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Different amounts of protest in 4-month-old infants of depressed vs. non-depressed mothers

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Abstract

Amount of vocal protest was measured in 4-month-old infants of depressed vs. non-depressed mothers during 10 minute face-to-face interaction. The sample consisted of a two groups of mothers with their infants: depressed (n=17) and non-depressed (n=49), in total N=66. Vocal protest was measured using PFAAT phonetic software and manual, reliable coding. Results showed that infants of depressed mothers expressed a lower amount of vocal protest compared to infants of non-depressed mothers as measured in mean percentage of time (p < .001).

Background

A significantly heightened amount of protest has previously been reported for infants of depressed mothers during face-to-face interaction (Field, Healy, Goldstein, & Garthz, 1990). Two other studies have also reported a heightened amount of protest in infants of depressed mothers: a ten minute time-out (Murray, Fon-Cowley, Hooper, & Cooper, 1996; Friedman, Bebee, Jaffe, Ross, & Trigg, 1996). Previous studies have predominantly used composite multimodal measures, which measure several modalities together (Field et al., 1990; Murray et al., 1996). However, multimodal measures may cover up so-called dissociated effects (the infant is expressing converging affects through different modalities), which have been detected in infants of depressed mother (Bebee et al., 2008).

Aim

The aim of the present study was to measure amount of infant protest in infants of depressed vs. non-depressed mothers. In addition to the measure through a single modality, the vocal modality, which has been found to be the most salient system through which both mother and infant communicate with each other at 4 months (Van Egeren, Barnett, & Rasohl, 2001).

Method

Participants

The sample consisted of 66 primiparous mothers and their infants from the urban Copenhagen area with PPD group (n=17) and non-depressed group (n=49). Inclusion criteria were: Primiparous mother, healthy infant, mother at least 18 of age, living in the Copenhagen area, normal hearing and vision abilities. Exclusion criteria were: Psychosis and/or presence of co-morbid bipolar disorder and abuse of any substances.

Measures

Depression status was measured with the self-report measure Edinburgh Postnatal Depression Scale (EPDS) and the standardised psychiatric interview Present State Examination (PSE). Wing, Cooper, & Quera, 1987. The EPDS was administered by a clinical psychologist at enrollment in both groups.

Procedure

Setup

The interaction took place according to a standardised design of mother-infant face-to-face interaction. Mother and infant were seated in front of each other at a distance of approximately 50 cm, the infant in an infant seat and the mother on a small chair. Vocal recordings were made using individually head-mounted high quality microphones. The mother was instructed to play with their infants as she would usually do at home.

Protest results

On average, infants of non-depressed mothers showed a higher percentage of time in protest (M = 11.56, SD = 14.45) than infants of depressed mothers (M = 3.91, SD = 4.78). This difference was highly significant (t(63.92) = 3.61, p = .001).

Discussion

Contrary to previous findings, the results of the present study showed a lowered amount of vocal protest in infants of depressed mothers. Possible interpretations will now be discussed. Figure 1 shows the results from the present and previous studies.

One possible explanation is the use of different measures. However, only across the depressed samples does the measure seem to largely impact the amount of protest. This could be explained by the presence of dissociation affect in the infants of depressed mothers, which would result in different amount of protest when different modalities are measured.

Sample characteristics might have affected the results. The depressed women in the present sample can be considered low-risk (Table 1), while Field has often used particularly high-risk samples. Interactions of high-risk infant-mother dyads are quantitatively and qualitatively different (Murray & Cooper, 1997, Field, 1967). Furthermore, it has been argued that there are different types of depressed mothers characterized by different behavior patterns in mother and infant (Cohn, Malaspina, Tronick, & Lyons-Ruth, 1986; Tronick & Weinberg, 1997; Field, Hernandez-Rafel, & Deigo, 2005). Infants of under stimulating depressed mothers, might have been found less responsive to the mother’s rejection, and might have been less sensitive to the mother’s emotional communication. Furthermore, it has been suggested that the infants of the disengaged mothers might turn passive and turn to self-regulation in time (Tronick & Weinberg, 1997).

Age could have played a role, since the behavior of the infant might change with the amount of the infant’s age (Field, 1997). It has been found that the infants in the present study are 16 weeks, while infants in the other studies are younger (9-11 weeks, 13.6 weeks, and 14.8 weeks). The differences in age are relatively small, however an infant might experience many interactions on a daily basis, making the experience on the way they base their behavior accumulate quickly.

Finally, the infants of depressed mothers might as a group show both a heightened and a lowered amount of protest. Adopting Bebee’s mid-range model for interpretation would indicate that the different depressed samples are facing different types of regulatory differences. A heightened amount of protest would indicate that the infant is preoccupied with the interactive regulation while a lowered amount would indicate that the infant has turned to self-regulation (Bebee, Rusin, Sorter, & Knibbaus 2005).

Conclusions

Further research of a lowered amount of protest in infants of depressed mothers, while previous studies have detected higher amounts. The relatively small sample size of the depressed group should be taken into account. However, findings of both a higher and a lower amount of protest in infants of depressed mothers might be explained by a model where a mid-range amount is seen as optimal. Operating outside the “mid-range” could be understood as attempts to cope with interpersonal disturbances by heightening or lowering the response.

References


