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Cultural Perspective on Parenting, Trait Emotional Intelligence and Mental Health in Taiwanese Children

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The current study aims to clarify the associations as well as the pathways through which parenting and children's emotional intelligence (EI) may influence children's mental health with a cross-sectional sample of 675 school pupils (fourth grade, mean age = 10.4 years, 310 boy, 356 girls and 9 unidentified) in Taiwan. Hierarchical regression and path analyses were used to examine the relationships between parenting styles, children's trait EI, and their psychological symptoms, with children's psychological symptoms as the dependent variable. The results showed that authoritative parenting was positively associated with children's trait EI, which in turn had a negative effect on children's psychological symptoms, whereas authoritarian and Chinese-specific parenting styles had direct negative effect on children's psychological symptoms. These findings shed light on the pathways of the interrelations between different parenting styles, children's trait EI, and psychological symptoms, providing theoretical as well as practical implications for children's emotional development and mental health.

Keywords: Parenting, parenting styles, emotional intelligence (EI), psychological symptoms, child mental health

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Introduction

The term ‘emotional intelligence’ (EI) describes adaptive interpersonal as well as intrapersonal functioning (Kirk, Schutte, & Hine, 2008), and has attracted substantial interest within psychological research. Two EI constructs are generally differentiated based on the measurement method used to operationalize them: (1) Trait EI, measured through self-report, or (2) ability EI, measured via maximum performance (Petrides & Furnham, 2001). Trait EI refers to a cluster of emotional self-perceptions (Petrides, Pita, & Kokkinaki, 2007), whereas ability EI refers to the ability to understand, manage and utilize emotions, thus measured through maximal performance tests (Ferguson & Austin, 2010).

Trait EI affects various behavioural and mental health outcomes across the lifespan, including children, adolescents, and adults (Gugliandolo, Costa, Cuzzocrea, Larcán, & Petrides, 2015b; Schutte, Malouff, Thorsteinsson, Bhullar, & Rooke, 2007). For instance, trait EI has been found to be negatively related to various mental health outcomes, including anxiety (Martins, Ramalho, & Morin, 2010; Russo, Mancini, Trombini, Baldaro, Mavroveli, & Petrides, 2012), depressive symptoms (Mavroveli, Petrides, Rieffe, & Bakker, 2007; Russo et al., 2012), and negative mood (Andrei & Petrides, 2013; Schutte & Malouff, 2011). On the contrary, trait EI has some positive links with life satisfaction (Palmer, Donaldson, & Stough, 2002), happiness (Chamorro-Premuzic, Bennett & Furnham, 2007), adaptive coping styles, socio-emotional competence, and peer relations (Frederickson, Petrides, & Simmonds, 2012; Mavroveli, Petrides, Sangareau & Furnham, 2009). Trait EI has also a moderating effect on the relationship between stress and mental health (Davis & Humphrey, 2012).

Parenting practices also have been found to affect various aspects of children’s trait EI. For instance, parental warmth is positively related to children’s emotional understanding (Alegre & Benson, 2007), emotional knowledge (Bennett, Bendersky, & Lewis, 2005) and emotional regulation (Eisenberg et al., 1999). Punitive discipline is negatively correlated with children’s emotional understanding (Pears & Moses, 2003) and emotional regulation (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Moreover, trait EI could also mediate the effect of perceived parental psychological control on adolescents’ behavioural problems (Gugliandolo, Costa, Cuzzocrea, & Larcán, 2015a). Despite some recent research endeavours to clarify the associations between parenting and youths’ trait EI, research in this area remains limited (see Alegre, 2011 for review), especially with samples from non-Caucasian population.

Not only is parenting linked to children’s trait EI, but parenting also affects various child mental health outcomes, such as socio-emotional adjustment, self-esteem (DeHart, Pelham & Tennen, 2006), and well-being (Fletcher et al., 2008; Zhu & Liang, 2007). Studies among Caucasian populations have yielded consistent findings showing the association between authoritative parenting and positive child outcomes, including better self-esteem and better mental health (DeHart et al., 2006; Steinberg & Morris, 2001). Moreover, close parent–child relationships are usually a protective factor against children’s mental health and conduct problems (Hill, Bush & Roosa, 2003). By contrast, harsh parenting practice or authoritarian parenting style have been associated with behavioural and emotional maladjustments (Dallaire et al., 2006; Sheehan & Watson, 2008).

Research with different cultural groups, however, has shown different trends in the relationships between parenting styles and child outcomes when compared with Caucasian populations (e.g. Deater-Deckard et al., 2011). For instance, although authoritative parenting has been found to be related to positive child developmental outcomes in immigrant as well as non-immigrant Chinese populations (Cheah, Leung, Tahseen, & Schultz, 2009; Chen, Liu, Li, Chen, Chen, & Wang, 2000; Wang, Pomerantz, & Chen, 2007), findings on the effects of authoritarian parenting on child outcomes have been inconsistent. Several studies found the negative effects of harsh parenting in both Western and Chinese children on child adjustment outcomes, such as emotion dysregulation (Chang, Schwartz, Dodge, & McBride-Chang, 2003), aggression (Fung & Lau, 2009); and behavioural deviance (Wang, Pomerantz, & Chen, 2007). Conflicting results showed that not only were Chinese children generally more satisfied with their parents' authoritarian parenting, they also tended to perceive their relationships with their parents more positively (Quoss & Zhao, 1995). Chao (1994) suggested that authoritarian parenting has less negative effects among Chinese children (as opposed to their Western counterparts) because the former view parents' attempts to regulate them as an act of love. Indigenous socialization ideologies, *chiao-shun* (training, Chao, 1994), could help explain Chinese children's positive adjustment outcomes despite their parents' authoritarian parenting, namely that high parental endorsement of training ideology was found to buffer the effect of authoritarian parenting on both internalizing and externalizing problems in Chinese immigrant children in the U.S. (Fung & Lau, 2009). Such finding illustrate the moderating effect of cultural context on the relationship between parental discipline and child behavioural outcomes.

Moreover, some of the Chinese cultural-specific parenting values, such as encouragement of modest behaviour and shaming, encourage children to be sensitive to the perceptions, feelings, evaluations and judgments of others in order to foster a positive relationship with others (Lieber, Fung & Leung, 2006; Wu et al., 2002). Such parenting values and behaviour may help children to develop sensitivity to others' emotion, and regulation of their own emotion, which are key aspects of EI. Parental use of shaming and protection, which are key dimensions of Chinese parenting style, are associated with children's internalizing symptoms (Barber & Harmon, 2002), while overprotective parenting is linked to children's low EI (Thammawijaya, 2012).

However, research examining the relationship between Chinese-specific parenting styles and children's EI, and the pathway in which parenting styles and children's trait EI may influence children's mental health, still remains rare. Given the association among parenting styles, child trait EI, and child mental health outcomes, as well as the lack of related research with Chinese populations with their unique cultural parenting values, the current study sought to clarify the associations and pathway in which parenting styles and children's trait EI may influence children's mental health. Extrapolating from previous research results, we hypothesized that (1) children's trait EI score would be negatively associated with their psychological symptoms; (2) authoritative parenting style and Chinese-specific parenting style would be positively associated with children's trait EI score, while authoritarian parenting style would be negatively associated with children's trait EI; (3) authoritative parenting style would be negatively associated with children's psychological symptoms, whereas authoritarian and Chinese-specific parenting styles would be positively

associated with children's psychological symptoms; (4) children's trait EI would mediate the relationship between parenting styles and children's psychological symptoms.

Method

Participants and Procedure

The participants were 675 fourth-grade (Mean age = 10.4 years, SD = 0.50) Taiwanese students, with 310 boys (45.9%), 356 girls (52.7%), and 9 unidentified (1.3%), as well as their primary care-giving parent (Mean age = 39.7 years (SD = 5.38); 182 (27%) fathers and 493 (73%) mothers). The monthly income of these families ranged from less than 1333 USD/month (245, 37.2%), between 1334 and 2665USD/month (259, 29.4%) to over 2666 USD/month (154, 23.4%). 88 (13.1%) of the parents received 12 years or less formal education, 442 (65.5%) attained high school or vocational school diploma, and 144 (21.4%) received a bachelor or graduate degree. The sample was stratified geographically (i.e., 6 cities or counties in northern, southern, and central Taiwan) before we randomly selected primary schools in each county or city. The consenting schools distributed a cover letter and an informed consent form to the parents of the students. Consenting parents then received the parenting questionnaires, and their children brought the signed informed-consent forms and questionnaires back to the classroom. Before letting the students sign the informed-consent forms, our research assistants explained the purposes and procedures of the study, emphasizing the confidentiality and the voluntary nature of the research. The research assistants then distributed the questionnaires to consenting students in group sessions.

Measures

Parenting. Parents reported their parenting styles using the Parenting Styles and Dimensions Questionnaire (PSDQ; Wu et al., 2002). The questionnaire's subscales cover 3 parenting dimensions: the authoritative parenting dimension (15 items), the authoritarian parenting dimension (11 items), and the Chinese-specific parenting dimension (18 items). All items were rated on a 5-point scale anchored by 1 (never) and 5 (always). One example item from each parenting dimensions are as follow: "Tell child that I appreciate what the child tries or accomplishes" for authoritative parenting; "Guide child by punishment more than by reason" for authoritarian parenting, and "Tell child that I get embarrassed when he/she does not meet my expectations" for Chinese parenting. Mean scores of each domain were used for subsequent statistical analyses. The internal consistency of the parenting questionnaire (Cronbach's α) demonstrated high internal consistency for each subscale: $\alpha = .919$ for authoritative parenting subscale, $\alpha = .870$ for authoritarian parenting subscale, and $\alpha = .757$ for Chinese parenting subscale.

Emotional intelligence. Children reported their trait EI using the Brief Emotional Intelligence Scale, BEIS-10 (Davies, Lane, Devonport, & Scott, 2010), a 10-item measure based on Salovey and Mayer's (1990) theoretical model of EI. The BEIS-10 assesses the five following dimensions: (1) appraisal and (2) regulations of one's own emotions, (3) appraisal and (4) regulation of others' emotions, and (5) use of emotions. Participants responded on a 5-point Likert-scale, assessing to what extent each item described them from 1 (strongly disagree) to 5 (strongly agree). The internal consistency (Cronbach's α) of the BEIS-10 was .783.

The Brief Symptom Rating Scale (BSRS-5). The Brief Symptom Rating Scale (BSRS-5; Chen, Wu, Lee, Liao, & Lee, 2005) is composed of 5 self-report items to evaluate participants' psychological symptoms in the past week. The BSRS-5 is a well-established screening tool for psychological disorders in Taiwan. It measures anxiety, hostility, depression, interpersonal sensitivity, and additional symptoms. The score for each item ranges from 0 (not at all) to 4 (extremely), and the sum score of the five items were used in the subsequent analyses. The internal consistency (Cronbach's α) of the BSRS-5 was .876, demonstrating high internal consistency.

Statistical Analyses.

SPSS version 23 was used for data analyses. First, descriptive statistics were used to assess the distribution of parenting styles, children's scores in trait EI, and psychological symptoms. Thereafter, we conducted correlational analyses and a t-test (for child gender) to illustrate interrelationships between each of the variables and possible confounding factors, so that we could control for these factors in our later regression analyses. Finally, hierarchical regression and path analyses were used to examine the relationships between parenting, children's trait EI, and their psychological symptoms, with children's psychological symptoms as the dependent variable. The findings from hierarchical regression served as the basis for path analyses to examine possible significant pathways in the hypotheses. For the path analyses, we calculated direct as well as indirect effects of the significant independent variables on the dependent variable. To obtain the indirect effect, the product of the respective path coefficients on a dependent variable is calculated, whereas the regression weight (beta) of an independent variable on the dependent variable indicates the direct effect.

Results

Descriptive Statistics, Correlations, and t-tests

Table I summarises descriptive statistics of the means and standard deviations of the variables, and Table II presents the correlation coefficients among all the independent and dependent variables. As parental-education level was positively associated with authoritative parenting ($\rho(673) = .129, p < .01$), monthly family income was positively correlated with authoritative parenting ($\rho(657) = .135, p < .01$) and negatively correlated with authoritarian parenting ($\rho(673) = -.085, p < .05$), and parental age was negatively correlated with authoritarian parenting ($\rho(673) = -.080, p < .05$) and children's psychological symptoms ($\rho(673) = -.114, p < .01$), we decided to control for the effects of parental-education level, monthly family income, and parental age in our subsequent regression analyses. Independent sample t-tests screening for effects of child gender on all the variables indicated no significant gender differences; therefore, the effect of child gender was not controlled for in subsequent analyses.

Table I. Means, Standard Deviations and Range of Variables

	Means	SD	Minimum	Maximum
Authoritative parenting	3.85	0.62	1.53	5.00
Authoritarian parenting	2.02	0.55	1.00	5.00
Chinese parenting	2.94	0.45	1.61	4.80
Child trait EI	3.73	0.54	1.70	5.00
Child psychological symptoms				
Anxiety	0.70	0.92	0	4
Hostility	0.86	1.00	0	4
Depression	0.56	0.86	0	4
Interpersonal sensitivity	0.77	1.02	0	4
Additional symptoms	0.50	0.88	0	4
BSRS-5 total score	3.37	3.76	0	20

Table II. Pearson Correlation coefficients among parenting, child Trait EI score and psychological symptoms.

	1.	2.	3.	4.
1. Authoritative parenting	---			
2. Authoritarian parenting	-.260***	---		
3. Chinese parenting	.130*	.279***	---	
4. Trait EI score	.109*	-.102*	-.016	---
5. Psychological symptoms	.004	.117*	.122**	-.174***

Notes: * $p < .05$, ** $p < .01$, *** $p < .001$, 2-tailed.

Hierarchical regressions

Hierarchical multiple regression analyses were used to examine whether authoritative parenting, authoritarian parenting, Chinese-specific parenting, and child trait EI were significant contributors to children's psychological symptoms (Table III). Parental age, educational level, and family monthly income were entered

into the regression model as control variables in the first step (Model 1). Parent-reported parenting variables (i.e. authoritative, authoritarian, Chinese parenting) were entered in the second step (Model 2), while child trait EI score was entered as the final step (Model 3).

Table III. Results from hierarchical multiple regressions in predicting psychological symptoms

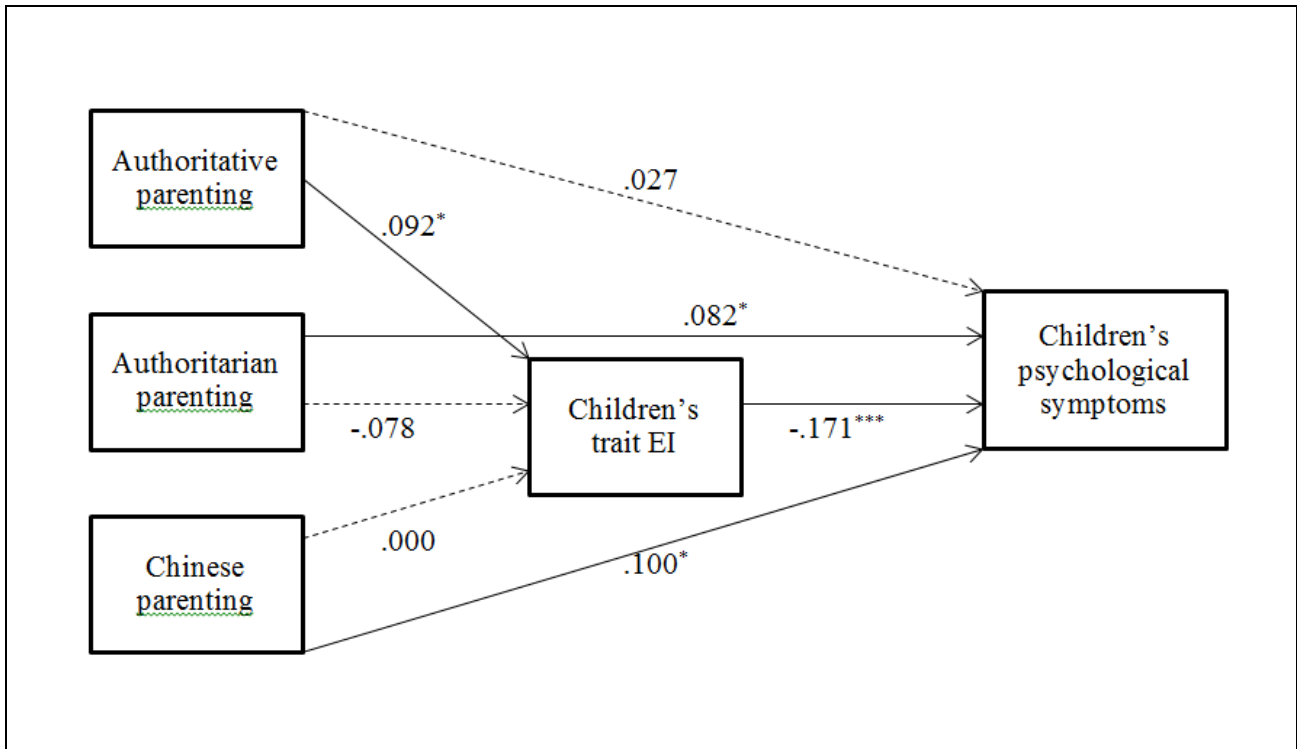
Independent Variables	Model 1		Model 2		Model 3	
	β	Beta	β	Beta	β	Beta
Step 1						
Parental age	-.067	-.097*	-.058	-.084*	-.058	-.085*
Parental education	.026	.008	-.008	-.002	-.029	-.009
Family monthly income	.033	.013	.075	.030	.086	.035
Step 2						
Authoritative parenting			.028	.005	.084	.014
Authoritarian parenting			.568	.084*	.513	.076
Chinese parenting			.770	.094*	.809	.099*
Step 3						
Child trait EI					-.822	-.134**
Model summary	R ² = .009		R ² = .029		R ² = .047	
	F (3, 623) = 1.917		F Δ (6, 620) = 4.207**		F Δ (7, 619) = 11.557***	

Notes: * p < .05, ** p < .01, *** p < .001

The results demonstrate that children's psychological symptoms were significantly associated with parenting, even after parental age, educational level, and family income were controlled for (Model 2). Higher scores of authoritarian parenting and Chinese-specific parenting were associated with children's psychological symptoms, partially supporting Hypothesis 3. The results also indicate that children's trait EI significantly increased the prediction of children's psychological symptoms after parental age, educational level, family income and parenting styles were controlled (Model 3), supporting Hypothesis 1.

Path Analyses

Based on the results from the hierarchical multiple regression analyses, we conducted path analyses to test the possible paths through which parenting and children's trait EI affect children's psychological symptoms (Figure 1). The results reveal that authoritative parenting only had an indirect effect (total effect = .016) on children's psychological symptoms through children's trait EI, whereas authoritarian and Chinese parenting had a direct effect on children's psychological symptoms.



Notes: Significant paths are marked with solid lines (* $p < .05$. ** $p < .01$. *** $p < .001$) and non-significant paths are marked with dashed lines. The path coefficients are standardized betas from multiple regression analysis.

Figure 1. Path analyses among authoritative, authoritarian, Chinese parenting, child trait EI and psychological symptoms.

Discussion

Our findings echo previous research results on the positive association between authoritative parenting and children's trait EI (e.g. Alegre & Benson, 2007; Bennett et al., 2005). Parents' use of authoritative parenting promotes children's development of emotional intelligence, which is associated with fewer reported psychological symptoms. This is consistent with previous findings that child trait EI and warm and responsive parenting have positive associations with children's mental health and well-being (e.g., Martins et al., 2010; Schutte et al., 2007). Our findings further demonstrate that the positive effect of authoritative parenting on children's mental health is mediated through children's trait EI.

In the current study, authoritarian parenting only has a (weak) association with children's trait EI, and its effect on children's trait EI becomes non-significant after other parenting dimensions are accounted for. Previous studies have reported significant negative associations between parental punitive discipline and children's emotional understanding (Pears & Moses, 2003) and emotional regulation (Morris, Silk, Steinberg, Myers, & Robinson, 2007). The different age ranges and cultural backgrounds of the participants and the

different aspects of the authoritarian parenting and EI measured, made it difficult to draw conclusions. The negative effect of authoritarian parenting on child EI might be stronger for younger children than older children, as when children grow older they become more involved in school and with peers and less involved with their immediate family. Nevertheless, our findings are consistent with previous findings on the association between authoritarian parenting and child psychological problems (e.g., Chang et al., 2003; Dallaire et al., 2006), namely that authoritarian parenting has a direct positive effect on children's psychological symptoms. Although earlier research on Chinese population has suggested that authoritarian parenting may not have as harmful an effect on child outcomes (e.g. Chao, 1994; Quoss & Zhao, 1995), our findings corroborate more recent research (Fung & Lau, 2009; Wang et al., 2007), suggesting that authoritarian parenting may have similar negative influence on child mental health outcomes in Chinese populations.

The findings on the effects of Chinese parenting style on child trait EI and child psychological symptoms are only partially consistent with our hypotheses. Our results showed that Chinese-specific parenting style has a direct positive effect on children's psychological symptoms, but it does not affect children's trait EI. One of the dimensions measured in the Chinese parenting style, shaming, somewhat conceptually overlaps with psychological control (e.g., Barber, 2002) and has been found to threaten children's self-esteem and increase internalizing problems in Western society (e.g. Barber & Harmon, 2002). This helps to explain the direct effect of Chinese parenting style on children's psychological symptom, suggesting that Chinese parenting may have negative consequences on children's mental health, regardless of children's trait EI score. Contrary to our hypothesis based on previous research findings (e.g., Thammawijaya, 2012), children's trait EI score is not related to parents' Chinese parenting style. This may be due to the different cultural group of the current study (Taiwan) and Thammawijaya's (2012) study (Thailand), and the different measurements for parenting and child EI. Future studies are required to clarify the relationship between Chinese parenting and its impact on child mental health.

The current study provided unique insights into the intricate relationships among different parenting styles, children's trait EI, and their mental health in the Taiwanese population. Our findings replicated findings from previous studies that authoritative parenting promoted trait EI in children, which in turn benefits their mental wellbeing. The direct negative effects of authoritarian parenting and Chinese parenting on Taiwanese children's mental health were not buffered by children's trait EI. However, some limitations in our study need to be acknowledged. First, the current study's design is cross-sectional, making it difficult to determine the direction of the influence. Second, our parenting measures included only primary-care giving parents' self-reports, with potential of parents' bias. Several researchers found that parental and child reports of parenting were only low to moderately correlated (Barry, Frick, & Grafeman, 2008). Moreover, it was children's negative perception of their mother-child relationship which predicted their internalizing problems (Frampton, Jenkins, & Dunn, 2010), and children are influenced by their perceptions and interpretation of parental behaviours, not by parental-reported parenting (Demo, Small, & Savin-Williams, 1987). Thus, future research should include parents' as well as children's reports of parenting to reduce measurement bias and increase the validity of the findings. Third, trait EI and child psychological symptoms were measured by short

questionnaires so as to minimize assessment time for pupils. Although these measures have already shown good psychometric properties, future studies may consider using longer questionnaires to acquire more reliable results. Future studies should also consider including reports from different sources, such as parents and teachers. Finally, the current study included only participants from Taiwan, limiting the generalizability of the findings. Future research should consider a cross-national design, and include parents' reports on parenting, children's EI and other sources of information on children's mental health across different cultural groups.

Conclusion

The current study provides researchers an empirical framework through examining children's trait EI as a mediator in the relationship between parenting style and mental health symptoms in a sample of Taiwanese children. Our findings also remind clinicians on the importance of children's individual characteristics, such as EI, when examining their mental health and relationships with their parents. The recruitment of Taiwanese children also provided evidence of external validity for parenting style as the independent variable, and trait EI as the mediator, of children's mental health. Additionally, the results showed that both authoritarian parenting style and the Chinese cultural-specific parenting style may have undesirable effect on children's mental health, which warrants caution from Chinese parents about their traditional parenting practice. Our findings also shed light on the pathways of how parenting styles and children's trait EI are related to children's mental health outcome, providing practical as well as theoretical implications for children's socio-emotional development.

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