

Maternal Depression, Adult Attachment, and Children's Emotional Distress

VALERIE E. WHIFFEN, PH.D.†
MATTHEW A. KERR, M.SC.†
VERONICA KALLOS-LILLY, PH.D.

Introduction: Our goal was to evaluate the impact of depressed mothers' marital intimacy and attachment security in romantic relationships on children's internalizing and externalizing symptoms. Method: Forty-six clinically depressed mothers rated attachment security, marital intimacy, and symptoms shown by their children aged 8 to 12. Results: Maternal avoidance of closeness predicted increases in children's internalizing symptoms over a 6-month period. Discussion: Avoidance of closeness in depressed mothers may be implicated in the development of internalizing symptoms in their children, possibly because individuals who are avoidant of closeness are poor caregivers.

Fam Proc 44:93–103, 2005

The children of depressed mothers are at risk for emotional distress (Downey & Coyne, 1990; Goodman & Gotlib, 1999). A recent meta-analytic review quantified this association; maternal depression was associated with both internalizing and externalizing symptoms in children, with effect sizes of .16 and .14, respectively (Connell & Goodman, 2002). However, we have a very limited understanding of *why* maternal depression is detrimental to children's well being.

Maternal depression is associated with a range of contextual variables, including marital conflict and breakdown (Fendrich, Warner, & Weissman, 1990; Hammen et al., 1987), which might account for the apparent association between maternal depression and children's emotional distress. Although some researchers consider marital distress a confound or spurious variable that independently increases the risk of both parental depression and adverse child outcomes (Fergusson, Horwood, & Lynskey, 1995), others conceptualize it as a potential mediator because of evidence that depressed persons generate interpersonal difficulties, including marital conflict (Goodman & Gotlib, 1999).

†University of Ottawa.

Correspondence concerning this article should be addressed to Valerie E. Whiffen, School of Psychology, University of Ottawa, Ottawa, Ontario K1N 6N5, Canada. E-mail: whiff@uottawa.ca

The research reported in this manuscript was supported by a grant from the Hospital for Sick Children Foundation (XG93-030). The authors wish to thank Leanne Campbell, Marcia McCoy, and Debbie Prevost for their assistance with this project.

A handful of studies have tested the hypothesis that marital difficulties mediate the link between maternal depression and children's emotional distress. An early cross-sectional study of inpatients diagnosed with unipolar depression showed that the association between depression and children's school problems, particularly externalizing behaviors, was fully accounted for by marital discord (Emery, Weintraub, & Neale, 1982). Similar results were reported by Davies, Dumenci, and Windle (1999) in a longitudinal study of adolescents. Miller and her colleagues (1993) extended these findings by hypothesizing that marital conflict has an impact on parenting, which then influences levels of externalizing behaviors. They found support for this hypothesis in the cross-sectional data provided by two samples of families, one with children aged 3 1/2 and the other with children ranging in age from 9 to 13. In both samples, mothers' depressed mood was associated with less warmth within the couple, and subsequently with less warmth toward the child, which was related to higher levels of acting out by the children.

Mediating effects also have been shown for internalizing symptoms. Fergusson and his colleagues (1995) followed a large sample of mothers and children annually from the children's birth, and at each assessment, the mothers reported on depressive symptoms experienced over the year. Symptoms were summed for the 5 years beginning when the children were 8 years old. Chronic maternal depressed mood was associated with daughters' but not sons' depressed mood at age 16. However, marital conflict, in combination with family life stress and SES, accounted for this association. Davies and Windle (1997) reported similar results. The link between chronic maternal depressed mood (measured over 18 months) and daughters' depressive symptoms was accounted for by marital conflict.

Thus, these studies support the hypothesis that maternal depression poses a risk to children's emotional well-being in part through its impact on marital relations. However, it is important to note that three of these studies involved nonclinical samples, and that depression was measured by self-reported mood, which may be relatively mild and/or transient compared with clinical depression. In the single study to diagnose parental depression, only children's externalizing symptoms were assessed. Finally, only two studies attempted to assess these relations over time. Cross-sectional studies run the risk of confusing causes and effects. Thus, the first goal of the present study was to explore the role of marital relations in children's internalizing and externalizing symptoms in a sample of women who met clinical criteria for depression and were followed over a 6-month period.

Our second goal was to extend previous research by considering the mothers' working models of attachment. Insecure working models of attachment are associated with marital distress (Johnson & Whiffen, 1999) and influence the kinds of relationships that mothers develop with their children (Main, Kaplan, & Cassidy, 1985). Specifically, mothers who have been unable to resolve early attachment injuries appear to have difficulty establishing the warm and responsive relations with their children that are associated with children's attachment security and emotional well-being.

The empirical attachment literature indicates that two orthogonal dimensions underlie attachment in romantic relationships: comfort with closeness versus avoidance, and security versus anxiety about rejection or abandonment (Brennan, Clark, & Shaver, 1998; Griffin & Bartholomew, 1994; Simpson, 1990). Individuals who feel secure in romantic relationships are comfortable with closeness and are not anxious about the possibility of rejection by attachment figures. Previous research has indicated that clinical depression in adults is associated consistently with anxiety about

rejection or abandonment (e.g., Carnelley, Pietromonaco, & Jaffe, 1994; Cyranowski et al., 2002; Roberts, Gotlib, & Kassel, 1996). In response to this anxiety, depressed people generally are more likely to report avoidance of close relationships, but some appear to seek intimacy as a way of assuaging fears about attachment figures (Whiffen, Kallos-Lilly, & MacDonald, 2001). Thus, depressed mothers should vary along the dimension of comfort with closeness versus avoidance.

Avoidant people tend to be critical, irritable, and distancing when their romantic partners are in need of support (Campbell, Simpson, Kashy, & Rholes, 2001). They tend not to be attuned to emotions (Mikulincer, Florian, & Weller, 1993), and they have difficulty giving social support (Fraley & Shaver, 1998; Simpson, Rholes, & Nelligan, 1992) and providing care in romantic relationships, in part because they lack empathy for others (Feeney & Collins, 2001). In the clinical literature, parental unresponsiveness and lack of care is a significant source of emotional distress for children (Kobak & Mandelbaum, 2003). No previous study has examined the association between mothers' attachment security in romantic relationships and children's internalizing and externalizing symptoms.

We predicted that maternal avoidance of closeness would influence levels of emotional distress among the children of depressed mothers, with more avoidant mothers having more distressed children. Further, we proposed a mediating hypothesis to explain this association, consistent with the results reported by Miller et al. (1993). Specifically, we hypothesized that depressed mothers who are avoidant of closeness will have less intimate relationships with their spouses, which subsequently will elevate the children's levels of emotional distress.

METHOD

Subjects and Procedure

Participants were recruited through advertisements in community newspapers distributed free of charge in a city of approximately one million people. The ads were headed "Are you feeling unhappy or down?" Married and cohabiting women between the ages of 26 and 45 who had a child aged 8–12 living at home with them were asked to telephone our lab for information about the study. Of the 114 women who expressed interest in the study and were screened for depression, 60 met the following inclusion criteria: (1) married or cohabiting for at least one year; (2) both spouses had a minimum eighth-grade education; and (3) the mothers met DSM-IV criteria for major depression or dysthymia within the past year. The third criterion was intended to maximize the range of depressed mood in this sample. Only 2 of the women (4%) had fully recovered from their depressive episodes at the time of the first assessment. Another 13 (25%) had partially recovered, and the remaining women (71%) met criteria for a current episode.

Mothers who met criteria and their husbands completed questionnaire packages. Six months later, the participants again completed the questionnaire packages. To reduce subject attrition, participants were paid for both assessments.

Measures

The Schedule for Affective Disorders and Schizophrenia (SADS). A shortened version of the SADS (Endicott & Spitzer, 1978) was used to identify episodes of depression meeting DSM-IV criteria for major depression and/or dysthymia in the year prior to

the study. The reliability and validity of the SADS have been shown in numerous clinical trials (e.g., Endicott & Spitzer; Spitzer, Endicott, & Robins, 1978). Four clinical psychology doctoral students administered the SADS. After training, the first author listened to the audiotapes of 10 consecutive interviews per interviewer. The interrater agreement on the presence versus absence of an episode of depression was 100% across the four interviewers. Seventy-three percent agreement ($\kappa = .63$) was attained on the subtype of depression.

Beck Depression Inventory (BDI). The BDI (Beck, Rush, Shaw, & Emery, 1979) measured the severity of depressive symptoms in the mothers and fathers. In both psychiatric and student samples, the BDI shows high convergent validity with psychiatric ratings of depression severity (Beck, Steer, & Garbin, 1988). The internal consistency of the BDI in this sample was .84 at Time 1 (T1) and .88 at Time 2 (T2).

Close Relationships Questionnaire (CRQ). The CRQ (Bartholomew & Horowitz, 1991) is a self-report measure of adult attachment. First, participants read four paragraphs that described the secure, fearful, preoccupied, and dismissing attachment strategies, and chose the paragraph that best described how they typically felt in close relationships. Next, they used 7-point scales to rate the extent to which each paragraph was descriptive. CRQ self-reports show modest convergence with interview-based ratings of attachment (Griffin & Bartholomew, 1994), and are related in theoretically predicted directions with variables such as interpersonal behavior (Bartholomew & Horowitz).

Consistent with the practice of attachment researchers (e.g., Feeney & Collins, 2001), the participants' ratings of the fearful and dismissing strategies were summed and subtracted from the sum of the secure and preoccupied strategies to obtain a measure of their comfort with closeness versus avoidance. Next, their ratings of the fearful and preoccupied strategies were summed and subtracted from their ratings of the secure and dismissing strategies to obtain a measure of their attachment security versus anxiety about rejection or abandonment.

Miller Social Intimacy Scale (MSIS). The MSIS (Miller & Lefcourt, 1982) is a 17-item questionnaire assessing the extent to which the participant is self-disclosing and seeks intimacy in a specific relationship. Participants were asked to rate themselves in interaction with their spouses. Items are rated on a 10-point scale, with higher scores reflecting higher levels of intimacy. Test-retest reliability over a 2-month interval was reported at $r = .96$ (Miller & Lefcourt). There also is evidence of validity in that scores discriminated close from casual friends, and happily married from distressed couples (Miller & Lefcourt).

Child Behavior Checklist (CBCL). The CBCL (Achenbach & Edelbrock, 1983) is a 118-item measure of children's internalizing and externalizing symptoms. In the present study, the mother-rated T scores, normed for age and gender, were used. The CBCL showed good discriminant validity in distinguishing clinic-referred from nonreferred children (Achenbach & Edelbrock, 1986). Richters and Pellegrini (1989) found that the CBCL ratings provided by depressed mothers were not significantly different from those provided by their children's teachers, which suggests that maternal ratings are not influenced by the mothers' depressed mood.

RESULTS

Subject Characteristics

Of the 60 women who met diagnostic criteria, 8 (13%) did not complete the self-report questionnaires. Four women were missing some of the questionnaire data reported here; an additional 2 women had BDI scores below 9, indicating a subthreshold level of depression, and so were excluded from the study. This left a sample of 46 women at T1. Thirty-eight of their husbands (83%) also provided questionnaire data. Women whose husbands provided data were compared with those whose husbands did not. No significant differences were found between the groups with respect to the demographic and study variables. There also were no significant differences between those children whose fathers completed questionnaires and those whose fathers did not. Eight husbands were not the biological fathers of the children in the study; however, the participation rates of the husbands did not differ significantly as a function of paternity.

Of the 46 mothers who provided complete data for themselves and their children, 4 did not provide data for their children at T2. Comparison of the mothers who completed questionnaires at both times with those who did not revealed that mothers who provided complete data had been married longer, $t(44) = 2.56, p < .05$, and were older, $t(44) = 2.40, p < .05$. No other significant differences were found with respect to the demographic or study variables.

On average, mothers, $M = 37.1$ years, $SD = 4.7$, were significantly younger than fathers, $M = 41.2$ years, $SD = 6.9$; $t(40) = 3.85, p < .001$. Couples had been married for an average of 12.4 years ($SD = 5.1$) and had two or three children. Ninety-eight percent of fathers and 68% of mothers reported being employed. Partners tended to be equally well educated, with between 2 and 4 years of postsecondary education, $\chi^2(30) = 27.69, p > .05$. On average, the mothers were more depressed (BDI; $M = 20.4, SD = 8.2$) and more anxious about rejection and abandonment (CRQ) than were their spouses, $M = 8.2, SD = 9.3, t(45) = 6.37, p < .001$; $M = -1.7, SD = 4.5, t(37) = 3.08, p < .01$. They also were more likely to have a history of individual therapy, $t(40) = 5.23, p < .001$. Otherwise, the parents did not differ significantly.

At T1, the majority of women were diagnosed with either major depression or "double depression" (that is, major depression superimposed on an episode of dysthymia). At T2, the majority of women were diagnosed with dysthymia. Their average BDI scores at T1 fell in the moderate range of severity. Thus, this is a sample characterized by moderately severe and chronic depression.

On average, children were 9 1/2 years old ($SD = 1.2$). There were an equal number of girls and boys. Internalizing and externalizing symptoms according to the CBCL were 12.6 ($SD = 9.9$) and 11.4 ($SD = 8.3$), respectively. On average, the number of reported symptoms decreased to 10.6 ($SD = 7.2$) and 10.1 ($SD = 7.6$) for internalizing and externalizing symptoms, respectively, at T2. Despite this mean decrease, children's symptoms tended to be highly stable over time (see Table 1).

Zero-Order Correlations

Correlations among the study variables are reported in Table 1. As predicted, maternal avoidance of closeness was associated with higher levels of mother-rated internalizing symptoms at T1 and T2, but not with higher levels of externalizing symptoms. In addition, mothers' ratings of marital intimacy were negatively related to

TABLE 1
Bivariate Correlations among Parental Romantic Attachment, Parental Warmth, and Child's Adjustment

Variable	1	2	3	4	5	6	7	8	9	10	11	12
Parent Attachment ^a												
1. Maternal avoidance	–											
2. Maternal anxiety	.12	–										
3. Paternal avoidance	.05	.41**	–									
4. Paternal anxiety	.39*	.32	.16	–								
Parental Intimacy ^b												
5. Mothers	–.45**	.07	–.10	–.20	–							
6. Fathers	–.23	.11	–.35*	–.12	.44**	–						
Parental Depression ^c												
7. Mothers	.26	.29	.01	–.07	–.27	–.21	–					
8. Fathers	–.15	.17	.43**	.19	.20	–.27	–.10	–				
Child Adjustment												
9. Time 1 externalizing ^d	.06	.13	.04	–.11	.09	–.08	.40**	.19	–			
10. Time 1 internalizing ^d	.32*	.03	–.04	–.01	–.18	.08	.30*	–.02	.55**	–		
11. Time 2 externalizing	.15	.17	.13	–.21	.00	–.14	.50**	.23	.85**	.46**	–	
12. Time 2 internalizing	.50**	.01	.04	.07	–.32*	.02	.32*	–.08	.54**	.88**	.48**	–

Note. ^aCRQ. ^bMiller. ^cBDI. ^dCBCL.
 * $p < .05$. ** $p < .01$.

maternal avoidance. Finally, mothers' reports of marital intimacy were negatively associated with their reports about their children's internalizing symptoms at T2. Thus, the preconditions for mediation set out by Baron and Kenny (1986) were met.

Multiple Regressions

To determine the impact of maternal avoidance on mothers' ratings of their children's internalizing symptoms, we constructed a multiple regression equation. First, as a control, we entered T1 internalizing scores into the equation predicting T2 internalizing scores. In the second block, we entered maternal avoidance scores. T1 internalizing scores predicted 78% of the variance in T2 scores, $F(1, 40) = 144.34$, $p < .001$, which indicated that internalizing symptoms tended to be stable over a 6-month period. Maternal avoidance predicted an additional 3% of the variance in T2 internalizing scores, $F(1, 39) = 6.59$, $p = .01$; $\beta = .19$, indicating that maternal avoidance was associated with increases in mother-rated internalizing symptoms from T1 to T2. To test for the mediation of this association by marital intimacy, we entered mothers' reports of intimacy and maternal avoidance simultaneously into an equation to predict T2 internalizing scores. Again, T1 internalizing scores were entered first as a control. Mother-rated marital intimacy was not a significant predictor of T2 internalizing scores when the other variables were in the equation, $F(1, 38) = 1.76$, $p = .19$; $\beta = -.10$. Thus, only maternal avoidance of closeness predicted mothers' reports about their children's T2 internalizing symptoms after accounting for T1 symptoms.

In contrast to the results obtained with the mothers' data, neither the attachment nor intimacy variables as rated by the fathers were associated with children's emotional distress (see Table 1).

DISCUSSION

The goal of our study was to extend previous research examining the roles of maternal depression and marital relations in children's internalizing and externalizing symptoms. We extended previous research by examining these associations in a longitudinal study of women meeting diagnostic criteria for depression in the past year, by assessing children's internalizing and externalizing symptoms by maternal reports, and by evaluating both parents' working models of attachment in romantic relationships.

In our sample of clinically depressed mothers, lower levels of marital intimacy as perceived by the mothers were associated with higher levels of children's T2 internalizing symptoms, as rated by the mothers. However, stronger and more consistent associations were found between the broader construct, avoidance of closeness, and children's internalizing symptoms. Individuals who are avoidant of closeness in romantic relationships inherently will have less intimate relationships. Avoidance of closeness also implies a number of other interpersonal behaviors, such as low levels of empathy and poor caregiving (Feeney & Collins, 2001), which may account for the stronger associations.

When maternal avoidance and marital intimacy were considered jointly and T1 internalizing scores were controlled, mothers' reports of marital intimacy were no longer significantly associated with T2 internalizing symptoms. Thus, only maternal avoidance of closeness was associated with increases in internalizing symptoms over time, when baseline internalizing symptoms were controlled. This finding is consist-

ent with the hypothesis that maternal avoidance is implicated causally in the exacerbation of their children's internalizing symptoms, as has been suggested by clinicians (Kobak & Mendelbaum, 2003). Mothers who are depressed and emotionally withdrawn may be unable to provide the consistent and contingent care that is thought to promote children's emotional well-being. Future research should explore the hypothesis that maternal avoidance of closeness is associated with specific caregiving behaviors in interactions with their children, such as lack of empathy or poor caregiving.

Not all depressed mothers are avoidant of closeness. Research shows that some clinically depressed women are avoidant of closeness and intimacy, while others pursue close relationships as a source of validation and reassurance (Whiffen et al., 2001). These attachment styles have different implications for maternal caregiving, with only the former being associated with less empathy and poorer quality care. The results of the present study may suggest that, among preadolescents, mothers who are unable to foster close relationships with their children increase their children's levels of emotional distress. However, Radke-Yarrow and her colleagues (1995) found the opposite to be true in a sample of younger children. They found that the children most at risk for emotional difficulties at age 6 were those who had had a secure attachment to their depressed mother as preschoolers. Taken together, our studies raise the intriguing possibility that subtypes of depressed mothers pose difficulties for their children at different developmental stages.

Maternal avoidance accounted for 3% of the variance in increased internalizing scores over time, while the level of baseline internalizing scores accounted for 78%. This finding indicates that other variables are implicated in these children's emotional distress. Some of the variance is accounted for by genetic factors; some children of depressed mothers will have inherited the genetic risk for depression, which can be considerable (Goodman & Gotlib, 1999). In addition, children with depressed mothers must contend with a range of contextual difficulties, including low SES, marital conflict and breakdown, lack of family cohesion, and family life stress (Billings & Moos, 1983; Fendrich et al., 1990; Hammen et al., 1987). A complete understanding of these children's vulnerability to emotional distress requires the inclusion of global contextual factors, as well as more microfactors such as maternal avoidance.

In contrast to the findings for mothers, fathers' ratings of attachment security and marital intimacy were not associated with their children's internalizing and externalizing symptoms. This null result is consistent with the meta-analysis that examined the link between parental depression and children's emotional distress. Connell and Goodman (2002) reported that maternal depression has a stronger association with the distress of younger children, while paternal depression has a stronger association with the distress experienced by adolescents.

The major implication of our research for clinical practice is that clinicians should be attentive to the depressed mother's ability to foster an emotionally close and responsive relationship with her preadolescent child. Kobak and Mendelbaum (2003) clearly described how parental responsiveness can be improved in the context of family therapy, not only by addressing the mother-child relationship directly, but also by fostering a caregiving alliance between the parents to enable both parents to become more available and responsive attachment figures. Our research also suggests that, in preadolescent children, characteristics of the depressed mother are more relevant to children's emotional well-being than are characteristics of the father or

one specific characteristic of their marriage (i.e., its intimacy). This finding highlights the importance of addressing the depressed mother's attachment difficulties, perhaps in individual or couple therapy.

Our study is limited by the relatively small sample size, which constrained our ability to detect small effects. In addition, the inclusion of a nondepressed comparison group would have enabled us to determine if maternal avoidance is particularly problematic when it co-occurs with maternal depression, or whether it is detrimental to children's well-being even in the absence of maternal depression. Our conclusions also are limited by our reliance on maternal reports about marital intimacy, adult attachment, and children's symptoms. We already have noted that observational studies of depressed mothers' interactions with their children would allow us to identify the specific behaviors associated with maternal avoidance that impinge on children's emotional well-being. Given that mothers' and fathers' reports about the level of intimacy in their marriages were only moderately correlated, observational studies of parents' interactions also would be informative. Finally, future researchers should assess children's symptoms with diagnostic interviews rather than maternal reports. Although there is no reason to believe that mothers' reports about their children's symptoms are skewed by their depressed mood (Richters & Pelligrini, 1989), ratings made on the basis of a variety of reports may reveal additional associations.

REFERENCES

- Achenbach, T., & Edelbrock, C. (1983). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile*. Burlington: University of Vermont.
- Baron, M.R., & Kenny, D.A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, *51*, 1173-1182.
- Bartholomew, K., & Horowitz, L. (1991). Attachment styles of young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, *61*, 226-244.
- Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.
- Beck, A., Steer, R., & Garbin, M. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, *8*, 77-100.
- Billings, A.G., & Moos, R.H. (1983). Comparisons of children of depressed and non-depressed parents: A social-environmental perspective. *Journal of Abnormal Child Psychology*, *11*, 463-486.
- Brennan, K.A., Clark, C.C., & Shaver, P.R. (1998). Self report measurement of adult attachment. In J.A. Simpson & W.S. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press.
- Campbell, L., Simpson, J.A., Kashy, D.A., & Rholes, W.S. (2001). Attachment orientations, dependence, and behavior in a stressful situation: An application of the Actor-Partner Interdependence Model. *Journal of Social and Personal Relationships*, *18*, 821-843.
- Carnelley, K.B., Pietromonaco, P.R., & Jaffe, K. (1994). Depression, working models of others, and relationship functioning. *Journal of Personality and Social Psychology*, *66*, 127-140.
- Connell, A.M., & Goodman, S.H. (2002). The association between psychopathology in fathers versus mothers and children's internalizing and externalizing behavior problems: A meta-analysis. *Psychological Bulletin*, *128*, 746-773.
- Cyranowski, J.M., Bookwala, J., Feske, U., Houck, P., Pilkonis, P., & Kostelnik, B. et al. (2002). Adult attachment profiles, interpersonal difficulties, and response to interpersonal psychotherapy in women with recurrent major depression. *Journal of Social and Clinical Psychology*, *21*, 191-217.

- Davies, P.T., Dumenci, L., & Windle, M. (1999). The interplay between maternal depressive symptoms and marital distress in the prediction of adolescent adjustment. *Journal of Marriage and Family, 61*, 238–254.
- Davies, P.T., & Windle, M. (1997). Gender-specific pathways between maternal depressive symptoms, family discord, and adolescent adjustment. *Developmental Psychology, 33*, 657–668.
- Downey, G., & Coyne, J.C. (1990). Children of depressed parents: An integrative review. *Psychological Bulletin, 108*, 50–76.
- Emery, R., Weintraub, S., & Neale, J.M. (1982). Effects of marital discord on the school behavior of children of schizophrenic, affectively disordered, and normal parents. *Journal of Abnormal Child Psychology, 10*, 215–228.
- Endicott, J., & Spitzer, R.L. (1978). A diagnostic interview: The Schedule for Affective Disorders and Schizophrenia. *Archives of General Psychiatry, 35*, 837–844.
- Feeney, B.C., & Collins, N.L. (2001). Predictors of caregiving in adult intimate relationships: An attachment theoretical perspective. *Journal of Personality and Social Psychology, 80*, 972–994.
- Fendrich, M., Warner, V., & Weissman, M.M. (1990). Family risk factors, parental depression, and psychopathology in offspring. *Developmental Psychology, 26*, 40–50.
- Fergusson, D.M., Horwood, L.J., & Lynskey, M.T. (1995). Maternal depressive symptoms and depressive symptoms in adolescents. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 7*, 1161–1178.
- Fraley, R.C., & Shaver, P.R. (1998). Airport separations: A naturalistic study of adult attachment dynamics in separating couples. *Journal of Personality and Social Psychology, 75*, 1198–1212.
- Goodman, S.H., & Gotlib, I.H. (1999). Risk for psychopathology in the children of depressed mothers: A developmental model for understanding mechanisms of transmission. *Psychological Review, 106*, 458–490.
- Griffin, D., & Bartholomew, K. (1994). Models of the self and other: Fundamental dimensions underlying measures of adult attachment. *Journal of Personality and Social Psychology, 67*, 430–445.
- Hammen, C., Gordon, D., Burge, D., Adrian, C., Jaenicke, C., & Hiroto, D. (1987). Maternal affective disorders, illness, and stress: Risk for children's psychopathology. *American Journal of Psychiatry, 144*, 736–741.
- Johnson, S.M., & Whiffen, V.E. (1999). Made to measure: Adapting emotionally focused couples therapy to partners' attachment styles. *Clinical Psychology: Science & Practice, 6*, 366–381.
- Kobak, R., & Mendelbaum, T. (2003). Caring for the caregiver: An attachment approach to assessment and treatment of insecure family attachments. In S.M. Johnson & V.E. Whiffen (Eds.), *Attachment: A guide for couple and family interventions* (pp. 144–164). New York: Guilford Press.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development, 50*, 66–104.
- Mikulincer, M., Florian, V., & Weller, A. (1993). Attachment styles, coping strategies, and post-traumatic psychological distress: The impact of the Gulf War in Israel. *Journal of Personality and Social Psychology, 64*, 817–826.
- Miller, N.B., Cowan, P.A., Cowan, C.P., Hetherington, E.M., & Clingempeel, W.G. (1993). Externalizing in preschoolers and early adolescents: A cross-study replication of a family model. *Developmental Psychology, 29*, 3–18.
- Miller, R., & Lefcourt, H. (1982). The assessment of social intimacy. *Journal of Personality Assessment, 46*, 514–518.

- Radke-Yarrow, M., McCann, K., DeMulder, E., Belmont, B., Martinez, P., & Richardson, D.T. (1995). Attachment in the context of high-risk conditions. *Development and Psychopathology*, *7*, 247–265.
- Richters, J., & Pellegrini, D. (1989). Depressed mothers' judgments about their children: An examination of the depression-distortion hypothesis. *Child Development*, *60*, 1068–1075.
- Roberts, J.E., Gotlib, I.H., & Kassel, J. (1996). Adult attachment security and symptoms of depression: The mediating roles of dysfunctional attitudes and low self-esteem. *Journal of Personality and Social Psychology*, *70*, 310–320.
- Simpson, J.A. (1990). Influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology*, *59*, 971–980.
- Simpson, J.A., Rholes, W.S., & Nelligan, J.S. (1992). Support seeking and support giving within couples in an anxiety-provoking situation: The role of attachment styles. *Journal of Personality and Social Psychology*, *62*, 434–446.
- Spitzer, R.L., Endicott, J., & Robins, E. (1978). Research diagnostic criteria: Rationale and reliability. *Archives of General Psychiatry*, *35*, 773–782.
- Whiffen, V.E., Kallos-Lilly, A.V., & MacDonald, B.J. (2001). Depression and attachment in couples. *Cognitive Therapy and Research*, *25*, 577–590.