



Parental reactions to children's negative emotions: Relationships with emotion regulation in children with an anxiety disorder



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ABSTRACT

Research has demonstrated that parental reactions to children's emotions play a significant role in the development of children's emotion regulation (ER) and adjustment. This study compared parent reactions to children's negative emotions between families of anxious and non-anxious children (aged 7–12) and examined associations between parent reactions and children's ER. Results indicated that children diagnosed with an anxiety disorder had significantly greater difficulty regulating a range of negative emotions and were regarded as more emotionally negative and labile by their parents. Results also suggested that mothers of anxious children espoused less supportive parental emotional styles when responding to their children's negative emotions. Supportive and non-supportive parenting reactions to children's negative emotions related to children's emotion regulation skills, with father's non-supportive parenting showing a unique relationship to children's negativity/labability.

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1. Introduction

Difficulty regulating negative emotion is emphasised in etiological and maintenance models of anxiety (Mennin, Heimberg, Turk, & Fresko, 2005; Southam-Gerow & Kendall, 2000; Suveg, Morelan, Brewer, & Thomassin, 2010; Thompson, 2001). Evidence of these difficulties has been reported in studies comparing children with an anxiety disorder (AD) to youth with no psychopathology. Specifically, AD children are found to have less understanding of hiding and changing emotions (Southam-Gerow & Kendall, 2000), experience negative emotion more intensely (Carthy, Horesh, Apter, Edge, & Gross, 2010; Suveg & Zeman, 2004), are more dysregulated in their expression of emotion (Suveg & Zeman, 2004), and engage in more maladaptive and fewer problem-solving emotion regulations (ER) strategies (Carthy et al., 2010; Suveg et al., 2008; Suveg & Zeman, 2004). In addition, emotional awareness, a specific facet of ER, has been shown to correlate with other emotional symptoms (e.g. depression) in children with ADs (Kerns, Comer, & Zeman, 2014). Evidence in support of the relationship between ER difficulties in anxious children and other important life domains is also starting to emerge (e.g. social functioning; Jacob, Suveg, & Whitehead, 2013).

Research examining family influences on anxiety disorders has been a steady focus for more than a decade. The study of

emotion socialisation and related parenting styles, in particular, have provided insight into the practices that might contribute to AD children's emotion functioning. For example, in studies involving observations of family emotion discussions, parents of AD children tend to discourage their children's emotion discussions, engage in less explanation of emotions and espouse a less positive interaction style than parents of ND children (Suveg et al., 2008; Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005). Similarly, observed parental responses to children's affect differ between nonclinical and clinical families, with mothers of AD children behaving more intrusively and with less warmth in response to child negative affect than mothers of ND children (Hudson, Comer, & Kendall, 2008). In the study conducted by Hudson and colleagues (2008), no significant group differences emerged for observed parental responses to positive child affect, suggesting that parents of AD children have particular difficulty coping with their children's negative emotion. This study focused on observed reactions to discrete episodes of emotion that emerged during the experimental session. To date, we have limited information in clinically anxious children about parent's response to negative emotions outside the laboratory setting.

1.1. Emotion socialisation within the family

There is substantial empirical evidence to support the notion that parental coping with children's emotions relate to children's overall emotion socialisation and the quality of their emotional competencies (Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997; Denham & Kochanoff, 2002; Fabes, Poulin,

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Eisenberg, & Madden-Derdich, 2002; Hooven, Gottman, & Katz, 1995). Amongst nonclinical populations, research demonstrates a significant relationship between parental reactions and children's ER skills and coping (e.g. Davidov & Grusec, 2006; Eisenberg, Fabes, & Murphy, 1996), with a strong emphasis on emotion socialisation practices that involve emotion-discussion, validation and problem solving (Gottman, 1997).

Research further suggests a number of pathways through which emotion socialisation processes can occur. These include direct pathways (e.g. emotion discussion, coaching) and indirect pathways (e.g. modelling). It is considered that children's ER, an important skill underlying emotional competence, also develops through these pathways (Morris, Silk, Myers, & Robinson, 2007; Saarni, 1999) and is fundamental to healthy psychological adjustment (Cicchetti, Ackerman, & Izard, 1995). According to Eisenberg, Cumberland, & Spinrad (1998), there are three main ways by which parents can socialise their children's emotions: emotion discussion, parent reactions to children's emotions and family expressiveness. With regard to parent-child discussion of emotion, both direct and indirect mechanisms are purported to assist children's development of emotion-related knowledge, language and skills (Denham, 1998; Dunn, Brown, & Beardsall, 1991; Eisenberg et al., 1998; Gottman, Katz, & Hooven, 1997). When parents are available to discuss emotions with their children and use these opportunities to impart both knowledge and ways to manage them, children's developing emotional awareness and regulation appears to benefit. Similarly, parent reactions to children's emotions can directly influence children's developing emotion management styles, such that supportive responses tend to facilitate appropriate emotional expression, communication and ER, and non-supportive responses to children's greater use of emotional inhibition and dysregulated affect (Eisenberg & Fabes, 1992, 1994; Eisenberg et al., 1996; Gottman, 1997). Finally, the frequency, intensity and type of emotional expression that occurs in families is suggested to contribute to children's developing emotion-related schemas, such as which emotions to express or inhibit, when to express them and the manner in which to regulate them (for a review see Dunsmore & Halberstadt, 1997). Finally, positive family expressivity has been associated with better ER strategies and fewer negative emotional displays in children (Garner, 1995; Garner & Power, 1996).

1.2. Parental emotional styles and child emotion regulation

In regard to the direct pathways of emotion socialisation, research to date has correlated specific parental reactions to some important child outcomes. For instance, children whose parents react in non-supportive ways (e.g. punitive, dismissing or minimising) tend to display more maladaptive, avoidant or inappropriate methods of ER and coping (Eisenberg, Fabes, Carlo, & Karbon, 1992; Eisenberg et al., 1996) and tend to exhibit lower levels of socio-emotional competence (Jones, Eisenberg, Fabes, & MacKinnon, 2002). In contrast, children whose parents react in supportive ways (e.g. emotion-and-problem-focused and encourage emotional expression) tend to be higher in levels of socio-emotional competence (e.g., Eisenberg & Fabes, 1994; Eisenberg et al., 1996; Roberts & Strayer, 1987).

Similarly, Gottman (1997; Gottman and colleagues, 1997) proposes that parents who respond to their children's emotions in an accepting, sensitive and supportive manner will enhance the development of ER skills in their children. Research on this *emotion-coaching* parental style has yielded positive outcomes in relation to children's ER and other socio-emotional areas of competence, such as self-esteem and peer relationships (Gottman, 1997; Gottman et al., 1997). In contrast, parents who ascribe an *emotion-dismissing* parental style tend to offer little guidance regarding emotions and refrain from using emotional experiences as opportunities to bond

or problem-solve with their child. This latter style has been associated with poorer outcomes for children, such as poorer ER skills, poorer academic coping and lower levels of socio-emotional competence (Gottman, 1997; Gottman et al., 1997).

Amongst other clinical populations, research also shows the benefits of providing children with emotionally sensitive and supportive parenting. For instance, in children diagnosed with oppositional defiant disorder (ODD), parental emotion-coaching behaviours are related to greater child ER and more adaptive behaviours (Dunsmore, Booker, & Ollendick, 2013) and to better peer relations (Katz & Windecker-Nelson, 2004). In a sample of depressed adolescents, youth whose mothers held more proactive, coaching and insightful emotion beliefs, tended to have more adaptive emotion beliefs themselves (Hunter et al., 2011). In addition, younger children with symptoms of attention-deficit hyperactivity disorder (ADHD) showed improvements to their ER skills and hyperactivity when mothers were taught emotion socialisation skills, such as emotion coaching (Herbert, Harvey, Roberts, Wichowski, & Lugo-Candelas, 2013). Thus, whilst parents of clinically disordered children appear to espouse less optimal emotion socialisation practices than parents of non-disordered children (e.g. Katz & Windecker-Nelson, 2004; Katz et al., 2014; Suveg et al., 2005, 2008), evidence indicates that for children high in emotional lability, supportive parental emotional styles may reduce the risk of worsening emotional and behavioural difficulties (see Dunsmore et al., 2013) and may also help to attenuate symptoms. As such, a greater focus on emotion-related responses of parents may serve to guide intervention programmes for anxious children. Indeed, recent preliminary evidence from a study that coached parents to model effective ER strategies and respond adaptively to children's negative emotion showed improvements in clinical outcomes of AD children (Lebowitz, Omer, Hermes, & Scahill, 2014).

In sum, findings on ER in anxious children indicate they have fundamental difficulties managing negative emotions, over and above that reported by non-anxiety disordered children. The study of parent-reported reactions to children's negative emotions more generally in daily life is yet to receive full attention in the study of childhood anxiety disorders. Parent reactions have otherwise been documented in the normative literature (e.g. see Eisenberg et al., 1998; Fabes, Leonard, Kupanoff, & Martin, 2001; Fabes et al., 2002; Morris et al., 2007) and in studies of at-risk children (Shaffer, Suveg, Thomassin, & Bradbury, 2012; Suveg, Sheffield, Morelan, & Thomassin, 2011). Thus, further research is needed to incorporate the emotion-related variables of supportive (problem-focused, emotion-focused and encouragement of emotional expression) and non-supportive (minimisation, punitive and distress reactions) parental reactions in clinically anxious children. These variables further stem from emotion socialisation theory and research, having shown links with children's emotion functioning (Eisenberg et al., 1998; Fabes et al., 2001, 2002).

1.3. The current study

Parent-report of reactions to children's negative emotions has not yet been assessed in a sample of children diagnosed with an anxiety disorder. Previous work has employed observation methods to capture parental behaviours and interaction/communication styles in the context of child emotion (e.g. Hudson et al., 2008; Suveg et al., 2005, 2008), but have not directly asked parents about their typical responses to child emotion. This study attempted to fill this gap by comparing self-reported parental responses of clinically anxious children to children with no psychopathology.

Given the empirical links between ER difficulties and psychopathology (Casey, 1996; Southam-Gerow & Kendall, 2000; Suveg & Zeman, 2004; Zeman, Shipman, & Suveg, 2002) and that anxious children are among the clinical groups to be especially at

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