Emotion Regulation Difficulties in Adolescents: Associations with Parenting and Mother-Adolescent Relationship Quality

Anna Neumann
Hans M. Koot

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Difficulties in emotion regulation (ER) have been said to underlie most forms of psychopathology (Bradley, 2000). Although in adolescence the prevalence of emotional and behavioral problems increases (Silk, Steinberg, & Morris, 2003), research on ER in adolescence is scarce. While several factors are thought to underlie ER, including neurophysiology, temperament/personality, cognitive, and social factors (for a review see Morris, Silk, Steinberg, Myers, & Robinson, 2007), especially in early childhood, parents are acknowledged to play a major role in their child’s emotional development (e.g., Kopp, 1989). A similar role for parents has been hypothesized for adolescent ER, but this role has rarely been investigated. The goals of the present investigation are to explore the associations of parenting (Study 1) and aspects of the parent-adolescent relationship (Study 2) with adolescent ER difficulties, and the potential moderating role of adolescent gender in these associations.

In keeping with the functional approach to emotions (e.g., Thompson, 1994), ER is understood here as “… the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying reactions to accomplish one’s goals” (Thompson, 1994; pp. 27-28). More specifically, in this study ER is defined as a multidimensional construct involving: (a) the awareness, understanding, and acceptance of emotions; (b) access to adaptive strategies for modulating the intensity and/or duration of emotional responses; and (c) the ability to control behaviors, including inhibiting impulsive behaviors and engaging in goal-directed behaviors, when experiencing emotional distress (see Gratz & Roemer, 2004). Perceived deficits in any or all of these dimensions are considered indicative of ER difficulties. It has been shown that these difficulties can be differentiated, and are linked to internalizing and externalizing problems in adolescents (Neumann, van Lier, Gratz, & Koot, 2010). Given the very limited research on direct links between parenting and adolescent ER, hypotheses on this link are mainly derived from evidence on the association between parenting and adolescent behavioral/emotional problems.

Several studies have shown that parents play a significant role in the development of ER in children. Parents socialize their children’s ER in a number of ways, including direct instruction, modeling, and their reactions to their children’s emotional displays (Saarni, 1999). Recent research has demonstrated that direct emotion socialization remains important during adolescence (e.g., Klimes-Dougan, Brand, Zahn-Waxler, Usher, Hastings, Kendziora, et al., 2007). Nevertheless, for adolescents, who are thought to be able to regulate their emotions more independently from parents than children (Kopp, 1989), it has been suggested that more indirect sources, such as general parenting behaviors, and the general quality of the parent-adolescent relationship become relatively more important as influences on the quality of ER (Zahn-Waxler, Klimes-Dougan, Kendziora, 1998).

Three generally agreed upon core dimensions of parenting (e.g., Barber, 1996), are ‘acceptance versus rejection’, ‘firm versus lax behavioral control’, and ‘psychological control versus psychological autonomy granting’. Parental control gains special importance in adolescence, when a major developmental task of the adolescent is to achieve more autonomy from the parent. Parental behavioral control is aimed at controlling the adolescent’s behavior (Barber, Olsen, & Shagle, 1994), e.g., to prescribe a curfew. Low parental behavioral control has consistently been
linked to heightened levels of child externalizing behaviors (for a review see Barber & Harmon, 2002). To our knowledge, no studies have directly examined associations between parental behavioral control and adolescent ER. However, it seems likely that these links are rather weak, for instance, because by definition, behavioral control is aimed at the adolescent’s behavior, not at the adolescent’s internal emotional world (Barber et al., 1994).

By contrast, parental psychological control is aimed at controlling the child’s psychological world (Barber et al., 1994). High psychologically controlling parents wish to control everything for their child, including the way they should feel. When dissatisfied with their child, these parents react by (threat of) withdrawing love or guilt induction. These parental behaviors likely interfere with child emotional development by precluding possibilities for the child to freely express emotions and to learn to be accepting of emotional responses. Parental psychological control has been positively linked to both internalizing and externalizing problems (Barber & Harmon, 2002), and to difficulties with self-regulation (Moilanen, 2005). We expect high psychological control to be related with increased difficulties in ER.

Over time, the relation between parenting and child behaviors becomes increasingly bidirectional (Kuczynski, 2003). While parents still need to exert certain degrees of power over their adolescent child, support and rejection are likely to be mutually determined by the adolescent and his/her parent. In general terms, if the parent-adolescent relationship is characterized by trust, support and warmth, adolescents are probably more likely to turn to their parents for support in emotional situations. In such a climate, adolescents can learn that (novel) emotional situations need not be overwhelming, but can be handled. In addition, when trust in the relationship is high, adolescents will be more likely to discuss emotional experiences with their parents, which is likely to increase such ER dimensions as emotional awareness and clarity. In contrast, when levels of conflict and negative interactions in the parent-adolescent relationships are high, negative affect might escalate in interactions between adolescents and parents, and chances for learning effective ER are precluded. The adolescent might also hide his/her feelings from his/her parents in the first place, thereby also precluding opportunities for learning adaptive ER. Moreover, heightened levels of negative interactions in the parent-adolescent relationship might indicate ER difficulties on the side of the parent, and provide the adolescent with a model of ineffective ER, such as poor impulse control. Thus, linking ER difficulties with levels of support and negative interaction in the parent-adolescent relationship is expected to yield negative and positive associations with these two relational aspects, respectively.

There exists evidence for gender as a moderating factor in the link between psychosocial factors and developmental outcomes, such as ER. It has been shown that an authoritarian parenting style, which is characterized by low levels of warmth and high levels of both behavioral and psychological control, is related to externalizing problems for boys, and to both externalizing and internalizing problems for girls (e.g., Hart, Newell, & Olsen, 2004). Though indirectly, this suggests that high levels of parental control might be more strongly associated with adverse developmental outcomes, including ER problems, for girls than for boys. In addition, parents teach their girls more relationship-oriented ER strategies, while teaching boys more problem-oriented and instrumental
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ER strategies (e.g., Eisenberg, Cumberland, & Spinrad, 1998). If boys and girls internalize these respective ER strategies in childhood, adolescent females should be more likely than adolescent males to try to regulate their emotions in the context of (close) social relationships. Accordingly, females’ ER competencies are likely to profit more from positive relationships with their parents, while at the same time troubled relationships are likely to pose a greater threat for female adolescents than for male adolescents to develop ER difficulties. Thus, it is likely that gender moderates the link between relationship quality and adolescent ER difficulties, such that the link is stronger for girls than for boys.

In sum, the goals of the present investigation are to explore how parents (specifically mothers) play a role in their adolescent child’s emotional development, and to investigate possible moderating effects of gender. Since parents may influence their adolescent child’s ER in more than one way, two studies are conducted: In Study 1, the focus is on parenting variables, specifically behavioral and psychological control, while Study 2 focuses on aspects of the parent-child relationship, namely negative interaction, and support.

STUDY 1

Study 1 addressed the relation between maternal behavioral and psychological control, and adolescent ER difficulties. We expected that psychological control would be positively related to all dimensions of adolescent ER difficulties, while behavioral control would not, and that the relation between psychological control and ER difficulties would be stronger for girls than for boys.

METHOD

Participants

A sample of 286 students was recruited from three secondary schools in Cologne, Germany (147 boys, 139 girls; mean age 14.99 years, \(SD = 1.56\), range 11 – 19 years). Schools were chosen to represent different levels of secondary education in Germany and thus included students from a Gymnasium (\(N = 139\)), a Gesamtschule (\(N = 119\)), and a Hauptschule (\(N = 28\)). Boys and girls did not differ significantly regarding age, \(t(283) = .72, p > .05\), or the type of school they attended, \(\chi^2(N = 285, df = 2) = .38, p > .05\). Most of the students were born in Germany (92.3%). Of those students who were not born in Germany, most were born in Poland or Kazakhstan (1.0% each).

Measures

Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004). The DERS is a 36-item self-report questionnaire that assesses clinically relevant difficulties in emotion regulation. The questionnaire consists of six subscales, labeled Lack of Emotional Awareness (6 items), Lack of Emotional Clarity (5 items), Impulse Control Difficulties (6 items), Difficulties Engaging in
Goal-directed Behavior (5 items), Nonacceptance of Emotional Responses (6 items), and Limited Access to ER Strategies (8 items). Items are scored on a five-point scale ranging from 1 (almost never) to 5 (almost always). Subscale scores are constructed by summing responses to the corresponding items. Reliability of the DERS is good: Cronbach’s alpha has been reported to be .93 for the total scale, and Cronbach’s alphas lay between .80 and .89 for the subscales in a sample of college students (Gratz & Roemer, 2004). Construct and predictive validity have been demonstrated in adults (Gratz & Roemer, 2004). Its factor structure has been confirmed for adolescents, and relations between the DERS scales and behavioral/emotional problems in adolescents have been shown (Neumann et al., 2010). Reliability of the DERS in the present sample is acceptable, with Cronbach’s alphas ranging from .61 (Lack of Emotional Clarity) to .78 (Impulse Control Difficulties) (mean alpha = .72).

*Children’s Report of Parent Behavior Inventory-30* (CRPBI-30, Schludermann & Schludermann, 1988). Twenty items of the CRPBI-30, which assess adolescent-perceived maternal psychological and behavioral control were used in the present study. Ten items each refer to Behavioral Control (e.g., “My mother insists that I do exactly what I am told”), and Psychological Control (e.g., “My mother says that if I really cared for her, I would not do things that cause her to worry”). In the present sample reliability of the Psychological Control ($\alpha = .75$) and Behavioral Control scales ($\alpha = .72$) was acceptable. Evidence for the convergent and discriminant validity of the 108 item version of the CRPBI has been reported (Schwarz, Barton-Henry, & Pruzinsky, 1985). The CRPBI-30 shows meaningful links to adolescent impulse control and behavioral/emotional problems (Moilanen, 2005).

**Procedure**

For the purpose of the present study, the DERS and the CRPBI were translated to German. The first author translated the questionnaires to German. Then, the German translations were back translated into English by a native German speaker, who teaches English at a secondary school in Germany. Inconsistencies were resolved by discussion and resulting changes were made.

In preparation of the study adolescents’ parents received written information about the investigation and the possibility to disallow their child’s participation in the study. Adolescents themselves were informed about the study in their classrooms, and completed the questionnaires after having filled in an informed assent form. All students completed the DERS, plus the CRPBI or the NRI (employed in Study 2). Participants always completed the DERS first. Classes in each school were randomly assigned to subsets of measures, while insuring that the measures where equally distributed across students of different schools and grade levels. Every adolescent received a small gift in return for their participation.
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RESULTS

Preliminary Analyses

Because age showed significant associations with three DERS scales ($r = .28$, $r = .30$, and $r = .20$, $p < .01$ between age and Lack of Emotional Awareness, Lack of Emotional Clarity, and Impulse Control Difficulties, respectively) and we found a significant multivariate effect of secondary school on DERS scales, Pillai’s trace: $F(12, 554) = 10.98, p < .001$ we controlled for age and educational level in all subsequent analyses.

Relations Between Parenting and Adolescent ER Difficulties

As shown in Table 4.1, maternal Psychological Control was positively and significantly related to three out of the six DERS scales for males, namely to Lack of Emotional Clarity, Impulse Control Difficulties, and Nonacceptance of Emotional Responses. Correlations were in the small-medium range (Cohen, 1988; range = .25 - .31; median = .27). Maternal Behavioral Control was not significantly related to any of the DERS scales for male participants. For girls, maternal Psychological Control was significantly and positively related to four DERS scales, specifically to Lack of Emotional Clarity, Impulse Control Difficulties, Difficulties Engaging in Goal-directed Behavior, and Limited Access to ER Strategies. In addition, for female adolescents, maternal Behavioral Control was significantly and positively related to Limited Access to ER Strategies, and to Difficulties Engaging in Goal-directed Behavior. All correlations were small (range = .18 - .29; median = .22).
Table 4.1
Partial Correlations Between Parenting and Adolescent-Mother Relationship Characteristics and Adolescent ER Difficulties for Male and Female Adolescents

<table>
<thead>
<tr>
<th></th>
<th>Awareness</th>
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<th>Impulsivity</th>
<th>Goals</th>
<th>Nonacceptance</th>
<th>Strategies</th>
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<td>.28**</td>
<td>.24*</td>
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<td>-.42***</td>
<td>-.28*</td>
<td>-.47***</td>
<td>-.60***</td>
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Table 4.2

Hierarchical Regression Analyses Predicting Adolescent Emotion Regulation Difficulties from Gender and Parenting

<table>
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<th>Predictors</th>
<th>Awareness</th>
<th>Clarity</th>
<th>Impulsivity</th>
<th>Goals</th>
<th>Nonacceptance</th>
<th>Strategies</th>
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<tbody>
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<td>$\beta$</td>
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<td>$\beta$</td>
<td>$\Delta R^2$</td>
<td>$\beta$</td>
<td>$\Delta R^2$</td>
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<td>.00</td>
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<tr>
<td></td>
<td>Age</td>
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<td>.13*</td>
<td>.13*</td>
<td>.12</td>
<td>.08</td>
<td>.07</td>
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<td>.05</td>
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<tr>
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<td>.03</td>
<td>.00</td>
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<td>.15*</td>
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<td>.00</td>
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<td>.03***</td>
<td>.21***</td>
<td>.23***</td>
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<td>.00</td>
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<td>.00</td>
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<td>.28</td>
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</table>

To examine adolescent gender (males = 0, females = 1) and parenting effects as well as their possible interactions on adolescent ER difficulties, hierarchical regression analyses were conducted separately for each of the dimensions of ER difficulties. Results are in Table 4.2. The first step of the regression analyses included the control variables age and school, and the second step adolescent gender. In the third step, parenting variables were entered one at a time, and in the fourth step parenting by gender interaction terms were entered one at a time. Parenting variables were centered before interaction terms were built.

Gender appeared to be significantly linked only to Limited Access to ER Strategies. Maternal Behavioral Control was significantly linked to Difficulties Engaging in Goal-directed Behavior, and to Limited Access to ER Strategies, while Psychological Control appeared to be significantly linked to Lack of Emotional Clarity, Impulse Control Difficulties, Difficulties Engaging in Goal-directed Behavior, Nonacceptance of Emotional Responses, and Limited Access to ER Strategies. $R^2$s ranged from .03 to .07. The Gender X Behavioral Control interaction significantly predicted Limited Access to ER Strategies ($R^2 = .02$). Simple slopes calculated for boys and girls separately, showed that the link between Behavioral Control and Limited Access to ER Strategies is significant for girls ($\beta = .24, p < .01$), but not for boys ($\beta = .02, p > .05$).

**STUDY 2**

In Study 2, links between the quality of the adolescent-perceived relationship to his/her mother and adolescent ER difficulties, and gender as a possible moderating variable in this relationship, were investigated. We expected high levels of mutual support to be associated with low levels of ER difficulties, and high levels of negative interaction with high levels of ER difficulties. Further, these associations were expected to be stronger for girls.

**METHOD**

**Participants**

A sample of 177 students was recruited from the same three secondary schools in Cologne, Germany as for Study 1 (91 boys, 68 girls; mean age 14.64 years, $SD = 1.50$, range 12 – 19 years). The sample included students from a Gymnasium ($N = 84$), a Gesamtschule ($N = 71$), and a Hauptschule ($N = 24$). Boys and girls did not differ significantly regarding age, $t(174) = .81, p > .05$, or the type of school they attended, $\chi^2 (N = 177, df = 2) = 5.43, p > .05$. Most of the students were born in Germany (89.9%). Of those students who were not born in Germany, most were born in Turkey, Russia, or Moldavia (1.1% each).
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Measures

**Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004).** See Study 1.

**Network of Relationships Inventory (NRI; Furman & Buhrmester, 1985).** The 15 items of the NRI, which were employed in the present study assess adolescents’ perception of their relationship to their mother along the dimensions Negative Interaction (6 items; e.g., “My mother and I get annoyed with each other’s behavior”), and Support (9 items; e.g., “I share my secrets and private feelings with my mother”). Participants rated each statement on a five-point scale, where 1 = “never” and 5 = “always”. Higher scores on the subscales represent higher levels of negative interaction between adolescent and mother, and higher levels of perceived maternal support, respectively. The reliability of the NRI scales was supported in a sample of 11-13 year-olds, with Cronbach’s alphas around .80 (Furman & Buhrmester, 1985). In the present sample, Cronbach’s alphas were high for both scales (α = .92 for Negative Interaction, α = .88 for Support).

Procedure

The NRI was translated to German for the purpose of this study, following the same procedure as for the translation of the DERS and the CRPBI for Study 1. The procedure of data collection for Study 2 was the same as the procedure for Study 1.

RESULTS

**Preliminary Analyses: Effects of Age and Educational Level**

Because age showed a significant association with three DERS scales (r = .28, for Lack of Emotional Awareness, r = .30 for Lack of Emotional Clarity, both ps < .001, and r = .20 for Impulse Control Difficulties, p < .01), and since we found a significant multivariate effect of secondary school on DERS scales, Pillai’s trace: $F(12, 554) = 10.98, p < .001$ we controlled for age and educational level in all subsequent analyses.

**Relation Between ER Difficulties and the Mother-Adolescent Relationship**

Results are in Table 4.3. For male adolescents, Negative Interaction was positively associated with four DERS scales, namely Lack of Emotional Awareness, Lack of Emotional Clarity, Impulse Control Difficulties, and Difficulties Engaging in Goal-directed Behavior (range = .21 - .32; median $r = .26$). Support appeared to be negatively associated with Lack of Emotional Clarity and Difficulties Engaging in Goal-directed Behavior (both rs = -.20).

For female adolescents, Negative Interaction was found to be positively correlated with all dimensions of ER difficulties (range = .23 - .61; median $r = .42$), while Support correlated
negatively with all dimensions. All correlations were medium – large (range = -.28 to -.66; median \( r = -.48 \))

Adolescent Gender, Adolescent-Mother Relationship, and their Interaction Effects on Adolescent ER Difficulties

To examine the effects of gender, the mother-adolescent relationship, and their possible interactions on adolescent ER difficulties, hierarchical linear regression analyses were conducted separately for all scales of the DERS in three steps following the procedure described in Study 1. As in Study 1, all analyses were controlled for adolescent age and educational level. A main effect for gender was found only for Limited Access to ER Strategies, indicating higher scores for females. Significant main effects of Negative Interaction (\( R^2 = .06 - .14 \)) and Support (\( R^2 = .04 - .20 \)) were revealed for all DERS scales.

Significant Gender X Negative Interaction effects were found for three DERS subscales, i.e. Lack of Emotional Clarity (\( R^2 = .03 \)), Nonacceptance of Emotional Responses (\( R^2 = .04 \)), and Limited Access to ER Strategies (\( R^2 = .08 \)). Significant Gender X Support effects were found for the same three scales, plus for Impulse Control Difficulties (\( R^2 = .04 - .05 \)). Results of tests for simple slopes by gender showed that the links between Negative Interaction and Support on the one hand and ER difficulties on the other hand, are significant for girls only, or are at least stronger for girls than for boys. Beta’s for these links were as follows: for Negative Interactions and Lack of Emotional Clarity: \( \beta = .15 \) for boys, \( \beta = .53 \) for girls; Nonacceptance of Emotional Responses: \( \beta = .02 \) for boys, \( \beta = .45 \) for girls; Limited Access to ER Strategies: \( \beta = .03 \) for boys, \( \beta = .61 \) for girls, all \( ps > .05 \) for boys and \( < .001 \) for girls; for Support and Lack of Emotional Clarity: \( \beta = -.22 \) for boys, \( p < .05 \) and \( \beta = -.62 \) for girls, \( p < .001 \); Impulsivity: \( \beta = .05 \) for boys, \( p > .05 \) and \( \beta = -.41 \), \( p < .001 \) for girls; Limited Access to ER Strategies: \( \beta = -.19 \), \( p > .05 \) for boys and \( \beta = -.61 \), \( p < .001 \) for girls.
Table 4.3
Hierarchical Regression Analyses Predicting Adolescent Emotion Regulation Difficulties from Gender and Relationship Variables

<table>
<thead>
<tr>
<th>Step</th>
<th>Predictors</th>
<th>Awareness</th>
<th>Clarity</th>
<th>Impulsivity</th>
<th>Goals</th>
<th>Nonacceptance</th>
<th>Strategies</th>
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Note. Awareness = Lack of Emotional Awareness. Clarity = Lack of Emotional Clarity. Impulsivity = Impulse Control Difficulties. Goals = Difficulties Engaging in Goal-directed Behavior. Nonacceptance = Nonacceptance of Emotional Responses. Strategies = Limited Access to Emotion Regulation Strategies. NI = Negative Interaction. Main effects of Behavioral Control and Psychological Control and their Interactions have been tested separately in steps 3a and 4a, and 3b and 4b, respectively. * $p < .05$, **$p < .01$, ***$p < .001$. $N = 175$. 

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The results of the two present studies suggest that adolescents’ emotion regulation difficulties are related to the context of the mother-adolescent relationship. Study 1 showed that parenting variables, especially psychological control are linked to adolescent ER difficulties, while Study 2 showed that relationship variables, such as negative interaction and support are related to adolescent ER difficulties. In both studies stronger relations between these variables were found for girls than for boys.

As expected, maternal control is related to ER difficulties in 11-19 year olds. Results highlight the importance of distinguishing between behavioral and psychological control, as only the latter showed consistent associations with adolescent ER difficulties. It seems that, when mothers are overly involved in their adolescents’ psychological world, adolescents experience heightened levels of problems with the regulation of their emotions, possibly due to the fact that they have not learned to regulate their emotions in sufficiently independent ways. Indications that psychological control is related to adolescent ER difficulties are in line with research demonstrating that heightened levels of psychological control are associated with poorer impulse control (Moilanen, 2005), internalizing problems and certain externalizing behaviors, such as aggressive defiant behaviors (Barber & Harmon 2002; Moilanen, 2005; Silk et al., 2003).

Whether mothers engage in high levels of behavioral control seems to matter little for adolescent ER difficulties. Correlational and regression analyses revealed only two weak associations between behavioral control and dimensions of ER difficulties (difficulties engaging in goal-directed behavior, and limited access to ER strategies), and these reached significance only for girls. Nevertheless, results suggest that for female adolescents, too much maternal behavioral control interferes with the development of independent ER. It seems likely that results would be different for younger children. In childhood, reasonable levels of behavioral control might enhance the child’s feelings of security, including emotional security, thereby providing the child with an environment in which adaptive ER can be learned. Our results imply that strong maternal behavioral control that is still present in adolescence may result in the opposite.

Converging with our hypotheses, perceived support and levels of negative interaction in the mother-adolescent relationship were strongly related to adolescent ER in Study 2. Negative associations between support and all dimensions of ER difficulties found in this study suggest that high levels of perceived support in the adolescent-mother relationship may assist the adolescent in developing adaptive independent emotion regulatory skills. By contrast, heightened levels of perceived negative interaction in the mother-adolescent relationship were strongly positively related to difficulties in all aspects of ER studied here, suggesting that negative interactions enhance the development of emotional difficulties in adolescents. It is likely that the basis for these associations lies in the early relationship between mother and child, as indicated in the introduction. According to attachment theorists (e.g., Kobak & Sceery, 1988), during the course of development,
the child needs to learn how to regulate his or her emotions in increasingly independent ways, and
the relationship between caregiver and child becomes more and more mutual. Child ER, which has
been shaped by sensitive caregiving, now in turn shapes the relationship between the child and the
caregiver in important ways. And, though the basis for this relationship might date back to early
infancy and childhood, it appears that the adolescent’s current perception of his/her relationship
with his/her mother remains associated with ER difficulties in adolescence. Several mechanisms
might be relevant here, for instance the creation of a context in which it is safe to express emotions,
or that mothers who have formed a warm and supportive relationship with their children are more
likely than mothers who have not, to be good models of adaptive ER.

Taken together, results of Study 1 and Study 2 suggest that mothers remain powerful
agents and partners, in their adolescent child’s emotional development. Though no direct test was
possible in this study, it seems that associations between parenting and adolescent ER difficulties
are less strong than between social relations and ER difficulties, which is consistent with
suggestions that in adolescence, less direct influences on child ER, such as the general quality of the
parent-adolescent relationship become relatively more important (Zahn-Waxler et al., 1998).

Consistent with arguments that the interpersonal nature of emotions is more salient to
females than to males (Shields, 1995), it appears that mother-adolescent relationship quality is
related to female adolescents’ ER difficulties much more profoundly than to male adolescents’. In
addition, behavioral control was associated with female adolescents’ ER difficulties only. The
effects found here might be the result of gender-typical emotion socialization in childhood. Parents
generally teach their daughters more relationship-oriented ER strategies, whereas they tend to teach
their sons more active and instrumental ER strategies (Eisenberg et al., 1998). One needs to keep in
mind that females reported on same-sex relationship, while males reported on an other-sex
relationship. Links between relationship quality and ER difficulties might have been different for
boys, if they had reported on their relationship with their father.

A limitation of the present study is that it relies solely on self-report data. This may have
resulted in an overestimation of the links between ER difficulties and the mother-adolescent
relationship due to shared-method variance (e.g., Fergusson & Horwood, 1987). Another limitation
of the present study is its purely cross-sectional nature, which prevents any conclusions regarding
the directionality of effects. It seems highly likely that associations between the mother-adolescent
relationship and ER difficulties are bidirectional: interactions in the relationship provide a context
for adolescents to develop ER skills, while at the same time their ER capabilities impact the nature
of these interactions. Similarly, links between psychological and behavioral control and ER
difficulties might also be bidirectional. Mothers of adolescents, who have difficulties with the
regulation of emotions, might be more inclined than mothers of adolescents with better emotion
regulation skills, to interfere with their son’s or daughters’ psychological world and to try and
control their behavior. Future longitudinal studies are needed to shed more light on these
associations. Finally, it would be informative to investigate fathers’ roles in their children’s
emotional development, too.
Despite these limitations, the studies reported here support the notion that aspects of parenting and the adolescent-mother relationship are salient in adolescents’ emotional capabilities. Future studies may demonstrate the influence of parenting and relationship quality on increases and decreases in ER difficulties during adolescence, potential influences of adolescents’ ER difficulties on the development of the relationship with parents, as well as the potential role played by adolescent ER difficulties in the widely acknowledged association between parenting/relationship qualities and the development of behavioral and emotional problems in adolescence.