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## Group Differences in Adolescents' Reluctance to Express Emotions: Relations to Parent Emotion Socialization and Adolescent Internalizing Symptomatology

Daniel McNeil

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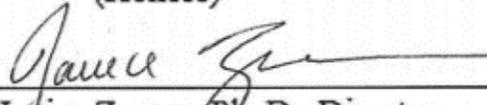
Group Differences in Adolescents' Reluctance to Express Emotions: Relations to Parent  
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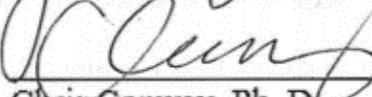
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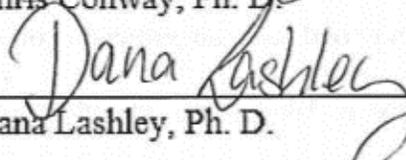
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## Abstract

Emotional development in adolescence, including the processes of emotion regulation and emotional expressiveness, is linked to a wide range of behavioral and psychological outcomes (Saarni, 1999; Thompson, 1994). Parental emotion socialization responses (supportive and unsupportive) is one mechanism that influences adolescent emotional functioning with implications for psychological adaptation (Garside & Klimes-Dougan, 2002). The present investigation explored the construct of reluctance to express emotion in adolescence, an area that has received relatively little attention but may be related to internalizing symptomatology. Participants were 160 parent-adolescent dyads (74.4% mothers; 58.8% girls,  $M_{age} = 12.5$  years, 78.1% Caucasian) who were mostly upper middle class. Groups of adolescents with high and typical levels of reluctance to express negative emotions were identified using latent class analysis. Analyses examined Group X Gender effects with types of emotion socialization responses and internalizing psychopathology symptoms as the dependent variables. Parents reported more validating responses for adolescents who had more typical emotional reluctance than adolescents who were highly reluctant to express negative emotions. With respect to specific emotion types, parents reported more magnification of anger in the typical reluctance group than the high reluctance group. Additionally, parents reported more magnification of sadness for daughters than for sons. Adolescents in the high reluctance to express emotions group reported greater levels of depression and loneliness symptoms than the typical emotional reluctance group. These results suggest important relations among adolescent emotional expressiveness, parental emotion socialization practices, adolescent gender, and psychopathology symptoms. Clinical implications of these findings for adolescent psychological interventions and future research directions are discussed.

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## **Group Differences in Adolescents' Reluctance to Express Emotions: Relations to Parent Emotion Socialization and Adolescent Internalizing Symptomatology**

*"When the feelings of the parents are ineffective or too ambivalent, or when the emotions of the mother are temporarily compromised in another place, the children feel lost."* Anna Freud

The study of emotional development in children and the role of their parents has a long history. The work of Anna and Sigmund Freud can be viewed as laying the foundation for modern theories of emotional development. Inspired by her father's, Sigmund Freud, work in personality theory, Anna Freud was interested in the role that emotions play in human development (Freud, 1992). Sigmund Freud is quoted as saying, "Unexpressed emotions will never die. They are buried alive and will come forth later in uglier ways" (Bennett, 2013, p. 1). Through work with emotionally neglected children such as orphaned, impoverished, and war-torn children, Anna Freud reflected on atypical child emotional health and the ways that parents and caregivers can support or derail a child's emotional development (Freud, 1947, 1951, 1966). As such, Anna Freud pioneered the importance of developmental stages, and the need for understanding unexpressed emotions, specifically in atypical emotional developing youth (Young-Bruehl, 1988). Contemporary research has added operational definitions, experimental methods, and psychometrically-sound measurements to develop the scientific study of emotional development in youth (Zeman, Klimes-Dougan, Cassano, & Adrian, 2007).

Adolescence is a particularly important developmental period to study emotional expression, due to the emotional changes that occur around puberty. Brand and Klimes-Dougan (2010) discuss these adolescent emotional changes in four central ways. First, there is a biological component. Neurobiological reorganization affects emotional functioning (Zeman et al., 2007) and pubertal changes have been associated with the development of more mature and

differentiated emotional processes (Quevedo, Benning, Gunnar, & Dahl, 2009). Second, adolescents begin to engage in more interactions with peers and value these interactions more highly than in childhood (Klimes-Dougan et al., 2014). Emotion socialization with classmates, friendship quality, and social acceptance become increasingly important (Zeman et al., 2007).

Third, romantic relationships develop for some adolescents (Furman & Wehner, 1997).

Adolescents in romantic relationships may gain experience on how to discuss intimate emotions with a partner. The fourth point, and the focus of the current study, revolves around the changes in the parent-child relationship and the effects on adolescent emotions (Zeman et al., 2007).

Parents expect their children to display more advanced emotion regulation strategies and greater emotional competence throughout adolescence, as they move toward mature emotional processes that resemble adult functioning (Zeman et al., 2007).

### **Reluctance to Express Emotions**

Emotion regulation during adolescence is viewed as a multi-faceted process that is integral to the development of healthy relationships and psychological functioning (Campos, Campos, & Barrett, 1989). The development of emotion regulation hinges on the ability to express both positive and negative emotions in ways that are consistent with cultural norms (Gratz & Roemer, 2004; Thompson, 1994). The construct of reluctance to express negative emotions is best understood within the context of the various functions that are implicit in each type of emotion. The functionalist theory of emotion (Campos et al., 1989) states that each emotion type is socialized through specific responses such as validation or punishment based on the context in which the emotion is elicited. For example, a father might punish a son for crying in public after losing a soccer match because crying is inconsistent with gender role expectations, but support a son for crying in private when he is sad about the death of a pet. The functionalist

theory also states that emotional development is based on a variety of functions or motivations for the different types of emotions (e.g., Campos et al., 1989). Sadness often functions to elicit support or assistance from others, whereas fear often motivates the individual to avoid dangerous situations. From a functionalist perspective, emotions serve an evolutionary function to enhance survival. Context plays an important role in a functionalist theory of emotion, as the motivation to display a particular emotion is context-dependent. For example, an adolescent might be reluctant to express anger to friends but quite willing to talk about feelings of anxiety to these same friends, as anger expression might motivate friends to avoid engagement whereas anxiety expression might motivate a desire to help a friend in need.

Expression of feelings, like anger and anxiety, is one component of the larger umbrella construct of emotion regulation. Two dimensions of emotion expression, recognition of feelings and motivation to express negative emotions, are considered pre-requisite skills for emotion regulation (Penza-Clyve & Zeman, 2002; Saarni, 1999). To better understand emotion expressiveness in children and adolescents, Penza-Clyve and Zeman (2002) developed a child self-report scale, the Emotion Expression Scale for Children (EESC), which measures both the dimension of emotion awareness and the dimension of reluctance to express negative emotions. The psychometric evaluation of the EESC revealed that the awareness of feelings dimension was found to be associated with difficulty coping with anger and sadness (Penza-Clyve & Zeman, 2002). As expected, the second factor, reluctance to express emotions, was related to the inhibited expression of anger, sadness, and pain. Yet, contrary to expectations, reluctance to express negative emotions was related not only to inhibition but also to dysregulation. Youth who reported a lack of motivation to express emotions tended to engage in emotional outbursts when faced with emotionally-arousing situations. The authors of this study discussed the

possibility that children who are emotionally unexpressive may have few opportunities to practice regulating their emotions in high-affect situations and therefore lack the skills needed to maintain control when experiencing intense anger or sadness (Penza-Clyve & Zeman, 2002).

Research suggests that children displaying anxiety may be more reluctant to express negative emotions than those without anxiety (Scott, Pina, & Parker, 2018; Suveg & Zeman, 2004; Zeman, Shipman, & Penza-Clyve, 2001). These findings have important clinical implications given that children who exhibit high anxiety combined with a reluctance to express emotions reported greater social problems, particularly social isolation, than children with more normative levels of anxiety (Jacob, Suveg, & Whitehead, 2014). Taken together, studies suggest that reluctance to express negative emotions in children and adolescents interferes with overall emotion regulation capabilities which can lead to problems with social relationships and psychological well-being. Research also suggests that parent emotion socialization plays a vital role in the development of emotional competence, including motivation to express negative emotions.

### **Parent Emotion Socialization**

From birth, parents play a vital role in responding to the emotions of their children (Lazarus, 1991). Early infant communication is dominated by emotional displays such as crying and giggling, indicating sadness and happiness, respectively (Tronick, 1989). Emotions are needed for infants to communicate with their parents and vice versa (Landry, Smith, & Swank, 2006). Using a unique apparatus called the visual cliff, Campos and colleagues (1983) conducted a study that highlighted the importance of emotional communication between parents and infants. To evaluate whether infants rely on emotional information conveyed by mothers in an ambiguous situation, an apparatus was created on a table to give the illusion of a large drop off

the table. Babies crawled on the table, but when faced with the potential of falling (i.e., the illusion of the cliff), they looked to their mothers for guidance. When mothers responded with a positive emotional response such as smiling and nodding, most babies crawled across the deceptive drop-off. But when mothers responded in negative ways, such as displaying an angry or fearful face, babies were more likely to turn around and crawl away from the drop-off. This study exemplifies how children evaluate maternal emotional responses even at 10 months old (Campos et al., 1983), a process also known as social referencing that is a component of parental emotion socialization.

Bandura's social learning theory (1977) identifies parents as the most important role models for the development of their children's emotions. Parents both teach and respond to the emotions of their children, helping offspring learn acceptable and unacceptable modes of expressing emotions that are consistent with cultural norms (Rudolph & Asher, 2000). Recent research has focused on how parents facilitate or impede children's development of emotion regulation skills (Zeman, Cassano, Perry-Parrish, & Stegall, 2006) through their emotion socialization practices. Emotion regulation is defined as the way in which individuals respond to, modify, and monitor their emotional experience (Gross, 1998). Parents play a significant role in the development of child emotion regulation, serving as the primary emotion socialization agents from birth (von Salisch, 2001). Researchers have focused on the mechanisms underlying this emotional socialization process given that emotion regulation has been found to be vital for the management of emotional and social processes across the lifespan (Eisenberg, Cumberland, & Spinrad, 1998; Gross, 1998). One study, for example, found that maternal emotion socialization strategies used when children were 5-years old indirectly affected the children's emotion regulation longitudinally at age 7 - 10 years (Blair et al., 2014). Thompson and Meyer (2007)

identified five ways that emotion regulation practices are taught to children within a family setting. These emotion socialization factors include direct methods, indirect methods, the emotional climate of the family home, parent-child discussions about emotions, and the overall support of the parent-child relationship.

*Direct methods.* Parents directly intervene to support their child's emotional health (e.g., soothing an infant in order to stop an infant from crying; Thompson, 1994). There is a large body of research on parental shaping of child emotional expressivity (Baumrind, 1991; Havighurst, 2003; Maccoby, 1992; Meyer, Raikes, Virmani, Waters, & Thompson, 2014). By overtly intervening to help soothe emotions or indicate what emotions are acceptable or unacceptable, parents communicate with their child in a direct way (Thompson & Meyer, 2007). Parents may also directly shape emotions by providing social cues about how to respond in emotional situations (Klennert, Campos, Sorce, Emde, & Svejda, 1983). Direct intervention techniques influence emotion regulation because a child is explicitly taught their parent's beliefs about the acceptability of various types of emotional responses.

*Indirect methods.* The beliefs that parents have about emotions are incorporated into the ways that parents respond to their child's emotional experience (Katz, Maliken, & Stetler, 2012). Although direct responses to emotion are more overt, indirect responses indicate a parent's belief through modeling and more subtle actions (Thompson & Meyer, 2007). For example, a parent who believes it is wrong to express sadness in public places will indirectly indicate to their child that it is not acceptable to cry in public. Such indirect responses may include parents never showing their own sadness in public, showing discomfort to another's public sadness display, or not comforting their child's sadness in public when they might comfort them at home. Wong, McElwain, and Halberstadt (2009) found that parents who had more accepting beliefs about

sadness spoke about sadness in more positive ways to their children. In sum, through their role as the primary caregiver, parents have the power to transmit beliefs to their children through indirect emotion-talk or actions, influencing child development (Saarni, 1999).

*Emotional climate of the family home.* A family environment includes discussion of emotions, thus, creating an important space for emotional development (Thompson & Meyer, 2007). An important feature identified as influencing emotional climate is emotion expressivity (Srivastava, Tamir, McGonigal, John, & Goss, 2009). For example, parents who openly and positively talk about emotions with their children in the home may aid child emotional competence. But, on the other hand, parents who never discuss emotions, or express emotions in extremely dysregulated ways, could hinder child emotional competence by creating a negative tone in the family regarding emotional expressivity (Morris, Silk, Steinberg, & Myers, 2007).

The emotional climate of the home also has been studied by examining atypical family environments, such as when children are separate or distant from their parents. For example, children of incarcerated mothers, who were exposed to high levels of psychosocial risk due to their maternal incarceration, were found to have emotion regulation deficits (Zeman, Dallaire, & Borowski, 2016). Results indicated that when children thought their mother would respond to their sadness with emotion-focused responses (e.g., my mom would give me a hug), children with a greater incarceration-specific risk index were more likely to have problems regulating their sadness (Zeman et al., 2016). The authors concluded that emotional climate in high-risk families may confer different types of outcomes than in families who are at lower risk for environmental stress. Harsh parenting styles within challenging parent-child relationships have also been found to be associated with poor emotional and social functioning in the children (Chang, Schwartz, Dodge, & McBride-Chang, 2003). Alternatively, positive emotional climates

in the home, in which children are comfortable with and able to share their feelings with their parents, allow for healthy emotional growth (Rimé, 2009).

*Parent-child discussions about emotions.* Across the childrearing years, parents and children engage in various discussions that address the topic of emotions (Miller & Green, 1985). There are diverse ways in which these conversations are facilitated (Thompson, 1990). Emotion talk can occur, for example, when a parent and child sit down for a one-on-one chat or when walking together in public. Parents may discuss coping strategies (e.g., “you should take deep breaths when you are angry”), steer the conversation and take the lead (e.g., “we should talk about something happier”), define emotion rules (e.g., “don’t cry over spilled milk”), and reassess an emotional situation (e.g., a parent showing sympathy for a friend that the child is mad at; Thompson & Meyer, 2007). Research has shown that parent-child discussions about emotions are important for the development of child emotion regulation and emotion socialization (Klimes-Dougan & Zeman, 2007; Thompson & Lagattuta, 2006). These discussions are interdependent, with both the parent and the child serving as socialization agents, which develops emotion regulation through didactic emotion talk between the parent and child, as well as parent emotion modeling (Morelan & Suveg, 2012; Morris et al., 2007)

*Attachment quality of the parent-child relationship.* Children who have a history of secure, supportive relationships with their parents trust their parents. This trust encourages children to share and discuss emotions with their parents and to be receptive to parent feedback and modeling of emotions (Thompson & Meyer, 2007). Specifically, research has shown that children in secure attachment relationships with their parents will exhibit better emotion regulation than children with insecure attachment patterns (Kochanska, 2001). Children who can regulate their emotions well have also been found to have warm, responsive relationships with

their parents (Masten & Coatsworth, 1998). In sum, emotion regulation is thought of as an adaptive process (Gross & Muñoz, 1995) that flourishes in healthy relationships marked by secure attachments and positive parenting (Cassidy, 1994).

### **Emotion-related Socialization Behavior**

Another way to characterize both direct and indirect parental responses to child emotions is through emotion-related socialization behaviors (ERSBs; Eisenberg et al., 1998). Meta-emotion philosophy, the way one thinks about their own or another person's emotions, is the theoretical basis for the study of ERSBs. When applied to family settings, meta-emotion structure aims to understand parental beliefs, also known as their folk theory, about their child's emotions (Katz et al., 2012). The way caregivers think about their child's emotions, and how caregivers respond to their children's emotional experiences, provide a window to understand the emotional context underlying the relationship between the parent and a child. Research shows that parental beliefs about their child's emotions are associated with child functioning, including both physical health and psychosocial outcomes (Gottman, Katz, & Hooven, 1996; Hooven, Gottman, & Katz, 1995; Katz & Hunter, 2007). According to Katz, Maliken, and Stetler's (2012) model of parent meta-emotion, the combined factors of parent awareness, acceptance, and coaching of their child's emotions affect the child's awareness, expression, and regulation of emotion. Research evidence suggests that parent ERSBs facilitate this connection between parents' thoughts about child emotion and children's emotional and psychological outcomes (Ramsden & Hubbard, 2002).

Emotion-related socialization behaviors are divided into supportive and unsupportive responses (Klimes-Dougan et al., 2007). Research shows that the number and type of ERSBs vary greatly depending on the situation (Lunkenheimer, Shields, & Cortina, 2007). Although one

may generally view supportive ERSBs as positive responses and unsupportive ERSBs as negative responses, it is important to understand that the spectrum of parental responses to emotions is quite wide. An unsupportive parental response to child emotions has been found to relate to child emotion dysregulation (McDowell, Kim, & O'Neil, 2002), but an unsupportive ERSB is not necessarily a negative one. In fact, a supportive ERSB may be unacceptable in some situations, whereas an unsupportive ERSB may be warranted. For example, a parent who supports their adolescent daughter's ruminating over seemingly inconsequential and negative events during the day could inadvertently exacerbate the adolescent's sadness by giving too much support and reinforcement to the ruminative behaviors. Studying supportive and unsupportive ERSBs, and the situations in which they are used, helps one understand parents' thoughts about and approaches to their child's emotions. ERSBs also allow for a more detailed analysis than the basic, binary categories of "positive" and "negative" (Klimes-Dougan et al., 2007) because contextual variables are considered, as well as the potential for multiple responses to a single emotion situation.

*Supportive ERSBs.* The two types of ERSBs that have been shown to support youth's emotions are the categories of reward and override (O'Neal & Magai, 2005). Parents reward their child's emotions by assuring and emphasizing that the emotion is valid (e.g., parent sees that child is worried, parent comforts child; Klimes-Dougan et al., 2007). Parents can also override their child's emotions by distracting them or helping them feel better (e.g., parent sees that child is sad, parent takes their child to get dessert; Klimes-Dougan et al., 2007). Overriding responses have been found to be influential in the positive emotion socialization of parent-adolescent dyads (Miller-Slough & Dunsmore, 2016; Zeman, Cassano, & Adrian, 2013). Overriding ERSBs are understood to be particularly supportive when they help neutralize the

emotions of others. In summary, supportive ERSBs, including both the rewarding and overriding responses, have been found to be positively related to adolescent social and emotional development (Garside & Klimes-Dougan, 2002; Klimes-Dougan et al., 2007).

*Unsupportive ERSBs.* Although research on predominantly white, middle-class families suggests that parents typically respond to their children in supportive ways, examining the effects and outcomes of unsupportive responses are also important to understanding psychological development (Jobe-Shields, Buckholdt, Parra, & Tillery, 2014). Even though a parent may respond in a more supportive manner most of the time, the effects of the unsupportive responses warrant investigation, particularly with respect to ways that they might interfere with emotion development. O'Neal and Magai (2005) identified magnifying, neglecting, and punishing as three unsupportive ways parents may respond to their child's emotions. When parents magnify an emotion, they take on their child's emotion (e.g., parent sees that child is worried, parent also gets worried; Klimes-Dougan et al., 2007). This magnification or amplification of the emotion can intensify the emotional experience. Parent neglect of their child's emotions involves ignoring the emotion (e.g., parent sees that child is angry, parent does not say or do anything about it; Klimes-Dougan et al., 2007). In some instances, ignoring a child's emotion may not lead to a negative outcome (e.g., ignoring a child's tantrum may lead to more acceptable outcomes); yet, this response is categorized as unsupportive. Lastly, punishing a child's emotion includes responses that indicate an emotion is unacceptable (e.g., when parent sees that child is sad, parent hits, mocks, or punishes child; Klimes-Dougan et al., 2007). Unsupportive ERSBs have generally been associated with maladaptive outcomes with respect to adolescent emotional development of emotion regulation as well as adolescent psychopathology (Garside & Klimes-Dougan, 2002; O'Neal & Magai, 2005; Yap, Allen, Leve, & Katz, 2008).

**Parent Emotion Socialization and Child and Adolescent Outcomes**

*Links to maladaptation and psychopathology.* From a developmental perspective, emotional competence is foundational for psychosocial outcomes in the broad realm of social-emotional functioning (Saarni, 2000). The way that parents respond to emotions has been linked to the way their children respond to their own emotions (Hunter et al., 2011). This linkage has implications for the development and maintenance of maladaptive functioning in adolescence and adulthood (Garside & Klimes-Dougan, 2002; Hooven et al., 1995; Poon, Zeman, Miller-Slough, Sanders, & Crespo, 2017). For example, a higher number of unsupportive ERSBs as reported by parents was associated with greater emotion regulation deficits in children ages 8-12 (Williams & Woodruff-Borden, 2015). Additionally, parents who reported a high usage of punish and neglect ERSBs were found to have children with higher ratings of psychological distress (Garside & Klimes-Dougan, 2002). Overall, unsupportive socialization behaviors, like parent magnifying, neglecting, and punishing responses, are correlated with a host of negative child outcomes in the realms of emotion regulation and emotional distress (Garside & Klimes-Dougan, 2002).

The linkage between unsupportive parent socialization strategies and child psychopathology symptoms is also strong (Cicchetti, Ackerman, & Izard, 1995; Sanders, Zeman, Poon, & Miller, 2015; Schwartz, Sheeber, Dudgeon, & Allen, 2012; Zahn-Waxler, Klimes-Dougan, & Slattery, 2000). Correlational analyses have revealed that as unsupportive parent ERSBs increase, child depression scores also increase (Sanders et al., 2015). Because the way in which mothers and fathers socialize their child's emotions is related to maladaptive child outcomes and symptoms of externalizing and internalizing psychological disorders, parents have an important impact on socio-emotional functioning (Thompson & Meyer, 2007).

*Links to positive outcomes.* The socialization strategies of parents also are linked to positive child outcomes and the prevention of maladaptive outcomes (McElwain, Halberstadt, & Volling, 2007; Thompson & Meyer, 2007). In a study that tasked mothers with regulating their toddler's responses to disappointment, the mothers who used supportive regulation strategies were more likely to have toddlers who displayed adaptive emotional responses to disappointment (Spinrad, Stifter, Donelan-McCall, & Turner, 2004). Lunkenheimer et al. (2007) found that parents who used emotion coaching strategies with their 8 to 11 year-old child's negative emotions helped produce a buffering effect, protecting their child against maladaptive outcomes associated with emotion dysregulation, such as deficits in social and emotional functioning. Also, children who experienced parental emotion coaching techniques had better relationships with other children, focused attention more frequently, and had less overall stress (Hooven et al., 1995). Longitudinally, these children showed better reading and mathematical levels from age five to eight years, as well as improved physical health and a decrease in behavior problems (Hooven et al., 1995). Parent emotion coaching has also been found to aid in developing and maintaining peer relationships (Buckholdt, Kitzmann, & Cohen, 2016; Katz & Windecker-Nelson, 2004). In a study of pre-adolescents and their mothers, parental awareness and acceptance of youth emotional expressiveness were associated with fewer problems with negative socialization in an event planning task (Yap et al., 2008). Negative socialization occurs when parents respond in hostile or punitive ways to appropriate adolescent affect. This study showed that parents responded in more suitable ways when they had a better understanding of their child's emotions, thereby supporting positive adolescent development (Yap et al., 2008). In sum, through responding to their children about emotions in supportive ways, parents can help to

reduce and possibly prevent negative emotional and social outcomes for their children (Miller-Slough & Dunsmore, 2016).

### **Adolescent Loneliness**

In early research, loneliness was viewed as a unidimensional construct that varied only in terms of severity (Giervald, 1998). Most original definitions of loneliness focused on the negative feelings that arise when an individual's social relationships are inadequate in terms of either the amount of social time or the quality of those interactions (Pearlman & Peplau, 1981). More recent definitions of loneliness emphasize the multidimensional nature of the experience of loneliness (Giervald, 1998). Three facets of loneliness often recognized by researchers include the empty feelings associated with a lack of intimacy, the individual's perception about the permanence or cause of loneliness, and co-morbid conditions and feelings often associated with loneliness (e.g., depression, frustration; Giervald, 1998). The experience of loneliness also is impacted by a host of other factors including the size of the social network, the social stigma of having few or low-quality friendships, and cultural expectations (Giervald, 1998).

Loneliness has been found to increase risk of mortality and is associated with negative outcomes such as detriments in physical (e.g., fatigue, cardiovascular problems) and mental (e.g., depression, anxiety, cognitive problems) health (Holt-Lunstad, Smith, Baker, & Stephenson, 2015). Reducing loneliness is a public health issue, as associations between loneliness and maladaptive outcomes warrant further research and discussion into the cause, effect, and development of various co-morbidities with loneliness (Lauder, Sharkey, & Mummery, 2004; Stuckey & Nobel, 2010). The rates of loneliness affecting mortality have been compared to the rates of smoking and obesity that also affect mortality, with all of these rates upwards of 30% (Holt-Lunstad et al., 2015). Paradoxically, social media use has been found to actually decrease

feelings of social connectedness, and the rise of online communication concerns many mental health experts (Kraut et al., 1998; O'Keeffe & Clarke-Pearson, 2011). "Social connections, in a very real way, are keys to happiness and health," quotes Jeremy Nobel in an interview with *The New York Times* (Brody, 2018). In response to the rising rates of loneliness, initiatives such as the *UnLonely Project* (Nobel, n.d.), an initiative aimed at helping people feel less lonely through the use of creative expression (Stuckey & Nobel, 2010), have been established. Further, the United Kingdom has established a minister of loneliness in their government to help combat the epidemic of loneliness and social isolation (Yeginsu, 2018).

Loneliness is most prevalent in people under 18 years old, with 80% of this population reporting at least sometimes having feelings of loneliness (Sippola & Bukowski, 1999; Weeks, 1994). Loneliness typically decreases after age 18 but rises to 40% in adults over 65 years (Weeks, 1994). Since loneliness is activated by actual or perceived social isolation, there is an emotional component to loneliness, as negative emotions such as sadness and worry are felt more intensely when one is lonely (Buchholz & Catton, 1999). Although loneliness is typically viewed as a negative experience, there are some benefits of loneliness including the development of individualism, self-determination, and creativity (Larson, 1999).

Adolescence is an important developmental stage to investigate the incidence of loneliness, as social experiences and friend relationships become increasingly significant (Parker & Asher, 1993). A lack of peer friendships has been cited as the best predictor of loneliness among adolescent participants (Uruk & Demir, 2010). Although research investigating social effects on loneliness has focused on older adult populations, there are applications that can be made to adolescents (Steed, Boldy, Grenade, & Iredell, 2007). Loneliness has been found to be negatively correlated with both positive friendship quality and best friend attachment in

adolescence (Jackson, 2007). No matter the age range, lonely individuals tend to have less friends and poorer quality friendships than their peers (Parker & Asher, 1993). Goswick and Jones (1982) found that a lack of social integration and acceptance, social alienation, and feelings of inferiority were significant predictors of loneliness in high school students.

From a mental health perspective, studying loneliness is important for understanding the development and treatment of psychological disorders (Heinrich & Gullone, 2006), although research is equivocal on whether loneliness is a correlate or a precursor to mental health issues (Weeks, Michela, Peplau, & Bragg, 1980). Loneliness has been cited as a key feature of depression (Anderson & Harvey, 1988), as well as many other psychological disorders including anxiety (Mijuskovic, 1986), Social Anxiety Disorder (Caplan, 2006; Crick & Ladd, 1993), and Borderline Personality Disorder (Gunderson & Phillips, 1991). Because chronic and severe loneliness is associated with psychopathology in all developmental stages in childhood and beyond (Heinrich & Gullone, 2006), it is critical to better understand the antecedents of loneliness, particularly in adolescence. Adolescent loneliness has been found to be positively correlated with depressive symptoms in cross-sectional investigations (Lasgaard, Goossens, & Elklit, 2011). Longitudinally, depressive symptoms in late adolescence were associated with greater loneliness a year later, however loneliness was not associated with greater depression a year later (Lasgaard et al., 2011). An 8-year longitudinal study found that parent- and peer-reported lonely feelings for children at ages five and nine predicted depression at age thirteen (Qualter, Brown, Munn, & Rotenberg, 2010). These results highlight that prolonged loneliness in child development is associated with the rise of depressive symptoms.

### **The Role of Gender in the Expression and Socialization of Emotions**

Expression of emotions in infants and children is essential for healthy relationships in that emotional expression communicates needs and encourages social support (Chaplin & Aldao, 2013). Yet, there are gender differences in emotional expressiveness that are tied to both biological and social determinants that vary over the course of development (Chaplin & Adao, 2013). Further, gender differences in emotional expressivity often changes significantly over time, particularly during adolescence; and are affected by a number of contextual moderators, including age, the positive or negative nature of the task, and the presence of peers. In a meta-analysis of 166 studies examining gender and the expression of emotions, Chaplin and Aldao (2013) found small gender differences with girls displaying more positive and internalizing emotions (joy, sympathy, anxiety, and sadness), happiness, and fearfulness (Else-Quest, Hyde, Goldsmith, & Van Hulle, 2006), and boys displaying more anger (Chaplin & Aldao, 2013). With respect to social context moderators, Zeman and Garber (1996) found that children were more comfortable expressing a wide range of emotions, even those that are inconsistent with social expectations when in the presence of parents, as opposed to the presence of peers or less familiar adults, and that these differences sometimes varied as a function of gender. These gender differences in expression of emotions are particularly pronounced in adolescence due to greater awareness of gender roles and biological influences on emotions during puberty (Chaplin & Aldao, 2013). Taken together, these studies suggest that research on emotion expression must incorporate information about gender, social context, and age when interpreting findings.

Both the gender of the parent and the gender of the child play a distinct role in the emotion socialization process (Cassano & Zeman, 2010). Most studies examining parent emotion socialization have used mothers (Kennedy Root & Denham, 2010). However, more recent research has shown that fathers play an important role too when responding to child emotion

expressions (Cassano, Zeman, & Sanders, 2014). For child sadness expression, fathers have been found to minimize sadness more frequently, whereas mothers tend to provide greater support for sadness expression (Cassano, Perry-Parrish, & Zeman, 2007). For daughters, having a parent who engaged in positive emotional responses to sadness was associated with better psychosocial functioning. For sons, a mixture of parental responses (e.g., one positive response parent, one less engaged parent) was actually found to be associated with better psychosocial functioning (Poon et al., 2017). Parents have been found to discuss anger with boys and sadness with girls more frequently than with the other gender (Fivush, Brotman, Buckner, & Goodman, 2000).

With regard to emotion socialization practices, evidence suggests significant gender differences in socialization methods. In a review of the literature on emotion regulation in children and adolescents, Zeman et al. (2006) discuss how the literature supports a “gender socialization of emotion theory in Caucasian samples” (p. 157), with gender differences beginning as early as infancy. Throughout development, parents tend to socialize sons by being less supportive of expressions of sadness and by being less supportive of displays of anger. The result is that girls often substitute their angry responses with other feeling states whereas boys tend to “neutralize” their feelings by being less expressive of internalizing emotions like sadness (Zeman et al., 2006, p. 158). Whereas girls tend to receive supportive parental responses for emotional expression, boys are at greater risk to be punished for expressing emotion (Denham, Renwick-DeBardi, & Hewes, 1994; Zeman et al., 2006).

Regarding gender differences in internalizing symptomatology, for depression, before age 13, girls and boys have been found to have similar levels of depressive symptoms (Nolen-Hoeksema, 2004). But after age 13, girls tend to display greater depressive symptoms and boys tend to display a similar level of depressive symptoms as in childhood (Nolen-Hoeksema, 2004).

Adolescent girls have been found to display higher anxiety symptoms, whereas boys display lower levels of anxiety symptoms (Lewinsohn, Gotlib, Lewinsohn, Seeley, & Allen, 1998). Even at age 6, Lewinsohn et al. (1998) found that girls were twice as likely to have had an anxiety disorder compared to boys. In a meta-analysis of loneliness, gender was found to be a strong predictor, demonstrating a large effect size, with girls displaying more loneliness than boys (Mahon, Yarcheski, Yarcheski, Cannella, & Hanks, 2006). However, more research needs to be conducted examining gender and loneliness, as studies have been equivocal on whether male or female adolescents are at greater loneliness risk (Borys & Perlman, 1985).

### **The Present Study**

The current study investigated the construct of reluctance to express emotions in an adolescent sample. Although research suggests that general lack of emotional expressiveness is a risk factor for negative psychological outcomes (e.g., Zeman et al., 2006), little is known about adolescents who specifically report being reluctant to express emotions. Self-report of this construct is indicated given the private, internal nature of this construct, thus adolescents were asked to report on their willingness or reluctance to express emotions to others.

The first goal of the study was to determine whether latent subgroups exist within the overall dimension of reluctance to express emotions. The second goal was to determine whether parent emotion socialization processes are related to adolescents' level of reluctance to express emotions. In particular, the emotion socialization literature suggests that unsupportive responses (e.g., punish and neglect) to adolescents' expressions of negative feelings are associated with poor psychological functioning, such as depression and anxiety (e.g., Garside & Klimes-Dougan, 2002). Therefore, unsupportive parent socialization of emotions is likely associated with reluctance to express negative emotions, a presumed indicator of poor emotional

competence. The third goal of the study was to examine parental responses to specific negative emotions because of the differential functions of discrete emotions in socialization processes (Campos, Mumme, Kermoian & Campos, 1994). Thus, the current study included analyses specific to anger, sadness, and worry. The fourth goal was related to the existing literature suggesting that poor emotional awareness and regulation are related to psychopathology (e.g., Zeman et al., 2006). As such, the current study aimed to determine whether adolescents who are reluctant to express emotions are more likely to experience more symptoms of internalizing psychopathology (i.e., depression, anxiety, loneliness) than adolescents with more typical levels of emotional expressiveness. Finally, the current study aimed to better understand the role of gender in possible associations between reluctance to express emotions and various parent emotion socialization responses and symptomatology.

### **Hypotheses**

**1. Latent subgroups of adolescents.** We hypothesized that a distinct number of latent subgroups of adolescents would emerge based on their reluctance to express emotions. Because adolescents have varying levels of motivation to communicate their emotions to others, we hypothesized that a number of significant subgroups of adolescents, classified by their emotional reluctance, would be found.

**2. Significant differences in parent socialization strategies for adolescents with different levels of emotional reluctance.** We hypothesized that an adolescent grouping characterized by high levels of emotional reluctance would be associated with significantly higher endorsement of parent unsupportive emotion socialization responses (i.e., Magnify, Neglect, Punish) than a grouping characterized by more normative levels of emotional reluctance. In turn, adolescents in a grouping characterized by more typical levels of emotional

reluctance would be associated with significantly higher endorsement of parent supportive emotion socialization responses (i.e., Reward) than a grouping characterized by higher levels of emotional reluctance.

**3. Significant differences in parent socialization strategies by emotion type (i.e., anger, sadness, worry) for adolescents with different levels of emotional reluctance.**

We hypothesized that an adolescent grouping characterized by high levels of emotional reluctance would be associated with different parent socialization responses based on specific emotion type. We suspect that adolescents in the high reluctance group will be associated with parents who validate their sadness less frequently than adolescents in the typical reluctance group. Sadness is an emotion shared frequently between parent-adolescent dyads, so adolescents who are reluctant to express emotions are expected to receive less sadness validation. We expected that for worry and sadness, adolescents in the high reluctance group will be associated with parents who validate worry and sadness less frequently than typically expressive adolescents.

**4. Significant differences in adolescent internalizing symptomatology for adolescents with different levels of emotional reluctance.** We hypothesized that if distinct subgroups of adolescents are discovered, there will be significant differences between the groups based on adolescent report of symptoms of depression, anxiety, and loneliness. Specifically, adolescents in a grouping characterized by high reluctance to express emotions will display higher depression, anxiety, and loneliness, compared to an adolescent grouping characterized by more typical levels of emotional reluctance.

**5. Significant gender interactions within groups of adolescents with different levels of emotional reluctance.** We hypothesized that if distinct subgroups of adolescents are found

with respect to reluctance to express emotions, there will be significant interactions by gender suggesting different parent emotion socialization practices for boys versus girls with high versus low levels of reluctance to express emotions. Specifically, we anticipated that boys in the high reluctance group will have parents who ignore their emotions more and validate their emotions less than boys in the typical reluctance group. We also hypothesized that girls in the high reluctance group will have parents who report magnifying their emotions, particularly sadness, less frequently than for girls in the typical reluctance group because they will be unaware that their daughters are experiencing the negative emotion.

## Method

### Participants

A community sample of 160 parent-adolescent dyad pairs (94 girls, 58.8%) participated in the study. Adolescents ( $M_{age} = 12.5$  years,  $SD = 0.98$  years, range = 10.8 to 15.3 years). The adolescents identified as 78.1% Caucasian, 10.6% African American, 3.1% Hispanic/Latinx, 1.9% Asian, and 6.3% other. Parents included mostly mothers (74.4%). The dyad pair composition was 43.8% mother-daughter, 30.6% mother-son, 15.0% father-daughter, and 10.6% father-son. The Hollingshead (1975) 4-factor index of social status revealed that families were mostly upper middle class ( $M = 49.1$ ,  $SD = 10.2$ ).

### Measures

**Adolescent Emotion Expressivity.** The *Emotion Expression Scale for Children* (EESC; Penza-Clyve & Zeman, 2002) is a 16-item youth self-report measure that assesses reluctance to express negative emotions (8 items; e.g., “When I’m sad, I try not to show it”) and poor emotional awareness (8 items; e.g., “I often do not know how I am feeling”). Children respond to each statement using a 5-point scale (1 = *not at all true*, 5 = *very true*). The EESC has high

internal consistency (emotional reluctance  $\alpha = .81$ ; poor awareness  $\alpha = .83$ ) and test-retest reliability (Penza-Clyve & Zeman, 2002). There is demonstrated evidence of construct and convergent validity (Penza-Clyve & Zeman, 2002). Only the reluctance to express emotions scale was used in the current study and it had adequate internal consistency ( $\alpha = .73$ ).

**Parental Emotion Socialization.** Mothers and fathers completed the *Emotion as a Child* scale (EAC; Magai, 1996; O'Neal & Magai, 2005), a questionnaire that assesses the ways parents socialize their child's specific negative emotions (i.e., anger, sadness, worry). Parents complete one, 15-item measure for each negative emotion, responding to each statement on a 5-point scale (1 = *never*, 5 = *very often*). When the three scales are combined, the 45-item EAC consists of seven subscales (supportive, unsupportive, reward, override, magnify, neglect, and punish), consistent with the supportive and unsupportive ERSB model of the ways in which parents socialize their child's negative emotions (O'Neal & Magai, 2005). Based on the EAC manual, the *Supportive* scale (21 items;  $\alpha = .81$ ) is an average of the items on the *Reward* subscale (12 items; e.g., "When my child was angry/sad/worried, I responded to his/her anger/sadness/worry";  $\alpha = .81$ ) and *Override* subscale (9 items, e.g., "When my child was angry/sad/worried, I gave him/her something he/she liked";  $\alpha = .85$ ). The *Unsupportive* scale (24 items,  $\alpha = .86$ ) is an average of the items on the *Magnify* subscale (9 items, e.g., "When my child was angry/sad/mad, I got very upset";  $\alpha = .83$ ), *Neglect* subscale (6 items; e.g., "When my child was angry/sad/worried, I did not pay attention to his/her anger/sadness/worry";  $\alpha = .62$ ), and *Punish* subscale (9 items; "When my child was angry/sad/worried, I told him/her to stop being angry/sad/worried";  $\alpha = .83$ ). Across various versions of the EAC, test-retest reliability and good internal consistency have been found (Garside, 2004; Garside & Klimes-Dougan, 2002; Klimes-

Dougan, Brand, & Garside, 2001; Magai, 1996). The Parent EAC has been found to be a valid measure of parent emotion socialization practices (Klimes–Dougan et al., 2001; Magai, 1996).

Some research has indicated that the Override and Magnify scales do not always correlate with the supportive and unsupportive scales, respectively (Adrian, Zeman, Erdley, Lisa, & Sim, 2011; Sanders et al., 2015). This was the case in the current study in which the pattern of correlations among the subscales indicated that the Override scale did not correlate with the Reward scale but rather with the cluster of Unsupportive scales. Thus, the Unsupportive scale was comprised of the *Override*, *Magnify*, *Neglect*, and *Punish* subscales ( $\alpha = .89$ ).

**Adolescent Psychological Functioning.** Adolescents completed the *Children's Depression Inventory* (CDI; Kovacs, 1983), a 27-item self-report questionnaire for children age 7 to 17 years that assesses depressive symptomatology. For each question on the CDI, children are asked to pick one of three given statements that describes them best for the past two weeks (e.g., “I worry about aches and pains all the time,” “I worry about aches and pains sometimes,” “I never worry about aches and pains”). The CDI is scored from 0 to 2, with 0 representing no symptom presence, 1 representing some symptom presence, and 2 representing full symptom presence. Higher scores on the CDI are associated with greater depressive symptoms, and a score of greater than or equal to 13 signifies that the child has a clinically significant number of depressive symptoms (Kovacs, 1983). Research has found the CDI to have adequate internal consistency and test-retest reliability (Ivarsson, Svalander, & Litalere, 2006; Kovacs, 1983). Concurrent and criterion validity has been established in the literature (Kovacs, 1992). For the current study, reliability was strong ( $\alpha = .86$ ).

The *Multidimensional Anxiety Scale for Children* short form (MASC-10; March, Parker, Sullivan, Stallings, & Conners, 1997) assesses symptoms of anxiety in children from age 8 to 19

years. This 10-item measure asks children to report how true a given statement about anxiety is for them (e.g., "I'm afraid that other kids will make fun of me"). Children choose an answer using a 4-point scale (1 = *never true about me*, 4 = *always true about me*). The MASC has been found to have sufficient internal consistency and test-retest reliability (March et al., 1997; March, Sullivan, & Parker, 1999). The MASC demonstrates adequate concurrent and criterion validity (Rynn et al., 2006). Internal consistency in the current study was adequate ( $\alpha = .76$ ).

To assess feelings of loneliness, adolescents completed the 24-item *Child Loneliness and Social Dissatisfaction Scale* (CLSD; Asher, Hymel, & Renshaw, 1984). Sixteen items assess feelings of loneliness (e.g., "I feel alone") and social dissatisfaction (e.g., "There's nobody I can go to when I need help"), as well as peer status (e.g., "I am well liked by kids in my class");. Eight filler items are included to help adolescents feel more comfortable answering questions (e.g., "I like science"). This measure requires children to pick among five options for each item (1 = *always true about me*, 4 = *not true at all about me*). The CLSD has been found to be internally consistent and predictive of loneliness experiences (Asher et al., 1984). In the current study, internal consistency was very strong ( $\alpha = .93$ ).

## **Procedure**

The current study used a subset of Time 1 data from a longitudinal investigation of parent and peer emotion socialization and regulation. University Institutional Review Board study approval was obtained (PSHC-2017-12-29-12581-jlzema). Parents provided written consent for themselves and their children to participate. Adolescents provided verbal assent. The sample of parents and adolescents was recruited through postings in schools and public places throughout the community. To be included in the study, adolescents had to be in middle school and had to be accompanied by a close friend of the same sex whose parent provided permission to participate

in the study. Families were allowed to choose the site of the data collection, with locations including the participant's home (63.7%), a university research lab (29.4%), and public places in the community (e.g., library; 6.9%). The parent, adolescent, and peer spent approximately one hour in the data collection session. After consent, each adolescent met individually with an undergraduate research assistant to complete paper and pencil measures. Research assistants accompanied adolescents and read all questionnaires aloud. Adolescents were paid \$10 for taking part in the study.

### **Data Analytic Plan for Latent Class Analysis**

Latent Class Analysis (LCA) is a type of structural equation modeling that uses complex multilevel, covariation mathematics to identify unseen (latent) subgroups within a population. LCA assumes that the covariation in the results is due to a specific number of distinct classes of individuals (McCutcheon, 1987). Individuals are grouped into latent classes by their categorical data, with number of classes and number of individuals in each class computed through item response patterns (McCutcheon, 1987; Wang & Wang, 2012). Models of latent class membership are predicted such that the observed variables are independent and cross-tabulated, allowing for class comparisons of conditional probabilities (Wang & Wang, 2012). Classified individuals are homogeneous and belong to a mutually exclusive extracted group. Common LCA applications include diagnostic testing, health behaviors, and psychometric evaluation (Conway, Hammen, & Brennan, 2012; Dunn, Jordan, & Croft, 2006; Klonsky & Olino, 2008). LCA was conducted in this study to ascertain if unique classes of adolescents exist based on responses to the EESC reluctance subscale. *Mplus*, a statistical software that conducts multilevel modeling was used for LCA (Muthén & Muthén, 1998-2017).

The number of latent classes were identified by iteratively extracting two, three, and four class models. Three criteria were used to pick the best model among the models. First, the following tests were used to assess the significance of the groups: Lo-Mendell-Rubin Likelihood Ratio Test (LMR LRT), Adjusted-Lo-Mendell-Rubin Likelihood Ratio Test (ALMR LRT), and Bootstrap Likelihood Ratio Test (B LRT). These three tests result in  $p$ -value outputs, so latent class models with lower  $p$  values ( $p < .05$ ) are preferred (Nylund, Asparouhov, & Muthén, 2007). Second, the entropy of each group was evaluated. Higher entropy values represent a greater probability in assigning true latent classes (Nylund et al., 2007). Third, Akaike's Information Criterion (AIC), Bayesian Information Criterion (BIC), and Adjusted-Bayesian Information Criterion (ABIC) were assessed. Lower AIC, BIC, and ABIC values point to the best fitting model when significance and entropy cannot be adequately compared.

#### **Data Analytic Plan for Group Comparisons**

Analyses were based on a 2 x 2 factorial design. There were two between-subjects factors each with two levels: Group (high and typical emotional reluctance) X Gender. The dependent variables based on parent report included parent average scores on EAC supportive and unsupportive scales collapsed across emotion type as well as the reward, override, magnify, punish, and neglect subscales by each emotion type. The dependent variables based on child report included total raw scores on the CDI, MASC, and CLSD.

There was one Analysis of Variance (ANOVA) and seven Multivariate Analyses of Variance (MANOVAs) conducted for adult- and child-reported dependent variables. When significant interactions emerged, they were examined using independent samples  $t$ -tests. The ANOVA and MANOVAs were run using *IBM SPSS 24*. Only significant results are reported.

Effect sizes are provided (partial eta-squared;  $\eta_p^2$ ), with a small  $\eta_p^2 > .01$ , a medium  $\eta_p^2 > .06$ , and a large  $\eta_p^2 > .14$  (Olejnik & Algina, 2003).

## Results

Participants who were missing items on the parent emotion socialization measure were removed from the study. Of the 202 participant dyads in the larger longitudinal investigation, 42 were removed due to missing data (21%).

### Latent Classes of Adolescent Emotional Reluctance

Numbers of classes were iteratively extracted until the best fitting model was identified. The solution resulted in two classes (groups) as the ideal model (AIC = 3795.749; BIC = 3872.628; ABIC = 3793.487; LMRLR = 0.029; ALMRLR = 0.031; BLRT < .001). There were 3 and 4 class models tested, however the LMRLR and ALMRLR  $p$ -values were only marginally significant, resulting in the 2-class model being chosen (Table 1). Table 1 displays the fit statistics for each of the models tested. Members of the first group manifested high reluctance to express negative emotions ( $n = 36$ ; 22.8% of total sample; 20 girls; Group 1; “high reluctance group”). Members of the second group evidenced lower, more typical reluctance to express negative emotions ( $n = 124$ ; 77.2% of total sample; 74 girls; Group 2; “typical reluctance group”). There were no significant differences between the groups for adolescent age or gender, or parent gender, as shown in Table 2. An independent samples  $t$ -test was conducted to compare the EESC reluctance to express emotion mean between the groups. There was a significant difference between the reluctance score of the high reluctance group ( $M = 28.56$ ,  $SD = 3.74$ ) and the typical reluctance group ( $M = 19.09$ ,  $SD = 2.55$ ),  $t(156) = -13.62$ ,  $p < .01$ . Members of the high reluctance group displayed significantly more reluctance to express emotion than members

in the typical reluctance group. Means and standard deviations of the primary study variables are presented in Table 3.

### **Parent Report of Socialization Strategies x Group and Gender**

*Supportive.* For the Group X Gender ANOVA examining the supportive strategy, Reward, collapsed across negative emotions, there was a significant main effect for Group,  $F(1, 156) = 4.71, p = .03, \eta_p^2 = .03$ . Parents reported more validating responses for adolescents who had more typical emotional reluctance ( $M = 4.47, SD = 0.41$ ) than for the adolescents who had greater reluctance to express negative emotions ( $M = 4.30, SD = 0.49$ ),  $t(158) = 2.07, p = .04$ .

*Unsupportive.* For the Group x Gender MANOVA examining the unsupportive strategies, Override, Magnify, Neglect, and Punish, a significant Group x Gender interaction emerged for the Neglect subscale,  $F(1, 156) = 4.75, p = .03, \eta_p^2 = .03$ . Gender differences were then examined within each group. Follow-up independent samples  $t$ -tests revealed that parents reported ignoring the emotions of boys in the high reluctance group ( $M = 1.69, SD = .53$ ) more frequently than boys in the typical reluctance group ( $M = 1.48, SD = .38$ ),  $t(64) = -1.69, p = .096$ . However, it is important to note that this effect is marginally significant<sup>1</sup>. There was no significant difference between girls in the high reluctance ( $M = 1.44, SD = 0.39$ ) and typical reluctance ( $M = 1.58, SD = 0.41$ ) groups,  $t(92) = 1.35, p = .18$ .

*Reward.* For the MANOVA examining anger, sadness, and worry Reward subscales, there was a significant main effect for Group for anger Reward but this was subsumed by a significant Group X Gender interaction,  $F(1, 156) = 4.31, p = .04, \eta_p^2 = .03$ . Group differences within gender were then examined. Follow-up independent samples  $t$ -tests revealed that parents reported providing validating responses to anger expression significantly more in boys who had typical levels of emotional reluctance ( $M = 4.29, SD = 0.54$ ) than for boys with higher levels of

emotional reluctance ( $M = 3.80$ ,  $SD = 0.67$ ),  $t(64) = 2.87$ ,  $p = .006$ . This effect was nonsignificant for girls (high reluctance group:  $M = 4.26$ ,  $SD = 0.52$ ; low reluctance group:  $M = 4.21$ ,  $SD = 0.55$ ),  $t(92) = 0.36$ ,  $p = .72$ .

For parent Reward of sadness, there was a significant main effect for Group,  $F(1, 156) = 4.30$ ,  $p = .04$ ,  $\eta_p^2 = .03$ . Parents reported more sadness reward for adolescents who had more typical emotional reluctance ( $M = 4.60$ ,  $SD = 0.44$ ) than the adolescents who had greater emotional reluctance ( $M = 4.41$ ,  $SD = 0.51$ ),  $t(158) = -2.10$ ,  $p = .03$ .

*Override.* No significant results were found.

*Magnify.* In the MANOVA examining anger, sadness, and worry Magnify subscales, there was a significant main effect for Gender for parent magnify of sadness,  $F(1, 156) = 4.37$ ,  $p = .04$ ,  $\eta_p^2 = .03$ . Parents reported more magnification of sadness for daughters ( $M = 2.48$ ,  $SD = 0.70$ ) than sons ( $M = 2.25$ ,  $SD = 0.74$ ),  $t(158) = 2.05$ ,  $p = .04$ . For parent magnify of anger, there was a significant main effect for Group,  $F(1, 156) = 5.60$ ,  $p = .02$ ,  $\eta_p^2 = .04$ . Parents reported more magnification of anger for the typical reluctance group ( $M = 2.17$ ,  $SD = 0.72$ ) than the high reluctance group ( $M = 1.83$ ,  $SD = 0.54$ ),  $t(158) = -2.56$ ,  $p = .01$ .

*Neglect.* In the MANOVA examining anger, sadness, and worry Neglect, there was a significant Group X Gender interaction for anger,  $F(1, 156) = 5.77$ ,  $p = .02$ ,  $\eta_p^2 = .04$ . Follow-up independent samples  $t$ -tests revealed that parents reported ignoring anger expression more in boys who had higher levels of emotional reluctance ( $M = 2.00$ ,  $SD = 0.85$ ) than for boys with typical levels of emotional reluctance ( $M = 1.67$ ,  $SD = 0.59$ ),  $t(64) = -1.71$ ,  $p = .09$ . It is important to note, however, that this effect is only marginally significant<sup>2</sup>. There was a marginally significant difference between girls in the high reluctance ( $M = 1.58$ ,  $SD = 0.49$ ) and typical reluctance ( $M = 1.82$ ,  $SD = 0.61$ ) group,  $t(92) = 1.65$ ,  $p = .10$ .

*Punish.* No significant results were found.

### **Adolescent Report of Internalizing Symptomatology**

For the MANOVA examining adolescent depression, anxiety, and loneliness, two Group and one Gender main effects emerged. For adolescent depressive symptoms, there was a main effect for Group,  $F(1, 156) = 10.17, p < .01, \eta_p^2 = .06$ . Adolescents had higher depression scores in the high reluctance ( $M = 10.73, SD = 8.67$ ) group than the typical reluctance ( $M = 6.40, SD = 4.81$ ) group,  $t(158) = 3.92, p = .001$ .

For adolescent anxiety symptoms, there was a main effect for Gender,  $F(1, 156) = 7.41, p < .01, \eta_p^2 = .05$ . Adolescent girls reported higher anxiety scores ( $M = 13.60, SD = 5.13$ ) than boys ( $M = 11.58, SD = 5.31$ ),  $t(158) = 2.41, p = .02$ .

For adolescent loneliness symptoms, there was a main effect for Group,  $F(1, 156) = 12.91, p < .001, \eta_p^2 = .08$ . Adolescents reported higher loneliness scores in the high reluctance ( $M = 39.15, SD = 6.42$ ) group than the typical reluctance ( $M = 34.77, SD = 7.67$ ) group,  $t(158) = 3.41, p < .001$ .

### **Discussion**

Classification of individuals is a key tool for communication, diagnosis, and understanding psychological disorders (Achenbach, & Edelbrock, 1978; Clark, Watson, & Reynolds, 1995). Further, classification systems help to establish the frequency and intensity of specific behaviors or behavioral patterns that can be considered typical or normative in the general population while better understanding when and how these behaviors may cross a threshold and become maladaptive (Sroufe & Rutter, 1990). The developmental psychopathology perspective aids in the understanding of normal and atypical emotional processes in children (Zeman, et al., 2013). By highlighting the idea that emotional experiences

should be examined by viewing normal and atypical experiences together, the developmental psychopathology perspective seeks to understand how deviation influences healthy development, and vice versa (Zeman et al., 2007). The current study sought to better understand the classification of a key construct in emotional development: the management of emotional expressivity. By classifying individuals based on their reluctance to express negative emotions, insights can be garnered about the clinical implications for adolescents who are either typical or atypical with respect to their emotional expressiveness. Exploring emotion reluctance in adolescence using LCA is a novel approach in that it provides an empirical method for determining groups. The current study addressed several goals: (1) to identify distinct groups of adolescents who differ based on their reluctance to express emotions, (2) to evaluate whether the groups display any differences with respect to the way that their negative emotions are socialized by their parents, (3) to address parent emotion socialization by emotion type (anger, sadness, and worry), (4) to examine the potential relationship between reluctance to express negative emotions and internalizing psychological symptomatology, and (5) to consider gender differences in motivation to express emotions, as well as differential parent socialization of emotional expressiveness in daughters and sons.

In the current study, two distinct groups of adolescents were identified with one group reporting high reluctance to express negative emotion and another group exhibiting typical reluctance to express negative emotions. For the high reluctance group, the average response to the 5-point Likert reluctance scale on the EESC was a "4," corresponding to a "*very true*" report. Adolescents who were especially reluctant to express emotions responded to statements, such as, "*When I get upset, I am afraid to show it*" and "*I do not like to talk about how I feel,*" with a "*very true*" response. Therefore, the general pattern for adolescents in the high reluctance group

was a tendency to both not express emotions and not *want* to express emotions. For the typical expression group, the average response to the EESC response scale was a “2,” corresponding to a “*a little true.*” Adolescents in the typical reluctance group reported less suppression of emotions than the high reluctance group. Surprisingly, there were no gender differences between the two groups. While little research has examined gender differences of reluctance to express emotions, a meta-analysis examining emotion expression in children (Chaplin & Aldao, 2013) revealed that boys tend to express more externalizing emotions, whereas girls tend to express more internalizing emotions. Also, boys have been found to neutralize their emotional displays more than girls (Young & Zeman, 2003). More research into emotion expressions and gender differences is warranted.

### **Supportive Parental Emotion Socialization Responses**

Parent ERSBs are a primary way that parents and children communicate about emotional displays (Hunter et al., 2011; Klimes-Dougan & Zeman, 2007). The current study explored emotion socialization due to the possible links with adolescent emotion reluctance. Reluctance, a dysregulated strategy associated with the suppression of emotions, is hypothesized to be related to parent supportive and unsupportive ERSBs. The results of the current study indicated that for the supportive emotion socialization strategy, Reward, parents reported rewarding (i.e., validating) the negative emotions of adolescents in the typical reluctance group more than adolescents in the high reluctance group. Parents validated their child's emotion as indicated by a positive response to an item such as “*When my child was sad, I helped him/her deal with the issue that made them sad.*” Parents' supportive responses to their child's negative emotions aids in the development of emotional competence and can serve as a protective effect against adolescent psychopathology (Dunsmore, Booker, Ollendick, & Greene, 2016; Eisenberg et al.,

1998; Hooven et al., 1995). Since this was a cross-sectional study and causation cannot be inferred, our research did not answer the question of whether parent emotion support leads to improved adolescent emotional reluctance or whether typical adolescent emotional reluctance can cause parents to validate emotions more because they are expressed more often. The findings did indicate, however, that the adolescents in the group with high reluctance to express emotions received significantly less supportive emotion feedback from their parents, which could result in deficits in a wide variety of emotion-related outcomes including emotion dysregulation and internalizing problems (Klimes-Dougan et al., 2007; Yap et al., 2008). In turn, the typical reluctance group of adolescents had parents who reported responding supportively to their emotions, which could result in positive outcomes such as healthy psychological functioning and a strong parent-adolescent relationship (Hunter et al., 2011).

Although O'Neal and Magai (2005) characterized the Override category of response as a supportive socialization strategy along with Reward, the current study found that the two ERSBs were not significantly correlated ( $r = 0.05$ ,  $p = 0.52$ ). Instead, Override was correlated with the unsupportive strategies Magnify, Neglect, and Punish. Other studies have found similar results with the Override scale. Adrian and colleagues (2011) found that in a sample of adolescent females in a psychiatric facility, Override responses were correlated with Punish and Neglect unsupportive responses. In a study examining parent emotion socialization links to child emotion regulation and depression, the Override scale was removed altogether due to poor reliability based on an exploratory factor analysis (Sanders et al., 2015). Thus, when using the Override scale in emotion socialization research, it is important to consider the complexity of this socialization response as research indicates contradictory results regarding whether this response is supportive or unsupportive.

### **Unsupportive Parent Emotion Socialization Responses**

The four unsupportive ERSBs (Override, Magnify, Neglect, and Punish) were collapsed across emotions and combined into one unsupportive scale. Results were non-significant for this total Unsupportive score. Each of the four unsupportive strategies were then examined separately. For the Neglect response, gender was a significant moderator. Parents of the boys in the high reluctance group had a tendency to report ignoring their sons' negative emotions more than did parents of boys in the typical reluctance group. This finding must be viewed with caution as it was only marginally significant. This finding dovetails the results of the Reward subscale by showing that parents of adolescents in the high reluctance group both ignored and provided less positive feedback to the negative emotions of their children more frequently than parents of adolescents in the typical reluctance group. Parental ignoring and invalidating the emotions of their adolescents has been found to be related to poor child outcomes such as emotion dysregulation (Buckholdt et al., 2013), although little research has examined the bidirectional influences of adolescent emotional reluctance and parent emotion socialization.

There were no significant results for the Magnify and Punitive unsupportive subscales. It may be that parents are reluctant to report clearly negative behaviors (e.g., disapproving or punishing child worry, getting angry in response to a child's anger) in a formal research setting. Further, it may be that the parents do not view their behaviors as punitive, but they may be received by their children as being punishing. The sample of youth in this study were mostly middle class and fairly educated, so parents may not need to use punitive responses as frequently as in other populations where it may be more acceptable to be more punitive. It would also be interesting to examine punish responses when parents feel a greater need to be more overt in response to child emotions (e.g., aggressive adolescents). Future research should investigate

parent and child reports of Punish parent emotion socialization strategies to understand discrepancies between reporters.

Research indicates that examining socialization practices by specific emotion type often provides a clearer view of the processes at hand (Chaplin, Cole, & Zahn-Waxler, 2005; Suveg & Zeman, 2004; Zeman et al., 2006). Given that each emotion is associated with its own action tendencies, definitions, and motivations (Campos, Mumme, Kermoian, & Campos, 1994), it may be that some findings are masked when general emotion socialization practices are examined. Thus, the next set of findings delves into the emotion-specific parent emotion socialization findings.

### **Supportive Parent Emotion Socialization Responses by Emotion Type**

As anticipated, the findings for the supportive category of Reward differed as a function of the type of emotion expressed by the child. For parent report of anger validation, parents of adolescents in the high reluctance group reported responding positively to their child's anger significantly less often compared to parents of adolescents in the typical reluctance group. However, this finding was qualified by an interaction with gender. Parents of boys in the high reluctance group reported rewarding their son's anger less frequently than parents of boys in the typical reluctance group, with no significant differences in parental reward for girls in the two groups, and their mean values were similar to those of boys in the typical reluctance group. Compared to girls, boys who are reluctant to express emotion are at particular risk for not getting supportive feedback from their parents when expressing anger. Boys who are reluctant to show or discuss their angry feelings are deprived of the experience of receiving validation for anger expression by their parents, a socialization strategy with a wide array of psychological and psychosocial benefits (Garside & Klimes-Dougan, 2002).

Whereas the current study examined adolescents with high and typical reluctance to express emotions, a previous study examined adolescents with high and typical behavior problems. Parents were found to reward the anger of adolescents displaying high levels of behavior problems less frequently than adolescents in a comparison group displaying typical levels of behavior problems (Klimes-Dougan et al., 2007). Evidence suggests that adolescents displaying an atypical emotional process or behavioral presentation have less opportunity to benefit from parent validation of anger, perhaps because parental focus is on the behavioral difficulties and not the underlying emotional experience.

Parents were also found to report validating their child's sadness expression more frequently in the typical reluctance group versus the high reluctance group, similar to the finding of the Reward category collapsed across emotions. When parents respond positively to sadness displays from their children, they demonstrate an openness to discuss their child's sadness and may focus on ways to problem-solve (O'Neal & Magai, 2005). It has been found that sadness is an emotion that is helpful to discuss, process, and work through with others, especially in childhood and adolescence (Fivush et al., 2000; Waters & Thompson, 2014). The emotional development of adolescents in the high reluctance group may be hindered because of missed opportunities for validation of sadness by their parents.

### **Unsupportive Parent Emotion Socialization Responses by Emotion Type**

Parents reported magnifying the sadness of girls more than boys, regardless of the emotion reluctance group. In a study examining sex differences in emotion socialization for parents and children, mothers were found to use Magnify ERSBs more frequently than fathers for adolescent sadness (Klimes-Dougan et al., 2007). Similarly, female adolescents have been found to display overt sadness more than male adolescents (Perry-Parrish & Zeman, 2011;

Zeman & Garber, 1996). Among female college students, emotion dysregulation served as a mediator between parent magnification of child sadness and binge eating (Buckholdt, Parra, & Jobe-Shields, 2010). The current study produced findings consistent with the literature in that parent magnification of sadness for daughters was significantly greater than for sons.

Understanding the adolescent gender differences with parent magnification of sadness is important, however, causation has yet to be determined in the literature.

In the current study, parents reported magnifying the anger of the typical reluctance group more than the high reluctance group. When comparing parent Magnify responses for anger between an adolescent group with significant behavior problems and a typical adolescent group, Klimes-Dougan et al. (2007) indicated that parents reported more Magnify responses for the group with behavior problems. Comparing these results with the current study's results provides a unique differentiation. The current study found that adolescents who are highly reluctant to express emotions have parents who reported responding by magnifying their anger less than for the typical reluctance group. On the other hand, Klimes-Dougan et al.'s (2007) study showed that adolescents who exhibit behavior problems have parents who magnify their anger more than adolescents with typical behavior problems. This dichotomy may stem from the youth's typical response to anger either through over-expression or suppression of anger that may be related to their externalizing or internalizing problems, respectively. Thus, the method by which adolescents display anger appears to play an important role in whether parents respond by mirroring and amplifying their own anger response. Adolescents who are reluctant to express feelings may actually benefit from parents who respond to their emotions in a more magnifying way to encourage greater expression. However, it may be that the parents are not aware of when their child is experiencing anger if he or she is skillful in not expressing his or her anger. In

contrast, adolescents with externalizing problems may benefit most when parents limit magnification of dysregulated, and perhaps excessive, displays of negative emotions.

Regarding the analyses of the Neglect response, a significant gender moderation effect was found. Parents of boys in the high reluctance group reported ignoring their sons' anger more than parents of boys in the typical reluctance group. This finding also was present for girls but it is notable that both gender findings were only marginally significant. The finding for boys fits well with the Reward anger results suggesting that parents both validate the emotions of boys in the high reluctance group less often and also ignore their emotions more than boys in the typical reluctance group. Taken together, these findings suggest a potentially problematic pattern of emotion socialization for adolescent boys who are reluctant to express emotions, given that parental invalidation of adolescent emotions has been found to be associated with maladaptive emotion regulation outcomes for children (Yap et al., 2008). It is important that future research delve into the reasons for how a potential cycle of neglect and low validation of adolescent boys' emotions in the high reluctance to express emotions group originates and is maintained, as this cycle appears to have deleterious correlates.

Contrary to expectations, no significant results emerged for the categories of Punish and Override by emotion type. Based on prior research findings, it is possible that psychometric limitations of the Override scale may have played a role in the lack of results (Sanders et al., 2015). Further, Klimes-Dougan and colleagues (2007) found that (1) fathers used Punish and Override strategies for adolescent sadness more so than mothers, and (2) parents punished anger in adolescents who exhibited behavior problems more than a non-problem control group. These findings are particularly salient given that adolescents with behavior problems have been found to exhibit more anger than their peers (Colder & Stice, 1998; Silk et al., 2003). It appears that

parents engage in more punitive responses when adolescents engage in frequent displays of anger. In the current community sample of more typical adolescents, Punish ERSBs were less prominent, perhaps because of the relatively low rate of externalizing behavior problems in the sample.

### **Adolescent Internalizing Symptomatology**

Results from the current investigation indicated differences in internalizing symptoms based on the degree to which adolescents displayed reluctance to express emotions. Specifically, adolescents in the high reluctance group reported greater symptoms of depression and loneliness than adolescents in the typical reluctance group. Considered more broadly, emotion dysregulation in adolescence has been found to be associated with psychopathology symptoms (Cole, Michel, & O'Donnell Teti, 1994; McLaughlin, Hatzenbuehler, Mennin, & Nolen-Hoeksema, 2011), as well as unsupportive parental socialization responses to negative emotions (Eisenberg et al., 1998). Specifically, adolescents who are reluctant to express emotions display a constricted style of emotion expression, and they may be at greater risk for the development of problems such as depression, anxiety, and loneliness (Penza-Clyve & Zeman, 2002). These findings are particularly salient given that previous research has shown that reluctance to express emotions is a significant reason why adults, particularly male adults, possess a negative attitude toward seeking psychological help (Komiya, Good, & Sherrod, 2000). Suppression of emotions may lead to difficulties in engaging in help-seeking behaviors if one is reluctant to express difficulties and emotions that are experienced internally.

Emotional expressiveness, as measured in the current study, was composed of two factors: emotional awareness and motivation to express emotions (Penza-Clyve & Zeman, 2002). A review of the adolescent literature revealed a paucity of information on the second factor,

reluctance to express negative emotions. In contrast, there is a vast literature examining the more general construct of emotion regulation (e.g., Gratz & Roemer, 2004), with a number of studies specifically addressing emotional awareness, a factor often considered a precursor to emotional regulation and competence (Penza-Clyve & Zeman, 2002). Interestingly, the relation between the reluctance to express emotions and symptoms of depression and loneliness found in the current investigation is consistent with the more ample literature that indicates that emotion dysregulation (e.g., overt, exaggerated, uncontrolled displays of emotion) is also related to higher levels of depressive symptomatology (Silk et al., 2003). In this way, emotion dysregulation and reluctance to express emotions are similar in that both may be considered facets of poor emotional competence and both are related to negative psychological outcomes. Yet, reluctance to express emotions may result in psychopathology by a different mechanism than emotion dysregulation. One possible mechanism of action is that reluctance to talk about feelings and/or suppression of feelings (i.e., emotional constriction) might be related to peer rejection and lack of intimate relationships. Emotional distance, lack of reciprocity, and communication problems might characterize the relationships of a person who is reluctant to express emotions because of missed opportunities to share feelings like joy, love, grief, and fears with friends and romantic partners. Impaired social relationships then could lead to both depression and loneliness (Penza-Clyve & Zeman, 2002).

Surprisingly, the current study revealed no differences between the high and typical emotional reluctance groups in terms of anxiety. Although the means were in the expected direction (High Reluctance  $M = 14.03$ ,  $SD = 6.05$ ; Typical Reluctance  $M = 12.42$ ,  $SD = 5.03$ ;  $p = .18$ ), there were no significant differences. One possible reason for the lack of findings is that anxiety is such a prevalent concern during adolescence. Epidemiological studies indicate that

anxiety disorders typically begin around age 11 years and that the 12-month prevalence rate for anxiety disorders in adolescents between 13 and 17 years of age is approximately 25% (Bandelow & Michaelis, 2015). With 1 in 4 adolescents coping with anxiety, it is possible that reluctance to express emotions is simply not associated with these common symptoms. Instead, anxiety in adolescent samples from the United States may be more related to factors such as identity development, the physical changes of puberty, social media, safety and bullying concerns in high schools, and the desire to feel connected to peers rather than the reluctance to express negative emotions. Alternatively, it is possible that the lack of anxiety differences between groups with high reluctance to express negative emotions and typical emotional reluctance may be a result of a lack of power in the current study to detect actual anxiety differences. Although a sample size of 160 seems adequate with respect to statistical power, the group with high reluctance to express emotions included only 36 adolescents. As such, a future study with a larger sample size and greater power might discover that reluctance to express emotions is indeed related to anxiety in an adolescent population.

### **Limitations and Future Directions**

The current study had several methodological limitations that should be considered when interpreting the findings. Given that this research used a cross-sectional design, it is not possible to make conclusions about causality. As such, the potential for bidirectional influences must be considered. For example, emotional reluctance was related to depression and loneliness and the parent emotion socialization practices of less validation and greater neglect of feelings. Although hypotheses about the directionality of effects can be generated, the research design does not permit conclusions about whether certain emotion socialization responses lead to adolescents' reluctance to express emotions or whether emotional reluctance influences how parents respond

to their adolescents' emotions that then results in depression/loneliness. Similarly, an adolescent who experiences depression/loneliness could subsequently become more reluctant to express emotions. The same limitations about causation exist for the relation between parent emotion socialization and adolescent internalizing symptoms. The research demonstrates that the two variables are related to each other, but the nature of that relationship cannot be determined from the data. Future research should examine the current study's constructs in a longitudinal manner, allowing for the consequences of emotion reluctance and emotion socialization to be considered.

Another limitation of the current investigation was the small sample size of the high reluctance groups, particularly the boys. A small sample size limits the generalizability of the findings to a wider population and restricts the power of the study to detect relations among variables. Although it is expected that the high reluctance group would be smaller than the typical reluctance group, larger sample sizes in the high reluctance group would have allowed for greater confidence in the validity and generalizability of the findings.

Future research should investigate adolescent reluctance and parent emotion socialization with attention paid to the unique roles that mothers and fathers play in emotional development. The literature suggests that there are important gender differences in parental emotion socialization (Baker, Fenning, & Crnic, 2011; Brand & Klimes-Dougan, 2010; Cassano et al., 2014); however, the roles that each parent plays in supporting positive adolescent emotion development with links to emotion expression has yet to be investigated in depth (Cabrera, Volling, & Barr, 2018).

This study relied on parents' reports of their own socialization strategies. Although parents typically are accurate reporters of the ways they discuss emotions with their children (Eisenberg et al., 1998), parents may be hesitant to report the more negative aspects of

socializing their child's emotional displays. It would have been helpful to have multiple reporters and behavioral observations to provide a more valid assessment of emotion socialization strategies. Additionally, this study is limited in scope because it included a predominantly middle class, White sample. A more diverse sample would allow for broader perspectives on the links between emotion expression, socialization, and symptomatology (Friedlmeier, Corapci, & Cole, 2011). Additionally, a more heterogeneous sample would allow for refined analyses of the relations between socioeconomic status and socialization practices. For example, one study examining emotion socialization in toddlers from low-income families found that gender differences influencing negative emotional expression were related to family income (Chaplin, Casey, Sinha, & Mayes, 2010). Future research would benefit from recruiting a sample that included a wide range of socioeconomic status and ethnic/racial diversity.

Another limitation of the current study was the use of a community sample in which there was a relative lack of internalizing symptomatology in the sample. For depression, only 3.9% of the sample was in the clinical range. Future research should focus on obtaining a sample of adolescents who represent the entire spectrum of psychopathological functioning. By including a larger number of adolescents displaying clinical levels of internalizing and externalizing symptoms, the findings from this research may provide more applications to clinical interventions. Although there has been considerable research examining parent emotion socialization with adolescents displaying clinical symptoms (Katz et al., 2014; Schwartz, et al., 2012; Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005), only one study specifically addressed reluctance to express emotions through a clinical lens (Sim & Zeman, 2004). Adolescent females with Bulimia Nervosa were found to display greater reluctance to express emotion compared to same-gender peers in depressed and a non-clinical comparison groups (Sim

& Zeman, 2004). This finding does dovetail with the current study's findings and points to the need to better understand how reluctance to share emotions with others is either a symptom and/or a cause of psychological difficulties.

### **Conclusions**

This study adds to the current literature by showing that adolescents who display high levels of reluctance to express emotions report high levels of depression and loneliness symptoms and have parents who tend to ignore their adolescents' emotions. Thus, adolescents characterized by emotional reluctance may be at risk for psychosocial concerns that might interfere with social relationships given the importance of emotional expression for communication within interpersonal relationships. The current study also illustrated that boys who display high reluctance to express emotions may be at even greater risk than girls due to a lack of parent support of their emotions. Findings from this study suggested that low levels of parental validation of adolescent anger was a particularly salient in the relation to adolescent reluctance to express negative emotions. Results from this study highlight the critical role that emotion expression plays in adolescent internalizing symptoms, and the salience of parental emotion socialization strategies in either promoting or discouraging the expression of feelings in their teenage children, particularly boys.

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## Footnotes

<sup>1</sup> Tukey's Honestly Significant Difference (HSD) post hoc test revealed that at the  $p = 0.05$  level, there is a significant difference between the high reluctance group and low reluctance group for boys. An independent samples  $t$ -test found this relationship to be only marginally significant.

<sup>2</sup> Although an independent samples  $t$ -test yielded a marginally significant result, Tukey's HSD test between the high reluctance and typical reluctance groups for boys resulted in a significant finding at the  $p = 0.05$  level.

Table 1

*Latent class analysis fit statistics.*

	AIC	BIC	ABIC	Entropy	LMRLR	ALMRLR	BLRT
2 class	3795.75	3872.63	3793.49	0.83	0.03	0.03	< 0.0001
3 class	3761.26	3865.82	3758.18	0.77	0.06	0.07	< 0.0001
4 class	3736.19	3868.43	3732.30	0.81	0.57	0.58	< 0.0001

*Note:*  $N = 160$ . The two class model was selected based on significant  $p$  values and high entropy.

Table 2

*Descriptive statistics and results of t-test and Chi-square tests.*

Variable	Group					
	High Reluctance		Typical Reluctance		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Child Age	12.82	1.00	12.58	0.98	1.32	.19
	Females	Males	Females	Males	<i>X</i> <sup>2</sup>	<i>p</i>
Child Gender	20	14	74	52	.0001	0.99
Parent Gender	26	8	93	33	.10	0.75

*Note:* *N* = 160.

Table 3

*Means and standard deviations of major study variables.*

Variable	Group					
	Total Participants		High Reluctance		Typical Reluctance	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<b>Parent Measures – EAC</b>						
Supportive	7.06	0.81	6.90	0.84	7.10	0.60
Unsupportive	5.55	1.15	5.33	0.98	5.61	1.19
Reward	4.44	0.43	4.30	0.49	4.47	0.41
Override	2.62	0.67	2.59	0.74	2.63	0.65
Magnify	2.20	0.60	2.06	0.50	2.23	0.61
Neglect	1.54	0.41	1.54	0.46	1.54	0.40
Punish	1.81	0.57	1.72	0.42	1.84	0.60
<b>Child Measures</b>						
EESC – Emotional Reluctance	21.13	5.30	28.56	3.74	19.09	3.55
CDI	7.71	6.01	10.74	8.67	6.90	4.79
MASC	12.76	5.27	14.03	6.05	12.41	5.01
CLSD	34.77	7.67	39.15	10.07	33.58	6.42

*Note:*  $N = 160$  (total participants),  $N = XX$  (high reluctance group),  $N = XX$  (typical reluctance group)

Appendix

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## Adolescent Assent Script

“Thank you for your interest in our project. I am going to tell you a little bit about the project we are doing and ask that you help us out with it.

Your participation in this project is your choice. Even though your parents have given you permission to help us out, you can still choose not to participate. If you decide to participate, you can stop at any time without any consequences.

If you agree to help us out, we will ask you some questions about your feelings and experiences with friends. We will also have you and your friend do a task together that will involve talking to each other about a problem you pick to discuss. We will be asking you these questions and having you do this task so we can learn more about children's feelings and their friendships. We will read all the directions and questions to you. You will tell us your answers and we will write them down for you. Please answer each question as truthfully as possible. Remember that there are no right or wrong answers. If you do not want to answer a question because it makes you feel uncomfortable, please tell me and you may skip it. Your answers and your friends' answers to the questions today are personal and private. Please do not talk about your answers with your friend or ask your friend about his or her answers when we are finished. If you have a question or feel confused at any point, feel free to stop and ask.

All of your answers will be private which means that they will not be shared with anyone unless you tell us you are feeling really bad. If you do tell us this, then we will let a parent know so that someone can help you feel better. Your name will not be on your paper, and we will be the only ones to will see your answers.”

**EESC**

Circle a number from 1 to 5 that describes how you feel.

**1. I prefer to keep my feelings to myself.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**2. I do not like to talk about how I feel.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**3. When something bad happens, I feel like exploding.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**4. I don't show how I really feel in order not to hurt other's feelings.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**5. I have feelings that I can't figure out.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**6. I usually do not talk to people until they talk to me first.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**7. When I get upset, I am afraid to show it.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**8. When I feel upset, I do not know how to talk about it.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**9. I often do not know how I am feeling.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**10. People tell me I should talk about my feelings more often.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**11. Sometimes I just don't have words to describe how I feel.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**12. When I'm sad, I try not to show it.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**13. Other people don't like it when you show how you really feel.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**14. I know I should show my feelings, but it is too hard.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**15. I often do not know why I am angry.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

**16. It is hard for me to show how I feel about somebody.**

1	2	3	4	5
Not at all	A little true	Somewhat true	Very true	Extremely true

## Emotions as a Child: Anger Responses

Think of a time when your child felt **ANGRY** or **FRUSTRATED**. When your child was **ANGRY** or feeling **FRUSTRATED**, how often would you respond in these ways?

	Never	Not very often	Sometimes	Often	Very often
1. When my child was angry, I responded to his/her anger.	1	2	3	4	5
2. When my child was angry, I told him/her to stop being angry.	1	2	3	4	5
3. When my child was angry, I helped him/her deal with the issue that made him/her angry.	1	2	3	4	5
4. When my child was angry, I got very angry.	1	2	3	4	5
5. When my child was angry, I told him/her that he/she was acting younger than his/her age.	1	2	3	4	5
6. When my child was angry, I asked him/her what made him/her angry.	1	2	3	4	5
7. When my child was angry, I told him/her not to worry.	1	2	3	4	5
8. When my child was angry, I expressed that I was very angry.	1	2	3	4	5
9. When my child was angry, I let him/her know I did not approve of his/her anger.	1	2	3	4	5
10. When my child was angry, I gave him/her something he/she liked.	1	2	3	4	5
11. When my child was angry, I told him/her to cheer up.	1	2	3	4	5
12. When my child was angry, I took time to focus on him/her.	1	2	3	4	5
13. When my child was angry, I got very upset.	1	2	3	4	5
14. When my child was angry, I did not pay attention to his/her anger.	1	2	3	4	5
15. When my child was angry, I comforted him/her.	1	2	3	4	5

## Emotions as a Child: Sadness Responses

Think of a time when your child felt **SAD** or **DOWN** in the past year. When your child was **SAD** or feeling **DOWN** in the past year, how often would you respond in these ways?

	Never	Not very often	Sometimes	Often	Very often
1. When my child was sad, I responded to his/her sadness.	1	2	3	4	5
2. When my child was sad, I told him/her to stop being sad.	1	2	3	4	5
3. When my child was sad, I helped him/her deal with the issue that made him/her sad.	1	2	3	4	5
4. When my child was sad, I got very sad.	1	2	3	4	5
5. When my child was sad, I told him/her that he/she was acting younger than his/her age.	1	2	3	4	5
6. When my child was sad, I asked him/her what made him/her sad.	1	2	3	4	5
7. When my child was sad, I told him/her not to worry.	1	2	3	4	5
8. When my child was sad, I expressed that I was very sad.	1	2	3	4	5
9. When my child was sad, I let him/her know I did not approve of his/her sadness.	1	2	3	4	5
10. When my child was sad, I gave him/her something he/she liked.	1	2	3	4	5
11. When my child was sad, I told him/her to cheer up.	1	2	3	4	5
12. When my child was sad, I took time to focus on him/her.	1	2	3	4	5
13. When my child was sad, I got very upset.	1	2	3	4	5
14. When my child was sad, I did not pay attention to his/her sadness.	1	2	3	4	5
15. When my child was sad, I comforted him/her.	1	2	3	4	5

## Emotions as a Child: Worry Responses

Think of a time when your child felt **WORRIED** or **AFRAID**. When your child was **WORRIED** or feeling **AFRAID**, how often would you respond in these ways?

	Never	Not very often	Sometimes	Often	Very often
1. When my child was worried, I responded to his/her worry.	1	2	3	4	5
2. When my child was worried, I told him/her to stop being worried.	1	2	3	4	5
3. When my child was worried, I helped him/her deal with the issue that made him/her worried.	1	2	3	4	5
4. When my child was worried, I got very worried.	1	2	3	4	5
5. When my child was worried, I told him/her that he/she was acting younger than his/her age.	1	2	3	4	5
6. When my child was worried, I asked him/her what made him/her worried.	1	2	3	4	5
7. When my child was worried, I told him/her not to worry.	1	2	3	4	5
8. When my child was worried, I expressed that I was very worried.	1	2	3	4	5
9. When my child was worried, I let him/her know I did not approve of his/her worry.	1	2	3	4	5
10. When my child was worried, I gave him/her something he/she liked.	1	2	3	4	5
11. When my child was worried, I told him/her to cheer up.	1	2	3	4	5
12. When my child was worried, I took time to focus on him/her.	1	2	3	4	5
13. When my child was worried, I got very upset.	1	2	3	4	5
14. When my child was worried, I did not pay attention to his/her worry.	1	2	3	4	5
15. When my child was worried, I comforted him/her.	1	2	3	4	5

**CDI - Pick the sentence that describes you *best* for the past two weeks.**

<p>Item 1</p> <input type="checkbox"/> I am sad once in a while. <input type="checkbox"/> I am sad many times. <input type="checkbox"/> I am sad all the time.	<p>Item 15</p> <input type="checkbox"/> I have to push myself all the time to do my schoolwork. <input type="checkbox"/> I have to push myself many times to do my schoolwork. <input type="checkbox"/> Doing schoolwork is not a big problem.
<p>Item 2</p> <input type="checkbox"/> Nothing will ever work out for me. <input type="checkbox"/> I am not sure if thing will work out for me. <input type="checkbox"/> Things will work out for me ok.	<p>Item 16</p> <input type="checkbox"/> I have trouble sleeping every night. <input type="checkbox"/> I have trouble sleeping many nights. <input type="checkbox"/> I sleep pretty well.
<p>Item 3</p> <input type="checkbox"/> I do most things ok. <input type="checkbox"/> I do many things wrong. <input type="checkbox"/> I do everything wrong.	<p>Item 17</p> <input type="checkbox"/> I am tired once in a while. <input type="checkbox"/> I am tired many days. <input type="checkbox"/> I am tired all the time.
<p>Item 4</p> <input type="checkbox"/> I have fun in many things. <input type="checkbox"/> I have fun in some things. <input type="checkbox"/> Nothing is fun at all.	<p>Item 18</p> <input type="checkbox"/> Most days I do not feel like eating. <input type="checkbox"/> Many days I do not feel like eating. <input type="checkbox"/> I eat pretty well.
<p>Item 5</p> <input type="checkbox"/> I am bad all the time. <input type="checkbox"/> I am bad many times. <input type="checkbox"/> I am bad once in a while.	<p>Item 19</p> <input type="checkbox"/> I do not worry about aches and pains. <input type="checkbox"/> I worry about aches and pains many times. <input type="checkbox"/> I worry about aches and pains all the time.
<p>Item 6</p> <input type="checkbox"/> I think about bad things happening to me once in a while. <input type="checkbox"/> I worry that bad things will happen to me. <input type="checkbox"/> I am sure that terrible things will happen to me.	<p>Item 20</p> <input type="checkbox"/> I do not feel alone. <input type="checkbox"/> I feel alone many times. <input type="checkbox"/> I feel alone all the time.
<p>Item 7</p> <input type="checkbox"/> I hate myself. <input type="checkbox"/> I do not like myself. <input type="checkbox"/> I like myself.	<p>Item 21</p> <input type="checkbox"/> I never have fun at school. <input type="checkbox"/> I have fun at school once in a while. <input type="checkbox"/> I have fun at school many times.
<p>Item 8</p> <input type="checkbox"/> All bad things are my fault. <input type="checkbox"/> Many bad things are my fault. <input type="checkbox"/> Bad things are not usually my fault.	<p>Item 22</p> <input type="checkbox"/> I have plenty of friends. <input type="checkbox"/> I have some friends but I wish I had more. <input type="checkbox"/> I do not have any friends.
<p>Item 10</p> <input type="checkbox"/> I feel like crying every day. <input type="checkbox"/> I feel like crying many days. <input type="checkbox"/> I feel like crying once in a while.	<p>Item 23</p> <input type="checkbox"/> My schoolwork is alright. <input type="checkbox"/> My schoolwork is not as good as before. <input type="checkbox"/> I do very badly in subjects I used to be good in.
<p>Item 11</p> <input type="checkbox"/> Things bother me all the time. <input type="checkbox"/> Things bother me many times. <input type="checkbox"/> Things bother me once in a while.	<p>Item 24</p> <input type="checkbox"/> I can never be as good as other kids. <input type="checkbox"/> I can be as good as other kids if I want to. <input type="checkbox"/> I am just as good as other kids.
<p>Item 12</p> <input type="checkbox"/> I like being with people. <input type="checkbox"/> I do not like being with people many times. <input type="checkbox"/> I do not want to be with people at all.	<p>Item 25</p> <input type="checkbox"/> Nobody really loves me. <input type="checkbox"/> I am not sure if anybody loves me. <input type="checkbox"/> I am sure that somebody loves me.
<p>Item 13</p> <input type="checkbox"/> I cannot make up my mind about things. <input type="checkbox"/> It is hard to make up my mind about things. <input type="checkbox"/> I make up my mind about things easily.	<p>Item 26</p> <input type="checkbox"/> I usually do what I am told. <input type="checkbox"/> I do not do what I am told most times. <input type="checkbox"/> I never do what I am told.
<p>Item 14</p> <input type="checkbox"/> I look ok. <input type="checkbox"/> There are some bad things about my looks. <input type="checkbox"/> I look ugly.	<p>Item 27</p> <input type="checkbox"/> I get along with people. <input type="checkbox"/> I get into fights many times. <input type="checkbox"/> I get into fights all the time.

*Multidimensional Anxiety Scale for Children – Short form*

This questionnaire asks you how you have been thinking, feeling, or acting recently. For each item, please circle the number that shows how often the statement is true for you. If a sentence is true about you a lot of the time, circle 3. If it is true about you some of the time, circle 2. If it is true about you once in a while, circle 1. If a sentence is not ever true about you, circle 0.

Remember, there are no right or wrong answers, just answer how you have been feeling recently.

Here are two examples to show you how to complete the questionnaire. In Example A, if you were hardly ever scared of dogs, you would circle 1, meaning that the statement is rarely true about you. In Example B, if thunderstorms sometimes upset you, you would circle 2, meaning that the statement is sometimes true about you.

		Never true about me	Rarely true about me	Sometimes true about me	Often true about me	
Example A	I'm scared of dogs	0	1	2	3	
Example B	Thunderstorms upset me	0	1	2	3	
			Never true about me	Rarely true about me	Sometimes true about me	Often true about me
1.	The idea of going away to camp scares me.	0	1	2	3	
2.	I'm afraid that other kids will make fun of me.	0	1	2	3	
3.	I try to stay near my mom or dad.	0	1	2	3	
4.	I get dizzy or faint feelings.	0	1	2	3	
5.	I feel restless and on edge.	0	1	2	3	
6.	I feel sick to my stomach.	0	1	2	3	
7.	I get nervous if I have to perform in public.	0	1	2	3	
8.	Bad weather, the dark, heights, animals, or bugs scare me.	0	1	2	3	
9.	I check to make sure things are safe.	0	1	2	3	
10.	I feel shy.	0	1	2	3	

**Children's Loneliness Scale (CLS; Asher & Wheeler, 1985)**

On the line below each question, please circle the words that you think best answers the question. This is not a test so there are no right or wrong answers. If you have any questions, please raise your hand. Thank you.

*Example:* I like to eat ravioli for lunch.

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**1. It's easy for me to make new friends at school.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**2. I like to read**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**3. I have nobody to talk to in class**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**4. I'm good at working with other children in my class.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**5. I watch TV a lot.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**It's hard for me to make new friends at school.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**7. I like school.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**8. I have lots of friends in my class.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**9. I feel alone at school.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**10. I can find a friend in my class when I need one.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**11. I play sports a lot.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**12. It's hard to get kids in school to like me.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**13. I like science.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**14. I don't have anyone to hang out with at school.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**15. I like music.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**16. I get along with my classmates.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**17. I feel left out of things at school.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**18. There are no other kids I can do to when I need help at school.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**19. I like to paint and draw.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**20. I don't get along with other children in school.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**21. I'm lonely at school.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**22. I am well liked by the kids in my class.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**23. I like playing board games a lot.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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**24. I don't have any friends in class.**

Always true about me	true about me most of the time	sometimes true about me	hardly ever true about me	not true at all about me
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