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SUPPORTING THE EXPRESSION OF SADNESS: A MODERATOR IN THE ASSOCIATION BETWEEN PARENTS' DISCOURAGEMENT OF SADNESS AND CHILD INTERNALIZING SYMPTOMS

by

Katianne M. Howard

A Thesis

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Science

Major: Psychology

The University of Memphis

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For my mother, who always believed I could change the world with my words and ideas.

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ABSTRACT

Howard, Katianne Marie. M.S. The University of Memphis. December/2010. Supporting the Expression of Sadness: A Moderator in the Association between Parents' Discouragement of Sadness and Child Internalizing Symptoms. Major Professor: Gilbert R. Parra, Ph.D.

Recent literature in the field of emotion contingent responses has found associations between parent responses that discourage the expression of emotion and children's negative emotional outcomes, as well as significant interactions between responses that support the expression of emotion and other types of responses in predicting emotional and behavioral outcomes. The present study investigated parents' discouragement and support of children's expression of sadness in relation to several indicators of internalizing behaviors in middle childhood. Children responded about their mothers' emotion contingent responses and children and parents completed measures of children's emotional and behavioral functioning. Results supported the association between discouraging responses and children's depression, and between supportive responses and children's depression and loneliness. However, this study was not able to replicate similar findings in terms of emotion contingent responses interacting to predict emotion related outcomes. This study's findings suggest that parents' responses are playing separate roles in predicting children's internalization.

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CHAPTER 1

INTRODUCTION

Children's emotion socialization is defined as important processes by which children acquire emotion knowledge, experience, expression, and regulation (Denham, Bassett, & Wyatt, 2007; Eisenberg, Cumberland, & Spinrad, 1998). Parents are just one source of emotion socialization, but they are also one of the earliest sources and thus an essential source to consider. Though peers become increasingly influential during middle childhood, parents continue to play a critical role in children's emotional development during this time-period (Underwood & Hurley, 1999). Mothers are especially active as socializing agents, typically expressing and discussing emotions more than fathers (Bohanek, Marin, & Fivush, 2008; Garside & Klimes-Dougan, 2002). This socialization occurs during day to day interactions in which parents model emotion-related behaviors, engage in emotion conversations with their children, and respond to children's emotions (Denham, 1998; Denham et al., 2007; Eisenberg et al., 1998).

The literature regarding emotion contingent responses is, in many ways, still in its infancy. The majority of emotion socialization research has focused on early childhood (infancy through preschool), with recent calls for a focus on middle childhood and adolescence (Denham et al., 2007; Klimes-Dougan & Zeman, 2007). As a result, there has been a recent increase in emotion contingent response research focused on these older age groups. Much of this research has addressed specific, individual processes and only more recently has research begun to look at interactions between processes or at other more complex processes. Furthermore, much of the research has drawn from observational and parent report data, missing children's perception of how their parents are responding to their emotions (Klimes-Dougan & Zeman, 2007). Whereas it is important to understand how parents are responding to children's expression of emotion, emotion socialization strategies only serve their purpose through their effect on children. Therefore, it would be expected that children's perception of parental responses would be more closely tied to their emotion knowledge, experience, and regulation than would parents' perceptions of their own behavior. With a shift in the age range being studied there has also been a shift in the methodology used to study parent responses, with a greater emphasis on child-report of parent responses. Even though this area of the literature is underdeveloped, these processes are particularly understudied in the middle childhood age range. Furthermore, there have not been any published studies thus far exploring perceptions of parent responses and the associated outcomes in children 8-10 years old. Overall, this area of emotion socialization is in need of further development.

Emotion contingent responses, which are the ways that parents respond to children's expression of emotion, influence children's emotional development by communicating to children if, when, and how it is appropriate to express emotions. These responses also provide information about how others may respond to the expression of that emotion, how to manage emotions (e.g., by distracting oneself, avoiding the emotion, crying), and how manageable those emotions are (i.e., is sadness the end of the world, or is it an emotion that is able to be expressed and regulated?) (Denham, 1998; Gottman, Katz, Hooven, 1997).

These responses have been broadly categorized as either supporting or discouraging the expression of emotions (Gottman et al., 1997; Lunkenheimer, Shields, & Cortina, 2007). These broad categories have also been further divided by other researchers into various systems of more specific categories (Fabes, Eisenberg, & Bernzweig, 1990; O'Neal & Magai, 2005). One common system used by Magai and O'Neal (1997; O'Neal & Magai, 2005) categorized these responses as the following: reward (encouraging, supporting, or validating the expression of the emotion, such as saying "it's okay to cry"), overriding (dismissing or distracting the child from the emotion, such as saying "don't worry"), punishment (actively discouraging the expression of the emotion, such as saying "you're acting younger than your age"), magnification (expressing a similar, more intense emotion, such as the mother becoming very sad—possibly more sad than the child), and neglect (not noticing or not paying attention to the expression of emotion) (Magai, 1996; O'Neal & Magai, 2005). Research suggests that parents' emotion contingent responses differ depending on the age of the child, using more punitive responses with older adolescents (Klimes-Dougan et al., 2007). In addition, mothers and fathers differ in their use of these strategies in response to negative emotions, with fathers using more punitive, discouraging strategies and mothers using more encouraging strategies (Klimes-Dougan, et al., 2007).

Some of the five categories of parent responses, such as punishment and neglect, are believed to discourage the expression of emotion, whereas others, such as reward, are believed to support and encourage emotional expression. Within this literature, discouraging strategies have been described as more negative and linked to poorer social and emotional adjustment, with supportive strategies described as more positive and linked to better adjustment (Denham et al., 2007; O'Neal & Magai, 2005). There has, however, been disagreement in the literature regarding the role played by some specific strategies. For example, override and magnification have each been conceptualized differently depending on the study. Of the different strategies studied, support and discouragement are the two with the most consistent results and conceptualizations. In some form, these two strategies have been addressed in every emotion contingent response study to date, though the names used sometimes differ. Importantly, the discouragement of emotions has been associated with various negative outcomes, chiefly internalizing problems in youth (Denham et al., 2007).

Conceptual and empirical work suggests that emotion regulation, specifically emotional inhibition, may be the mechanism involved in this association. According to Gross and Levenson (1993) and Buck (1984), when parent socialization strategies convey that emotions should not be expressed, children tend to inhibit the expression of these emotions but still feel physiologically aroused, which leads to negative outcomes when children also do not have the emotion regulation skills to manage their emotions on their own (Fabes, Leonard, Kupanoff, & Martin, 2001). One idea is that this inhibition of emotional expression results in a pattern of storing the emotion until it becomes an even more intense version of that emotion that children are unable to appropriately regulate (Buck, 1984). Eisenberg, Fabes, and Murphy (1996) expanded this idea by arguing that the intense emotion is associated with a dysregulation of that emotion. These findings and arguments suggest that when parents discourage emotional expression children tend to inhibit the expression of that emotion, leading to a more intense emotion with a pattern of dyregulated emotion behavior. Additionally, others have argued that discouraging children’s expression of emotion teaches children that emotions (both their own and others) are negative and anxiety provoking, resulting in an avoidance of the emotions in future situations (Eisenberg et al., 1998), a behavior frequently associated with internalizing problems such as anxiety and depression.

These processes can best be described using Eisenberg and colleagues' (1998) heuristic model, which proposes that emotion-related parenting practices (including emotion contingent responses) impact children's social behavior and competence (also extended to emotion-related behavior problems [Eisenberg et al., 1999]) through their effect on emotional competence (specifically emotion knowledge and regulation). Within this model there is an assumption that supporting the expression of sadness will result in children's appropriately regulated emotion behavior, and therefore be associated with lower levels of internalizing problems; however, although the model as a whole has strong support, this particular assumption has not been supported by research (Garside & Klimes-Dougan, 2002; O'Neal & Magai, 2005). Nevertheless, this model highlights the possibility that parent responses to children's emotions may increase or decrease children's risk for emotional problems.

Most of the studies researching parent responses to children's emotion expression focus on negative emotions as a broad category, including sadness, anger, and sometimes fear and shame; however, O'Neal and Magai (2005) found that parents tend to respond with emotion specific strategies (i.e., responding in one way to children's expression of sadness and a different way to children's expression of anger), rather than in global ways (i.e., responding in the same or similar ways to children's different negative emotions). Because of this research evidence suggesting emotion specificity in parents' responses, measurement and hypotheses regarding emotion contingent responses should also be emotion specific. For example, based on Eisenberg and colleague's (1998) model, parents' discouragement of sadness expression would be expected to lead to children's inhibition of sadness, which over time would be expected to result in more intense sadness and dysregulated sadness behavior. Although this conceptualization does not yet have direct support, indirect support suggests that it may be helpful for understanding how parents' responses to children's sadness may in turn affect children's experience of sadness and other associated internalizing problems in youth.

Importantly, the majority of research on emotion contingent responses has focused on the effects of single strategies considered in isolation, without taking into account the possibility that parents may use several strategies over time. The following sections will review evidence that parents' discouragement of expressions of sadness is associated with youth internalizing behaviors, before considering an interactional model in which the effects of discouragement depend on the extent to which the parent also shows support in response to sadness. The following summary of the literature is organized in terms of parent socialization strategies: discouraging the expression of sadness, supporting the expression of sadness, and the interaction between these two emotion contingent responses. This literature is based almost exclusively on three measures of parent reactions to sadness: the Coping with Children's Negative Emotions Scale (CCNES, a parent self-report measure, Fabes et al., 1990), the Emotions as a Child scale (EAC, a child self-report measure, O'Neal & Magai, 2005), and observational studies (Denham, 1997; Lunkenheimer et al., 2007).

Discouraging the Expression of Sadness

Past research has found a positive association between mother's and father's discouragement of sadness and general psychological distress in sons during adulthood

(Garside & Klimes-Dougan, 2002), as well as mothers' discouragement of children's sadness expression and internalizing behavior in 11-14 year olds (O'Neal & Magai, 2005). Similarly, Lunkenheimer et al. (2007) found that parents' emotion dismissing responses during observed family conversations of past emotional events (including verbalizations and behaviors that discouraged the child's emotions) were positively associated with poorer emotion regulation and higher externalizing and internalizing behaviors (Lunkenheimer et al., 2007). Parents' minimizing and punitive reactions to children's expression of negative emotions, as measured by the CCNES (Fabes et al., 1990), have also been positively associated with other negative outcomes.

Encouraging the Expression of Sadness

Eisenberg et al. (1996) found that mothers' support of children's overall emotional expression was positively associated with children's use of constructive coping, suggesting a link to positive emotion functioning. In contrast, parents' support of children's expression of sadness has not been shown to be clearly associated with lower internalizing behaviors, with research showing a negative but not statistically significant correlation between parents' support of sadness and both psychological distress as an adult (Garside & Klimes-Dougan, 2002) and internalizing behaviors as an early adolescent (O'Neal & Magai, 2005). Similarly, emotion coaching (which includes responses that validate and encourage emotions) was not found to be associated with better coping or fewer behavior problems (Lunkenheimer et al., 2007). While research has not linked supporting sadness expression to low levels of emotional problems, it has not shown an association with positive emotional outcomes either.

Though much of the research suggests that parents' support of children's sadness is not associated with lower internalizing behaviors, research does suggest that supporting children's expression of sadness is associated with positive skills such as empathy (Bryant, 1987; Denham, 1997), emotion competence (Gottman, Katz, & Hooven, 1996; Halberstadt, 1986), cooperativeness (Denham, 1997), and prosocial behavior (Eisenberg et al., 1996). These findings suggest that supporting the expression of sadness may play a helpful role in emotional and social development, but may not be influential in decreasing the risk of internalizing problems specifically.

Interactions between Emotion Socialization Strategies

Many studies have examined the link between parents' responses to children's emotions and negative emotional outcomes, yet few have studied responses specifically to sadness and even fewer have studied combinations of parental responses. Exploring the impact of combinations of emotion socialization strategies is important because parents likely use different strategies on different occasions. Parents might respond to their child's sadness with support in one situation, but with discouragement in another situation, depending on such factors as the context, the child's age, parent stress or mood, and the degree to which the parent believes that the child's expression of sadness was appropriate given the event and circumstances. For example, a mother might respond by supporting her daughter's expression of sadness after a pet has died, but might discourage her expression of sadness when she's crying about not being able to go to a friend's house. Another example would be a mother who might typically responds with support when her children express sadness, but under conditions of stress and time constraint, such as at the grocery store, she might respond by ignoring or discouraging the child from expressing sadness.

Lunkenheimer and colleagues (2007) found that more than a third of the families participating in their study used both emotion coaching and emotion dismissing responses during the course of a short family interaction task, supporting the argument that parents are using more than one emotion socialization strategy when responding to children's emotional expression. Current research in this field has not yet begun to address the processes involved in parent's use of combinations of emotion socialization strategies, such as inconsistent parenting or sensitive parenting. Although such questions are important for understanding parent's responses to children's expression of emotion, there are still unanswered questions about the impact, if there is one, of parents using combinations of responses to children's emotion expression. The following studies looked at such combinations and presented an interactional model in which the effects of one parent response depended on another parent response.

Garside and Klimes-Dougan (2002) studied whether parental responses to sadness were associated with psychological distress, finding that the effect of distracting children from their sadness depended on how much the parents also supported the expression of sadness. Specifically, they examined two emotion contingent responses that have frequently been viewed in the literature as positive: reward (which involves supporting the expression of sadness) and override (which involves distracting children from their feelings of sadness). Although these strategies are considered positive, neither was associated with a significantly higher or lower risk for internalizing problems, which is consistent with other research. However, this lack of an association changed when the two response strategies were examined in combination. When high levels of override were paired with low levels of reward, adolescents reported higher levels of psychological distress. Therefore, the effect of distracting children from their sadness was dependent on the extent to which parents also encouraged the expression of sadness at other times.

In addition to studying the direct effects of emotion coaching and emotion dismissing parental responses, Lunkenheimer et al. (2007) examined the interaction between emotion coaching and emotion dismissing to test the hypothesis that emotion coaching moderated the association between emotion dismissing and a set of outcomes that included emotion dysregulation, emotional lability/negativity, and behavior problems. They found a significant interaction effect such that when parents were high in both emotion dismissing and emotion coaching, children exhibited lower levels of emotional lability and internalizing problems than when parents were high in emotion dismissing and low in emotion coaching. This is a second example of how parent response styles previously studied separately appear to interact. These parent responses to sadness, when studied together, are linked to a different pattern of outcomes than when examined separately. Thus, past ideas about the effects of parent socialization strategies appear to have been limited by examining each strategy in isolation.

Youth Internalizing Problems: Conceptualization and Measurement

Internalizing problems are those that "signify a core disturbance in intropunitive emotions and moods (e.g., sorrow, guilt, fear, and worry)" (Zahn-Waxler, Klimes-Dougan, and Slattery, 2000, p. 443). Depression is one of the most severe examples of internalizing problems in youth, with prevalence rates based on DSM criteria estimated conservatively to be between 0.2 and 7.8% in youth younger than 13 (Costello, Erkanli, & Angold, 2006). Importantly, the study of depression in children frequently focuses on diagnosable depression, but individual symptoms of depression, subclinical depression, and associated features of depression are also important phenomena to study.

Loneliness is an important correlate of depression in adolescents (Koening, Isaacs, & Schwartz, 1994), and is also associated with other significant problems such as social skills deficits (Jones, Hobbs, & Hockenbury, 1982), suicidal ideation (Roberts, Roberts, & Chen, 1998), juvenile delinquency, school drop-out, and peer victimization (Heinrich & Gullone, 2006). Although children's loneliness has not often been studied in family process research, there is reason to expect a connection between loneliness and parents' emotion socialization. Loneliness has been shown to be associated with important family processes such as emotional distance (Johnson, LaVoie, & Mahoney, 2001), conflict and cohesion (Johnson et al., 2001), and attachment and parenting quality (Raikes & Thompson, 2008). Additional research is needed to explore precursors to such an important phenomenon (loneliness).

Lastly, social withdrawal is an important marker of internalizing problems, one which has been shown to be associated with peer rejection and negative self-perception of social competence in research on children's peer relations (Rubin & Mills, 1988). In addition, social withdrawal has been found to play an important causal and maintenance role in adult depression, suggesting this behavior pattern may be important to study even when symptoms of depression are low. However, perhaps because children's social withdrawal can be conceptualized as overlapping with both depression and loneliness, it is not typically included in research as a separate internalizing behavior (Reynolds &

Kamphaus, 2004). Thus, in the current study, I also examine social withdrawal as an indicator of internalizing problems, separate from depression and loneliness.

The Present Study

The present study adds to a very small body of literature focusing on combinations of parental emotion socialization strategies as predictors of children's adjustment. In this case the parent socialization strategies of supporting and discouraging the expression of sadness were examined in relation to children's internalizing behaviors. The first aim of this study was to examine combinations of emotion contingent responses, expanding current knowledge about individual strategies to include combinations of strategies. Moreover, because most of the studies examining this process have focused on adolescents, specifically youth older than 10 years old, and none has used younger children's reports of parent behaviors, a second aim of this research was to replicate previous findings in a younger age group by examining this emotion socialization process in middle childhood. The third aim of this study was to use a more extensive measurement of internalizing behaviors to include childhood depression, loneliness, and withdrawal.

It was expected that discouraging the expression of sadness would be associated with higher levels of internalizing behaviors (depression, loneliness, and withdrawal). However, based on the null and mixed results to date, supporting the expression of sadness was expected to show no significant association with internalizing behaviors. These two variables were examined in combination to test the hypothesis that discouragement would interact with encouragement to predict child outcomes. Specifically, I predicted that encouragement would moderate the association between discouraging the expression of sadness and internalizing behaviors (see Figure 1 for the Conceptual Model), dampening the effect of discouragement on each of the internalizing behaviors examined. This prediction is based on past research that identified encouragement (specifically emotion coaching) as a moderating variable in the association between parental emotion dismissing and internalizing symptoms (Lunkenheimer et al., 2007).

CHAPTER 2

METHOD

Participants

Participants for this study were about 156 children in nine 3rd-6th grade classrooms at a university affiliated elementary school. Participants also included parents of 87 of these children. The sample sizes varied slightly by model based on how many participants have data for each measure. Gender and ethnicity were obtained through school records, with 24.4% of participants listed as African American, 66% Caucasian, and the remaining listed as other. 53.2% of participants were female.

Procedure

Data for this project were collected in four 45-60 minute classroom sessions during the 2009-2010 school year as part of two ongoing research projects on children's peer relations and on parents' emotion socialization practices. Both studies had approval through the University of Memphis Institutional Review Board. During Fall of the 2009-2010 school year, children completed a packet of questionnaires regarding peer relations, including a Loneliness Questionnaire used in the current study. In Spring semester of the same school year, children completed another packet of questionnaires in their classrooms, including questions about parents' emotion socialization practices and about their own feelings and behaviors associated with depression. In addition, packets of questionnaires were also sent home with children to be completed by their mother or their primary caregiver if they do not currently live with their mother. These questionnaires asked about emotion socialization practices and children's emotional and behavior problems. Each classroom was offered an incentive, such as funding for a field trip, to encourage child and parent participation. There were high rates child (88%) participation and moderate rates of parent (50%) participation in this study.

Measures

Parental Responses to Children's Sadness. The child report version of the Sadness Emotion Socialization Strategies scale of the *Emotions as a Child Scales* (EAC; C. O'Neal, personal communication, August 4, 2009[1]; Magai & O'Neal, 1997; O'Neal & Magai, 2005; See Appendix A) contains fifteen items that assess how frequently children perceive that their primary caregiver used five different emotion socialization strategies in response to their expression of sadness during the past month. Children were instructed to think about times in the past month when they felt sad and rate (on a 5-point likert scale ranging from 1 = "Never" to 5 = "Very Often") how frequently their mother responded using each of the fifteen strategies. Research suggests that mothers and fathers tend not to respond to children's emotion expression in the same ways; because research suggests that mothers play a more active role in socializing emotions (Bohanek et al., 2008; Garside & Klimes-Dougan, 2002), children were asked to respond about just their mother's emotion contingent responses. Children who do not live with their mother were asked to respond about their primary caregiver (i.e., father or grandparent); however, because of the small number of non-maternal caregivers, these children will not be included in the current study. This measure has been used with adolescents (age 11 and up; Klimes-Dougan et al., 2007; O'Neal & Magai, 2005) and adults (Garside & Klimes-Dougan, 2002); however, no published research has used this measure for children ages 8-10.

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[1] Several different versions of the Emotions as a Child Scales have been created and used. These versions are all based on Magai's (1996) original scale; however, the specific measure used was a version obtained during personal communications with Colleen O'Neal about the Magai & O'Neal (1997) measure.

Each subscale in the EAC contains three items that are averaged to create a single subscale score. The specific subscales used for this study were the Reward subscale (which measures children's perception that their caregiver encouraged or validated their expression of sadness, e.g., "When I was sad, my mom comforted me") and the Punishment subscale (which measures children's perception that their caregiver actively discouraged their expression of sadness, e.g., "When I was sad, my mom let me know she did not approve of my being sad"). The internal consistency of these subscales has been variable, ranging from .90 (Vilker, 2000 as cited in O'Neal & Magai, 2005) to .70 (O'Neal & Magai, 2005) for the Reward subscale and from .47 (Klimes-Dougan et al., 2007) to .15 (O'Neal & Magai, 2005) for the Punishment subscale. Although the reported alpha values for the Punishment subscale are low, this is the only self-report measure used for children that assesses their perception of parents' emotion specific responses to emotions. Moreover, this measure assesses how mothers are responding generally to children's sadness, which is not always able to be assessed using vignettes or observational data (Eisenberg et al., 1998).

Feelings and Behaviors Associated with Childhood Depression. The *Center for Epidemiological Studies Depression Scale for Children* (CES-DC; Weissman, Orvaschell, & Padian, 1980; see Appendix B) is a 20-item self-report measure in which children report (on a 4-point likert scale ranging from 1 = "Not at all" to 4 = "A lot") how much in the past week they have experienced feelings and behaviors associated with symptoms of depression in children. Items from this scale include statements such as "I wasn't able to feel happy, even when my family or friends tried to help me feel better," "I felt like crying," and "It was hard to get started doing things." Four items that ask about happiness and optimistic views for the future are reverse coded, then all items are summed to create an overall score of children's depression related feelings and behaviors.

Whereas this scale is sometimes used with a cutoff score to identify children with diagnosable depression, for the purposes of this study scores were treated as continuous. This scale has been used for children ages 6-12, as well as for adolescents; however, there are mixed findings regarding the age group for which the measure is appropriate. While this measure has been created for and used with children, the psychometrics have been inconsistent thus far, particularly with regard to the measure's ability to consistently diagnose children with depression (Faulstich, Carey, Ruggiero, Enyart, & Gresham, 1986; Weissman et al., 1980). This measure was found to have good internal consistency (.77); however, concerns have been raised regarding the test-retest reliability (two weeks after the first administration), concurrent validity (as compared to the Children's Depression Inventory) (Faulstich et al., 1986), and the discriminant validity of this scale to distinguish between anxiety and depression (Doerfler, Felner, Rowlison, Raley, & Evans, 1988). This latter concern, however, is mitigated by general findings regarding overlap and co-morbidity of depression and anxiety (Zahn-Waxler et al., 2000). Even given the limitations, this measure is one of the better child self-report measures of symptoms associated with depression. Moreover, in this study the measure is used not for *diagnosing* depression, but as an indicator of mild problems such as sadness and self-doubt that are typically associated with depression.

Loneliness. The Asher, Hymel, and Renshaw (1984; see Appendix C) Loneliness Questionnaire assesses children's loneliness, perceptions of social inadequacy, peer status, and preferred activities. Children respond to each of the 24 questions (16 of which assessed loneliness and 8 that were filler items about preferred activities) by indicating how true each statement is for them on a 5-point likert scale ranging from 1 = "Not true at all" to 5 = "Always true." This scale includes statements such as "It's hard for me to make friends at school" and "I have nobody to talk to in class." All 16 items assessing loneliness are summed to create a single loneliness score. This measure was developed and used with children from third through sixth grade and has been found to have good internal consistency (.90) (Asher et al., 1984).

Withdrawal. The Parent Rating Scale of the Behavioral Assessment System for Children, Second Edition (BASC-II; Reynolds & Kamphaus, 2004) measures children's adaptive functioning and behavior problems with 160 items representing behaviors sometimes shown by youth. Parents indicate how often their child engaged in each behavior in the past several months, ranging from "Never" to "Almost always." This particular version is designed for children ages 8-11; however, it was still used for the handful of 12 year old children included in the current study (Reynolds & Kamphaus, 2004).

The Withdrawal subscale is composed of twelve items that assess children's interest in and withdrawal from social contacts and settings (see Appendix D for a sample of items from the Withdrawal subscale). This subscale has been described as assessing an aspect symptom of depression (Reynolds & Kamphaus, 2004). Two items from this subscale are reverse coded, items addressing how often children "make friends easily" and "quickly join group activities." The 12 items are then summed and converted into a T-score. This subscale has good internal consistency (.81), test-retest reliability (.83), and inter-rater reliability (.70) (Reynolds & Kamphaus, 2004).

CHAPTER 3

RESULTS

Preliminary Analyses

Variables were first checked for non-normal distribution. The level of skewness was acceptable for all variables. Because a separate analysis was conducted for each criterion variable (Depression, Loneliness, and Withdrawal), data cleaning addressed the variables from each analysis separately; therefore, outliers and missing data were checked and addressed with respect to all variables within the same analysis.

Cases were removed from certain analyses as a result of multivariate status, as identified using Mahalanobis distance. Logistic regression was then used to determine if there were any variables that predicted multivariate outlier status (Tabachnick & Fidell, 2001). Two items from the Withdrawal subscale of the BASC ("Refuses to join in group activities" and "Shows fear of strangers") containing significant univariate outliers were identified as significant predictors of multivariate outlier status and were adjusted according to methods outlined by Tabachnick and Fidell (2001). In the analysis predicting Loneliness there were 3 cases that were identified as multivariate outliers, and in the analysis predicting Depression there were 11 such cases; because there were no individual variables that predicted outlier status, these cases were dropped from their respective analyses. All other data points identified as univariate outliers in comparison to the group mean were comparable to the other responses given by those participants, and as a result they were included in the analyses without adjustments.

Participants with more than 30% missing data for a single measure were not included in analyses using the measure. All other missing data for the EAC and CESDC were addressed through mean substitution, using the participant's mean of the other items in the scale (CESDC) or subscale (EAC) in place of the missing value. Missing data for the Withdrawal subscale of the BASC were addressed through the BASC's standard method of dealing with missing data (Reynolds & Kamphaus, 2004). This method involves replacing missing values with a score of 1, which corresponds to "Sometimes" on the scale. Lastly, because some items on the EAC are reverse coded, participants who rated all items as 1 were assumed to be providing ratings of questionable validity; therefore, six cases were removed from the analysis for this reason.

Descriptive statistics for the composite variables are reported in Table 1. The literature suggests that there may be age and gender differences with regard to both parents' emotion contingent responses and children's internalizing symptoms (Hilt & Nolen-Hoeksema, 2009; Klimes-Dougan et al., 2007). For this reason, the data were first checked for any age or gender differences in the means using t-tests and ANOVAs. There were no significant age differences (measured using children's grade) but there was a significant gender difference for children's perception that their mother punished their expression of sadness, $t(154) = -2.243$, $p < .05$, with boys perceiving higher levels of punishment than girls. For this reason, gender was included in all analyses as a covariate.

Table 1

Descriptive Statistics for all Variables

Variable	*N*	Mean	*SD*	Range Possible (Actual)	Alpha
Emotion Contingent Response					
Discouragement	156	1.86	0.82	1-5 (1-5)	.52
Support	156	3.71	1.14	1-5 (1-5)	.81
Depression	142	32.36	11.10	20-80 (20-73)	.92
Loneliness	149	1.99	0.76	1-5 (1-4.75)	na
Withdrawal [a]	88	48.39	8.59	35-116 (36-71)	.77

Note. [a] using gender-normed t-scores.

Primary Analyses

Pearson correlations were calculated for all composite variables and are reported in Table 2. These correlations were used to assess the association between each of two predictor variables, Discouragement and Support (the Punishment and Reward subscales from the EAC), and each of three criterion variables (depression related feelings and behaviors, loneliness, and withdrawal). Children's perception that their parent *discouraged* their expression of sadness was significantly correlated with children's report of depression symptoms, but not associated with children's loneliness or withdrawal. Children's perception that their parent *supported* their expression of sadness was significantly negatively correlated with both depression symptoms and loneliness, but not associated with parents' report of children's withdrawal.

Table 2

Correlations Between all Predictive and Criterion Variables

Measures	1	2	3	4
1. Discouragement	-			
2. Support	-.16 [a]	-		
3. Depression	.19* [b]	-.27** [b]	-	
4. Loneliness	-.02 [c]	-.27** [c]	.46** [d]	-
5. Withdrawal	-.02 [e]	.06 [e]	.16 [f]	.17 [g]

Note. [a] n= 155, [b] n= 142, [c] n= 149, [d] n= 137, [e] n= 88 , [f] n= 80, [g] n= 84. *$p < .05$. **$p < .01$. ***$p < .001$. Withdrawal subscale used gender-normed t-scores.

Moderation was investigated using separate hierarchical multiple regression analyses for each of the three criterion variables, following the guidelines of Aiken and West (1991) and Baron and Kenny (1986). Gender was first entered as a covariate in Step 1, and then scores for Discouragement and Support were entered as predictors in Step 2, with the Discouragement-by-Support interaction term entered in Step 3. This interaction term was created by first centering each variable (Discouragement and Support), then multiplying the two variables. The results of these regression analyses predicting Depression, Loneliness, and Withdrawal are reported in tables 3-5, respectively.

Table 3

Hierarchical Multiple Regression Analyses Predicting Depression from Gender, Discouraging Sadness Expression, and Supporting Sadness Expression

Predictor	*F* (df)	ΔR^2	β
Step 1	0.03 (1,140)	< .01	
Gender			-.02
Step 2	5.21 (3,138)**	.10***	
Discouragement			.17*
Support			-.25**
Step 3	4.09 (4,137)**	< .01	
DiscouragementXSupport			.07

Note. **p* < .05. ***p* < .01. ****p* < .001.

Table 4

Hierarchical Multiple Regression Analyses Predicting Loneliness from Gender, Discouraging Sadness Expression, and Supporting Sadness Expression

Predictor	*F* (df)	ΔR^2	β
Step 1	0.42 (1,147)	< .01	
Gender			.05
Step 2	4.17 (3,145)**	.08**	
Discouragement			-.07
Support			-.28***
Step 3	3.23 (4,144)*	< .01	
DiscouragementXSupport			.07

Note. **p* < .05. ***p* < .01. ****p* < .001.

Table 5

Hierarchical Multiple Regression Analyses Predicting Withdrawal from Gender, Discouraging Sadness Expression, and Supporting Sadness Expression

Predictor	*F* (df)	ΔR^2	β
Step 1	1.12 (1,86)	.01	
Gender			-.11
Step 2	0.44 (3,84)	< .01	
Discouragement			.01
Support			.05
Step 3	0.56 (4,83)	.01	
DiscouragementXSupport			.11

Note. **p* < .05. ***p* < .01. ****p* < .001.

As seen in Step 1 of Tables 3-5, Gender was not a significant predictor of any criterion variable. In the analysis using Depression as the criterion, both Discouragement and Support emerged as significant predictors. However, the Discouragement-by-Support interaction did not serve as a significant predictor of Depression, nor did it result in a significant increase in explained variance. In the analysis using Loneliness as the criterion, only Support emerged as a significant predictor; the interaction between Discouragement and Support was not a significant predictor and did not account for a significant increase in variance. In the analysis using Withdrawal as the criterion, neither Discouragement nor Support was a significant predictor; additionally, the Discouragement-by-Support interaction did not explain significant variance in the model.

CHAPTER 4

DISCUSSION

The present study investigated parents' discouragement and support of children's expression of sadness in relation to several indicators of internalizing behaviors in middle childhood. This research builds on the current literature by examining combinations of emotion contingent responses, rather than focusing on individual strategies. The findings in this study suggest that parents' responses to children's expression of sadness are associated with internalizing behaviors such as depression and loneliness, which generally supports Eisenberg and colleagues' (1998) heuristic model—both in terms of the effect of discouraging and supporting children's expression of sadness. These findings add support to this body of literature; however, parents' discouragement and support of sadness expression appeared to function independently in predicting children's internalizing behaviors, without evidence of interaction effects.

The following discussion of this study's research findings is organized in terms of the two different predictors of internalizing behaviors: discouraging the expression of sadness and supporting the expression of sadness. Results supported the hypothesis that discouraging children's expression of sadness is positively associated with children's depression symptoms. These findings regarding depression symptoms are consistent with previous research showing a positive association between discouraging children's expression of sadness and psychological distress (Garside & Klimes-Dougan, 2002) and internalizing symptoms (O'Neal & Magai, 2005). This finding suggests that discouraging children's expression of sadness may play a role in children's development of depression related thoughts and behaviors.

However, discouraging the expression of sadness was not associated with either loneliness or social withdrawal. These findings suggest that loneliness and social withdrawal, while associated with depression, are developed through different processes that may not involve discouraging responses to sadness. Loneliness and social withdrawal have not often been studied in family process research and it is possible that these outcomes do not fit with other examples of internalizing behaviors typically evaluated in this literature. One possible reason for this misfit involves the difference between internalization behaviors measured by social interactions versus thoughts, feelings, and individual behaviors. Discouraging the expression of sadness may be influencing emotional outcomes such as depression related thoughts and behaviors, but not translating into interpersonal behaviors. Perhaps children whose expression of sadness has been discouraged may hide their expression of sadness without learning how to manage their sadness-related emotional arousal, which in turn may contribute to the development of depression (Buck, 1984; Eisenberg et al., 1998; Gross & Levenson, 1993); however, these same emotion-related processes may not play the same role in children's development of loneliness and social withdrawal. These more social outcomes may be more influenced by peer rejection or other forms of parent dismissal than by parents' discouragement of sadness.

Mothers' support of sadness expression was positively associated with better child adjustment, namely fewer depression symptoms and less loneliness. These findings are in contrast to findings reported by Garside and Klimes-Dougan (2002), Lunkenheimer et al. (2007), and O'Neal and Magai (2005), who did not find an association between parents' supportive responses and negative emotional or behavioral outcomes. One possibility is that supporting children’s expression of sadness might relate to depression differently than to other more general measures of internalizing problems that combine depression with anxiety and somatization. Additional possibilities include the younger age and different sample of the children in this study as compared to other similar studies (Garside & Klimes-Dougan, 2002, Lunkenheimer et al., 2007, and O’Neal & Magai, 2005). The effect of supportive responses may be more influential for younger children who are less skillful in managing their own emotions, whereas older children might be less affected by the presence or absence of support. Furthermore, loneliness has a social component that is influenced by interactions with and treatment by peers. Perhaps parents’ support of children’s expression of sadness influences children’s loneliness through its positive influence on skills such as empathy (Bryant, 1987; Denham, 1997), emotion competence (Gottman et al., 1996; Halberstadt, 1986), cooperativeness (Denham, 1997), and prosocial behavior (Eisenberg et al., 1996). Overall, these findings suggest that parents’ support of children’s expression of sadness seems to facilitate positive emotion related thoughts and behaviors.

The results suggest that parents’ discouragement and support of children’s sadness expression each contribute independently to emotion related outcomes; however, neither of these strategies appears to moderate the other’s effects. Parent’s support of children’s sadness—shown through parents’ attention to the emotion and assistance in comforting and managing the emotion—may facilitate positive emotional outcomes regardless of how much parents may also discourage sadness expression at other times. Similarly, parents’ discouragement of children’s sadness may negatively influence children’s emotional outcomes regardless of the amount of support parents are also providing.

These results stand in contrast to Garside and Klimes-Dougan (2002) and Lunkenheimer et al. (2007), who found that parents’ support or emotion coaching in response to children’s sadness moderated the association between other emotion contingent responses and negative emotional outcomes. One possibility for these discrepant results is that there was not a large enough group of children in the current study reporting high levels of both discouragement and support in response to their emotional expressions. Another possibility concerns differences in samples across studies. For example, Lunkenheimer et al. (2007) sampled from a population of children with low income and behavior problems. In contrast, this study sampled children from a university affiliated school and, although the behavior problem status of these children was not assessed, these children were not selected based on the criteria of having a history of behavior problems and likely presented with a range of behavior problems similar to a general community sample. Additionally, whereas this study focused on the recent emotion socialization strategies experienced in the past month by children ages 8-12, Garside and Klimes-Dougan (2002) studied retrospective reports from college students from a private university. This difference raises the possibility that there are not only differences in the two groups of participants, but that these young adults’ retrospective report may not accurately reflect their experiences as young children and may be influenced by factors such as later life events and maturity.

This study also purposely sought a younger group of children than had been used in other, similar studies as a way of replicating and extending results to younger children;

however, younger children may not be experiencing parents' emotion contingent responses in the same way or to the same extent as older children. Research has suggested that parents' emotion contingent responses depend on the age of the child, with parents using more punitive responses with older adolescents (Klimes-Dougan et al., 2007). Perhaps the younger children in this sample are experiencing high levels of support without the use of discouragement, but with increasing age parents begin using more discouraging responses as a means of shaping children's understanding of appropriate times, places, and situations in which to express sadness—as may have been reflected in past studies of older children. Additionally, if parents' discouragement of sadness expression is not normative in the younger age group, it may be especially important for predicting internalizing problems. However, these cases might represent a minority in a community sample such as the one used in the current study.

A second aim of this study was to extend the literature on children's perceptions of parent's emotion contingent responses to younger children. This study found the same positive association between parents' discouragement of children's sadness and internalizing symptoms, namely depression symptoms, as has been found in an older group of children (Garside & Klimes-Dougan 2002; O'Neal & Magai 2005); however, the findings regarding parents' support of children's sadness and the interaction between discouragement and support did not fit with past findings (Garside & Klimes-Dougan, 2002; Lunkenheimer et al., 2007; and O'Neal & Magai, 2005). It is unclear if these findings differed because a younger age group was included or because of other differences between the studies. Moreover, because this literature is still somewhat new, the findings referenced have not yet been replicated in the older age group; therefore, this study may simply fail to support the previously proposed model.

Lastly, this study sought to use a more extensive measurement of internalizing behaviors; however, these outcome measures were not all associated with emotion contingent responses in similar ways, suggesting that these less commonly used measurements of internalizing behaviors may not be appropriate for family process research. Withdrawal was not associated with either discouragement or support of children's expression of sadness, children's depression related symptoms and behaviors, or children's loneliness. One possible explanation for these findings is that social withdrawal is a behavior that is more appropriately categorized with other social behaviors and disorders, such as social anxiety, as suggested by Reynolds and Kamphaus (2004). Alternatively, this measure was the only measure not completed as child self-report, which supports the possibility that the other patterns of association may have been artificially inflated due to shared source variance.

In terms of implications for intervention, these findings suggest that discouraging the expression of sadness may facilitate the development of children's depression symptoms and supporting the expression may lower children's likelihood of developing depression symptoms. These results suggest that both decreasing discouragement and increasing support of children's sadness might be methods of changing family patterns to positively influence children's depression symptoms; however, these results do not point to one strategy being more influential than the other in terms of influencing the development of depression. It is worth noting that, although the interaction effects were not significant in any model, the highest levels of depression symptoms were present under conditions of high levels of discouragement and low levels of support, suggesting that such conditions may be especially problematic for children's emotional development.

In contrast, supportive responses seemed more influential for predicting children's loneliness than did discouraging responses. This finding suggests that validating children's expression of sadness emotion, such as saying "it's okay to cry," may indirectly be a useful method for parents to decrease children's experience of loneliness. Additional research is needed to explore the processes through which parents' supportive emotion responses influence children's loneliness in order to assess if supporting children's expression of sadness might be a valuable strategy for addressing loneliness.

There were several methodological limitations to this study that should be considered. All but one of the measures utilized for this study were child self-report measures, allowing for the possibility of artificially inflated effects due to shared source variance. Moreover, the only statistically significant findings involved child report measures, rather than parents' reports, further calling into question whether these findings were due to shared method variance. Additionally, the study was cross-sectional, which limits the ability to draw causal conclusions. It is possible that parents' responses to children's sadness and children's depression and loneliness are all related to some shared causes, such as parental depression which might both limit a parent's ability to respond supportively to children's expression of sadness and play a role in the development of children's depression symptoms. Furthermore, children's cognitive symptoms of depression may influence their perception of events and interactions, such as influencing their perceptions of their parents' responses to their expression of sadness.

Additional limitations involve mixed findings regarding the psychometrics and usefulness of the EAC and the CESDC. The EAC is a relatively new measure that has yielded low estimates of internal consistency, particularly for the Punishment subscale. For this subscale, alpha values have been reported as .15 (O'Neal & Magai, 2005), .47 (Klimes-Dougan et al., 2007), and .52 in the current study. These low alpha values suggest that the items comprising the Punishment subscale may not be measuring a single construct and thus might under- or overestimate the true associations between the outcomes and parent's discouragement of sadness. In terms of the CESDC, concerns have been raised regarding the test-retest reliability (two weeks after the first administration) (Faulstich et al., 1986), suggesting that children's score for depression symptoms may have produced different findings had they been measured at a different time. Additionally, concurrent validity, when compared to the Children's Depression Inventory was also found to be questionable. Even given the limitations, this measure is one of the better child self-report measures of symptoms associated with depression. Moreover, in this study the measure is used not for *diagnosing* depression, but as an indicator of mild problems such as sadness and self-doubt that are typically associated with depression.

The current study provides three contributions to the literature: using multiple indicators of internalizing behaviors, extending previous research regarding emotion contingent responses to a younger age group, and a focus on combinations of emotion contingent responses. This study explored multiple indicators of internalizing behaviors with the goal of expanding the measurement of internalization; however, this study's findings also suggest a possible need to distinguish between social indicators of internalization and emotional indicators. This study also contributes to the literature through its extension of previous research to a younger age group. The association between discouraging the expression of sadness and depression was replicated in the younger sample. Not all findings were replicated in this sample, however, which raises the question of how emotion contingent responses might be influencing children at different ages. Lastly, the literature addressing combinations of strategies is underdeveloped and conclusions are currently difficult to draw from the extant research. This study adds to the discussion of combinations of and interactions between emotion contingent responses. Future research in the area of emotion socialization could benefit from further exploring combinations of emotion contingent responses through attempts at replicating previous findings, examining the possible effects on other outcomes such as emotion regulation, and exploring alternative methods of combining strategies statistically (e.g., looking at the ratios of supportive to discouraging strategies). Additionally, the findings in this study did not replicate previous findings, which raises questions about the possible interaction between supportive and discouraging responses to children’s expression of sadness.

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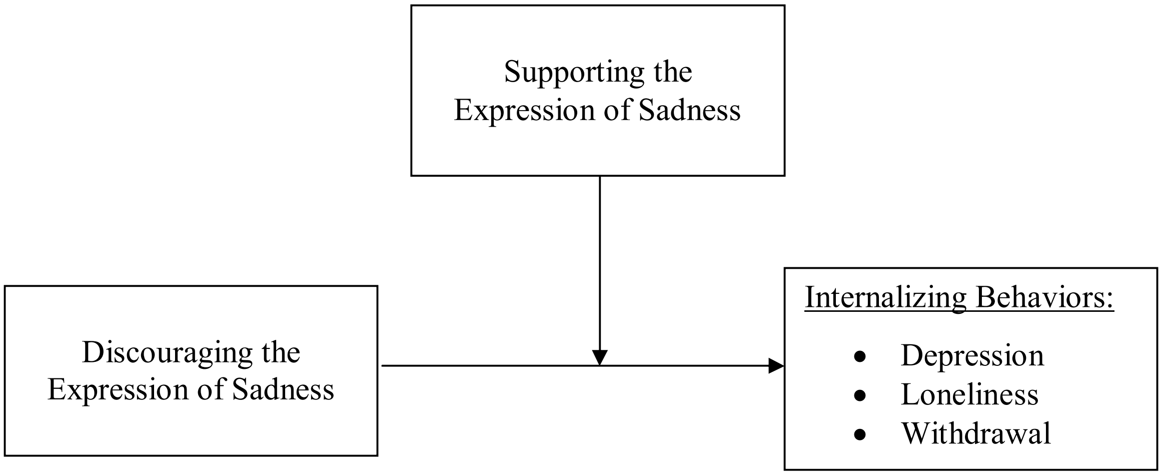

Supporting the Expression of Sadness
Discouraging the Expression of Sadness
Internalizing Behaviors:
Depression
Loneliness
Withdrawal

Figure 1. Conceptual Model.

Appendix A

Emotions as a Child Scale (EAC)

Think of a few times when you felt **DOWN** during the past month. When you felt **SAD** or **DOWN** over the past month, how often did your mom respond in these ways?

	Never	**Not Very Often**	**Some-times**	**Often**	**Very Often**
1. When I was **sad**, my mom responded to my sadness.	1	2	3	4	5
2. When I was **sad**, my mom told me to stop being sad.	1	2	3	4	5
3. When I was **sad**, my mom helped me deal with the issue that made me sad.	1	2	3	4	5
4. When I was **sad**, my mom got very sad.	1	2	3	4	5
5. When I was **sad**, my mom told me that I was acting younger than my age.	1	2	3	4	5
6. When I was **sad**, my mom asked me what made me sad.	1	2	3	4	5
7. When I was **sad**, my mom told me not to worry.	1	2	3	4	5
8. When I was **sad**, my mom expressed that she was very sad.	1	2	3	4	5
9. When I was **sad**, my mom let me know she did not approve of my being sad.	1	2	3	4	5
10. When I was **sad**, my mom bought me something I liked.	1	2	3	4	5
11. When I was **sad**, my mom told me to cheer up.	1	2	3	4	5
12. When I was **sad**, my mom took time to focus on me.	1	2	3	4	5
13. When I was **sad**, my mom got very upset.	1	2	3	4	5
14. When I was **sad**, my mom did not pay attention to my sadness.	1	2	3	4	5
15. When I was **sad**, my mom comforted me.	1	2	3	4	5

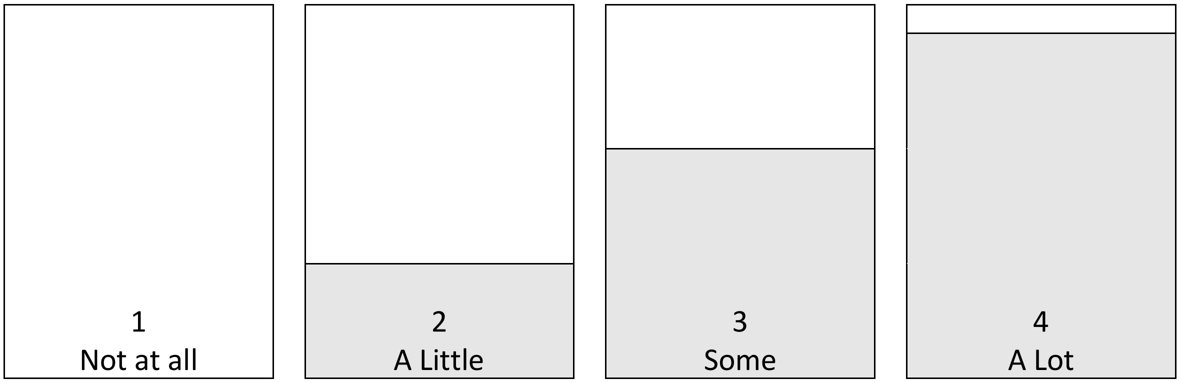
Appendix B

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Below is a list of the ways you might have felt or acted. Please check how *much* you have felt this way during the *past week*.

DURING THE PAST WEEK	Not at all	A little	Some	A lot
1. I was bothered by things that usually don't bother me.	1	2	3	4
2. I did not feel like eating, I wasn't very hungry.	1	2	3	4
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better.	1	2	3	4
4. I felt like I was just as good as other kids.	1	2	3	4
5. I felt like I couldn't pay attention to what I was doing.	1	2	3	4

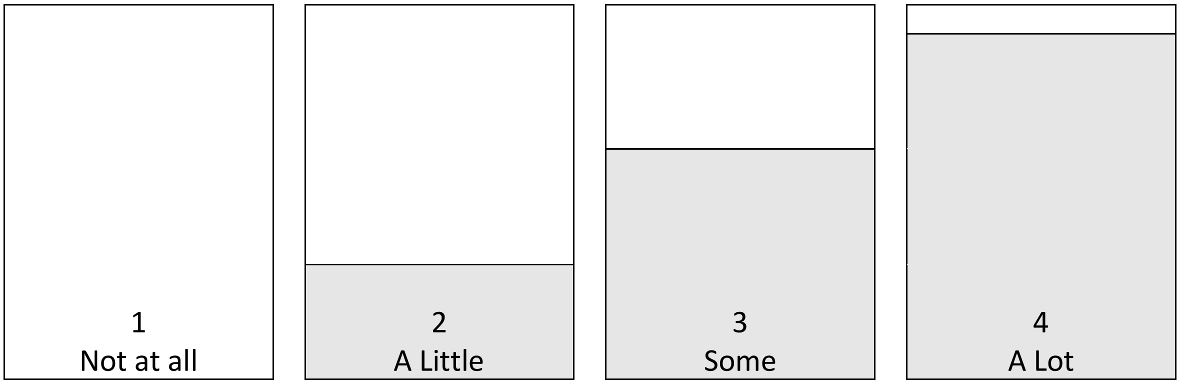
DURING THE PAST WEEK	Not at all	A little	Some	A lot
6. I felt down and unhappy.	1	2	3	4
7. I felt like I was too tired to do things.	1	2	3	4
8. I felt like something good was going to happen	1	2	3	4
9. I felt like things I did before didn't work out right.	1	2	3	4
10. I felt scared.	1	2	3	4



Below is a list of the ways you might have felt or acted. Please check how *much* you have felt this way during the *past week*.

DURING THE PAST WEEK	Not at all	A little	Some	A lot
11. I didn’t sleep as well as I usually sleep.	1	2	3	4
12. I was happy.	1	2	3	4
13. I was more quiet than usual.	1	2	3	4
14. I felt lonely, like I didn’t have any friends.	1	2	3	4
15. I felt like kids I know were not friendly or that they didn’t want to be with me.	1	2	3	4

DURING THE PAST WEEK	Not at all	A little	Some	A lot
16. I had a good time.	1	2	3	4
17. I felt like crying.	1	2	3	4
18. I felt sad.	1	2	3	4
19. I felt people didn’t like me.	1	2	3	4
20. It was hard to get started doing things.	1	2	3	4



Appendix C

Loneliness Scale

Directions: The sentences below describe how children do things and feel about things. For each sentence, please think about how true that sentence is for you and fill in the circle to show your answer. Please fill in one, and only one, circle for each of the sentences. There are no right or wrong answers.

---

1. I play sports a lot.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
2. There's no other kids I can go to when I need help in school	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
3. I like playing board games a lot.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
4. It's hard for me to make friends at school.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
5. I'm lonely at school.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
6. I feel left out of things at school.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
7. I watch TV a lot.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
8. I like to paint and draw.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○

9. I am well liked by the kids in my class.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
10. I get along with my classmates.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
11. I like to read.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
12. It's easy for me to make new friends at school.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
13. I like school.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○

14. I don't have any friends in class.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
15. It's hard to get kids in school to like me.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
16. I have nobody to talk to in class.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
17. I have lots of friends in my class.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○
18. I don't have anyone to play with at school.	**Always true** ○	**True most of the time** ○	**Sometimes true** ○	**Hardly ever true** ○	**Not true at all** ○

19. I don't get along with other children in school.	Always true O	True most of the time O	Sometimes true O	Hardly ever true O	Not true at all O
20. I can find a friend in my class when I need one.	Always true O	True most of the time O	Sometimes true O	Hardly ever true O	Not true at all O
21. I'm good at working with other children in my class.	Always true O	True most of the time O	Sometimes true O	Hardly ever true O	Not true at all O
22. I like music.	Always true O	True most of the time O	Sometimes true O	Hardly ever true O	Not true at all O
23. I like science.	Always true O	True most of the time O	Sometimes true O	Hardly ever true O	Not true at all O
24. I feel alone at school.	Always true O	True most of the time O	Sometimes true O	Hardly ever true O	Not true at all O

Appendix D

Sample items from the Behavioral Assessment System for Children, Second Edition (BASC-II)

16. Makes friends easily.*

21. Refuses to join in group activities.

25. Will change direction to avoid having to greet someone.

48. Avoids completing with other children.

53. Is chosen last by other children for games.

57. Is shy with other children.

80. Quickly joins group activities.*

89. Shows fear of strangers.

112. Avoids other children.

121. Has trouble making new friends.

144. Prefers to be alone.

153. Is shy with adults.

* signifies that items will be reverse coded