

Brief report

Disengaged and authoritarian parenting behavior of depressed mothers with their toddlers

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Getting a toddler to comply with instructions is a common task for mothers, and one that may evoke different parenting styles as early as toddlerhood. In the present study, depressed adolescent mothers were classified by the “parenting styles” defined by Baumrind (1991) as authoritative, authoritarian, permissive, or disengaged based on their behavior during a structured play/compliance task with their toddlers. Few studies have examined interactions that involve toddlers’ compliance with their mothers. In a prior study from our lab, toddlers were seated on a floor while their depressed mothers were instructed to engage the toddler with various toys and then put the toys in a box (Hart, Field, Del Valle & Pelaez-Nogueras, 1998). In that first study, the behavior ratings showed that the toddlers of depressed mothers were less engaged, and showed less positive and more negative affect than the toddlers of non-depressed mothers, but the parenting style of the mothers was not measured or directly related to the child’s behavior. The major contribution of the present study, however, is that the mothers’ parenting style classification is investigated and a special coding was developed.

Based on depressed mothers’ parenting styles with older children (Susman, Trickett, Ianotti, Hollenbeck, & Zahn-Waxler, 1985) and data on depressive mothers of infants showing withdrawn and intrusive interaction styles (Field, Hernandez-Reif, & Diego, 2006), the depressed mothers in the present study were expected to show either more disengaged or more authoritarian behavior patterns than non-depressed mothers when interacting with their toddlers in the play/compliance session. To be able to observe a ‘parenting behavior style’ during mother–child interaction, we asked the mothers to try to engage their toddlers in a “clean up” task during which the toddler was encouraged by the mother to help pick up a series of toys and place them in a box.

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1. Method

1.1. Participants

Thirty-six toddlers (13 males and 23 females) and their mothers participated in this study (17 depressed and 19 non-depressed mothers). The toddlers were full-term at birth and averaged 12.5 months (S.D. = 1.89) at testing. Their mothers' age ranged between 14 and 21 years ($M = 18$ years). The mothers were randomly selected and recruited from a longitudinal intervention program that provided care for their infants while their mothers attended high school. The mothers' backgrounds were 60% African–American, 37% Hispanic, and 3% Caucasian, and they were of lower socioeconomic status ($M = 4.72$ on the Hollingshead four-factor index). The depressed and non-depressed groups did not differ on maternal ethnicity, education, marital status, age, parity, socioeconomic status, infant gender, or birthweight ($p > 0.05$, all tests).

1.2. Maternal assessments

Following their informed consent, mothers were interviewed to assess their socioeconomic status and depression symptoms. Assignment to the depressed symptoms group was based on a cutoff score of 13 on the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mach, & Erbaugh, 1961). The 21 BDI items are scored on a 4-point scale indicating presence and severity of depressed feelings, behaviors, and symptoms. Mothers with BDI scores of 0 as well as 10–12 were not included in this study on the basis of research showing that mothers scoring zero on the BDI may be denying depressive symptoms (Field et al., 1991). The BDI was administered just before the interactions. The mean BDI score for the mothers with depressive symptoms was 21 (S.D. = 9.1, range 13–52), and 4.1 for non-depressed mothers (S.D. = 2.7, range 1–9), $t(35) = 4.59$, $p < 0.001$.

1.3. Procedure

For the play/compliance protocol (the only task in the study), the mothers and their toddlers were seated on a carpeted floor of a small laboratory room facing each other at a distance of approximately two feet. Two videocameras, located on each side of the mother–toddler dyad, were connected to a videorecorder set up with a split-screen image. One camera recorded the frontal view of the toddler, and the second camera recorded the frontal view of the mother. A time–date generator connected to the videorecorder was used to time the duration of the interactions for subsequent coding.

The mothers and their toddlers were videotaped during a 3-min structured “toy-cleanup” task. A box of toys was emptied onto the floor in front of the mother and toddler. The instructions given to the mother were “See if you can get your child to help you pick up the toys and put them back in this box.” The session was videotaped by a research assistant from behind a screen and outside of the view of the mother and child. The mother and toddler were given 3 min to complete the task.

1.4. Behavior ratings

Two research assistants who were blind to the depression symptoms of the mothers rated the toddlers' and mothers' behaviors from the videotaped interactions. The operational definitions for the four different maternal parenting styles classification were as follows: (1) *Authoritative*: Mother provides firm control and sets limits or rules in a warm, respectful manner, provides support, assistance, or modeling and gives clear instructions and positive encouragement. (2) *Authoritarian*: Mother shows verbal or physical rejection or control and lacks positive encouragement. (3) *Permissive*: Mother provides positive verbal communication, but sets no limits or specific instructions. (4) *Disengaged*: Mother is uninvolved, unresponsive or avoidant, rarely vocalizes and displays flat affect. The following toddler behaviors were coded: toddler follows instructions (looks at mother, listens, complies with instructions), aggressive play behavior (e.g. throwing toys, shouting/screaming, pushing), protest/crying, actively on task (e.g. picking up toys, placing toys in box), not on task (e.g. not attending to mother's prompts).

Table 1
Mean percent time parenting styles and infant behaviors observed as a function of maternal depression group

	Group				<i>p</i>
	Depressed (<i>N</i> = 17)		Non-depressed (<i>N</i> = 19)		
	Mean	S.D.	Mean	S.D.	
Parenting styles					
Authoritative	49.5	38.0	52.6	35.3	ns
Authoritarian	13.5	12.7	1.9	3.0	0.001
Disengaged	10.6	14.7	0.2	0.3	0.04
Permissive	17.5	17.8	42.4	27.1	0.002
Infant behaviors					
Follows instructions	9.5	9.7	34.4	6.3	0.001
Aggressive play	3.5	5.6	0.2	0.5	0.02
Protest/crying	6.6	9.0	6.7	2.9	ns
Actively on task	15.3	8.4	40.1	6.6	0.003
Not on task	42.6	9.8	15.6	4.7	0.001

Note: Time sample units in which a discrete parenting style was not observed resulted in sums less than 100.

1.5. Coding procedures and reliability

Most dyads completed the task in under 3 min, and, therefore, only the first 2 min of the interactions were coded. The behaviors that occurred during each 10-s time-sampling unit were checked off on a time-by-behavior paper grid. The mean proportion of time each mother spent in each parenting style category was calculated. Only one parenting style (the most prevalent) was coded for each time-sample unit, and during some epochs, the parenting style was not sufficiently clear to be coded. Therefore, the total percent time on parenting styles does not sum to 100%.

As a measure of inter-rater reliability, two independent observers coded the mothers' and infants' behaviors for 36% of the sample (13 randomly selected interactions out of 36). The reliability was then calculated based on the percent time the coders agreed on 156 units (13 interactions times 12 time-sample units per case = 156 possible units for agreement). The percentage agreements between the two coders for the maternal parenting styles were: authoritative 85%, authoritarian 96%, disengaged 92%, and permissive 77%. The mean percentage agreement was 88%. The percent agreements between the two independent coders for the toddler behaviors were as follows: instructions 85%, aggressive play 100%, protest/crying 85%, actively on task 61%, not on task 61%. The mean percentage agreement was 78%.

2. Results

Percent time spent in each parenting style and percent time for each of the toddler behaviors are shown in Table 1. Mothers with depressive symptoms were classified as authoritarian a greater percentage of the time ($M = 13.5$ vs. 1.9 ; $t(35) = 3.67$, $p < 0.002$) and disengaged a greater percentage of the time than the non-depressed mothers ($M = 10.6$ vs. 0.20 , $t(35) = 2.93$, $p < 0.01$). The non-depressed mothers were classified as permissive a greater percentage of time than the group of mothers with depressive symptoms ($M = 42.4$ vs. 17.5 ; $t(35) = -3.29$, $p < 0.002$). The groups did not differ on time spent showing authoritative behaviors ($M = 49.5$ vs. 52.6 ; $t(35) = -0.25$, n.s.).

The toddlers of mothers with depressive symptoms followed their mothers' instructions for a lesser percent of time ($M = 9.5$ vs. 34.4 ; $t(35) = -3.84$, $p < 0.001$), and displayed aggressive play behavior for a greater percentage of time ($M = 3.5$ vs. 0.2 ; $t(35) = 2.43$, $p < 0.03$) than the toddlers of non-depressed mothers. The toddlers of mothers with depressive symptoms also showed not-on-task behaviors a greater percentage of time ($M = 42.6$ vs. 15.6 ; $t(35) = 4.01$, $p < 0.001$) and less time actively on-task than the toddlers of non-depressed mothers ($M = 15.3$ vs. 40.1 ; $t(35) = -3.10$, $p < 0.004$).

3. Discussion

Mothers in both groups displayed authoritative parenting behavior styles the greatest percent of the play time, as has been previously reported in larger samples of older children where the authoritative parenting style is most common

(Baumrind, 1967). Permissive behavior styles were observed a greater percentage of the time in the non-depressed mothers in our study. This may be related to a general pattern among adolescent mothers to show more warmth but less restrictiveness and control, and therefore to be considered more “permissive” (see Schilmoeller & Baranowsky, 1985). Permissiveness may also be a developmentally appropriate style for parents of toddlers.

In contrast to the non-depressed group, a greater incidence of disengaged and authoritarian parenting behavior was noted in the group of depressive mothers. That mothers with depressive symptoms showed more disengaged or authoritarian behavior with their toddlers is consistent with the literature on depressed mothers interacting in a withdrawn or intrusive way with their infants (see Field et al., 2006 for a review). This finding is also consistent with previously published research showing depressed adolescent mothers as more restrictive, less nurturing, as well as more negative, disorganized, and inconsistent with their infants and toddlers (Gelfand & Teti, 1990; Goodman & Brumley, 1990). That their toddlers followed instructions less often, were less often on task and were more aggressive is consistent with at least one previous study (Hart et al., 1998).

An important contribution of this study is the novel finding that depressed mothers show more authoritarian and disengaged behavior patterns with their toddlers than the non-depressed mothers. Clinicians and researchers may benefit from exploring the use of structured play tasks, such as this compliance task, as a context for observing parent–child relations. Likewise, Baumrind’s “parenting style” system may be useful for identifying key aspects of depressed parents’ behaviors with their children, and more studies are needed on the effects of maternal depression on parenting style.

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