Relations between Infant Temperament and Parents’ Perceptions of Coparenting

Thesis

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By

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Abstract

The evidence regarding the relations between infant temperament and coparenting has been mixed. This study further explored this association in trying to provide additional clarification on the type and direction of the relation. New parents were surveyed about infant temperament, coparenting, and marital satisfaction after the birth of their first child. The survey data used for the purposes of this study were from three and nine months postpartum from both parents. Regression analyses were used to consider the transactional associations between infant temperament and coparenting. In addition, marital satisfaction was tested as a moderator of associations between infant temperament and coparenting.

Findings indicate direct associations between infant temperament and coparenting. These associations were much more evident for fathers than for mothers. Coparenting also predicted a change in the fathers’ perceptions of infant temperament over time. When fathers perceived greater undermining coparenting at three months postpartum, they perceived an increase in infant negative affectivity from three to nine months postpartum. Marital satisfaction moderated several of the associations between infant temperament and coparenting over time. Couples low on marital satisfaction reported increases in coparenting solidarity and cooperation when the infant was high in negative affectivity.

Future research should continue to replicate these associations with both observational
and self-report data and extended longitudinal designs.
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Relations between Infant Temperament and Parents’ Perceptions of Coparenting

Transactional models have long emphasized the influence infants have on their parents as well as the influence that parents have on their infants (Sameroff, 1975). Although research on dyadic parent-child relationships has recognized the infant’s contribution, relatively little research on coparenting has taken this into account. Coparenting can be defined as the ways that two adults relate to each other with respect to parenting (Feinberg, 2003). Infant temperament can be defined as individual differences in reactivity and self-regulation (Rothbart & Derryberry, 1981).

Studies that have examined associations between infant temperament and coparenting have shown mixed results. Two studies found an association between infant temperament and coparenting when marital quality was low (Burney & Leerkes, 2010; Schoppe-Sullivan, Mangelsdorf, Brown, & Sokolowski, 2007). One study reported a direct and bidirectional relation between infant temperament and coparenting over time (Davis, Schoppe-Sullivan, Mangelsdorf, & Brown, 2009). The purpose of this study was to investigate the associations between a new infant’s temperament and the parents’ coparenting behaviors in a larger sample with measurements of infant temperament and coparenting behavior across time.
Theory

Developmental theory has had its own development through the history of the science (Sameroff, 2010). A unified theory is now bringing together the different models for personal, contextual, regulational, and representational change. It brings each of the aforementioned models together in a more three-dimensional model for development. Linear, or one-dimensional, models were not able to adequately describe development. This model analyzes the transactions and interactions of factors in several directions. The model incorporates the social ecology as well as the biology and psychology of the person. The transactions between these areas go back and forth across time. In relation to this study across the transition to parenthood, it is important to use the transactional model to study the relations between infant temperament and coparenting while the amount of influence between parents and children is most concentrated and critical.

A more specific transactive model has been presented for family functioning and infant temperament, specifically negative emotionality, that branches towards different outcomes depending on the preparedness of the couple (Crockenberg & Leerkes, 2003). The characteristics of each individual as well as the resources they have available are factored into the model predicting different outcomes. These other factors (resources, individual characteristics, and the parent relationship) would influence how much effect temperament has on the family.
Temperament

There are several theories of infant temperament as well as several different measures (Snow & McGaha, 2003). Temperament is thought by some to be the precursor to personality and thought by others to be an aspect of personality. Temperament is thought to be partially inherent, impacted by biology and genetics. It is also influenced in some aspects by ethnicity and culture. Temperament can also be viewed as a part of emotionality, or similar to it (Lamb, Bornstein, & Teti, 2002). The process for the two is somewhat different; temperament is seen as more enduring while emotions may be more fleeting. The temperament may be innate but it is not necessarily fixed.

Temperament impacts how a child interacts with social partners, therefore the ‘fit’ of temperament influences the outcomes of those interactions (Lamb, Bornstein, & Teti, 2002). Children of different temperaments may seek out different “niches” that are good fit. Parents and children with contrasting temperaments may have negative outcomes due to their differences. Different temperaments bring out different responses from parents, with respect to their own expectations (Snow & McGaha, 2003). How much the temperament of a child stays stable is also debated. Measurement conducted before age two does not reliably predict characteristics later in life. This, again, indicates the importance of studying temperament and coparenting during infancy. That difference, or unreliability for prediction, may be due to the parents’ impacting change in their child’s temperament.
This study will focus on three aspects of an infant’s temperament: surgency, negative affect, and effortful control defined by Rothbart and Gartstein (2000). Surgency is usually described with aspects of extraversion and activity level. Negative affect is the tendency to be irritable, frustrated, sad, or fearful. Effortful Control is emotional regulation, attention, and impulse control. These three dimensions help to capture the individual differences in reactivity and regulation of the infant.

The creation of the measurement of temperament used in this study was informed by previous instruments, research, as well as theory (Putnam, Rothbart, & Gartstein, 2008). Analyzing past instruments showed a need for increased coherence among current items and the need for some additional items that were not being measured. The measure needed to include aspects of the child’s capability for emotional, attentional, and behavioral control. The instruments for measuring temperament were analyzed and revealed that Surgency, Negative Affect, and Effortful Control are similar to the constructs for adult personality, and thus, these were the aspects of temperament we focused on in this study.

**Coparenting**

Coparenting is described as how parents interact with each other in the parent role (Feinberg, 2003). Their sharing of responsibility as well as support and cooperation in childrearing are factors of the relationship. Coparenting as a concept does not include romantic aspects of the couple relationship. It is, however, linked with the other influences of the overarching relationship and social context. Feinberg’s model includes
four overlapping components: childrearing agreement – disagreement, division of labor, support – undermining and joint family management. Childrearing agreement is how much the parents agree on child-related topics such as discipline, safety, child needs, education, and morals. Division of labor is related to the perceptions of equity in how the tasks related to childcare are divided. Support or undermining describes how each parent approaches the other parent’s competence in his or her parenting role. Joint family management is how the communication and behavior within the family is controlled.

Van Egeren and Hawkins (2004) suggested a slightly modified framing from Feinberg’s original model. They also proposed four components of coparenting: coparenting solidarity, coparenting support, undermining coparenting, and shared parenting. Solidarity included aspects of warmth, closeness, and unity. Support included aspects of support and cooperation. Undermining coparenting included criticism, disrespect, and hostility. Shared parenting was a broader dimension to include caregiving labor and involvement balance. For the purposes of this study, we used Van Egeren and Hawkins proposed dimensions as a basis for structuring our measurement of coparenting.

Coparenting is impacted by the marital relationship and the parents’ abilities to support and encourage each other (Feinberg, 2003). The relationship between the parents influences how much they agree, disagree, support, or undermine each other (Snow & McGaha, 2003). It is unclear what the directionality is between marital quality and coparenting; it may be circular (transactional). There is also a relation between the warmth of the parental relationship and the warmth of the parent-infant dyads (Lamb,
Bornstein, & Teti, 2002). Coparenting was placed in the central mediating role in the ecological model suggested by Feinberg (2003); coparenting influencing several family aspects and several family factors influencing coparenting. The model also includes extrafamilial influences such as social support or economic stress that may aid or hinder parenting adjustment. Feinberg suggests that infant temperament, particularly difficult temperament, would influence coparenting. It was hypothesized that difficult temperament would increase the opportunity for failures and conflict. However, there was no empirical support for this theory at the time.

**Current Literature**

A handful of studies in the past ten years have begun to investigate temperament as a factor influencing coparenting. The five studies reviewed will be initially reported by direct associations found or not found. The moderating factors will then be reported in a subsequent section. This division is in effort to illustrate the mixed findings from the studies that have considered this relation.

**Direct Associations between Infant Temperament and Coparenting**

Coparenting was evaluated over the transition to parenthood in a study of 50 couples expecting their first child (McHale, Kazali, Rotman, Talbot, Carleton, & Lieberson, 2004). Couples were recruited from prenatal classes at hospitals. The couples’ prepartum marital satisfaction and coparenting expectations during pregnancy were measured through interviews and surveys. The couples were also rated by researchers on observed marital quality. The triads were then assessed at three months postpartum in
marital interactions, interviews, surveys, and the Lausanne Trilogue Play used to assess coparenting. McHale et al. tested correlations between the negative reactivity aspects of infant temperament and coparenting. They also tested whether temperament could be a moderator of the parenting relationship over the transition. This will be discussed in a later section. No direct relations were found between infant temperament and coparenting. Negative reactivity in the infants was not significantly correlated with coparental warmth, cooperation, competition, or the coparental composite score.

Coparenting quality was studied along with the ‘goodness of fit’ of the child’s temperament with relation to marital quality in another study (Schoppe-Sullivan et al., 2007). There were 97 married or cohabiting couples studied during the third trimester and when the new infant was about three months old. Questionnaires were completed and home visits were conducted to measure various aspects of the marital relationship. Coders rated couples on marital quality during videotaped tasks. After the child’s birth coparenting was rated by researchers during videotaped triadic interactions. Infant temperament was not directly related to coparenting behaviors, but was related in combination with the marital relationship, as discussed in the moderator subsection below. The two trends reported contrasted each other. Parent reported infant unadaptability trended towards a direct association with less supportive coparenting. However, observed reports of infant fussiness were marginally associated with more supportive coparenting.
Another study explored the relations between infant temperament, marital functioning, and coparenting (Burney & Leerkes, 2010). They investigated how temperament influenced the coparenting relationship and under what circumstances. Mailed surveys were completed by 79 couples prenatally and at six months postpartum. Interviews were completed by mothers when their infants were six months old. The researchers found few direct associations between temperament and coparenting. Infant soothability was positively linked with mothers’ perceptions of coparenting. Infant distress to novelty was negatively correlated with mothers’ perceptions of coparenting. Fathers’ reports did not reveal any significant direct correlations between infant temperament and coparenting.

Infants with difficult temperament were hypothesized to negatively impact coparenting quality as well as stability over the first year of the infant’s life in a 2009 study (Davis et al.). A sample of 56 two parent families was recruited for this longitudinal study. Families were observed in their homes when the infant was three months old and in a laboratory when the infant was 13 months old. Parents independently rated infant temperament at both three and 13 months postpartum. Coparenting behaviors were rated by researchers during videotaped play episodes with the child. Davis et al. reported a direct and bidirectional relation between infant temperament and coparenting over time. Their analysis revealed early infant difficulty was associated with a decrease in supportive coparenting over time. Early supportive coparenting was also associated with and predicted a decrease in infant difficulty from 3.5 to 13 months postpartum. Fathers’ perceptions of infant difficulty were associated with less undermining coparenting. The
undermining coparenting did not stay stable for many couples over time. The more negative child may bring out different responses in different individuals. More positive coparenting may help the child adjust its temperament to become less difficult, while higher infant difficulty may upset the coparenting relationship into poorer functioning. These results were from the father’s perceptions of coparenting and temperament which may be particularly important in understanding these data.

The temperaments of the child during the preschool years may also have an influence on coparenting (Cook, Schoppe-Sullivan, Buckley, & Davis, 2009). Questionnaires were mailed to 111 families recruited through local preschools two weeks prior to a laboratory assessment of the triad. Children were (on average) 4.11 years old. Parents reported on the infant’s temperament, their perceived coparenting, and their marital satisfaction. Observers also rated coparenting from videotaped episodes during a laboratory visit. Families with a child high on negative affect had more undermining coparenting. Supportive coparenting was not directly related to having a child with more negative affect. This research started to look at how the child impacts the family system following infancy. The relation between coparenting and temperament of a preschooler may be different than relations between coparenting and temperament in infancy.

**Moderators of Relations between Temperament and Coparenting**

One of the reasons for the lack of consistency in direct relations found between temperament and coparenting may be that their association depends upon the conceptual formation of the relations between them. The moderating relationship has been evaluated
in different ways. Some studies have placed infant temperament in the moderating role while others have the marital relationship in the moderating role. As referred to previously, a transactive model of coparenting highlights family relationships and resources as moderators of relations between coparenting and temperament (Crockenberg & Leerkes, 2003). A prepared couple may come together in their coparenting towards positively impacting the emotion regulation of the infant. Couples with more strategies and resources may have more opportunity to work together. An unprepared couple may decrease in coparenting cohesion in reaction to the negative emotionality of the child. A child with negative emotionality may increase the opportunities for marital and coparental conflict and undermining in these couples (Feinberg, 2003).

When a mother had pessimistic expectations or prebirth marital quality was low, infant difficult temperament was significantly linked to less positive coparenting (McHale et al., 2004). The same was not true if the child had an easier temperament. This study concluded that the marital relationship may act as a protective factor when challenged with a child with negative temperament.

Marital functioning also significantly predicted coparenting behavior in the 2007 study conducted by Schoppe-Sullivan et al. Marital quality was a factor in the relationship between infant temperament and undermining coparenting. Couples with previously lower marital quality showed higher levels of undermining coparenting when their infants were less adaptable. Couples with high marital quality that reported their infants as high in fussiness showed lower undermining coparenting. Observer reports of
infant unadaptability were also related to a decrease in supportive coparenting for couples with lower marital quality. It was concluded that couples with previous high quality relationships pull together with more positive coparenting when faced with a difficult infant, whereas those with previous low quality relationships fail to do so.

Prenatal marital quality influenced both parents’ perceptions of coparenting in the 2010 study conducted by Burney and Leerkes. The effects on coparenting for fathers were significant positively and negatively when marital functioning and division of tasks were considered. The fathers’ perceptions of prenatal marital functioning were related to coparenting and distress to limitations of the infant; such that when prenatal marital functioning was low, fathers perceived poorer coparenting when they had an infant higher on distress to limitations. There was also an interaction effect between infant distress to novelty, Soothability, and coparenting. Mothers perceived coparenting as poorer when their perceptions of infant Soothability were low and distress to novelty was high. When mothers were dissatisfied with the division of tasks, coparenting was negatively associated with infant distress to limitations. Prenatal marital functioning did not significantly predict mothers’ perceptions of coparenting. Burney and Leerkes reasoned that temperament characteristics’ influence on coparenting is dependent on other family factors.

Marital adjustment also moderated an inverse relationship between supportive coparenting and a child with more negative affect (Cook et al., 2009). Contrary to results of other studies, the researchers found couples with high marital quality to be at risk. A
child with negative affect may have challenged couples with high marital adjustment which decreased supportive coparenting. These high marital quality couples seemed impacted the greatest. Couples with previously low and moderate marital adjustment may not have had as far that they could decrease on marital satisfaction.

The Present Study

The purpose of this study was to investigate the associations between a new infant’s temperament and the parents’ coparenting behaviors in a large sample with measurements of infant temperament and coparenting behavior time. There were two research questions this study intended to evaluate: (1) What are the associations between infant temperament and parents’ perceptions of coparenting over time (See Figure 1)? (2) Does marital satisfaction moderate the relations between temperament and perceptions of coparenting? It was hypothesized that infant temperament and parents’ perceptions of coparenting would be directly related over time. It was expected that couples with poorer perceptions of coparenting would have children rated higher on negative affect and lower on effortful control. Over time, it was expected that children with higher negative affect and lower effortful control would lead to decreases in coparenting quality. It was also predicted that higher quality coparenting would lead to decreases in the infant’s negative affect while increasing effortful control over time. It was unclear what role the surgency aspect of temperament would play in the transaction with coparenting, so analyses considering surgency were exploratory. Based on the previous research finding marital
relationship as a moderator, this study also tested the role of marital satisfaction as a moderator of relations between coparenting and temperament.

**Methods**

Data were collected between 2008 and 2010 from a sample of 182 dual-earner couples expecting their first child. Married or cohabiting couples were recruited from childbirth education classes, newspaper and television announcements, doctor’s offices, and maternity stores. Participants were at least 18 years of age, able to read and speak English, planning to return to work after the birth of their child, and the biological parents of the expected child. The sample consisted of 86% married couples and 14 % cohabiting couples. Mothers and fathers self-identified 89% and 84% respectively, as White. At least a bachelor’s degree was held by 76% of mothers and 62% of fathers. The median family income of the sample was $78,200. The infants were 47% female and 53% male.

The larger study of which this investigation is a part included surveys, interviews, and observations. Both parents participated at each phase of the study: third trimester, three months, six months, and nine months postpartum. Home observations were conducted at the third trimester as well as at three and nine months postpartum. At six months postpartum only surveys and phone interviews were conducted. This study focused on the survey data collected at the three and nine months postpartum phases of the study. Observations of coparenting during triadic interaction tasks are currently being coded by trained coders, but were not completed in time for inclusion.
Not all of the 182 couples completed the three and nine month postpartum assessments. In addition, of those that provided data at three and nine months, some were missing information on infant temperament, coparenting, or marital satisfaction. The ns at three months postpartum ranged from 173-174 for mothers and from 165-172 for fathers. The ns at nine months postpartum ranged from 151-153 for mothers and from 150-151 for fathers. Some of the variations in totals were due to attrition (drop-outs). Most of the drop-outs were because couples reported being “too busy” to participate in the study. Other missing data were from couples who participated in some aspects of the study (e.g., videotaped observations) but not others (e.g., questionnaires).

Measures

The Revised Infant Behavior Questionnaire – Very Short Form (IBQVSF) was independently completed by both parents at the three and nine months postpartum time points as a measure of infant temperament (Rothbart & Gartstein, 2000). The measure includes assessments of aspects of the child’s capability for emotional, attentional, and behavioral control (Putnam, Rothbart, & Gartstein, 2008). The IBQVSF has 37 items that measure three aspects of infant temperament: surgency, negative affect, and effortful control. Surgency reflects aspects of extraversion and activity level. Negative Affect is the tendency to be irritable, frustrated, sad, or fearful. Effortful Control reflects emotional regulation, attention, and impulse control. The Very Short Form was created from the Short Form. All of the items were selected to represent the intended factor of temperament and to not correlate with the other two factors. The alphas on the IBQVSF
are greater than .65 for all the scales used (Rothbart & Gartstein, 2000). In the current study, the alphas for Negative Affect at three and nine months were .80 and .82 for mothers and .82 and .84 for fathers, respectively. The alphas for Effortful Control were .65 and .76 for mothers and .72 at both time points for fathers. The alphas for Surgency were .78 and .65 for mothers at three and nine months, respectively, and .77 and .64 for fathers at three and nine months, respectively.

Each parent also completed the Your Coparenting Team (YCT) questionnaire as a measure of coparenting (Feinberg, Fisher, & Khan, 2008) at three and nine months postpartum. The YCT utilizes dimensions of agreement, closeness, conflict, support, undermining, and endorsement. It is a 33 item measure with the aforementioned subscales. Each item is rated along a seven point scale of “not true of us” (0) to “very true of us” (6). These items were adapted from previous measures of parenting alliance and coparenting. Higher scores on the subscales of agreement, closeness, support, and endorsement indicate more positive coparenting, whereas higher scores on conflict and undermining indicate more negative coparenting.

To analyze the coparenting scales, it was determined that the six subscales of Feinberg’s measure, Your Coparenting Team (YCT), would be further categorized into three groupings of subscales. Consistent with the Van Egeren and Hawkins (2004) model of coparenting, the subscales are highly correlated with each other. As constructs and measures of coparenting are still being developed, it is still being determined which factors are one aspect or separate dimensions. Agreement and Closeness were grouped as Solidarity. Support and Endorsement were grouped as Cooperation. Conflict and
Undermining were grouped as Undermining. Correlations were greater than .65 between the grouped scales.

In this study mothers’ Cronbach’s alphas for the coparenting solidarity at three and nine months postpartum were .81 and .79, respectively. On coparenting cooperation, mothers had alphas of .87 at both three and nine months postpartum. Undermining coparenting for mothers had alphas of .81 and .84 at three and nine months postpartum, respectively. For fathers, alphas on coparenting solidarity were .82 and .79 at three and nine months postpartum, respectively. Coparenting cooperation for fathers had alphas of .84 at three months postpartum and .81 at nine months postpartum. Fathers’ perception of undermining coparenting had alphas of .86 at three months postpartum and .90 at nine months postpartum.

Marital satisfaction was assessed using the Dyadic Adjustment Scale (DAS) brief version (Sabourin, Valois, & Lussier, 2005). For the purposes of this study we focused on the parents’ reports of marital satisfaction at three months postpartum. The DAS measures overall happiness in the relationship. It is composed of four items that are from the Satisfaction scale of the DAS. This brief version was designed for use in community surveys and clinical studies. It measures couple satisfaction and can also serve as a tool to group distressed and nondistressed couples. The four items were also found to be without gender bias and equal to other versions of the DAS as indicators of couple satisfaction. In the current study, Cronbach’s alphas for the brief DAS were .79 for mothers and .74 for fathers.
Mothers’ and fathers’ ratings of infant temperament, coparenting, and marital satisfaction were significantly correlated overall. Mothers’ and fathers’ ratings of marital satisfaction were correlated at .58 (significant at $p < .01$). Correlations between ratings by both parents of infant temperament at three months postpartum ranged from .25 to .44 (all significant at $p < .01$). At nine months postpartum, the ratings of surgency were not correlated between parents. Effortful control and Negative Affect were correlated at $p < .01$ at .23 and .46, respectively. The coparenting rating of Endorsement was not significantly correlated between parents at either three or nine months postpartum. The cross-parent correlations for the other coparenting scales ranged from .16 (significant at $p < .05$) to .56 (significant at $p < .01$) at three months postpartum. At nine months postpartum, the corresponding correlations (except Endorsement) ranged from .25 to .57 (all significant at $p < .01$). The ratings of infant temperament, coparenting, and marital satisfaction were analyzed separately by parent. Based on previous studies (Davis et al., 2009), the data were kept separate due to the differences found in previous research between the associations of temperament and coparenting for mothers and fathers.

Data Analysis

Data analysis began with computation of descriptive statistics and bivariate correlations between the measures of infant temperament and coparenting. From the significant findings in the correlations, it was determined to compute particular sets of linear regressions on the variables for temperament and coparenting. This analysis looked at the relation over time between infant temperament and coparenting to see if
coparenting behavior predicted change in perceptions of infant temperament, or if infant temperament predicted change in coparenting behavior. Further regression analyses were then pursued to consider marital satisfaction as a moderating variable in the associations between infant temperament and coparenting. The variables were centered prior to computation of the interaction effects in this analysis. When a significant interaction was obtained, it was probed and graphed using procedures and SPSS code outlined by Hayes and Matthes (2009).

Results

Descriptive Statistics

Each variable was examined separately by parent (see Tables 1 and 2). The descriptive statistics show relative highly positive ratings of coparenting, with average ratings of solidarity and cooperation above 5.0, and low average ratings of undermining coparenting (below 1.0). In addition, the standard deviations of the coparenting variables were not large, and neither were the ranges, indicating somewhat of a lack of variability in new parents’ ratings of coparenting. With respect to temperament, the greatest variability was seen in parents’ ratings of Negative Affect. In addition, parents’ ratings of surgency appeared to increase from 3 to 9 months, and this was somewhat true for Negative Affect as well. These descriptive statistics were also utilized in centering the variables for regression analysis.

Correlations
Overall, correlations between infant temperament and parents’ perceptions of coparenting showed relations in the predicted directions (see Table 3). When parents rated their child as having higher negative affect, they rated more undermining coparenting. When parents rated their child as having higher effortful control, they rated more solidarity and cooperation in the coparenting relationship. Greater infant surgency was found to be related to higher undermining coparenting as well. The direction of the relations between infant temperament and coparenting were similar across parents; however the associations were not as significant for mothers.

In fact, there were few significant correlations between perceptions of coparenting and infant temperament for mothers. Mothers that perceived their infant as having more negative affect at three months perceived the coparenting relationship as characterized by more undermining at three months. This correlation was found again at nine months. Effortful Control and Surgency did not have any significant direct relations with mothers’ perceptions of coparenting at either time point. There were no significant cross-time relations between infant temperament and coparenting for mothers.

Fathers had many significant correlations at both phases. Fathers that perceived their infant as having more negative affect viewed the coparenting relationship as having more undermining and less solidarity and cooperation at both time points. Fathers that perceived their infant as having more effortful control perceived the coparenting relationship as having more solidarity and cooperation at both time points. Fathers that rated higher infant surgency also perceived higher undermining at three months. There
were no significant associations between infant surgency and fathers’ perceptions of coparenting at nine months.

There were also several cross-time associations for fathers. Fathers that perceived the coparenting relationship as having more solidarity at three months perceived their infant as having more effortful control and less negative affect at nine months. Fathers that perceived greater undermining at three months reported greater negative affect at nine months. Fathers that rated greater infant negative affect at three months rated lower coparenting solidarity and greater undermining at nine months. Fathers that rated greater effortful control at three months rated greater solidarity and cooperation in the coparenting relationship at nine months.

Marital satisfaction was significantly related to every aspect of coparenting. Marital satisfaction was positively correlated with coparenting solidarity and cooperation. Marital satisfaction was negatively correlated with coparenting undermining. These correlations of marital satisfaction and coparenting were very similar across parents. It was also significantly negatively correlated to fathers’ perceptions of infant negative affect, at both three and nine months postpartum. Mothers did not have any significant correlations of marital satisfaction with any of the infant temperament aspects. Marital satisfaction was closely examined as a moderating variable in the subsequent regression analyses.

Coparenting and temperament were quite stable from three to nine months postpartum. The measure of marital satisfaction was only considered from the first time
point; therefore stability of this was not evaluated. For mothers, coparenting solidarity was correlated at .51 ($p < .01$), coparenting cooperation was correlated at .59 ($p < .01$), and coparenting undermining was correlated at .46 ($p < .01$) from three to nine months postpartum. For fathers, coparenting solidarity was correlated at .62 ($p < .01$), coparenting cooperation was correlated at .62 ($p < .01$), and coparenting undermining was correlated at .70 ($p < .01$) from three to nine months postpartum. Ratings of infant temperament were also relatively stable over time. Infant negative affect from three months to nine months postpartum was correlated at .47 ($p < .01$) for mothers and .48 ($p < .01$) for fathers. Infant effortful control from three to nine months postpartum was correlated at .45 ($p < .01$) for mothers and .41 ($p < .01$) for fathers. Infant surgency from three to nine months postpartum was correlated at .35 ($p < .01$) for mothers and .32 ($p < .01$) for fathers.

Regressions

First, regression analysis was used to test whether infant temperament predicted coparenting, or coparenting predicted infant temperament, while controlling for stability in coparenting or temperament, respectively. These analyses were only considered for fathers, because no significant cross-time correlations between temperament and coparenting were observed for mothers. Regression analysis of fathers’ perceptions of coparenting predicting change in fathers’ reports of infant temperament revealed that fathers’ perceptions of undermining coparenting explained significant variance in infant negative affect at nine months postpartum after controlling for infant negative affect at
three months (See Table 4). In other words, when fathers perceived greater undermining coparenting, they also perceived an increase in infant negative affect from three to nine months. This relation was not significant for solidarity or cooperation, nor did any aspect of coparenting predict change in fathers’ perceptions of infant effortful control or surgency. In addition, fathers’ perceptions of infant temperament did not predict change in fathers’ perceptions of coparenting.

The moderating effect of marital satisfaction was analyzed using regression as well. There were several significant interaction effects for both mothers and fathers. The directions of the interaction effects were similar across mothers and fathers and were similar for negative affect and effortful control. Surgency, however, showed slightly different results for mothers and fathers.

For fathers, two significant interaction effects were obtained between infant negative affect and marital satisfaction when predicting coparenting solidarity ($\beta = -.15, p < .05$) and cooperation ($\beta = -.18, p < .05$). These interaction effects were graphed and probed. Figure 2 shows the graph of the Negative Affect X Marital Satisfaction interaction when predicting Coparenting Cooperation. The graph of the same interaction predicting solidarity looked very similar and thus is not included here. Simple slopes analysis revealed that for coparenting cooperation, the slope of the line representing low marital satisfaction was significantly different from zero ($b = .12, p < .05$). Fathers that reported high negative affect at three months reported increases in solidarity and cooperation at nine months when marital satisfaction was low. When marital satisfaction
was high, fathers reported decreases in solidarity and cooperation as infant negativity increased, although this association did not reach statistical significance. A similar pattern was found for coparenting solidarity, although none of the slopes of the lines representing high, average, or low marital satisfaction was significantly different from zero.

Fathers’ ratings of infant effortful control revealed two significant interaction effects with marital satisfaction when predicting coparenting solidarity ($\beta = .16$, $p < .05$) and coparenting undermining ($\beta = -.13$, $p < .05$). These interaction effects were also graphed and probed. Figure 3 shows the graph of the Effortful Control X Marital Satisfaction interaction when predicting Coparenting Solidarity. The graph of Effortful Control X Marital Satisfaction predicting undermining is similar to the mothers’ results discussed below (Figure 4) and thus is not included here. Simple slopes analysis revealed that for coparenting solidarity the line representing low marital satisfaction was approaching significance, but none of the lines were significantly different from zero. The simple slopes analysis for coparenting undermining revealed that the line representing low marital satisfaction was significantly different from zero ($b = .25$, $p < .05$). The lines for average and high marital satisfaction were not significantly different from zero. In general, fathers that reported low marital satisfaction reported increases in undermining and decreases in solidarity as infant effortful control increased. Increases in solidarity and decreases in undermining were reported when marital satisfaction and infant effortful control were high.
One interaction effect was revealed between fathers’ reports of infant surgency and marital satisfaction when predicting coparenting cooperation ($\beta = -.21, p < .01$). This interaction was graphed and probed. The graph of the interaction of infant surgency and marital satisfaction predicting fathers’ perceptions of coparenting cooperation looks similar to the graphs of infant effortful control and coparenting undermining (Figure 4) and thus is not included here. Simple slopes analysis revealed that the line representing low marital satisfaction ($b = .15, p < .05$) was significantly different than zero. The line representing high marital satisfaction also approached significance; however the line representing average marital satisfaction was not significantly different than zero. Fathers that reported high infant surgency reported increases in cooperation when marital satisfaction was low. When marital satisfaction was high, fathers reported decreases in cooperation when infant surgency was high.

Mothers did not have any significant interaction effects between infant negative affect and marital satisfaction when predicting coparenting. The interactions between infant effortful control and marital satisfaction predicting coparenting were each significant. Infant effortful control and marital satisfaction predicted mothers’ perceptions of coparenting solidarity ($\beta = .14, p < .05$), cooperation ($\beta = .13, p < .05$), and undermining ($\beta = -.24, p < .01$). Each of these interactions was graphed and probed. Figure 4 shows the graph of the Effortful Control X Marital Satisfaction interaction when predicting Coparenting Undermining. The graphs of the interactions with coparenting solidarity and cooperation look similar to the graph of the interaction for fathers (Figure 3) and thus are not included here. Simple slopes analysis revealed for coparenting
solidarity that the line representing low marital satisfaction was approaching significance, but none of the lines were significantly different from zero. For cooperation, the simple slopes analysis showed the line representing low marital satisfaction was significant ($b = -0.31, p < .05$). The lines representing average and high marital satisfaction were not significantly different than zero. Simple slopes analysis for coparenting undermining revealed that the line representing low marital satisfaction was significantly different than zero ($b = 0.39, p < .01$). The lines representing average and high marital satisfaction were not significantly different than zero. When mothers reported high effortful control, they reported decreases in solidarity and cooperation as well as increases in undermining when marital satisfaction was low. Increases in solidarity and cooperation as well as decreases in undermining were reported when marital satisfaction and infant effortful control were high.

There were also significant interaction effects found between infant surgency and marital satisfaction when predicting mothers’ perceptions of coparenting solidarity ($\beta = 0.14, p < .05$) and undermining ($\beta = -0.20, p < .01$). These interactions were also graphed and probed. Figure 5 shows the Infant Surgency X Marital Satisfaction interaction when predicting Coparenting Undermining. The graph of the interaction for coparenting solidarity looks similar to the graph of the interaction of effortful control and coparenting solidarity (Figure 3) and thus was not included here. Simple slopes analysis revealed for coparenting undermining that the line representing low marital satisfaction was significantly different than zero ($b = 0.25, p < .01$). The line representing average marital satisfaction was approaching significance, but the line for high marital satisfaction was
not significantly different than zero. The simple slopes analysis for coparenting solidarity showed that none of the lines were significantly different than zero, although the line representing low marital satisfaction was approaching significance. Mothers that reported high surgency reported increases in solidarity when marital satisfaction was high and decreases in solidarity when marital satisfaction was low. They also reported decreases in undermining when marital satisfaction and infant surgency were high and increases in undermining when marital satisfaction was low but infant surgency was high.

Discussion

Results of this study add to the evidence regarding the associations between infant temperament and coparenting. The correlations were in the expected directions and consistent with previous findings (Davis et al., 2009). There were many more correlations for fathers; thus the direct associations between infant temperament and coparenting were much more evident for fathers than for mothers. The consideration of marital satisfaction as a moderating variable is where some unexpected findings were revealed. Whereas it was expected that infants with challenging temperaments would affect coparenting negatively when couples had low marital satisfaction, the majority of the findings indicated that these couples actually have better coparenting when their infants were more challenging.

Findings indicate direct associations between infant temperament and perceptions of coparenting for fathers and mothers. Fathers viewed the coparenting relationship more positively when the infant was more positive and viewed the coparenting relationship
more negatively when the infant was more negative. Higher infant negative affect was associated with lower solidarity and cooperation as well as higher undermining across time points. Higher infant effortful control was linked with higher solidarity and cooperation across time points. Higher infant surgency was associated with higher undermining at three months postpartum. The associations between infant temperament and coparenting were not as strong or consistent for mothers. Perhaps the role in coparenting for fathers and the infant’s temperament are more inter-related. Mothers may be able to separate the infant’s individual differences from the coparenting relationship more readily. The only significant relation for mothers was between infant negative affect and coparenting undermining. The negative aspects of infant temperament and coparenting may be more difficult to separate for mothers and fathers.

Several of the previous studies did not find any significant direct associations between infant temperament and coparenting (Schoppe-Sullivan et al, 2007; McHale et al, 2004). This difference could be partially due to the use of observations of coparenting in those studies as opposed to the self-report measure used in this study. This study also had a much larger sample size than any of the previous studies which may have helped reveal associations that did not previously reach significance purely due to small sample size. Our results are similar to some of the findings from Burney and Leerkes (2010). They reported increases in positive coparenting when the baby was easier to be soothed and decreases in positive coparenting when the baby was more difficult. This study expanded on the direct associations they found.
Fathers’ but not mothers’ perceptions of coparenting were also linked to change in their perceptions of infant temperament over time, similar to findings reported by Davis et al. (2009). The Davis et al. bidirectional findings were with fathers’ reports of infant temperament. High positive coparenting predicted a decrease in infant negativity and high infant negativity predicted a decrease in positive coparenting. This shows a replication of previous findings across samples and methodologies as the Davis et al. study used observations of coparenting with parent report of temperament. Poorer coparenting may influence fathers to view their infant’s temperament more negatively over time. Similarly to how fathers may have more difficulty separating their role in coparenting from the infant’s temperament, fathers also may have more difficulty dividing the marital relationship from the coparenting relationship according to the fathering vulnerability hypothesis (Goeke-Morey & Cummings, 2007).

The findings considering marital satisfaction as a moderator were in unexpected directions. The majority of the findings indicated that couples with low marital satisfaction actually had better coparenting when their infants were more challenging. These findings are in contrast to those of much of the previous research (McHale et al., 2004; Schoppe-Sullivan et al., 2007). Perhaps couples with previously lower marital satisfaction followed a more compensatory path by focusing on the child and not on their relationship when faced with a more difficult child. Couples that were previously high on marital satisfaction may have had farther to fall on their coparenting relationship when faced with a difficult child, similar to Cook et al (2009). Cook et al found that the couples with higher marital satisfaction no longer had that ‘advantage’ with respect to supportive
coparenting when faced with a child with high negative affectivity. When the child was more ‘easy’, perhaps the fathers disengage from involvement with the child and therefore from the coparenting relationship. Couples with high marital satisfaction may feel more affirmed in their role when the child is easier, therefore bringing the coparenting relationship closer.

Parents had similar results for interactions of infant negative affect and effortful control with marital satisfaction. Surgency, however, revealed a difference for parents. With a more outgoing child, reactions may differ for parents. Fathers could be described as having followed the compensatory hypothesis for this result (Erel & Burman, 1995). When the infant is more outgoing, perhaps couples previously lower on marital satisfaction focus on the child and those higher on marital satisfaction had farther to fall. Although, the spillover hypothesis is more frequently supported in marital and parenting interactions, this result aligns more with the compensatory hypothesis. This may be due to the sample being composed of generally very high functioning couples. Mothers reported different results. For mothers with low marital satisfaction, infant surgency was associated with decreases in coparenting solidarity and increases in coparenting undermining. Perhaps when the child was more outgoing it presented more challenges to their coparenting relationship. High marital satisfaction, however, may influence mothers to view the more outgoing child as bringing their coparenting relationship together. This result is similar to findings reported by McBride, Schoppe, and Rane (2002) that showed higher father involvement when the child was more sociable.
Some of the differences or unexpected results may be related to the measures being all self-report by the parents. Parents’ perceptions are important in analyzing this association, but future studies should include both parent report and observational data. The self-report answers may have included some social desirability and may not be as accurate as combining them with observational data. It is also possible that there weren’t as many direct associations or bi-directional associations due to the lack of variability in the parent ratings of coparenting and temperament. New parents still may view their coparenting and infant’s temperament as more “rosy” in the first several months. While this study did have the strength of a longitudinal design, it was still only through nine months postpartum which may not allow enough time to observe change since 6 months is a relatively short amount of time in terms of the new triad relationships. In this study, coparenting and infant temperament were also highly stable over time, which makes it more difficult to detect and predict change. The sample size was larger than previous studies, but is of highly functioning couples that may not be representative of the population. Since this study was part of a much larger study, each of the measures used was a relatively (or very) short survey on each variable. This may have restricted the ratings of temperament, coparenting, and marital satisfaction.

This study supports the theory of transactions between infant temperament and coparenting behaviors (Feinberg, 2003). While some results were replications of previous findings (Burney & Leerkes, 2010; Davis et al, 2009), others perhaps captured new nuances in the associations between infant temperament and coparenting over time. Future studies should utilize multiple measures of temperament and coparenting as well.
as looking over multiple points in time. These and future findings could help inform education and training for prenatal and parenting classes. They could also inform couple and family therapy techniques. These results show the continued need for further study into the intricacies of the associations between infant temperament and coparenting.
References


Table 1.

Descriptives of Mothers’ Ratings of Marital Satisfaction, Coparenting, and Temperament

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Table 2.

*Descriptives of Fathers’ Ratings of Marital Satisfaction, Coparenting, and Temperament*

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Table 3.

Correlations between Temperament, Coparenting, and Marital Satisfaction at Three and Nine Months Postpartum

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Note. *p < .05, **p < .01, Dyadic Adjustment Scale (DAS), Negative Affect (Neg Aff), Effortful Control (Eff Con)
Table 4.

*Regression Analysis Predicting Fathers’ Perceptions of Negative Affect at 9 Months*

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Note. * p < .05  ** p < .01, Negative Affect (Neg Aff)
Appendix B: Figures

Figure 1.

Model of Relations over Time between Temperament and Coparenting

Phase 2: 3 Months Postpartum  Phase 4: 9 Months Postpartum

COP 1  COP 2

TEMP 1  TEMP 2

Note. Temperament (TEMP), Coparenting (COP)
Notes. * line slope is significantly different than zero
Fathers' Marital Satisfaction Moderates Association between Infant Effortful Control and Coparenting Solidarity
Mothers' Marital Satisfaction Moderates Association between Infant Effortful Control and Coparenting Undermining

Note. * line slope is significantly different than zero
Mothers' Marital Satisfaction Moderates Association between Infant Surgency and Coparenting Undermining

Note. * line slope is significantly different than zero
Appendix C: Measures

Measure 1.

Infant Behavior Questionnaire Very Short Form

As you read each description of the baby’s behavior below, please indicate how often the baby did this during the LAST WEEK (the past seven days) by circling the appropriate number. These numbers indicate how often you observed the behavior described during the last week.

1 2 3 4 5 6 7 NA

Never  Very rarely  Less than half the time  About half the time  More than half the time  Almost always  Always  Does not apply

“Does not apply” (NA) is used when you did not see the baby in the situation described during the last week. For example, if the situation mentions the baby having to wait for food or liquids and there was no time during the last week when the baby had to wait, circle NA. “Does not apply” is different from “Never” (1). “Never” is used when you saw the baby in the situation but the baby never engaged in the behavior listed during the last week. For example, if the baby did have to wait for food or liquids at least once but never cried loudly while waiting, circle (1).

Please be sure to circle a number for every item.

1. When being dressed or undressed during the last week, how often did the baby squirm and/or try to roll away?

   1 2 3 4 5 6 7 NA

2. When tossed around playfully how often did the baby laugh?

   1 2 3 4 5 6 7 NA

3. When tired, how often did your baby show distress?

   1 2 3 4 5 6 7 NA
4. When introduced to an unfamiliar adult, how often did the baby cling to a parent?
   1  2  3  4  5  6  7  NA

5. How often during the last week did the baby enjoy being read to?
   1  2  3  4  5  6  7  NA

6. How often during the last week did the baby play with one toy or object for 5-10 minutes?
   1  2  3  4  5  6  7  NA

7. How often during the week did your baby move quickly toward new objects?
   1  2  3  4  5  6  7  NA

8. When put into the bath water, how often did the baby laugh?
   1  2  3  4  5  6  7  NA

9. When it was time for bed or a nap and your baby did not want to go, how often did s/he whimper or sob?
   1  2  3  4  5  6  7  NA

10. After sleeping, how often did the baby cry if someone didn’t come within a few minutes?
    1  2  3  4  5  6  7  NA

11. In the last week, while being fed in your lap, how often did the baby seem eager to get away as soon as the feeding was over?
    1  2  3  4  5  6  7  NA

12. When singing or talking to your baby, how often did s/he soothe immediately?
    1  2  3  4  5  6  7  NA

13. When placed on his/her back, how often did the baby squirm and/or turn his/her body?
    1  2  3  4  5  6  7  NA
14. During a peekaboo game, how often did the baby laugh?
   1  2  3  4  5  6  7  NA

15. How often does the infant look up from playing when the telephone rings?
   1  2  3  4  5  6  7  NA

16. How often did the baby seem angry (crying and fussing) when you left her/him in the crib?
   1  2  3  4  5  6  7  NA

17. How often during the last week did the baby startle at a sudden change in body position (e.g., when moved suddenly?)
   1  2  3  4  5  6  7  NA

18. How often during the last week did the baby enjoy hearing the sound of words, as in nursery rhymes?
   1  2  3  4  5  6  7  NA

19. How often during the last week did the baby look at pictures in books and/or magazines for 5 minutes or longer at a time?
   1  2  3  4  5  6  7  NA

20. When visiting a new place, how often did your baby get excited about exploring new surroundings?
   1  2  3  4  5  6  7  NA

21. How often during the last week did the baby smile or laugh when given a toy?
   1  2  3  4  5  6  7  NA

22. At the end of an exciting day, how often did your baby become tearful?
   1  2  3  4  5  6  7  NA

23. How often during the last week did the baby protest being placed in a confining place (infant seat, play pen, car seat, etc.)?
   1  2  3  4  5  6  7  NA

24. When being held, in the last week, did your baby seem to enjoy him/herself?
   1  2  3  4  5  6  7  NA
25. When showing the baby something to look at, how often did s/he soothe immediately?
   1   2   3   4   5   6   7   NA

26. When hair was washed, how often did the baby vocalize?
   1   2   3   4   5   6   7   NA

27. How often did your baby notice the sound of an airplane passing overhead?
   1   2   3   4   5   6   7   NA

28. When introduced to an unfamiliar adult, how often did the baby refuse to go to the unfamiliar person?
   1   2   3   4   5   6   7   NA

29. When you were busy with another activity, and your baby was not able to get your attention, how often did s/he cry?
   1   2   3   4   5   6   7   NA

30. How often during the last week did the baby enjoy gentle rhythmic activities, such as rocking or swaying?
   1   2   3   4   5   6   7   NA

31. How often during the last week did the baby stare at a mobile, crib bumper or picture for 5 minutes or longer?
   1   2   3   4   5   6   7   NA

32. When the baby wanted something, how often did s/he become upset when s/he could not get what s/he wanted?
   1   2   3   4   5   6   7   NA

33. When in the presence of several unfamiliar adults, how often did the baby cling to a parent?
   1   2   3   4   5   6   7   NA

34. When rocked or hugged, in the last week, did your baby seem to enjoy him/herself?
   1   2   3   4   5   6   7   NA

35. When patting or gently rubbing some part of the baby’s body, how often did s/he soothe immediately?
   1   2   3   4   5   6   7   NA
36. How often did your baby make talking sounds when riding in a car?

<table>
<thead>
<tr>
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<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>NA</th>
</tr>
</thead>
</table>

37. When placed in an infant seat or car seat, how often did the baby squirm and turn his/her body?

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<thead>
<tr>
<th></th>
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<th>6</th>
<th>7</th>
<th>NA</th>
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</table>
Measure 2.

Dyadic Adjustment Scale

*Please answer the following general questions about your relationship.*

1. How often do you discuss or have you considered divorce, separation, or terminating your relationship?

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<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Occasionally</td>
<td>More often than not</td>
<td>Most of the time</td>
<td>All of the time</td>
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</tbody>
</table>

2. In general, how often do you think that things between you and your partner are going well?

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<tr>
<th></th>
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<th>4</th>
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<td></td>
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</tbody>
</table>

3. Do you confide in your mate?

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<tr>
<th></th>
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<td></td>
</tr>
</tbody>
</table>

4. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely unhappy</td>
<td>Fairly unhappy</td>
<td>A little unhappy</td>
<td>Happy</td>
<td>Very happy</td>
<td>Extremely happy</td>
<td>Perfect</td>
<td></td>
</tr>
</tbody>
</table>

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Measure 3.

Your Coparenting Team

_For each item, select the response that best describes the way you and your baby’s father work together as parents:_

<table>
<thead>
<tr>
<th>Item</th>
<th>Not true of us</th>
<th>A little bit true of us</th>
<th>Somewhat true of us</th>
<th>Very true of us</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I believe my baby’s father is a good parent.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. My relationship with my baby’s father is stronger now than before we had a baby.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. My baby’s father asks my opinion on issues related to parenting.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. My baby’s father pays a great deal of attention to our baby.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. My baby’s father and I have the same goals for our baby.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. My baby’s father still wants to do his own thing instead of being a responsible parent.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. It is easier and more fun to play with the baby alone that it is when my baby’s father is present too.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. My baby’s father and I have different ideas about how to raise our baby.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. My baby’s father tells me I am doing a good job or otherwise lets me know I am being a good parent.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. My baby’s father and I have different ideas regarding our baby’s eating, sleeping, and other routines.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>
11. My baby’s father sometimes makes jokes or sarcastic comments about the way I am as a parent. 0 1 2 3 4 5 6
12. My baby’s father does not trust my abilities as a parent. 0 1 2 3 4 5 6
13. My baby’s father is sensitive to our child’s feelings and needs. 0 1 2 3 4 5 6
14. My baby’s father and I have different standards for our baby’s behaviors. 0 1 2 3 4 5 6
15. My baby’s father tries to show that he is better than me at caring for our baby. 0 1 2 3 4 5 6
16. I feel close to my baby’s father when I see him play with our baby. 0 1 2 3 4 5 6
17. My baby’s father has a lot of patience with our baby. 0 1 2 3 4 5 6
18. We often discuss the best way to meet our baby’s needs. 0 1 2 3 4 5 6
19. When all three of us are together, my baby’s father sometimes competes with me for our baby’s attention. 0 1 2 3 4 5 6
20. My baby’s father undermines my parenting. 0 1 2 3 4 5 6
21. My baby’s father is willing to make personal sacrifices to help take care of our baby. 0 1 2 3 4 5 6
22. We are growing and maturing together through experiences as parents. 0 1 2 3 4 5 6
23. My baby’s father appreciates how hard I work at being a good parent. 0 1 2 3 4 5 6
24. When I’m at my wits end as a parent, my baby’s father gives me the extra support I need.

25. My baby’s father makes me feel like I’m the best possible parent for our baby.

26. The stress of parenthood has caused my baby’s father and me to grow apart.

27. My baby’s father doesn’t like to be bothered by our baby.

28. Parenting has given us a focus for the future.
These questions ask you to describe things you do when both you and your baby’s father are physically present together with your baby (i.e. in the same room, in the car, on outings).

**Count only times when all three of you** are actually within the company of one another (even if this is just a few hours per week).

29. How often, in a **typical week**, when **all three of you are together**, do you find yourself in mildly tense or sarcastic interchanges with your baby’s father?

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<td></td>
<td>Never</td>
<td>Sometimes (once or twice a week)</td>
<td>Often (once a day)</td>
<td>Very often (several times a day)</td>
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30. How often, in a **typical week**, when **all three of you are together**, do you argue with your baby’s mother about your baby, in your baby’s presence?

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31. How often, in a **typical week**, when **all three of you are together**, do you argue about your relationship or marital issues, unrelated to your baby, in the baby’s presence?

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32. How often, in a **typical week**, when **all three of you are together**, do one or both of you say cruel or hurtful things to each other in front of the baby?

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53
33. How often, in a **typical week**, when **all three of you are together**, do you yell at each other within earshot of the baby?

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