

# Intergenerational Transmission of Parental Bonding Among Women

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## ABSTRACT

**Objective:** To examine the transmission of parental bonding style from mothers to daughters. **Method:** Sixty mothers and their 69 daughters were independently assessed over the course of a 10-year follow-up. The Parental Bonding Instrument was administered to both mothers and daughters to assess their own childhood parenting. Depression was assessed using the Schedule for Affective Disorders and Schizophrenia-Lifetime version. Temperament was assessed through self-report on the Dimensions of Temperament Survey. A series of logistic regressions were run to predict daughter report of maternal affectionless control, taking into account maternal and daughter depression status, temperament, and socioeconomic status. **Results:** The intergenerational transmission of parental bonding among women was shown to be independent of maternal depression, daughter depression, maternal temperament, daughter temperament, and socioeconomic status. **Conclusion:** Given the previously established association between parental bonding style and depression in offspring, the sturdiness of the intergenerational transmission of parental bonding among women suggests the routine clinical assessment of maternal bonding style. *J. Am. Acad. Child Adolesc. Psychiatry*, 1997, 36(8):1134–1139. **Key Words:** Parental Bonding Instrument, intergenerational transmission, mothers, daughters.

The bonding between a parent and child plays an important role in the development of adult psychopathology (Bowlby, 1988). In 1979, Parker, Tupling, and Brown developed and tested a method of assessing parental bonding style, the Parental Bonding Instrument (PBI), which allowed for more systematic study of the effect of parenting on psychopathology.

The PBI measures two theoretically and empirically derived dimensions of parental bonding: parental affection and parental control. Parental affection refers to a parent's tendency to be emotionally available, attentive,

and interested in the child. Parental control refers to a parent's tendency to be manipulative, arbitrary, or harsh in disciplining the child. A parent who is both affectionless and controlling is said to exhibit a parental bonding style of "affectionless control."

In a number of studies using the PBI, affectionless control has been shown to be a risk factor for depression in children, whether reported by adult psychiatric patients on their own childhood or by parents on their young children (Parker, 1993). In addition, parents who report that they exhibit affectionless control are more likely to have children with anxiety disorders, obsessive-compulsive disorder, and attention deficit disorder (Hafner and Spence, 1988; Parker, 1984).

Research on parental bonding style as a risk factor for childhood and adult psychopathology has been more conclusive than research on the determinant risk factors for parental bonding style. The strongest and most consistent set of findings suggests that compared with a mother who is not in a depressive episode, a mother in a depressive episode is more likely to exhibit affectionless control (Boyce et al., 1991; Hickie et al., 1991). With varying degrees of consistency, researchers have also identified low socioeconomic status (SES),

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parental temperament, and child temperament as risk factors for parental bonding style (VanIjzendoorn, 1992). These risk factors have consistently been shown, however, to be more predictive for mothers than for fathers (Parker, 1993).

It seems reasonable that a significant determinant risk factor for a parental bonding style of affectionless control would be a parent's own experience of having been parented. In other words, is there transmission of affectionless control between generations? To the best of our knowledge, this is the first study to assess the transmission of parental bonding style between generations. However, the possibility of transmission of parental bonding is suggested by somewhat related research which identifies the transmission of extremely harsh and abusive parenting between generations (Kaufman and Zigler, 1987; Spinetta and Rigler, 1972).

We had a unique opportunity to examine the transmission of parental bonding as part of Weissman's study on offspring at high and low risk for depression (Weissman et al., 1987, in press). In this study, offspring of depressed and nondepressed parents were followed for 10 years, during which time the offspring matured and many themselves became parents. Using the 10-year follow-up data on the offspring, we were able to assess offspring's adult report of having been parented as an outcome of their mother's adult report of having been parented. Because the PBI has been shown to have better psychometric properties in women than in men (Parker, 1989), we limited our analysis to mothers and daughters.

## METHOD

### Subjects

Subjects were mothers and offspring who participated in a 10-year follow-up study of offspring at high and low risk for depression. The sample has been described extensively elsewhere (Weissman et al., in press). In 1982 (time 1), the original sample of 91 mothers and 220 offspring were asked to complete the PBI and were assessed for a lifetime history of major depressive disorder (MDD) using the Schedule for Affective Disorders and Schizophrenia-Lifetime version (SADS-L) (Endicott and Spitzer, 1978) and the Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS) (Orvaschel et al., 1982), respectively. Ten years later, of these subjects 73 mothers and 182 offspring (90 of whom were female offspring) were again assessed and asked to complete the PBI (Weissman et al., 1987, in press). Our analysis concerns the 60 (82%) of 73 mothers who completed the PBI at time 1 and their 69 daughters who completed the PBI at time 10. Thirteen mothers

were excluded from the analysis because their daughters had not completed the PBI at time 10, and 21 daughters were excluded from the analysis because their mothers had not completed the PBI at time 1.

There were no significant differences in mean age, SES, or rates of time 1 MDD between the 60 mothers included in this analysis and the 13 mothers from the overall sample not included in this analysis. There were no significant differences in mean age or rates of MDD between the 69 daughters included in this analysis and the 21 daughters from the overall sample not included in this analysis.

### Assessments

Parental bonding was measured through use of the PBI (Parker et al., 1979) administered in two ways. Subjects were asked to complete the PBI both on themselves ("How do I parent my child?") and on each parent ("How did each of my parents treat me?"). For the purposes of this study, we focus on subjects' report on the PBI of their mother (how the subject experienced being parented by her mother). Of particular note is that both mother and daughter reports on the PBI are retrospective and global assessments of the experience of being parented over the many years of childhood.

The PBI consists of 25 four-point items assessing perception of parenting behaviors of each parent (mothers and fathers are rated separately). Parents are evaluated along two dimensions, caring and overprotection, with separate norms on each dimension for mothers and fathers. High maternal care was based on a score greater than 27, and high maternal overprotection was based on a score greater than 13.5. Low maternal care was based on a score of 27 or lower, and low maternal overprotection was based on a score of 13.5 or lower. Subject's report of each parent was placed in one of the four quadrants based on these cutoffs. For example, a subject was given a score of 1 for maternal affectionless control if the subject reported a score for maternal care below 27 and a score for maternal overprotection above 13.5 (cutoff scores based on Weissman et al., 1992).

Time 1 maternal clinical status (MDD versus no MDD) was based on the SADS-L structured clinical interview (Endicott and Spitzer, 1978), which yielded Research Diagnostic Criteria diagnoses. Time 1 daughter clinical status (MDD versus no MDD) was based on the K-SADS structured clinical interview (Orvaschel et al., 1982), which yielded *DSM-III* diagnoses.

Time 1 maternal SES was based on maternal report and was categorized according to the Hollingshead (1965) 5-point two-factor index which combines levels of education and occupation into a single score.

Time 1 maternal and daughter temperament were based on self-report on the five-factor Dimensions of Temperament Survey (DOTS), which is designed to measure individual differences in degrees of: irritability, rhythmicity, adaptability, attention span, and activity level (Lerner et al., 1982, Thomas and Chess, 1977).

The daughter's report on the PBI and on the DOTS was blind to maternal report on the PBI and on the DOTS. The interviewer's assessment of daughter clinical status was blind and independent from the interviewer's assessment of maternal clinical status.

### Analysis

Analyses were first conducted to determine whether the mother's report of her own mother's having exhibited affectionless control was an *independent* predictor of the daughter's report of the mother's having exhibited affectionless control. Analyses were then conducted