

## Brief report

## Disengaged and authoritarian parenting behavior of depressed mothers with their toddlers

Martha Pelaez<sup>a,\*</sup>, Tiffany Field<sup>b</sup>,  
Jeffrey N. Pickens<sup>c</sup>, Sybil Hart<sup>d</sup>

<sup>a</sup> *Florida International University, United States*

<sup>b</sup> *University of Miami School of Medicine and Fielding  
Graduate University, United States*

<sup>c</sup> *St. Thomas University, United States*

<sup>d</sup> *Texas State University, United States*

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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children (Susman, Trickett, Ianotti, Hollenbeck, & Zahn-Waxler, 1985) and data on depressive mothers of infants showing withdrawn and intrusive interaction styles (Field, Hernandez-Reif, & Diego, 2006), the depressed mothers in the present study were expected to show either more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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\* Corresponding author at: Department of Educational and Psychological Studies, COE-213, Florida International University, Miami, FL 33199, United States. Tel.: +1 305 279 1927; fax: +1 305 275 2470.

E-mail address: [Martha.Pelaez@fiu.edu](mailto:Martha.Pelaez@fiu.edu) (M. Pelaez).

## 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).

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