Depressive Vulnerability in Parents and Their 5-Year-Old Child’s Temperament: A Family System Perspective

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The actor–partner interdependence model was used to test whether one parent’s depressive vulnerability (self-criticism and dependency) was associated with the same parent’s own (an intraparenatal association) and the other parent’s (a cross-parental association) ratings of their 5-year-old child’s temperament (536 parents, 268 dyads). The more vulnerable the parents were, the more the children showed negative affectivity and lack of effortful control. Significant interactions with the parent’s gender and between the spouses’ depressive vulnerabilities were found, highlighting the fact that child outcomes are dependent on family processes. All associations were independent of maternal and paternal depressive symptoms. The influence of personality-based depressive traits on child temperamental outcomes and effective parenting is discussed with reference to between-dyad family dynamics.

Keywords: self-criticism, dependency, depressive symptom, family system, child, temperament

Research has clearly demonstrated that children are at a higher risk of becoming adversely affected by their mothers’ depression (for a recent review, see Goodman & Gotlib, 1999). Recently, the focus of research has begun to shift increasingly toward more detailed understanding of the conditions of risk. One possibility would be to acquire further understanding of child outcomes with reference to parental personality-based trait vulnerability to depression. Another avenue to explore would be the potential child outcomes within a family system that includes both biological parents.

The first major aim of the present study was to expand understanding of preschool-aged child behavior from the perspective of parents’ personality-based vulnerability to depression, a theoretical approach to depression developed by Blatt and colleagues (e.g., Blatt & Zuroff, 1992; Zuroff, Mongrain, & Santor, 2004). According to this theory, there are two distinct forms of vulnerability, dependency and self-criticism, which have been suggested to originate in adverse parent–child relationships and to predispose individuals to qualitatively distinct forms of depression. An overemphasis on self-criticism or dependency motives has been associated with an array of dysfunctional attitudes and behavior and consequently is assumed to constitute a vulnerability factor for depression (e.g., Santor, 2003; Zuroff et al., 2004). Significantly, Blatt and Zuroff’s (1992) theoretical formulations differ from Beck’s (1983) conceptions of depressive personality modes (social dependency, individuality), which are not assumed to show long-term traitlike stability.

Individuals characterized by dependency have been described as excessively preoccupied with the availability of love, nurturance, and support and as having difficulty functioning alone, thus making them vulnerable to anacritic depression (Blatt & Shichman, 1983). Prior studies have related dependency to higher levels of intimacy motivation (Mongrain & Zuroff, 1994), to more intense feelings of love for romantic partners (Zuroff & Fitzpatrick, 1995), and to more frequent and more intimate daily interactions (Zuroff, Stotland, Sweetman, Craig, & Koestner, 1995). Moreover, dependent individuals have been shown to be uncomfortable with feelings of hostility (Zuroff, Moskowitz, Wielgus, Powers, & Franko, 1983), ambivalent about the expression of emotion (Mongrain & Zuroff, 1994), and prone to avoid conflict to prevent the possibility of loss or rejection.

In contrast, individuals characterized as self-critical, as described by Blatt and Zuroff (1992), “engage in constant and harsh self-scrutiny and evaluation and have a chronic fear of being disapproved and criticized, and losing the approval and acceptance of significant others” (p. 528). In particular, self-critics have been found to experience greater
negative and lower positive affect in daily life (Mongrain, 1998), to have poor negative-mood management (Fichman, Koestner, Zuroff, & Gordon, 1999), to have more distant relationships involving low self-disclosure and low levels of trust in their partner (Zuroff & Fitzpatrick, 1995), and to be more ambivalent about social relationships (Blatt & Zuroff, 1992). Failure to meet their own expectations and standards may lead to introjective depression, characterized by an unrelenting self-appraisal and self-criticism and by an overwhelming sense of personal failure, guilt, and inferiority (Blatt & Shichman, 1983).

From the child perspective, parental depressive vulnerability may involve a risk in terms of functional parenting. Repeated exposure to parental self-criticism during sensitive periods of development may, for instance, lay the foundation for future negative self-schemas. Likewise, repeated exposure to dependent anxiety and/or overinvolvement by a parent may lead the child to internalize a sense of self as vulnerable and incompetent (cf. Miklowitz, 2004). The few existing studies on the parenting domain demonstrate that self-criticism may entail a more emphasized risk than dependency. For instance, Thompson and Zuroff (1998) reported that self-critical mothers of adolescents gave negative feedback to their daughters and were active in attempts to thwart their daughters’ independence by punishing attempts at autonomy, whereas dependent mothers were only punitive. Zuroff, Koestner, and Powers (1994) found that self-criticism in adolescent children was predictive of dissatisfaction with their parental role as adults.

The aforementioned processes may result in difficulties with the child’s emotionality and self-regulation, as reflected in his or her temperament characteristics. Prior research has revealed associations between maternal depression and/or depressive symptoms and maternal ratings of challenging temperamental traits in their infants and children (e.g., Pesonen, Räikkönen, Keltikangas-Järvinen, Strandberg, & Järvenpää, 2004; West & Newman, 2003). The associations found have been assumed to reflect not only potential genetic transmission, but also adversities in parenting that have been shown to characterize parents with either depressive symptoms or depression. In particular, a depressive parent may experience a weakened capacity to regulate infant–child emotions (Lovejoy, Graczyk, O’Hare, & Neuman, 2000), which is likely to be important in terms of the child’s temperamental development (Posner & Rothbart, 2000).

Temperament in this context refers to constitutionally based individual differences in reactivity and self-regulation that become influenced over time by heredity, maturation, and experience (Rothbart, 1989), such as those stemming from the family influences focused on in the present study. We hypothesized that parental personality-related vulnerability to depression, in terms of being either more self-critical or dependent, would function as a marker of child temperamental outcomes, with the children of more vulnerable parents showing more negative affectivity and less self-regulation. Despite considerable evidence of the relevance of dependency and self-criticism to interpersonal functioning, there has been no prior investigation into their potential significance for child temperament, measured by both maternal and paternal ratings.

The involvement of both parents allowed multilevel modeling, with members of a couple nested within the dyad. This made it possible to test whether one parent’s depressive vulnerability was associated with the same parent’s own (intraparental association) and the other parent’s (cross-parental association) assessment of the child’s temperament as more negatively and/or less positively tuned. It was also predicted that both the mother’s and father’s vulnerability might be differently associated with child temperament. Furthermore, the family system approach acknowledges the fact that one predictor, such as parental depressive vulnerability, may have multiple outcomes depending on how it operates in relation to the other parent’s vulnerability (Davies & Cicchetti, 2004). In other words, it would be useful to find out whether parental perceptions differ in couples that have different combinations of depressive vulnerability. Including both parents in the analyses also allowed exploration of the effects of parental stress with reference to within-dyad variability in depressive vulnerability. It was anticipated that in highly dissimilar couples, one parent’s low vulnerability might buffer the more vulnerable parent’s negative assessments. Similarly, when both parents are vulnerable, it may make matters worse.

In summary, the aim of the current study was to explore the associations between parental depressive vulnerability and child temperament among 536 parents, forming 268 parent dyads, that were used as the units of analyses. As in Campbell and Kashy (2002; see also Kashy & Kenny, 2000; Robins, Caspi, & Moffitt, 2000), the analyses were based on a specific multisource family system approach called the actor–partner interdependence model (APIM). This approach can be applied in a way that challenges methodological considerations of parental assessment bias, which are often associated with studies relying solely on parental reports. In particular, the present study tested the intra- and cross-parental associations between parental vulnerability and child temperament within the same regression equations, that is, covarying for each one’s depressive vulnerability. This could be considered a test for vulnerability-related perception bias: If the cross-parental associations were significant, then they would be independent of the cross-rater’s own vulnerability. In cases in which parental perceptions were not entirely based on parents’ shared predispositions, the obtained association would approach an unbiased effect.

Finally, despite its typological characterizations, Blatt and Zuroff’s (1992) conceptualization of depressive vulnerability is fundamentally dimensional and carries an assumption of the normal distribution of dependency and self-criticism within general populations (Zuroff et al., 2004). The present investigation thus differs from mainstream research on parental depression in which the measurement is usually grounded on symptom-based psychiatric nosology rather than on a more stable constellation that predisposes depressive states of mind. Moreover, prior investigations into self-criticism and dependency indicate that vulnerability factors have effects on parenting that are independent of...
concurrent levels of depressive symptoms (Zuroff et al., 2004). To obtain further evidence of this phenomenon, in all our analyses we controlled for the potential impact of parental concurrent level of depressive symptoms, measured using the Center for Epidemiological Studies Depression Scale (the CES-D; Radloff, 1977).

Method

Participants

The parent dyads were derived from an ongoing study on neonatal and early childhood predictors of hypertension development. The initial sample of 1,049 mothers and their infants was recruited in 1998 from one of the main maternity hospitals in the Helsinki, Finland area, with approximately 4,500 births per year. The dyads were a consecutive series of mothers with singleton healthy births in 1998. Sick and preterm babies were cared for in the midwifery ward at the University of Helsinki Hospital and were not included in the study. During the year, a psychological follow-up survey was sent to the first 500 recruits. A further follow-up survey was sent to the entire initial sample in 2003: 906 participants’ addresses were traced through the Finnish Population Register Centre. Of those contacted, 447 (49%) families returned the follow-up questionnaire, with 268 families providing complete data on both the mother and the father (268 mothers and 268 fathers). The average age of the child was 5.5 years (M = 65.87 months, SD = 2.8 months). The families providing complete data were representative of the initial sample in terms of maternal age (p > .28), length of gestation (p = .19), birth weight (p = .11), and infant Apgar scores (p = .67). A comparison of the mothers and fathers with complete data revealed no significant differences in education: Of the mothers and fathers, respectively, 37.3% and 40.1% had a university degree, 47.9% and 43.2% had vocational education, 6.7% and 8.9% had high-school education, and 3.1% and 4.7% did not have education beyond elementary school (p = .33 in paired-samples t tests). The monthly family income was, on average, between 3,000 and 5,000 euros ($3,800 – $5,100), with only two families reporting an income below 1,000 euros ($1,300). The Institutional Review Board at the University of Helsinki approved this project, and the participating parents gave their informed consent (see Strandberg, Järvenpää, Vanhanen, & McKague, 2001, for details of the recruitment).

Measures

Depressive vulnerability. The Depressive Experiences Questionnaire (Blatt, D’Afflitti, & Quinlan, 1976) consists of 66 items assessing thoughts and feelings about the self and others rated on a scale from 1 to 7. The McGill 48-item version of the scale (Santor, Zuroff, Mongrain, & Fielding, 1997), which has shown good reliability, validity, and between-scale orthogonality in prior studies (Santor et al., 1997), was adopted in the present study. Cronbach’s alphas were .67 for Dependency and .75 for Self-Criticism for the fathers and .79 and .78 for the mothers, respectively. The Self-Criticism Scale correlated with the Dependency Scale (r = .13, p < .05) for both the mothers and the fathers.

Depressive symptoms. Maternal and paternal depressive symptoms were assessed using the CES-D, a widely used instrument for assessing general depressive symptoms in nonclinical samples (Radloff, 1977). The scale consists of 20 statements, and participants are asked to indicate how often they have experienced the feeling described in each statement in the past week on a 4-point scale ranging from 0 (rarely or none of the time) to 3 (most or all of the time). The scale has high internal consistency, and there is substantial evidence of construct and concurrent validity (e.g., Radloff, 1977). Cronbach’s alphas in the present study were .91 for the fathers and .90 for the mothers.

Child temperament. Maternal and paternal ratings of child temperament were assessed using the Child Behavior Questionnaire (CBQ; Rothbart, Ahadi, Hershey, & Fisher, 2001). The 195 items in the CBQ are evaluated on a 7-point scale reflecting the relative frequency of specified child reactions in concrete situations in previous weeks and comprise 15 subscales that can be organized around three latent constructs of temperament. The negative affectivity superconstruct includes five subscales (Anxiety, Frustration, Discomfort, Fear, Sadness, and Soothability), the extraversion superconstruct includes six subscales (High Intensity Pleasure, Impulsivity, Activity Level, Positive Anticipation, Smiling and Laughter, and Shyness), and the effortful control superconstruct includes four subscales (Attentional Focusing, Inhibitory Control, Low Intensity Pleasure, and Perceptual Sensitivity). The internal consistency estimates (Cronbach’s alphas) for the CBQ subscale ratings ranged from .65 to .70 (M = .79, SD = .07) in the maternal ratings and from .66 to .91 (M = .76, SD = .07) in the paternal ratings. The internal consistency estimates of the superconstructs ranged from .68 to .78 in the maternal ratings and from .68 to .73 in the paternal ratings.

Statistical Analyses

We used multilevel regression analyses (PROC MIXED in SAS; Littell, Miliken, Stroup, & Wolfinger, 1996) to estimate (a) whether one parent’s depressive vulnerability was associated with the same parent’s own (intraparental association) and the other parent’s (cross-parental association) ratings of the child’s temperament characteristics; (b) whether there were any gender differences in the intra- and cross-parental associations (the gender differences were conceptualized by One Parent’s Vulnerability X Gender and Other Parent’s Vulnerability X Gender interactions in a simultaneous entry complementing the intra- and cross-parental main effects); (c) whether greater or lesser similarity in parental depressive vulnerability mattered in the parental ratings of the child’s temperament (the absolute arithmetic difference between the parent dyad’s depressive vulnerability scores was used in the regression equation as the similarity interaction variable complementing the intra- and cross-parental main effects); and (d) whether depressive vulnerability was associated with the ratings of the child temperament characteristics independently of concurrent depressive symptoms. The parental dyad was used as the unit of analysis, and the data were set up as described in Campbell and Kashy (2002). We used the method of restricted maximum-likelihood estimation and Satterwhite approximation to determine the degrees of freedom, and we set up a compound symmetry correlation matrix in estimating the nonindependence between the ratings of the dyad members (cf., Campbell & Kashy, 2002). To prevent Type I error potentially resulting from the large number of tests conducted on the temperament dimensions, the analyses were conducted using only the temperament superconstructs. Whenever there was a significant main effect, the association was specified using the subscales comprising the superconstruct. When we computed the interaction effects, we centered the quantitative predictor variables around the grand mean (Aiken & West, 1992). All the analyses included parent gender as a covariate. The main effect analyses were repeated, and the interaction analyses were conducted with parental depressive symptoms (CES-D scores) as covariates. Logarithmic transformation was applied to the depressive symptoms scale (the CES-D).
Results

Table 1 presents the descriptive statistics of child temperament and parental depressive vulnerability. Paired-sample t tests showed that, relative to the fathers, the mothers perceived their children as exhibiting significantly more effortful control. Intraclass correlations of the mothers’ and fathers’ ratings were significant, sharing 62% to 71% of the variance (all ps < .001). The mothers reported more depressive dependency than the fathers did. The shared within-dyad variance was .09 for dependency (p = .21), .18 for self-criticism (p = .05), and .25 (p = .05) for depressive symptoms (the CES-D). The CES-D score correlated with dependency (mothers: r = .28, p < .001; fathers: r = .20, p = .01) and with self-criticism (mothers: r = .65, p < .001; fathers: r = .59, p < .001). There were no significant differences in the mean levels of dependency or in the self-criticism or depressive symptom scores between the dyads.

Depressive Vulnerability and Child Temperament

Before testing the main effects between depressive vulnerability and temperament, we tested whether depressive symptoms (CES-D scores) were associated with child temperament. Table 2 shows the intraparental associations between higher levels of depressive symptoms and ratings of the child as more negatively affective (i.e., more sad-, fearful-, discomfort-, and anger-prone and less soothable; ps < .03) and as exhibiting less effortful control in terms of smiling and laughter, attention, and inhibitory control (ps < .02; data not shown for the subscales). One parent’s depressive symptoms were not reflected cross-parentally in the other parent’s ratings of the child’s temperament. Table 2 also shows the intraparental associations between a higher level of self-criticism and ratings of the child as more negatively affective (i.e., more sad-, fearful-, discomfort-, and anger-prone and less soothable; ps < .0002) and as exhibiting less effortful control in terms of smiling and laughter, attention, inhibitory control, and low-intensity pleasure (ps < .0001; data not shown for the subscales).

Furthermore, a higher level of dependency was intra- and cross-parentally associated with ratings of the child as more negatively affective (i.e., sad-, fearful-, discomfort-, and anger-prone in the intraparental associations [ps < .004] and more sad- and anger-prone in the cross-parental associations [ps < .001]; data not shown for the subscales). A higher level of dependency in one parent was also associated with the same parent’s own ratings of the child as exhibiting less effortful control (i.e., less inhibitory control and attention; ps < .01; data not shown for the subscales). The associations remained significant when the parents’ depressive symptoms scores were controlled, except for the intraparental association between dependency and effortful control (p = .17).

Gender Interactions

Parent gender moderated both the intraparental (B = 0.02, t = 2.93, p = .004, and the cross-parental (B = 0.02), t = 2.28, p = .03, associations between dependency and extraversion. As Figure 1 shows, the mothers with higher dependency scores rated their children as less extraverted, whereas the fathers with higher dependency scores rated them as more extraverted. The cross-parental associations, moderated by the parent gender, were identical.

Similarity Interactions

Analyses testing whether greater or lesser within-dyad similarity in depressive vulnerability played a role in the parental ratings of child’s temperament showed that the dyad members who were more dissimilar in dependency rated their children higher on effortful control (B = 0.02), t = 2.13, p = .03 (see Figure 2). More specifically, when the other parent’s dependency was high (M + 1 SD), the one parent’s ratings of the child’s effortful control decreased as the latter’s dependency increased. When the other parent’s dependency was low (M – 1 SD), the one parent’s ratings of the child’s effortful control did not change as a function of the latter’s dependency.

Discussion

The significance of parental depressive vulnerability factors for their child’s temperamental traits in middle childhood was examined from a family system perspective. The APIM tested whether one parent’s depressive vulnerability

Table 1
Descriptive Statistics of Temperament and Depressive Vulnerability Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mothers</th>
<th>Fathers</th>
<th>t</th>
<th>Intraclass r</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Effortful control</td>
<td>5.37</td>
<td>.50</td>
<td>5.24</td>
<td>.47</td>
</tr>
<tr>
<td>Extraversion</td>
<td>3.13</td>
<td>.48</td>
<td>3.17</td>
<td>.42</td>
</tr>
<tr>
<td>Negative affectivity</td>
<td>3.58</td>
<td>.67</td>
<td>3.51</td>
<td>.57</td>
</tr>
<tr>
<td>Dependency</td>
<td>126.38</td>
<td>16.38</td>
<td>116.67</td>
<td>13.21</td>
</tr>
<tr>
<td>Self-criticism</td>
<td>101.73</td>
<td>18.14</td>
<td>103.45</td>
<td>16.51</td>
</tr>
<tr>
<td>Depression symptoms</td>
<td>8.74</td>
<td>7.46</td>
<td>8.47</td>
<td>7.75</td>
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</tbody>
</table>

*p < .05. **p < .01. ***p < .001.
was intraparentally associated with his or her own ratings and cross-parentally associated with the other parent’s ratings of the child’s temperament as more negatively and/or less positively tuned. We also tested whether the gender of the parent moderated the associations and whether any similarity or difference in the parent dyad’s vulnerabilities was relevant to the child outcomes. Finally, we considered whether the associations were independent of the concurrent depressive symptoms of the parents.

We found in our sample of 268 parent dyads that parental depressive vulnerability was significantly associated with both parents’ ratings of their child’s temperamental traits. There were significant intraparental associations relating a higher level of self-criticism to ratings of the child as more negatively affective and as exhibiting less effortful control.

In addition, intraparental associations linked higher levels of dependency with views of the child as showing less effortful control (Inhibitory Control and Attentional Focusing subscales), and both intra- and cross-parental associations linked higher levels of dependency with views of the child as more negatively affective (Anger and Sadness subscales). Overall, the present results essentially complement extensive findings on parental depression by showing that linked adverse child outcomes may also be found among families with parental depressive vulnerability. Moreover, they clearly demonstrate that depressive vulnerability associates with child outcomes largely independently of concurrent depressive symptoms.

APIM methodology provides a fresh framework for interpreting multisource data on parental ratings. Instead of

<table>
<thead>
<tr>
<th>Variable</th>
<th>Effortful control</th>
<th></th>
<th>Extraversion</th>
<th></th>
<th>Negative affectivity</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>t</td>
<td>p</td>
<td>B</td>
<td>t</td>
<td>p</td>
</tr>
<tr>
<td>Dependency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intraparental</td>
<td>-0.02</td>
<td>-2.36</td>
<td>.02</td>
<td>-0.01</td>
<td>-1.21</td>
<td>.23</td>
</tr>
<tr>
<td>Cross-parental</td>
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<td>-0.18</td>
<td>.86</td>
<td>-0.00</td>
<td>-0.43</td>
<td>.67</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intraparental</td>
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<td>-5.48</td>
<td>&lt;.001</td>
<td>0.01</td>
<td>1.58</td>
<td>.12</td>
</tr>
<tr>
<td>Cross-parental</td>
<td>-0.01</td>
<td>-1.24</td>
<td>.22</td>
<td>0.01</td>
<td>1.76</td>
<td>.08</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intraparental</td>
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<td>&lt;.001</td>
<td>-0.06</td>
<td>-0.65</td>
<td>.51</td>
</tr>
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<td>Cross-parental</td>
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<td>-0.72</td>
<td>.47</td>
<td>0.03</td>
<td>0.36</td>
<td>.72</td>
</tr>
</tbody>
</table>

Figure 1. Parental gender as the moderator of one parent’s ratings of the child’s extraversion. The solid line represents the mothers’ ratings, and the dashed line represents the fathers’ ratings.
relying on observational measures, it allows consideration of the other parent’s assessment as a criterion rating, although the potential shared bias between the parents has to be acknowledged. In the present study, the temperamental associates of dependency and particularly of self-criticism of the one parent were not all confirmed in the other parent’s ratings. Paradoxically, we cannot know whether these cases represented one parent’s bias or the other parent’s inaccuracy or whether the discrepancy reflected different interaction patterns between one parent and the child that lead to dissimilar views.

The latter option is supported by the present analyses, which were aimed at testing whether the gender of the parent moderated the association of depressive vulnerability and child temperament. It was shown that maternal and paternal dependency had the opposite effect on the child’s extraversion and that the effect was validated in both parents’ ratings of the child’s behavior. High maternal dependency was reflected in both the mothers’ and fathers’ ratings of the child as showing low extraversion, and high paternal dependency was reflected in both the mothers’ and fathers’ ratings of the child as showing high extraversion. In other words, the specificity of maternal and paternal dependency-related perceptions of the child’s behavior was validated in the other parent’s perceptions. This may indicate that parental depressive vulnerability manifests differently in parent–child interactions depending on the gender of the parent.

The obtained results are related to several clinically important implications. The first concerns the significance of parental perceptions of child behavior in general. A growing body of literature using simultaneous parent and independent assessments shows that parental assessments of child behavior are more valid predictors both of parent–child interaction (Rubin, Nelson, Hastings, & Asendorpf, 1999) and subsequent child development (e.g., Hart, Field, & Roitfarb, 1999; Pauli-Pott, Mertesacker, Bade, Havercock, & Beckmann, 2003) than are independent observations. The present study complemented in a significant way prior family research within the realm of depressive symptomatology by drawing attention to parents’ stable, predisposing personality characteristics, which were found to be independent agents of actual depressive symptoms.

The actual mechanism of transmission from parental de-

![Figure 2. The moderating effect of the other parent’s dependency on one parent’s ratings of the child’s effortful control. M - SD = mean minus 1 standard deviation; M = mean; M + 1 SD = mean plus 1 standard deviation.]
pressive vulnerability to child behavior could not be tested within this study, however. The hypothesized links are based on parent–child interaction, with supporting evidence from prior studies. For instance, Thompson and Zuroff (1998) demonstrated how dependent and self-critical mothers showed punitive and negative parenting with their adolescents. Similarly, research using other maternal personality-related variables provides several examples of how parental negative mood states, negative long-term emotional disposition, and personality associate with coercive, intrusive parenting and decreased sensitivity (e.g., Belsky, Crnic, & Woodworth, 1995; Hart, Field, del Valle, & Pelaez-Nogueras, 1998; Lovejoy et al., 2000). Again, a positive affect has been associated with sensitive–responsive parenting (e.g., Kochanska & Aksan, 1995; Weis & Lovejoy, 2002).

The second clinically significant finding is related to the family system perspective adopted in the study and sheds further light on the interactions between the parent dyad’s vulnerabilities and child temperament (see Figure 2). Significantly, one parent’s high level of dependency was no longer related to a lack of self-regulation in the child when the other parent scored low or average on the Dependency subscale. Parental interactions also resulted in an accumulation of the negative effect: A child with a highly dependent mother and father had the lowest scores in the self-regulative functions. This result clearly demonstrates the importance of examining the child outcome as dependent on both parents’ psychological functioning.

It is of note that the present results are cross-sectional in nature, precluding any causal interference. Child outcomes may originate from vulnerability-related parenting, depressive vulnerability may actualize as the result of a challenging child temperament, or, as proposed by Blatt and Zuroff (1992; Santor, 2003), dependent and self-critical characteristics may be involved in dynamic transactional processes between the environment and the vulnerability. Such processes are characteristic of a parent–child relationship in which parental vulnerability variables have an impact on the child’s behavior, and, at the same time, the child’s behavior contributes to maintaining or transforming the parental vulnerability. Some of the obtained results in particular, such as dependent vulnerability associating differently with child extraversion in the mothers and fathers, require further focusing on the potentially mediating psychological processes. Another limitation of the study is that the respondents with complete family data represented 30% of the families invited to participate in the research. Even though this sample was representative in terms of the available variables, selective bias cannot be ruled out.

Finally, the question of objectivity in measuring child behavior remains open to debate (e.g., Seifer, Sameroff, Dickstein, Schiller, & Hayden, 2004): There are those who challenge (Seifer et al., 2004) and those who support (Richers, 1992) views on the accuracy of parental ratings. This study provided a novel approach to the dynamism involved between parent dyad assessments that contributes to the ongoing discussion in essential ways. Notably, it represents an evidently parent-centered view of objectivity but nevertheless opens up new perspectives on family-centered research and on the significance of parental reports. Although the inclusion of observational measures would have given further resonance to the results, it might also have restricted the content validity of temperament behaviors implicit in children’s typical ways of behaving and reacting in daily life situations over a longer period of time. Uncompromised criterion ratings of parental assessments may thus be difficult to obtain.

Despite the limitations, there appears to be an obvious link between parental—maternal, paternal, and dyad-specific—vulnerability and child outcomes, which are extensively connected with the child’s daily emotions. Our results demonstrated that this effect involves both negative and positive affectivity dimensions, as well as self-regulative functions of the child, reflecting outcomes that are likely to confer a considerable risk in terms of child development. Furthermore, of particular substance was the finding that self-criticism and dependency were related to child outcomes independently of concurrent depressive symptoms (cf., Zuroff et al., 2004). This opens up major empirical perspectives on depression research and poses new clinical challenges aimed at understanding parental depressive vulnerability in the context of child development.

References


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