Examining Parents of Adolescents Attitudes About Emotions: A Cultural Perspective

by

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ABSTRACT

Emotions help shape prosocial behavior from early childhood through adulthood (Rivera & Dunsmore, 2011). Thus, it is important to further our understanding of how emotions are perceived and expressed during adolescence, a time where individuals are establishing their independence, solidifying their individuality, and expanding their understanding of expectations. In this context, it is necessary to consider what influences how emotions are socialized in adolescents. Parents play a central role in the development of children’s understanding of emotions, but less is known about how this influence may extend into adolescence (Feldman & Klien, 2003; Cassidy et al., 1992; Cohn & Tronick, 1987). Indeed, previous literature has found that culture and social support may influence how emotions are expressed and perceived and how they impact mental health (Crockett, et al., 2007; Torres and Rollock, 2007; Torres, 2010; Padilla et al., 1988). This study aims to bridge these factors to create a more comprehensive understanding of parent attitudes toward adolescents’ emotions by comparing White and Hispanic parents of adolescents. Specifically, this study examines whether parent gender (mothers versus fathers) and greater acculturation enhance these relationships and whether more positive attitudes about emotions and adolescents’ emotion expression influence parents’ own mental health.

Keywords: emotion socialization, parenting behaviors, emotions, adolescents, acculturation
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INTRODUCTION

We may underestimate our emotions and how they adopt a significant role across various aspects of our lives, “but the truth is that emotions guide our perceptions of the world, our memories of the past and even our moral judgments of right and wrong, most typically in ways that enable effective responses to the current situation” (Keltner & Ekman, 2015). Emotions shape our views of ourselves and others, from motivating how we respond to our political climate to guiding how we construct and define our own identity. Specific emotions can tint our experiences, thus changing how we think about those moments and incorporate them into our schemas. Notably, they help us navigate how we relate to others and form interpersonal relationships throughout life. Making close friends, forming friendly bonds with coworkers, building more intimate relationships, and how we interact with our families are in part governed by emotions. For these reasons, it is imperative to understand how attitudes about emotions are formed; why certain emotions are considered acceptable to express and others are discouraged; and how parents contribute to these beliefs.

Prior research suggests that parents play a key role in the development of children’s understanding of emotions (Cassidy et al., 1992; Cohn & Tronick, 1987; Feldman, 2003), yet we know very little about how parents continue to influence their children during adolescent years -- despite the major transitions both parents and adolescents go through during these years. Given that parents are the primary agents for the socialization of emotions for young children, and that this socialization process may continue into adolescence, it is necessary to establish what impacts parents’ attitudes
towards emotions, which can contribute to how they respond to displays of emotion in their adolescents. Furthermore, taking into account the increasingly diverse population in the United States, it is necessary to consider emotion socialization effects within the context of acculturation, given that culture can influence parents’ perception of emotions. This is especially important for the Hispanic/Latino population, which is the largest racial/ethnic minority group in the United States and is characterized by different views on emotions, mental illnesses, and parenting from non-Hispanic White European Americans. Studying emotion socialization within the context of parenting and acculturation among Hispanic and non-Hispanic Whites is useful in developing effective treatment and interventions to promote better mental health among parents and adolescents.

**Emotion Socialization**

It is crucial to further our understanding on the underlying mechanisms of how parents pass on beliefs about emotions that are then carried into adulthood. Although researchers now understand that parents contribute to a child’s perception of emotions, we know less about how this influence extends beyond early childhood and into adolescence (Cassidy et al., 1992; Cohn & Tronick, 1987; Feldman, 2003; Klimes-Dougan et al., 2007). Furthermore, parents’ negative reactions to children’s expression of emotions has been linked to children’s negative emotionality. Parent reactions to expression of a particular emotion might also shape which emotions children choose to suppress or express (Eisenberg, Cumberland, & Spinrad, 1998). For example, if a parent reacts harshly (e.g., scolding, expressing annoyance) to a certain emotion (such as
sadness), then the child might refrain from expressing that particular emotion in the future.

Although not to the same extent as during early childhood, parents continue to influence their children’s emotional expression as they follow them from early childhood and into adolescence. In a study by Klimes-Dougan and colleagues (2007), parents reacted more punitively to negative emotion expression as the adolescent got older. Moreover, parent responses to displays of emotions varied depending upon the type of emotion, particularly anger versus sadness. Specifically, in response to sadness, parents were more supportive; in response to anger, parents were less supportive and reacted more negatively. When adolescents expressed anger, parents utilized punitive, matching, and neglectful strategies, such as ignoring their child. This relationship is crucial to understand as adolescents continue to seek emotional support and guidance from their parents beyond early childhood.

Further highlighting the importance of parents in the process of emotion socialization for adolescents, when asked about characteristics of good parent-adolescent relationships, adolescents listed emotional support as an essential component (Brown & Russell, 2007). This illustrates that parents, at least to some degree, continue to be a source of guidance for adolescents in dealing with circumstances that elicit emotional responses and navigating through those feelings. In other words, parents remain models of emotion expression, communication, and attitudes for adolescents despite adolescence generally being framed as a turbulent period in which teens are trying to establish their independence. It is during this time that adolescents begin to utilize social interactions
outside those with their parents, further shaping their development, especially their understanding of the social world, societal expectations, and their identity. As a result of teens’ trying to become their own entity, parents find themselves having to steer through potentially combative behaviors of their adolescents. Thus, even the most capable parents can find themselves at a loss when reacting to their adolescent’s display of negative emotions. It is important to note that parents’ own beliefs about emotions can hinder how emotional support is given to adolescents, if provided in the first place. These emotion beliefs can potentially contribute to negative mental health outcomes in adolescents if they are affecting parents’ approach to emotion socialization (Klimes-Dougan, 2007); in other words, if parents discourage the expression of emotions in both themselves and their adolescents, teens might instead learn to engage in unhealthy emotion regulation strategies affecting their mental health outcomes. One such strategy is emotion suppression, which down-regulates the expression of negative emotion, but does not provide relief, meaning that although suppression allows people to inhibit the outward expression of negative emotions, they still feel these emotions to the same or even a greater degree (Gross, Richards, & John, 2006). Moreover, suppressors are more likely to experience negative emotions than non-suppressors, and suppression has been linked with negative interpersonal consequences (Butler et al., 2003; Gross & John, 2006).

**Parent Mental Health**

Although the influence that parents exert on their children has been studied quite extensively, more research is needed regarding parents’ mental health within the context of emotion attitudes and beliefs. This is an important element to consider, not only to
benefit parents’ own mental health, but because children of parents with depression are at greater risk for later developing mental health issues (National Research Council [NRC], 2009; Olfson et al., 2003; Orvaschel, Walsh-Allis, & Ye, 1988). It is estimated that roughly 15.6 million children are living with an adult who suffers from depression (NRC, 2009, p. 16). Most research on parent mental health has focused on samples of mothers, specifically those who are recently postpartum or suffered from mental illnesses prior to, during, and after pregnancy, such as postpartum depression or substance abuse. Yet literature on parent’s mental health from the perspective of a parent dealing with adolescents, who are prone to contentious behaviors, is limited. Mental health issues (such as depression) can become a multigenerational problem if not addressed effectively in research and in treatment. The role of parents in adolescents’ mental health has been evaluated in research, yet adolescents can also alter the ways parents behave. Lovejoy and colleagues (2000) propose that problematic child behavior can contribute to maternal depression. Thus, it is important to focus on parents and how their own adolescents may contribute to their mental health, as this can feed back into the adolescent’s mental health trajectory.

**Parenting Behavior**

Parenting behavior has been broadly defined as types of actions parents engage in with respect to their child/adolescent, which can include spending time with one’s child, supervision, and discipline (Millones, Ghesquiere, & Leeuwen, 2013). Within the literature of parenting, most researchers focus on the disciplinary aspects of parent behavior (Baumrind, 1966; Socolar, 1997). For the purpose of this study, we
conceptualized and operationalized parental behavior based on the following behaviors: positive parenting, monitoring, teaching rules, discipline, inconsistent discipline, ignoring unwanted behavior, rewarding, and autonomy, as outlined by Van Leeuwen and Vermulst (2004). According to these researchers, parenting behaviors have been studied extensively regarding their effect on children’s externalizing and delinquent behaviors; in many cases, it has been seen as both a protective buffer and as a risk for children developing behavioral problems (Van Leeuwen & Vermulst, 2004). However, findings on parent behavior within the context of emotion beliefs and attitudes are minimal. One study examining parent emotion and observed parenting behavior found that maternal positive affectivity was associated with warmer parental behaviors, though effects were not consistent with paternal behaviors (Adam, Gunnar, & Tanaka, 2004). This same study looked at the relationship among parent emotion, attachment, and parent behavior in a mediation context and found small non-significant effects for parent emotion as a mediator. While the effect of parenting behavior on adolescents’ mental health has been studied comprehensively, we have yet to investigate if parents’ own behavior affects their own mental health. It is possible that parents who engage in more parenting behaviors find themselves exhausting more of their coping resources, thus requiring more time and energy and resulting in an additional source of stress and fatigue that can contribute to the parent’s poor mental health. On the other hand, parents who take on a more passive parenting role might not experience this pathway for developing poor mental health.

**Developing a Cultural Understanding**
Emotions, the way they are socialized and perceived, parenting, and attitudes on mental health vary across cultures. Due to the large and increasing population of Latinos in the United States, it is critical that we focus on this population in research, especially within a family and emotion framework. Latinos represent a vulnerable population who face many structural factors in the United States that impact their mental health and well-being. These factors include anti-immigration policies, poverty, and discrimination (Ayón, Marsiglia & Bermudez-Parsai, 2010). Even among those whose families have been in the United States for generations, problems with adjusting to balancing their original Hispanic culture with the American mainstream culture can present problems for mental health and overall well-being. There have been inconsistent findings in regard to psychological well-being among Latinos; however, there is ample evidence to suggest that this population is especially at risk for developing depression and other forms of psychopathology (Padilla, Cervantes, Maldonado, & García, 1988; Torres, 2010). These experiences and other forms of stress that develop out of the process of adapting to a new cultural environment, or of balancing two cultures, must be taken into account when examining emotion and the risk for developing mental health issues.

**Latino Values and Beliefs.** Cultural values and beliefs may influence how emotions are expressed and perceived. Cultures can set standards for emotions, specifically dictating what kinds of emotions are valued and which emotions are discouraged. These standards can be helpful in that they allow individuals to navigate through societal expectations. Moreover, adolescents face an increasing demand to adhere to such societal expectations and standards (Klimes-Dougan, 2007). For these
reasons, we cannot discuss emotion socialization and mental health among Latino parents and adolescents without considering the role of values and beliefs. Latino values and beliefs have been studied extensively and, given the increasing Latino population in the United States, it is crucial to solidify our understanding of those beliefs and values within the context of parenting and emotions. One core Latino value is that of familism, or *familismo*, which is a strong sense of obligation and responsibility towards the family. Familial obligations are of high priority and it is often expected that one place the goals of family above individual goals. *Familismo* is a very strongly-held value among Hispanics, even across several sociodemographic strata and levels of acculturation (Sabogal, Otero-Sabogal, Marín, & Perez-Stable, 1987). For Hispanics, family structures and ties are crucial to and promote family and individual well-being (Ayon et al., 2010). Familism is often seen alongside *simpatía* in cross-cultural research.

*Simpatía* is yet another value that is very commonly promoted across various Latino cultures and extensively studied among Mexicans. At the individual level, *simpatía* is shown through a person who is likable, agreeable, polite, and easy-going (Triandis, Marín, Lisansky, & Betancourt, 1984; Ramírez-Esparza, Gosling, & Pennebaker, 2008). On a broader level, *simpatía* promotes harmonious and social relationships, conflict avoidance, and emphasizes positive behaviors (Triandis et al., 1984; Ramírez-Esparza et al., 2008). Given this definition, *simpatía* can potentially carry a heavy influence on how Latinos think about emotions. Latino individuals could potentially place emotions in a negative spotlight if they are considered a hindrance to promoting harmonious relationships, avoiding conflict, and appearing likeable. This
effect could be especially true for negative emotions rather than emotions typically perceived as more positive.

In a study by Padilla and colleagues (1988), respondents highlighted the importance of family, especially in regard to their social support system. Among Mexican-American adolescents, those with low levels of social and parental support reported stronger negative effects of acculturative stress (Crockett et al., 2007). This is important as multiple studies have also found relationships between acculturative stress and related stressors and depression (Crockett et al., 2007; Torres and Rollock, 2007; Torres, 2010; Padilla et al., 1988). Again, *familismo* and *simpatia* are values that place a greater significance on interpersonal relationships, and given that these values are central to Latinos, it is necessary to include them in an investigation of emotions and mental health.

**Latinos and Mental Health.** Many Latin Americans tend to view depression and other mental illnesses as a sign of weakness (Jang et al., 2011). In part, this view stems from the stigmatization of emotions. Oftentimes, Latinos view the outward display of emotions as being too “sensitive,” a view that is chiefly reinforced by the older generation. Mental illnesses are also considered shameful, embarrassing, and disappointing. This can be in part attributed to the familism and collectivistic values of Latino American culture, as an individual who suffers from a mental illness is seen as failure on the family’s behalf, thus bringing shame and dishonor upon the family name. According to Jang and colleagues (2011), there are many misconceptions regarding mental health and treatment among the Latino community. These misconceptions include
the idea that depression is a natural part of aging and that medication as treatment will lead to addiction. Notably, Latinos tend to present their symptoms of mental illnesses differently, as they largely somaticize symptoms (Grames, 2006).

**Acculturation.** Although there are varying definitions for acculturation, for the purpose of this paper it is defined as the phenomenon that occurs when individuals from diverse cultures “come into continuous first-hand contact,” which results in changes in the original culture of both or either groups (Redfield, Linton, and Herskovits, 1936). In other words, acculturation is the process of adopting the cultural traits or social patterns of a new cultural group. Furthermore, acculturation allows researchers to see a person’s orientation towards a cultural group and how much they endorse or identify with said culture’s values, beliefs, and norms. Thus, acculturation is yet another aspect of culture that can influence parenting beliefs, attitudes towards emotions, and mental health. According to Berry (1988), there are four different types of acculturation: separation, integration, assimilation, and marginalization. Each of these can be represented on a two-dimensional scale that reflects how much an individual 1) rejects or adopts the host culture on the x-axis and 2) retains or rejects their original culture on the y-axis. This two-dimensional framework provides us with a more comprehensive approach to acculturation that is necessary to understanding the complexity of an individual’s cultural identity. Differences in acculturation levels can influence how much an individual identifies with their original culture, which can then change the extent to which they endorse or believe certain values. For example, a study of Hispanics found that certain aspects of familism were diminished with acculturation, yet others were not (Marin et al.,
Specifically, the sense of familial obligations decreased among individuals who were more acculturated to the new host culture (in this case, the United States); however, perception of family support did not change across different acculturation levels. Thus, acculturation can also shape the way emotions are viewed and communicated. One study found that acculturation influenced the magnitude of response in Mexican-Americans when presented with a startle stimulus (Soto, Levenson, & Ebling, 2005). Acculturation has also been shown to influence parent-child dynamics. In Mexican-American adolescents, one study found that the difference between their parent’s acculturation level and their own acculturation would often lead to conflicts (Crockett et al., 2007).

Acculturation is central in Latinos’ process of adapting to a new culture where customs and values may be different from those of their own original culture. The demand to adapt to a new environment can create unique stressors, such as discrimination and language barriers. Acculturative stress has been identified as a unique form of stress that arises when stressors develop out of the process of acculturation or adapting to a new culture. The process of adaptation requires that an individual learn new behaviors that are considered appropriate in their new cultural environment (Berry, 1987). However, these new behaviors can conflict with those of their own culture, which can result in added stress and thus poorer mental health. Torres (2010) discussed how adapting to the culture in the United States involves having to integrate a more individualistic lifestyle that could potentially disrupt or cut ties to support networks; such loss could result in the emergence of patterns of depression. Among Mexican-Americans, those with low levels of social and parental support reported stronger negative effects of acculturative stress (Crockett...
et. al., 2007). Again, this information exemplifies the need to consider acculturation in the discussion of emotions and mental health among Latino parents and adolescents.

**Gender**

Within the context of emotion socialization and acculturation, gender cannot be ignored, given that emotion socialization is in large part guided by social norms and gender roles enforced by culture (Brody & Hall, 2008). Emotion expression can be dictated by gender roles; as an example, women typically report feeling more powerless emotions, such as sadness or fear, while men express more anger (Fischer, Rodriguez Mosquera, Van Vianen, & Manstead, 2004). A study assessing emotion talk among parent and child dyads found that mothers discussed emotions and used emotion specific words more often than fathers with their children (Fivush, Brotman, Buckner, and Goodman, 2013). A review of past literature found that across several empirical studies, girls were expected to express more emotions, especially positive emotions, while boys are allowed to display more externalizing emotions, such as anger (Chaplin, 2015). Additionally, a previous study suggests that ethnicity may moderate the relationship between gender and emotion expression (LaFrance, Hecht, and Paluck, 2003). Because gender roles and norms are a key factor in the socialization of emotions, it is necessary to include gender in the context of studying parenting and acculturation.

**Overview of Current Study**

The present study explored how acculturation (low versus high) and gender might contribute to parents’ emotion beliefs and willingness to encourage emotion expression. We also examined whether parents’ own emotion attitudes, encouragement of emotion
expression, and parenting behaviors contribute to their own mental health outcomes. These relationships were examined by administering to parents of adolescents (ages 9-19) an online survey that assessed parenting behavior, emotion beliefs, acculturation, mental health, and responses to the adolescent’s emotion expression.

HYPOTHESES

Hypothesis 1

We predicted that the relationship between parents’ positive beliefs about emotions and encouragement of emotion expression would vary as a function of parent acculturation and gender (Figure 1), such that fathers who are less acculturated would hold less positive beliefs about emotions and would encourage emotion expression to a lesser extent than mothers who are less acculturated.

![Figure 1. Model 1 depicting hypothesis 1 in which the effect of positive beliefs about emotions on parent’s encouragement of emotion expression depends on parent’s acculturation and gender.](image-url)
**Hypothesis 2**

We expected that parents’ mental health would be explained by parents’ emotion attitudes, personal distress in response to their adolescent’s negative emotions, and parenting behavior (Figure 2).

![Diagram](attachment:figure2.png)

*Figure 2.* Model 2 depicting hypothesis 2 in which we expect emotion attitudes, personal distress in response to their adolescent’s emotions, and parenting behavior will help explain the parent’s mental health.

**Participants**

We collected data from 368 parents. To be eligible for participation, individuals had to identify as Hispanic-American (Latin-American) or White-European American and be a parent of an adolescent or pre-adolescent child between the ages of 9 to 19. Additionally, we only selected parents who were 15 years of age or older at the time of their now-adolescent’s birth to prevent potential confounds and to ensure that respondents were actually parents. This brought our final sample size to $N = 317$. On average, parents were 40.44 years old ($SD = 8.04$) with an average of 2.28 children ($SD =$}
Our parent sample consisted of 65.3% \((n = 207)\) females (primarily mothers; 6 number of grandmothers; 7 number of step-parents; 5 number of “other” relatives) and 34.7% \((n = 110)\) males (primarily fathers; 1 grandfather, 4 number of step-parents). The majority of participants (84.5%) were non-Hispanic White and 15.5% were Hispanic (see Table 1).

Participants were recruited primarily through Amazon’s Mechanical Turk (MTurk), using TurkPrime in order to recruit individuals who met our target sample criteria (Hispanic or non-Hispanic White and parents of adolescents). We also advertised the study through social media outlets, such as Facebook. Parents who are college students also had the opportunity to learn about the study and participate through SONA, a research participation pool for students at Arizona State University. Measures were collected from dyadic pairs of adolescent children and one parent – either mother, father, or other primary caregiver. (Only parent data are reported here.) For participants recruited through social media, each dyad was compensated for their participation upon completion with a gift card via grant funding through the Graduate and Professional Student Association at Arizona State University. Participants recruited through MTurk were compensated upon completion of each survey (parent and adolescent).

**Procedure**

All procedures were approved by the university’s institutional review board and conducted in accordance with APA guidelines for maintaining ethical standards. Parents were given a survey hosted on Qualtrics with measures that assess attitudes and beliefs towards emotion, acculturation, and mental health. Following completion of the parent
portion, parents were provided with a link to a separate survey with the measures for adolescents.

**Measures**

The below measures were part of a larger survey about parents’ and adolescents’ emotions and attitudes; only measures of relevance to the present investigation are discussed.

**Positive beliefs about emotion.** We adapted the Positive Beliefs about Mental Illness Scale (Forgeard, Pearl, Cheung, Rifkin, Beard, & Björgvinsson, 2016) to measure the extent to which an individual holds positive attitudes towards emotions. This measure consists of 6 items rated on a 4-point Likert scale where 1 is “Agree” and 4 is “Disagree”. Items were reverse-coded such that higher scores reflected more positive beliefs about emotions. Cronbach’s alpha was .94.

**Emotion Attitudes.** These items were adapted from the Internalized Stigma of Mental Illness Scale by Ritsher, Otlilingam, and Grajales (2003). Specifically, we modified items from the alienation, social withdrawal, and stigma resistance subscales. These items aimed to assess an individual’s stigma around emotions. The items are rated on a 4-point Likert scale (1 = “Strongly disagree”, 2 = “Disagree”, 3 = “Agree”, and 4 = “Strongly agree”). Cronbach’s alpha was .71.

**Acculturation.** The Psychological Acculturation Scale was used to evaluate the psychological aspects of acculturation in order to tap into an individual’s sense of cultural identity (Tropp, Erkut, Coll, Alarcón, & García, 1999). Essentially, this scale aims to measure the extent to which an individual feels attachment to or a sense of belonging
with the Hispanic/Latino versus the Anglo/American culture. The items are rated on a 9-point bipolar scale where 1 is “Only Hispanics/Latinos”, 9 is “Only Anglos/Americans”, and 5 is the midpoint at “Both equally”. Higher scores reflect stronger acculturation towards the American culture and lower scores indicate stronger acculturation towards the Latino culture. Scores closer to the midpoint are more indicative of bicultural orientation, meaning that an individual feels a sense of belonging and attachment towards both cultures. We assessed acculturation in both Anglo and Hispanic participants, as we thought endorsement of cultural identity and beliefs within the Anglo group would be relevant, as well as among the Hispanic group.

**Mental Health.** Mental health was assessed using the Patient Health Questionnaire – 8 (PHQ-8), a condensed version of the lengthier PHQ (Kroenke et al., 2009; Razykov, Ziegelstein, Whooley, & Thombs, 2012). This scale assesses depression and maps well to overall mental health. It consists of 8 items rated on a 4-point Likert scale where 0 = “Not at all”, 1 = “Several days”, 2 = “More than half the days”, 3 = “Nearly every day”.

**Parenting Behaviors.** To evaluate parents’ behavior towards their adolescents, we used a condensed version of the Ghent Parent Behavior Scale as outlined by Van Leeuwen & Vermuslt (2004). This measure utilizes 6 subscales to assess overall parent involvement. For the purpose of our study, we used the strongest loading items from each subscale (positive parenting, monitoring, teaching rules, discipline, rewarding and autonomy) for a total of 14 items (Leeuwen & Vermuslt, 2004). Each participant was
asked to read these statements and rate how frequently they engaged in this parenting behavior with their adolescent.

**Coping with Adolescents’ Negative Emotions.** We employed the adolescent version of the Coping with Children’s Negative Emotions Scale to assess how parents respond to their adolescent’s expression of negative emotions (CCNES; Fabes, Eisenberg, & Bernzweig, 1990). This scale identifies 6 types of emotion coping styles: problem-focused, emotion-focused, expressive encouragement, minimization, punitive, and distress. This measure presents participants with 6 situations in which their adolescent might express negative emotions; for each situation, they are given 6 different response styles and asked to rate how likely they are to respond in that way on a 7-point Likert scale where 1 is “Very unlikely” and 7 is “Very likely”. We examined two subscales in our analyses: *expressive encouragement*, which reflects parents’ encouragement of negative emotional expression, and *personal distress*, which reflects parents’ experience of distress when their teen is feeling and/or reacting with negative emotions.

**Data Analysis**

First, in order to investigate whether the relationship between positive beliefs about emotions and the encouragement of emotion expression varied depending on the parent’s acculturation and gender, we used a multiple regression analysis. In this model, we entered the standardized variables of parents’ emotion beliefs, acculturation, gender, and their interaction terms as predictors of parents’ encouragement of emotion expression. Second, we used a hierarchical regression to assess which factors best
explained parents’ mental health. At step 1, we entered parents’ overall emotion attitudes; in step 2, we added parents’ personal distress as result of their adolescent’s expression of emotion; at step 3, we added parenting behavior to the model. We examined the variance accounted for at each step in the model and the change in $R^2$.

RESULTS

Positive Emotion Beliefs, Acculturation, and Gender

A multiple regression analysis revealed a significant interaction effect of emotion beliefs, acculturation, and gender ($b = 0.27$, $SE = 0.11$, $t(309) = 2.44$, $p = .02$). A significant effect of parent acculturation on encouragement of emotion expression emerged ($b = 0.44$, $SE = 0.20$, $t(309) = 2.22$, $p = .03$). The $\Delta R^2$ for the interaction term was significant, $\Delta R^2 = .02$, $F(1, 309) = 5.93$, $p = .02$. A simple slope analysis was used to probe this interaction, showing that fathers who were less acculturated (i.e., identified less as White/American) encouraged their adolescents to express emotions to a lesser extent ($b = 0.38$, $SE = 0.12$, $t(309) = 3.12$, $p < .01$) than fathers who were more acculturated (see Figure 3). However, fathers who were more acculturated did not yield a significant effect ($b = 0.06$, $SE = 0.13$, $t(309) = 0.44$, $p < .01$). On the other hand, mothers who were less acculturated encouraged more emotion expression when they had less positive emotion beliefs ($b = 0.23$, $SE = 0.10$, $t(309) = 2.78$, $p < .01$) than mothers who were more acculturated ($b = 0.48$, $SE = 0.10$, $t(309) = 4.78$, $p < .01$).
Predicting Parent Mental Health

A hierarchical regression revealed that parenting behavior did not contribute to parent mental health as indicated by the $\Delta R^2$, which was equal to 0 when added to Step 3 of the model (see Table 2). However, at Step 2, both emotion attitudes and personal distress were predictors of parent mental health.
DISCUSSION

Our main goal was to gain a more comprehensive understanding of emotion socialization in adolescents from a parent and cultural perspective by assessing how parents’ beliefs about emotions, acculturation, and gender guide parents in their endorsement of negative emotional expression. Findings showed that mothers were more likely to respond to their adolescent’s display of negative emotions even if they were less acculturated when compared to fathers. Interestingly, mothers who showed a stronger orientation towards Hispanic/Latino culture and held more positive beliefs about

### Table 1

*Hierarchical Regression with Attitudes Towards Emotions, Parent Distress in Response to Adolescents’ Emotions, and Parenting Behaviors as Predictors of Parent Mental Health (N = 317)*

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<td>1.10</td>
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Note: $B =$ unstandardized beta coefficients; $\beta =$ standardized beta coefficients.

*p < .001. At Step 2, $\Delta R^2 = .04, p < .001$. At Step 3, $\Delta R^2 = 0.$

emotions encouraged the expression of emotions more than mothers who were more acculturated towards the White/American culture. This effect might in part be explained by *marianismo*, which enforces the notion that Hispanic/Latino women are to provide for their families in the form of emotional, spiritual, and domestic support. Thus, despite holding less positive beliefs about emotions, mothers who feel a stronger orientation towards Hispanic/Latino culture might feel a sense of obligation in encouraging their adolescents to express their negative emotions and in serving as a form of emotional support. Fathers oriented more towards Hispanic/Latino culture consistently encouraged emotion expression less than those more oriented towards the White/American culture across all levels of emotion beliefs. This is consistent with the *machismo* value endorsed by Latino cultures, in which men are expected to be self-reliant and carry themselves with restrictive emotionality (Fragoso & Kashubeck, 2000). The latter may also hold true for non-Hispanic White fathers, as emotional expression may be discouraged among that group as well (Burleson et al., 2018). Fathers who identify more strongly with these *machismo* beliefs, might find themselves carrying over these beliefs in how they interact with their adolescents and encourage the expression of emotion less.

Findings on acculturation in our study are also in line with a previous qualitative study by Crockett and colleagues (2007), in which they examined what characteristics Mexican-American adolescents sought from a good parent-child relationship. In that study, Mexican-American adolescents discussed emotional support and reported that overall, they felt they had more emotional support from their mothers rather than their fathers. These adolescents reported feeling like they could confide to their mothers with
any emotional dilemma. Moreover, adolescents explained that they either felt like they were unable to seek emotional support and guidance from their fathers or even express emotions around them. When asked to explain this further, adolescents attributed this effect to fathers who were more “traditional” (identified more strongly with Hispanic/Latino culture) and had a different way of thinking. Our findings further reinforce these effects given that fathers who identified more with the Hispanic/Latino culture reported providing less support for emotions and had less positive views on emotions.

Our study also aimed to explore possible contributing factors to parents’ mental health. Results suggested that both emotion beliefs and parents’ personal distress in response to adolescents’ expression of negative emotions contributed to parents’ mental health outcomes, while parenting behavior did not. This effect is, in part, contrary to what we expected since we predicted that emotion beliefs, parents’ personal distress in response to their adolescents’ negative emotions, and parenting behavior would all contribute to parents’ mental health. However, parenting behavior was measured on a broader level where the more parents engaged in various parenting behaviors (e.g., positive parenting, teaching rules, discipline), the more active we considered they were in their role as a parent. As this measure included both positive and negative forms of parenting behaviors, their effects may have cancelled out. Nevertheless, emotion beliefs and parents’ personal distress in response to adolescents’ response to negative emotions did contribute to parents’ mental health, which suggests that the way parents view emotions and emotion expression plays a role in their mental health. In regard to the
relationship between parents’ distress in response to their adolescents’ negative emotions and their own mental health, it is difficult to determine the underlying cause. For example, it is possible that the extent to which the parent feels some sort of distress in general may contribute to their mental health, regardless if it is in response to their adolescent. Future studies should aim to tease apart these effects.

Our sample size, especially in regard to our Hispanic/Latino sample, is a limitation and cause for caution when interpreting results. The low sample size in our Hispanic/Latino group also constrained our assessment of acculturation. Because the majority of our sample was White/European American, most participants had higher acculturation scores (oriented towards White/American culture); we did not have enough participants on the lower end of the acculturation scale (oriented towards Hispanic/Latino culture). Therefore, our sample does not accurately reflect the Hispanic/Latino population in its entirety. In light of these limitations, we urge researchers to look at our findings with a critical mind.

It is important to realize that the Hispanic population is consistently growing, and yet Hispanics are underrepresented in research. Hispanics make up the largest minority group and their population is only increasing; there was a 54% increase in their population from 2000 to 2010 (Ennis, Ríos-Vargas, & Albert, 2011). Findings from this study can help inform and develop family intervention strategies for Hispanic families and can also identify ways in which parents and adolescents may perceive emotion expression. Thus, clinicians, school counselors, and family psychologists can be better equipped to help Hispanic families with adolescents. Although previous findings
illustrate the importance of taking culture into account when assessing perceptions and expression of emotions, researchers have yet to examine how parents’ own emotion beliefs influence how emotions are socialized in their adolescents. This may be an essential component in understanding Hispanic family dynamics and adolescent experiences, given the cultural significance placed on the role of family in an individual’s life. Thus, this highlights the necessity for research on Hispanics and in particular, parents of adolescents, whose may present varying levels of acculturation and need different types of support, counseling, and aid than their White peers. Findings from this study will help inform possible interventions and methods of support that can be carried out at the community or individual level by therapists, high schools, youth clubs, school counselors, and school psychologists. Furthermore, it will help build multicultural competency within school staff and psychologists.

While our study found support for the role of parent emotion beliefs, acculturation, and gender in the emotion socialization of adolescents, future studies should delve further into these factors. Although we assessed parenting behavior within the context of parents’ mental health, future studies should focus on the specific effects of different kinds of parenting behaviors on emotion socialization. As mentioned previously, our parenting measure incorporated several types of parenting behaviors; future studies should look at these behaviors individually. Furthermore, future researchers should assess how these effects contribute to adolescents’ mental health. Considering that parents play a role in the development of mental health issues in adolescents, this step is crucial in understanding the mechanism behind this effect.
REFERENCES


APPENDIX A

IRB APPROVAL
**APPROVAL: EXPEDITED REVIEW**

Nicole Roberts  
Social and Behavioral Sciences, School of (SSBS)  
602/543-3911  
Nicole.A.Roberts@asu.edu

Dear Nicole Roberts:

On 12/7/2018 the ASU IRB reviewed the following protocol:

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<th>Type of Review:</th>
<th>Initial Study</th>
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<tr>
<td>Title:</td>
<td>Examining Parents' and Adolescents' Attitudes About Emotions</td>
</tr>
<tr>
<td>Investigator:</td>
<td>Nicole Roberts</td>
</tr>
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<td>IRB ID:</td>
<td>STUDY00008964</td>
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<td>Category of review:</td>
<td>(7)(b) Social science methods, (7)(a) Behavioral research</td>
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**Documents Reviewed:**

- Graduate & Professional Student Association Proposal, Category: Sponsor Attachment;
- CITI certificate for Roberts (course taken through the VA so not in ASU system), Category: Other (to reflect anything not captured above);
- GPSA Research Grant Approval, Category: Sponsor Attachment;
- Recruitment Wording, Category: Recruitment Materials;
- Short Consent , Category: Consent Form;
- Survey - Adolescent Version, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);
- 15-17 Assent Form, Category: Consent Form;
- Survey - Parent Version, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);
- Protocol Form, Category: IRB Protocol;
The IRB approved the protocol from 12/7/2018 to 12/6/2019 inclusive. Three weeks before 12/6/2019 you are to submit a completed Continuing Review application and required attachments to request continuing approval or closure.

If continuing review approval is not granted before the expiration date of 12/6/2019 approval of this protocol expires on that date. When consent is appropriate, you must use final, watermarked versions available under the “Documents” tab in ERA-IRB.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Daisy Ornelas
    Daisy Ornelas
    Mary Burleson
    Nicole Roberts
APPENDIX B

MEASURES
Internalized Stigma of Emotion Scale

Please indicate to what extent you agree or disagree with the following statements. (1= strongly disagree; 4= strongly agree) to demonstrate to what extent they agree with each statement (e.g. “People discriminate against individuals who are more emotional”; “Stereotypes about emotionality are valid”).

Alienation (6 items)
1. People should feel out of place in the world if they are emotional.
2. Emotions spoil peoples’ lives.
3. People who are not emotional could not possibly understand someone who is emotional.
4. People feel embarrassed or ashamed when they are emotional.
5. People who are emotional should be disappointed in themselves for being emotional.
6. People who are emotional feel inferior to others who are not emotional.

Social withdrawal (6 items)
1. Emotional people don’t talk about themselves much because they don’t want to burden others with their emotionality.
2. Emotional people don’t socialize as much as they used to because being emotional might make them look or behave "weird."
3. Negative stereotypes about emotionality keep emotional people isolated from the "normal" world.
4. Emotional people stay away from social situations in order to protect their family or friends from embarrassment.
5. Being around people who aren’t emotional makes emotional people feel out of place or inadequate.
6. Emotional people avoid getting close to people who aren’t emotional to avoid rejection.

Stigma Resistance (reverse-coded) (5 items)
1. People feel comfortable being seen in public with an obviously emotional person.
2. In general, emotional people are able to live life the way they want to.
3. Emotional people can have a good, fulfilling life, despite their emotionality.
4. Emotional people make important contributions to society.
5. Emotions makes people tough.

Stigma around Emotionality
Please indicate to what extent you agree or disagree with the following statements (1 = agree; 4 = disagree).

1. Emotions let people think in interesting and insightful ways.
2. Emotions allow people to be imaginative and/or creative.
3. Emotions have some positive consequences that I like.
4. Emotions have made my life more meaningful.
5. Emotions are a source of strength.
6. Emotions makes me unique.

**Mental Health Inventory-5 (MHI-5)**

How much of the time, during the last month, have you: (1 = None of the time, 6 = All of the time)

1. Been a very nervous person?
2. Felt calm and peaceful?
3. Felt downhearted and blue?
4. Been a happy person?
5. Felt so down in the dumps nothing could cheer you up?

**Patient Health Questionnaire-8 (PQH-8)**

Over the last 2 weeks, how often have you been bothered by any of the following problems? (0 = not at all, 1 = several days, 2 = more than half of the days, 3 = nearly every day)

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling/staying asleep, sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television.
8. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.
9. Thoughts that you would be better off dead or of hurting yourself in some way.
Caregiver Attitude/Behavior Questionnaire (9 items)

Instructions: In the following items, please indicate on a scale from 1 (very unlikely) to 7 (very likely) the likelihood that you would respond in the ways listed for each item. Please read each item carefully and respond as honestly and sincerely as you can. For each response, please circle a number from 1-7.

1. When I see my teenager becoming angry at a close friend, I usually:
   a. become uncomfortable and uneasy in dealing with his/her anger
   b. encourage him/her to express his/her anger
   c. talk to him/her to calm him/her down
   d. tell him/her not to make such a big deal out of it
   e. get angry at him/her for losing his/her temper
   f. help him/her think of things to do to solve the problem

2. When my teenager gets down because he/she has had a bad day, I usually:
   a. tell him/her that he/she really has nothing to be sad about
   b. try to get him/her to think of good things that happened
   c. listen to him/her talk about his/her feelings
   d. become obviously uncomfortable when I see he/she is feeling down
   e. help him/her think of things to do to get his/her problem solved
   f. tell him/her to straighten up and stop sulking around the house

3. When my teenager gets anxious about performing in a recital or a sporting event, I usually:
   a. help him/her think of things to do to make sure he/she does his/her best
   b. yell at him/her for becoming so anxious
   c. try to calm him/her down by helping him/her take his/her mind off things
   d. tell him/her not to make such a big deal out of it
   e. encourage him/her to talk about what is making him/her so anxious
   f. get anxious about dealing with his/her nervousness

4. When my teenager gets angry because he/she can’t get something that he/she really wants, I usually:
   a. try to make him/her feel better by making him/her laugh
   b. help him/her think of other ways to go about getting what he/she wants
   c. get upset with him/her for becoming so angry
   d. become uncomfortable and don’t want to deal with him/her
   e. tell him/her he/she is being silly for getting so angry
   f. encourage him/her to talk about his/her angry feelings

5. When my teenager gets sad because he/she has had his/her feelings hurt by a friend, I usually:
   a. get nervous dealing with his/her sad feelings
   b. encourage my teenager to talk about what is bothering him/her
   c. try to cheer him/her up
   d. tell him/her that things aren’t as bad as they seem
   e. get angry at him/her for not being more in control of things
f. help him/her think of ways to help make the problem better

6. When I see my teenager become anxious about something at school, I usually:
   a. tell him/her that he/she is making too big a deal out of it
   b. become nervous and uneasy in dealing with his/her anxiety
   c. get angry at him/her for not dealing with things better
   d. encourage him/her to talk about what is making him/her nervous
   e. help him/her think of things to do to solve the problem
   f. help comfort and soothe his/her anxious feelings

7. When my teenager gets angry at a family member, I usually:
   a. try to help them resolve the conflict
   b. threaten to punish him/her
   c. tell him/her he/she is over-reacting
   d. try to help him/her calm down
   e. encourage him/her to let his/her angry feelings out
   f. become very uneasy and avoid dealing with him/her

8. When my teenager gets upset because he/she misses someone he/she cares about, I usually:
   a. become nervous dealing with him/her and his/her feelings
   b. encourage him/her to talk about his/her feelings for this person
   c. try to get him/her to think of other things
   d. tell him/her he/she has nothing to be upset about
   e. get upset with him/her for not being in control of his/her feelings
   f. help him/her think of ways to get in touch with the person he/she misses

9. When my teenager becomes nervous about some social situation that he/she has to face (such as a date or a party), I usually:
   a. try to calm him/her down by pointing out how much fun he/she will have
   b. give him/her advice about what to do in the social situation
   c. get angry at him/her for being so emotional
   d. prefer not to deal with his/her nervousness
   e. encourage him/her to express his/her feelings
   f. tell him/her he/she is making a big deal about nothing

Parental Behavior Scale (PBS; Modified)

On the following pages you will find some statements about handling your child. Read each statement carefully. Indicate for each statement how frequently you use this way of handling your child. You can choose from the following answer possibilities: Never, Rarely, Sometimes, Often, Always. Keep in mind that your answer always is related to one and the same child. It is possible that you think about some statements: “I should like to do it differently”. Nevertheless, indicate how you act in reality. There are no good or wrong answers. Please do not skip any items.

1. When my child seems to have a problem, I discuss with him/her what is wrong
2. When my child has a problem, we look together at different possible solutions
3. I give my child a compliment, hug, or a tap on the shoulder as a reward for good behavior
4. I keep track of the friends my child is seeing
5. I keep track of the neighborhoods my child visits
6. I teach my child to adapt to rules at school or at work
7. I teach my child that it is important to behave properly
8. When my child doesn’t obey a rule (for instance: he/she comes home late without a valid reason; he/she has not completed a chore), then I punish him/her
9. When my child does something that I don’t want him/her to do, I punish him/her
10. It happens that I don’t punish my child after he/she has done something that is not allowed
11. When my child doesn’t obey a rule, it happens that I threaten with a punishment, but that in the end I don’t carry it out
12. When I have punished my child, it happens that I let my child out of the punishment early
13. When my child does something that is not allowed, I give him/her an angry look and pretend he/she is not there
14. I give my child money or a small present when he/she has done something that I am happy about
15. I let my child buy something when he/she has done something well I teach my child to solve his/her own problem

**Psychological Acculturation Scale**

1. With which group(s) of people do you feel you share most of your beliefs and values?
2. With which group(s) of people do you feel you have the most in common?
3. With which group(s) of people do you feel the most comfortable?
4. In your opinion, which group(s) of people best understands your ideas (your way of thinking)
5. Which culture(s) do you feel proud to be a part of?
6. In which culture(s) do you know how things are done and feel that you can do them easily
7. In which culture(s) do you feel confident that you know how to act
8. In your opinion, which group(s) of people do you understand best?
9. In which culture(s) do you know what is expected of a person in various situations?
10. Which culture(s) do you know the most about the history, traditions, and customs, and so forth?
Familism

Use the scale below to indicate the extent to which you agree with the value expressed in each statement: Strongly disagree, disagree, somewhat disagree, somewhat agree, agree, strongly agree.

1. Family members respect one another.
2. We share similar values and beliefs as a family.
3. Things work out well for us as a family.
4. We really do trust and confide in each other.
5. Family members feel loyal to the family.
6. We are proud of our family.
7. We can express our feelings with our family.

Machismo

Please rate using the scale below: True/False

1. It is important for a man to be strong.
2. It is better for a man to give orders than to take orders.
3. It is important for a man to be respected by others.
4. Wives should respect a man’s position
5. It is important for a man to stick to his beliefs
6. Some equality in marriage is a good thing, but by and large the father ought to have the main say in family matters.
7. A man’s strength comes from being a good father and husband.
8. A man must provide for his family financially.

Marianismo Belief Scale

The statements below represent some of the different expectations for women. For each statement, please mark the answer that best describes what you believe rather than what you were taught or what you actually practice.

A woman:

1. Is a source of strength for her family.
2. Is considered the main source of strength of her family.
3. Keeps the family unified.
4. Teaches their children to be loyal to the family.
5. Does things that make my family happy.
6. The spiritual leader of the family.
7. Responsible for taking family to religious services.
8. Responsible for the spiritual growth of the family.
TIPI Agreeableness – Simpatía

Here are a number of personality traits that may or may not apply to you. Please rate the extent to which you agree or disagree with the statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

1. Critical, quarrelsome.
2. Sympathetic, warm.

Demographics

1. What is your age? (Please enter a whole number)

2. What is your gender?
   a. Female
   b. Male
   c. Transgender

3. Please read these choices carefully and select the one that best represents you:
   a. I was born in another country (not the U.S.A.). (1)
   b. I was born in the U.S.A., but one or both of my parents were born in another country. (2)
   c. I was born in the U.S.A., and my parents were both born in the U.S.A., but ALL of my grandparents were born in another country. (3)
   d. I was born in the U.S.A, my parents were both born in the U.S.A., but ONE OR MORE grandparent was born in another country. (4)
   e. I was born in the U.S.A., my parents were both born in the U.S.A. and all of my grandparents were born in the U.S.A. (5)
   f. I am Native American, American Indian, or Indigenous to what is now the U.S.A. (6)

4. If you were NOT born in the U.S.A., in what COUNTRY or TERRITORY were you born?
   a. Mexico (1)
   b. Other country (please specify): (2)

5. In what country were you raised?
   a. Mexico (1)
   b. United States of America (2)
   c. Other country (please specify): (3)

6. Do you consider yourself to be of Hispanic or Latino descent?
a. Yes (1)
b. No (2)

7. If you selected Hispanic/Latino, please specify:
   a. Mexican (1)
   b. Puerto Rican (2)
   c. Cuban (3)
   d. South/Central American (4)
   e. Any other Hispanic/Latino background: (5)

8. If you selected White/Caucasian/European American, please specify:
   a. English/Welsh/Scottish/British (1)
   b. German (2)
   c. Irish (3)
   d. Russian (4)
   e. Any other White background: (5)

9. Which of the following best describes the financial status of you and your family?
   a. I do not have enough money to meet my basic needs and must rely on others (e.g. government, friends, relatives) to make ends meet each month. (1)
   b. I can barely pay all my bills each month but usually manage on my own. (2)
   c. I have enough money for basic needs and usually have some extra money for savings or special purchases. (3)
   d. I have plenty of money for whatever I want. (4)

Below you will find a standard income table widely used in survey research. Yearly family income is grouped into categories. Family income includes, for example, income from work plus other sources such as interest, social security, and so forth.

10. Please choose the answer choice that comes closest to your family income, last year:
    Under $10,000
    $10,000- $20,000
    $20,001-$40,000
    $40,001-$60,000
    $60,001-$80,000
    $80,001-$100,000
    $100,001-$120,000
    $120,001-$140,000
    $140,001 or more

11. How many people are supported by that income (including yourself)?
12. How many people live in your household including yourself?

13. Are you currently married? (Yes/No)

14. If you answered NO, are you currently in a relationship? (Yes/No)

15. How would you describe your current relationship status?
   a. Single
   b. Divorced
   c. Separated
   d. Widowed

16. Do you live with your current relationship partner?

17. Check the dot on the scale line below which best describes the degree of happiness, everything considered, of your present marriage. The middle point, "happy," represents the degree of happiness which most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage, and on the other, to those few who experience extreme joy or felicity in marriage.

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<td>Very Unhappy</td>
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<td>.</td>
<td>Happy</td>
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18. Do you consider yourself a stay-at-home parent? (Yes/No)

19. Do you currently work full-time or part-time?

   Full-time (32 or more hours a week)
   Part-time (less than 32 hours a week)
   Currently do not work.

20. Does your partner currently work full-time or part-time?

   a. Full-time (32 or more hours a week)
   b. Part-time (less than 32 hours a week)
   c. Currently does not work

21. What is the general field of your occupation?

22. What is the general field of your partner’s occupation?
23. How many kids do you have?

24. Please list the ages of all your children.

25. What is the age of the child you will be basing your responses on?

**Family Connectedness Scale**

1. Do you feel like your child can talk to you about the problems they are having? (1 = No, 2 = Yes)
2. Do you feel like your child can talk to your partner about problems they are having? (1 = No, 2 = Yes)
3. How much do you feel your child thinks you care about them? (1 = Not at all, 10 = Very much)
4. How much do you feel your family cares about your child’s feelings? (1 = Not at all, 10 = Very much)
5. How much do you feel your family understands your child? (1 = Not at all, 10 = Very much)
6. How much do you feel your family has lots of fun together? (1 = Not at all, 10 = Very much)
7. How much do you feel your family respects your child’s privacy? (1 = Not at all, 10 = Very much)

**Emotion Regulation Questionnaire**

For each item, please answer using the following scale: (1 = strongly disagree, 4 = neutral, 7 = strongly agree).

1. ____ When I want to feel more positive emotion (such as joy or amusement), I change what I’m thinking about.
2. ____ I keep my emotions to myself.
3. ____ When I want to feel less negative emotion (such as sadness or anger), I change what I’m thinking about.
4. ____ When I am feeling positive emotions, I am careful not to express them.
5. ____ When I’m faced with a stressful situation, I make myself think about it in a way that helps me stay calm.
6. ____ I control my emotions by not expressing them.
7. ____ When I want to feel more positive emotion, I change the way I’m thinking about the situation.
8. ____ I control my emotions by changing the way I think about the situation I’m in.
9. ____ When I am feeling negative emotions, I make sure not to express them.
10. ____When I want to feel less negative emotion, I change the way I’m thinking about the situation.

**Emotion Control Values**

We would like to ask you some questions about your emotional life. Some of the questions ask about your emotional experience, or what you feel like inside, and others ask about your emotional expression, or how you show your emotions to other people.

Using the scale below, select the number that best describes you for each statement: (1 = strongly disagree, 4 = neutral, 7 = strongly agree).

1. People should not express their emotions openly.
2. It is wrong for people to display how they feel.
3. It is better for people to let out pent up emotions.
4. People should show their emotions when overcome with strong feelings.
5. People in general should control their emotions more.
6. I think it is appropriate to express emotions, no matter whether negative or positive.

**Difficulties in Emotion Regulation Scale (DERS) – Awareness Subscale**

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item. (1 = almost never, 2 = sometimes, 3 = about half the time, 4 = most of the time, 5 = almost always).

1. I pay attention to how I feel.
2. I am attentive to my feelings.
3. I care about what I am feeling.
4. When I’m upset, I acknowledge my emotions.
5. When I’m upset, I believe that my feelings are valid and important.
6. When I’m upset I take time to figure out what I’m really feeling.

**Short Acculturation Scale for Hispanics (SASH)**

1. In general, what language(s) do you read and speak?
   ___Only English
   ___English better than Spanish
   ___Both equally
   ___Spanish better than English
   ___Only Spanish
2. What language do you usually speak at home?
3. In what language do you usually think?
   ___ Only English
   ___ English better than Spanish
   ___ Both equally
   ___ Spanish better than English
   ___ Only Spanish

4. What language do you usually speak with your friends?
   ___ Only English
   ___ English better than Spanish
   ___ Both equally
   ___ Spanish better than English
   ___ Only Spanish