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Perceptions of Parental Awareness of Emotional Responses to Stressful Life Events

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Abstract

There is a need to better understand family processes related to recovery from past stressful life events. The present study aimed to investigate links between perceptions of parental awareness regarding stressful life events, continued event-related rumination, and current symptoms of depression. Students at a diverse, urban university completed a life events checklist and a semi-structured interview regarding family processing of stressful life events, as well as self-report measures of event-related rumination and depression. Results indicated that perceptions of mothers' and fathers' awareness of sadness regarding stressful life events as well as mothers' and fathers' verbal event processing predicted symptoms of event-related rumination and depression. Results support the inclusion of perceptions of parental awareness in the understanding of how emerging adults continue to cope with past stressful life events.

Keywords

emotional awareness; parenting; stressful life events; depression; emerging adulthood

Research suggests that stressful life circumstances experienced during childhood and adolescence are a risk factor for later depression and other emotion related problems (Duncan, 2000; Kessler, Davis, & Kendler, 1997; Mazzeo & Espelage, 2002; Zamostny, Slyter, & Rios, 1993). Less is known, however, about *how* early adversities and family interactions regarding adversities impact psychological functioning during emerging adulthood.

A recent review provided a family systems framework for the recovery from trauma in children (Bernardon & Pernice-Duca, 2010). As evidence accumulates regarding the importance of the family system's response to trauma in the later resolution and recovery from traumatic events, it is important to investigate specific aspects of these processes. The identification of specific family processes that impact recovery from trauma can guide the translation of basic research findings to applied, clinical settings. The present study emphasizes a family event-processing framework for understanding the link between stressful life events and emotional adjustment during emerging adulthood. To this end, the present study investigated aspects of emotion-related parenting already implicated in the literature, including talking about stressful life events and general responsiveness to emotions. The study adds to the literature by examining perceptions of parental awareness of emotional responses related to stressful life events. It is hypothesized that these aspects of

family event processing may be important in the understanding of event-related rumination and depressive symptomatology among emerging adults.

Parental Emotion Awareness

Aspects of emotion-related parenting practices have been linked to child and adolescent outcomes, and seem to be an important aspect of emotional development. Overall, research indicates that when parents are responsive to and validate their children's emotions, children gain skills for regulating their own emotions which may serve as a resource in stressful transitions associated with emerging adulthood (e.g., entering college and the workforce, functioning in romantic and peer relationships; Gottman, Katz, & Hooven, 1997). In addition, open discussions about emotions seem to have important benefits for general psychological and social adjustment, and research indicates that discussions about specific events and emotional reactions have important benefits for specific adjustment after a stressful life event (Haden, Ornstein, Eckerman, & Didow, 2001). One emotion-related parenting process which has been understudied is parental awareness of youth's emotional reactions. Parental emotional awareness was originally introduced as a component of the meta-emotion philosophy construct. Gottman and colleagues define meta-emotion philosophy as an organized set of feelings and thoughts about one's own emotions and one's children's emotions (Gottman, Katz, & Hooven, 1996), and the component of emotional awareness includes parents' awareness of their own emotions as well as their awareness of their child's emotions.

Awareness of one's own emotions is considered to be a basic skill involved in healthy emotional functioning (Saarni, 1999). Emotional awareness has generally been studied as an individual factor or characteristic, and difficulty identifying feelings has been linked to a broad range of psychopathology, including depression, anxiety, somatization, aggression, and selfinjury (Grabe, Spitzer, & Freyberger, 2004; Paivio & McCulloch, 2004). In research on other areas of parenting, parental awareness and youth perceptions of parental awareness have been investigated and shown to impact youth adjustment. For example, high parental monitoring, or awareness of the activities and whereabouts of one's youth, has been predictive of decreased adolescent involvement in risk behaviors (e.g., delinquency, drug use, psychological distress, sexual risk behavior; Fletcher, Darling, Steinberg, & Dornbusch, 1995; Li, Feigelman, & Stanton, 2000). Yu et al. (2006) found that youth perceptions of parental monitoring was a significant (negative) predictor of anticipated risk behavior, while parental perceptions of their own monitoring was not. In other words, independent of the accuracy, youth perceptions of how aware their parents are may play a unique role in aspects of adjustment and development. Parental awareness of youth's emotional responses may be particularly important related to their reactions to emotionally salient circumstances such as stressful life events. Illustratively, Hartos and Power (2000) investigated mothers' awareness of their adolescent's stressors, and found that teens with high levels of stress and low levels of maternal awareness of these stressors had elevated levels of depression and anxiety. Research has shown that parents often underestimate the impact of stressful events on their children (e.g., family violence; McCloskey, Figueredo, & Koss, 1995). The strong link between parental awareness and behavior in other aspects of the parent-adolescent

relationship support the possibility of extending this construct to parental awareness of emotional reactions and extend the possible importance of parental monitoring.

Although meta-emotion philosophy has continued to be supported as an integral aspect of parenting, fewer studies have investigated component processes, such as parental emotional awareness. The present study hypothesizes that for parents to respond, validate, and/or initiate conversations about youth's negative emotional experiences, parents must first be aware of those emotional experiences. As much of our understanding regarding parental awareness of children's emotions has been investigated in the context of more normative, day to day emotions, the present study also extends the literature by investigating perceptions of parental awareness in the context of significant, stressful life events.

Event-Related Rumination as an Indicator of Adjustment

The complicated process of resolving, making sense of, and incorporating stressful past events into one's experiences and worldview takes both time and resources. Rumination, in general, refers to persistent, self-focused, negative thinking, and has been gaining consideration as an indicator of maladjustment, and also linked to symptoms of depression (for a review, see Aldao, Nolen-Hoeksema, & Schweizer, 2010). Although generalized rumination may ultimately be related to negative outcomes, in the aftermath of a stressful life event, extended rumination, or reflection on the event, may be necessary to incorporate the event into one's life experiences (Janoff-Bulman, 1992). This is considered a form of coping, and Pierre Janet hypothesized as early as the 1920s that intense emotional reactions disrupt the cognitive processing of stressful life events (van der Kolk & van der Hart, 1989), necessitating such cognitive rumination and integration after the event is over. Although this can be adaptive, it can also lead to disruptions in functioning. On one end of the spectrum, re-experiencing symptoms (e.g., intrusive thoughts, sensations of reliving the event) are one of three symptom clusters that characterize post-traumatic stress disorder (Ehlers & Steil, 1995). Yet, milder versions of this reaction may include prolonged thinking about the event and focusing on the past instead of the present (Holman & Silver, 1998). From a family systems framework, it is hypothesized that individuals who perceived their parents as being aware of their emotional reactions and talked to their parents about stressful life events at the time of the event will be less likely to engage in current eventrelated rumination. In other words, the more an individual processed an emotional event with their parents at the time of the event, the more the event will have been resolved, and they will be less likely to currently rely on event-related rumination to resolve the event.

The Present Study

There is a need in the literature to understand specific processes through which past stressful life events impact current emotional functioning in emerging adulthood from a family systems framework. The present study aimed to investigate aspects of family event processing as predictors of adjustment in emerging adulthood in a racially diverse sample, including general family responsiveness, talking about stressful life events, and perceptions of parental awareness. The first aim of this study was to describe and examine the construct of perceptions of parental awareness. Research has indicated that parents are more likely to

respond in different ways to sadness and anger (O'Neal & Magai, 2005), and therefore the present study investigated possible differences between anger and sadness awareness, as well as differences between awareness of mothers and fathers. The second aim of this study was to evaluate the unique ability of perceptions of parental emotional awareness to predict adjustment difficulties (event-related rumination and depressive symptomatology) while considering the predictive ability of already supported constructs of general family responsiveness to emotions and talking about the stressful life events with parents.

Method

Participants

Data were drawn from a larger project investigating possible mediators and moderators of the relation between early life experiences and a broad range of adult psychopathology. Initially, participants were 104 college students between the ages of 18 and 23 (mean age = 19.1; 75.23% women) enrolled in psychology courses. Yet, as described below, 18 participants did not report any past stressful life events, and were therefore not included in the analysis of this study, which brought our sample to 86 participants. Participants represented diverse racial/ethnic backgrounds, with 37.65% self-identifying as Black/African-American, 55.96% as White/Caucasian, 2.75% as Asian or Pacific Islander, and 3.68% as other racial/ethnic backgrounds (including Hispanic, Middle Eastern, Biracial, and Multiracial). Participants also represented diverse socio-economic backgrounds, with 14.68% of participants having both parents obtaining a high school diploma/GED or lower, as well as 31.19% of participants having at least one parent who obtained a bachelor's degree or higher. All respondents received course credit for their participation.

Procedure

Participants completed the interview and questionnaires during one two-hour session. After participants completed the Life Events Checklist (Gray, Litz, Hsu, & Lombardo, 2004), the interviewer administered an interview based on the events endorsed. For each event, a qualitative response about the nature of the event was recorded, as well as several semi-structured questions relevant to each event (e.g., for the transportation accident interview, the interviewer asked about injuries). Then, the participant completed the structured questions regarding family event processing at the time of the event and current event-related rumination and emotional reactions. After all event interviews were complete, the participant completed the self-report questionnaire battery.

Measures

Stressful life events—The Life Events Checklist (LEC; Gray, Litz, Hsu, & Lombardo, 2004) is a yes/no style checklist asking whether or not 16 stressful life events have occurred in the participant's lifetime. Items on the checklist include accidents and injuries threatening physical integrity (e.g., car and other accidents), health events (e.g., life-threatening and non-life-threatening illnesses), family stressors (e.g., interparental conflict, abuse), violence (e.g., sexual or physical assault), and natural as well as man-made disasters (e.g., tornadoes, fires). The LEC has been shown to have adequate temporal stability as well as sound convergence with other established trauma history measures (Gray et al., 2004). For the

present study, three additional items were added, including mental health problem of a parent, alcohol or drug problem of a parent, and intense conflict between parents. Additionally, an open-ended item was added at the end for participants to write in other stressful life events that were not part of the checklist.

General family responsiveness to sadness and anger—The Emotions as a Child Scale (EAC; O'Neal & Magai, 2005) is a measure of how parents respond to their youth's feelings. The Reward subscale was used in the present study as a measure of general family responsiveness to emotions. The Reward items assess parents encouraging the expression of emotion, and trying to understand how the child is feeling (e.g., "When I was sad/angry, my parent comforted me," and "When I was sad/angry, my parent took time to focus on me"). The version used in the present study assessed how the primary caregiver responded to sadness (3 items) and anger (3 items). Participants rated on a 5-point Likert scale (Never to Very Often) how often their sadness and anger were responded to in particular ways. Internal consistencies in the present study were .87 for sadness and .83 for anger.

Depression—The Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996) was used to assess depressive symptomatology. The BDI is a widely-used measure with 21 items rated by participants on a scale of 0 to 3 assessing symptoms of depression in the preceding two weeks, including sadness, anhedonia, pessimism, and changes in appetite, sleep patterns, and sexual desire. Cronbach's alpha in the present study was .91.

Perceptions of parental emotional awareness—Perceptions of parental emotional awareness were assessed during the structured interview. During the interview, participants were asked to rate on a four-point Likert scale (including "Not At All," "A Little," "Some," and "A Lot") how sad the event made them as well as how sad their maternal caregiver thought the event made them. Questions were repeated to include ratings of anger as well as paternal caregiver's awareness. The measure of parental emotional awareness was created by calculating a difference score between the participant's rating of sadness and anger related to each event, and the participant's rating of how sad and angry each parent thought they were. Rating of parental awareness was subtracted from rating of participant's own emotion, but negative scores were not allowed, and if the participant rated their parent as thinking they were more sad/angry than they were, these ratings were given a zero, the same score if the parent knew exactly how the participant felt. These difference scores were then averaged across events, with higher scores representing less awareness (i.e., a higher difference).

Verbal processing of events—How much the participant talked about events with their parents was also assessed during the structured interview. Participants were asked to rate of a four-point scale ranging from "Not at All" to "A Lot," "In the months following [the event,] how much did you and your [maternal/paternal caregiver] talk about [the event]?" as well as, "In the months following [the event], how much did you and your [maternal/paternal caregiver] talk about the feelings you had about [the event]?" These two questions were averaged for each event. The final measure of parent-child communication is the mean rating across all endorsed events.

Event-related rumination—Event-related rumination was assessed with a series of four questions rated on a four-point scale ranging from "Strongly Disagree" to "Strongly Agree." Different aspects of rumination and extended processing were assessed, including amount of time spent currently thinking about the event, inability to put events behind them or get them out of their mind, and perceiving the event as continuing to exert a negative influence on them. The final measure of event-related rumination was the mean rating across all endorsed events.

Coding of Life Events

In order to maintain conceptual relevance in the definitions of stressful life events, some cleaning of events was necessary. This phase of data cleaning involved removing events that did not fit a definition of stressful life events. To this end, two independent coders coded all events based on Dohrenwend and colleagues' conceptualization of stressful life events (Dohrenwend, Raphael, Schwartz, Sueve, & Skodol, 1993). Using the narrative rating method of their Structured Event Probe and Narrative Rating Method (SEPRATE), events were rated based on the amount of life change expected from the event. If raters disagreed, a mean score across raters was used. Coders gained acceptable agreement (ICC=.67). Events which were rated (on average) as causing "*a little change lasting a week or more*" or "*no change lasting a week or more*" were dropped from analyses. Some examples of events that were dropped are small injuries such as twisting an ankle with no reported consequences (e.g., was not on crutches, did not miss school), minor car accidents in which no person was injured and only very minor car damage occurred (e.g., scratched bumpers when rear-ended). Eighteen participants did not have any stressful life events, and were not included in further analyses (included $n = 86$).

Results

Perceptions of Parental Emotional Awareness

The first objective was to better understand how emerging adults perceive their parents as being aware and unaware of their emotional reactions to stressful life events. As shown in Table 1, the most frequently reported events were death of someone close ($n = 43$) and transportation accidents ($n = 31$). Overall, the highest mean levels of sadness were related to physical and sexual assault events, followed by life-threatening illness or injury of someone close, intense conflict between parents, and death of someone close. The highest mean levels of anger were also related to physical and sexual assault events, as well as one incident of exposure to a toxic substance (only reported by one participant). The next highest mean levels of anger were related to intense conflict between parents, unwanted sexual experience, and alcohol or drug problem of a parent.

Using the difference scores representing participants' perceptions of their parents' awareness of their emotional reactions (see Methods), means were calculated for each event type to understand if parents are perceived as being more aware of emotional reactions to certain event types. Table 1 includes descriptive statistics related to mean sadness and anger reported by participants for each event type, as well as mean perceptions of parental awareness (higher numbers represent higher discrepancies; i.e., less awareness). Overall,

participants reported that their mothers were least aware of their sadness related to sexual assault events, mental health problem of a parent, and unwanted sexual experiences. Similarly, unwanted sexual experience was reported as the event with the least maternal anger awareness, followed by sexual assault events and alcohol or drug problem of a parent. For fathers, participants perceived fathers as being least aware of their sadness related to war and combat experiences, unwanted sexual experiences, and intense parental conflict. Participants perceived their fathers as being least aware of their anger related to unwanted sexual experience, intense parental conflict, and serious harm caused to another person.

Parental Awareness of Emotions and Symptoms of Depression and Rumination

The second objective of the present study was to understand the relations between perceptions of parental emotional awareness and symptoms of depression and event related rumination. Zero-order correlations between study measures are presented in Table 2.

Multiple regression analyses were conducted to predict event-related rumination and symptoms of depression. To be able to interpret any parent-specific (i.e., mother and father) and emotion-specific (i.e., sadness and anger) findings, four separate regressions were run for each dependent variable using perceptions of mother's awareness of sadness, father's awareness of sadness, mother's awareness of anger, and father's awareness of sadness anger. Demographic variables including sex, age, and a binary representation of racial/ethnic minority status were entered as covariates in all regressions. In the father regression models, participants with either live-in father figures or father figures who they saw at least once a week were included to control for the impact of physical and logistical proximity and ease of communicating with a father figure ($n = 59$). All 59 of these individuals reported that their fathers lived in the home during childhood (i.e., no participants reported on paternal awareness for fathers they saw once a week or more but did not live in the home). A binary representation of family composition was entered into the mother regression analyses (0 = living with two parents, 1 = living with mother only), which was not included in father regressions, as all participants with father data reported that they lived with their father in the household during childhood. Finally, the measure of general parental responsiveness to sadness/anger and the level of verbal processing with mother and father figure were included in all regressions to test whether or not perceptions of parental emotional awareness predicted adjustment beyond these measures that are already supported in the literature. Results from all regression analyses are presented in Table 3.

Event-related rumination—Perception of mother's awareness of sadness emerged as a statistically significant predictor of event-related rumination ($\beta = .28$, $p < .05$; diminished awareness related to high levels of event-related rumination), and maternal verbal processing emerged as an even stronger predictor in the same regression ($\beta = .60$, $p < .001$). Importantly, maternal verbal processing predicted in the opposite of the hypothesized direction, as more talking about events was associated with more event-related rumination. Similar results were found regarding father's awareness of sadness, which also emerged as a significant positive predictor of event-related rumination ($\beta = .32$, $p < .05$; diminished awareness related to high levels of rumination) along with talking to father about events ($\beta = .41$, $p < .01$). Findings further indicated that neither mother nor father awareness of anger

predicted event-related rumination, while talking about events again emerged as a strong positive predictor in the mother regression analysis ($\beta = .55$, $p < .001$).

Symptoms of depression—Perception of mother's awareness of sadness emerged as a statistically significant predictor of BDI score ($\beta = .25$, $p < .05$; diminished awareness related to higher BDI scores), while controlling for general responsiveness to sadness in the family and amount of maternal verbal processing of events. Similar results were found regarding father's awareness of sadness, which also emerged as a significant predictor of BDI score ($\beta = .38$, $p < .05$; diminished awareness related to higher BDI scores). Findings further indicated that neither mother nor father awareness of anger predicted BDI score. Yet, the family's general responsiveness to anger did emerge as a significant negative predictor of BDI in both the mother ($\beta = -.30$, $p < .05$) and father ($\beta = -.34$, $p < .05$) regression analyses. Talking about events did not significantly predict BDI in any analyses.

Discussion

The goal of the present study was to increase understanding of the relation between perceptions of parental emotional awareness of the impact of childhood stressful life events and event-related rumination and symptoms of depression among emerging adults. General family responsiveness to emotions as well as verbal processing of stressful life events have been supported in the literature as aspects of family influence on recovery from stressful life experiences (e.g., Salmon & Bryant, 2002). As parental monitoring and awareness of their youth's general whereabouts, activities, and stressors have been supported as predictors of adjustment outcomes (Fletcher, Darling, Steinberg, & Dornbusch, 1995; Li, Feigelman, & Stanton, 2000), parental awareness of emotional reactions may be an area of possible extension of this literature.

Results supported the hypothesis that how young adults perceived their parents as being aware of how they felt about major stressors in their development related to their current adjustment. Overall, results indicated that for both mothers and fathers, awareness of sadness, not awareness of anger, was predictive of symptoms of depression as well as rumination. The effect sizes associated with perceptions of parental awareness ranged from small to medium, which is consistent with conceptualizations that posit recovery from stressful life events is a multi-component process. Additionally, talking with mothers about events and associated feelings was a strong positive predictor (i.e., a relatively large effect) of event-related rumination, and talking with fathers was also a significant positive predictor of event-related rumination (medium effect).

Findings from this study suggest that when young adults perceived that their parents had limited awareness of the impact that stressful life circumstances had on them they were more likely to report emotional difficulties. Conceptually, there are several potential reasons why perceived parental emotional awareness in the context of stressful life circumstances is associated with poor emotional outcomes. From an attachment perspective (for overview, see Cassidy, 2008), it is possible that stressful life circumstances experienced during childhood and adolescence are perceived as a threat to the child's sense of felt security (safety). As such, stressful circumstances likely activate the attachment behavioral system

and a child's emotional reactions represent signals to parents that a protective response is needed. A child's perception that a parent is aware of his/her emotional reactions to stressful circumstances may be one important factor that helps to diminish perceived danger associated with the threat. Perceived emotional awareness may facilitate effective parent-child interactions about stressful circumstance in which the child is able to express his/her negative emotional experiences and the parent is able to provide comfort and support. Relatedly, it may be that perceiving parents as understanding one's emotions may, on its own, foster closeness between parents and their youth that creates an atmosphere in which a child is able to use available effective coping mechanisms. If on the other hand a child perceives that a parent is unaware of his/her emotional reactions to a stressful circumstance, he/she may continue to experience negative affect associated with the stressor which may contribute to continued short and long term event-related rumination. Additional research is needed to directly investigate the complex mechanisms by which perceived parental emotional awareness of the impact of stressful life circumstances is related to later emotion-related difficulties.

It is important to note that perceptions of parental awareness were not universally related to indicators of adjustment. Sadness is a core feature of depression, which may be being reflected in the observed relations between perceptions of both mother's and father's awareness of sadness and depression. It is possible that when youth perceive their parents as being unaware or not understanding the extent of their sadness, these youth are not able to express their sadness and therefore are more likely to "keep it to themselves." As mentioned, these effect sizes were in the small to medium range, which is congruent with the conceptualization that perceptions of parental awareness are one piece of the complex process through which youth and young adults recover from stressful life events.

An unexpected finding in the prediction of event-related rumination was that the more participants reported they talked to their parents about events and associated feelings, the more they reported engaging in current event-related rumination. It may be that ruminative styles of coping are similar between family members, and may account for why some parents talk to their children more than others. Indeed, Nolen-Hoeksema's conceptualization of rumination as a maladaptive coping strategy does include an aspect of rumination as over-processing events with others, mainly observed in women (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). So instead of processing the event verbally, some families, and possibly especially mother-youth dyads as the correlation between talking with mothers and event-related rumination was high (r = .43), are possibly co-ruminating about events. Co-rumination is defined as "excessively talking about personal problems within a dyadic relationship" (Rose, 2002) and has been predominately studied within friendships (Rose, 2002; Rose, Carlson, & Waller, 2007). Co-rumination in families may be an area of possible extension of the present research, as co-rumination in friendship dyads has been related to symptoms of depression and anxiety (Rose, et al., 2007). Although these findings deserve replication, co-rumination among family members regarding stressful life circumstances may be a useful target in the treatment of emotional problems. Instead, more structured processing of the event among families that is facilitated by a therapist (e.g., narrative approaches) may be helpful in increasing more adaptive patterns of interactions that address

the emotional needs of individual family members (see clinical implications below for details).

The lack of findings regarding perceptions of parental awareness of anger was particularly interesting. The pattern of results indicated that general family responsiveness to anger was a significant predictor of adjustment, while perceptions of anger awareness were not. Research has indicated that parents are more likely to respond in different ways to sadness and anger (O'Neal & Magai, 2005). It thus is possible that the ways in which parents respond to anger greatly outweigh perceptions of how aware parents are. It may be difficult for parents to respond in a rewarding manner to anger, as indicators of anger such as raised voice and associated facial expressions are perceived as more threatening than indicators of sadness. In the present study, the mean family responsiveness to anger was lower than responsiveness to sadness (anger = 3.80, sadness = 4.16). As this was a measure of rewarding the emotion, it seemed that anger was less likely to be rewarded in the families on average. Sadness is thought to serve the interpersonal function of eliciting sympathy and nurture (Garside & Klimes-Dougan, 2002), while anger communicates aggression. Additionally, it has been noted that when anger is being expressed at a parent, responsiveness may be quite different than expressing anger towards something else (Garside & Klimes-Dougan, 2002). Future research may find that perceptions of parental awareness of anger are important in predicting other outcomes, possibly more externalizing-related difficulties.

Limitations of the Present Study

There were several limitations to the present study, including the simultaneous collection of measures which barred the drawing of conclusions regarding temporal relations. Additionally, parental reports of awareness of their youth's emotions would have allowed conclusions to be drawn regarding the relative importance of the youth's perceptions of parental emotional awareness. As previous research in the parental monitoring literature found that perceptions of parental monitoring was a better predictor of adolescent adjustment than parent's report (Yu et al., 2006), necessary future endeavors would include parental report of emotional awareness to investigate predictive ability as well as discrepancies between parent/youth reports. Methodologically, three items were added to the Life Events Checklist (Gray, Litz, Hsu, & Lombardo, 2004) to capture family-related stressors (e.g., mental health problem of a parent, intense conflict between parents, and alcohol/drug problem of a parent). It is likely that these additions impacted the psychometric properties of the measure, and the present study did not assess for test-retest reliability. The small sample size, particularly for father regressions, was a limitation of the present research. Specifically, power was sufficient (80%) to identify large effects for both mother and father regression analyses, yet, regressions for father data were under-powered to identify small or medium effects. It is possible that smaller effects, for example, for awareness of anger, were not detected due to small sample size. Alternately, it is possible that the effects identified which were small in nature, were underestimated due to the sample size. Finally, no relations were identified between gender and key study constructs, and no gender effects were found in regression analyses. Yet, 75% of our sample was female, and it

is possible that the small number of men in the study decreased the ability to detect gender differences.

Clinical Implications

In spite of the limitations of the present study, there may also be clinical utility in the application of the current findings. Many families bring a child to treatment after a stressful life event (e.g., a traumatic event, a divorce), and there is evidence that the inclusion of the parents in treatment increases positive treatment outcomes (Ruggiero, Morris, & Scotti, 2001). Findings were congruent with a number of models of treatment for traumatized children and families. The clarification and exploration of emotional reactions to the event are considered component pieces for both family based treatment following trauma (e.g., Figley's Empowerment Model) and parent-child conjoint treatment following trauma (e.g., Trauma Focused Cognitive-Behavioral Therapy). Perhaps most notably, Attachment-Based Family Therapy, whose effectiveness has been supported by a growing body of research, is a family-oriented treatment that directly targets the negative affect of children and adolescents associated with stressful life circumstances (Diamond, Siqueland, & Diamond, 2003). A core task of the treatment model is repairing attachment relationships within the family. An important component of this task appears to be increasing parents' awareness of the negative impact that stressful circumstances, especially those that occur in the family (e.g., intimate partner violence), have on youth.

Consistent with these treatment approaches, the results of the present study indicate that it may be clinically important to assess explicitly perceptions of parental awareness, and whether the child believes that their parent has an understanding of how the event made them feel. As internalizing symptoms were investigated in the present study, it seems that specifically, perceptions of awareness of sadness may be important to assess in the context of internalizing symptoms. Results of the present study indicated that events most likely to be associated with a lack of parental awareness of emotions were those related to sexual assault/unwanted sexual experience, as well as family related events such as mental health problem of a parent. These may specifically be events that clinicians should be mindful to assess perceptions of parental emotional awareness. In addition to implications for families presenting for treatment, it should be noted that many individuals may not present to treatment until they are already away at college. Symptoms of depression are common during the emerging adulthood period, for example, two-thirds of all students presenting at college counseling centers are seeking treatment for depressive symptomatology (Apfel, 2003). Family factors are supported as important aspects of recovery from stressful life events, yet, there may be ways to attend to these family processes with adults whose families are not present for treatment. Simply assessing for these aspects of family event-related processing may have clinical utility for the client. Additionally, it may be important to not only assess for known post-trauma symptomatology and symptoms of depression, but also specifically event-related rumination with clients who have experienced past stressful life events. Future research would do well to investigate these aspects of family related event processing in the clinical context, and how best to incorporate these aspects of family processes in the conceptualization and treatment of the continued impact of past stressful life events.

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Table 1

Mean Sadness, Anger, and Perceptions of Parental Awareness by Event Type

Event Type	N Experienced	Sadness Reported	Anger Reported	Mother Awareness Discrepancy		Father Awareness Discrepancy	
				Sadness	Anger	Sadness	Anger
1. Natural Disaster	1	1.54	1.08	-	-	0.00	0.00
2. Fire or explosion	9	2.89	2.33	.22	.22	1.33	.33
3. Transportation accident	31	2.44	2.44	.26	.55	.32	.55
4. Serious other accident	9	2.70	2.60	.11	.11	.33	.33
5. Exposure to toxic substance	1	2.00	4.00	1.00	3.00	-	-
6. Physical assault	9	3.80	3.90	.78	.33	1.00	.71
7. Sexual assault	5	3.80	3.40	1.40	1.40	0.00	0.00
8. Other unwanted sexual exp.	6	2.17	3.33	1.17	1.83	1.75	2.75
9. Combat/war-zone exposure	2	2.50	2.50	0.00	.50	2.00	0.00
10. Captivity	1	1.00	1.00	0.00	0.00	-	-
11. Life-threatening illness or injury	3	2.33	1.67	.33	.67	-	-
12. Life-threatening ill/inj/CLOSE	26	3.73	2.46	.50	.50	.88	.65
13. Non life-threatening ill/inj	23	2.63	2.63	.26	.48	.69	.85
14. Non life-threat ill/inj/CLOSE	25	2.48	1.76	.56	.36	.59	.35
15. Sudden, unexp death/ CLOSE	43	3.68	2.73	.35	.47	.66	.59
16. Caused injury	6	2.83	2.00	.83	.50	1.50	1.00
17. Mental health prob. Parent	6	3.33	3.00	1.17	.83	1.00	.60
18. Alc/drug prob. Parent	13	3.15	3.31	.92	1.00	.67	.83
19. Intense parental conflict	13	3.69	3.38	1.00	.54	1.67	1.56

Note. Values represent means unless otherwise noted. “Awareness Discrepancy” refers to difference score between reported sadness of participant and participants’ perception of how sad their parents thought they were (see Method). Higher scores represent less awareness (i.e., more unaware). Exp=Experience. Ill/inj= Illness/Injury. CLOSE=of someone close. Prob.=Problem. Alc/Drug = Alcohol or drug.

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Table 2

Zero-order correlations between study measures

Measures	1	2	3	4	5	6	7	8	9	10	11
1. Biological Sex	-										
2. Age	−.05	-									
3. Minority Status	.16	.08	-								
Family Emotion Process											
4. Gen. Response- Sadness	.06	−.03	.04	-							
5. Gen. Response- Anger	.01	−.01	.10	83***	-						
6. Talking about Events- M	.12	.03	−.17	51***	.39***	-					
7. Talking about Events- F	−.08	−.11	−.20	.29*	.24†	.62***	-				
8. Aware Disc. Sadness-M	.18	−.03	−.08	−.37***	−.36***	−.31**	−.28*	-			
9. Aware Disc. Anger-M	.00	−.09	−.12	−.33**	−.25*	−.32**	−.34**	.42***-			
10. Aware Disc. Sadness-F	.15	.03	.03	−.28*	−.30*	−.25*	−.47**	.83***	.43**	-	
11. Aware Disc. Anger-F	.21	−.09	−.22	−.21	−.28*	.12	−.42**	.41**	.83***	.46***	-
Outcomes											
12 Depression	.09	−.03	.04	−.10	−.21*	.02	−.12	.24*	−.03	.33**	.07
13. Event Rumination	.03	.13	−.06	.12	.04	.43***	.18	.09	−.06	.08	−.06
Mean	1.75	19.55	.45	4.16	3.80	2.31 1	1.96	.57	.51	.72	.64
SD	.43	1.61	.50	.97	1.00	.81	.83	.69	.62	.80	.73

Note. *n*=86 for mother correlations, *n*=59 for father and father × mother correlations. Men = 1 and Women = 2. White/Caucasian = 1 and Racial/Ethnic minorities = 2. Aware Disc. = Awareness Discrepancy. M = Mother. F = Father.

* p < .05.

** p < .01.

*** p < .001.

Table 3
Regression Analyses Predicting BDI score and Event-related Rumination

Model	BDI-II	Rumination
Mother-Sadness		
Biological Sex	.05	−.14
Age	.03	.15
Minority Status	.11	.15
Family Composition	−.02	−.13
Responsiveness-Sad	−.09	−.11
Verbal Processing	.12	.60***
Awareness Disc. -Sad	.25*	.28*
Mother- Anger		
Biological Sex	.10	−.08
Age	.01	.15
Minority Status	.09	.13
Family Composition	−.01	−.12
Responsiveness-Anger	−.30*	−.16
Verbal Processing	.10	.55***
Awareness Disc. -Anger	−.07	.12
Father- Sadness		
Biological Sex	−.08	−.08
Age	.10	.07
Minority Status	.00	.08
Responsiveness-Sad	−.03	.16
Verbal Processing	.05	.27†
Awareness Disc. -Sad	.38*	.33*
Father- Anger		
Biological Sex	−.07	−.06
Age	.08	.06
Minority Status	.03	.10
Responsiveness-Anger	−.34*	.05
Verbal Processing	−.03	.22
Awareness Disc.-Anger	.03	.14

Note. N=86 for mother regression models, 59 for father regression models. Values represent standardized regression coefficients. Men = 1 and Women = 2. BDI-II = Beck Depression Inventory-II. Awareness Disc. = Awareness discrepancy, high values indicate higher discrepancy (less awareness).

† p<.10.

* p < .05.

** p < .01.

*** p < .001.