



Published in final edited form as:

Infancy. 2004 February ; 5(1): 61–84.

Infant Affect during Parent-Infant Interaction at 3 and 6 Months: Differences Between Mothers and Fathers and Influence of Parent History of Depression

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Abstract

Fifty families participated in mother- and father-infant still-face interaction at infant ages 3 and 6 months as part of a study of affect in early parent-infant relationships. Infants' positive and negative affect and parents' positive affect and physical play were coded from videotapes. Consistent with previous research, during the normal condition, mothers displayed more positive affect than did fathers, and fathers were more likely than mothers to display physical play. Infants were more positive with mothers than with fathers. Parents' positive affect but not parent gender predicted infants' positive affect at 6 months. During the still-face condition, infants of parents with a lifetime history of depression were more likely to display negative affect and less likely to display positive affect than infants with no such parent history. Infants' affect was unrelated to parents' current level of depressive symptoms, which indicates the value of considering family history of psychopathology when examining individual differences in infants' affect.

Within the past two decades, there has been noteworthy progress in our understanding of parent-infant interaction and its relation to socioemotional development. Parent positive affect has proven to be a key element. Mothers' positive affect affords a frame within which infants cycle between states of positive and neutral affect, with attention directed toward the parent and periods of looking away (Cohn & Tronick, 1987). If mothers become still-faced contingent on infant smiling, infants rapidly sober and look away (Cohn & Elmore, 1988). In response to prolonged maternal still face or simulated maternal depression, infant smiles become markedly attenuated, and negative affect and looking away result (Cohn & Tronick, 1983; Tronick, Als, Adamson, Wise, and Brazelton, 1978). Between 3 and 6 months of age, individual differences in infant affect in response to mother still-face or simulated depression afford an early index of the developing attachment relationship, with infants' positive affect, negative affect, and self-regulatory behavior predictive of attachment at 12 months of age (Braungart-Rieker, Garwood, Powers, & Wang, 2001; Cohn, Campbell, & Ross, 1991; Tronick, Ricks, & Cohn,

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This research was supported by NIMH grant # R01MH56604 to Peter M. Lewinsohn and a National Science Foundation Graduate Research Fellowship to Erika E. Forbes. Portions of the findings were presented at the Biennial Meeting of the Society for Research in Child Development, Albuquerque, New Mexico, 1999 and at the International Conference on Infant Studies, Brighton, UK, 2000. The authors wish to thank Patti Bear and Becky Lamoureux for assistance with data collection, Ginger Moore for conceptual contributions, and Sarah Mangelsdorf for a helpful comment about implications.

1982). Infants' smiling and crying in response to the same context predict internalizing and externalizing behavior problems 12 months in the future (Moore, Cohn, & Campbell, 2001). Attention to infants' positive and negative affect in face-to-face interactions during the first half-year of life allows the examination of the developing mother-infant relationship (Cohn & Campbell, 1992; Malatesta, Tesman, Culver, & Shepard, 1989), a relationship with important consequences for later socioemotional adjustment.

At least two sets of questions about parent-infant interaction are not well understood. One concerns the specificity of infant affect to affective differences between mothers and fathers. Another concerns the influence of parent history of depression on parent and infant affect.

While fathers are present in 72 percent of U.S. households (U. S. Department of Commerce, 2001) and are an important source of nonmaternal care for infants, they have been relatively neglected in research on infant-caregiver interaction. Fathers are potentially important attachment figures (Belsky, 1999), and yet observations of father-infant affect are infrequent (Fitzgerald, Mann, & Barratt, 1999; Phares, 1996). Despite the relative dearth of research on fathers' behavior with infants, the topic of parent affective differences has received a great deal of attention. It is well established that relative to mothers, fathers less often express positive affect and spend a greater proportion of time in physical play with infants (Belsky, Gilstrap, & Rovine, 1984; Belsky & Volling, 1987; Field, Vega-Lahr, Goldstein, & Scafidi, 1987; Lamb, Frodi, Hwang, Frodi, & Steinberg, 1982; Parke & O'Leary, 1976, cf. Parke, 1990; Parke, O'Leary, & West, 1972, cf. Parke, 1990; Power & Parke, 1982; Yogman, 1981; Roopnarine, Talukder, Jain, Joshi, & Srivastav, 1990; Sun & Roopnarine, 1996). Even in this literature, the perspective of the infant has been neglected: few studies have addressed whether infants differentially respond to these differences between mothers and fathers in positive affect and physical play.

The findings on differences in infants' affect with mothers and fathers have been inconsistent (Braungart-Rieker, Garwood, Powers, & Notaro, 1998; Bridges & Connell, 1991; Bridges, Grolnick, & Connell, 1997; Sun & Roopnarine, 1996), and previous studies have failed either to examine differences in infant affect in relation to that of mothers and fathers or to measure infants' and parents' affect with similar observation systems. An exception is a study that found that mothers smiled more at infants during face-to-face play than did fathers and that infants smiled more at their mothers than at their fathers (Field et al., 1987). This study did not consider infants' responses to parents in more interpersonally challenging contexts, such as the still-face condition.

At least four perspectives can guide hypotheses about parent-related differences in infants' positive affect during parent-infant interaction. One emphasizes the unique role of parent positive affect in promoting infant positive affect (e.g., Tronick, 1989). Infants' positive affect is seen as specific to parents' positive affect, and differences in parents' positive affect during parent-infant interaction would be accompanied by corresponding differences in infants' affect. Mothers are generally more positive, and infants would thus be more positive with mothers than with fathers. Alternatively, from a functionalist perspective (e.g., Campos, Mumme, Kermoian, & Campos, 1994), parents' positive affect and physical play may have a similar function in that they share the goals of promoting engagement and eliciting infant positive affect. If positive affect and physical play are similarly effective in achieving that goal, then fathers' physical play could compensate for their lower positive affect and infants' positive affect would be predicted to occur at comparable frequencies in father-infant and mother-infant interaction. Third, inherent gender differences between mothers and fathers may contribute to infants' positive affect. These include culturally based gender differences, such as the tendency for American mothers to be infants' primary caregivers and to spend fewer hours employed outside the home than do fathers (Lamb, 1997), and biologically based differences in features

such as body size, facial appearance (Bruce & Young, 1998), and vocal fundamental frequency (Titze, 1989). Caregiving experiences, preference for female anatomical characteristics, or both might lead infants to display more positive affect with mothers, for instance, than with fathers. Fourth, infants may be insensitive to the small but significant differences in parents' positive affect and physical play. Parent-infant affect is mutually constructed and subject to bidirectional influence (Beebe, Jaffe, Feldstein, Mays, & Alson, 1985; Cohn & Tronick, 1988; Lester, Hoffman, & Brazelton, 1985), and infants do not simply respond to their parents' affect. As a result, infants might not mirror the differences between parents.

A related issue for father-infant affect is whether infants' response to the still-face paradigm is comparable with mothers and fathers. This issue is crucial because there is evidence that the still face affords an index of the developing attachment relationship and infants' risk for later behavior problems. This might be because the still face, a dyadic task in which the parent briefly becomes unresponsive and expressionless (Tronick, Als, Adamson, Wise, & Brazelton, 1978), challenges the parent-infant relationship and the infant's emotion regulation skills. Infants typically respond to this change in interaction by displaying increased distress and attempts to regulate that distress (Braungart-Rieker et al., 1998; Cohn & Tronick, 1983; Field, Vega-Lahr, Scafidi, & Goldstein, 1986; Fogel, 1982; Murray & Trevarthen, 1985; Shapiro, Fagen, Prigot, Carroll, & Shalan, 1998; Stoller & Field, 1982; Toda & Fogel, 1993; Tronick et al., 1978; Weinberg & Tronick, 1996). The still face is accordingly considered a stressful experience for infants (Weinberg & Tronick, 1994).

The second set of questions, on parental depression, has implications for developmental psychopathology. Parental depression is a risk factor for affective psychopathology in children (Beardslee, Bemporad, Keller, & Klerman, 1983; Hammen, Gordon, Burgs, Adrian, Jaenicke, & Hiroto, 1989; Mendlewicz & Barron, 1981; Weissman et al., 1987), and face-to-face interaction is believed to mediate, in part, this risk (Cohn & Tronick, 1989). Depressed mothers in comparison with non-depressed mothers are often less positive and more negative with their infants, with corresponding differences in infant affect (Campbell, Cohn, & Meyers, 1995; Cohn, Campbell, Matias, & Hopkins, 1990; Cohn & Campbell, 1992; Cohn & Tronick, 1987, 1989; Field, 1984). This pattern of behavior is consistent with emotion and motivation models, which conceptualize the balance of positive and negative affect as central to depression (Clark & Watson, 1991; Depue & Iacono, 1989; Fowles, 1994).

It is not known whether infants of parents with a history of depression exhibit differences in positive and negative affect during parent-infant interaction when parents are no longer depressed. Depression is an episodic disorder, and previous studies either have confounded current symptoms with prior episodes of depression or have not evaluated current and prior depression separately. Cohn and Tronick (1989) have hypothesized that the effects of maternal depression carry over to periods in which mothers are no longer depressed. If risk for depression in children involves affective differences early in life, and if parent depression effects are not limited to periods of active symptomatology, infants with a parent history of early-onset depression may exhibit affective dysregulation during parent-infant interaction. Affective differences might be particularly evident during stressful situations. The still-face condition elicits the predicted pattern of positive and negative affect (Field, 1984), and therefore it is a useful context for testing this hypothesis.

The current study examined infants' positive and negative affect by observing behavior during normal and still-face conditions of mother-infant and father-infant interaction at ages 3 and 6 months. A group of parents in the sample had a documented history of depression dating from adolescence or childhood, and thus some of the infants in the sample are at risk for depression and other behavior problems. We selected infant ages 3 and 6 months and employed a longitudinal design because during this period, engagement in social interaction is a central

developmental task and positive emotionality and emotion regulation increase substantially (Rothbart, 1989; Rothbart, Posner, & Rosicky, 1994; Rothbart, Ziaie, & O'Boyle, 1992). Our goal was to test the influence of two factors: (1) affective differences between mothers and fathers and (2) parents' history of depression. We addressed differences between mother-infant and father-infant relationships by examining differences in infants' mean proportion of positive and negative affect with mothers and fathers, the association of infants' affect with mothers' and fathers' affect, and the prediction of infants' affect from parents' gender and positive affect during a normal condition. Infants' negative affect was included in the project so that infants' affect could be examined more thoroughly. We addressed the influence of risk for depression by examining group differences in infants' affect during the still-face condition. The still face was the focus of this question because we expected that its stressful, interpersonal nature and its predictive value for later behavior problems would make it particularly likely to elicit differences in infants' affect tendencies.

We expected to replicate the finding that mothers exhibit more positive affect and fathers exhibit more physical play. Based on a theoretical perspective emphasizing the specificity of positive affect, we predicted that although both positive affect and physical play would contribute to parent-infant engagement, positive affect would exert a greater influence, leading infants to express more positive affect with mothers than with fathers. We predicted further that the proportion of parents' and infants' positive affect would be correlated at each age, with similar correlations in mother- and father-infant dyads with no contributing effect of parent gender. With regard to parents' depression and infants' affect, we predicted that infants with a parent history of depression would be more likely to display negative affect and less likely to display positive affect than would infants without such a family history.

Method

Participants

Fifty families with healthy, full-term infants (54% female) were assessed longitudinally, at infant ages 3 months and 6 months. Mean parent age at infant age 3 months was 26 years for mothers ($SD = 2.6$) and 27 years for fathers ($SD = 3.9$). At infant age 3 months, 88% of parents were married. The majority of parents (96% of mothers and 84% of fathers) described themselves as European-American, and the other parents described themselves as Asian-American (2% of mothers), Native American (2% of fathers), Latino (10% of fathers), or of mixed ethnicity (2% of mothers and 4% of fathers). Sixty percent of families had an annual household income greater than \$30,000. With few exceptions, all parents had received a high school diploma or GED, and by infant age 6 months, 39% of fathers and 36% of mothers had received a postsecondary degree. The infant assessed in the study was the firstborn biological child for 38% of mothers and 46% of fathers. All parents were living with their infants at the times of assessment, and all reported having daily contact with their infants. At infant age 3 months, 89% of fathers and 44% of mothers were employed for pay for at least 35 hr/week; at 6 months, 86% of fathers and 31% of mothers were employed at this level. Fathers were more likely than mothers to work full-time at both infant ages (Pearson $\chi^2(1, N = 83) = 19.54, p < .001$ at 3 months; Pearson $\chi^2(1, N = 84) = 24.02, p < .001$ at 6 months).

Families were recruited from a sample of adults participating in a longitudinal study of the developmental course of adolescent-onset depression. Participants were probands and controls from the study, their partners or spouses, and the couples' infants. Parents originally were part of a representative community sample of 1,709 adolescents who were selected from nine high schools in urban and rural districts of Western Oregon and were first assessed at age 14-18 years. At the time of their first assessment, 2.9% of participants in that sample met diagnostic criteria for current depression and 17.4% met criteria for past depression (Lewinsohn, Hops,

Roberts, Seeley, & Andrews, 1993). At a 1-year follow-up, 25% of 1,508 participants reported having experienced an episode of depression (Lewinsohn et al., 1994).

The families included in the current study were participants in the adolescent depression study who had infants of the appropriate age during the assessment period of the current study. The participation rate for eligible families was 83%. Families included in the current study are those in which both parents participated in the parent-infant interaction assessment and completed at least the normal condition at both infant ages. Fifty families met this criterion, but due to infant fussiness, parent lack of compliance with instructions, or time constraints, 44 families completed the still-face condition at both ages and with both parents.

At infant age 3 months, 13 mothers (26%) and 9 fathers (18%) met diagnostic criteria for lifetime incidence of major depressive disorder according to the Structured Clinical Interview for Axis I DSM-IV Disorders (SCID; First, Spitzer, Gibbon, & Williams, 1994). According to clinical interviews using the same instrument, three participants met criteria for current major depressive disorder during the current study: one mother at infant age 3 months, one father at infant age 6 months, and one father at both ages. Parents' mean self-rated depression scores at the time of both assessments were below a clinically significant level as measured by the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977), a standardized, self-report measure of depression severity that is widely used in research. At 3 months, the mean CES-D score was 10.04 for mothers ($SD = 7.67$, range = 0–35) and 8.04 for fathers ($SD = 8.25$, range = 0–38); at 6 months, the mean score was 9.34 for mothers ($SD = 7.11$, range = 0–27) and 5.62 for fathers ($SD = 6.66$, range = 0–36). These scores reflect a decrease over time for fathers' depressive symptoms ($t(49) = 2.78$; $p < .01$) but not for mothers' depressive symptoms.

Materials

Parents and infants were videotaped using two synchronized cameras and video recorders that permitted the independent viewing of participants on a common time base. Following the assessment, parent and infant affect and related behaviors were coded from videotape using videocassette recorders equipped with a shuttle to regulate viewing speed.

Procedure

Parents and their infants attended laboratory assessment sessions on two occasions, when infants were ages 3 and 6 months. Face-to-face interaction occurred as part of a larger battery of observational procedures. Parents completed demographic and other questionnaires prior to the assessment. The order of mothers' and fathers' face-to-face interactions with their infants was counterbalanced at each age. Whenever possible, both parents were observed with their infant on the same day. Because infant fussiness sometimes precluded the assessment of the infant with both parents on the same day, parents in 70% of families at infant age 3 months and 38% of families at 6 months were assessed on two different days. The number of families assessed on two days decreased with infant age (Pearson $\chi^2(1, N = 50) = 10.31$, $p < .01$), which is consistent with the hypothesis that self-regulation increases over this period. During each parent-infant interaction, the other parent left the room and did not observe his or her partner's behavior.

During face-to-face interaction, the parent was seated and the infant was placed in an infant seat secured to a table so that parent and infant faced each other at eye level. Parent affect, parent physical play, and infant affect were observed during a series of conditions that were a modified version of Tronick's still-face paradigm (Tronick, Als, Adamson, Wise, & Brazelton, 1978). Face-to-face interaction included four conditions designed to elicit a range of infant emotions: a 3-min normal interaction, 40 s of peek-a-boo, 2 min during which parents

maintained a still face, and a 1-min reunion interaction. The normal and still-face conditions are the focus of the current study.

Infant fussiness led to the cessation of face-to-face interaction if experimenters judged crying infants to be temporarily inconsolable (defined as crying bouts exceeding 15 s) or if parents asked that the interaction be stopped. If a dyad ended the session during a face-to-face interaction condition, subsequent conditions were not completed (e.g., if the interaction was ended after the normal condition, the observation session did not include the other three conditions). All available data on parent and infant affect were included in analyses.

Coding and Data Reduction

Parents' and infants' affect and related behaviors during face-to-face interaction were coded categorically on a 1-s time base. Parents' affect and physical play were coded during the normal condition, and infants' affect was coded during the normal and still-face conditions. Parents' facial expressions during each coding interval were classified as one of the following mutually exclusive emotion categories: anger, sadness, neutral, low positive, high positive, surprise, and empathy. Parent physical play was defined as bouncing the infant chair and was coded as present or absent. The infant chair bounced easily, and parent behaviors such as tickling the infant or moving the infant's limbs resulted in bouncing. Therefore, bouncing captured physical play in general. Infant facial expression was classified into the mutually exclusive categories of positive, neutral, or negative. Parent and infant affective codes were part of a system developed from Tronick's monadic phases (Cohn & Tronick, 1987; Tronick, Als, & Brazelton, 1980) and Izard's Affex system (Izard, Dougherty, & Hembree, 1983).

Videotapes of parents and infants were coded by observers trained to a minimum reliability of $\kappa = .70$ and 80% agreement. Separate coding teams coded videotapes of parents and infants. To eliminate a potential source of bias in coding, the same coder in a coding team was never assigned to code both parents in a family at the same infant age or the infant with both parents at the same age. Inter-coder agreement for affect coding was computed by assigning 20% of parents and 20% of infants at both ages to more than one coder. Inter-coder agreement was $\kappa = .82$ for parents' affect, $\kappa = .84$ for parents' physical play, and ranged from $\kappa = .71$ –.83 for infants' affect.

Following Moore, Cohn, and Campbell (1997) and Cohn, Campbell, Matias, and Hopkins (1990), microanalytic data on facial expression were reduced to the proportion of time that each behavior was exhibited. Proportions were computed by dividing the number of seconds in which a behavior was displayed by the total number of seconds in the interaction condition. Parents expressed negative affect infrequently, and accordingly parent affect data were reduced to the proportion of positive affect, which included the coding categories of high positive, low positive, and surprise (which tended to co-occur with positive expressions). Parent physical play was reduced to the proportion of time in which parents displayed physical play. Infant affect data were reduced to two proportion variables: positive affect and negative affect.

Parent positive affect and infant positive affect during the normal condition were subjected to arc sine transformation because of skewness. Parent physical play during the normal condition, infant negative affect during the normal condition, infant positive affect during the still-face condition, and infant negative affect during the still-face condition had highly skewed distributions, with a score of 0 for at least 20% of cases. As a result, these variables were unsuitable as continuous variables and were recoded as dichotomous.

Statistical Analyses

To test hypotheses about differences between mother-infant and father-infant affect with the continuous variables of parents' positive affect and infants' positive affect during the normal condition, a repeated measures multivariate analysis of variance (MANOVA) approach was used. Parent (mother-infant or father-infant interaction) and infant age (3 or 6 months) were included as within-subjects factors, and sex of infant (male or female) was included as a between-subjects factor. The Pillai's trace statistic was used to evaluate relations among independent and dependent variables. To test these hypotheses with dichotomous variables (e.g., parent physical play), we conducted repeated measures categorical model analyses using PROC CATMOD in SAS (v. 8.2). Parent and infant age were within-subjects factors, and sex of infant was a between-subjects factor. Only cases with data for both parent-infant interactions at both ages could be included, and as a result 50 families were included in the analyses of parent physical play and 44 families were included in the analyses of infant affect during the still-face condition. To test the hypothesis that parents' positive affect but not parent gender predicts infants' positive affect, random regression models were computed (in SPSS v. 11). Because parent was a within-subject variable, data for infants' affect with each parent could not be considered independent. The possible influence of within-family factors on infant behavior was modeled by including family as a random effect in the models. Infants' positive affect was the dependent variable, and parents' positive affect, parent gender (dummy coded), and the interaction of parents' positive affect and parent gender were fixed effects. To test hypotheses about the relation between infants' and parents' affect within families, Pearson correlation analyses were conducted. The relation of parent history of depression to infant positive and negative affect during the still-face condition was examined with repeated measures categorical models that contained parent and infant age as within-subjects factors, lifetime history of depression in one or both parents (present or absent) as a between-subject factor, and infant sex as a between-subjects factor.

Results

Preliminary Analyses

Preliminary analyses examined the potential effects of parents' employment level, of whether assessments were completed in one day or two, and of the order of parents' interaction with the infant. To examine the relation of parents' employment to parents' and infants' affective behavior, we classified mothers and fathers as working full time (i.e., 35 or more hours per week; $Ns = 16$ mothers and 42 fathers at 3 months, 11 mothers and 41 fathers at 6 months) or less than full time ($Ns = 20$ mothers and 5 fathers at 3 months, 25 mothers and 7 fathers at 6 months). Employment status was not reported by 14 mothers and 3 fathers at infant age 3 months and by 14 mothers and 2 fathers at 6 months. Separate oneway analyses of variance (ANOVAs) for mothers and fathers at each age indicated that mothers' and fathers' employment levels were unrelated to parents' positive affect at either assessment (all $F_s < 1.45$, all $p_s > .10$). Chi square analyses for mothers and fathers at each age indicated that parents' employment level was unrelated to physical play (Pearson χ^2_s ranged from .003–3.37, all $p_s > .30$).

To test whether there was a relation between day of assessment and parents' and infants' affect, we conducted oneway ANOVAs for each infant age. Day of assessment (mother-infant and father-infant interaction on the same day or different days) was the independent variable, and parents' positive affect, infants' positive affect during the normal condition, or infants' negative affect during the normal condition was the dependent variable. Parents' positive affect (F_s ranged from .02–3.65, all $p_s > .05$) and infants' positive and negative affect during the normal condition (F_s ranged from .02–2.08, all $p_s > .15$) did not differ between families with same-

day assessments and families with different-day assessments. Chi square tests were then conducted for each age and each parent with day of assessment and parents' physical play, infants' positive affect during the still-face condition, or infants' negative affect during the still-face condition. These analyses also revealed no difference between same-day and different-day families (Pearson χ^2 s = .01–.68, all $ps > .40$).

To test the effect of the order of mother-infant and father-infant interactions, analyses were conducted with data from the families in which mother-infant and father-infant interaction were assessed on the same day. Oneway ANOVAs conducted with order of parent (mother first or father first) as the independent variable and parents' positive affect and infants' positive affect during the normal condition as dependent variables indicated that the order in which mothers and fathers interacted with their infants did not influence parents' positive affect (F s ranged from .00–2.60, all $ps > .10$) or infants' positive affect during the normal condition at either age (F s ranged from .00–3.90, all $ps > .05$). To test for parent order effects on parents' physical play and infants' negative affect during the normal condition and infants' positive and negative affect during the still-face condition, chi square analyses were conducted with parent order (mother first or father first) and each dichotomous affect variable (present or absent) at each assessment age. At both ages, parent order was unrelated to the presence of parents' physical play and infants' negative affect during the normal condition and infants' positive and negative affect during the still-face condition (Pearson χ^2 s ranged from .01–3.12, all $ps > .05$).

Differences Between Mothers and Fathers in Positive Affect and Physical Play

Table 1 contains means and standard deviations for parents' positive affect, parents' physical play, infants' positive affect, and infants' negative affect. A repeated measures MANOVA for parents' positive affect during the normal condition revealed that mothers displayed more positive affect with infants than did fathers ($F(1,48) = 7.58, p < .01, \eta^2 = .14$). Mothers' and fathers' positive affect did not differ with infant sex or age ($F(1,48) = .48, p > .45$ for sex; $F(1,48) = 3.46, p > .05$ for age), and the infant sex X parent interaction effect ($F(1, 48) = .00, p > .95$) was not significant.

Categorical modeling analyses for parent physical play during the normal condition revealed parent and age effects. Fathers were more likely to exhibit physical play than were mothers ($\chi^2(1, N = 50) = 9.03, p < .01$), and parents were more likely to exhibit physical play with infants at 3 months than at 6 months ($\chi^2(1, N = 50) = 5.21, p < .05$). Parents were no more likely to use physical play with boys than girls ($\chi^2(1, N = 50) = .57, p > .45$), and the infant sex X parent interaction effect was unrelated to parent physical play ($\chi^2(1, N = 50) = 1.06, p > .30$).

Differences in Infants' Positive and Negative Affect During Mother-Infant and Father-Infant Interaction

Differences between parents were reflected in infants' affect during the normal condition. A repeated measures MANOVA for infants' positive affect during the normal condition indicated that infants displayed more positive affect with mothers than with fathers ($F(1, 48) = 4.78, p < .05, \eta^2 = .09$) and more positive affect at 6 months than at 3 months ($F(1, 48) = 17.08, p < .01, \eta^2 = .26$). Male and female infants did not differ in their amount of positive affect ($F(1,48) = .18, p > .65$), and the infant sex X parent interaction ($F(1,48) = .34, p > .55$) was unrelated to infants' positive affect.

Categorical modeling analyses were conducted for infants' negative affect during the normal condition and infants' positive affect and negative affect during the still-face condition. The main effects of parent, age, and infant sex and the infant sex X parent interaction were unrelated

to infants' negative affect during the normal condition ($\chi^2(1, N = 50)$ ranging from .20–2.92, all $ps > .05$), infants' positive affect during the still-face condition ($\chi^2(1, N = 44)$ ranging from .04–3.39, all $ps > .05$), and infants' negative affect during the still-face condition ($\chi^2(1, N = 44)$ ranging from .14–2.27, all $ps > .10$). Infants were no more likely to express negative affect with one parent or the other during the normal condition, and they were no more likely to express positive affect or negative affect with one parent or the other during the still-face condition. Infants' likelihood of expressing negative emotion during the normal condition or of expressing positive or negative affect during the still-face condition did not vary with age or sex.

Relation of Parent and Infant Affect

To examine the correspondence between infants' and parents' affect, we computed correlations among parents' positive affect, parents' physical play, infants' positive affect, and infants' negative affect. Table 2 contains the mother-infant and father-infant correlations for infant ages 3 and 6 months. Generally, the correlation of infants' and parents' behavior was similar for mother-infant and father-infant dyads. At 3 months during the normal condition, correlations between infants' affect and parents' positive affect during the normal condition were not significant. At 6 months during the normal condition, infants' and mothers' positive affect and infants' and fathers' positive affect were moderately correlated, and infants' negative affect was modestly and inversely correlated with mothers' and fathers' positive affect. Also at 6 months, infants' positive affect was modestly correlated with mothers' physical play.

We also examined correlations that would address questions about the similarity of parents' positive affect and physical play, the stability of infants' affect across age and between parents, and the relation of infant and parent affect across age and condition. Because parents' positive affect and physical play can be considered functionally similar, we examined the correlation between them and found that they were weakly and nonsignificantly correlated at both infant ages (r s ranged from .05–.24, all $ps > .05$). Infants' positive affect during the mother-infant normal interaction was stable from 3 to 6 months ($r = .31, p < .05$), but infants' positive affect during father-infant interaction and negative affect with either parent were not stable (r s ranged from $-.08$ – $-.15, ps > .30$). Infants' affect during the still face condition was uncorrelated with parents' positive affect during the normal condition (r s ranged from $-.20$ – $-.16, all ps > .15$), and infants' affect with each parent during the normal condition was uncorrelated with positive affect in the other parent (r s ranged from $-.19$ – $-.22, all ps > .10$). Infants' affect at 6 months was uncorrelated with parents' positive affect at 3 months (r s ranged from $-.13$ to $.20, all ps > .10$).

Parents' Positive Affect and Parent Gender as Predictors of Infants' Affect

The regression analysis testing the prediction of infants' affect from parents' positive affect and parent gender was limited to infants' positive affect during the normal condition at 6 months. This was because infants' negative affect did not differ between mother-infant and father-infant interaction, infants' positive affect differed between parents only for the normal condition, and parents' and infants' positive affect were only correlated at age 6 months. We predicted that when parents' positive affect and parent gender were both included in the model, only positive affect would predict infants' positive affect.

Parents' positive affect was related to infants' positive affect ($F(1, 95.75) = 16.95, p < .001$), but neither parent gender nor the interaction of parents' positive affect X parent gender was a significant predictor of infants' positive affect (F s $< 1.0, ps > .85$). Thus when parents' positive affect and parent gender were accounted for, infants' positive affect varied only with parents' positive affect.

Parent History of Depression and Infant Affect During the Still-Face Condition

Table 3 presents the proportion of infants who displayed positive affect and negative affect during the still-face condition at each age and with each parent. Separate analyses were conducted for positive affect and negative affect. There was a parent X depression interaction effect for infants' positive affect ($\chi^2(1, N = 44) = 5.07, p < .05$). Separate follow-up categorical models for mother-infant and father-infant interaction indicated a depression X age interaction effect during mother-infant interaction ($\chi^2(1, N = 44) = 5.13, p < .05$) and not during father-infant interaction ($\chi^2(1, N = 44) = .10, p > .75$), and additional follow-up analyses indicated that infants of parents with a history of depression were less likely to display positive affect during mother-infant interaction at 3 months ($\chi^2(1, N = 44) = 4.41, p < .05$). There was an age X depression interaction effect for infants' negative affect ($\chi^2(1, N = 44) = 7.02, p < .01$). Follow-up categorical models for 3 months and 6 months indicated that at 3 months only, infants with a parent history of depression were more likely to display negative affect during the still-face condition than were infants without a parent history of depression ($\chi^2(1, N = 44) = 8.48, p < .01$). There was no depression group difference for infants' negative affect during the still-face condition at infant age 6 months ($\chi^2(1, N = 44) = .09, p > .30$) and no parent X depression interaction effect ($\chi^2(1, N = 44) = .04, p > .85$) for negative affect overall.

To address the possibility that parent history of depression influenced infants' affect through parents' affect, we then examined the relation between parent depression and parent positive affect and physical play. Oneway ANOVAs indicated that lifetime major depressive disorder was unrelated to mothers' and fathers' levels of positive affect (F s ranged from .00–.23, all $ps > .10$). Categorical modeling analyses for parent physical play, with parent and age as within-subjects factors and infant sex and history of depression in either or both parents as between-subjects factors, indicated that lifetime major depressive disorder was unrelated to the presence of physical play ($\chi^2(1, N = 50) = .19, p > .65$).

Because the number of mothers and fathers with current diagnoses of major depressive disorder was small, the relation between current diagnosis and affective behavior could not be tested. To evaluate the effect of current depressive symptoms, correlations were computed between parents' self-rated depressive symptoms at infant age 3 and 6 months and parents' positive affect at each age. There were low, nonsignificant correlations between depressive symptoms and parents' amount of positive affect (r s ranged from -.03–.08, all $ps > .15$). Logistic regressions predicting the presence of parents' physical play from parents' depressive symptoms were computed for mothers and fathers at infant ages 3 and 6 months. Depressive symptoms were unrelated to the presence of parents' physical play at either age (B s ranged from -.02–.01, all $ps > .40$).

Discussion

Previous literature has found that mothers and fathers differ in the extent to which they show positive affect and engage in physical play with their infants, with mothers more positive in affect and fathers using more physical play. A central goal of the present study was to learn whether these differences between parents are reflected in infant affect. In a longitudinal design, we studied 50 families from a population-based sample in western Oregon. We found that differences between mothers and fathers in the proportion of positive affect but not of in the use of physical play were indeed reflected in infants' affect. Infants were more positive with their mothers than with their fathers at both 3 and 6 months of infant age. As in two other studies, infants' negative affect did not differ between parents (Braungart-Rieker et al., 1998; Bridges & Connell, 1996). We found no evidence that parents' use of physical play was functionally equivalent to positive affect: infants' positive affect was unrelated to parent differences in the tendency to use physical play. Consequently, parents' positive affect

appeared to be the critical factor. These findings are most consistent with the view that parents' positive affect provides a frame within which infants themselves experience positive affect (Cohn & Tronick, 1988).

The specificity of infants' positive affect to variation in parents' positive affect became stronger with development. At 3 months of age, infants' positive affect varied only with mean differences between mothers and fathers. By 6 months of age, individual differences within mother- and father-infant dyads emerged. Infants' positive affect was accounted for by variation in parents' positive affect, with no additional effect of gender or parent gender by affect interaction. Infants had specific and appropriate affective responses to their parents' affect (Cohn & Tronick, 1989). The finding that parents' gender no longer accounted for variation in infants' positive affect suggests that other factors correlated with parents' gender, such as hours employed outside of the home and physical differences on average between men and women, were inconsequential. Indeed, we found no relation between hours employed outside the home and infants' positive affect. Infants' experience was specific to the affect of their parent, whether mother or father.

The finding that infants experience distinctive interactions with each parent is relevant to the development of attachment. A recent meta-analysis of 21 studies concluded that parents' positive attitude, which includes positive affect, contributes to infants' attachment security (DeWolff & van IJzendoorn, 1997). Affective differences between mother-infant and father-infant interaction could also explain the low correlation between infant-mother and infant-father attachment observed within families (van IJzendoorn & DeWolff, 1997). We found strong evidence of differences between parents in infants' positive affect and of the specificity of infants' response by 6 months of age to parents' affect. Six months of age is the time at which attachment representations are beginning to form (Bowlby, 1969). Infants experienced qualitatively different interactions with each parent, which could over time contribute to differential patterns of attachment.

It is unlikely, however, that the quantity of positive affect in parent-infant interaction alone is the critical variable for the development of attachment. First, despite consistent findings that mothers are more positive than fathers, the relative proportion of infants with secure attachment to mothers and fathers is comparable (Belsky, **). Second, while several studies have found that infants' response to the still-face interaction at 6 months appears to tap emerging individual differences in attachment (Braungart-Rieker et al., 2001; Cohn et al., 1991; Tronick et al., 1982), we found no differences in still-face behavior with mothers and with fathers. We anticipate that more fine-grained measures of parent-infant bidirectional influence (Beebe et al., 1985; Cohn & Tronick, 1988; Lester et al., 1985) during normal interaction will be needed to reveal individual differences in attachment in the making.

The differences we found in infants' affect with mothers and fathers have implications for research on infant temperament. Mother-rated and father-rated temperament factors are only modestly correlated (e.g., Martin & Halverson, 1991), and parents' disagreement could be interpreted as error or bias. The cumulative effect of consistent affective differences between mother- and father-infant interaction, however, provide a basis for systematic differences in each parent's relationship with the same child. Lack of agreement between parents' reports would then reflect valid differences in infant temperament-related characteristics with each parent.

The longitudinal nature of the study allowed the examination of change with development in positive and negative affect. As reported in other studies of mother-infant interaction (e.g., Malatesta & Haviland, 1982; Messinger, Fogel, & Dickson, 1999), infants' positive affect

increased from 3 to 6 months. We also found indirect evidence that negative affect was decreasing. By 6 months, infants were far less likely to require a second day to complete the still-face paradigm with each parent. The principal reason for requiring a second day was infant distress. Thus, infants' ability to experience positive affect and regulate arousal and irritability appeared to increase substantially over this period.

The examination of parents' history of major depressive disorder in the current study was, to our knowledge, the first attempt to disentangle the effects of current symptoms and previous symptoms. Models of depression in adults emphasize both the increase in negative affect and the decrease in positive affect during episodes (Clark & Watson, 1991; Depue & Iacono, 1989; Fowles, 1994). During the stressful still-face condition at 3 months, we observed the same pattern of affect in infants whose parents have experienced major depressive disorder. This is especially striking because parent depression was defined not in terms of current diagnosis but prior diagnosis. Infants of depressed parents differed from other infants even when their parents were not depressed: current symptoms were not related to infants' affect, and the influence of parental depression thus is not limited to periods of active symptomatology.

The putative effects of depression in infants are usually expressed in terms of exposure to the dysphoric mood, social withdrawal, fatigue, and marital conflict that occur with depression (e.g., Downey & Coyne, 1990). In our study, this claim is less tenable than in others because only one mother and two fathers were experiencing a depressive episode at the time of the assessment. What, then, could account for differences in infants with a parent history of depression? It is possible that some mothers experienced postpartum depression that remitted by the time families were seen at infant age 3 months but nonetheless influenced infants' affect. We consider this unlikely, however, because a study with a sample demographically similar to ours found that chronic, current depression but not remitted depression was associated with mothers' and infants' affect at 6 months (Campbell, Cohn, & Meyers, 1995). Some mothers in our sample may have experienced depression during pregnancy, and the accompanying changes in neuroendocrine or neurotransmitter levels might have influenced prenatal development (Field cite**). A third possibility is that there is something different about individuals with a history of childhood or adolescent depression that conveys specific risk for their children. Depression that begins early in life tends to have a chronic and severe course (Harrington, Fudge, Rutter, Pickles, & Hill, 1990; Kovacs et al., 1984; Newman et al., 1996; Weissman et al., 1999), and when parents have had an early age of onset, depression in offspring has an early age of depression onset and high severity (Bland, Newman, & Orn, 1986; Kupfer, Frank, Carpenter, & Neiswanger, 1989; Moldin, Reich, & Rice, 1991; Price, Kidd, & Weissman, 1987; Weissman et al., 1987). The infants of parents with early-onset depression could have a fundamental diathesis toward internalizing behavior problems. Parent depression might exert an influence on infant affect through genetic (see Moldin et al., 1991, for a review), behavioral, and neuroendocrine avenues, and future research should address the mechanisms associated with each of these.

A qualification of the depression effect is that infants with a parent history of depression were less likely to display positive affect only during mother-infant interaction. The number of fathers with history of depression was relatively low in our sample ($n = 9$), and fathers were less positive overall. A larger effect for depression may be required for differences in father-infant interaction to be evident. The depression-by-parent interaction may also be related to the gender ratio for depression. This issue should receive more attention.

Our longitudinal design allowed us to examine the prospective importance of depression prior to parenthood, but a drawback of our sample was that the rates of current depression were too low to allow an evaluation of the importance of current depression in relation to previous

depression. Future family studies of depression and affect would be enhanced by including families in which a parent has a history of depression and is currently *in* a depressive episode, has a history of depression but is currently *out* of episode, or is currently in episode but has no prior history of depression.

With a lack of infant sex effects, our findings stand in contrast to findings on parents' affect with boys and girls and on differences between boys' and girls' affect. Mothers are reported to express more positive affect with girls than with boys during early (Malatesta & Haviland, 1982) and late (Malatesta et al., 1989) infancy. Findings on sex differences in infants are more equivocal, with reports of boys expressing more positive and negative affect than girls (Weinberg, Tronick, Cohn, & Olson, 1999), less negative affect than girls (Malatesta et al., 1986), or positive and negative affect in similar amounts as girls express (Belsky et al., 1984). At least through 6 months of age, differences between male and female infants appear to be unstable.

A limitation of the present study is the ethnic, socioeconomic, and family structure composition of the sample. The study used a population-based sample, and its findings are generalizable to that population but possibly not to the populations of other regions. In the interest of understanding a broad range of families, we emphasize the importance of including diverse samples in future research on infant development within families.

In all, the present study represents a step toward understanding the role of fathers in parent-infant affect and the influence of parent depression on infants' affect. Behavioral differences between mothers and fathers were reflected in infants' affect, and there was a differential influence of depression in mother-infant and father-infant dyads. Parents' affect and history of depression could thus be a basis for distinctive within-family differences. In keeping with models of fathers' role in infant development (e.g., Fitzgerald et al., 1999) and models of parent depression and developmental psychopathology (e.g., Cummings, Davies, & Campbell, 2000) our findings underscore the importance of including fathers and other caregivers and considering the role of parents' history of psychopathology in research on infant socioemotional development.

References

- Beardslee WR, Bemporad J, Keller MB, Klerman GL. Children of parents with major affective disorder: A review. *American Journal of Psychiatry* 1983;140:825–832. [PubMed: 6344660]
- Beebe, B., Jaffe, J., Feldstein, S., Mays, K., & Alson, D. (1985). Interpersonal timing: The application of an adult dialogue model to mother-infant vocal and kinesic interactions. In T. M. Field & N. A. Fox (Eds.), *Social perception in infants* (pp. 217–248). Norwood, NJ: Ablex.
- Belsky, J. (1999). Interactional and contextual determinants of attachment security. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 249–264). New York: Guilford.
- Belsky J, Gilstrap B, Rovine M. The Pennsylvania Infant and Family Development Project, I: Stability and change in mother-infant and father-infant interaction in a family setting at one, three, and nine months. *Child Development* 1984;55:692–705. [PubMed: 6734311]
- Belsky, J., & Volling, B. L. (1987). Mothering, fathering, and marital interaction in the family triad during infancy: Exploring family system's processes. In P. W. Berman & F. A. Pedersen (Eds.), *Men's transitions to parenthood* (pp. 37–63). Hillsdale, NJ: Erlbaum.
- Bland RC, Newman SC, Orn H. Recurrent and nonrecurrent depression: A family study. *Archives of General Psychiatry* 1986;43:1085–1089. [PubMed: 3767598]
- Bowlby, J. (1969). *Attachment and loss*. NY: Basic.

- Brennan PA, Hammen C, Andersen MJ, Bor W. Chronicity, severity, and timing of maternal depressive symptoms: Relationship with child outcomes at age 5. *Developmental Psychology* 2000;36:759–766. [PubMed: 11081699]
- Bridges LJ, Connell JP. Consistency and inconsistency in infant emotional and social interactive behavior across contexts and caregivers. *Infant Behavior and Development* 1991;14:471–487.
- Bridges LJ, Grolnick WS, Connell JP. Infant emotion regulation with mothers and fathers. *Infant Behavior and Development* 1997;20:47–57.
- Braungart-Rieker J, Garwood MM, Powers BP, Notaro PC. Infant affect and affect regulation during the still-face paradigm with mothers and fathers: The role of infant characteristics and parental sensitivity. *Developmental Psychology* 1998;34:1428–1437. [PubMed: 9823522]
- Braungart-Rieker JM, Garwood MM, Powers BP, Wang X. Parental sensitivity, infant affect, and affect regulation: Predictors of later attachment. *Child Development* 2001;72:252–270. [PubMed: 11280483]
- Bruce, V., & Young, A. (1998). *In the eye of the beholder: The science of face perception*. New York: Oxford.
- Campbell SB, Cohn JF, Meyers T. Depression in first-time mothers: Mother-infant interaction and depression chronicity. *Developmental Psychology* 1995;31:349–357.
- Clark LA, Watson D. Tripartite model of anxiety and depression: Psychometric evidence and taxonomic implications. *Journal of Abnormal Psychology* 1991;100:316–336. [PubMed: 1918611]
- Cohn, J. F., & Campbell, S. B. (1992). Influence of maternal depression on infant affect regulation. In D. Cicchetti & S. L. Toth (Eds.), *Rochester Symposium on Developmental Psychopathology: Vol. 4. Developmental perspectives on depression*. (pp. 103–130). Rochester, NY: University of Rochester.
- Cohn JF, Campbell SB, Matias R, Hopkins J. Face-to-face interactions of postpartum depressed and nondepressed mother-infant pairs at 2 months. *Developmental Psychology* 1990;26:15–23.
- Cohn JF, Campbell SB, Ross S. Infant response in the still-face paradigm at 6 months predicts avoidant and secure attachment at 12 months. *Development and Psychopathology* 1991;3:367–376.
- Cohn JF, Elmore M. Effect of contingent changes in mothers' affective expression on the organization of behavior in 3-month-old infants. *Infant Behavior and Development* 1988;11:493–505.
- Cohn JF, Tronick EZ. Mother-infant face-to-face interaction: The sequence of dyadic states at 3, 6, and 9 months. *Developmental Psychology* 1987;23:68–77.
- Cohn JF, Tronick EZ. Mother-infant face-to-face interaction: Influence is bidirectional and unrelated to periodic cycles in either partner's behavior. *Developmental Psychology* 1988;24:386–392.
- Cohn JF, Tronick EZ. Specificity of infants' response to mothers' affective behavior. *Journal of the American Academy of Child and Adolescent Psychiatry* 1989;28:242–248. [PubMed: 2925579]
- Cummings, E. M., Davies, P. T., & Campbell, S. B. (2000). *Developmental psychopathology and family process: Theory, research, and clinical implications*. New York: Guilford.
- Depue RA, Iacono WG. Neurobehavioral aspects of affective disorders. *Annual Review of Psychology* 1989;40:457–492.
- DeWolff MS, van IJzendoorn MH. Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development* 1997;68:571–591. [PubMed: 9306636]
- Downey G, Coyne JC. Children of depressed parents: An integrative review. *Psychological Bulletin* 1990;108:50–76. [PubMed: 2200073]
- Ekman, P., & Friesen, W. V. (1978). *Facial Action Coding System manual*. Palo Alto, CA: Consulting Psychologists.
- Epstein S. Does aggregation produce spuriously high estimates of behavior stability? *Journal of Personality and Social Psychology* 1986;50:1199–1210. [PubMed: 3723335]
- Field TM. Early interactions between infants and their postpartum depressed mothers. *Infant Behavior and Development* 1984;7:527–532.
- Field T, Vega-Lahr N, Goldstein S, Scafidi F. Interaction behavior of infants and their dual-career parents. *Infant Behavior and Development* 1987;10:371–377.
- First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. W. (1994). *Structured clinical interview for Axis I DSM-IV disorders*. New York: New York State Psychiatric Institute.

- Fitzgerald HE, Mann T, Barratt M. Fathers and infants. *Infant Mental Health Journal* 1999;20:213–221.
- Forbes, E. E., Zlochower, A. J., & Cohn, J. F. (1998, April). *Infant affect at 10 months: The influences of earlier affect, maternal affect, and maternal mood*. Poster session presented at the biennial meeting of the International Society for Infant Studies, Atlanta, GA.
- Fowles, D. C. (1994). A motivational theory of psychopathology. In W. D. Spaulding (Ed.), *Vol. 41. Nebraska Symposium on Motivation: Integrative views of motivation, cognition, and emotion* (pp. 181–238). Lincoln: University of Nebraska Press.
- Fox NA. Psychophysiological correlates of emotional reactivity during the first year of life. *Developmental Psychology* 1989;25:364–372.
- Goldsmith HH, Campos JJ. The structure of temperamental fear and pleasure in infants: A psychometric perspective. *Child Development* 1990;61:1944–1964. [PubMed: 2083507]
- Hammen C, Gordon D, Burgs D, Adrina C, Jaenicke C, Hiroto D. Maternal affective disorders, illness, and stress: Risk for children's psychopathology. *American Journal of Psychiatry* 1987;144:736–741. [PubMed: 3591993]
- Harrington R, Fudge H, Rutter M, Pickles A, Hill J. Adult outcomes of childhood and adolescent depression: I. Psychiatric status. *Archives of General Psychiatry* 1990;47:465–473. [PubMed: 2184797]
- Izard, C. E., Dougherty, L. M., & Hembree, E. A. (1983). *A system for identifying affect expression by holistic judgments (Affex)*. Newark, DE: University of Delaware, Instructional Resources Center.
- Kaye K, Fogel A. The temporal structure of normal communication between mothers and infants. *Developmental Psychology* 1980;16:454–464.
- Kochanska G, Coy KC, Tjebkes TT, Husarek SJ. Individual differences in emotionality in infancy. *Child Development* 1998;64:375–390. [PubMed: 9586213]
- Kovacs M, Feinberg TL, Crouse-Novak MA, Paulauskas SL, Pollock M, Finkelstein R. Depressive disorders in childhood: II. A longitudinal study of the risk for a subsequent major depression. *Archives of General Psychiatry* 1984;41:643–649. [PubMed: 6732424]
- Kupfer DJ, Frank E, Carpenter LL, Neiswanger K. Family history in recurrent depression. *Journal of Affective Disorders* 1989;17:113–119. [PubMed: 2527886]
- Lamb, M. E. (1997). The development of father-infant relationships. In M. E. Lamb (Ed.) *The role of the father in child development* (3rd ed., pp. 104–120). New York: Wiley.
- Lamb ME, Frodi AM, Hwang C-P, Frodi M, Steinberg J. Mother- and father-infant interaction involving play and holding in traditional and nontraditional Swedish families. *Developmental Psychology* 1982;18:215–221.
- Lester B, Hoffman J, Brazelton TB. The rhythmic structure of mother-infant interaction in term and preterm infants. *Child Development* 1985;56:15–27. [PubMed: 3987400]
- Lewinsohn PM, Hops H, Roberts RE, Seeley JR, Andrews JA. Adolescent psychopathology: I. Prevalence and incidence of depression and other DSM-III-R disorders in high school students. *Journal of Abnormal Psychology* 1993;102:133–144. [PubMed: 8436689]
- Lewinsohn PM, Roberts RE, Seeley JR, Rohde P, Gotlib IH, Hops H. Adolescent psychopathology: II. Psychosocial risk factors for depression. *Journal of Abnormal Psychology* 1994;103:302–315. [PubMed: 8040500]
- Malatesta, C. Z., Culver, C., Tesman, J. R., & Shepard, B. (1989). The development of emotion expression during the first two years of life. *Monographs of the Society for Research in Child Development*, 54 (1–2).
- Malatesta CZ, Grigoryev P, Lamb C, Albin M, Culver C. Emotion socialization and expressive development in preterm and full-term infants. *Child Development* 1986;57:316–330. [PubMed: 3956316]
- Malatesta CZ, Haviland JM. Learning display rules: The socialization of emotion expression in infancy. *Child Development* 1982;53:991–1003. [PubMed: 7128264]
- Martin, R. P., & Halverson, C. F. (1991). Mother-father agreement in temperament ratings: A preliminary investigation. In J. Strelau & A. Angleitner (Eds.), *Explorations in temperament: International perspectives on theory and measurement. Perspectives on individual differences* (pp. 235–248). New York: Plenum.

- Mendlewicz J, Baron M. Morbidity risks in subtypes of unipolar depressive illness: Differences between early and late onset forms. *British Journal of Psychiatry* 1981;139:463–466. [PubMed: 7332850]
- Messinger DS, Fogel A, Dickson KL. What's in a smile? *Developmental Psychology* 1999;35:701–708. [PubMed: 10380861]
- Moldin SO, Reich T, Rice JP. Current perspectives on the genetics of unipolar depression. *Behavior Genetics* 1991;21:211–242. [PubMed: 1863257]
- Moore GA, Cohn JF, Campbell SB. Mothers' affect with siblings: Stability and change. *Developmental Psychology* 1997;33:856–860. [PubMed: 9300218]
- Moore GA, Cohn JF, Campbell SB. Infant affective responses to mother's still face at 6 months differentially predict externalizing and internalizing behaviors at 18 months. *Developmental Psychology* 2001;37:706–714. [PubMed: 11552765]
- Newman DL, Moffitt TE, Caspi A, Magdol L, Silva PA, Stanton WR. Psychiatric disorder in a birth cohort of young adults: prevalence, comorbidity, clinical significance, and new case incidence from ages 11 to 21. *Journal of Consulting and Clinical Psychology* 1996;64:552–562. [PubMed: 8698949]
- Parke, R. D. (1990). In search of fathers: A narrative of an empirical journey. In I. E. Siegel & G. H. Brody (Eds.), *Methods of family research: Biographies of research projects: Vol. 1. Normal families* (pp. 153–188). Hillsdale, NJ: Erlbaum.
- Phares V. Conducting nonsexist research, prevention, and treatment with fathers and mothers: A call for change. *Psychology of Women Quarterly* 1996;20:55–77.
- Power, T. G., & Parke, R. D. (1982). Play as a context for early learning: Lab and home analyses. In I. E. Siegel & L. M. Laosa (Eds.), *Families as learning environments for children* (pp. 147–178). New York: Plenum.
- Price RA, Kidd KK, Weissman MM. Early onset (under age 30 years) and panic disorder as markers for etiologic homogeneity in major depression. *Archives of General Psychiatry* 1987;44:434–440. [PubMed: 3472494]
- Radloff JS. The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement* 1977;1:385–401.
- Roopnarine JC, Talukder E, Jain D, Joshi P, Srivastav P. Characteristics of holding patterns of play and social behaviors between parents and infants in New Delhi, India. *Developmental Psychology* 1990;26:667–673.
- Rothbart, M. K. (1989). Temperament and development. In G. A. Kohnstamm, J. E. Bates, & M. K. Rothbart (Eds.), *Temperament in Childhood* (pp. 187–247). New York: Wiley.
- Rothbart MK, Posner MI, Rosicky J. Orienting in normal and pathological development. *Development and Psychopathology* 1994;6:635–652.
- Rothbart MK, Ziaie H, O'Boyle CG. Self-regulation and emotion in infancy. *New Directions for Child Development* 1992;55:7–23. [PubMed: 1608516]
- Stifter CA, Fox NA. Infant reactivity: Physiological correlates of newborn and 5-month temperament. *Developmental Psychology* 1990;26:582–588.
- Sun L, Roopnarine JL. Mother-infant, father-infant interaction and involvement in childcare and household labor among Taiwanese families. *Infant Behavior and Development* 1996;19:121–129.
- Titze I. Physiologic and acoustic differences between male and female voices. *Journal of the Acoustical Society of America* 1989;77:1699–1707. [PubMed: 2708686]
- Tronick EZ. Emotions and emotional communication in infants. *American Psychologist* 1989;44:112–119. [PubMed: 2653124]
- Tronick EZ, Als H, Adamson L, Wise S, Brazelton TB. The infant's response to entrapment between contradictory messages in face-to-face interaction. *Journal of the American Academy of Child Psychiatry* 1978;17:1–13. [PubMed: 632477]
- Tronick, E., Ricks, M., and Cohn, J.F. (1982). Maternal and infant affective exchange: Patterns of adaptation. In T. Field and A. Fogel (Eds.), *Emotion and interaction: Normal and high risk infants* (pp. 83–100). Hillsdale, NJ: Erlbaum.
- Tronick EZ, Als H, Brazelton TB. Monadic phases: A structural descriptive analysis of infant-mother face-to-face interaction. *Merrill-Palmer Quarterly* 1980;26:3–24.

- U. S. Department of Commerce. (2001). Profiles of demographic characteristics: 2000 Census of Population and Housing, United States. U.S. Census Bureau.
- van IJzendoorn MH, DeWolff MS. In search of the absent father – meta-analysis of infant-father attachment: A rejoinder to our discussants. *Child Development* 1997;68:604–609. [PubMed: 9306640]
- Weinberg MK, Tronick EZ, Cohn JF, Olson KL. Gender differences in emotional expressivity and self-regulation during early infancy. *Developmental Psychology* 1999;35:175–188. [PubMed: 9923473]
- Weissman MM, Gammon D, John K, Merikangas KR, Warner V, Prusoff BA, Sholomskas D. Children of depressed parents: Increased psychopathology and early onset of major depression. *Archives of General Psychiatry* 1987;44:847–853. [PubMed: 3662741]
- Weissman MM, Wolk S, Goldstein RB, Moreau D, Adams P, Greenwald S, Klier CM, Ryan ND, Dahl RE, Wickramaratne P. Depressed adolescents grown up. *Journal of the American Medical Association* 1999;281:1707–1713. [PubMed: 10328070]
- Yogman MW. Games fathers and mothers play with their infants. *Infant Mental Health Journal* 1981;2:241–248.

Table 1
 Mothers' and Fathers' Positive Affect and Physical Play and Infants' Positive and Negative Affect During Dyadic Face-to-Face Interaction

	3 months				6 months				Effect
	Mother-Infant		Father-Infant		Mother-Infant		Father-Infant		
	<i>N</i>		<i>N</i>		<i>N</i>		<i>N</i>		
Normal Condition									
Parent Positive Affect	50	.62 (.19)	50	.50 (.24)	50	.54 (.21)	50	.48 (.23)	P
Parent Physical Play	50	.68	50	.80	50	.50	50	.72	P, A
Infant Positive Affect	50	.16 (.14)	50	.14 (.12)	50	.28 (.21)	50	.20 (.17)	P, A
Infant Negative Affect	50	.58	50	.70	50	.60	50	.62	None
Still-Face Condition									
Infant Positive Affect	48	.60	49	.55	48	.73	48	.69	None
Infant Negative Affect	48	.79	49	.76	48	.77	48	.73	None

Note: Effects: A = age, P = parent. For dichotomous variables (parents' physical play, infants' negative affect during the normal condition, and infants' positive and negative affect during the still-face condition), the proportion of cases in which behavior was present is reported. For continuous variables (parents' positive affect and infants' positive affect during the normal condition), proportion of time is reported and standard deviations appear in parentheses. Effects for dichotomous variables were examined using repeated measures categorical modeling analyses; effects for continuous variables were examined using repeated measures MANOVAs.

Table 2
Correlations between Infants' Positive and Negative Affect and Mothers' and Fathers' Positive Affect and Physical Play

Infant during Normal Condition	Parent during Normal Condition			
	Mothers' Positive Affect	Mothers' Physical Play	Fathers' Positive Affect	Fathers' Physical Play
			3 months	
Positive Affect	.21	-.09	.18	-.09
Negative Affect	.18	.20	-.16	-.02
			6 months	
Positive Affect	.35*	.28*	.45**	-.05
Negative Affect	-.28*	-.08	-.30*	-.06

* $p < .05$.

** $p < .01$.

Table 3
Proportion of Infants Displaying Positive and Negative Affect during Parent-Infant Still Face
in Relation to Parent Lifetime History of Depression

	3 months				6 months			
	Depression		No Depression		Depression		No Depression	
	Mother-Infant	Father-Infant	Mother-Infant	Father-Infant	Mother-Infant	Father-Infant	Mother-Infant	Father-Infant
Positive Affect	.42	.52	.72	.57	.76	.72	.71	.67
Negative Affect	.89	.89	.72	.67	.71	.67	.80	.77