

Depressed caregivers hostile, not warm, to children

A new study in the journal *Family Process* reveals that caregivers with moderate to severe depressive symptoms showed greater hostility and less warmth. The study focused on caregivers of low-income children with persistent asthma.

Researchers led by Marianne Celano, PhD, of Emory University School of Medicine in Atlanta, utilized data from Project STAR (Support for Treatment of Asthma Research), a longitudinal study examining treatment adherence among low-income children with asthma.

This investigation used data from 100 low-income families whose children were prescribed medicine for asthma. Family members were videotaped in the clinic while completing structured tasks and caregivers were later rated on warmth, hostility, and disciplinary skill. Researchers rated each task separately.

Caregivers with higher levels of depressive symptoms exhibited lower levels of warmth and higher levels of hostility during both loss and conflict tasks. In the loss task, the child was asked to share with family members his/her experience of a previously identified sad event, such as a death or a injury. In the conflict task, parent and child were asked to resolve a disagreement previously identified by each of them in separate interviews, such as a disagreement about chores, sibling conflict, or privileges.

As expected, caregivers tended to show more hostility and less warmth during the conflict task than during the preceding loss task. However, caregivers with moderate/severe depressive symptoms showed a greater rise in hostility from the loss to the conflict task than caregivers with minimal/mild depressive symptoms.

By including a task designed to elicit warmth, the study allowed for a more valid exploration of how caregivers respond to children's need for support and nurturance, expanding upon traditional procedures for collecting observational data. The study provides a better test of models for understanding how parenting behaviors associated with caregiver depression may lead to child maladjustment.

“The present findings provide an initial step in a pre-intervention research program investigating the contribution of caregiver depressive symptoms and associated parenting styles,” the authors conclude. “Our data may aid mental health clinicians in identifying specific family interaction patterns which may promote optimal asthma management.”

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