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Parental Depressive Symptoms and Attunement to Preschoolers’ Mental Processes
Brenda Lundy, Megan Dini, Alexis Atkins & Danielle Witt
Indiana University-Purdue University Fort Wayne

Abstract
While current research suggests maternal interaction styles influence child development, little has been shown regarding fathers. The findings of this study indicated that both mothers and fathers who exhibited depressive symptoms were more likely to give directions and engage in control comments when interacting with their child.

Introduction
Mothers with depression tend to engage in insensitive styles of interaction, which have been associated with delays or deficits in early socioemotional and cognitive development. Furthermore, decreased levels of sensitivity have been found, not only in clinically depressed mothers, but also in mothers with elevated symptoms of depression (e.g., Bettes, 1988). While research has established that maternal interactional sensitivity is an important contributor in development, little research has been conducted concerning contributions from the father. This is important because in the United States, fathers are present in 72% of households, making them a large factor concerning nonmaternal care and interactions with children (Forbes, Cohn, Allen, & Lewinsohn, 2004).

In the present research, depressive symptoms were expected to be negatively correlated with maternal mind-mindedness (i.e., parents’ tendency to treat their children as individuals with independent minds, Meins, 1997), and parents’ sensitive attunement to their preschoolers’ mental processes during collaborative problem-solving.

Methods
Thirty-six families (mothers, fathers and their four-year-olds) participated in the study. Parents were directed to complete a demographic measure, and complete the CES-D (citation) and participate in a brief interview designed to measure parental mind-mindedness (Lundy, 2013). Parents then individually collaborated with their child on a puzzle construction task. Parent-child interactions were coded for interactional attunement, including autonomy-promoting questions and parental control comments. For example, parental comments were classified as ‘autonomy promoting’ when the parent encouraged the child to participate independently, and ‘parental control’ when they informed the child of what to do next.

Results
Parental depressive symptoms were related to interactional attunement. That is, maternal depressive symptoms were related to fewer autonomy-promoting questions \((r = -0.65)\) and with more control comments \((r = 0.57)\). Similarly, paternal depressive symptoms were also associated with fewer autonomy-promoting questions \((r = -0.37)\) and with more control comments \((r = 0.39)\).

Table 1: Correlations Between Maternal CES-D Scores and Comment Type

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<td>3. Autonomy</td>
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* Correlation is significant at the 0.05 level
** Correlation is significant at the 0.01 level

Table 2: Correlations Between Paternal CES-D Scores and Comment Type

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** Correlation is significant at the 0.01 level

Conclusion
We found that both mothers and fathers who showed depressive symptoms used more control comments and fewer autonomy comments. In other words, both mothers and fathers who exhibited depressive symptoms were more likely to give directions and engage in control comments (e.g., “Put that there.”) when interacting with their child, and encourage less independent thinking. The present findings may contribute to the understanding of the relation between parental depression and interaction styles. Self-focused tendencies associated with depression and depressive symptoms may hinder parents’ ability to represent their children’s mental processes. The representation of mental processes is viewed as a precursor to the ability to respond appropriately and sensitively to children’s mental processes (Meins, 1999). Perhaps with additional research, intervention techniques could be developed to promote higher levels of mind-mindedness (mental consideration) in those with a tendency to be self-focused, to promote more optimal developmental outcomes.