Parental Mental Disorder and Early Child Development

Manfred Laucht*, Günter Esser* and Martin H. Schmidt*

In a prospective longitudinal study of 354 parents and their first-born infants the association between parental psychopathology and risk for maladjustment in the offspring was investigated. At age two infants of disturbed parents displayed significantly poorer language performance and had higher scores of behaviour problems as compared to infants of healthy parents. While maternal disorder affected both cognitive and social-emotional outcome, the impact of paternal disorder was confined to cognitive functioning. The poorest outcome was found in infants of mothers with a personality disorder or with alcohol abuse. The relationship was maintained even after accounting for a number of family risk factors associated with parental psychopathology. One mediating factor between maternal disorder and infant maladjustment was found in disturbed mother-infant interaction. Maternal mental health did not only affect infant outcome, but was itself influenced by infant adaptation.

Introduction

One of the most consistent findings of high-risk research to date has been that children of a parent with mental illness are at increased risk for child maladjustment. Although isolated cases of adverse outcome have been described early in this century (Kraepelin, 1921; Janet, 1925), parental mental disorder has become a major research issue only since the pioneering work of Rutter (1966). Numerous subsequent studies using epidemiological as well as case-control methods have been conducted to support the association between parental and child disturbance. However, as with other risk factors for child development, this relationship has proven to be moderate at best. Only a proportion of children exposed to the risk factor suffered from later impairment. Thus, for example, the rate of emotional and behaviour problems in children of depressed mothers was found to be only twice or three times as high as in the offspring of mentally healthy mothers (Dodge, 1990).

Associations have been established with a wide range of problems in child development including disorders of social-emotional as well as of cognitive functioning. Children of mentally ill parents were more likely to display social and academic impairment (Orvaschel et al., 1981; Orvaschel, 1983), learning disability (Cantwell & Baker, 1984; Cogill et al., 1986), conduct problems at school (Emery et al., 1982), and depressive disturbances (Rutter & Quinton, 1984; Weissman et al., 1987). According to the majority of findings, the highest risk among children of ill parents was for disturbances of social-emotional functioning, and among those behavioural disorders were found to be more frequent consequences than emotional problems (Rutter & Quinton, 1984).

In previous research the child's age has not been a crucial factor. Most studies were concerned with school age children, while little is known about the role of parental disorder in the adjustment of infants and toddlers. In a more recent study on the impact of postnatal depression on infant development Murray (1992) reported only mild behavioural difficulties in the offspring of postnatally depressed mothers at age 18 months. In general, it can be derived from the literature that the association between child and parental maladjustment increases with children's age (Cohn et al., 1990; Zahn-Waxler et al., 1990). This finding might be a consequence of the fact that many parental disorders become chronic making children experience longer periods of parental psychopathology with increasing age.
The impact of paternal psychopathology on child adjustment has received considerably less attention than the effect of maternal mental illness. Only a few studies have addressed the issue with inconsistent results. Although some investigators reported that children of disordered fathers were less impaired than children of disturbed mothers, others found equivalent disturbance levels (Keller et al., 1986; Klein et al., 1988; Canino et al., 1990). Even a same-sex association was discussed in that the ill-effects of parental mental disorders may impinge most on children of the same sex (Rutter & Quinton, 1984).

Early studies had presumed that the risk from parental disorder varied with the diagnostic category of adult psychopathology. Thus, children of schizophrenic mothers were contrasted with children of depressed mothers in order to ascertain the specific impact of each disorder. The finding that the latter group was just as disturbed as the former and that even children of medically ill parents proved to be indistinguishable from children of psychiatrically ill parents (see review by Dodge, 1990) seemed to discredit the issue of specificity. However, subsequent studies using finer assessment procedures led to more promising results. For example, in a number of recent studies reviewed by Downey and Coyne (1990) children of depressed parents were found to be at heightened risk for affective disorders. In a sample with a broad scope of parental disturbances, the highest rates of child disorders were observed when a parent had a personality disorder (Rutter & Quinton, 1984). In spite of findings like these, the issue of specificity needs further clarification.

While the association between parental illness and risk for maladaptation in the offspring is well established in a large body of studies, evidence is scarce regarding the processes and mechanisms which are responsible. In recent years the idea of environmental transmission has gained heightened interest. According to this view, parental psychopathology leads to impaired parenting which in turn results in child maladjustment. Support for this hypothesis comes from several studies which have observed mother-child interaction and parenting behaviour in depressed and schizophrenic mothers. These studies yielded results indicating that parenting by disordered mothers was of poorer quality than that of control subjects. For example, depressed mothers have been found to be more irritable, tense, unhappy and inconsistent with their children (Weissman et al., 1984). Parenting by disturbed women was also noted to be less responsive and less involved (Goodman & Brumley, 1990). Moreover, children of depressed parents were more often victims of aggressive acts or hostile behaviour (Rutter, 1966). As was confirmed in recent studies, these differences are already apparent in early infancy (Field et al., 1990).

Apart from more or less direct mechanisms of genetic or environmental transmission, the role of familial correlates of parental psychopathology has to be considered. Thus, most studies clearly suggest that mental illness in parents is strongly associated with a wide range of other psychosocial problems in the family which, in turn, are well-known as risk factors for child maladaptation (Billings & Moos, 1983; Birtchnell et al., 1988). For example, marital discord and psychiatric disorder in spouse have been found more often in families of disturbed individuals. Moreover, a number of psychosocial variables such as described by Rutter's Family Adversity Index (Rutter & Quinton, 1977) are overrepresented in these families. Thus, it seems unclear whether child maladjustment is a consequence of these confounded psychosocial risk factors or of the parental disorder itself. While several investigators have demonstrated that marital discord or chronic difficulties were more strongly related to subsequent disturbance in the offspring than the presence of a psychiatric diagnosis (Rutter & Quinton, 1984; Goodman & Brumley, 1990), others claimed that the risk stems directly from parental disorder and not from the associated family risk factors (Emery et al., 1982; Fendrich et al., 1990). In general, the research findings to date indicate that psychosocial factors present in families of mentally ill parents are of considerable importance in the study of parental and child psychopathology.

As with the mechanisms, the issue of direction of transmission between parent and child disorder is still unsolved. Thus far unidirectional models from parental disorder to child maladjustment have been common. However, alternate or even bidirectional influences are conceivable and have been suggested by theoretical models as well as empirical findings (Hammen et al., 1990). Unfortunately, many previous studies had used cross-sectional designs and retrospective inquiry which do not allow straightforward conclusions. To thoroughly investigate the issue of direction, a number of variables such as parental mental disorder, variables of familial environment, parent-child interaction and child development have to be studied prospectively and concurrently from birth on.