) and the maternal regulation model (Tronick, 1989) both stress that mothers and infants regulate their interactions by contingently responding to each other's behaviors. The mother's role is to be sensitive to her infant's behaviors and respond contingently, taking care not to be overstimulating or understimulating. The infant can respond to optimal levels of stimulation but will become disorganized if the mother is under or overstimulating. A very large literature exists on disorganized interactions between infants and their depressed mothers (Tronick & Field, 1986). The emotional unavailability of depressed mothers is typically met by withdrawal on the part of the infant (Field, 1992). Because these early interactions form the basis for basic communications skills (Tronick, 1989), the disturbed early interactions may contribute to the delayed cognitive development and affective disorders noted in infants and children of depressed mothers (Murray & Cooper, 1997). Thus, the importance of early interactions cannot be overstated.

Depressed mothers often show one of two distinct maternal behavior patterns, intrusive or withdrawn interaction styles, when interacting with their infants (Cohn, Matias, Tronick, Connell, & Lyons-Ruth, 1986; Tronick & Field, 1986). Mothers with an intrusive interaction style show rough physical contact and loud, fast verbal behavior whereas mothers with a withdrawn interaction style show flat affect, disengaged behavior, and rare touching and vocalizing. We could not find literature on the interactions of high anxiety or high anger mothers. However, because of the comorbidity of depression and anxiety and depression and anger (Dobson & Cheung, 1990), we expected that these emotions might further affect the mother–infant interactions of depressed mothers and their infants. We expected that high anxiety mothers might show withdrawn interaction behaviors inasmuch as withdrawn behavior is a marker of an anxiety state and high anger mothers might show intrusive interaction behaviors inasmuch as anger is often characterized by intrusive behavior. Depressed mothers with no comorbid anxiety or anger (the low anxiety and the low anger mothers) were expected to show more positive interaction behaviors just as depressed mothers who are not intrusive or withdrawn have been noted to show more positive interaction behaviors (Field, Diego, Hernandez-Reif, Schanberg, & Kuhn, 2003a, 2003b).

The specific hypotheses regarding the different types of mothers and infants were as follows: During the mother–infant interactions (1) high anxiety mothers were expected to show withdrawn behaviors characterized by minimal amounts of talking, smiling and touching; (2) high anger mothers were expected to show intrusive behaviors including excessive talking, exaggerated facial expressions and aggressive touching including poking; and (3) the depressed mothers who were not low anxiety and low anger were expected to show more positive interaction behavior. Infants of both high anxiety and high anger mothers were expected to show disorganized behavior in the form of fussing and gaze aversion. During the imitation session when the mothers were requested to imitate all of their infants' behaviors, the high anxiety mothers were expected to become more active and the high anger mothers were expected to become less active. This prediction was based on the expectation that high anxiety mothers would be like the withdrawn mothers and high anger mothers would be like the intrusive mothers of our previous study

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