

INTRODUCTION

- Despite emotion dysregulation being a transdiagnostic risk factor for psychopathology, the intergenerational transmission of emotion dysregulation remains poorly understood.¹
- Parental emotion dysregulation during pregnancy may predispose infants to experience more negative emotions and undermine contextual factors that promote adaptive emotion regulation (e.g., parenting).¹
- Prenatal *maternal* emotion dysregulation may pose unique risk for child emotion dysregulation due to in-utero effects.²
- Thus, **the present study** examined (1) the intergenerational transmission of emotion dysregulation rooted in parental psychological inflexibility during pregnancy and (2) whether mindful parenting buffered the intergenerational transmission of emotion dysregulation by mitigating the progression from infant negative emotionality to toddler socioemotional dysfunction.

METHOD

Participants

- Community sample of mixed-sex couples ($N = 157$)

Measures

- *Multidimensional Psychological Flexibility Inventory* (MPFI; Rolffs et al., 2018) global inflexibility subscale at pregnancy
- *Infant Behavior Questionnaire-Revised* (IBQ-R; Gartstein & Rothbart, 2003) temperamental negative emotionality (NE) subscale at 6- and 12-months postpartum
- *Interpersonal Mindfulness in Parenting Scale* (IEM-P; Duncan, 2007) at 2-years postpartum
- *Ages and Stages Questionnaire: Social-Emotional, Second Edition* (ASQ:SE-2; Squires et al., 2015) at 2-years postpartum

Data Analyses

- We conducted a path analysis in Mplus (Muthén & Muthén, 2017) to examine whether infant NE mediated the relation between parental psychological flexibility during pregnancy and toddler socioemotional dysfunction.
- We also explored whether specific facets of mindful parenting moderated the association between infant NE and toddler socioemotional dysfunction.

Perinatal factors explaining the intergenerational transmission of emotion dysregulation

Lauren M. Laifer, M.A., Allison M. Sparpana, B.A., & Rebecca L. Brock, Ph.D.

University of Nebraska-Lincoln

This research demonstrates the *intergenerational transmission of maternal emotion dysregulation during pregnancy to infants and toddlers and identifies paternal mindful parenting as a key protective factor for interrupting this cascade.*

Parental emotion dysregulation and mindful parenting represent important targets for prevention and intervention efforts promoting child socioemotional functioning.

RESULTS & DISCUSSION

- Maternal and paternal prenatal psychological inflexibility were directly associated with greater toddler socioemotional dysfunction.
- Further, there was a significant indirect effect of *maternal* prenatal psychological inflexibility on toddler socioemotional dysfunction through increased infant NE.
- Several facets of *paternal* mindful parenting buffered the intergenerational transmission of emotion dysregulation. Specifically, above average levels of paternal emotional awareness, nonjudgmental receptivity, and nonreactivity mitigated the progression of infant NE to toddler socioemotional dysfunction.
- Results of the present study highlight the utility of prevention efforts aimed at enhancing psychological flexibility during pregnancy (e.g., through Acceptance and Commitment Therapy or mindfulness-based childbirth and parenting programs) in promoting both parent and child wellbeing.
- Results also highlight the utility of targeted screening and early intervention efforts to bolster mindful parenting, particularly for parents of infants prone to more negative emotionality.

FUTURE DIRECTIONS

- Study aims were pursued using a community sample of mixed-sex couples who largely identified as White, non-Hispanic/Latino, and middle-class. As such, results may not generalize to families facing additional stressors (e.g., minority stress, economic hardship).
- Future research is needed to understand how parental psychological flexibility interacts with contextual stressors during pregnancy to impact subsequent parenting and child outcomes.

REFERENCES

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2. Monk, C., Lugo-Candelas, C., & Trimpff, C. (2019). Prenatal developmental origins of future psychopathology: Mechanisms and pathways. *Annual Review of Clinical Psychology*, 15(1), 317–344.

