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Self-efficacy in 18-month-old toddlers of depressed and nondepressed mothers

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Abstract

Low self-efficacy is a key component of depression. Toddlers of depressed mothers may be at risk for impaired development of self-efficacy because of maternal modeling, diminished encouragement of toddlers' efforts, and/or biological contributions. We examined emerging self-efficacy in 70 toddlers of depressed mothers and 62 toddlers of nondepressed mothers. Depressed mothers had sought treatment and were diagnosed using a structured psychiatric interview. Toddlers were observed while working on a variety of mastery tasks, and an index of self-efficacy was constructed from behavior and affect. As expected, findings indicated that toddlers of depressed mothers showed less self-efficacy. Furthermore, more recent exposure to depression was associated with lower self-efficacy. These findings extend downward in age prior work indicating lower self-efficacy in children of depressed mothers. Early impairment in self-efficacy may place children at risk for later depression and thus may be one pathway for the intergenerational transmission of depression.

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1. Introduction

Bandura (1997) defined self-efficacy as confidence in one's ability to organize and execute the actions needed to accomplish one's goals. This definition emphasizes beliefs and metacognitions that emerge in middle childhood; consequently, work on self-efficacy has focused on older children and adults. Nonetheless, in Bandura's model, affect plays a central role in linking metacognitions to behavior. Furthermore, Bandura describes positive affect, such as pride and personal satisfaction, as a central component of the experience of self-efficacy and, conversely, negative emotions, such as despondency

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and apathy, as central components of the experience of low self-efficacy. Low self-efficacy is associated with depression, anxiety, and reduced efforts at coping with problems in life.

A rudimentary sense of self-agency can be inferred from behavior and affect emerging early in life. Clearly, pleasure in producing effects begins in infancy; and motivation to master the environment can also be seen very early. A rudimentary sense of self-efficacy emerges as understanding of the self-as-agent and self-as-object develops (Jennings, 1991, 1993). Toddlers' increasing understanding of goals and outcomes contribute further to the development of self-efficacy (Bullock & Lutkenhaus, 1988; Heckhausen, 1982). For toddlers, self-efficacy can be inferred from persistent, self-directed attempts to master a task that are accompanied by positive affect and by pride when successful. As this description implies, the construct of self-efficacy is multidimensional and includes motivation, affect, and self-evaluation. Although the term mastery motivation has often been used to refer to infants' and toddlers' behaviors and affect while working on mastery tasks, we prefer the term self-efficacy because it conceptually links behavior in early life to later behavior across the life span and because it emphasizes the importance of the self in the construct. Furthermore, the term mastery motivation implies a focus solely on the motivational component although recent theoretical work on mastery motivation has emphasized the multifaceted nature of the construct, with both an instrumental component (persistence/motivation) and an expressive component (mastery pleasure/affect; Barrett & Morgan, 1995; Morgan, MacTurk, & Hrnecir, 1995). Beginning in toddlerhood, it is also necessary to include self-evaluation in the experience of affect as affect based on self-evaluation becomes integrated with motivation in the processes underlying mastery behaviors (Bullock & Lutkenhaus, 1988; Heckhausen, 1982; Jennings, 1993).

Low self-efficacy, including low persistence, low expectations of success, and feelings of shame rather than pride, plays a central role in cognitive–motivational theories of depression, for example, the learned-helplessness model and selective attention models (Abramson, Metalsky, & Alloy, 1988; Abramson, Seligman, & Teasdale, 1978; Bandura, 1997; Beck, 1967; Peterson & Seligman, 1984). Research based on these theories has documented lower self-efficacy and other negative cognitions and motivation in depressed adults, depressed children, and in children of depressed mothers (e.g., Bandura, 1997; Barnett & Gotlib, 1988; Blumberg & Izard, 1985; Guskin, Mumme, Nolen-Hoeksema, & Wolfson, 1991; Hammen, 1988; Kaslow, Rehm, Pollack, & Siegel, 1988; Nolen-Hoeksema, Girgus, & Seligman, 1991; Nolen-Hoeksema, Girgus, & Seligman, 1992; Nolen-Hoeksema, Wolfson, Mumme, & Guskin, 1995; Pyszczynski & Greenberg, 1987; Weiss, Sweeney, Proffitt, & Carr, 1993).

Children of depressed mothers are at higher risk for depression later in life, and they show impairment in a variety of areas compared to children of nondepressed mothers (Birmaher et al., 1996; Cummings & Davies, 1994; Downey & Coyne, 1990; Gelfand & Teti, 1990; Goodman & Gotlib, 1999). Among toddlers, exposure to maternal depression has been associated with problems in several emerging developmental skills, including empathy and self-knowledge (Cicchetti, Rogosch, Toth, & Spagnola, 1997; Murray, 1992; Radke-Yarrow, Zahn-Waxler, Richardson, Susman, & Martinez, 1994). In general, the lifetime risk of depression for children with a depressed parent has been estimated at 45% (Hammen, Burge, Burney, & Adrian, 1990).

One pathway for the intergenerational transmission of depression may be through problems in the development of children's self-efficacy when mothers are depressed. Many theorists have speculated that early impairment in self-efficacy may predispose the child to depression later in life (Chorpita & Barlow, 1998; Cicchetti & Aber, 1986; Goodman & Gotlib, 1999; Rose & Abramson, 1992; Rutter & Quinton, 1984). Toddlerhood has long been considered a crucial period for the development of autonomy, feelings

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