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Resumen

La evidencia previa señala que niños emocionalmente inteligente suelen tener padres emocionalmente sensibles a sus necesidades emocionales. Sin embargo, los estudios que analizan la relación de las competencias emocionales y de afrontamiento entre padres e hijos son escasos, con muestras reducidas y en contextos socioculturales específicos. Este trabajo pretendió analizar la relación de inteligencia emocional y estrategias de afrontamiento entre padres e hijos from ten schools within Sogamoso (Colombia). La muestra está compuesta por estudiantes de grado tercero de primaria a grado sexto, con edades entre los 8 y los 12 años y alguno de sus padres. Los niños fueron evaluados con el Inventario de inteligencia emocional (ICE: NA) y Escala de Afrontamiento (EAN). Por su parte, los padres fueron evaluados con la escala Trait Meta Mood Scale (TMMS-24) y la Escala de Estrategias de Coping-Modificada (EECM). Se empleó la prueba de coeficiente de correlación de Spearman para calcular la relación de las variables entre padres e hijos. Los resultados muestran parcialmente la relación de la inteligencia emocional entre padres e hijos. Además, se encontraron relaciones significativas entre los estilos de afrontamiento de los padres y sus hijos.

Palabras clave. Inteligencia emocional, estrategias de afrontamiento.

Abstract

A review of the literature indicates that emotional intelligent children usually have parents who are sensitive to their emotional needs. However, previous studies which analyze the relation between the emotional and coping competences of children and parents are rare, with few samples and conducted in specific socio-cultural contexts. This study examines the relationship of emotional intelligence and coping styles between children and parents from ten schools in Sogamoso (Colombia). The sample was comprised of 938 children between the ages of 8 and 12 years and one of each of their parents. Children were evaluated using the Emotional Quotient Inventory Youth Version-Short Form (EQ-I: YV[S]) and Children's Coping Scale (EAN Spanish acronym). Parents were evaluated using the Trait Meta Mood Scale (TMMS-24) and the Coping Strategies Scale Modified. Spearman's correlations coefficient was used for the assessment of the relation of the variables between parents and children. The results provided partial support for the predicted relationship between the emotional intelligence of children with their respective parent. A significant relation between children's and parent's coping styles was also found.

Key words. Emotional intelligence, coping strategies.

Introduction

The goal of this work is to find out whether the emotional intelligence (EI) and coping styles of parents play a protective role on the emotional development of their children. To justify this research question, I will first introduce the notion of emotional intelligence and of coping styles, and the reasons that make this question relevant.

There are two theoretical branches used to classify Emotional Intelligence (EI): the ability approach and the trait approach (Fiori & Vasely-Maillefer, 2018). The ability perspective understands EI as a cognitive capacity that allows emotional reasoning through four areas of problem-solving: perceiving, facilitating, understanding and managing of emotions (Mayer, Caruso, & Salovey, 2016). The trait-approach conceptualizes EI as a dispositional tendency that describes self-perception and beliefs about the faculty to perceive, understand, manage and use one's own emotions and those of others (Petrides et al., 2016). This approach is also often related to mixed models that define EI as a combination of competencies, skills and traits. For instance, the Bar-On model (2006) describes EI as a transection of emotional and social competencies, skills and facilitators, which are interlinked and have an impact on intelligent behavior. This set of psychological skills and resources enables us to deal with daily challenges and stressful situations, and reflects the potential of an individual to adapt.

Previous studies have provided considerable empirical support to the Trait Emotional Intelligence (TEI) effect on adaptability features. For instance, children with high TEI self-perceptions tend to have greater academic outcomes (Agnoli et al., 2012; Billings, Downey, Lomas, Lloyd, & Stough, 2014), better mental health (Davis & Humphrey, 2012a; Martins, Ramalho, & Morin, 2010), further mental abilities such as higher creativity (Salavera et al., 2017), positive personality traits, heightened social behavior, and pro-social competence (Mavroveli, Petrides, Sangareau, & Furnham, 2009). Also, EI is related to happiness and well-being, and has an impact on self-actualization (Bar-On, 2010). On the contrary, children with low TEI self-perceptions have been associated with higher levels of externalizing and internalizing (Mavroveli, Petrides, Shove, & Whitehead, 2008), greater antisocial behavior, such as disruption, aggression and intimidation (Petrides, Sangareau, Furnham, & Frederickson, 2006), and tend to have more anxiety and depression symptoms (Williams, Daley, Burnside, & Hammond-Rowley, 2009). This background supports the TEI theory's assumption that perceives

that emotional self-efficacy facilitates psychosocial adaptation, problem solving, and the achievement of goals (Keefer, Holden, & Parker, 2013).

On the other hand, the literature indicates that people who have higher TEI scores tend to display more adaptive coping responses to stressful situations (Keefer et al., 2013). Appraisal theory defines coping as a response to environmental situations, which are appraised as challenging or exceeding one's resources (Lazarus & Folkman, 1984). Also, coping is a process which results in permanent changes in cognitive and behavioral efforts in order to handle internal and external demands. Hence, coping represents every voluntary intent to control stress independent of the efficacy. Additionally, coping can be understood from two theoretical approaches (Lazarus, 1993). The first one is as a style, personality trait or dispositional attitude and the second one is a process, endeavors or actions to deal with stressful situations. Experts on coping classify strategies into passive and active coping (Compas, Banez, Malcarne, & Worsham, 1991). Active or primary strategies focus on solving the problematic situation, for example, searching for an active solution, communicating problem to others, looking for information. On the other hand, passive or secondary strategies relate to handling or regulating emotional discomfort and stress, such as indifference, aggressive behavior, emotional, cognitive or behavioral avoidance. Therefore, coping strategies include different cognitive, emotional and behavioral strategies that individuals employ to deal with situations, perceived as a challenge, loss or damage.

Previous studies have found that TEI, along with coping strategies, improve adaptive qualities (Zeidner, Matthews, & Roberts, 2006). Correlations between EI and coping styles in adolescent and adult populations have been found (MacCann, Fogarty, Zeidner, & Roberts, 2011; Mikolajczak, Petrides, & Hury, 2009; Noorbakhsh, Besharat, & Zarei, 2010). Nevertheless, there are few studies that describe the relationship in samples of children. For instance, in a Chinese child and adolescent population (9-19 years), Chan (2005) found a positive association between TEI and social coping. Another study conducted on a sample of Dutch adolescents found a positive relation between social support and optimistic coping styles, and, a negative association with depressive, avoidant and showing emotion coping strategies (Mavroveli, Petrides, Rieffe, & Bakker, 2007). Similar results have been reported among UK adolescents (11 -16 years) who, with higher TEI, were more likely to use active and support seeking strategies and engage less often in nonproductive coping mechanisms (Davis &

Humphrey, 2012b). Likewise, EI ability measures have established correlations with coping styles. Downey, Johnston, Hansen, Birney, & Stough (2010) took a sample of mainly Oceanian (Australia, New Zealand, Melanesian, Micronesian and Polynesian) children and adolescents (11-13 years) and found positive associations between EI abilities, such as emotional recognition, understanding, management and control with problem-solving coping styles, as well as, negative associations with Nonproductive coping styles. This review shows a lack of studies related to children and Latin-American populations.

The literature has identified intrinsic and extrinsic mechanisms that are linked to children's emotional development. Strictly speaking, exogenous factors like social context (i.e., interaction with parents, teachers, and peers) play an important role in emotional regulation during childhood. In that regard, Morris, Silk, Steinberg, Myers, & Robinson (2007) proposed a Tripartite Model in which family context impacts the development of children's emotional regulation. According to this model, (1) children's observational learning about emotionality and regulation, (2) emotion-related parenting practices, and (3) the emotional climate of the family are the mechanisms through which parents influence children's emotional development and adjustment. In relation to the first mechanism, children learn about their emotions and how to behave when they observe their parents' emotional displays and interactions. Bariola, Gullone, & Hughes (2011) reviewed studies related to parental factors such as parents' emotional functioning, emotional expression and emotion regulation associated with children's emotional regulation. Specifically, they found that positive and negative emotional expression contributes to a greater use of emotional regulation in children. However, parents with a frequent expression of negative affect could have dysregulated emotions due to the use of maladaptive strategies. In this case, the parents' emotional regulation model could be learned by their children. According to a previous review, we can expect that parent ability and self-perception, related to their own emotional competence, could be related to their children's EI.

Based on a review of the literature, it is important to know how children develop their emotional traits and how environmental factors, such as their parents, are related. For that reason, the current study seeks to address the relationship between children's and parents' TEI and coping styles. Moreover, Trait EI theory proposes that emotional experience is subjective and socially constructed, which means there is not a specific advantageous EI profile, but it can depend on the person and cultural context (Petrides, Sanchez-Ruiz, Siegling, Saklofske, &

Mavroveli, 2018). Culture seems to have an important role in the emotion's appraisal, recognition, and regulation. These emotion processes have shown differences between independent and interdependent cultures (Huynh, Oakes, & Grossmann, 2018). There are few studies on the relation between parents and children outcomes and their implications on development of emotional intelligence (Sánchez-Núñez, Fernández-Berrocal, & Latorre, 2013; Turculeț & Tulbure, 2014). Furthermore, the main studies about children's and parents EI and coping strategies had been done with North American and European families (e.i., independent cultures). For that reason, it is important to do studies with Latin American families (e.i., interdependent culture) that help us to know if children's emotional development can be affected in a different way due to cultural features and their parents' emotional skill. Accordingly, the current study was realized with a sample of children and their parents from ten schools within a Colombian city (Sogamoso). This place was selected for its special conditions related to suicide and intrafamiliar violence (Pérez, Vianchá, Martínez, & Salas, 2014). Given these antecedents, we proposed the following hypotheses:

H₁: Children's EI will be correlated with Parent's EI.

H₂: Children's coping styles are related to Parent's coping styles.

H₃: Children's EI will be correlated with their coping styles.

H₄: Parent's EI are related to their coping styles.

Materials and Methods

Participants

A sample of 1146 children and one of each of their parents was randomly selected. The final sample was 938 children (463 girls and 475 boys) and one of their parents (778 women and 160 men) from ten schools in Sogamoso (Colombia), after discarding the participants whose parent/child failed or did not accept to participate. The children were between 8 and 13 years old ($M=11,09$ years, $SD=1,293$). Parents were between 24 and 72 years old ($M=37,55$ years, $SD=7,40$).

Participants were selected by using multistage stratified random sampling by conglomerates (e.i., school and grade) among state and private educative institutions. The study aims and procedures were explained to the institutions' authorities and the parents. Parents and

children were informed that they could withdraw from the study at any time and their data would be kept confidential. Written consent was given by one of the parents.

Measures

Emotional intelligence measures

The Emotional Quotient Inventory Youth Version-Short Form (EQ-I: YV[S]) adapted to a Peruvian population by Ugarriza & Pajares-Del-Águila (2017) is a self-report measure designed to estimate the emotional-social intelligence of children and adolescents between 7–18 years. EQ-I: YV[S]) measures four broad EI domains which assesses the self-perception of one's social and emotional competencies: (1) intrapersonal includes: emotional self-awareness, self-regard, assertiveness, self-actualization, independence. Competencies are related to the ability to label, express, and communicate one's own emotion; (2) interpersonal: empathy, relationships, social responsibility corresponding to the ability to understand, respect, and empathize with the feelings of others; (3) stress management, impulse control, stress tolerance: emotional reactivity and ability to downregulate upsetting emotions; and (4) adaptability: flexibility, problem solving, reality testing, ability to appraise, , and persevere in challenging situations. Besides, the short version of the test contains scales that are not included in the global EI score: positive impression (i.e., an index to identify socially desirable responding). It is comprised of 30 items rated on a 4-point scale, with responses ranging from 1 (very seldom true of me) to 4 (very often true of me). It can be completed in 10 –15 minutes and has a third primary grade. Added item responses yield dimensional scores (range D 6–24) along with total EQ (range D 30–120).

The Trait Meta Mood Scale (TMMS 24), adapted to a Spanish-speaking population by Fernández-Berrocal, Extremera, & Ramos (2004) is an adult self-report measure which assesses an individuals' EI perception. The scale evaluates the person's beliefs about three domains: Attention (i.e., how much attention you pay to your feelings), Clarity (i.e., how much you understand your own emotions) and Repair (i.e., how much you can regulate your own emotions). It is comprised 24 items, 8 for each subscale, rated on a 5-point Likert-type scale with responses ranging from 1 (strongly disagree) to 5 (strongly agree). It can be completed in 10 - 15 minutes. The authors found a high internal consistency for each subscale (Attention $\alpha=.88$, Clarity $\alpha=.89$, and Repair $\alpha=.86$). In the current research the Cronbach's Alpha was appropriate for each subscale (Attention $\alpha= .83$, Clarity $\alpha=.87$ and, Repair $\alpha=.85$).

Coping styles measures

The Children's Coping Scale (EAN Spanish acronym)(Morales-Rodríguez et al., 2012) is a self-report measure designed to evaluate coping strategies of primary school children in relation to four kinds of stressors related to family, health, school and relationship context. The scale evaluates the coping strategies in two coping style groups: problem-focused coping and Nonproductive coping. The first coping style group includes: active solution, communicate problem to others, look for information and guide and positive attitude strategies. The second style group comprises: indifference, aggressive behavior, reserve problem, cognitive and behavioral avoidance strategies. It is comprised of 35 items rated on a 3-point Likert-type scale, with responses ranging from 1 (never) to 3 (many times). It can be completed in 10 - 15 minutes. The authors found a high internal consistency for each subscale: Nonproductive style ($\alpha = .85$) and problem-focused style ($\alpha = .85$). In the current research the Cronbach's Alpha was appropriate for each subscale: Nonproductive style ($\alpha = .60$) and problem-focused style ($\alpha = .65$).

The Coping Strategies Scale Modified (ECC-M Spanish acronym) modified by Londoño et al. (2006) is a self-report measure designed to measure coping strategies on adult population. The questionnaire evaluates 14 coping strategies and is comprised of 98 items rated on a 6-point Likert-type scale, with responses ranging from 1 (never) to 6 (always). For the current research a Factorial Analysis was conducted to calculate the same coping styles of children. The *Kaiser-Meyer-Olkin* index (KMO) was .766, and the *Bartlett's sphericity* test, $\chi^2 = 3185.093$, $p = .000$. The Confirmatory Factor Analysis using Principal Components Extraction with Varimax Rotation was developed, explaining 47.279% of the total variance for two factors: Nonproductive style (26.806%), and problem-focused style (20.473%). The reliability of each factor was calculated: Nonproductive style ($\alpha = .74$) and problem-focused style ($\alpha = .70$).

Procedure

The questionnaires were explained and administrated in group sessions. Parents came to the schools to respond to the questionnaires, one after the other. Later the same week, their children were asked to respond. The Emotional Intelligence questionnaire was administered first, and the Scales of Coping later, across the study.

Statistical analysis

In the first place, the data were examined for distributional assumptions. Shapiro-Wilk and Levene's values were assessed to determine any deviation from normality and the equality of

variances. Descriptive analysis was obtained from mean and standard deviation by gender to each variable that was assessed in parents and children. Spearman's correlation coefficient was used for the assessment of relations between the parent's emotional intelligence and children's emotional intelligence, parent's coping style and children's coping style. Data were examined using the JASP program.

Results

Preliminary analyses

The analysis detected distributional issues with the data. Shapiro-Wilk value for each variable was significant suggesting a deviation from normality. However, Levene's values for the scales suggest there is equality of variances for each variable, except for parents' EI.

Descriptive Statistics

Descriptive analysis of the study variables is reported in Table 1 and Table 2. There were no significant differences between females and males for children's EI scores. The Mann-Whitney test indicated that only interpersonal EI subscale was greater for girls ($Mdn = 5$) than boys ($Mdn = 4$), $U = 126.81$, $p = .000$, $r = .26$. Furthermore, there was evidence of gender differences for children's Coping Styles scores. Problem-focused coping style scores were greater for girls ($Mdn = 36$) than boys ($Mdn = 34$), $U = 121.50$, $p = .005$, $r = .16$. Nonproductive coping style scores were greater for boys ($Mdn = 28$) than girls ($Mdn = 27$), $U = 100.46$, $p = .022$, $r = .14$. Looking for information and guide strategy was greater for girls ($Mdn = 9$) than boys ($Mdn = 8$), $U = 129.07$, $p = .000$, $r = .30$.

Table 1.- Descriptive statistics for Children's EI and Coping variables.

Scales	Girls				Boys				Total				
	M	SD	Mdn	Range	M	SD	Mdn	Range	M	SD	Mdn	Range	
TEI	Intrapersonal	10.11	2,790	10	15	10.00	2,773	10	13	10.06	2,781	17	18
	Interpersonal	17.40	3,497	18	17	16.50	3,345	17	18	16.94	3,449	13	21
	Stress Management	13.23	4,055	13	18	13.07	3,670	13	21	13.15	3,864	15	18
	Adaptability	15.15	3,632	15	18	15.39	3,469	15	18	15.27	3,551	56	45
	Global EI	55.89	8,323	56	44	54.95	8,046	55	44	55.42	8,193	35	30
Coping	Problem-focused coping	35.12	5,522	36	30	34.24	5,411	34	30	34.67	5,481	9	8
	Active Solution	8.70	2,007	9	8	8.83	1,925	9	8	8.76	1,966	8	8
	Communicate Problem to Others	8.05	1,964	8	8	7.76	1,941	8	8	7.90	1,957	8	8
	Looking for information and guide	8.45	1,944	9	8	7.84	2,015	8	8	8.14	2,002	10	8
	Positive Attitude	9.92	1,932	10	8	9.80	1,928	10	8	9.86	1,930	28	31
	Nonproductive coping	27.57	5,273	27	31	28.34	5,137	28	27	30.97	5,667	4	6
	Indifference	3.87	1,181	3	6	4.09	1,194	4	6	5.175	1,426	5	8
	Aggressive Behavior	5.37	1,703	5	8	5.61	1,674	5	8	5.49	1,692	7,5	8
	Reserve Problem	7.43	2,387	7	8	7.49	2,448	8	8	7.46	2,147	6	6
	Cognitive Avoidance	5.47	1,498	6	6	5.54	1,500	6	6	5.50	1,499	7	8
	Behavioral Avoidance	7.21	1,917	7	8	7.47	1,926	7	8	7.34	1,925	10	15

Table 2.- Descriptive statistics for Parent's EI and Coping variables.

Scales	Women				Men				Total				
	M	SD	Mdn	Range	M	SD	Mdn	Range	M	SD	Mdn	Range	
TEI	Attention	24.55	6,631	24	32	24.99	6,171	25	31	24.63	6,554	24	32
	Clarity	28.13	6,948	29	31	28.96	6,347	30	28	28.27	6,853	29	31
	Repare	30.23	6,464	31	30	30.96	5,585	32	29	30.35	6,326	31	30
	Global EI	51.24	14,44	53	71	54.70	12,05	57	67	51.83	14,114	54	71
Coping	Problem-focused coping	116.3	22,69	115	132	117.7	25,63	116	153	116.5	23,21	115	156
	Problem Solution	35.62	8,185	34	40	37.62	8,253	37	45	35.96	8,227	35	45
	Seeking Support	23.00	6,811	22	32	22.87	6,875	23	33	22.97	6,819	22	33
	Professional Support	10.72	5,647	10	25	11.73	6,484	10	25	10.89	5,807	10	25
	Positive Reappraisal	18.75	5,194	18	23	19.45	5,189	19	25	18.87	5,197	18	25
	Religion	28.21	7,825	28	35	25.99	8,315	26	35	27.83	7,951	27	35
	Nonproductive coping	97.90	23,31	96	144	92.99	22,99	91	126	97.06	23,31	95	151
	Waiting	23.58	8,793	23	45	21.27	8,158	20,5	35	23.19	8,728	22	45
	Aggressive Reaction	12.00	4,503	12	25	10.46	4,335	10	20	11.74	4,510	11,50	25
	Emotional Avoidance	23.38	7,383	23	40	22.79	6,814	22	40	23.28	7,289	23	40
	Cognitive Avoidance	15.40	4,839	15	25	14.91	5,024	15	26	15.32	4,872	15	25
	Express trouble to cope with	10.88	3,713	11	20	11.01	3,646	10	18	10.90	3,700	11	20
	Denial	7.17	2,507	7	13	7.04	2,530	7	10	7.15	2,510	7	13
	Autonomy	5.49	2,330	5	10	5.51	2,382	5	10	5.49	2,338	5	10

Children's variables and sociodemographic factors

Preliminary Spearman's rho correlation coefficients were calculated to determine the univariate relationships among study variables. The correlation between children's EI and sociodemographic variables did not reach significance, although, children's coping styles reach significance correlations. Problem-focused coping style was correlated with Age ($r= 0.119$, $p < .001$), Gender ($r= 0.091$, $p < .01$), and Grade ($r= 0.137$, $p < .001$). Nonproductive coping style was negative correlated with Gender ($r= -0.075$, $p < .001$), School ($r= -0.102$, $p < .01$), and Parent's Degree ($r= -0.115$, $p < .05$).

Table 3.- Correlations: Children's and Parent's variables and sociodemographic factors

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. IE Global-C	—												
2. Problem-focused coping-C	0.355***	—											
3. Nonproductive coping-C	0.061	-0.042	—										
4. EI Global-P	0.041	0.050	-0.053	—									
5. Problem-focused coping-P	0.013	0.088**	-0.036	0.477***	—								
6. Nonproductive coping -P	0.013	-0.010	0.092**	-0.077*	0.092**	—							
7. Age-C	-0.010	0.119***	0.050	-0.073*	0.002	0.028	—						
8. Gender-C	0.060	0.091**	-0.075*	0.029	0.019	-0.003	-0.082*	—					
9. Grade-C	0.019	0.137***	-0.004	-0.062	-0.005	-0.026	0.867***	-0.009	—				
10. School	0.030	0.042	-0.102**	0.022	0.035	-0.190***	-0.158***	0.020	-0.115***	—			
11. Age-P	-0.051	0.025	0.003	0.058	0.075*	-0.056	0.176***	-0.034	0.202***	0.096**	—		
12. Gender-P	0.001	0.052	0.008	-0.097**	-0.023	0.084**	0.059	0.017	0.016	-0.021	-0.240***	—	
13. Grade-P	0.024	0.028	-0.115***	0.033	0.043	-0.215***	-0.065*	-0.018	-0.019	0.471***	-0.051	-0.023	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$ P=Parent; C=Children

Children's EI and coping style

There was a significant correlation between children's EI scores and their Problem-focused coping style scores ($r= 0.355$, $p < .001$). There was no significant correlation for Nonproductive coping style scores.

Parent's EI and coping style

There was a significant correlation of Parent's EI scores with both coping styles: Problem-focused coping style scores ($r= 0.477$, $p < .001$), and Nonproductive coping style scores ($r= -0.077$, $p < .05$).

Relation between Children's and Parent's variables

There was no significant correlation between children's EI scores and parent's EI and coping styles scores. Nevertheless, a significant correlation was found between children's EI subscales and parent's EI subscales. Children's intrapersonal subscale was related to parent's

clarity subscale ($r = .078, p < .05$) and attention ($r = .089, p < .01$). Moreover, children's stress management was negatively related to parent's repress ($r = .064, p < .05$).

Table 4.- Correlations Parent's and Children's EI subscales

Variable	1	2	3	4	5
1. Attention-P	—				
2. Clarity-P	0.428***	—			
3. Repress-P	0.343***	0.602***	—		
4. Intrapersonal-C	0.089**	0.078*	0.039	—	
5. Stress Management-C	-0.059	-0.060	-0.064 *	0.004	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$ P=Parent; C=Children

Significant correlations were found between children's and parent's Coping styles scores. Children's problem-focused coping style was significantly related to parent's problem-focused coping style ($r = .088, p < .01$). Likewise, children's nonproductive coping style was significantly related to parent's nonproductive coping style ($r = .092, p < .01$).

Discussion

The main objective of the present study is to identify the relation between EI and coping styles among children and their parents. Results showed that global TEI scores between children and parents are not related. However, trait EI scores can mask differences at the level of the different subscales (Petrides et al., 2006). For this reason, we also carried out analyses at the level of the subscales, and we found out that children's intrapersonal subscale is positively related to parent's attention and clarity subscales. That means that children with higher self-perception of their ability to recognize, label, and understand their own emotional states and to know what caused that feeling, have parents who evaluate themselves with a higher capacity to focus and understand their own emotions. Additionally, children's stress management scale was negatively related to their parent's repress scale. In other words, children who perceive higher difficulties to deal with their own emotions have parents with lower capacity to regulate their own emotions. These findings provide support to the idea that family context impacts the children's emotional development, but in a more complex way than we expected.

In addition, our results provide support for our second hypothesis. We found significant correlations between children's and parent's coping styles. Results indicate a positive relation among problem-focused coping style for children and their respective parent. Children who used

more strategies orientated to solve problems or stressful situations had parents who also tended to employ similar strategies. Also, there was a positive relation between children and parents' nonproductive coping style. These results are similar to previous studies who found positive correlations between parent and children's nonproductive coping styles. Gil, Williams, Thompson, & Kinney (1991) found a relation among passive adherence strategies in parent and child. These authors suggested that these results can be explained by observational learning. For instance, children may learn how to cope with painful situations when they observe their parents' behavior during painful moments. Another possibility is that these attitudes are transmitted through coping suggestion (Kliewer & Lewis, 1995). That means parents tend to orient their children to use strategies similar to their own. In this case, children can learn how to cope with stressful situations not only through observation, but through social support as well.

We have found a positive relationship between children's TEI and coping styles for problem-focused strategies, but not for nonproductive ones. Our present results also extend past findings on the relationship between EI and coping (Chan, 2005; Davis & Humphrey, 2012b; Mavroveli et al., 2007; Mikolajczak et al., 2009; Noorbakhsh et al., 2010). Children and parents with higher self-perceived emotional competence tend to use more problem-focused coping strategies. However, only parent's TEI was negatively correlated with nonproductive coping style. Adults' outcomes are coherent with previous studies (Mikolajczak, Nelis, Hansenne, & Quoidbach, 2008) that found higher TEI is associated with amplified use of problem-oriented strategies and to a lesser employment of emotional and avoidant coping strategies. However, this pattern of correlation might be due to the overlapping between the two constructs. EI, in particular, seems to be a more general one, that includes stress, coping, and emotional self-regulation dimensions. Anyway, the results provide support for our third hypothesis.

As regards sociodemographic factors, no correlation was found for any of them and TEI. On the other hand, significant differences were found between some sociodemographic variables and coping styles. Thus, age and grade were related to problem-focused coping style, as is expected; gender was also significant, with women obtaining higher rates of adaptive coping styles, and lower ones for Nonproductive coping strategies. These results differ from previous evidence that shows a maladaptive coping patterns in girls and a decreased problem-focused coping strategies (Hampel & Petermann, 2005). We also found an effect of school, with public

school students showing higher scores for Nonproductive coping strategies; and of parent's degree: parents with less education obtaining higher scores for Nonproductive strategies.

Finally, some limitations of this study may be due to the different measure instruments used for parents and children. Although both adult and children instruments are supposed to measure the same variable, the parents' instruments have different domain distribution and the Likert-type scale is not the same. The option to choose a pair of identical measure instrument was not available because of the difficulties to obtain the required authorizations upon payment. On the other hand, EI and coping styles was measure with self-report instruments, which may introduce some degree of social desirability effect. This kind of measure only allows us to know the notion that participant says to have about their own capacities. For that reason, it is difficult to determine the level of children understanding about their own EI and coping abilities, and how this condition can affect their answers.

Conclusions

To conclude, the current results provided partial support for the predicted relationship between children's and parent's EI within a Latin American population. However, future replications of the current study should include ability EI measures in order to strengthen the existing theoretical framework. Additionally, results suggest parents' TEI not being enough to impact on emotional development during childhood. It seems to be that parents' coping style might to be a critical aspect of this goal. Thus, it is important to include this variable for family prevention programs in order to improve children's emotional development.

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