Shyness in early childhood has been associated with less adaptive outcomes, including less social skill with peers, higher levels of peer rejection and poorer adjustment to formal schooling (Coplan, Prakash, O’Neil & Armer, 2004; Gazelle & Ladd, 2003; Gazelle & Spangler, 2007; Rubin & Borwick, 1984). Beyond early childhood, children who remain shy continue to experience peer rejection, have fewer friendships and experience higher levels of internalizing problems (Erath et al., 2007; Henderson et al., 2004; Pederson et al., 2007). While researchers have identified parenting behaviors that can undermine the social emotional development of shy children, relatively less is known about parenting behaviors that may facilitate growth for shy children. Additionally, the relations between shyness, parenting and child social-emotional outcomes have not been examined within low-income, ethnic minority populations. The current study examines: 1) the relations between child shyness, family risk and social competence and 2) the moderating roles of parental emotion socialization practices and contextual risk on the relation between child shyness and social competence. Using a sample of 123 children attending Head Start and their caregivers, results indicated associations in the expected direction between parental supportive emotion socialization practices and authoritative parenting as well as between family risk and parental depressive symptoms. Study hypotheses relating supportive emotion socialization practices and family risk to the relation between child shyness and social competence were not supported. Additional study findings as well as implications for future research are discussed.
SHYNESS AND PARENTAL EMOTION SOCIALIZATION:
IMPACTS ON THE SOCIAL COMPETENCE
OF PRESCHOOL CHILDREN
ATTENDING HEAD START

by

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CHAPTER I
INTRODUCTION

Shyness has been defined as the display of anxiety and wariness during novel social situations (Coplan, Prakash, O’Neil & Armer, 2004). Shyness has been described as a conflict between the motivation to approach and avoid social situations (Asendorpf, 1990). In observational studies, shy children have been found to show more overt anxiety, onlooking and hovering in the context of peers (Coplan, Rubin, Fox, Calkins, & Stewart 1994). Shy children also speak less and spend less time engaging with peers in the classroom (Crozier & Perkins, 2002). These behavioral manifestations of shyness have been called reticent behaviors (Coplan et al., 1994). Teachers have identified these behaviors as problematic in the classroom and in need of intervention (Arbeau & Coplan, 2007).

During early childhood, young children must learn to balance the needs and rights of themselves and others as they learn to navigate a peer group for the first time. Research suggests that shy children are less effective during their interactions with peers. Rubin and colleagues (1984) paired withdrawn 4 and 5 year olds with non-withdrawn partners of the same age and sex and coded their interactions during free play. Compared to children who were non-withdrawn, shy children made more attempts to gain their partner’s attention and fewer attempts to gain control of an object or draw attention to
themselves. Additionally, shy children made less requests overall and their requests were less likely to be direct and successful compared to non-withdrawn children. In a follow-up study, when the children were 7 to 9 years old, shy children initiated less social interactions and were less socially assertive compared to non-withdrawn children (Stewart & Rubin, 1995). Additionally, shy children exhibited more failures to meet social goals and were less likely to reattempt to solve a social goal after a failure. Nelson and colleagues (2005) investigated the hypothesis that difficulty gaining peer compliance affects children’s feelings of social competence. They found that shyness at age 4 was negatively correlated with peer compliance and that this lack of peer compliance in early childhood predicted children’s self-reported social competence at age 7.

Research suggests that shy children also have difficulty fitting in with their peers as early as preschool. While Rubin and colleagues (1993) found that shy preschoolers were not rejected by peers, evidence has accumulated, in the form of teacher report, which suggests that shy preschoolers are rejected and mistreated by peers (Coplan, et al., 2004; Gazelle & Ladd, 2003; Gazelle & Spangler, 2007). Studies employing sociometric peer rating methodologies have also found that shy children are more likely to be rejected compared to their non-withdrawn peers (Hart et al., 2000; Nelson et al., 2005). Additionally, teachers’ ratings of young children as shy during preschool predicted exclusion and rejection by peers in kindergarten and first grade (Gazelle & Ladd, 2003; Gazelle & Spangler, 2007). These studies suggest that shy behavior in early childhood can lead to less adaptive social trajectories, including increasing peer difficulties during the transition to formal schooling.
**Parental Contributions to the Development of Shyness**

Researchers have examined the role that parents play in the continuation and exacerbation of child shyness and social withdrawal. Rubin and colleagues (1997) found that children who exhibited inhibition towards new children and adults in a laboratory setting had mothers who rated them as shy and engaged in overly solicitous behaviors, defined as a being simultaneously overly warm, controlling and unresponsive to child cues. Rubin, Cheah and Fox (2001) found that mothers of socially reticent preschoolers were overly controlling during an unstructured, free-play activity. The researchers emphasized the importance of context in understanding the effects of parents’ controlling behaviors on young children. Parents of shy children tended to use controlling strategies during inappropriate situations, when no support was needed or no threat was present (Rubin, Cheah & Fox, 2001).

Researchers have also examined the more long term effects of maternal socialization practices during early childhood. Cheah, Rubin and Fox (1999) examined the interaction of child temperament and parenting during early childhood. They found that observed social reticence at age 4 predicted observed social reticence at age 7. Additionally, they found that overly controlling and solicitous maternal behavior during free play at age 4 predicted a greater increase in social reticence between the ages of 4 and 7. This study provided evidence of the unique contribution of parental behavior in the development of child shyness, beyond the effects of child temperament alone. In a study examining trajectories of social withdrawal, Booth-Laforce and Oxford (2008) examined how maternal parenting during preschool impacted children’s social-emotional outcomes.
during first through sixth grade. They found that mothers who were more hostile and unsupportive and who discouraged autonomy during preschool had children who showed the most withdrawal during elementary school. Additionally, these children were also more likely to be lonely, unpopular, and excluded from peer activities.

Several studies present evidence which suggests that parenting during early childhood can also have a positive effect on the social-emotional trajectories of shy children. Degnan and colleagues (2008) found that shy preschoolers whose mothers were not overly solicitous showed less withdrawal 3 years later, compared to shy preschoolers whose mothers were overly solicitous. In a study of Turkish preschoolers and their mothers, Yagmurlu and Altan (2010) found that maternal responsiveness, a composite variable comprised of scales measuring warmth, inductive reasoning and supportive emotion socialization practices, interacted with child approach/withdrawal to predict social emotional outcomes. Specifically, for children average and high in withdrawal, maternal responsiveness was positively related to emotion regulation. However, for children low in withdrawal (i.e., high in approach), maternal responsiveness was not significantly related to emotion regulation. Similarly, Coplan, Arbeau and Armer (2008) found that maternal authoritative parenting and agreeableness were associated with less internalizing and peer difficulties as well as better school adjustment for shy kindergarten children. They also found that at lower levels of shyness, maternal authoritative parenting and agreeableness were no longer significantly related to child outcomes.

These findings suggest that shy children may be more sensitive to maternal socialization strategies compared to more sociable children. This idea is consistent with
the differential susceptibility hypothesis, which suggests that children who are
temperamentally or genetically vulnerable have an increased sensitivity to the effects of
their environment, including both supportive and unsupportive environments (Belsky,
1997; Belsky, 2005; Belsky, Bakermans-Kranenburg & van Ijzendoorn, 2007).
Considering the research suggesting that children higher in shyness are at increased risk
for social emotional difficulties, this aspect of temperament could also be conceptualized
as making children more vulnerable.

Both studies illustrate that parenting can also serve as a protective factor in the
development of shy children. However, compared to overprotective parenting, much less
is known about which positive parenting practices are most related to outcomes for shy
children. Thus far, most research examining the positive impact of parents on the social-
emotional development of their shy children has focused on parenting styles, particularly
authoritative parenting. Researchers have noted that one weakness of the parenting styles
approach is that each parenting style consists of multiple parenting dimensions, which
makes it difficult to determine which parenting behaviors are most related to
developmental outcomes (Barber, 1996). In response to this weakness, researchers have
noted the benefits of transitioning from examining parenting styles to examining
parenting practices (Darling & Steinberg, 1993). Determining which parenting practices
are most supportive for shy children could also help inform early intervention efforts with
this group. One parenting practice that is a more specific extension of a warm, responsive
parenting style is supportive emotion socialization.
**Parental Socialization of Emotion in Early Childhood**

Defined broadly, emotion socialization refers to the process through which children learn how to label, understand and respond to their own emotions as well as the emotions of others (Denham & Grout, 1992). Parental emotion socialization has been operationalized in a variety of ways across studies. Two primary measurements include parental beliefs about emotional expression and parental emotion-related behaviors. Some parental emotion-related behaviors of interest have included the frequency and content of emotional speech, the range and intensity of emotional expression as well as contingent responding to children’s expression of positive versus negative emotion.

Eisenberg, Cumberland and Spinrad (1998) reviewed the literature on parental emotion socialization practices in order to develop a heuristic model of emotion socialization. They restricted their model to the emotion-related behaviors that were most directly linked to children’s social emotional outcomes. Their review identified three critical emotion-related socialization behaviors: (1) expressivity, (2) discourse about emotions and (3) reactions to child’s negative emotion. Parent expressivity refers to the frequency and style of parents’ emotional expression, which directly models ways to react to and express different types of emotions. Parental discourse about emotions refers to the frequency of emotion-focused speech during parent-child interactions. Exposure to parental discussion of emotion provides children with the appropriate language to describe their own feelings and the feelings of others. Finally, parental reactions to children’s negative emotion represent an important means through which children’s emotional expression is socialized. Parental reactions to different negative emotions teach children which types of emotional expression are valued.
Early childhood seems to be a particularly important time for children to benefit from parents’ emotion-related socialization behaviors. Gains in language and cognitive development allow children to learn from verbal, in addition to nonverbal, emotion socialization behaviors, as well as practice them more effectively (Warren & Stifter, 2008). Also during early childhood, children are developing emotional and behavioral self-regulation skills, which leads to a greater need for adult instruction and intervention (Graziano, Calkins & Keane, 2011). Garner (1999) found that parents of school-age children reported less frequent use of emotion-related socialization behaviors compared to parents of young children. The authors hypothesized that since young children often require more adult emotion-related support, emotion-related socialization behaviors were more salient to these parents. Finally, an important task of early childhood is to develop competency in peer interactions (Denham, Mitchell-Copeland, Strandberg, Auerbach & Blair, 1997). Early childhood represents a transition to more structured school settings for most young children and greater exposure to same age peer groups. Parental emotion-related socialization behaviors may be particularly impactful during this important time in social development. For example, Roberts (1999) found that parental tolerance of negative emotion, as indicated by endorsement of more comforting and non-punitive responses to conflict, was associated with higher levels of teacher-reported pro-social behavior in the classroom for boys.

Impact of Parental Emotion Socialization Practices on Child Outcomes

Children’s emotional competence and social competence are theoretically distinct, yet overlapping constructs. Emotional competence includes recognizing and labeling
one’s own emotional state as well as the emotional state of others, showing empathy and competently handling negative emotions (Denham et al., 1997). Social competence is a broader construct which includes the dynamic use of emotion-related as well as social skills during a variety of social situations. A clear association has been established between the skills that comprise emotional competence and overall social competence (Denham & Grout, 1992; Denham et al., 1997; Fabes, Leonard, Kupanoff & Martin, 2001).

In studying the relationship between emotion-related socialization behaviors and social and emotional competence, researchers have distinguished between emotion-related socialization behaviors that are related to adaptive social-emotional outcomes versus those associated with less adaptive social-emotional outcomes. Empirical support for the distinction between supportive and unsupportive emotion-related socialization behaviors is strongest for emotional expressiveness and reactions to children’s negative emotions. Regarding emotional expressiveness, high levels of exposure to positive parental affect and high levels of exposure to negative parental affect have led to different social-emotional outcomes (Denham, 1989; Denham et al., 1997). Regarding reactions to children’s negative emotions, it has been theorized that reactions that help the child reduce and resolve their negative affect, whether directly or indirectly, are more beneficial than reactions that minimize or punish it (Fabes, Poulin, Eisenberg, & Madden-Derdich, 2002). While the latter response may be successful at reducing children’s expression of negative affect, their personal distress is not reduced.
Current research highlights the contributions of parental emotion-related socialization behaviors, including emotional expressiveness, discourse on emotions and reaction to children’s negative emotions, to the development of individual differences in social and emotional competence. Differential effects of exposure to high levels of parental positive versus negative affect have been noted empirically. Denham and colleagues (1997) examined parental modeling of emotional expressiveness, emotional coaching and contingent responding to child’s affect (i.e., mirroring child positive or negative affect) during coded parent-child interactions and assessed their impact on children’s emotional and social competence. Parental modeling of emotional expressiveness was a significant predictor of child social competence, but emotional coaching and contingent responding to child’s affect were not significant predictors. Specifically, they found that mothers who expressed more happiness had children who remained positive during peer interactions and mothers who expressed more negative affect had children who displayed less social competence during peer interactions. Garner and colleagues (1994) used the Family Expressiveness Questionnaire, which categorizes the expression of emotions into four subscales, positive and negative dominant and positive and negative submissive. They found that maternal self-reported frequent positive expression was related to children’s social competence during interactions with younger siblings and that maternal self-reported frequent negative submissive expression (i.e., frequent crying and sadness) was related to children’s lower social competence during sibling interactions. Denham (1989) found that exposure to high levels of maternal anger was associated with more angry displays in children. Also, Garner, Jones and
Miner (1994) found that maternal-reported anger directed towards the child significantly predicted child emotional knowledge, an indicator of emotional competence. These studies suggest that high levels of parental negative affect can adversely impact children’s adaptive social and emotional development.

Denham and Grout (1992) found that parents’ expressiveness, in addition to their supportive reaction to children’s negative emotion and self-reported affective environment, was associated with children’s observed emotional competence with their mother as well as their peers. However, since the study is correlational, it is difficult to determine if parental expressiveness leads to child emotional competence or if child emotional competence leads parents to be more expressive. Similarly, Denham and colleagues (1997) found that parents of 3 to 5 year old children who used more emotional coaching had children who were better able to discuss their own emotions. Finally, Garner (1999) examined how parental emotion-focused discourse impacted the continuity of emotion knowledge, including emotion regulation knowledge, self-protective display rules and pro-social display rules, from early to middle childhood. Maternal use of emotion-focused discourse during early childhood was positively associated with child expression regulation knowledge (i.e., changing their description of a story character’s facial expression to match the characters known internal feeling), and pro-social display rule knowledge, in middle childhood, but not to self-protective display rules knowledge. These studies suggest that higher levels of parental discourse on emotions help to facilitate children’s emotional competence.
The ability to regulate negative affect has greater implications for children’s social competence than the ability to regulate positive affect. Fabes and colleagues (2001) argue that parental response to children’s negative emotions represents a central avenue for emotion socialization, because it is a direct way to condition children’s expression of negative affect. Eisenberg and colleagues (2002) created a scale that specifically focuses on parental responses to children’s negative emotions. The Coping with Children’s Negative Emotion Scale (CCNES) includes six theoretically distinct sub-scales that formally categorize emotion-related socialization behaviors into supportive versus unsupportive reactions. For example, reacting to children’s emotions by encouraging expressiveness, employing problem-focused coping (i.e., addressing the event that is causing distress) and employing emotion-focused coping (i.e., addressing the child’s distress directly) are considered supportive strategies. Conversely, responding by minimizing, punishing or reacting with distress to children’s negative emotions are considered unsupportive strategies.

Research using the CCNES as a measure of emotion socialization has provided empirical support for their categorization of emotion-related socialization behaviors in response to children’s negative emotions. Warren and Stifter (2008) examined the effects of parents’ supportive responses to children’s negative emotion on children’s self-awareness of different emotions, including happiness, sadness and anger. They found that maternal use of supportive emotion-related socialization behaviors predicted higher self-awareness of happiness in children. Fabes and colleagues (2002) found that supportive parental reactions to children’s negative emotion predicted better performance on a task
that required children to label and describe the emotions of another. Additionally, they found that emotional encouragement in response to children’s negative emotion predicted greater child expressiveness, as measured by the frequency and intensity of emotional expression during a coded laboratory session. For example, consider a child who is angry about missing a birthday party because they are sick. An example of an emotion-focused reaction would be to soothe the child by giving them a hug or by distracting them with a fun activity. An example of emotional encouragement, in response to the same scenario, could include encouraging the child to share their angry and frustrated feelings.

Some studies provide support for the association of unsupportive emotion socialization strategies and negative social and emotional child outcomes. Fabes and colleagues (2001) found that parents who responded to children’s negative emotion with distress and punishment had children who expressed emotions in less productive ways and exhibited lower overall social competence. Similarly, Eisenberg and colleagues (1999) found a positive association between a punitive parental response to negative child emotion and child behavior problems across three time points between the ages of 6 and 12. Additionally, they found that parental report of non-supportive reactions to children’s negative emotion (i.e., minimizing, punitive or responding with distress) were significantly correlated over the six year observation period (Eisenberg et al, 1999).

The current emotion socialization literature indicates that a variety of parental emotion-related socialization behaviors are related to child social and emotional outcomes, particularly emotional expressiveness, discourse on emotions and supportive responses to children’s negative emotion. However, considering that most of the literature
is correlational, understanding the direction of influence is difficult. The most well
developed emotion-related socialization behaviors sub-literature, both theoretically and
empirically, is the research regarding the parental response to children’s negative
emotion. Not only is there a clear rationale for why these reactions are particularly central
in emotion socialization processes, but there is a standard, theoretically-informed
measure which can be used to test more specific hypotheses regarding which components
of parental reactions to children’s negative emotion are related to child outcomes.

*Shyness and Parental Emotion Socialization in Low-income, Ethnic Minority
Communities*

Most research on shyness and parental emotion-related socialization behaviors has
involved white, middle class parent-child dyads. There are currently very few studies that
have examined emotion-related socialization behaviors in more diverse, lower-income
samples and even fewer that have examined shyness in this population. Overall, much
less is known about how income level and culture impact parenting styles and behavior
(Coolahan et al., 2002)

Two studies have examined emotion socialization practices in an exclusively low-
income sample. Garner and colleagues (1994) examined the relationship between
maternal-reported emotion socialization practices, as measured by the frequency of
displaying positive and negative emotions in both a passive and dominant manner, social
cognitive situation knowledge and child social competence with peers, as measured by
sociometric peer acceptance and the presence of dyadic friendships. Participants were
low-income and ethnically diverse, however, a majority of the sample was African
American. Maternal acceptance of negative emotions and anger expression were related to children’s angry situation knowledge. Additionally, children’s overall situation knowledge, including knowledge of situations involving sadness, happiness, anger and fear, predicted social competence with peers. Brophy-Herb and colleagues (2011) examined the relationship between maternal responsiveness, emotion socialization practices and toddler social competence in a low-income sample. Their sample was majority low-income and white. They found that maternal emotion socialization practices, as measured by the frequency of expressing positive emotions and engaging in emotion coaching, impacted toddler social competence both directly as well as indirectly via maternal responsiveness. These studies suggest that the relationship between maternal emotion socialization, as measured by emotional expressiveness and emotion coaching, and child social competence is similar to the relationship found in studies involving middle-class participants.

Disentangling the effects of income level and culture can be difficult, as they are often confounded (Coolahan et al, 2002). Some studies examining emotion socialization practices in ethnic minority parents have controlled for socioeconomic status in their analyses, allowing for an examination of the unique impacts of culture. Nelson and colleagues (2012) compared the emotion socialization beliefs and practices of European American and African American parents. Their sample contained sufficient socioeconomic diversity to control for socioeconomic status and isolate the impact of race and ethnicity on parent’s emotion socialization beliefs and practices. They found that African American parents reported that negative emotions were less appropriate and
associated with more social consequences compared to European American parents. They also found that African American parents reported using fewer supportive responses to children’s negative emotions. Additionally, they found that the emotion socialization beliefs of African American parents partially mediated the relationship between race and use of supportive responses to children’s negative emotions. In a follow-up study, Nelson and colleagues (2013) found that encouraging children to express negative emotions, a strategy typically considered supportive and related to greater social and emotional competence, was negatively related to African American children’s academic and social competence. These studies suggest that African American parents may respond in different ways to their children’s negative emotions and that these responses may be related to child outcomes in different ways compared to European American parents. However, firm conclusions cannot be drawn given the current dearth of research in this area.

One important reason to advance the research base with low-income, ethnically diverse samples is that the adaptiveness of child and parent behaviors can vary based on cultural context (Ogbu, 1981; Chen & French, 2008). In his cultural-ecological perspective on the study of socialization and child development, Ogbu (1981) argues that the cultural values of a particular group determines what is considered a desirable and competent outcome of development. This perspective has two important implications for the study of parental socialization in different cultural groups: 1) cultural differences in understandings of competence dictate the socialization behaviors employed by caregivers
and 2) what is considered competent is culturally dependent (i.e., what may be considered competent in one cultural group, could be considered incompetent or unimportant in another cultural group).

Similarly, Chen and French (2008) discuss a contextual-developmental perspective on the development of social competence, emphasizing that certain child characteristics and behaviors may be differentially related to the development of social competence depending on the child’s cultural context. Specifically, while similar child behaviors and characteristics may be observed across cultures, the frequency and functional significance of these behaviors may differ. Some cross-cultural research has examined the differential implications of shyness for Chinese samples compared to North American samples. In contrast to the findings in North American samples, researchers have found that shyness and inhibited behaviors are more frequently observed in Chinese children and tend to be associated with social as well as academic success (Chen et. al., 1992; Chen et al., 1999). More research is needed on the implications of child shyness between and within different cultural and socioeconomic groups within the United States.

Another important reason to advance the research base with low-income, ethnically diverse samples is that these populations are more likely to experience stressors that can impact both parenting behaviors as well as child outcomes. Contextual risk factors that have been associated with less supportive parenting practices and increased parenting stress include socioeconomic status and economic hardship (Hashima & Amato, 1994; Simons et al., 2002; Williford, Calkins & Keane, 2007). In addition to these contextual variables, parental depressive symptoms are another risk factor that can
have an impact on family functioning overall and parenting in particular. The rates of depressive symptoms are higher among low-income, ethnic minority parents, especially those who are parenting young children (Hall, Williams & Greenberg, 1985; Siefert et al., 2000). Additionally, high levels of depressive symptoms have been associated with poorer child social and emotional outcomes (Feng et al., 2008; Maughan, Cicchetti, Toth & Rogosch, 2007).

Researchers have established that it is the cumulative effect of multiple risk factors and not any one risk factor that has the greatest impact on parenting practices (Sameroff, 2006). Shaffer and colleagues (2012) created a family risk index, including both economic and social risk factors, in order to compare families based on the number of risks they experienced. Higher risk was associated with a lower income, single marital status, larger household size, lower parental education and greater parental distress. Using this index, they found that families that reported a higher numbers of family risk factors also reported greater use of unsupportive emotion socialization practices as well as fewer supportive emotion socialization practices (Shaffer, Suveg, Thomassin & Bradbury, 2012). No research has specifically examined shyness and parenting among low-income, minority populations. However, there is some evidence that family risk can impact social withdrawal in children. Specifically, Booth-Laforge and Oxford (2008) found maternal education as well as a family’s income-to-needs ratio to be significantly and negatively correlated with social withdrawal between first grade and sixth grade.

Just as shy children may be more sensitive to the effects of parental socialization, they may also be more sensitive to the effects of multiple family risk factors. The
differential susceptibility hypothesis discussed previously can also be applied in this case. Specifically, Belsky and colleagues argue that temperamentally vulnerable children are more sensitive to the effects of both positive and negative environments (Belsky, 1997; Belsky, 2005; Belsky, Bakermans-Kranenburg & van Ijzendoorn, 2007). It is possible that children who already face challenges to social development due to their shy temperament may be particularly sensitive to the impacts of multiple family risk factors, which could create a more stressful and less supportive home environment.

Finally, another important reason to advance the research base with low-income, ethnically diverse samples is that these populations are more likely to be the targets of early intervention and prevention services during early childhood. For example, enhancing sensitive parenting, including emotion socialization practices, is consistent with the goals of Head Start, which is the largest federally funded school readiness program for young children and their families. Head Start performance standards emphasize parental involvement and education as well as supporting children’s social and emotional learning (Head Start Performance Standards, 2009). Thus, a better understanding of the emotion socialization practices of low-income, minority populations as well as how they impact shy children could inform the implementation of targeted prevention programs for this group.

Goals of the Current Study

While researchers have identified parenting behaviors that can undermine the social emotional development of shy children, relatively less is known about parenting behaviors that may facilitate social emotional growth for shy children. The goal of the
current study is to examine parental emotion socialization practices as a protective factor in the social emotional development of Head Start preschoolers higher in shyness. Another goal of the current study is to examine how contextual factors may differentially impact children higher in shyness. The following hypotheses will be tested:

(1) higher levels of child shyness and family risks will be associated with lower levels of social competence,

(2) parental supportive emotion socialization practices will moderate the relation between child shyness and social competence, such that children higher in shyness whose parents report greater use of supportive emotion socialization practices will be higher in social competence than children higher in shyness whose parents report using fewer supportive emotion socialization practices, and

(3) family risk will moderate the relation between child shyness and social competence, such that children higher in shyness whose parents report a greater number of risk factors will be lower in social competence than children higher in shyness whose parents report fewer risk factors.
CHAPTER II
METHOD

Participants

The sample consisted of 123 caregiver-child dyads from 5 local Head Start programs. Only English-speaking caregiver-child dyads that live in the same home were included. Due to randomly missing items on some demographic questions, the percentages reported account for the missing data and will not necessarily add up to 100%. The majority of participating caregivers were mothers (80.5%), with fathers (8.9%), “other” caregivers (2.4%), grandmothers (.8%) and adoptive mothers (.8%) making up the remaining reporters. The majority of mothers were African American (78.9%), with the remaining mothers identifying as Hispanic (6.5%), White Non-Hispanic (6.5%), Asian (4.9%) and “other” (2.4%). Children’s ages ranged from 3 to 6, 19.5% were age 3, 55.3% were age 4, 22.8% were age 5 and .8% were age 6. The majority of caregivers were single (64.2%), 29% were married, 8.1% were divorced, 1.6% were separated and 1.6% were widowed. In terms of caregiver’s education level, 20.3% completed some high school, 21.1% graduated from high school, 30.9% completed some college and 16.3% received a college degree. The majority of families were classified as below the Federal Poverty Line (75.6%) and the mean monthly income was $1,161.03 (SD = $825.95). Household size ranged from 2 to 9 people, with 57.8% having 4 or fewer people in the household.
A total of 27 teachers across 26 classrooms participated in the current study. One classroom had two teachers participating in the study. The majority of teachers were female (92.9%), with 7.2% being male. Most teachers identified as African American (60.7%), with the remaining teachers identifying as White (35.7%) and Hispanic (3.6%). The mean age of teachers was 38.39 years (SD = 9.91). The majority of participating teachers were head teachers (67.9%), with the remaining identifying as “other” school personnel (17.9%) and assistant teachers (14.3%). In terms of education, all teachers reported having at least some college. Additionally, 57% of teachers reported having a bachelor’s degree and 26.8% reported having some post-bachelor’s coursework or degree. In terms of experience teaching, the mean number of years of teaching experience was 12.18 (SD = 6.56) and the mean number of years of Head Start teaching experience was 7.8 (SD = 5.11).

Measures

Coping with Children’s Negative Emotions Scale (CCNES) (Fabes, Poulin, Eisenberg & Madden-Derdich, 2002; Nelson et al., 2013). The CCNES assesses parental emotion socialization practices as evidenced by their response to children’s negative emotion. The CCNES presents parents with a series of vignettes involving children’s display of negative emotion. The vignettes were created to illustrate common child expressions of negative affect (i.e., sadness at missing a birthday party). Parents report how likely they would be to employ six different strategies in response to children’s expression of negative emotions using a seven point Likert scale ranging from 1 (very unlikely) to 7 (very likely). The six strategies are related to six sub-scales that can
be divided into supportive and unsupportive reactions to children’s negative emotion. Supportive reactions include expressive encouragement, problem-focused and emotion-focused strategies. Unsupportive reactions include minimizing, punishing or reacting with distress. The CCNES results in a score for each of the six reactions to child’s negative emotions, representing the parent’s likelihood of employing the difference strategies.

Previous studies have found the CCNES to have strong psychometric properties (Fabes, Poulin, Eisenberg & Madden-Derdich, 2002). The internal consistency alphas for the distress, punitive, minimization, expressive encouragement, emotion-focused and problem-focused subscales were .70, .69, .78, .85, .80, and .78, respectively (Fabes, Poulin, Eisenberg & Madden-Derdich, 2002). Additionally, Nelson and colleagues (2013) found that internal consistency scores for African American mothers on the CCNES were comparable to the scores of European American mothers. The internal consistency alphas for African American mothers on the distress, punitive, minimization, expressive encouragement, emotion-focused and problem-focused subscales were .55, .73, .85, .89, .78, and .87, respectively.

The current study employed a shortened version of the CCNES, which included 6 instead of 12 vignettes. The internal consistency alphas for caregivers on the distress, punitive, minimization, expressive encouragement, emotion-focused and problem-focused subscales were .56, .60, .60, .71, .73, and .77, respectively. For hypothesis 2, level of parental use of supportive emotion socialization practices was determined by averaging parents’ ratings across the expressive encouragement, emotion-focused and
problem-focused sub scales. The internal consistency alpha for the supportive emotion socialization practices composite was good (a = .89).

**Parenting Behavior Questionnaire-Head Start (PBQ-HS) (Coolahan, McWayne, Fantuzzo & Grim, 2002).** The original version of the PBQ was developed to assess the three parenting styles identified by Baumrind, including authoritative, authoritarian and permissive parenting. Since the measure was initially developed using a largely white, two-parent household sample with a wide age range, Coolahan and colleagues (2002) sought to determine if the measure was valid for a low-income, African American sample of preschool parents. First, a group of Head Start teachers, parent involvement staff as well as current and former Head Start parents evaluated the measure for cultural relevance, readability and appropriateness. Based on their feedback, the measure was reduced from 62 to 40 items and the items with confusing or culturally insensitive language were reworded to be easily understood by the target population.

Their analyses produced 3 meaningful profiles: Active-Responsive, Active-Restrictive and Passive-Permissive. Active-Responsive parenting was characterized by responding to the child’s emotions, showing affection, discussing rules and consequences and praising the child. The Active-Responsive profile was similar to Baumrind’s authoritative parenting style and was found to have good internal consistency, $a = .87$. The 16-item Active-Responsive subscale of the PBQ-HS was used as a measure of authoritative parenting, in order to assess the impact of supportive emotion socialization practices above and beyond the effects of general positive parenting. Parents rated how often they use a particular parenting strategy with their child using a four point Likert
scale ranging from 1 (Almost Never) to 4 (Almost Always). The internal consistency alpha for the Active-Responsive subscale in the current study was good (a = .89).

**Colorado Childhood Temperament Inventory (CCTI)** *(Rowe & Plomin, 1977; Buss & Plomin, 1984)*. The CCTI is a parental report measure of child temperament for children ages 1 through 6. The CCTI assesses components of child temperament, including shyness, sociability, emotionality, activity, attention span-persistence, reaction to food and soothability. The measure consists of 27 items rated on a 1 to 5 point scale, with 1 being “Not at all like the child” and 5 being “A lot like the child.” Child shyness was measured using the 5-item shyness subscale of the CCTI. The CCTI scales have shown good internal consistency *(Rowe & Plomin, 1977)*. However, the internal consistency alpha for the shyness subscale in the current study was poorer (a = .66). Follow up analyses were conducted in order to determine if the internal consistency could be improved by removing items from the shyness subscale. However, results indicated that removing any item from the shyness subscale resulted in a lower internal consistency compared to the internal consistency for the entire 5-item scale.

The shyness subscale of the CCTI was chosen for the current study due to its past use as a parental self-report measure of shyness in early childhood as well as the fact that it has correlated significantly with observational measures of social reticence with peers in past studies *(Rubin et al., 1999; Hane et al., 2008)*. However, the CCTI was normed and validated on largely White, middle class samples and has not been used extensively in culturally and ethnically diverse samples *(Rowe & Plomin, 1977; Buss & Plomin, 1984)*.
Penn Interactive Peer Play Scale (PIPPS) (Fantuzzo, Coolahan, Mendez, McDermott & Sutton-Smith, 1998). The PIPPS assesses children’s social competence in the context of peer play. The teacher version includes 32 items that relate to different aspects of children’s peer play in the classroom. The PIPPS has three sub-scales: play interaction, play disruption and play disconnection. Play interaction is an indicator of social competence and involves prosocial behaviors. Play disruption and play disconnection are indicators of lower social competence. Play disruption involves impulsive and antisocial behaviors and play disconnection involves shy and withdrawn behaviors. The PIPPS was developed and normed on diverse, Head Start samples with the input of Head Start parents and educators. Social competence was measured using the 9-item play interaction subscale of the PIPPS. The internal consistency alpha for the play interaction subscale in the current study was good (a = .84).

Family Risk Index. In addition to collecting information about parents and children in order to determine descriptive characteristics of the sample, the demographic questionnaire was also used to create the family risk index. The family risk index in the current study is based on the risk index used by Shaffer and colleagues (2011) and is comprised of four items: 1) caregiver’s educational attainment, 2) the adult-child ratio, 3) marital status and 4) perceived economic difficulty. Cut-offs have been chosen for each item, to determine whether or not a family receives a score of 0, indicating that the risk factor is absent, or 1, indicating that the risk factor is present. Specifically, caregivers who have received a high school diploma or less, have an adult-child ratio less than 1, are single and perceive high levels of economic distress (i.e., an average score of 3 or above
on the Difficulty Making Ends Meet scale, which indicates “some” or “a great deal” of difficulty paying bills and having “just enough” or “not enough” to make ends meet at the end of the month) would receive a 1 for each item in the risk index. Perceived economic risk was assessed using the Difficulty Making Ends Meet scale, which includes two items which ask parents to rate how much difficulty they have paying bills each month and how much money they typically have left over at the end of the month (Conger, Conger, Elder, Lorenz, Simons & Whitbeck, 1992).

Family risk scores can range from 0 to 4. In the current study, 4.1% received a risk index score of 0, 15.4% received a risk index score of 1, 34.1% received a risk index score of 2, 25.2% received a risk index score of 3 and 13.8% received a risk index score of 4.

**Depressive Symptoms.** The Center for Epidemiologic Studies-Depression scale (CESD) was used to determine parent’s current level of depressive symptoms in order to supplement the family risk index scores. The scale includes 20 items inquiring about the experience of depressive symptoms within the last week (Radloff, 1977). Each item is rated on a scale from 0, “Rarely or None of the time,” to 3, “Most or Almost all of the time.” The CESD has shown good internal consistency and has been used with diverse populations (Lewinsohn, Seeley, Roberts & Allen, 1997; Roth et al., 2008). In the current study, the internal consistency alpha was good (a = .90).

Past studies have created categories that describe symptom severity using a shortened version of the CESD. Categories of symptom severity include “Not depressed,” “Mildly depressed,” “Moderately depressed” and “Severely depressed.” This procedure
was used in the current study in order to understand symptom severity among parents. In the current study, 22% of parents were “Not depressed,” 24.4% of parents were “Mildly depressed,” 21.1% of parents were “Moderately depressed” and 19.5% of parents were “Severely depressed.”

Procedures

Data was collected across two time periods. The first period of data collection occurred between May and June of 2015, and the second period of data collection occurred between October and December of 2015. A packet containing two copies of the consent form as well as the demographic questionnaire, CCTI, CCNES, PBQ-HS and CESD was sent home in children’s book bags. Additionally, undergraduate research assistants consented interested parents in their child’s classroom in order to complete the packet through a phone interview. The majority of parents completed packets independently (83.7%), with 16.3% completing the packet through a phone interview. Parents who completed the packet received a $5 gift card in the mail. The PIPPS was distributed to participating teachers at their Head Start center. Teachers who completed the PIPPS for children in their classroom either received books for their classroom or a $20 gift card.

Data Analysis

For preliminary analyses, descriptive statistics were run for all demographic and study variables. Pearson correlations were run to determine if any study variables were related to any demographic variables or to each other. Additionally, one-way ANOVAs were used to explore the relation of categorical variables to study variables. Data was
analyzed using Pearson product moment correlations and hierarchical linear regression.

In order to address hypothesis 1, that child shyness and the number of family risks are associated with lower child social competence, Pearson product moment correlations were calculated for all study variables. All independent variables were centered prior to conducting hierarchical regression analyses. In order to address hypothesis 2, that children higher in shyness whose parents report greater use of supportive emotion socialization practices will be higher in social competence than children higher in shyness whose parents report using fewer supportive emotion socialization practices, social competence was regressed on child age and gender, child shyness, authoritative parenting, parental supportive emotion socialization practices and the interaction of child shyness and parental supportive emotion socialization practices. In order to address hypothesis 3, that children higher in shyness whose parents report a greater number of risk factors will be lower in social competence than children higher in shyness whose parents report fewer risk factors, social competence was regressed on child gender, child shyness, parental depression, family risk and the interaction of child shyness and family risk.

Effect size was estimated using the results from two hierarchical linear regressions. With a sample of 145 children, Yagmurlu and Altan (2010) predicted emotion regulation from sex, socioeconomic status, parental responsiveness, child approach/withdrawal and the interaction of parental responsiveness and child approach/withdrawal. A total of 2% of the variance in emotion regulation was explained by the interaction of parental responsiveness and child approach/withdrawal. With a
sample of 197 children, Coplan, Arbeau and Armer (2008) predicted child internalizing, peer difficulties, social dissatisfaction and school adjustment from the interaction of shyness and fretful parenting, the interaction of shyness and supportive parenting and the interaction of shyness and uninhibited parenting. A total of 3.8% of the variance in internalizing was explained by the interaction of shyness and supportive parenting. A total of 5% of the variance in peer difficulties was explained by the interaction of shyness and supportive parenting. Finally, a total of 2.2% of the variance in school adjustment was explained by the interaction of shyness and supportive parenting. A sample size of 200 is powered to detect a small to medium effect of .05 at an alpha of .05 and power of .80. Due to missing data, the final sample size for each regression analysis was less than the total sample size of 123. Specifically, the sample size for regression model 1 was 103 and the sample size for regression model 2 was 87. Considering the final sample sizes, there is less power to find the interaction effects of interest in the current study.
CHAPTER III
RESULTS

Preliminary Analyses

Results showed some significant relations between some demographic and study variables. Descriptive statistics for all study variables can be found in Table 1. The authoritative parenting variable showed evidence of being negatively skewed, with a skewness value of -2.52 (SE = .23). Because the value was within the range between -3 and 3, the variable was not transformed for analyses. The correlations and regression analyses reported include the non-transformed authoritative parenting variable.

Child Age

Pearson correlations showed that child age was significantly and negatively correlated with authoritative parenting (r = -.21, p = .026). This indicates that an increase in child age was associated with decreased levels of parenting characterized by high warmth and limit-setting.

Child Gender

One-way ANOVAs showed two significant gender differences on study variables. There was a significant mean difference in play interactions between boys and girls, with girls showing higher levels of play interaction, F (1, 112) = 4.42, p = .038 (Boys M = 47.26, SD = 9.79; Girls M = 50.90, SD = 8.53). There was also a significant mean
difference in parental depressive symptoms between boys and girls, with parents of girls reporting higher levels of depressive symptoms, F (1, 96) = 4.47, p = .037 (Boys M = 12.71, SD = 10.45; Girls M = 17.40, SD = 11.47).

Family Characteristics

Pearson correlations showed that monthly income was significantly correlated with household size (r = .26, p = .01), family risk (r = -.36, p = .000) and parental depression (r = -.23, p = .042). Additionally, the average rating across two items measuring subjective economic distress was significantly correlated with parental depressive symptoms (r = .47, p = .000).

Parent Characteristics

One-way ANOVAs showed two significant differences on study variables based on parent demographic variables. There was a significant mean difference in supportive emotion socialization practices between single and non-single mothers, with single mothers reporting higher levels of supportive emotion socialization practices, F (1, 118) = 9.63, p = .002 (Non-single M = 5.39, SD = .93; Single M = 5.89, SD = .77).

Study Variables

Pearson correlations showed two significant associations between study variables (see Table 2). Authoritative parenting was significantly and positively associated with supportive emotion socializations practices (r = .46, p = .000). Family risk was significantly and positively associated with parental depressive symptoms (r = .31, p = .002). There were also two notable associations that were only marginally significant. Shyness was negatively and marginally associated with both authoritative parenting (r = -
and supportive emotion socialization (r = -.17, p = .058). Contrary to study hypotheses, there were no associations between shyness, family risk and social competence.

Study Hypotheses

Social Competence. A hierarchical regression analysis was conducted in order to test the hypothesis that parental emotion socialization practices moderated the relation between child shyness and social competence controlling for parents’ authoritative parenting, with social competence as the dependent variable. Since social competence differed by gender and authoritative parenting differed by age, age and gender were entered into the model first as control variables. In step 2, child shyness was added to the model. In step 3, authoritative parenting was added to the model, followed by supportive emotion socialization practices in step 4. In the final step, the interaction between child shyness and parental supportive emotion socialization was added. See Table 3 for the beta weights and significance for each step. The hypothesized interaction between shyness and parental supportive emotion socialization was not significant. Additionally, there were no significant main effects.

A second hierarchical regression analysis was conducted in order to test the hypothesis that family risk moderated the relation between child shyness and social competence controlling for parental depression, with social competence as the dependent variable. Since parental depression differed by child gender, gender was entered into the model first as a control variable. In step 2, child shyness was added to the model. In step 3, parental depressive symptoms were added to the model, followed by family risk in step
4. In the final step, the interaction between child shyness and family risk was added. See Table 4 for the beta weights and significance for each step. The hypothesized interaction between shyness and family risk was not significant. Additionally, there were no significant main effects.

**Exploratory Analyses**

Follow-up exploratory analyses were conducted in order to better understand the current study’s findings. A principal components analysis was conducted for the 5-item sociability subscale of the CCTI in order to determine the subscale’s factor structure. Keeping factors with eigenvalues greater than 1, the results indicated that the subscale includes at least two factors that together explain 71.34% of the variance. An orthogonal varimax rotation was used to improve the interpretability of the two factors. See Table 5 for item factor loadings. Items with the highest absolute factor loadings that clearly loaded onto one factor were interpreted. Items 1 and 3 (reverse coded), “Child makes friends easily” and “Child is very sociable”, loaded highly on factor 1. Items 4 and 5, “Child takes a long time to warm up to strangers” and “Child tends to be shy”, loaded highly on factor 2. The pattern of factor loadings suggest that parents responded differently to positively versus negatively worded questioned assessing similar behaviors. Additionally, when these two factors were correlated with study variables, a different pattern of significant correlations was observed. For example, the first shyness factor was negatively correlated with both authoritative parenting (r = -.34; p = .000) and supportive emotion socialization practices (r = -.23; p = .01), and the second shyness factor was positively correlated with family risk (r = .21; p = .027) and parental depressive
symptoms ($r = .22; p = .027$). These results indicate that the CCTI shyness subscale is not measuring one distinct construct in the current study.

For exploratory purposes, the associations between the six subscales of the Coping with Children’s Negative Emotions Scale and demographic and study variables were examined. Parental use of emotion-focused reactions to children’s negative emotions was significantly and negatively correlated with the adult-child ratio in the home ($r = -.19; p = .042$).
CHAPTER IV
DISCUSSION

The current study examined the relations between child shyness and social competence in the classroom in a low-income, majority African American sample of young children attending Head Start. Additionally, the moderating roles of parental supportive emotion socialization practices and family risk in the relation between child shyness and social competence in the classroom were examined. While primary study hypotheses were not supported, the results of this study add to the limited body of research examining the emotion socialization practices of low income, ethnic minority parents (Garner, Jones & Miner, 1994).

In the current study, the associations between parenting measures were in the expected direction. Specifically, parents who reported higher levels of authoritative parenting characterized by high warmth and limit setting, also reported higher levels of supportive emotion socialization practices, such as encouraging the expression of negative emotions or helping children to solve the problem which led to them, and lower levels of unsupportive emotion socialization practices, such as punishing or minimizing children’s expression of negative emotions. These results indicate a relationship between a broad authoritative parenting style and specific supportive parenting behaviors in the current sample, which enhances the validity of these two constructs for low-income, African American samples. These results also provide additional validation of the Coping
Contrary to expectations, few significant associations were observed between parenting, child and family risk variables. Considering the lack of associations between study variables, the hypothesis that higher levels of shyness and family risk would be associated with lower levels of social competence was not supported. Additionally, the hypotheses that parental supportive emotion socialization practices and family risk would moderate the relation between child shyness and social competence were also not supported. One reason for the lack of support for study hypotheses could be low statistical power. The current sample size may not have provided enough sensitivity to find the hypothesized effects, especially the interaction effects, which were estimated to be very small. In addition to insufficient power, two potential explanations for the lack of support for study hypotheses include: 1) issues with measurement and 2) the failure to account for the contributions of other socializing agents in children’s environments. These explanations will be now be explored in more detail.

The first potential explanation for null findings is measurement issues. An effort was made to either choose measures originally validated with culturally and socioeconomically diverse samples or measures that have been employed subsequently in studies with diverse samples, showing initial evidence of validity. Compared to other study measures, the Colorado Childhood Temperament Inventory (CCTI) has been used the least in culturally and socioeconomically diverse populations. The shyness subscale of the CCTI was chosen to measure the construct of shyness in the current study due to

with Children’s Negative Emotion Scale for use with culturally and socioeconomically diverse samples (Shaffer et al., 2012; Nelson et al., 2012; Nelson et al., 2013).
its past use as a parental-report measure of shyness, which has been shown to correlate significantly with observations of socially reticent behavior during peer play (Rubin et al., 1999; Hane et al., 2008). Previous research using the shyness subscale of the CCTI with white, middle class samples has found evidence of good internal reliability (Hane et al., 2008; Rowe & Plomin, 1977; Buss & Plomin, 1984). In the current study, the reliability of the CCTI shyness subscale was poorer compared to previous studies. Additionally, a principal components analysis found evidence of at least two factors being measured by the subscale, which indicates that the subscale was not measuring one distinct construct in the current study. One issue could be the wording of items. Previous researchers have emphasized the importance of considering the interpretation of items across different cultural and socioeconomic groups (Coolahan et al., 2002). It is possible that the items on this subscale where interpreted differently by the largely African American sample of parents in the current study. Overall, these results indicate that this subscale may not be a good measure of shyness in this population.

Theories emphasizing cultural context as an important determinant of parent and child behavior suggest an alternative interpretation of the lack of relationship between child shyness and social competence in the current study. Specifically, these theories suggest that cultural context determines what is considered a competent outcome of development, which dictates parenting behaviors as well as the adaptiveness of child characteristics and behavior (Ogbu, 1981; Chen & French, 2008). Research examining the implications of shyness cross-culturally has found that shyness is not associated with social difficulties in some Eastern, collectivistic cultures; rather, it is associated with
social and academic success (Chen et al., 1992; Chen et al., 1999). It is possible that shyness is less centrally related to understandings of social competence within the African American community. However, there is currently no research on shyness within low-income African American samples with which to compare the findings of the current study. More research is needed to better understand the relationship between shyness and social development in this population.

A related measurement issue includes the use of parenting constructs originally developed from research with white, middle class parents. Some researchers have found that traditional parenting constructs have not been reliably associated with child development outcomes when used with low-income, ethnic minority parent-child dyads. McWayne and colleagues (2008) examined the relationship between parenting dimensions measured by the Parent Behavior Questionnaire-Head Start (PBQ-HS), which maps onto Baumrind’s typology of parenting characterized by different combinations of warmth and limit-setting, and a variety of children’s social emotional outcomes. Despite the fact that the PBQ-HS was specifically adapted for use with low-income, African American parents of children attending Head Start and has shown good reliability and construct validity with this population, no associations were found between the parenting dimensions and children’s social emotional outcomes across two independent samples of low-income, African American parents with young children (Coolahan et al., 2002; McWayne et al., 2008). It is possible that the parenting measures used in the current study, while picking up on some relevant parenting behaviors, did not adequately
measure the combinations of parenting behaviors that best characterize African American parenting, which may be more closely related to child developmental outcomes.

Finally, the failure to consider the contributions of other socializing agents in children’s environments is another factor that may explain the lack of support for study hypotheses. For example, teachers are important socializing agents for preschool children. In the current study, all participants attended full-day Head Start programs, which means that they spend a large proportion of their waking hours in the care of their classroom teachers. One way that teachers impact the social emotional development of their students is through developing strong relationships with them. Researchers have found that close teacher-child relationships are associated with better social and academic outcomes for students; particularly shy students who are at greater risk for poorer social outcomes (Arbeau, Coplan & Weeks, 2010). Additionally, research on socialization of children within the African American community has found evidence that caregiving responsibility is spread across small networks of family members and is not the sole responsibility of one or two caregivers in isolation (Slaughter-Defoe, 1995; McWayne et al., 2008). By not collecting information on the socialization practices of other potential socializing agents in children’s environments, such as teachers and extended family members, the current study is unable to estimate the impact these individuals may have on the development of participant’s social competence.

Other Findings of Interest

In the current study, higher levels of family risk (i.e., single parenthood, high perceived economic difficulty, high school education or below and an adult-child ratio
less than one) were associated with higher levels of parental depressive symptoms. This link between family risk and parental depressive symptoms provides some validation for the risk index used in the current study and indicates that it was able to measure meaningful variation in risk within a higher risk sample. Depressive symptoms could be one way in which contextual risk impacts parenting and child outcomes indirectly. Past studies have found that children of depressed mothers tend to have lower scores on measures of social emotional functioning (Feng et al., 2008; Maughan, Cicchetti, Toth & Rogosch, 2007). However, depressive symptoms were not associated with any parenting or child outcome variables in the current study. Other studies have also found a lack of relationship between parental depression and parenting behavior. In a study examining parenting profiles related to participation in a prevention program for parents of Head Start children, Mendez and colleagues (2009) distinguished between two parent profiles. Each parent profile was associated with higher levels of parental depressive symptoms, however, one group continued to maintain high levels of educational involvement with their preschooler while the other group did not. These findings could be due to the fact that important protective factors against the detrimental effects of depressive symptoms were not assessed. For example, social support and internal locus of control in particular have been found to be protective factors for this population of parents (Murry et al. 2001; Thibeault, Paymon and Mendez, 2015).

For exploratory purposes, the associations between the six subscales of the Coping with Children’s Negative Emotions Scale (CCNES) and demographic and study variables were examined. Each CCNES subscale corresponds with a theoretically distinct
emotion socialization strategy. One significant association was observed between the adult-child ratio in the home and parent’s reported use of emotion-focused responses to children’s negative emotions. Specifically, as the adult-child ratio in the home decreased, parents were more likely to engage in responses to children’s negative emotions that involved soothing or distracting their child, which is considered a supportive response. This result is counterintuitive, since a lower adult-to-child ratio was conceptualized as a risk factor in the current study, leading to higher levels of parenting stress and fewer resources for dealing with children’s negative emotions. One potential explanation for this unexpected association could be that as the number of adults relative to children increases within a home, interactions become more adult-centered and less child-centered.

Limitations and Future Directions

One limitation of the current study includes the exclusive use of self-report measures. While self-report measures represent an efficient way to learn about typical behavior, they are subject to socially desirable responding, especially self-report measures that inquire about parenting. Additionally, research suggests that low-income, ethnic minority parents may be particularly cautious when they perceive the items’ content as intrusive or threatening (Sekino, Perry, Fusco & Fantuzzo, 2006). In the current study, socially desirable responding is a particular concern for the PBQ-HS. Compared to previous studies using this measure, the mean rating on the Active-Responsive subscale was between 8 and 11 points higher in the current sample and was only 4 points below the maximum score for this subscale (McWayne, 2008).
explanation for the higher ratings in the current study could be the use of the Active-Responsive subscale in isolation. Compared to the full PBQ-HS, which includes a combination of positively and negatively worded items, the Active-Responsive subscale only includes positively worded items, which may have encouraged a positive response set.

Additionally, the data collected in the current study is nested, with children nested within classrooms and classrooms nested within centers. However, statistical analyses developed specifically for nested data were not used in the current study. Using statistical approaches, such as hierarchical linear modeling, would allow the variance explained by the school or classroom setting to be separated from other sources of variance, providing a greater likelihood of finding relations among nested variables of interest. Future studies examining shyness in school settings would benefit from employing hierarchical linear modeling or other multilevel modeling techniques.

The results of the current study can inform future research on the social emotional development of shy children in low-income, ethnic minority communities. Specifically, the current study highlighted issues with the measurement of shyness in this population. While the CCTI has been used to measure shyness in white, middle class populations with good reliability and construct validity, it was not as reliable and did not measure one distinct construct in the current study. Future studies should include observational measures of children’s behavior with peers in addition to parent-report measures of child temperament. Behavioral coding paradigms can provide more objective and rich information about child behavior and temperament. Additionally, examining the
associations between observational and parent-report measures of shyness could provide insight into the types of items which best assess shyness in this population.

In addition to measurement refinement, future studies should employ longitudinal designs to better understand the interaction of parenting and child shyness across early childhood in this population. Theoretically, there is a bidirectional relationship between child shyness and parenting behavior, such that shy children impact and are impacted by their caregiving environment. Longitudinal studies provide some evidence for the direction of effects and support the idea of a bidirectional relationship between parent and child behavior. For example, Rubin and colleagues (1999) found that parents’ perceptions of their toddlers’ shyness at age 2 predicted their lack of encouragement of independence at age 4, which suggests that shy children may elicit certain parenting behaviors from their parents. In the current study, there was a marginally significant association between child shyness and authoritative parenting as well as supportive emotion socialization practices, suggesting that child shyness is marginally associated with less authoritative parenting and less supportive emotion socialization practices. More longitudinal research is needed to explore this relationship and to better understand the direction of effects.
REFERENCES


### APPENDIX A

### TABLES

**Table 1. Descriptive Statistics for All Study Variables**

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<th>Variable</th>
<th>N</th>
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<th>Standard Deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
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Table 2. Pearson Correlations for All Study Variables

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Note. **p<.01 †p<.10
Table 3. Shyness and Parental Supportive Emotion Socialization Practices Regressed Onto Social Competence

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<td>Authoritative Parenting</td>
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<td>Step 4</td>
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<td>.020</td>
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<tr>
<td>Supportive Emotion Socialization Practices</td>
<td>.163</td>
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<tr>
<td>Step 5</td>
<td></td>
<td>.008</td>
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<tr>
<td>Shyness X Supportive Emotion Socialization Practices</td>
<td>-.096</td>
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</table>

Note. N = 103
Table 4. Shyness and Family Risk Regressed Onto Social Competence

<table>
<thead>
<tr>
<th>Model</th>
<th>β</th>
<th>R²</th>
<th>ΔR²</th>
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<tr>
<td><strong>Step 1</strong></td>
<td>.048</td>
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<td></td>
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<tr>
<td>Child Sex</td>
<td>.193</td>
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<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td>.004</td>
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<tr>
<td>Shyness</td>
<td>.076</td>
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<td><strong>Step 3</strong></td>
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<td>Depression</td>
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<td><strong>Step 4</strong></td>
<td></td>
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<td>.000</td>
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<tr>
<td>Family Risk</td>
<td>-.017</td>
<td></td>
<td></td>
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<tr>
<td><strong>Step 5</strong></td>
<td></td>
<td></td>
<td>.006</td>
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<td>Shyness X Family Risk</td>
<td>.084</td>
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Note. N = 87
Table 5. Factor Loadings of CCTI Shyness Subscale Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
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<tr>
<td>1. Child makes friends easily.*</td>
<td>.884</td>
<td>.073</td>
</tr>
<tr>
<td>2. Child is friendly with strangers.*</td>
<td>.481</td>
<td>.471</td>
</tr>
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<td>3. Child is very sociable.*</td>
<td>.885</td>
<td>.002</td>
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<td>4. Child takes a long time to warm up to strangers.</td>
<td>-.048</td>
<td>.917</td>
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<td>5. Child tends to be shy.</td>
<td>.122</td>
<td>.829</td>
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</table>

Note. *Indicates reverse coded items.