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A Within-Group Analysis of African American Mothers' Authoritarian Attitudes, Limit-Setting and Children's Self-Regulation

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Abstract

Research suggests that higher levels of authoritarian parenting exist in African American (AA) families than in European American (EA) families, and that authoritarian attitudes may be associated with more positive outcomes in AA families than EA families. However, less is known about authoritarian attitudes and children's development *within* AA families. This within-group study of 50 African American mothers and their 3-year-old children examined associations between maternal authoritarian attitudes, observed maternal limit-setting strategies, and children's self-regulation during a limit-setting interaction. The findings indicate that while AA families may hold more authoritarian attitudes than EA families, the *direction* of effect of authoritarian attitudes on children's outcomes appears to be the same in both ethnic groups. In this sample, when examining AA authoritarian attitudes relative to those of other AA mothers, less or lower authoritarian attitudes were associated with authoritative limit-setting behavior (firm limits within the context of overall warmth and responsiveness) and better children's self-regulation.

Keywords

Ethnic diversity; African American; Parenting; Authoritarian; Self-regulation

Introduction

Parenting attitudes, defined as ways parents think or feel about their children, are based in part on parents' social cognitions and beliefs about how their children develop, think, or behave. Parental attitudes can help shape parenting practices and behaviors, the emotional tone they set while interacting with their children, and their child-rearing environment

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Compliance with ethical standards

Conflict of Interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed involving human participants were in accordance with the ethical standards of the institutional internal research review board and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

(Bornstein et al. 2011; Chen and French 2008; Grusec and Danyliuk 2014). As social beliefs and social imperatives can vary across ethnic and cultural contexts, it is expected that parenting attitudes, behaviors, and practices may vary as well (Chen and French 2008; LeCuyer and Zhang 2015). AA refers to persons or families who self-identify as ethnically African American or Black, and EA to persons or families who identify as European American or White.

Authoritarian and authoritative parenting patterns were initially developed by Baumrind (1971, 1993; Baumrind and Black 1967) and may include patterns of attitudes as well as behaviors (Baumrind 1967). The patterns are based on two dimensions, one of control, and one of responsiveness, nurturance, sensitivity, and/or warmth. An authoritarian pattern is characterized by higher levels of control and lower levels of warmth and responsiveness, and an authoritative pattern is characterized by higher levels of control, or “demandingness”, but within an overall context of warmth and responsiveness (Baumrind 1971, 1993; Baumrind and Black 1967; Buri 1991). An authoritarian parenting pattern is generally associated with *less* optimal children's outcomes, and an authoritative parenting pattern with *more* optimal children's outcomes (Baumrind 1971, 1993; Deater-Deckard et al. 2006). Although largely determined in European-American/White families, these patterns are often applied cross-culturally (Dekovic et al. 1991; Underwood et al. 2009).

When comparing authoritarian parenting between AA and EA families, several studies have found more authoritarian parenting in AA families relative to EA families (Lansford et al. 2011; LeCuyer et al. 2011; Reitman et al. 2002). However, authoritarian parenting in AA families has also been associated with more positive effects than those found in EA families, even when controlling for demographics such as age, education and income. These less negative or more positive effects of authoritarian parenting in AA families have included more independence and social maturity in 3–4 year old girls (Baumrind 1972), more optimal 3 year-old children's self-regulation (LeCuyer et al. 2011), reduced suicidal behavior in the context of school-age children's depression (Greening et al. 2010), more respect for parental authority in school-age girls (Dixon et al. 2008), less deviance and higher academic performance in adolescents (Lamborn et al. 1996), and decreased inter-generational transmission of children's abuse (Valentino et al. 2012). Again these findings were in comparison with EA families. The above findings illustrate both differences in “positioning”—that is, differences in mean levels of attributes/behaviors when comparing ethnic or cultural groups, as well as potential differences in *association* between attributes/behaviors, when comparing those ethnic groups (Bond and Van de Vijver 2011).

In contrast with those findings, results of studies examining associations *within* AA families have been more similar to findings within EA samples. That is, authoritarian parenting has been associated with more *negative* outcomes, and authoritative parenting has been associated with more *positive* outcomes. Looking just within AA families, authoritative parenting patterns have been associated with higher mathematic achievement scores in 7–8th grade children of single mothers (Humphrey 2014); greater school engagement, lower levels of depressive symptoms, and less delinquency in 12.5–15 year old adolescents in Georgia and Iowa (Simons et al. 2013); and fewer depressive symptoms in adolescents age 11–16 in

inner-city Chicago (Barnes 2002). Querido et al. (2002) also found authoritative parenting in AA families predicted fewer behavior problems in 3–6 year-old children ($m = 4.66$ years).

Within-group studies of African American families in this area are still relatively few, however, especially with younger children. In addition, beyond Baumrind's early work, parenting patterns and children's behavior are often assessed using parental report measures, and with measures developed primarily in EA populations (Bluestone and Tamis-LeMonda 1999; Querido et al. 2002), leaving questions about how AA parents and children may actually behave, and how their parents' attitudes may influence those behaviors.

Development of children's self-regulation is an important developmental process, and required of all children across ethnic and cultural contexts (Kopp 1991; Feldman et al. 2006; LeCuyer and Zhang 2015). All children must learn to manage their impulses and emotions, and participate in activities meaningful within a given culture. Social expectations and values for self-regulation again may differ, however, across ethnic and cultural groups. Thus, socializing processes inherent in parenting attitudes, behaviors and practices, may also vary in relation to children's self-regulation (Chen and French 2008; LeCuyer and Zhang 2015).

In toddlers and pre-school children, self-regulation is often measured in terms of “compliance” to maternal requests. This compliance, however, is different from compliance out of fear, or avoidance of punishment. Optimal compliance at this age has been conceptualized as a child's willing, whole hearted compliance to parental requests or limits, requiring less cuing, and is known as “committed”, or “autonomous” compliance (Kochanska et al. 2001; LeCuyer-Maus and Houck 2002). Socialization is integral to this conceptualization of compliance; limit-setting interactions are a frequent source of socialization in regard to autonomous compliance and self-regulation in early childhood (Kochanska et al. 2001; LeCuyer-Maus and Houck 2002; LeCuyer and Houck 2006). Socio-ecological and demographic factors such as parental income, age, and education have also been found to contribute to parenting processes and effects, including children's self-regulation (Bluestone and Tamis-LeMonda 1999; Garcia Coll and Pachter 2002; Horn et al. 2004; Kelley et al. 1992; LeCuyer-Maus 2003; LeCuyer-Maus and Houck 2002; LeCuyer and Swanson 2016; Querido et al. 2002; Swanson et al. 2003; Tamis-LeMonda et al. 2008).

This article describes a secondary analysis of data from a larger project about maternal limit-setting and children's development of self-regulation (LeCuyer 2014; LeCuyer and Swanson 2016). The primary aim (Aim 1) of the current analyses was to examine associations between maternal authoritarian attitudes, observed maternal behavioral limit-setting behavior, and children's observed self-regulation during limit-setting, in a sample of AA mothers and their 3-year-old children. To achieve that aim, the first two hypotheses focused on the effect of authoritarian attitudes, consistent with commonly held conceptualizations of authoritarian and authoritative parenting: Hypothesis (1a) Higher maternal authoritarian attitudes were expected to associate *negatively* with a maternal authoritative limit-setting pattern, and (1b) Higher maternal authoritarian attitudes were also expected to associate *negatively* with more-optimal children's self-regulation (autonomous compliant responses to limits). These hypotheses were consistent with previous findings within other AA and EA samples. Last, if these hypotheses were confirmed, a second aim would examine whether

maternal limit-setting behavior would account for the influence of maternal authoritarian attitudes on children's observed self-regulation during limit-setting. In other words, the second aim (Aim 2) was to determine whether the presence or absence of a maternal authoritative limit-setting pattern mediated the effect of authoritarian attitudes on children's self-regulation in a limit-setting context.

Method

Participants

Fifty AA mothers with 36 month-old children were recruited from a family practice clinic in a U.S. northeastern urban university. Table 1 shows detailed demographic information for the mothers and their children; essentially mothers averaged 28.56 years of age, a high-school education, and a gross monthly household income of \$1500–1699. Seventy-eight percent of mothers had current partners (married, common law, or living together). All mothers self-identified as the primary care-provider for their child; 74 % also reported other caregivers, and estimated the average hours/day their children received care from others, including daycare. These included partners, family members, friends and/or day care. Twenty mothers (40 %) reported their child attended daycare ($m = 3.17$ h/day; $SD = 4.23$); one mother reported her child attended preschool. The sample contained more girls than boys (Table 1). Covariates were included to account for the following potential sources of influence on parental attitudes and behavior: maternal age, education, income, child gender, and hours of non-maternal care.

Procedures

Mothers brought their 36 month-old children to an observational laboratory at the university. They provided informed consent, were interviewed for background and demographic information, and were observed in a series of interactive tasks with their children, including a limit-setting task. All procedures were reviewed and approved by the associated university internal research review board.

Measures

Maternal reported authoritarian attitudes—The Child Rearing Practices Report includes a restrictive authoritarian scale, which measures attitudes about obedience, respect for authority, and a relatively narrow range of acceptable behavior (CRPR; Dekovic et al. 1991; Rickel and Biasatti 1982; Villaneuva Dixon et al. 2008). Validity findings include expected relationships between CRPR restrictive authoritarian scale scores and observed restrictive control, and with children's rejection by peers, less perceived helpfulness, and more prosocial behaviors (Dekovic et al. 1991; Dekovic and Janssens 1992). As “restrictive” and “authoritarian” are often used synonymously, the term “authoritarian” will be used for this scale in this report (Dekovic and Janssens 1992). Because this measure has been primarily used in EA populations, a confirmatory factor analysis was conducted in a combined sample of 151 AA and 108 EA mothers with 36 month-old children, yielding an authoritarian attitudes subscale of 18 items ($\alpha = .86$) loading at .4 or higher (LeCuyer et al. 2011). Items include “I teach my child to keep control of his/her feelings at all times” and “I do not allow my child to question my decisions”. In that sample AA mothers reported

significantly higher authoritarian attitudes than EA mothers, controlling for age, education and income (AA $m = 68.15$; EA $m = 55.52$; $p < .001$, LeCuyer et al. 2011).

Observed behaviors during the limit-setting task—Mother-child dyads were observed during a 3 min limit-setting task in an observational room with a 2-way mirror. During the limit-setting task, mothers were asked to prevent their children from touching or playing with a designated toy similar to how they might set limits at home. Maternal limit-setting and children's self-regulation (responses to limits) were measured with the Prohibition Coding Scheme-Revised which has been described in depth elsewhere (Houck and LeCuyer-Maus 2002; LeCuyer-Maus and Houck 2002; LeCuyer and Houck 2006; LeCuyer 2014; LeCuyer and Swanson 2016). Briefly, time spent in maternal behaviors was observed and coded in seconds of duration, including commands, distractions, reasoning, reconstruction of the meaning of the object, sensitive follow, sensitive acknowledgment of the child's feelings, sensitive praise, physically removing the child's hands or feet from the object, and physical holds. Based on the pattern of strategies used, mothers were classified into one of 4 limit-setting classifications: authoritative (teaching-based), authoritarian (power-based), indirect, or inconsistent (LeCuyer-Maus and Houck 2002; LeCuyer 2014; LeCuyer and Swanson 2016). Given the focus in this study on maternal authoritative behavior, maternal limit-setting was represented by a dichotomous variable indicating authoritative or not-authoritative behavior. An authoritative limit-setting pattern was characterized by firm control and sensitive support of the child's developing self-regulation. These mothers were clear about the limit but also utilized appropriate reasoning, distraction, and expressed empathy such as sensitive acknowledgment of children's feeling state, and followed their children's expressed interests and activities. An authoritative limit-setting pattern has been found to be associated in EA samples with better or more developed children's social competence, self-concept, and observed children's self-regulation (Houck and LeCuyer-Maus 2002, 2004; LeCuyer and Houck 2006). In this same AA sample, an authoritative limit-setting pattern was associated with more developed children's self-concept, and fewer maternal-rated children's problem behaviors (negative emotionality, anxiety, and impulsivity), in turn associated with more developed social competence (LeCuyer and Swanson 2016). Data coders were one EA female and one Dominican Republic female. After establishing initial reliabilities in another combined EA and AA sample, 30 % of the current sample was double coded, yielding intra-class correlations for the constituent (duration) behaviors ranging from .67 to .99 ($m = .88$). For the classifications, 60 % of the AA sample were double-coded ($n = 30$) with a resulting Cohen's $k = .85$.

Children's observed behaviors (coded in seconds of duration) included: follow of maternal commands and distractions, persistence toward the prohibited object, inhibition of approach to the object, comfort-seeking, exploration, and/or calm discussion or questions about the prohibited object (reliabilities $r = .64-.97$; $m = .83$). Based on their pattern of observed behaviors during limit-setting, children were classified into one of four different response-to-limits classifications: persistent disengaged, persistent compliant, autonomous compliant, or autonomous disengaged. The autonomous-compliant classification represents more optimal self-regulation, and was found to be the predominant classification among both AA

and EA children at this age (Houck and LeCuyer-Maus 2002; LeCuyer-Maus and Houck 2002; LeCuyer 2014; LeCuyer and Swanson 2016). Because the focus of this study was on more mature autonomous-compliant self-regulation, children's self-regulation was represented by a dichotomous variable indicating autonomous compliant or not ($k = .82-.97$). Toddlers designated as autonomous-compliant may have persisted mildly toward the prohibited object, but also showed evidence of processing the limit on their own, such as shaking their head or finger at the prohibited object, or saying "no, no". They willingly engaged with their mothers; their activities at least did not exclude their mother and could include calm discussion or questions about the limit or the object. Non-autonomous compliant children either did not follow their mothers' commands or distractions, excluded or avoided their mothers during the interaction, persisted excessively toward the prohibited toy, or displayed a combination of those behaviors.

Data Analyses

To first examine whether higher maternal authoritarian attitudes were associated with a maternal authoritative limit-setting pattern and observed children's self-regulation (autonomous compliant response to limits), two separate logistic regressions were conducted. Two dichotomous variables, representing the presence or absence of a maternal authoritative limit-setting style, and the presence or absence of children's autonomous-compliant response to limits, were regressed separately on the predictor variable, maternal authoritarian attitudes. Maternal age, education, income, child gender, and hours of non-maternal care were included as covariates in both regressions.

To examine whether a maternal authoritative limit-setting pattern would account for (mediate) the influence of maternal authoritarian attitudes on children's observed self-regulation, it was first necessary to establish conditions for a mediation effect. Based on a Sobel (1982) model of mediation, evidence would be provided for mediation if two conditions were met: (1) there was a significant association between the IV (authoritarian attitudes) and the mediator variable (authoritative limit-setting), and (2) if the association between the IV (authoritarian attitudes) and DV (children's autonomous compliant response to limits) was significantly decreased when the mediator (authoritative limit-setting) was accounted for (Baron and Kenny 1986; Preacher and Hayes 2004; Sobel 1982). The first condition would be met if maternal authoritarian attitudes associated significantly with a maternal authoritative limit-setting pattern (as determined in the first set of analyses above) and the latter condition was tested using another logistic regression. In this regression, the dichotomous variable representing the presence or absence of children's autonomous compliant response to limits was regressed on maternal authoritative limit-setting (mediator), maternal authoritarian attitudes, and covariates of maternal age, education, income, child gender, and hours of non-maternal care. The Sobel test provides a conservative test of hypothesized mediator effects when accounting for covariates in observational (descriptive) studies, and is also appropriate for use with dichotomous outcome measures (Linden and Karlson 2013; MacKinnon and Dwyer 1993; Zhao et al. 2010).

Results

For demographic information, see Participants and Procedures in the Methods section, and Table 1. In this sample of 50 African American mothers and children, total maternal authoritarian attitude scores averaged 71.77 (*range* 41–95; *s.d.* = 14.15), similar to other AA mothers of 36 month old children with comparative demographic profiles ($m = 68.15$; LeCuyer et al. 2011). In the current sample, fifty-six percent of AA mothers (28/50) in the current sample were classified as authoritative in their pattern of limit-setting behaviors; fifty percent of children (25/50) were classified as having autonomous committed/compliant responses to limits.

As first hypothesized under Aim 1a, maternal authoritarian attitudes were *negatively* and significantly associated with an authoritative limit-setting style (logistic regression $X^2(1, 6) = 12.25, p = .05$; authoritarian attitudes $B = -.06, Wald = 4.10, OR = .939, p = .04$), accounting for maternal age, education, income, child gender, and hours of non-maternal care. Mothers who used an authoritative limit-setting pattern reported a mean authoritarian attitude score of 67.58, *s.e.* = 2.60. Mothers who used a non-authoritative pattern reported authoritarian attitudes that were significantly higher ($m = 76.60, s.e. = 2.95, p = .03$). Maternal age also was positively associated with an authoritative limit-setting pattern ($B = .133, Wald = 4.35, OR = 1.176, p = .04$).

Also as hypothesized (1b), maternal authoritarian attitudes *negatively* and significantly associated with child autonomous compliant responses to limits (logistic regression $X^2(1, 6) = 16.30, p = .01$; authoritarian attitudes $B = -.06, S.E. = .03, Wald = 3.91, OR = .942, p = .05$), accounting for maternal age, education, income, child gender, and hours of non-maternal care; mean authoritarian attitudes for autonomous-compliant response to limits = 67.07, *S.E.* = 2.78; mean attitudes for non-autonomous-compliant responses to limits = 76.02, *S.E.* = 2.27. Maternal age also associated positively with children's autonomous compliant responses to limits ($B = .23; S.E. = .084, Wald = 7.35, OR = 1.26, p = .01$); older mothers were more likely to have children with autonomous compliant responses to limits.

Regarding the mediation hypothesis (Aim 2), the above finding that maternal authoritarian attitudes were significantly associated with an authoritative limit-setting style satisfied the first condition for mediation. After adding maternal authoritative limit-setting (mediator) to the regression equation predicting children's autonomous compliant responses to limits (DV), maternal authoritarian attitudes were no longer significant ($B = -.037, s.e. = .04, Wald = 1.05, OR = .96, p = .31$), satisfying with the second condition for mediation. Authoritative limit-setting significantly and strongly predicted children's autonomous compliant self-regulation in this context (logistic regression $X^2(2, 7) = 29.47, p = .001$; authoritative limit-setting $B = 2.82, s.e. = .87, Wald = 10.46, OR = 16.67, p = .001$). Maternal age again positively predicted child autonomous compliant responses to limits (self-regulation; $B = .179, s.e. = .09, Wald = 3.89, OR = 1.196, p = .05$). A one-tailed separate Sobel calculation also confirmed a significant mediation effect (*Sobel statistic* = $-1.73; p = .04$; Preacher and Hayes 2004; Sobel 1982).

Discussion

In this sample of AA mothers and children, results included that AA mothers' authoritarian attitudes were associated with less optimal maternal limit-setting behavior, and with less optimal children's self-regulation (responses to their mothers' limits). Additionally, maternal limit-setting significantly mediated the effects of maternal attitudes on children's responses to limits. That is, mothers' attitudes appeared to influence their limit-setting behaviors in that *less* authoritarian attitudes were associated with more optimal limit-setting behavior, which in turn influenced their children's responses to limits. This direction of effects from authoritarian attitudes to parenting behaviors and children's outcomes is similar to other findings within AA families (e.g., Querido et al. 2002; Tamis-LeMonda et al. 2009), as well as within EA families.

The direction of effects of authoritarian attitudes on maternal and child behavior within this group of AA mothers with 3 year old children are consistent with commonly held conceptualizations of authoritarian and authoritative parenting patterns. This is somewhat puzzling given other findings showing more positive outcomes from authoritarian attitudes in AA families, when compared with EA families. One explanation may be that while AA mothers may hold higher authoritarian attitudes *relative to attitudes of EA mothers* (LeCuyer et al. 2011), when looking at AA mothers' attitudes *relative to those of other AA mothers*, higher maternal authoritarian attitudes may still be associated with less optimal parenting behaviors and less optimal children's outcomes, such as found in this sample. In other words, while the relative *positioning* of authoritarian attitudes in these two ethnic groups may differ—that is, mean authoritarian attitudes may tend to be consistently higher among AA mothers relative to EA mothers—the *direction* of *association* between maternal attitudes, parenting behaviors and children's outcomes in EA and AA mothers may be the same, so that when each group is examined separately, higher authoritarian attitudes have negative effects in both groups (Bond and Van de Vijver 2011; Burchinal et al. 2010).

If this is the case, what might be reasons for, and implications of, higher authoritarian attitudes among AA mothers, relative to EA mothers? When conceptualizing authoritative and authoritarian patterns of parenting with pre-school and older children, Baumrind consistently held that authoritative parents could be as firm as authoritarian parents, but were more loving and responsive (Baumrind and Black 1967; Baumrind 1983, 1996; Baumrind et al. 2002). While the amount and nature of control used may vary with individual children, e.g., the child's temperament or age, it must be sufficient enough to allow the child to be aware of complying with external standards. It cannot, however, be overly strong or harsh, which may be associated with excessive anxiety, lack of compliance, or rebellion. Following this premise, some parents may use somewhat higher levels of control, including with pre-school children, yet with adequate warmth and responsiveness to facilitate secure attachments and eventual internalization of socially appropriate standards and norms (Baumrind et al. 2002). In support of this view, AA mothers in the current sample used *fewer* of some supportive strategies relative to EA mothers (LeCuyer 2014), and thus proportionately more directive strategies, but most (56 %) still used sufficient supportive strategies to be classified as authoritative. AA mothers used less reasoning and praise, but used high levels of distraction, sensitive follow, and also physically held their children more

than was observed for EA mothers. Holding or more prolonged body contact has been hypothesized to be functionally equivalent to warmth, support, and guidance in families and societies with more hierarchical relationships and emphasis on interdependence (Feldman et al. 2006; Keller et al. 2004). Whereas in EA children at 36 months, higher levels of holding were associated with less optimal parental limit-setting and diminished self-regulation at 36 months (LeCuyer and Houck 2006), holding in the context of proportionately more directive strategies may assist children to more readily accept prohibitions, regulate their emotions, and develop the capacity for compliance, such as in these AA families. Including items to assess parental use of holding in other observational and attitudinal measures may further assist to examine the effects of holding in these and other families.

Reasons for more authoritarian attitudes and directive strategies in AA families relative to EA families, may include AA parents' concern regarding social-economic or developmental "imperatives", or children's safety and development in the context of unsafe neighborhoods, scarce resources, or the potential for racially inequitable treatment (Brody and Flor 1998; Burchinal et al. 2010; Deater-Deckard and Dodge 1997; Fagan 2000; Horn et al. 2004; Kelley et al. 1992; McWayne et al. 2008; Nomaguchi and House 2013). The word "imperative" implies most parents experiencing these conditions will make concerted efforts to protect their children from potential negative consequences. While many studies account for demographic variables such as age, income, and education (including the current study), few include variables of perceived or actual neighborhood safety, racism, or discrimination. African American mothers may be concerned that their children, or their parenting, may be judged more harshly in contexts of actual or perceived racism (Hill, 1995; Cauce et al. 1996). They may want their children to behave properly, stay out of trouble, and avoid scrutiny, and accordingly their parental expectations may incorporate narrower ranges of acceptable behavior, firmer limits, and more structure. Items on the CRPR authoritarian attitude scale with the highest factor loadings in this sample included "I let my child know how ashamed and disappointed I am when s/he misbehaves", "I teach my child to keep control of his/her feelings at all times", "I want my child to make a good impression on others", and "I don't want my child to be looked on as different from others". Higher levels of "restrictive" attitudes can be seen as protective and prudent under socially inequitable conditions.

Data about maternal use of physical strategies, beyond holding or removing children's hands or feet from the prohibited object, were also not gathered for the current study. Very few mothers will enact physical discipline strategies while being observed, such as for a research study. Socio-economic imperatives, however, have been implicated in the greater use and acceptance of physical disciplinary strategies in AA families. Sixty-one percent of AA mothers in a national sample endorsed spanking as the best response to children's misbehavior (McLoyd et al. 2007; $n = 890$). However, in another study of AA families in Iowa and Georgia (outside inner-city core areas, $n = 683$; Simons et al. 2013), the largest percentage of families were determined to be authoritative (28.3 %), who reported *no* use of physical discipline. Another 9.8 % were classified as "no-nonsense"; this pattern was defined similarly to an authoritative pattern, with high levels of both control and responsiveness, but also with corporal punishment (physical discipline). This pattern was more effective than other *non*-authoritative patterns, but was associated with more

delinquency relative to an authoritative pattern without physical punishment. Other studies have identified “no-nonsense” parenting patterns in AA families; Brody and Flor (1998) characterized this pattern as adaptive in response to dangerous neighborhoods experienced by parents living in lower socioeconomic environments more generally (in McGroder 2000). While the benefits of an authoritative pattern seem to be more positive than other patterns, even with the use of physical strategies, further study may assist to determine uses/outcomes of physical strategies within existing patterns to facilitate understanding of parental choices for limit-setting strategies and their effects (Baumrind et al. 2002; Simons et al. 2013). Baumrind (1996) wrote that physical measures may be perceived as needed to communicate the urgency and importance of a limit, and for internalization of compliance. Simons et al. (2013), however, studying AA families outside inner-city core areas, found that more parents high on “demandingness” used fewer physical strategies. Demandingness was defined as maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys. Perhaps parents comfortable using disciplinary efforts consistent with the child's maturity and level of parental supervision needed, perceive less need for physical measures. The use of physical measures may also vary based on factors such as children's temperament and age, again local neighborhood characteristics (e.g., safety), perceptions of racial discrimination, or other social imperatives. Further inquiry may assist to develop more nuanced hypotheses about differences in positioning and strength of association between EA and AA families' attitudes, limit-setting strategies, and children's self-regulation (Bond and Van de Vijver 2011). Such knowledge is expected to facilitate further understanding among professionals working with families seeking assistance.

It is also important to understand the presence of protective or supportive factors that may balance more restrictive attitudes or disciplinary practices, in contexts of unsafe neighborhoods, or racial and social inequity. Within-group inquiry can provide further data about these factors, including influences and processes in daily living. Racial socialization, for example, refers to social experiences or beliefs through which children develop their sense of ethnic or racial identity, esteem, and self-worth (Elmore and Gaylord-Harden 2013; Richardson et al. 2015). Racial socialization can include parental practices of assisting children to understand and appreciate their heritage and ethnic sources of strength, and how to cope with negative experiences such as racial discrimination. Racial socialization messages have been found to occur more frequently with older children (Elmore and Gaylord-Harden 2013), though parents' own racial identity may vary (Hughes et al. 2006) and may influence their socializing processes with children at any age (Halgunseth et al. 2005).

In conclusion, this study contributes to existing information about AA mothers' authoritarian attitudes, limit-setting, and their 3 year-old children's responses to limits. A strength of this study is the use of observational data, and our findings are consistent with those of several other studies examining authoritarian attitudes, parenting, and children's outcomes within AA families. Our findings, based on observational data of limit-setting interactions, suggest that while the overall level of authoritarian parenting attitudes held by AA mothers may be higher than those held by EA mothers, the direction of effects of authoritarian attitudes is similar, consistent with more traditional conceptualizations of authoritarian and authoritative constructs. Observational data indicated that these AA mothers' use of an *authoritative* limit-

setting style (firm limits within the context of overall warmth and responsiveness), was associated with their children's better self-regulation. Further study is needed to develop more nuanced hypotheses regarding restrictive, authoritarian parenting in a variety of ethnic groups, to answer questions of “how much is too much?” or perhaps more clearly, “what combinations of attitudes and strategies may work best?” for young children's optimal development and safety across different child-rearing contexts.

Limitations

Limitations include the relatively small sample size; and mothers had relatively low levels of income; these findings may not apply to families in higher income brackets or with more resources. In addition, our data is cross-sectional, which cannot account for longitudinal influences on children's outcomes, such as neighborhood and later educational experiences. In addition, intergenerational influences are not accounted for. Another limitation is that while significant and conceptually meaningful relationships were found between maternal attitudes, limit-setting, and children's self-regulation in this AA sample, authoritative and authoritarian parenting patterns may not capture the most meaningful dimensions of parenting attitudes or behaviors in AA families (Bluestone and Tamis-LeMonda 1999). It is noteworthy that there are still relatively few published studies examining within-group parenting processes in African American families in regard to children's developing self-regulation (Tamis-LeMonda et al. 2008; McGroder 2000). At the time this manuscript was written, there were several completed dissertation studies not yet published on this topic; hopefully those studies will be submitted for peer review and publication, for broader dissemination.

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Table 1

Sample demographics

Child gender	<i>N</i>			
Boys	15			
Girls	35			

Attribute	<i>M</i>	(SD)	Range
Maternal age	28.56	(6.55 years)	18–53 years
Maternal years education	12.68	(1.54 years)	9–18 years
Gross monthly household income ^a	\$1500–1699	(\$199)	<\$250– 10,000
Hours/day non-maternal care ^b	12.06	(9.42)	0–48 h

N = 50 mother and children

^a Mothers reported their gross monthly income as less than \$250, \$250–499, then by increments of \$199; i.e., \$500–699, \$700–899, up to greater than or above \$10,000

^b Non-maternal care included care by partners, family members, friends, day care, or pre-school