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Effects of maternal childhood aggression and social withdrawal on maternal request strategies and child compliance and noncompliance

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ABSTRACT

This prospective, intergenerational study investigated the influences of maternal histories of childhood aggression and social withdrawal on maternal request strategies and child compliance and noncompliance. Seventy-four women from the Concordia Longitudinal Risk Project, who were rated during childhood using peer nomination measures of aggression and social withdrawal, played with their 2–6 year-old children in three naturalistic conditions. Videotaped interactions were coded for mothers' requests and children's compliance/noncompliance. The results revealed that mothers who were socially withdrawn during childhood were more likely to employ intrusive requests (i.e., physical interventions, repetitions, and requests without opportunity to comply), which subsequently predicted children's noncompliant behaviour. In addition, mothers who were aggressive during childhood were more likely to repeat their requests, which also predicted children's noncompliance. Furthermore, the findings replicated previous research indicating that children demonstrate more sophisticated forms of noncompliance with age. Taken together, results from this study elucidate the trajectories of childhood aggression and social withdrawal, and provide evidence for possible pathways by which problematic behaviour is transferred from mother to child in vulnerable populations. This research has implications for the design of preventative interventions for at-risk families.

1. Introduction

The ability to comply with maternal demands represents a key milestone in children's social and cognitive development (Feldman & Klein, 2003; Kopp, 1982). During the preschool years, compliance with maternal requests serves as an important index of children's ability to regulate their own behaviour, and to observe general standards of conduct (Dix, Stewart, Gershoff, & Day, 2007; Kochanska & Aksan, 1995; Kopp, 1982). Compliance often refers to the acknowledgment of maternal teaching strategies, cooperation with maternal suggestions and requests, and obedience to maternal directives (Dix et al., 2007; Schneider-Rosen & Wenz-Gross, 1990), reflecting the large amount of time preschoolers spend interacting with their mothers (Bornstein, 1989; Weinfield, Ogawa, & Egeland, 2002). From a developmental perspective, the notion of compliance is couched within the larger, more complex construct of self-regulation, which can be conceptualized as the emerging ability to comply with maternal commands and to monitor and exert voluntary control over one's own behaviour accordingly (González, Fuentes, Carranza, & Estévez, 2001; Kopp, 1982). Thus, self-regulation, and compliance in particular, are vital to the understanding of normative and aberrant social development.

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Generally, young children comply immediately with 60 to 80% of parental requests (Kuczynski, 2003). In moderation, non-compliant behaviour can be viewed as a means for children to employ active strategies to influence their parents, and persuade them to drop or modify their requests (Dix et al., 2007; Kuczynski, Kochanska, Radke-Yarrow, & Girnius-Brown, 1987); however, in excess, noncompliance can be indicative of behaviour problems (Campbell, 1997; Cole, Zahn-Waxler, Fox, Usher, & Welsh, 1996; Degnan, Calkins, Keane, & Hill-Soderlund, 2008). Extreme noncompliance during the preschool years has been associated with poor peer relationships, inferior academic performance, delinquency, and other difficulties later in life (O'Leary, Slep, & Reid, 1999; Patterson, DeBaryshe, & Ramsey, 1989). Investigations of the development of compliance and other early indicators of social competence are particularly useful in at-risk samples (e.g., individuals living with socio-economic disadvantage, histories of maladaptive behaviour, and psychopathology), where the likelihood of developing psychosocial problems (e.g., depression, anxiety) is high (Boyle & Lipman, 2002; Koenig, Cicchetti, & Rogosch, 2000; Shaw, Winslow, Owens, Vondra, Cohn, & Bell, 1998). Furthermore, at-risk mothers may be contributing to these problems by using ineffective strategies in order to elicit their children's compliance. To date, however, little is known about the effects of maternal psychosocial risk factors on maternal request strategies and children's patterns of compliance and noncompliance.

Compliance with maternal requests is first observed between the ages of 9 and 12 months (Kaler & Kopp, 1990; Kopp, 1982). Provided that children comprehend what is being asked of them, infants show age-related increases in the frequency of compliance from 12 to 18 months of age (Kaler & Kopp, 1990; Kochanska, Coy, & Murray, 2001; Kochanska, Tjebkes, & Forman, 1998). After 18 months, children's responses to maternal requests continue to change; as compliance increases in frequency, so does noncompliance (Dix et al., 2007;Vaughn, Kopp, & Krakow, 1984). Toddlers' developing autonomy begins to surface during the second and third years of life (Crockenberg & Litman, 1990; Donovan, Leavitt, & Walsh, 2000); during the "terrible twos", children are armed with relatively sophisticated cognitive and language skills, and are as likely to use these abilities to comply with maternal requests as they are not to comply (Dix et al., 2007; Laible & Thompson, 2002; Vaughn et al., 1984).

Across development, preschoolers' noncompliance behaviours, or strategies, vary in quality and skill (Degnan et al., 2008; Kuczynski et al., 1987). Primitive noncompliant responses to maternal requests lack skill and tend to be experienced as overtly offensive (e.g., temper tantrums and ignoring, or direct defiance and passive noncompliance, respectively). However, as children grow, they acquire more sophisticated and competent ways of asserting their autonomy (e.g., simple refusal, requesting explanations, and bargaining), reflecting increased social proficiency (Donovan et al., 2000; Kuczynski & Kochanska, 1990). During the preschool years, the frequency with which children employ primitive noncompliance strategies decreases, while self-assertive strategies increase (e.g., Kuczynski & Kochanska, 1990; Kuczynski et al., 1987; Landry, Smith, Swank, & Miller-Loncar, 2000; Power, McGrath, Hughes, & Manire, 1994).

Given that children's social conduct is largely influenced by the quality and style of maternal control (Baumrind, 1989; Degnan et al., 2008; Dishion, Patterson, & Griesler, 1994; Williams & Forehand, 1984), mothers can employ various strategies in order to elicit their children's compliance. Maternal control can be conceptualized in terms of the degree to which mothers assert their power over their children (e.g., Crockenberg & Litman, 1990; Donovan et al., 2000; Kochanska, Aksan, & Nichols, 2003; Kuczynski et al., 1987). "Guidance" strategies (i.e., low power-assertion) include suggestions, explanations, and indirect requests. "Control" strategies (i.e., moderate power-assertion), typically in the imperative tense, denote clear directives. "Negative control" strategies (i.e., high power-assertion) include criticism, physical intervention, and negative affect (Crockenberg & Litman, 1990). Observational studies of mother–child interactions have shown that child compliance is correlated with lower power assertion strategies, while self-assertion and defiance are associated with guidance and negative control strategies, respectively (e.g., Crockenberg & Litman, 1990; Donovan et al., 2000; Kuczynski et al., 1987).

Request–compliance interactions can also be influenced by mothers' behavioural styles (Degnan et al., 2008). Having a maladaptive behavioural style increases the likelihood that people will face challenges adapting to important life transitions, such as parenthood (Saltaris, Serbin, Stack, Karp, Schwartzman, & Ledingham, 2004). Furthermore, behavioural problems that are long-term can have cumulative negative effects on the way women adjust to motherhood and interact with their children. Aggression and social withdrawal are two stable patterns of behaviour that can lead to lifelong challenges and maladaptive outcomes, especially in the context of parenting.

Aggression has been consistently shown to be stable across the lifespan (e.g., Cairns, Cairns, Xie, Leung, & Hearne, 1998; Hops, Davis, Leve, & Sheeber, 2003; Patterson, 1982; Patterson et al., 1989; Serbin, Cooperman, Peters, Lehoux, Stack, & Schwartzman, 1998; Serbin et al., 2004; Warman & Cohen, 2000). Moreover, women with histories of peer-related aggression in childhood have been shown to demonstrate hostility during mother–child interactions (Bentley, 2002; Serbin et al., 1998). By modelling hostile behaviours in the context of mother–child interactions (e.g., power-assertive requests), aggressive mothers may inadvertently fuel noncompliance and exacerbate conflict (Campbell, 1997; Katz & Woodin, 2002), as well as train their children to respond coercively in future interactions, both in and outside of the family environment (Dishion et al., 1994; O'Leary et al., 1999; Patterson, 2002; Snyder, Reid, & Patterson, 2003).

The processes by which withdrawal negatively impacts request–compliance exchanges are rather different, and possibly less direct than those implicated in aggressive interactions. During childhood, withdrawn women may have removed themselves from social interactions, thus hindering their developing social competence and leading to dissatisfaction. Given that the stability of social withdrawal has been established, at least through to late adolescence (Moskowitz, Schwartzman, & Ledingham, 1985; Rubin, 1993; Rubin, Burgess, & Coplan, 2002; Rubin & Coplan, 2004), this combination of poor social skills and discontent is likely to impinge on the quality of the mother–child relationship. Furthermore, withdrawn mothers may contribute to their children's behavioural development either by modeling their maladaptive behavioural styles or by using inappropriate or ineffective parenting strategies, especially in the context of request–compliance exchanges (Serbin et al., 1998; Stack, Serbin, Grunzeweig, &