

Parenting and Emotional Symptoms:

Reported by Turkish Immigrant Mothers and Children

Ida Svelmo Nilsen



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Ida Svelmo Nilsen

<http://www.duo.uio.no/>

Trykk: Reprosentralen, Universitetet i Oslo

Abstract

Name: Ida Svelmo Nilsen

Title: Parenting and Emotional Symptoms: Reported by Turkish Immigrant Mothers and Children

Supervisor: Mona Bekkhus

Second Supervisor: Brit Oppedal

Background: Research has shown an important link between parenting and child mental health. Very little research on parenting and the outcomes of parenting is conducted with immigrant families. There is a need for research that examines the associations between parenting and children's mental health in a contextually sensitive manner.

Objectives: The first aim was to examine the associations between maternal-child report of parenting and maternal-child report of emotional symptoms. The second aim was to study the predictor effects of maternal-child report of parenting on maternal-child report of emotional symptoms. The third aim was to explore associations between discrepancy scores of parenting and discrepancy scores of emotional symptoms. The fourth aim was to investigate the predictor effects of discrepancy scores of parenting on maternal-child report of emotional symptoms.

Method: The data material is obtained from the study Social Integration of Immigrant Children: Uncovering Family and School Factors Promoting Resilience (SIMCUR) conducted by the Norwegian Institute of Public Health. Mother-child dyads (N = 104) from Turkish immigrant families in Norway completed two sets of questionnaires: (i) the My Memories of Upbringing (EMBU), measuring parenting, and (ii) the subscale of the Strengths and Difficulties Questionnaire (SDQ) emotion, measuring emotional symptoms. Bivariate correlation analysis and multiple hierarchical regression analysis were conducted to examine associations in report.

Results and Conclusion: It was found that (i) control as a parenting strategy might be perceived differently by mothers and children due to different contextual influences, and (ii) children's perceived parenting is important for children's self-reported emotional symptoms. Taken together, this alludes to the importance of including the child perspective in child research, especially in an immigration context.

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1 Introduction

Numerous studies have shown that parenting is an important factor for the mental health of children and adolescents (e.g., Amato & Fowler, 2002; Collins & Laursen, 2004; Gaylord, Kitzmann, & Coleman 2003; Kotchick & Forehand, 2002; Mounts, Lamborn, & Dornbusch, 1991; Pettit, Bates, & Dodge, 1997; Steinberg, 2001). Non-supportive parenting such as rejection and control has been associated with negative child adjustment in the western context (Steinberg, 2001; Van Brakel, Muris, Bögels, & Thomassen, 2006). Contrarily, supportive parenting, i.e., parenting characterised by warmth, is related to positive adjustment (Maccoby, 1992; Pettit et al., 1997; Steinberg 2001), and it may even be considered a protective factor for children at risk (Bowes, Maughan, Caspi, Moffitt & Arseneault, 2010). Relatively little, however, is known about the impact of parenting on children's adjustment in an immigration context (Kagitcibasi, 2006, 2007; Kwak, 2003). In contrast to findings from western culture (Steinberg, 2001), firm control is found to have a positive effect on adjustment (Chao, 1994; Chao & Tseng, 2002; Güngör, 2008; Yagmurlu & Sanson, 2009a) in certain cultural contexts diverging from western culture.

Immigrant children, as opposed to domestic children, need to deal with at least two different cultures: the family heritage culture and the culture of the host society (Fandrem, Sam, & Roland, 2008). The same is evident for their parents. Immigrant parents did not just transition into parenthood; at some point in their life they also transitioned into a new cultural context (Foss, 1996). However, parents and children also differ from one another in their way of interacting with the host culture, in that children often are more acculturated (i.e., in this context, more affected by the host society; c.f., Berry, 1997) than their parents, and this might lead to challenges in parenting (Buki, Tsung-Chien, Strom, & Strom, 2003). Thus, parents and their children may have different perspectives on (culturally based) optimal parenting, and the effect of parenting on adjustment may work differently depending on the perspective of the reporter.

The focus of the current study is on the relationship between parenting (conceptualized as control, rejection and warmth) and emotional symptoms in children. Report of both parenting and emotional symptoms will be obtained from Turkish immigrant mothers and their children (12 years old). Culturally situated normative beliefs about parenting might have implications for differences in mother's and children's understanding of parenting and thus, potentially,

influence the associations in report between parenting and mental health. More specifically, children might be more influenced by the host society than are their mothers (Buki et al., 2003) and thus expect more autonomy (i.e., less control) than what their mothers will grant them (Kagitcibasi, 2007). Such an intergenerational “culture lag” might be strenuous for the child (Kagitcibasi, 2007), and it might potentially be associated with psychological maladjustment (Güngör, 2008). Health professionals and other professionals need to have knowledge about culturally situated parenting in order to assist immigrant families (Kagitcibasi, 2007). In this regard, it is paramount to examine both maternal experiences (Buki et al., 2003) and children’s perceived parenting in relation to emotional symptoms (Rohner & Britner, 2002). Therefore, this study maternal and child report of parenting will be examined in association with report of emotional symptoms.

1.1 Parenting

1.1.1 Definition and Conceptualization

Parenting can be seen as constituted by parental goals, parenting practices and parenting style (Darling & Steinberg, 1993). According to Darling and Steinberg (1993), parenting goals are considered the overarching goals of socialization. Parenting practices are defined as goal-directed behavior that parents conduct in order to perform their parental tasks (in order to enhance socialization of the child) [Darling & Steinberg, 1993]. The parenting style of the parent is viewed as characteristic of the parent creating the emotional climate of parenting, and thereby influencing the efficacy of parenting practices in reaching parental socialization goals (Darling & Steinberg, 1993). In research, the concepts of parenting – that is, style, goals and practices – are often conceptualized somewhat differently (e.g., Amato & Fowler, 2002; Baumrind, 1971; Dwairy et al., 2006; Maccoby, 1992; Rohner & Khaleque, 2010). In the current study *parenting* will be used as a broad term. Parenting is seen as bidirectional, that is, in addition to parents affecting their children through parenting, children are affecting their parents and their parenting (Maccoby, 1992; Sameroff & MacKenzie, 2003). In addition, parenting is considered to be influenced by the wider society (Bronfenbrenner, 1994; Sameroff & MacKenzie, 2003). Two frameworks for understanding parenting will be presented: ethnotheories of parenting and Kagitcibasi’s theory of the autonomous-relational self.

1.1.2 Theories of Parenting

Ethnotheories of Parenting

The way parents parent their children can be understood by examining parental ethnotheories of parenting (Harkness, Super, & Mavridis, 2011). The parental ethnotheories are considered as a part of the psychology of the caretaker. These ethnotheories consist of implicit assumptions about children and childrearing, creating a context in which parents make sense of themselves in interplay with their children. These beliefs, or sets of beliefs, shape how parents understand and interact with their developing child. Parental ethnotheories are influenced by the culturally constructed environment (Harkness et al., 2011). The culturally constructed environment is, according to Harkness et al. (2011), defined as consisting of three subsystems: the physical and social settings of everyday life; customary practices of childcare; and, the psychology of the caretaker. These subsystems interact with both each other and the developing individual. Hence, parental ethnotheories are shaped by, and are shaping, the family environment, and they are greatly influenced by the cultural context. Harkness et al. (2011) argue that parental choices are often made implicit and are in accordance with the wider cultural environment. From this it is evident that parenting are always embedded in culture and the social environment (Harkness, & Super, 2002; Rubin & Chung, 2006). Culture is understood according to Geertz' definition, often referred to as a thick description of culture:

[A] historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic form by means of which men [sic] communicate, perpetuate, and develop their knowledge about and attitudes towards life. (Geertz, 1973:89)

Thus, based on this perspective it is reasonable to assume that normative parenting varies across cultures (Bornstein & Cote, 2006). To assume that practices such as control by definition is maladaptive for the developing child, or to even assume intrinsic value upon independence, is not meaningful in a culturally sensitive context (i.e. one that diverges from western culture) [Kagitcibasi, 2005, 2007].

Kagitcibasi's Theory of Parenting

In line with the notion of a contextually based theory of parenting, Kagitcibasi's (1996, 2005) framework for understanding parenting is important. Kagitcibasi (1996) understands parenting from a contextually informed and functional perspective. Kagitcibasi (1996; 2005) is critical of the westernized understanding of self, development, family and parenting. She proposes that the perspective of the autonomous-relational self is a more appropriate model for understanding family, parenting and development in a cultural context diverging from mainstream western culture. Central to the theory of the autonomous-relational self is the notion that "autonomous" and "related" are not mutually exclusive categories but rather can coexist in the individual, in a context where being autonomously related is considered optimal. Kagitcibasi (1996, 2005) further argues that while being both autonomous and related are intrinsic needs for human beings, the relative value of the two vary over different cultural contexts. Cultures that value relatedness will promote parenting that socialize children into relatedness (Kagitcibasi, 2007). In a context where the family is dependent on each member's loyalty (as typically found in lower socioeconomic, rural contexts), both dependency and relatedness are required, hence the family needs to conduct disciplinary parenting. If change occurs (such as through socioeconomic mobility), it is likely accompanied by change in socialization goals, due to change from demand of material interdependence to increased material independence. Thus, the need for harsh (i.e., obedience demanding) control decreases, but the need or wish for relatedness might still be present, resulting in parenting that relies on firm control (Kagitcibasi, 1996, 2005; c.f., Kagitcibasi, 2007 for elaboration upon distinctive conceptualizations of control in different cultures). By definition, (although often confounded in western research), change in material dependence does not necessarily influence emotional interdependence (relatedness) [Kagitcibasi, 1996, 2005]. Kagitcibasi (1996; 2005) states that the contextual aspects direct what kind of parenting should be considered optimal.

In an immigration context, parents from a culture of relatedness might raise their children in a culture of separateness. For parents, this change might contribute to change in parental rearing style, for example by promoting autonomy in school settings. A result might be that the children strive for both autonomy *and* relatedness (Kagitcibasi, 2007). However, there might be differences in how much parents adjust to the host society. Especially lower educated families can be expected to adhere to values of total interdependence (Kagitcibasi, 2007).

1.1.3 Parenting in Different Cultural Contexts

Though optimal parenting might be seen as context specific, some universal claims about the goal of parenting have been put forward. An example of this is a notion based on the need to ensure successful transition or maturation into adulthood, ranging from complete dependency as an infant to relative self-sufficiency in adulthood (Coll & Pachter, 2002). An inherent part of this is the transmission of social values. Though this could be perceived as a universal goal of parenting, the means for accomplishing these goals might vary according to cultural context (Coll & Pachter, 2002; Harkness et al., 2011). It is vital to consider other influences on parenting as well. For example, Durgel, van de Vijver, and Yagmurlu (2012) found maternal education to be the most consistent predictor of parenting, compared to ethnic background and immigration history.

In research on parenting, different domains, models, and factor structures have been conceptualized (e.g., Belsky, 1884; Choi, Kim, Kim, & Park, 2013; Maccoby & Martin, 1983; Rohner & Khaleque, 2010). The current study relies on the concepts of, *control*, *warmth* and *rejection*, which have often been found to be reliable measures of parenting across different cultural contexts (Dekovic et al., 2006; Nishikawa, Sundbom, and Hägglöf, 2010).

The measure *control* is of particular interest within a cultural context (Kagitcibasi, 2007). From a western perspective, the control measure might be considered as negatively value-laden and understood as overprotection (Aluja, del Barrio, & García, 2006). In a western context, control is often perceived as intrusive and promoting (undesirable) dependency (Kagitcibasi, 2007). Control is conceptualized differently in different cultural contexts (Kagitcibasi, 2007). Kagitcibasi (2007) further argue that while mild forms of control, such as monitoring or supervision, are considered appropriate in a western context, more extensive forms of control (promoting collective rather than individual regulation) are valued in cultures of relatedness. Thus, the control measure in the current study might be perceived differently based on cultural beliefs.

1.2 Emotional Symptoms

There are multiple ways to conceptualize and measure mental health (e.g., through externalizing/internalizing measures [Reidler & Swenson, 2012], quality of life [Theunissen et al., 1998]), or psychosocial adjustment [Gaylord et al., 2003]). However, the current study

measures emotional symptoms as conceptualized by Goodman (2001). The subscale emotional symptoms of the Strengths and Difficulties Questionnaire (SDQ) was found to be a reliable measure in a multiethnic sample (Richter, Sagatun, Heyerdal, Oppedal, & Røysamb, 2011). The specific measure of emotional symptoms used in the current study is found to be highly associated with other scales measuring psychological maladjustment (Muris, Meesters, & van den Berg, 2003). Also, concerning emotional symptoms, some considerations are important to review – that is, gender and cultural differences.

1.2.1 Gender Differences in Emotional Symptoms

There are often reported systematic gender differences in regards to emotional problems in childhood and adolescence. In a cross-cultural study by Verhulst et al. (2003), girls tended to score higher on internalizing problems, whereas boys scored higher for externalizing problems (Verhulst et al., 2003). The same tendency was found for immigrant children (11 years) in the Netherlands (Vollebergh et al., 2005). In general, more girls tend to report high on depressive symptoms compared to boys (Fandrem et al., 2008). These findings seem to be universal, also amongst immigrants in Norway (Fandrem et al., 2008) and cross-culturally (Verhulst et al., 2003). For example, in a study conducted in Turkey, Turkish girls were found to report more problems on internalizing symptoms, compared with boys (Saritas & Gencöz, 2012). Gender specific variations are also found in parental report; in a Dutch study immigrant mothers reported more problems in their daughters than the Dutch mothers did (Vollebergh et al., 2005). This alludes to the importance of being mindful of potential gender effects, and at the same time to view gender differences in a cultural context.

1.2.2 Emotional Symptoms in Different Cultural Contexts

In a study comparing self-reported adolescent problem scores from 7 countries (Australia, China, Israel, Jamaica, the Netherlands, Turkey, and the United States), Verhulst et al. (2003) found that there were differences between problem scores across the different cultural contexts. Thus, examining various aspect of behavior within different cultural contexts is important.

In an immigration setting, Vollebergh et al. (2005) found that 11-year old children from immigrant families in the Netherlands did not differ from domestic peers in report of emotional symptoms. However, in Norway, studies have found an elevated prevalence of

psychological distress in immigrant adolescents compared to domestic peers (Oppedal & Røysamb, 2004; Oppedal, Røysamb, & Heyerdahl, 2005). Thus the findings focusing on the prevalence of emotional symptoms in immigrant children are inconsistent. Following this, it can be suggested that there might be other factors worth examining which might explain emotional symptoms more thoroughly than immigrant status per se. Possible mediators of emotional symptoms are found; Oppedal et al. (2005) found that that the level of acculturation served as a mediator in regards to successful adaption over different ethnic groups. This suggests that valuable knowledge can be found when examining mediators of adjustment. Further, it might be interesting to examine reports of parenting in relation to emotional symptoms. That is, based on previously presented theoretical considerations, it might be hypothesized that the relationship between parenting and emotional symptoms might vary depending on cultural beliefs about parenting.

1.2.3 Emotional Symptoms amongst Turkish Immigrants

For emotional symptoms in general there is little research that examines immigrant Turks specifically. Beirens and Fontaine (2011) found no differences in report of sadness/anxiety between domestic Turks, immigrant Turks and domestic Belgians in Belgium. Turkish immigrants differed from both the domestic groups in report of positive emotions, reporting more positive emotions than Turks in Turkey and less than Belgians in Belgium (Beirens & Fontaine, 2011).

1.3 Association between Parenting and Emotional Symptoms

Most research conducted on parenting and emotional adjustment is adhering to Baumrind's (1971) typology of authoritarian, authoritative, and permissive parenting styles (later expanded with neglectful parenting by Maccoby and Martin [1983]). In a western context, authoritative (i.e., warm and democratic, that is characterized by negotiable boundaries) parenting, has been demonstrated as the most successful for child adjustment (Shucksmith, Hendry, & Glendinning, 1995; Steinberg, 2001). Western based constructs are often applied even when examining children and parents with a different cultural background (Kagitcibasi, 2006), [c.f., Daglar, Melhuish, & Barnes, 2011; Yaman, Mesman, van Ijzendoorn, Bakermans-Kranenburg, & Linting, 2010]. When applied to divergent cultural contexts, it has

been reported that the categories of Baumrind's parenting styles cannot be applied well, meaning that authoritative parenting cannot be assumed to be the golden standard outside western culture (Chao, 1994; Choi, et al., 2013; Kagitcibasi, 1970, 2005). From this it can be proposed that in order to consider the effect of parenting on children's mental health in an immigration context, parenting needs to be understood outside Baumrind's typology (Kagitcibasi, 1996, 2005). As argued above, the current study relies on the conceptualizations *rejection, warmth and control*.

1.3.1 Control

As already mentioned, in a western context control is found to be associated with aversive child outcomes (Steinberg, 2001; Van Brakel et al., 2006). However, contraindicating findings exist from studies in Eastern contexts, having found control to be associated with positive adjustment (Chao, 1994, 2001; Chao & Aque, 2009; Dwairy et al., 2006; Güngör, 2008; Kagitcibasi, 1970, 2005). In the Middle East and in Asian (immigrant or domestic) cultural contexts, control and warmth have been found to co-exist and to promote positive adjustment (e.g., Chao, 1994, 2001; Chao & Aque, 2009; Dwairy et al., 2006; Kagitcibasi, 1970, 2005). Also, Shucksmith et al. (1995) found that a higher level of control was associated with positive outcome in young, but not older, adolescents. This may indicate that the role of control might vary over time, referred to as age appropriate parenting (Shucksmith et al., 1995).

1.3.2 Warmth

Regarding warmth, about 2000 empirical studies demonstrate that children need to feel accepted and get positive feedback from caregivers/attachment figures (Rohner, Khaleque, & Cournoyer, 2005). In line with this, parenting with high levels of support and warmth are found to be related to emotional well-being and psychosocial adjustment (Driscoll, Rusell, & Crocket, 2008; Gaylord et al., 2003).

1.3.3 Rejection

Children that perceive their parents as rejecting are more poorly adjusted (Gaylord et al., 2003; Xia & Qian, 2001). According to Rohner et al. (2005), there is overwhelming evidence for the maladaptive effect of parental rejection. Rohner et al. (2005) argue that individuals

who report high scores on parental rejection appear to be more prone to developing a variety of emotional symptoms and behavior problems. This effect seems to be universal, with replicated findings worldwide, regardless of culture, age or gender (Rohner et al., 2005).

1.4 Parenting and Emotional Symptoms in Turkish Immigrant Families

Due to shortness of research on specific immigrant groups in a Norwegian context (Oppedal et al., 2005), there is not much known specifically about Turkish immigrants mothers and their children in Norway. However, Turkish immigrant families in other countries might to some extent have similar experiences as Turkish immigrant parents in Norway, seeing that they share the same experience of being from a culture of relatedness and raise children in a culture of separateness (Kagitcibasi, 2007). Research on Turkish immigrant families will be presented in the following sections.

1.4.1 Parenting

In the traditional Turkish family, values such as patriotism and respect for authority are strong (Kagitcibasi, 1970). Immense value is put on showing respect for elders. However, the Turkish family culture also put great emphasis on expressing warmth towards children. This can be illustrated by the proverb “respect the elders and love the younger ones” (Citlak, Leyendecker, Schölmerich, Driessen, & Harwood, 2008). Citlak et al. (2008) further explain that young children are not expected to follow rules, and to a great extent even misbehavior goes unpunished. The parenting is gradually replaced with demands and strictness from when the child is about seven years old (Citlak, et al., 2008). These findings are indicative of a value system emphasizing control, but not at the expense of warmth.

As Yagmurlu and Sanson (2009a) point out, Turkish immigrant families differ in how strongly they uphold “traditional” Turkish family values, being influenced to various degrees by the host society. In a German study, second generation Turkish immigrant mothers are found to differ from both domestic German mothers and first generation Turkish immigrant mothers in their childrearing beliefs. An example of this is that second generation mothers are more similar to first generation mothers in conceptualizations of *self-control*, *warmth toward others* and *family obligations*, whereas they put less emphasis on *respectfulness* than their first

generation counterparts (Citlak et al., 2008). This indicates that parenting is not a constant factor in immigrant groups.

Yagmurlu and Sanson (2009a) found that Turkish immigrant mothers in Australia showed high levels of warmth, regardless of socioeconomic status or acculturation attitudes. Depending on acculturation attitudes, obedience-demanding behavior varied amongst the Turkish immigrant mothers in the Australian sample; mothers that adhered to values such as compliance showed more obedience-demanding behavior. However, this was not necessarily accompanied by more punitive behavior. Instead obedience-demanding parenting was used in place of punishment to achieve compliance from the children ($M = 61.28$ months old, $SD = 6.62$). Overall, Turkish immigrant mothers reported low levels of punishment, regardless of socioeconomic and acculturation variables. This might indicate functional differences in obedience-demanding behavior and punishing parenting (Yagmurlu, & Sanson, 2009a), in accordance with Kagitcibasi's (1996, 2005) theory about the autonomous-related self.

1.4.2 Parenting and Emotional Symptoms

There are few studies examining the effect of parenting on emotional symptoms directly in Turkish immigrant samples. However, existing research indicate that control in terms of guidance and structure might contribute positively to the well-being of children (Güngör, 2008), as was demonstrated amongst Turkish immigrant children in Australia (Yagmurlu, & Sanson, 2009a). Other aspects of control, such as restrictions and punishment, might have negative impact on Turkish immigrant children (Yagmurlu, & Sanson, 2009b). Turkish immigrant families in Belgium, who perceived higher control, did not show lower perception of warmth (Güngör, 2008; Güngör & Bornstein, 2009).

These results suggest that “control” might be differently situated in a Turkish (immigrant) parenting context than in western conceptualizations of optimal parenting. These findings also indicate that parenting from the original culture to some extent is preserved when raising children in the host country (Güngör, 2008).

1.5 Mother and Child: Two Perspectives

The above-referred studies and theory support the notion that maternal beliefs of parenting might vary due to cultural background. From previous research it is evident that the aspect of control is of particular interest. Exertion of control can function as a positive developmental indicator, depending on the cultural context (Chao, 1994; Güngör, 2008). Güngör (2008) argues the importance of contextual value transmission from parents to children; when the parental control behavior is overtly goal-directed, the normative appreciation of such behavior is transmitted to the child. This in turn will contribute to an attribution style whereby parental authority is seen as due to external factors, not as a reflection of inherent (aversive) traits in the child (Güngör, 2008; Kagıtcıbası, 1970). In addition, traditions of hospitality, helping and high prosocial standards, as well as creating a context of emotional closeness, may positively influence the socialization in families of Turkish heritage (Yagmurlu & Sanson, 2009b), thus creating a family context consisting of both warmth and control. Thereby, drawing from the theory of the autonomous-related self, a rationale for parenting promoting interdependence (e.g., through controlling parenting) could be suggested. However, it is important to note that mothers and children might not share the same frames of reference due to maternal pre-immigration experiences (Foss, 1996). In an immigrant context, it is important to examine whether or not a rationale (or implicit understanding) is shared by both mothers and their 12 year old child. Güngör (2008) raises an important point, namely that the perception of parental warmth as compatible with parental control amongst immigrant youth calls for the importance of incorporating children report in immigration research, in order to understand differences in meaning and consequences over different groups. A dual reporter approach may have important implications for how to interpret both the relationship between and the meaning of the constructs being measured (Cole, Hoffman, Tram, & Maxwell, 2000).

1.5.1 Informant Bias in Report

As noted above it is important to include the child perspective in research (Gaylord, 2003), as both cultural background and experiences in the host society (i.e., acculturation experiences, c.f. Bukı et al., 2003) may influence their perspectives and feelings towards parenting (Bukı et al., 2003) However, the field of child and adolescence research is still developing suitable methods to accommodate discrepancies in parental and child report (De los Reyes & Kazdin, 2004; Reidler & Swenson, 2012). It is a challenge to interpret findings in development

research due to large extents of divergent report between the respondents. One of the challenges with mother-child report of parenting and emotional symptoms is that the constructs measured are not directly observable (Hourigan, Goodman, & Southam-Gerow, 2011). Agreement between respondents have been found to be low to moderate, ranging from $r = .20$ to $r = .60$, with $r = .22$ for agreement between the subject and other raters (Achenbach, McConaughy, & Howell, 1987). Achenbach et al. (1987) found that correlations were higher for younger children (up to 11 years old) compared to adolescents. In another study, the age of the children (9 to 16) was not found to affect discrepancies significantly (De los Reyes, Goodman, Kliewer, & Reid-Quinones, 2008). From this perspective it is expected that one would find low correlations when examining maternal-child report of parenting and emotional symptoms.

However, low correlations between respondents do not imply that results from one or the other reporter are invalid. Instead, a logical conclusion could be that each respondent contribute with unique, informant specific information (Van Roy, Groholt, Heyerdahl, & Clench-Aas, 2010).

1.5.2 Informant Discrepancies in Report of Parenting

Inconclusive findings are found in parent-child report of parenting behavior. One finding is that children report more negative parenting than their parents (De los Reyes & Kazdin, 2005). A contradictory finding is that parents report more harsh and inconsistent discipline than their children (Guion, Mrug, and Windle, 2009). Yet another finding is that parents tend to report themselves as more supportive than what their children report them to be (Gaylord et al., 2003). Also, according to Gaylord et al. (2003), the size of the discrepancy appeared less informative than the direction of the discrepancy (i.e., examining *which* informant reported higher scores was more informative than examining the pure magnitude of disagreement). This adds to a notion that child and parent reports provide unique insight to the family dynamics (Gaylord et al., 2003).

1.5.3 Informant Discrepancies in Report of Emotional Symptoms

The same tendency of inconclusiveness is evident in research on dual respondent's report of emotional symptoms. Handwerk, Larzelere, Soper, and Friman (1999) found that, in clinical samples, adults report a higher magnitude and more severe problems than children do.

Contrary to this, Waters, Stewart-Brown, and Fitzpatrick (2003) found adolescents to be less optimistic about their own well-being compared to their parents. In another study, Theunissen et al. (1998) found parents to be more extreme in their reports than their children when reporting quality of life. Thus, Theunissen et al. (1998) suggest that parental report cannot serve to substitute children's rating on an individual level. In a Norwegian sample, Van Roy et al. (2010) found that adolescents in general report more problems/symptoms than their parents, and at the same time they report these problems to have less impact than what their parents do. This might be an indication of different time perspective; children might to a greater extent report "what is right now", whereas parents generalize symptoms occurring over time (Van Roy et al., 2010). This is supported in the finding that parents show more consistency in their report than what children do (Van Roy et al., 2010).

1.6 Methodological Considerations

Most existing research with report from children is not including dual reports, e.g., from both mothers and children, on all variables (Reidler & Swenson, 2012). Also, whilst research on parenting and emotional symptoms that is sensitive to both maternal and child report is in itself limited, it is even more limited in a culturally sensitive context (Guion et al., 2009; Van de Looij-Jansen, Jansen, de Wilde, Donker, & Verhulst, 2011). In the following, three different perspectives for understanding differences in report will be presented.

1.6.1 Systematic Differences: Perspectives and Constructs

Cole et al. (2000) points out that there are several possible explanations for disagreement in report (i.e. discrepancies in reported scores, often referred to as discrepancy scores). Cole et al. (2000) examined two hypotheses: first, that parents and children are sensitive to different aspects of a target variable (e.g., children's psychopathology); and, second, that children and parents may understand the questions differently (i.e. reflecting different construct/factor structures). In their study, Cole et al. (2000) found that there were inconsistencies in the factor loadings, and they found this to be in accordance with both hypotheses; parents and children report focus on different aspects of the construct, and, by doing so, they can contribute complementarily in assessment of children.

1.6.2 Normal Development versus Psychopathology

Hale, Engels and Meeus (2006) found that adolescent report of parental alienation and rejection are strongly associated with adolescent report of general anxiety. Poor mental health of the child could also potentially make the child less sensitive in the interaction with family members and the child/adolescent's perceived communication from parents may differ from what parents intended to communicate. This may result in negatively altered family functioning (Shek, 1998). On the same note, discrepancies in maternal-child report might be due to normal developmental processes in the transition from childhood to adulthood (Tein, Roosa, & Michaels, 1994). In a western context, developmental theories suggest that healthy development in early adolescence consist of increasing autonomy, independence and separateness (Blos, 1979).

Guion et al. (2009) propose that both theories about normal development and psychopathology might contribute to disagreements in report. They propose that low levels of parent child discrepancy might be indicative of healthy development and that more extreme discrepancy scores might indicate dysfunctional parent-child interaction. A difference in interpretation of meaning of discrepancy scores is proposed depending on age and developmental stage (Guion et al., 2009).

1.6.3 Informant Discrepancies in Different Cultural Contexts

To date, there are very few studies examining agreement and discrepancies across divergent cultural contexts (Guion et al., 2009; Van de Looij-Jansen et al., 2011). Nevertheless, this is important, as suggested by Güngör (2008), due to the potential for different perceptions between mothers and children of the implicit meaning of parenting in immigrant contexts. For example, De los Reyes and Kazdin (2005) found that African American families have a higher discrepancy score on child psychopathology and higher report of harsh discipline. According to Guion et al. (2009), this can be assumed to reflect sociocultural differences in parenting. The high discrepancy scores might however indicate that their children do not share the same sociocultural values or beliefs and thus do not perceive the parenting as nurturing (Guion et al., 2009).

In a Dutch multiethnic study of preadolescent children and their families, one of the groups studied was Turkish immigrants (Van de Looij-Jansen et al., 2011). Van de Looij-Jansen et al. (2011) found that discrepancies on internalizing measures vary across ethnic groups, and that

Turkish parents reported more internalizing problems than their children did. The Turkish group reported an overall level of internalizing problems that was high compared to the other groups in the study (both parental and children reports were high). Nevertheless, discrepancy scores were also amongst the highest in the Turkish group. A possible explanation might be that the children are more acculturated into the Dutch context than their parents (Van de Looij-Jansen et al., 2011).

1.7 Summary

Immigrant families are influenced by at least two different cultures, and parents and children might vary in their normative perception of parenting. In a western context, parenting emphasizing warmth and separateness is considered normative, whereas in Turkish culture control might be applied to promote relatedness. The implication of diverging views of parenting is unknown, and could possibly influence the mental health of the child. Relatively little research is conducted on immigrant mother-child dyads in regards to parenting and emotional symptoms, especially including dual report of both parenting and emotional symptoms. Thus, uncertainty remains to whether Turkish immigrant mothers and children diverge in their understanding of parenting, in particular parental control. There is not much knowledge to date concerning how perceptions of parenting are related to emotional symptoms in an immigration context.

1.8 Research Questions

Question 1: Are there within-reporter and between-reporter associations in report of parenting (i.e., control, warmth and rejection) and emotional symptoms?

Question 2: Is report of parenting predicting report of emotional symptoms?

Question 3: Are there associations between discrepancies in maternal-child report of parenting and emotional symptoms?

Question 4: Are discrepancies in report of parenting predicting maternal and/or child report of emotional symptoms?

2 Methods

This study is based on data obtained from the Norwegian branch of a longitudinal European collaborative project, Social Integration of Immigrant Children: Uncovering Family and School Factors Promoting Resilience (SIMCUR). The SIMCUR project is a collaboration among Norway (Norwegian Institute of Public Health, NIPH), the Netherlands (Leiden University), and Germany (Ruhr University, Bochum). In Norway, SIMCUR is a sub-project to the Youth, Culture and Competence research program of the Division of Mental Health of NIPH, of which B. Oppedal is the Principal Investigator. The purpose of SIMCUR is to assess how macro and meso level factors affect the psychological adaptation, learning and integration among children and adolescents of Turkish immigrant families in the respective countries. The target sample is first and second generation Turkish immigrants and their children. Within this sample, two age cohorts were recruited to represent the transitions to primary school and secondary school. The first data collection started in 2010, and data have been collected annually to present. Wave 1 data from the older age cohort in Norway is used in the current study. In Norway a total of 265 families with either ethnic Norwegian ($N = 63$) or Turkish origin ($N = 202$) have been enrolled in the study. The participating families were recruited from Eastern Norway, with the gross majority in the Oslo and Drammen areas, but families from Bergen and Stavanger are also included. Norwegian families were matched with the Turkish immigrant families by criteria such as living area, socioeconomic status, parents' marital status, child's gender and school environment.

2.1 Procedures

Turkish families with children in the two age cohorts were identified from national registers. In Norway, both mothers and fathers were first generation immigrants as no second generation immigrants within the target sample were identified in the national register. All families that fulfilled criteria with regards to age of the children were sent letters of invitation in both Norwegian and Turkish, followed by door-to-door or phone recruitment. Turkish-speaking members of the research team were directly involved in recruitment. All families who agreed to participate were included in the study. Written parental consent and child assent were obtained prior to data collection.

Data were collected during home visits, by two research assistants, typically one Turkish-Norwegian bilingual and one Norwegian speaking, who had been trained by the SIMCUR research team. One research assistant interviewed the mother, and if necessary assisted her in filling in the questionnaires, while the other interviewed and tested the child. Language proficiency was self-reported by the mother before the data collection, and if the mother in the family did not master Norwegian to a (self-assessed) comfortable degree, a Turkish speaking assistant was provided.

Before each home visit a set of questionnaires were sent through postal services to both mothers and fathers with instructions to be filled out before the home visit. If the questionnaires were not finished by the time of the home visit, they were completed during the home visit. In addition to the questionnaires, data was provided through a structured interview developed for the purpose of the SIMCUR project, including background information such as family background and education, current family situation and household, using structured questions. When relevant, the mother and child questionnaires included questions tapping the same set of constructs as, e.g., acculturation, parenting practices, and emotional problems.

In the current study, I had access to quality-assured data-files for the first wave of data, including 104 mother-child dyads. The overall aim of the current study was to examine associations between parenting and emotional symptoms among Turkish immigrant mother-child dyads. In addition to exploring main and interaction effects, I examined discrepancies in reported parenting and mental health for the mother and child. Data were collected by report from both mothers and children. That is, both the mother and the children (12 years of age) answered questions about the mother's parenting and children's emotional symptoms. The scales were administered as part of a larger questionnaire containing information about parent-child relationship, family values and child's adjustment.

2.2 Participants

As above mentioned, there were 104 mother-child dyads participating in the current study. Sixty of the children reported being male and forty-four were females. The participating children all turned 12 years during the first year of data collection. Mean age of immigration was 17,7 years for the mothers ($SD=7,67$; range: 1-44; $N=100$). Eighty nine per cent (89,4 %) of the mothers reported to be married; 4,8 % were single, and 5,8 % did not report any marital

status. Total gross income per year for the families varied from under 50 000 NOK to more than 1 000 000 NOK, with the highest percentage (23,1 %) ranging between 300 000 to 400 000 NOK a year. Almost 56 % (55,8 %) of the families had a total gross income between 200 000 NOK and 500 000 NOK, 10, 5 % had a total gross income below 200 000 NOK, whereas 12,5 % had a total gross income of more than 500 000 NOK (N=82). Sixty four per cent (64,0 %) of the mothers had either primary education or lower secondary education as their highest completed education, and 23, 0% of the mothers had upper secondary education as their highest education, 13,0 % was educated on tertiary or PhD level (N=100, ranging from “primary education” to Ph.D.).

2.3 Ethics

All families filled in an informed consent form either prior to the home visit or upon the research assistant’s arrival. Parents also formally consented on behalf of their children. All families were informed that they could withdraw from the study at any point, without further explanation. The study has been approved by the Regional Ethical Committee (REK) and The Norwegian Data Protection Authority.

2.4 Measurements

Each home visit lasted about two hours, consisting of a large battery of tests and questionnaires. Back-translation was used to provide Turkish language questionnaires for mothers and fathers. The measures of concern for the current study are two of the scales administered: the My Memories of Upbringing (Egna Minnen Beträffande Uppfostran [EMBU]) and Strengths and Difficulties Questionnaire (SDQ), subscale emotion.

2.4.1 The EMBU scale (Egna Minnen Beträffande Uppfostran [My Memories of Upbringing])

The EMBU scale (Egna Minnen Beträffande Uppfostran [My Memories of Upbringing]) used in the current study was developed from the original EMBU scale: a Swedish 81 item self-report measure (Perris, Jacobsson, Lindström, Von Knorring, & Perris, 1980). The original scale underwent different adaptations to serve as a self-report scale in different versions for children and adolescents, and the current scale is a result of extended comparisons (Aluja et al., 2006). The version of the EMBU used in the current study consists of 24 items tapping

three dimensions of parenting; Control, Support, and Rejection. The 24 items scale has been found to have good fit when subject to exploratory and confirmatory factor analyses (Aluja et al., 2006).

Each subscale consists of eight items, and each item is rated by the respondent on a 4 point Likert scale, from *never* (1) to *most of the time* (4). All items were coded so that higher score referred to more warmth, more control or more rejection (for the rejection scale, one item was reversed). The mean score of each subscale was summarized. Each item on the total scale for mothers corresponds to those for the child. Differences are only limited to phrasing, based upon the subject's perspective. This can be illustrated by the following example: *You have interfered in everything your child did* versus *Mother interferes in everything you do*. (See appendix 1 for list of questions.)

Control

The reliability of the control subscale was good for the mothers, Cronbach's alpha was $\alpha = .72$, ($M = 18,48$; $SD = 3,69$, range from 11 to 28, and missing = 14). For children, Cronbach's alpha was adequate $\alpha = .47$, ($M = 20,17$; $SD = 3,28$, range from 13 to 30, and missing = 3). Examples of items are (i) *You have interfered in everything your child did*, (ii) *You think that your child has wished you would worry less about what he/she was doing*, and (iii) *You have put decisive limits for what your child was and was not allowed to do, to which you then have adhered rigorously*.

Warmth

The reliability of the warmth subscale was adequate for mothers, as the Cronbach's alpha was $\alpha = .71$ ($M=27,98$, $SD=2,71$, range = from 23 to 32, and missing = 14); for children, the Cronbach's alpha was high $\alpha = .84$, ($M=28,54$; $SD=3,69$; range from 12 to 32, and missing = 3). Example of items representing the warmth scale were: (i) *If your child has been sad, he/she has been able to seek comfort from you*, (ii) *You have been proud when your child has succeeded in something that he/she has undertaken*, and (iii) *You have wanted to be together with your child*.

Rejection

The reliability of the rejection subscale was good; for the mothers, Cronbach's alpha was $\alpha = .67$, ($M = 9,69$; $SD = 2,00$; range = 8-17 and missing = 14); for the children, Cronbach's alpha was high $\alpha = .84$, ($M = 10,61$; $SD = 3,48$ range = 8-28, and missing = 3). Examples of items on the rejection scale are: (i) *You have punished your child even when he/she had not done anything wrong*, (ii) *You have treated your child in such a way that he/she has felt ashamed*, and (iii) *This child has been the one whom you have blamed if anything happened*.

2.4.2 The Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) [Goodman, 1997, 2001] is a widely used measure of childhood and adolescence psychological adjustment. SDQ consists of five subscales: emotional problems, conduct problems, hyperactivity problems, peer problems and prosocial behavior, measured on a 3 point Likert scale from *not true* (0) to *certainly true* (2). The SDQ was selected because it is a well-known measurement, which has been used in several large-scale studies, as well as smaller studies. Overall this measure has shown good statistical reliability and validity (Goodman, 2001; Goodman & Goodman, 2011). For the purpose of the research questions posed in this study, only the emotional symptoms subscale of the SDQ was used. Mothers and children reported on five items whether the child had experienced the following emotional symptoms in the last six months: (i) headaches, stomach-aches or sickness, (ii) many worries, (iii) unhappy, down-hearted or tearful, (iv) nervous or clingy, easily loses confidence, (v) many fears. The items are corresponding for both mothers and children, but they have different phrasings in accordance with the perspective of the respondent (see appendix 2). Both mothers and children reported on the 3 point Likert scale. A sum score was computed for emotional problems according to the standard computing set for the Strengths and Difficulties Questionnaire (www.sdqinfo.org) [Youth in Mind, 2010]. Cronbach's alpha for the maternal report was adequate, $\alpha = .61$, and good for child report $\alpha = .78$.

2.4.3 Control Variables

The selected control variables are based on previous research (Durgel, et al., 2012; Fandrem et al., 2008; Gaylord et al., 2003; Saritas & Gencöz, 2012; Tolani & Brooks-Gunn, 2006; Verhulst et al., 2003) known to be associated with parenting and information discrepancies. In

addition, control variables were selected based on whether they were associated with the outcome variable. Due to limitations according to sample size and variables available to me in the current study, gender and parental education were chosen as control variables for the multiple hierarchical regression analysis.

Gender

As described earlier, of the 104 children participating, 60 children (57,7 %) were boys and coded as 1, while 44 (42,3 %) were girls, coded as 2.

Maternal Education

Maternal education is the most commonly used control variable in adolescent research (Tolani & Brooks-Gunn, 2006). Level of education was measured in accordance to the International Standard Classification of Education (ISCED) codes [United Nations Educational, Scientific and Cultural Organisation, UNESCO, 2011]. According to ISCED, education is coded into six levels; 0 (no degree), 1 (primary education), 2 (lower secondary education), 3 (upper secondary education), 4 (post-secondary education), 5 (tertiary education), and 6 (PhD).

2.5 Analyses

2.5.1 Preliminary Analyses

In order to establish whether the assumptions for parametric tests were met, linearity, normality, homoscedasticity and multicollinearity were examined (Field 2009; Pallant, 2007). Scatterplots reveal that the assumption of linearity is met to a satisfactory degree for most of the scales (See appendix 3). However, some outliers are present in the data, and the potential influence of these outliers was examined based on the Cook's Distance Test. The Cook's Distance Test revealed that there is little to gain from excluding any outliers from the analyses (all Cook's distance values < 1). The assumptions of linearity are somewhat challenged for the following scales: discrepancy scores on the control and rejection scales (for child measures). Out of concern for the above mentioned occurrences, a non-parametric test for correlations (Spearman's rho) was conducted. When comparing the Spearman's rho with the Pearson's correlation coefficient, the same tendencies occurred (for example, the Pearson's correlation coefficient and the Spearman's rho were similar for the correlation between both

maternal report of EMBU control and maternal report of SDQ emotion [Spearman's rho = .22, $p < .05$; Pearson's correlation coefficient = .22, $p < .05$]. For child report, the parametric and the non-parametric measure of correlation revealed the same tendency: child report of EMBU control and child report of SDQ emotion [Spearman's rho = .35, $p < .001$; Pearson's correlation coefficient = .39, $p < .001$]. These results are in favor of the robustness of the parametric methods. The parametric methods used are indeed assumed to be robust (Field, 2009), and the data of the current study do not violate assumptions of linearity to an extensive degree. Concerning normality, all values for skewness and kurtosis fall within the range of -1.96 to 1.96 for the EMBU scale and SDQ emotion for both mothers and child. However, regarding the subscales of the EMBU, one of the subscales appears to be skewed (the rejection subscale for children, skewness = 2,43). None of the distributions for discrepancy scores are skewed. Some of the kurtosis values for the subscales and discrepancy scores exceed 1.96. According to Howitt and Cramer (2008), the kurtosis values are not of statistical concern.

Scatterplots reveal that the assumption of homoscedasticity is met to a satisfactory degree. Correlation analyses reveal that multicollinearity is not present; hence, the assumption of independence is met. In sum, it can be argued that the assumptions required for conducting the statistical analyses are met to a satisfactory degree.

2.5.2 Statistical Analyses

The analytic strategy outlined follows the analytic strategy suggested by Reidler and Swenson (2012).

Correlations

The first analysis focused on examining associations between child and maternal reports on the EMBU subscales, and child and maternal reports on the SDQ emotion subscale, through Pearson's bivariate correlations. Both within-reporter and between-reporter correlations were examined.

Based on the results from the correlation analyses, the variables for further analyses were selected. Independent variables (EMBU report) that did not correlate significantly with the dependent variables (SDQ emotion report) were excluded from further elaboration (i.e., both maternal report of warmth on maternal report of emotional symptoms [$r = .09$, $p = .433$] and

child report of warmth on child report of emotional symptoms [$r = -.13, p = .215$] were excluded from further analyses).

Multiple Hierarchical Regressions

In order to examine the second research question of whether maternal and/or child report of parenting have a predictor effect of maternal and/or child report of emotional symptoms, multiple hierarchical regression analyses were conducted. The regression analyses were conducted in order to examine both the effect of the My Memories of Upbringing (EMBU) report from the two raters and ultimately the effect of concurrence between the two, on Strengths and Difficulties (SDQ) emotion. To examine the effect of concurrence between raters, an interaction variable between mothers and children were computed by centring the two variables by subtracting the mean and multiplying them with each other. In step 1, main effects of the mothers and child report were entered. The interaction variable was entered in step 2. The control variables gender and maternal education were entered in step 3. The variables were entered in this order to promote the ability to examine the impact of the variables of interest before and after the control variables are entered. Multiple hierarchical regression analyses were conducted separately for each of the EMBU subscales.

Discrepancies: Correlation

To examine the third research question, associations of discrepancy between mother and child report were computed. The discrepancy scores were computed by subtracting mother scores from child scores, creating either positively or negatively valued discrepancy scores. Positive values indicate that children had a higher score on the item/subscale than the mother and negative scores are indicators of the opposite. Further, this research question called for examination of the correlations between discrepancy scores for the two measurement scales. Following this, the discrepancy scores were subject to the same procedure as described above: bivariate correlational analysis to examine the correlation between discrepancy scores on the EMBU and the SDQ subscale, in order to explore correlational patterns.

The findings from the discrepancy correlation analysis, in addition to the findings from the first correlation analysis, suggested a lack of correlation between report of warmth and report of emotional symptoms. Therefore, the warmth subscale of the My Memories of Upbringing (EMBU) scale is excluded from the presentation of further discrepancy analyses.

Discrepancies: Multiple Hierarchical Regressions

Furthermore, in order to answer research question four regarding the effect of discrepancy scores and also the effect of the magnitude of discrepancy in parenting practice report, multiple hierarchical regression analysis were conducted with discrepancy scores as predictor variables. To be able to examine a potential curvilinear effect (i.e. the effect of extreme scores), squared discrepancy scores were computed. By computing squared discrepancy scores, information about the direction of discrepancy is removed, and left for examination is the magnitude of discrepancy. Discrepancy scores were entered in Step 1 of the multiple hierarchical regression analyses, whereas the squared discrepancy scores were entered in Step 2. In Step 3 the control variables gender and maternal education were added. The analyses were conducted separately for each of the My Memories of Upbringing (EMBU) subscales.

All analyses were conducted in SPSS version 20; missing data were dealt with using pairwise deletion of missing data.

3 Results

3.1 Question 1: Associations in Report of Parenting and Emotional Symptoms

In order to examine whether mothers and children agreed in reporting parenting and symptoms of emotional symptoms, Pearson's correlations were examined.

Table 1.

Correlations between Respondents when Reporting on EMBU and SDQ.

	1	2	3	4	5	6	7
1 mEMBUcontrol	1						
2 mEMBUrejection	.34**	1					
3 mEMBUwarmth	.14	-.07	1				
4 mSDQemotion	.22*	.35**	.09	1			
5 cEMBUcontrol	.14	.15	-.06	-.05	1		
6 cEMBUrejection	-.01	.08	-.29**	.01	.40**	1	
7 cEMBUwarmth	-.01	-.06	.34**	.00	.08	-.48**	1
8 cSDQemotion	.20	.15	-.14	.13	.39**	.39**	-.12

Note: ** $p < .01$, * $p < .05$. mEMBU = mother report on the EMBU scale. cEMBU = child report on the EMBU scale. mSDQ = mother report on the SDQ scale. cSDQ = child report on the SDQ scale.

3.1.1 Within Reporter Correlations

As shown in Table 1, significant correlations exist between maternal report of control and rejection and maternal report of emotional symptoms (SDQ emotion). No such correlation is evident for maternal report of warmth. The same pattern is present in the child report (see Table 1 for values).

3.1.2 Between Reporter Correlations

Associations were found between mother and child report on the My Memories of Upbringing (EMBU) subscale rejection, however no significant associations were found for maternal report and children report for any of the other subscales on the EMBU. Another significant correlation is between mother reported warmth and child reported rejection. There were no significant correlations for the My Memories of Upbringing (EMBU) child subscales (control, rejection, warmth) and the emotional symptoms (Strengths and Difficulties [SDQ] emotion) reported by the mother or vice a versa. The EMBU total score shows no significant correlation between reporters. Child and mother report on the Strength and Difficulties (SDQ) emotion subscale did not correlate significantly.

3.1.3 Summary

These findings suggest that there is very little agreement between the respondents in both the report of parenting (My Memories of Upbringing [EMBU]) and emotional symptoms (Strengths and Difficulties [SDQ] emotion). No patterns were found between the respondents, except for the moderate agreement in the report of warmth on the EMBU.

3.2 Question 2: The Effects of Parenting on Emotional Symptoms

3.2.1 EMBU Control

Maternal Report

As shown in Table 2, there is a significant effect of maternal report of control on maternal report of SDQ emotions in model 1. This effect is significant also in model 2 and when controlling for effects of gender and maternal education in model 3. There is no significant effect of the mother-child interaction variable on maternal report of SDQ emotion. The EMBU predictors and the control variables explain 12 % of the variance on the SDQ emotion reported by mothers.

Child Report

There is a significant effect of child report of control on child report of SDQ emotions in model 1, model 2 and model 3, when controlling for effects of gender and maternal education.

There is no significant effect of the mother-child interaction variable on the report of SDQ emotion for children. The EMBU predictors and the control variables explain 20 % of the variance on the SDQ emotion scale reported by children.

Table 2.

Hierarchical Multiple Regression Analyses Predicting Mother's and Child's SDQ Emotion Scores from EMBU Control Scores

Predictor	SDQ emotion			
	Mother		Child	
	ΔR^2	β	ΔR^2	β
Step 1, EMBU control	.06		.17**	
mother report		.23*		.15
child report		-.09		.37**
Step 2	.02		.00	
mother report		.23*		.15
child report		-.08		.37**
mother-child interaction		.13		.01
Step 3	.05		.03	
mother report		.24*		.12
child report		-.04		.36**
mother-child interaction		.08		-.02
gender		-.11		.15
maternal education		.22		.06
Total R2	.12		.20	
N	97		102	

Note: ** $p < .01$, * $p < .05$

3.2.2 EMBU Rejection

Maternal Report

Table 3 shows that maternal report of rejection has a significant effect on maternal report of emotional symptoms. This effect increases when adding the interaction in model 2. The effect was robust above and beyond controls. There is no significant effect of the mother-child interaction on maternal report of SDQ. The EMBU predictors and the control variables explain 17 % of the variance on the SDQ emotion reported by mothers.

Child Report

The effect of child report of EMBU rejection on child SDQ emotion was significant. There was no significant effect of the mother-child interaction on child report of SDQ emotion. However, gender is affecting child emotional symptoms report significantly, but the effect of child report of rejection is sustained (and increased). There are no significant effects of the mother-child interaction variable on the report of SDQ emotion for children. The EMBU predictors and the control variables explain 26 % of the variance on the SDQ emotion reported by children.

Table 3.

Hierarchical Multiple Regression Analyses Predicting Mother's and Child's SDQ Emotion Scores from EMBU Rejection Scores

Predictor	SDQ emotion			
	Mother		Child	
	ΔR^2	β	ΔR^2	β
Step 1, EMBU rejection	.12**		.17**	
maternal report		.35**		.12
child report		-.02		.38**
Step 2, EMBU rejection	.03		.02	
maternal report		.38**		.01
child report		-.01		.38**
mother-child interaction		-.16		.16
Step 3	.04		.07	
maternal report		.37**		.14
child report		-.01		.41**
mother-child interaction		-.14		.07
Gender		.03		.27*
maternal education		.19		-.01
Total R2	.17		.26	
N	97		102	

Note: ** $p < .01$, * $p < .05$

3.3 Question 3: Associations between Discrepancies in Report of Parenting and Emotional Symptoms

In order to examine the disagreement between mothers and children in reporting parenting and emotional symptoms, Pearson’s correlations between the discrepancy scores were examined. The discrepancy analyses, shown in Table 4, show a significant correlation between the discrepancy scores for Strengths and Difficulties (SDQ) emotion and the My Memories of Upbringing (EMBU) subscale control. There is also a significant correlation between the discrepancy scores for SDQ emotion and the EMBU subscale rejection. There were no significant correlations between the SDQ emotion subscale and the EMBU subscale warmth.

Moreover, the discrepancies for reports of rejection and control of the EMBU were significant. The discrepancy scores of the subscales rejection and warmth of the EMBU are negatively correlated. In other words, the results from the discrepancy correlation analyses reveal that disagreements between the respondents are systematically related. It is evident that the warmth subscale does not follow the same pattern as the rejection subscale and the control subscale of the EMBU.

Table 4.

Correlations between Discrepancy Scores on EMBU and SDQ.

Discrepancy Sores	1	2	3	4
1 EMBU control	1			
2 EMBU rejection	.38**	1		
3 EMBU warmth	.18	-.27*	1	
4 SDQ emotion	.28**	.34**	-.04	.31**

Note: ** $p < .01$, * $p < .05$

3.4 Question 4: Effects of Discrepancies in Report of Parenting on Emotional Symptoms

3.4.1 EMBU Control

Maternal Report

As is shown in Table 5, the EMBU control discrepancy score is significantly associated with maternal report of emotional symptoms. This effect was not found to be confounded by the squared discrepancy scores and the control variables gender and maternal education. There was no effect of the squared discrepancy score. Maternal education was associated with maternal report of emotional symptoms. The discrepancy and squared discrepancy of control, and the control variables, explain 11 % of the variance on the SDQ emotion reported by mothers.

Child Report

For children, there was no effect of discrepancy scores. However, gender was associated with children report of emotional symptoms. The discrepancy and squared discrepancy of control, and the control variables, explain 9 % of the variance on the SDQ emotion reported by children.

Table 5.

Hierarchical Multiple Regression Analyses Predicting Mother's and Child's SDQ Emotion Scores from EMBU Control Discrepancy Scores

Predictor	SDQ emotion			
	Mother		Child	
	ΔR^2	β	ΔR^2	β
Step 1, EMBU control discrepancy scores	.05*		.02	
		-.23*		.13
Step 2, EMBU control discrepancy scores squared discrepancy	.00		.01	
		-.26*		.06
		.05		.14
Step 3	.05		.06	
discrepancy scores		-.25*		.06
squared discrepancy		.10		.15
Gender		-.07		.22*
maternal education		.23*		.05
Total R2	.11		.09	
N	97		102	

Note: * $p < .05$

3.4.2 EMBU Rejection

Maternal Report

No significant effect of discrepancy scores were found in model 1 for maternal report of SDQ emotion. In model 2 for maternal report, there is a significant effect of both squared discrepancy and discrepancy score on maternal report of SDQ emotion (Table 6). These effects are robust but the effect is mildly reduced when control variables are added in model 3. The discrepancy score and squared discrepancy score of rejection, and the control variables, explain 21 % of the variance on the SDQ emotion reported by mothers.

Child Report

For child report, discrepancy scores of rejection were associated with SDQ emotion report. This effect disappears when entering squared discrepancy scores to model 2. In model 3, gender has a significant effect on child report of SDQ emotion. The discrepancy score and squared discrepancy score of rejection, and the control variables, explain 17 % of the variance on the SDQ emotion reported by children.

Table 6.

Hierarchical Multiple Regression Analyses Predicting Mother's and Child's SDQ Emotion Scores from EMBU Rejection Discrepancy Scores

Predictor	SDQ emotion			
	Mother		Child	
	ΔR^2	β	ΔR^2	β
Step 1, EMBU rejection	.03		.07*	
discrepancy scores		-.17		.27*
Step 2, EMBU rejection	.15**		.03	
discrepancy scores		-.57**		.26
squared discrepancy		.56**		.08
Step 3	.03		.06	
discrepancy scores		-.53**		.08
squared discrepancy		.51**		.28
Gender		-.04		.25*
maternal education		.18		-.02
Total R2	.21		.17	
N	97		102	

Note: ** $p < .01$, * $p < .05$

4 Discussion

The overall aim of the current study was to examine the associations between and the effect of certain subsets of parenting (control, rejection, warmth) on emotional symptoms reported by the mother and the child. The focus was to understand the relation between the three subsets of parenting and associations with emotional symptoms, and to examine differences between maternal and child reports in these factors.

There were four main findings: 1) Overall, two correlations were found among child and maternal reports, (i) maternal and child report of warmth and (ii) maternal report of warmth and child report of rejection; 2) Main effects showed that (i) for the child reports, EMBU rejection and control were positively associated with emotional symptoms (child report), (ii) for maternal reports, both EMBU rejection and control were associated with emotional symptoms, however rejection more strongly than control; 3) Discrepancy correlations showed that (i) discrepancies in report of control are associated with discrepancies in report of emotional symptoms, (ii) discrepancies in report of rejection are associated with discrepancies in report of emotional symptoms; 4) Discrepancy effects showed that (i) for report of control, when children report more control than their mothers, mothers report fewer emotional symptoms, (ii) for report of rejection, when respondents' report of rejection is in the extreme ends of the distribution, maternal report of emotional symptoms decreases. All the four main findings will be discussed below.

4.1 Question 1: Associations in Report of Parenting and Emotional Symptoms

Overall, these findings show that there are generally low concordance between maternal and child reports when it comes to both parenting and emotional symptoms. The low concordance in report between mother and children is striking. This is remarkably different from earlier research, operating with correlations of around $r = .20$ between parent/mother and child reports (Achenbach et al., 1987). This finding is consistent with some previous findings reporting lower than expected correlations (Henggeler, Borduin, & Mann, 1987; Jessop, 1981), but run contrary to others (Schwarz, Barton-Henry, & Pruzinsky, 1985). One possibility is that the construct reported on by the child or the mother is influenced by the unique perspective of the respondent, meaning that respondents contribute differently to the

same construct (Cole et al., 2000; Van Roy et al., 2010), or that the constructs in question are differently conceptualized for mothers and children (Cole et al., 2000). The tendency of low concordance is evident both for report of non-supportive parenting (i.e., rejection and control) and emotional symptoms. On the other hand, there seems to be a difference for parenting reflecting supportive parenting (i.e., warmth).

4.1.1 Warmth

The current study found a moderate association between maternal and child reports of warmth, reflecting an above average correspondence in report for mothers and children (Achenbach et al., 1987). In other words, this indicates that supportive parenting was similarly experienced by both the parent exercising the parenting, and the child experiencing the parenting. However, maternal report of warmth and child report of warmth are the only measures that are positively correlated. Though, no association was found for warmth in relation to emotional symptoms.

4.1.2 Warmth and Rejection

As reviewed, there is a moderate association between mothers and children in report of warmth (see Table 1). The moderate correlation in report of warmth suggests that mothers and children agree in their perception of supportive parenting. In addition, a connection should be noted between children's perceived rejection and maternal expressed warmth. This association is evident by the prevalence of a moderate correlation between maternal report of warmth and child report of rejection. This is in accordance with previous research showing that rejection and warmth can be perceived as antagonists (Khaleque & Rohner, 2002; Rohner & Britner, 2002; Rohner et al., 2005). However, this is the only antagonistic between-reporter relationship in the current study. Maternal and child report is generally found to have weak correlations (Achenbach, 1987; Henggeler, Borduin, & Mann, 1987; Jessop, 1981). Therefore, the finding might be an indicator of that rejection expressed by mother is perceived as lack of warmth for the child.

4.1.3 Control and Rejection

For control and rejection, mothers and children diverge in their report of parenting. This might indicate that the respondents perceive non-supportive parenting (i.e., control and

rejection) differently (Guion et al., 2009), either because mothers and children contribute with different information to the same construct (Cole et al., 2000), or because the measurements are tapping different constructs in mothers and children (Cole et al., 2000). However, it might also be due to other random or systematic differences in report (Achenbach et al., 1987; De Los Reyes & Kazdin, 2005).

Regarding unique contribution from mothers and children, this could be due to mother and child having different perspectives. As an example, one could hypothesize that mothers report an overall tendency, whereas children are more prone to report more immediate experiences, and therefore the respondents might diverge in report (Van Roy et al., 2010). Following this, the findings might to some extent be explained by differences in mother-child perspective, as suggested by Guion et al. (2009).

However, previous research shows that in an immigration context, low concordance between maternal report and child report occurs frequently (Van de Looij-Jansen et al., 2011). This suggests that the concepts of control and rejection per se could possibly be understood as diverging between the respondents (Buki et al., 2003; Güngör, 2008). If low associations between maternal and child report were due to different conceptualizations of control or rejection, one might not expect there to be any systematic between-reporter relationships. Even though there are few between-reporter relationships, there are effects of discrepancy scores on maternal report of emotional symptoms (as will be discussed below). Taken together, both each respondent's unique contribution and differences in conceptualizations might be affecting low concordance between respondents (Cole et al., 2000; Van Roy et al., 2010).

The interplay of different perspectives and conceptualizations makes sense theoretically if considering both developmental psychology and acculturation studies. That is, due to differences in cognitive ability to generalize behavior, children and mothers often diverge in their report of parenting (Van Roy et al., 2010). Also, with growing older, children get increasingly capable of thinking independently (Sillars, Koerner, & Fitzpatrick, 2005). Therefore, differences in report can be expected to be present to some extent due to processes of normal development (Tein et al., 1994). However, due to differences in how children and their mothers are influenced by the culture of the country of origin (Foss, 1996) and how they are influenced by the host society (Buki et al., 2003), they might perceive the same behavior to have different meanings (Guion et al., 2009).

In addition, contrary to what was found for supportive parenting, non-supportive parenting is related to report of emotional symptoms. More specifically so, control and rejection differ in how they are related to report of emotional symptoms. This will be explored further in separate sections.

4.1.4 Emotional Symptoms

The low concordance in report of emotional symptoms between mothers and children indicates that the respondents do not agree in how they perceive the child's mental health. The children are experiencing their (lack of) emotional symptoms differently from their mothers. This might be due to random or systematic differences in report (Achenbach et al., 1987; De los Reyes & Kazdin, 2005). In the current study, systematic differences in maternal and child report might be due to differences in conceptualizations or unique contributions in report (Cole et al., 2000). Report may also be influenced by different level of acquaintance with the Norwegian society for mothers and children respectively (Van de Looij-Jansen et al., 2011). Previous research is not consistent in its findings in differences in maternal and child report (Handwerk et al., 1999; Theunissen et al., 1998; Van Roy et al., 2010; Waters et al., 2003). Nevertheless, the lack of concordance in report alludes to the importance of including child report (Guion et al., 2009; Reidler & Swenson, 2012; Van de Looij-Jansen et al., 2011), as children's own perspective and experiences of mental health should be taken into consideration.

4.2 Question 2: The Effects of Parenting on Emotional Symptoms

From the results, it is clear that maternal report of non-supportive parenting predicts maternal report of emotional symptoms (see Tables 2 and 3). The same is evident for child report. This means that maternal and child report of control and rejection is related to increased report of emotional symptoms. In other words, the findings from the correlational analysis were supported when controlling for the possible influence of gender and maternal education. As expected, maternal report of parenting did not predict child report of emotional symptoms, or vice versa.

4.2.1 The Effects of Control and Rejection

Although non-supportive parenting (control and rejection) was related to report of emotional symptoms for both mothers and children, report of control differed in how strongly it predicted report of emotional symptoms for the two respondents. Report of control predicted to a lesser extent report of emotional symptoms in maternal report. This could be indicative of differences in perceptions of how control is related to mental health for mothers and children. In other words, the findings suggest that children who report high occurrence of control tend to report themselves as having more emotional symptoms. Relative to this, the link between maternal report of control and emotional symptoms is weaker (see Table 2). For within-reporter associations, both maternal and child report of rejection is equally predicting report of emotional symptoms (see Table 3). This might indicate that rejection is considered as equally related to maladaptive adjustment for both mothers and children. This is in accordance with research establishing rejection to be related to adverse outcome (Rohner et al., 2005).

The findings show that child report of rejection and control is equally related to child report of emotional symptoms. In contrast, maternal report of control is less strongly related to maternal report of emotional symptoms. Taken together, this suggests that mothers and children agree in the perception of rejection as related to adverse psychological outcome, whereas mothers to a lesser extent than their children consider control as related to adverse outcome. This finding is in line with previous research finding that Turkish (immigrant) mothers rely on control as a parenting strategy (Güngör, 2008). However, previous research also suggests other possible explanations for this finding, an example being that children report in general more aversive parenting behavior than their mothers (De los Reyes & Kazdin, 2005). Following this, a weaker relationship between control and emotional symptoms for mothers might be due to the fact that mothers, overall, report less control than their children. However, if this were the case, the same tendency should be expected to be evident for rejection. Seeing that report of rejection is as strongly related to report of emotional symptoms for both respondents, it is not likely that a weaker association is due to systematic differences in magnitude of report between respondents.

The findings of a weak relationship between maternal report of control and maternal report of emotional symptoms could be seen in relation to previous research examining the effect of control in an Eastern based parenting context (e.g., Chao, 1994, Chao & Aque, 2009). From

this, it is possible that differences in normative views of parenting are affecting the perception of control (Buki et al., 2003; Güngör, 2008), so that mothers to a larger extent than their children are embedded in an Eastern tradition of parenting. Again, if considered isolated, it could be argued that lower maternal report of control could be due to social desirability (Kim, Cain, & McCubbin, 2006; Tein et al., 1994). However when comparing report of control with report of rejection, maternal report of control stands out as the weakest predictor of emotional symptoms. This is in favor of interpreting the finding that control is more strongly associated with emotional symptoms in child report than in maternal report as an indication of different expectations to parenting. Turkish immigrant children growing up in Norway might perceive maternal control as non-supportive or even intrusive; hence it might be a contributing factor to their experienced emotional symptoms. Their mothers may to a lesser extent consider control as non-supportive or intrusive and therefore not expect it to be related to emotional symptoms. The perception of control as warm or supportive parenting makes sense if the mothers are embedded in ethnotheories of parenting developed in accordance with cultural values based upon relatedness (Güngör, 2008; Kagitcibasi, 1996, 2005).

4.3 Question 3: Associations between Discrepancies in Report of Parenting and Emotional Symptoms

In general, children report more than their mothers in terms of control, rejection, warmth and emotional symptoms (positive discrepancy scores indicates higher child report). More report of control for children is associated with more report of emotional symptoms for children (see Table 4). This indicates that children who report more control than their mothers also report more emotional symptoms. This might be explained by the tendency for children to report in general more symptoms or behavior than mothers (De los Reyes & Kazdin, 2005), or it might reflect a situation where children both categorize and are more negatively affected by certain behavior (i.e., control) than their mothers suspect them to be, due to western based normative perceptions of parenting (Van de Looij-Jansen et al., 2011). The last explanation is supported by the fact that the same relationship is evident for rejecting parenting (i.e. more child report of rejection is associated with more child report of emotional symptoms); whereas more report of warmth for children is not associated with more report of emotional symptoms. If the hypothesis that children report more than their parent regardless of what they report (as demonstrated by positive discrepancy scores), discrepancies of warmth should be found to be

associated with discrepancies in emotional symptoms. However, no such relationship was found for report of warmth. Therefore, when child report of control and rejection is associated with more child report of emotional symptoms, whereas warmth is not, this could be interpreted as support for the notion that child report of non-supportive parenting is associated with child symptomatology (Van Brakel et al., 2006; Xia & Qian, 2001).

4.4 Question 4: Effects of Discrepancies in Report of Parenting on Emotional Symptoms

4.4.1 Discrepancy in Control

When further exploring the relationship between report of control and emotional symptoms, the findings suggest that when children report more control than their mothers, maternal report of emotional symptoms decreases. This means that as children report more maternal control, mothers perceive their child as experiencing fewer emotional symptoms. The direction of the discrepancy is more important than the magnitude, as found when examining a possible curvilinear effect. This means that it is only when children report more control than their mothers, not vice versa, that mothers consider the child to have fewer emotional symptoms.

When examining the finding that maternal report of emotional symptoms decreases when children report more control than their mothers, an interesting aspect occurs when interpreting the finding in light of the main effects of control on emotional symptoms. The main effects showed that child report of control predicted child report of emotional symptoms moderately, whereas maternal report of control predicted maternal report of emotional symptoms weakly. Taken together, it suggests that control is more strongly associated with emotional symptoms for children than for their mothers, and, that when children report more control than their mothers, mothers report fewer emotional symptoms. This could indicate differences in perception of control between the reporters, in which children find maternal control to affect emotional symptoms more than their parents suspect. Such a finding might be explained by children being more adapted to the host society (i.e., the Norwegian society) than their mothers (Buki et al., 2003; Guion et al., 2009; Van de Looij-Jansen et al., 2011). Previous findings and theoretical reasoning show that mothers with an immigrant background might

diverge from their children in perception of normative parenting (Buki et al., 2003; Guion et al., 2009; Kim et al., 2006; Van de Looij-Jansen et al., 2011).

4.4.2 Discrepancy in Rejection

As was found for discrepancies in report of control, when children report more rejection than their mothers, mothers report fewer emotional symptoms. In addition, curvilinear effects suggest that the magnitude of discrepancies is as important as the direction of the discrepancy. This means that when maternal and child scores are in the extreme ends of the distribution, maternal report of emotional symptoms decreases. As with discrepancy scores of control, the finding could certainly be due to either random or systematic bias in report (De los Reyes & Kazdin, 2005), or psychopathology in one or both of the respondents (Berg-Nielsen, Vika, & Dahl, 2003; Bögels & Van Melick, 2004; Briggs-Gowan, Carter, & Schwab-Stone, 1996; Kolko & Kazdin, 1993). In fact, the finding that mothers report fewer emotional symptoms as discrepancies in maternal and child report increase indicates a discontinuity in the perception of rejection. Both mothers and children report rejection to be moderately related to and predicting emotional symptoms (see Tables 1 and 3). Thus, building on previous research linking perception of rejection to poor relationship quality (Whitbeck, Hoyt, & Huck, 1994) and maladaptive adjustment (Khaleque & Rohner, 2002; Kim et al., 2006; Rohner et al., 2005), it may be derived that disagreement in report of rejection is indicative of maternal insensitivity to child emotionality. Maternal sensitivity has been found to be related to child well-being (Mesman, Ijzendoorn, & Bakermans-Kranenburg, 2011).

Furthermore, even though large discrepancies in general (i.e., both maternal and child extreme scores) are associated with maternal decrease in emotional symptoms report, the tendencies in the discrepancies indicate that children report more maternal rejection than mothers themselves report, as found by de los Reyes and Kazdin (2005). This could possibly indicate that children are overly sensitive in their report, e.g., reporting based on immediate experiences (Van Roy et al., 2010).

Taken together, it can be suggested that there is agreement between respondents in that rejection is associated with adverse outcome, but that mothers and children do not always agree in their report. It may be suggested that the discrepancy in report does not relate to normative differences in perception of rejection, but rather a mismatch in perception of the

situation – for example, due to child report of immediate experiences (Van Roy et al., 2010) or due to maternal insensitivity (Mesman et al., 2011).

4.5 General Considerations: Child Perceived Parenting

Yet another finding should be considered when discussing the findings from the current study: the lack of discrepancy effect on children's report of emotional symptoms. This is evident for report of both control and rejection. This could be explained by hypothesizing that mothers and children report different constructs (Cole et al., 2000), and thus no effect of discrepancy would be expected. This could also be supported by the general lack of between rater correlations in the current study. Still, effects of discrepancy scores of both control and rejection were found for maternal report of emotional symptoms. The fact that children scores of non-supportive parenting are systematically related to maternal report of emotional symptoms is an indication of relationship between the constructs reported by mothers and children.

From this, a vital point becomes clear, namely that it is the child's perception of parenting that is determining the child's report of emotional symptoms. In other words, mother report of emotional symptoms is influenced by discrepancies in non-supportive parenting, whereas this is not the case for child report. In the current study, children's report of emotional symptoms is only affected by children's report of non-supportive parenting, and both control and rejection are affecting report of emotional symptoms to the same extent. This finding cumulates in two vital annotations: 1) it is the child's perceived parenting that is important in child's report of emotional symptoms, as suggested by previous research (Khaleque & Rohner, 2002; Kim et al., 2006); and 2) children report non-supportive parenting (i.e., control and rejection) to equally influence their self-reported emotional symptoms. This indicates the importance of including child report in developmental research in a multicultural context.

4.6 Limitations

A major strength of the current study is the inclusion of both maternal and child report on all measures, as suggested by Reidler and Swenson (2012). Also, the study contributes to exploration of constructs in an immigration context. It is also considered advantageous to use

advanced statistical analysis in examining associations and to include discrepancy analysis in the study (Reidler & Swenson, 2012).

However, the current study lacks a control group, and this is currently being sampled through the main project. Yet another improvement from the current study will be to increase the number of participants, and this will also be ensured through the main project. A larger sample size will allow for examination of more control variables, and further studies could benefit from examining the possible mediating effect of, for example, maternal depression (Berg-Nielsen et al., 2003; Briggs-Gowan et al., 1996), maternal/parental/family stress (Pelton & Forehand, 2001; Tein et al., 1994; Vollebergh et al., 2005), child and mother's level of acculturation (Kim et al., 2006; Kim, Han, & McCubbin, 2007; Koneru, Weisman de Mamani, Flynn, & Betancourt, 2007; Oppedal et al., 2005), child perception of parental values (Knafo & Schwartz, 2003), social support and extended family involvement (Contreras, López, Rivera-Mosquera, Raymond-Smith, & Rothstein, 1999) and/or temperament or genetic components (Lerner, 1991; Sturge-Apple, Davies, Martin, Cicchetti, & Hentges, 2012). It is also suggested that even though maternal report is most widely used, paternal report is important as well as it contributes uniquely to the assessment of both parental rearing environment and child mental health (Bögels & Van Melick, 2004; Güngör, 2008; Kim, Chen, Li, Huang, & Moon, 2009). Lastly, it could be argued that control could be conceptualized differently, in order to incorporate a differentiation between different types of control, as suggested by previous research (Chao, 1994; Choi et al., 2013; Huntsinger & Jose, 2009; Kim et al., 2006).

4.7 Practical Implications

The findings from the current study can be said to have some practical implications. First of all, it alludes to the importance of including child report in developmental studies, especially in an immigration context. The current study suggests that child report of emotional symptoms is affected by child report of control and rejection alone. It also outlines a potential difference in perspective between Turkish immigrant mothers and their 12 year old children. The current study suggests that mothers and children differ in their perception of control. This could be useful knowledge when working with Turkish immigrant families, and possibly families from other Eastern countries as well. The current study suggests that health professionals and other professionals working with immigrant families should acknowledge

and respect the parental ethnotheories of parenting and at the same time be mindful to the possibility that parenting, and control in particular, might affect the child differently from what the parents intend and/or recognize. However, in order to determine whether or not the conclusions suggested in the current study are applicable to a wider sample, more research is needed.

4.8 Conclusion

The current study suggests that it is vital to include both maternal and child report in research in an immigration context. It can be argued that both mothers and children contribute with unique information and that both perspectives are needed in order to expand the research based knowledge in a complex field. The findings suggest that there are few associations between maternal and child report of parenting and emotional symptoms in general. Child report of control is found to be a stronger predictor of child report of emotional symptoms than what maternal report of control is of maternal report of emotional symptoms. When children report higher maternal control than their mothers, mothers report fewer emotional symptoms. A plausible conclusion might be that children differ from their mothers in perception of control, and that this might be culturally situated. Rejection is equally associated with report of emotional symptoms for both mothers and children. As maternal and child disagreement in report of rejection increases (mostly due to higher child report), maternal report of emotional symptoms decreases. From this it can be drawn that rejection seems to be associated with malevolent outcome, and a mismatch in perceived rejection might indicate maternal insensitivity to child emotional symptoms. Child report of emotional symptoms is only affected by child perceived parenting. This indicates the importance of considering children's perceived parenting. Overall, two findings are of particular importance: (i) child report of control is more strongly associated with child report of emotional symptoms than maternal report of control is with maternal report of emotional symptoms, and (ii) only the child's perceived parenting is affecting child report of emotional symptoms.

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Appendix 1

My Memories of Upbringing (EMBU)

EMBU for Mothers

EMBU1. You have interfered in everything your child did.

EMBU2. You have shown with words and gestures that you liked your child.

EMBU3. You have forbidden your child to do things that other children were allowed to do

EMBU4. You have (beaten or) scolded your child in front of others.

EMBU5. You have given your child more (corporal) punishment than he/she deserved.

EMBU6. You have looked sad or in some other way shown that your child had behaved badly so that he/she has got real feelings of guilt.

EMBU7. You have respected your child's opinions.

EMBU8. You have wanted to be together with your child.

EMBU9. When your child has come back home, he/she always has to account for what he/she had been doing.

EMBU10. You have praised your child.

EMBU11. If your child has been sad, he/she has been able to seek comfort from you.

EMBU12. You have punished your child even when he/she had not done anything wrong.

EMBU13. You have criticized your child and told him/her how lazy and useless he/she was in front of others.

EMBU14. This child has been the one whom you have blamed if anything happened.

EMBU15. You have been abrupt to your child.

EMBU16. You have punished your child harshly even for trifles.

EMBU17. You think that your child has wished you would worry less about what he/she was doing.

EMBU18. Your child has been allowed to go where he/she liked without you caring too much.

EMBU19. You have put decisive limits for what your child was and was not allowed to do, to which you then have adhered rigorously.

EMBU20. You have treated your child in such a way that he/she has felt ashamed.

EMBU21. You have had an exaggerated anxiety that something might happen to your child.

EMBU22. You think that warmth and tenderness have existed between you and your child.

EMBU23. You have been proud when your child has succeeded in something that he/she has undertaken.

EMBU24. You have shown that you were happy with your child.

EMBU for Children

EMBU1. Mother interferes in everything you do.

EMBU2. Mother shows with words and gestures that she likes you.

EMBU3. Mother forbids you to do things that other children are allowed to do

EMBU4. Mother scolds you in front of others.

EMBU5. Mother punishes you more than you deserve.

EMBU6. Mother looks sad or in some other way shows that you have behaved badly so that you got real feelings of guilt.

EMBU7. Mother respects your opinions.

EMBU8. Mother wants to be together with you.

EMBU9. Mother asks you to account for what you have been doing.

EMBU10. Mother praises you.

EMBU11. When sad, you have been able to seek comfort from mother.

EMBU12. Mother has punished you even when you had not done anything wrong.

EMBU13. Mother has criticized you and told you how lazy and useless you are in front of others.

EMBU14. Mother blames you if anything happens.

EMBU15. Mother has been abrupt with you. .

EMBU16. Mother has punished you harshly even for trifles.

EMBU17. You wish your mother would worry less about what you are doing.

EMBU18. Mother allows you to go where you like without caring too much.

EMBU19. Mother puts decisive limits for what you are and are not allowed to do.

EMBU20. Mother has treated you in such a way that you have felt ashamed.

EMBU21. Mother has an exaggerated anxiety that something might happen to you.

EMBU22. You think that warmth and tenderness have existed between you and your mother.

EMBU23. Mother has been proud when you succeeded in something that you have undertaken.

EMBU24. Mother has shown that she is happy with you.

Appendix 2

Strengths and Difficulties Questionnaire (SDQ) Emotion

SDQ Emotion for Mothers

Mother SDQ 1. Often complains of headaches, stomach-aches or sickness

Mother SDQ 2. Many worries or often seems worried

Mother SDQ 3. Often unhappy, depressed or tearful

Mother SDQ 4. Nervous in new situations, easily loses confidence

Mother SDQ 5. Many fears, easily scared

SDQ Emotion for Children

Child SDQ1. I get a lot of headaches, stomach-aches or sickness

Child SDQ2. I worry a lot

Child SDQ3. I am often unhappy, depressed or tearful

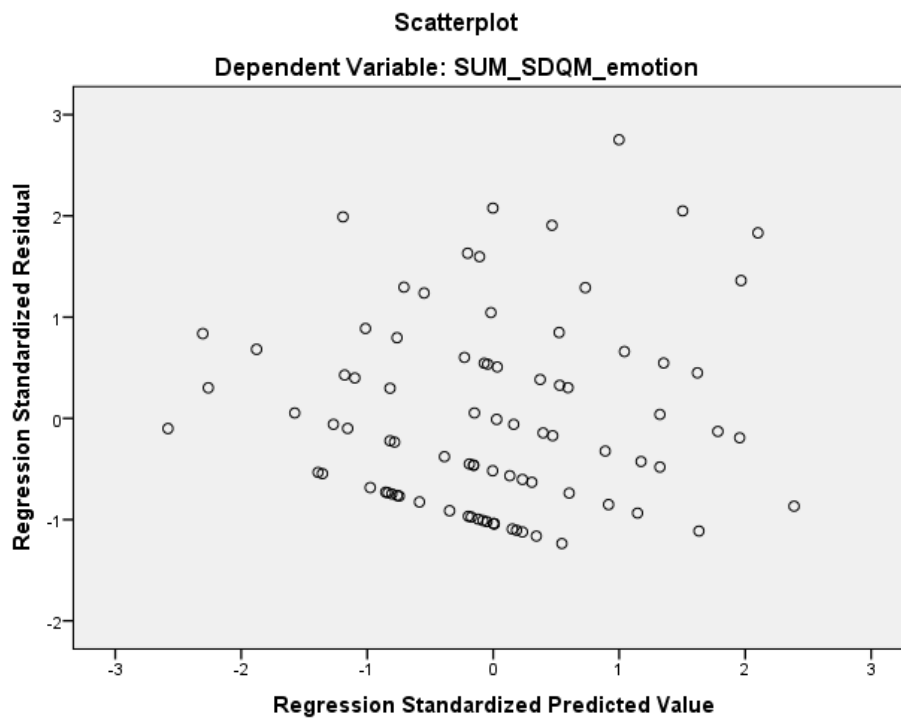
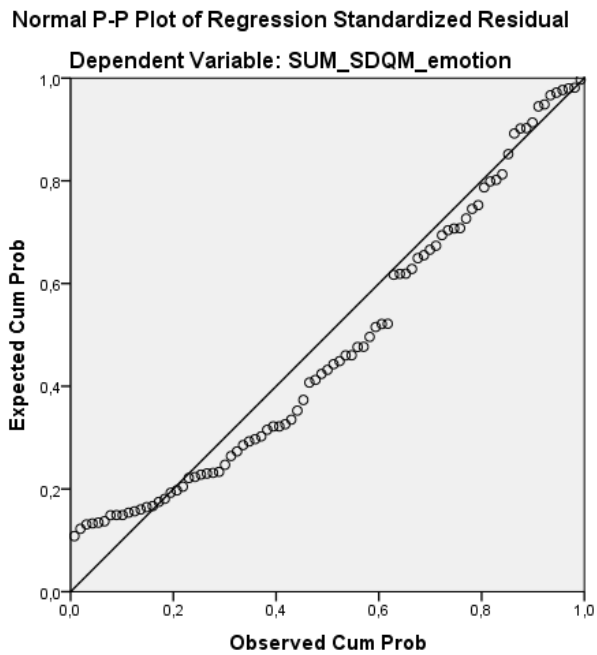
Child SDQ4. I am nervous in new situations. I easily lose confidence

Child SDQ5. I have many fears, I am easily scared

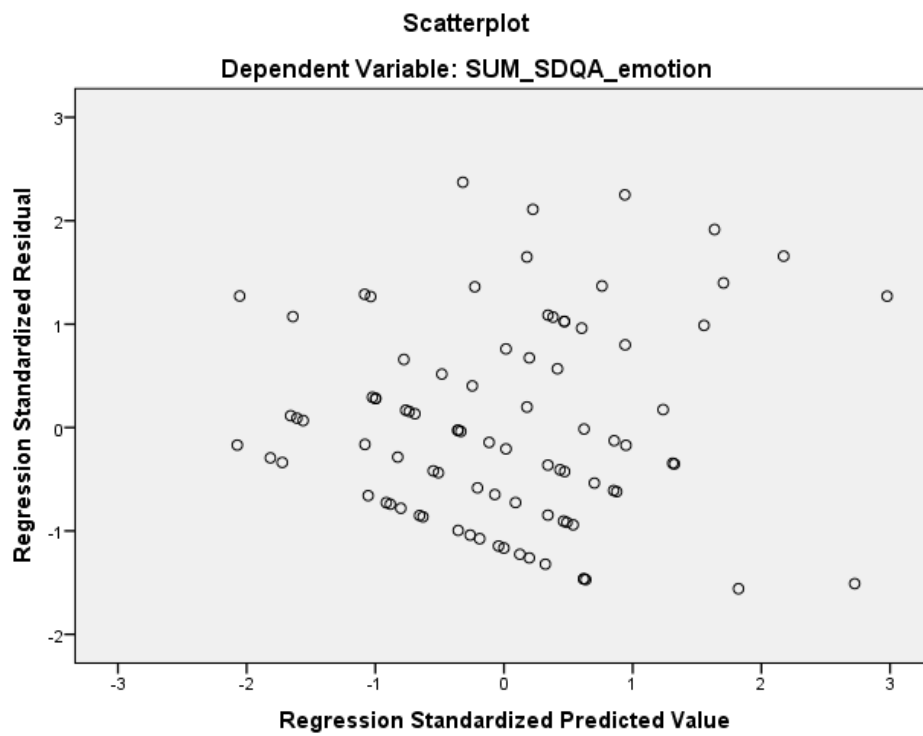
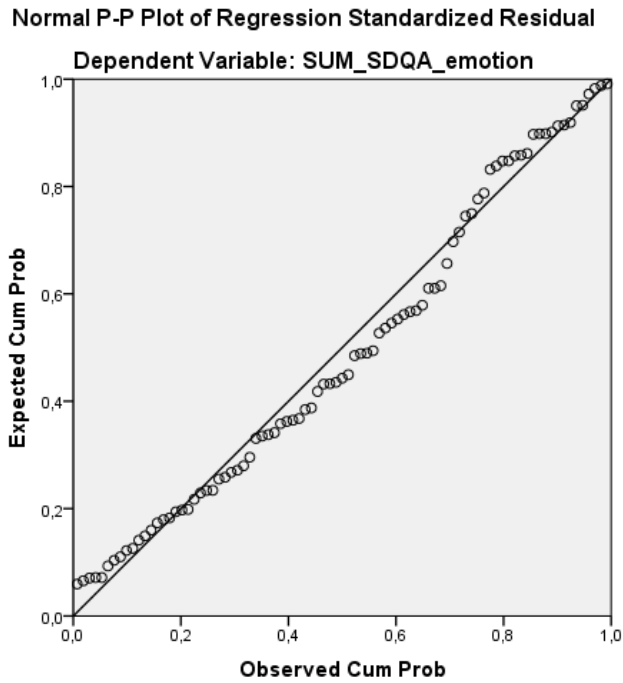
Appendix 3

Control

Regression Analysis for Maternal Report of Emotional Symptoms

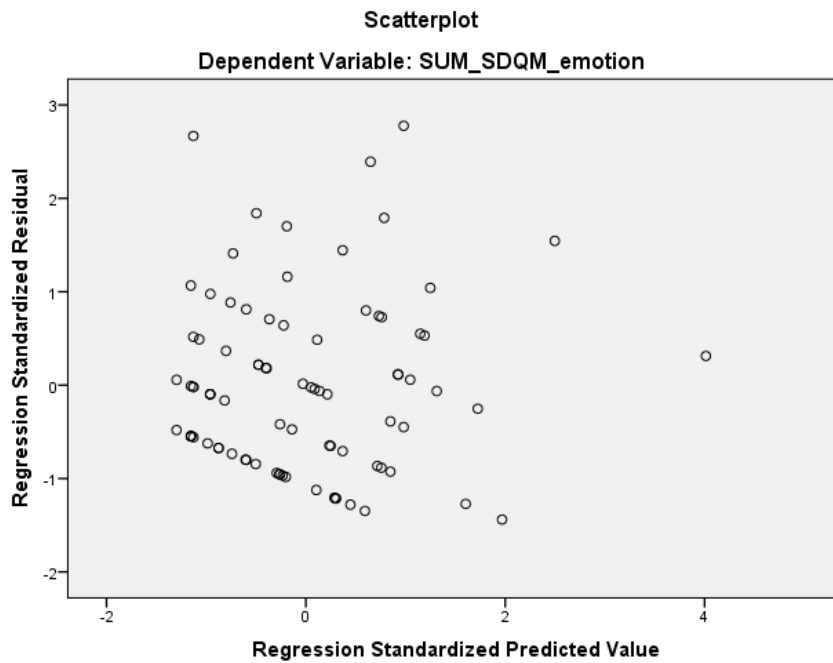
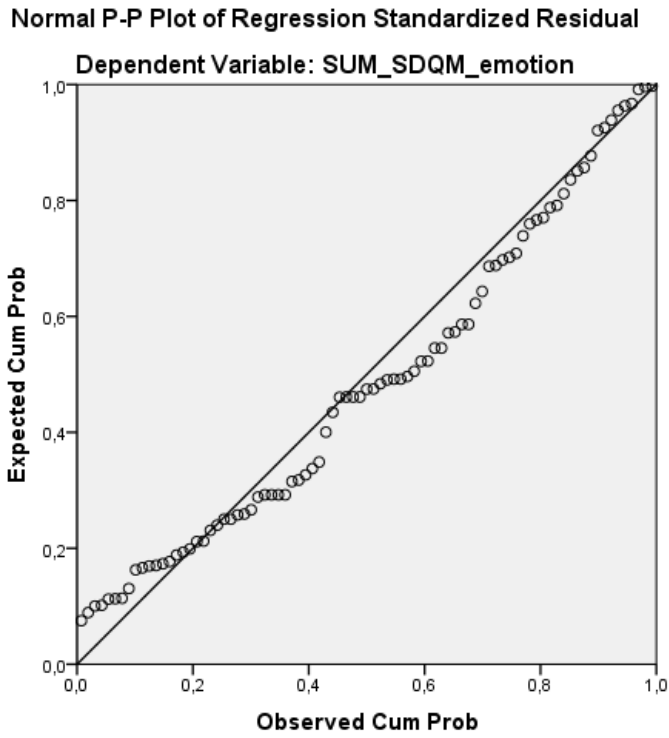


Regression Analysis for Child Report of Emotional Symptoms

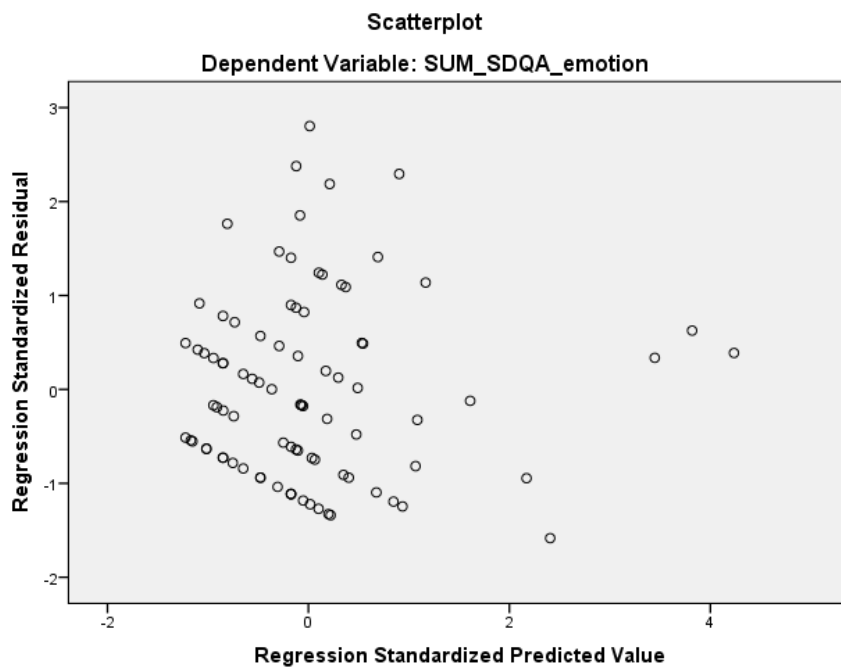
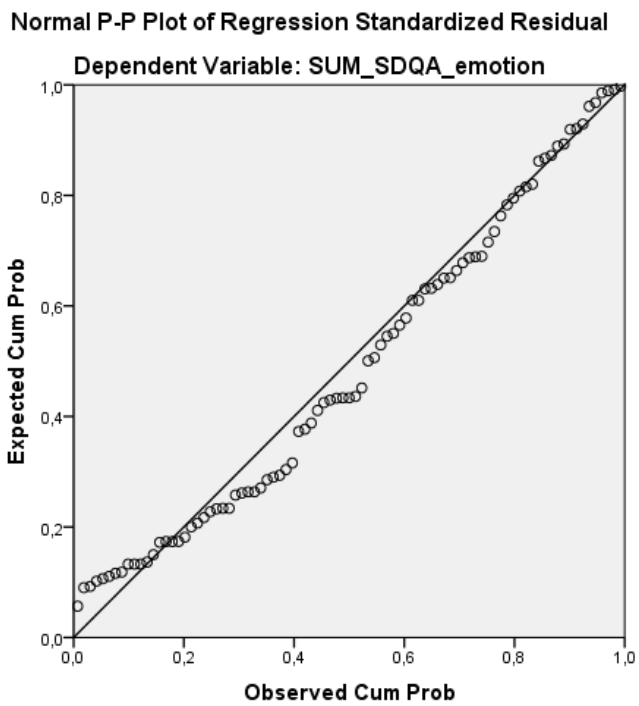


Rejection

Regression Analysis for Maternal Report of Emotional Symptoms

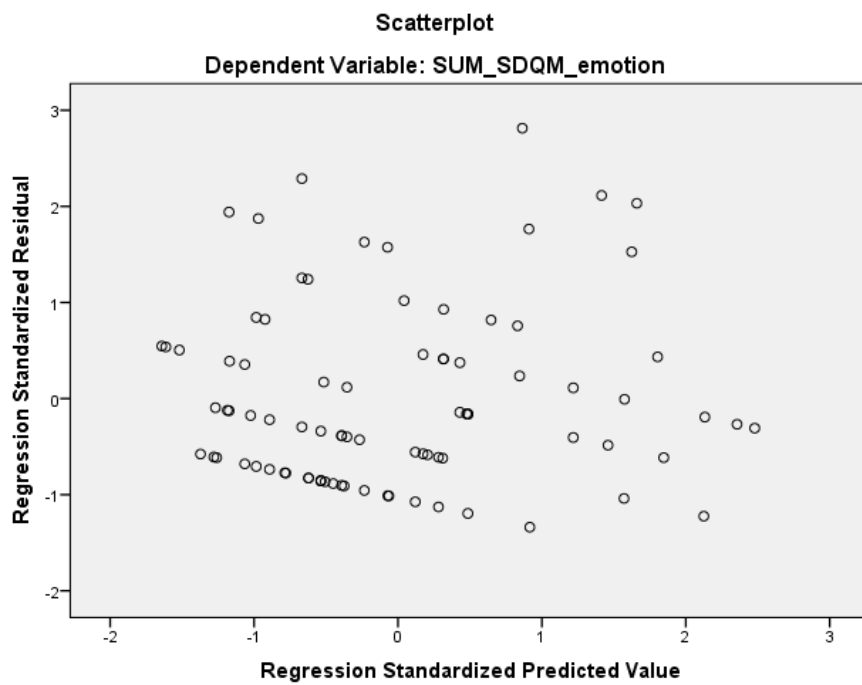
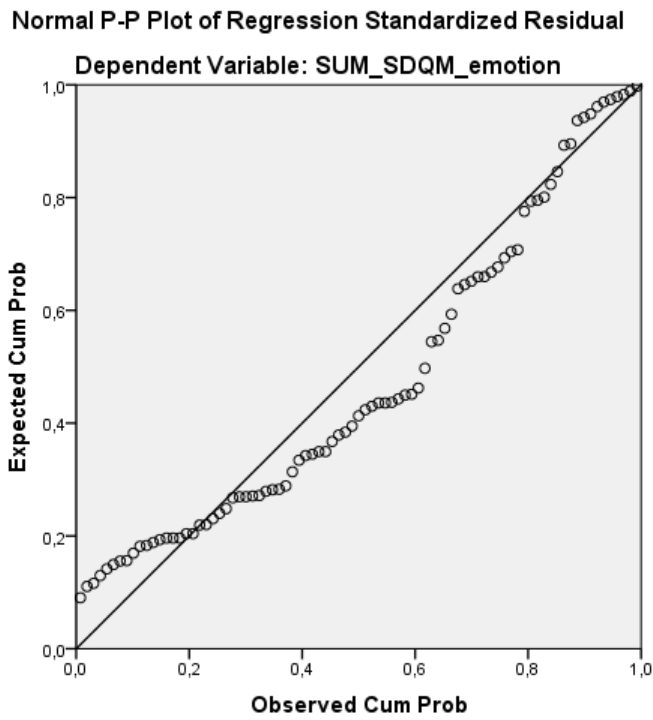


Regression Analysis for Child Report of Emotional Symptoms

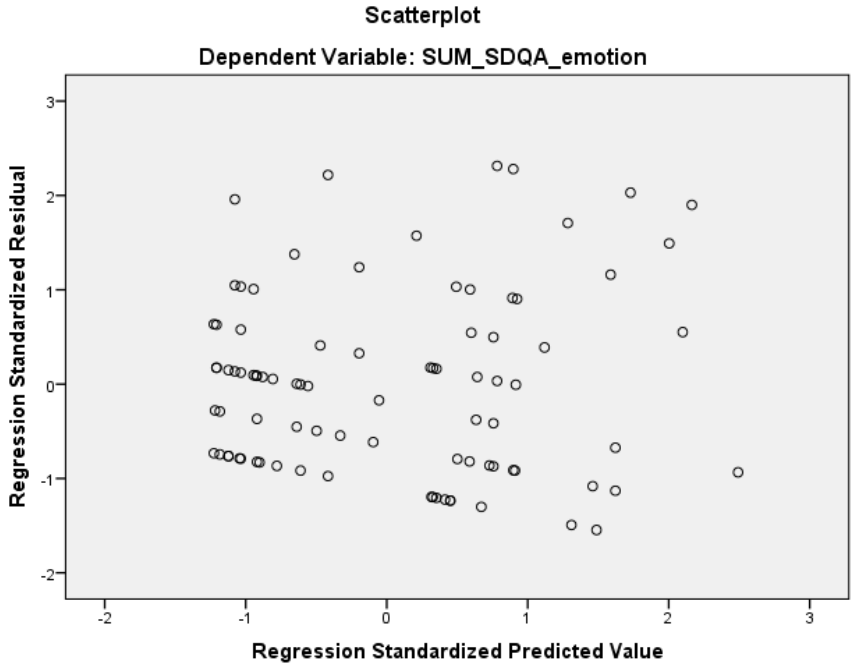
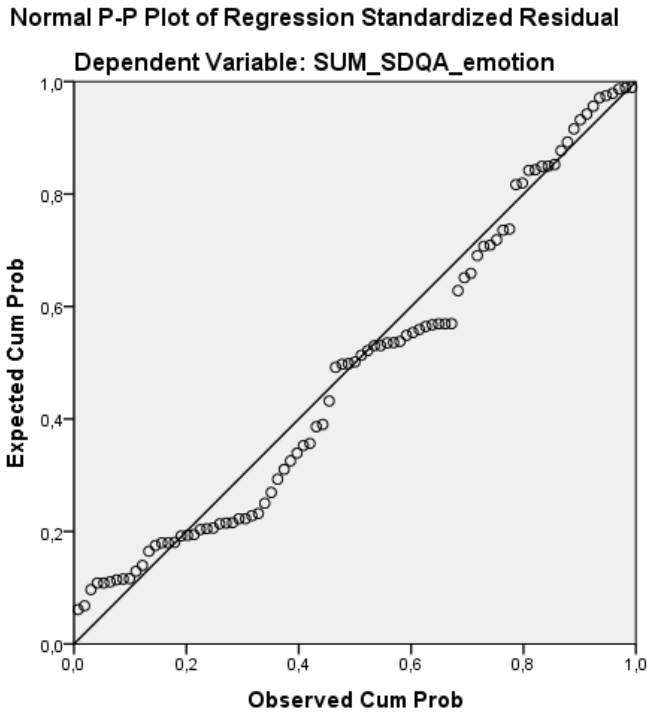


Discrepancy Scores Control

Regression Analysis for Maternal Report of Emotional Symptoms

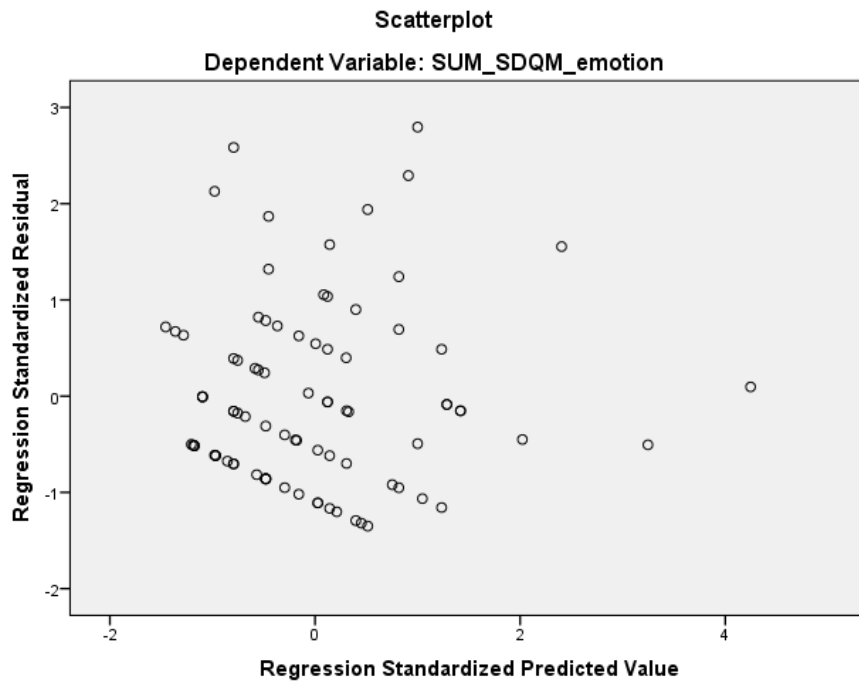
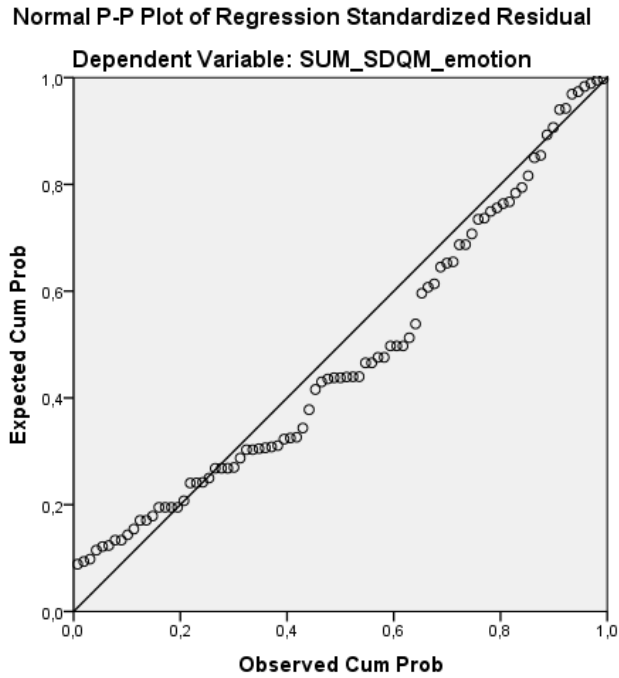


Regression Analysis for Child Report of Emotional Symptoms



Discrepancy Scores Rejection

Regression Analysis for Maternal Report of Emotional Symptoms



Regression Analysis for Child Report of Emotional Symptoms

