Published in final edited form as:

New Dir Child Adolesc Dev. 2010 ; 2010(128): 11–27. doi:10.1002/cd.266.

Gender Differences in Caregiver Emotion Socialization of Low-Income Toddlers

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Abstract

Low-income children are at elevated risk for emotion-related problems; however, little research has examined gender and emotion socialization in low-income families. The authors describe the ways in which emotion socialization may differ for low-income versus middle-income families. They also present empirical data on low-income caregivers' responses to their toddlers' emotion displays, with findings indicating more supportive and fewer punitive responses to boys' anger than to girls', but few gender differences for sadness/ anxiety. Finally, they present two models (the emotion competence model and differential emotions model) for understanding relations between emotion socialization and the development of psychopathology, particularly in low-income children.

Studies have shown gender differences in children's emotion expression as early as preschool age, with girls showing greater sadness and anxiety/fear than boys and boys showing greater anger/aggression than girls, at least for middle-class children (Brody, 1999; Cole, 1986). These patterns of expression are consistent with gender roles in U.S. culture for females to be relationship-oriented and to show "softer" negative emotions and for males to be assertive and to more freely show anger (Brody & Hall, 2000; Jordan, Surrey, & Kaplan, 1991; Zahn-Waxler, Cole, & Barrett, 1991). But how do girls and boys come to internalize gender roles and to express different patterns of emotion? Emotional arousal and emotion expression have a basis in biology (Fox, 1994). However, boys' and girls' emotions may also be influenced by messages from their environment, including from caregivers (also referred to throughout as "parents").

As discussed in Chapter One of this volume, previous studies of parental socialization of emotion have shown gender differences, with girls receiving greater supportive responses for their sadness and anxiety and boys receiving greater support for their anger (e.g., Chaplin, Cole, & Zahn-Waxler, 2005; Fivush, 1989). Notably, these studies have examined emotion socialization processes mainly in Caucasian, middle-income families. The present chapter will discuss gender and emotion socialization in low-income families. It is important to understand emotion socialization in these families, given that they encounter multiple chronic stressors that impact child emotion and parent-child interactions. We will also describe potential consequences of gender differences in parental emotion socialization for children (and, in particular, low-income children): gendered socialization may lead boys and girls to adopt different patterns of emotion that may, in their extremes, contribute to risk for different types of psychopathology (Izard, 1972; Malatesta & Wilson, 1988).

In this chapter we focus on caregivers' responses to their children's emotions in low-income families, although "emotion socialization" also includes other aspects of family life, such as parents' own expressivity (Eisenberg, Cumberland, & Spinrad, 1998; Thompson & Meyer, 2007). Also, we focus on child gender differences, although differences between mothers and fathers in their socialization practices have also been found (see Kennedy Root and Denham, Chapter One) and are important to consider in low-income families.

Child Gender Differences in Parental Emotion Socialization in Middle-Class Families

Several studies have examined differences in parents' responses to girls' versus boys' emotions, with most research being on middle-class, Caucasian families. Findings from these studies are mixed, depending on whether the study examined general negative/positive emotion or discrete emotions (e.g., anger, sadness). Typically, studies that examined parents' responses to general emotions (or studies in which discrete emotions are combined into one category for analyses) found no differences in parents' response to boys' versus girls' emotions (questionnaire studies: Eisenberg & Fabes, 1994; Katz & Hunter, 2007; Roberts, 1999; Wong, Diener, & Isabella, 2008; except see Eisenberg, Fabes, & Murphy, 1996; observational studies: Lunkenheimer, Shields, & Cortina, 2007; Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005). However, studies that examined parents' responses to specific emotions have found evidence that parents show more encouragement of girls' fear and sadness than boys' and of boys' anger than girls' (questionnaire studies: Birnbaum & Croll, 1984; Cassano, Perry-Parrish, & Zeman, 2007, Fuchs & Thelen, 1988; Klimes-Dougan et al., 2007; Zeman & Garber, 1996; observational studies: Adams, Kuebli, Boyle, & Fivush, 1995; Chaplin et al., 2005; Fivush, 1989; Fivush, Brotman, Buckner, & Goodman, 2000; Radke-Yarrow & Kochan-ska, 1990). These studies (as noted) differed in whether they used self-report or observational measures of emotion socialization. Both types of methods have strengths, with report studies revealing parent or child perceptions of socialization that cannot be observed, and observational studies showing parents' spontaneous responses to in-the-moment child emotion.

Child Gender Differences in Parental Emotion Socialization in Low-Income Families

An important consideration in research on child gender and emotion socialization is the role of socioeconomic status. It is important to determine whether the gender differences in emotion socialization found for (mostly Caucasian) middle-income families are also found for families from low-income environments (O'Neal & Magai, 2005). Children living in poverty are at elevated risk for difficulties in psychosocial, cognitive, and physical development (Brooks-Gunn & Duncan, 1997; Klerman, 1991). Low-income children show heightened levels of internalizing and externalizing behavior problems (Dodge, Pettit, & Bates, 1994; Linares et al., 2001; Qi & Kaiser, 2003), problems that are associated at least partially with emotional arousal and regulation. Poverty is also associated specifically with some aspects of emotion regulation, with low-income children showing problems with self-regulation and impulse control (Takeuchi, Williams, & Adair, 1991).

Parents living in poverty encounter significant and continuous economic and social stressors, such as inability to pay debts and difficulty meeting the family's material needs (Conger, Ge, Elder, Lorenz, & Simons, 1994). Perhaps due to increased stress, they have been found to show less responsive and more punitive parenting styles than middle-class parents (McLoyd, 1990; Pinderhughes, Dodge, Bates, Pettit, & Zelli, 2000; Woodworth, Belsky, & Crnic, 1996). Similarly, low-income parents may show unique types of emotion socialization behaviors (O'Neal & Magai, 2005). For example, a low-income parent may be too overwhelmed with life stressors to focus on encouraging or supporting a child's sadness or anxiety, emotions that do not present an immediate demand. Interestingly, O'Neal and Magai found, with a sample of inner-city low-income early adolescents, that youth perceived their parents as using more punishing responses with sadness than with other emotions. The authors interpreted this as parents' attempts to prepare the youth for their dangerous neighborhoods in which sadness displays would be a liability. Minimizing

sadness may be adaptive for navigating inner-city environments. However, suppressing sadness may have drawbacks for youth in that sadness serves several positive functions, including eliciting sympathy from others (Izard & Ackerman, 2000).

It is important to note, also, that there is variability in parenting quality and emotion socialization among families living in poverty, with some parents discouraging emotion and some showing “supportive” emotion socialization responses. In fact, supportive emotion socialization behaviors (or other behaviors that encourage positive emotional development) may contribute to resilience in low-income children. For example, Garner found that low-income African American mothers observed matching and discussion of emotions was associated with more optimal child emotion regulation (Garner, 2006), whereas mothers’ reported discouragement of emotion was associated with decreased knowledge of anger (but not fear or sadness) situations (Garner, Carlson Jones, & Miner, 1994). Further, O’Neal and Magai (2005) found that less reward of shame and greater matching of adolescents’ anger by caregivers was related to greater teacher-reported externalizing problems in low-income African American and Caribbean American early adolescents.

Gender roles for emotion may also differ depending on socioeconomic context. For example, in working-class or low-income environments, girls may be socialized to appear “tough” to protect themselves and may thus not encounter socialization pressures to express softer emotions and avoid anger (Brown, 1998; Eisenberg, 1999; Miller & Sperry, 1987). In addition, different ethnic groups may have different display rules for emotion (and potentially for gender and emotion). For example, Matsumoto (1993) found that Caucasian adults rated displays of fear as more appropriate than Hispanic adults and sadness as more appropriate than African Americans and Asian Americans. This could mean, for example, that African American parents may discourage sadness in both boys and girls.

In terms of gender differences in emotion socialization, Garner’s research on low-income African American families did not show gender differences in caregiver reports of their socialization of negative emotion (for example, Garner et al., 1994). However, this research examined negative emotion generally rather than separately for anger versus sadness/fear. O’Neal and Magai (2005) examined negative emotions separately in African American and Caribbean American early adolescents and found only one gender difference out of twenty comparisons—with girls reporting receiving more reward for shame than boys. Taken together, the research thus far suggests that gender differences in emotion socialization may be attenuated in low-income African American and/or Caribbean American families. However, these findings are limited to studies of parent and child reports of emotion socialization and so can only reflect the socialization practices for which parents and children are consciously aware (Fivush, 1998). It is important to complement such studies with observational studies of the in-the-moment emotion socialization in low-income families.

Study of Emotion Socialization in Low-Income Toddlers

Aims

In this study, we examined observed emotion socialization responses by low-income female caregivers to their toddlers’ sadness/anxiety and anger displays. Our aim was to determine the extent to which gender differences in emotion socialization responses would be found in a low-income sample. We expected that caregivers might show more supportive and less-punishing responses to girls’ sadness and anxiety than boys’ and to boys’ anger expressions than girls’. However, these gender differences might be smaller in our sample of low-income, primarily African American families.

Method

The sample was drawn from a larger study of prenatally cocaine-exposed and nonexposed children, all from low-income inner-city neighborhoods (see Mayes, Granger, Frank, Schottenfeld, & Bornstein, 1993 for a description of the sample). The present analyses focused on the nonexposed children. Sixty-five nonexposed children (33 boys, 32 girls) participated in a frustrating, toy wait task at age two-and-a-half years, with their primary caregivers present. Children were primarily African American (73%), with 15% Hispanic, and 8% Caucasian. All children had female caregivers, most of which were mothers (93%), with 2% aunts and 5% “other” female caregivers.

Toddlers were videotaped while participating in a toy wait task with the caregiver present. The toy wait task is a widely used task designed to elicit negative emotion in young children (for example, Cole, Teti, & Zahn-Waxler, 2003). In the task, the child is shown an attractive, new toy by a research assistant. The toy is then taken away and placed on a counter out of the child’s reach. The child is instructed to wait six minutes for the toy and to instead play with other (less attractive) toys that are displayed on the floor.

Child emotion episodes were identified from the task, and based on facial, vocal, and postural cues were classified as either angry or sad/ anxious (coding system based on Cole, Zahn-Waxler, & Smith, 1994). Sadness and anxiety were coded together because they have similar functions—that is, both promote withdrawal from situations and elicit sympathy from others (Izard & Ackerman, 2000). Eleven children displayed at least one episode of anger (range from one to five episodes), and 16 children displayed at least one sadness/ anxiety episode (range from one to four episodes).

Caregiver responses to child emotion were coded using a system (Chaplin, 2008) based on existing emotion socialization questionnaires; primarily the Emotions as a Child (EAC) Socialization Scale (Magai, 1996), with an additional code for “caregiver distress” adapted from the Coping with Children’s Negative Emotions Scale (CCNES; Fabes, Eisen-berg, & Bernzweig, 1990). Coders rated caregiver responses in the ten seconds following the start time of each child emotion based on caregivers’ verbalizations, behaviors, and/or emotion expressions. Caregiver responses were categorized as either *no response* or one or more of the following responses: *support/reward* (for example, affirming the emotion, hugging the child, rewarding/praising the child), *override* (dismissing the emotion or attempting to distract the child from the emotion/distress), *punish* (setting limits or otherwise punishing the child during the emotion episode, mocking the child), and *caregiver distress* (caregiver herself displaying negative emotion facially, vocally, and/or posturally, such as a harsh, angry tone of voice).

Results/Discussion

Child Emotion: We first analyzed gender differences in children’s expressions of anger and sadness/anxiety, to see if differences found in Caucasian, middle-class families (with girls showing greater sadness/anxiety and less anger than boys) would also be found in this low-income primarily African American sample. We used *t* tests to compare boys’ and girls’ emotions. We did not find significant differences for sadness/anxiety (girls $M = .44$, $SD = .91$; boys $M = .55$, $SD = 1.20$) or for anger (girls $M = .41$, $SD = 1.01$; boys $M = .24$, $SD = .79$). In fact, the pattern of means suggests that girls actually showed slightly less sadness/anxiety and slightly greater anger than boys. A low sadness and high anger presentation may be more acceptable for girls in low-income urban areas, where girls’ anger may help protect them in stressful, sometimes dangerous, neighborhoods (Miller and Sperry, 1987).

Caregiver Response Analyses: For caregiver response analyses, we only included those children ($n = 26$, 12 boys, 14 girls) who expressed one or more emotion in the task. These children were included because we were interested in caregivers' responses to children's emotions. Although this is a small sample, this analysis is important in that it is one of few to examine observed emotion socialization in high-risk, low-income, primarily ethnic minority families.

Caregiver responses were divided by the number of child emotion expressions to control for child expressivity. Table 2.1 shows the percentages of caregiver responses to anger and sadness/anxiety for boys and girls. Differences between responses to boys versus girls were examined with t tests. There were no statistically significant gender differences, which is not surprising given the small sample size. However, below we present interesting descriptive statistics that suggest gender differences.

Anger: In response to anger, caregivers showed supportive reactions about seven times more often for boys than for girls (44% for boys, 6% for girls). Caregivers responded to anger with punishment about twice as often for girls than boys (38% for boys, 79% for girls). They responded with caregiver distress reactions about 6 times as often for girls than boys (6% for boys, 39% for girls). Override responses to child anger were more evenly distributed for boys versus girls (see Table 2.1).

These descriptive data suggest that these low-income, primarily African American caregivers respond in ways that encourage boys' anger and discourage/punish girls' anger. These gender differences are consistent with prior research on Caucasian middle-class families (for example, Chaplin et al., 2005), suggesting that low-income families may hold similar beliefs about girls' versus boys' anger despite the fact that anger may serve a function for girls in low-income neighborhood in terms of helping them protect themselves from dangerous environments. Interestingly, caregivers also showed distress following girls' anger more than boys', suggesting that they were upset by girls' anger displays (perhaps because these displays are gender-role inconsistent).

Sadness/Anxiety: Caregiver responses to sadness/anxiety showed fewer consistent gender differences (see Table 2.1). Boys were more likely to receive no response to their sadness/anxiety than girls (28% for boys, 9% for girls), perhaps indicating that caregivers ignored boys' sadness/anxiety. This lack of reinforcement could lead boys to decrease sadness and anxiety expressions over time. For example, Chaplin and colleagues (2005) found that lower parent response to sadness/anxiety in pre-schoolers predicted children's lower expression of sadness/anxiety two years later.

Interestingly, there were no notable gender differences in supportive, punishing, or caregiver distress responses to sadness/anxiety. Regarding override responses, girls actually received somewhat greater override (dismissing) responses than boys (31% for boys, 50% for girls) for their sadness, which is different from research findings from middle-class families that girls' sadness/anxiety tend to be supported/rewarded more than boys'. In sum, caregivers showed few gender differences in response to child sadness/anxiety, and the gender differences that were found were mixed. Perhaps these mixed findings reflect different gender roles for sadness/anxiety in low-income minority families. These families may believe that softer negative emotions should be discouraged for both boys and girls. Future research could explore this possibility.

Limitations/Future Directions

The present study was limited by several factors. First, there was a low frequency of child emotion episodes. Thus, the findings are limited to children who were emotionally reactive

to a toy being taken away. In observational studies, naturally occurring episodes of emotion do not always arise within the time period of observation. Future research should observe families across longer periods of time and multiple settings. Also, those children who displayed emotion in the task may be different from those who did not in terms of their temperament or their early caregiving history. Another limitation is that the study did not include male caregivers and therefore parent gender differences could not be examined herein. Additionally, the present study examined low-income, primarily African American inner-city toddlers. It is impossible to determine whether the pattern of results presented here are due to ethnicity, low-income status, or the inner-city environment. Future research should examine emotion socialization in larger samples of low-income families who differ by race and by neighborhood type (urban, rural). Despite these limitations, the study found interesting patterns of differential caregiver responses to anger and (to a lesser extent) sad/anxious emotion displays for boys versus girls in high-risk families.

Broader Implications of Gender Differences in Emotion Socialization for Child Adjustment

Given the patterns of gender differences in emotion socialization found in our study (and others), it is important to consider the implications of gender differences for children's social-emotional development. This is particularly important for low-income children, as these youth are at elevated risk for psychological problems, problems that often involve difficulties with emotion expression and regulation (Cicchetti & Cohen, 2006). In addition, low-income families often have more stressors (e.g., worries about paying bills, threats of being evicted, multiple residence changes, unsafe neighborhoods) and have fewer positive opportunities (e.g., access to good school systems and extracurricular activities) than middle-income families. Given the many stressors they must cope with on a day-to-day basis, low-income parents may show different emotion socialization behaviors than middle-income families, and these behaviors may have different consequences for children's development of psychopathology than they would for middle-income families.

Below we discuss the processes by which patterns of emotion socialization could contribute to the development of psychopathology in children and in low-income children in particular. There are at least two models describing this process, one that focuses on socialization of children's emotional competence generally and one that focuses on differential socialization of specific emotions as risk for specific forms of psychopathology.

Emotion Competence Model

First, in what we call the *emotion competence model*, it is proposed that parental responses that support child emotions, rather than punish or minimize emotions, lead to greater child emotional competence (Denham, 2007; Gottman, Katz, & Hooven, 1997). Emotional competence includes understanding one's own and others' emotions and expressing and regulating emotions in ways that are appropriate to the demands of a given context. A lack of emotional competence may lead to risk for psychological disorders. Thus, emotion socialization behaviors that foster emotional competence, such as "emotion coaching" (which involves the caregiver being aware of emotion, seeing emotional situations as opportunities for emotional closeness and teaching, listening to the child and validating his or her emotions, and helping the child find solutions to his or her problems) may decrease child psychopathology.

Children whose parents engage in emotion coaching or similar behaviors that support emotions show better emotional and social competence as compared to peers who are not emotion coached or supported. Emotion-coached preschoolers participate in less-negative

play with friends, have better ability to focus their attention, and show less physiological indications of stress than their peers (Hooven, Gottman, & Katz, 1995). Mothers' supportive reactions (such as positive and nurturing reactions) to their preschoolers' displays of emotions were associated with children's better emotional competence (such as more optimal emotion regulation and reactions to peers' emotions) in a study of middle-class Caucasian families (Denham & Grout, 1993). In terms of psychological symptoms, mother's coaching responses to preschoolers' anger have been associated with lower teacher-rated internalizing symptoms and lower mother-rated total behavior problems in middle-class families (Hooven and others, 1995).

It is unclear whether low-income families engage in emotion coaching behaviors in the same way as middle-income families. Given the many stresses associated with low-income status, these parents may not have the energy or the resources to be able to respond to their children's emotions in validating ways at all times. Also, what may be "supportive" or optimal emotion socialization for low-income parents may look different than what is considered optimal in the context of Caucasian, middle-income families. For example, a parent living in a dangerous inner-city neighborhood who responds to their child's whimpering and crying by supporting the sadness ("it's okay to be sad") may not be adequately preparing the child for the neighborhood environment. This type of response to sadness may leave the child vulnerable to being the victim of bullying or violence, or to be less accepted by peers and other members of the community. For families in such neighborhoods, a more adaptive response might be to dismiss the sadness or to accept the sad feeling, but encourage suppression of sadness when in public. This discouragement of sadness might help the child to stay safe and develop close ties with peers—although it might also have costs for the child's ability to access and appropriately express sadness in non-dangerous situations.

There are few studies of low-income parents' emotion coaching-type responses to child emotion. Low-income mothers' supportive responses (matching the emotion and discussing emotion) have been associated with more constructive child emotion regulation, similar to middle-income families (Garner, 2006). Also, in one study, low-income parents' discouragement of negative emotion was associated with preschoolers' lower knowledge of angry situations (Garner et al., 1994). However, parents' discouragement of negative emotion was not linked to children's knowledge of sad or fearful situations, suggesting that emotion-coaching behaviors may have different consequences for low-income children's anger versus sadness/fear.

In sum, coaching of children's emotions, including sadness, anger, and positive emotions, can lead to emotional competence and a broad decreased risk for psychopathology in middle-income families and possibly also in low-income families. However, the emotion competence model does not provide an explanation for why some children who lack emotion coaching/support tend toward more externalizing psychopathology (such as oppositional defiant disorder), whereas others develop internalizing psychopathology (such as depression or anxiety disorders) (Zahn-Waxler, Klimes-Dougan, & Kendziora, 1998). The specificity of prediction is particularly important when considering child gender, as boys are more likely to develop externalizing problems in childhood and girls are more likely to exhibit depression and some forms of anxiety by adolescence (Achenbach, 1991; Hankin et al., 1998; Ollendick & Yule, 1990).

Differential Emotions Model

To develop a more specific predictive model, it may be useful to examine relations between parental responses to discrete emotions, such as anger and sadness, and the development of

internalizing versus externalizing psychopathology (O'Neal and Magai, 2005). It has been theorized that encouragement/reward of particular emotions may lead children to express patterns of emotion that may, in conjunction with other risk factors, lead them toward particular forms of psychopathology (Chaplin & Cole, 2005; Izard, 1972; Malatesta & Wilson, 1988). Here we call this the *differential emotions model* (see O'Neal & Magai, 2005 for further discussion of this model). In this model, for example, parents' greater encouragement of sadness and anxiety in girls, if it is pervasive in the parenting style, may lead girls to develop a pattern of coping with difficult situations by focusing on sadness and anxiety. Over time and over a number of socialization experiences, if this pattern of emotion becomes too rigid, a girl may focus on sadness in most situations, even those in which anger/ assertiveness is the more appropriate response. This could, especially in the context of a stressful environment such as a low-income inner-city neighborhood, lead to greater use of passive, ruminative coping, exacerbated sad feelings, hopelessness, and possibly depression. In this way, selective socialization of sadness in girls may contribute to girls' greater rates of depression than boys' (see Fivush & Buckner, 1998; Keenan & Hipwell, 2005).

Interestingly, in low-income families and in some ethnic groups, sadness may be discouraged for both boys and girls. It would be interesting to examine whether gender differences in depression are attenuated in families that do discourage sadness equally for boys and girls.

Parents' greater encouragement of anger in boys may place boys at greater risk for developing externalizing behavior problems, problems that are characterized by angry and aggressive behavior. For example, parents who respond to a boy's angry outbursts by rewarding this anger, either with increased attention or with supportive responses, may contribute to an escalating cycle of more and more intense angry displays. These angry displays may be one factor contributing to the development of conduct problems (Cole, Michel, & Teti, 1994). It would be interesting to examine relations between gender, anger socialization, and the development of externalizing problems in low-income youth. It may be that anger is more acceptable in girls from low-income environments, leading girls to be at risk for externalizing behaviors, including high-risk behaviors like substance use and early sexual activity.

Potential Combined Model

Of course, not all children who show gender-role consistent emotion patterns will develop psychopathology; however, those children who have other risk factors (such as low socioeconomic status) may go down a trajectory that is influenced by relative encouragement of particular discrete emotions. Interestingly, it may be the combination of low emotion coaching (which may lead to a general lack of emotion competence) and attention to discrete emotions (which focuses a lack of competence on particular emotions) that together lead to psychopathology. So, for example, a parent who fails to discuss emotions may have a child who has less understanding of/appreciation for emotion. He or she may cope with negative feelings in inappropriate ways, such as sobbing uncontrollably or being physically aggressive when another child picks on him or her. If, in addition, this child's parent specifically punishes his or her sadness displays, the child may react to negative emotion by suppressing sad feelings and instead acting out in angry/aggressive ways. This could lead to later risk for the development of externalizing problems. Future research could empirically examine this combination of effects by examining both parental coaching responses and also parents' specific beliefs about or responses to particular discrete emotions. It may be particularly important to examine this in samples of low-

income families, whose children are at high risk for the development of psychopathology and who may use different types of emotion socialization behaviors.

Conclusions/Future Directions

Taken together, our review of the literature and our findings with a sample of low-income, primarily African American toddlers suggests that there may be differences in parents' responses to girls' versus boys' emotions, although these may be attenuated in low-income and/or ethnic minority families. Gender differences in emotion socialization may be more evident when examining anger and sadness/anxiety separately because there are different gender stereotypes for these emotions, at least in dominant U.S. culture. Moreover, gender differences in parental responses to emotion are important in that they may contribute to gender differences in child emotion expression and psychopathology.

This chapter focused primarily on anger, sadness, and anxiety/fear. In addition to these emotions, future research should examine parental responses to other emotions, including joy, shame, and guilt. Shame and guilt, for example, may be more encouraged in girls than in boys and, if internalized to an excessive level, may lead them to develop depression (Zahn-Waxler et al., 1991). Also, of all the discrete emotions examined, only shame showed a gender difference in socialization in one sample of low-income inner-city youth, with girls reporting greater reward of their shame than boys (O'Neal & Magai, 2005).

In addition, longitudinal studies are needed to determine the consequences of emotion socialization for girls' and boys' social-emotional development over time. It would be of interest to examine this in at-risk families, for example in low-income families or in parents with psychopathology. Parents with depression, for example, may socialize (either through contingent responding or through modeling) a style of emotion regulation that involves coping with problems by ruminating on sadness. Finally, it would be of interest to examine interactions between biological markers of emotional reactivity (for example, heart rate, cortisol increases, activation of emotional centers of the brain, potential genetic markers) and parental emotion socialization to try to unravel the complex predictors of children's emotional competence, patterns of emotion, and subsequent psychological adjustment.

Acknowledgments

This work was supported by NIH grants K01-DA024759 (Chaplin) and R01-DA-06025 (Mayes).

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Table 2.1

Mean Percentage of Caregiver Responses to Boys' and Girls' Anger and Sadness/Anxiety

	Boys (N = 12)	Girls (N = 14)
	Mean % (SD)	M (SD)
Anger		
No response	6% (12.5)	0% (0)
Support	44% (51.5)	6% (15.1)
Override	38% (47.9)	36% (47.6)
Punish	38% (47.9)	79% (39.3)
Caregiver distress	6% (12.5)	39% (45.6)
Sadness/anxiety		
No response	28% (9.4)	9% (18.6)
Support	25% (37.7)	22% (41.1)
Override	31% (45.8)	50% (53.5)
Punish	25% (38.2)	31% (37.2)
Caregiver distress	0%	3% (8.8)

Note. Percentages do not total to 100 because mother responses could be double-coded.