

Intergenerational Transmission of Depression:  
Focusing on Children's Perception and Care Behaviors in Response to Parents' Depression

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This report concerns the transmission of depression across generations from parents to their children, with a focus on consideration of the children's perception and care behaviors in response. First of all, Study 1 investigated the intermediary impact of children's perception on the intergenerational transmission of their parents' depression. Although prior research suggests that this is a mediating factor for transmission, the effects have not been sufficiently considered. For this reason, a longitudinal study was used to investigate causal relationships. A questionnaire survey was distributed to preteen children and their mothers and fathers in a total of 135 households. The results showed that when the children's depression were controlled at Time 1, the children's perceived effectiveness of coping behaviors mediated their fathers' depression at Time 1 and could be used to predict their own depression at Time 2. On the other hand, although there was a relationship between the mothers' depression at Time 1 and their children's perceptions of how severe and chronic these disorders were at that time, no impact on children's Time 2 depression was found. In addition, for both the fathers and the mothers, no direct impact of the parents' depression at Time 1 on the children's depression at Time 2 was observed. Based on the findings above, it is clear that in preteen child, fathers' depression are mediated by the children's perceived effectiveness of coping behaviors, and this is a mechanism for transmission of depression to the children.

Next, Study 2 examined the effectiveness of children's perception and care activities for mediating intergenerational transfer of depression from their parents. Although the possibility of excessive care behaviors performed for their parents is referenced as a possible cause for depressive disorders in children in prior research mainly within the field of social welfare, the mechanism for this has not been clearly identified. For this reason, a cross-sectional study consisting of a questionnaire distributed to parents diagnosed with depression and their adolescent and adult children was used to consider this mechanism. Therefore, the following hypothesis for the path of this mechanism was investigated: children's perception of their parents' depressive disorders → children's care activities → children's perception of the effects of their care activities → children's mental health. The results showed that the extent children blamed themselves for their parents' depressive disorders and their perception of how chronic and severe they were were related to their care activities, clarifying the mechanism of action on children's sociocentric nature, with perception of positive effects of their care activities as a mediating factor. On the other hand, there was also a clear mechanism identified for the development of emotional problems in these children. The extent children blamed themselves for their parents' depressive disorders and their perception of how chronic and severe they were was once again related to their care activities, and perception of negative effects of these activities was a mediating factor.

Study 3 examined the process of occurrence and amplification for children's perception and care activities related to their parents' depressive disorders, using case studies of intergenerational transmission. For this purpose, statements made by children in case studies where intergenerational transmission of depression occurred related to experiences with their parents' depressive disorders and events leading up to their development of related illnesses were analyzed. The results identified perception of parents' depression and household crisis as triggers for the children, causing them to pursue care activities as a means for coping with the severe circumstances of their families. As the amount of responsibility they bore gradually increased, this was clearly shown to lead to psychosocial maladaptation. In addition, this suggests that if children are not exposed to depression-induced episodes of self-harm, suicide attempts, and resulting discord in their parents' relationship, they don't take on a sense of personal responsibility related to their parents' care, and they are able to contact and seek advice from an appropriate resource when they need help, the process leading to the onset of depression-related illness in these children could be prevented.

In conclusion, the findings of Studies 1 to 3 suggest that early stage psychoeducation is critical for children with parents who suffer from depressive disorders and depression as an intervention to ensure these children's perception of their parents' illnesses is formed appropriately and grounded in reality, in order to prevent intergenerational transmission of depression. In addition, there is a need to promote the creation of an environment that aims to comprehensively support the entire family, including children. The care activities of children with parents suffering from depressive disorders and depression should be understood in detail and shared within the fields of government, medical, social welfare, and education so that the necessary social support can be implemented for this purpose.