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MOTHERS, FATHERS, AND GENDER: PARENTAL NARRATIVES ABOUT CHILDREN

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This was an exploratory study assessing how parents talk about salient child experiences, namely injuries serious enough to require hospital ER treatment. Preschool-aged (2–5 years) and school-aged (8–13 years) children were recruited from a hospital ER, and their parents were interviewed a few days later about their children's experience. The free recall portion of interviews are assessed here. Narratives of mothers and fathers differed little, but both parents were more elaborative, i.e., more descriptive and informative, when they talked about the injury of their daughters vs. their sons. Narratives about daughters were also more cohesive and included more context-setting information, i.e., orientation to where and when events occurred. Narratives about older children were also longer, more elaborative, more cohesive, and more contextually embedded than were those about younger children. Although the amount of explicit emotion descriptors did not differ, fathers tended to emphasize the absence of an emotional reaction by their sons, but not their daughters. Results were discussed in terms of concordance with gender stereotypes that describe males as tough and females as fragile. (*Narratives, Gender, Parents, Story-telling*)

Narratives about personal experience are ubiquitous parts of social experience (Labov & Waletzky, 1967/1997; Miller, 1994; Schieffelin & Ochs, 1986). People tell stories about their own adventures as well as about those of other people. Narratives about the self are increasingly seen as reflections of the self and are important aspects of one's self-definition (Buckner & Fivush, 1998; Fivush, 1994; Linde, 1993; Ochs & Capps, 1996; Polkinghorne, 1991).

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Autobiographical narratives tell the listener as well as the self who you are and what kind of person you are. And they tell the self and others what sorts of life experiences are important aspects of self-definition.

Much less is known about the narratives people tell about others. Importantly, parents frequently tell stories about their children, both to others and to the children themselves (Miller, 1994). Many narratives about children's experiences are told jointly between parents and children to other people as co-constructions (e.g., a child told by a parent to 'tell Aunt Jane about what happened at breakfast this morning when you dropped the milk' and the parent prompting particular information from the child as well as adding additional information). Considerable research has shown that such co-construction teaches children how they should structure their narratives and what sorts of information they should include, in keeping with Vygotkian (1978) theoretical models (Fivush, 1991a; McCabe & Peterson, 1991; Peterson & McCabe, 1992, 1994; Haden, Haine, & Fivush, 1997). Thus, such parent-child joint narrating has been shown to influence the shape and content of children's independent autobiographical stories.

However, many other narratives about children are told by parents to other adults, often within the child's hearing (Miller, 1994). It is possible that these narratives also have the potential to influence the structure and content of children's own narratives. More than that, they may have the potential to influence the way children view the experiences being narrated about, and even the way they view themselves. That is, if autobiographical narratives indicate what the self sees as important aspects of self-definition, then it is possible that the way that others (especially those who are important in your life) represent you and your experiences may play a role in how you see those experiences as well as yourself.

A common theme of parental stories about their children are misadventures, including injury and accident. If a child's injury was serious enough to require taking the child to a hospital emergency room for treatment, the entire experience is likely to be widely talked about by parents to a host of adult auditors, including grandparents and other relatives, friends and neighbors. In a study investigating children who had suffered such injuries that had necessitated emergency room treatment (Peterson, 1999; Peterson & Bell, 1996; Peterson & Whalen, 2001), parents claimed to have talked to multiple people about their child's injury experience in the days immediately after it

occurred. Thus, their children had ample and repeated opportunities to hear how these events were narratively described by their parents.

Gender is an important variable that affects many aspects of behavior and self-concept (Lips, 2001; Ruble & Martin, 1998). However, to our knowledge, no one has investigated whether gender of the child affects the sorts of narratives that parents tell about their children. That is, parents may tell very different narratives about the experiences of their girls than of their boys. For one thing, narratives about sons versus daughters may differ in the sort of content or child-experienced events that parents choose to narrate about. Of more relevance to the present investigation is that narratives about daughters versus sons may even differ when the stories are about very similar experiences or events. If parental narratives about their children differ substantially on the basis of the children's gender, even when the events experienced by the children are highly similar (such as similar injuries requiring emergency room treatment), children may be given powerful messages about how boys versus girls are supposed to interact with the world or respond to life events.

Gender stereotypes are ubiquitous aspects of social experiences, and they have been shown to be powerful predictors of people's attitudes, perceptions, and expectations about others' behavior (Lips, 2001). Investigations of gender stereotypes have consistently found people to associate females with qualities such as emotional, excitable, weak, whiny and people- or socially-oriented, whereas males are associated with qualities such as adventurous, courageous, unemotional, unexcitable, and socially independent (Allen, 1995; Martin, 1987; Williams & Bennett, 1975). When encountering physical pain or injury, males are tough; females in contrast are expected to be highly distressed and emotional (Fabes & Martin, 1991). Even from birth, girls are seen by parents as delicate and fragile whereas boys are seen as hardier and tougher (Rubin, Provenzano, & Luria, 1974; Stern & Karraker, 1989). Children as young as 5 are aware of many of these stereotypes (Best et al., 1977; Huston, 1983).

Do parents reflect these stereotypes when they talk about the experiences of their boys versus their girls? Specifically, when they narrate about events in which their children got injured, do their narratives about their sons versus their daughters differ in ways that are consistent with gender stereotypes? To our knowledge, no research has yet addressed this question; consequently, an exploratory study that begins an examination of this issue is needed. This is the purpose of the present investigation.

Although there has been a paucity of research investigating parental narratives *about* their children, there has been some work looking at how parents talk *with* their children in dyadic conversations. Investigators have found that when parents discuss experiences with children, either eliciting narratives from them or co-narrating about jointly experienced events, they differ in their discussions with girls versus boys in ways that are consistent with gender stereotypes. Specifically, parents are more likely to talk about emotions with their daughters than with their sons (Adams et al., 1995; Dunn et al., 1987; Fivush, 1991b, 1993; Kuebli et al., 1995; Kuebli & Fivush, 1992; Reese & Fivush, 1993), and this is true for both mothers and fathers. They are also more likely to talk about people and social contexts to their daughters than sons (Buckner & Fivush, 2000; Flannagan & Baker-Ward, 1996; Flannagan, Baker-Ward, & Graham, 1995).

Of course, one reason why parents may differ in their narratives about their sons' versus their daughters' experiences is that parental narratives simply reflect differences in how the children themselves behave in reaction to the event. But in a comprehensive review of gender differences in children's behavior, Ruble and Martin (1998) documented few differences in relevant behaviors such as emotional reactivity. Another reason parental narratives about daughters versus sons may be gender differentiated is that they simply reflect differences in how the children themselves talk about their experiences. If girls right from the beginning linguistically represent salient events such as injuries in very different ways than do boys, then it is difficult to tease apart parental and child effects. However, earlier research documented relatively few differences between the narratives of the present sample of girls and boys when they were telling narratives about an injury experience to a researcher (Peterson & Roberts, 2003). The narratives of girls were more cohesive in that they used more connectives between their clauses than did boys, and they were more coherent in that they were more likely to use appropriate connectives and other linguistic links that explicitly specified the temporal and causal relationships between events. Thus, girls' narratives had more sophisticated linguistic linkages between narrative clauses and events than did boys'. However, they were not more elaborate, descriptive or informative; nor were the narrated events more likely to be verbally situated into a spatial and temporal context that would help the listener understand where and when events took place.

If girls' narratives about injuries are relatively similar to boys' narratives, and yet parental narratives to other adults differ depending upon the child's gender, then it is possible that parental narratives about children can play an important role in children's interpretation of events. In particular, if parental narratives about their sons versus their daughters differ in accordance with gender stereotypes, this can play a role in the gender socialization of children.

Theories of gender socialization suggest that children learn about gender roles from a multiplicity of sources. For example, gender schema theory (Bem, 1985) suggests that children develop cognitive structures or schemas about what is appropriate behavior for their own gender, and these schemas guide and organize the way new information is evaluated and assimilated. Children develop gender schemas by using all the gender-relevant information to which they are exposed, including linguistic representations of events as well as observed behavior. Parental descriptions of child experiences that are consonant with gender stereotypes could potentially reinforce those stereotypes in children's own schema development.

The purpose of the present investigation is to explore the extent to which parents construct different narratives about their children on the basis of the child's gender, even when the children have experienced similar events. In this research, parents talk to a non-family researcher *about* their child. Because so little work has been done in this area, a wide net of narrative properties is cast (Peterson & Roberts, 2003). A range of narrative properties that have been well-studied and show considerable variation between individuals was selected. These include the following: (1) Narrative *length* varies, with some narratives being short and terse and others quite long (Buckner & Fivush, 1998; Fitzgerald & Lawrence, 1984; Flannagan, Baker-Ward, & Graham, 1995; Leichtman, Pillemer, Wang, Koreishi, & Han, 2000; Peterson, 1994; Peterson, Jesso, & McCabe, 1999). (2) Narratives differ in *elaboration*, that is, in how descriptively vivid and informative they are (Buckner & Fivush, 1998; de Vries, Blando & Walker, 1995; Fitzgerald & Lawrence, 1984; Fivush, 1991a; Friedman & Pines, 1991; Peterson, 1994; Peterson et al., 1999; Ross & Holmberg, 1990). (3) Well-structured narratives are *cohesive*; that is, component sentences are knitted together or related to each other (Bennett-Kastor, 1986; Peterson & Dodsworth, 1991; Peterson & McCabe, 1988). (4) Narratives also differ in *coherence* (Buckner & Fivush, 1998; Fivush, 1991a; Peterson, 1994). (5) Finally, narratives should provide *context*. They describe events that are distant in time and place, and narrators

differ in the degree to which they embed those events into the appropriate there-and-then context (Fivush, 1998; Peterson, 1994; Peterson et al., 1999; Peterson & McCabe, 1994). In addition, because the events being talked about were emotional, often causing the child (and even the parent) considerable distress, we counted the number of emotion words used by parents as well as descriptors of those emotion words (e.g., compare 'upset' with 'very upset').

Because of the salience and pervasiveness of gender stereotypes, it was predicted that parents would differ in their descriptions of their children's injuries in ways that were consistent with these stereotypes. In particular, narratives about injuries to girls would be longer and more descriptively elaborate or detailed. That is, in keeping with girls being seen as more fragile and emotional and boys as tougher, parents would be more likely to amplify their daughters' injuries by telling longer and more elaborate narratives than the more attenuated ones they tell about their sons. They would also be likely to include more explicit descriptors of emotions when talking about their daughters. Because fathers are often more concerned about gender differentiation in their children (see Ruble & Martin, 1998), it is possible that fathers more than mothers would describe their children's injuries differently depending upon their child's gender. On the other hand, researchers have documented primarily similarity, not difference, in how fathers and mothers talk with their children about stereotyped qualities such as emotion, and both parents talk with daughters differently than sons. Because both outcomes seem feasible on the basis of previous research, no hypothesis about differences between mothers and fathers were made.

Not only gender, but also the child's age may play an important role in how parents describe their children's injuries. Preschoolers are commonly seen to be more vulnerable than older children, and an injury such as a bone breakage may be seen by parents as more serious than a similar injury in an older child. Furthermore, preschoolers are considerably more upset by hospital treatment of the sorts of medical injuries included here than are older children (Peterson & Bell, 1996; Peterson & Whalen, 2001). Thus, parents may talk about the injuries of their preschoolers differently than those of their older, school-aged children. It was predicted that the narratives about preschoolers would be longer and more elaborate than those about older children.

METHOD

Participants

Children and their parents were recruited from the Emergency Room of a children's hospital for purposes of other research (see Peterson, 1999; Peterson & Bell, 1996). Medical expenses are government-funded in Canada, and the hospital is the only medical facility within a radius of more than 100 miles where injured children are taken. Thus, the children were a cross-section of those in the geographical area where they lived; they were mostly White and from mixed socioeconomic backgrounds. All of the children had suffered an injury that was serious enough to require hospital ER treatment. These injuries were defined by the ER staff as trauma injuries that could be treated on an out-patient basis. A wide variety of injuries was suffered by the children, including bone fractures, lacerations requiring suturing or special bandaging, dog bites, second degree burns, bone dislocations, crushed fingers, eye pokes, a bumblebee firmly lodged up a nose, etc. There was no apparent gender difference in type of injury. Parents of the children had witnessed these injuries and/or subsequent hospital treatment. Children were classified as preschoolers (137 2–5 year olds with 66 girls and 71 boys, mean age 3;8 years, range 2;2–5;11), or school-aged children (98 8–13 year olds with 41 girls and 57 boys, mean age 10;8 years, range 8;0–13;11). For each child participant, the parent who witnessed the events was interviewed. If both parents had been witnesses, then data from only one parent was included in analyses so that all dyads would be independent. For younger children, 99 mothers and 38 fathers were interviewed, and for older children, 55 mothers and 43 fathers participated. (For further information on the composition of the parent-child dyads, see Peterson & Roberts, 2003.)

Procedure

Families were visited at home by a female researcher within a few days of the injuries (mean delay = 6 days), and the witnessing parent was independently questioned about his or her recall of the events surrounding injury and treatment. (Children were also independently interviewed, and these data are presented in Peterson & Roberts, 2003.) For purposes of the present study, only the initial free recall narratives were analyzed. These narratives were elicited by general prompts: "Tell me what happened when your child got hurt" and

"Tell me what happened when you took your child to the hospital." Only the parents' free recall responses to these general probes were scored; while parents talked, interviewers confined themselves to back-channel responses (e.g., "uh huh," "yeah?" or repetitions of a parent's last statement). After the parents indicated that they had finished, additional questions were asked which probed for specific information. However, these subsequent parental responses are not included. Parents were also asked to rate the degree of their child's distress at both the time of injury and of hospital treatment on a 5 or 6 point scale that ranged from "not at all upset" to "extremely upset." Conversations were audio-recorded and transcribed verbatim. Scoring was done from transcripts.

Measures

The following narrative properties were assessed: (1) Narrative length. This was measured in two different ways, the number of words in the narrative and the number of subject-predicate clauses. (2) Elaboration, specifically how descriptive and informative narratives were. Descriptive vividness was measured by the number of descriptors (adjectives and adverbs) used. To assess informativeness, researchers have tabulated the number of unique (i.e., new) pieces of information of various types. Fivush (1991a) subdivides these information units into five subcategories. (3) Cohesion, measured by counting the number of linking inter-clausal connectives the narrative has. (4) Coherence. Since narratives are fundamentally about a series of events (and reactions to those events) that are temporally and causally linked, the organizational coherence of a narrative can be measured by tabulating the linguistically explicit links that specify how the events of the narrative are related to each other temporally and causally or conditionally. (5) Contextual embeddedness, or the degree to which narratives orient the listener to where and when events took place. The scoring procedures that target these five domains have been used in a number of studies, so all five domains are scored here in the same ways as in earlier research. As well, all of these measures are used in a study of how similar children's narratives are to those of their parents (Peterson & Roberts, 2003).

In addition, the number of explicit emotion words as well as modifiers of those emotion words were counted. Emotions were initially categorized as positive (e.g. happy), or negative (upset, crying). However, perusal of the

transcripts showed a third type of emotional description: emotion denial. That is, the parent explicitly stated that a child was *not* upset, i.e., exhibited an absence of emotional response. It was felt that this explicit downplaying of emotional response should be tabulated separately.

Overall, then, there are 9 different narrative measures plus 5 subcategories for one of the narrative measures, and there are three categories of explicit emotion.

Length. Two measures of length were derived:

1) Word count, i.e., the total number of words in the narrative.

2) Clause count. A clause was considered to be a subject-predicate proposition.

Descriptive and informative elaboration

3) Descriptors, e.g., 'my *heavy* cast,' 'there were *two* doctors.' Adjectives and adverbs were counted to provide an assessment of vividness or descriptiveness.

4) Unique new units of information – the introduction of a new detail or bit of information. (Repetition of previously introduced details were not counted.) The total amount of new information of all types was tabulated, which was the sum of the subcategories below. These subcategories subdivided new information into details pertaining to:

   a) Person, e.g., '*Daddy* brought me.'
   b) Location, e.g., 'I went to the *hospital*.'
   c) Activity, e.g., 'I was *running* up the street.'
   d) Object, e.g., 'I had a *hamburger* after.'
   e) Attribute, e.g., 'I had a *big* cut.' (Note that this category differed from "descriptors" above in that only new pieces of information were counted. The later repetition of a descriptor that had been used before would not be counted here, although it would be included in the descriptor count. Thus, new information would be counted in both categories but repetitions would be counted only under "descriptors.")

Cohesiveness

5) Connectives. These included only inter-clausal connectives, e.g., 'Mommy saw it *and* she ran over,' 'it hurt *but* I didn't cry,' 'we saw the doctor *then* we went to the x-ray place'.

Coherence

6) Temporal linking terms, i.e., words that temporally linked events together, e.g., 'first, next, later, before, afterwards'. Note that some of these (e.g., 'then' if used as a clausal connective as in 'I fell down *then* I cried') would also be counted above in the total connective count, but other temporal linking terms would not be (e.g., 'I was the *next* one' or 'then' as in 'I did it *then*.').

7) Causal/Conditional linking terms, i.e., words that linked events together via causal or conditional relationships such as 'because, so, if.' Some of these could also be tabulated above in the category 'connectives' if they were used as inter-clausal connectives, e.g., 'because' in 'I cried *because* it hurt so bad.'

Contextual embedding of the narratives within time and space

8) Time context or references to time, e.g., 'It happened on *Monday*,' 'We were there *two hours*.' These were nouns (not connectives) that specified a particular time context.

9) Spatial context or references to place or location, e.g., 'I went into the *examining room*.' These were nouns that specified particular locations. (Note that these were counted each time they occurred in a narrative, as opposed to above in the category 'new information – location' where they were counted only the first time they were given.)

Emotion words and descriptors. Explicit emotion words were counted (e.g., *crying*, *upset*, *happy*, *angry*), as well as the descriptors that modified them (*very* distressed, didn't cry *much*). These words (including both the emotion words and their modifiers) were classified as positive emotion or negative emotion. In addition, instances in which parents explicitly stated that a child did *not* show an emotional reaction were counted.

Each of the categories above was scored separately (with the exception of the 'unique new units of information' category which was the sum of its five subcategories). To obtain inter-scorer reliability, two researchers independently scored for all of the measures in approximately 20% of the narratives. The average percentage of agreement (scored as number of agreements divided by agreements plus disagreements) between the two scorers was 96.6%. Some of the categories above have some limited overlap with other categories, and thus they are not all independent. However, each category is conceptually distinct and has been used multiple times in previous research, with the exception of the denial of emotion category; each (with the same exception) has also been found to vary substantially between individuals.

RESULTS

Parental narratives were analyzed to see if *narrative properties* varied depending upon the gender or age of the child being talked about. There were three between-subjects factors in all analyses: gender of parent (mother vs. father), gender of child (girl vs. boy), and age of that child (younger vs. older). Each of the five narrative properties was independently assessed. For properties for which there were multiple measures (i.e., all except cohesion), a multivariate analysis of variance was calculated that included all of the relevant measures for that property. If the MANOVA was significant, follow-up ANOVAs were conducted on each component measure. For cohesion, there was only one measure so an ANOVA was calculated.

There were no interactions between the gender of the parent and any other variable, although the main effect of parent gender was significant for two narrative properties. Narratives of mothers were more cohesive than those of fathers, $F(1, 227) = 6.95,\ p = .009$. (See Table 1.) In other words, mothers ($M = 25.1$) connected more of their sentences with inter-clausal connectives than did fathers ($M = 19.6$). To evaluate coherence, the number of causal and temporal linguistic links were analyzed in a MANOVA and the narratives of mothers and fathers differed, Wilk's Exact $F(2, 232) = 3.77,\ p = 0.025$. Follow-up univariate analyses showed that mothers ($M = 9.3$) differed from fathers ($M = 6.8$) in the number of causal and conditional links in their narratives, $F(1, 233) = 5.18,\ p = .024$, but not in the number of temporal links.

TABLE 1
Narrative measure means and standard deviations of mothers and fathers overall, and of mothers and fathers depending upon whether their children are younger vs. older and girls vs. boys

					Parents of Younger				Parents of Older			
	Mothers		Fathers		Girls		Boys		Girls		Boys	
Measure	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Length:												
Clauses	59.7	44.4	53.4	39.8	56.8	31.4	45.7	30.2	74.5	65.7	60.8	43.6
Words	354.5	258.4	317.8	247.4	332.4	189.4	271.5	175.7	446.3	387.4	365.1	262.4
Elaboration:												
Descriptors	17.4	15.6	21.5	22.3	16.3	14.3	12.5	8.4	28.9	28.8	22.2	18.3
Unique units	64.5	34.8	62.7	39.0	62.7	28.2	52.1	24.0	80.5	52.6	68.0	38.4
Person	5.1	3.3	4.3	3.4	4.9	3.3	4.0	2.3	6.1	4.8	4.7	3.0
Location	4.4	2.7	4.4	2.7	4.0	2.2	3.8	2.2	5.5	3.7	4.8	2.8
Object	9.6	5.5	8.8	5.4	9.8	5.0	8.6	4.5	10.1	7.1	9.1	5.8
Activity	25.5	12.4	24.5	12.8	25.1	10.1	20.9	9.5	31.4	17.0	26.0	12.8
Attribute	20.0	14.3	20.7	18.3	18.9	12.5	14.8	9.1	27.4	22.9	23.4	17.0
Cohesion:												
Connectives	25.1	21.0	19.6	13.5	23.3	12.7	18.6	11.1	31.5	34.4	22.9	15.3
Coherence:												
Causal/cond.	9.3	8.1	6.8	7.7	8.7	6.3	6.7	6.5	11.8	12.2	8.0	7.3
Temporal	6.5	5.5	6.3	5.4	6.2	3.9	5.6	5.5	8.3	6.9	6.3	5.7
Context:												
Time context	4.0	4.4	4.6	4.6	3.3	2.9	2.4	2.3	7.2	6.8	5.3	4.6
Spatial contx	6.9	5.7	7.0	5.5	6.3	4.3	5.3	3.8	9.8	8.5	7.7	5.5

But importantly, there were no interactions between any measures and child characteristics. Although mothers' narratives were more cohesive and coherent than were those of fathers, both parents told similar narratives about their sons versus their daughters. Thus, fathers were no more likely to differentiate their narratives on the basis of child gender or even age than were mothers.

However, narratives of the parents (both mothers and fathers) differed when they were talking about the injury experiences of their daughters rather than their sons. When parents of daughters talked about their child's injury, they were more elaborative about those experiences than were parents of sons, Wilk's Exact $F(2, 226) = 3.11,\ p = .047$ (see Table 1). Follow-up ANOVAs showed that narratives about daughter experiences were more descriptive [$F(1, 227) = 6.24,\ p = .013$] as well as contained more new information

[$F(1, 227) = 5.26,\ p = .023$] than did narratives about son experiences. (Ms = 21.2 vs. 16.9 and 69.5 vs. 59.2 for numbers of descriptors and information units, respectively.) To see whether this difference in informativeness between parents of sons vs. daughters was true for only some types of information, a MANOVA was calculated that included the five subcategories of information. Parents of daughters included more information about people [$F(1, 227) = 5.68,\ p = .018,\ Ms$ = 5.4 vs. 4.3] and activities [$F(1, 227) = 7.87,\ p = .005,\ Ms$ = 27.5 vs. 23.2]. There was also a tendency to include more new attributes [$F(1, 227) = 3.66,\ p = .057,\ Ms$ = 22.2 vs. 18.6] than did parents who talked about the experiences of sons.

Parental narratives about their sons and their daughters also differed in other ways. Accounts of daughters' experiences were more cohesive [$F(1, 227) = 3.98,\ p = .047,\ Ms$ = 26.4 vs. 20.5] and included more context-setting information [Wilk's Exact $F(2, 226) = 4.10,\ p = .018$] than did accounts of sons' experiences. Follow-up ANOVAs on the two types of context showed that parents provided more information about both time context [$F(1, 227) = 7.85,\ p = .006$] and spatial context [$F(1, 227) = 3.93,\ p = .049$] when talking about their daughters. (Ms = 4.8 vs. 3.7 and 7.6 vs. 6.4 for time context and spatial context, respectively.) However, parental narratives about daughters vs. sons did not differ in length nor in coherence.

The narratives of parents not only differed depending upon the gender of the child they were talking about, they also differed according to their child's age. Specifically, both mothers and fathers told longer narratives about older children than younger children, Wilk's Exact $F(2, 226) = 4.86,\ p = .009$; follow-up ANOVAs showed that greater length was found both for number of words [$F(1, 227) = 9.10,\ p = .003,\ Ms$ =399.1 vs. 300.1] and number of clauses [$F(1, 227) = 8.14,\ p = .005,\ Ms$ = 66.5 vs. 51.1]. Narratives about older children were also more elaborative, Wilk's Exact $F(2, 226) = 8.88,\ p <$ .001, due to being both more descriptive [$F(1, 227) = 16.67,\ p < .001,\ Ms$ =25.0 vs. 14.4] and more informative [$F(1, 227) = 10.94,\ p = .001,\ Ms$ = 45.0 vs. 26.5]. Specifically, they included more unique units of information about people [$F(1, 227) = 3.94,\ p = .048,\ Ms$ =5.3 vs. 4.4], locations [$F(1, 227) = 10.49,\ p = .001,\ Ms$ = 5.1 vs. 3.9], activities [$F(1, 227) = 10.93,\ p = .001,\ Ms$ = 28.2 vs. 23.0], and attributes [$F(1, 227) = 14.27,\ p < .001,\ Ms$ = 25.1 vs. 16.8], but not about objects. Narratives about older children were more cohesive [$F(1, 227) = 7.36,\ p = .007,\ Ms$ = 26.5 vs. 20.8] and contained more information about orienting context, Wilk's Ex-

TABLE 2
Means (and standard deviations) for the number of positive and negative emotion words, and instances of emotion denial by mothers and fathers depending upon their child's age and gender

	Negative emotion	Positive emotion	Denial of emotion
2–5 Year Olds			
Girls			
Mothers	4.26 (4.27)	1.47 (2.16)	0.37 (0.77)
Fathers	4.00 (8.51)	2.13 (6.15)	0.07 (0.26)
Boys			
Mothers	3.96 (4.77)	1.65 (2.40)	0.67 (1.77)
Fathers	2.52 (3.40)	0.96 (2.01)	0.87 (1.69)
8–13 Year Olds			
Girls			
Mothers	4.04 (4.47)	1.48 (2.82)	0.52 (0.96)
Fathers	2.50 (3.16)	0.94 (1.73)	0.06 (0.25)
Boys			
Mothers	3.47 (4.13)	1.03 (2.12)	0.07 (0.25)
Fathers	3.37 (3.93)	1.52 (2.53)	0.30 (0.72)

act $F(2, 226) = 13.30,\ p < .001$, both about time [$F(1, 227) = 25.69,\ Ms$ = 6.1 vs. 2.9] and space [$F(1, 227) = 12.26,\ p = .001,\ Ms$ = 8.6 vs. 5.8]. On the other hand, narratives about the experiences of older vs. younger children did not differ in coherence.

To summarize, parents who described the injuries and subsequent hospital treatment of daughters told narratives that were more elaborative, cohesive, and contextually embedded than when they were talking about the experiences of their sons. Furthermore, parents of older children told narratives that were longer, more elaborative, more cohesive, and more contextually embedded than did parents of younger children. When parallel analyses were conducted on child narratives, to see if they differed according to the parent who happened to be also interviewed during the home visit, there were no significant effects.

Parental narratives were also analyzed to see if they explicitly talked about emotion in different ways, depending upon the gender or the age of their children. The number of positive emotion words, negative emotion words, and instances where parents denied the presence of an emotional reaction are shown in Table 2. Separate ANOVAs were calculated on the number of

each, with gender of parent, gender of child, and age of child as the three between-subjects factors. There were no significant effects for the number of positive or negative emotion words. However, there was a significant age x child gender interaction for the number of denials of emotional reaction, $F(1, 227) = 4.36,\ p = .038$. Planned comparisons showed that there was no difference in emotion denial for girls depending on age (Ms = .22 vs. .29 instances per narrative for younger vs. older girls, respectively), but more instances of emotion denial were found in descriptions of younger boys ($M = .77$) than older boys ($M = .18$). As well, there was a significant gender of parent x gender of child interaction, $F(1, 227) = 3.60,\ p = .05$. Mothers' statements about an absence of emotional response were equivalently distributed between their daughters and sons (Ms = .45 and .37, respectively), but fathers were more likely to explicitly state the absence of an emotional reaction to painful events by their sons ($M = .58$) than their daughters ($M = .06$). There were no other interactions or main effects.

There are two potential confounds that were assessed next to make sure that gender-related differences in parental narratives were not simply due to one of these. The ratings of child distress were analyzed to see if there were systematic gender differences in how distressed children were rated to be at the time of their injury and hospital experiences. Parents' ratings of their children's degree of distress ranged from 1 (not upset at all) to 5 (extremely distressed). For those parents who had been given a 6 point scale to use for distress ratings (which was the case early in data collection), distress scores were converted to a 5 point scale. Distress was assessed separately for the time of injury and the time of hospital treatment because earlier research showed that these two distress scores are uncorrelated (Peterson & Bell, 1996). The distress scores are shown in Table 3. Two analyses of variance were calculated, one for each distress score, with the between-subjects factors of gender and age. For distress at injury, there were no significant effects. For distress at hospital treatment, there was no significant effect of gender, although younger children were more distressed than older children, $F(1, 198) = 11.27,\ p = .001$. There was no significant interaction between age and gender. Thus, boys and girls were equivalently distressed by the experiences they had, according to parent report.

The other potential confound is the possibility that girls and boys differ in terms of the types of injuries they suffered. Injuries were classified as lacerations, bone fractures, or miscellaneous other injury, and the data are

TABLE 3
Means and standard deviations of parental stress ratings for children's injury and hospital experiences*

	Girls		Boys	
	Mean	SD	Mean	SD
Injury				
Younger	3.2	1.1	3.3	1.1
Older	3.2	1.3	3.0	1.3
Hospital				
Younger	3.2	1.5	3.6	1.3
Older	2.6	1.5	2.9	1.2

*Maximum score (indicating extreme distress) = 5

TABLE 4
Numbers (and percentages) of children experiencing different types of injuries

	Type of Injury		
	Laceration	Fracture	Other
Younger			
Girls	34 (51%)	13 (20%)	19 (29%)
Boys	47 (66%)	7 (10%)	17 (24%)
Older			
Girls	13 (32%)	21 (51%)	7 (17%)
Boys	24 (42%)	27 (47%)	6 (11%)

shown in Table 4. A $3 \times 2\chi^2$ calculated on the frequency of these three types of injuries in boys versus girls was nonsignificant, indicating that children did not differ by gender in terms of their injuries. However, a second $3 \times 2\chi^2$ calculated on the frequency of the three injury types in younger versus older children was significant, χ^2 (df = 2) = 33.17. Younger children were less likely to suffer fractures than were older children.

DISCUSSION

The differences between the narratives about daughters being injured versus sons being injured were striking. Parents were more elaborative when talking about the injuries of their daughters than their sons. They provided more

descriptive vividness and more information, especially about people and activities. They provided more contextual embedding, i.e., were more likely to describe the time and place of events that occurred. And their accounts were more cohesive. To illustrate the difference between parental narratives of sons versus daughters, consider the following two narratives. Both described the injury of a 2 year old child. Both got a serious gash in their foreheads; both were immediately taken to the emergency room and there they were physically restrained (tied down) while they were given an injection of local anesthetic near the laceration and subsequently sutured. Both were then given a popsicle and sent home.

Narrative about a 2 year old boy:

e: Can you tell me what happened.
m: Ok, I guess, it was Sunday evening, do you wanna know what time it was?
e: Yeah, sure!
m: It was seven o'clock, I was sitting here. What he had done, is he had took the cushions off the couch here. And he was jumping on those. I guess he missed, and he went out, well the coffee table is right out in the middle of the floor there, and he hit the corner. I thought he hit the corner up here, but he says he hit the bottom.
e: Oh did he? Oh, ok.
m: He got up, and he was bleeding. He had a gash in his face. So, I took him down to the Janeway (the hospital), right away. Wanna hear what happened there?
e: Yeah.
m: Well, we went down, and the doctor took him in, and they tied him down, or whatever, held him down. He didn't like it one little bit!
e: No.
m: Screeched the whole way, and they stitched him up, he got five stitches.
e: Five stitches, there. Uh huh.
m: And the doctor gave him a popsicle, when he was finished.

Narrative about a 2 year old girl:

e: Can you tell me what happened?

m: Oh Sally was up jumping on the bed with her brother Walt and another little friend and actually I was downstairs so I really don't know what happened exactly, but when she came down, she got up herself actually
e: Oh o.k.
m: And she, she was just crying and she came down over the steps, like it's not unusual for her to be just whining and coming down over the steps so I didn't run. But she when she walked up to me when I was there in the kitchen and when she walked up to me I noticed that obviously the head was split open. So then there was a friend here at the time so we got in the car and we took her to the Janeway (hospital).
e: O.k. and tell me about the Janeway.
m: They were pretty good. I was a bit of in a panic 'cause like I could see a bone there and it was kinda scary. Cause it was very deep, she has two stitches on the inside so like it was quite a deep one and I, it probably wasn't as serious as I thought but we always panic, the mothers, right?
e: Yeah that's normal.
m: And so I was there holding, actually I kept holding her forehead together with my fingers 'cause I was scared it was gonna go further and anyway then when I got there they were, they were fine and said that she was gonna be fine and I kind of relaxed a little bit knowing that she was gonna be o.k.
e: Yeah.
m: And it wasn't, we were pretty good, they saw to us fairly pretty well because I think you know it was a, we needed to get stitches in it right away. So they were I suppose within fifteen minutes or so we were went in to and got stitches put in it.
e: Uh huh, and what happened then?
m: Well she was great because we, she did fall asleep while she was having the stitches actually.
e: Oh is that right?

m: Yeah I guess she was exhausted from it all and I guess you know when they gave it that to her to deaden it I guess it kind of relaxed her a little bit and she did fall asleep while she was having the stitches. And then she woke up and we went outside and someone mentioned to her 'what did you do?' and or she said 'did you fall down?' and so she said yes, she was like as if nothing had happened to her.
e: Oh good.
m: And she's been like that ever since, it's like just just nothing as if nothing had happened to her.

Even though the boy was quite distressed by medical treatment while the girl was so undistressed that she actually fell asleep, the boy's experience is described in a matter-of-fact way while the description of the girl's experience includes much more elaboration as well as information about both the child's and the mother's emotional state. Throughout the corpus of narratives, young girls are more likely to be described in terms such as 'hysterical' or 'white and shaking' while young boys are more likely to be described as 'none too pleased' or 'a bit upset,' and even extreme distress in young boys is more likely to be described as 'went a bit nuts.' Older girls are described as 'poor little things falling apart' while older sons are 'a bit upset,' 'frustrated,' or 'clearly in discomfort.' Thus, emotions for both boys and girls are described, but narratives about sons are more likely to minimize emotional distress. Although the total number of negative and positive emotion words are equivalent across gender, it is interesting that fathers in particular are more likely to engage in denial of an emotional reaction to painful events when describing their sons. This is consonant with stereotypes of males as tough and unemotional and girls as fragile and emotional. It is interesting, though, that when parents were asked to make a judgment of their child's level of distress on a scale ranging from "not upset at all" to "extremely distressed," the ratings parents gave to boys versus girls did not differ. But their descriptive language about their children did.

It is possible that the characteristics of the parental narratives are merely reflecting the properties of the children's narratives; however, previous research (Peterson & Roberts, 2003) has shown that the narratives of these children mostly do not differ by gender. The narratives of girls were more cohesive than were those of boys, parallel to the difference between mothers' and fathers' narratives. As well, the narratives of girls were more coherent,

specifically including more temporal and causal links between events than were those of boys, again parallel to the differences between the narratives of mothers versus fathers. But girls' narratives were not significantly longer, more descriptively elaborate or informative, or more contextually embedded than were boys' narratives. Rather, parental narratives about children differed by gender in ways that the narratives of the children themselves did not.

Parental narratives not only differed according to their child's gender, but also according to their child's age. Narratives about older children were longer, more elaborative, more cohesive, and more contextually embedded than were narratives about younger children. This is contrary to prediction. It may be that in this regard, parents do indeed reflect their children. The narratives that are produced by older children have been found in previous research (Peterson & Roberts, 2003) to differ substantially from younger children's on all the narrative properties that were measured; they were longer, more elaborative, more cohesive, more coherent, and more contextually embedded. This is of course because school-aged children are more linguistically competent and are able to encode and describe their experiences much better than are preschoolers. Because there is undoubtedly a lot of verbal interaction between parents and children about the experience (e.g., in the car on the way to the hospital, in the ER waiting room, on the way home, and afterwards on succeeding days), there may well be bi-directional influence between parental and child narratives. Parent narratives become more linguistically complex in ways parallel to the greater linguistic complexity of their older children's narratives. But it is significant that such an explanation cannot be applied to the differences between narratives about sons versus daughters. These differences did not parallel what children were doing in their own narratives; rather, they were consistent with cultural stereotypes of maleness and femaleness, and stereotypic expectations of girls' versus boys' reactions to injury and physical pain.

This is an exploratory study that raises more questions than it answers. It is limited to parental narratives about one type of child experience, namely injuries requiring ER treatment. Further research needs to explore parental narratives about a range of child experiences, since the display of gendered behavior can vary widely depending on the situation (e.g., Deaux & Major's [1987] interactive model of gender-related behavior). In addition, these narratives were not spontaneously told by parents; they were specifically elicited by a researcher. In the course of everyday interaction, how do parental stories

about their children differ? Do they choose to tell different sorts of stories about their daughters versus their sons? Do different types of experiences of boys versus girls get treated by parents as 'more reportable' to others?

There are other important issues. The narratives studied here were told to a researcher, mostly with the child not present. It is possible that parental narratives about their children to other adults are different if the children themselves are auditors of the stories. It is clear that parents sometimes modify their behavior if a child is present, and this may be true for the narratives that they tell. Thus, it may be that if children are present, parental narratives about them may be crafted by parents to encourage some behaviors rather than others. As one example, both Fivush (1993) and Miller, Hoogstra, Mintz, Fung, and Williams (1993) have shown that when parents co-narrate with children about emotional topics, parents guide children toward a resolution and diminution of that emotion (e.g., decrease of fear). It may be that parents in this study, when conversing with both their sons and daughters about these stressful injury events, may have focused on communicating "but now you're OK."[1] Thus, messages to their children (which may subsequently have been reflected in the children's own narratives) may have been non-gendered in a way that is not true once the constraint of a child's presence is removed.

Furthermore, it is important to evaluate the narratives that parents tell *to* their children *about* other people, including autobiographical ones about themselves. Fiese and her colleagues (Chance & Fiese, 1999; Fiese, Hooker, Kotary, Schwagler, & Rimmer, 1995) found that when parents tell stories about their own childhoods to their children, they are more likely to stress affiliative themes to daughters and achievement themes to sons. Buckner and Fivush (2000) also found that parents' autobiographical tales to their daughters were more likely to refer to other people than were those to their sons. Thus, stories to children about themselves and about other people may well be gendered. Fivush (1998) has suggested that narrating is a gendered activity; she was referring to differences in how parents talk *with* their sons versus their daughters. However, it may also be that parental narratives *about* their children are also gendered. This initial exploratory study suggests such a possibility.

[1] I am indebted to an anonymous reviewer for this point.

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