Perceived Parenting Styles, Emotion Recognition and Regulation in Relation to Psychological Well-Being

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Abstract

The purpose of the current study was to examine the link among perceived parenting styles, emotion recognition, emotion regulation, and psychological well-being in terms of obsessive-compulsive disorder and social anxiety symptoms. For the purpose of this study, 522 adults between the ages of 18 and 36 participated in the current study. Multiple regression analyses with split-sample validation method revealed that maternal rejection, emotion recognition, cognitive reappraisal and suppression were associated with social anxiety symptoms; whereas maternal overprotection, emotion recognition and suppression were associated with obsessive-compulsive symptomatology. The findings, and their implications were discussed in the light of relevant literature.

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Keywords: Emotion regulation, perceived parenting styles, emotion recognition, psychological well-being

1. Introduction

Emotions constitute the colorful side of life and they vary as colors on a rainbow. While some individuals pay more attention to these colors, some individuals have a tendency to ignore them. However, emotions have an essential importance in terms of coordinating and arranging physiological, behavioral, experiential, and cognitive internal responses of the individual during daily social life (Keltner & Kring, 1998). In other words, emotions set a basis for the quality of human experience (Izard, 2002). Therefore, regulation of emotions during everyday life is crucial for social adjustment and well-being (e.g., Aldao, Nolen-Hoeksema & Schweizer, 2010). Indeed, many factors like parenting styles (e.g., Jaffe, Gullone & Hughes, 2010; Manzeske & Stright, 2009) and the ability to

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recognize emotions (e.g., Hee-Yoo, Matsumoto, & LeRoux, 2006; Harrison, Sullivan, Tchanturia, & Treasure, 2009) play a role in emotion regulation and in turn maintaining one’s well-being (e.g., Turk, Heimberg, Luterek, Mennin, & Fresco, 2005; Mennin, McLaughlin & Flanagan, 2009). Investigating these factors within a framework may help to understand the relation among them and have a picture of underlying factors. With this in mind, the aim of the present study was to explore the link among perceived parenting styles, emotion recognition, emotion regulation and psychological well-being, in terms of social anxiety and obsessive-compulsive disorder symptoms. Specifically, it was hypothesised that in terms of perceived parenting styles higher levels of parental overprotection and rejection, and lower levels of parental warmth would be associated with higher levels of social anxiety and obsessive-compulsive disorder symptoms. Additionally, it was hypothesised that lower levels of emotion recognition and reappraisal, and higher levels of suppression would be associated with higher levels of social anxiety symptoms and obsessive-compulsive symptomatology.

2. Method

2.1. Participants and procedure

Participants were 522 (128 male, 394 female) undergraduate and graduate students aged between 18 and 36 (M = 22.09, SD = 2.78). Participants were recruited from undergraduate and graduate classes from different universities in Istanbul and Ankara, Turkey. Participants completed a questionnaire booklet taking ~40 min and bonus points were given to the students.

2.2. Measures

2.2.1. Egna Minnen Betraffande Uppfostran- My Memories of Upbringing (Short-EMBU)

Short-EMBU (Arrindell et al., 1999) has 23 items and it is used to measure participants’ perceptions of their parents’ (both for mothers and fathers) child rearing behaviours. The scale has three factors as Rejection, Emotional Warmth, and Overprotection. The Turkish adaptation of the scale was carried out by Karancı et al. (2006) as part of a cross-cultural study. In the current study internal consistency ranged from .76 (mother emotional warmth) to .82 (father rejection).

2.2.2. The “Reading the Mind in the Eyes” Test (Revised)

The “Reading the Mind in the Eyes” Test was developed and revised by Baron-Cohen et. al (2001) and it is used to measure emotional recognition. This test is composed of 36 photos that show only the eye area of the face. The participants are asked to select a word for each photo among four words. The test was translated into Turkish and used in studies with its shorter version (e.g., Bora, Gokcen, Kayahan & Veznedaroglu, 2008). In this study, some of Turkish translations of the items were reevaluated and replaced by more suitable Turkish words by two bilingual professionals from the psychology field. The mean scores were found to be similar with the original study (M = 25.85, SD = 4.02 for males; M = 27.07, SD = 3.05 for females).

2.2.3. The Emotion Regulation Questionnaire (ERQ)

The ERQ (Gross & John, 2003) has 10 items assessing cognitive reappraisal (six items) and expressive suppression (four items). The scale was adapted to Turkish (Yurtsever, 2008), and Turkish translations of the item 6 and Likert scale items were reevaluated and new versions of these items were used in the current study (α = .85 for reappraisal, α = .78 for suppression).

2.2.4. The Liebowitz Social Anxiety Scale (LSAS)

The LSAS (Liebowitz, 1987) has 24 items assessing the range of feared and avoided social interactions and performance situations in social phobia. Each item in the scale is rated both for “fear or anxiety” and “avoidance behavior”. The scale was adapted to Turkish (Soykan, Devrimci & Gençöz, 2003) and in the current study, internal
consistency was .90 for the Fear subscale, and .89 for the Avoidance subscale.

2.2.5. Maudsley Obsessive Compulsive Inventory (MOCI)

The MOCI (Rachman & Hodgson, 1980) has 30 items and it is used to investigate obsessive-compulsive behaviours. In the Turkish adapted version of the scale (Erol & Savaşır, 1988) seven additional rumination items were added. For the current study, the internal consistency of the total MOCI scores was found to be .83.

3. Results

Three sets of multiple regression analyses were carried out to reveal significant associates among variables of the study for social anxiety symptoms and obsessive-compulsive symptomatology. For social anxiety symptoms, variables related to perceived parenting styles (i.e., maternal and paternal warmth, overprotection, and rejection) were entered first (via stepwise method) followed by emotion recognition variable and later by emotion regulation variables (i.e., cognitive reappraisal and suppression) as a third step. Later, to validate this analysis two multiple regressions were performed by using split-sample validation method. According to results, among perceived parenting style variables, only maternal rejection was significant for all samples. Additionally, emotion recognition and emotion regulation variables were also significantly related to social anxiety symptoms for all samples (see Table 1).

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>Social Anxiety Symptoms (LSAS)</th>
<th>Sample 1</th>
<th>Sample 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Sample</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Rejection</td>
<td>45.06**</td>
<td>1, 517</td>
<td>.28</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotion Recognition</td>
<td>21.02**</td>
<td>1, 514</td>
<td>-.19</td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suppression</td>
<td>36.92**</td>
<td>1, 513</td>
<td>.24</td>
</tr>
<tr>
<td>Cognitive Reappraisal</td>
<td>17.27**</td>
<td>1, 512</td>
<td>-.17</td>
</tr>
</tbody>
</table>

*p < .05, **p < .001

For obsessive-compulsive symptomatology, variables related to perceived parenting styles (i.e., maternal and paternal warmth, overprotection, and rejection) were entered first (via stepwise method) followed by emotion recognition variable and later by emotion regulation variables (i.e., cognitive reappraisal and suppression) as a third step. Later, to validate this analysis two multiple regressions were performed by using split-sample validation method. Results showed that among perceived parenting style variables, only maternal overprotection was significant for all samples. Emotion recognition was also found to be significant for all samples. Additionally, among emotion regulation variables, only suppression was significantly related to symptoms of obsessive-compulsive disorder for all samples (see Table 2).
Table 2. Significant variables associated with obsessive-compulsive behaviour in all data sets

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>Obsessive Compulsive Behaviour (MOCI)</th>
<th>Full Sample</th>
<th>Sample 1</th>
<th>Sample 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$F_{change}$</td>
<td>$df$</td>
<td>$\beta$</td>
<td>$R^2$</td>
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<tr>
<td>Maternal Overprotection Step 1</td>
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<td>.33</td>
<td>.11</td>
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<tr>
<td>Emotion Recognition Step 2</td>
<td>23.90**</td>
<td>1, 515</td>
<td>-.20</td>
<td>.17</td>
</tr>
<tr>
<td>Suppression Step 3</td>
<td>13.25**</td>
<td>1, 514</td>
<td>.15</td>
<td>.19</td>
</tr>
</tbody>
</table>

*p < .05, **p < .001

4. Discussion

The results indicated that higher levels of maternal rejection were associated with higher levels of social anxiety symptoms and higher levels of maternal overprotection were associated with obsessive-compulsive symptomatology. According to the models of emotion regulation development, maternal warmth contributes positively to the development of emotion regulation during childhood (Morris et al., 2007) whereas parental verbal aggression or rejection may lead to emotional dysregulation. Therefore, children who perceive their parents as rejecting may give up trying to establish communication and become introverted, which may play a role in the formation of social anxiety symptoms in the future. In terms of obsessive-compulsive disorder symptoms, overprotective mothers’ concerns for their children’s safety, their intrusive behaviors and tendency to direct their children’s activities may intensify children’s anxiety and may act as a vulnerability factor in the formation of obsessive-compulsive behaviors. Based on these findings, it can be concluded that, parental overprotection and rejection might have negative effects on well-being consistent with previous research (e.g., Calkins et al., 1998; Rubin & Burgess, 2002). Although, it was assumed that parental warmth would be a protective factor for well-being measures in this study, the results didn’t reveal such an association. Furthermore, the results showed that deficits on emotion recognition were related to higher levels of social anxiety and obsessive-compulsive disorder symptoms. In literature, research depicted significant relationships between emotion recognition and psychopathology that were consistent with findings of the current study (e.g., Simonian et al., 2001; Surcinelli et al., 2006). Based on these findings, it can be concluded that either people with difficulties in recognizing emotions misinterpret facial cues and this becomes a vulnerability factor for anxiety symptoms in relationships, or intense anxiety create distortions in emotion recognition processes after the onset of symptoms. In regard to emotion regulation, higher levels of suppression were associated with both social anxiety and obsessive-compulsive disorder symptoms and lower levels of cognitive reappraisal were associated with social anxiety symptoms. For social anxiety symptoms, suppression can be discussed through avoidance. Social anxious individuals try to avoid anxiety-provoking situations and suppression can be evaluated as a form of avoiding. Indeed, in literature, emotion suppression was found to be higher for social anxiety group than healthy group indicating the possible effects of over-use for expressive suppression in the aetiology of social anxiety (Werner et al., 2011). For obsessive-compulsive symptomatology, the appraisal and interpretation of the unwanted intrusive thoughts and the urge to suppress these thoughts or impulses are the main processes (Salkovskis, 1989). Hence, using suppression for emotion regulation may be an elemental part of this disorder. Overall, the study provided important insights into associations among perceived parenting styles, emotion recognition and regulation, and psychological well-being. However, the present study was only preliminary. For future research, it would be important and more informative to include clinical samples have a balanced number of male and female participants. By that way, we may not only identify risk and protective factors associated with these variables, but also enable the use of therapeutic applications in clinical settings and gain proper insight.
References


