

# Depressed Mood and Marital Conflict: Relations to Maternal and Paternal Intrusiveness with One-Year-Old Infants

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This study examined how depressed mood and marital conflict affect mothers' and fathers' intrusive behavior with their infants, and how the relationships among these variables differ by interactive context. Sixty-two families with 12-month-old infants (31 girls) participated. Mothers and fathers were each observed with their infant in a 15-minute free-play session and an open-ended teaching task session. Parents also completed self-reports of depressed mood and marital conflict. Regression analyses revealed that mothers' appraisal of marital conflict mediated the effect that their depressed mood had on their intrusive parenting during the teaching task. In contrast, depressed mood was directly related to less intrusiveness for both mothers and fathers in the free-play session. Differences in how depressed mood and marital conflict affect parenting behavior of mothers and fathers are discussed, and the role of context in better understanding how depressed mood and marital conflict impact parents of infants is highlighted.

Parental depression has been strongly associated with maladjustment in children (see Beardslee, Bemporad, Keller, & Klerman, 1983; Downey & Coyne, 1990, for reviews). Although the majority of studies linking parental depression to child outcomes have focused on school-aged children and adolescents, researchers have also found evidence of negative effects on younger children. Infants, toddlers, and preschoolers of mothers who met diagnostic criteria for depression were more likely to be insecurely attached to their mothers than were children whose mothers were not depressed (Radke-Yarrow, Cummings, Kuczynski, & Chapman, 1985; Teti, Gelfand, Messinger, & Isabella, 1995). Furthermore, studies that have specifically examined the effects of maternal depression on infant behavior provide evidence that infants of depressed mothers are at risk for dysregulation (see Field, 1995, for a review). For instance, when mothers reported elevated levels of depressive symp-

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toms, their infants displayed more negative and fewer positive facial expressions, vocalized less often, and were less active and more fussy during face-to-face interaction than were infants of nondepressed mothers (Field, 1984; Field et al., 1985). Moreover, infants of mothers with depressed mood were more likely than were infants of nondepressed mothers to display a "depressed" interactional style with their own mothers, as well as with nondepressed adult strangers (Field et al., 1988).

In illuminating the *processes* through which maternal depression affects infant development, several studies have focused on the *parenting behaviors* of depressed mothers. Mothers with elevated depressive symptomatology demonstrate flat affect, intrusiveness, hostility, and coercion, as well as passivity, withdrawal, and ill-timed responses when interacting with their infants (Cohn, Matias, Tronick, Connell, & Lyons-Ruth, 1986; Field et al., 1985; Lyons-Ruth, Zoll, Connell, & Grunebaum, 1986). The above studies, however, involved high-risk, low-income samples; thus, they may have confounded the effects of depression with the effects of socioeconomic status. Yet results from low-risk studies have also demonstrated disruptive patterns of parenting for depressed mothers. For example, middle-class mothers diagnosed with postpartum depression displayed more negative affect with their 2-month-old infants than did mothers in a nondepressed control group (Cohn, Campbell, Matias, & Hopkins, 1990). In addition to the negative affective and interactional styles displayed by depressed mothers, Bettes (1988) found that mothers with depressed mood took longer to respond to the vocalizations of their infants and engaged less often in an exaggerated tone of voice than did nondepressed mothers. Taken together, the above findings suggest that parenting behaviors of depressed mothers may be the most direct pathway through which maternal depression influences disturbances in infant development. This view is supported by previous research that has found that certain parenting characteristics (e.g., lack of maternal responsiveness) were related to poor child outcomes, above and beyond the diagnosis of depression (Goodman & Brumley, 1990).

Although depressed mothers, on average, display more negative behaviors during interactions with their infants than nondepressed mothers, investigators have noted that variability in parenting behavior exists within this at-risk group (Cohn et al., 1986). In an effort to explain this within-group variability, researchers have focused on the length and frequency of depressive episodes (Campbell, Cohn, & Meyers, 1995; Teti et al., 1995), finding that the mother-infant relationship is at greater risk when maternal depression is chronic. While differentiation between levels of depression enhances the prediction of negative parenting behaviors and infant adjustment, it is necessary to examine additional variables (e.g., life stressors) that may account for the relationship between depression and parenting. For example, when depression studies have included control groups of women with a physical illness (e.g., diabetes), women diagnosed with depression and medically-ill women exhibited similar patterns of parenting behavior (e.g., Hammen, Burge, & Stansbury, 1990). Such findings suggest that problematic parenting may be associated more generally with life stress rather than specifically with depression. In the same respect, problematic parenting behavior was better predicted by current depressed mood *and* chronic life stress than by a lifetime diagnosis of depression (Gordon et al., 1989).

Thus, as the research on depression and parenting progresses, more complex

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