Navigating Culture and Emotion in Parenting:
Exploring the Interplay of Values, Beliefs, and Caregivers' Emotion Socialization Strategies

by

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DISSERTATION ABSTRACT

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There are several key variables that play crucial roles in shaping parent-child interactions and emotional development. Caregivers' cultural values refer to the beliefs and priorities that individuals hold regarding their cultural identity, traditions, and heritage. These values can significantly influence parenting practices and the transmission of cultural norms to children. Emotion beliefs pertain to individuals' perceptions and attitudes towards emotions, including beliefs about the controllability and usefulness of emotions. Cultural socialization attitudes reflect caregivers' beliefs and practices regarding the importance of transmitting cultural values and traditions to their children. Finally, Emotion-Related Socialization Behaviors (ERSBs) encompass the strategies and behaviors that parents employ to socialize their children's emotions, including how they express, regulate, and respond to emotions within the family context. Understanding these variables is essential for comprehensively examining the complex dynamics of parent-child relationships and emotional development across different cultural contexts. This study aims to elucidate the associations between caregivers' cultural values and emotion beliefs, examine how these factors predict the use of ERSBs, and explore the moderating role of cultural socialization attitudes on these associations. A sample of caregivers (N = 198) participated in the study, providing data on their cultural values, emotion beliefs, cultural socialization attitudes, and everyday ERSBs. Measures included the Short Schwartz' Value Survey, the Emotion Beliefs Questionnaire, the Cultural Socialization Attitudes Measure, and daily emotion check-ins. Data were analyzed using multiple- and stepwise-regressions and moderation analyses. Findings revealed significant associations between caregivers' cultural values and beliefs about the usefulness of emotions, as well as their use of expressive ERSBs. However, cultural socialization attitudes did not significantly moderate these associations. This study contributes to understanding how caregivers' cultural values influence their emotion beliefs and subsequent parenting practices. By recognizing these relationships, interventions can be tailored to support diverse families effectively. Future research should continue to explore these interactions and their implications for parent-child interactions.

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CHAPTER I

INTRODUCTION

The early years of children's development present abundant opportunities for learning, even without parents intentionally teaching. Although individual parenting experiences may vary by person, context, and other distinct factors, extensive empirical research underscores the profound impact of parenting behaviors on child outcomes. One critical domain influenced by parenting practices is children's social and emotional functioning (Eisenberg et al., 1998). Nurturing young children's emotion processing skills, or the ability to perceive, understand, and manage their own emotions to achieve goals and meet a broad range of social and situational demands effectively (Baumeister & Vohs, 2007), not only enhances school readiness, academic achievement, and social competence, but also reduces the risk of emotional challenges and behavioral problems in the short term (Denham et al., 2003; Fine et al., 2003). Furthermore, early childhood development has far-reaching implications, as it can predict lifelong outcomes such as social behaviors and overall life satisfaction (Moffit et al., 2013). Understanding the dynamics of parenting behaviors that not only contribute to a child's immediate emotional well-being but also lay the foundation for their long-term socio-emotional competence and overall adjustment is essential for fostering successful child development. However, there remains a relative lack of research examining how individual parent characteristics shape various parenting behaviors. The present dissertation investigates how three key parent characteristics, emotion beliefs, cultural values, and cultural socialization attitudes, are associated with how parents support emotion processing in their children.

Emotion-Related Socialization Behaviors

The development of emotion regulation, or the ability to modulate emotions effectively in response to internal and external stimuli, as well as modify the intensity and duration of emotional responses (Gross & Thompson, 2007), is significantly influenced by the active involvement of parents and how they choose to teach their children to manage their emotions (Morris et al., 2017). Extensive research has been conducted to illustrate the many ways that people may respond to emotions, and the different models and theories of how these strategies may hang together. Much of this work has focused on how people regulate their own emotions (e.g., Broesch & Carpendale, 2022; Stansbury & Sigman, 2000), but that framework has also been applied to better understand how parents teach their children to manage their emotions (Shipman & Zeman, 2001). This process, called emotion-related socialization behaviors (ERSBs), is defined by how caregivers influence the way their children process, respond to, and regulate their emotions (Eisenberg et al., 1998).

The vast majority of the work on ERSBs has looked at the impact they have on child outcomes. Current literature around emotion regulation shows that ERSB strategies are often used in the context of trying to change or minimize an emotional experience, with both intended outcomes having valuable implications on our daily functioning and social relationships. Specifically, previous researchers have separated ERSBs into "supportive" and "nonsupportive" strategic categories in order to better understand corresponding child developmental outcomes based on the frequency with which caregivers use these families of strategies (Gottman et al., 1997; Morris et al., 2022). For example, when caregivers regularly label feelings and comfort their child during negative emotional experiences, or use other "supportive" ERSBs, children are more likely to exhibit greater levels of expressive emotion knowledge (e.g., Pintar Breen, 2018).

However, when a parent engages in "nonsupportive" ERSBs, such as ignoring negative emotional experiences, this may increase children's risk of developing poor regulation skills, socioemotional incompetence, and discomfort with expressing negative emotions in the future (e.g., Dunbar et al., 2017).

Recently, some theorists have argued that the way these ERSB categories are labeled is stigmatizing. For example, parents of Black children reported that although they value open expression of both positive and negative emotions and most often prefer to use "supportive" ERSBs, they also encourage their children to minimize expressions of negative emotions as a means to protect themselves during racially biased situations. By employing "nonsupportive" practices, caregivers are preparing their children to navigate emotionally charged racial interactions, potentially supporting greater harmony in environments where rule violations carry higher risks (Dunbar et al., 2017). Therefore, researchers argue that, instead of calling them "supportive" and "nonsupportive," it is less harmful and more informative to refer to ERSB categories as "expressive" and "suppressive." Typical expressive ERSBs encourage children to explore their emotions and enable children to feel physically close to their parents. Specifically, cognitive reappraisal, validation, labeling, acceptance, and comforting are all regulation strategies that fit within the expressive ERSB criteria. Cognitive reappraisal can be described as helping a child to change the way they think about an emotional experience, often with the intent of minimizing negative affect and increasing positive affect (Cutuli, 2014). Validation, or social sharing, typically involves encouraging a child to share how they are feeling and affirming their emotional experience (Herr, 2015). Labeling is commonly used to help children identify the emotion they are experiencing and articulate their feelings through words (Salmon et al., 2013). Acceptance is the act of acknowledging a child's emotion and encouraging them to embrace their

emotional experience without resisting or suppressing it (Wojnarowska et al., 2020). Comforting refers to behaviors that intend to soothe the internal experience of negative emotion (Stansbury & Sigman, 2000).

Within the suppressive ERSB category, strategies such as suppression, ignoring, situation modification, and distraction are often used to end the emotional experience without enabling children to practice adaptive regulation skills. Suppression includes behaviors that encourage children to hide or minimize their outward emotional experience (Gross, 2002). Ignoring, as implied, is the deliberate choice not to engage or recognize the emotion being expressed (Mirabile, 2015). Situation modification is the act of eliminating the challenging stimuli or changing the aversive environment to reduce the negative emotional experience involved (Torrence & Connelly, 2019). Distraction, similar to ignoring, involves a deliberate choice not to engage with an emotion, but rather avert the child's attention towards other stimuli (i.e., pleasing stimuli such as watching tv or productive stimuli such as doing chores; Stansbury & Sigman, 2000). Regularly relying on the same ERSB strategies in response to everyday experiences can lead to distinct patterns in how children function across contexts and can later predict how and when they choose to respond to certain emotions (Quiñones-Camacho & Davis, 2020).

Parent factors associated with ERSBs. Fully understanding ERSBs requires investigation beyond child outcomes and necessitates an exploration into how individual characteristics and broader contexts interact to influence what ERSBs caregivers choose to use and when. In addition to the example of Black families using both expressive and suppressive strategies to reflect their protective goals, parenting practices are also influenced by factors related to their own experiences and regulation of emotions (Eisenberg & Mussen, 1989; Hajal & Paley, 2020; Root, 2010). Yet, a deeper understanding of why and how parents choose specific

ERSBs warrants an examination of additional underlying influences. In this dissertation, I explore three key factors: the nuanced beliefs parents hold regarding emotions, the complex array of cultural values ingrained in their behaviors, and the extent to which these cultural values manifest in their interactions with their children. By elucidating these dimensions, we can unravel the complexities underpinning parental decision-making in emotion-related socialization.

Emotion Beliefs

ERSBs may be impacted by the beliefs that parents have about emotions more generally. An individual's emotion beliefs, or their fixed views of how malleable and useful emotions are, have been associated with differing levels of engagement with regulation strategies chosen to manage their own affect (De Castella et al., 2013; Ford & Gross, 2019; Kneeland et al., 2016; Kneeland & Simpson; 2022). For example, people who hold the belief that emotions are changeable are more likely to use cognitive reappraisal, or deliberately alter their interpretation of a situation in a way that reduces its emotional impact (De Castella et al., 2013), compared to those who perceive emotions to be unchangeable (Kneeland & Simpson, 2020). Similarly, individuals who maintain the belief that emotions are more useful may try to label their emotions more often or engage in other similar expressive regulation behaviors compared to people who do not (Ford & Gross, 2019). Therefore, in recognizing the influence emotion beliefs have on adults' use of self-regulation strategies and the subsequent influence individual functioning has on parenting behaviors, it is possible that emotion beliefs could indirectly affect how parents respond to children's expressions of emotion. For example, if parents view certain emotions as negative or harmful, they may feel more inclined to discourage their children from expressing those emotions openly by using more suppressive and/or fewer expressive ERSBs. Conversely, if parents believe that all emotions are valid and important for personal growth, they may

encourage their children to express themselves more freely via more expressive ERSBs and/or fewer suppressive ERSBs. Therefore, parental beliefs about emotions may explain meaningful variance into the strategies and behaviors parents employ in guiding their children's emotional development. These beliefs typically fall into two categories: controllability and usefulness.

Controllability beliefs. The extent to which someone believes emotions are malleable and are capable of changing with effortful control is usually referred to as someone's "controllability" beliefs (Kneeland & Kisley, 2023). These beliefs are typically measured on a spectrum from lower to higher levels of control. If someone believes that they might lose control and react in an explosive manner whenever they get angry, it may indicate lower levels of controllability beliefs. In contrast, if someone were to frequently practice calming strategies and seek additional resources to decrease the likelihood of exhibiting explosive behaviors, then they may hold higher levels of controllability beliefs. These competing levels of controllability beliefs have been linked to varying levels of engagement with active emotion regulation, with more changeable views predicting an increase in intentional strategy use and better emotional recovery (De Castella et al., 2013; Kneeland et al., 2016). It is possible that as people's controllability beliefs increase, they may feel more inclined to try and initiate regulation with the mindset that it may be efficacious to achieving their emotion-related goal (e.g., to stop feeling sad, to increase happiness).

Further, parents who believe emotions can be controlled may prioritize teaching their children strategies that emphasize active management and modification of emotional experiences, including both expressive (e.g., cognitive reappraisal) and suppressive (e.g., avoidance) strategies for effectively regulating their emotions when faced with challenging situations (De Castella et al., 2016; Kneeland & Simpson, 2022). They may adopt a more

proactive approach to addressing their children's emotional experiences, such as providing direct guidance and support when their children encounter emotional difficulties. On the other hand, parents who perceive emotions as uncontrollable may approach emotion-related socialization differently. They may focus more on validating their children's emotions and providing emotional support rather than trying to change their feelings. These parents may prioritize creating a safe and supportive environment where their children feel comfortable expressing a wide range of emotions without judgment.

Usefulness beliefs. Individuals may also vary in their beliefs about how useful or valuable they perceive an emotion to be, also known as "usefulness" emotion beliefs (Kneeland & Kinsley, 2023). People who have lower levels of usefulness beliefs may attempt to minimize or downregulate their emotions due to viewing them as invaluable or unimportant to their overall functioning. Meanwhile those with higher levels of usefulness beliefs may recognize the benefits associated with feeling their emotions and may anticipate valuable outcomes from exploring them. Individual differences in the beliefs people hold with regard to the usefulness of emotions have been shown to translate onto the type of regulation strategies an individual may choose to use (Halberstadt et al., 2008). Previous research has demonstrated that individuals with lower usefulness beliefs may be more likely to select suppressive strategies that could enable them to avoid undesirable emotions, and those who maintain higher levels of usefulness beliefs may seek out expressive strategies to further engage with their emotional experience (Tamir & Ford, 2012).

Beliefs about the usefulness of emotions may significantly impact parents' emotion-related socialization behaviors with their children. Parents who view emotions as useful may actively teach their children the importance of emotional awareness and expression. Meanwhile,

parents who maintain the belief that negative emotions are useless and value the use of suppressive emotion regulation strategies during those negative emotional experiences, may be more likely to encourage their child to suppress or minimize those emotions as well. These examples illustrate the possible connection between emotion beliefs and parenting ERSBs, however it has not yet been demonstrated empirically. By understanding how these beliefs are associated with emotion-related parenting practices, researchers and practitioners can better support parents in promoting healthy emotional development in their children.

Cultural Values

Culture serves a major role in eliciting social order and formulating rules, guidelines, and norms governing emotion regulation, given that emotions are primary drivers of behavior with crucial social implications (Matsumoto et al., 2008). The bulk of existing literature related to cultural values and emotional reactions have mostly focused on comparing behaviors across different countries that are known to ascribe to different ideologies (Jaramillo et al., 2017). For example, previous research has shown that individuals in Asian countries often prioritize collectivistic and interdependent values, and subsequently choose when and how to express emotions depending on their social-contextual environment (Liddell & Williams, 2019). Subsequently, these values often result in 'down-regulating' emotional processing or using more emotional suppression strategies (Murata, 2013). In contrast, individuals in Western societies place a higher value in ideologies related to autonomy and independence, which decreases the need to modify one's own behaviors to maintain social harmony and increases the value of emotional expression regardless of the setting (Trommsdorff, 2012). Western-based cultural groups are often driven by self-protective goals and personal achievement, resulting in increased articulation and expression of high arousal emotions when compared to cultural groups that

downplay personal achievements and avoid drawing attention to oneself to maintain social decorum (Lim, 2016). As such, it follows that parents' values may be meaningfully related to how they support their children's emotions.

The different approaches to emotion regulation across cultural groups extends itself to ways children understand and respond to emotions. Children begin to show implicit awareness of socialization pressures and engage in culturally specific emotional reactions during their early developmental years when they can reflect on the culturally specific display rules being exhibited by those around them (Cole et al., 2002). Consistent with previous research focused on adult emotions, children demonstrate patterns of emotion regulation that align with the values of their cultural membership. For instance, children in Western societies have reported greater acceptance of expressing and communicating anger more openly while in difficult situations compared to their counterparts in Asian cultures (Cole et al., 2002). These cross-culturally divergent values and regulated emotional responses are often shaped by the norms and expectations that reflect the cultural environment in which their parents are embedded (Halberstadt & Lozada, 2011; Jaramillo et al., 2017). In other words, the cultural norms dictating the appropriateness of expressing specific emotions within respective socio-cultural contexts can guide the goals behind parents' emotion-socialization behaviors (Cole et al., 2002; Raval & Walker, 2019). Previous research comparing children in Western and non-Western countries has highlighted differences in culturally goal-directed parental socialization practices that may explain variations in how emotions are suppressed and expressed among these children (Chen et al., 2015; Friedlmeier et al., 2011; Tamir et al., 2016). Studies suggest that parents in Western countries often encourage their children to openly express emotions like anger, with the intent of helping their children to become self-assertive individuals capable of recognizing and showing

their own needs (Bornstein, 2012; Friedlmeier et al., 2011). On the other hand, parents in cultures that prioritize interdependence and connectedness tend to respond to their child's anger by minimizing the upsetting event and encouraging their child to accept the situation, with the goal of teaching them to restrict the expression of negative emotions that might disrupt interpersonal harmony (Rothbaum & Wang, 2010).

While cross-national comparisons involving cultural variables have been useful in helping us to better understand the relationship between ERSBs and the different forms of cultural values represented in those societies, the next step is to look at individual differences in cultural values among more heterogeneous populations. The United States is home to individuals from diverse backgrounds, with a mix of generations that maintain their own ideologies and life-guiding principles that may vary from the larger cultural group in which they identify with (Perez & Hirschman, 2009). As the population of individuals with mixed ancestry continues to increase, many Americans have multifaceted identities that encompass diverse ancestral origins, community affiliations, and a range of cultural ideologies. For example, an individual raised by their Chinese-American mother and African-American father may have learned the importance of emotional restraint and maintaining harmony within relationships with congruence to their mother's cultural ideologies. Conversely, their father may have emphasized the importance of emotional expression and open communication within the family, providing encouragement to freely express their feelings in supportive environments. Further, both parents may also have emphasized suppressive strategies for a more Black-presenting child in service of prioritizing safety in racialized settings. By the time that individual is an adult, they likely integrated their parents' diverse approaches to emotion socialization, cultivating a balanced understanding of

when to regulate emotions and when to express them authentically, reflecting a multifaceted identity as a Chinese-African-American.

Considering the country's ever-growing multiethnic and multicultural population, it has been argued that a country-level analysis of cultural values may not capture the complete variance in prioritized values at the individual, within-group level (Vauclair, 2009). Moreover, although Western cultures may exhibit overarching cultural norms and trends, they are not homogeneous entities; rather, there can be noticeable diversity within them. Within these cultures, values are often conceptualized as motivational goals that serve as guiding principles in individuals' lives (Halberstadt & Lozada, 2011). For example, someone from a small, rural farming community may have different cultural values and beliefs compared to someone from an urban, cosmopolitan environment. Similarly, individuals from different socioeconomic backgrounds or religious affiliations may hold distinct cultural values and attitudes. It's important to recognize that cultural diversity exists within all cultural groups, including Western cultural groups, and that individuals within these groups may have varying perspectives, experiences, and cultural identities that warrant cross-cultural research at the individual-level (Maslova et al., 2020).

Schwartz (1996) introduced the idea of 10 basic human values that are recognized across cultures but may vary by individual: (1) Power, or the attainment of a dominant position within a social system; (2) Achievement, or the demonstration of competence according to social standards; (3) Hedonism, or gratification associated with self-indulgence and enjoying life; (4) Stimulation, or the need to maintain variety and excitement in life; (5) Self-direction, or the need to control one's own life; (6) Universalism, or the protection for the welfare of all people and nature; (7) Benevolence, or preserving smooth group functioning and a sense of belonging; (8)

Tradition, or acceptance and respect for group customs; (9) Conformity, or the importance of resisting impulses that may upset others or violate social norms; and (10) Security, or the safety and stability of one's self, family, and/or community.

Together, these values can inform an individual's culture within a larger fundamental human behavior framework. Schwartz (1996) proposed two bipolar cultural dimensions that encompass all 10 life-guiding principles: conservation and self-transcendence (see Figure 1 for theoretical model of relations among values). The conservation dimension contrasts 'openness to change' and 'conservation' cultural values, representing people's willingness to change and try new things within their everyday experiences. Individuals who prioritize conservation values are inclined to uphold tradition and adhere to societal norms (i.e., security, conformity, tradition), while those who prioritize openness to change values tend to emphasize independent thinking and embrace change (i.e., self-direction, stimulation; Schwartz, 2012). The self-transcendence dimension represents people's values surrounding how much they prioritize independent growth and achievement over group well-being, contrasting 'self-enhancement' and 'self-transcendence' values. Individuals who highly value self-transcendence are likely to prioritize the welfare of the community and promote group functioning (i.e., universalism, benevolence), while individuals who prioritize more self-enhancement values tend to focus on their own interests and seek personal success and dominance over others (i.e., power, achievement; Schwartz, 2012).

Previous studies have demonstrated significant variability among members of the same cultural group in the importance they ascribe to the ten values (Fischer & Schwartz, 2010; Ng et al., 2016; Vauclair, 2009; Witte et al., 2020). Investigating cultural values at the individual level can provide valuable insights into how people navigate their social environments and make decisions. Understanding how individuals prioritize conservation values and self-transcendence

values can shed light on their beliefs, behaviors, and interactions within their cultural context, contributing to a deeper understanding of human diversity and the cultural dynamics influencing how and why parents teach their children to regulate their emotions.

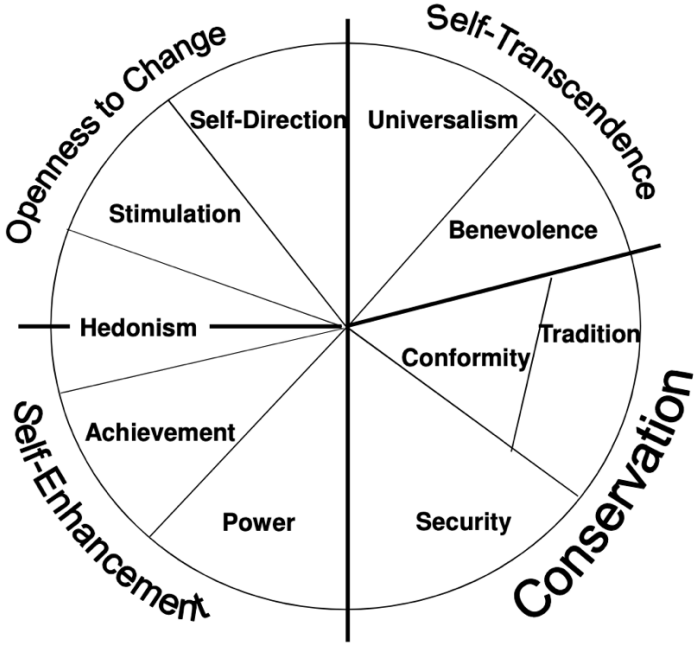

Figure 1. Theoretical model of relations among the ten cultural values

Cultural Socialization Attitudes

Despite previous research demonstrating the significant influence of cultural values on parents' socialization behaviors (Raval & Walker, 2019), emerging studies suggest that socialization practices may not always conform to group-level cultural expectations (Hughes et al., 2008), potentially exposing incongruences within traditional cultural contexts. For instance, in a study examining Chinese mothers' responses to children's expressions of negative emotions, researchers found instances where mothers exhibited a more supportive and accepting approach to guiding their child's emotion regulation (Chan, 2012). This deviates from stereotypical

notions of emotional expression within Chinese culture and highlights the diversity of emotion socialization practices within the same cultural group.

One theory that explains this variability suggests that parents' emotion socialization efforts may be influenced by the extent to which they try to integrate their culture into their everyday parenting practices (Derlan et al., 2018). Caregivers' beliefs about the importance of socializing their children with respect to their culture, also known as cultural socialization attitudes, has demonstrated a positive relationship with engaging in socialization behaviors perceived as more culturally acceptable and functional within their respective cultural context (Derlan et al., 2018; Romero et al., 2000). While this has not yet been investigated empirically, it may be that caregivers' cultural socialization attitudes impact how they guide the development of their children's social-emotional skills. For example, if a parent believes it is extremely valuable and important that their child shares the same values as their cultural background, they may put a stronger emphasis on socializing their child to behave in a manner that is consistent with their cultural expectations. Conversely, if a parent places low importance on ensuring their child grows up reflecting the family's cultural background, the parent's culture may have smaller implications on their choice of parenting practices. Therefore, the importance parents place on instilling caregiver cultural values may influence their parenting practices, particularly in responding to their children's emotions and promoting self-regulation strategies. This could present itself in situations where parents who highly value cultural continuity may prioritize ensuring their children spend time with others from the same cultural background, which could foster a sense of interdependence. Consequently, in alignment with their cultural emphasis on maintaining harmony and avoiding social disruptions, these parents may advise their children to suppress expressions of anger in public group settings (Lin & Fu, 1990). Hence, it is sensible to

investigate the particular role of cultural socialization attitudes in shaping parents' emphasis on socializing their children within their cultural norms (Derlan et al., 2016).

Emotion Beliefs, Cultural Values, and Cultural Socialization Attitudes

As illustrated in previous research, factors related to individual parenting beliefs and behaviors may play a role in how they choose to socialize their child's emotion regulation use (Trommsdorff & Cole, 2011). Specifically, we have seen respective influential relationships between ERSBs and parents' cultural values (Jaramillo et al., 2017; Raval & Walker, 2019) and emotion beliefs (Castro et al., 2015), and the impact cultural socialization attitudes have on parenting behaviors (Williams et al., 2017). However, to date, there is no current research investigating the relationship between all of these variables and whether they interact with each other to further impact parenting practices. Therefore, the purpose of this study is to examine the role of cultural practices (i.e., cultural values and attitudes) in caregiver's emotion beliefs and, consequently, ERSBs in a heterogeneous sample of primary caregivers of young children in the United States.

CHAPTER II

RESEARCH QUESTIONS

The current project sought to address the following research questions:

RQ1: What is the relationship between caregivers' cultural values and emotion beliefs?

H1: Caregivers' conservation cultural values will be positively associated with controllability emotion beliefs and negatively associated with usefulness emotion beliefs, such that caregivers who endorse cultural values emphasizing conservation will also report beliefs that emotions are highly controllable and less useful. In addition, caregivers' self-transcendence cultural values will be positively associated with usefulness emotion beliefs, such that those who endorse cultural values emphasizing self-transcendence will also report beliefs that emotions are highly useful. Self-transcendence cultural values and controllability emotion beliefs will not be significantly associated.

RQ2: How do caregiver cultural values and emotion beliefs relate to the use of ERSBs?

H2: Caregivers' self-transcendence cultural values and usefulness emotion beliefs will be positively associated with the use of expressive ERSBs, while conservation cultural values will be negatively associated with the use of expressive ERSBs. Controllability emotion beliefs will not demonstrate a significant association with expressive ERSBs. In addition, conservation cultural values and controllability emotion beliefs will be positively associated with the use of suppressive ERSBs, while usefulness emotion beliefs will be negatively associated with the use of suppressive ERSBs. Self-transcendence cultural values will not demonstrate a significant association with suppressive ERSBs. Further, cultural values and emotion beliefs will interact in their association with ERSBs, such that the relationship between emotion beliefs and

caregivers' ERSBs depends on the strength of their conservation and self-transcendence cultural values.

RQ3: How is the association between cultural values and emotion beliefs on ERSBs moderated by caregivers' cultural socialization attitudes?

H3: Caregivers who hold strong cultural socialization attitudes will demonstrate a stronger association between cultural values and emotion beliefs and ERSBs.

CHAPTER III

METHOD

Participants and Setting

Primary caregivers aged 18 years and older (M_{age} = 34 years; 190 female), of a child between the ages of 18 months to 5 years old (M_{age} = 3 years; 85 female), participated in the study. Considering each caregiver may have different perspectives, beliefs, and behaviors that could influence their responses or interactions with the child, only one caregiver per child was eligible to participate to ensure consistency in data collection. Additionally, participation was limited to one child per caregiver to reduce the potential for bias and ensure that each parent-child dyad contributed unique and independent information. If a caregiver had multiple eligible children, they were granted the freedom to choose which child to include in the study. Participants (N = 198) were recruited through varied approaches, including social media platforms (i.e., Instagram), email outreach to organizations serving the target demographic, distribution of physical flyers, and word of mouth. Special efforts were taken to recruit participants from various geographical regions and cultural backgrounds. The study was conducted electronically via text messages and online questionnaires, reaching participants across the United States.

Procedure

Participants were provided with and agreed to informed consent details prior to beginning the intake questionnaire. The principal investigator sent participants an email outlining the study procedures, instructions for completing daily emotion check-ins, and their official start dates. Each participant received $15 for completing the intake questionnaire, $1 for each completed emotion check-in, and $20 for completing at least 80% of total emotion check-ins.

First, participants completed the intake questionnaire, which solicited information on demographics, cultural values, emotion beliefs, and cultural socialization attitudes. Following the intake survey, participants engaged in the EMA portion of the study. Over the course of one week, participants received three "emotion check-in" surveys per day via text message, totaling 21 check-ins (sent at 11am, 3pm, and 7pm local time). Participants were asked to indicate whether they had been with their child during the preceding 4 hours, report their child's perceived emotions, and detail the ESRBs they used in response to their child's emotions. Of note for analyses, participants were instructed to select only the primary emotion they believed their child had experienced in the last four hours. However, they were permitted to indicate any number of ERSBs they used to help their child in regulating their emotion.

Measures

The data collection process was conducted remotely and comprised two components: a single intake survey and a one-week ecological momentary assessment (EMA). The intake survey questionnaire covered caregiver and child demographics, caregiver cultural values, caregiver emotion beliefs, and caregiver cultural socialization attitudes. The EMA portion of the study was designed to gather real-time emotion-related data, including child emotions and ERSBs, for analysis. More detailed procedural information is provided below.

Cultural values. The Short Schwartz' Value Survey (SSVS; Lindeman & Verkasalo, 2005) was used to measure caregivers' cultural values during their initial completion of the intake survey. The SSVS was created to be a shortened version of Schwartz's Value Survey (SVS; Schwartz, 1996) which measures 10 motivationally distinct values: Power, achievement, hedonism, stimulation, self-direction, universalism, benevolence, tradition, conformity, and security. Unlike the 57-item SVS, the SSVS is a single item measure, with each item asking the

participant to rate each of the 10 values as a life-guiding principle on a 9-point Likert scale (0 being “opposed to my principles”, 1 being “not important”, 4 being “important”, and 8 being “of supreme importance”). Scores are calculated using a weighted equation to mimic the factor loadings used in the SVS and reflect a participant’s values on a two cultural value dimension scale: 1) Self-transcendence versus self-enhancement, and 2) conservation versus openness to change (see Figure 2). A score on the higher order dimension of self-transcendence indicates whether a person is willing to promote the welfare of others above their own or if they are more likely to prioritize the enhancement of their own personal interests even at the expense of others. A score on the higher order dimension of conservation indicates whether a person emphasizes self-restriction and resistance to change or if they are ready for new experiences and personal growth. Psychometric properties of the SSVS reveal good internal consistency and reliability, and high correlation to other similar measures (i.e., SVS and the Portrait Values Questionnaire), while also demonstrating validity of use within a more heterogeneous sample (Maslova et al., 2020). Within the current study sample, the Cronbach's alpha coefficient for the SSVS was found to be 0.72, indicating an acceptable level of internal consistency.

Self-Transcendence = -.60 – (.19 x Power) – (.14 x Achievement) – (.09 x Hedonism) – (.11 x Stimulation) + (.01 x Self-Direction) + (.10 x Universalism) + (.13 x Benevolence) + (.07 x Tradition) + (.06 x Conformity) + (.02 x Security).	Conservation = .82 + (.05 x Power) + (.06 x Achievement) – (.04 x Hedonism) – (.09 x Stimulation) – (.18 x Self-Direction) – (.16 x Universalism) + (.03 x Benevolence) + (.16 x Tradition) + (.18 x Conformity) + (.11 x Security).

Figure 2. Linear equations for calculating the higher order cultural value dimensions.

Emotion beliefs. The Emotion Belief Questionnaire (EBQ; Becerra, Preece, & Gross, 2020) was used to measure caregivers’ fixed emotion beliefs during the intake survey. The EBQ consists of 16-items that inquire about participants’ general emotion beliefs regarding positive

and negative emotions. Each item prompts participants to rate how much they agree or disagree that the given statement is generally true on a 7-point Likert scale, ranging from ‘strongly disagree’ (1) to ‘strongly agree’ (7), with ‘neither agree nor disagree’ (4) as the midpoint. For example, participants are asked to indicate their agreement with statements such as ‘people cannot control their emotions’ or ‘positive emotions are harmful’. Total outcome scores are calculated following Ford and Gross’s (2019) theoretical framework for emotion beliefs. First, the measure suggests calculating four subscale scores by summing the items related to controllability of negative emotions, controllability of positive emotions, usefulness of negative emotions, and usefulness of positive emotions, respectively. Subsequently, composite scores are obtained by summing the negative and positive controllability subscale scores to generate a general controllability score, and by summing the negative and positive usefulness subscale scores to create a general usefulness score. For this study, the two general emotion belief composite scores were examined, rather than the four subscale scores, allowing for a broader exploration of how cultural and contextual factors shape emotion perception and regulation practices across diverse populations. In the validation study of the EBQ, psychometric analyses revealed good levels of internal consistency, indicating that the questionnaire is a reliable measure for predicting beliefs about emotions when compared to similar measures (Becerra, Preece, & Gross, 2020). For the current sample in this study, the Cronbach's alpha coefficient for the EBQ was found to be 0.79 for controllability beliefs and 0.76 for usefulness beliefs, indicating an acceptable level of internal consistency for both emotion belief subtests.

Cultural socialization attitudes. The Cultural Socialization Attitudes Measure (CSAM; Derlan et al., 2016) was used to measure caregivers’ attitudes towards the importance of socializing their children in accordance with their cultural values. The CSAM includes five items

that prompt parents to rate the importance of socializing their child about their culture on a five-point Likert scale, ranging from ‘strongly disagree’ (1) to ‘strongly agree’ (5). Examples of item prompts include statements such as ‘it is important to me that my child learns about our ethnic/cultural background’ and ‘it is important to me that my child learns about the values and beliefs of our ethnic/cultural background’. The CSAM is scored by summing all item ratings, with higher scores indicating more positive attitudes regarding the importance of culturally socializing their children. Psychometric analyses conducted during the CSAM’s validation study demonstrated consistent convergent validity, support for internal consistency, and good reliability in assessing cultural socialization attitudes. Moreover, researchers have identified the CSAM as a reliable measure for gaining insights into the factors influencing parents’ socialization behaviors (Derlan et al., 2016). For the current sample, the Cronbach's alpha coefficient for the CSA was found to be 0.92, indicating high level of internal consistency.

ERSBs. To assess caregivers’ utilization of emotion-related socialization behaviors, the EMA portion of the study asked caregivers about their recent interactions with their child over the past 4 hours. If they had interacted, they were asked to identify the predominant emotion their child had expressed from a list of 19 options, including joyful, angry, accomplished, irritable, grateful, worried, content, stressed, strong, sad, proud, lonely, interested, hopeless, excited, guilty, attentive, frustrated, and empty (Kerr et al., 2021). Subsequently, caregivers were prompted to indicate which regulation strategies they employed with their child. The options included no regulation, in addition to the following regulation strategies:

Table 1

List of Emotion-Related Socialization Behaviors

ERSB	Expressive/Suppressive	Example Provided
Cognitive Reappraisal	Expressive	I offered my child other ways to interpret the situation (e.g., explained reasoning)
Suppression	Suppressive	I verbally encouraged my child to change their emotion (e.g., "don't cry")
Situation Modification	Suppressive	I physically changed the situation (e.g., hid broken toy so my child couldn't see it, removed child from environment)
Negative Distraction	Suppressive	I encouraged my child to do something more productive (e.g., pick up toys)
Positive Distraction	Suppressive	I encouraged my child to do something pleasant (e.g., watch cartoons)
Acceptance	Expressive	I expressed to my child that it was OK to feel their emotion
Ignore	Suppressive	I ignored my child's behavior or feelings
Labeling	Expressive	I verbally provided a label for the emotion (e.g., "you're feeling sad")
Social Share	Expressive	I encouraged my child to share how they were feeling (e.g., "tell me more")

Data Analysis

The following caregiver variables were analyzed in the present study to answer the previously stated hypotheses: fixed emotion beliefs (i.e., controllability and usefulness), cultural values (i.e., conservation and self-transcendence), cultural socialization attitudes, and emotion-related socialization behaviors (i.e., expressive and suppressive). Prior research has demonstrated that parents may adapt their socialization practices based on developmental considerations and gender stereotypes (Chaplin et al., 2005; Eisenberg & Mussen, 1989), therefore, child age and gender were only included as control variables when assessing the caregivers' use of ERSBs.

Data cleaning and reduction took place at both the subject and measurement occasion level. At the subject level, no participants were removed based on EMA response rates due to the argument that there is no detriment associated with retaining low responders in EMA data (Chow

& Hara, 2010). At the measurement occasion level, given my emphasis on exploring the influence of parental factors on ERSBs, only check-ins where caregivers reported using one of the "suppressive" or "expressive" ERSBs were retained. Overall, seven observations were deleted from analyses examining caregivers' use of ERSBs due to missing data. This deletion was implemented according to the listwise deletion method, which identifies participants with missing values in the dependent variable. As a result, the sample size used in this portion of the analysis was reduced to $N = 191$, consisting of only participants who obtained an expressive and suppressive ERSB score (i.e., responded to at least one emotion check-in). A comparison of groups confirmed that this sample was not significantly different from the cases included in the first analysis, with regard to demographic variables, emotion beliefs, cultural values, and cultural socialization attitudes.

Table 2

Sociodemographic Characteristics of Participants

	Caregiver		**Child**	
Variable	***n***	***%***	***n***	***%***
Gender				
Female	190	96	85	43
Male	7	3.5	110	55.5
Non-Binary	1	.5	1	.5
Undisclosed	0	0	2	1
Ethnicity/Race				
White	163	82	150	76
Black	13	7	10	5
Asian	6	3	5	2.5
American Indian	0	0	1	.5
Mixed	8	4	28	14
Other	8	4	4	2
Hispanic/Latine				
Yes	35	82	45	23
No	163	18	153	77

Note. $N = 198$. Caregivers were on average 34 years old ($SD = 5.69$, $r = 23$-65), and children were on average 3 years old ($SD = 1.12$, $r = 0$-6).

Table 3

Caregiver Education Level

Variable	***n***	***%***
High School or Equivalent	23	12
Associates	27	14
Bachelors	82	41
Masters	47	24
Doctorate	9	4
Professional (MD, JD, DDS)	4	2
Other	6	3
N = 198, M = 2.14, SD = 1.29, r = 0-6		

Note. **Education level** (0 = *high school diploma or equivalent*, 1 = *associate's degree*, 2 = *bachelor's degree*, 3 = *master's degree*, 4 = *doctorate's degree*, 5 = *professional degree* (e.g., MD, JD, DDS), 6 = *other*) was dummy coded with high school diploma or equivalent as the reference group.

A descriptive analysis on participant demographics (see Table 2) and variables of interest (see Table 4) indicated acceptable skew (between the values of -1 and 1) and kurtosis (between the values of -3 and 3; Hair et al., 2010), no signs of multicollinearity between variables, and no concerning outliers or unequal population variance in cultural values. A calculation of the percentage of caregivers' perceived child affective states during emotion check-ins revealed a relatively low frequency of reported negative affective states, with only 33% of reported emotions being negative. Since we recruited a low-risk, community sample of primary caregivers of young children across the United States for the present study, I decided to assess general beliefs about the usefulness of both positive and negative emotions combined, rather than as separate specific beliefs about the usefulness of negative emotions and positive emotions, independent of one another. Additionally, using G*Power (v. 3.1), I conducted post hoc sensitivity analyses to determine the smallest effect size the present sample was appropriately powered to detect at an alpha of .05 and power of .8. These are reported for each research

question separately. Throughout my analyses, I addressed each research question with a linear regression using $\alpha = .05$. Multiple comparisons corrections were performed within each hypothesis using the Benjamini-Hochberg method.

Table 4

Descriptive Statistics for Study Variables

Variable	*n*	*M*	*SD*	Min	Max	Range
Emotion Beliefs						
Controllability Beliefs	198	-7.19	6.04	-30.00	0.00	30.00
Usefulness Beliefs	198	-5.20	5.44	-24.00	0.00	24.00
Cultural Values						
Conservation Values	198	0.88	0.97	-1.93	3.14	5.07
Self-Transcendence Values	198	-0.38	0.74	-2.72	1.67	4.39
Socialization Attitudes	198	3.67	0.88	1.20	5.00	3.80
ERSBs						
Expressive	191	1.46	0.65	0.00	4.00	4.00
Suppressive	191	1.04	0.37	0.00	3.00	3.00

RQ1 Analyses. To determine to what extent and in what manner caregivers' higher order cultural values (i.e., conservation and self-transcendence) explained variation in caregivers' respective emotion beliefs (i.e., controllability and usefulness) reported in the current study, I conducted I conducted two separate multiple regressions using controllability beliefs and usefulness beliefs as dependent variables, respectively.

RQ2 Analyses. To determine if caregivers' cultural values (i.e., conservation and self-transcendence) and emotion beliefs (i.e., controllability and usefulness) were significantly associated with caregivers' reported use of ERSBs, I conducted a total of four stepwise linear regressions, using expressive and suppressive ERSBs as respective dependent variables. Each regression model involved adding or removing potential explanatory variables in succession, comparing models to their predecessor, and testing statistical significance after each iteration.

RQ3 Analyses. To test the moderating effects of cultural socialization attitudes on the relationship between cultural values and emotion beliefs and caregivers' ERSBs, I conducted

four separate multiple regressions. Each regression model included two interaction terms representing the product of (1) cultural values and cultural socialization attitudes and (2) emotion beliefs and cultural socialization attitudes, as they relate to caregivers' use of expressive and suppressive ERSBs, respectively. Specific to this analysis, the following independent variables were included in every regression model: (1) child age; (2) child gender; (3) cultural socialization attitudes; (4) controllability beliefs; (5) usefulness beliefs; (6) conservation values; and (7) self-transcendence values.

CHAPTER IV

RESULTS

RQ1: What is the relationship between caregiver cultural values and emotion beliefs?

The first regression analysis was used to test if conservation- and self-transcendence-related cultural values significantly accounted for variance in caregivers' controllability emotion beliefs. Together, conservation cultural values and self-transcendence cultural values explained only 1.62% of the variance in controllability emotion beliefs ($R^2 = 0.016$, $F(2,195) = 1.608$, $p = .203$). Neither conservation values nor self-transcendence values were significantly associated with controllability emotion beliefs (p-values > .05).

The second regression analysis was used to test if conservation- and self-transcendence-related cultural values were significantly associated with caregivers' usefulness emotion beliefs. The results of the regression indicated that the two cultural value dimensions explained 13.8% of the variance in usefulness emotion beliefs (see Table 5). The p-value demonstrated that conservation values and self-transcendence values, together, accounted for a statistically significant amount of the variance in usefulness beliefs ($R^2 = 0.138$, $F(2,195) = 15.61$, $p < .001$). It was found that conservation values were significantly and negatively associated with usefulness emotion beliefs ($p < .001$), with every one unit increase in conservation values associated with a 1.88 decrease in usefulness beliefs, holding other variables constant. Similarly, self-transcendence values were significantly and positively associated with usefulness emotion beliefs ($p = .005$), with every one unit increase in self-transcendence values associated with a 1.41 increase in usefulness beliefs, holding other variables constant.

Table 5

Linear Regressions Predicting Emotion Beliefs as a Function of Cultural Values

Model	*B*	*SE*	*t*	*p*	*95% CI*	sr^2	$\sqrt{VIF}$
Controllability Beliefs							
Intercept	-6.435	0.632	-10.18	<.001	-7.681, -5.188		
Conservation	-0.474	0.443	-1.070	0.286	-1.346, 0.399	0.006	1.005
Self-Transcendence	0.894	0.582	1.535	0.126	-0.255, 2.042	0.012	1.005
$F(2, 195) = 1.608$, $p = .203$, $R^2 = 0.016$, Adj. $R^2 = 0.006$, $SEE = 6.018$							
Usefulness Beliefs							
Intercept	-3.013	0.533	-5.653	<.001	-4.064, -1.962		
Conservation	-1.884	0.373	-5.049	<.001	-2.620, -1.148	0.113	1.005
Self-Transcendence	1.407	0.491	2.867	.005	0.439, 2.375	0.036	1.005
$F(2, 195) = 15.61$, $p < .001$, $R^2 = 0.138$, Adj. $R^2 = 0.129$, $SEE = 5.074$							

A post hoc sensitivity analysis revealed that these models (with 2 predictors each) were powered to detect small effect sizes greater to or larger than $f^2 = 0.049$. Following Funder & Ozer's (2019) benchmarks for interpreting effect sizes in psychological research (i.e., $r = .05$ considered very small, .10 considered small, .20 considered medium, .30 considered large, and .40 considered very large), the linear relationships between usefulness emotion beliefs and conservation cultural values presented as large, while the remaining variables exhibited a small to very small association with each other (see Figure 3). The controllability belief scores demonstrated a variance of 36.44, while the usefulness belief scores exhibited a variance of 29.56. These findings indicate considerable variability among caregivers' emotion belief scores in the sample, thereby providing ample opportunities to discern differences or associations in the analyses. There was also no sign of multicollinearity between variables, with the standard error for cultural values being 1.01 times as large as it should be (Hair, Anderson, Tatham, & Black, 1995). The assumption of homoscedasticity was met as indicated by the scatterplot of standardized residuals against predicted values. A boxplot of emotion beliefs indicated that there were two outliers for controllability beliefs and three outliers for usefulness beliefs. However,

Cook's Distance confirmed that the points were not overly influential on the regression line, using a cut-off of 0.5 (Cook, 1977).

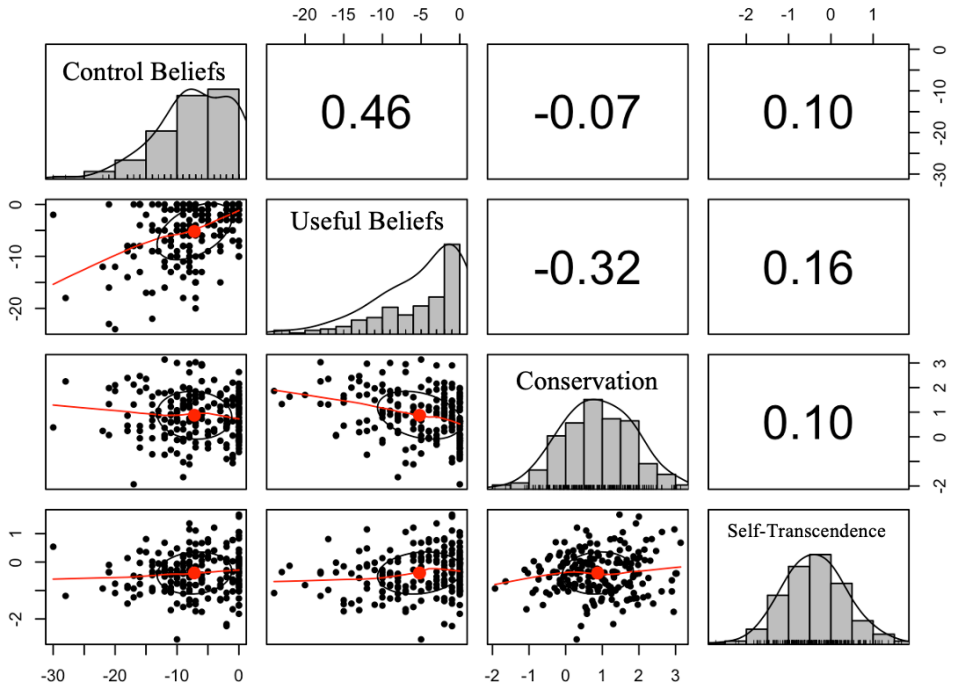

Figure 3. Scatter plots of emotion beliefs predicted by conservation and self-transcendence cultural values.

RQ2: How do caregiver cultural values and emotion beliefs predict the use of ERSBs?

I conducted two stepwise linear regressions, using expressive and suppressive ERSBs as respective dependent variables, to determine if caregivers' cultural values (i.e., conservation and self-transcendence) and emotion beliefs (i.e., controllability and usefulness) were significantly associated with caregivers' reported use of ERSBs in the current study.

Expressive ERSBs. The first step included child age and gender as control variables. The effects of age and gender alone did not account for a statistically significant amount of variance in caregivers' use of expressive ERSBs (p = .154). The second step, which included emotion beliefs, demonstrated that adding emotion beliefs statistically significantly explained more

variance in caregivers' use of expressive ERSBs ($R^2 = 0.092$, $F(6, 184) = 3.107$, $p = .004$). Usefulness emotion beliefs emerged as a statistically significant predictor ($\beta = 0.033$, $p = .001$). In step three, adding caregivers' conservation cultural values and self-transcendence cultural values explained an additional 5.1% of average variance in expressive ERSB usage and explained statistically significantly more variance in the use of expressive ERSBs than Model 2. Combined, the variables accounted for 14% of the variance in caregivers' use of expressive ERSBs (see Table 6).

Table 6

Stepwise Regression Predicting Caregivers' Expressive ERSBs as a Function of Cultural Values and Emotion Beliefs

Predictor	***B***	***SE***	***t***	***p***	***95% CI***	***sr²***	***√VIF***	***ΔR²***
Model 1								
Intercept	1.758	0.156	11.283	< .001	1.451, 2.065			
Age	-0.044	0.041	-1.073	0.285	-0.124, 0.037	0.005	1.019	
Gender $_{\text{Male}}$	0.088	0.090	0.980	0.329	-0.089, 0.265	0.153	1.027	
Gender $_{\text{Non-Binary}}$	0.983	0.625	1.573	0.117	-0.250, 2.215	0.153	1.027	
Gender $_{\text{Undisclosed}}$	0.136	0.440	0.309	0.758	-0.732, 1.003	0.153	1.027	
Model 2								0.057
EBQ $_{\text{Controllability}}$	-0.007	0.008	-0.810	0.419	-0.023, 0.010	0.003	1.074	
EBQ $_{\text{Usefulness}}$	0.021	0.010	2.088	0.038	0.001, 0.042	0.021	1.110	
Model 3								0.051
SSVS $_{\text{Conservation}}$	-0.153	0.049	-3.127	0.002	-0.249, -0.056	0.046	1.036	
SSVS $_{\text{Self-Transcendence}}$	0.096	0.063	1.527	0.128	-0.028, 0.219	0.011	1.025	

$F(8, 182) = 3.796$, $p < .001$, $R^2 = 0.143$, Adj. $R^2 = 0.105$, $SEE = 0.610$

To test the potential interaction effects of values and beliefs on caregivers' use of expressive ERSBs, I incorporated an interaction term between conservation cultural values and usefulness emotion beliefs in Model 4. The results indicated that including the interaction term explained an additional 0.9% of variance in the use of expressive ERSBs, however the difference in fit between the two models was not statistically significant ($p = .153$). I then created an interaction term between self-transcendence cultural values and usefulness emotion beliefs in

Model 5. A comparison of models showed that including this interaction explained less than 0.004% additional variance in expressive ERSBs and did not account for significantly more variance in expressive ERSB use (p = .823).

Table 7

Stepwise Regression Predicting Caregivers' Expressive ERSBs as a Function of the Interaction Between Cultural Values and Emotion Beliefs

Predictor	***B***	***SE***	***t***	***p***	***95% CI***	***sr²***	***√VIF***	***ΔR²***
Model 1								
Intercept	1.825	0.164	11.136	< .001	1.501, 2.148			
Age	-0.043	0.041	-1.046	0.297	-0.123, 0.038	0.005	1.020	
Gender $_{\text{Male}}$	0.081	0.090	0.904	0.367	-0.096, 0.259	0.153	1.006	
Gender $_{\text{Non-Binary}}$	0.870	0.629	1.382	0.169	-0.372, 2.112	0.153	1.006	
Gender $_{\text{Undisclosed}}$	0.141	0.440	0.320	0.749	-0.727, 1.008	0.153	1.006	
Model 2								0.057
EBQ $_{\text{Controllability}}$	-0.007	0.008	-0.812	0.418	-0.023, 0.010	0.003	1.074	
EBQ $_{\text{Usefulness}}$	0.038	0.016	2.368	0.019	0.006, 0.070	0.021	1.390	
Model 3								0.051
SSVS $_{\text{Conservation}}$	-0.220	0.068	-3.256	0.001	-0.354, -0.087	0.046	1.220	
SSVS $_{\text{Self-Transcendence}}$	0.115	0.086	1.331	0.185	-0.055, 0.285	0.011	1.204	
Final Model								
Conservation x Usefulness	-0.013	0.009	-1.435	0.153	-0.031, 0.005	0.010	1.455	0.010
Self-Tran x Usefulness	0.003	0.013	0.224	0.823	-0.022, 0.027	0.000	1.285	< .001

$F(10, 180) = 3.248$, $p < .001$, $R^2 = 0.153$, Adj. $R^2 = 0.106$, $SEE = 0.610$

The final model explained 15.3% of the variance in expressive ERSBs (see Table 7). The p-value demonstrated that this model was statistically significant ($p < .001$). Two individual factors emerged as statistically significantly associated with expressive ERSB use: usefulness emotion beliefs and conservation cultural values. Above all other factors, an increase in usefulness emotion beliefs was associated with an increase in the use of expressive ERSBs by 0.038 units (p = 0.019). Conservation cultural values exhibited a negative coefficient of β = -0.220 (p = 0.001), indicating that an increase in conservation values is associated with a decrease in the use of expressive ERSBs by .22 units, controlling for other factors. However, the p-values

for controllability emotion beliefs and self-transcendence cultural values suggest that they did not explain a statistically significant amount of variance in caregivers' use of expressive ERSBs.

A scatterplot of linear relationships between cultural values, emotion beliefs, and use of expressive ERSBs revealed that cultural values and emotion beliefs had a very small to medium linear relationship with the use of expressive ERSBs (see Figure 4). A check for homoscedasticity showed a relatively equal spread of variance at predicted values. A boxplot of caregivers' expressive ERSB use revealed four outliers in the sample. Using a Cook's Distance cut-off of 0.5, confirmed the four outliers were not overly influential points (Cook, 1977). A post hoc sensitivity analysis revealed that the final model (with 191 participants) was powered to detect small effect sizes greater to or larger than $f^2 = 0.051$.

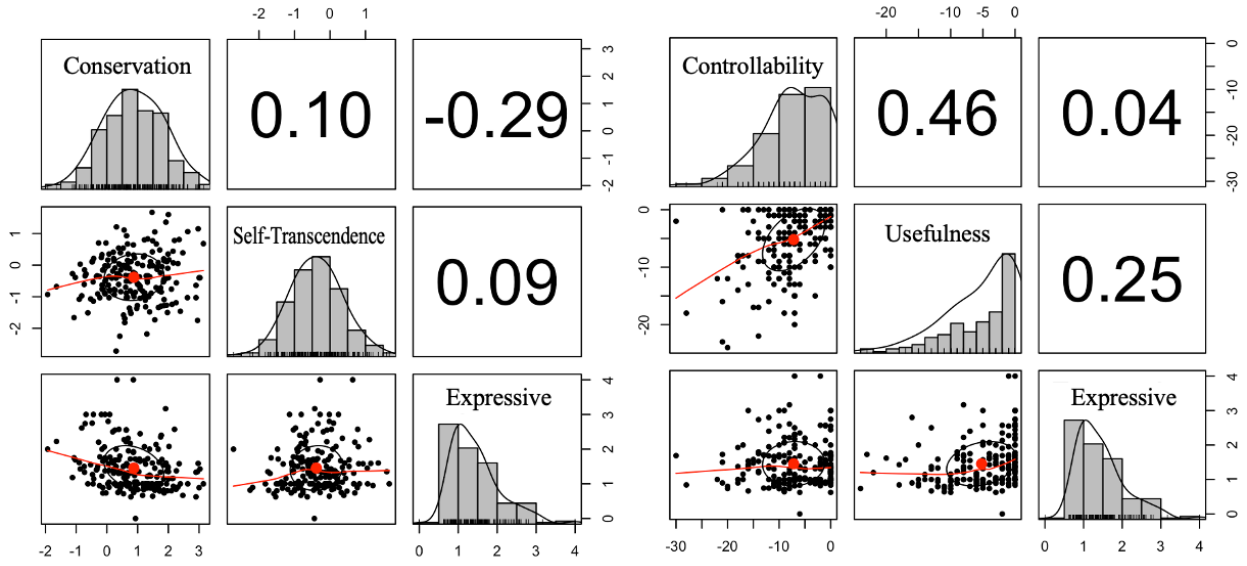

Figure 4. Scatterplots demonstrating linear relationships between cultural values (left) and emotion beliefs (right).

Suppressive ERSBs. The first step included child age and gender as control variables. The effects of age demonstrated a statistically significant association with caregivers' use of suppressive ERSBs ($\beta = -.053$, $p = .024$), however the overall model did not explain a

statistically significant amount of variance in caregivers' suppressive ERSB use ($R^2 = 0.047$, $F(4, 186) = 2.275$, $p = .063$). The second step determined that adding emotion beliefs to the model did not statistically significantly explain more variance in caregivers' use of suppressive ERSBs ($p = .160$). However, child age continued to demonstrate a statistically significant negative association with suppressive ERSBs ($\beta = -.053$, $p = .027$). Step three of the regression included caregivers' conservation cultural values and self-transcendence cultural values and explained an additional 1.3% of average variance in suppressive ERSBs ($R^2 = 0.062$, $F(8, 182) = 1.515$, $p = .155$). However, including cultural values to the regression model did not explain statistically significantly more variance in the use of suppressive ERSBs ($p = 0.262$).

To test interaction effects, I created an interaction term between conservation cultural values and controllability emotion beliefs in Model 4. The relationship between conservation values and controllability beliefs explained an additional .5% of the variance in caregivers' use of suppressive ERSBs, however it did not contribute to a statistically significant amount of variance in the use of suppressive ERSBs ($R^2 = 0.067$, $F(9, 181) = 1.434$, $p = .176$). In the next step, I added an interaction term between self-transcendence cultural values and usefulness emotion beliefs. A comparison of models revealed that this interaction did not explain a statistically significantly additional amount of variance in suppressive ERSB use ($p = .399$). Although the interaction terms did not significantly improve model fit, they may still contribute to the overall model's interpretability and explanatory power, and therefore were included in the final model.

Table 8

Stepwise Regression Predicting Caregivers' Suppressive ERSBs as a Function of Cultural Values and Emotion Beliefs

Predictor	*B*	*SE*	*t*	*p*	*95% CI*	sr^2	$\sqrt{VIF}$	ΔR^2
Model 1								
Intercept	1.259	0.095	13.189	< .001	1.071, 1.447			
Age	-0.053	0.025	-2.118	0.036	-0.102, -0.004	0.023	1.031	
Gender $_{\text{Male}}$	0.055	0.053	1.031	0.304	-0.050, 0.160	0.019	1.006	
Gender $_{\text{Non-Binary}}$	-0.104	0.373	-0.278	0.782	-0.841, 0.633	0.019	1.006	
Gender $_{\text{Undisclosed}}$	0.433	0.262	1.655	0.100	-0.083, 0.950	0.019	1.006	
Model 2								0.002
EBQ $_{\text{Controllability}}$	0.007	0.006	1.056	0.292	-0.006, 0.019	0.006	1.216	
EBQ $_{\text{Usefulness}}$	-0.000	0.007	-0.043	0.966	-0.014, 0.014	0.000	1.199	
Model 3								0.013
SSVS $_{\text{Conservation}}$	-0.076	0.046	-1.650	0.101	-0.167, 0.015	0.015	1.307	
SSVS $_{\text{Self-Transcendence}}$	0.065	0.051	1.271	0.206	-0.036, 0.166	0.008	1.203	
Final Model								
Conservation x Control	-0.004	0.005	-0.865	0.388	-0.013, 0.005	0.004	1.424	.005
Self-Tran x Usefulness	0.006	0.007	0.846	0.399	-0.008, 0.021	0.004	1.285	.003

$F(10, 180) = 1.36$, $p = .202$, $R^2 = 0.070$, Adj. $R^2 = 0.019$, $SEE = 0.363$

Note. All statistics reported above are from the final model. Seven participants were removed from this analysis due to having missing ERSB data.

The final model explained 7% of the variance in caregivers' suppressive ERSBs (see Table 8). The *p*-value demonstrated that this model was not practically significant nor statistically significant ($p = .202$). Child age emerged as the only statistically significant variable ($p = 0.036$), indicating that older age is associated with fewer suppressive ERSBs. This finding suggests that, although it is not one of a primary focus of the study, child age is an important factor to consider in understanding caregivers' use of suppressive ERSBs. The *p*-values for cultural values and emotion beliefs did not demonstrate statistically significant effects on caregivers' use of suppressive ERSBs. A scatterplot of linear relationships between cultural values, emotion beliefs, and use of suppressive ERSBs revealed that cultural values and emotion beliefs had very small to small linear relationships with the use of suppressive ERSBs (see Figure 5). A check for homoscedasticity showed an equal spread of variance at predicted values. A boxplot of caregivers' suppressive ERSB use revealed seven outliers in the sample. Using a Cook's Distance cut-off of 0.5, confirmed the outliers were not overly influential points (Cook,

1977). This final model was also appropriately powered to detect small effect sizes greater to or larger than $f^2 = 0.051$.

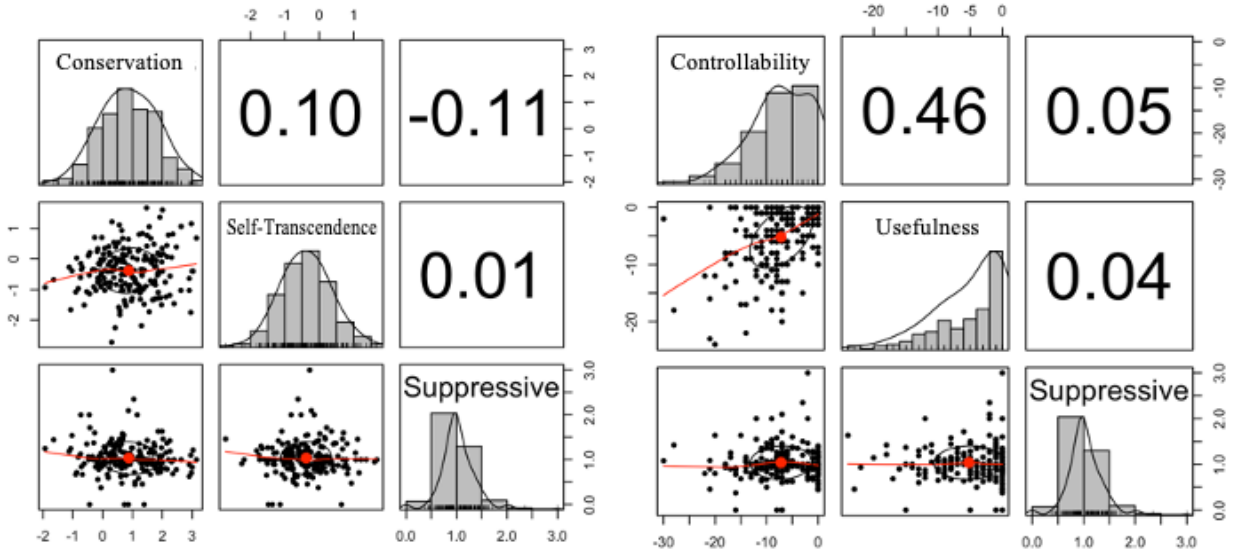

Figure 5. Scatterplots demonstrating linear relationships between cultural values (left) and emotion beliefs (right).

RQ3: How is the association between cultural values and emotion beliefs on ERSBs moderated by caregivers' cultural socialization attitudes?

A multiple regression analysis was conducted to examine the moderating effects of cultural socialization attitudes on the relationship between cultural values and emotion beliefs and caregivers' ERSBs.

Expressive ERSBs. The first regression analysis focused on how cultural socialization attitudes moderated the association between emotion beliefs and caregivers' use of expressive ERSBs. The overall model was statistically significant, $F(10, 180) = 3.042$, $p = .001$, indicating that the variables collectively accounted for a significant amount of variance in caregivers' expressive ERSBs (see Table 9). However, the interaction terms did not significantly contribute to the model's explanatory power ($\Delta R^2 = .002$, $p = .849$), suggesting that the interaction effects

were not statistically significant. Upon examining the individual coefficients, neither interaction terms were found to be statistically significantly associated with expressive ERSBs, above and beyond the other predictors (*p*-values > .05).

Table 9

Moderation Effect of Cultural Socialization Attitudes on the Relationship Between Emotion Beliefs and Expressive ERSBs

Predictor	***B***	***SE***	***t***	***p***	***95% CI***	***sr²***	***√VIF***
Intercept	1.739	0.161	10.796	< .001	1.421, 2.057		
Age	-0.039	0.042	-0.928	0.355	-0.122, 0.044	0.004	1.066
Gender $_{\text{Male}}$	0.088	0.090	0.976	0.330	-0.090, 0.266	0.017	1.018
Gender $_{\text{Non-Binary}}$	1.059	0.644	1.645	0.102	-0.212, 2.329	0.017	1.018
Gender $_{\text{Undisclosed}}$	0.139	0.442	0.316	0.753	-0.732, 1.011	0.017	1.018
EBQ $_{\text{Controllability}}$	-0.023	0.036	-0.655	0.513	-0.094, 0.047	0.002	1.264
EBQ $_{\text{Usefulness}}$	0.030	0.047	0.641	0.523	-0.062, 0.123	0.002	1.344
SSVS $_{\text{Conservation}}$	-0.149	0.050	-2.975	**0.003**	-0.248, -0.050	0.042	1.109
SSVS $_{\text{Self-Transcendence}}$	0.094	0.065	1.447	0.150	-0.034, 0.222	0.010	1.091
Interactions							
Controllability x Attitudes	0.004	0.009	0.486	0.628	-0.013, 0.022	0.001	1.043
Usefulness x Attitudes	-0.002	0.012	-0.186	0.852	-0.025, 0.021	0.000	1.043

$F(10, 180) = 3.042$, $p = .001$, $R^2 = 0.145$, Adj. $R^2 = 0.097$, $SEE = 0.613$

The second regression analysis focused on how cultural socialization attitudes moderated the association between cultural values and caregivers' use of expressive ERSBs. The model as a whole was statistically significant, $F(10, 180) = 3.105$, $p = .001$, suggesting that the combined variables significantly contributed to explaining variance in caregivers' expressive ERSBs (see Table 10). However, the inclusion of interaction terms did not significantly contribute to the model's explanatory power ($\Delta R^2 = .004$, $p = .647$), indicating that the interaction effects were not statistically significant. Further examination of individual coefficients revealed that neither of the interaction terms reached statistical significance (*p*-values > .05).

Table 10

Moderation Effect of Cultural Socialization Attitudes on the Relationship Between Cultural Values and Expressive ERSBs

Predictor	***B***	***SE***	***t***	***p***	***95% CI***	***sr²***	***√VIF***
Intercept	1.751	0.159	11.044	< .001	1.438, 2.064		
Age	-0.041	0.041	-0.987	0.325	-0.123, 0.041	0.005	1.064
Gender $_{\text{Male}}$	0.075	0.094	0.797	0.427	-0.110, 0.260	0.013	1.030
Gender $_{\text{Non-Binary}}$	0.953	0.632	1.508	0.133	-0.294, 2.201	0.013	1.030
Gender $_{\text{Undisclosed}}$	0.129	0.442	0.292	0.771	-0.743, 1.000	0.013	1.030
EBQ $_{\text{Controllability}}$	-0.006	0.008	-0.706	0.481	-0.023, 0.011	0.002	1.172
EBQ $_{\text{Usefulness}}$	0.020	0.010	1.909	0.058	-0.001, 0.040	0.017	1.269
SSVS $_{\text{Conservation}}$	0.009	0.199	0.046	0.964	-0.384, 0.403	0.000	1.162
SSVS $_{\text{Self-Transcendence}}$	0.048	0.247	0.194	0.846	-0.439, 0.535	0.000	1.126
Interactions							
Conservation x Attitudes	-0.042	0.052	-0.816	0.415	-0.144, 0.060	0.003	1.045
Self-Transcendence x Attitudes	0.009	0.064	0.142	0.887	-0.117, 0.135	0.000	1.045

$F(10, 180) = 3.105$, $p = .001$, $R^2 = 0.147$, Adj. $R^2 = 0.010$, $SEE = 0.612$

Suppressive ERSBs. The third regression analysis aimed to explore the moderating effect of cultural socialization attitudes on the association between emotion beliefs and caregivers' use of suppressive ERSBs. The overall model yielded non-significant results, with $F(10, 180) = 1.276$, $p = .247$, indicating that the combined variables did not significantly explain the variance in caregivers' suppressive ERSBs (see Table 11). Additionally, the analysis revealed that the inclusion of interaction terms did not contribute significantly to the model's explanatory power ($\Delta R^2 = .004$, $p = .698$). This indicates that the interaction effects were not statistically significant. Further examination of the individual coefficients confirmed that neither of the interaction terms reached statistical significance (p-values > .05).

Table 11

Moderation Effect of Cultural Socialization Attitudes on the Relationship Between Emotion Beliefs and Suppressive ERSBs

Predictor	***B***	***SE***	***t***	***p***	***95% CI***	sr^2	$\sqrt{VIF}$
Intercept	1.247	0.095	13.063	< .001	1.059, 1.436		
Age	-0.060	0.025	-2.396	0.018	-0.109, -0.010	0.030	1.066
Gender $_{\text{Male}}$	0.053	0.054	0.990	0.323	-0.053, 0.159	0.018	1.018
Gender $_{\text{Non-Binary}}$	-0.151	0.382	-0.397	0.692	-0.904, 0.602	0.018	1.018
Gender $_{\text{Undisclosed}}$	0.413	0.262	1.576	0.117	-0.104, 0.930	0.018	1.018
EBQ $_{\text{Controllability}}$	0.004	0.021	0.188	0.851	-0.038, 0.046	0.000	1.264
EBQ $_{\text{Usefulness}}$	0.009	0.028	0.331	0.741	-0.046, 0.064	0.001	1.344
SSVS $_{\text{Conservation}}$	-0.049	0.030	-1.639	0.103	-0.107, 0.010	0.014	1.109
SSVS $_{\text{Self-Transcendence}}$	0.041	0.038	1.071	0.285	-0.035, 0.117	0.006	1.091
Interactions							
Controllability x Attitudes	-0.000	0.005	-0.052	0.959	-0.011, 0.010	0.000	1.043
Usefulness x Attitudes	-0.003	0.007	-0.494	0.622	-0.017, 0.010	0.001	1.043

$F(10, 180) = 1.276$, $p = .247$, $R^2 = 0.066$, Adj. $R^2 = 0.014$, $SEE = 0.363$

The fourth regression analysis focused on how cultural socialization attitudes moderated the association between cultural values and caregivers' use of suppressive ERSBs. The overall model was not statistically significant, $F(10, 180) = 1.293$, $p = .237$, indicating that the predictors did not account for a significant amount of variance in caregivers' suppressive ERSBs (see Table 12). Adding the interaction terms to the regression model did not significantly contribute to the model's explanatory power ($p = .643$), and only explained an additional .46% of the variance in caregivers' use of suppressive ERSBs. Upon examining the individual coefficients, neither interaction terms were found to be statistically significant (p-values > .05). A post hoc sensitivity analysis revealed that all these models were appropriately powered to detect small effects greater to or larger than $f^2 = 0.052$.

Table 12

Moderation Effect of Cultural Socialization Attitudes on the Relationship Between Cultural Values and Suppressive ERSBs

Predictor	***B***	***SE***	***t***	***p***	***95% CI***	sr^2	$\sqrt{VIF}$
Intercept	1.221	0.094	12.973	< .001	1.035, 1.406		
Age	-0.056	0.024	-2.292	0.023	-0.104, -0.008	0.027	1.064
Gender $_{\text{Male}}$	0.068	0.056	1.225	0.222	-0.042, 0.178	0.020	1.030
Gender $_{\text{Non-Binary}}$	-0.088	0.375	-0.236	0.814	-0.829, 0.652	0.020	1.030
Gender $_{\text{Undisclosed}}$	0.431	0.262	1.645	0.102	-0.086, 0.948	0.020	1.030
EBQ $_{\text{Controllability}}$	0.003	0.005	0.675	0.500	-0.007, 0.013	0.002	1.172
EBQ $_{\text{Usefulness}}$	-0.004	0.006	-0.632	0.528	-0.016, 0.008	0.002	1.269
SSVS $_{\text{Conservation}}$	-0.135	0.118	-1.138	0.257	-0.368, 0.099	0.007	1.162
SSVS $_{\text{Self-Transcendence}}$	-0.062	0.146	-0.426	0.671	-0.351, 0.227	0.001	1.126
Interactions							
Conservation x Attitudes	0.025	0.031	0.819	0.414	-0.035, 0.086	0.004	1.045
Self-Transcendence x Attitudes	0.027	0.038	0.719	0.473	-0.048, 0.102	0.003	1.045

$F(10, 180) = 1.293$, $p = .237$, $R^2 = 0.067$, Adj. $R^2 = 0.015$, $SEE = 0.363$

CHAPTER V

DISCUSSION

The primary goal of the current study was to examine the cultural differences in caregivers' emotion-related beliefs and socialization behaviors. Using individual caregiver factors, such as cultural values at the person level, fixed emotion beliefs, and cultural socialization attitudes, I tested the following questions:

1.) What is the relationship between caregivers' cultural values and emotion beliefs?
2.) How do caregiver cultural values and emotion beliefs predict the use of ERSBs?
3.) How is the association between cultural values and emotion beliefs on ERSBs moderated by caregiver's cultural socialization attitudes?

Research Question 1

The relationship between caregivers' cultural values and their emotion beliefs provided insight into how cultural orientations shape individuals' perceptions of emotions. The findings revealed that conservation values were negatively associated with usefulness emotion beliefs, while self-transcendence values were positively associated with usefulness emotion beliefs. In other words, caregivers aligned with personal values emphasizing tradition, conformity, and humility tended to perceive emotions as less useful, whereas those embracing values related to universalism and benevolence expressed a higher belief in the utility of emotions, whether negative or positive. These results not only validate the associations I hypothesized but also underscore the distinct relationships between the two higher-order cultural value dimensions and usefulness emotion beliefs. Specifically, the association between conservation values and usefulness beliefs demonstrates how individuals strongly oriented towards conservation-related values may view emotions as disruptive to established norms and routines, regardless of the

emotion being expressed. Consequently, they may prioritize emotional restraint as a means of preserving social harmony and minimizing conflict, ultimately diminishing the perceived value in the usefulness of emotions (Mauss et al., 2010).

In contrast, individuals high in self-transcendence values are motivated by a sense of interconnectedness with others and a desire to contribute to the greater good (Schwartz, 2012), therefore, they are more likely to perceive emotions as valuable tools for understanding others' needs, providing social support, and promoting collective well-being. In addition, self-transcendence values have been recently linked to social justice, equality, and fairness, with some individuals high in self-transcendence values viewing emotions as powerful catalysts for social change and advocacy, raising awareness of community issues, and fostering empathy and understanding across diverse social groups (Heilman & Kusev, 2020).

Supporting my hypothesis, self-transcendence-related cultural values did not exhibit a significant association with controllability emotion beliefs. In other words, while individuals who endorse self-transcendence values may prioritize understanding and empathizing with others' emotions, they might not strongly believe in the malleability of emotions. This discrepancy could be explained by their dedication to the welfare of ingroup members, which may lead them to focus more on interconnectedness and collective well-being rather than on their own abilities for emotional regulation. As a result, they may not place as much emphasis on beliefs about personal emotion control, leading to a lack of significant association with controllability emotion beliefs.

Contrary to my hypothesis, no significant association was found between conservation-related cultural values and controllability emotion beliefs. Despite the expectation that individuals with higher conservation values would prioritize emotional control to adhere to social

norms (Hu & Huang, 2009; Schwartz, 2012), it is plausible that their commitment to tradition may hinder their openness to change, including acquiring new skills for emotion management (Dweck, 2006). Individual factors such as coping skills, self-efficacy and life experiences may exert stronger, varied influence on controllability emotion beliefs (Bandura, 2012), especially for those with limited self-regulation skills who may face challenges with emotional control in the absence of effective coping mechanisms (Doménech et al., 2024; Trommsdorff & Cole, 2011). Thus, factors beyond cultural values may play a significant role in shaping controllability beliefs, particularly when concerning one's own emotional control.

Research Question 2

The investigation into the relationship between caregiver cultural values, emotion beliefs, and the utilization of ERSBs revealed that these variables may not always follow a straightforward pattern. First, regarding the use of expressive ERSBs, caregivers' who endorsed conservation cultural values demonstrated a negative association with expressive ERSB use. This outcome was foreseen, given that conservation values have been linked to prioritizing emotional restraint to uphold social harmony. This may elucidate why individuals may be less inclined to engage in expressive ERSBs, which entail openly expressing emotions or fostering emotional expression in others, as supported by previous research (Trommsdorff & Cole, 2011). Furthermore, caregivers with high conservation values may believe that their role in the family is to uphold traditional values and norms, often resistant to change and reluctant to assert individual autonomy. This mindset might impede their encouragement of emotional expression and openness in their children (Paley & Hajal, 2022), potentially explaining the observed negative association with engaging in expressive ERSBs that promote outward displays of emotion.

The prominence of usefulness emotion beliefs also emerged as a significant factor, indicating that caregivers who perceived emotions as useful were more inclined to engage in expressive ERSBs. Congruent with my hypothesis and the current literature, individuals with high usefulness emotion beliefs might recognize the importance of teaching children how to recognize, express, and regulate their emotions effectively (Rogers et al., 2016) and believe that expressing emotions openly can lead to positive outcomes. As a result, they may be more inclined to use expressive ERSBs as a means of facilitating emotional expression and communication within their family relationships.

Controllability emotion beliefs did not demonstrate a significant association with expressive ERSBs, as I predicted in my hypothesis. Individuals who endorse controllability emotion beliefs may believe that emotions should be regulated and controlled to maintain emotional stability and well-being. Subsequently, they may perceive expressive ERSBs as less effective or necessary for emotion regulation, favoring internal strategies over outwardly expressing emotions to maintain stability and control (Liddell & Williams, 2019).

Contrary to my hypotheses, self-transcendence cultural values were not significantly associated with caregivers' use of expressive ERSBs. While individuals with high self-transcendence values may believe in the usefulness of emotions for interpersonal understanding and social support, as seen in the results from the first research question, they may prefer to engage in behaviors that support others' emotional processing rather than drawing attention to oneself through emotional expression. Further, these individuals may also prioritize a commitment to the greater good over individual emotional expression, often promoting social cohesion and understanding more than expressing emotions openly (Ford & Mauss, 2015).

The lack of significant association between the interaction of self-transcendence cultural values and usefulness emotion beliefs with the use of expressive ERSBs could be attributed to their independent effects on behavior. Usefulness emotion beliefs demonstrated a positive association with expressive ERSBs, but self-transcendence did not. In previous analyses, it was revealed that usefulness beliefs and self-transcendence values were significantly related, with usefulness beliefs increasing as self-transcendence values increased. However, this interaction term signifies that usefulness beliefs do not fully depend on self-transcendence values in order to influence caregivers' expressive ERSBs.

The absence of any significant associations between cultural values, emotion beliefs, and suppressive ERSBs challenges my original hypotheses. Initially, it was hypothesized that conservation values, controllability beliefs, and usefulness beliefs would all exhibit a significant association with caregivers' use of suppressive ERSBs, regardless of the direction. However, none demonstrated a significant association.

As predicted, self-transcendence cultural values did not demonstrate a significant association with the use of suppressive ERSBs. This finding further supports the idea that individuals who maintain self-transcendent cultural values tend to prioritize authenticity and genuineness in interpersonal interactions (Gorla et al., 2024). Parents who endorse these values may be hesitant to engage in suppressive ERSBs that could undermine this authenticity, striving to create a family environment where emotions are acknowledged, respected, and validated.

One potential explanation for the lack of a positive relationship between conservation values and suppressive ERSBs is rooted in the notion that caregivers who strongly endorse conservation values may prioritize maintaining emotional stability and social harmony within the family environment (Schwartz, 2012). They may perceive suppressing emotional expression in

children as conducive to this stability, leading to the use of more suppressive ERSBs. However, because these behaviors might be viewed as inherent to parenting within a conservation-oriented framework, they may not stand out as distinct or noteworthy enough to manifest a significant association in statistical analyses.

Similarly, controllability emotion beliefs may not have demonstrated a strong association with the suppressive ERSB options available to caregivers in the current study due to the possibility that individuals with high controllability emotion beliefs may be more likely to endorse adaptive coping strategies for managing emotions, such as problem-solving and seeking social support (Somerville et al., 2024). These parents may teach children these strategies as alternatives to suppressive ERSBs, emphasizing the importance of addressing underlying emotional needs and finding constructive ways to cope with challenges and stressors.

Initially, I expected individuals with high usefulness emotion beliefs to demonstrate a strong preference for using emotion-focused coping strategies, such as openly expressing emotions to cope with stress and regulate mood, possibly leading them to view suppressive strategies as avoidance-oriented and therefore avoid utilizing them. However, individuals who report high usefulness beliefs may still endorse a variety of emotion regulation strategies, including both expressive and suppressive behaviors (Kisley et al., 2023). It is possible that individuals with high usefulness emotion beliefs may occasionally resort to suppressive ERSBs in certain situations, even though they generally value emotional expression (Dunbar et al., 2017).

Research Question 3

My last research question investigated the moderating role of cultural socialization attitudes on the relationship between cultural values, emotion beliefs, and ERSBs. Contrary to

my hypothesis, the results revealed that cultural socialization attitudes did not significantly moderate the associations between cultural values, emotion beliefs, and the use of both expressive and suppressive ERSBs. In the analysis focusing on expressive ERSBs, neither the interaction terms nor the individual coefficients demonstrated statistically significant effects, indicating that cultural socialization attitudes did not strengthen the relationship between cultural values, emotion beliefs, and expressive ERSBs. Similarly, in the examination of suppressive ERSBs, the inclusion of interaction terms failed to significantly enhance the model's explanatory power. One probable explanation for these results is the measure used to assess cultural socialization attitudes (i.e., CSAM) was crafted to better understand the influences shaping caregivers' cultural socialization practices, such as selecting toys reflective of their cultural heritage and listening to music that embodies their cultural identity. While this measure has exhibited significant correlations with cultural socialization behaviors (Derlan et al., 2016), its direct applicability as a predictor for emotion socialization behaviors remains unexplored. It's plausible that the CSAM was not originally intended to encompass caregivers' ERSBs in alignment with their cultural values. To the best of my knowledge, there lacks a measure explicitly evaluating cultural socialization attitudes in the context of culturally driven emotion-related socialization. These findings highlight the need for further exploration to elucidate the mechanisms underlying the interplay between cultural factors and ERSBs.

In summary, this study provides a better understanding of how caregivers' beliefs, values, and attitudes influence how they guide their children's emotions. Although I did not find evidence that cultural attitudes directly changed those connections, some interesting takeaways were discovered. For example, certain cultural values, like valuing tradition and conformity, are linked to perceiving emotional expression as less useful. This suggests that our cultural

backgrounds can shape how we think about emotions. On the other hand, there is not a clear link between cultural values and how much control we think we have over our emotions. This shows that the relationship between culture and how we handle emotions can be quite complex. Further, we can induce that caregivers who perceive emotions as useful are more likely to encourage their children to express their feelings openly. Overall, these discoveries provide a step toward clarifying how cultural factors, beliefs about emotions, and parenting practices all interact.

Limitations

While this study addressed a gap in existing literature and attempted to extend beyond previous analyses, it encountered various limitations. One notable limitation pertains to the methodology employed in the emotion check-in section, specifically regarding the options provided to caregivers when reporting ERSBs. Caregivers were given the choice to indicate "I did not try to change [my child's] emotion". Reflecting on this option reveals potential implications for understanding emotion regulation within the context of the study. True emotion regulation inherently involves efforts to amplify, diminish, or maintain emotional experiences. However, the inclusion of the option "no emotion regulation" implies a lack of active intervention or conscious effort to regulate emotions and complicates the interpretation of caregivers' responses. While it is conceivable for individuals to perceive their actions as not actively regulating an emotion, this choice does not conform to a specific strategy in the traditional sense. Rather, selecting "no emotion regulation" might reflect a passive approach or a decision to allow emotions to unfold naturally without interference. In such cases, opting "not to regulate an emotion" could indirectly signify acceptance or ignorance of an emotion, allowing it to run its course when deemed beneficial or appropriate. Therefore, it is arguable that the inclusion of this option may have inadvertently limited the depth of insight into caregivers'

ERSBs. Removing this option could have encouraged caregivers to provide more detailed accounts of the strategies they employed, potentially enhancing the richness and relevance of the data pertaining to caregivers' ERSBs.

Another concern pertains to the lack of ethnic and racial diversity within the sample, with approximately 82% of participants identifying as White. Despite this study's focus on cultural values across heterogenous populations, research indicates a significant association between experiencing higher levels of ethnic discrimination and the impact cultural socialization attitudes have on caregivers' socialization behaviors (Derlan et al., 2018). Discrimination experiences can motivate parents to instill a strong sense of cultural pride in their children, emphasizing cultural values and practices as sources of strength and empowerment to cope with possible future discrimination. Individuals from minority groups may also encounter complex feelings about continuing their cultural emotional socialization practices, despite potential deviation from their larger-group values. Such experiences may prompt caregivers to selectively socialize their children, balancing cultural preservation with the need to adapt to social contexts. Caregivers may emphasize the importance of understanding and respecting mainstream culture while still maintaining their own socialization practices. In contrast, it is possible that caregivers belonging to the majority group may place less emphasis on cultural socialization practices aimed at transmitting cultural heritage or exposing their children to diverse cultural experiences that could serve as protective factors in future situations. This also prompts consideration of how caregivers from diverse cultures might socialize their children differently when interacting within the broader community (e.g., in a grocery store among the majority culture) compared to within their own familial or culturally aligned environments. Caregivers who have experienced ethnic discrimination may also be more inclined to use ERSBs that minimize attention in public

settings, irrespective of whether these socialization behaviors align with their cultural values, in an effort to avoid further negative external perceptions and bias. Therefore, it may be valuable to examine how caregivers' use of ERSBs change within a more ethnically diverse sample, who may face heightened consequences associated with their approach to cultural socialization, as well as across different contexts.

Similarly, this study did not consider the extent to which the caregivers' cultural identity as a fundamental aspect of their self-concept, including the potential moderation effects of ethnic-racial centrality. Failing to consider this factor risks potentially overlooking a key aspect of how individuals' cultural identities influence their behaviors and attitudes. Integrating ethnic-racial centrality as a moderator might have allowed for a more nuanced understanding of the how the relationships between emotion beliefs, cultural values, socialization attitudes, and ERSBs transpire. Moreover, this approach could have potentially facilitated the identification of specific subgroups within the sample for whom the relationships between variables may be stronger or weaker. In other words, it could have provided additional insights into how caregivers' cultural centrality influences their prioritization of socializing their children within the context of their cultural background, and subsequently, their utilization of ERSBs.

Implications

The current study aimed to bridge a critical gap in the existing literature by simultaneously investigating caregivers' cultural values, emotion beliefs, cultural socialization attitudes, and ERSBs, a novel approach that had not been explored comprehensively before. While previous research has hinted at the significance of examining these variables together, no studies to date have undertaken this task. The findings of this study hold several implications for

understanding the complex interplay between cultural factors, emotion beliefs, and socialization practices, providing a foundation for future research in this area.

First, the observed associations shed light on the role of caregivers' cultural values in shaping their beliefs about emotions and subsequently influencing their parenting behaviors. For instance, high conservation values were linked to lower beliefs in the utility of emotions and a reduced use of expressive ERSBs. This suggests that parents who prioritize preserving the status quo, maintaining social order, and upholding traditional norms often believe that expressing emotions is undesirable or inappropriate, and thus rarely encourage their children to display emotions openly. Recognizing the impact of cultural influences on emotion socialization practices enables interventions and support programs to be effectively tailored to meet the needs of diverse families from various cultural backgrounds. For example, in a family from a culture that values emotional restraint, a practitioner might emphasize techniques for constructive emotional communication that respect the family's preference for moderation and order. This approach not only demonstrates cultural awareness but also fosters cultural responsiveness and respect for the parents' cultural regulation goals. Additionally, acknowledging potential reluctance to adopt new expressive ERSBs allows practitioners to introduce these strategies gradually. Starting with less intrusive methods, such as encouraging parents to validate their child's feelings through acknowledgment and active listening, can pave the way for more open emotional discussions. This gradual approach can lead to more effective emotion regulation strategies that the family is comfortable implementing, ultimately resulting in better emotional outcomes for the child.

Moreover, while certain associations did not reach statistical significance, this underscores the complexity of interactions between cultural values, emotion beliefs, cultural socialization attitudes, and parenting practices. One finding that did not align with literature-driven expectations is the lack of direct association between cultural values, emotion beliefs, and suppressive ERSBs. This suggests that emotion socialization practices may be influenced by factors beyond cultural values and emotion beliefs. A practitioner working with a diverse group of parents might notice that some parents who value conservation still use expressive ERSBs, while others who value self-transcendence might use suppressive techniques. Recognizing this variability, the practitioner could offer training in a range of ERSBs, empowering parents to select and adapt techniques that align with their family dynamics. Additionally, the absence of strong patterns in caregivers' use of suppressive ERSBs suggests that parents may benefit more from practical, evidence-based strategies that address their immediate concerns and parenting challenges, rather than focusing solely on inhibiting emotional expression. Professionals supporting parents can provide specific, actionable strategies for managing children's emotions that are easy to implement in daily life, such as deep breathing exercises, collaborative problem-solving, and positive reinforcement. These strategies can help caregivers effectively support their children's emotional development while addressing their immediate needs and challenges.

The current study examined caregivers' use of expressive and suppressive ERSBs as composite variables, representing their average use over a week, with higher scores indicating greater overall use. This approach highlighted caregivers' general tendencies in emotion socialization practices, irrespective of the emotional context. However, analyzing ERSBs separately for positive and negative emotions could provide a more nuanced understanding of caregivers' strategies based on the emotional valence of their child's expression. For instance,

when responding to positive emotions, caregivers might use expressive ERSBs like labeling and acceptance to reinforce their child's feelings, or suppressive ERSBs such as situation modification or distraction to moderate overly excitable expressions. In response to negative emotions, caregivers may employ expressive ERSBs like cognitive reappraisal and comforting to foster support and understanding, or suppressive ERSBs like suppression and ignoring to manage emotions in disruptive situations. Examining ERSBs in this differentiated manner may allow for a nuanced understanding of how caregivers use specific strategies to support or regulate emotions based on their cultural values and beliefs. This could reveal distinct patterns in emotion socialization, such as a consistent use of expressive ERSBs for positive emotions but varied approaches to addressing negative emotions influenced by cultural norms. For example, cultures emphasizing conformity and emotional restraint may use suppressive ERSBs more frequently for both positive and negative emotions. Additionally, caregivers might adapt their strategies based on the situational context, using different approaches to socialization in public versus private settings to avoid public scrutiny or maintain social harmony. Integrating the specific strategies of expressive and suppressive ERSBs into the theoretical framework could strengthen our understanding of how cultural values, emotion beliefs, and socialization attitudes shape caregivers' responses to emotional situations. Using this approach in future studies could offer deeper insights into specific patterns and preferences in emotion socialization, as well as the cultural, contextual, and developmental influences on these practices.

Furthermore, the incorporation of cultural values at the individual level is also a fairly new approach to examining cultural values in research, and it has offered a more nuanced understanding of how specific individuals within cultural groups may differ in their values and how these differences may influence their behaviors and experiences. This approach

acknowledges the variability within cultural groups in heterogeneous populations, such as the United States, and highlights the importance of identifying unique patterns or associations that may not be evident when examining groups as a whole.

Moving forward, it would be valuable for future research to continue exploring these interactions in order to develop more comprehensive models of emotion socialization that account for cultural and contextual variability, as well as gain invaluable insights into the evolution of these relationships over time, ultimately impacting child outcomes. With additional resources for assessing parenting behaviors and emotion socialization, such as observations and repeated measures, we can gather detailed information about behavioral patterns, contextual understanding, strategy effectiveness, and transactional processes. Observations allow for a direct assessment of caregivers' use of ERSBs in natural settings, helping us understand how parents interact with their children during different emotional moments and the effectiveness of the socialization strategies employed. This method can also reveal discrepancies between strategies parents report using and those observed in practice. Longitudinal data collection can capture changes in parental responses to children's emotions across developmental stages, family dynamics, and situational contexts. Moreover, longitudinal data can capture changes over generations by assessing whether children adopt similar or evolved cultural values, emotion beliefs, and cultural socialization attitudes as their parents as they transition into adulthood and become parents themselves. By considering multiple factors in intervention design and assessment, we can enhance our understanding of how cultural practices interact with emotion beliefs to predict parenting behaviors. This, in turn, can inform our approach to culturally inclusive care.

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