Parent and Peer Emotion Socialization as Predictors of Adolescent Internalizing Symptomatology: The Role of Emotion via Structural Equation Modeling

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ABSTRACT

Parental and peer emotion socialization as well as adolescent emotion regulation are significant predictors of adolescent psychopathology (Gaertner et al., 2010; Shortt et al., 2016). When a parent is unsupportive of their youth's emotional displays, the adolescent is at greater risk for internalizing disorders (Shewark & Blandon, 2015). During adolescence, friends are also socializers of youth's emotions and those peers who respond in validating ways may buffer against the development of internalizing disorders (Bowker & Rubin, 2009). Research analyzing these constructs has relied almost exclusively on one form of measurement (e.g., McKee et al., 2018) and often emotion regulation has been assessed as general negative affect (e.g., Silk et al., 2003). To fill these gaps in the literature, the present study examines negative parent emotion socialization's effect on adolescent internalizing symptoms as mediated by emotion regulation and moderated by friend emotion socialization. Guided by the functionalist theory of emotion (Barrett & Campos, 1987), we examined emotion regulation by emotion type (sadness/worry and anger) and used multiple methods and reporters. The present study sought to replicate and expand previous literature by constructing a conditional indirect effects model with latent variables and assessing discrete negative emotions. Gender effects were also examined. Participants were 132 adolescents (M_{age} = 16.30, 53.0% girls, 80.3% White, middle-class) and their parents (87.1% mothers). Youth completed the Multidimensional Anxiety Scale for Children (March, 1997), the Child Depression Inventory (Kovacs, 1992), the Children's Sadness, Worry and Anger Management Scales (Zeman et al., 2001), and the You and Your Friends Questionnaire (Klimes-Dougan et al., 2014; evaluated peer emotion socialization). Parents completed the Child Behavior Checklist (Achenbach, 1991). Parent-adolescent dyads engaged in an interaction task involving discussions about specific events with the adolescent's best friend. These video-taped interactions were coded for different aspects of parental emotion socialization.

Results indicate a significant moderated mediation for positive peer emotion socialization when interacting with adaptive sadness/worry regulation. Specifically, negative parent emotion socialization predicted both less adaptive sadness/worry regulation and more symptoms of internalizing disorders. Adaptive sadness/worry regulation significantly interacted with positive peer emotion socialization and predicted fewer symptoms at low, medium, and high levels of positive peer emotion socialization. No gender effects were found. Results suggest positive peer socialization when present even at low levels, may buffer against the harmful effects of negative parent emotion socialization and predict fewer symptoms of internalizing disorders. Peers are crucial emotion socializers during adolescence such that their supportive responses may mitigate the effects of negative parent emotion socialization. Our findings also highlight the need to examine emotions by specific emotion type. Specifically, when assessing predictors of internalizing symptoms, examining regulation of sadness/worry regulation may be a better predictor than anger regulation.

TABLE OF CONTENTS

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LIST OF TABLES

LIST OF FIGURES

Parent and Peer Emotion Socialization as Predictors of Adolescent Internalizing Symptomatology: The Role of Emotion via Structural Equation Modeling

At present, 8.4% of children between the ages of 3 and 17 years have a diagnosed anxiety or depressive disorder (Bitsko et al., 2018). Adolescence is a time when the brain is at its peak level of plasticity and change, making this period particularly sensitive to intense emotional stimuli that, in turn, increases vulnerability to the development of psychopathology (Lerner & Steinberg, 2009). Additionally, during adolescence, anxiety and depression often co-occur, with rates of comorbidity estimated between 15% and 75% (Angold et al., 1999; Avenevoli et al., 2001; Cummings et al., 2014; Yorbik et al., 2004). However, the age of onset of anxiety and depression are not thought to occur in tandem. Most depressed adolescents endorse a history of anxiety but the majority of children who suffer from anxiety disorders do not go on to later develop clinical levels of depression (Kessler et al., 2001). It is important to keep in mind only a small subset of children who suffer from these illnesses actually obtain treatment thus analyzing predictors of these illnesses is crucial (Ford et al., 2006; Potter et al., 2012). The current study will focus on predictors of internalizing symptomatology during adolescence.

Anxiety Disorders

A recent meta-analysis of 41 studies conducted in 27 countries between 1985 and 2012 estimated 117 million children worldwide currently suffer from an anxiety disorder (Polanczyk et al., 2015). Specifically, in the United States, almost one in three youth will endure an episode of clinical levels of anxiety by the age of 18 years (Merikangas et al., 2010). Of all mental disorders, anxiety has the earliest onset, with the median age of diagnosis being 6 years old. Early onset increases an individual's risk of life-long prevalence of the disorder, particularly if the illness goes untreated (Merikangas et al., 2010). Clinical levels of anxiety during childhood

and adolescence have significantly predicted later anxiety, major depression, nicotine, alcohol and drug abuse, low education attainment, fewer goals achieved, and early parenthood (Erskine et al., 2017; Woodward & Fergusson, 2001). As anxiety persists into adolescence, the rates of comorbidity with other types of psychopathology rise (Wittchen et al., 2014).

A number of developmental psychopathology models have examined potential predictors of childhood and adolescent anxiety disorders. One of the most salient predictors of anxiety disorders in children and adolescents is maladaptive emotion regulation (Gazelle & Rubin, 2019). When an adolescent regulates their emotions in a maladaptive way (e.g., inhibition or dysregulation), they may experience an immediate decrease in distress but in the long-term, they may compromise relationships, overall well-being, productivity, and future achievements. These outcomes may arise because the adolescent behaves in a way that is socially atypical (e.g., social withdrawal, aggressive outbursts, excessive crying) and these responses could be perceived by their peers as undesirable (Cole et al., 2017; Suveg & Zeman, 2004). It might also be that these effects occur because emotion regulation can either augment or diminish anxious symptomatology, depending on if the regulation is adaptive or maladaptive (Cisler et al., 2010). Individuals at risk for anxiety disorders oftentimes are frightened or overwhelmed by their intense emotional experiences. In an attempt to control this arousal, youth may try to suppress their responses to intense emotional stimuli or avoid the emotions they are experiencing, with the logic that the distress will subside if it is not acknowledged. These maladaptive coping skills, while typical for individuals at risk for anxiety, delay distress which, compounded over time, can become overwhelming and result in feelings of loss of control and increased anxiety symptomatology (Schäfer et al., 2017).

Another common factor that continues to be studied is the role of family environment.

Research analyzing parent-to-child anxiety transmission has identified that anxious parents' modeling of fearful and over-controlling behaviors increases the likelihood that a child may develop an anxiety disorder (Dubi et al., 2008). Anxious parents are more likely to display worried and scared affect and encourage avoidance, increasing anxious symptomatology in the child (Hudson et al., 2019; Percy et al., 2016). Studies have also found when anxious parents demonstrate more controlling behaviors, this limits the child's exposure to novel experiences and stunts a child's ability to accurately discern threats and develop adaptive coping mechanisms in the face of danger (Ollendick & Grills, 2016; Suveg et al., 2005). Beyond anxious parents, an overall negative parenting style has inconsistently predicted increases in child and adolescent anxiety disorders (Asbrand et al., 2017).

Finally, beyond familial factors, anxiety can be exacerbated by peer exclusion and few quality friendships (Gazelle & Rubin, 2019). Peer relationships become increasingly important as a child develops, with peer acceptance buffering against the harmful effects of psychopathology (Sentse et al., 2010). However, when adolescents experience negative evaluation from peers, anxiety symptoms may increase. This is thought to be due to increases in visibility and judgement by their peers causing the adolescent to hyper-analyze their movements around their peers. Sensitivity to rejection is especially common in children who suffer from anxiety disorders. This vulnerability elicits a cyclical effect such that rejection often prompts worried or angry emotional responses from the anxious youth that facilitate further isolation by their peers (McDonald et al., 2010).

Depression

Second to anxiety, the most common mental illness among youth in the United States is depression, with 12.7% of adolescents meeting clinical criteria for the disorder (National Center

for Health Statistics, 2016). When compared to childhood, rates of depression double during adolescence (Merikangas et al., 2010). However, depression does not affect girls and boys at the same rate. About 19.4% of girls experience depression during adolescence in comparison to 6.4% of boys (Costello et al., 2006).

Depression increases drastically in adolescence due to a combination of factors. This time period is hallmarked by biological, social, cognitive, and emotional changes (Lerner & Steinberg, 2009). Adolescents are engaged in novel and more intense emotional experiences when compared to childhood, increasing their vulnerability to significant emotional arousal. Reactions to these scenarios will vary in intensity and, when handled in a maladaptive way such as ignoring the arousal, suppressing the reaction or becoming enveloped by the emotions, the adolescent may increase their likelihood for developing psychopathology (Costello et al., 2006; Frost et al., 2015). Additionally, many adolescents who experience clinical levels of depression also have a history of anxiety disorders (Kessler et al., 2001). With rates of anxiety also on the rise and the age of onset for clinical anxiety earlier than depression, adolescents who suffer from depression often endorse a history of anxiety (Merikangas et al., 2010). The comorbidity of the two disorders may be due to attention to negative stimuli. Both psychopathologies are frequently characterized by an acute awareness of and attention to negative events, while often ignoring positive ones. This hyper-focus on negativity increases feelings of isolation and hopelessness, common among individuals suffering from anxiety and depression (Mogg et al., 2004).

Some of the greatest predictors of depression in children and adolescents are emotion regulation (Silk et al., 2003), parenting strategies (Silk et al., 2009; Walker et al., 2007), and quality of peer relationships (Allen et al., 2007). When engaging in maladaptive emotion regulation, risk for psychopathology, such as depression, rises (see a review in Miller-Slough &

Dunsmore, 2016). Often times, when adolescents view an emotion as too powerful or intolerable, they may try to avoid or suppress the emotion which, in the short term, relieves the negative emotional experience, but in the long term is associated with elevated symptoms of depression (Eastabrook et al., 2014; Siu & Shek, 2010). Opposite of avoidance and suppression, rumination is the excessive and repetitive focus on an emotionally arousing experience (McLaughlin, & Nolen-Hoeksema, 2011). A hyper-focus on negative emotions often causes adolescents to spiral downward, over analyzing stressful and emotionally charged situations. This exacerbated attention to discrete negative emotionality is also thought to be a significant predictor of depressive symptomatology (McLaughlin, & Nolen-Hoeksema, 2011). In sum, difficulties regulating emotions poses a risk for adolescents and causes them to be more vulnerable to the development of internalizing symptomatology, specifically depression (Moriya & Takahashi, 2013).

Further, specific parenting behaviors are associated with the development of depressive symptomatology in children and adolescents. High levels of conflict between the parent and child, parental negativity, lack of parent support during times of emotional disclosure, parental disengagement, as well as parental punishment and neglect of a child's emotional needs are all predictors of adolescent depression (e.g., Sanders et al., 2015). When a parent does not engage positively with the child's emotional expressivity (e.g., minimal validation of the child's emotions and experiences, cold body language, showing a lack of interest to connect with the child), these factors are significantly correlated to increases in child depression (e.g., Brand & Klimes-Dougan, 2010; Shortt et al., 2016). Children may perceive these negative responses by their parent as subliminal commentary on their worth to the parent. When a child feels ignored and valueless, pervasive thoughts of loneliness and isolation may persist, perpetuating the

development of depression (Kouros & Garber, 2014).

Lastly, the quality of peer relationships, particularly during adolescence, is another predictor of adolescent depressive symptomatology. Throughout development and particularly into adolescence, close friendships become more appealing as they provide a venue for intimacy and self-disclosure. However, this closeness may also confer risk (La Greca et al., 2008; La Greca & Harrison, 2005). Adolescents are often preoccupied with their friend's emotions and may begin to engage in maladaptive, self-soothing mechanisms such as rumination or even self-harm when they see their friend experiencing great distress. Negative emotional expressivity may exhibit a contagion effect such that if one friend manages their emotions in maladaptive ways, other close friends may use this as a model for their own methods of emotion regulation (Costello et al., 2006).

Emotion Regulation

Emotion is embedded in almost all human behavior (Plutchik, 1994). The ways humans monitor and respond to emotional arousal depends, in part, on their stage of development, their neurobiology, the social context in which the emotional event occurs, and the intrapersonal and interpersonal goals of the particular situation (Zeman et al., 2006). The construct of emotion regulation has emerged as one of the most commonly used predictors of psychopathology, explored by researchers and therapists alike (Werner & Gross, 2010). Emotion regulation is a broad construct that is thought to incorporate biological, social, and behavioral aspects (Thompson, 2011). Although emotion regulation is seemingly ubiquitous, defining its essence has generated considerable debate (e.g., Cole et al., 2004; Cole et al., 1994). We adopt the definition by Thompson (1994) in which he defines emotion regulation as "the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions,

especially their intensive and temporal features, to accomplish one's goal" (pp. 27-28) and is thought to be comprised of four key components. The ability to regulate emotions adaptively is a vital task of child and adolescent development that requires flexible responding to changing environmental factors (Cicchetti et al., 1995). Because of this multifaceted and complex skill, the assessment of emotion regulation poses numerous challenges to researchers (Zeman et al., 2007).

There are many skills involved in regulating emotions effectively. One approach has been to examine the behavioral expression and dampening of emotion (Spielberger et al., 1983; Zeman et al., 2010; Zeman et al., 2001). From this approach, three facets of emotion regulation have been identified including emotion coping, emotion inhibition, and emotion dysregulation.

Emotion regulation coping is thought to represent the most adaptive form of emotion regulation and occurs when individuals are able to experience their emotions, but the arousal does not envelop them. For example, they may take deep breaths, talk to someone until they feel better, walk away from a situation that is not serving them, or express the emotions they are feeling all while experiencing the emotional arousal. Individuals who adaptively regulate their emotions keep their goals in mind and move through their emotions, seeking support when necessary. Emotion inhibition is an attempt to over-control the arousal and expression of emotions and is generally thought to be a maladaptive form of regulation (Butler et al., 2003; Larsen et al., 2013). Sometimes an individual will attempt to suppress their emotions trying will the negative emotional arousal away. This form of regulation is frequently utilized to decrease distress in the moment, however, continued suppression compounds over time, and frequently leads to a loss of control over emotional experiences. Inhibition is a common form of regulation in psychopathology, particularly in disorders that involve the need for control, such an anxiety (Suveg et al., 2005). Finally, emotion dysregulation is a lack of control of one's emotional

arousal. This often occurs when an individual is consumed with the emotions they are feeling and lack the skills to adaptively control or minimize the arousal. Consequently, the individual may respond with an outburst of yelling, slamming of doors, excessive crying, and/or feelings of total loss of control over their emotions. Dysregulation is also commonly associated with psychopathology, such as oppositional defiant disorder, anxiety, and depression (Zeman et al., 2001).

According to differential emotions theory (Izard, 1997), infants exhibit universal forms of emotional expression that generally correspond to fear, anger, and joy. As children develop, there is greater discernment between forms of emotional expression. By the time youth reach adolescence, the range of their emotional expressions are vast and their skills in managing their emotions develop in tandem with their increasing social and cognitive development (Zeman et al., 2006). As children enter the developmental period of adolescence, their ability and skills to regulate their own emotions increases. This is thought to be due to a combination of factors including advancements in cognitive capacities, better understanding of emotions in both themselves and others, maturation in hormonal and neurological systems, and greater experience and exposure to managing emotional stimuli (Silk et al., 2003; Zeman et al., 2006). Adolescents are thus better able to regulate emotions and adjust their strategy by specific emotion type, vary their regulation based on social contexts, and understand how to modify regulation attempts in order to achieve their goals (Zeman et al., 2006). Additionally, parental figures engage in less direct socialization and move to more of a monitoring role that provides adolescents the freedom and responsibility to navigate new social contexts and identify optimal ways to regulate their emotions (Hill & Lynch, 1983). As such, adolescence is also a time of novel and intense emotional experiences that can make regulation of emotions more difficult than in childhood and

require learning more sophisticated regulation strategies (Lerner & Steinberg, 2009). Adolescents also start to better appreciate the interpersonal consequences for responding to emotional arousal in maladaptive ways.

As discussed in the sections on anxiety and depression, briefly, emotion regulation has been linked to different psychological and social outcomes. Adaptive emotion regulation has been shown to predict of positive social adaptation, psychological well-being, and to buffer against peer rejection (Trentacosta & Shaw, 2009). However, maladaptive emotion regulation is predictive of adolescent internalizing disorders (e.g., anxiety and depression), increases in peer rejection, behavioral problems, risk-taking behaviors, difficulties in school, suicidal ideation, and self-harm (e.g., Hatzenbuehler et al., 2008; McLaughlin et al., 2011; Mikolajczak et al., 2009; Schäfer et al., 2017). Understanding the multidimensionality of emotion regulation as it relates to adjustment is critical when seeking to identify predictors of adolescent internalizing psychopathology.

Discrete Negative Emotions

Darwin (1872) originally proposed the functionalist theory of emotion and stated emotions are adaptive in nature as they help humans combat various challenges and assist in interactions with one another. More than a century later, theorists have built on this theory and posit that humans respond to environmental stimuli in different ways based on the discrete emotion(s) that is/are evoked (Campos & Barrett, 1984). Understanding emotion regulation as a unique behavior in response to discrete negative emotions allows for a more nuanced picture of the many ways in which individuals respond to different emotional stimuli and how these responses shape their emotional development and resultant psychosocial outcomes.

The functionalist theory of emotions also suggests that the meaning ascribed to different

emotionally evoking situations is deeply entrenched in the social environment in which the emotions are produced and experienced (Barrett & Campos, 1987). This theory suggests social and emotional development are intertwined and as such, both emotion socialization practices and emotion regulation have significant implications for subsequent psychological well-being (Cicchetti et al., 1995).

Sadness and Worry

Sadness and worry are emotions that often result from feelings of failure coupled with a loss of hope and control in attaining a particular goal (Lerner & Keltner, 2001). Taken together, these emotions are thought to be representative of internalizing emotions and maladaptive regulation of the two emotions has been shown to be a significant predictor of internalizing disorders (Zahn-Waxler et al., 2000).

Given that parents are the first and primary emotion socialization agents, research has examined how mothers and fathers respond to their children's internalizing emotions. With regards to sadness specifically, mothers are more likely to respond with encouragement and assistance with problem-solving whereas fathers are more likely to minimize expressions of sadness (Zeman et al., 2007). Boys are more likely than girls to report that they expect tolerant and positive emotional responses from their mothers when they express sadness and worry (Fuchs & Thelen, 1988). However, parents vary these responses based on the gender of the children. Fathers often report validating their daughters' feelings of sadness and worry whereas they are more likely to punish their sons (Garside & Klimes-Dougan, 2002). Mothers have more discussions about sadness and worry with their daughters than their sons and are more emotionally expressive with their daughters than sons (Eisenberg et al., 1998). When examining gender differences, research that has used a variety of methods concludes that girls are both more

likely to express sadness and worry when compared to boys (Garside & Klimes-Dougan, 2002) and their expressions are generally more intense (Brody & Hall, 1993). Taken together, parental emotion socialization experiences provide children with a model for expected reactions to displays of sadness which has been shown to have relations to their psychological well-being (Klimes-Dougan et al., 2007).

Although sadness and worry are universal and normative experiences, chronic and/or intense experiences of these emotions can exacerbate the risk of psychopathology. A recent study found a lack of control of sadness expression (i.e., dysregulation) is predictive of increased anxiety, eating pathology, and aggressive behaviors (McLaughlin et al., 2011). Another study found dysregulation of sadness predicted increases in internalizing symptoms (Zeman et al., 2002). Finally, Malatesta and Wilson (1988) cite sadness and worry as the core emotional experiences when determining predictors of internalizing problems.

Anger

The emotion of anger is often evoked when an individual fails to achieve their goal (Lench et al., 2011). Anger is frequently conceptualized as an externalizing emotion and maladaptive regulation of anger is thought to be a robust predictor of externalizing disorders (Zahn-Waxler et al., 2000). This particular emotion is met with a variety of responses from parents due to the various behaviors exhibited when expressing anger. For example, Klimes-Dougan and colleagues (2007) found parents are more likely to punish expressions of anger when compared to sadness and worry. They also found fathers were more likely to neglect expressions of anger whereas mothers were more likely to use reward or override responses. When parents respond to a youth's display of anger through emotion-coaching, the adolescent is more likely to develop adaptive ways to manage their anger (Garside & Klimes-Dougan, 2002).

Denham and colleagues (2010) found that when a child expresses anger, if a parent responds calmly to the expression, a child is more likely to develop adaptive emotion regulation in the future. When a parent engages in supportive socialization of anger, the adolescent is more likely to exhibit fewer symptoms of externalizing disorders (Shortt et al., 2016).

Parental responses to anger expression also varies as a function of the child's gender. When assessing for child gender differences in anger regulation, results are relatively inconclusive and do not point to one gender expressing anger more than the other (Garside & Klimes-Dougan, 2002). However, boys report expecting fewer positive responses in regards to emotional expression, specifically anger when expressed to their parents when compared to girls. Conversely, girls expressed a smaller likelihood that they would exhibit anger than boys and assume a worse response from their parents for the expression of anger when compared to sadness (Fuchs & Thelen, 1988). Additionally, parents are more likely to respond in empathetic and validating ways to their sons' expression of anger when compared to daughters (Birnbaum & Croll, 1984; Radke-Yarrow & Kochanska, 1990).

Not only does maladaptive socialization and regulation of anger predict externalizing problems, but it also predicts internalizing disorders. Research has indicated that when a mother invalidates her child's expression of anger, there is an increase in child internalizing symptomatology (Buckholdt et al., 2014; O'Neal & Magai, 2005). Research by Zeman et al., (2002) found inhibition and dysregulation of anger predicted increases in internalizing symptoms whereas constructive coping of anger predicted decreases in symptoms. Taken together, when examining predictors of adjustment, it is important to also consider anger, as well as sadness and worry when examining correlates of internalizing symptomatology.

Parental Emotion Socialization

One of the most salient ways children learn about emotions and respond to emotional arousal is through a process called emotion socialization. This process is defined by Eisenberg et al. (1998) as, "behaviors enacted by socializers [someone who teaches children appropriate ways to act in society] that (a) influence a child's learning (or lack thereof) regarding the experience, expression, and regulation of emotion and emotion-related behavior, and (b) are expected to affect the child's emotional experience, learning of content, and emotion-related behavior in a manner consistent with socializers' beliefs, values, and goals about emotion and its relation to individual functioning and adaptation in society" (p. 317). Parents are thought to be the first socializers of their child's emotions (Denham et al., 2010). For example, starting at birth, parents respond to an infant when they cry, continue certain behaviors such as smiling at an infant if the child smiles back, and regulate their own emotions in front of an infant. These processes all work together to teach a child how to identify, display, and moderate their reactions to emotional arousal.

The methods a parent uses to socialize their child's emotions are led by their own emotion-related beliefs, opinions, and goals. This guiding principle for emotion socialization was coined by Gottman and colleagues (1996, 1997) and is called parental meta-emotion philosophy. Parents who are more supportive are able to identify even subtle emotional expressions from their children and generally respond to their child's emotions in validating ways. These parents use emotions as opportunities for teaching and increased intimacy between themselves and their children. Parents who view emotions in a negative light are more likely to invalidate, punish, and ignore emotional displays in an attempt to decrease the emotionality of their children all while teaching their youth that emotions are undesirable and should not be expressed. However, it is important to keep in mind that a parent's attitudes towards emotions are not stagnant.

Previous research by Stettler and Katz (2014) analyzed parents of preschool age students through adolescence using the Parent Meta-Emotion Interview (PMEI; Katz & Gottman, 1986). This interview asks parents about their own experiences with sadness and anger, their views about emotional control and emotion expression as well as their responses when their child exhibits sadness and anger. The study found parents are more likely to become more supportive as their child gets older such that they are more likely to become aware and accept varying emotional displays from their child as their youth enters adolescence.

As children develop, emotion socialization practices become increasingly complex requiring different types of parental responses that are attune to their child's developmental stage and capacities. For example, during infancy, parental responses to their babies' emotional displays are typically in response to basic emotional and physical needs (e.g., crying, fussing, smiling). Socialization in young children comes mostly in the form of validation and modeling (Chaplin & Aldao, 2013). However, as the child develops into toddlerhood and preschool age, parents take a more active and intentional approach to emotion socialization through both direct and indirect methods. Parents begin to impart their rules about the appropriateness of emotional displays that are consistent with their specific culture and social context (Saarni, 1984). These expression or display rules depend on the specific situation and their goals, and parents may provide their children with an array of options for responding to emotionally evocative situations. This may include walking away from what is angering them, yell at what has upset them, take a deep breath prior to responding to the situation, or cry because they are upset and overwhelmed (e.g., Gullone et al., 2010; Zeman et al., 2002). The repeated lessons about the acceptability of emotional expression or suppression builds a history of experiences that provides children with a set of emotion display rules that they use when responding to their social

environments and predicts which behaviors a child will exhibit later on (Garside & Klimes-Dougan, 2002).

In middle childhood, parents socialize their children using less direct, didactic methods and more through discussions about emotions. These discussions are used as scaffolding; encouraging the child to understand what they are feeling and results in increasing the child's emotional competencies. As the child enters adolescence, parents' discussions regarding emotions further evolves. Through discourse, parents help their teen to understand the complexities of emotional expressions as a function of the nuanced demands within various social contexts (Hill & Lynch, 1983). This is also the time period where adolescents begin to not only receive emotion socialization from their parents but also from their peers. Due to this shift in the influence of socialization agents and decreasing time spent directly with their child, parents resort more often to discussions about emotions and consequences for responding in certain ways (Klimes-Dougan & Zeman, 2007). Additionally, as adolescents' cognitive functioning develops and they gain greater exposure to emotionally arousing situations, they are afforded more opportunities and are better able to discuss emotions in the abstract (Spear, 2013; Steinberg, 2005).

Parents respond to their child's emotions in supportive and unsupportive ways. Supportive responses during discussions about emotions often include listening to the child, validating the child's emotional experiences, displaying an eagerness to engage with the child regardless of whether the child's emotional expressivity is positive or negative, and exhibiting comforting body language when responding to the child's emotions (Katz et al., 2012). These supportive responses allow the youth to seek safety within the context of the parent-child relationship, particularly when the child is emotionally distraught. Parents may also respond to a

child's emotions in unsupportive ways. This type of behavior often includes taking control of emotion-related discussions, invalidating a child's emotional experiences, and amplifying a child's emotional responses (Eisenberg et al., 1999). It is important to note that most parents will exhibit both supportive and unsupportive responses to their child at some point (Miller-Slough & Dunsmore, 2016; Mirabile, 2014; Morelen & Suveg, 2012; Poon et al., 2017). Understanding the intersection of supportive and unsupportive emotion socialization is vital when trying to identify predictors of child maladjustment.

Beyond classifying parental emotion socialization dichotomously, more specific categories of parental response within these two categories have been defined. However, the findings delineating which socialization strategies are supportive and unsupportive have received mixed empirical corroboration, especially when considering socialization responses to different types of emotion (O'Neal & Magai, 2005; Stocker et al., 2007). Some research endorses particular strategies as supportive whereas other findings deem the same strategy as unsupportive. Nevertheless, the following categories generally correspond to supportive and unsupportive responses are as follows. Corresponding to supportive socialization, *reward* responses occur when a parent acknowledges and validates a child's emotional experiences. When parents use an *override* response, they try to distract a child from the emotions they are feeling. This is often done in response to a child's negative emotions. Because of the invalidation of the emotional display, this category may be considered unsupportive, however, relieving the child of emotional distress might be the motive which is considered supportive, depending on the context. *Magnification* by a parent involves matching the child's emotional display. This classification, similar to override, can be either supportive or unsupportive in nature, depending on the context. Parental *neglect* is ignoring the child's emotional displays, which is often

considered an unsupportive socialization strategy (Eisenberg et al., 1998), however, when a child exhibits elevated levels of dysregulation, for example a lack of control of their anger, ignoring this outburst might help the child to recognize they will not get attention for acting in such a way and thus would be considered supportive (Sanders et al., 2015). Finally, a *punish* response occurs when a parent invalidates the child's emotions and is always considered an unsupportive socialization strategy.

Emotion-related discussion between parents and their adolescents are a rich platform to observe emotion socialization responses and their associations with psychosocial outcomes. Through discussions of emotions, parents also regulate their own emotional arousal that may be evoked by their child. Witnessing diversity in emotional displays helps teach the child about the breadth of emotional expression (Eisenberg et al., 1992). This is particularly important during adolescence as parents play less of a direct role in socialization and instead coach through emotion-related talk and responses. Parental reactions to an adolescent's emotional disclosures will either encourage the youth to continue to talk with their parents about emotions or discourage the adolescent because they did not find their parent's reaction validating or helpful. Adolescents who express emotional vulnerabilities to their parents and receive harsh, punitive responses (e.g., "You should not feel that way," "Why would you think that was a good response?") or overly dramatic responses (e.g., starts crying along with the child) may be deterred from further discussions with their parent about emotions. However, if a parent is able to respond in a validating, supportive way (e.g., "I can understand why you felt that way."), adolescents may feel safe continuing to divulge their emotions, allowing the parent more opportunities to teach their child about effective emotion management (Padilla□Walker, 2008; Sarıtaş et al., 2013).

In terms of adaptive adjustment, supportive parent-teen discussions have been shown to be predictive of increases in the quality of peer, romantic, and parent-child relationships, increases in ratings of psychological well-being, and greater academic success (Katz et al., 2012; Mirabile et al., 2018). Unsupportive parental responses in discussions about emotions have been associated with greater child emotion dysregulation, poorer emotion coping, increases in internalizing and externalizing disorders, and reduced social competencies (Lunkenheimer et al., 2007; Sanders et al., 2015). Additionally, parents who limit or discourage emotion talk limit their child's understanding of different emotional states, both in themselves and in others that is then correlated to psychological maladjustment. A lack of discussion about emotions also hinders the opportunities a child has to practice emotional competencies skills (e.g., emotion identification, emotion understanding, empathy, and regulation) which are related to decreases in self-efficacy, fewer academic-related goals, increases in conduct problems, increases in peer victimization, strained peer relationships, lower quality friendships, feelings of isolation, and increases in internalizing disorders (Bong, 2008; Eisenberg et al., 1998; Gottman et al., 1997; Johnson et al., 2017).

Friendship Quality and Peer Emotion Socialization

Friendships begin to form as early as 18 months and develop in toddlerhood through shared affect, mutually chosen activities, and more advanced forms of play with friends than with other peers (Howes, 1996). At this age, children's friends are predominately chosen based on their geographical location as well as selected playdates and interactions arranged by parents (Rubin et al., 2008). From this foundation, young children expand the basic skills they have formed with their first friends to foster more intimate, enduring friendships. As youth enter middle and late childhood, the landscape of friendship changes. When children enter elementary

and middle school, they encounter a more diverse group of peers than they had before, allowing children to be more selective in who they choose to befriend. However, children generally choose friends who are more similar to them than different in terms of gender, race, socioeconomic status, and family structures. For example, children who are shy are more likely to choose peers who are also shy, youth of one ethnicity tend to make friends of the same ethnicity, and children are more likely to select same-gender friends (Aboud et al., 2003).

Research indicates that the quality of the friendship varies by gender and is an important factor related to emotional development (Rose & Rudolph, 2011). Children in middle and late childhood who endorse more positive characteristics within a friendship are likely to report higher levels of self-esteem and self-worth when compared to youth who do not have as high-quality friendships (Bowker & Rubin, 2009). During late childhood, gender segregation within friendships is further accentuated. Girls tend to form same-gender friendships and engage in more talk-based interactions whereas boys often engaged in more play-centered forms of bonding (Rose & Asher, 2000). Due to these gender differences, girls usually engage in greater self-disclosure and endorse higher levels of emotional support from their friends when compared to boys' friendships (Rubin et al., 2004). Girls also report greater intimacy in their friendships which is often thought to be a byproduct of the self-disclosure even though boys and girls interact with their friends the same amount of time (Parker & Asher, 1993).

Friendships become more complex as children enter adolescence because youth experience increased autonomy and decreased supervision from their parents (Voile, 2010). During adolescence, youth have more freedom and opportunities to select friends without the approval or oversight from their parents (Epstein, 1986). Additionally, adolescents report spending almost a third of their waking hours with their peers, more than double the amount of

time they spend with their parents or any other adult (Csikszentmihalyi & Larson, 1984) making these relationships crucial for the continued development of social and emotional competencies

One way that friends influence each other's development is through their responses to the other's emotional displays. Adolescent emotion socialization is similar to parental socialization in that it encompasses both supportive and unsupportive responses to emotional displays (Klimes-Dougan et al., 2014). With regard to supportive socialization, adolescents may use a variety of responses when reacting to their friends, oftentimes similar to the methods used my parents. They may *reward* their friend's emotional disclosure, o*verride*, or *magnify* their friend's emotional experience. Previous research has highlighted reward as a consistent supportive socialization strategy; however, research is less consistent as to whether or not override and magnify are considered supportive within the peer context (Garside & Klimes-Dougan, 2002; O'Neal & Magai, 2005). Some studies suggest that magnify, because it involves intensification of emotional experiences, may exacerbate negative emotions and is therefore not a reliable measure of supportive socialization (Moed et al., 2015). However, override may distract an adolescent from their negative emotionality and redirect their attention to more positive emotional experiences. Adolescence is a period of high emotional reactivity thus distracting from intense emotional reactions discourages excessive focus on negative emotions which consequently may hinders dysregulated emotional displays (Brand & Klimes-Dougan, 2010; Zeman et al., 2012).

Adolescents can also socialize emotions unsupportively. The three most commonly cited forms of negative peer emotion socialization are *neglect* (i.e., ignoring), *overt aggression* (e.g., pushing or hitting a friend for an emotional display), and *relational aggression* (e.g., spreading rumors about another) (Klimes-Dougan et al., 2014). These forms of emotion socialization are

largely correlated to those of parental emotion socialization however, Klimes-Dougan and colleagues (2014), suggest the ways adolescents punish the emotional displays of their friends may differ from a parent-child relationship and thus conceptualize overt and relational aggression as both unsupportive emotion socialization responses.

Because forming friendships is thought to be a crucial developmental task, there are implications for both adaptive and maladaptive psychological outcomes in how youth form and maintain friendships (Borowski et al., 2018; Miller-Slough & Dunsmore, 2016). Due to increased autonomy, adolescents often perceive less emotional support from their parents and tend to seek out their friends for shared intimacy and safe self-disclosure (Morris et al., 2007; Silk et al., 2003). However, because adolescence is also a time of greater vulnerability to different forms of psychopathology (Lerner & Steinberg, 2009), friendships can place youth at risk for or protect them from psychological maladaptation. Adolescents seek out friendships as places of support, advice, confidentiality, mutual disclosure, and outlets for having fun. However, when an adolescent is unable to maintain quality friendships, they often report increased levels of loneliness (Spithoven et al., 2018). The greater the feelings of loneliness, the more likely an adolescent is to seek out friends who endorse similar levels of loneliness and isolation (Cacioppo et al., 2009). Elevated levels of loneliness are often thought to increase social inhibitions in individuals (Jobe-Shields et al., 2011) and also accentuate an adolescent's awareness that their desired friendship qualities are not being met (Spithoven et al., 2018).

Quality friendships and supportive emotion socialization from peers can act as protective factors against psychopathology. The increased intimacy between friends provides adolescents with a sense of belonging that is thought to buffer against the harmful effects of anxiety and depression (Furman & Buhrmester, 1985; Furman & Rose, 2015). High quality friendships are

characterized by factors such as social support, affection, fun, emotional security, advice giving and receiving, and heightened companionship (Rubin et al., 2006; Rubin et al., 2008). These types of friendships are especially effective for youth who are at greater risk for internalizing disorders as companionship may increase values and views of oneself and, in turn, mitigate the threat of anxiety and depression (Bowker & Rubin, 2009). Additionally, when an adolescent receives validation or distraction from their closest friends when experiencing intense emotional arousal, they are more likely to seek support from that friend again (Legerski et al., 2015). This cycle decreases feelings of loneliness and low self-esteem, which are thought to predict psychopathology (Rubin et al., 2008).

In contrast, adolescents who perceive a lack of support from their friends when expressing emotions are thought to have worse psychological adaptation. Research has found adolescents who experience more emotion-neglect from their peers are less likely to seek out emotional support later on which can lead to feelings of isolation and risk for psychopathology (Legerski et al., 2015). Another study found adolescents who experienced greater levels of punitive responses to emotional displays from their peers experienced more somatic complaints over time, suggesting a connection between negative emotion socialization and overall physical health (Parr et al., 2016). Additionally, emotion regulation efforts that do not fit the social context may confer risk within these close relationships. Peer friendships are both egalitarian and voluntary, resulting in higher stakes when an adolescent regulates emotions in maladaptive ways. The friendship may be terminated if one member of a dyad consistently has difficulties managing their emotions. Adolescents have a keen awareness of the fragility of these relationships and thus weigh the consequences when identifying how to respond to specific emotions (Adams & Laursen, 2001). Taken together, low quality friendships and negative friend emotion

socialization often result in decreased feelings of self-worth and elevated behavior problems that are both risk factors for the development of psychopathology (Adams & Laursen, 2007; Laursen et al., 2007).

Present Study

The current study is a cross-sectional examination of parental and peer emotion socialization and child emotion regulation as predictors of youth internalizing symptomatology in mid adolescence. Specifically, this research investigates mediators and moderators of the anticipated relation between negative parental emotion socialization responses and adolescent internalizing symptoms. We examine the mediation of children's emotion regulation as research suggests parental emotion socialization predicts children's emotion regulation (Eisenberg et al., 1998) and emotion regulation predicts psychopathology (Schäfer et al., 2017). Further, we tested another possible mechanism, peer emotion socialization as this process has been shown to be another significant predictor of adolescent psychopathology as well as a buffer against its development, depending on if the socialization is perceived as supportive or unsupportive (Brand & Klimes-Dougan, 2010; Zeman et al., 2012). Because of this previously established relation, peer emotion socialization was examined as a moderator in the relation between emotion regulation and internalizing symptomatology (see Figures 1-4 for a visual). The present study sought to both replicate and extend previous work.

Our study adds to the literature in several important ways. When examining constructs of parental emotion socialization and adolescent internalizing symptoms, previous research has relied almost exclusively on self-report questionnaires or observed interaction tasks (e.g., Hatzenbuehler et al., 2008; McKee et al., 2018). We sought to examine variables from a multi-method, multi-informant perspective. To our knowledge, research has yet to examine these two

constructs in the same model, both as latent variables. Latent variables provide a benefit to the researcher because they allow the scientist to assess constructs that cannot either be specifically measured or explicitly be observed. In the present study, a latent variable was created for negative parent emotion socialization that was comprised of parent self-report questionnaires as well as a coded interaction task between the adolescent and parent. For adolescent internalizing symptomatology, this latent variable was comprised of parent and adolescent report of the youth's depressive and anxious symptomatology.

We chose to examine this stage of adolescence because this is a period when individuals are still experiencing parental socialization but are also impacted by the socialization patterns of their friends (Zeman et al., 2013). Further, fluctuating social landscapes require new and advanced emotion regulation responses. Finally, adolescence is a time of increased risk for psychopathology, particularly internalizing symptoms for girls (Lerner & Steinberg, 2009) thus, better understanding the intersection of different socialization agents and emotion regulation as predictors of symptoms of internalizing disorders is of importance. We also chose to examine gender differences during this stage of development given that parents and friends socialize the emotions of boys and girls differently (Garside & Klimes-Dougan, 2002) and the differential rates of internalizing psychopathology by gender.

Finally, the present study sought to examine emotion regulation and peer socialization by discrete emotion type. Guided by the functionalist theory of emotion (Barrett & Campos, 1987) that states each emotion is guided by interpersonal exchanges and relationships, we believe it is crucial to examine specific emotions as independent of one another. Further, this theory states each emotion comes with its own set of behavioral responses and therefore should be examined on a discrete level. Some studies suggest there is significant overlap between sadness/worry as

these two emotions often co-occur when examining both parental socialization and regulation as predictors of psychopathology (Eisenberg et al., 1998; Garside & Klimes-Dougan, 2002) whereas anger often occurs as its own entity. Based on previous research, we combined sadness/worry regulation to model internalizing emotions and separately examined anger regulation as an externalizing emotion.

The following hypotheses were derived from theory and the literature examining parent and peer emotion socialization, emotion regulation, and child internalizing disorders. We hope to both replicate and advance the field through different, more advanced methodology.

Sadness/Worry Hypotheses

Hypothesis 1a: Positive Peer Socialization.

Based on research citing the harmful implications of parental unsupportive socialization on psychopathology (Eisenberg et al., 1998), we expect negative parent emotion socialization will predict greater internalizing symptoms. Additionally, given that negative parent emotion socialization may have adverse implications for the development of adaptive emotion regulation (Lunkenheimer et al., 2007; Sanders et al., 2015), we hypothesize that negative parent emotion socialization will predict less adaptive sadness/worry regulation as well as less adaptive anger regulation. Research has also highlighted the importance of best friend relationships in buffering against psychopathology (Furman & Rose, 2015). Thus, we expect that adolescents will endorse positive peer emotion socialization responses from their best friend that will significantly moderate the relation between adaptive sadness/worry regulation and adolescent internalizing symptomatology. Specifically, at high and medium levels of positive peer emotion socialization, we hypothesize that adaptive sadness/worry regulation will predict fewer adolescent internalizing symptoms. At low levels of positive peer emotion socialization, we predict there will be no

change in internalizing symptoms.

With respect to gender, adolescent girls often endorse valuing intimacy and opportunities for emotional self-disclosure with their best friends at higher levels than their male counterparts (Rubin et al., 2004). Boys often report greater influence from larger peer groups as opposed to a single best friend relationship (Miller-Slough & Dunsmore, 2016). Based on previous literature, we hypothesize this moderated mediation will be significant for girls but will be nonsignificant for boys.

Hypothesis 1b: Sadness/Worry Regulation and Negative Peer Socialization.

We hypothesize negative peer emotion socialization will not moderate the relation between sadness/worry regulation and internalizing symptoms. Adolescents are reporting on the way their best friends socialize their emotions and typically, if an individual was neglecting or showing aggressive behaviors towards another peer during late adolescence, then the likelihood that that individual would also be the adolescent's best friend is not high.

Hypothesis 1c: Simple Mediation.

We hypothesize sadness/worry regulation will be a significant mediator in the relation between parental emotion socialization and adolescent internalizing symptomatology. Parental emotion socialization has been shown to be a significant predictor of child emotion regulation (Johnson et al., 2017) and child emotion regulation predicts internalizing symptoms (Werner & Gross, 2010). We hypothesize at this period in adolescence, that the parent-child relationship will continue to predict emotional development and that emotional development will predict internalizing symptoms. Specifically, we hypothesize negative parent emotion socialization will predict less adolescent adaptive sadness/worry regulation. We also predict adaptive regulation will predict fewer symptoms of internalizing disorders.

Anger Hypotheses

Hypothesis 2a: Positive Peer Socialization.

With similar reasoning as stated above, we expect negative parent emotion socialization will predict more adolescent internalizing symptoms. Previous research has emphasized the importance of positive peer emotion socialization for overall adolescent psychological adaptation (Furman & Buhrmester, 1985). Multiple studies have also cited adaptive anger regulation as a significant protective factor against the development of anxiety and depression (Aldao et al., 2010; Zeman et al., 2002), an effective predictor of high quality peer relationships, and a greater indicator of a youth's ability to supportively socialize the emotions of their peers (Rueth et al., 2017; Salisch et al., 2014). Research citing peer emotion socialization and predictors of internalizing symptoms has also suggested receiving emotional support from a friend is an effective buffer against internalizing symptoms (Rueth et al., 2017). Based on this body of research, we hypothesize positive peer emotion socialization will significantly moderate the relation between adolescent adaptive emotion regulation of anger and adolescent internalizing symptomatology. Specifically, at high levels of positive peer emotion socialization, anger regulation will predict fewer internalizing symptoms. At medium levels of positive socialization, fewer symptoms will also be predicted. Further, at low levels of positive best friend socialization, we hypothesize anger regulation will predict fewer symptoms of internalizing disorders. Finally, with regards to adaptive regulation of anger, findings suggest regulation of anger to be a better predictor of fewer internalizing symptoms in boys when compared to girls (Chaplin & Aldao, 2013; Eisenberg et al., 1998). Based on these previous findings, we hypothesize this relation will be significant for boys but not for girls.

Hypothesis 2b: Negative Peer Socialization.

Due to adolescent's reporting on the nature of their best friendships, we hypothesize negative peer emotion socialization will not moderate the relation between anger regulation and adolescent internalizing symptoms because if an adolescent was being neglected or aggressed upon by a peer, they would not likely endorse that individual as a best friend.

Hypothesis 2c: Simple Mediation.

Similar to sadness/worry regulation, we hypothesize adaptive regulation of anger will significantly mediate the relation between negative parental emotion socialization and adolescent internalizing symptomatology. We expect negative parent emotion socialization will predict less anger regulation, and adaptive anger regulation will predict fewer symptoms of internalizing disorders. As previously stated, studies have suggested negative parent emotion socialization may have negative implications for adaptive emotion regulation in children (Eisenberg et al., 1998). Additionally, adaptive regulation of anger has been a significant predictor of fewer internalizing behaviors (e.g., Zeman et al., 2010). We expect our findings will replicate and extend these previous findings using more rigorous methods and statistical analyses.

Method

Participants

Participants were 132 adolescents (M = 16.30 years, SD = 1.72 years, 53.0% girls) and their parents (87.1% mothers, 11.4% fathers; M = 48.89 years, SD = 6.64 years). Youth were in the 10th grade (40.4%), 11th grade (27.5%), and 12th grade (32.1%). Adolescents self-identified as White (80.3%), Black (12.9%), Latinx (0.8%), Asian (0.8%) and other (5.3%). Families were middle to upper socioeconomic class (SES, Hollingshead, 1975; M = 54.11, SD = 8.65).

Procedure

Participants were recruited from local community centers, schools, personal references

and previous studies. Youth were interviewed at a variety of venues including at home (40.9%), in the university laboratory (27.3%), at a public location (e.g., library, 13.6%), or over the phone (18.2%). Parents provided written consent and the youth provided verbal assent prior to the study. Ten youth were over the age of 18 and were therefore able to provide their own written consent. Adolescents were paired with a trained undergraduate research assistant (RA) and were administered a battery of questionnaires that was read aloud and completed within approximately 45 minutes. During this time, the parents individually completed their own set of questionnaires. After this portion of the study, the adolescent was asked by the RA to identify a time when they were treated well by a friend and a time when they were treated unfairly by their best friend. The adolescents were asked that both events occurred with the same friend and that the friend was not their romantic partner (for instructions see Appendix H). Then, the parent and adolescent were asked to discuss these two events together while being video-recorded. The discussions lasted for about five minutes (M = 4.96 minutes, SD = 3.31 minutes). Adolescents received $15.00 for their time and parents were compensated $10.00.

Measures

Child Emotion Regulation

The Children's Emotion Management Scales (CEMS; Zeman et al., 2001) examines adolescents' self-report of their ability to regulate negative emotions (i.e., sadness, worry, and anger). Adolescents respond to each item using a 3-point scale (1 = *hardly ever*, 2 = *sometimes*, 3 = *often*). The Children's Sadness Management Scale contains 12 items (e.g., "I stay calm and don't let sad things get to me"). There are 10 items on the Children's Worry Management Scale (e.g., "I talk to someone until I feel better when I am worried"). The Children's Anger Management Scale is an 11-item measure (e.g., "When I am feeling mad, I can control my

temper"). The regulation cope subscale (e.g., adaptive methods for responding to emotional arousal) was then calculated for each scale. The sadness cope subscale contained five items, worry had three and anger included four items. Items for the subscale for each emotion were summed to create a total score. In order to model internalizing emotions, the sadness and worry regulation subscales were combined. Anger regulation was kept separate to model externalizing emotions. Higher scores indicated greater regulation coping. Reliability and validity have been established with adolescent samples (Zeman et al., 2001). Internal consistency in the current study for the combined Sadness/Worry Regulation Cope subscale ($\alpha = .76$) and Anger Regulation Cope subscale ($\alpha = .68$) were acceptable.

Peer Emotion Socialization

To assess adolescent peer emotion socialization, youth completed the You and Your Friends Questionnaire (YYF; Klimes-Dougan et al., 2014). This scale is comprised of 54 items divided equally by emotion type (i.e., sadness, worry and anger). Adolescents were asked to imagine three different instances; one where they were sad, one when they were worried and the final when they felt angry. For each subscale, adolescents were asked how their best friend would typically respond when they were feeling one of these particular emotions. Six subscales were then calculated for peer emotion socialization (i.e., reward, override, magnify, neglect, overt aggression, and relational aggression) by emotion type. For the purposes of our study, we created composite scores to model positive emotion socialization by combining scores for reward (e.g., "Help you to deal with what's made you feel worried") and override (e.g., "Try to get you to do something else, to take your mind off feeling sad"). To be consistent with our modeling of emotion regulation, we created two different composite scales, one modeling positive emotion socialization of internalizing emotions (sadness and worry combined) and the other for

externalizing emotion (anger). Additionally, we assessed negative peer emotion socialization by combining neglect (e.g., "Act like he/she doesn't notice that you feel worried"), overt aggression (e.g., "Push you away or hit you"), and relational aggression (e.g., "Say that they'll stop liking you if you don't change your attitude"). This composite was also separated by internalizing and externalizing emotions. Positive peer emotion socialization had robust and good internal consistency for sad/worry (α = .85) and anger (α = .76) emotion socialization scales, respectively. Sad and worry (α = .88) and anger (α = .79) negative peer emotion socialization also demonstrated reliable internal consistency.

Parent-Report of Internalizing Symptomatology

The Child Behavior Checklist (CBCL; Achenbach, 1991) assesses parents' perceptions of their child's psychological functioning (e.g., anxious and depressive symptoms) over the past 6 months Parents respond to 113 items using a 3-point scale (0 = *not true at all*, 1 = *somewhat or sometimes true*, 2 = *very true or often true*). For purposes of this study, 21 items were used (e.g., "Fears he/she might think or do something bad," "Unhappy, sad, or depressed"), corresponding to the anxious/depressed and withdrawn/depressed subscales (13 items for anxious symptoms and 7 items for withdrawn behaviors). The CBCL has been validated using parent report of youth 6-18 years (Achenbach & Rescorla, 2001). The internal consistency was acceptable in this study for anxious symptoms (α = .78) and depressive symptoms (α = .79).

Child Anxiety Symptoms

The Multidimensional Anxiety Scale for Children (MASC; March, 1997) is a 39-item measure (e.g., "I feel restless and on edge.") that was used to evaluate self-reported anxious symptoms. Adolescents responded to each item using a 4-point scale (0 = *never true about me*, 1 = *rarely true about me*, 2 = *sometimes true about me*, 3 = *often true about me*). Individual items

were summed to create a total score for anxiety that was then used in analyses. The MASC has been validated for ages 8-19 years (Muris et al., 2002) and incorporates a broad conceptualization of anxiety as well as specific dimensions. The internal consistency was strong ($\alpha = .90$) in the current study. Using a minimum T-score of 65 (March, 1997), 12 participants (9.10% of sample, 66.67% girls) reported at least mild levels of anxiety symptoms.

Child Depressive Symptoms

The Child Depression Inventory (CDI; Kovacs, 1992) assesses depressive symptoms in children between 7-17 years of age. For each of the 27 items, the adolescent indicates which of three statements best characterizes their symptoms over the past two weeks, each corresponding to an absence of symptoms, mild symptoms, or definite symptoms. The psychometric properties are acceptable for adolescents (Carey et al., 1987) and the internal consistency was strong ($\alpha = .73$). In the current study, 16.7% (22 adolescents; 15 girls) received a total raw score of 13 or above, indicating mild to moderate levels of depression (Kazdin, 1989; Smucker et al., 1986).

Parent-Adolescent Interaction Task

During the interview portion of the study, adolescents were given two sets of instructions: "Think about a time when a close friend, preferably the one you mentioned earlier today, treated you unfairly. Please tell me about it and specify the friend," "Think about a time when a close friend, preferably the one you mentioned earlier today, did something nice for you. Please tell me about it." After identifying these two events, adolescents were asked to discuss these events with their parent for about five minutes. Each interaction was video-recorded. If youth did not participate in person, the interaction tasks were taped over the phone.

Coding for Negative Parental Socialization during Interaction Task. Trained undergraduate RAs transcribed the video-recorded interaction tasks and then two RAs (one

graduate and one undergraduate) served as a coding team, meeting weekly for consensus conversations. Disagreements were resolved by discussion. Several facets of the interaction were coded. Firstly, global ratings of parental supportiveness (ICC = .90) and unsupportiveness (ICC = .90) were coded using a 4-point scale (0 = *none*, 1 = *low*, 2 = *moderate*, 3 = *high*). This portion of the coding system was based on a prior system devised to code levels of parental involvement during a problem-solving family interaction task (Miller-Slough, 2017; Oregon Social Learning Center, unpublished; Poon et al., 2017). Finally, two specific negative parental emotion socialization strategies were coded, neglectful (ICC = .75) and punitive (ICC = .90) responses, using a 5-point scale (0 = *none, no times during the conversation* to 4 = *high, 4+ times during the conversation*). This component of the system for coding was based, in part, on a system created to analyze parental behaviors towards their adolescent during interaction tasks, called the Living in Family Environments (LIFE; Hops et al., 1995) as well as the six subscales from the Coping with Children's Negative Emotions Scale (CCNES; Fabes et al., 1990) which assesses the ways parents respond to their child's negative emotion. Originally, the system was intended for parents and their adolescents when seeking to identify affect and verbal comments from the parent towards the child. Our coding system used these general ideas to create the coding system for the parent-child interactions to examine specific types of negative parental emotion socialization responses.

Analytic Plan

In order to examine the multidimensionality of constructs, a conditional indirect effects model utilizing structural equation modeling was tested. There was no missing data within this dataset. All analyses were conducted using AMOS 23.0 (Arbuckle, 2014), a statistical software program commonly used for confirmatory factor analyses and structural equation modeling.

Latent variables were constructed for both the independent variable, negative parent emotion socialization, and the dependent variable, adolescent internalizing symptomatology. Using latent variables allows for better measurement of constructs of interest because these variables minimize measurement error and capture the shared variance between factor loadings (Kline, 2016). Negative parent emotion socialization was modeled as a latent variable in order to understand the impact of different forms of negative socialization on a child's emotional development. All factor loadings for this variable came from the video-recorded interaction task (described above). Additionally, adolescent internalizing symptomatology was modeled as a latent variable to more accurately highlight the complexities of psychopathology. Both the parent and adolescent reported on the adolescent's symptoms to better capture the behavioral tendencies that may be indicative of internalizing disorders. Internalizing disorders were modeled as a single latent variable, combining anxiety and depression, due to their high rates of comorbidity during adolescence (Avenevoli et al., 2001; Cummings et al., 2014).

The proposed model hypothesized a relation between negative parent emotion socialization and adolescent internalizing symptomatology as mediated by youth emotion regulation. The relation between emotion regulation and adolescent symptoms was thought to be moderated by best friend emotion socialization. Gender differences were also examined.

Analyses were carried out in multiple steps. First, model fit was assessed to ensure the data fit the model well. Fit indices for the hypothesized models were evaluated based on previously set standards. For the comparative fit index (CFI; Bentler, 1990), the recommended cutoff is > .95, the cutoff for the incremental fit index (IFI; Bollen, 1989) is > .95, and the cutoff for the root mean square error of approximation (RMSEA; Steiger & Lind, 1980) is < .06.

Next, moderated mediation was tested. If support was found for the hypothesized models,

gender differences were analyzed. Gender differences were tested by constraining all paths to be equivalent for both boys and girls with the exception of emotion regulation by peer emotion socialization interaction. This assessment was examined using multi-group analysis with a chi-square difference test (Kline, 2016). If a formal index of moderated mediation was not supported, simple mediation effects were tested.

Results

Descriptive Statistics

Total, indirect and direct effects are reported in Tables 4, 6, 8, 10, and 12 and Figures 1-4. All values were standardized prior to analyses and are reported as standardized estimates for ease of interpretability. In order to isolate the paths of interest, covariance arrows were added between all variables whose relation was not hypothesized to be 0. This includes negative parent emotion socialization with the moderator and interaction term and emotion regulation with the moderator and interaction terms. Additionally, on a theoretical basis, there are high rates of comorbidity between anxiety and depression (Bitsko et al., 2018), particularly when the reporter is the same for two measures. Given this theoretical rationale, a covariance arrow was placed between the two subscales of the CBCL and a second was added between the MASC and CDI. No covariance arrows were placed between the CBCL and the MASC or CDI because of the differences in reporters. Descriptives of these values can be found in Tables 5, 7, 9, 11. All figures below contain a visualization of these covariances.

Sadness/Worry Regulation

Moderated Mediation Effects for Positive Peer Emotion Socialization

The hypothesized model fit the data well: $\chi^2(35) = 47.31$, $p = .08$, CFI = .95, IFI = .96, RMSEA = 0.05 and post hoc modifications were not needed because of good fit. Formal indices

of moderated mediation supported the hypothesized model (β = -0.02, *p* = .02, 95% CI [-0.08, -0.01]). The conditional indirect effect was significant (β = 0.05, *p* = .02, 95% CI [0.01, 0.17]) such that more negative parent emotion socialization predicted more adolescent internalizing symptoms. The interaction between adolescent sadness/worry regulation of internalizing emotions and positive peer emotion socialization was significant (β = 0.09, SE = 0.04, *p* = .04, 95% CI [0.02, 0.24]). Simple slope analyses of the conditional direct effect were conducted. At low levels of positive peer emotion socialization, higher levels of adolescent adaptive emotion regulation predicted fewer internalizing symptoms (β = -0.30 *p* < .01, 95% CI [-0.61, -0.11]). Conditional direct effects for medium levels of positive peer emotion socialization (β = -0.21 *p* < .01, 95% CI [-0.42, -0.08]) were also significant and suggest more adaptive emotion regulation predicted fewer symptoms of internalizing disorders. And finally, high levels of positive peer emotion socialization significantly interacted with emotion regulation (β = -0.12 *p* < .01, 95% CI [-0.33, -0.03]) suggesting greater adaptive emotion regulation predicted less internalizing symptomatology.

Direct Effects

The direct effect of negative parent emotion socialization on adolescent sadness/worry regulation ("path a") was significant (β = -0.24 *p* = .02, 95% CI [-0.71, -0.02]) such that more negative parent emotion socialization predicted less adaptive emotion regulation. The direct effect of adolescent emotion regulation on internalizing symptoms ("path b") was significant (β = -0.21 *p* = .01, 95% CI [-0.42, -0.08]) such that better adaptive emotion regulation predicted fewer internalizing symptoms. The direct effect ("path c'") of negative parent emotion socialization on adolescent internalizing symptomatology was nonsignificant (β = 0.01 *p* = .85, 95% CI [-0.13, 0.12]).

Gender Differences

A chi-square difference test tested for differences between boys and girls at different levels of the interaction term. Results indicated no significant differences between boys and girls in the model ($\chi^2(1) = 0.20$, $p = .65$).

Moderated Mediation Effects for Negative Peer Emotion Socialization

Model fit indices indicated good fit and did not suggest post hoc modifications: $\chi^2(35) = 48.28$, $p = .07$, CFI = .95, IFI = .95, RMSEA = .05. Formal indices of moderated mediation were nonsignificant ($\beta = 0.01$, $p = .21$, 95% CI [-0.01, 0.04]) and therefore did not support the hypothesized model.

Simple Mediation Effects

Mediation analyses examining the relation between negative parent emotion socialization and adolescent sadness/worry regulation through adolescent internalizing symptoms were analyzed. Model fit indices indicated adequate fit: $\chi^2(23) = 30.31$, $p = .14$, CFI = .97, IFI = .97, RMSEA = .05. Adolescent emotion regulation served as a significant mediator ($\beta = 0.07$, $p = .01$, 95% CI [0.01, 0.20]) between negative parent emotion socialization and youth internalizing symptoms. Higher reports of negative parent emotion socialization significantly predicted less adaptive adolescent sadness/worry regulation ("path a"; $\beta = -0.24$, $p = .02$, 95% CI [-0.71, -0.04]). Higher adolescent emotion regulation significantly predicted fewer adolescent symptoms of internalizing disorders ("path b"; $\beta = -0.25$, $p < .01$, 95% CI [-0.48, -0.10]). The direct effect of negative parent emotion socialization on adolescent internalizing symptoms was nonsignificant ("path c'"; $\beta = 0.02$, $p = .72$, 95% CI [-0.12, 0.18]).

Anger Regulation

Moderated Mediation Effects for Positive Peer Emotion Socialization

The hypothesized model was a good fit of the data: χ^2 (35) = 40.10, p = .25, CFI = .98, IFI = .98, RMSEA = .03. Post hoc modifications were not conducted due to sound model fit. Formal indices of moderated mediation did not support the hypothesized model (β = -0.02, p = .12, 95% CI [-0.08, 0.00]).

Moderated Mediation Effects for Negative Peer Emotion Socialization

Sound model fit was obtained for the hypothesized model: χ^2 (35) = 36.86, p = .38, CFI = .99, IFI = .99, RMSEA = .02. No post hoc modifications were conducted because the data fit the hypothesized model well. Formal indices of moderated mediation did not support the hypothesized model (β = 0.01, p = .96, 95% CI [-0.03, 0.03].

Simple Mediation Effects

The mediation between negative parent emotion socialization and adolescent internalizing symptomology through anger regulation was examined. Model fit indices indicated excellent fit: χ^2(23) = 20.31, p = .62, CFI = 1.00, IFI = 1.00, RMSEA = .00. Adolescent anger regulation was a marginally significant mediator (β = 0.03, p = .06, 95% CI [0.00, 0.01]) between negative parent emotion socialization and adolescent internalizing symptoms. Higher reports of negative parent emotion socialization significantly predicted less adolescent anger regulation ("path a"; β = -0.28, p < .01, 95% CI [-0.56, -0.06]). Adolescent anger regulation was a nonsignificant predictor of adolescent symptoms of internalizing symptoms ("path b"; β = -0.11, p = .11, 95% CI [-0.29, 0.03]). The direct effect of negative parent emotion socialization on adolescent internalizing symptoms was also nonsignificant ("path c'"; β = 0.06, p = .33, 95% CI [-0.09, 0.25]).

Discussion

With rates of internalizing disorders on the rise in adolescence (Bitsko et al., 2018), it is

crucial to understand various predictors that may contribute to these symptoms. The goal of the present study was twofold. The first was to better understand how different socialization agents and emotion regulation processes predict symptoms of internalizing disorders in mid adolescence. The second goal was to examine these relations in a more parsimonious manner through the construction of latent variables for negative parent emotion socialization and adolescent internalizing symptoms. Using a multiple method, multiple reporter approach, our research contributes to the literature by developing a unified model in which we tested the mediator, emotion regulation, as a function of two categories of emotion, (i.e., sadness/worry regulation, anger regulation), and two moderators (i.e., peer emotion socialization, youth gender) on the relation between emotion regulation and adolescent internalizing symptoms.

Overall, the results supported the proposed moderated mediation for sadness/worry regulation as the mediator and positive peer emotion socialization as the moderator in the relation between negative parental emotion socialization and internalizing symptoms. Interestingly, there was no support for an interaction between either emotion regulation and negative peer emotion socialization as a moderator nor for an interaction between anger regulation and positive peer emotion socialization. These findings are discussed in further detail below by hypotheses.

Hypotheses Set 1: Sadness/Worry Regulation

1a: Positive Peer Emotion Socialization

Our findings support the hypothesis that negative parent emotion socialization predicted fewer symptoms of adolescent internalizing symptoms when mediated by adaptive sadness/worry regulation and moderated by positive friend emotion socialization. These results suggest that during this stage of development any amount of peer supportive socialization may

buffer against the harmful effects of negative parent emotion socialization. These findings highlight the importance of close, supportive peer relationships, suggesting that having these types of friends may buffer against internalizing symptomatology. Our study also extends research that has relied solely on parent- or self-report data (e.g., McKee et al., 2018). By constructing latent variables, we are able to better validate the constructs of interest and also reduce measurement error. Further, excellent model fit reaffirmed the theoretical basis for the proposed model.

More specifically, we hypothesized parent socialization would predict less adaptive sadness/worry regulation which was supported by the results. When a parent responds to an adolescent's displays of sadness and worry in a negative, unsupportive way, the adolescent may use this response as a model for how to respond to their own internal emotion states. The internalization of these models will then act as a guide for how to respond to emotions later (Garside & Klimes-Dougan, 2002). Because this is a cross-sectional study, we were not able to imply causality, however, research suggests parents who are unsupportive during adolescence are most likely already unsupportive during prior stages of the child's development (Eisenberg et al., 1999). If a parent model unsupportive socialization responses, the youth may adopt these methods of emotion management and become less likely to respond adaptively in the future to negative emotions. Most research assessing negative parent socialization predicting poorer emotion regulation has been based on findings using childhood samples (e.g., Lunkenheimer et al., 2007; Sanders et al., 2015). Our findings extend prior work because we examined this relation during mid adolescence. We found support for the relation between negative parent emotion socialization during this stage of development suggesting the influence of negative parent emotion socialization is still prominent at this age. Adolescents spend less time with

parents as they develop and peers become more important in terms of socialization of the adolescent's emotions (Klimes-Dougan et al., 2014). However, support for this relation suggests parents continue to remain important socializers of their adolescent's emotions and, when unsupportive in nature, can hinder an adolescent's ability to adaptively regulate their own sadness/worry.

We anticipated that sadness/worry regulation would interact with positive peer emotion socialization to predict fewer symptoms at both high and medium levels of peer socialization but that there would be no change at low levels. Studies have suggested peers are important socializers of their friends' emotions and when frequently engaging in supportive socialization, this can have implications for adolescent psychological adaptation (Brand & Klimes-Dougan, 2010; Zeman et al., 2012). However, scant research has examined whether the presence of even low levels of support is an effective buffer against psychopathology. The results provide partial support for our hypotheses. We found a significant interaction between sadness/worry regulation and positive peer emotion socialization. When analyzing the simple slopes, there was a significant interaction at each of the three levels of the moderator. Results suggest that even though the level of positive support is reduced, adolescents still report that they receive some form of positive socialization from their best friend. It appears that even minimal levels of support from a close friend may buffer against the harmful effects of unsupportive parental responses to sadness/worry which then is related to fewer symptoms of internalizing disorders. Research has suggested having one close friend who engages in supportive socialization can benefit adolescent psychological adaptation in the long-term (Klimes-Dougan et al., 2014). Our research extends this work suggesting having one close friend who engages in even low levels of supportive socialization is still providing some level of support and this may be enough to

mitigate the risk of negative parent emotion socialization and reduce internalizing symptoms.

Interestingly, we did not find any support for a gender interaction. Prior research has suggested intimate relationships and emotional disclosure as well as positive socialization may be particularly important for girls during adolescence. Boys may find more support from comradery in larger peer groups and less from emotional disclosures with one specific friend (Rubin et al., 2004). Other work has suggested boys often endorse feeling less positive or hopeful when asked to express their emotions with a close friend and often report feeling more uncomfortable when compared to girls (Rose et al., 2012). However, our study investigated specific emotions which other studies have not and may explain the discrepancy in findings. It may be that for boys, having a supportive friend response to the expression of vulnerable emotions (i.e., sadness, worry) provides them with an avenue for expression that mitigates the possible development of internalizing symptoms. This also may be that when boys feel like they have one close friend, as opposed to a larger peer group, to entrust with their vulnerable emotions, they are more likely to open up to that single friend because they feel safe and anticipate support.

1b: Negative Peer Emotion Socialization

Consistent with our hypothesis, there was no support for a moderated mediation when examining negative peer emotion socialization. Negative emotion socialization consisted of perceptions of receiving neglect, overt, and relational aggression responses to sadness and worry. During adolescence, it is unlikely that a youth would remain friends with a peer whom they view as unsupportive of their emotional expressivity, particularly when expressing emotions such as sadness and worry.

1c: Simple Mediation

Results supported our hypotheses that sadness/worry regulation would significantly mediate the relation between the latent variable for negative parent emotion socialization and adolescent internalizing symptoms. Specifically, we hypothesized negative parent emotion socialization would predict less adaptive regulation of sadness/worry. Results support the hypothesized relation between adaptive sadness/worry regulation and adolescent internalizing symptoms. We hypothesized adaptive regulation would predict fewer internalizing symptoms and that was supported in the results. This finding is consistent with previous studies (Eastabrook et al., 2014; Zeman et al., 2002) and extends prior research through the use of a latent variable based on data from multiple reporters.

Hypotheses Set 2: Anger Regulation

2a: Positive Peer Emotion Socialization

Contrary to our hypotheses, a significant moderated mediation with an interaction between positive peer emotion socialization and adaptive anger regulation did not emerge. It may be that anger regulation is well established by mid adolescence and thus is not a predictor of internalizing symptoms. Previous studies that cited adaptive anger regulation as a significant predictor of internalizing symptoms have primarily used samples of children and early adolescents (e.g., Zeman et al., 2002). However, no study has previously examined this relation within the context of mid adolescence. This may be a period when regulation of internalizing emotions such as sadness and worry are more predictive of internalizing symptoms. Guided by the functionalist theory of emotion, we proposed it would be valuable to examine sadness and worry regulation together as representative of internalizing disorders. These findings support this recommendation and suggest examining sadness/worry as predictors of internalizing symptoms may be crucial when looking at potential contributors to internalizing disorders. Additionally,

peer supportiveness of an anger expressivity may then, by consequence, not be predictive of fewer symptoms of internalizing disorders. If anger regulation is not an effective predictor of adolescent internalizing symptoms, then peer support of adolescent expressions of anger may also not be a buffer against internalizing symptoms. Taken together, regulation of anger and peer supportive socialization of anger then may not significantly interact to predict fewer symptoms.

Hypothesis 2b: Negative Peer Socialization.

With similar reasoning to the hypothesis regarding the interaction of negative peer emotion socialization with sadness/worry regulation, we expected there would be no interaction because it is unlikely that an adolescent identifying someone as their best friend would engage in unsupportive emotion socialization responses. The findings did not provide evidence of a significant of moderated mediation.

Hypothesis 2c: Simple Mediation.

We hypothesized a significant mediation between negative parent emotion socialization and adolescent internalizing symptoms. Findings partially supported our hypotheses. The overall model was marginally significant. Negative parent emotion socialization predicted less adaptive anger regulation as hypothesized. This both replicates and extends previous findings that suggests that receiving unsupportive modes of parental socialization when expressing anger has negative implications for emotional development and regulation (Sanders et al., 2015). The path from adaptive anger regulation to adolescent internalizing symptoms was nonsignificant, providing evidence that, at this stage of emotional development, adaptive anger regulation may not be a significant predictor of internalizing symptoms.

Limitations and Future Directions

To our knowledge, this is the first study to examine parent and peer emotion socialization

as well as adolescent emotion regulation in one model as predictors of adolescent internalizing symptomatology using structural equation modeling. However, the results of this research must be examined within the context of its limitations. First, a cross-sectional design was used. Although the order of variables in the model can be justified from a theoretical standpoint, it is possible that the effects are bidirectional. If parent-child interactions were observed prior to adolescence and internalizing symptoms were examined at multiple time points, enabling the ability to control for prior symptoms, the results could provide more certainty about causal relations.

Secondly, the sample was relatively homogenous in terms of demographic variables and thus limits the generalizability of the results to more diverse samples. The participants were recruited from a small southeastern community in the United States and most participants identified as White as well as from middle- to upper-SES families. In relation to this sample, previous research has highlighted cultural and ethnic differences with regard to emotion regulation (e.g., Cole et al., 2006; Morelen et al., 2013). Specifically, Western cultures tend to be more emotionally expressive and discuss emotions more openly when compared to Eastern cultures. Additionally, emotion socialization research has often been framed within the context of Western individualistic cultural norms that often emphasize youth's autonomy, especially when compared to Eastern cultures (Friedlmeier et al., 2011). Given participants mostly endorsed a Caucasian ethnic identity, potential cultural differences should be accounted for in future studies.

Thirdly, this study emphasized the examination of two socialization agents, parents and best friends, because these two socializers are crucial to the emotional and psychological development of youth (Miller-Slough, 2017). However, adolescents are also influenced by many

other individuals such as extended family members, teachers, coaches, larger peer groups, and social media outlets (Miller-Slough & Dunsmore, 2016). These individuals may have important influences on the adolescent's overall psychological adaptation. The current study interviewed youth in mid to later adolescence, a time when individuals have more autonomy than ever before. Thus, including a wider variety of emotion socialization agents may provide more granularity when understanding implications for long-term psychological outcomes. With regard to the role of parents, future research should take into account the family structure and amount of time the parent spends with the child as these factors have typically been overlooked but may provide important moderating effects (Sanders et al., 2015). Implications for the effects of parental emotion socialization may be stronger in relationships in which there is more engagement (i.e., time spent together) than when the two seldom interact. Pertaining to peer relationships, studies have predominately examined the influence of same-gender best friend dyads (e.g., Borowski et al., 2018). Future studies may want to examine the role of opposite-gender friendships or romantic partnerships to investigate if these relationships differ in the types of socialization strategies and long-term impacts on psychological adjustment.

Fourthly, this study required all adolescents to have a self-reported best friend. While we believe this is crucial to the nature of our study in that parents discussed good times and problems between their child and the child's best friend, this also means the sample was relatively socially competent. Adolescents who were unable to identify a best friend were not able to participant, thus potentially limiting the generalizability of findings. Research has shown individuals who suffer from psychopathology, particularly depression, may have greater difficulties maintaining healthy friendships (Prinstein, 2007). Due to the criteria of having a best friend, some adolescents at certain clinical levels of depression may have been excluded. Future

studies may want to include adolescents who do not have a best friend and test whether or not there is a significant difference in both parental socialization and internalizing symptoms.

Finally, this study highlights the importance of utilizing latent variables to understand the multidimensionality of constructs. Latent variables allow the researcher to measure constructs that cannot specifically be measured or observed, giving researchers a better understanding of the nuances of these constructs (Kline, 2016). This study created latent variables for both negative parental emotion socialization and adolescent internalizing symptomatology and found excellent model fit for all models. However, adolescent emotion regulation and peer socialization were based on self-report measures and a latent variable was not constructed. Future research could expand upon the current study by modeling both emotion regulation and peer socialization as latent variables to better understand these constructs. Further, obtaining information from multiple informants is recommended as each reporter provides unique perspectives and if these perspectives taken together create a latent variable with sound model fit, the researcher can have more confidence that they are measuring the desired construct of interest and mitigating measurement error.

Clinical Implications

The findings from this research has implications for prevention and intervention efforts with adolescents and their parents. This study highlights the need to understand how multiple socialization agents impact adolescent internalizing symptoms, particularly during the later high school years. The importance of best friend relationships as effective predictors of psychological adaptation depending on the nature of the relationship has been well established (Prinstein, 2007). However, our work extends previous work by suggesting that positive peer emotion socialization responses may be an effective buffer against the harmful effects of negative parent

emotion socialization that then predicts psychological well-being. Clinical practice may seek to help adolescents foster healthy relationships with peers and identify adolescents who do not have these relationships as they may be suffering from internalizing disorders. Previous research has highlighted the importance of positive friend emotion socialization as particularly important for girls (Rubin et al., 2004). Of note, there was no significant difference between males and females in our study so encouraging maintenance of healthy peer relationships for both genders seems to be a vital predictor when seeking to minimize symptoms of internalizing disorders.

Additionally, these findings highlight the importance of fostering and coaching adaptive emotion regulation, even during adolescence when it may seem that emotion regulation skills are fully formed. Honing regulation skills to be sensitive to the unique social contextual demands of the peer context at this developmental stage appears to be an important task. Clinical interventions may be enhanced if they target regulation of emotions, particularly emotions that are considered internalizing types of experiences such as sadness and worry.

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Table 1

Demographic Variables

Variable	Parent	Adolescent
Mean Age (in years)	48.89 (*SD* = 6.64)	16.30 (*SD* = 1.72)
Percent Female	87.1% (115)	53.0% (70)
Race/Ethnicity	———	———
White		81.1% (107)
Black		12.1% (16)
Latinx		0.8% (1)
Asian		0.8% (1)
Other		5.3% (7)
Marital Status	———	———
Married	86.4% (114)	
Single	5.3% (7)	
Divorced	6.1% (8)	
Other	2.3% (3)	
Education	———	———
10th Grade		40.4% (53)
11th Grade		27.5% (36)
12th Grade		32.1% (43)
Completed high school	3.1% (4)	
Some education after high school	14.6% (19)	
Received Bachelor's degree	26.9% (36)	
Some education after Bachelor's degree	8.5% (11)	
Received Master's degree	30.0% (40)	
Some education after Master's degree	4.6% (6)	
Doctoral Degree	12.3% (16)	
Employment Status	———	———
Full time	61.9% (82)	
Part time	30.2% (40)	
Other (homemaker)	7.9% (10)	

Table 2

Correlations between Study Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1) Child Gender	-													
2) Parent Unsupportive	-.12	-												
3) Parent Supportive	-.04	-.54**	-											
4) Parent Neglect	-.01	.28**	-.32**	-										
5) Parent Punish	.02	.57**	-.34**	.11	-									
6) Sadness/Worry Regulation	.22*	-.20*	.07	.05	-.28**	-								
7) Anger Regulation	.08	-.24**	.17	-.03	-.20*	.46**	-							
8) Sadness/Worry Peer Supportive	-.21*	-.09	-.02	.03	-.14	.13	.02	-						
9) Anger Peer Supportive	-.20*	-.03	-.01	.00	-.08	.06	-.07	.86**	-					
10) Sadness/Worry Peer Unsupportive	.23**	.06	-.10	-.11	.07	-.03	-.06	-.38**	-.36**	-				
11) Anger Peer Unsupportive	.17	.04	-.06	-.17	.06	-.07	-.04	-.35**	-.29**	.85**	-			
12) CBCL Anx/Dep	-.18*	.10	-.02	.01	.13	-.27**	-.14	-.07	.02	-.08	.00	-		
13) CBCL With/Dep	-.05	.06	.06	-.06	.06	-.28**	-.10	-.15	-.17*	.02	.03	.57**	-	
14) MASC	-.11	.16	.16	-.04	-.02	-.47**	-.20*	-.37**	-.36**	.20*	.21*	.35**	.36**	-
15) CDI	-.29**	.05	.05	.04	-.03	-.27**	-.02	-.13	-.08	.04	.13	.21*	.13	.39**

Note. CBCL Anx/Dep = Child Behavior Checklist Anxious/Depressed. CBCL With/Dep = Child Behavior Checklist Withdrawn/Depressed. MASC = Multidimensionality Anxiety Scale for Children. CDI = Child Depression Inventory. *p < .05; **p < .01.

Table 3

Factor Loading Values for Negative Parent Emotion Socialization and Adolescent Internalizing Symptoms

	β	*SE*	*p*-value	95% CI
Unsupportive Parent ES	1.49	.26	.00	0.80, 2.88
Supportive Parent ES	-0.64	.10	.00	-0.99, -0.26
Parent Neglect	0.33	.10	.00	0.10, 0.70
Parent Punish	0.67	.12	.00	0.35, 1.26
CBCL Anxious/Depressed	0.48	.15	.00	0.19, 1.28
CBCL Withdrawn/Depressed	0.49	.15	.00	0.12, 0.19
MASC	1.01	.42	.02	0.09, 4.60
CDI	2.10	.65	.00	0.79, 5.06

Note. ES = Emotion Socialization. ER = Emotion Regulation. All values were standardized prior to analyses. CBCL = Child Behavior Checklist. MASC = Multidimensional Anxiety Scale for Children. CDI = Child Depression Inventory.

Table 4

Direct and Interaction Effects of Sadness/Worry Regulation and Positive Peer Emotion Socialization

	Direct Effect (β)	*SE*	*p*-value	95% CI
Predictor: Negative Parent ES (path a)	-0.24	.10	.02	-0.71, -0.02
Predictor: Sadness/Worry ER (path b_1)	-0.21	.06	.00	-0.42, -0.08
Predictor: Positive Peer ES (path b_2)	-0.14	.05	.01	-0.26, -0.05
Predictor: Sadness/Worry ER X Positive Peer ES (path b_3)	0.09	.04	.04	0.02, 0.24
Predictor: Negative Parent ES (path c')	0.01	.04	.82	-0.13, 0.12

Note. These are results can also be seen in Figure 1. ES = Emotion Socialization. ER = Emotion Regulation. All values were standardized prior to analyses.

Table 5

Covariance Arrow Values for Sadness/Worry Regulation and Positive Peer Socialization Model

	β	*SE*	*p*-value	95% CI
Parent ES and Positive Peer ES	-0.07	.09	.42	-0.23, 0.08
Parent ES and Sadness/Worry ER X Positive Peer ES	0.00	.08	.99	-0.13, 0.19
E9 and Positive Peer ES	0.09	.09	.28	-0.05, 0.26
E9 and Sadness/Worry ER X Positive Peer ES	0.02	.08	.79	-0.26, 0.26
Positive Peer ES and Sadness/Worry ER X Positive Peer ES	-0.12	.08	.12	-0.39, 0.09
E5 and E6	0.39	.09	.00	0.23, 0.63
E7 and E8	0.07	.10	.49	-0.16, 0.27

Note. These are results can also be seen in Figure 1. ES = Emotion Socialization. ER = Emotion Regulation. E5 = error term for CBCL Anxious/Depressed. E6 = error term for CBCL Anxious/Depressed. E7 = error term for MASC. E8 = error term for CDI. E9 = error term for Sadness/Worry Regulation. All values were standardized prior to analyses.

Table 6

Direct and Interaction Effects of Sadness/Worry Regulation and Negative Peer Emotion Socialization

	Direct Effect (β)	*SE*	*p*-value	95% CI
Predictor: Negative Parent ES (path a)	-0.24	.10	.02	-0.74, -0.04
Predictor: Sadness/Worry ER (path b_1)	-0.23	.08	.00	-0.49, -0.08
Predictor: Negative Peer ES (path b_2)	0.01	.04	.80	-0.02, 0.07
Predictor: Sadness/Worry ER X Negative Peer ES (path b_3)	-0.03	.03	.22	-0.11, 0.07
Predictor: Negative Parent ES (path c')	0.01	.04	.80	-0.11, 0.13

Note. These are results can also be seen in Figure 2. ES = Emotion Socialization. ER = Emotion Regulation. All values were standardized prior to analyses.

Table 7

Covariance Arrow Values for Sadness/Worry Regulation and Negative Peer Socialization Model

	β	*SE*	*p*-value	95% CI
Parent ES and Negative Peer ES	0.12	.13	.43	-0.18, 0.57
Parent ES and Sadness/Worry ER X Negative Peer ES	0.03	.13	.82	-0.35, 0.31
E9 and Negative Peer ES	-0.02	.15	.87	-0.28, 0.23
E9 and Sadness/Worry ER X Negative Peer ES	-0.16	.13	.22	-0.53, 0.21
Negative Peer ES and Sadness/Worry ER X Negative Peer ES	0.07	.23	.77	-0.78, 0.84
E5 and E6	0.39	.09	.00	0.23, 0.67
E7 and E8	0.03	.12	.78	-0.98, 0.27

Note. These are results can also be seen in Figure 2. ES = Emotion Socialization. ER = Emotion Regulation. E5 = error term for CBCL Anxious/Depressed. E6 = error term for CBCL Anxious/Depressed. E7 = error term for MASC. E8 = error term for CDI. E9 = error term for Sadness/Worry Regulation. All values were standardized prior to analyses.

Table 8

Direct and Interaction Effects of Anger Regulation and Positive Peer Emotion Socialization

	Direct Effect (β)	*SE*	*p*-value	95% CI
Predictor: Negative Parent ES (path a)	-0.29	.10	.00	-0.58, -0.06
Predictor: Anger ER (path b_1)	-0.08	.05	.08	-0.21, 0.00
Predictor: Positive Peer ES (path b_2)	-0.12	.06	.05	-0.23, -0.03
Predictor: Anger ER X Positive Peer ES (path b_3)	0.05	.04	.16	-0.02, 0.17
Predictor: Negative Parent ES (path c')	0.02	.03	.62	-0.11, 0.11

Note. These are results can also be seen in Figure 3. ES = Emotion Socialization. ER = Emotion Regulation. All values were standardized prior to analyses.

Table 9

Covariance Arrow Values for Anger Regulation and Positive Peer Socialization Model

	β	*SE*	*p*-value	95% CI
Parent ES and Positive Peer ES	-0.04	.09	.68	-0.19, 0.12
Parent ES and Anger ER X Positive Peer ES	0.11	.09	.20	-0.07, 0.32
E9 and Positive Peer ES	-0.08	.08	.35	-0.26, 0.07
E9 and Anger ER X Positive Peer ES	0.12	.09	.15	-0.17, 0.50
Positive Peer ES and Anger ER X Positive Peer ES	-0.26	.09	.00	-0.54, 0.00
E5 and E6	0.44	.10	.00	0.26, 0.70
E7 and E8	0.07	.17	.67	-1.26, 0.31

Note. These are results can also be seen in Figure 3. ES = Emotion Socialization. ER = Emotion Regulation. E5 = error term for CBCL Anxious/Depressed. E6 = error term for CBCL Anxious/Depressed. E7 = error term for MASC. E8 = error term for CDI. E9 = error term for Sadness/Worry Regulation. All values were standardized prior to analyses.

Table 10

Direct and Interaction Effects of Anger Regulation and Negative Peer Emotion Socialization

	Direct Effect (β)	*SE*	*p*-value	95% CI
Predictor: Negative Parent ES (path a)	-0.27	.10	.00	-0.56, -0.05
Predictor: Anger ER (path b_1)	-0.07	.05	.20	-0.23, 0.05
Predictor: Negative Peer ES (path b_2)	0.04	.02	.18	-0.01, 0.11
Predictor: Anger ER X Negative Peer ES (path b_3)	-0.01	.02	.59	-0.08, 0.11
Predictor: Negative Parent ES (path c')	0.04	.05	.40	-0.11, 0.16

Note. These are results can also be seen in Figure 4. ES = Emotion Socialization. ER = Emotion Regulation. All values were standardized prior to analyses.

Table 11

Covariance Arrow Values for Anger Regulation and Negative Peer Socialization Model

	β	*SE*	*p*-value	95% CI
Parent ES and Negative Peer ES	0.07	.15	.63	-0.26, 0.39
Parent ES and Anger ER X Negative Peer ES	-0.13	.20	.49	-0.80, 0.39
E9 and Negative Peer ES	-0.05	.15	.71	-0.40, 0.25
E9 and Anger ER X Negative Peer ES	0.19	.11	.31	-0.47, 0.90
Negative Peer ES and Anger ER X Negative Peer ES	-0.97	.35	.00	-2.61, 0.57
E5 and E6	0.42	.12	.00	0.20, 0.70
E7 and E8	0.01	.24	.97	-2.45, 0.28

Note. These are results can also be seen in Figure 4. ES = Emotion Socialization. ER = Emotion Regulation. E5 = error term for CBCL Anxious/Depressed. E6 = error term for CBCL Anxious/Depressed. E7 = error term for MASC. E8 = error term for CDI. E9 = error term for Sadness/Worry Regulation. All values were standardized prior to analyses.

Table 12

Indirect Effect of Negative Parent Emotion Socialization on Internalizing Symptoms Through Emotion Regulation Conditional on Peer Emotion Socialization

	Indirect Effect (β)	*p*-value	95% CI
Sadness/Worry ER and Positive Peer ES	0.05	.02	-1.01, -0.30
Sadness/Worry ER and Negative Peer ES	0.06	.01	0.01, 0.19
Anger ER and Positive Peer ES	0.02	.03	0.00, 0.09
Anger ER and Negative Peer ES	0.02	.16	-0.01, 0.09

Note. These are results can also be seen in Figures 1-4. ES = Emotion Socialization. ER = Emotion Regulation. All values were standardized prior to analyses.

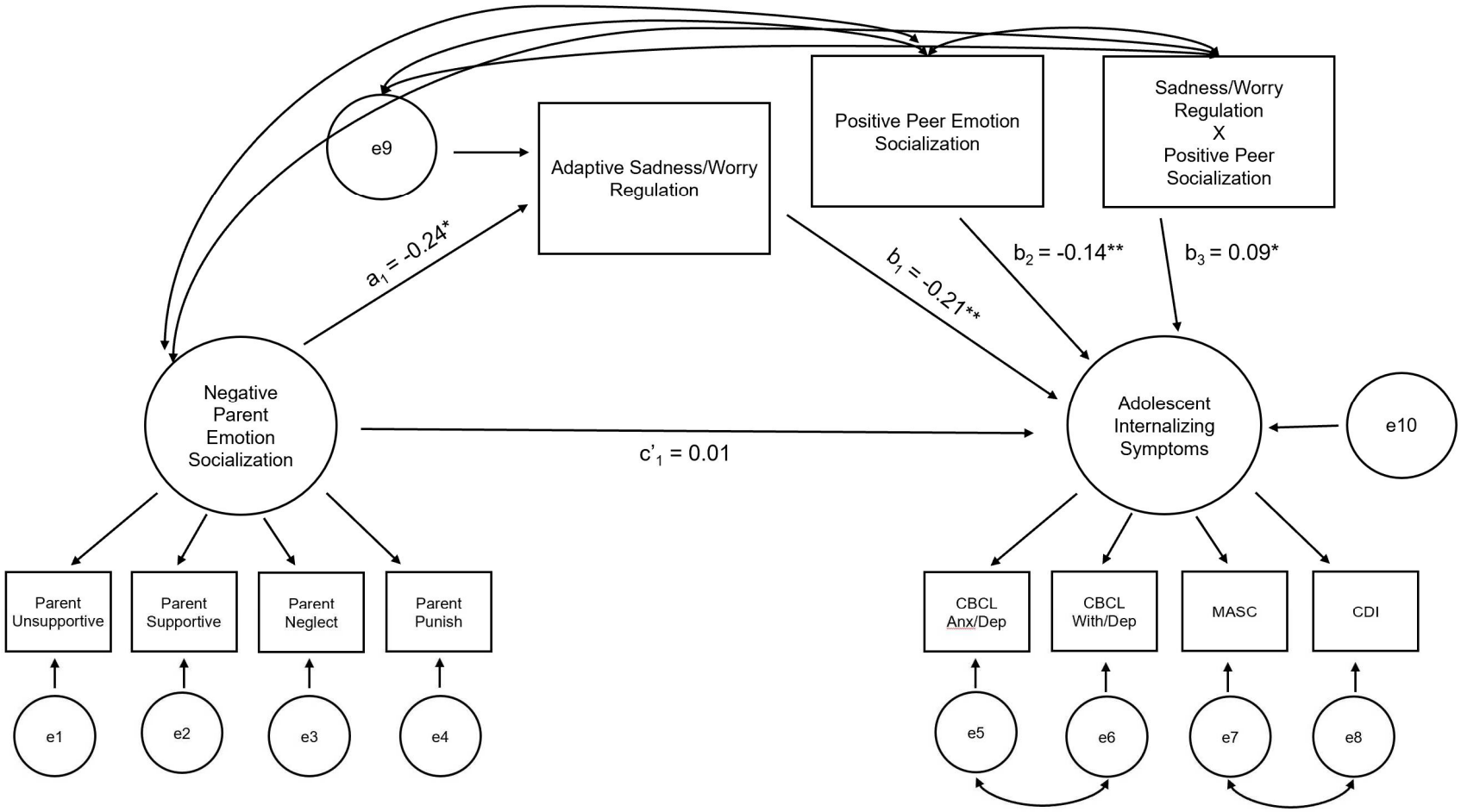

Figure 1. Model displaying adaptive sadness/worry regulation as the proposed mediator and positive peer emotion socialization as the moderator. All curved arrows represent covariance arrows. Paths are reported in standardized beta coefficients. *$p < .05$; **$p < .01$.

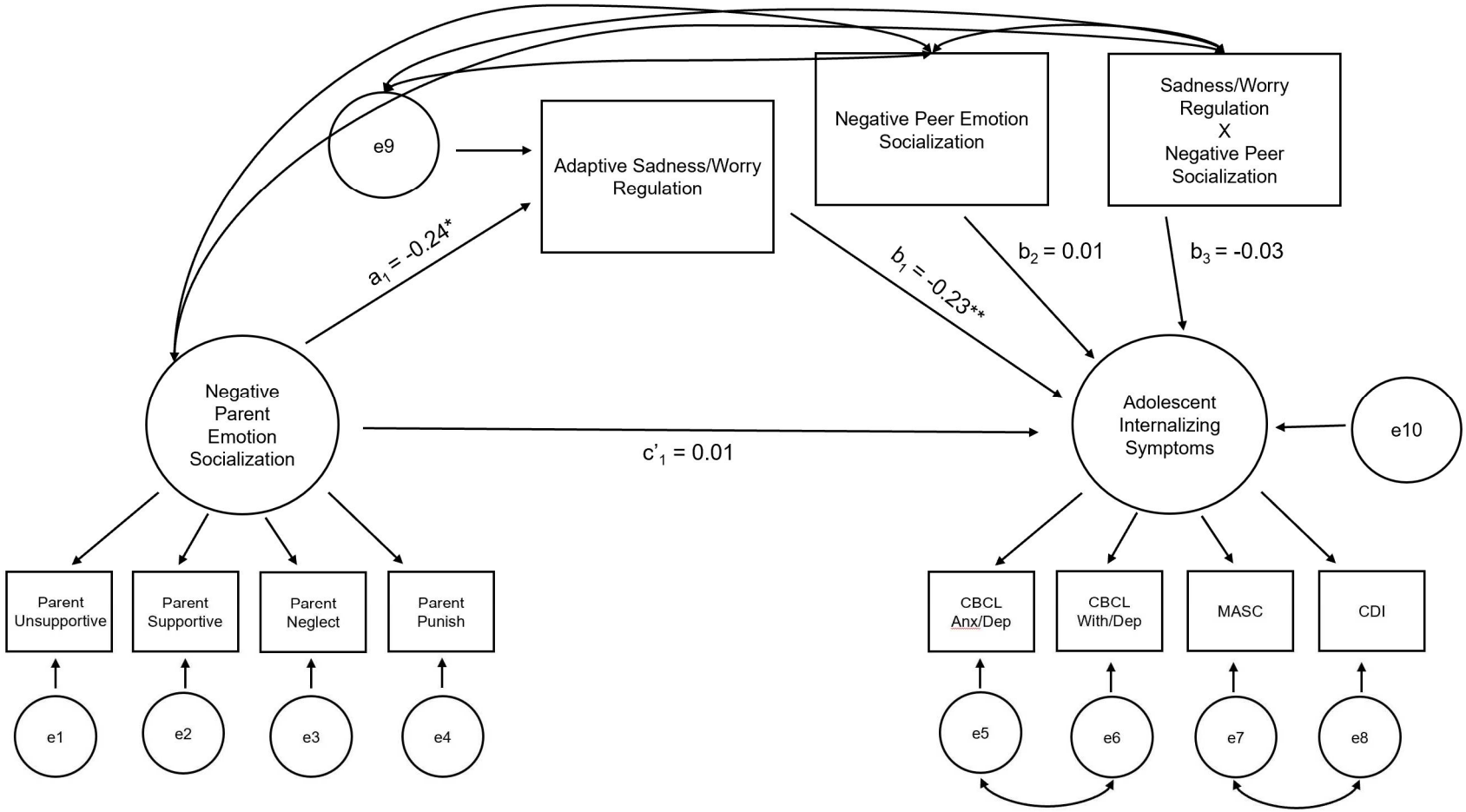

Figure 2. Model displaying adaptive sadness/worry regulation as the proposed mediator and negative peer emotion socialization as the moderator. All curved arrows represent covariance arrows. Paths are reported in standardized beta coefficients. *$p < .05$; **$p < .01$.

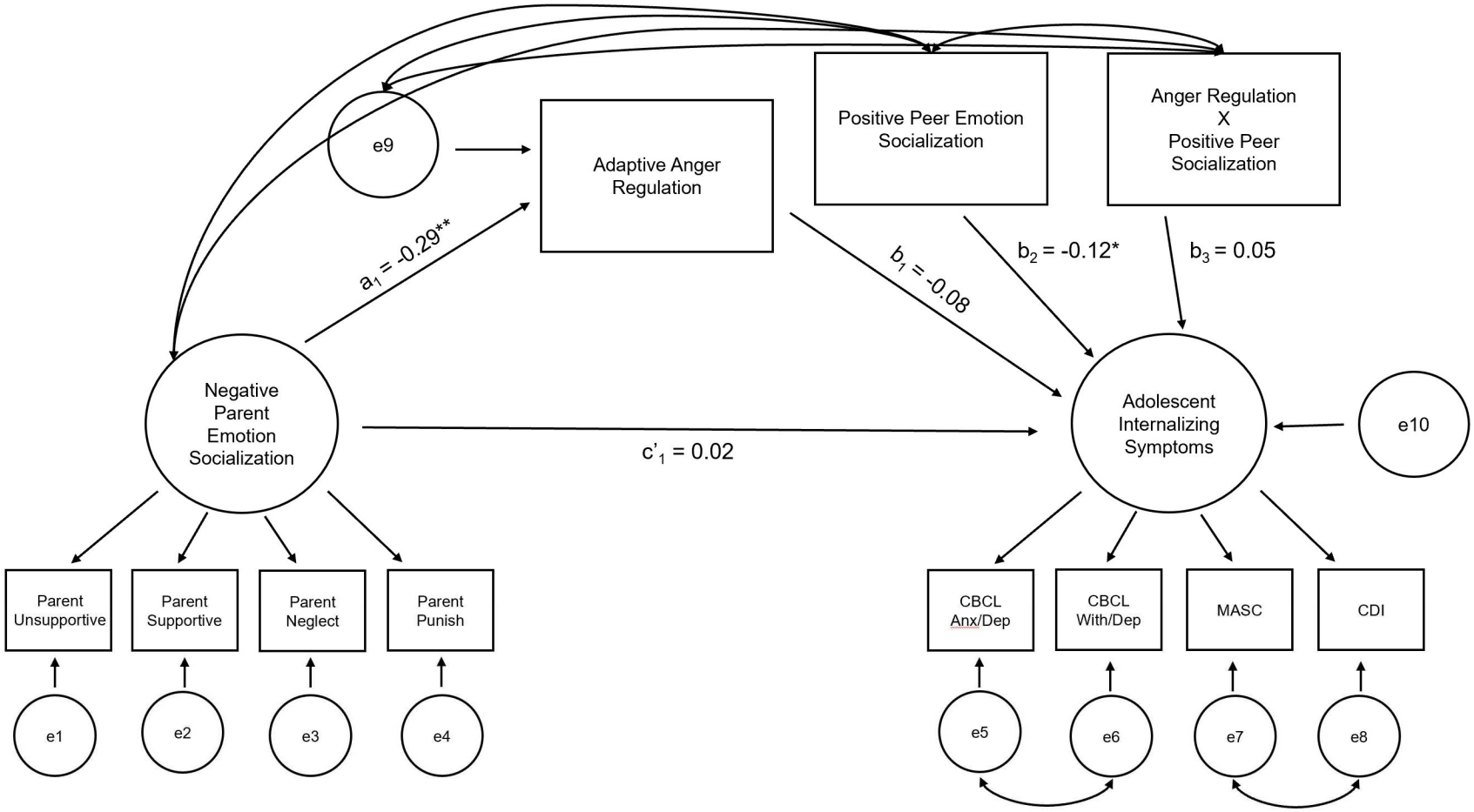

Figure 3. Model displaying adaptive anger regulation as the proposed mediator and positive peer emotion socialization as the moderator. All curved arrows represent covariance arrows. Paths are reported in standardized beta coefficients. **p* < .05; ***p* < .01.

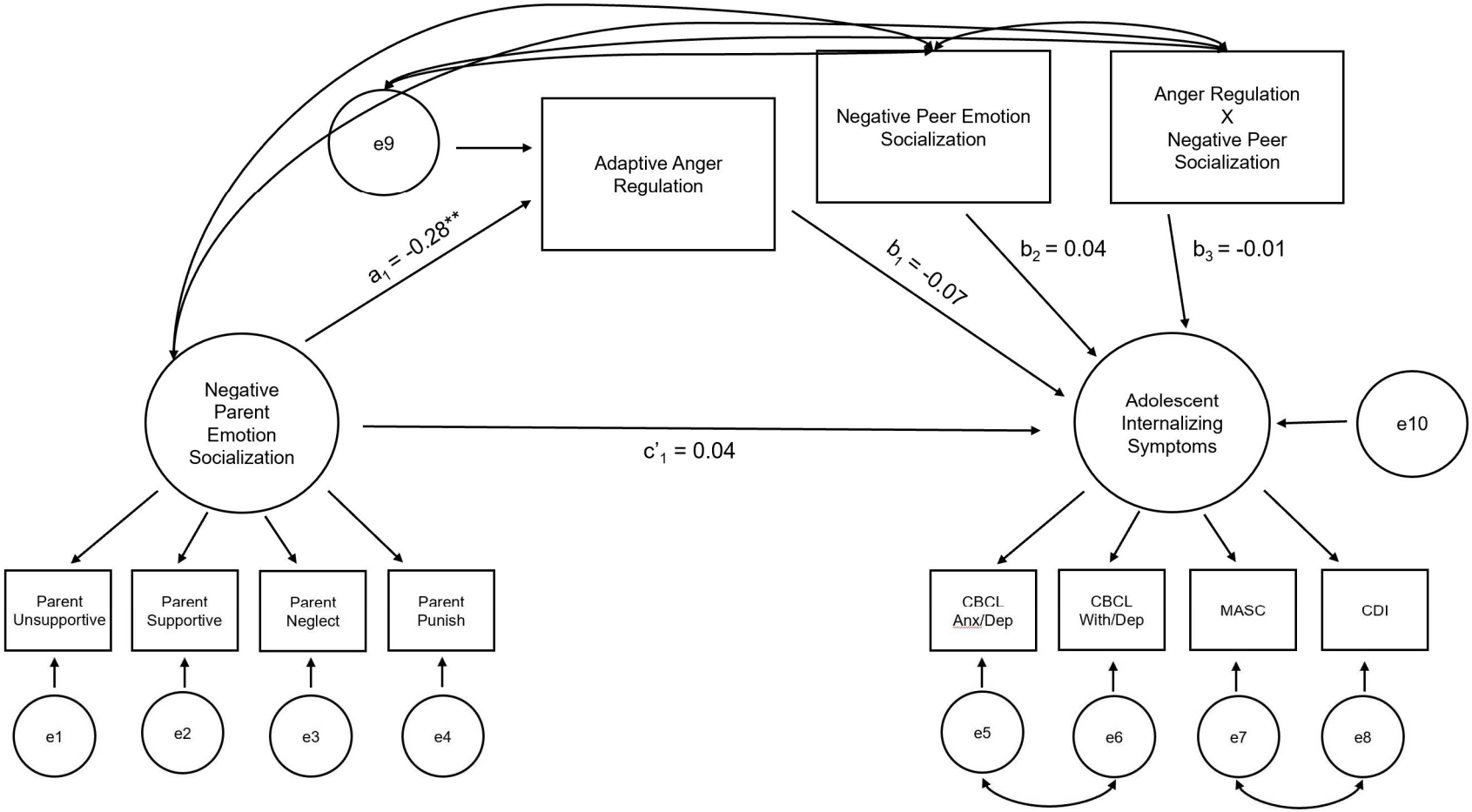

Figure 4. Model displaying adaptive anger regulation as the proposed mediator and negative peer emotion socialization as the moderator. All curved arrows represent covariance arrows. Paths are reported in standardized beta coefficients. **p* < .05; ***p* < .01.

Appendix A

Child Emotion Management Scales - Cope Subscales

Sadness

Please circle the response that describes your behavior when you are feeling sad.

1. When I'm feeling sad, I can control my crying and being upset.
2. I stay calm and don't let sad things get to me.
3. When I'm sad, I do something totally different until I calm down.
4. I can stop myself from losing control of my sad feelings.
5. I try to calmly deal with what is making me sad.

Worry

Please circle the response that describes your behavior when you are feeling sad.

1. I keep myself from losing control of my worried feelings.
2. I talk to someone until I feel better when I'm worried.
3. I try to calmly settle the problem when I feel worried.

Anger

Please circle the response that describes your behavior when you are feeling sad.

1. When I am feeling mad, I control my temper.
2. I stay calm and keep my cool when I am feeling mad.
3. I can stop myself from losing my temper.
4. I try to calmly deal with what is making me feel mad.

Appendix B

You and Your Friends Questionnaire: Sadness

You got some very bad and upsetting news today that has made you sad. You are with your friend and you're thinking about this news, and you are feeling really, really sad. Think about what your friend would do in this situation if he/she KNEW that you really felt sad. Rate how likely he/she would be to do each of the things on the list. Do you think he/she would:

Supportive:

1. Help you to deal with what's made you feel sad.
2. Say something like "It's okay, we all feel sad sometimes."
3. Ask you about what has made you feel sad.

Unsupportive:

1. Not say or do anything about it.
2. Act like he/she doesn't notice that you feel sad.
3. Ignore the fact that you feel sad.
4. Push you away or hit you.
5. Say that he/she will stop liking you if you don't change your attitude.
6. Say something like "You're being ridiculous," or "You're stupid."
7. Leave you out of the group or any activities for a while.
8. Say that he/she doesn't like it when you act this way.
9. Tell other people secrets or mean things about you.

Appendix C

You and Your Friends Questionnaire: Worry

You discover that something bad and harmful might be about to happen to you. This has really made you worried. You're with your friend and you are feeling really, really worried. Think about what your friend would do in this situation if he/she KNEW that you really felt worried. Rate how likely he/she would be to do each of the things on the list. Do you think he/she would:

Supportive:

1. Help you to deal with what's made you feel worried.
2. Say something like "It's okay, we all feel worried sometimes."
3. Ask you about what has made you feel worried.

Unsupportive:

1. Not say or do anything about it.
2. Act like he/she doesn't notice that you feel worried.
3. Ignore the fact that you feel worried.
4. Push you away or hit you.
5. Say that he/she will stop liking you if you don't change your attitude.
6. Say something like "You're being ridiculous," or "You're stupid."
7. Leave you out of the group or any activities for a while.
8. Say that he/she doesn't like it when you act this way.
9. Tell other people secrets or mean things about you.

Appendix D

You and Your Friends Questionnaire: Anger

You just found out about something really unfair and annoying that was done to you, and that has made you angry. You are with your friend and you feel really, really angry. Think about what your friend would do in this situation if he/she KNEW that you really felt angry. Rate how likely he/she would be to do each of the things on the list. Do you think he/she would:

Supportive:

1. Help you to deal with what's made you feel angry.
2. Say something like "It's okay, we all feel angry sometimes."
3. Ask you about what has made you feel angry.

Unsupportive:

1. Not say or do anything about it.
2. Act like he/she doesn't notice that you feel angry.
3. Ignore the fact that you feel angry.
4. Push you away or hit you.
5. Say that he/she will stop liking you if you don't change your attitude.
6. Say something like "You're being ridiculous," or "You're stupid."
7. Leave you out of the group or any activities for a while.
8. Say that he/she doesn't like it when you act this way.
9. Tell other people secrets or mean things about you.

Appendix E

Child Behavior Checklist

Below is a list of items that describe children and youths. For each item that describes your child *now or within the past 6 months*, please circle the 2 if the item is *very true or often true* of your child. Circle the 1 if it is *somewhat or sometimes true* of your child. If the item is *not true* of your child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

Anxious/Depressed:

1. Cries a lot.
2. Fears certain animals, situations, or places, other than school.
3. Fears going to school.
4. Fears he/she might think or do something bad.
5. Feels he/she has to be perfect.
6. Feels or complains that no one loves his/her.
7. Feels worthless or inferior.
8. Nervous, high-strung, or tense.
9. Too fearful or anxious.
10. Feels too guilty.
11. Self-conscious or easily embarrassed.
12. Talks about killing self.
13. Worries.

Withdrawn/Depressed:

1. There is still very little he/she enjoys.
2. Would rather be alone than with others.
3. Refuses to talk.
4. Secretive, keeps things to self.
5. Too shy or timid.
6. Underactive, slow moving, or lacks energy.
7. Unhappy, sad, or depressed.
8. Withdrawn, doesn't get involved with others.

Appendix F

Multidimensional Anxiety Scale for Children

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.

1. 1. I feel tense or uptight.
2. I usually ask permission.
3. I worry about other people laughing at me.
4. I get scared when my parents go away.
5. I keep my eyes open for danger.
6. I have trouble getting my breath.
7. The idea of going away to camp scares me.
8. I get shaky or jittery.
9. I try to stay near my mom or dad.
10. I'm afraid that other kids will make fun of me.
11. I try hard to obey my parents and teachers.
12. I get dizzy or faint feelings.
13. I check things out first.
14. I worry about getting called on in class.
15. I'm jumpy.
16. I'm afraid other people will think I'm stupid.

17. I keep the light on at night.

18. I have pains in my chest.

19. I avoid going to places without my family.

20. I feel strange, weird, or unreal.

21. I try to do things other people will like.

22. I worry about what other people think of me.

23. I avoid watching scary movies and TV shows.

24. My heart races or skips beats.

25. I stay away from things that upset me.

26. I sleep next to someone from my family.

27. I feel restless and on edge.

28. I try to do everything exactly right.

29. I worry about doing something stupid or embarrassing.

30. I get scared riding in the car or on the bus.

31. I feel sick to my stomach.

32. If I get upset or scared, I let someone know right away.

33. I get nervous if I have to perform in public.

34. Bad weather, the dark, heights, animals, or bugs scare me.

35. My hands shake.

36. I check to make sure things are safe.

37. I have trouble asking other kids to hang out.

38. My hands feel sweaty or cold.

39. I feel shy.

Appendix G

Child Depression Inventory

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

Item 1 ☐ I am sad once in a while. ☐ I am sad many times. ☐ I am sad all the time.	Item 15 ☐ I have to push myself all the time to do my schoolwork. ☐ I have to push myself many times to do my schoolwork. ☐ Doing schoolwork is not a big problem.
Item 2 ☐ Nothing will ever work out for me. ☐ I am not sure if thing will work out for me. ☐ Things will work out for me ok.	Item 16 ☐ I have trouble sleeping every night. ☐ I have trouble sleeping many nights. ☐ I sleep pretty well.
Item 3 ☐ I do most things ok. ☐ I do many things wrong. ☐ I do everything wrong.	Item 17 ☐ I am tired once in a while. ☐ I am tired many days. ☐ I am tired all the time.
Item 4 ☐ I have fun in many things. ☐ I have fun in some things. ☐ Nothing is fun at all.	Item 18 ☐ Most days I do not feel like eating. ☐ Many days I do not feel like eating. ☐ I eat pretty well.
Item 5 ☐ I am bad all the time. ☐ I am bad many times. ☐ I am bad once in a while.	Item 19 ☐ I do not worry about aches and pains. ☐ I worry about aches and pains many times. ☐ I worry about aches and pains all the time.
Item 6 ☐ I think about bad things happening to me once in a while. ☐ I worry that bad things will happen to me. ☐ I am sure that terrible things will happen to me.	Item 20 ☐ I do not feel alone. ☐ I feel alone many times. ☐ I feel alone all the time.
Item 7 ☐ I hate myself. ☐ I do not like myself. ☐ I like myself.	Item 21 ☐ I never have fun at school. ☐ I have fun at school once in a while. ☐ I have fun at school many times.

Item 8 □ All bad things are my fault. □ Many bad things are my fault. □ Bad things are not usually my fault.	Item 22 □ I have plenty of friends. □ I have some friends, but I wish I had more. □ I do not have any friends.
Item 10 □ I feel like crying every day. □ I feel like crying many days. □ I feel like crying once in a while.	Item 23 □ My schoolwork is alright. □ My schoolwork is not as good as before. □ I do very badly in subjects I used to be good in.
Item 11 □ Things bother me all the time. □ Things bother me many times. □ Things bother me once in a while.	Item 24 □ I can never be as good as other kids. □ I can be as good as other kids if I want to. □ I am just as good as other kids.
Item 12 □ I like being with people. □ I do not like being with people many times. □ I do not want to be with people at all.	Item 25 □ Nobody really loves me. □ I am not sure if anybody loves me. □ I am sure that somebody loves me.
Item 13 □ I cannot make up my mind about things. □ It is hard to make up my mind about things. □ I make up my mind about things easily.	Item 26 □ I usually do what I am told. □ I do not do what I am told most times. □ I never do what I am told.
Item 14 □ I look ok. □ There are some bad things about my looks. □ I look ugly.	Item 27 □ I get along with people. □ I get into fights many times. □ I get into fights all the time.

Appendix H

Directions for Parent-Adolescent Interaction Task

Positive Event

"Think about a time when a close friend, preferably the one you mentioned earlier today, did something nice for you." Please tell me about it.

Negative Event

"Think about a time when a close friend, preferably the one you mentioned earlier today, treated you unfairly." Please tell me about it and specify the friend.

Appendix I

Coding System for Parent-Adolescent Interaction Task

Parent Response to Event/Emotion: Supportive

This code refers to the PARENT's response to the TEEN's emotions and/or event.

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

0	**NO parent support: In general, the parent is <u>not supportive/positively involved</u> in the conversation.** 1. The parent's participation in the conversation is <u>*at least one*</u> of the following: -Nonexistent (e.g., simply sits through the conversation) -Minimal (e.g., simply says "yes" or "no", shakes his/her head, struggles to find something to say) -Does not promote discussion of emotion-related topics -Does not acknowledge the teen's emotion 2. Does not show any clear indication of eagerness, supportiveness, reinforcement, praise, or warm/affectionate body contact. 3. Poor communication skills (e.g., the parent is rarely responsive, easy to understand, may not pay attention/seems distracted, or very slow to respond to what the teen has said)
1	**MILD parent support: In general, the parent's <u>supportiveness/positive involvement in the conversation is low.</u>** 1. The parent seems distant/removed and disengaged (e.g., displays flat affect or seems distracted or disinterested) 2. Throughout most of the conversation, the parent does <u>*at least one*</u> of the following: -Participates in the conversation -Is attentive/responsive -Acknowledges the teen's emotions -Reinforces (e.g., "Thank you for sharing that with me!") -Displays clear warm body contact (e.g., touching/patting the teen's arm or back) -Eager (e.g., smiles, is animated) -Praises the teen (e.g., "You did the right thing, great job!") -Sympathetic (e.g., "I'm sorry you felt that way.") -Validating (e.g., "You know it's ok to feel sad, right?") *Overall style of interaction is **rarely** positive.* 3. Adequate communication skills (e.g., the parent is minimally responsive, listens to what the teen has to say, is clear, is easy to understand) but sometimes becomes distracted

2	**MODERATE parent support: In general, the parent's <u>supportiveness/positive involvement in the conversation is moderate.</u>** 1. Throughout most of the conversation, the parent does <u>*at least two*</u> of the following: -Participates in the conversation -Is attentive and responsive -Acknowledges the teen's emotions -Reinforcing (e.g., "Thank you for sharing that with me!") -Displays clear warm body contact (e.g., touching/patting the teen's arm or back) -Eager (e.g., smiles, is animated) -Praises the teen (e.g., "You did the right thing, great job!") -Sympathetic (e.g., "I'm sorry you felt that way.") -Validating (e.g., "You know it's ok to feel sad, right?") 2. The parent seems to be enjoying the teen and/or is actively engaged. *Overall style of interaction is only **fairly** positive.* 3. The parent has moderate communication skills (e.g., the parent listens to what the teen has to say, is responsive, is clear, is easy to understand)
3	**HIGH parent support: In general, the parent displays a genuine interest in what the teen has to say and is emotionally supportive and positive overall.** 1. The parent must clearly display <u>*at least three*</u> of the following: -Participates in the conversation -Is attentive and responsive -Acknowledges the teen's emotions -Reinforcing (e.g., "Thank you for sharing that with me!") -Displays clear warm body contact (e.g., touching/patting the teen's arm or back) -Eager (e.g., smiles, is animated) -Praises the teen (e.g., "You did the right thing, great job!") -Sympathetic (e.g., "I'm sorry you felt that way.") -Validating (e.g., "You know it's ok to feel sad, right?") 2. The parent seems to be enjoying the teen and/or is actively engaged. 3. The parent has good communication skills (e.g., participates to a high degree, listens to what the teen has to say, is responsive, is clear, easy to understand, asks good questions)

Parent Response to Event/Emotion: Unsupportive

This code refers to the PARENT's response to the TEEN's emotions and/or event.

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

0	**NO parent lack of support: The parent <u>never shows any blatant signs of unsupportiveness/negative involvement.</u>** 1. Is NOT blatantly critical, critically sarcastic, rude, hostile, extremely whiny, disrespectful, or threatening

	2. Did NOT minimize the seriousness of the situation, devalue the teen's problem/emotional reaction 3. Does NOT have cold body language (e.g., defiantly crossing arms or positioning body away from teen), does not make nasty remarks, does not roll eyes or make dirty faces, is not overly domineering or controlling 4. Does NOT display poor communication skills (e.g., parent does not disregard what the teen has said or blatantly try to take control of the conversation; is not unclear or difficult to understand; does not interrupt). 5. Did NOT displayed any of the following responses: -Distress (e.g., parent getting upset) -Punitive (e.g., "Stop crying!") -Ignored teen's emotion (e.g., "What do you want for dinner tonight?")
1	**MILD parent lack of support: The parent's behavior is <u>occasionally negative/unsupportive</u>.** 1. ONE discrete act of inappropriate behavior -Being critical, critically sarcastic, extremely whiny, hostile, threatening, or combative, displaying cold body language, rolling his/her eyes, etc. 2. Occasionally displays negative body language: positioning one's body away from the teen, rare instances of behaving coldly, controlling or domineering 3. In addition, the parent occasionally displays somewhat poor communication skills -Seem concerned with advancing own opinion or thoughts without taking into consideration what the teen is saying, may ignore or disregard information the teen has communicated, may be unclear or difficult to understand, or may interrupt 4. May have displayed one of the following responses: -Distress (e.g., parent getting upset) -Punitive (e.g., "Stop crying!") -Ignored teen's emotion (e.g., "What do you want for dinner tonight?")
2	**MODERATE parent lack of support: The parent's behavior is <u>moderately negative/unsupportive</u>.** 1. TWO discrete acts of inappropriate behavior (see above for examples) 2. Generally negative manner -Positioning one's body away from the teen, behaving coldly (moderately so), or being moderately controlling or domineering. 3. To count as <u>moderate</u>, controlling and domineering behavior *must* be accompanied by some signs of negative affect as well. 4. In addition, the parent *may* <u>display moderately poor communication skills</u> (see above for examples)

	5. May have displayed one of the following responses: -Distress (e.g., parent getting upset) -Punitive (e.g., "Stop crying!") -Ignored teen's emotion (e.g., "What do you want for dinner tonight?")
3	**HIGH parent lack of support: The parent's behavior is <u>highly negative</u>.** 1. THREE OR MORE discrete acts of very inappropriate behavior (see above for examples) 2. Generally negative manner -Defiantly positioning one's body away from the teen, behaving extremely coldly, being highly controlling or domineering. 3. In addition, the parent *may* <u>display very poor communication skills</u> (see above for examples) 4. May have displayed one of the following responses: -Distress (e.g., parent getting upset) -Punitive (e.g., "Stop crying!") -Ignored teen's emotion (e.g., "What do you want for dinner tonight?")

Parental Emotion Socialization Scores

Directions: Give a score for EACH of the 5 categories of emotion socialization based on the PARENT'S behaviors/responses towards the teen.

0	**1**	**2**	**3**	**4**
None *0 times during conversation*	***Little to Moderate*** *1 time during the conversation*	***Moderate*** *2 times during the conversation*	***Moderate to High*** *3 times during the conversation*	***High*** *4+ times during the conversation*

Reward	*Definition*: Parent's acknowledgement and validation of teen's emotions *EXAMPLES*: Parent asks teen how event made teen feel; parent says "I understand why you felt annoyed when Sally did not come to the mall"
Magnify	*Definition*: When the parent's emotions match or exceed the child's negative emotions *EXAMPLES*: The parent gets sad when the teen gets sad, matching the teen's emotions; parent starts yelling back at the teen when the teen raises her voice
Override	*Definition*: Parent disregards the child's emotions/emotional displays *EXAMPLE*: The teen talks about being sad and the parent changes the subject to what they are having for dinner

Neglect	*Definition*: Parent ignores or dismisses the child's emotion *EXAMPLE*: The teen expresses anger, and the parent ignores the teen's anger
Punish	*Definition*: Extent to which parent provides negative consequences for teen's emotions/emotional displays *EXAMPLES*: Parent told teen she was grounded for expressing yelling when angry; when the teen expresses anger, the parent told the teen he was acting too young for his age