LEARNED HELPLESSNESS IN TODDLERS OF DEPRESSED AND NONDEPRESSED MOTHERS

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ABSTRACT

In this study, we examined whether toddlers of depressed mothers are more likely to evidence behaviors reminiscent of helplessness than toddlers of nondepressed mothers. 134 mothers (45 toddlerhood exposed, 26 infancy only exposed, 63 never exposed) and their toddlers (62 girls, 72 boys) participated in this study. Maternal behavior was assessed during a mother-child interaction when toddlers were 18 months of age. Helplessness was measured during impossible and possible shape sorting tasks when toddlers were 25 months of age. Data are available on 49% of the 18 month maternal data and 89% of the 25 month toddler data. Maternal depression (measured with the SCID and the BDI) did not directly relate to toddlers’ helplessness; however, mothers who reported more depressive symptoms on the BDI were more likely to control and intrude upon their toddlers’ activity during a mother-child interaction. In turn, mothers who were more controlling and intrusive were more likely to have toddlers who changed the task agenda and lacked persistence when engaged with a challenging task.
BACKGROUND

- Seligman and colleagues propose that learned helplessness is an attributional style that underlies depression (Peterson & Seligman, 1984). When uncontrollable negative events occur, individuals with this attributional style tend to blame themselves and attribute the event to stable global characteristics (“I never do anything right”). These cognitions lead to expectations that they cannot control future negative events; the result is increased passivity, sadness, anxiety and lower self-esteem.

- The learned helplessness attributional style has been found in both depressed adults and in older children (Peterson & Seligman, 1984). Recent research indicates that even preschoolers are susceptible to “helpless” reactions to failure (e.g., Cain & Dweck, 1995) as evidenced by a lack of persistence following failure, low expectations for future success, and negative cognitions and affect.

- Children of depressed mothers are more vulnerable to developing depression themselves (Weissman et al., 1984). One pathway may be through development of a learned helpless attributional style as a result of observing their depressed mothers’ learned helpless responses to failure. Further, depressed mothers may respond in a learned helpless manner when their children experience failure.

- Recent research suggests that maternal depression may indirectly affect child behavior through its influence on maternal behavior. Depressed mothers tend to be more negative in interactions with their children than nondepressed mothers, and in turn, their five- and six-year-old children show behaviors reminiscent of helplessness (less enthusiasm and persistence, and more frustration when engaged in achievement-like tasks; Nolen-Hoeksema, Wolfson, Mumme, & Guskin, 1995).

- Socialization factors related to helplessness have been examined in children as young as 5 years of age. To examine whether maternal depression affects even younger children’s behavior through its effect on maternal behavior, we observed mothers’ behavior while engaged in a challenging achievement-like task with their toddlers at 18 months.

- Although research has begun to examine helplessness in young children (i.e., 4- and 5-yea-olds), it has yet to examine even earlier manifestations. As a first step to understanding the origins of helplessness, it is important to examine whether maternal depression is associated with helpless reactions following failure in toddlers.
PRIMARY RESEARCH QUESTION

- Are children of depressed mothers more likely to display behaviors reminiscent of helplessness (e.g., shame, negative self-evaluations, decreased persistence, attempts to change the task goal)?

SECONDARY RESEARCH QUESTIONS

- Do depressed mothers engage in more negative interactions (more control, interruptions, and negativity) with their toddlers than nondepressed mothers?
- Do mothers who are more controlling, intrusive, and negative have toddlers who are more likely to display behaviors reminiscent of helplessness?

METHOD

Sample
- 134 Toddlers (62 girls, 72 boys) seen at 18 and 25 months of age and their mothers
- 90% Caucasian; 4% African American, 6% Other

Procedure

Mothers
- Mothers were assigned to one of three groups depending on maternal depression status as assessed by the Structured Clinical Interview for DSM-IV (First, Gibbon, Spitzer, & Williams, 1995) when toddlers were 18 months of age. The three groups were established according to the following parameters: the Toddler Exposed group (N = 45) is comprised of mothers who met criteria for an episode of Major Depressive Disorder (MDD) at some time since the children’s birth and had continuing symptoms for at least two weeks after the child’s first birthday. The Infancy Exposed group (N = 26) consists of mothers who have only met criteria for an episode of MDD within the first 12 months of their children’s lives. The Never Exposed group (N = 63) is comprised of mothers who have no lifetime history of MDD.
- Maternal depression was also assessed with the Beck Depression Inventory (BDI).

Mother-Child Interaction
- Mothers and toddlers were visited in their home when toddlers were 18 months of age.
- Mothers and toddlers were presented with a shape sorting task that was quite difficult both conceptually and motorically for 18-month-old children to complete by themselves. Mothers were asked to teach their toddlers how to use it, but were given no further instructions.
- Mothers and toddlers were videotaped for 5 minutes.
Toddlers

- When toddlers were 25 months of age, they were presented with a ‘helplessness box.’ This task was a wooden shape sorter that had a lid with three geometrically shaped holes (a triangle, circle, and square) and six correspondingly shaped pieces (two of each shape).
- Three pieces fit into the holes on the top of the shape sorter (one of each shape) and three pieces were slightly too big to fit into the holes.
- The experimenter demonstrated that the task was possible by placing two pieces into their appropriate holes and then dumped out the pieces and said: “Now I want to see if you can do it all by yourself.”
- After three minutes, the toddler was presented with another shape sorter that was identical to the first except that the lid and pieces were different colors and, unbeknownst to the toddler, all of the pieces now fit into the holes.
- The experimenter dumped the pieces out and said: “Now I want to see if you can do this one all by yourself.”

Maternal Measures

- **Control:** 4-point global rating made every 30 seconds on a continuum ranging from maternal behavior that does not control the toddler’s task activity to maternal verbal and nonverbal behavior that focus the toddlers’ activity on meeting a maternal goal rather than the toddler’s goal
- **Interruption:** whether or not the mother physically interrupts or intrudes upon the toddler’s activity during each 30-second interval
- **Negativity:** 4-point global rating made every 30 seconds on a continuum ranging from maternal behavior that does not display negativity to maternal behavior that often displays negativity (e.g., negative tone of voice, harshness, anger, frustration, touching the toddler aggressively)

Toddler Measures

- **Negative Self-Evaluations¹:** any comments made by the child that indicate that the child feels unable to complete the prescribed task (e.g., “I can’t”)
- **Shame²:** the child passively (slowly slips back in the chair) or actively (pushes the task away) withdraws from the task and exhibits at least two of the following behaviors:
  - gaze aversion: looks down or away or obviously avoids eye contact
  - avoidant posture: any of the following: holds head down, turns to side, turns back to experimenter, squirms
  - closed posture: any of the following: shoulders hunched, hands down below table, arms across body and held close, arms/hands in front of face
  - frown: corners of the mouth are downturned/lower lip tucked between teeth
- **Changes Task¹:** child actively manipulates the toy for a purpose other than the one indicated by the experimenter (e.g., begins to stack the blocks or pushes the toy away)
- **Asks Help¹:** child verbally or nonverbally seeks help from mother or the experimenter (e.g., “Help me” or raises hand toward experimenter while holding a piece)
- **Looks Up¹:** child looks up at mother or experimenter
- **Persistence³:** global rating made every 15-seconds on a continuum ranging from the child’s refusal to manipulate the toy to his/her active engagement in task-related activities
- **Reluctance²:** child is hesitant to attempt the second box when it is presented; child may evidence reluctance by verbally indicating that s/he does not want to do the task

¹Each occurrence coded
²Coded as occurring (1) or not occurring (0)
RESULTS

PRIMARY RESEARCH QUESTION
• Analyses on 89% of the data revealed no relations between maternal depression (neither group status nor BDI report) and child behavior.

SECONDARY RESEARCH QUESTIONS

Relations between maternal depression and maternal behavior
• Analyses on 49% of the data revealed no relations between maternal behavior and maternal depression group.

• Mothers who reported more depressive symptoms on the BDI were more likely to control the task agenda ($r = .29, p < .05, N = 66$) and were marginally more likely to physically interrupt their toddlers’ behavior ($r = .20, p = .10, N = 66$). There were no relations between reported depressive symptoms and mothers’ negativity.

Relations between maternal behavior and toddlers’ helplessness
Toddlers’ age and socioeconomic status were controlled in the following analyses because toddlers’ age varied slightly and socioeconomic status related to both maternal and child behaviors.

• Preliminary analyses on 41% of the data indicated that mothers who controlled the task agenda at 18 months were more likely to have 25-month-old toddlers who attempted to change the task agenda ($r = .46, p < .01$) and who evidenced decreased persistence ($r = -.29, p = .06$).

• Mothers who physically intruded upon their toddlers’ activity were more likely to have toddlers who attempted to change the task agenda ($r = .48, p < .001$) and who evidenced decreased persistence ($r = -.29, p = .05$).

• Mothers who were more negative in their interactions with their 18-month-old toddlers had 25-month-old toddlers who were more likely to ask for help ($r = .48, p < .001$) and look up at their mother and/or the experimenter ($r = .38, p = .01$).
SUMMARY & CONCLUSIONS

• Although maternal depression may not directly relate to toddlers’ helplessness, it appears to indirectly influence toddlers’ behavior through its effect on maternal behavior.

• Mothers who report more depressive symptoms may limit their toddlers’ autonomy by controlling and interrupting their toddlers’ task actions. Because these toddlers experience limited autonomy, they may be more likely to change the nature of tasks and to be less likely to persist when faced with challenge.

• Maternal depression does not relate to maternal negativity; however, mothers who are more negative during mother-child interactions have toddlers who are more likely to ask for help and look up at their mother and/or the experimenter. Toddlers who frequently encounter negative, hostile, or unresponsive caregiving may become especially concerned about external evaluations and thus may be more likely to look up to assess external appraisals of their performance. Because these toddlers are concerned about external evaluations, they may attempt to avoid failure by requesting help from others.

• In sum, depressed mothers are more likely to control mother-child interactions and intrude upon their toddlers’ task action. Toddlers of controlling and intrusive mothers are more likely to change the task agenda and to evidence decreased persistence.
REFERENCES


