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Brief report

Change in depression across adolescence: The role of early anger socialization and child anger

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ABSTRACT

The purpose of this longitudinal study was to examine the relations of early socialization of anger with change in adolescent depression, and moderation by child anger. Using a sample of low-income, ethnic minority children at familial risk for psychopathology in the United States (n = 92; ages 3–5; 53% female; 65% African American; 27% Latina/o), early anger socialization (i.e., parent response to child anger) was tested as a predictor of change in depression from preadolescence to adolescence [i.e., age 8 ($n = 63$), 11 ($n = 58$), and 13 ($n = 44$)]. A videotaped parent-child interaction was coded for parental socialization of preschooler anger, and psychiatric interviews of depression were conducted three times across preadolescence and adolescence. Major depression diagnoses increased from preadolescence to adolescence. Latent growth modeling indicated parent discouragement of child anger was a significant predictor of an increase in the child's later depression from preadolescence to adolescence, and child anger intensity was a significant moderator.

Given that depression is a persistent yet understudied mental health problem among ethnic minority youth (Williams et al., 2007), research must examine the etiology of minority adolescent depression (Perrino et al., 2015). The effects of early childhood anger and parent response to child anger (i.e., anger socialization) on later ethnic minority adolescent depression have not been examined (Dennis, Buss, & Hastings, 2012). This pilot study[1] included a sample of minority children at high risk for psychopathology (Brotman, Gouley, O'Neal, & Klein, 2004) to consider the role of observed early anger socialization and child anger intensity in the development of youth depression.

Affect theory frames emotion socialization as the parent response to the child's emotions (Tomkins, 1963). Emotion socialization in early childhood has not been examined as a predictor of adolescent depression. Cross-sectional studies, however, have found that punitive responses to anger are associated with adolescent depression (e.g., Katz & Hunter, 2007). Although emotion socialization research has largely been limited to Caucasian samples, some cross-sectional studies of Black and Latina/o families have reported similar findings as reported in majority ethnicity samples – discouragement of negative

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[1] A full-length report is available upon request from the authors.

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emotions is related to Black and Latina/o internalizing problems in early childhood (Cunningham, Kliewer, & Garner, 2009; McCoy & Raver, 2011) and adolescence (O'Neal & Magai, 2005). Therefore, we expected that more anger discouragement would be associated with worse depression outcomes in our ethnic minority sample, especially compared to other less punitive strategies like anger encouragement and distraction.

We decided to select anger discouragement, encouragement, and "successful anger distraction" as emotion socialization strategies for this paper. There are many parenting socialization strategies in response to children's emotions, including, for instance, distraction, magnification, override, detachment, and punishment (e.g., O'Neal & Magai, 2005). Two umbrella constructs commonly used across a number of specific emotion socialization strategies are encouragement and discouragement of emotions. We chose the strategies of encouragement (i.e., acceptance) and discouragement (i.e., disapproval) in response to emotions because they best capture all of the possible positive and negative responses a parent could have, and they have been used as emotion socialization constructs in some diverse samples (e.g., Cunningham et al., 2009). We also chose anger distraction and operationalized it as "successful anger distraction" (i.e., successful parental distraction when the child became angry) because we thought that the distraction strategy maximized our ability to capture a type of positive parenting that we observed as common across our sample.

Intense child emotions are an evocative situation for parents – a parent may use more discouragement when responding to an angry child, compared to a less angry child (e.g., Spinrad & Stifter, 2002), and anger discouragement has been found to be associated with depression (Sanders, Zeman, Poon, & Miller, 2015). Indeed, the relation of emotion socialization to depression may be dependent on child anger intensity (i.e., strength of anger expression; Magai & McFadden, 1995).

This pilot study expected early anger discouragement to be the strongest predictor of adolescent depression, compared to anger encouragement and distraction. Child anger intensity was hypothesized to moderate the impact of anger discouragement on depression, with a stronger association of discouragement with depression in the context of high child anger intensity than low child anger intensity.

1. Method

This sample participated in a pilot study that was a randomized controlled family intervention designed to prevent early childhood conduct problems (Brotman et al., 2008). A large-scale version of this study was planned when this pilot study was conducted, and the large-scale study (e.g., Brotman et al., 2016) was different from this pilot study, including a different sample selection procedure and modified intervention. The pilot study's intervention did not aim to alter depression; indeed, intervention and control groups did not differ on adolescent depression. The family preventive intervention (Brotman et al., 2008) used an adapted version of the Incredible Years program (Webster-Stratton, 1987) with parents and preschool-aged participants, and involved psychoeducation and behavioral methods to prevent child aggression. One of the goals of the intervention was to improve parental management of children's aggressive behavior, but the direct focus of this behavioral intervention was not on child emotions, like anger, but, rather, the intervention had a direct focus on child behavior and parent management of child behavior.

This preschool-aged sample was determined to be at high risk for psychopathology because they were selected due to their being siblings of adjudicated youth; they had parents with high rates of depression among other forms of psychopathology; they experienced or were exposed to a high number of sociocultural, biological, and parenting risks; and, such risk exposure was linked to concurrent social competence and conduct problems (Brotman et al., 2004). Family court records of youths under the age of 16 adjudicated in New York City between 1997 and 2001 were screened for the presence of preschool-aged siblings between 33 and 63 months, and 48% ($n = 92$) agreed to participate; half were randomized to each condition. Caregivers ("parents") included 83% biological mothers, 2% biological fathers, 10% grandmothers, 3% adoptive mothers, and 2% other relatives. Parent mean age was 36.3 years; 59% had household incomes under $15,000. Child mean age was 47.52 months; 53% were girls; 65% were African American, 27% Latina/o, 8% mixed race; and IQ was 83 (SD = 12.9). Of the parents, 35% received a Major Depressive Disorder (MDD) diagnosis.

Anger socialization was assessed at Time 1, prior to intervention; depression outcomes were collected at three time points from preadolescence through adolescence (Times 2–4; Table 1). The original study enrolled five cohorts over five years, but Time 4 data were collected simultaneously, rather than sequentially by cohort. Although there was substantial attrition, there was no difference between those with and without Time 4 data (Table 2).

A diagnostic evaluation of major depression over the past year was conducted from times 2 to 4 by social workers using the Schedule for Affective Disorders and Schizophrenia interview (K-SADS-PL; Kaufman et al., 1997), which has strong test-retest reliability and validity (Kaufman et al., 1997). KSADS major depression symptoms included a set of 8 screening (e.g., "Have you

Table 1
Study time points, sample size, and age range of data collection.

	Time 1	Time 2	Time 3	Time 4
Sample size	92	63	58	44
Years collected	1997–2001	2002–2005	2004–2007	2009
Age mean (SD)	4 (0.75)	8 (0.83)	11 (0.81)	13 (1.5)
Age range	2–5	6–10	8–12	10–16