

The Effects of Parental Depression on Their Children

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Over the last two decades, much attention has been given to the complexities of interpersonal processes of families learning to cope with depression. Coping becomes particularly complicated when the depressed person within that family is the parent. According to Coyne's (1976) social definition of depression, symptoms may be maintained and intensified by the responses of others with whom the depressed individual chooses to interact. Because depressives are motivated to choose the persons who will support them the most, parental depression can not only change the way they interact with their children but change the options that their children have to successfully interact with them (and others).

Parental depression per se is not necessarily the culprit of a child's negative behavior but the fact that depression manifests itself in the parent's inability to communicate that may cause the most problems for the child (i.e., arguing with spouse, uncontrolled yelling). It is this inability to communicate that can lead to behavioral problems with his children, especially if the depressed parent begins to look to the child for the support he needs to fight his depression. This article will discuss the effects of depression on the familial roles of the parent, the effects of parental depression on the child, and how these effects can exacerbate the parent's depressive symptoms. In conclusion, the role of the family in the treatment of parental depression will be investigated.

Within his family, the parent plays several roles: a spouse, a parent and an individual. The validity of these roles for the parent will depend on his ability to define a separate sense of self. It is in the proper development of these roles that the basis for adequate validation of a person's social position within an interaction can be established. Because there are separate but interdependent roles to be played by each member of the family, any disruption in the ability to communicate one's roles with another person in the family prevents a depressive from validating his position within the family structure. In this way, family members can lose their ability to connect with each other, isolating roles that are both defined by and help define each other. Acting within any role, uncontrollable outbursts make the parent feel powerless against the anger and frustration he feels that is often regretfully aimed at an unsuspecting child (Mirowsky and Ross, 1989). If a parent is depressed, not only does the marriage suffer but the children may be learning the same role characteristics as well as the same learned help-

lessness that his parent experiences, especially if the depression is never treated.

In many cases, a depressed individual will often search for strength and support of his social roles in his interactions with others. However, when a depressed parent looks to his children for validation, his behavior toward the child is focused on eliciting the support the parent needs, not on the needs of his child. For the depressive, the boundaries of his parent, spouse and individual roles are perceived as blurred and difficult to define. Without a steady role perception, the parent will begin to expect a child to contribute to his definition of self worth as an adult. Children will react to this request for support differently depending on the child's age at the onset of parental depression, his psychological defenses, his innate temperament, the family context, the availability of a well caregiver, and the willingness of the ill parent to get treatment (Secunda, 1997).

However, with this request, the parent has not only given the child the power to redefine the parent's sense of self worth, but has also given the child a perceived responsibility for the parent's negative emotional state. The child is made to feel a sense of guilt and humiliation for not being able to help the parent become happy again. In Victoria Secunda's book, *When Madness Comes Home*, she describes the lack of control a child feels as he is continually forced into his parent's world of mental illness that is inescapably inconsistent and overwhelming. With each unpredictable or inattentive reaction from the parent, the child experiences a stronger sense of frustration and helplessness that can prevent him from learning to cope with the loss of a nurturing parent which may result in the inability to attach himself to others, inside and outside of his family.

Because children also continually redefine their roles in the family (as an individual, as a sibling, etc.) and their sense of self worth given other's responses to them, they are affected by their depressed parent's lack of adequate reciprocity in the parent-child relationship (Secunda, 1997). When a child cannot give the parent what he needs, both parties are frustrated. A child will react to his depressed parent's call for attention according to his perception of what the parent wants, either by denial, withdrawal, or rebellion, as his needs remain unmet. The parent is forced to either redirect his focus for validation to someone else, which could lead to isolation from his children altogether, or act through frustration to elicit the response he feels he deserves, increasing the probability of abuse. In many cases, the removal of the depressed parent from the home is the family's only alternative.

Over time a child's response will become tempered by his parent's expectations as he learns how to deal with others by his parent's reactions to him. All the while, the more the parent pushes the child for support he is unable to provide, the more the child acts out his frustration, mirroring the frustrations and communica-

tion style of his depressed parent. Some children never reach a saturation point for this kind of perpetual behavior as they search for friends and future spouses that can fulfill their desires to overcome their guilt and childhood helplessness. Others become numb to the emotions of others and avoid intimate relationships altogether. In either case, a depressed parent will recognize the lack of control he has over his children, which further prevents him from validating his roles as a parent, a spouse, and as an individual. As the roles become indistinguishable and weakened by the lack of support, parental depression gets worse.

Because the roles have changed, the connections among the family members have changed. Families must relearn how to communicate with all of the parent's roles (self, spouse, parent) while he relearns to communicate within his own family roles. The parent must also deal with the guilt, shame and humiliation experienced at the lack of self worth within the uncertain boundaries of his individual role. The parent must then redefine his social roles given the new input from his family. If the primary interactions within the family have not changed before and after the time he recognizes the problem for himself and seeks professional help, the depression will continue to endure within the family network. Each and every member of the family contributes to the recovery of the patient (Secunda, 1997). The family roles he can redefine successfully will help prevent a relapse, with proper medical assistance. Those roles that he cannot redefine, for whatever reason, run a higher risk of being socially affected by future depressive tendencies. In losing one's perceived definition of self, one is unable to play the parent role and the spouse role, and is also incapable of properly reinforcing the roles of others. If one cannot firmly establish his own perception of self or reinforce the perceptions of the other roles within his family, the family cannot survive.

In conclusion, defining the social consequences of parental depression for the family are complicated. Depression, here, has been defined as a "self-perpetuating interpersonal system" (Coyne, 1976). These systematic effects are influenced not only by the child's personality, demographic and family characteristics, but by the parent's personality, demographic and his family's characteristics. Each family admittedly works under a different dynamic, but familial interaction, in general, leads to a higher probability of a child experiencing depressive symptoms when a parent is depressed, especially if one considers the social manifestations of depression a major cause of depressive illness.

If it is possible for one to be afflicted by depression by mimicking the symptoms of someone that influences the role defining process, then one's perception of how to interact functionally is constantly vulnerable as a child. It becomes important, then, for families (and especially parents) to promote healthy problem solving skills in their children, to strengthen their sense of self, to increase their

ability to recognize their appropriate responsibility for their depressed family members (Secunda, 1997), the importance of their individual self development first and foremost, that there are always alternate choices available, and that a personal problem can and should be resolved. It is only through education that one may come to understand the importance of attending to problems with persistence and communication to learn to negotiate with others toward common goals (Mirowsky and Ross, 1989). Through an understanding of the social manifestations of depression, professional intervention and family involvement, it is possible that the child can overcome a socially learned depressive tendency by learning that depression is yet another dilemma that the family can overcome together.

Given that depressive symptoms can be socially learned, it is imperative for future policy to address the issue of educating families with depressed parents. From an interpersonal systems perspective, family members can learn to redefine their social roles as well as change their perceptions of the roles of other family members (Gotlib and Colby, 1987). Through education, family members can learn to understand depression and how it affects the individual, those that interact with him, and the family structure as a whole. Such an understanding can reduce the stigma of having a mental illness in the family and leads to a greater compassion for those who are experiencing difficulties expressing themselves because of depression.

Instead of focusing solely on medication to deal with depression, a trained professional can redirect a family's emphasis on supportive problem solving instead of hurtful blame assignment and incessant miscommunication. It is important for children to overcome their frustration, to understand what is happening to their families, and to learn to communicate with others. With the combination of the appropriate medical attention and family educational opportunities, children with depressed parents of today will not become the depressed parents of tomorrow.

References

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