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Is maternal depression related to mother and adolescent reports of family functioning? ☆



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ABSTRACT

While adolescent-parent disagreements about family functioning are common, they may also be indicative of family members' health problems and may compromise adolescent adjustment. This study examines the association between maternal depressive symptoms and family functioning perceptions, considering both the adolescents' and their mothers' points of view. A sample of 943 Chilean dyads of adolescents (69% female, Mage = 14.43 years old) and their mothers (Mage = 43.20 years) reported their perceptions of family cohesion and adaptability. Mothers also reported their depressive symptoms. Results indicated that mothers perceived their family as more cohesive and more adaptable than their children. There was a negative association between maternal and adolescent reports of family cohesion and maternal depressive symptoms. In the mother' reports, this association depended on adolescent's age. In the case of adolescents' reports, this association depended on adolescent's gender. Finally, maternal depressive symptoms were a significant predictor of mother-adolescent agreement about family cohesion.

Depression is a mental illness with a high international prevalence (Marcus, Yasamy, Ommeren, Chisholm, & Saxena, 2012). In Chile, 25.7% of women reported depressive symptoms in a national health survey (MINSAL, 2009–2010). This percentage was 27.9% in the 25–45 age group and 30.1% in the 45–64 age group. It is likely that women belonging to these age groups are mothers of adolescent children.

De Los Reyes and Kazdin (2005) have shown that depressed mothers have a negative bias in the perception of their children's emotional status and behavior, overestimating their adjustment problems. Similarly, Goodman (2007) suggested that depressed mothers have a negative vision of themselves in their maternal role. In line with these findings, the “Depression-distortion” hypothesis (DDH) states that depressed mothers overestimate their children's symptomatology (see Richters, 1992 for a review). However, it has been claimed that the DDH lacks empirical support owing to methodological deficiencies in the studies that have been developed to prove it (see Richters, 1992). Richters (1992) suggested that there is an association between maternal depression and mental health problems in children, rather than a distorted perception held by mothers about their children's mental health. In line with this suggestion, a meta-analysis (Goodman et al., 2011) indicated that maternal depression is associated with higher levels of internalization, externalization, and general psychopathology in children and adolescents, although to a small magnitude.

Family functioning has been highlighted as a plausible mediating mechanism in the relationship between maternal depression and maladjustment in children and adolescents (Goodman, 2007; Van Loon, Van de Ven, Van Doesum, Witteman, & Hosman, 2014; Yeh,

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Huang, & Liu, 2016). However, it is necessary to further our understanding of the influence of maternal depression on family functioning by considering multiple informants.

The aim of this study was to explore the relationship between maternal depressive symptoms and family-functioning perceptions based on adolescent and adult points of view, considering the agreement between them.

1. Depression

Depression is characterized by a depressed mood or a loss of interest/pleasure in daily activities for more than two weeks; this mood represents a change from the person's normal functioning and is accompanied by an impairment in functioning in social, occupational, or educational settings.

Depression is a highly prevalent disorder and a significant contributor to the global burden of disease (Marcus et al., 2012; Whiteford, Ferrari, Degenhardt, Feigin, & Vos, 2015). Today, depression is estimated to affect more than 350 million people in communities all across the world (Marcus et al., 2012). In the World Mental Health Survey (WMHS) carried out in 18 countries, the 12-month prevalence estimates for major depressive episode varied from 2.2% in Japan to 8.3% in the US and 10.4% in Brazil (Bromet et al., 2011). Additionally, the prevalence rates ranged from 3.0% to 5.9% in European countries (Italy, Spain, Germany, Netherlands, Belgium, and France) and from 4.0% to 10.4% in Latin American countries (México, Colombia, and Brazil) (Bromet et al., 2011).

Andrade et al. (2003) conducted a face-to-face assessment of depression with the World Health Organization Composite International Diagnostic Interview in 10 countries in North America (Canada and the US), Latin America (Brazil, Chile, and Mexico), Europe (Czech Republic, Germany, the Netherlands, and Turkey), and Asia (Japan). Lifetime prevalence varied from 3% in Japan to 16.9% in the US, with the majority of the countries in the range of 8%–12%. In Chile, lifetime prevalence was 9.0%. The 12-month prevalence varied from 1.2% in Japan to 10% in the US. In Chile, the rate was 5.6%.

In a Chilean nationally representative sample, 18.4% of adults had depression in the last 12 months. This is an unusually high prevalence of depression compared to the other countries in the region. Female gender, younger age, and lower education were associated with higher risk for depression in Chile (Markkula, Zitko, Peña, Margozzini, & Retamal, 2017).

Depression is not only common, but it often starts at a young age, thereby reducing people's functioning. It has been estimated that nearly 1 in 10 adolescents (8.2%) has had a major depressive disorder during the last year (Kessler et al., 2012). This prevalence increases in lower and middle-income countries (Alyahari & Goodman, 2008; Ruchkin, Sukhodolsky, Vermeiren, Kopsosov, & Schwastone, 2006). Also, depression is often a recurring condition (Klerman & Weissman, 1992). For these reasons, depression is the leading cause of disability worldwide, as measured by total years of life lost due to disability (Murray et al., 2013).

2. Maternal depression and adolescent adjustment

Women of childbearing age are particularly at risk for depression, and many of them experience high levels of social morbidity and depressive symptoms that are often unrecognized and untreated (Marcus & Heringhausen, 2009). Early mother-child interaction problems and inadequate caregiving and safety practices can be some of the consequences of maternal depression, and can have important implications for child development (Field, 2010). Ongoing maternal depression during early childhood can also have a negative influence on the offspring's physical health and social functioning during young adulthood (Raposa, Hammen, Brennan, & Najman, 2014).

Although depression during infancy and childhood is an important problem, depression can also appear during the adolescent stage of offspring (Beardslee, Versage, & Gladstone, 1998). It has been shown that adolescent offspring of depressed parents have a significantly higher risk for developing depression than adolescent offspring of non-depressed parents (Weissman et al., 2016). In an early study, Beardslee et al. (1988) examined families with children between the ages of 6 and 19 years of age. At initial assessment, 30% of the children/adolescents with an affectively ill parent had at least one episode of an affective disorder compared with 2% in the control group. After four years, the affective disorder rates were 26% and 10%, respectively. However, offspring of affectively ill parents had earlier onset, longer episodes, and a greater number of comorbid diagnoses (Beardslee, Keller, Lavori, Staley, & Sacks, 1993). Later, Weitzman, Rosenthal, and Liu (2011) found that in a large dataset of 22,000 children aged 5–17 years, maternal mental health problems were related to a 50–350% higher risk of presenting with emotional or behavioral problems than children of parents who reported no mental health issues. Similarly, in a recent study using a retrospective design, Jacobs, Talati, Wickramaratne, and Warner (2015) used data from a multigenerational cohort that was followed for 25 years and found that offspring of depressed parents had higher rates of major depressive disorder and anxiety than offspring of non-depressed parents. Interestingly, maternal depression was associated with lower overall functioning, unlike paternal depression.

Several studies have addressed the mechanism by which parental mental illness influences adolescent mental health. Bouma, Ormel, Verhulst, and Oldehinkel (2008) suggest that parental depression can amplify the negative influence of stressful events on adolescents' emotional wellbeing. The authors argued that adolescents whose parents have had a depressive episode are more sensitive to stress than adolescents whose parents report no mental health problems; thus, when exposed to stressful events, stress-sensitive adolescents are at a higher risk for developing depressive symptoms.

From a complementary perspective, it has been suggested that family functioning and characteristics of the family environment may contribute to the association between parental depression and adolescent mental health (Van Loon et al., 2014; Yeh et al., 2016). Maternal depression not only affects individuals; it has a wide impact on family members and can have a negative impact on the family environment if it leads to marital distress, family conflict, loss of income, and child psychopathology (Burke, 2003).

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