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West J Nurs Res 2013 35: 514 originally published online 13 June 2011
DOI: 10.1177/0193945911411494

Western Journal of Nursing Research
35(4) 514–533

DOI: 10.1177/0193945911411494
wjn.sagepub.com
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The Role of Culture in Parents' Socialization of Children's Emotional Development

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Abstract

Parents' emotion coaching of children and modeling of effective emotional responses are associated with children's positive emotional development. However, much of the research in this area has been with European American families. This study examined parents' self-reports about their emotion regulation patterns and coaching their children about emotions, across three racial and ethnic groups (African American, European American, and Multiracial), to determine how well these parental behaviors predicted their children's self-reports of depressive and anxiety symptoms 18 to 24 months later (N = 99). For the African American families, a higher level of coaching about anger and sadness by mothers was linked with lower depressive symptoms in their children. A higher level of anger coaching by fathers within the Multiracial group was also associated with lower anxiety and depressive symptoms. This study supports the importance of cultural values, within racial and ethnic groups, in parenting approaches associated with children's mental health outcomes.

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Keywords

descriptive quantitative, methods, parenting/families, population focus, emotional regulation, parental emotion coaching, ethnic/cultural approaches to parenting

It is well established that parenting styles play a critical role in children's emotional development. A major area of past research on parenting examined the disciplinary style used in parenting and the predominant affects parents display toward their children. In general, when parents use inconsistent and restrictive discipline techniques coupled with an affect that is cold and hostile, research shows that their children will display more negative affect, are more easily stressed, and have poorer social interactions than children whose parents use a restrictive or permissive disciplinary style with a warm affect (e.g., Baumrind, 1967, 1971, 1987; Gray & Steinberg, 1999; Steinberg, 2001). The Cowans and their colleagues found such results in their longitudinal studies of the transition to parenthood (Cohn, Cowan, Cowan, & Pearson, 1992; Cowan, Cowan & Mehta, 2009). Other researchers (Ainsworth, Bell, & Stayton, 1971; Becker, 1964; Maccoby & Martin, 1983; McHale, 1998) have found comparable positive childhood outcomes when parents use warm, engaged and responsive, or emotionally involved parenting styles. This work, although important, needs to be extended beyond the disciplinary situation to encompass the strategies parents use to prepare their children to recognize and understand their own emotions and to develop remediation techniques for regulating emotions.

In this study, we are using the category "racial group" to identify three distinct groups of families: African American, European American, and Multiracial couples and their children. The idea of race as a research variable has been long critiqued in the literature (see Fullilove, 1998; LaVeist, 1994; Rivara & Finberg, 2001; D. R. Williams & Jackson, 2000), including the concern that other measures of group identity such as socioeconomic status are not equivalent proxies for race (D. R. Williams, Mohammed, Leavell, & Collins, 2010). Racial categories can be a valuable way to identify groups with shared social, economical, political, and religious experiences in society. For example, although President Barack Obama is known to be a man from a Multiracial background (e.g., his mother was European American, his father African), he is "read" or identified in U.S. society as an African American, not a Multiracial, man. He may self-identify as Multiracial, honoring his heritage from both parents, but his social, economical, and political experience in the United States has been that of most African American men. This example is useful in helping to understand why

we used the categories "racial groups" to identify the experiences and outcomes of families in this study.

Inherent in research of this type is the risk of stereotyping and/or marginalizing certain racial and/or ethnic groups because their parenting styles differ from European Americans. In our work, the utility of observing and reporting parenting practices within an ethnic equivalency model is to highlight similarities in parenting practices and child outcomes across different racial and/or ethnic groups as well as to describe a range of parenting practices and child outcomes within racial and/or ethnic groups. Therefore, the current study examined parental behaviors associated with the emotional development of their children. We included both fathers' and mothers' emotion coaching and emotion regulation patterns and evaluated whether there is ethnic equivalency across three racial and ethnic groups in which parenting behaviors are linked to positive mental health outcomes. We sought to find whether there were certain parenting practices that, although maybe specific to a particular racial or ethnic group, may add to the tool kit of practices that can be useful for parents from all groups. To this end, the study offers a unique window on family processes that may provide useful information in better understanding the challenges and successes in parenting by assessing European American, African American, and Multiracial families.

There is now a large body of research that links how parents socialize their children about emotional behavior with developmental outcomes. Denham and her associates (e.g., Denham, Mason, & Couchoud, 1995; Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blaire, 1997) found that emotional competence in preschoolers was predicated on how parents teach their children about emotions through modeling and positive coaching behaviors. Work by other researchers such as Eisenberg has extended this relationship between parenting and emotional competence to middle childhood and adolescence. These researchers found that the manner in which parents respond to their children's emotions and their emotion-related practices are linked to children's social competence and prosocial behavior (e.g., Buck, 1984; Eisenberg, Fabes, & Murphy, 1996; Eisenberg, Losoya, et al., 2001; Gottman, Katz, & Hooven, 1997; Hooven, Gottman, & Katz, 1995; Katz & Gottman, 1991; Zeman & Shipman, 1997). The construct of "emotion regulation," or the processes a person uses to monitor his or her emotional responses, has emerged as central to this research.

The ability of the individual to adaptively self-regulate her or his response to distressing, arousing stimuli in the environment is a hallmark of developmental health (e.g., Garber & Dodge, 1991; Thompson, 1991; Underwood, 1997; Walden & Smith, 1997). Maladaptive responses to emotionally

arousing situations, that is, emotional dysregulation, are those responses that are problematic for a child in a situation-specific event (Garber & Dodge, 1991). These responses are considered maladaptive because a child can either overregulate an emotion or underregulate an emotion (Eisenberg, Gershoff, et al., 2001). Overregulation of an emotion can result in feelings such as anxiety or depression, whereas underregulating emotions can result in behaviors such as aggression. Such maladaptive responses can lead to problematic emotional outcomes, including internalizing behaviors (e.g., depression, anxiety, and withdrawal) or externalizing behaviors (e.g., aggression, oppositional disorders, delinquency, and school problems) during childhood and adolescence (e.g., Achenbach, 1991; Leadbeater, Kuperminc, Hertzog, & Blatt, 1999).

"Emotion coaching" of children by parents involves teaching children to recognize their own emotions and using adaptive remediation techniques when experiencing strong emotions such as anger and sadness (Hooven et al., 1995). In contrast, "emotion dismissing" takes place when parents do not notice their children's negative emotions until they are exaggerated, minimize their children's experience of emotions, and/or punish them for the expression of strong negative emotions. Previous studies document that when children are able to effectively engage these techniques to regulate strong emotions and return themselves to a state of equilibrium, they are less likely to exhibit externalizing or internalizing behaviors such as aggression, depression, or anxiety (Bowie, 2010; Cole, Martin, & Dennis, 2004; Gottman, Katz, & Hooven, 1996; Hill, Degnan, Calkins, & Keane, 2006; McDowell, Kim, O'Neil, & Parke, 2002; Zeman, Shipman, & Suveg, 2002). What these results mean is that children who are taught to understand their negative emotions, rather than dismissing or suppressing them, are able to minimize negative affect through self-awareness and self-soothing. These results suggest that the most effective strategy for the regulation of emotion is through heightened awareness of and coping with one's own emotions, which can best be learned during moments when the child is emotional (state-dependent learning).

Parents may also have an impact on children's ability to regulate their emotions because the parents are not skilled at regulating their own emotions (emotion dysregulated). Research on the correspondence of parents' emotion dysregulation with children's problematic emotional outcomes indicates that when parents have difficulty managing their own anger, their children display externalizing behaviors (Sweda, Sines, Lauer, & Clark, 1986). Likewise, when parents report that their depressive symptoms interfere with their quality of life, their offspring exhibit internalizing and externalizing behaviors (Kane & Garber, 2004; West & Newman, 2003). Thus, when parents model

dysregulated emotional behaviors, this can be associated with internalizing and externalizing developmental outcomes in their children.

Most of what we know about how parents teach their children about emotions through modeling and positive coaching behaviors is based on research with European American families. Although there is research on parenting practices and children's internalizing and externalizing behaviors among African American, Hispanic/Latino, and Asian American populations, these studies focus on the same disciplinary, engagement, and emotional valences found in the earlier studies with European American families. Adding to this limitation of the parenting literature is the absence of published studies on how parenting strategies in Multiracial families (i.e., the mother and the father have different racial and/or ethnic heritage) are associated with emotional development. These are critical issues because there is reason to believe that findings from studies on European American families may not generalize to other racial and/or ethnic families. More specifically, those parenting practices that lead to healthy emotional development in European American children may not be the parenting practices that result in healthy emotional development in African American, Multiracial, Hispanic/Latino, Asian American, or American Indian children.

Lamborn and Felbab (2003) highlighted the importance of examining whether parenting practices in different racial and/or ethnic families have equivalent outcomes for children. The ethnic equivalence model proposes that patterns of socialization processes in families leading to positive child development are universal across racial and ethnic groups. In contrast, the cultural values model posits that what constitutes successful parenting strategies in one racial or ethnic group may be different from those parenting behaviors that lead to optimal child developmental outcomes in another racial or ethnic group because of the social ecological factors that are unique to each racial and ethnic population.

What research exists on successful parenting strategies in minority groups shows mixed findings. In a longitudinal study of 152 single-parent African American mothers and their children, Brody, Kim, Murry, and Brown (2005) modeled their results across the three time points of the study and found that involved parenting with emotional support at Time 1 (T1) was linked, 1 year later (Time 2 [T2]) with the target children's lesser practice of masking their competence to peers and reduced desire for peer acceptance. The T2 measures of masking competence and desire for peer acceptance were negatively associated with the children's cognitive competence at T2. Children with greater cognitive competence at T2, in turn, had lower externalizing and internalizing symptoms 1 year later at Time 3 (T3). The researchers' model

controlled for internalizing and externalizing symptoms at T1, thus the mental health measures at T3 represented a change in internalizing and externalizing across the time points of the study. The parenting practices of greater involvement with one's children and more emotional support for one's children appeared to have a cascading, positive, impact on the African American children's mental health. Jackson-Newsom, Buchanan, and McDonald (2008) found that although maternal warmth is an important predictor of positive outcomes across different racial and ethnicity groups, greater behavioral control by mothers in the African American families was not associated with any less maternal warmth. A U.S. study of families living in low-income urban areas found the parenting factors significant in predicting delinquency, depressive symptoms, and school problems were different for African American and Hispanic/Latino adolescents (Roche, Ensminger, & Cherlin, 2007). Roche and colleagues found that although permissive and disengaged parenting were associated with greater rates of delinquency among African American youth, and punitive parenting by African American mothers was linked to increased delinquency and school problems, among Hispanics/Latinos it was the mothers' engagement in their children's schooling that was associated with reductions in delinquency and depressive symptomatology. Deater-Deckard, Dodge, Bates, and Pettit (1996) found that physical discipline was associated with externalizing behaviors in European American children but not among African American children. A comparative study of parenting practices in African American, Asian American, and European American families found that authoritative parenting in all of the families, regardless of ethnicity or social economic status, was associated with the fewest depressive symptoms, whereas unengaged parenting yielded the greatest number of depressive symptoms in all three groups. These last set of findings on authoritative parenting, as noted by Lamborn and Felbab (2003), are consistent with a body of research that indicates that authoritative parenting has beneficial effects on children's development across different racial and ethnic groups (Jambunathan, Burts, & Pierce, 2000; Milevsky, Schlechter, Netter, & Keehn, 2007; Simons & Conger, 2007; Steinberg, 2001; L. R. Williams et al., 2009). The mixed outcomes in the research reviewed above suggest the importance of assessing whether there are universal principles about which parenting behaviors predict future child emotional developmental outcomes. Although we are not necessarily advocating one parenting style over another, we argue that to capture the useful aspects of emotion regulation patterns for all children, the focus of parenting research across multiple racial and ethnic groups needs to move beyond the disciplinary style used in parenting and the predominant affects parents display toward their children, found in the earlier

research with European American families, to examine how parents socialize their children about emotions.

This study examined fathers' and mothers' self-reports about their emotion regulation patterns and coaching their children about emotions, across three racial and ethnic groups, to determine how well these parental behaviors predicted their children's self-reports of depressive and anxiety symptoms 18 to 24 months later. More specifically, we assessed which parenting behaviors were associated with the most beneficial child outcomes *within* three different racial/ethnic family groups (African American, European American, and Multiracial). We predicted that children's mental health outcomes of anxiety and depressive symptoms would be linked to how parents model emotion regulation (or dysregulation) and teach their children about emotions through positive coaching behaviors. More specifically, we hypothesized the following:

Hypothesis 1: Dysregulated emotions in the parents would be associated with greater anxiety and depressive symptoms in the children.

Hypothesis 2: More emotion coaching by the fathers and mothers would be correlated with fewer anxiety and depressive symptoms in the children.

Hypothesis 3: There would be no significant differences in mental health outcomes between the three racial/ethnic groups.

Method

Sample and Recruitment

The current analysis is part of a larger 5-year longitudinal study of parenting and children's internalizing and externalizing behaviors. Participants for the 5-year longitudinal study were recruited by information sheets sent to families through public and private schools, flyers posted in community settings, articles in several local newspapers in the Puget Sound area of Washington State, presentations at community events, and word of mouth. Married couples expressing an interest in participating in the study were contacted. Oral assent to participate in the screening interviews was obtained before the telephone interviews were conducted.

The sample consisted of 129 families recruited from the Puget Sound area of Washington State. Effect size for the analyses of variance between groups (η^2) ranged from .02 to .16, indicating a small to large effect (Cohen, 1988). Because Multiracial (i.e., mother and father have different racial and/or ethnic identities)

and African American families have not been well represented in many studies, a concerted effort was made to oversample families with these ethnic backgrounds. Measures were taken at baseline or T1, 18 months later at T2, and 30 months after baseline at T3. Data collection occurred in an off-campus laboratory setting and within family homes. (See Bowie, 2010, for a more complete description of recruitment and data collection procedures.)

This study's analyses were based on data collected from 99 sets of parents and children at T1 and T2. Two ethnic groups, Asian Americans and Hispanic Americans, were excluded from the analysis due to small sample size (Asian Americans $n = 12$; Hispanics $n = 4$). Participants were also excluded if data were missing from the T2 Behavior Assessment System for Children–Child's Self-Report of Personality Anxiety and Depressive Symptoms subscales (BASC-SPR; Reynolds & Kamphaus, 1998) or if both parent measures of the Meta-Emotion Interview were missing. After these exclusions, the sample of 99 families used for this study included 25 African American, 40 European American, and 34 Multiracial families. There were 46 boys (46.5%) and 53 (53.5%) girls in the sample. Income ranges for the families were 35% earning less than US$50,000, 36% between US$50,000 and US$80,000, and 29% more than US$80,000 per year.

Human Subjects Approval

The Family Health Project Human Subjects Application was approved by the University of Washington Institutional Review Board (Human Subjects Division) for study recruitment and procedures in February, 2002 (Human Subjects Research Compliance [HSRC] approval no.: 01-0494-C/E-4). Written informed consents were obtained from parents for the full study and oral assents from children at the time of each data collection.

Measurements and Procedures

Married parents with children ages 7 to 9 years were interviewed individually at T1 using the Meta-Emotion Interview to measure that each parent's emotion regulation/dysregulation patterns and emotion coaching (Hooven et al., 1995). Outcome variables at T2 included the children's reports about their anxiety (BASC-C; Reynolds & Kamphaus, 1998) and depressive symptoms (BASC-C; Reynolds & Kamphaus, 1998). Measures are described in further detail below.

Child measures: Anxiety and depressive symptoms. The BASC-C (Reynolds & Kamphaus, 1998) is composed of 152 items rated by the child as either true

or false. The T2 Anxiety and Depressive Symptoms subscales from the BASC-SPR were used to examine the predictive association with T1 parent measures of emotion coaching and modeling of emotion regulation. The questionnaires were provided to the children on computers. A research assistant sat with each child and read the questions aloud. The child then answered each question using the computer keyboard. Internal consistency was .87 and .89 and test–retest reliability was .77 and .75, respectively. Reynolds and Kamphaus (1998) reported a Cronbach's alpha of .94 for both scales.

Parent emotion regulation and coaching. The Parenting Meta-Emotion Interview (PMEI; Hooven et al., 1995) is a semistructured series of questions aimed at gathering information about a person's understanding about his or her own emotions as well as the parent's approach to socializing emotion expression in his or her child. The PMEI is organized around the emotions of sadness, anger, and pride. Each parent is interviewed separately and interviews are videotaped for later viewing and coding. Examples of questions are, "What was your experience of sadness when you were growing up?" and "What do you think you are trying to teach your child about anger?" Coders rank parental responses on a 5-point Likert-type scale ranging from "strongly agree" to "strongly disagree" for each of four dimensions—awareness, acceptance, dysregulation of their own emotions and their child's emotions, and coaching of their child's emotions (anger and sadness). Each of the constructs receives a score that is the sum of the ratings for statements related to that construct. For example, 11 statements, such as "Parent teaches strategies to help the child soothe his or her anger (child's emotion)," are rated individually and then added together to assess overall parental coaching of child's anger. (For a copy of the entire interview refer to Doohan and Carrère (2005) in Manusov (Ed.) *The Sourcebook of Nonverbal Measures*.) Interrater reliability (intraclass correlations) ranged between .86 and .90 for the spouses' emotion dysregulation and emotion coaching scales.

Results

An initial inspection of the data revealed less than 10% missing, therefore, imputation methods were not employed (Newman, 2003). Two of the children's BASC-C scores were problematic due to instrument errors associated with computer data collection methods and were thus dropped from the final analysis. If one parent was missing data from the Meta-Emotion Interview, the other parent's scores were retained in the analysis. Table 1 provides the means and standard deviations of the major study variables after dropping the two outlying participants.

Table 1. Means and Standard Deviations of Major Study Variables by Ethnic Group (N = 99).

	African American	European American	Multiracial
	M (*SD*)	*M* (*SD*)	*M* (*SD*)
Child anxiety symptoms	49.6 (11.6)	41.7 (8.6)	44.9 (9.7)
Child depressive symptoms	49.3 (9.5)	42.6 (3.1)	45.2 (5.8)
Mother's emotion coaching about anger	38.2 (9.0)	40.4 (5.8)	39.9 (6.6)
Father's emotion coaching about child's anger	40.7 (9.4)	38.8 (7.5)	36.3 (6.9)
Mother's emotion coaching about child's sadness	39.5 (8.0)	43.6 (4.6)	43.5 (6.0)
Father's emotion coaching about child's sadness	39.6 (7.1)	39.2 (7.5)	37.7 (7.5)
Mother's sadness dysregulation	11.0 (3.7)	10.9 (2.4)	10.8 (2.9)
Father's sadness dysregulation	8.8 (1.7)	9.9 (2.9)	10.9 (3.4)
Mother's anger dysregulation	12.9 (3.9)	13.8 (3.1)	14.0 (3.4)
Father's anger dysregulation	12.3 (4.3)	13.4 (3.0)	14.2 (4.1)

To explore the differences between the ethnic groups on the major study variables, a one-way analysis of variance was conducted. There was a statistically significant difference in children's scores for both anxiety, $F(2, 96) = 5.36$, $p = .006$, and depressive symptoms, $F(2, 96) = 9.21$, $p < .001$. Post hoc comparisons using the Tukey honestly significant difference (HSD) test indicated that the mean depressive symptom (49.3) and anxiety scores (49.6) for African American children were significantly higher than the means for European American children's depressive symptoms (42.6) and anxiety scores (41.7). The African American children also had mean depressive symptoms that were significantly higher than Multiracial children (45.2). There was also a statistically significant difference for fathers' level of sadness self-regulation, $F(2, 96) = 3.6$, $p = .03$. Post hoc comparisons indicated that the fathers in Multiracial families had a significantly higher mean level of sadness dysregulation (10.9) than the African American fathers (8.8). There were no significant differences between the three family groups in the levels of emotion coaching they gave their children about sadness and anger, except for the coaching of sadness by mothers, $F(2, 95) = 4.33$, $p = .02$. Post hoc comparisons indicated that the African American mothers' mean level of

Table 2. Correlations of T1 Parent Variables and T2 Child Outcome Variables by Ethnic Group.

	African American Families (n = 25)		European American Families (n = 40)		Multiracial Families (n = 34)	
	Child Anxiety Sx	Child Depressive Sx	Child Anxiety Sx	Child Depressive Sx	Child Anxiety Sx	Child Depressive Sx
Mother's emotion coaching about anger	–.33*	–.49**	.33*	.27	–.25	–.11
Father's emotion coaching about anger	.14	.13	–.05	–.17	.07	–.05
Mother's emotion coaching about sadness	–.35*	–.29	.24	.13	.15	.18
Father's emotion coaching about sadness	–.18	–.12	–.05	–.19	.02	.07
Mother's sadness dysregulation	.26	.47*	–.29*	–.28*	.15	.18
Father's sadness dysregulation	–.05	–.22	–.11	–.16	.02	.07
Mother's anger dysregulation	.42*	.57*	–.28*	–.26	.19	.11
Father's anger dysregulation	.12	.29	.10	.07	.34*	.40*

Note: T1 = Time 1; T2 = Time 2; Sx = symptoms.
*p < .05.**p < .01.

coaching about sadness was less (39.5) than both European American mothers (43.6) and Multiracial mothers (43.5).

Pearson product-moment correlations were used to examine the association between the T1 Parent Meta-Emotion Variables and T2 Child anxiety and depressive symptoms within each of the three ethnic family groups. Descriptive analyses are presented below. Assessments of the relative strengths of the correlations are provided (Field, 2009). A summary of these correlations can be found in Table 2.

Results by Family Group

African American families. African American families had moderate associations between the T1 mothers' self-reports of coaching their children about sadness and fewer anxiety symptoms reported by their children at T2 ($r = –.35$). The greater use of emotion coaching by mothers to teach their children about anger was associated with lower anxiety levels ($r = –.33$) and depressive symptoms ($r = –.49$). The ability of mothers to regulate their anger adaptively was linked to both the children's reports of lower anxiety levels ($r = .42$) and fewer depressive symptoms ($r = .57$). Similarly, the ability of mothers to regulate their sadness was linked to their children's reports of lower depressive symptoms ($r = .47$). There was a weak correlation between fathers' anger dysregulation and their children's reports of depressive symptoms ($r = .29$).

European American families. European American mothers' level of coaching provided to their children about anger was positively correlated with the children's self-reports of anxiety ($r = .33$). There were only very weak correlations between the fathers' parenting practices and child outcomes within this group.

Multiracial families. Fathers' ability to regulate their anger was moderately linked to lower reports of both depressive symptoms ($r = .40$) and anxiety ($r = .34$). Within this group, correlations for the mothers' parenting practices and child outcomes were weak.

Post hoc analyses. To further explore the unexpected, and counter intuitive inverse relationship between mother variables and child outcomes in the European American group, the question was asked whether outcomes were "dose" related. In other words, was it possible that a higher level of anger emotion coaching adversely affected child outcomes? To test this question, a post hoc analysis was performed examining whether there was a quadratic trend in the data. When linear and quadratic regression tests were performed, there was neither a significant linear ($p = .237$-$.713$) or quadratic ($p = .189$-$.931$) trend present for these variables.

Discussion

In general, these results support other research that demonstrated that parental coaching and modeling about strong emotions is associated with externalizing and internalizing behaviors such as anxiety and depressive symptoms. The results also support the premise that similar parental behaviors across racial/ethnic groups can lead to different outcomes *within* groups. In the present study, for the most part, there were no significant differences between the

three groups with regard to the level of parental coaching about anger and sadness. The one exception to this general finding was that African American mothers provided less coaching to their children about the emotion of sadness.

There were differences between the groups on the association between the parents' variables and the children's mental health outcomes. This was the case for the correlations between parental coaching and the children's symptoms of anxiety and depression. For the African American families, a higher level of coaching about anger and sadness by mothers was linked with lower depressive symptoms in their children. Similarly, a higher level of anger coaching by fathers within the Multiracial group was also associated with lower anxiety and depressive symptoms.

There were also differences between the three groups of families in the relative presence of a correlational association between the parents' ability to regulate their own emotions and the children's self-reports of anxiety and depression symptoms. Within the African American families, a lower level of anger and sadness dysregulation by the mothers was moderately associated with lower anxiety and depressive symptoms in children. Such relationships between the parents' emotion regulation patterns and the children's outcome measures were not found for the European American or Multiracial families.

An interesting finding was the differences in associations with children's outcome variables between mothers and fathers within the same racial/ethnic group. Within the African American families, it was the mothers' modeling of successful emotional responses and coaching of strong emotions that was linked to their children's mental health outcomes. In particular, the mothers' management and coaching of anger at T1 was most associated with both anxiety and depressive symptoms for their children at T2. However, within the Multiracial families, fathers' coaching of anger, not the mothers', had the greatest association with children's outcomes.

An unexpected finding was the inverse (mothers' coaching about anger) correlation and/or lack of associations between European American mothers and fathers' modeling and coaching of sadness and anger and children's internalizing and externalizing behaviors. Similar to the African American families, mothers in the European American families seemed to have more influence than fathers; however, the correlations from this analysis were weak.

These findings are consistent with other family research, which indicate that socialization in African American families about strong emotions may play a stronger role in child outcomes than is often found in other ethnic/cultural families (Brody, Kim, Murry, & Brown, 2005; McCabe, Clark, & Barnett, 1999). Although the sample size of the present study was relatively small, it highlights for African American parents, particularly mothers, the

importance of teaching children about recognizing their own emotions around sadness and anger as well as modeling for children remediation techniques for calming themselves in the face of emotionally provocative situations. Similarly, emphasizing the importance of Multiracial fathers taking a more active role in teaching children about the expression of anger may be important in health teaching with Multiracial families.

Parental emotional socialization is vitally important to a child's long-term emotional growth (Lunkenheimer, Shields, & Cortina, 2007). Emotion coaching is an important behavior in the development of psychopathology (Cicchetti, Ackerman, & Izard, 1995). The role of both parents is important. For example, in a study of Mexican American families evaluating the degree of parental similarity–dissimilarity across parenting dimensions such as meta-emotion belief structures, parenting styles, support and responsiveness, and behavioral strategies in reaction to children's emotions, although mothers and fathers responded similarly in authoritative parenting styles, mothers were observed to engage in them more frequently (Gamble, Ramakumar, & Diaz, 2007). Stocker, Richmond, Rhoades, and Kiang (2007) examined associations between parents' emotion coaching and emotional expressiveness, and adolescents' internalizing and externalizing symptoms. Results indicated that mothers were more accepting and supportive of their children's expression of negative emotions than were fathers. Parents' coaching of emotions was associated with fewer adolescents' internalizing symptoms and was unrelated to their externalizing symptoms. Further examination of the role of fathers in contributing to a child's emotional health is warranted, as are interventions that encourage both parents to more frequently explore their role in contributing to the ways that their children regulate emotions.

Since Hofstede (1980) first defined the concept of cultural value in 1980, there has been a plethora of research examining the effects of the dimensions of culture on both individual and societal outcomes (see Taras, Rowney, & Steel, 2010, for a review of this topic). We have had the tools to identify cultural differences across groups for three decades, and yet the emphasis in this area of research has remained, for the most part, unchanged in the goal of identifying and emphasizing differences between racial/ethnic groups rather than determining the family processes that are most healthy within racial or ethnic groups to formulate effective approaches to counseling and caring for families within ethnic groups. Instead, the goal often remains—how minority family practices compare with the majority culture.

As health care providers who care for people across a continuum of care and in a variety of health care settings, we are in a unique position to assess family interactions and systems and formulate a culturally relevant plan of care to

meet the needs of each family. Much has been written about transcultural nursing, cultural competence, and cultural relevance in nursing practice. Bruni (1988) criticized the concept of transcultural nursing saying it perpetuated ethnic stereotyping and precluded the examination of environmental factors such as colonialism. However, Leininger (1988) did not intend for her theory of transcultural care to be static but rather viewed it as a dynamic theory, evolving over time, and her work provided nurses with a theoretical framework for designing care that focused on the views of patients. Advancing our understanding of the familial emotion regulation within a cultural context provides nurses with new tools with which to improve child mental health outcomes.

What is important in the design and implementation of culturally relevant care for families is the recognition that culture and ethnicity affects the beliefs, values, and behaviors of all families, no matter what their cultural/ethnic background. In her *Cultural Model of Wellness and Distress*, Arnault (2009) proposed that the perception of illness, meaning interpretation and resource exchange are all filtered through cultural models of wellness and distress. The social significance of signs of illness or distress, such as depression or anxiety, and whether it is appropriate to access support, is influenced by a family's cultural beliefs and history. Therefore, working with individual families to determine belief systems and behavior patterns around the expression and support of strong emotions is essential if health-teaching strategies to regulate these emotional states are to be effective.

A limitation of this study was the sample size ($N = 99$). Despite this limitation, our study found support for Hypotheses 1 and 2 within two of the three racial and/or ethnic groups. The finding that African American mothers' and Multiracial fathers' coaching of their children's strong emotions is associated, prospectively, with the children's lower anxiety and/or depressive symptoms warrants further study.

The notion of *who* parents children is one that we did not thoroughly explore in this article. For example, in the United States, we have traditionally used a conception of parenting that relies on an individualistic model—child, mother, father—as family unit. However, in many cultures, parenting does not just occur through the parental dyad but is often a collective activity, with many participants, including aunts, uncles, grandparents, "other mothers," and/or individuals who are unrelated by blood to the family, but may assume parental roles and practices. Our article does not distinguish between these forms of parenting. Recommendations for this research are for future studies to focus on further clarifying the role of mothers versus fathers within racial/ethnic groups in role modeling and coaching emotion regulation of strong emotions, more inclusive models of "families" and parenting, and larger

sample sizes so that there can be fine-tuned analyses of the processes associated with parenting within minority populations.

This study supports the assertion that there is not ethnic equivalence across racial/ethnic groups with regard to parenting approaches and strategies predictive of mental health outcomes for children. It would behoove researchers and practitioners to consider the roles of each parent within the cultural values of the family when designing interventions either for testing or implementation. In particular, mothers and fathers may each have a different sphere of influence on their children depending on the racial/ethnic group and what is valued within that culture. Therefore, although there are parenting behaviors (emotion coaching and modeling of emotion regulation) that may be viewed as beneficial for many families, it is important to recognize and work within the cultural beliefs of each family, valuing cultural differences in parenting within and between groups.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The research presented in this article was sponsored by grants from the National Institutes of Health (MH42484) and National Institute of Minority Health and Health Disparities (MD002722).

References

Achenbach, T. M. (1991). *Integrative guide for the 1991 CBCL/4-8 YSR, and TRF profiles*. Burlington: University of Vermont Department of Psychiatry.

Ainsworth, M. D. S., Bell, S. M., & Stayton, D. J. (1971). Individual differences in the strange situation of one-year-olds. In H. R. Schaffer (Ed.), *The origins of human social relations* (pp. 17-52). London, England: Academic Press.

Arnault, D. S. (2009). Cultural determinants of help seeking: A model for research and practice. *Research and Theory for Nursing Practice, 23*, 259-278.

Baumrind, D. (1967). Child care practices anteceding 3 patterns of preschool behavior. *Genetic Psychology Monographs, 75*, 43-88.

Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology Monograph, 4*, 1-103.

Baumrind, D. (1987). A developmental perspective on adolescent risk-taking in contemporary America. In C. Irwin (Ed.), *New directions for child development* (Vol. 37, pp. 93-126). San Francisco, CA: Jossey-Bass.

Becker, W. C. (1964). Consequences of different kinds of parental discipline. In M. L. Hoffman & L. Hoffman (Eds.), *Review of child development research* (Vol. 1, pp. 169-208). New York, NY: Russell Sage.

Bowie, B. H. (2010). Emotion regulation related to children's future externalizing and internalizing behaviors. *Journal of Child and Adolescent Psychiatric Nursing, 23*, 74-83.

Brody, G. H., Kim, S., Murry, V. M., & Brown, A. (2005). Longitudinal links among parenting, self-presentations to peers, and the development of externalizing and internalizing symptoms in African American siblings. *Development and Psychopathology, 17*, 185-205.

Bruni, N. (1988). A critical analysis of transcultural theory. *Australian Journal of Advanced Nursing, 5*(3), 26-32.

Buck, R. (1984). *The communication of emotion*. New York, NY: Guilford.

Cicchetti, D., Ackerman, B. P., & Izard, C. E. (1995). Emotions and emotion regulation in developmental psychopathology. *Development and Psychopathology, 7*, 1-10.

Cohen, J. C. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Cohn, D. A., Cowan, P. A., Cowan, C. P., & Pearson, J. (1992). Mothers' and fathers' working models of childhood attachment relationships, parenting styles, and child behavior. *Development and Psychopathology, 4*, 417-431.

Cole, P. M., Martin, S. E., & Dennis, T. A. (2004). Emotion regulation as a scientific construct: Methodological challenges and directions for child development research. *Child Development, 75*, 317-333.

Cowan, P. A., Cowan, C. P., & Mehta, N. (2009). Adult attachment, couple attachment, and children's adaptation to school: An integrated attachment template and family risk model. *Attachment & Human Development, 11*, 29-46.

Deater-Deckard, K., Dodge, K. A., Bates, J. E., & Pettit, G. S. (1996). Physical discipline among African American and European American mothers: Links to children's externalizing behaviors. *Developmental Psychology, 32*, 1065-1072.

Denham, S. A., Mason, T., & Couchoud, E. A. (1995). Scaffolding young children's prosocial responses to adult sadness, anger and pain. *International Journal of Behavioral Development, 18*, 489-504.

Denham, S. A., Mitchell-Copeland, J., Strandberg, K., Auerbach, S., & Blaire, K. (1997). Parental contributions to preschoolers' emotional competence: Direct and indirect effects. *Motivation and Emotion, 21*, 65-86.

Doohan, E., & Carrère, S. (2005). The meta-emotion interview. In V. Manusov (Ed.), *The sourcebook of nonverbal measures: Going beyond words* (pp. 441-455). Mahwah, NJ: Lawrence Erlbaum.

Eisenberg, N., Fabes, R. A., & Murphy, B. C. (1996). Parents' reactions to children's negative emotions: Relations to children's social competence and comforting behavior. *Child Development, 67*, 2227-2247.

Eisenberg, N., Gershoff, E. T., Faves, R. A., Shepard, S. A., Cumberland, A. J., Loysoya, S. H., . . . Murphey, B. C. (2001). Mother's emotional expressivity and children's behavior problems and social competence: Mediation through children's regulation. *Developmental Psychology, 37*, 475-490.

Eisenberg, N., Losoya, S., Fabes, R. A., Guthrie, I. K., Reiser, M., Murphy, B., . . . Padgett, S. J. (2001). Parental socialization of children's dysregulated expression of emotion and externalizing problems. *Journal of Family Psychology, 15*, 183-205.

Field, A. (2009). *Discovering statistics using SPSS* (3rd ed.). Thousand Oaks, CA: SAGE.

Fullilove, M. T. (1998). Abandoning "race" as a variable in public health research: An idea whose time has come. *American Journal of Public Health, 88*, 1297-1298.

Gamble, W. C., Ramakumar, S., & Diaz, A. (2007). Maternal and parental similarities and differences in parenting: An examination of Mexican-American parents of young children. *Early Childhood Research Quarterly, 22*, 72-88.

Garber, J., & Dodge, K. (1991). *The development of emotional regulation and dysregulation*. New York, NY: Cambridge University.

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology, 10*, 243-268.

Gottman, J. M., Katz, L. F., & Hooven, C. (1997). *Meta-emotion: How families communicate emotionally*. Mahwah, NJ: Lawrence Erlbaum.

Gray, M. R., & Steinberg, L. (1999). Unpacking authoritative parenting: Reassessing a multidimensional construct. *Journal of Marriage and the Family, 61*, 574-587.

Hill, A. L., Degnan, K. A., Calkins, S. D., & Keane, S. P. (2006). Profiles of externalizing behavior problems for boys and girls across preschool: The roles of emotion regulation and inattention. *Developmental Psychology, 42*, 913-928.

Hofstede, G. (1980). *Culture's consequences: International differences in work-related values*. Beverly Hills, CA: Sage.

Hooven, C., Gottman, J. M., & Katz, L. F. (1995). Parental meta-emotion structure predicts family and child outcomes. *Cognition and Emotion, 9*, 229-264.

Jackson-Newsom, J., Buchanan, C. M., & McDonald, R. M. (2008). Parenting and perceived maternal warmth in European American and African American adolescents. *Journal of Marriage and Family, 70*, 62-75.

Jambunathan, S., Burts, D. C., & Pierce, S. (2000). Comparisons of parenting attitudes among five ethnic groups in the United States. *Journal of Comparative Family Studies, 31*, 395-405.

Kane, P., & Garber, J. (2004). The relationship among depression in fathers, children's psychopathology, and father-child conflict: A meta-analysis. *Clinical Psychological Review, 24*, 339-360.

Katz, L. F., & Gottman, J. M. (1991). Marital discord and child outcomes: A social psychophysiological approach. In J. Garber & K. A. Dodge (Eds.), *The development of emotion regulation and dysregulation* (pp. 129-158). New York, NY: Cambridge University.

Lamborn, S. D., & Felbab, A. J. (2003). Applying ethnic equivalence and cultural values models to African American teens' perceptions of parents. *Journal of Adolescence, 26*, 605-622.

LaVeist, T. A. (1994). Beyond dummy variables and sample selection: What health services researchers ought to know about race as a variable. *Health Services Research, 29*, 1-16.

Leadbeater, B. J., Kuperminc, G. P., Hertzog, C., & Blatt, S. J. (1999). A multivariate model of gender differences in adolescents' internalizing and externalizing problems. *Developmental Psychology, 35*, 1268-1282.

Leininger, M. M. (1988). Leininger's theory of nursing: Cultural care diversity and universality. *Nursing Science Quarterly, 1*, 152-159.

Lunkenheimer, E. S., Shields, A. M., & Cortina, K. S. (2007). Parental emotion coaching and dismissing in family interaction. *Social Development, 16*, 232-248.

Maccoby, E. E., & Martin, J. A. (1983). Socialization in the context of the family: Parent-child interactions. In E. M. Hetherington (Ed.), *Handbook of child psychology* (Vol. 4: Socialization, personality, pp. 1-101). New York, NY: Wiley.

McCabe, K. M., Clark, R., & Barnett, D. (1999). Family protective factors among urban African American youth. *Journal of Clinical Child Psychology, 28*, 137-150.

McDowell, D. J., Kim, M., O'Neil, R., & Parke, R. D. (2002). Children's emotional regulation and social competence in middle childhood: The role of maternal and paternal interactive style. *Marriage & Family Review, 34*, 345-364.

McHale, J. P. (1998). Beyond conflict: Family positivity and young children's adjustment. In E. Fivaz-Depeursinge & M. Papousek (Cochairpersons), *Infants and young children's development and family dynamics*. Symposium conducted at the International Society for the Study of Behavioral Development, Bern, Switzerland.

Milevsky, A., Schlechter, M., Netter, S., & Keehn, D. (2007). Maternal and paternal parenting styles in adolescents: Associations with self-esteem, depression and life-satisfaction. *Journal of Child and Family Studies, 16*, 39-47.

Newman, D. A. (2003). Longitudinal modeling with randomly and systematically missing data: A simulation of ad hoc, maximum likelihood, and multiple imputation techniques. *Organizational Research Methods, 6*, 328-363.

Reynolds, C. R., & Kamphaus, R. W. (1998). *BASC behavior assessment system for children*. Circle Pines, MN: American Guidance Service.

Rivara, F., & Finberg, L. (2001). Use of the terms race and ethnicity. *Archives of Pediatric Adolescent Medicine, 155*, 119.

Roche, K. M., Ensminger, M. E., & Cherlin, A. J. (2007). American and Latino families living in low-income, urban areas. *Journal of Family Issues, 28*, 882.

Simons, L. G., & Conger, R. D. (2007). Linking mother-father differences in parenting to a typology of family parenting styles and adolescent outcomes. *Journal of Family Issues, 28*, 212-241.

Steinberg, L. (2001). We know some things: Parent-adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence, 11*, 1-19.

Stocker, C. M., Richmond, M. K., Rhoades, G. K., & Kiang, L. (2007). Family emotional processes and adolescents' adjustment. *Social Development, 16*, 310-325.

Sweda, M. G., Sines, J. O., Lauer, R. M., & Clarke, W. R. (1986). Familial aggregation of Type A behavior. *Journal of Behavioral Medicine, 9*, 23-32.

Taras, V., Rowney, J., & Steel, P. (2010). Half a century of measuring culture: Review of approaches, challenges, and limitations based on the analysis of 121 instruments for quantifying culture. *Journal of International Management, 15*, 357-373.

Thompson, R. A. (1991). Emotional regulation and emotional development. *Educational Psychology Review, 3*, 269-307.

Underwood, M. K. (1997). Top ten pressing questions about the development of emotion regulation. *Motivation and Emotion, 21*, 127-146.

Walden, T. A., & Smith, M. C. (1997). Emotion regulation. *Motivation and Emotion, 21*, 7-25.

West, A. E., & Newman, D. L. (2003). Worried and blue: Mild parental anxiety and depression in relation to the development of young children's temperament and behavior problems. *Parenting: Science and Practice, 3*, 133-154.

Williams, D. R., & Jackson, J. S. (2000). Race/ethnicity and the 2000 census: Recommendations for African American and other populations in the United States. *American Journal of Public Health, 90*, 1728-1730.

Williams, D. R., Mohammed, S. A., Leavell, J., & Collins, C. (2010). Race, socioeconomic status, and health: Complexities, ongoing challenges, and research opportunities. *Annals of the New York Academy of Sciences, 1186*, 69-101.

Williams, L. R., Degnan, K. A., Peez-Edgar, K. E., Henderson, H. A., Rubin, K. H., Pine, D. S., . . . Fox, N. A. (2009). Impact of behavioral inhibition and parenting style on internalizing and externalizing problems from early childhood through adolescence. *Journal of Abnormal Child Psychology, 37*, 1063-1075.

Zeman, J., & Shipman, K. (1997). Social-contextual influences on expectancies for managing anger and sadness: The transition from middle childhood to adolescence. *Developmental Psychology, 33*, 917-924.

Zeman, J., Shipman, K., & Suveg, C. (2002). Anger and sadness regulation: Predictions to internalizing and externalizing symptoms in children. *Journal of Clinical Child and Adolescent Psychology, 31*, 393-398.