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## Friendship and the Socialization of Sadness

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Children's ability to manage the expression of sadness is critical to their development and adjustment. Although parents have been the primary focus of research examining sadness socialization, many acknowledge the influence of other agents such as children's peers. The present research evaluated one type of emotion socialization—reactions to sadness—by two different socialization agents: mothers and best friends. The sample included 125 third-grade through fifth-grade children enrolled in classrooms for typically developing children who reported on their sadness management, their depressive symptoms, and their mother's and best friend's responses to their sadness. Results revealed that reactions to children's sadness made unique contributions to children's ability to manage sadness and were further related to children's depressive symptoms. Mothers' reactions appeared to be directly associated with children's depressive symptoms, and best-friend reactions were indirectly associated with depressive symptoms through emotion management. These results highlight the value of examining multiple emotion socialization agents in children's lives.

Children must learn to manage emotions in ways that respond to social demands present in different settings and with different people. Not surprisingly, parents are important emotion socialization agents (Halberstadt, 1991). As the earliest and, arguably, primary socialization

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agents of children, parents are presumed to play a major role in children's construction and management of emotions. However, it is certainly the case that other socialization agents are likely involved. As children reach school age, they spend less social time with parents and an increasing amount of time with peers. For a review, see Rubin, Bukowsky, and Parker (2006), who indeed note that concerns related to one's functioning within the peer group become particularly salient to children as they approach middle childhood. Thus, it is reasonable to assume that, with development, peers become increasingly important for emotion socialization (e.g., Denham, Bassett, & Wyatt, 2007; Klimes-Dougan & Zeman, 2007).

Research on peer emotion socialization is limited. It has been recognized that children's best friends likely contribute to emotion socialization. However, it is unclear to what extent friends' emotion socialization practices contribute to children's emotion management, particularly when simultaneously considering parent socialization practices and how these factors are similarly and differentially related to depressive symptoms. The primary aim of the present research was to concurrently examine children's best friends' and parents' contributions to the management of sadness and how these processes relate to depressive symptoms during middle childhood. Although depressive symptoms during middle childhood are infrequent (e.g., see Garber & Horowitz, 2002), childhood depression has been linked to maladjustment concurrently and throughout adolescence, suggesting the need to understand early correlates of depressive symptoms (Dekker et al., 2007).

### *Emotion Management*

Children's ability to manage emotions is central to adaptive functioning (Zeman, Shipman, & Penza-Clyve, 2001), social competence (Eisenberg et al., 1995; Hubbard & Coie, 1994), and academic competence (Greenberg, Kusche, Cook, & Quamma, 1995). Research has revealed a variety of ways in which children manage emotional experiences and, of these, three styles of sadness management have received notable attention: sadness regulated coping, sadness dysregulation, and sadness inhibition (Penza-Clyve & Zeman, 2002; Shipman, Edwards, Brown, Swisher, & Jennings, 2005; Suveg & Zeman, 2004; Zeman et al., 2001).

*Emotion-regulated coping* is an adaptive way of dealing with emotions and refers to the ability to manage emotional experiences with respect to length and intensity (Thompson & Calkins, 1996; Zeman et al., 2001). In general, children who can appropriately manage their emotions are less

likely to experience internalizing difficulties such as depressive symptoms (Zeman et al., 2001). Dysregulation (underregulated expression) of sadness and inhibition (hiding the expression) of sadness are typically characterized as less adaptive management tendencies. Research suggests that boys are more likely than girls to withhold or not express their feelings of sadness, whereas girls are more likely to report feeling worse if they do not express their negative emotions (Zeman & Shipman, 1997). Both dysregulation of sadness and sadness inhibition have been linked to intra-personal and interpersonal difficulties, including depressive symptoms (McLaughlin, Hatzenbuehler, & Hilt, 2009; McLaughlin, Hatzenbuehler, Mennin, & Nolen-Hoeksema, 2011; Suveg & Zeman, 2004; Zeman, Shipman, & Suveg, 2002). This research underscores the importance of understanding how children learn to manage feelings of sadness. As noted, much of the research to date on sadness socialization has focused on how parents socialize children's expression of sadness.

### *Parents as Primary Emotion Socialization Agents*

Parents, specifically mothers, are generally believed to be the primary socialization agents of emotions for children. This tenet has been considered in terms of (a) how parents express their own emotions, (b) discussions of emotions that parents have with their children, and (c) parents' reactions or responses to children's emotions (Eisenberg, Cumberland, & Spinrad, 1998). Reactions to children's expression of sadness are the focus of the present research. Parents can react to children's emotional expression in a variety of ways that include (a) supporting a child's emotional experience, which is characterized by providing comfort to the child and helping the child solve the problem producing the negative emotion (e.g., anger, sadness; Eisenberg et al., 1998; O'Neal & Magai, 2005), (b) becoming upset themselves and expressing the same emotion to the same degree or greater intensity (O'Neal & Magai, 2005), or (c) discouraging the child from expressing the emotion either by mocking the child's emotion or showing disapproval of the expression of an emotion (Eisenberg et al., 1998; O'Neal & Magai, 2005).

The relations of gender and age to parent responses to children's emotions have been the focus of some research in this area. Results in this regard are mixed. Some research suggests that parents respond differently to boys' than to girls' expression of sadness, with parents more likely to encourage girls to express their feelings of sadness (Cassano, Perry-Parrish, & Zeman, 2007). Other research has documented no differences related to gender (Jones, Eisenberg, Fabes, & MacKinnon, 2002; Klimes-Dougan

et al., 2007). For example, in one study examining children in Grades 2–5, neither the child's age nor gender predicted parent supportive response (Cassano, Zeman, & Sanders, 2014).

Mixed findings also emerged for children's age. As noted, age was not associated with parents' supportive responses to children's negative emotions (Cassano et al., 2014). However, in a study examining children in Grades 1–5, younger children were more likely to anticipate supportive responses from parents in reaction to the expression of sadness (Shipman, Zeman, Nesin, & Fitzgerald, 2003). Other research, however, suggests a curvilinear relation between age and anticipated supportive reactions from parents, with fifth and 11th graders more likely to report anticipating supportive responses from parents than do eighth graders (Zeman & Shipman, 1997). Given the mixed findings, more research is needed to understand the complex interplay of age and gender and how this interplay relates to emotions socialization.

Parents' responses to children's emotions have been found to be associated with children's management of emotions. Parents' supportive responses convey to children that emotions are manageable and also provide children with tools to learn emotion management. Supportive responses have been shown to relate positively to children's emotion-regulated coping (Gottman, Katz, & Hooven, 1997) and to children's ability to generate effective coping strategies during stressful situations (Hardy, Thomas, & Power 1993). Conversely, Denham and colleagues (2007) noted that parents who actively discourage or become upset by their children's emotion may leave them ill-equipped to manage their emotion effectively. Indeed, young adults were more likely to engage in dysregulated coping strategies if they believed their parents became upset by their negative emotions (Buckholdt, Parra, & Jobe-Shields, 2010a) or actively discouraged the expression of a negative emotion (Buckholdt, Parra, Jobe-Shields, 2010b).

Parents' responses to children's expression of negative emotions are also associated with children's internalizing problems. Although the literature has not provided a clear link between parental supportive strategies in response to children's sadness and how this affects depressive symptoms, parents' socialization of sadness has been hypothesized to impact children's development of depression through children's development of emotion competence. Supportive reactions are thought to facilitate emotion-regulated coping, which in turn reduces symptoms of depression. In contrast, discouraging reactions hinder the development of adaptive emotion coping, and, as a result, poor sadness coping is expected to lead to depression. Moreover, children's excessive, dysregulated

sadness is described as leading to depression, with depression described as a sadness-specific pathology (Malatesta & Wilson, 1988). Empirical research also suggests a possible relation. Parents' supportive responses appeared to differentiate those young adolescents who experienced high levels of internalizing difficulties from those who experienced lower levels of these same problems (Klimes-Dougan et al., 2007). In contrast, young adolescents who believed their parents became upset by the adolescents' expression of negative emotions were more likely to endorse depressive symptoms than were those young adolescents who believed their parents engaged in supportive practices (Klimes-Dougan et al., 2007; O'Neal & Magai, 2005).

Research has also highlighted the complex interplay among parental emotion socialization strategies, emotion management, and psychosocial outcomes. In a sample of second-grade through fifth-grade children, higher levels of parent nonsupportive strategies increased the negative relation between coping of sadness and depressive symptoms (Sanders, Zeman, Poon, & Miller, 2013). Other research has shown that emotion management serves as an important mediator between parental response practices and negative psychosocial outcomes (Buckholdt et al., 2010a, 2010b; Eisenberg et al., 2001). However, research in this area is limited, and more research is needed to better understand the complex relation among emotion socialization, emotion management, and depressive symptoms.

### *Peers as Emotion Socialization Agents*

Children's friends may be especially relevant for the process of emotion socialization (e.g., Denham et al., 2007; Klimes-Dougan & Zeman, 2007). Indeed, recent research has documented that adolescents' perceptions of how their best friends respond to their negative emotions were related to adjustment difficulties. Using a scale that mirrors previously identified response patterns of parents (i.e., supportive and nonsupportive reactions), youths were asked to indicate how their best friend responded to their expression of sadness and anger, with girls reporting that they were more likely to receive supportive responses from their best friend than were boys (Klimes-Dougan et al., 2013). This is similar to youth reports of parent responses to the youth's negative emotions (e.g., Cassano et al., 2007). It is important to examine whether these patterns are evident at earlier developmental periods.

Research has documented that children's understanding and reactions to peers' emotions are evident early and relationship dependent. For example, research examining young children (ages 36–56 months) found

that responses to a peer's distress and type of relationship (e.g., friend or neutral peer) predicted whether a young child would respond prosocially (i.e., with comforting responses) versus watching, ignoring, or teasing (Farver & Branstetter, 1994). By middle childhood, children are cognitively well equipped to identify primary emotions in others, as well as identify the causes of the emotion (Hoffner & Badzinski, 1989). These abilities may help children discern whether to help a distressed peer and to help in a way that seems appropriate, given the antecedent(s) to the emotion. However, emotion socialization within the peer context during this time frame is understudied.

Children's emotion management strategies appear to be related to peer responses to children's display of emotions, as well as children's anticipated beliefs about how peers would respond to displays of sadness. Denham and colleagues (2007) suggest that, within the context of friendship, supportive responses may be particularly prominent for children. In fact, children in the fifth grade reported they would respond by using more supportive response strategies (e.g., helping) than by blaming or avoiding their friend in reaction to a hypothetical vignette in which a friend was faced with a distressing situation in the classroom (Rose & Asher, 2004). Indeed, during middle childhood, children are equally likely to anticipate supportive responses from their best friend as they are from parents (Shipman et al., 2003), with girls anticipating more supportive responses than boys (Zeman & Shipman, 1997). Further, adolescents reported receiving more supportive (e.g., providing problem-focused help by asking what's wrong) than nonsupportive responses (e.g., dismissing the emotion, teasing) from their best friends in response to their negative emotions (Klimes-Dougan et al., 2013).

Similar to the aforementioned research with parents, supportive peer relations seem to be important with respect to healthy social and emotional development. Children who believed they had an emotionally supportive best friend (e.g., perceptions of being able to communicate their feelings, perceptions of concern for their emotional well-being, and perceptions of feeling understood) had higher social competence scores than those children who did not believe they received emotional support from their best friend (Booth, Rubin, & Rose-Krasnor, 1998). Further, children's perceptions of supportive friendships are linked to the development and maintenance of depressive symptoms and emotion dysregulation. Hirsch and DuBois (1992) found that youth transitioning from elementary to middle school were less likely to report depressive symptoms if they had a supportive peer network than if they did not have one. Indeed, nonsupportive peer relations have been shown to foster dysregulated strategies

for dealing with negative emotions (Adrian, Zeman, Erdley, Lisa, & Sim, 2011).

Children's emotion management is related also to their beliefs of how friends and peers will respond to their emotional displays. Children in Grades 1–3 reported that their manipulation of emotion expression was based on the presence of peers and reported masking their expression for fear of “negative interpersonal consequences” (Zeman & Garber, 1996, p. 965). These beliefs appear to be consistent from middle childhood through adolescence (Zeman & Shipman, 1997), perhaps suggesting that emotional disclosure starts during middle childhood.

To extend prior research, there is a need to better understand the likely complex relations among best friends' reactions to emotions, children's emotion management, and internalizing outcomes during middle childhood in normative populations. Further, research has documented that multiple contexts (particularly those from parents and peers) influence and shape children's emotion management (e.g., Zeman & Garber, 1996; Zeman & Shipman, 1997). In the small literature that has considered peer emotion socialization, the role of parental reactions has not been examined concurrently with peer reactions. Specifically, after considering parental reactions to children's emotions, can best-friend reactions contribute meaningfully to children's emotion management? If children's best friends can contribute meaningfully after considering parent responses, in what way do they contribute? The existing literature in this area seems to suggest that supportive responses from best friends may be the most salient response in terms of emotion socialization (e.g., Booth et al., 1998; Hirsch & DuBois, 1992; Rose & Asher, 2004), particularly in the context of less than optimal parenting responses.

### *The Present Research*

Using a similar methodology as Klimes-Dougan and colleagues (2013), the present research extended prior research by (a) examining the links between perceptions of best-friend and maternal reactions to children's sadness and children's emotion management and depressive symptoms, (b) examining children's emotion management as an indirect link between perceptions of reactions to sadness from mothers and best friends and children's depressive symptoms, and (c) evaluating the unique contribution of perceptions of mother and of peer friend reactions through a series of model comparisons.

Structural equation modeling was used to examine the complex interplay of how mothers and best friends contribute to the socialization of sadness. Specifically, the model examined children's perceptions of how best



friends' and mothers' reactions to children's expression of sadness and how these perceptions were related to sadness management and depressive symptoms. Next, sadness management was examined as a possible mechanism through which emotion socialization was linked to depressive symptoms. Finally, analyses were performed to compare the relative strengths of best-friend responses to sadness and maternal responses to sadness in terms of their association with children's emotion management tendencies and depressive symptoms. Given the pervasive, albeit inconsistent, literature on gender and age differences (e.g., Cassano et al., 2007; Chaplin, Cole, & Zahn-Waxler, 2005; Klimes-Dougan et al., 2007; McRae, Ochsner, Mauss, Gabrieli, & Gross, 2008; Zahn-Waxler, Shirtcliff, & Marceau, 2008) with respect to emotion socialization, emotion management, and depressive symptoms, these variables were also considered in the analyses.

Consistent with previous research examining parent and peer responses to children's negative emotions separately (e.g., Buckholdt et al., 2010a, 2010b; Gottman et al., 1997; Klimes-Dougan et al., 2013), we hypothesize that concurrent examination of perceptions of mother and best-friend supportive and nonsupportive responses would be directly related to children's depressive symptoms and indirectly related to children's depressive symptoms through emotion management. In addition, perceptions of maternal and best-friend responses would be related to children's emotion management strategies, whereas perceptions of supportive responses from best friends would be more strongly associated with emotion management than nonsupportive responses from best friends when compared to parent responses (Denham et al., 2007).

## Method

### *Participants*

Data were collected as a part of two separate longitudinal studies, although the data presented in the present research were cross-sectional. Participants in the final sample for the present study included 125 third- through fifth-grade children (girls = 53%; third grade = 41%, fourth grade = 26%, and fifth grade = 33%; Caucasian = 60.8%, African American = 28%, other ethnicities = 10.4%, and 0.8% of unknown ethnicity) from regular classrooms of typically developing children. Removed from final analyses were 65 participants who did not consent to participate in both studies. Analyses revealed that the excluded participants did not significantly differ from other participants on completed measures. A chi-square test for independence was used to ensure that similar proportions of girls and boys were

represented in each grade. The results suggested nonsignificant differences between grades,  $\chi^2(2, N = 125) = 1.801, p = .41$ .

### *Measures*

Questionnaires were administered to assess children's perceptions of how their primary caregiver and how their best friend responded to their emotional expressions of sadness. Questionnaires were also used to assess children's perceptions of their emotion management and depressive symptoms.

*Mother responses to sadness.* The Emotions as a Child Scales, Version 2 (EAC-II; O'Neal & Magai, 2005), sadness subscale is a 15-item measure that assesses children's perceptions of primary caregivers' responses to children's sadness. All primary caregivers were identified as mothers in the current sample. As a result, in the current sample, children were responding based on their perceptions of how their mother responded to their feelings of sadness. Children reported how often their mother responded in particular ways to their sadness on a 5-point scale: 1 = *never*, 2 = *not very often*, 3 = *sometimes*, 4 = *often*, and 5 = *very often*. Five subscales are derived from this measure: Support, Distract, Magnify, Discourage, and Neglect. For each subscale, modest to high alpha values have been reported (Klimes-Dougan et al., 2007; O'Neal & Magai, 2005). For the current sample, the alphas were generally satisfactory: Support,  $\alpha = .73$ ; Distract,  $\alpha = .69$ ; Magnify,  $\alpha = .72$ ; Neglect,  $\alpha = .70$ ; and Discourage,  $\alpha = .51$ .

*Peer responses to emotions.* Although a previously established measure exists to assess children's perceptions of how their best friend responds to their emotions (Klimes-Dougan et al., 2013), this measure was not available when data were being collected for the present study. As a result, the EAC-II was adapted to gauge children's perceptions of how their best friend responded to their expression of sadness. The questions were adjusted slightly so that children answered based on how their best friend in the classroom responded to their sadness. Immediately prior to the completion of this assessment, children were asked to identify their friends in the class and then were asked to indicate their best friend in the class. Children were then asked to respond to the adapted EAC-II by answering how often they believed their best friend engaged in a particular behavior: 1 = *never*, 2 = *not very often*, 3 = *often*, and 4 = *very often*. All children identified a best friend in the class. An exploratory factor analysis revealed the presence of three factors: Support, Magnify, and Discourage. For the current sample the internal reliability was acceptable: Support,  $\alpha = .93$ ; Magnify,  $\alpha = .85$ ; and Discourage,  $\alpha = .70$ .

*Sadness dysregulation, inhibition, and regulation.* Children's Sadness Management Scale (CSMS; Zeman et al., 2001) is a 12-item scale and was used as a measure of children's reports of sadness inhibition, dysregulation, and regulated coping. Inhibition was assessed by asking children to indicate how frequently they "hid" or "held in" feelings of sadness. *Dysregulation* refers to an exaggerated display of emotions and was examined by asking children how often they "fuss" or "carry on" when feeling sad. Regulated coping was assessed by asking children to indicate how often they "control" or "deal with" feelings of sadness. Participants responded on a 3-point scale: 1 = *hardly ever*, 2 = *sometimes*, and 3 = *often*. Internally consistencies were as follows: Inhibition,  $\alpha = .75$ ; Dysregulation,  $\alpha = .60$ ; and Emotion-Regulated Coping,  $\alpha = .72$ .

*Center for Epidemiological Studies Depression Scale for Children (CES-DC; Faulstich, Carey, Ruggiero, Enyart, & Gresham, 1986; Weissman, Orvaschel, & Padian, 1980).* This 20-item self-report depression inventory, which measures frequency of depressive symptomatology, was used to assess children's recent (in the past week) feelings and behaviors. Children were asked to indicate the frequency of these feelings and behaviors on a 4-point scale: 0 = *not at all*, 1 = *a little*, 2 = *some*, and 3 = *a lot*. Consistent with previous research on nonreferred samples (Carey, Faulstich, Gresham, Ruggiero, & Enyart, 1987), the CES-DC results exhibited an acceptable level of internal reliability ( $\alpha = .84$ ) in the present study. Scores on this measure range from 0 to 60, with a score of 15 suggesting the need for follow-up for depressive symptoms (Weissman et al., 1980). In the current sample, the mean was slightly above the recommended cut score ( $M = 17.70$ ,  $SD = 9.73$ ; 54.4% of the girls and 43.1% of the boys met criteria for the need for follow-up), suggesting that depressive symptoms are evident in the current sample.

### *Procedures*

Data for this study came from two longitudinal projects, one examining peer group functioning and the other examining parental emotion socialization. Permission for all data collection was obtained from the university institutional review board (IRB), and all data collection procedures were compliant with IRB provisions and standards. In compliance with IRB standards, prior to the combining of data across projects, all information was recorded such that subjects could not be specifically or individually identified.

Data were collected in group sessions during the fall (November) and spring (March) of the academic year in four 1-hour sessions per classroom. The adapted EAC-II, in which children reported on their best friend's

response to their expression of sadness, was administered in the fall. The EAC-II (parent version), CES-DC, and CSMS were administered in the spring. Parental consent and child assent were obtained prior to the collection of data. Confidentiality was explained to the participants before the beginning of each session, and respect of privacy for other participants in the study was stressed. Children were also informed that they did not have to participate and had the right to discontinue at any time. To ensure compliance with protocol and to help with questions, trained psychology graduate students monitored the participants during the study.

## Results

### *Preliminary Analyses*

Data were screened following procedures outlined by Tabachnick and Fidell (2001). There were no notable deviations from normality, so transformations of the variables were not deemed necessary. Multivariate outliers were assessed based on Mahalanobis Distance critical chi-square value (52.62) at  $p < .001$ . No cases scored a value above the critical Mahalanobis Distance value ( $>27.88$ ).

Zero-order correlations among variables and descriptive statistics are presented in Table 1. These correlations are similar to values obtained in previous samples (Klimes-Dougan et al., 2007, 2013; McLaughlin et al., 2011; O'Neal & Magai, 2005; Zeman et al., 2001).

A multivariate analysis of variance (MANOVA) was performed with perceptions of parent and best-friend response to sadness, sadness management, and depressive symptom variables entered as the dependent variable. Independent variables were race, grade, gender, and the interactions between the variables. As described in the next paragraph, grade and gender had statistically significant main effects: grade, Wilk's  $\lambda = .65$ ,  $p < .01$ ; and gender, Wilk's  $\lambda = .74$ ,  $p < .01$ . Race and the interactions among the variables did not prove to be statistically significant predictors of perceptions of mother responses to children's expression of sadness, perceptions of best-friend responses to children's expression of sadness, emotion management, and depressive symptoms.

Post hoc analyses using the least significant difference (LSD) was used to examine differences between grade and gender on perceptions of mother responses to children's expression of sadness, perceptions of best-friend responses to children's expression of sadness, emotion management, and depressive symptoms. Mother supportive responses significantly differed by grade,  $F(2, 123) = 3.42$ ,  $p < .05$ , with fifth graders reporting higher parent supportive response scores ( $M = 3.85$ ,  $SD = 1.02$ ) than third graders ( $M = 3.36$ ,  $SD = 1.16$ ). Fourth graders did not significantly differ from

Table 1. Correlations among study variables (N = 125)

	1	2	3	4	5	6	7	8	9	10	11	12	13
1 Depressive symptoms	—												
2 Coping	-.17 <sup>†</sup>	—											
3 Inhibition	.06	.39***	—										
4 Dysregulation	.31**	-.22*	-.08	—									
5 M support	-.18*	.28**	.03	.00	—								
6 M distract	-.11	.25**	-.05	.03	.68***	—							
7 M magnify	.20*	-.04	.09	-.05	.17	.15	—						
8 M discourage	.35***	.06	.14	.19*	.15	.23**	.34***	—					
9 M neglect	.30**	-.23*	.06	-.04	-.74***	-.61***	-.10	-.05	—				
10 BF support	-.17 <sup>†</sup>	.31**	.03	-.23*	.38***	.42***	.13	.11	-.31**	—			
11 BF magnify	.03	-.04	.00	.06	.10	.05	.26**	.06	-.08	.31**	—		
12 BF discourage	.11	.03	.04	.13	.15	.17	.24**	.21*	.03	.26**	.47***	—	
13 Gender	.16 <sup>†</sup>	.05	-.08	.22*	.21*	.27**	-.03	.18*	-.04	.18*	.03	-.07	—
N = 125 M	17.70	2.07	1.92	1.54	3.57	2.86	1.45	2.05	2.31	2.53	1.46	1.52	1.53
SD	9.73	.50	.56	.49	1.14	1.02	.65	.88	.98	.94	.66	.56	.50

Note. M = Mother; BF = Best Friend; Gender, 0 = Male, 1 = Female.  
<sup>†</sup>  $p < .10$ .  
\*  $p < .05$ .  
\*\*  $p < .01$ .  
\*\*\*  $p < .001$ .

third or fifth graders. Mother magnifying responses significantly differed by grade, as well,  $F(2, 123) = 4.71, p < .05$ , with fourth graders reporting higher mother magnifying response scores ( $M = 1.62, SD = .91$ ) than fifth graders ( $M = 1.28, SD = .43$ ). Third graders did not significantly differ from fourth or fifth graders on perceptions of magnifying response by mothers. Sadness regulated coping significantly differed by grade,  $F(2, 123) = 7.79, p < .01$ , with fifth graders reporting higher regulating coping scores ( $M = 2.30, SD = .37$ ) than third graders ( $M = 1.91, SD = .50$ ). Again, fourth graders did not significantly differ from third or fifth graders on scores of regulated coping. Finally, sadness inhibition significantly differed by grade,  $F(2, 123) = 3.48, p < .05$ , with fifth graders reporting higher inhibition scores ( $M = 2.11, SD = .43$ ) than third graders ( $M = 1.80, SD = .59$ ), and with fourth graders not significantly differing from either group.

Mother supportive responses significantly differed by gender,  $F(1, 124) = 6.72, p < .05$ , with boys reporting lower mother supportive response scores ( $M = 3.31, SD = 1.25$ ) than girls ( $M = 3.81, SD = .97$ ). Mother distracting responses significantly differed by gender,  $F(1, 124) = 7.34, p < .01$ , with boys reporting lower mother distracting response scores ( $M = 2.26, SD = 1.04$ ) than girls ( $M = 3.13, SD = .93$ ). Sadness dysregulation scores also differed by gender,  $F(1, 124) = 5.58, p < .01$ , with boys reporting lower dysregulation scores ( $M = 1.43, SD = .52$ ) than girls ( $M = 1.64, SD = .44$ ).

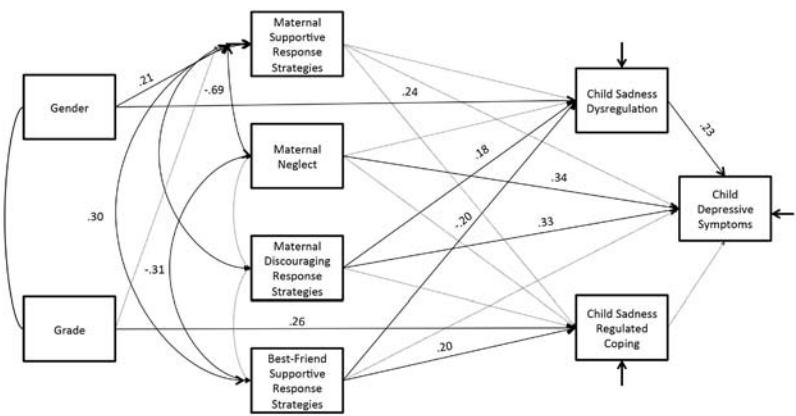
### *Primary Analyses*

Structural equation modeling was used to examine the unique contribution of both mothers' and best friends' reactions to children's expression of sadness and how perceptions of these responses relate children's sadness management and depressive symptoms.

Because perception of best-friend supportive response to sadness was the only response style related to depressive symptoms and children's emotion management style (see Table 1), only best-friend supportive responses (and not magnification or discouraging responses) were considered in the final analyses. Mother supportive responses, discouraging responses, and neglect were considered in the analyses because each was associated with depressive symptoms and at least one emotion management variable. The decision to not include nonsupportive responses from peers, magnifying and overriding responses from mothers, and sadness inhibition was because of their lack of significant relation with at least one emotion management strategy and/or depressive symptoms at the bivariate level. These variables would not statistically add to the overall model (given their lack of relation

at the bivariate level), and this also allowed for the most parsimonious model to be tested.

The structural equation model was tested by using full information maximum likelihood estimation with *Mplus* Version 3 (Muthén & Muthén, 1998–2006). In the model (Figure 1), perceptions of best-friend supportive response strategies and mother supportive, neglect, and discouraging strategies were modeled to predict regulated coping of sadness, dysregulation of sadness, and depressive symptoms. Examination of parameter estimates indicated that the estimate for the relation between dysregulation of sadness and best-friend support was larger than the correlation ( $\beta = -.31, r = -.23$ ), which may suggest suppression. To address this issue, we estimated the model again and fixed the relation between the variables to its covariance ( $-.10$ ). Sadness regulated coping and dysregulation were specified with direct paths to depressive symptoms. Gender was specified with direct paths to sadness dysregulation and mother supportive responses in order to control for gender effects



**Figure 1.** Structural equation modeling, using full information maximum likelihood estimation, was used to examine relations between best-friend and mother responses to sadness management (child sadness dysregulation and child sadness regulated coping) and depressive symptoms with significant ( $p < .05$ ) standardized path coefficients displayed only. To control for gender and grade, paths from gender to mother supportive responses and child sadness dysregulation, as well as paths from grade to parent supportive strategies and child regulated coping, were also estimated. As a result, mother supportive response strategies are endogenous variables, whereas parent nonresponse strategies, mother discouraging response strategies, and best-friend response strategies are exogenous variables.  $N = 125$ .

on these variables. Grade was specified with a path to mother supportive responses and sadness regulated coping in order to control for the effects associated with grade. Finally, best-friend supportive responses strategies and mother supportive, neglect, and discouraging strategies were specified to covary in the final model to control for the effects of shared construct variance.

*Model 1 results.* The overall findings of the model (Figure 1) showed a good fit to the data:  $\chi^2(6, N = 125) = 11.41, p > .05$ , comparative fit index (CFI) = 0.97, root mean square error of approximation (RMSEA) = .08, and standardized root mean square residual (SRMSR) = 0.04. In terms of direct effects, the results showed that gender was significantly related to mother supportive responses ( $\beta = .21, p < .05$ ), with girls more likely to endorse supportive responses from mothers. Gender was also significantly associated with dysregulation of sadness ( $\beta = .24, p < .05$ ), again with girls more likely to endorse sadness dysregulation strategies. Grade was significantly and positively associated with sadness regulated coping ( $\beta = .26, p < .05$ ) but no longer associated with mother supportive responses ( $\beta = .17, ns$ ).

Although regulated coping of sadness was significantly and negatively associated with depressive symptoms at the bivariate level, sadness regulated coping was not a significant predictor of depressive symptoms in the final model ( $\beta = -.06$ ). Dysregulated coping of sadness, however, significantly predicted depressive symptoms ( $\beta = .23, p < .05$ ). Perceptions of mother neglecting strategies ( $\beta = .34, p < .05$ ) and discouraging strategies ( $\beta = .33, p < .05$ ) were significantly associated with depressive-symptoms scores. Perceptions of mother supportive responses and best-friend supportive responses to children's expression of sadness did not significantly predict children's depressive symptoms: mother supportive response  $\beta = -.05$ ; and best-friend supportive responses,  $\beta = .05$ .

Noteworthy findings emerged regarding the direct paths of perceptions of mother and best-friend responses to emotion management scores. Perceptions of best-friend supportive responses were significantly associated with children's regulated coping of sadness scores ( $\beta = .20, p < .05$ ) and dysregulation scores ( $\beta = -.20, p < .05$ ). Perceptions of mother discouraging responses were also significantly associated with dysregulation of sadness scores ( $\beta = .18, p < .05$ ) but were not significantly associated with sadness regulated coping scores ( $\beta = -.04, ns$ ). Perceptions of mother neglecting strategies were not significantly associated with regulated coping of sadness ( $\beta = -.01$ ) or dysregulation of sadness ( $\beta = .17$ ). Perceptions of mother supportive responses were not significantly associated with sadness regulated coping scores ( $\beta = .15$ ) or dysregulation of sadness scores ( $\beta = -.13$ ).



Regarding indirect paths from perceptions of best-friend and mother response practices to depressive-symptoms scores through sadness regulated coping and sadness dysregulation were tested. The results revealed a significant indirect path from perceptions of best-friend supportive response to depressive symptoms through sadness dysregulation (indirect effect =  $-.05$ ,  $p < .05$ ). No other indirect effects were found.

A final set of analyses were performed to determine whether perceptions of best-friend supportive responses to children's sadness served as a better predictor of sadness dysregulation, sadness coping, and depressive symptoms than did perceptions of mother supportive, neglect, and discouraging responses. In each model, the path from one type of maternal response (i.e., supportive, discouraging, or neglect) and best-friend responses were modeled to be equal separately for sadness dysregulation, sadness coping, and depressive symptoms. When the paths between perceptions of best-friend supportive responses to sadness regulated coping and mother discouraging responses to sadness regulated coping were set to be equal, the overall model proved not to fit the data well,  $\chi^2(7, N = 125) = 15.20$ ,  $p < .05$ , CFI = 0.89, RMSEA = .10, SRMSR = .05, and to be a significantly weaker fit of the data than the original model,  $\chi^2_{\text{diff}}(1, N = 125) = 3.8$ ,  $p < .05$ . This suggests that perceptions of best-friend supportive responses served as a better predictor of sadness regulated coping than did mother discouraging response strategies. All other model comparisons proved to not significantly change the overall fit of the data.

In sum, the results from the present research suggest that, even when considerations were made for perceptions of mother supportive, neglect, and discouraging strategies, perceptions of best-friend supportive responses were (a) positively associated with sadness regulated coping, (b) negatively predictive of sadness dysregulation, (c) a better predictor of sadness coping than were mother discouraging response strategies, and (d) indirectly associated with depressive symptoms.

## Discussion

Children's management of emotions in general and, for the present research, sadness in particular, is undeniably critical to children's social and emotional well-being. Multiple socialization agents are involved in acquiring emotion management skills. Although past research has focused nearly exclusively on the role of parent socialization practices of children's sadness, researchers have acknowledged the need to consider other agents of emotion socialization (e.g., Denham et al., 2007; Klimes-Dougan et al., 2013). The present research was designed to examine children's best friends as emotion socialization agents. Children's perceptions of their

mothers' and best friends' responses to their expression of sadness were examined as each relates to children's sadness management and depressive symptoms. The present results indicated that mothers and best friends made unique contributions to children's sadness management and were differentially associated with children's emotional well-being.

Perceptions of both mother and best-friend reactions to children's expression of sadness were linked to children's depressive symptomology in the present research. The link between mother and best-friend responses to depressive symptomology, however, emerged through different means. Perceptions of mothers' nonsupportive strategies (i.e., discouraging and neglecting strategies) to sadness were directly and positively associated with children's depressive symptoms, whereas perceptions of best friends' supportive strategies influenced depressive symptoms through sadness dysregulation. Although best friends' and mothers' nonsupportive responses were defined by the same behaviors, perceptions of nonsupportive strategies from best friends did not have the same association with children's sadness management and depressive symptoms as perceptions of nonsupportive strategies from mothers in the present study and in prior research (Klimes-Dougan et al., 2007; O'Neal & Magai, 2005). This is counter to previous work on adolescent emotion socialization practices (Klimes-Dougan et al., 2013), perhaps suggesting nonsupportive strategies are more age-appropriate during middle childhood and less likely to predict variation in adjustment. Consistent with prior research (Klimes-Dougan et al., 2007; O'Neal & Magai, 2005), these findings emphasize the salience of nonsupportive responses from mothers and children's depressive symptoms.

Supportive responses from peers appear to have direct implications for children's management of sadness. In the present study, perceptions of best-friend supportive strategies (but not perceptions of mother's supportive strategies) were significantly associated with sadness regulated coping and negatively associated with sadness dysregulation. Further, perceptions of best-friend supportive reactions to sadness served as a better indicator, statistically, of children's appropriate coping with sadness than did maternal discouraging responses to sadness. Although not tested in the present study, these findings may suggest a compensatory role by best friends. Previous research has documented the buffering role that children's friendships play in the presence of less than optimal parenting practices (e.g., Bukowski, Motzoi, & Meyer, 2009); thus, examining the buffering effect of peers might be a worthwhile avenue to explore in future research.

Children's perceptions of best-friend supportive response practices also played an important role in children's depressive symptoms indirectly through dysregulation of sadness. Previous research has documented

the link between supportive peer relations and depressive symptoms (Hirsch & DuBois, 1992; Young, Berenson, Cohen, & Garcia, 2005); however, emotion management has not been considered previously as a mechanism of action in this relation. The current findings identify a possible new avenue for examining the development of depressive symptoms during middle childhood. Children with friends who respond supportively to their sadness may learn different strategies for coping with their sadness than the strategies they learn from mothers. Strategies learned through peer experiences may thus reduce the development of depressive symptoms, an important possibility to consider in future research.

It is interesting to note that inhibition of sadness was not associated with parent or best-friend responses to children's sadness. It also was not related to depressive symptoms. One possible explanation for these findings and the mixed results related to emotion inhibition in the literature (Joormann & Gotlib, 2010; Zeman, Shipman, & Suveg, 2002) is the broad way that inhibition has been studied. Emotion inhibition is often conceptualized as holding in or not expressing emotional experiences (Zeman et al., 2001). The inhibition of emotions may be maladaptive only when children put forth substantial cognitive resources to modulate the expression of emotions. Children whose parents and/or friends discourage the expression of emotions may invest cognitive resources toward the inhibition of emotional expression. Children who allocate resources toward inhibiting emotions, in turn, may be at risk for experiencing heightened levels of depressive symptoms. Additional research is needed to investigate whether a more narrow view of emotion inhibition can potentially clarify the relations of emotion inhibition with emotion socialization processes and psychological outcomes.

### *Limitations/Future Directions*

Several limitations and directions for future research can be noted. The cross-sectional design of the study limits our understanding of how emotion socialization processes and emotion management function over time as they relate to adaptive and maladaptive outcomes. Longitudinal research could potentially disentangle the relation between best-friend supportive strategies and emotion management over time. Perhaps children who are effectively regulating their sadness are more likely to elicit supportive responses from their best friend.

The use of a single informant is a limitation in the present research because it creates shared informant bias and could conflate the findings in the present study. Prior research has indicated the importance of gauging children's perceptions of others' responses to their emotions because these

experiences are subjective and serve to create internal representations that elicit specific behaviors from the child (Liem, Cavell, & Lustig, 2010; Williams, Ciarrochi, & Heaven, 2012). Future research should consider multiple informants and additional methodologies (e.g., observational). Further, children were limited to answering questions about their classroom best friend. Of course, children establish friendships, even close friendships, with other children not in their classroom. Allowing children to respond about their best friend as well as other friendship relationships would provide an important framework for understanding the emotion socialization influences of peers. Not assessing children's perceptions of how fathers respond to their expression of sadness was also a limitation in the present study. Increasingly, literature has highlighted the important, unique role fathers contribute to the development of adaptive and maladaptive outcomes (Kane & Garber, 2004). This could not be examined in the present study.

### *Conclusion*

The present research contributes to the understanding of children's emotion socialization in three important ways. First, this study extends the emotion socialization literature by documenting another emotion socialization agent: children's best friends. Second, the present research showed how best friends and mothers may contribute to children's overall emotional well-being. Third, the present research considered indirect processes that contribute to depressive symptoms, noting that dysregulation of sadness may serve as an important mediator between peer support and depressive symptoms.

In sum, children must manage emotions in different settings, in different social contexts, and with different individuals. The individuals within the different settings and different social contexts are not simply the audience for emotional displays; they also serve as agents of socialization. The present research highlights the importance of children's best friends as contributors to children's emotional development—specifically sadness—and continues the task of evaluating the role of multiple emotion socialization agents.

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