



“Good enough” parental responsiveness to Children's sadness: Links to psychosocial functioning



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ABSTRACT

This study used parent-child sadness discussions to understand individual and interactive influences of maternal and paternal emotion socialization strategies on children's psychosocial functioning. Participants included 82 two-parent families (56.2% boys; *M* age = 9.62 years; 80.5% Caucasian). Analyses examined the interactive influence of mothers' and fathers' positive and negative emotional responsiveness. Results indicated that the individual effect of one positively responsive parent was associated with better psychosocial functioning for girls, with no significant interactive parental effects. Parents' interactive socialization efforts were associated with boys' psychosocial functioning, but these effects were not simply additive (i.e., more support = better outcomes). That is, boys with one highly responsive parent and one parent low in responsiveness (disengaged) had higher social competency. Instead of receiving uniformly positive responses, findings support a “divergence model” whereby the most optimal outcomes for boys are fostered by a mixture of parental responsiveness. Future directions and implications are discussed.

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1. Introduction

An important developmental task for children involves learning how and when to modulate emotional arousal, especially with regard to negative emotions such as sadness. Socialization influences appear to be one of the primary mechanisms through which children learn how to regulate their emotions (for a review, see Zeman, Cassano, & Adrian, 2013). In infancy, caregivers help children regulate their emotional arousal. As children age, however, they become progressively more reliant on individually-driven strategies to manage their emotions, which are learned through the parent-child relationship (Thompson & Meyer, 2007). Although most research has focused on early childhood, an emerging body of evidence suggests that parental emotion socialization influences continue through middle childhood, with parents helping to refine children's emotion regulation skills in response to increasingly complex social-contextual demands (Klimes-Dougan & Zeman, 2007). Furthermore, this developmental time period is commonly associated with the onset of a multitude of emotion-related disorders and other problems; indeed, approximately 13–20% of school-age children meet criteria for a diagnosable mental disorder within

the previous year (Perou et al., 2013). Finally, in middle childhood, children must master a number of socially-oriented developmental tasks, including knowledge of social standards of behavior (e.g., display rules), social problem-solving, and the recognition and understanding of emotions, all of which are influenced via the parent-child socialization relationship (Saarni, 1999; Zeman et al., 2013).

An important gap in the literature concerns how each parent in a two-parent family may influence their child's emotional development *interactively*, given that each parent has been found to contribute uniquely to this process (e.g., Cassano, Zeman, & Sanders, 2014; Zeman, Perry-Parrish, & Cassano, 2010). Examining how mothers and fathers jointly respond to their children's sadness expressions is important because it is unclear whether there is an optimal level of parental support needed to facilitate the development of children's adaptive emotion regulation skills. For example, is it necessary that both parents provide highly supportive responses to their children's sadness for optimal psychological well-being? The current study examined the individual and interactive effects of mothers' and fathers' sadness socialization responses in relation to indices of children's psychological and social adjustment (Denham et al., 2000; Nangle, Erdley, Newman, Mason, & Carpenter, 2003; Zeman, Shipman, & Penza-Clyve, 2001; Zeman, Shipman, & Suveg, 2002).

Parental emotion socialization is posited to occur via direct and indirect methods (Morris, Silk, Steinberg, & Robinson, 2007). Parents' beliefs

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about emotion and their acceptability are likely to be communicated in the form of socialization behaviors during conversations about emotions with their child (Morris et al., 2007). These discussions serve as important opportunities for parents to support their children's socioemotional development. Consequently, the frequency and content of parental discussion of emotion have been linked to children's emotion regulation skills (Denham et al., 2000; Zeman, Cassano, Perry-Parrish, & Stegall, 2006), and influence children's emotional development in both positive (e.g., Lunkenheimer, Shields, & Cortina, 2007) and negative (e.g., Gottman, Katz, & Hooven, 1997) ways.

Parental emotion socialization responses have generally been categorized as either belonging to a supportive or unsupportive category (Gottman, Katz, & Hooven, 1996; Lunkenheimer et al., 2007; Sanders, Zeman, Poon, & Miller, 2015). Gottman et al. (1996) proposed that parents develop "an organized set of feelings and thoughts about one's own emotions and one's children's emotions" (p. 1). These meta-emotion philosophies are categorized into two groups. Parents who adopt a positive, supportive (i.e., emotion coaching) philosophy are more aware of and validate their children's emotions and help them verbally label their feelings. They perceive their children's experience of negative affect as a healthy learning opportunity, and problem-solve to find constructive ways to help their children manage emotional situations. Supportive emotion socialization responses have been associated with an array of positive outcomes, including adaptive emotion regulation, fewer psychological symptoms, and higher levels of academic achievement and social competence (Dunsmore, Booker, & Ollendick, 2013; Gottman et al., 1996, 1997; Klimes-Dougan et al., 2007; Ramsden & Hubbard, 2002).

Conversely, parents who utilize negative, unsupportive (i.e., emotion-dismissing) responses generally lack awareness of their child's emotions, utilize an impoverished emotion vocabulary, and attempt to alter the emotion themselves rather than use the situation as an opportunity to teach skills. Negative emotions are viewed as harmful, to be eliminated as swiftly as possible (e.g., Gottman et al., 1996, 1997). Furthermore, the specific ways in which children manage their emotions may be aversive to parents, leading them to eliminate emotion-provoking stimuli, minimize the child's experience, react with personal distress, distract the child from the emotion, punish the child, or ignore the child's emotions altogether. Research indicates that parents' unsupportive responses to their children's emotionality are linked to problem behaviors and poor social functioning in middle childhood (e.g., Eisenberg, Fabes, & Murphy, 1996; Fabes, Leonard, Kupanoff, & Martin, 2001), and mothers who reported employing emotionally unsupportive strategies have adolescents with more depressive symptoms (Katz & Hunter, 2007).

Notably, most studies have exclusively examined maternal responses or have combined maternal and paternal socialization practices into a global parental response. Thus, little is known about how mothers and fathers may socialize children's emotional development *interactively*. Despite fathers' unique role in children's social and emotional development, relatively few developmental studies have included fathers (Cassano, Adrian, Veits, & Zeman, 2006). Yet, research indicates that differential maternal and paternal responses to children's emotional expressions are associated with girls' internalizing and boys' externalizing symptomatology (Chaplin, Cole, & Zahn-Waxler, 2005; Fivush, Brotman, Buckner, & Goodman, 2000). The few studies to examine parental emotion socialization differences indicate that the sex of the parent influences the socialization strategies used when discussing negative emotions with their child (Cassano & Zeman, 2010; Zeman et al., 2010). For example, mothers tend to use more emotion words and words in general during parent-child emotion discussions than fathers (Aldrich & Tenenbaum, 2006; Fivush et al., 2000). Compared to fathers, mothers reported a greater likelihood of responding to sadness with expressive encouragement, but both parents reported using expressive encouragement or problem-focused responses more with daughters than sons (Cassano, Perry-Parrish, & Zeman, 2007).

Scant research has investigated the individual as well as the interactive effects of combined parental positive and negative responses to children's emotions, even though it is reasonable to expect that children's psychosocial development is influenced by both mothers' and fathers' sadness socialization practices. The present research addresses a gap in the literature through the investigation of mothers' and fathers' individual and interactive reactions to their sons' and daughters' sadness through the consideration of both positive and negative parental responses. Some researchers have proposed a "one good parent" hypothesis, suggesting that the presence of one warm, supportive parent is sufficient for adaptive child development (Fletcher, Steinberg, & Sellers, 1999). Others, however, have argued that the most optimal psychosocial outcomes are fostered by the coordinated efforts of two "good" parents (Wagner, Cohen, & Brook, 1996). Furthermore, some research has investigated the interactive effects of supportive and unsupportive socialization strategies. For example, Lunkenheimer et al. (2007) found that parents' emotion coaching responses to children's negative emotions served as a protective factor that buffered against the detrimental effects of unsupportive responses on children's emotional and behavioral health outcomes. Thus, it is important to consider how positive and negative emotion socialization responses may operate in tandem within and between parents, and how these patterns may be associated with particular child psychosocial outcomes.

Sadness was chosen as the emotion of focus in the current study for three reasons. First, sadness is relatively understudied compared to other discrete emotions (Barr-Zisowitz, 2000). Second, although the experience of sadness is a healthy, universal, and an inevitable human occurrence, when experienced frequently and intensely, sadness has been linked to the development of psychopathology among children and adolescents (Chaplin & Cole, 2005; Zeman, Shipman, & Suveg, 2002). Finally, sadness dysregulation has been consistently associated with poor social functioning outcomes in family and peer contexts (Denham et al., 2000; Nangle, Erdley, Newman, Mason, & Carpenter, 2003; Perry-Parrish & Zeman, 2011).

2. Current study

Using multiple methods (i.e., maternal and paternal report, observed discussion task), we sought to characterize how mothers and fathers respond to their children's discussions of past sadness-evoking events, and how their responses are related to children's outcomes (i.e., internalizing and externalizing symptoms and social functioning). Discussions were coded for the type of parental response (positive reactions, negative reactions) to their child's discussion of a sadness event. A middle childhood sample was selected because school-age children shift from an almost exclusive reliance on external sources for emotion regulation to employing more independent, varied attempts at emotional modulation (Klimes-Dougan & Zeman, 2007). However, parents in this transitional developmental period remain important agents of emotion socialization.

Based on the literature, we generated hypotheses examining the links between parental sadness socialization and children's psychosocial functioning. We expected that mothers' and fathers' individual positive emotional responsiveness would be negatively related to internalizing and externalizing symptoms and positively related to social functioning, whereas the inverse relationship was expected for negative emotional responsiveness (Ramsden & Hubbard, 2002). Regarding the interaction between maternal and paternal positive and negative responsiveness on boys' and girls' psychosocial functioning, we anticipated that positive responses by both parents would likely yield more positive psychosocial outcomes than two negative parental responses to sadness. However, it was unclear whether having one positive and one negative parental response would be equally as effective as having two positive responses, and whether the sex of the parent providing the negative response would yield differential effects for daughters versus

sons. In essence, is “good enough” emotional support adequate to produce adaptive psychosocial outcomes? Based on sex differences reported in the literature thus far, we speculated that having a negatively responsive father and a positively responsive mother to sadness may predict poorer social functioning for boys given the importance of a male role model (i.e., father) for expressing vulnerable types of emotions (Mallers et al., 2010; Mormon & Floyd, 2002).

3. Method

3.1. Participants

The sample was comprised of 82 families (46 boys), all of which were 2-parent household parent-child triads. Children ranged from 8 to 11 years old (M age = 9.62 years, SD = 0.96) and were enrolled in the third (32.6%), fourth (31.7%), and fifth (31.7%) grades. There were no significant differences between boys and girls on age, race, or socioeconomic status (SES). Children identified as Caucasian (80.5%), African-American (7.3%), Hispanic (2.4%), Asian (2.4%), or Other (7.3%). The majority of parents were the child's biological parents (93.3% of mothers, 84.3% of fathers), whereas 4.5% of both mothers and fathers were adoptive parents, and 2.2% of mothers and 5.6% of fathers were stepparents. Families were of middle to upper SES (M = 49.91, SD = 12.48, range: 15.00–66.00; Hollingshead, 1975).

3.2. Procedure

After obtaining university ethics approval, we provided interest letters to five elementary schools in a suburban area located in southeastern USA. Principals provided permission to send letters home with children in grades three to five, which described the study and provided contact information. Participating families came to the university lab. After obtaining parental consent and child assent, parents and their child went to separate rooms where mothers and fathers completed questionnaires independently and the children were read questionnaires. Each family also participated in two, parent-child sadness discussion tasks (described below). Families were compensated for the one-hour session with a \$25 gift card and children received a small toy.

4. Measures

4.1. Parental emotion socialization

4.1.1. Parent-child sadness discussion task

At the start of the session, the research assistant asked the child to think of two times when he or she felt sad. Children and each parent were then asked to discuss the event with a limit imposed of 10 min. Mothers and fathers were individually escorted to the child's lab room for the sadness discussions; the order of mother vs father discussions was counterbalanced across parent. The topic discussed with each parent was chosen at random. Discussions were video-recorded, transcribed, and coded. Only on-task discussion content was coded. There were five father-child conversations which were not included in the analyses due to technical malfunction of the video recording equipment, totaling 6.1% missing video codes. Children of families with missing father-child videos did not significantly differ from those without missing videos with regard to child age or sex, internalizing or externalizing symptoms, or social functioning.

4.1.2. Content coding

A total of nine event categories were coded (see Table 1), with the majority of parent-child emotional discussions concerning the death/injury of a pet, interpersonal loss, or a peer/sibling/friend conflict. No significant differences in content area between topics discussed with mothers and fathers emerged, $\chi^2(64, n = 74) = 82.54, ns$. Two trained coders evaluated 30% of transcriptions, achieving an inter-rater

Table 1

Emotion discussion events chosen by the child: percentage of mother-child and father-child discussions.

Emotional Event	% Mother Discussions	% Father Discussions
Death/injury of a pet	23.6%	18.0%
Interpersonal loss	15.7%	21.3%
Peer/sibling/friend conflict	13.5%	10.1%
Loss of an item	7.9%	7.9%
Unpleasant experience	6.7%	6.7%
Adult conflict/aggression	7.9%	5.6%
Problems in school	2.2%	4.5%
Restrictions	3.4%	5.6%
Other	7.9%	4.5%

reliability of 0.90. Coders met regularly for consensus meetings and disagreements were resolved by discussion

4.1.2.1. Parental sadness discussions coding scheme (see Appendix for full details). Global indices of positive and negative emotional responsiveness were coded on a 4-point scale for each parent (0 = none, 1 = low, 2 = moderate, 3 = high). The coding system was based, in part, on a prior system devised to code levels of parental involvement during a problem-solving family interaction task (Forgatch, Fetrow, & Lathrop, 1985; Oregon Social Learning Center, unpublished). Three research assistants coded the discussions with an overall inter-rater reliability of 92.6% (range: 86.30%–95.7%) achieved on one third of the videotapes. Discrepancies among the coders were resolved through consultation with the study PI, review of the original tape, and discussion.

4.1.2.2. Maternal and paternal positive responsiveness. The positive responsiveness code reflects the extent to which mothers or fathers were actively engaged in the discussion, the degree to which they displayed positive responses to their child's sadness disclosure, as well as the quality of their communication skills. A score of zero on positive responsiveness indicates disengagement and a lack of positive behaviors displayed by the parent; the mother's or father's discussion engagement may have been either nonexistent or minimal. A score of three required that the parent displayed a sincere interest in the child's utterances and demonstrated a high level of positive responsiveness.

4.1.2.3. Maternal and paternal negative responsiveness. The negative responsiveness code reflects the extent to which the mothers or fathers were unsupportive and displayed negative affect in response to their child's discussion of the sadness-evoking event. A score of zero indicates that the parent never displayed any signs of negativity or unsupportive responsiveness; a score of three indicates that the parent's behavior was highly negative and emotionally unsupportive, and that he or she displayed very poor communication skills.

4.2. Child psychopathology symptoms

4.2.1. Child behavior checklist

Parents reported on their child's internalizing, externalizing and social functioning using the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001). The CBCL contains 118 items that are rated on a 3-point scale (0 = Not True, 1 = Somewhat True, 2 = Very or Often True). Regarding psychological adjustment, the present study utilized the broadband Internalizing and Externalizing scales. Children's social functioning was evaluated using the Social Competency scale that includes six items assessing children's participation in organizations, number of close friends, number of weekly contacts with friends, how well they get along with others (e.g., peers, siblings), and how well they play or work alone. Although correlated with one another, paired-sample t -tests revealed that mother- and father- reported child psychopathology ratings were significantly different from one another (Internalizing: $t(82) = 2.74, p < 0.01$; Externalizing: $t(82) = 2.25, p = 0.03$).

Accordingly, analyses were conducted separately for mother- and father-reported child internalizing and externalizing symptoms. Internal consistencies were acceptable for mothers and fathers, respectively (Internalizing: $\alpha = 0.87$, $\alpha = 0.69$; Externalizing: $\alpha = 0.87$, $\alpha = 0.84$). Parents did not differ from each other in their ratings of their child's Social Competency, $t(82) = -1.40$, *ns*. Thus, combined parent report was used for this variable ($\alpha = 0.88$).

4.3. Data analytic plan

Variables were first screened for normality. Variables indicating skewness above 2 or below -2 were transformed (i.e., maternal positive/negative responsiveness, paternal positive/negative responsiveness). Table 2 presents descriptive statistics on non-transformed variables.

4.4. Regression analyses overview

Ten stepwise regressions were conducted separately for boys and girls predicting mother- and father-reported internalizing symptoms, externalizing symptoms, and joint parent-reported social competency from mothers' and fathers' levels of positive and negative responsiveness. In order to adjust for bias inherent in smaller datasets, bias-corrected and accelerated bootstrapping was used to estimate a 95% confidence interval (CI) based on 1000 randomized samples drawn with replacement from the original data (Hayes, 2009; Russell & Dean, 2000). All of the independent variables were standardized prior to analysis in order to reduce the likelihood of multicollinearity. Predictor variables were entered in two steps: (a) maternal positive and negative responsiveness, paternal positive and negative responsiveness, and (b) all two-way interactions including both parents' positive responsiveness, both parents' negative responsiveness, maternal positive responsiveness X paternal negative responsiveness, and maternal negative responsiveness X paternal positive responsiveness. Because only three fathers were negatively responsive to their daughter's sadness, the transformed variable lacked adequate variability and was therefore excluded from all regression analyses for girls. Significant interaction models were plotted at low (-1 SD) and high ($+1$ SD) values of paternal sadness socialization responses, in order to evaluate whether paternal responsiveness moderated the relations between maternal responsiveness and children's outcomes. Using procedures discussed by Aiken and West (1991), significance testing was conducted to determine if the simple slopes significantly differed from zero.

5. Results

5.1. Preliminary analyses

Correlations were calculated between the study variables (see Table 2). Mother- and father-reported internalizing, externalizing, and social competency CBCL scores were all positively correlated with each other, respectively. Child sex was negatively associated with paternal negative responsiveness. Boys ($M = 0.28$, $SD = 0.59$) were more likely to receive negative responses from their fathers during the discussion than girls ($M = 0.06$, $SD = 0.24$), $t(58.01) = 2.13$, $p = 0.04$. Child sex was also negatively associated with father-reported internalizing behaviors. Based on paternal report, boys ($M = 54.57$, $SD = 8.32$) had higher internalizing symptom scores than girls ($M = 48.53$, $SD = 14.52$), $t(81) = 2.39$, $p = 0.02$. Due to these differences, and in accordance with our hypotheses, regression analyses were conducted separately for boys and girls. There were no significant associations with child age.

5.2. Regression models for boys

5.2.1. Internalizing symptoms

For both mother and father report, both step 1 and step 2 of the model predicting boys' internalizing symptoms from maternal and paternal sadness responsiveness variables were non-significant (see Table 3).

5.2.2. Externalizing symptoms

For mother-reported externalizing symptoms, there were no significant main effects of maternal or paternal positive or negative responsiveness associated with boys' externalizing symptoms in step 1 of the model. Step 2 of the model was significant and accounted for an additional 29% of the variance from step 1 (see Table 4). There was a significant interaction of maternal negative responsiveness X paternal negative responsiveness on boys' externalizing symptoms (see Fig. 1A). The pattern of the interaction indicates that boys' with either two highly negatively responsive parents or those with two parents low in negative responsiveness had the fewest externalizing symptoms.

With respect to father-reported externalizing symptoms, both step 1 and step 2 of the model were non-significant.

5.2.3. Social competency

In step 1 of the model, there were no significant main effects of maternal or paternal positive or negative responsiveness associated with boys' social functioning. Step 2 of the model accounted for an additional

Table 2
Means, standard deviations, & intercorrelations among demographic, predictor, and dependent variables.

Measure	M(SD)	1	2	3	4	5	6	7	8	9	10	11	12
1. Child Age	121.26(11.7)	–	–0.09	–0.11	0.16	–0.19	0.23*	0.15	0.18	0.11	–0.12	0.11	0.04
2. Child Sex			–	–0.01	0.00	0.09	–0.23*	–0.18	–0.15	0.01	–0.26*	–0.12	–0.15
3. M PR +	2.51(0.67)			–	–0.51**	0.35*	–0.21	–0.21	–0.17	0.01	–0.26*	–0.25*	0.11
4. M NR +	0.22(0.47)				–	–0.09	0.03	–0.01	–0.10	–0.17	0.12	0.05	–0.12
5. F PR +	2.52(0.68)					–	–0.58**	–0.11	–0.19	0.01	–0.03	–0.28*	0.13
6. F NR +	0.18(0.48)						–	0.11	0.07	–0.10	0.07	0.05	0.19
7. M Int	55.61(10.82)							–	0.55**	–0.21	0.39**	0.26**	–0.20
8. M Ext	50.24(9.46)								–	–0.30*	0.23*	0.49**	–0.31*
9. M Soc	52.03(10.36)										–0.25*	–0.34*	0.38**
10. F Int	51.95(11.74)											0.33*	–0.21
11. F Ext	48.22(9.57)												–0.21
12. F Soc	53.58(7.54)												–

Child Age = Child age in months. M PR = Mother Positive responsiveness. M NR = Mother Negative responsiveness. F PR = Father Positive responsiveness. F NR = Father Negative responsiveness. M/F Int = Mother/Father report of CBCL Internalizing T score. M/F Ext = Mother/Father report of CBCL Externalizing T score. M/F Soc = Mother/Father report of CBCL Social Competency T score. + = Variables were transformed before analyses.

* $p < 0.05$.

** $p < 0.01$.

Table 3

Summary of hierarchical regression analysis for variables predicting boys' and girls' mother- and father-reported internalizing symptoms.

Variable	Boys' M Internalizing		Boys' F Internalizing		Girls' M Internalizing		Girls' F Internalizing	
	B	(bias; SE)	B	(bias; SE)	B	(bias; SE)	B	(bias; SE)
Mom PR	-8.51	(0.83; 9.15)	5.73	(0.85; 10.89)	-15.66*	(0.57; 8.56)	-24.75**	(1.50; 9.20)
Mom NR	0.54	(0.90; 9.83)	11.76	(0.82; 10.35)	-2.73	(0.39; 11.03)	-0.62	(-0.30; 8.50)
Dad PR	0.23	(0.16; 2.85)	-0.42	(0.16; 3.69)	-0.36	(0.09; 3.11)	1.48	(0.73; 4.19)
Dad NR	-0.01	(0.09; 7.23)	3.54	(1.34; 9.63)	-	-	-	-
Mom PR × Dad PR	32.42**	(1.78; 17.81)	36.37	(0.92; 34.24)	2.16	(-4.55; 17.66)	5.82	(2.86; 23.09)
Mom PR × Dad NR	46.09	(-4.03; 48.13)	64.67	(-9.94; 86.13)	-	-	-	-
Mom NR × Dad PR	22.70	(1.83; 20.38)	21.34	(-1.33; 34.41)	7.87	(-0.88; 20.91)	19.34	(-0.78; 11.77)
Mom NR × Dad NR	2.88	(-0.97; 61.99)	30.58	(-16.16; 100.36)	-	-	-	-
Step 1 R ²	0.06		0.06		0.11		0.24	
F for change in R ²	0.54		0.52		1.20		2.92*	
Step 2 R ²	0.20		0.20		0.12		0.26	
F for change in R ²	1.37		1.41		0.07		0.38	

PR = Positive Responsiveness. NR = Negative Responsiveness. M Internalizing = Mother-reported CBCL Internalizing T score. F Internalizing = Father-reported CBCL Internalizing T score.

* $p < 0.05$.

** $p < 0.01$.

40% of the variance from step 1 (see Table 4). The interaction of maternal positive responsiveness X paternal positive responsiveness was significant (see Fig. 1B). When interpreting the interaction, there was a significant positive association between maternal positive responsiveness and boys' social functioning at low levels of paternal positive responsiveness, $\beta = 0.51, p = 0.03$. Having one highly positively responsive parent and one disengaged parent was associated with the highest levels of social competency.

There was also a significant interaction between maternal positive responsiveness X paternal negative responsiveness (see Fig. 1C). When interpreting the interaction, there was a significant negative association between maternal positive responsiveness and boys' social functioning at high levels of paternal negative responsiveness, $\beta = -0.95, p < 0.01$. The association between maternal positive responsiveness and boys' social functioning at low levels of paternal negative responsiveness was non-significant, $\beta = 0.45, ns$. Taken together, high levels of boys' social functioning is associated with having a highly supportive mother and a father low in negative responsiveness or having a mother low in positive responsiveness (i.e., disengaged) and a highly negatively responsive father.

5.3. Regression models for girls

5.3.1. Internalizing symptoms

For mother-report, both step 1 and step 2 of the model predicting girls' internalizing symptoms from parental sadness discussion positive responsiveness and negative responsiveness were non-significant (see Table 3).

For father-reported internalizing symptoms, step 1 of the model for girls was significant and accounted for 24% of the variance. There was a significant main effect of maternal positive responsiveness on girls' internalizing symptoms (see Table 3). Thus, the more mothers responded in a supportive manner, the fewer internalizing problems fathers perceived their daughters to exhibit.

5.3.2. Externalizing symptoms

Step 1 and step 2 of the model predicting mother-reported girls' externalizing symptoms from parental positive responsiveness and negative responsiveness was non-significant (see Table 4).

For father-reported externalizing symptoms, step 1 of the model approached significance ($p = 0.056$). There was a significant negative

Table 4

Summary of hierarchical regression analysis for variables predicting boys' and girls' mother- and father-reported externalizing symptoms.

Variable	Boys' M Externalizing		Boys' F Externalizing		Girls' M Externalizing		Girls' F Externalizing	
	B	(bias; SE)	B	(bias; SE)	B	(bias; SE)	B	(bias; SE)
Mom PR	-13.74	(-0.08; 1.79)	-1.73	(-0.09; 11.75)	-11.48*	(-0.49; 5.83)	-13.45**	(-0.02; 5.64)
Mom NR	-11.80	(1.46; 13.58)	11.83	(0.45; 12.82)	-2.17	(0.05; 6.98)	-3.71	(0.90; 7.37)
Dad PR	-2.75	(-0.13; 4.13)	-4.25	(-0.21; 3.50)	-2.33	(0.13; 1.78)	-3.44	(0.59; 2.84)
Dad NR	-12.18	(-1.40; 14.01)	-8.20	(-0.30; 11.49)	-	-	-	-
Mom PR × Dad PR	28.72 [^]	(-1.20; 24.43)	25.54	(0.92; 34.24)	6.07	(-0.34; 10.23)	-0.99	(0.89; 15.39)
Mom PR × Dad NR	45.66	(8.80; 56.54)	52.88	(0.61; 85.96)	-	-	-	-
Mom NR × Dad PR	-5.21	(0.07; 26.02)	16.41	(5.73; 38.66)	2.21	(0.53; 11.32)	-5.39	(-0.96; 11.95)
Mom NR × Dad NR	-112.39*	(12.86; 64.71)	-25.16	(-1.77; 104.07)	-	-	-	-
Step 1 R ²	0.11		0.15		0.19		0.23	
F for change in R ²	1.03		1.58		2.27 [^]		2.84 [^]	
Step 2 R ²	0.38		0.29		0.20		0.24	
F for change in R ²	3.39*		1.54		0.20		0.07	

PR = Positive Responsiveness. NR = Negative Responsiveness. M Externalizing = Mother-reported CBCL Externalizing T score. F Externalizing = Father-reported CBCL Externalizing T score.

[^] $p < 0.10$.

* $p < 0.05$.

** $p < 0.01$.

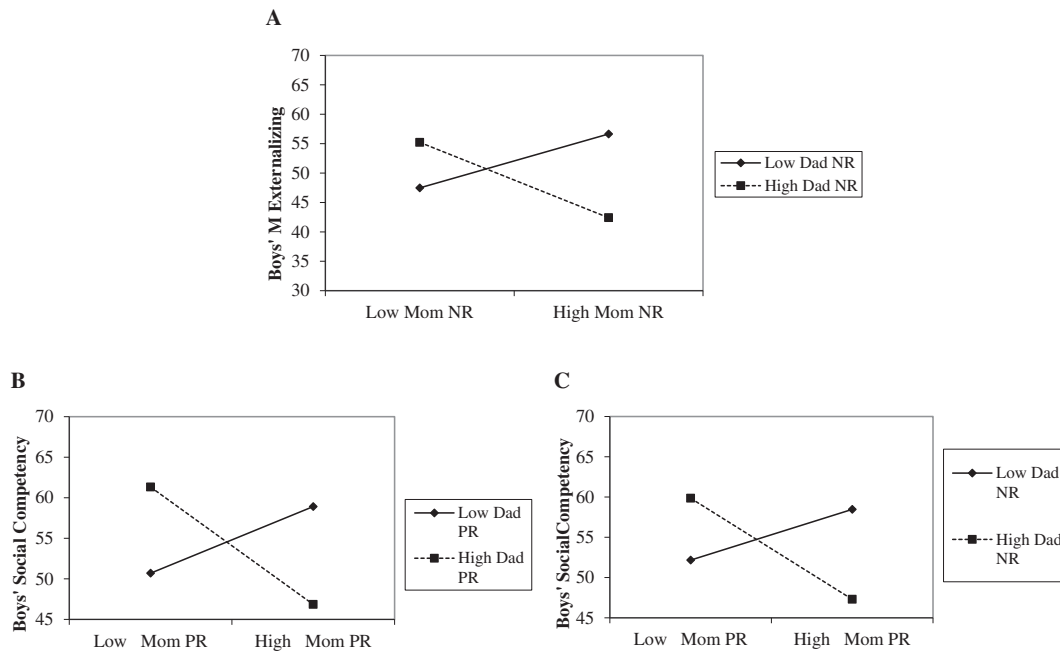


Fig. 1. Fig. 1A. Interaction between mothers' negative responsiveness and fathers' negative responsiveness during sadness discussions on boys' mother-reported externalizing symptoms. NR = Negative Responsiveness; M Externalizing = Mother-reported CBCL Externalizing. Fig. 1B. Interaction between mothers' positive responsiveness and fathers' positive responsiveness during sadness discussions on boys' social functioning. Fig. 1C. Interaction between mothers' positive responsiveness and fathers' negative responsiveness during sadness discussions on boys' social functioning.

association between maternal positive responsiveness and girls' externalizing behaviors (see Table 4). Step 2 of the model was non-significant. Overall, the more mothers were supportive of girls' sadness, the fewer externalizing problems fathers perceived their daughters to exhibit.

5.3.3. Social competency

For parent-reported social competency, both step 1 and step 2 of the model predicting girls' social functioning from parental positive responsiveness and negative responsiveness during sadness discussions were non-significant (see Table 5).

Table 5

Summary of hierarchical regression analysis for variables predicting boys' and girls' combined mother- and father-reported social competency.

Variable	Boys' Social Competency		Girls' Social Competency	
	B	(bias; SE)	B	(bias; SE)
Mom PR	-3.79	(1.07; 8.32)	3.73	(-0.06; 5.06)
Mom NR	-9.60	(-0.12; 10.11)	-4.50	(0.25; 5.89)
Dad PR	0.81	(-0.31; 3.23)	4.25	(-0.03; 1.93)
Dad NR	2.26	(-0.07; 10.28)	-	-
Mom PR × Dad PR	-36.65**	(0.21; 18.95)	-2.61	(-2.23; 13.35)
Mom PR × Dad NR	-95.10**	(-2.97; 45.30)	-	-
Mom NR × Dad PR	-17.50	(0.76; 22.48)	-10.04	(0.01; 12.56)
Mom NR × Dad NR	14.12	(-3.72; 59.12)	-	-
Step 1 R ²	0.04		0.08	
F for change in R ²	0.33		0.58	
Step 2 R ²	0.43		0.10	
F for change in R ²	5.56*		0.46	

PR = Positive Responsiveness. NR = Negative Responsiveness. Social Competency = Combined Mother and Father CBCL Social Competency T score.

* $p < 0.05$.

** $p < 0.01$.

6. Discussion

The goal of the current study was to use parent-child emotion discussions as a lens through which mothers' and fathers' responses to children's sadness could be examined, with particular attention paid to parent and child sex differences. This study represents a novel and important contribution to the emotion socialization literature in that we explored the separate and interactive effects of mothers' and fathers' positive and negative responses on children's psychological and social functioning. The results yielded an interesting but complex pattern of findings, which indicate that the combined efforts of maternal and paternal emotion socialization are not simply additive (i.e., more support = better outcomes), but appear to operate in different ways.

The primary hypothesis examined the interactive influences of mothers' and fathers' responses to their children's sadness discussions. Regarding children's internalizing symptoms, the more mothers were more positively responsive to their daughters' sadness, the fewer father-reported internalizing symptoms girls exhibited, which is consistent with the literature (Buckholdt, Parra, & Jobe-Shields, 2009; Sheeber, Davis, Leve, Hops, & Tildesley, 2007). Having an outlet to express sadness, as opposed to suppressing these emotions, appears to be adaptive for girls. Interestingly, this finding was not present for boys for either mother- or father-report of internalizing behaviors. It may be that support for sadness does not operate in the same manner for boys as for girls. Indeed, Rose et al. (2012) found that, in the context of friendships, compared to girls, boys expected that the disclosure of their personal problems would make them feel "weird" or be a waste of time. This view is also reinforced by the broader peer group in which middle school age boys who express sadness have lower peer acceptance and are rated as having more social problems by their parents (Perry-Parrish & Zeman, 2011).

With respect to children's externalizing symptoms, mothers' positive responsiveness scores were negatively associated with their daughters' externalizing behaviors as perceived by fathers. This finding

approached significance ($p = 0.056$) and thus, must be interpreted with caution. No main effects of parental socialization were found for boys' externalizing behaviors. These findings mirror past research regarding parental emotional support and children's externalizing problems (Denham et al., 2000). That is, it appears that mothers may be more "in tune" with the emotions of their daughters (Cassano et al., 2007) and that mothers serve as more salient socialization role models for their daughters compared to their sons (Brody & Hall, 2000).

However, there was a significant interaction between mothers' and fathers' negative responsiveness on mother-reported externalizing symptoms for boys. Interestingly, boys with two highly negatively responsive parents evidenced the lowest levels of externalizing symptoms, whereas boys with a negatively responsive mother and a disengaged father had the highest mother-reported externalizing symptoms. This finding is inconsistent with research regarding the effects of dyadic parenting which revealed that having two unsupportive or uninvolved parents is associated with the highest degree of externalizing behavior problems in children (Meteyer & Perry-Jenkins, 2009). It could be that having two parents who are consistently unsupportive of their sons' sadness displays may generalize to boys' suppression of outward displays of negative emotions that are commonly associated with externalizing symptomatology, such as anger outbursts and aggressive behaviors. It may also be the case that these boys have learned not to rely on their parents for emotional support and are able to express and elicit supportive reactions from other important socialization agents in their lives (e.g., peers, teachers) who help buffer against the development of externalizing behavior problems.

Interestingly, there were no significant associations with respect to father-reported externalizing symptoms for their sons. Although the current study was cross-sectional (therefore precluding inferences regarding the directionality of effects), given the dynamic nature of emotion socialization, is possible that mothers who hold "emotion dismissing" meta-emotion philosophies may be more likely to respond unsupportively to their sons' sadness. Mothers may also perceive their sons' externalizing symptoms as particularly aversive which, in turn, could heighten mothers' own negative emotionality and further perpetuate the provision of unsupportive socialization responses to their sons' sadness expression (Wong, Halberstadt, & McElwain, 2009). It may also be that negatively responsive parents may be more likely to minimize, ignore, or be unaware of their children's internalizing and externalizing symptoms and, consequently, under-report their symptoms of psychopathology.

Finally, parents' sadness socialization efforts were associated with children's social competency. Interestingly, unlike internalizing and externalizing behaviors, parents were concordant in their perception of their children's social competency. Somewhat paradoxically, boys who had one positively responsive parent and one parent low in positive responsiveness (i.e., disengaged) evidenced the most adaptive levels of social functioning. Relatedly, the second significant interaction revealed that having a highly supportive mother and a father low in negative responsiveness (i.e., disengaged) or having a mother low in positive responsiveness (i.e., disengaged) and a highly negatively responsive father was associated with the highest levels of boys' social competency. Consistent with previous research, it follows that the boys who are best able to modulate their emotional reactivity and expressivity have the most optimal social functioning outcomes. Although having two parents who both respond positively to their child's sadness expression comprises the most optimal model of parenting espoused in the clinical literature (Wagner et al., 1996), it is notable that having at least one parent who is responsive (positive and negative) while the other is disengaged also yields positive outcomes.

These unexpected findings are, however, consistent with recent research espousing a "divergence model" of socialization whereby the interactive influence of both parents is more important than either parent's response alone (Han, Qian, Gao, Dong, 2015; McElwain, Halberstadt, & Volling, 2007). That is, the results of both interactions

provide support for the divergence model in that that some boys may benefit from having two distinct emotion role models who, in tandem, may promote flexibility in their emotion management as a function of the demands in different social contexts. For example, McElwain et al. (2007) found that the provision of higher supportiveness by one parent, coupled with lower supportive responses from the other, was associated with the highest social functioning among 5- to 6-year-old children. Similarly, Miller and colleagues (2015) found that parents who engaged in a range of both positive and negative emotion socialization practices—including both coaching and dismissing responses—as opposed to a limited engagement or commitment to a single response, was associated with higher parent-reported social competence in their children.

These studies highlight that variability in responses, both within- and between-parents, is associated with the most adaptive social functioning outcomes. It is possible that having one parent who reinforces traditional gender norms by ignoring or disengaging from their sons' sadness but having another parent who is supportive of boys' sadness expression may provide an adaptive balance of emotional support within particular contexts. Fathers in particular may be especially likely to provide differential levels of support to their sons' emotional expressivity, compared to their daughters (Brand & Klimes-Dougan, 2010). That is, it may be beneficial for boys to down regulate sadness displays in certain peer contexts to gain social acceptance (Perry-Parrish & Zeman, 2011), but be able to express their sadness in more private contexts in order to build intimacy. Because sadness is more acceptable to express for middle-class, Caucasian girls (Perry-Parrish & Zeman, 2011), they may not need the same variety of sadness role models as boys. In sum, the current study contributes to a more nuanced understanding of the way in which emotion socialization operates in two-parent families, particularly for boys; instead of receiving uniformly positive or negative reactions, variety may be the "spice of life" for optimal social development.

6.1. Limitations and future directions

Despite the intriguing pattern of findings that emerged, the interpretation of the results needs to be tempered by considering several methodological limitations. The relatively small sample size that reduced power limits both the robustness and generalizability of the results. Additional observational studies are needed to replicate and expand on the current results. An additional limitation was the cross-sectional nature of the current study; future research should employ longitudinal analyses to better capture the dynamic relations between parent emotion socialization and children's psychosocial functioning across time. For example, certain maternal or paternal socialization practices or perceptions may contribute to the development of childhood psychopathology, which, in turn, may influence the manner in which parents respond to their children's emotions. Finally, future research should also consider the differential contributions of other important sources of emotion socialization on school-age children's socioemotional adjustment, including the role of peers, friends, siblings, grandparents, coaches, and teachers (Morris et al., 2013; Rose & Rudolph, 2006).

The current study also employed a relatively homogenous (i.e., predominantly Caucasian, middle-SES), community sample of participants, which may not be generalizable to the larger population of families. Relatedly, many of the study variables, particularly the emotion socialization codes, had low variability (e.g., very few fathers were unsupportive of their daughters' sadness), which is likely reflective of a relatively high-functioning community sample. Given that emotion socialization practices vary as a function of ethnicity, culture, and SES (e.g., Cole & Dennis, 1998), future studies should seek to include a more diverse (and therefore more representative) sample of families. Finally, given the general difficulties in recruiting fathers in developmental research (e.g., Cassano et al., 2006), it could be the case that the fathers in the current study represented a subset of "super dads" who were committed to

making the effort to participate in such a study and thus may not be representative of all fathers.

The dyadic parent-child discussion task employed may have lacked external validity in that some of the parents and children may not engage in discussions of retrospective sadness-related events in their day-to-day lives. The current study solely focused on sadness, however, the inclusion of other negative-valence emotions such as anger or fear may provide a richer, more nuanced picture of how mothers and fathers socialize their children's negative emotions and how this relates to adjustment. Finally, parental positive and negative emotional responsiveness represented separate categories of responses in this study. It may be the case that negative responses, such as ignoring a child's emotional expression, may actually be appropriate in certain contexts (e.g., a grocery store line). Future research should investigate when an ostensibly positive or negative response may actually yield benefits or more challenges.

In sum, according to the findings of the current study, it appears as though having two parents who are positively responsive to their child's sadness does indeed confer positive psychosocial benefits, particularly for girls. However, the results also suggest that having one parent—regardless of their sex—who is positively responsive to their child's sadness may be sufficiently beneficial in providing positive outcomes for boys. Although having two positively responsive parents is often the ideal espoused in the clinical literature (Wagner, Cohen, & Brook, 1996), the current study offers preliminary support for the idea that some children, particularly sons, may respond well to the “good enough” efforts of one highly supportive parent. The current study offers many promising clinical implications, particularly for children of divorced parents or in family contexts in which one parent is mentally ill or otherwise may be unable to consistently provide their child with high levels of emotional support.

Appendix A

Emotion Socialization Global Coding Manual
(based in part on Forgatch et al., 1985; Oregon Social Learning Center; unpublished)

Parental Positive/Negative Emotional Responsiveness

Definition: The degree to which the parent's style of interaction is generally positive or negative, and reflects the quality of communication skills.

A. Positive Responsiveness

0 = None. In general, the parent is **not supportive/positively involved** in the conversation.

1. The parent's participation in the conversation is at least one of the following:
 - a. Nonexistent (e.g., simply sits through the conversation)
 - b. Minimal (e.g., simply says “yes” or “no”, shakes his/her head, struggles to find something to say)
 - c. Does not promote discussion of emotion-related topics
 - d. Does not acknowledge the child's emotion
2. Does not show any clear indication of eagerness, positive responsiveness, supportiveness, reinforcement, praise, or warm/affectionate body contact.
3. Poor communication skills (e.g., the parent is rarely responsive, easy to understand, may not pay attention/seems distracted, or very slow to respond to what the child has said)

1 = Low. In general, the parent's **positive responsiveness/positive involvement in the conversation is low.**

1. The parent seems distant/removed and disengaged (e.g., displays flat affect or seems distracted or disinterested)
2. Throughout most of the conversation, the parent occasionally does **at least one** of the following:
 - Participates in the conversation
 - Is attentive/responsive
 - Acknowledges the child's emotions
 - Reinforces (e.g., “Thank you for sharing that with me!”)
 - Displays clear warm body contact (e.g., touching/patting the child's arm or back)
 - Eager (e.g., smiles, is animated)
 - Praises the child (e.g., “You did the right thing, great job!”)
 - Sympathetic (e.g., “I'm sorry you felt that way.”)
 - Validating (e.g., “You know it's ok to feel sad, right?”)
 - Overall style of interaction is **rarely** positive.
3. Adequate communication skills (e.g., the parent is minimally responsive, listens to what the child has to say, is clear, is easy to understand) but sometimes becomes distracted

2 = Moderate in general, the parent's **positive responsiveness/positive involvement in the conversation is moderate.**

Appendix 1. Throughout most of the conversation, the parent does at least two of the following:

- Participates in the conversation
 - Is attentive and responsive
 - Acknowledges the child's emotions
 - Reinforcing (e.g., “Thank you for sharing that with me!”)
 - Displays clear warm body contact (e.g., touching/patting the child's arm or back)
 - Eager (e.g., smiles, is animated)
 - Praises the child (e.g., “You did the right thing, great job!”)
 - Sympathetic (e.g., “I'm sorry you felt that way.”)
 - Validating (e.g., “You know it's ok to feel sad, right?”)
 - Overall style of interaction is only **fairly** positive.
2. The parent has moderate communication skills (e.g., the parent listens to what the child has to say, is responsive, is clear, is easy to understand)

3 = High. In general, the parent displays a genuine interest in what the child has to say and is emotionally supportive and positive overall.

3. The parent must clearly display **at least three** of the following:
 - Participates in the conversation
 - Is attentive and responsive
 - Acknowledges the child's emotions
 - Reinforcing (e.g., “Thank you for sharing that with me!”)
 - Displays clear warm body contact (e.g., touching/patting the child's arm or back)
 - Eager (e.g., smiles, is animated)
 - Praises the child (e.g., “You did the right thing, great job!”)
 - Sympathetic or empathetic (e.g., “I'm sorry you felt that way.”)
 - Validating (e.g., “You know it's ok to feel sad, right?”)
4. The parent seems to be enjoying the child and/or is actively engaged.
5. The parent has good communication skills (e.g., participates to a high degree, listens to what the child has to say, is responsive, is clear, easy to understand, asks good questions)

B. Negative Responsiveness

0 = None. The parent **never shows any blatant signs of negative responsiveness/negative involvement.**

1. Is not blatantly critical, critically sarcastic, rude, hostile, extremely whiny, disrespectful, or threatening
2. Did not minimize the seriousness of the situation, devalue the child's problem/emotional reaction
3. Does not have cold body language (e.g., defiantly crossing arms or positioning body away from child), does not make nasty remarks, does not roll eyes or make dirty faces, is not overly domineering or controlling
4. **Does not display poor communication skills** (e.g., parent does not disregard what the child has said or blatantly try to take control of the conversation; is **not** unclear or difficult to understand; does **not** interrupt).
5. Did not displayed any of the following responses:
Distress (e.g., parent getting upset)
Punitive (e.g., "Stop crying!")
Ignored child's emotion (e.g., "What do you want for dinner tonight?")

1 = Low. The parent's behavior is **occasionally negative/unsupportive**.

1. One or two discrete acts of inappropriate behavior
Being critical, critically sarcastic, extremely whiny, hostile, threatening, or combative, displaying cold body language, rolling his/her eyes, etc.
2. Occasionally displays negative body language: positioning one's body away from the child, rare instances of behaving coldly, controlling or domineering.
3. In addition, the parent occasionally **display somewhat poor communication skills**
Seem concerned with advancing own opinion or thoughts without taking into consideration what the child is saying, may ignore or disregard information the child has communicated, may be unclear or difficult to understand, or may interrupt
4. May have displayed one of the following responses:
Distress (e.g., parent getting upset)
Punitive (e.g., "Stop crying!")
Ignored child's emotion (e.g., "What do you want for dinner tonight?")

2 = Moderate. The parent's behavior is **moderately negative/unsupportive**.

1. Three or more discrete acts of inappropriate behavior (see above for examples)
2. Generally negative manner
Positioning one's body away from the child, behaving coldly (moderately so), or being moderately controlling or domineering.
3. To count as **moderate**, controlling and domineering behavior *must* be accompanied by some signs of negative affect as well.
4. In addition, the parent *may* **display moderately poor communication skills** (see above for examples)
5. May have displayed one of the following responses:
Distress (e.g., parent getting upset)
Punitive (e.g., "Stop crying!")
Ignored child's emotion (e.g., "What do you want for dinner tonight?")

3 = High. The parent's behavior is **highly negative**.

1. Several discrete acts of very inappropriate behavior (see above for examples)
2. Generally negative manner
Ex: defiantly positioning one's body away from the child, behaving extremely coldly, being highly controlling or domineering.
3. In addition, the parent *may* **display very poor communication skills** (see above for examples)
4. May have displayed one of the following responses:
Distress (e.g., parent getting upset)
Punitive (e.g., "Stop crying!")

Ignored child's emotion (e.g., "What do you want for dinner tonight?")

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