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**Parents' adverse childhood experiences in relation to parent-child emotion
socialization**

by

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An Undergraduate Thesis Submitted in Partial Fulfillment
of the Requirements for the University Honors Program

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Parents' adverse childhood experiences in relation to parent-child emotion socialization

Parents have an integral role in a child's development of important emotional and psychosocial processes through emotion socialization. The goal of this paper is to examine the presence of adverse childhood experiences during the parents' childhood and adolescence alongside the parents' responses to their child's emotional expression. The impact of adverse childhood experiences on a parent's ability to socialize their child's emotions is a key factor in the continued objective of cultivating positive parent-child interaction and improving adolescent mental health.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are defined as potentially traumatic events that happen during one's childhood between the ages of zero and seventeen, as described by the Center for Disease Control (2022). ACE's can include abuse or neglect, substance abuse in the home, parental instability, incarcerated family members, mental health problems in the home, among many others. As a component of trauma, ACE's have recently garnered more attention and have now become a focus of study. Both short and long-term impacts of the presence of ACEs have shown negative outcomes in overall physical health and emotional wellbeing, life outcomes and opportunities, and future relationship quality (Centers for Disease Control and Prevention, 2022). It has been shown that subsequently repeated stress exposure, or toxic stress, can impact brain development; this can ultimately change stress response and emotion regulation (Lange et. al, 2016). ACEs have been shown to also negatively impact parenting practices and parenting styles, as parents who have a prior history of ACE's were shown to utilize authoritarian style or display permissive actions (Lange et. al, 2018). While this information is

crucial to the betterment of understanding the influences of ACEs on parent-child relationships, ACEs have not been examined in relation to parents' emotion related parenting practices.

Parent Emotion Socialization

Emotion socialization is a process by which children and teens learn how to express and regulate their emotion with respect to social norms and developmental expectation (Morris et al., 2007). Emotion socialization is a vital process that has links to emotional adjustment and youth mental health. (Miller-Slough and Dunsmore, 2016). It was not until recently that the emotion socialization of adolescents gained increased interest in research. Even so, there has been limited study regarding parent influence on this age group due to the unique social dynamics at this age. While there continues to be a growing body of literature on the unique influential roles on adolescent emotion socialization, there is an explicit paucity of research regarding the parents themselves and what influences their ability to socialize their children's affect (Miller-Slough and Dunsmore, 2020).

Parental emotional socialization schemes develop foundational affective methods. The parent's own emotional state reinforces the development of emotional or behavioral stability. Particular responses can disrupt this development leading to maladaptive behaviors, emotional deficits or surfeits, and internalizing or externalizing problems (Klimes-Dougan et. al, 2007). Parental emotion socialization is accomplished in a variety of methods, and it is through these direct interactions that children learn to internalize parental expectations regarding acceptability of emotional expression (Klimes-Dougan & Zeman, 2007). Parents teach their child emotion regulation and appropriate emotional response through modeling of their own affect via observation, how parents respond to their child's emotional expression, as well as how parents discuss past emotional events with their children (Morris et al., 2007).

It is possible that parents' own childhood experiences shape how they respond to their children's emotions, as research indicates that outcomes associated with parents' childhood trauma, including mental illness, are associated with negative parenting behaviors, such as insecure parent-child attachment and decreased maternal sensitivity (Rudenshine, et. al, 2019). Below I discuss how adverse childhood experiences may shape how parents socialize their children's emotions through their ability to regulate their own emotions.

Emotion Regulation as a Mediator of ACEs and Parent Emotion Socialization

Recent developmental studies have solidified the importance of parental social influence on the development of emotional and psychosocial functioning (Klimes-Dougan & Zeman, 2007; Miller-Slough & Dunsmore, 2016). However, parent emotion regulation plays a role in how parents engage in the emotion socialization process (Morris et al., 2007). Emotion regulation involves both internal and external processes through which individuals learn to manage the dynamics of emotional reactions (e.g., intensity, frequency, and duration) alongside their different feelings (e.g., happiness, sadness, anger; Morris et al., 2007). This process creates an adaptive ability to successfully control and delegate emotional responses to different experiences and stressors throughout the lifespan.

ACEs can negatively impact parent emotion regulation, as there is widespread evidence that ACE's and chronic stress have negative impacts on the physiological development of the systems that construct emotional regulation (Rudenshine et. al, 2019). When compared to children who have experienced a typical developmental history throughout childhood, children who experience early maltreatment have displayed an inability to adaptively modify their emotions to meet situational demands (Lim et. al, 2020). Exposure to ACEs and toxic stress during childhood creates long-term maladjustment which carries over into adulthood. This

becomes increasingly problematic as those adults become parents. Studies have shown that increased numbers of ACE's are positively correlated with increased levels of parent stress, specifically in mothers (Lange et. al, 2018). This increase could possibly be explained by the dysfunction and dysregulation of the parents' stress response ability due to their own childhood trauma.

In sum, ACEs impacts parent emotion regulation, and parent emotion regulation relates to parent emotion socialization. Thus, it is possible that parent emotion regulation may mediate how parent ACEs impact how they socialize their children's emotions. Emotion dysregulation has been shown as a mechanism for the association between the prevalence of ACEs and one's difficulties in interpersonal relationships and interactions (Poole et. al, 2018). The present study will advance the field and address a gap literature concerning the exploration of parental history of ACEs and how it may shape parent-child emotion socialization.

The Present Study

The present study will examine the presence of the parent's history of experienced adverse childhood events (ACE's) in relation to parent's subsequent feedback to their adolescent's emotion expression. There is a plethora of research showing the influence of previous ACEs on parent psychopathology, parent emotion stability, and parent-child relationship (Visser et al., 2016; Guss, 2020). As a result, parent exposure to ACE's may have implications on the parent-child emotion dialogue and the parent's responsiveness to an adolescent's emotional expressivity. Parent emotion regulation may mediate this link, as ACEs can disrupt parent emotion regulation, the latter of which is an established predictor of parent emotion socialization. Based on the available literature, it is expected that parents' ACEs will be

associated with poorer emotion regulation, which will be associated with more punitive and less reward responses to their children's negative emotions.

Methods

Participants

Participants were 165 adolescents (33% female, 66% male, 0.7% transgender male, $M = 14.56$, $SD = 1.34$) and their parents. Adolescent participants identified as 71.3% European American, 6.7% American Indian, 4.7% Hispanic or Latino, 4.7% Asian American, 2% African American, 1.3% Native Hawaiian or Pacific Islander, and 8.7% identified as belonging to other racial/ethnic groups. Adult participants were comprised of 150 parents (34% mothers, 65.3% fathers). Regarding parent education, 48.7% reported having completed a college degree, 38.7% with a graduate degree, 6% with some college education, 6% completed high school, and 0.7% completed some high school. Parent marital status was noted as 92% married, 2.7% single, 2.7% divorced, 2% cohabiting, and 0.7% widowed.

Procedure

Both adolescents and their parents completed several standard questionnaires as part of a larger online survey. The survey was completed on the Qualtrics platform and participants were compensated via Qualtrics points. Participants were recruited from the Qualtrics platform across the United States. The inclusion criteria entailed being a caregiver for a child aged 13-17. The present study was approved by the East Tennessee State University Institutional Review Board (IRB)

Measures

Emotions as Child Questionnaire. The Emotions as Child Questionnaire (O'Neal & Magai, 2005) contains 15 items about how parents typically responded to their negative

emotions. Adolescents reported on both mother and father responses. Items are rated on a 5-point scale and form 5 subscales. The Punish and Magnify scales were utilized in the present study.

ACEs Questionnaire. The ACES Questionnaire contains seven categories of adverse childhood experiences to include criteria surrounding psychological, physical, or sexual abuse; violence against the mother; or residing in the same household (Felitti et al., 1998).

Difficulties in Emotion Regulation Scale. The Difficulties in Emotion Regulation Scale is a comprehensive assessment of emotion dysregulation. Measured items consider the multidimensional challenges of emotion regulation as follows: awareness and understanding of one's emotions; acceptance of their emotions; the ability to engage in goal directed behavior and refrain from impulsive behavior during negative emotional events, and the ability to implement effective regulation strategies (Gratz & Roemer, 2004). The 36 items are rated on a 5-point scale that reflects how strongly the individual agreed with the statement.

Results

As part of the preliminary analyses, independent samples t-tests and a one-way ANOVA were conducted to explore possible demographic covariates (parent gender, child gender, parent education, and parent race). A one-way ANOVA indicated differences in parent ACES by parent race, $F(6, 140) = 2.74, p = .015$. Post-hoc analyses indicated that parents who identified as Native American had a significantly greater report of ACES than those who identified as Asian American ($p = .003$) with no significant difference among other races ($p > .05$). An independent samples t-test indicated differences in parent emotion dysregulation by adolescent gender, $t(146) = -2.64, p = .009$. On average, adolescent males experienced more difficulty with emotion dysregulation ($M = 104.69, SD = 23.73$) than the adolescent females ($M = 93.18, SD = 27.39$). There were also differences in parent emotion dysregulation by parent education, $t(147) = -1.91,$

$p = .058$. Parents who identified that they had completed a college degree reported greater difficulty with emotion dysregulation ($M = 102.61, SD = 25.02$) than those who did not report having completed a college degree ($M = 90.73, SD = 27.34$)

A series of correlations measured relationships among parental responses to their child's emotions as well as relationships among parental responses and parental experience with ACEs and emotion dysregulation. Tests revealed a significant positive correlation between parents' rewarding responses and punitive responses ($r = .509, p = .000$). Parent emotion dysregulation showed a significant positive correlation with rewarding ($r = .328, p = .000$) as well as punitive responses to their child's emotions ($r = .622, p = .000$). Parent emotion dysregulation was significantly negatively correlated with a greater parental ACEs score ($r = -.461, p = .000$). Higher parent ACEs scores were significantly negatively correlated with both rewarding ($r = -.281, p = .001$) and punitive ($r = -.376, p = .000$) responses to their child's emotions.

Mediation analyses tested the study hypotheses regarding whether parent emotion dysregulation mediated the link between parent ACEs and parent emotion socialization responses (reward, punish). Covariates included parent and child gender, parent race, and parent education level. In the first model examining reward responses, there was an overall significant effect on parent reward responses, $F(6, 140) = 4.84, p = .0155$. There was a significant effect of parent ACEs on parent reward responses ($\beta = -.065, p = .0155$) as well as a significant effect of parent emotion dysregulation on parent reward responses ($\beta = .0097, p = .0045$). There was an overall significant effect on parent emotion dysregulation, $F(5.141) = 8.3602, p = .000$. There was a significant effect of ACEs on parent emotion dysregulation ($\beta = -3.03, p = .000$). Lastly, there was a significant indirect effect of parent ACEs on parent reward responses with parent emotion dysregulation as the mediator ($\beta = -.02, p = .000$).

The second mediation model examined parent punish responses as the dependent variable. There was an overall significant effect on parent punishment responses, $F(6, 140) = 16.41, p = .000$. There was a significant effect of parent ACEs on punitive responses ($\beta = -.05, p = .04$) as well as a significant effect of parent emotion dysregulation on punitive responses ($\beta = .02, p = .000$). There were also significant effects on parent emotion dysregulation, $F(5, 141) = 8.36, p = .000$. There was a significant direct effect of ACEs on parent emotion dysregulation ($\beta = -.05, p = .043$). Lastly, there was a significant indirect effect of parent ACEs on parent punishment responses that was mediated by parent emotion dysregulation.

Discussion

The present study examined the presence of the parent's history of experienced ACEs in relation to their subsequent feedback to their adolescent's emotion expression. It was expected that parents' ACEs would correspond to greater emotion dysregulation, which would relate to more punitive responses and less rewarding responses to their children's negative emotions. It was found that parent emotion dysregulation did mediate the link between parents' experienced ACEs and their punitive and rewarding responses. Interestingly, ACEs were associated with less emotion regulation difficulties, rather than more emotion dysregulation as expected. This was unexpected based on previous literature review that indicates that prevalence of ACEs is positively correlated with emotion regulation issues (Rudenshtine et. al, 2019). A possible reason as to why these results are not present in the study that I conducted was that the sample of the present study has a relatively high percentage of individuals with a completed college education. It could be said that individuals within the sample represent a higher social class with greater resources and opportunities for access to mental health care and therapeutic measures in relation to emotion regulation and experience with ACEs.

Regarding other direct effects, greater parental ACEs scores were shown to be associated with a less rewarding but also a less punitive approach to their children's negative emotions. While a less rewarding approach was expected, a less punitive response was not anticipated. One explanation for this reaction could be that increased parental ACEs leads to a subsequent general lack of emotional involvement with their adolescent children. However, parents who reported a greater instance of emotion dysregulation showed an increase in both rewarding and punitive responses to their child's negative emotion. This was partially in alignment with my expectations regarding parent emotion regulation. A possible explanation for these findings could be associated with the possibility of a developed protective parenting tactic which leads parents who struggle with emotion dysregulation to be overtly attentive to and involved in their children's emotions.

These findings are important for the importance of ensuring adequate emotion regulation strategies, support for parent emotion regulation, as well as healthy parent child relationships which subsequently impacts overall youth mental health.

Strengths, Limitations, and Future Directions

One of the strengths of the present study was the large sample size from which I drew my information and made conclusions. There were 165 adolescents who took the survey as well as their parents thus providing an adequate number of children and parents to draw various conclusions among the population being studied. Another strength was that of the standardized measures used which have all been proven valid and reliable. The measures that were utilized, including the ACEs Questionnaire and the Difficulties in Emotion Regulation Scale, are widely used in psychological research.

The present study did include limitations as well. The sample used was not extraordinarily diverse. The demographic consisted of mostly European American, married, fathers with a completed college degree. A more diverse sample would allow these findings to be more generalizable. Another limitation was that the study completely utilized self-report or other-report measures. Therefore, social desirability bias could have affected the results as one would hope to be viewed or have their parenting viewed in a more positive light.

The present study does indicate the plausibility of emotion regulation as a mediator between ACEs and parent child emotion socialization. While ACEs were directly negatively correlated with rewarding responses, parents had a higher outcome of rewarding responses when ACEs were associated with less emotion dysregulation as a mediator. This information is a key finding in that it represents the importance of parent emotion regulation in relation to their ability to effectively respond to their child's emotions.

Conclusions

Together, these findings suggest the value and necessity of healthy and stable emotion regulation, especially in parents. The present study shows a need for the recognition of the impact that a parent's ability to successfully regulate their own emotions has on their ability to effectively respond to their children's emotions. Additionally, stable parent child emotion socialization outcomes improve the child's ability to self- regulate emotions which ultimately makes an insurmountable impact on children's mental health throughout the lifespan.

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