

# Maternal and paternal reactions to child sadness predict children's psychosocial outcomes: A family-centered approach

Rachel L. Miller-Slough<sup>1</sup>  | Julie C. Dunsmore<sup>1</sup> |

Janice L. Zeman<sup>2</sup> | Wesley M. Sanders<sup>3</sup> | Jennifer A. Poon<sup>4</sup>

<sup>1</sup>Virginia Tech

<sup>2</sup>College of William & Mary

<sup>3</sup>University of Vermont

<sup>4</sup>George Mason University

## Correspondence

Rachel Miller-Slough, Department of Psychology, Virginia Tech, 109 Williams Hall, Blacksburg, VA 24060.  
Email: rlm527@vt.edu

## Abstract

Parents' reactions to children's emotions shape their psychosocial outcomes. Extant research on emotion socialization primarily uses variable-centered approaches. This study explores family patterns of maternal and paternal responses to children's sadness in relation to psychosocial outcomes in middle childhood. Fifty-one families with 8- to 12-year-old children participated. Mothers and fathers reported their reactions to children's sadness and children's social competence and psychological adjustment. Cluster analyses revealed three family patterns: *Supportive* (high supportive and low non-supportive reactions from both parents), *Not Supportive* (low supportive reactions from both parents), and *Father Dominant* (high paternal supportive and non-supportive reactions, low maternal supportive and non-supportive reactions). *Supportive* families had children with higher social competence and more internalizing symptoms whereas *Father Dominant* families had children with lower social competence and fewer internalizing symptoms. *Not Supportive* families had children with average social competence and fewer internalizing symptoms. Findings are discussed in relation to the "divergence model" which proposes that a diverse range of parental responses to children's sadness, rather than a uniformly supportive approach, may facilitate children's psychosocial adjustment.

## KEYWORDS

emotion, internalizing/externalizing, middle childhood, parent-child communication, social competence

## 1 | INTRODUCTION

Parents' reactions to children's emotional displays are a form of emotion socialization through which children learn about the acceptability of expressing particular emotions and how to express their own emotions (Gottman, Katz, & Hooven, 1997). The functionalist approach posits that each emotion has its own function and action tendencies

(Campos, Campos, & Barrett, 1989). Thus, sadness, anger, and worry are unique emotional experiences with different goals and pathways to child outcomes (Campos et al., 1989; Zeman, Shipman, & Suveg, 2002), and each may be differentially socialized (Cassano, Zeman, & Sanders, 2014; Zahn-Waxler, 2010). As the majority of studies on parental emotion socialization examine negative emotions as one broad category (Brand & Klimes-Dougan, 2010; Zahn-Waxler, 2010), this study focuses on the socialization of sadness. Sadness serves the relational function of eliciting care when facing a loss that cannot be resolved alone (Campos et al., 1989). Parental socialization of sadness may therefore have broad impact on children's socio-emotional functioning because it entails interpersonal exchanges focused on regulating emotions.

Supportive reactions to children's negative emotions are associated with social competence and positive psychosocial adjustment whereas non-supportive responses are linked to internalizing and externalizing symptoms (Eisenberg, Fabes, & Murphy, 1996; Lunkenheimer, Shields, & Cortina, 2007). Most research on emotion socialization focuses on one parent (usually mothers), employs preschool-age samples, and uses variable-centered analytic approaches (Denham, Bassett, & Wyatt, 2007). Prior research on socialization of sadness and children's outcomes has often examined children's internalizing symptoms (Sanders, Zeman, Poon, & Miller, 2015; Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005) and less is known about other outcomes, such as social competence or externalizing symptoms. In this study, we extend the literature by examining how family-level patterns of maternal and paternal responses to children's sadness expressivity relate to children's social competence and internalizing and externalizing symptoms in middle childhood. Consistent with the *divergence model* (McElwain, Halberstadt, & Volling, 2007), we examined whether a family pattern in which mothers and fathers display *different* types of responses to children's sadness would emerge and, if so, whether this pattern would be related to better social competence and lower internalizing and externalizing symptoms than other patterns in which the parents do not diverge in their socialization responses.

## 1.1 | Parental emotion socialization

### 1.1.1 | Supportive and non-supportive responses to children's emotions

The literature has traditionally dichotomized parental responses to children's emotions into supportive and non-supportive categories (Denham et al., 2007; Morris, Silk, Steinberg, Myers, & Robinson, 2007). These responses provide immediate feedback regarding the acceptability of the child's emotional expressivity and are thus thought to contribute to the development of children's emotion regulation (Morris et al., 2007). Supportive responses, such as attending to or encouraging the child's emotion, communicate the appropriateness of emotion expression. Non-supportive responses, such as ignoring the child's emotion, punishing emotional expressivity, or reciprocating negative affect, communicate that the child's emotions are unacceptable and should be suppressed or modified (O'Neal & Magai, 2005). Supportive and non-supportive responses can co-exist within a parent as well as within families, in that there may be use of both supportive and non-supportive responses.

### 1.1.2 | Socializing roles of mothers and fathers

Most of the parental emotion socialization literature has focused exclusively on maternal emotion socialization or has examined samples with few father participants, limiting the conclusions that can be drawn regarding the influence of fathers (McDowell, Kim, O'Neil, & Parke, 2002; Miller-Slough & Dunsmore, 2016). Mothers and fathers have unique relationships with their children and may play different roles in socializing children's emotions (Brand & Klimes-Dougan, 2010; Shewark & Blandon, 2015). For example, research indicates that compared with fathers, mothers are more likely to discuss emotions with their elementary-school-age children and take a more active role in helping their children label and understand their emotions (Brand & Klimes-Dougan, 2010; Cassano & Zeman, 2010; Cassano, Zeman, & Perry-Parrish, 2007). Mothers also report providing more supportive responses to their elementary-school-age children's emotions, with fathers delivering more non-supportive responses (Baker, Fenning, & Crnic, 2011; Cassano et al., 2007; McElwain et al., 2007).

Relevant to the current study's focus on sadness, research indicates that fathers are more likely to distract from or dismiss children's sadness than to respond supportively, a pattern that has not been found for mothers (Cassano et al.,

2007). Sadness is associated with loss and need for relational support (Campos et al., 1989) and typically socialized as more acceptable for girls to experience and express than boys (Brody & Hall, 2008). As such, fathers may demonstrate fewer supportive responses to their children's sadness because they may have less experience and ease with expressing their own sadness due to gendered expectations for sadness expressivity (Cassano et al., 2014). Interestingly, the relative absence of fathers' support for sadness may make fathers' responses, when they do occur, especially salient to children. However, more information is needed about fathers' responses to better understand the range of feedback children receive about their sadness expressivity (Cassano, Adrian, Veits, & Zeman, 2006; Fosco & Grych, 2013; Lamb & Lewis, 2004).

Other parent characteristics, such as age and education, may also shape socialization responses, though few studies have examined these links. Maternal age has been associated with fewer non-supportive responses (Wong, McElwain, & Halberstadt, 2009); however, father age has yet to be examined. Regarding level of education, father (but not mother) education has been associated with higher emotion coaching (Baker et al., 2011), although another study found no relation of maternal and paternal education to socialization responses (McElwain et al., 2007). Much remains to be discovered regarding how parent characteristics may relate to their socialization practices, and regarding how mothers and fathers jointly socialize emotions.

### 1.1.3 | Support for a family-centered approach

We provide a novel perspective on the joint contributions of maternal and paternal emotion socialization by using a person-centered (or, in our case, family-centered) data analytic approach. Studies addressing both mother and father emotion socialization typically examine parents as separate (albeit sometimes interactive) contributors (e.g., Cassano et al., 2007; Morelen & Suveg, 2012; Sanders et al., 2015; Suveg et al., 2008), or as a summative composite (i.e., Lunkenheimer et al., 2007). Though studies with variable-centered approaches take full advantage of variance in the maternal and paternal socialization variables (e.g., associations of maternal supportive responses with internalizing symptoms), they may fail to describe *interrelations* of these variables *within* individuals or families (e.g., family patterns of different maternal and paternal socialization responses with internalizing symptoms). Thus, a variable-centered approach limits the inferences that may be drawn regarding the range of socialization messages that individual children receive within their family system and how patterns in these responses relate to children's outcomes.

McElwain and colleagues (2007) address the importance of examining patterns of parents' socialization responses in the *divergence model*, whereby the best child outcomes may be seen when parents exhibit different responses to their child's emotions. According to the divergence model, experience with diverse responses helps children learn a wider range of emotion regulation responses that are sensitive to the specific demands of a particular context (e.g., masking sadness in effort to be successful with peers). Conversely, children who receive predominantly supportive or non-supportive responses to their emotions may learn only one or two styles in which they either always express (e.g., under-controlled style) or inhibit (i.e., over-controlled style) their emotions (Dunsmore & Halberstadt, 1997). A family-centered approach is well-suited for examining: (a) whether patterns of difference in maternal and paternal responses to children's sadness consistent with the divergence model characterize some families, and (b) how family-level patterns of maternal and paternal responses relate to children's outcomes. In the next section, we describe research on emotion socialization of our outcomes of interest, social competence and child psychopathology, with reference to the divergence model.

## 1.2 | Parent supportive and non-supportive responses and child outcomes

### 1.2.1 | Social competence

Several studies indicate that parents' supportive and non-supportive reactions are relevant to social competence in elementary-school-age children, with supportive responses linked to higher social competence and non-supportive responses linked to lower social competence (Baker et al., 2011; Eisenberg et al., 1996; Jones, Eisenberg, Fabes, & MacKinnon, 2002). However findings vary by parent and analytic approach, and are often restricted to examining broad indices of negative emotion. Germane to the divergence model, McElwain and colleagues (2007) examined the

interactive effects of mothers' and fathers' responses on children's social competence. As hypothesized, they reported that the mixture of fewer supportive responses from one parent and more supportive responses from the other parent was associated with higher social competence in 5- to 6-year-old children. Conversely, more supportive responses from both parents were associated with lower social competence, suggesting that a range of responses may provide children with a more nuanced understanding of emotions and flexibility in their expressivity, thus facilitating better child outcomes (McElwain et al., 2007).

Miller and colleagues (2015) reported similar findings using a family-centered approach, similar to the approach in this study, to explore how patterns of parental emotion socialization strategies relate to social competence in 5-year-old children (Miller, Dunsmore, & Smith, 2015). This study found two patterns. The first pattern depicted "High Involvement" parents who endorsed active engagement in a range of socialization responses (positive and negative expressivity, emotion coaching and emotion dismissing). The second pattern ("Low Involvement") consisted of parents who reported low engagement in a range of these responses to their child's emotions. Children with High Involvement parents had higher parent-reported social competence than children with Low Involvement parents, again supporting the possibility that a range of socialization responses from parents may facilitate positive outcomes for children.

### 1.2.2 | Child psychopathology

Research on child psychopathology typically links supportive parental responses to better outcomes and non-supportive responses to poorer outcomes (Morelen & Suveg, 2012; Sanders et al., 2015; Suveg et al., 2005, 2008). However, these studies vary in their diagnostic focus and conclusions are limited regarding the unique roles of mothers and fathers or family-level patterns of emotion socialization. In regard to the divergence model, only one study to date has examined the potential benefits of receiving a range of socialization responses from parents in the context of child psychopathology. Lunkenheimer and colleagues (2007) examined mothers' and fathers' emotion coaching and dismissing remarks<sup>1</sup> with respect to internalizing symptoms in a community sample of elementary-school-age children during an emotion-remiscing task. Summing emotion coaching remarks across parents, the results indicated that parental emotion coaching moderated the impact of emotion dismissing responses on internalizing symptoms, such that children who received *both* emotion coaching and dismissing responses from their parents had fewer internalizing symptoms. Conversely, children who received emotion dismissing responses in the absence of emotion coaching responses had more internalizing symptoms.

This study suggests that exposing children to a range of parental emotion socialization responses is associated with better outcomes. These findings provide further support for the divergence model and parallels findings with social competence (McElwain et al., 2007; Miller et al., 2015). It is possible that children who receive a relatively homogenous array of responses (e.g., highly supportive, highly non-supportive) may have dysregulated emotional displays that, over time, may facilitate development of various forms of psychopathology.

## 1.3 | Middle childhood

Though much emotion socialization research focuses on earlier childhood (i.e., 3–6 years), parents continue to remain influential in shaping children's emotions and communicating norms for emotion expression in middle childhood (i.e., 7–12 years; Denham et al., 2007; Zeman, Cassano, & Adrian, 2013). As children enter middle childhood, the expectations for managing negative emotions increase and may influence parents' supportive and non-supportive responses to their child's emotional displays (Cassano & Zeman, 2010; Klimes-Dougan et al., 2007). Further, children encounter new social and emotional challenges during middle childhood for which they continue to rely on their parents' guidance, such as navigating friendships and increasing academic demands, as well as the biological and cognitive changes that impact affective processes (Klimes-Dougan & Zeman, 2007; Zeman, Perry-Parrish, & Cassano, 2010). Thus, our focus on middle childhood is an important expansion of the literature. In regard to child gender, research indicates that parents respond differently to boys' and girls' emotions (Chaplin, Cole, & Zahn-Waxler, 2005; Zahn-Waxler, 2010), thus we included child gender as a covariate in the current study.

## 1.4 | This study

This study used a family-centered analytic approach (i.e., hierarchical and k-means cluster analyses) to determine patterns of maternal and paternal responses to children's sadness, which were then examined in relation to children's social competence and symptoms of psychopathology. Based on prior research with family-centered (Miller et al., 2015) and variable-centered (McElwain et al., 2007) approaches, we expected the following patterns to emerge: (a) both mothers and fathers report high supportive responses and low non-supportive responses to children's sadness, (b) both mothers and fathers provide low supportive responses and high non-supportive responses to children's sadness, and (c) mothers and fathers show differing supportive and non-supportive responses, with one parent high on supportive and the other parent high on non-supportive responses ( $H_1$ ). There are no specific hypotheses regarding associations of parent and child characteristics (i.e., gender, age, education) with socialization patterns, as this was a novel approach to understanding family-level emotion socialization and, thus, these analyses were exploratory.

It was also expected that parents' emotion socialization patterns would relate to child psychosocial adjustment, such that children who received a mix of supportive and non-supportive responses from mothers and fathers would have better outcomes (e.g., higher social competence, lower internalizing and externalizing symptoms) than children who received predominantly supportive responses from both parents ( $H_{2A}$ ) or non-supportive responses from both parents ( $H_{2B}$ ).

## 2 | METHOD

### 2.1 | Participants

Participants included 51 children (8–12 years old,  $M = 9.50$  years,  $SD = 1.00$ , 29 boys) and both of their parents (paternal age  $M = 44.31$  years,  $SD = 7.57$ , maternal age  $M = 42.29$  years,  $SD = 5.67$ ). This was a subsample of a larger study on children's emotional adjustment ( $N = 119$ ; Sanders et al., 2015), with only two-parent families included in the present analyses. Most children were Caucasian (90.2%), with 3.9% identifying as African American, 3.9% Asian American, and 2.0% Hispanic. The sample was predominantly middle class: 37.3% of mothers and 33.3% of fathers had a college degree, and 41.2% of mothers and 33.3% of fathers had graduate degrees. Regarding marital status, 80.2% of biological parents were married, 5.9% were remarried, 3.9% were divorced/separated, and 2.0% were cohabitating. Most parents were the child's biological parents (92.2%), with few adoptive parents (5.9% adoptive mothers, 5.9% adoptive fathers) and step-parents (2.0% step-mothers, 2.0% step-fathers).

### 2.2 | Procedure

Families were recruited through five elementary schools within a Virginia public school district. After providing informed consent and assent, parents completed questionnaires in a university lab setting. Mothers and fathers completed questionnaires independently in different rooms, while a research assistant administered questionnaires to the child in another room as part of the larger study. Families received a \$25 gift card for their participation and children received a small toy.

### 2.3 | Measures

#### 2.3.1 | Coping with children's negative emotion scale (CCNES)

Mothers and fathers reported their reactions to their child's sadness on the CCNES (Fabes, Eisenberg, & Bernzweig, 1990). This measure depicts 12 hypothetical vignettes of children expressing negative emotions. Parents are asked to imagine that the child depicted in the scenario is their child and to report how they would respond to "their child" on a 7-point Likert scale (1 = *Very Unlikely*, 7 = *Very Likely*). The four vignettes that pertain to sadness (e.g., "If my child loses a prized possession and reacts with tears, I ...") were used in this study, an approach that has been used in other research (Cassano & Zeman, 2010; Cassano et al., 2014). The CCNES assesses six parental responses, including

Emotion-focused (“I comfort my child and try to get him/her to think about something happy”), Problem-focused (“I help my child think of something else to do”), Expressive Encouragement (“I tell my child it is okay to cry when you feel unhappy”), Minimize (“I tell my child that he (she) is overreacting”), Punish (“I tell my child that if he/she starts crying then we will have to go home right away”), and Distress (“I get upset with him/her”). These six responses were assessed in each of the four vignettes, which were averaged to create the six subscales for this study.

Based on practice in prior research with children in middle childhood (Shaffer, Suveg, Thomassin, & Bradbury, 2012; Williams & Woodruff-Borden, 2015), two broad response composites were constructed. Specifically, the first category reflected Supportive Responses (average of the problem-focused, emotion-focused, and expressive encouragement subscales;  $r_s = .32-.68$ ,  $p_s = .001-.01$  for mothers;  $r_s = .07-.46$ ,  $p_s = .001-.60$  for fathers) and the second pertained to Non-supportive Responses (average of the minimize, punitive, and distress subscales;  $r_s = .06-.26$ ,  $p_s = .05-.63$  for mothers;  $r_s = .15-.60$ ,  $p_s = .001-.27$  for fathers). These two categories also have a strong theoretical basis, as they reflect the emotion coaching and emotion dismissing dimensions of the meta-emotion philosophy (Gottman et al., 1997). The internal consistency of these two broad categories was adequate (Cronbach's  $\alpha$  for Mother Supportive = .82, Mother Non-supportive = .34, Father Supportive = .76, Father Non-supportive = .64) and comparable to those of other studies using the CCNES (Cassano et al., 2007; Shaffer et al., 2012; Williams & Woodruff-Borden, 2015).

### 2.3.2 | Child behavior checklist (CBCL)

Using a 3-point scale (0 = *Not True*, 2 = *Very True*), mothers and fathers each reported on their child's social competence and internalizing and externalizing symptoms on the 113-item CBCL, a standard screening measure for child psychopathology behaviors (Achenbach & Rescorla, 2001). This study used the broad-band indices including the Internalizing index (32 items total; e.g., “My child feels worthless or inferior.”), the Externalizing index (35 items total; e.g., “My child is disobedient in the home.”), and the Social Competence subscale (6 items total; e.g., “How well does your child get along with other kids?”). Some items of the Social Competence scale were not on a 3-point scale and were a frequency count (e.g., How many close friends does your child have?). Given the community sample, raw summary scores were used in analyses rather than *T*-scores to preserve the range of responses. Internal consistency was strong (Cronbach's  $\alpha = .81-.88$ ). When *T*-scores were examined for descriptive purposes, maternal report indicated that 16 children had internalizing symptoms and five children had externalizing symptoms in the clinical range ( $T > 70$  indicates clinically elevated symptoms). Paternal report indicated 10 children with elevated internalizing symptoms and two children with elevated externalizing symptoms.

## 3 | RESULTS

### 3.1 | Preliminary analyses

Correlations (see Table 1) and *t* tests indicated no significant child age or gender differences in parent emotion socialization responses or child outcomes. Mothers' non-supportive reactions were related to maternal reports of child externalizing symptoms and paternal reports of child social competence. Maternal and paternal age were both unrelated to emotion socialization responses and child outcomes. Higher paternal education was related to lower paternal supportive responses, but there were no differences for maternal education.

### 3.2 | Patterns of maternal and paternal emotion socialization

Regarding  $H_1$ , a two-step clustering technique was implemented to determine patterns in parent socialization responses (Henry, Tolan, & Gorman-Smith, 2005). First, hierarchical cluster analysis was used as a data-driven approach to determine the optimum number of clusters using Ward's method. Data were standardized prior to analysis to reduce misclassification errors that can result from variable scaling (Magidson & Vermunt, 2002). Patterns of maternal and paternal responses were examined in the cluster plot from this analysis and indicated three distinct clusters of parental

TABLE 1 Correlations between parental reactions and child outcomes

	1	2	3	4	5	6	7	8	9	10	11	12	Range	M	SD
1. Child age	1												8-11	9.50	1.00
2. Child gender	.03	1											-	-	-
3. M supportive <sup>a</sup>	.22	.26	1										3.58-7	5.65	0.81
4. F supportive <sup>a</sup>	-.06	.08	.18	1									3.42-7	5.49	0.79
5. M non-supportive <sup>a</sup>	.01	-.13	-.12	-.10	1								1.50-4	2.63	0.50
6. F non-supportive <sup>a</sup>	-.01	-.06	-.16	.09	.09	1							1.50-5	3.00	0.78
7. Social competence-MR	.18	.09	.20	.07	-.10	-.13	1						4.5-13.50	9.54	2.21
8. Internalizing-MR	.07	-.03	.20	.06	.22	-.15	.00	1					0-31	10.08	6.55
9. Externalizing-MR	.02	-.15	.07	.00	.36*	-.11	-.10	.46*	1				0-28	6.36	5.80
10. Social competence-FR	.13	-.01	-.04	.06	-.32*	-.09	.40*	-.19	-.16	1			5-14	9.77	1.94
11. Internalizing-FR	-.24	.00	.06	.08	.10	.14	-.21	.43*	.04	-.27	1		0-21	7.57	4.72
12. Externalizing-FR	.02	.13	.10	.03	.15	.21	-.17	-.03	.01	-.04	.13	1	0-59	7.16	11.03

Note. M = Mother; F = Father; MR = mother report; FR = father report.

<sup>a</sup>Minimum/maximum possible scores = 1/7.

\* $p < .05$ .

TABLE 2 Means of parental socialization clusters

Cluster label	CCNES subscales			
	Mother supportive	Father supportive	Mother non-supportive	Father non-supportive
Supportive	.67	.45	-.67	-.57
Not Supportive	-.65	-.54	.15	-.39
Father Dominant	-.14	.58	-.27	1.26

Note. CCNES = Coping with Children's Negative Emotions Scale CCNES subscale scores displayed as z-scores.

responses. The 3-cluster solution was then confirmed by k-means cluster analysis, which revealed the means of each cluster. The following interpretations are based on the z-scores and significant mean differences for each cluster, reported in Table 2.

Cluster 1 ( $n = 25$ , 13 boys,  $M$  age = 9.56 years) consisted of mothers who reported high levels of supportiveness and low levels of non-supportiveness. Fathers in this cluster reported moderate levels of supportiveness and low levels of non-supportiveness. As such, this cluster was termed *Supportive* to reflect the presence of supportiveness and low levels of non-supportiveness. Cluster 2 ( $n = 14$ , 9 boys,  $M$  age = 9.42 years) consisted of mothers who endorsed slightly above average levels of non-supportiveness and low levels of supportiveness. Fathers in this cluster also endorsed low levels of both supportive and non-supportive reactions. As such, this cluster was termed *Not Supportive* to reflect the relative absence of support. Cluster 3 ( $n = 12$ , 7 boys,  $M$  age = 9.50 years) contained mothers who endorsed moderately low levels of both supportive and non-supportive reactions whereas fathers endorsed high levels of both supportive and non-supportive reactions. Given the higher responses from fathers on both types of responses, this cluster was termed *Father Dominant*.

Logistic regressions examined whether any parent demographic variables (education, age) or child demographic variables (age, gender) were related to the parent socialization clusters. Cluster membership was dummy-coded so that likelihood of family membership in each cluster was modeled compared with membership in either other cluster. Results for membership in the *Supportive* cluster indicated a trend,  $X^2(6, N = 51) = 11.51, p = .07$ , with families in the *Supportive* cluster more likely to have mothers with higher education ( $B = 1.26, \text{Exp}(B) = 3.53, p = .02$ ) and younger fathers ( $B = -0.13, \text{Exp}(B) = .86, p = .03$ ). None of the demographic variables were related to likelihood of family membership in the *Not Supportive* cluster,  $X^2(6, N = 51) = 4.43, p = .62$ . Finally, results for membership in the *Father Dominant* cluster showed significant differences from other clusters,  $X^2(6, N = 51) = 15.64, p = .02$ . Families in the *Father Dominant* cluster were more likely to have mothers with lower education ( $B = -1.40, \text{Exp}(B) = .24, p = .04$ ) and older fathers ( $B = .21, \text{Exp}(B) = 1.23, p = .001$ ). Child gender and age were unrelated to family membership in any of the clusters.

### 3.3 | Parent emotion socialization patterns and child outcomes

Regarding Hypothesis 2, a Repeated-Measures ANOVA examined whether parent socialization cluster was related to children's outcomes. Reporter (mother, father) and outcome type (social competence, internalizing, externalizing) were included in all analyses as within-subjects factors to examine direct effects and interactions, as well as to account for shared variance. For the purposes of this analysis, social competence was reverse-scored with the minimum set at 0 so that directionality of outcomes would be consistent with internalizing and externalizing scores. With this alteration, lower scores indicated better social competence and higher scores indicated poorer social competence.

There was a significant main effect of outcome type,  $F(2, 45) = 17.22, \text{Wilks}' \lambda = 0.57, p = .001, \eta^2_G = .06$  (see Table 3), indicating outcomes were distinct from one another. The main effect was attenuated by the significant outcome type X cluster interaction,  $F(4, 90) = 2.52, \text{Wilks}' \lambda = .81, p = .04, \eta^2_G = .02$ . Follow-up contrasts showed that family cluster membership predicted differences in internalizing and social competence scores,  $F(2, 46) = 4.97, \text{Wilks}' \lambda = .82, p = .01$ . However, there were no differences according to family cluster membership for externalizing scores



TABLE 3 Repeated-measures ANOVA of parent socialization cluster on child outcomes

Within-subjects effects	Wilks' $\chi$	F
Outcome Type	.57	17.22*
Parent Reporter	1.00	0.13
Outcome Type X Cluster	.81	2.52*
Parent Reporter X Cluster	.90	2.68 <sup>†</sup>
Outcome Type X Parent	.90	2.43 <sup>†</sup>
Outcome Type X Parent Reporter X Cluster	.86	1.71
Between subjects effects		F
Cluster		.86

\* $p < .05$ ; <sup>†</sup> $p < .10$ .

compared with either internalizing or social competence. Because this interaction was not moderated by parent reporter, mother and father reports of each type of outcome were z-scored and combined for the purposes of illustrating this interaction. Regarding social competence, reports of children's social competence were higher<sup>2</sup> for parents in the *Supportive* cluster, approximately average for parents in the *Not Supportive* cluster, and lower for parents in the *Father Dominant* cluster (see Figure 1). Regarding internalizing symptoms, reports of children's internalizing symptoms were higher for parents in the *Supportive* cluster and lower for parents from the *Not Supportive* and *Father Dominant* clusters.

Finally, two marginal findings are noteworthy regarding patterns in parent reporting. First, there was an interaction between outcome type and parent reporter,  $F(2, 45) = 2.43$ , Wilks'  $\chi = .90$ ,  $p = .099$ ,  $\eta^2_G = .01$ . Examination of simple effects showed that mothers reported higher child internalizing symptoms than did fathers,  $F(1, 46) = 4.31$ , Wilks'  $\chi = .91$ ,  $p = .043$ , but there was no difference in mothers' and fathers' reports of externalizing behaviors and social competence,  $ps > .48$ . Second, there was an interaction between parent reporter and cluster,  $F(2, 46) = 2.68$ , Wilks'  $\chi = .90$ ,  $p = .079$ ,  $\eta^2_G = .02$ . Examination of simple effects showed a trend for mothers in the *Father Dominant* cluster to report less problematic behavior (lower internalizing and externalizing symptoms, greater social competence) compared with those in the *Supportive* cluster,  $F(1, 46) = 3.88$ ,  $p = .055$ . Mothers in the *Not Supportive* cluster did not differ from either other cluster,  $ps > .28$ , and there was no difference across clusters in fathers' reports of problematic behaviors,  $ps > .12$ . These trends were unexpected and suggest the importance of accounting for parent reporting patterns in analyses.

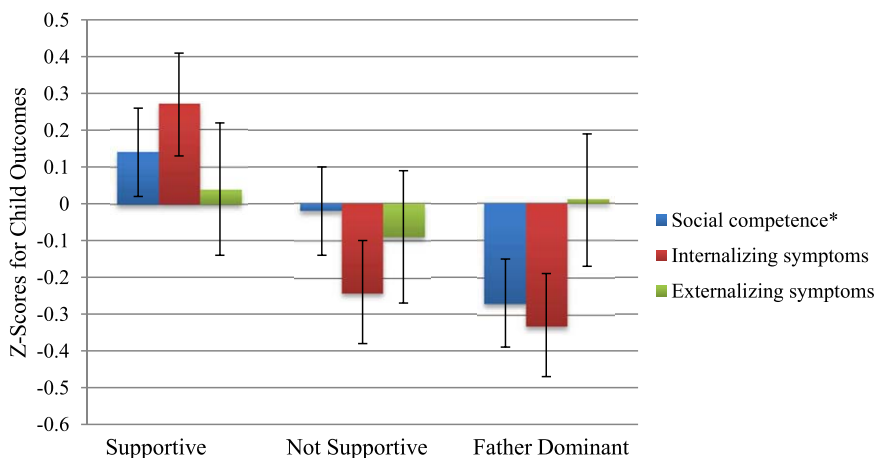


FIGURE 1 Child outcomes by parent socialization cluster

Note. \*The figure depicts raw social competence scores for ease of interpretation, not the reverse-scored social competence scores used in analyses

## 4 | DISCUSSION

Extant research indicates that parents socialize their children's emotions in middle childhood through their responses to children's emotional displays, which has implications for children's psychosocial functioning (Denham et al., 2007; Eisenberg, Cumberland, & Spinrad, 1998; Morris et al., 2007). However, most studies focus on the influence of mothers, and studies that do include both parents often examine them separately or as a composite rather than addressing family-level influences (Lunkenheimer et al., 2007; McElwain et al., 2007; Morelen & Suveg, 2012). Examining family-level patterns of emotion socialization responses provides a more nuanced and potentially more ecologically valid view of how children's emotional expressivity is socialized (Shewark & Bandon, 2015). Further, there is little research on patterns in mothers' and fathers' responses to children's sadness in relation to children's psychosocial outcomes. This study contributes to the literature by examining both mothers' and fathers' responses to their children's sadness, by identifying family-level patterns of maternal and paternal responses, and by investigating how these patterns relate to children's social competence and symptoms of psychopathology.

### 4.1 | Patterns of maternal and paternal socialization of children's sadness

There was partial support for  $H_1$ , which proposed that three distinct patterns of mother and father emotion socialization responses would be observed. Our two-step cluster analysis did indeed support three patterns. The composition of each cluster, however, was not entirely as expected. The first two patterns reflected parents who were largely congruent and homogenous in their approach to children's sadness: (a) parents who were both higher in their supportive responses (*Supportive*), and (b) parents who were both lower on their supportive responses (*Not Supportive*). The third pattern, however, reflected families in which fathers were high in both supportive and non-supportive responses and mothers were slightly below average on both supportive and non-supportive responses (*Father Dominant*). This pattern is consistent with patterns documented in preschool samples (Miller et al., 2015), with the exception that these findings reflect families in which *fathers*, but not mothers, demonstrate diverse emotion socialization. That is, these fathers are more actively responding to their children's with both non-supportive and supportive responses. The presence of this *Father Dominant* pattern is novel and particularly intriguing in light of the larger literature base on maternal emotion socialization. It appears that, in these families, fathers are more involved or "take the lead" in their children's emotional lives by actively responding to sadness displays.

These three patterns highlight the importance and utility of understanding *both* parents' range of emotion socialization responses. Rather than examining each socialization response in isolation, the findings of this study illustrate the importance of observing both parents' responses in tandem. That is, the effects of a parent's supportive responses need to be examined with respect to that parent's own level of non-supportive responses and in relation to their co-parent's supportive and non-supportive responses as it offers a more comprehensive understanding of how families socialize children's emotions (Fosco & Grych, 2013; Lamb & Lewis, 2004; Shewark & Bandon, 2015).

Interestingly, parents were somewhat consistent with each other within the first two patterns. For example, the *Supportive* cluster contained parents who *both* demonstrated moderate to high supportiveness and low non-supportiveness. This could be evidence of homophily in parents who have chosen each other as partners because they have similar expressive styles or meta-emotion philosophies, which is an interesting departure from prior research indicating mother-father discrepancies in emotion socialization (Baker et al., 2011).

We also note interesting differences in maternal education and paternal age across clusters. Namely, parents who both exhibited more supportive responses (*Supportive*) tended to be younger fathers and mothers with more education. Conversely, parents with a more diverse range of responses (*Father Dominant*) tended to have older fathers and mothers with less education. Perhaps greater life experience (i.e., age) may lead fathers to approach their children's emotions in a more flexible and differentiated manner. It is also interesting that there was no parallel *Mother Dominant* cluster. Because mothers more commonly participate in research, perhaps families that fit this pattern would be less likely to have fathers participate altogether. Relatedly, there was not a *Non-Supportive* cluster (with both parents high on non-supportive responses). Further research that is less explicitly focused on emotions may be needed to draw parents

with a broader array of response patterns. Overall, our family-centered approach provided a novel perspective from which to understand the family context of emotion socialization, and suggested two patterns characterized by similarity between parents (*Supportive* and *Not Supportive*) and one pattern characterized by greater father involvement in both supportive and non-supportive responses (*Father Dominant*).

## 4.2 | Association of maternal and paternal response patterns with child outcomes

We expected that children who received a mixture of supportive and non-supportive responses from mothers and fathers would have better outcomes (higher social competence, lower internalizing and externalizing symptoms) than children who received predominantly supportive responses from both parents ( $H_{2A}$ ) or high non-supportive responses from both parents ( $H_{2B}$ ). Because we found no *Non-Supportive* cluster, we could not directly examine  $H_{2B}$ . Below we address  $H_{2A}$  according to child outcomes.

### 4.2.1 | Social competence

This hypothesis ( $H_{2A}$ ) was not supported with respect to children's social competence, in that children who received predominantly supportive responses from their parents were rated higher in social competence. However, these findings are in line with prior research examining mothers' responses (Baker et al., 2011; Eisenberg et al., 1996) and indicate the potentially additive effects of mothers' and fathers' support (McElwain et al., 2007). Children who received non-supportive responses from both parents had average social competence. Contrary to prior work (McElwain et al., 2007), children who received both more supportive and more non-supportive responses from fathers had lower social competence. This study used a different analytic approach (family-centered) with a slightly older sample than McElwain and colleagues (2007), which may explain this difference. In sum, it appears that supportive responses from both parents may facilitate higher social competence in children, perhaps because these responses model attentive and caring behavior that children may replicate with their peers.

### 4.2.2 | Internalizing symptoms

Regarding internalizing symptoms,  $H_{2A}$  was supported in that children had lower internalizing symptoms when fathers demonstrated a mix of supportive and non-supportive responses, and mothers were below average on all responses (*Father Dominant* cluster). Perhaps a mix of supportive and non-supportive reactions to child sadness is optimal in regard to internalizing symptoms because sadness is acknowledged, yet not inadvertently reinforced. In this sense, non-supportive responses may serve as a gentle redirection to keep children from dwelling on their sadness. A mix of responses can be conceptualized as a flexible approach to emotion socialization that models a range of expressivity for the child, which may be more conducive to enacting situationally-appropriate levels of expressivity across multiple contexts (Dunsmore & Halberstadt, 1997; McElwain et al., 2007). These findings are consistent with prior research using variable-focused approaches in examining the links between parental emotion socialization and child psychopathology (Lunkenheimer et al., 2007) and children's social competence (McElwain et al., 2007). These results also highlight the important role of fathers in children's emotional lives. Receiving a mixture of supportive and non-supportive responses from fathers may capture children's attention more than mothers' responses, given mothers' longstanding "gatekeeper" role in socializing their children's emotions (Denham et al., 2007).

High levels of supportive reactions from both parents was linked to higher internalizing symptoms, indicating further support for  $H_{2A}$ . These findings represent a noteworthy departure from prior research, which typically depicts supportive responses as indicative of positive youth outcomes and non-supportive responses associated with negative outcomes (Morelen & Suveg, 2012; Sanders et al., 2015; Suveg et al., 2005, 2008). High levels of supportive responses may reinforce excessive sadness displays or promote rumination, increasing risk for internalizing symptoms (Schwartz, Sheeber, Dudgeon, & Allen, 2012). Similarly, Roberts and Strayer (1987) found curvilinear relations between parental responses and children's adjustment, such that overly encouraging or discouraging children's emotions was associated with poorer social competence. In sum, these findings provide support for the importance of *moderation* and *flexibility* in how parents respond to their children's emotions (Morris et al., 2007). However, there are alternative explanations

worth considering. First, parents who display more supportive responses may be more in tune with their children's internalizing symptoms and thus endorse more symptoms. Second, this finding may reflect shared method variance in parent reports, in that parents who are more attentive to their children's sadness may also be hypersensitive to possible internalizing symptoms. Third, children with higher internalizing symptoms may seek more support for their sadness, suggesting more of a child-driven explanation for this association.

Lastly, children of parents in the *Not Supportive* cluster also evidenced lower internalizing responses than those in the *Supportive* cluster. This cluster consisted of mothers who engaged in slightly above-average non-supportive responses, as well as low non-supportive responses from fathers and low supportive responses from both parents. It is important to note that the sample average for maternal non-supportive responses was fairly low. Accordingly, this finding suggests that modest use of non-supportive responses from mothers, in the context of a lack of overall supportive parent socialization responses, may benefit children by reducing internalizing symptoms. Alternatively, when parents are not supportive of children's sadness, they may be less sensitive to internalizing symptoms.

### 4.2.3 | Externalizing symptoms

Unexpectedly, parents' socialization patterns were unrelated to externalizing symptoms. This study focused on the socialization of sadness, and it is possible that anger is a more salient emotion to examine with respect to externalizing symptoms. There are also few studies of parental emotion socialization and youth's externalizing symptoms from which we can draw comparisons and possible explanations. Dunsmore, Booker, and Ollendick (2013) reported that parents' coaching responses to children's emotion, albeit a different socialization strategy, were associated with fewer externalizing symptoms in oppositional youth. However, this study examined negative emotions broadly rather than discrete negative emotions. Klimes-Dougan and colleagues (2007) examined parents' responses to discrete negative emotions in relation to adolescent psychopathology; however, adolescents were broadly categorized as having or not having psychological difficulties without consideration of internalizing vs. externalizing behaviors. Thus, more research is needed to test whether socialization of discrete negative emotions is differentially related to specific types of child psychopathology (Miller-Slough & Dunsmore, 2016; Zahn-Waxler, 2010). There was also a low prevalence of elevated externalizing symptoms in our sample, which may have limited the ability to detect differences. Further, paternal report of externalizing symptoms evidenced a large standard deviation and was weakly associated with maternal report, which may help to understand these non-significant findings.

## 4.3 | Strengths, limitations, and future directions

This study included several strengths such as the participation by mothers *and* fathers, a person-centered statistical approach that allowed us to capture the family context of emotion socialization, and the inclusion of both positive (i.e., social competence) and negative (i.e., internalizing, externalizing) child outcomes. However, there are several limitations that must be considered. First, data were derived solely from parent report, raising concerns about potential social desirability effects. Further, the CCNES does not measure parental ignoring of children's emotions or differential attention, a socialization strategy included in other socialization measures and observational coding procedures (Chaplin et al., 2005; O'Neal & Magai, 2005; Sanders et al., 2015). Parental ignoring of children's emotions—in moderation—may provide children with feedback that their expressivity is inappropriate for the context or their age and may also help children learn to self-soothe (Silk et al., 2011). We also note that the CCNES was developed for younger ages and invariance has not been demonstrated across age groups.

The sample size was also modest with respect to the number of families who participated, which may limit the stability and number of emotion socialization clusters that could be found. The internal consistency of the maternal non-supportive composite was low, which may have affected the way in which the clusters were constructed. Nonetheless, this composite was constructed based on prior studies that demonstrated adequate consistency of this composite in middle childhood (Shaffer et al., 2012; Williams & Woodruff-Borden, 2015), and has a strong theoretical basis from meta-emotion theory (Gottman et al., 1997). Although the low internal consistency does add unwanted variability to the analyses, it is notable that significant effects nevertheless emerged in our analyses. Finally, the sample was

primarily Caucasian and of middle-class socioeconomic status, therefore the findings of this study may not generalize across cultural groups or social strata (Morelen, Zeman, Perry-Parrish, & Anderson, 2012; Zeman et al., 2013).

The results of this research provide interesting avenues for future research, including the need to incorporate clinical samples to examine how emotion socialization can operate as a risk or protective factor for children's psychological adjustment. In addition to self-report measures, the use of observational methods of emotion socialization would provide more ecological validity. Further, the examination of discrete negative emotions, such as worry and anger (Zahn-Waxler, 2010) as well as positive emotions (e.g., happiness, pride) would progress our understanding of emotion socialization practices and resultant outcomes such as children's prosocial behavior (Miller-Slough & Dunsmore, 2016). Lastly, research should continue to explore mediators and moderators of these associations including children's emotion regulation (Eisenberg et al., 1998; Shaffer et al., 2012), and child gender (Zeman et al., 2013), respectively.

#### 4.4 | Conclusion

This study offers a family-based exploration of maternal and paternal patterns of emotion socialization and their associations with children's psychosocial outcomes. Experiencing a diverse range of responses to their emotions may promote positive youth psychological adjustment, though longitudinal studies are needed to test this link. Nonetheless, examining patterns with both mothers and fathers offers a more contextualized understanding and suggests that a uniformly highly supportive approach to children's emotions may not always benefit children's psychosocial functioning.

#### NOTES

<sup>1</sup> We note that the constructs of emotion coaching (i.e., encouraging, validating) and emotion dismissing (i.e., discouraging, invalidating) responses, which are theorized to stem from parents' overall meta-emotion philosophy (Gottman et al., 1997), are not isomorphic with supportive and non-supportive reactions, respectively. However, the constructs are similar, and this study is especially pertinent based on inclusion of both mothers and fathers and focus on middle childhood.

<sup>2</sup> These findings are interpreted based on the raw social competence scores and not the reverse-scored social competence scores, to reduce confusion about the direction of the findings.

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