



Full length article

Longitudinal relations among maternal depressive symptoms, maternal mind-mindedness, and infant attachment behavior

Ann E. Bigelow^{a,*}, Beatrice Beebe^b, Michelle Power^a, Anna-Lee Stafford^{b,1},
Julie Ewing^b, Anna Egleson^{b,2}, Tammy Kaminer^{b,3}

^a Department of Psychology, St. Francis Xavier University, Canada

^b New York State Psychiatric Institute, Columbia University Medical Center, USA



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ABSTRACT

The relations among maternal depression risk, maternal mind-mindedness, and infants' attachment behavior were longitudinally examined in a community sample of mother-infant dyads. Maternal self-reported depression risk was measured at the infant ages of 6 weeks, 4 months, and 12 months. Maternal mind-mindedness, assessed from mothers' comments about infants' mental states (e.g., infants' thoughts, desires, or emotions), was measured during mother-infant interactions when infants were 4 months. Infants' attachment behavior was assessed at one year. Mothers' depression risk decreased over the infants' first year, with the sharpest decline between 6 weeks and 4 months. Mothers at risk for depression when infants were 6 weeks showed less appropriate mind-mindedness at 4 months. Mind-mindedness was not related to maternal depression risk at the infant age of 4 months or 12 months. Infants' degree of disorganized attachment behavior at one year was positively associated with maternal depression risk at 6 weeks and negatively associated with maternal appropriate mind-mindedness at 4 months. Mothers who are at risk for depression in their infants' early lives may be hampered in their capacity to respond appropriately to their infants' mental states. Infants with mothers who have difficulty responding appropriately to their mental states, as suggested by low appropriate mind-mindedness, may feel less known and recognized by their mothers, a key theme in the origins of disorganized attachment.

1. Introduction

Maternal depression is associated with risks to infants' social, emotional, and cognitive development, whether depression is defined by clinically-based diagnoses or self-reports (Gitlin & Pasnau, 1989; Murray & Cooper, 1997). Depressed mothers tend to be either more withdrawn or intrusive, and are generally less responsive and less optimally engaged with their infants than non-depressed mothers (Beebe et al., 2008; Field, 2010; Lovejoy, Graczyk, O'Hare, & Neuman, 2000). These differences in maternal behavior between mothers with and without depressive symptoms are found across a variety of cultures (Cooper et al., 1999; Danaci, Dinç, Deveci, Sen, & İçelli, 2002; Goldbort, 2006).

Maternal depression affects infants in multiple ways indicative of disturbances in social-emotional development. Infants of

* Corresponding author at: Department of Psychology, St. Francis Xavier University, Antigonish, Nova Scotia, B2G 2W5, Canada.

E-mail address: abigelow@stfx.ca (A.E. Bigelow).

¹ Anna-Lee Stafford is now at Long Island University.

² Anna Egleson is now at City University of New York.

³ Tammy Kaminer is now in private practice in New York City.

depressed mothers tend to be less positive, more distressed, less active, and more gaze averse (Cohn, Campbell, Matias, & Hopkins, 1990; Cohn & Tronick, 1989; Field, 1995; Feldman et al., 2009; Murray, Kempton, Woolgar, & Hooper, 1993). Maternal depression reduces mother-infant dyadic coordination and emotional regulation (Reck et al., 2011; Riva Crugnola et al., 2016). In interactions between mothers with high self-reported depressive symptoms and their 4-month-old infants, dyads show lower gaze coordination, heightened affective vigilance, and an “infant approach-mother withdraw” touch pattern (Beebe et al., 2008). By six months, infants of depressed mothers show elevated heart rate and cortisol levels (Field, 1995; Murray & Cooper, 1997); by one year, they are less likely to have secure attachments and more likely to have disturbed interactions with their mothers (Campbell & Cohn, 1991; Field, 1995).

One avenue by which maternal depression may affect infants’ emotional development is by hampering mothers’ ability to recognize and respond appropriately to infants’ mental states, that is, infants’ thoughts, desires, and emotions. This ability is an important component of maternal sensitivity (Ainsworth, Bell, & Stayton, 1974), is hypothesized to be crucial to infants’ early emotional self-knowledge (Gergely & Watson, 1999), and has been shown to be associated with subsequent infant attachment security (Meins et al., 2012; Meins, Fernyhough, Fradley, & Tuckey, 2001).

Maternal sensitivity is considered the underlying basis for secure attachment (Ainsworth et al., 1974). However, Meins and colleagues (Meins et al., 2001) propose that measures of maternal sensitivity often confound two distinct characteristics: (1) warmth and attentive caregiving, and (2) mother’s ability to treat her infant as a mental being. The latter characteristic requires different mental processes in the mother than the former; it requires the mother to reflect upon the mental states of her infant by using information from the infant’s behavior to make accurate inferences about the mental states governing the behavior, and thus goes beyond the demonstration of affection and concern. Theorists propose that this is an ability critical to optimal emotional development and secure attachment (Fonagy, Gergely, Jurist, & Target, 2002; Fonagy, Steele, Steele, Higgitt, & Target, 1994; Gergely & Watson, 1999; Meins et al., 2001).

Meins and colleagues’ (Meins et al., 2001) measure of mind-mindedness assesses mothers’ capacity to treat their infants as mental beings. Mind-mindedness measures mothers’ mental state comments when talking to their infants. Mental state comments are comments about the infants’ thoughts, desires, or emotions as expressed in infant behavior. Mind-mindedness is a multidimensional construct. Appropriate mind-minded comments are judged to be accurate reflections of what infants might be thinking or feeling. Non-attuned mind-minded comments are judged to misinterpret infants’ thoughts, desires, or emotions. These two types of mind-minded comments are unrelated (Arnott & Meins, 2007; Meins et al., 2002, 2012) and occur with different frequencies in maternal discourse, with appropriate mind-minded comments being more frequent (Meins et al., 2012).

The mother’s ability to treat her infant as a mental being allows the infant reciprocally to feel known by the mother (Beebe et al., 2010). Lyons-Ruth (1999, 2008) argues that the organization of intimate relating is at stake in early mother-infant interactions. Intimate relating entails the fundamental issue of how the infant comes to know, and be known by, another’s mind. Lyons-Ruth (1999, 2008) suggests that coming to know and be known by another’s mind is dependent on whether the partner is capable of close attention to the other’s initiatives, is open to the other’s state across the range of positive to negative emotions, and attempts to comprehend the state of the other and to respond in a way that acknowledges that state. These dimensions are similar to those of the mind-mindedness construct.

Longitudinal studies of maternal mind-mindedness indicate consistency of individual differences over the infant’s first two years (Kirk et al., 2015; Meins et al., 2003; Meins, Fernyhough, Arnott, Turner, & Leekam, 2011). Mind-mindedness tends to be unrelated to maternal demographic variables of education (Meins et al., 2001, 2003), socioeconomic status (Meins, Fernyhough, Russell, & Clark-Carter, 1998), or number of previous children (Meins et al., 2002), or infant temperament (Meins et al., 2011). Thus, mind-mindedness may be tapping maternal characteristics that are independent of demographic variables or specific infant characteristics (Meins, 1999). Maternal mind-mindedness, however, does relate to maternal risk factors (e.g., Demers, Bernier, Tarabulsky, & Provost, 2010; Riva Crugnola, Ierardi, & Canevini, 2018; Schacht et al., 2017).

Maternal depression may dampen mothers’ capacity for mind-mindedness. Although depression does not affect mothers’ language complexity or syntax during mother-infant interaction, depressed mothers are less likely to talk about what their infants are experiencing or to acknowledge agency in their infants’ behavior (Kaminer, Beebe, Jaffe, Kelly, & Marquette, 2007; Murray et al., 1993). Maternal depression may impair mothers’ ability to move from a focus on their own mental states to reflect upon the mental states of their infants. Such reduced capacity for mind-mindedness might result in difficulties in infant emotional development and attachment security.

Studies investigating the relation between maternal depression and mothers’ mind-minded speech to infants are few. Pawlby et al. (2010) examined the relation between maternal depression and mind-mindedness in mothers who were hospitalized with clinically diagnosed depression. They found that, compared to non-depressed control mothers, depressed mothers tended to make fewer appropriate mind-minded comments to their infants upon hospital admission, but there was no difference between depressed and non-depressed mothers in non-attuned mind-minded comments. Depression may reduce mothers’ likelihood of verbally reflecting upon their infants’ thoughts and feelings, but not necessarily affect mothers’ misinterpreting their infants’ mental states.

The studies examining the relation between mothers’ depression and mind-mindedness in community samples during the infants’ first year have had mixed results. Lundy (2003) found that mothers’ self-reported depressive symptoms and appropriate thought-related mind-minded comments were negatively related and that appropriate mind-minded comments were positively related to infants’ later attachment security as measured by the Attachment Q-sort (Waters, 1987). Rosenblum, McDonough, Sameroff, and Muzik (2008) found no relation between maternal self-reported depressive symptoms and appropriate mind-minded comments. Neither Lundy (2003) nor Rosenblum et al. (2008) reported non-attuned mind-mindedness. Meins et al. (2011) examined appropriate and non-attuned mind-mindedness and found that mothers’ self-reported depressive symptoms correlated positively with their non-

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