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Parental Emotion Socialization and its Associations to Internalizing Symptoms: The Influence of Parent Gender and Emotion Understanding

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Parental Emotion Socialization and its Associations to Internalizing
Symptoms: The Influence of Parent Gender and Emotion Understanding

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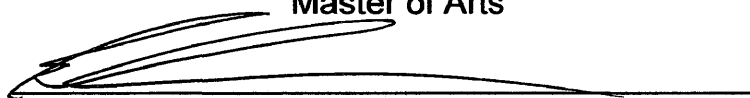
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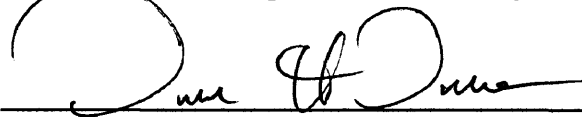
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ABSTRACT PAGE

Little research has examined how fathers and mothers socialize their children's emotion in similar or unique ways and the influence of different emotion socialization strategies on children's psychological functioning. Mothers (n = 51) and fathers (n = 51) completed measures of their emotion understanding, their emotion socialization strategies, and their children's emotion management. Daughters (n = 22) and sons (n = 29) in the 3rd-5th grades (M age = 9.7) completed a measure of depressive symptoms. Using regression analyses and a path analytic model, the findings indicate significant pathways from parental emotion understanding to their subsequent use of emotion socialization strategies, which are associated with their child's emotion management strategies and depressive symptoms For fathers, emotional clarity predicted to their use of coaching and dismissing socialization strategies with sadness. Emotion coaching strategies directly predicted to depressive symptoms whereas emotion dismissing strategies predicted to sadness coping, dysregulation, and depressive symptoms with their children. For mothers, poor emotional awareness predicted to the use of dismissing socialization strategies for anger, as well as a direct pathway to depressive symptoms. The dismissing style for anger predicted to anger coping and dysregulation in children, but only anger coping for children predicted to depressive symptoms.

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Parental Emotion Socialization and its Associations to Internalizing Symptoms: Does Parent Gender Matter?

The Importance of Emotion

Although the concept of emotion is, perhaps, deceptively simple to describe colloquially, researchers have debated the definition of emotion for over a century (Campos, Frankel, & Camras, 2004; James, 1890; Scherer, 1984). This is not to say that the concept and definition of emotion has remained entirely elusive to researchers but rather points to the complexity of the construct. A multitude of components thought to comprise emotion have been studied, including cognitive, physiological, and social determinants that influence the type, intensity, and duration of emotions felt during day-to-day interactions (see Moors, 2009 for a review). For example, researchers have found that emotion expression, as a facet of emotional competence, has been strongly linked to developmental and biological precursors, including attachment styles and temperament (Borelli et al., 2010; Titchner, 1914). All of these components interact to form the basis for individual emotion experiences and emotion expression.

A key question in emotion research comes from a motivation perspective, "why do we feel emotion?" From within the Functionalist framework, Campos, Mumme, Kermoian, and Campos (1994) propose that central to the understanding of emotion is the acknowledgement that emotions serve to accomplish social goals that are sensitive to the demands of the context in which they are elicited and experienced. For example, individuals experience anger when their goal is blocked, happiness when a goal is attained, or sadness when they are forced to abandon their goal. Thus,

emotions are functional in that we utilize them to help us achieve goals. The functionalist perspective accommodates the variety of ways that emotion can affect our behaviors. Fear in infants, for example, can elicit both support from caregivers, as indicated by infant approach behaviors, and avoidance behaviors in order to reduce the fear intensity and move away from the perceived threat (Campos et al., 2004).

In addition to goal achievement, emotions are largely influenced by the social context. More specifically, the functional purpose of emotions is "…the attempt by the person to establish, maintain, change, or terminate the relation between the person and the environment on matters of significance to the person" (Campos et al., 1994, p. 285). From this perspective, emotions cannot be understood without examining both the individual's goals and the emotion-evoking environmental stimuli. Lazarus (1991) argued that emotions are primarily influenced by two environmental factors: culture and social structure. Given the importance of context, culture plays a large role in determining socially acceptable and unacceptable emotions and the manner in which they should be displayed, modified, or inhibited when interacting with others. For example, culture might define what constitutes appropriate emotional behavior following a "loss", or determine when anger expression is justified (Lutz & White, 1986). The culture in which one is born determines to a great extent what norms will apply when developing emotional competencies (Thompson, 2011).

Distinct from the general norms dictated by cultural values and beliefs, social structure provides its own framework for social norms in the context of specific roles. The inter- and intra-personal roles in which individuals engage when interacting with others provides a network of expectations and social pressures (Lazarus, 1991).

Hochschild (1979) referred to these emotional norms in these contexts as *feeling rules*. Expanding upon Ekman and Friesen's (1969) term, *display rules*, Hochschild argued that feeling rules influence both our external emotion behaviors and our internalized beliefs about *how* we should feel. Along with the broader cultural influence, the norms defined within the social structure greatly influence the range of emotion behaviors available within an emotion context.

Understanding the relational nature of emotion becomes particularly important when considering how emotion might be related to psychopathology. Dysregulated anger and sadness in particular have been linked to externalizing and internalizing outcomes, e.g., aggression and depression. From the functionalist perspective, anger is an emotional response to the blocking of one's goals. Whether individuals respond with anger to a perceived slight stems from a complex transaction among that individual's goals, the environment in which the interaction takes place, and the relationship between those involved in the interaction. Lazarus (1991) referred to this unique relational perspective as a *core relational theme*. This theme is particularly salient in the study of anger such that failure to reach one's goals could result in anger as well as sadness or anxiety. Whether the individual responds with anger is determined by his or her construal of the other's meaning. That is, the social context influences the variety of interpretations that can be made, such as finding someone to blame or believing someone influenced an occurrence who could have acted differently. These interpretations then influence concomitant emotional behaviors (e.g., modulate anger expression to obtain one's goals). From a functionalist perspective, anger can be maladaptive when it undermines one's goals or impacts on

others' well being. For example, consistently misinterpreting the actions of another as insulting or overreacting to the insults of others can create additional obstacles or perpetuate the situation as in the case with aggressive children (Dodge, 2003).

Unlike anger, experiencing sadness implies the *loss* of a goal, either through personal failure or the death of a loved one. Through a relational framework, the intensity level of sorrow becomes clearer; we grieve more strongly for those who are most dear to us and cope more easily with the loss of goals that have less investment. Lazarus (1991) referred to this as *degree of engagement*. For the child, sadness can indicate the need for assistance from parents when experiencing the distressing event. In severe cases (depression, rumination), the child can become inconsolable, and thus is unable to obtain the original intra- and inter-personal goal of obtaining support to alleviate the sadness intensity.

By identifying the unique role that emotions such as sadness and anger play, it is then possible to distinguish when the expression of these emotions becomes maladaptive. Thus, a child that cries despite receiving the assistance of a parent, or that continues to act out aggressively with little provocation, seems indicative of maladaptive behavior. This maladaptive behavior can be observed as a product of dysregulated emotion that is influenced by the social context of parent-child or peer interactions. In this way it is possible to then understand when emotional expressivity may operate in maladaptive patterns. To date, few researchers have examined how middle childhood age children's anger and sadness management is influenced by parent- child socialization contexts and how this may relate to maladaptive psychological outcomes (Klimes-Dougan & Zeman, 2007).

Defining Emotion Regulation

There is much disagreement among researchers on what constitutes emotion regulation. Researchers have debated when emotion regulation takes place, how long it lasts, and whether it exists at all (Campos et al., 2004). For the purposes of this study, Thompson (1994) offers a well-respected, inclusive definition, defining emotion regulation as that which "consists of the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one's goals" (pp. 27-28).

Thompson's definition is broadly conceived in that he posits that the regulation of emotion can involve suppression or enhancement of the emotional expression and possibly experience depending on the situation. This view also acknowledges that emotion regulation can come from external sources outside the child's control such as when a parent directly attempts to suppress the child's emotional arousal or shields the child from experiencing particular experiences that may be too emotionally arousing or exceed the child's coping resources (Zeman, Cassano, Perry-Parrish, & Stegall, 2006). In addition, Thompson's definition allows for the importance of cultural considerations of "appropriate" emotion regulation, thus incorporating a functionalist perspective of emotions. That is, although two children might exhibit different intensities and durations of anger expression, it is possible that both are responding in adaptive and normative ways to their anger experience because their expression is in line with cultural values, expectations, and personal history. Finally, Thompson's view on emotion regulation embodies a two-factor approach. From this perspective, emotion regulation is a response to current

emotionally arousing situation or operates to avoid a situation that might exceed a person's emotion regulation resources (e.g., child avoids watching a scary movie). This approach regards the experience of an emotion and emotion regulation as separate entities. Thus, emotion regulation is the process of independently monitoring and adjusting emotional responses. As Thompson (1994) notes, "While the discrete emotion may "play the tune" of a person's emotional response, these emotion regulation processes significantly influence its quality, intensity, timing, and dynamic features and thus significantly color emotion experience" (p. 1).

Parental Emotion Socialization

With regards to emotional development, parents have been shown to impact how their child learns to express, understand, and regulate his or her emotions (Barrett & Campos, 1987; Denham, 1998; Halberstadt, 1991; Malatesta & Haviland, 1982). These aspects of emotion development can be collectively referred to as *emotion competence* (Denham, Bassett, & Wyatt, 2007). Eisenberg, Cumberland, and Spinrad (1998) defined emotion competence more specifically, in that,

> "It includes an understanding of one's own and other's emotions, the tendency
> to display emotion in a situationally and culturally appropriate manner, and
> the ability to inhibit or modulate experienced and expressed emotion and
> emotionally derived behavior as needed to achieve goals in a socially
> acceptable manner" (p. 242).

By grouping these three skills as one overarching competency, emotion competence encompasses a broad yet critical range of emotional development with many implications for functioning in other domains. That is, children's emotion

competence has been associated with their social competence as a fundamental construct in the development of the child's ability to form relationships (Denham, 1998; Denham et al., 2003; Denham & Burton, 2003). In contrast, dysregulated emotions and poor emotion understanding have been associated with internalizing and externalizing disorders in childhood (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Chaplin & Cole, 2005; Cunningham, Kliewer, & Garner, 2009). Thus, as primary influencers, parents play an important role in facilitating or impeding the development of their child's emotion competence.

There are a variety of theories or models concerning the methods by which parents socialize their child's emotions (Denham, 1998; Saarni, 1993; Thompson & Meyer, 2007). Halberstadt's (1991) three-part model separates methods of parental influence into modeling, coaching, and contingency such that parents socialize by how they show emotion (modeling), how they teach emotion (coaching), and by how they respond to emotion (contingency). Saarni (1993) further elaborates on these methods, arguing that children learn about emotion from their parents through direct instruction (coaching), imitation (modeling) and by receiving contingencies, as well as through the communication of verbal and non-verbal expectancies, identification with others, and through social referencing. Each of these methods can influence how the child learns to express, understand, and regulate his or her emotions (Denham et al., 2007; Saarni, 1985, 1987).

Emotion Expressiveness

Denham and colleagues (2007) define emotion expressiveness as including two main components: the specific emotion shown by the child and the frequency

with which the emotion is expressed. Parents can influence emotion expressiveness in a number of ways, particularly through modeling their own expressive behaviors. Modeling expressiveness can occur in four main ways including through highlighting the significant of emotional events, modeling specific emotion patterns, modeling action tendencies, and through the provision of an affective environment (Barrett & Campos, 1991; Denham, 1998). By highlighting the emotional significance of an event, parents indicate to their child what specific emotions are most acceptable to express in general and in which specific contexts. By consistently modeling the display or inhibition of certain emotions as well as common behaviors associated with them, parents influence the manner in which their child learns to express emotions as well as their associated action tendencies. Finally, as primary caretakers, parents provide an affective environment to which the child is consistently exposed. In this way the child develops an emotional worldview that reflects the emotions most frequently experienced in the home.

In addition to modeling, parents can directly influence their child's emotion expressiveness through coaching behaviors or by direct discussion with the child concerning displays of emotions. Miller and Sperry (1988) proposed three methods in which emotion language can be used in the context of coaching behaviors. Emotion language helps children internalize specific expressions of emotions depending on the situation, denotes emotion experiences outside of the immediate context, and allows children to infer emotion expression through linguistic features such as intonation (Miller & Sperry, 1988). Through the discussion of emotions, parents are able to communicate information about the specific manner in which

emotions might be expressed, in contrast to modeling appropriate emotion expressiveness, which is more indirect in nature. By representing the "non-here-and-now" (Miller & Sperry, 1988, p. 220), emotion language offers the child the opportunity to think about emotional experiences outside of the immediate context, allowing for further elaboration upon expression of emotion. Finally, linguistic features such as intonation allow the child to learn subtle differences in which emotion can be verbally expressed.

Parental reactions to emotions (i.e., contingencies) can serve to reinforce or discourage emotion expression in their child (Denham, 1998; Malatesta, Grigoryev, Lamb, Albin, & Culver, 1986; Malatesta & Haviland, 1982). For example, by rewarding an emotional behavior, parents encourage the expression of positive affect while acknowledging and validating negative affect (Denham, 1998). In this manner, children are encouraged to express a range of emotions while learning how to manage negative emotionality in ways that promote a return to neutral affect. This approach that uses positive contingencies has been shown to be predictive of adaptive emotional expressivity (Fabes, Poulin, Eisenberg, & Madden-Derdich, 2002). Conversely, contingencies are punitive, dismissive, and/or discourage emotion expression. Parents who utilize this response are more likely to have children who are sadder, more fearful, and suppress their emotions than children socialized with a supportive contingent response (David-Vilker, 2000; Denham 1989; Fabes, Leonard, Kupanoff, & Martin, 2001; Gottman, Katz, & Hooven, 1997). Thus, by their reactions to their child's emotions, parents can exert considerable influence on their child's emotion expressiveness and regulatory efforts.

Emotion Understanding

As models of emotional competency, parents also influence how their child internalizes the meaning of specific emotions. Emotion understanding or emotion knowledge has been shown to predict greater social functioning and mediate expressiveness, guilt, and prosocial behavior (Denham, 1986; Denham, McKinley, Couchoud, & Holt, 1990; Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997). Denham et al. (2007) define emotion understanding as the comprehension of basic emotions (happiness, sadness, anger), expressions, situations, causes, and consequences, insight into more complicated facets of emotions (two people feel differently about the same event), discernment of display rule usage, mixed emotions, and more complex emotions (guilt, shame). The expression of well-controlled negative emotions in particular has been shown to predict emotion understanding in children (Denham, 1998; Garner, Jones, & Miner, 1994). However, when emotions are intense, erratic, and dysregulated, these dynamics interfere with children's ability and capacity to learn from their emotions and subsequently they are less able to develop emotion understanding (Denham, 1998; Denham et al., 2007). Thus, although parents' expression of emotion can model emotional understanding for their children, dysregulated or intense emotions can make emotion understanding difficult if not impossible because the emotions are disorganizing forces.

Emotion coaching presents a straightforward way in which parents help their child acquire emotional understanding. Parents who discuss emotions with their children are more likely to have children with greater emotion knowledge (Cervantes

& Callanan, 1998; Dunn & Brown, 1994). Interestingly, mothers who use more "wh" types of questions requiring elaborations from their child and who also elaborated in an evaluative manner on their child's responses had children with increased emotional understanding (Laible, 2004; Ontai & Thompson, 2002). Emotion discussion is a reciprocal process in that parents who discuss emotions with their child are more likely to have a child that seeks them out to discuss emotions (Brown & Dunn, 1992). Thus, more frequent emotion discussion encourages a greater response from children that subsequently accrue benefits.

Emotion Regulation

As a key component of emotion competence, learning inadequate or maladaptive emotion regulation skills represent the greatest hazard for the development of internalizing and externalizing disorders (Bradley, 2003). Thus, as primary influencers parents have an opportunity to either assist or discourage the adaptive development of emotion regulation. It is clear that successfully modulating one's emotion can be critical to coping with a wide range of emotions both exhibited by the self and others (Thompson, 1994). Indeed, past research has confirmed that children who successfully regulate their emotions are better liked by their peers and exhibit higher social competence (Eisenberg et al., 1997; Saarni, 1999) than those children who are poor emotion regulators.

Through modeling emotion-related behaviors, parents provide the child with examples of adaptive or maladaptive regulation that becomes internalized by the child. Parental emotional expressiveness has been shown to predict emotion regulation in preschoolers, such that more positive expression of emotions predicted

more adaptive emotion regulation (Eisenberg et al., 2003). As with other forms of emotional competence, children exposed to emotion expression that is more intense and dysregulated are more likely to show deficits in emotion regulation (Denham et al., 2007; Maughan & Cicchetti, 2002).

By discussing emotions and responding to the child's distress, parents socialize children's developing emotion regulation skills (Eisenberg et al., 1998). Emotion discussions have been shown to influence emotion regulation strategies in children both in positive (Lunkenheimer, Shields, & Cortina, 2007) and negative (Gottman et al., 1997) ways. For example, more negative discussion styles of emotion have been associated with greater internalizing and externalizing problems (Lunkenheimer et al., 2007). Thus, the socialization strategies used by parents can influence whether their child is likely to use adaptive or maladaptive emotion regulation strategies.

In general, parents who utilize more positive reactions to children's emotions tend to have children with more adaptive emotion regulation (Gottman et al., 1997). Gottman and colleagues (1997) proposed that parents who accept and tolerate their child's emotions without dismissing them provide a more adaptive environment for the child to learn the successful regulation of his or her emotions. Subsequent research has been provided support for this tenet (Lunkenheimer et al., 2007). Parents who utilize a negative coaching style, such as a dismissing or ignoring the child's emotions, tend to have a child with greater dysregulated emotion, resulting in a higher likelihood for internalizing and externalizing disorders, as well as poorer social competence (Fabes et al., 2001; Gottman, Katz, & Hooven, 1996;

Lunkenheimer et al., 2007). Thus, by consistently dismissing or ignoring their child's emotions, parents reinforce the notion that emotions are "bad" and should be suppressed, with the result that this emotion philosophy and accompanying maladaptive regulatory styles are internalized by the child. As a result, the child is both unable to regulate his or her emotions and learn adaptive strategies. In this way parents can help shape how their child internalizes emotion regulation by their positive or negative reactions to their child's emotions.

Emotion Discussion Socialization Methods

Gottman and colleagues' (1996) parental discussion styles fall under the general construct of *meta-emotion philosophy*, defined as "… an organized set of feelings and thoughts about one's own emotions and one's children's emotions" (p. 1). This philosophy is pervasive in all emotion interactions between the parent and child; the parents' response to their child in part reflects the parents' belief about the expression and purpose of emotions. Gottman and colleagues (1996) separate parental meta-emotion philosophies into two broad groups: *emotion-coaching* (EC) and *emotion-dismissing* (ED). Parents who utilize an emotion-coaching approach are more aware of both their own and their child's emotions, view negative emotions as an opportunity for learning and teaching, validate and talk about their child's negative emotions, and assist their child to modify these emotions in an adaptive manner. Parents utilizing an emotion-dismissing approach generally view negative emotions as harmful and seek to eradicate the emotion as quickly as possible. Dismissive parents might make attempts to directly alleviate the stimuli that lead to the negative emotion, distract the child from the emotion, punish the child for exhibiting the

emotion, or ignore the negative emotion altogether. Past research has found that parents utilizing an emotion-coaching approach tend to have children with more adaptive emotion regulation strategies (Gottman et al., 1996; Ramsden & Hubbard, 2002).

Although categorizing parental approaches to emotion socialization through the meta-emotion philosophy is useful for establishing connections with negative and positive outcomes, further delineation can potentially illuminate more specific constructs involved when discussing emotions with children. Magai (1996) separated emotion discussion styles into five distinct methods: *neglect, override, magnify, punish,* and *reward.* Evaluating these discussion methods along the continuum of positive to negative approaches associated with particular psychological outcomes, the method of *reward* would be considered the only discussion style that generally leads to the adoption of or is associated with adaptive strategies by the child. *Rewarding* the child's emotions within this context refers to the encouragement of emotion discussion and the expression of emotions. *Neglecting* and *punishing* discussion styles are, as implied, negative socialization methods whereby the parent tends to ignore or use punitive actions when these discussions occur. *Magnify* refers to a mirroring of emotions from the child. For example, an angry child might elicit an angry response from a parent. Finally, the *overriding* discussion approach is characterized by the parent attending to the emotion-eliciting stimuli without addressing the emotional experience or content. When discussing emotions in this way parents tend to neglect the emotion but address the issue, or perhaps divert attention from the issue altogether in the hopes of "moving on" from the experience.

For example, a parent who buys their child a new toy in response to their child's sadness would be exhibiting this type of socialization approach.

Taken together, meta-emotion and discussion styles provide a nuanced perspective on the socialization of emotion. Gottman and colleagues' concept of meta-emotion requires that researchers consider the parent's own thoughts and feelings about emotions as a potential moderator of discussion style and overall socialization. Magai's (1996) system of five specific discussion styles (i.e., reward, neglect, punishment, magnification, override) provides specific parental discussion methods and enable researchers to understand these processes with more specificity than a positive/negative categorization such as that offered by Gottman and colleagues (1996). Thus by evaluating the interaction between parents' beliefs about emotions and the subsequent manner in which they discuss emotions with their child, research can begin to tease apart a complicated network of family interaction around emotion processes. To date, however, little research has examined the specific relations between parental beliefs about emotions and their socialization strategies in children of middle childhood age. A unique aspect of the current study is the inclusion of parents' beliefs about their emotion regulation in addition to their emotion socialization strategies. Further examination of this relation can help to elucidate how parents' beliefs influence the manner in which they discuss emotions with their child.

Parent-Child Gender Differences in Emotion Socialization

In addition to meta-emotion philosophies, gender differences have been shown to play a significant role in determining the socialization strategies employed

by parents when discussing emotions with their child (Cassano, Zeman, & Perry-Parrish, 2007). Previous research has found that parents are more likely to discuss sadness with girls than boys, whereas the opposite is true with anger (Fivush, 1989). Overall, mothers tend to discuss emotions more with their daughters than their sons (Fivush, 1989). Less is known about the impact that fathers have when discussing emotions with their child. Previous research, focusing on maternal response or combined responses, has largely left fathers out of the equation (Cassano, Adrian, Veits, & Zeman, 2006; Phares, 1992). The current literature suggests that, in general, fathers are more likely to enforce the aforementioned gender norms in regards to particular emotions that boys and girls are encouraged to exhibit. That is, fathers are more likely to encourage the discussion of anger in boys and sadness in girls, but not vice versa (Fabes & Martin, 1991). In the current study we aim to shed light on specific aspects of emotion discussion that are unique to each parent. By comparing discussion strategies among the various parent-child gender dyads, this study will provide needed information about the different roles that may emerge by parent gender. Further, this study will examine the linkages between these parent-child gender discussion styles and their associations with children's internalizing outcomes that are often associated with emotional over control of certain emotions and the under control of others.

ER and Internalizing Disorders

By effectively monitoring and modifying emotions to achieve desired outcomes, adaptive emotion regulation provides an optimal way to manage affective arousal. What outcomes result, however, from *dysregulated* emotions? One example

of this maladaptive process in adulthood, Borderline Personality Disorder (BDP), has been strongly associated with emotion dysregulation (Domes, Schulze, & Herpetz, 2009; Gratz, Rosenthal, Tull, Lejuez, & Gunderson, 2009). In particular, BPD is associated with sensitivity to emotional arousal and a slow return to baseline (Linehan, 1993). In children, however, emotion dysregulation might not have such dramatic consequences. Children who are unable to effectively manage their emotions often show poor social functioning (Coie, Dodge, & Kupersmidt, 1990) and signs of depression or oppositional defiant disorder, depending on the type of emotion and the manner in which it is dysregulated (Deater-Deckard, 2001; Rudolph &Asher, 2000). Of particular interest in this study is the link between emotion dysregulation and internalizing symptomatology and the role that parental socialization of emotion expression plays in this linkage. That is, what is the association between parental beliefs about emotion regulation and their socialization of anger and sadness expression to children's report of depressive symptoms?

It is important to note that maladaptive emotion regulation is not the result of one event or behavior. Emotion dysregulation reflects a pattern of emotional experience and expressivity that consistently remains inflexible to change (Chaplin & Cole, 2005; Malatesta & Wilson, 1988). When examining the relations between depression and emotion regulation, it is particularly relevant to discuss two primary features of Thompson's (1994) definition: intensity and frequency. Frequent and intense feelings of sadness can predispose children's subsequent responses of sadness, increasing the risk for depression (Blumberg & Izard, 1985). In general, frequent *under regulation* of sadness can serve as indicators of risk factors for

depression in childhood. This is not to say that sadness alone indicates maladaptive behavior. As discussed previously, the emotion of sadness serves a functional purpose that reflects the needs of the individual, dependent on the situational context (Barrett & Campos, 1987). Children in a family environment in which negative emotions are frequent, erratic, and intensely expressed, are more likely to respond with sadness that, although contextually appropriate, reinforces the likelihood of a dysregulated response (Denham, 1998). Dysregulated sadness can also relate to depression through rumination, or thinking and talking about the depressive symptoms in a repetitive manner over an extended period of time without any positive outcomes achieved (Chaplin & Cole, 2005). Ruminating about a sadness-evoking event perpetuates the sad feelings beyond any functional capacity, thus providing a potential risk for depression. Taken together, it appears that frequent sadness, and the under-regulation of sad emotions, places children at risk for depression.

Dysregulated anger, as opposed to sadness, can relate to depression in the form of *over regulation*. Studies in which children consistently stifle their anger have found a greater likelihood for depression (Block, & Gjerde, 1990). Children who suppress their anger might still feel angry despite the lack of outward emotion expression. This consistent restraint of emotions can lead to anger that is directed inward, causing the child to become frustrated and perhaps blame him- or herself for the emotion-eliciting event (Izard & Bartlett, 1972; John & Gross, 2004). Although the literature is not as extensive on the relation between anger regulation and

depression, it appears that emotion dysregulation in this domain is also predictive of internalizing behaviors.

By socializing patterns of under- and over-regulation, parents can influence the likelihood of these responses in their child. Given the risk factor that these regulatory patterns present, it may be that the incidence of internalizing disorders in childhood could be altered through the socialization of adaptive regulatory strategies. In addition, when considering parent emotion socialization, it is important to consider the mental health of the parent. Research indicates that mothers suffering from depression are likely to communicate their maladaptive regulatory strategies to their children thus creating an intergenerational transmission of psychopathology that is linked to poor emotion regulation (Manian & Bornstein, 2009; Maughan, 2005; Silk, Shaw, Forbes, Lane, & Kovacs, 2006; Silk, Shaw, Skuban, Oland, & Kovacs, 2006). By studying the influence of emotion socialization on the development and/or maintenance of internalizing symptoms, researchers can better understand how parent-child emotion interactions may be associated with and predict patterns of mental illness.

Study Goals

Although the present literature suggests there is little doubt that parents play a critical role in the emotional development of their child, many gaps in the research remain. Fathers, for example, have been consistently left out of the parental emotion socialization literature (Cassano et al., 2006; Phares, 1992) despite indications that fathers play an important role in the emotional development of the child (Coley, 1998; Flanders, Leo, Paquette, Pihl, & Séguin, 2009). In addition, the current

literature has not addressed the role of parental emotion competence in the socialization of emotion regulation. Finally, research on emotion socialization and emotion regulation has focused largely on infancy or early childhood (Zeman et al., 2006). By collecting data from children between eight and 12 years of age, this study will further develop the limited research available on this age group.

The present study explored the relations among parents' beliefs about their emotion understanding, their perceptions of their emotion socialization methods, children's emotion regulation, and children's symptoms of depression as a marker of internalizing symptoms. In addition, the function of parent and child gender was examined because research indicates that emotion skills and socialization differs as a function of these variables (Cassano et al. 2007; Chaplin, Cole, & Zahn-Waxler, 2005; Lagattuta & Wellman, 2002). A multi-informant method was used in which parents reported on their emotion understanding and their child's emotion management, in addition to reporting on their socialization strategies when discussing emotions with their child. Children reported on their depressive symptoms, as children are thought to be the best informants on their internalizing experiences (Durbin, 2010). Children of middle childhood age were chosen to participate because of their unique developmental stage. Middle childhood represents a transition from parental regulation to self-regulation, in which the child still looks to the parent as a primary influence while learning to regulate his or her own emotions. In addition, there is a lack of research concerning emotional development for this age group (Klimes-Dougan & Zeman, 2007).

Parents reported on their own emotion regulation using the *Difficulties in Emotion Regulation Scale* (DERS; Gratz & Roemer, 2004) which yields six scales: *Non-acceptance, Goals, Impulse, Awareness, Strategies,* and *Clarity*. Parents also reported on their emotion socialization strategies based on the *Emotions as a Child Scale* (EAC; Magai, 1997), which yields five strategy types: *Neglect, Override, Magnify, Reward,* and *Punish* that were defined previously. Children's emotion regulation was evaluated using the *Children's Emotion Management Scales* (CEMS; Zeman, Shipman, & Penza-Clyve, 2001) for anger and sadness that provide three facets of emotion regulation including the inhibition, dysregulation, and emotion regulation coping subscales. As a measure of internalizing symptoms, children completed the *Children's Depression Inventory* (CDI; Kovacs, 1992) that provides an index of depressed mood and symptomatology.

Overall, based on theory and the empirical literature, we expected to find the following: (1) Pathways of influence from parental emotion understanding to child depressive symptoms will be unique to parent and child gender. (2) Parental difficulties in clarifying their emotional states and awareness of their own emotions would predict to more dismissing emotion socialization strategies, whereas the inverse relationship was expected for these difficulties with rewarding socialization strategies. (3) Parental discussion styles that employed more dismissing behaviors (*neglect, punishment, override*) would significantly predict to greater emotion dysregulation and poorer coping skills, as well as higher levels of depressive symptoms with their children.

In order to test these hypotheses, a set of regression analyses examined the possible relations among the variables. This step was then followed by path analyses to test a model of fit in which parental difficulties with emotion understanding (DERS awareness and clarity) predicted to their socialization strategies (EAC coaching/ dismissing approaches), that in turn predicted their child's emotion regulation (CEMS anger and sadness dysregulation and coping) and the subsequent likelihood that the child might present depressive symptoms (CDI total score). This model was conducted for the regulation of both anger and sadness but the specific pathways were expected to differ by socialization type. In addition, this model was conducted separately for mother- and father-child dyads.

Method

Participants

The total sample was comprised of 73 families but only families with two participating parents ($n = 51$ families) were used for the current study. Children in the selected families consisted of 29 boys and 22 girls (M age = 9.75 years, $SD = 0.93$). Children self-identified as Caucasian ($n = 41$, 80.4%), African-American ($n = 4$, 7.8%), Asian ($n = 4$, 7.8%), or "Other" ($n = 2$, 3.9%). Children were enrolled in the third ($n = 18$, 35.3%), fourth ($n = 15$, 29.4%), or fifth ($n = 18$, 35.3%) grade. Demographic information for children can be found in Table 1. Mothers and fathers self-identified as Caucasian ($n = 42$, 82.4%, $n = 43$, 84.3%), African-American ($n = 3$, 5.9%, $n = 4$, 7.8%), Hispanic ($n = 2$, 3.9%, $n = 1$, 2.0%), Asian ($n = 3$, 5.9%, $n = 2$, 3.9%), or "Other" ($n = 1$, 2.0%, $n = 1$, 2.0%). Of the participating families, 88.2% ($n = 45$) of mothers and fathers were the target child's biological parents, whereas 5.9%

($n = 3$) of both mothers and fathers were adoptive parents and 5.9% ($n = 3$) of

mothers and fathers were stepparents. A complete list of racial background, parent-

child relationship (biological parent, adoptive, or step parent), and reported education

information for parents can be found in Table 2.

Recruitment

After obtaining IRB approval, permission was received to contact local

elementary schools from the Executive Director of academic services for the local

county. Principals of the seven elementary schools were then contacted to obtain

permission that letters be sent home with children in third, fourth, and fifth grades.

Parents were given the option of contacting the researcher by phone, mail, or email.

Measures

Parent Emotion Understanding

Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004).

The DERS is a 36-item measure designed to assess self-reports of difficulties in

adults' regulation of emotion. Participants are asked to rate on a 5-point Likert-style

scale (1 = *almost never*, 5 = *almost always*) how often the statements are true for

them. These questions yield six subscales: *Non-acceptance, Goals, Impulse,*

Awareness, Strategies, and *Clarity. Non-acceptance* (six items) refers to having

"negative secondary emotional responses to one's negative emotions, or nonaccepting

reactions to one's distress" (Gratz & Roemer, 2004, p. 47). An example of this

subscale would be, "When I'm upset, I become embarrassed for feeling that way."

The *Goals* subscale (five items) refers to difficulties engaging in goal-directed

behavior while experiencing negative emotions. An example of the Goals subscale

would be, "When I'm upset, I have difficulty getting work done." The *Impulse* subscale (six items) measures difficulties in behavior control when experiencing negative emotions (e.g., "When I'm upset, I lose control over my behaviors"). The *Awareness* subscale is a 6-item reverse-coded scale that assesses lack of attention to one's own emotions (e.g., "I pay attention to how I feel"). The *Strategies* subscale refers to the belief that once negative emotions are experienced, little can be done to alleviate them. This subscale consists of eight items such as, "When I'm upset, I believe that wallowing in it is all I can do." Finally, the *Clarity* subscale measures the extent to which people have difficulty understanding what emotions they are experiencing. This 5-item subscale consists of questions such as, "I have no idea how I am feeling." The DERS total scale has shown high reliability and consistency (α = 0.93; Gratz & Roemer, 2004). See Table 3 for internal consistency values for the six subscales for mother and father reports.

Emotion Socialization

Emotions as a Child Questionnaire (EAC; Magai, 1996). The EAC is a 9-item measure of parental emotion socialization strategy. Parents are asked to rate on a 5-point Likert-style scale (1 = *not at all like me*, 5 = *a lot like me*) how likely it is that they would respond to their child's emotional behavior in certain ways within the last month. These questions map on to five strategies of response to child's angry or sadness displays including: *Neglect, Override, Magnify, Reward*, and *Punish*. The *Neglect* subscale measures the extent to which parents ignore or dismiss their child's angry or sad emotions ("When my child has been sad/mad, I was too busy to get involved with him/her"). The *Override* subscale is a measure of the degree to which

parents attempt to alleviate negative emotions through means that do not address the emotion (e.g., "When my child has been sad/mad, I told him/her to grow up"). The *Magnify* subscale measures the extent to which parents mirror the emotion expressed by their child (e.g., "When my child has been sad/mad, I showed my child I did NOT like him/her being sad/mad"). The *Reward* subscale is a measure of the parent's acknowledgement and validation of their child's emotions. This 3-item subscale consists of items such as, "When my child has been angry/sad, I found out what made him/her angry/sad". Finally, the *Punishment* subscale measures the extent to which parents provide negative consequences to their child for being angry or sad. This subscale consists of two items, such as "When my child has been angry/sad, I gave him/her a disapproving look". Reliability and validity have been established (Magai, 1997), however, given the use of parent reports for this study, too few items were present for each subscale to calculate reliabilities for the EAC parent report.

Child Emotion Regulation

Children's Anger and Sadness Management Scales: Parent Report (P-CAMS, P-CSMS; Cassano et al., 2007). This scale consists of 11 items for anger and 12 items for sadness and assesses parents' perception of their child's ability to manage his or her anger or sadness using three strategies. Parents are asked to rate how often their child exhibits the following behaviors when the child feels angry or sad using a 3-point Likert-style scale (1 = *hardly ever*, 3 = *often*). This scale is applicable for children ranging in age from 7 to 15. This questionnaire yields three subscales: *Inhibition, Dysregulated Expression*, and *Regulation Coping*. The *Inhibition* subscale measures the over-control of anger or sadness. This subscale

consists of four items, such as, "My child hides his/her anger/sadness." The *Dysregulated Expression* subscale consists of three items and assesses the under-control of anger or sadness. An example item from this subscale would be, "My child says mean things to others when he/she is mad." The *Regulation Coping* subscale consists of four items for anger and five items for sadness, and assesses the child's ability to cope with anger or sadness. An example item from this subscale would be, "My child stays calm and doesn't let sad things get to him/her." A combined parent-report of all three subscales, analyzed separately by emotion, found adequate reliability (P-CAMS Inhibition, Coping, Dysregulation: $\alpha = 0.71, 0.86, 0.79$; P-CSMS Inhibition, Coping, Dysregulation: $\alpha = 0.72, 0.79, 0.65$).

Internalizing Symptoms

Children's Depression Inventory (CDI; Kovacs, 1992) The CDI assesses presence of depressed mood in children aged 7 to 17 using 27 questions. Children were asked to choose one of three statements that best describes how they felt over the past two weeks, with each corresponding to an absence of symptoms, a mild or probable symptom, or a definite symptom. Items for this measure are given in order from least to most symptomatology, with 13 items reverse-ordered. The CDI yields five subscales in addition to a total score: *Negative Mood, Interpersonal Problems, Ineffectiveness, Anhedonia, and Negative Self-Esteem. Negative Mood* consists of six items that correspond to feeling sad, feeling like crying, worrying about "bad things", being bothered or upset by things, and being unable to make up one's mind. An example of this subscale would be, "I am sad once in a while, I am sad many times, I am sad all the time". The *Interpersonal Problems* is a 4- item subscale defined as

reflecting problems and difficulties in interactions with people, including trouble getting along with people, social avoidance, and social isolation (e.g., "I am bad all the time, I am bad many times, I am bad once in a while"). *Ineffectiveness* is a 4-item subscale that corresponds to a negative evaluation of one's ability and school performance. An example item from this subscale would be, "I do most things ok, I do many things wrong, I do everything wrong". The *Anhedonia* subscale measures endogenous depression, such as the impaired ability to experience pleasure, loss of energy, problems with sleep and appetite, and sense of isolation. This subscale consists of eight items, such as, "I have fun in many things, I have fun in some things, Nothing is fun at all". Finally, the *Negative Self-Esteem* subscale consists of five items that measure low self-esteem, self-dislike, feelings of being unloved, and a tendency to have thoughts of suicide. An example of this subscale would be, "Nothing will ever work out for me, I am not sure if things will work out for me, Things will work out for me OK". The total score from these combined subscales was used as a measure of depressive symptoms, with higher values corresponding to greater presence of symptoms. The internal consistency for the present study was 0.88.

Procedure

Parents first received an overview of the study and the procedures. Each parent was asked to sign an informed consent form and each child provided verbal assent. Parents were asked to complete their questionnaires in separate rooms while the male research assistant led the child to a separate room, read the questionnaires aloud to the child, and recorded the answers. Questionnaires were grouped into

packets and presented in one of two varied orders (A or B) for both the parent and

child questionnaires. These packets grouped all anger and sadness subscales

separately, presenting the anger or sadness measures first or second in the

questionnaire order. These packets were randomly assigned to each parent and child.

All questionnaires took approximately one hour to complete at which time

participants were debriefed and thanked for their time. Families were compensated

for their time with gift cards. Children received a toy of their choice.

Results

The analyses were conducted in three phases. To begin, data reduction was

done in order to streamline the number of variables. Given the relatively small

sample size of two-parent families, grouping the data into fewer variables allowed for

an increase in statistical power while retaining the original conceptual framework.

In the second phase of the analyses, 12 stepwise regressions were calculated

to examine the relations between parent's emotion regulation, emotion discussion

styles, parental perceptions of their child's emotion regulation, and their child's

depressive symptoms. These regressions were conducted separately for anger,

sadness, and parent gender while controlling for child age and gender. Regression

analyses were utilized in an attempt to establish relations between each of the

subscales used for the overall path analytic model. These regressions included: (a)

the relations between parent emotion understanding (i.e., DERS Clarity and

Awareness subscales) and parents' use of coaching and dismissing discussion styles

(i.e., EAC); (b) the relations between the coaching/dismissing discussion styles and

parental perceptions of their child's emotion regulation (i.e., P-CAMS and P-CSMS

coping and dysregulation scales); and (c) child report ofdepressive symptoms (i.e.,

CDI) predicted from their emotion regulation.

Finally, the third phase of analysis consisted of four path analyses modeling

mother and father sadness and anger socialization including pathways from parental

emotion understainding to socialization strategies, child emotion regulation, and child

depressive symptoms.

Data Reduction

Multiple reporters

With the use of multiple reporters (mother, father, child) for different

measures (i.e., DERS, EAC, and CEMS), it was necessary to determine ways of

reducing the amount of data. One step in the decision-making process was to

calculate the internal consistency for each measure by reporter. Beginning with the

DERS, separate reports from mothers (Clarity: .62; Awareness: .74) and fathers

(Clarity: .71; Awareness: .76) demonstrated adequate reliability. Because many of

the subscales of the EAC were comprised of only one item, internal consistencies

could not calculated for this scale. As such, the use of individual mother and father

report was deemed to be the most theoretically coherent approach because we were

interested primarily in how parents perceive their use of different emotion

socialization strategies. Consistent with Gottman and colleague's (1997) *Meta-*

Emotion philosophy, the EAC subscales were separated into two groups: *Coaching*

and *Dismissing*. The grouping of these subscales was done on the conceptual basis of

the negative discussion behaviors (override, neglect, punishment) fitting with the

Dismissing style and the positive discussion style (reward) fitting with emotion

Coaching. Internal consistencies for the *Coaching* (Anger, .57; Sadness, .72) and

Dismissing (Anger, .67; Sadness, .65) subscales suggested adequate reliability from

the grouping of these subscales.

Internal consistencies for the CAMS and CSMS indicated that the child report

for both anger and sadness were weaker than both mother and father reports and were

not used in the final analyses. Thus, because the mother and father reports were

correlated (Coping: .61; Dysregulation: .53), and a combined mother and father report

of their child's emotion regulation was found to yield the highest reliabilities for the

Regulation Cope and Dysregulation subscale, a combined report was used for all

subsequent analyses. Internal consistencies for the CEMS can be found in Table 4.

Finally, CDI results were found to be reliable ($\alpha = 0.88$)

Child and Parent Gender

Before proceeding with the central analyses, potential differences as a

function of child gender on the primary dependent variables were evaluated.

Regarding maternal report, multiple independent t-tests were conducted for the EAC

discussion styles. No significant differences as a function of child gender were found

for mothers' or fathers' use of sadness and anger coaching and dismissing styles.

Independent t-tests of the combined parent-report CEMS subscales (coping,

dysregulation) also failed to yield significant differences by child gender. Means,

standard deviations for the results of the t-tests for the EAC and CEMS scales can be

found in Table 5. Additionally, parent by gender means and standard deviations for

EAC reports can be found in Table 6 Finally, regarding the CDI, no significant child

gender results were found ($t(49) = 1.66, p = .10$). In conclusion, given the lack of

child gender differences, this variable was not used in subsequent analyses but was entered as a control in the regression analyses.

Regression Analyses

Regressions were conducted in order to establish preliminary relations among variables to be used in the path analysis. Separate stepwise regressions were conducted for fathers and mothers with child age and gender controlled for in the first step. Significant findings are listed, with non-significant regression analyses presented in Appendix A.

Regressions for Difficulties in Emotion Regulation Scale predicting to emotion discussion styles. Eight hierarchical regressions were conducted in which child age and sex were entered in the first step, and the DERS *Clarity* and *Awareness* subscales were entered in the second step with all variables predicting to EAC coaching for anger and sadness and then for EAC dismissing for anger and sadness. Regressions were conducted separately for fathers and mothers. Regarding father data, the model in which the DERS subscales predicted the sadness dismissing style was significant, $R^2 = .26$, $F(4, 45) = 3.96$, $p = .008$. *Clarity* ($\beta = .46$) accounted for a significant amount of the variance in this model.

DERS results were significantly predictive of *Coaching* discussion, $R^2 = .27$, $F(4, 46) = 4.17$, $p = .01$ and marginally predictive of *Dismissing* discussion, $R^2 = .18$, $F(4, 46) = 2.51$, $p = .055$ for anger discussions with mothers. *Awareness* was negatively predictive for *Coaching* ($\beta = -.67$). Age in months ($\beta = .02$) and *Awareness* ($\beta = -.44$) were significantly predictive of the *Dismissing* style of discussion. That is, poor awareness of one's emotions predicted an increase in

mothers' reports of using a dismissing approach to their child's anger experience. The DERS was also significantly predictive of *Coaching* sadness for mothers, $R^2=$ .29, $F(4, 45) = 4.65$, $p = .003$. *Awareness* ($\beta = -.305$) accounted for a significant amount of the variance in this model.

Regressions for emotion discussion styles predicting to child's emotion management. *Coaching* and *Dismissing* were entered together as the parental discussion styles in regression analyses predicting to children's emotion management. Fathers' sadness discussion was predictive of both sadness coping, $R^2=$ .22, $F(4, 46)$ $= 3.27$, $p = .02$, and sadness dysregulation, $R^2=$ .29, $F(4, 45) = 4.59$, $p = .003$. Sadness dismissing style was significantly predictive for sadness coping ($\beta = -.23$) and sadness dysregulation ($\beta = .30$). Regressions for mothers were predictive of both anger coping, $R^2=$ .26, $F(4, 46) = 3.96$, $p = .01$, and anger dysregulation, $R^2=$ .24, $F(4, 45) = 3.45$, $p = .02$. The use of the anger dismissing discussion style was significantly predictive for both anger coping ($\beta = -.29$), and anger dysregulation ($\beta = .29$). That is, greater use of the dismissing discussion style for anger was predictive of less frequently used constructive coping and greater dysregulation when children experienced anger.

Regressions for child emotion management predicting to depressive symptoms. Regarding anger, the CAMS *Coping* and *Dysregulation* subscales were entered in step two to predict to child report of depressive symptoms, $R^2 = .42$, $F(4, 45) = 7.98$, $p = .001$. That is, parents' report of their child's more frequent anger coping was inversely associated for depressive symptoms ($\beta = -4.88$). For sadness, the CSMS *Coping* and *Dysregulation* subscales were predictive of depressive

symptoms, $R^2 = .34$, $F(4, 45) = 5.78$, $p = .001$. Specifically, the sadness cope subscale was significantly inversely associated for sadness ($\beta = -9.97$).

Path Analysis

Four separate models were used to predict paths from difficulties in parental emotion regulation to parental socialization strategies, child emotion management, and child depressive symptoms. These models were tested separately for parent gender, anger, and sadness. AMOS version 19 was used to examine the covariance matrix using full information maximum likelihood estimation. Two models, fathers with anger and mothers with sadness, were deemed untenable after the majority of the paths failed to produce significant relations between variables. Models for fathers with sadness and mothers with anger, were found to have adequate fit prior to trimming paths. Full models and fit indices can be found in Table 7 and Figures 1 and 2.

Full model for fathers and sadness. Adequate fit was found after adding additional paths to depressive symptoms from the DERS *Clarity* and *Awareness* subscales, as well as the EAC subscales of *Coaching* and *Dismissing*. The full model provided paths from (a) *Clarity* and *Awareness* to *Coaching, Dismissing*, and depressive symptoms; (b) *Coaching* and *Dismissing* to *Coping, Dysregulation*, and depressive symptoms; (c) *Coping* and *Dysregulation* to depressive symptoms. Correlations were calculated for the relations between *Clarity* and *Awareness* (.67), the error terms for *Coaching* and *Dismissing* (.41) and *Coping* and *Dysregulation* (-.58). In order to accommodate only those paths that reached significance, several paths were trimmed to produce the final model, which can be found in Figure 3 and

also provided good fit. In the final model, *Clarity* was predictive of both *Coaching* and *Dismissing*. The *Coaching* subscale was only directly predictive to depressive symptoms. *Dismissing* was predictive to both *Coping* and *Dysregulation*. The *Cope* subscale was predictive to depressive symptoms. *Dysregulation* was also predictive to depressive symptoms. Significant error covariance was found for both *Coaching* and *Dismissing* (.07) as well as for *Coping* and *Dysregulation* (-.07).

Full model for mothers and anger. An adequate model of fit was found after adding additional paths to depressive symptoms from the DERS *Clarity* and *Awareness* subscales. The full model provided paths from (a) *Clarity* and *Awareness* to *Coaching, Dismissing*, and depressive symptoms; (b) *Coaching* and *Dismissing* to *Coping* and *Dysregulation*; (c) *Coping* and *Dysregulation* to depressive symptoms. Correlations were calculated for relations between *Clarity* and *Awareness* (.58) as well as for the error terms for *Coaching* and *Dismissing* (.07) and *Coping* and *Dysregulation* (-.71). In order to accommodate only those paths that reached significance, several paths were trimmed to produce the final model, which can be found in figure 4. In the trimmed model, *Awareness* was found to be predictive for *Coaching, Dismissing*, and depressive symptoms. The *Coaching* subscale was not found to be predictive for any alternative paths. *Dismissing* was predictive for both *Coping*, and *Dysregulation*. For the CAMS, only *Coping* was predictive of depressive symptoms. Significant error covariance was found for *Coping* and *Dysregulation* (-.12).

Discussion

Previous studies have examined parental roles in the socialization of emotion regulation, but little research to date has studied potential paths from parents' own emotion competency to their emotion socialization strategies and how these strategies may influence emotion regulation skills in their children which then affect psychological functioning through symptoms such as depression (Eisenberg et al., 1998; Wong, McElwain, & Halberstadt, 2009). In addition, the current literature rarely distinguishes between contributions made by mothers and those made by fathers (Cassano et al., 2006; Phares, 1992). The results of the present study examined the unique role that parents play in the development of their child's emotion management through path analyses predicting from parents' emotional clarity and awareness to their self-reported emotion socialization behaviors in discussions of sadness and anger. These socialization styles were then examined in relation to parents' perceptions of their child's self-reported emotion regulation and subsequent presence of depressive symptoms. The results indicate that fathers and mothers each contribute to their children's report of depressive symptoms through different pathways, starting with paternal lack of clarity of emotion and maternal poor emotional awareness predicting to self-reported discussion styles regarding sadness for fathers and anger for mothers.

Gender Differences

Overall, the present findings partially support the hypothesis that gender differences in parental socialization are associated with different pathways to children's reported depressive symptoms. Preliminary analyses examining gender

differences among all measures used in the present study, including the Emotions as a Child Scale, the Child Emotion Management Scale, and the Children's Depression Inventory, indicated that child gender was not an independent variable that significantly influenced the findings. This lack of significance was somewhat surprising given the literature that suggests that boys and girls express sadness and anger differently (Brody, 1999; Saarni, 1984) and are socialized differently by mothers and fathers (Cassano et al.,2006; Garside & Klimes-Dougan, 2002). The small sample size in the present study may have limited the ability to detect significant gender differences and prevented the use of more sophisticated statistical analyses to more completely uncover whether child gender differences exist. Previous research validating the CAMS and CSMS through child report found that girls endorsed anger coping and sadness dysregulation significantly more than boys, whereas boys endorsed anger dysregulation significantly more than girls (Zeman et al., 2001). Thus, it is somewhat surprising that such gender differences did not arise in the current study although the current study used a parent version of this questionnaire. A lack of gender differences on the CDI is not unexpected given the literature that suggests minimal gender differences for depression in elementary school-age children (Hankin, Abramson, Moffitt, Silva, McGee, & Angell, 1998) with gender differences in depressive symptoms beginning to appear in adolescence (Cyranowski, Frank, Young, & Shear, 2000).

Regarding the results concerning the significant models for father-child discussion of sadness and mother-child discussions of anger, it appears that parents may exert a unique influence on their children's emotion management depending on

the emotions they discuss. Specifically, path analysis yielded a significant model for paths from fathers' emotion Clarity to their sadness dismissing discussion style that predicted to child report of depressive symptoms both directly and indirectly through children's sadness coping and dysregulation. Mothers' discussions about anger evoking events with their child produced significant paths from their poor emotion Awareness directly to child report of depressive symptoms, and indirectly through the use of the dismissing discussion style for anger. The dismissing discussion style predicted to depressive symptoms in this model through children's anger emotion coping, which mediated the path. This parental gender difference is particularly interesting, as the exhibition of sadness by men and anger by women is considered to be atypical of cultural norms (Brody & Hall, 2000; Shields, 2002). That is, the philosophy of "boys don't cry" and "girls don't yell" as a cultural norm is socialized by parents to their children starting early in their child's development (Chaplin et al., 2005)

When parents are faced with having to respond to anger and sadness in their children, they are required to confront and reconcile their folk theories concerning expression of these emotions in themselves and in their children. Thus, parents' experiences and philosophies likely affect their emotion socialization behaviors in numerous ways. First, cultural discouragement of men exhibiting sadness and women exhibiting anger could influence mothers' and fathers' beliefs and difficulties with emotions prior to their experiences as a parent. The present model appears to support this supposition, as difficulties with emotion regulation were only predictive of the dismissing discussion style with anger for fathers and sadness for mothers.

Second, it is possible that discussing emotions that are culturally discouraged might predispose that parent to a more dismissing style when discussing gender-atypical emotions. It may be that parents have less experience or skill in discussing gender atypical emotions. The current models appear to support this hypothesis because both father and mother models predicted to their child's depressive symptoms only with the use of dismissing discussions, which appears to indicate a struggle with sadness for fathers and anger for mothers. Third, parents' predisposed discomfort towards these gender atypical emotions might affect the emotional climate in the household. Although outside the range of the present data, modeling and expression of dismissal or hostility towards these emotions within parent-child interactions could create a scenario in which children do not wish to talk with their mothers about anger, or their fathers about sadness.

Paths from Clarity and Awareness to Coaching and Dismissing Discussion Styles

In addition to different pathways to child depressive symptoms from parental gender differences with specific emotions, it is interesting to note that the DERS subscales of Clarity and Awareness separately predicted to child report of depressive symptoms for fathers and mothers, respectively. These results partially supported the hypothesis, which proposed that Clarity and Awareness would both predict to greater dismissing styles of discussion and less use of coaching approaches. Given the significant correlation between these two subscales in both the mother and father models, a lack of findings for the Awareness subscale in the father model and the Clarity subscale in the mother model suggests a unique gender by subscale interaction.

For fathers, lack of emotion Clarity was particularly important, and predicted to greater use of dismissing behaviors when the fathers reported having struggles to understand their emotions. This result partially supported our hypothesis, as greater difficulty in Clarity predicted more dismissing behaviors. Interestingly, less difficulty with Clarity did not predict to greater use of coaching behaviors. The subscale of Clarity, as defined by Gratz and Roemer (2004), refers to a difficulty in emotion understanding in which the parent struggles to make sense of how he or she is feeling. This kind of difficulty with emotions seems likely to carry over into discussions with the child. That is, fathers who have greater difficulty making sense of their own emotions will likely also have difficulty understanding their child's emotions. Subsequent use of the dismissing behavior could be indicative of discomfort, irritability, or negativity the father experiences as a result of this emotional difficulty or inexperience in knowing how to talk to their child about sadness.

Regarding mothers' data, difficulties with awareness of emotions partially supported our hypothesis, with less difficulty predicting to greater use of coaching but also greater use of dismissing behaviors. Difficulties with awareness, as defined by Gratz and Roemer (2004) indicate a lack of awareness and inattention to emotional responses. Thus, mothers who are more aware and attentive to their own emotions would appear more capable of attending to their child's emotions with an anger coaching discussion style. However, the direction of influence for Awareness to dismissing behaviors was counter to our hypothesis, with lesser difficulty in awareness predicting to greater use of dismissing behavior in anger conversations. Of note, the Awareness subscale explained a much higher percentage of variance for

coaching (24%) than dismissing (9%) styles. One possibility for this finding is that greater awareness of emotions indirectly influences the likelihood of using dismissing behaviors. That is, mothers who are more capable of attending to emotions might become more distressed by them, increasing the likelihood of attempts to quickly dissipate their child's emotional distress.

The direction of influence for Awareness and Clarity appear to support our hypothesis. For fathers, the findings indicate a significant path to discussion styles from Clarity only in the sadness condition, whereas mothers produced a significant path to discussion styles from Awareness only in the anger condition. It is unfortunate that the DERS does not differentiate between emotions because it may be that mothers and fathers have particular difficulty with Awareness and Clarity of emotions with non-gender typical emotions. Another possibility is that mothers might have more difficulties paying attention to their emotions than fathers, whereas fathers might have more difficulties making sense of what they are feeling. Conversely, mothers may be typically *more* aware of their emotions whereas fathers are *clearer* about theirs. Indeed, t-tests examining differences between father and mother reports of Awareness and Clarity found that fathers reported significantly greater difficulties with emotion awareness than mothers, whereas mothers reported significantly greater difficulties with emotion Clarity than fathers. Thus, when mothers and fathers struggle with aspects of emotion understanding that they typically find more difficult, it may be that negative discussion behaviors will result when socializing these particular emotions with their children. Future research should further examine this intriguing finding.

Paths from Coaching and Dismissing to Coping and Dysregulation

Overall, our hypothesis was supported concerning the negative effects of dismissing coaching styles on children's report of depressive symptoms. Greater reported use of dismissing strategies contributed to parental perception of their children's poorer coping and greater dysregulation; this pattern of findings was found for both mother- and father-report models. The use of dismissing behaviors was particularly prominent for fathers, as their reported use of dismissing behaviors predicted directly to depressive symptoms above and beyond the indirect influence of sadness coping and dysregulation. This direct relation is particularly interesting given that emotion management strategies often mediate this linkage (Fang et al., 2009; Lunkenheimer et al., 2007). Although the present model accounts for pathways to depressive symptoms through children's emotion regulation, it is possible that dismissing discussion behaviors can influence additional aspects of emotion competence, such as emotion understanding, and the family affective environment. Future research should attempt to incorporate additional paths of emotional competence to better understand how these discussions styles might influence the onset, maintenance, and exacerbation of internalizing disorders.

Paths from Coping and Dysregulation to Depressive Symptoms

Paths from emotion coping and dysregulation to depressive symptoms found in this study are generally consistent with the literature (Zeman et al., 2001), with only anger dysregulation failing to predict to depressive symptoms in the model for mothers. Interestingly, sadness dysregulation showed a negative path in the father model, with less dysregulation predicting greater depressive symptoms. Thus, in both

models dysregulation did not predict to depressive symptoms as expected. It could be that children who express their sadness do not internalize these emotions and thus, depressive symptoms are not the outcome. It could also be that parents are not privy to all occasions of dysregulated sadness in their children because their children inhibit their sadness in front of their parents as has been demonstrated in the literature (Zeman & Garber, 1996). Thus, it could be that parental perceptions of their child's sadness management are not accurate, leading to the somewhat perplexing inverse relationship with depressive symptoms. Another explanation from a statistical stance involves the strong negative correlation between coping and dysregulation, as has been found in previous literature (Zeman et al., 2001). Removing anger regulation coping from the model for mothers significantly boosted the significance of the path from dysregulation to depressive symptoms. Finally, these findings may also be an artifact of the small sample size used for the model.

Limitations

Although an interesting set of results emerged, several aspects of this study should be considered when interpreting the results. First, the sample size was considerably smaller than desirable for adequate testing in a structural equation model, which for this model would have yielded optimal power with at least 100 participants. This small sample size suggests that the results should be interpreted with caution. Second, social desirability biases may have been a factor when parents completed the emotion socialization measures that ask about their emotion parenting behaviors. The items are worded such that certain approaches appear to be more optimal than others. Parents may have also wished to present their child in a

favorable light and as such, responded with a positive bias on the Child Emotion Management Scales Third, the EAC in particular provided too few items per subscale to allow for adequate reliability analyses, thus it was not possible to determine inter-item correlations for these items. Fourth, the sample consisted predominately of Caucasian families from one local community. The lack of racial diversity suggests that results of this study might not be generalizable to all populations. Finally, all interviews were conducted by a male researcher. Mother and fathers could potentially have responded differently based on this gender bias.

Future Directions

Past research has suggested the important influence of fathers in the emotional climate of the family (Coley, 1998; Hetherington, Cox, & Cox, 1976). These past findings, combined with the unique influence that mothers and fathers were found to exert in the current study, highlight the need for future research that compares differences in single parent versus two-parent homes. Also, the present study did not distinguish between families with one, two, or more children in the family. It would be interesting to examine how families with multiple children interact in different ways, perhaps observing how siblings influence the emotional climate.

Future research should utilize the methods from this study for a larger sample size. Observational data, such as a recorded discussion task, would be useful in future research to determining real-time use of socialization strategies while circumventing some of the challenges that questionnaires raise. In addition, studies utilizing a larger range of ethnicities and socio-economic status will provide results that are more generalizable to a wider population.

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Table 1

Child Demographics as a Percentage of the Total Sample

Characteristic	Boys ($n = 29$)	Girls ($n = 22$)
Race		
Caucasian	79.3	81.8
African-American	13.8	0.0
Asian	0.0	18.2
Hispanic	0.0	0.0
Other	6.9	0.0
Age in Years		
8	3.4	9.1
9	34.5	50.0
10	27.6	22.7
11	34.5	18.2
Grade in School		
3rd	37.9	31.8
4th	24.1	36.4
5th	37.9	31.8

Table 2

Parental Demographics as a Percentage of the Total Sample

Characteristic	Mothers (*n* = 51)	Fathers (*n* = 51)
Race		
Caucasian	82.4	84.3
African-American	5.9	7.8
Asian	5.9	3.9
Hispanic	3.9	2.0
Other	2.0	2.0
Relation to Child		
Biological	88.2	88.2
Adoptive	5.9	5.9
Step-Parent	5.9	5.9
Education		
Partial High School	3.9	2.0
High School Graduate	13.7	7.8
Partial College or Specialized Training	19.6	19.6
University or College Graduate	25.5	39.2
Graduate Degree	37.3	37.4

Table 3

Reliability Analyses for Subscales with Difficulties in Emotion Regulation Scale

Subscale	*M*	*SD*	α
Fathers			
Clarity	1.65	0.63	0.71
Awareness	2.37	0.79	0.76
Impulse	1.44	0.58	0.78
Nonacceptance	1.79	0.80	0.88
Goals	2.18	0.92	0.89
Strategies	1.63	0.73	0.85
Mothers			
Clarity	1.67	0.56	0.62
Awareness	1.94	0.62	0.74
Impulse	1.56	0.55	0.71
Nonacceptance	1.79	0.79	0.88
Goals	2.07	0.78	0.82
Strategies	1.61	0.64	0.81

Table 4

Reliability Analyses for Child Emotion Management Scales

Subscale	M	SD	α
Child			
Anger Cope	2.13	0.50	0.71
Anger Dysregulation	1.58	0.50	0.35
Sad Cope	2.17	0.39	0.47
Sad Dysregulation	1.70	0.55	0.64
Fathers			
Anger Cope	2.02	0.50	0.79
Anger Dysregulation	1.61	0.50	0.62
Sad Cope	1.96	0.38	0.61
Sad Dysregulation	1.62	0.51	0.58
Mothers			
Anger Cope	2.13	0.60	0.84
Anger Dysregulation	1.76	0.60	0.74
Sad Cope	1.98	0.47	0.75
Sad Dysregulation	1.67	0.47	0.55
Combined Parents			
Anger Cope	2.07	0.49	0.86
Anger Dysregulation	1.69	0.49	0.79
Sad Cope	1.97	0.37	0.78
Sad Dysregulation	1.66	0.41	0.65

Table 5

Gender Differences in the Use of Coaching or Dismissing Styles and Child Emotion Management

Variable	*M*	*SD*	*t*(df)
Father			
Anger Coaching	.06	.24	.26(49)
Anger Dismissing	.19	.20	.93(49)
Sadness Coaching	.002	.21	.01(49)
Sadness Dismissing	.17	.17	1.04(49)
Mother			
Anger Coaching	-.24	.21	-1.11(49)
Anger Dismissing	.20	.23	.85(49)
Sadness Coaching	-.18	.15	-1.18(48)
Sadness Dismissing	.11	.16	.68(49)
Combined Parent CEMS			
Anger Coping	-.15	.14	-1.10(49)
Anger Dysregulation	.11	.14	.78(48)
Sadness Coping	-.05	.11	-.49(49)
Sadness Dysregulation	-.11	.12	-.92(48)

Table 6

Means and Standard Deviations for Parent Use of Coaching and Dismissing with Sons and Daughters for Anger and Sadness

	Mother				Father			
	Anger		Sadness		Anger		Sadness	
Variable	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Sons								
Coaching	4.13	0.68	4.49	0.61	4.00	0.95	4.18	0.78
Dismissing	2.21	0.92	1.74	0.62	2.22	0.79	1.78	0.71
Daughters								
Coaching	4.36	0.85	4.67	0.42	3.94	0.66	4.18	0.68
Dismissing	2.01	0.63	1.64	0.43	2.03	0.62	1.60	0.40

Table 7

Fit indexes

Model	χ^2	df	TLI	CFI	RMSEA
1. Fathers, Sadness	8.66	6	.87	.97	.09
2. Mothers, Anger	5.06	6	1.04	1.00	.0001
3. Father, Sadness, Trimmed	10.24	7	.86	.95	.09
4. Mother, Anger, Trimmed	4.41	7	1.08	1.00	.0001

Table 8

Prediction of Sadness Variables for Fathers, Full Model: Standardized Regression Coefficients

	Criterion				
Predictor	Coaching	Dismissing	Coping	Dysregulation	Depression
Clarity	.18	.37*			
Awareness	-.29	.05			
Coaching			.19	-.11	.20[t]
Dismissing			-.37**	.41**	.36**
Coping					-.64***
Dysregulation					-.33*

[t] $p < .10$ * $p < .05$. ** $p < .01$. *** $p < .001$.

65

Table 9

Prediction of Sadness Variables for Fathers, Trimmed Paths: Standardized Regression Coefficients

		Criterion		
Predictor	Dismissing	Coping	Dysregulation	Depression
Clarity	.40***			
Dismissing		-.44***	.45***	.31**
Coping				-.60***
Dysregulation				-.33*

$^t p <.10$ * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 10

Prediction of Anger Variables for Mothers, Full Model: Standardized Regression Coefficients

Predictor	Criterion				
	Coaching	Dismissing	Coping	Dysregulation	Depression
Clarity	.12	.04			-.31*
Awareness	-.56***	-.29			.43***
Coaching			-.07	.04	
Dismissing			-.50***	.49***	
Coping					-.44**
Dysregulation					.25

$^t p < .10$ * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 11

Prediction of Anger Variables for Mothers, Trimmed Paths: Standardized Regression Coefficients

	Criterion				
Predictor	Coaching	Dismissing	Coping	Dysregulation	Depression
Awareness	-.49***	-.26^t			.25*
Dismissing			-.48***	.48***	
Coping					-.64***

$^t p <.10$ * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 1

Full Model Predicting Depressive Symptoms from Clarity and Awareness for Fathers with Sadness

Figure 1. Standardized maximum likelihood parameter estimates. The residual variance components (error variances) indicate the amount of unexplained variance. For each observed variable, $R^2 = (1 - \text{error variance})$.
$^t p < .10$ * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 2

Full Model Predicting Depressive Symptoms from Clarity and Awareness for Mothers with Anger

Figure 2. Standardized maximum likelihood parameter estimates. The residual variance components (error variances) indicate the amount of unexplained variance. For each observed variable, $R^2 = (1 - \text{error variance})$.
$^t p < .10$ * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 3

Trimmed Model Predicting Depressive Symptoms from Clarity for Fathers with Sadness

Clarity

.40***

.16 Dismissing

-.36

Coaching

.45***

-.44***

-.55

.20 Dysregulation

Coping .19
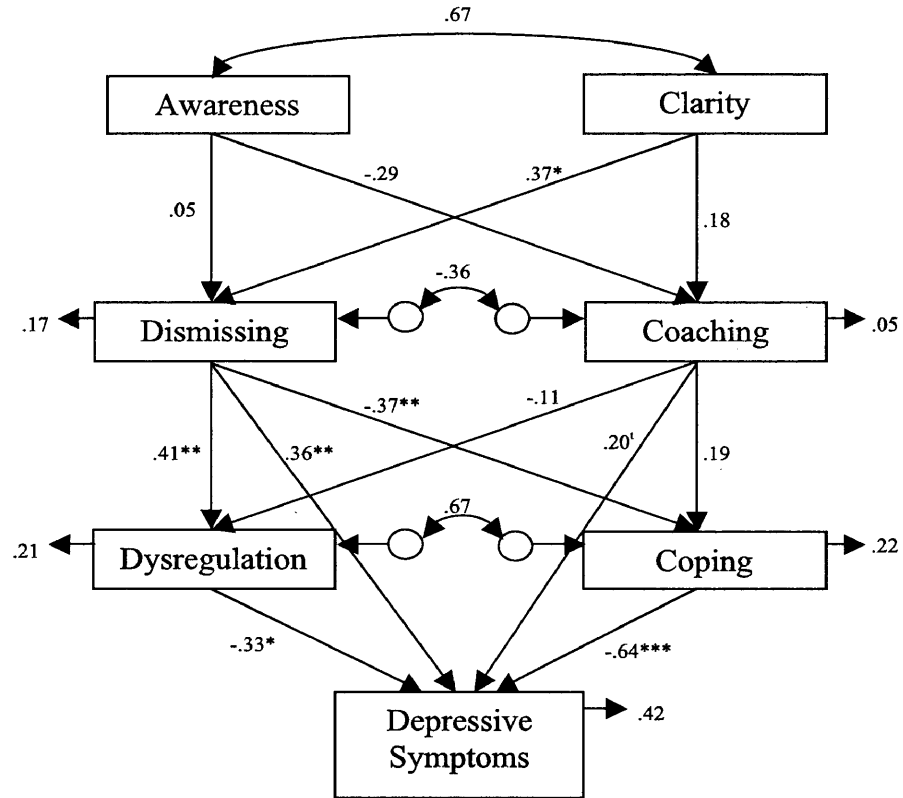
.31*

-.33*

-.60***

Depressive Symptoms .39

Figure 3. Standardized maximum likelihood parameter estimates. The residual variance components (error variances) indicate the amount of unexplained variance. For each observed variable, $R^2 = (1 -$ error variance).
$^t p <.10 * p < .05. ** p < .01. *** p < .001.$

Figure 4

Full Model Predicting Depressive Symptoms from Awareness for Mothers with Anger
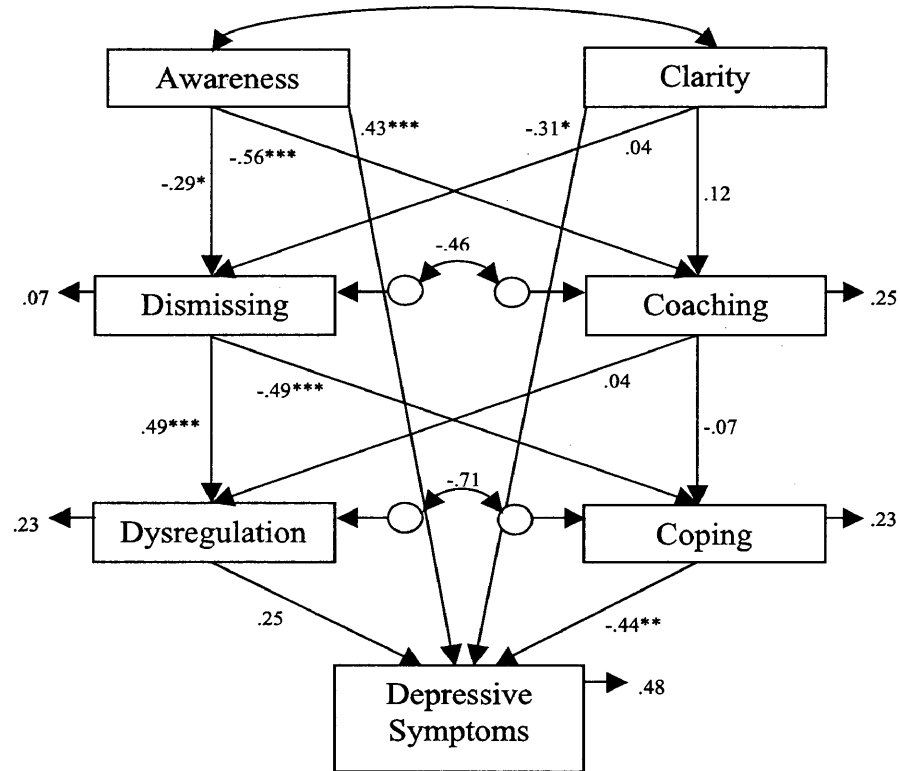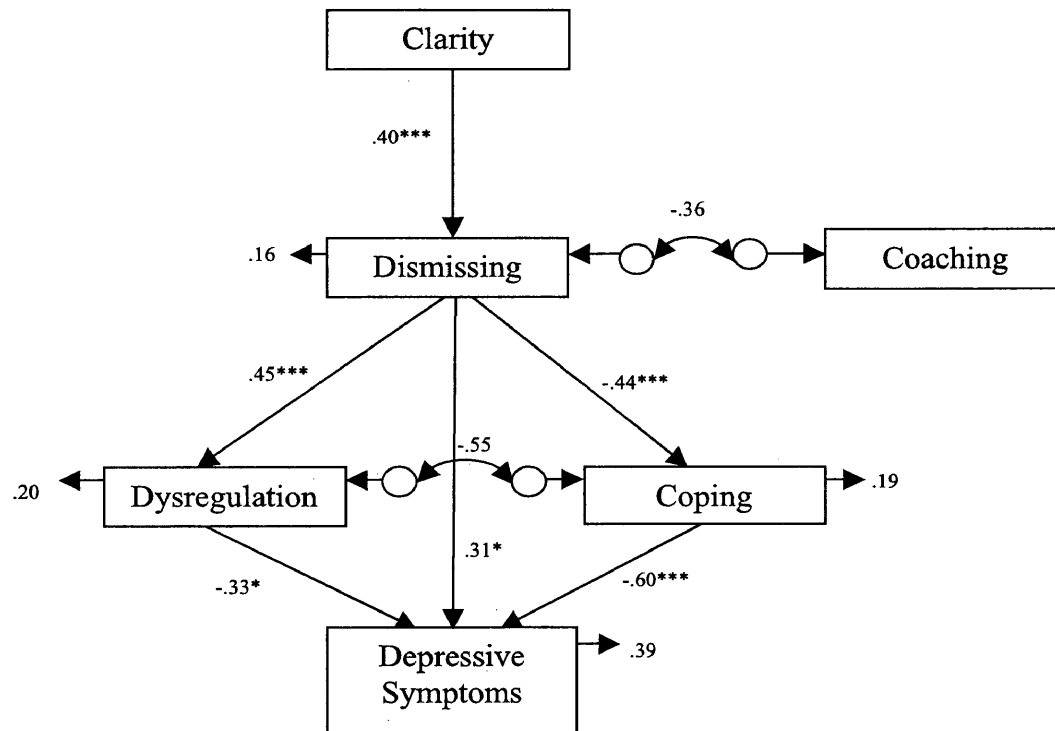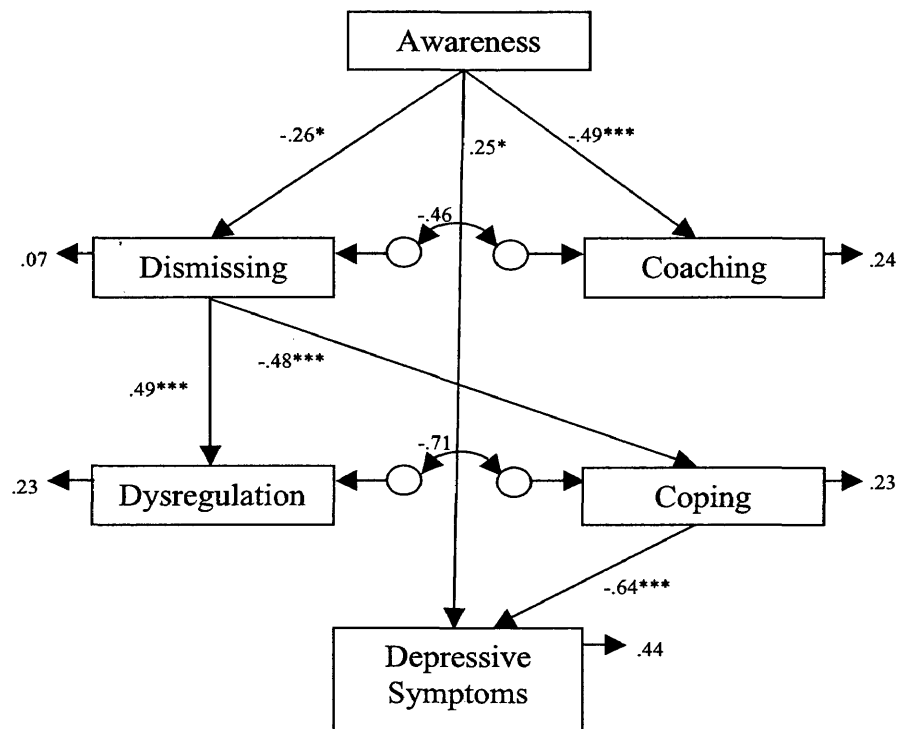

Figure 4. Standardized maximum likelihood parameter estimates. The residual variance components (error variances) indicate the amount of unexplained variance. For each observed variable, $R^2 = (1 - \text{error variance})$.

$^t p < .10 \ast p < .05. \ast\ast p < .01. \ast\ast\ast p < .001.$

Appendix A

Stepwise Regression Analyses Predicting Difficulties in Clarity and Awareness to Coaching and Dismissing Behaviors, Coaching and Dismissing Behaviors to Child Emotion Management, with Mother, Father, Anger, and Sadness

	Father				Mother			
	Anger		Sadness		Anger		Sadness	
Predictor	R^2	β	R^2	β	R^2	β	R^2	β
DERS to Coaching								
Step 1	.03		.08		.04		.07	
Control variables								
Step 2	.05		.11		.27**		.29**	
Clarity		.13		.11		.16		-.17
Awareness		-.19		-.23		-.66***		-.31*
DERS to Dismissing								
Step 1	.02		.05		.09		.07	
Control variables								
Step 2	.06		.26**		.18^t		.14	
Clarity		.07		.46*		.07		.30^t
Awareness		.14		-.02		-.44^t		-.11
EAC to Coping								
Step 1	.03		.01				.01	
Control variables					.18			
Step 2	.07		.22*				.03	
Coaching		.03		.10	.51**			.10
Dismissing		-.13		-.23*		-.05		-.03
EAC to Dysregulation					-.29**			
Step 1	.01		.05		.01		.06	
Control variables								
Step 2	.06		.29**		.24*		.07	
Coaching		-.01		-.06		.02		.01
Dismissing		.12		.30**		.29**		.10

aControl variables include child age and child gender.

^{t}p<.10. *p < 0.05. **p < .01. ***p < .001.

Appendix B

Difficulties in Emotion Regulation Scale

Instructions: For the following questions, please select whether the following is true for you:

1   Almost never (0-10%)
2   Sometimes (11-35%)
3   About half the time (36-65%)
4   Most of the time (66 – 90%)
5   Almost always (91-100%)

1. I am clear about my feelings.
   1 2 3 4 5
2. I pay attention to how I feel.
   1 2 3 4 5
3. I experience my emotions as overwhelming and out of control.
   1 2 3 4 5
4. I have no idea how I am feeling.
   1 2 3 4 5
5. I have difficulty making sense out of my feelings.
   1 2 3 4 5
6. I am attentive to my feelings.
   1 2 3 4 5
7. I know exactly how I am feeling.
   1 2 3 4 5
8. I care about what I am feeling.
   1 2 3 4 5
9. I am confused about how I feel.
   1 2 3 4 5
10. When I'm upset, I acknowledge my emotions.
    1 2 3 4 5
11. When I'm upset, I become angry with myself for feeling that way.
    1 2 3 4 5
12. When I'm upset, I become embarrassed for feeling that way.
    1 2 3 4 5
13. When I'm upset, I have difficulty getting work done.
    1 2 3 4 5
14. When I'm upset, I become out of control.
    1 2 3 4 5
15. When I'm upset, I believe that I will remain that way for a long time.
    1 2 3 4 5
16. When I'm upset, I believe that I'll end up feeling very depressed.
    1 2 3 4 5

17. When I'm upset, I believe that my feelings are valid and important.
    1 2 3 4 5
18. When I'm upset, I have difficulty focusing on other things.
    1 2 3 4 5
19. When I'm upset, I feel out of control.
    1 2 3 4 5
20. When I'm upset, I can still get things done.
    1 2 3 4 5
21. When I'm upset, I feel ashamed with myself for feeling that way.
    1 2 3 4 5
22. When I'm upset, I know that I can find a way to eventually feel better.
    1 2 3 4 5
23. When I'm upset, I feel like I am weak.
    1 2 3 4 5
24. When I'm upset, I feel like I can remain in control of my behaviors.
    1 2 3 4 5
25. When I'm upset, I feel guilty for feeling that way.
    1 2 3 4 5
26. When I'm upset, I have difficulty concentrating.
    1 2 3 4 5
27. When I'm upset, I have difficulty controlling my behaviors.
    1 2 3 4 5
28. When I'm upset, I believe there is nothing I can do to make myself feel better.
    1 2 3 4 5
29. When I'm upset, I become irritated with myself for feeling that way.
    1 2 3 4 5
30. When I'm upset, I start to feel very bad about myself.
    1 2 3 4 5
31. When I'm upset, I believe that wallowing in it is all I can do.
    1 2 3 4 5
32. When I'm upset, I lose control over my behaviors.
    1 2 3 4 5
33. When I'm upset, I have difficulty thinking about anything else.
    1 2 3 4 5
34. When I'm upset, I take time to figure out what I'm really feeling.
    1 2 3 4 5
35. When I'm upset, it takes me a long time to feel better.
    1 2 3 4 5
36. When I'm upset, my emotions feel overwhelming.
    1 2 3 4 5

Appendix C.1

Emotions as a Child Scale: Parent Report, Anger

Over the past year, when your child has been **ANGRY** or feeling **FRUSTRATED,** what did you do?

	Not at all like me	A little like me	Somewhat like me	Like me	A lot like me
1. When my child has been **angry**, I was too busy to get involved with him/her.	1	2	3	4	5
2. When my child has been **angry**, I told him/her to grow up.	1	2	3	4	5
3. When my child has been **angry**, I found out what made him/her angry.	1	2	3	4	5
4. When my child has been **angry**, I gave him/her a disapproving look.	1	2	3	4	5
5. When my child has been **angry**, I ignored him/her.	1	2	3	4	5
6. When my child has been **angry**, I helped my child deal with the issue that made him/her angry.	1	2	3	4	5
7. When my child has been **angry**, I showed my child I did **NOT** like him/her being angry.	1	2	3	4	5
8. When my child has been **angry**, I comforted her/him.	1	2	3	4	5
9. When my child has been **angry**, I punished him/her.	1	2	3	4	5

Appendix C.2

Emotions as a Child Scale: Parent Report, Sadness

A parent can respond to a child's emotions in many different ways. In this interview, there are responses that a parent could make when a child is sad or angry. Some of these responses might be things that you have almost never done, have done occasionally, or that you have often done. For each item on this scale, please think back over the past month and indicate how typical it has been for you to respond to your child's emotions in the way described.

If you can't remember your child showing a specific emotion within the past month, please imagine your child showing the emotion and think about what would be your likely responses. Answer each question according to how typical you think that response would be for you.

A. Over the past year, when your child has been **SAD** or feeling **DOWN**, what did you do?

	Not at all like me	A little like me	Somewhat like me	Like me	A lot like me
1. When my child has been **sad**, I was too busy to get involved with him/her.	1	2	3	4	5
2. When my child has been **sad**, I told him/her to grow up.	1	2	3	4	5
3. When my child has been **sad**, I found out what made him/her sad.	1	2	3	4	5
4. When my child has been **sad**, I gave him/her a disapproving look.	1	2	3	4	5
5. When my child has been **sad**, I ignored him/her.	1	2	3	4	5
6. When my child has been **sad**, I helped my child deal with the issue that made him/her sad.	1	2	3	4	5
7. When my child has been **sad**, I showed my child I did **NOT** like him/her being sad.	1	2	3	4	5
8. When my child has been **sad**, I comforted her/him.	1	2	3	4	5

9. When my child has been **sad**, I punished him/her.	1	2	3	4	5

Appendix D.1

Children's Emotion Management Scale: Parent Report, Anger

Instructions: Please circle the response that best describes your child/adolescent's
behavior when he/she is feeling **mad**.

1.	When my child is feeling mad, he/she can control his/her temper.	Hardly Ever 1	Sometimes 2	Often 3
2.	My child holds his/her anger in.	Hardly Ever 1	Sometimes 2	Often 3
3.	My child stays calm and keeps his/her cool when he/she is feeling mad.	Hardly Ever 1	Sometimes 2	Often 3
4.	My child does things like slam doors when he/she is mad.	Hardly Ever 1	Sometimes 2	Often 3
5.	My child hides his/her anger.	Hardly Ever 1	Sometimes 2	Often 3
6.	My child attacks whatever it is that makes him/her very angry.	Hardly Ever 1	Sometimes 2	Often 3
7.	My child gets mad inside but doesn't show it.	Hardly Ever 1	Sometimes 2	Often 3
8.	My child can stop him/herself from losing his/her temper when he/she is mad.	Hardly Ever 1	Sometimes 2	Often 3
9.	My child says mean things to others when he/she is mad.	Hardly Ever 1	Sometimes 2	Often 3
10.	My child tries to calmly deal with what is making him/her mad.	Hardly Ever 1	Sometimes 2	Often 3
11.	My child is afraid to show his/her anger.	Hardly Ever 1	Sometimes 2	Often 3

Appendix D.2

Children's Emotion Management Scale: Parent Report, Sadness

Instructions: Please circle the response that best describes your child/adolescent's behavior when he/she is feeling **sad**.

1.	When my child is feeling sad, he/she can control his/her crying and carrying on.	Hardly Ever 1	Sometimes 2	Often 3
2.	My child holds his/her sad feelings in.	Hardly Ever 1	Sometimes 2	Often 3
3.	My child stays calm and doesn't let sad things get to him/her.	Hardly Ever 1	Sometimes 2	Often 3
4.	My child whines/fusses about what's making him/her sad.	Hardly Ever 1	Sometimes 2	Often 3
5.	My child hides his/her sadness.	Hardly Ever 1	Sometimes 2	Often 3
6.	When my child is sad, he/she does something totally different until he/she calms down.	Hardly Ever 1	Sometimes 2	Often 3
7.	My child gets sad inside but doesn't show it.	Hardly Ever 1	Sometimes 2	Often 3
8.	My child can stop him/herself from losing control of his/her sad feelings.	Hardly Ever 1	Sometimes 2	Often 3
9.	My child cries and carries on when he/she is sad.	Hardly Ever 1	Sometimes 2	Often 3
10.	My child tries to calmly deal with what is making him/her sad.	Hardly Ever 1	Sometimes 2	Often 3
11.	I do things like mope around when I'm sad.	Hardly Ever 1	Sometimes 2	Often 3
12.	I'm afraid to show my sadness.	Hardly Ever 1	Sometimes 2	Often 3

Appendix E

Children's Depression Inventory

Item 1
□ I am sad once in a while
□ I am sad many times.
□ I am sad all the time.

Item 2
□ Nothing will ever work out for me.
□ I am not sure if things will work out for me.
□ Things will work out for me O.K.

Item 3
□ I do most things O.K.
□ I do many things wrong.
□ I do everything wrong.

Item 4
□ I have fun in many things.
□ I have fun in some things.
□ Nothing is fun at all.

Item 5
□ I am bad all the time.
□ I am bad many times.
□ I am bad once in a while.

Item 6
□ I think about bad things happening to me once in a while.
□ I worry that bad things will happen to me.
□ I am sure that terrible things will happen to me.

Item 7
□ I hate myself.
□ I do not like myself.
□ I like myself

Item 8
□ All bad things are my fault.
□ Many bad things are my fault.
□ Bad things are not usually my fault.

Item 9
□ I do not think about killing myself.

☐ I think about killing myself but I would not do it.
☐ I want to kill myself.

Item 10
☐ I feel like crying every day.
☐ I feel like crying many days.
☐ I feel like crying once in a while.

Item 11
☐ Things bother me all the time.
☐ Things bother me many times.
☐ Things bother me once in a while.

Item 12
☐ I like being with people
☐ I do not like being with people many times.
☐ I do not want to be with people at all.

Item 13
☐ I cannot make up my mind about things.
☐ It is hard to make up my mind about things.
☐ I make up my mind about things easily.

Item 14
☐ I look O.K.
☐ There are some bad things about my looks.
☐ I look ugly.

Item 15
☐ I have to push myself all the time to do my schoolwork.
☐ I have to push myself many times to do my schoolwork.
☐ Doing schoolwork is not a big problem.

Item 16
☐ I have trouble sleeping every night.
☐ I have trouble sleeping many nights.
☐ I sleep pretty well.

Item 17
☐ I am tired once in a while.
☐ I am tired many days.
☐ I am tired all the time.

Item 18
☐ Most days I do not feel like eating.
☐ Many days I do not feel like eating.

☐ I eat pretty well.

Item 19
☐ I do not worry about aches and pains.
☐ I worry about aches and pains many times.
☐ I worry about aches and pains all the time.

Item 20
☐ I do not feel alone.
☐ I feel alone many times.
☐ I feel alone all the time.

Item 21
☐ I never have fun at school.
☐ I have fun at school only once in a while.
☐ I have fun at school many times.

Item 22
☐ I have plenty of friends.
☐ I have some friends but I wish I had more.
☐ I do not have any friends.

Item 23
☐ My schoolwork is alright.
☐ My school work is not as good as before.
☐ I do very badly in subjects I used to be good in.

Item 24
☐ I can never be as good as other kids.
☐ I can be as good as other kids if I want to.
☐ I am just as good as other kids.

Item 25
☐ Nobody really loves me.
☐ I am not sure if anybody loves me.
☐ I am sure that somebody loves me.

Item 26
☐ I usually do what I am told.
☐ I do not do what I am told most times.
☐ I never do what I am told.

Item 27
☐ I get along with people.
☐ I get into fights many times.
☐ I get into fights all the time.