THE INTERGENERATIONAL TRANSMISSION OF DEPRESSION: EXAMINING THE RELATIONSHIP BETWEEN DEPRESSION AND PARENTING TRAITS

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by

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I would not have been able to complete this project without a substantial support network, and so I would like to thank Brittany Mathews, Kelsey Dickson, and Laura Reilly for all their wonderful support and willingness to help me out. Many thanks to my defense committee: Chris Flessner, Ph.D., Michelle Foster, M.A., Manfred van Dulmen, Ph.D., and especially to my advisor Jeff Ciesla, Ph.D., who taught me what it really means to be a scientist. Finally, to my parents, Bob and Sheila Spee, there are no words. Thank you for all your love, encouragement, and care packages.
The intergenerational transmission of depression: Examining the relationship between depression and parenting traits

Childhood depression is an increasingly common mental illness that has consistently negative consequences on child functioning and on the quality of their family life. During pre-adolescence, the rates for depression increase dramatically, especially amongst the offspring of depressed parents (Goodman & Gotlib, 1999). It has been estimated that approximately one in every four American youths will meet criteria for a mental disorder with severe impairment across their lifetimes; of those, around 14.3% will meet criteria for a mood disorder (Merikangas et al., 2010). The average age of onset for depression is calculated to be between eleven and fourteen years, with an increase in incidence and severity as time goes on (Merikangas et al., 2010).

Depression can have a multitude of negative effects on a young adolescent. Early onset of depression often leads to a more chronic course of the illness and, consequently, more depressive episodes later in life (American Psychological Association, 2000). Children whose depression continues into adulthood are at an extremely high risk of committing suicide and are at an increased risk of psychiatric and medical hospitalization (Weissman et al., 1999). Additionally, depression is often associated with social rejection and a lack of social support. Depressed mood is highly correlated with unpopularity amongst peers, and children who display depressive symptoms often develop behavioral problems later on (Jacobsen, Lahey, & Stauss, 1983). In addition, those children who report having fewer close friendships and less contact with their peers appear to be at a higher risk for developing depressive affect (Vernberg, 1990). Depressive symptoms in
young adolescents predict decreases in peer support (Stice, Ragan, & Randall, 2004). It
has been suggested that children who suffer from depression may erode what little peer
support they have through excessive attention and reassurance-seeking behaviors (Stice et
al., 2004).

The offspring of depressed parents are at an increased risk for the development of
psychopathology. Maternal depression is believed to be one of the strongest predictors of
childhood depression. It has been estimated that nearly one in ten children experience a
depressed mother (Ertel, Rich-Edwards, & Koenen, 2011). Rates of pathology in children
with depressed parents are considerably higher when compared to children with
nondepressed parents (Orvaschel, Walsh-Allis, & Ye, 1988). Lack of perceived parental
support has been found to predict increases in depressive symptoms and the onset of
major depression in young adolescents. (Stice et al., 2004). Longitudinal estimates posit
that a child with an affectively ill parent has a 40% chance of experiencing an episode of
major depression by the age of twenty (Beardslee, Versage, & Gladstone, 1998). These
children are also more likely to experience difficulties in overall functioning, suffer from
increased feelings of guilt, and deficiencies in interpersonal relationships (Beardslee et
al., 1998). During this period, parental support is instrumental as a protective factor
against the development of depression (Stice et al., 2004).

Having a depressed mother can expose children to a range of adverse conditions,
from economic and financial hardship to marital conflict and maladaptive parenting
techniques. Researchers have found that maternal depression is a strong predictor of poor
parenting techniques (Letourneau, Salmani, & Duffett-Leger, 2010). In addition, around
63% of depressed mothers suffer from recurrent depressive episodes (Letourneau et al., 2010), which increase the likelihood of poor parenting behaviors. Poor parenting techniques can include everything from poor caregiver attachment to low levels of parental acceptance and monitoring. Heightened emotional sensitivity and insecure attachment have been reported in girls whose mothers had experienced a depressive episode at least once (Murray, Halligan, Adams, Patterson, & Goodyer, 2006). In turn, children who report insecure attachment also report greater depression, anxiety, and worry than those who are securely attached (Vivona, 2000).

As evidenced above, many studies have researched maternal depression and its transmission to offspring. However, the literature has yet to identify exactly why children are at risk. Goodman and Gotlib (1999) proposed an integrative model to aid in understanding the maternal transmission of depression. In their model, Goodman and Gotlib proposed four mechanisms to explain maternal transmission. First, they posit that children of depressed mothers inherit dysthymic temperaments and personality traits. Second, the researchers also suggest that children born to depressed mothers may be born with dysfunctional neuroregulatory processes that inhibit emotional regulation. Their other posited mechanisms emphasize psychosocial influences. Here, Goodman and Gotlib propose that certain stressful events in a child’s life may contribute to the development of depression, and that children of depressed mothers experience such events more frequently. Finally, and most relevant to this investigation, Goodman and Gotlib propose that depressed mothers expose their children to maladaptive parenting techniques that may increase a child’s risk for depression. They suggest that there are
three different active components: First, depressed parents often exhibit more negative cognitions, behavior, and affect. Second, it is believed that these negative behaviors and affect make the parent an inadequate social partner for the child and thus cannot sufficiently respond to the child’s social, emotional, and sometimes even physical needs. The third component of the model maintains that because the parent cannot adequately respond to the child’s needs, this will negatively affect the child’s social and cognitive development.

Though Goodman and Gotlib (1999) provide a framework for understanding the transmission of depression from mother to child, their model is somewhat non-specific about the particular parenting behaviors most associated with childhood depression. More specific insights into these effects may be gained by examining models specific to parenting. As such, one may turn to Patterson’s (1982) coercive parenting model. In this model, Patterson describes how maladaptive parenting techniques negatively influence children’s behavior and emotional well-being. The disintegration of effective parenting strategies is often seen in maladaptive parent-child dyads. This situation leads to parents no longer being able to successfully discipline their child. Patterson’s coercive parenting model may be understood in two different ways. First, the mother may experience depressive mood affect, which leads to an inability to successfully parent, thus allowing the child to engage in more aversive behaviors. Alternately, the mother’s way of reacting to aversive behaviors in her child may exacerbate maternal affective disturbances and, as a result, the child’s aversive behaviors. A coercive cycle is then established: mothers with affective problems employ ineffective parenting techniques towards their children, who
continue to display behavioral problems, which then leads to even more maladaptive parenting behaviors. The cycle then continues as ineffective parenting and child symptoms aggravate and worsen.

The current study is guided by Patterson’s work in which it examines the association between mother-child dyads and the negative affect that occurs during the breakdown of effective parenting. This investigation is not specific to only Patterson’s model, but is actually consistent with multiple models of parenting. Researchers are well aware of the maladaptive influence of depressed parenting; however, it is less clear how and why it is so influential. Mother-child dyads will participate in the study by completing self-report measures of depression as well as parenting traits and practices. Several statistical analyses will be completed in order to assess the ways in which parenting and depression interact, including bivariate correlations and linear regression models. The following hypotheses will be tested:

1) Maternal depression and child depression will be significantly and positively associated.

2) Maternal depression will be associated with greater maladaptive parenting; more specifically:
   a. The Laxness and Overreactivity scales of the PS will be positively correlated with maternal depression, and will also show unique effects in a regression analysis.
b. The Monitoring, Acceptance, and Autonomy scales of the CRPBI will be significantly and positively correlated with maternal depression, and will show unique effects in a regression analysis.

3) Child depression will be associated with greater maladaptive parenting, more specifically:
   a. Child depression will be positively correlated with parental Laxness and Overreactivity.
   b. Child depression will also be positively associated with parental Monitoring, Autonomy, and Acceptance.

4) Maladaptive parenting will mediate the association between maternal and child depression.

Method

Participants

Participants included 103 mothers and their children (51 females, 52 males) from communities around the Midwestern United States. The children were in the 7th and 8th grade at the time of the study, with ages spanning from 11.92 – 14.67 years of age (\(\bar{x} = 13.41\) years). The majority of children were Caucasian (87%), while 13% indicated they were of another ethnicity. The ethnicity of the mothers was 89.2% Caucasian, with 8.8% identifying as a minority ethnicity. Maternal education ranged from ten to twenty years; 39% of mothers reported earning college degrees. 54.5% of mothers reported they were married, while 44.8% indicated they were separated or divorced.

Procedures
Dyads were recruited through local schools as well as newspaper ads and flyers. Interested participants contacted the lab by telephone or email and were set up with an appointment. Each family was invited to the lab for a two-hour visit. When the family arrived at the lab, they were verbally informed about the purpose of the study as well as any possible risks of participating. The only risks associated with the study were minor discomfort during questions of a more sensitive nature. Participants were also given a written consent form for adults and an assent form for the child.

Both the mother and child filled out a number of self-report measures including the Center for Epidemiologic Studies Depression Scale (Radloff, 1977). Additionally, the child completed the Children's Report of Parent Behavior Inventory (Schaefer, 1965) and the Parenting Scale (Arnold, O’Leary, Wolff, & Acker, 1993). The analyses collected in this study were originally part of a larger research project on the association between parenting and depression and anxiety during pre-adolescence.

**Measures**

**Depression.** Both the mother and the child’s depressive symptomology were measured using The Center for Epidemiologic Studies Depression Scale (CES-D). The CES-D is a short self-report measure developed by Ben Z. Locke and Lenore Radloff (1977) for the National Institute of Mental Health (NIMH). The CES-D is a 20-item self-report measure that measures depressive symptoms during the past week. Questions included items such as “I felt that I could not shake off the blues even with help from my family or friends” and “I felt lonely”. There were also a number of questions that were asked in the reverse, such as “I felt hopeful about the future” and “I enjoyed life”. The
participants would rate each question from 1 to 4, with 1 being “rarely or none of the time (less than 1 day)” and 4 being “most or all of the time (5-7 days)”. A high score on the CES-D indicated greater depressive symptomology.

**Parental behavior: Monitoring, Acceptance, and Autonomy.** Rates of maternal behavior were measured using The Children's Report of Parent Behavior Inventory (CRPBI). The CRPBI was developed by Earl S. Schaefer (1965) as a 24-item self-report in order to measure maternal molar concepts of love/hostility and autonomy/control. These concepts were streamlined into three broad categories: parental monitoring of the adolescent, how much autonomy the child received from the parent, and how accepting the parent was of the child. Items measuring Acceptance asked questions regarding parental expression of affection and emotional support, such as “My mother is a person who makes me feel better after talking over my worries with her” and “My mother is able to make me feel better when I am upset”. The concept of Autonomy was measured with questions concerning the encouragement of independent thinking and how much parental direction the child was given, for example: “my mother always tries to change how I feel or think about things”, or “my mother would like to be able to tell me what to do all the time.” For each item, the child would decide if the statements were “not like her”, “somewhat like her”, or “a lot like her”. Monitoring was measured with concepts of strictness and knowledge about the child’s activities, such as: “How much does your mother REALLY know what you do with your free time?” and “How much does your mother REALLY know who your friends are?”. A higher score on the CRPBI indicated
greater rates of maternal Monitoring, and Autonomy, while Acceptance was scored in reverse.

**Parental behavior: Laxness and Overreactivity.** Additional dysfunctional parenting behaviors were measured with the Parenting Scale (PS). The PS was designed by Arnold, O’Leary, Wolff, and Acker (1993) as a 29-item self-report measure that identified “parenting mistakes” such as Overreactivity and Laxness. Parental Overreactivity is characterized by a parent’s inappropriate emotional response (such as anger, meanness, and irritability) to their child’s behavior, and is measured with dyadic statements such as: “When I misbehave, my mom raises her voice or yells”, and its counterpart, “my mom speaks to me calmly”, and “After there’s been a problem with mom, my mom often stays mad for a long time,” and its partner, “things get back to normal quickly.” Parental Laxness measures a parent’s proclivity to overly permissive discipline practices, identified by items such as “When I misbehave, my mom punishes me right away” or “My mom punishes me later or not at all”, and “My mom is the kind of parent that sets limits on what I am allowed to do,” and its partner, “[my mom] lets me do whatever I want.” A higher score on the PS indicates a greater degree of parental Laxness and Overreactivity.

**Analytic Plan**

The data analyses were the result of several successive phases. Relationships between the predictor variables and criterion variable were analyzed using both bivariate correlations and several linear regression analyses. Demographic variables such as gender and age were examined to determine if there was a need to control for covariates. Next,
bivariate correlations between the predictor variables and child depression were examined. The predictor variables were then entered into linear regression models to determine the overall responsibility of specific parenting traits in the development of childhood depression. A mediation analysis was then conducted to determine if any parenting traits mediated the relationship between maternal and child depression.

Results

Preliminary Analysis

To begin the analyses, the associations between the demographic variables and the variables of interest were examined (see Table 1). It was found that the age, gender, and the minority status of the child as well as the mother’s marital status and level of education were not significantly related to either the mother’s or the child’s depression (p’s < .08). However, certain demographic variables were significantly associated with specific parenting traits. Child Autonomy was positively and significantly related to the age of the child (r = .23, p < .03), while the mother’s level of education was negatively associated with marital status (r = -.22, p < .02), Acceptance of the child (r = -.29, p < .007), Autonomy (r = -.23, p < .03), and Laxness (r = -.36, p < .001). Marital status was also significantly and positively related to Acceptance (r = .25, p < .02) and Laxness (r = .25, p < .02). However, no demographic variable was associated with either maternal or child depression. As no demographic variable was simultaneously associated with both a predictor and outcome variable (and thus could not account for spurious effects), these were not used as covariates in subsequent analyses.

Bivariate Correlations
The next analysis examined the correlation between maternal and child depression (Table 1). Maternal CESD scores were significantly and positively associated with child CESD scores ($r = .20, p < .05$). Thus, it was observed that there was indeed a relationship between maternal and child depression.

The third set of analyses examined the hypothesis that maternal depression would be associated with greater maladaptive parenting. This was tested by examining the correlations among maternal CESD scores, and the subscales of the PS and CRBPI. As seen in Table 1, only Laxness was significantly associated with maternal depression ($r = .35, p < .001$). Maternal CESD scores were not significantly associated with Overreactivity, Acceptance, Monitoring, or Autonomy ($p$’s $> .12$).

Next, the association between child depression and parenting traits was examined. As can be seen in Table 1, all of the correlations were significant. Children who were depressed rated their parents as higher in Overreactivity ($r = .33, p < .001$) and Laxness ($r = .23, p < .02$). Maternal levels of Acceptance ($r = .33, p < .002$), Monitoring ($r = .47, p < .001$), and Autonomy ($r = .35, p < .001$) were also positively associated with child depression. Parenting traits accounted for 29% of the variance found in the children’s depressive symptoms.

**Regression Analyses**

To examine the unique effects of parenting traits on child depression, two multiple regression analyses were conducted. One analysis examined the subscales of the Parenting Scale, and the second analysis examined the Child Report of Parental Behavior Inventory. In the Parenting Scale regression analysis (Table 2), both Overreactivity and
Laxness significantly accounted for a part of child depression ($p < .002$, $p < .05$). When examining the CRPBI (Table 3), Monitoring ($p < .001$) and Autonomy ($p < .03$) both significantly accounted for child depression, while Acceptance did not ($p < .726$). All significant associations occurred in the theoretically anticipated direction.

To further explore these effects, a comprehensive regression analysis incorporating all of the five different dimensions of parenting was conducted. It was found that Monitoring was the only significant parenting trait and accounted for the greatest amount of child depression ($p < .001$). This regression model appears to be significant in predicting child depression; $R^2 = .34$, adjusted $R^2 = .29$, $F(5, 71) = 7.21$, $p < .001$.

**Mediation Analysis**

Due to the significant associations between maternal depression, Laxness, and childhood depression, a mediation analysis was conducted. Bootstrapping methodology was used to test the significance of the indirect effect (the effect of maternal depression on child depression through laxness). Based on 5000 bootstrapping iterations, the indirect effect was found to be significant (90% CI = .01, .16). That is, Laxness was a significant mediator of the mother–child depression effect. The mediator accounted for 30% of the total direct effect of maternal depression on child depression.

**Discussion**

The objective of this study was to investigate the relationship between maternal depression, parenting traits, and child depression in a sample of 103 dyads. I hypothesized that there would be a significant and positive association between maternal
and child depressive symptoms, consistent with the large literature demonstrating a strong intergenerational transmission of risk for depression (Orvaschel et al., 1988; Beardslee et al., 1998; Goodman & Gotlib, 1999; Stice et al., 2004; Goodman et al., 2011). This hypothesis was supported due to the significant correlation found between maternal depression and child depression. Furthermore, it was hypothesized that certain parenting traits would help to account for this relationship. That is, depressed mothers may inadvertently contribute to their children’s risk for depression through the use of maladaptive parenting strategies. Results supported the hypothesized relationship between maternal and child depression. Additionally, all parenting variables were significantly associated with child depression in bivariate analyses. However, only parental Laxness was significantly associated with maternal depression. When the various parenting variables were examined simultaneously in a multiple regression, Monitoring and Autonomy from the CRPBI were uniquely associated with child depression, as were the Overreactivity and Laxness from the Parenting Scale. A mediation analysis suggested that Laxness is a mechanism partially accounting for the relationship between maternal and child depression.

Taken together, these results support the hypothesis of intergenerational transmission of depression when a parent exhibits characteristics of Laxness in their parenting behaviors. Depression is often characterized by apathy or a lethargic state of being, which may translate as laxness in parenting. Given that a lack of motivation or a lack of energy is a key characteristic of depression, it is understandable that a depressed mother may unintentionally engage in various overly permissive parenting practices, such
as a diminished interest in the child’s activities. Considering the impact of parenting on children’s emotional outcomes, it may be that children experience a decline in self-esteem, putting them at risk for the development of depression. Previous studies have demonstrated a link between maternal depression and laxness using the Parenting Scale (Arellano, Harvey, & Thakker, 2012) and have also linked apathy in depression with a lower quality of life (Sawa et al., 2012). Given the current and past findings, Laxness and its role in familial functioning should be examined more closely in future studies.

With respect to the findings using the Children’s Report of Parental Behavior Inventory, parental Monitoring and Autonomy were associated with child depressive symptoms, though Acceptance was not. This is interesting for several reasons, as previous literature has demonstrated that Acceptance is regarded as a protective factor against the formation of depression (Garber, Robinson, & Valentiner, 1997). However, it is possible that Monitoring and Autonomy overpower Acceptance, thus making it appear non-significant in the context of a grouping of variables. This suggests that parents who are less likely to be involved in their child’s life and parents who actively restrict their child’s autonomy may impact a child’s tendency towards depression more so than the parent’s emotional acceptance of their child. Children whose parents are absent in their lives may perceive this as parental indifference and are likely to develop feelings of abandonment, neglect, and loneliness, all of which foster the development of depression. In that same vein, parents who positively encourage their children to seek more autonomy are raising children who are less likely to display depressive symptoms. Encouraging a child to seek autonomy may build that child’s self-esteem by allowing the child to act as
their own advocate in decisions regarding their life. Parents who give their child autonomy but still closely monitor their child’s activities, such as a parent who allows their child to go to the mall alone with friends but then tells they child they will pick them up in a designated spot after a certain amount of time, create a sense of independence in their child while still cultivating feelings of protectiveness and stability. While a parent may still be warm and loving towards their child, this is not enough to buffer feelings of abandonment, loneliness, and parental disinterest created by the lack of parental monitoring or autonomy given to their child.

With respect to the findings using the Parenting Scale, both Overreactivity and Laxness were significantly related to child depression. An overreactive parent displays irrational reactions to their child’s behavior, such as anger, irritability, or meanness. This may leave a child with feelings of apprehension and guilt around their parent and feelings of incompetence and low self-efficacy in their own life. An overreactive parent would create an unstable home environment for the child, who could never be sure what would trigger their parent to lose their temper. Such an environment would negatively impact the child’s emotional well-being and would encourage the development of depression. The other subscale, Laxness, is described as reflecting overly permissive parents who are careless in disciplining their child. These parents often allow rules to go unenforced, give in to their child’s demands, and positively reinforce bad behavior. A child with a lax parent may experience a great degree of freedom and control over their own life and would lack self-discipline, reinforcing feelings of insecurity and parental disinterest.
When both the CRPBI and the PS were analyzed together, only the Monitoring scale was associated with child depression. The CRPBI and the Parenting Scale may have some overlap in their subscales. For example, the concepts of Laxness and Autonomy, while technically different constructs from two different measures, are conjecturally similar. While Laxness is generally considered to be a negative concept and Autonomy a positive one, both constructs measure the reduction of parental control over the child’s behaviors. This may imply that Laxness and Autonomy encountered excessive overlap during the analysis, which distorted the results. The same relationship may exist between Overreactivity and Monitoring. The Overreactivity subscale measures the predisposition of a parent to react angrily or irrationally in response to the child’s actions. An overreactive parent would likely be extremely watchful of their child and their child’s activities, therefore coming across as possessing similar qualities to a parent high in Monitoring. However, Monitoring accounts for more than just an overly watchful parent; Monitoring also encompasses being actively involved in the child’s life. Therefore, it is possible that Monitoring emerged as the only uniquely significant effect while still overlapping with Overreactivity. Acceptance was not significant in the original regression analysis, and therefore it is unsurprising that it was also non-significant in a comprehensive analysis.

It was discovered that Laxness was a significant mediator of the mother – child depression effect. Previous research has linked Laxness to parental depression as well as a host of other depressive symptoms, including dysfunctional attributions, anger, and overreactivity (Lovejoy, Graczyk, O’Hare, & Neuman, 2000; Leung & Slep, 2006;
Arellano et al., 2012). Laxness appears to be a variable that is intrinsic in explaining the transmission of depression from parent to child, and may have a profound bidirectional influence on familial functioning. A mother who is experiencing depressive symptomology would not only be significantly restricted in controlling and disciplining her child, she may be very apathetic towards her child as well. As a result of losing that maternal authority, the child may develop feelings of insecurity and lose any sense of self-worth. The child’s subsequent development of depressive symptoms could also function as a way to garner more attention from the mother.

Despite the fact that the current study yielded strong results and exhibited many strengths, there were also certain weaknesses. Though it was possible to demonstrate which variables were related, it was not possible to say in what direction they were related. The correlational nature of the data prevents any determination of causality or directionality amongst the variables. Also, this study used non-clinical participants to gather data, and effects of depression and maladaptive parenting may be stronger in a clinical population. Additionally, this study relied strongly on self-reports and questionnaire data. While this kind of data collection was well suited for the nature of this study, self-report data is often accompanied by some degree of bias. Due to the sensitive nature of this study, it is possible that some participants did not answer the questions truthfully due to the need of the participants to answer questions in a manner that would make them seem socially acceptable for fear of being judged harshly. Also, closed-ended questions on the self-reports may have limited the participant’s responses and thus reduced the accuracy of the measures.
These limitations also suggest ideas for new research. A longitudinal study in which children are monitored over the course of a year or longer would be extremely beneficial. Such a study would allow us to draw conclusions about the directionality of the variables researched in the current study. Future studies may want to examine the rates of maladaptive parenting and depression amongst clinical populations in order to investigate these effects amongst mothers and children diagnosed with mood disorders. Additionally, the current study examined mediation between maternal depression, Laxness, and child depression at a single point in time. In prospective studies, it might prove useful to study the mediation effects of parenting characteristics upon depression at multiple points in time, as previous studies have suggested there is a marked difference between the two (Burt et al., 2005). Furthermore, only five variables were examined in the current study. In the future, it would be advantageous to look at other factors pertaining to parenting strategies. Research may also benefit from an observation of parent-child interactions in which dyads discuss specific social events that may produce distress or anxiety. This would allow researchers to construct a qualitative picture of how parenting practices affect children in their everyday lives and thus would allow for a more accurate study. The current study focused solely on parenting traits that influence children’s development of depression. Further research is warranted on these topics so that researchers and therapists may consider the impact of maladaptive parenting traits on children’s symptomology and depressive affect when developing efficacious treatments.
References


Weissmann, M.M., Wolk, S., Goldstein, R. B., Moreau, D., Greewald, S., Klier, C. M.,
Table 1

Bivariate correlations amongst maternal depression, adolescent depression, parenting traits, and demographic variables

| Child Age | Child Gender | Child Ethnicity | Child Adopted | Mom's Education | Marital Status | Maternal Depression | Adolescent Depression | Monitoring Acceptance | Autonomy | Laxness | Overreactivity | Munchikian Depression | Depressive Symptoms | Stigma | Adopted Education | Adopted Ethnicity | Adopted Gender | Adopted Child
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</tr>
<tr>
<td>Autonomy</td>
<td><strong>0.494</strong></td>
<td><strong>0.329</strong></td>
<td><strong>0.245</strong></td>
<td><strong>0.491</strong></td>
</tr>
<tr>
<td>Laxness</td>
<td>0.064</td>
<td>0.227</td>
<td>0.494</td>
<td>0.494</td>
</tr>
<tr>
<td>Overreactivity</td>
<td>0.095</td>
<td>0.328</td>
<td>0.364</td>
<td>0.558</td>
</tr>
</tbody>
</table>

*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed).
Table 2

*Regression analysis for Parenting Scale variables predicting adolescent depression*

<table>
<thead>
<tr>
<th>Parenting Traits</th>
<th>B</th>
<th>SE (B)</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laxness</td>
<td>.972</td>
<td>(.479)</td>
<td>.198</td>
</tr>
<tr>
<td>Overreactivity</td>
<td>1.584</td>
<td>(.490)</td>
<td>.315</td>
</tr>
</tbody>
</table>

p < .001
Table 3

*Regression analysis for CRPBI variables predicting adolescent depression*

<table>
<thead>
<tr>
<th>Parenting Traits</th>
<th>B</th>
<th>SE (B)</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance</td>
<td>-.111</td>
<td>(.315)</td>
<td>-.047</td>
</tr>
<tr>
<td>Monitoring</td>
<td>1.403</td>
<td>(.393)</td>
<td>.435</td>
</tr>
<tr>
<td>Autonomy</td>
<td>1.267</td>
<td>(.593)</td>
<td>.233</td>
</tr>
</tbody>
</table>

$p < .001$