THE INFLUENCE OF PARENTAL SENSITIVITY, DEPRESSIVE SYMPTOMS, AND FAMILY ALLIANCE ON INFANT SYMPTOMATOLOGY: A LONGITUDINAL STUDY IN THE FIRST TWO YEARS

Tissot H. 1, 2, Favez N. 1, 2, Lapalus N. 1, Despland J.-N. 1

1Center for Family Study, University Institute of Psychotherapy, Lausanne University Hospital, Switzerland
2Faculty of Psychology and Educational Sciences, University of Geneva, Switzerland

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Background and aims
Several factors, such as parents’ depressive symptoms, low sensitivity, or problematic family-level processes, e.g. coparenting conflicts or problematic family alliances, have been associated with a potential development of early difficulties in the infant (feeding, sleeping, crying). However, the empirical evidence about these processes is still fragmented, because many studies have investigated the respective influence of these factors, measured in mothers and fathers, as separate processes. The aim of this study was to investigate how depressive symptoms, parental sensitivity, and family alliance together could predict child symptoms in the first 18 months postpartum.

Method
In a sample of 68 volunteer families, we conducted repeated assessments (3, 9, and 18 months postpartum) of each parent’s depressive symptoms with the Edinburgh Postnatal Depression Scale, parental sensitivity during a brief moment of dyadic interaction (coded with Crittenden’s Care-Index), and family alliance during mother-father-child triadic play. Moreover, both parents assessed child symptoms with a 10-item of the Symptom Check List. We analyzed data using Generalized Linear Mixed Models (GLMMs), allowing to account for dependence in the data due to repeated measures of individuals nested in families.

Results
The results showed that psychofunctional symptoms declined over time, were associated with increased parental depressive symptoms, and were unexpectedly greater in cooperative than in problematic family alliances. A significant interaction effect showed, however, that the link between parents’ and child symptoms were lower in cooperative family alliances. On the other hand, externalizing symptoms were only predicted by time, with symptoms increasing from 3 to 18 months. Neither parents’ nor child gender had any influence on both types of symptoms.

Conclusions
Our findings suggested that parent’s depressive state predicted psychofunctional symptoms in the child, but that this link might be buffered by the quality of family alliance.