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An Evaluation of the Impact of Parental Emotion Regulation on Parent-Adolescent Relationship Quality

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AN EVALUATION OF THE IMPACT OF PARENTAL EMOTION REGULATION ON
PARENT-ADOLESCENT RELATIONSHIP QUALITY

by

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B.A., University of Missouri-St. Louis, 2017

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the
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HEADING 1

PARENT-ADOLESCENT RELATIONSHIP QUALITY

The lifespan of an individual is marked by many changes, but none of these may be as momentous as the time of adolescence. Adolescence is the inimitable finale of childhood, characterized by tremendous changes in psychosocial and physical functioning. This developmental stage allows pubertal and hormonal changes, increased cognitive functioning and reasoning, and strengthened social and emotional experiences (Holmbeck, 1996). This period of time in an individual's life is, therefore, a critical part of development. Adolescence is the final transition in which autonomy and individual identity are expected to increase before adulthood (Steinberg & Morris, 2001). Although adolescents begin to experience more independence, the parent-child relationship remains very important. This dyad's relationship can positively influence the adolescent's developmental outcomes when the quality is high, and it may also be a risk factor when the quality is poor. This time period is also unique in that it is characterized by puberty and increased levels of conflict with parents. While parent-adolescent relationship quality is not defined by these aspects, the constructs can influence each other and play a part in the development of the other. Parental emotion regulation has also been found to influence levels of conflict, communication, and perception of the relationship, which in turn may affect the relationship quality at this crucial transitional time.

Importance of Parent-Adolescent Relationship Quality

Adolescence consists of key rapid transitions and changes. Adolescents tend to socially rely more heavily on peers rather than their parents and become more resistant to direction from their parents (Nebel-Schwalm, 2006; Fuligni & Eccles, 1993; Collins & Repinski, 1994). Naturally, this leads to increased conflict as well as decreased closeness and time spent together

between parents and adolescents (Steinberg, 2001). However, this does not renounce the importance of the parent-adolescent relationship. Noller (1994) noted that family relationships remain crucial throughout adolescence. While adolescents seek more influence from peers, disengaged and attenuated relationships between adolescents and their parents can lead to higher risk for adjustment problems. (Nebel-Schwalm, 2006; Chen, 2010; Fuligni & Eccles, 1993). Conversely, problems also arise when parents do not adjust to their child's growing need for independence and autonomy (Olsen et. al., 1979; Barber & Buehler, 1996; Barber et. al., 2005; Laursen & Collins, 2009). When parents and their teens are able to navigate this transitional period well, however, the relationship can become a protective factor for the adolescent (Ford, 1996; Barber et. al., 2005; Branje et. al., 2010). The parent-adolescent relationship has the ability to impact the outcome of this final transition to adulthood in many ways, both positively and negatively (Graber et. al., 2018).

To achieve optimal outcomes post-adolescence, the parent-adolescent relationship requires cohesive interactions. Olson, Sprenkle, and Russell first proposed conceptual definitions for family cohesion in 1979. Focusing on specific relationships within the family, Olson et al. (1979) defined parent-adolescent cohesion as having two components: the emotional bonding members have with one another and the degree of individual autonomy a person experiences within the family system. Using this framework, the authors suggested relationships require balance in adaptability, stating too much change in the relationship can lead to a chaotic system, and too little change can result in a rigid system. Olsen et al. (1979) also discuss an important balance between too much closeness, which results in an enmeshed system, and too little closeness, which can produce a disengaged system. An enmeshed system can be characterized by an over-identification with the relationship, which results in excessive bonding and lack of

individual autonomy, whereas disengagement is marked by the other extreme of little bonding and high levels of independence from the relationship (Chen, 2010; Olsen et al. 1979). Barber and Buehler (1996) contributed to this theory that cohesion requires balance within systems by showing a positive correlation between internalizing issues and enmeshment and a negative relationship between cohesion and internalizing and externalizing problem behavior. Therefore, cohesion requires a balanced relationship and provides the parent and adolescent with the best conditions for individual development as well as family functioning.

Recent research has narrowed in on parent-adolescent cohesion, which has been referred to by various names in previous studies, including parent-adolescent “relatedness” (Phinney et al., 2005), “closeness” (Smetana et al., 2004), and “congruence” (Ying et al., 2004). In some studies, parent-adolescent cohesion is defined simply as a perception of closeness in the relationship and can be measured, for example, by asking how close one feels to the other person (Richardson, Galambos, Schulenberg, & Petersen, 1984). It has also been defined in other studies by positive emotions within parent-adolescent interactions and, in these cases, was measured by variables such as intimacy (by examining self-disclosures), understanding, and family obligation (Chen, 2010; Rice & Mulkeen, 1995). Parent-adolescent relationship quality, a broader construct, can be defined as good attachment, balanced closeness and autonomy (cohesion), and trust/disclosures (Dekovic et al., 2003). Parent-adolescent cohesion, therefore, is a key component of parent-adolescent relationship quality. In order for cohesion and ultimately relationship quality to be realized between parents and their adolescents, research suggests that bidirectional factors become necessary. It has been argued that relationship quality is dependent on both parties and not just parenting behaviors (concrete, goal-directed behaviors exhibited by parents) Dekovic et al. (2003), Holmbeck (1996), Fanti et al. (2008). This means positive

parenting behaviors or adolescent behaviors alone are not enough to build sufficient relationship quality for the dyad. Relationship quality is contingent on both the behaviors of the parent and the adolescent as well as their attitudes toward each other.

Behaviors and attitudes regarding relationship quality generally have the most impact, positive or negative, on developmental outcomes for the adolescent when compared to other familial variables (Holmbeck, 1996). Researchers have demonstrated this by using social interactional and ecological perspectives to distinguish between several clusters of family factors that are arranged hierarchically based on their proximity to the “child’s everyday experience” (Dekovic et. al., 2003, p. 224). They found that the “proximal” component, or parent interactions and relationship quality, was much more important when examining antisocial behavior and deviance in adolescents than the other familial factors, which included dispositional characteristics of parents, the quality of other relationships in the family, and global factors such as family socioeconomic status and composition (Dekovic et. al., 2003). This finding is consistent with previous research. Dekovic (1999) previously found that negative parent-adolescent relationship quality was related to greater externalizing behavior. This study also uncovered that reciprocal family attributes, such as support, monitoring, and attachment, were significantly negatively related to the development of both internalizing and externalizing problems, whereas individual attributes and peer relationships, while important, played less of a role as both protective and risk factors.

There is further evidence regarding the correlation between the parent-adolescent relationship and internalizing psychopathology outcomes (Branje et. al., 2010; Joiner & Coyne, 1999). Some notable studies specifically examine the link between adolescent depression and the relationship with their parents. While there have been some mixed findings concerning the

effects of the relationship on depressive symptoms in adolescents, Branje and colleagues (2010) discuss that this is because there may be a reciprocal cycle. The authors applied Coyne's interpersonal theory of depression (Joiner & Coyne, 1999) which states there is a feedback loop between depressive symptoms and relational experiences. They theorized a poor relationship with their parents may affect adolescent depression levels, which then causes parents to offer less support and warmth resulting in the adolescent perceiving the relationship in a more negative way. The findings likely appear mixed because some researchers have used a parent-effect model, which examines only the effect of parental behaviors on the adolescent, while others have acknowledged the feedback loop and examined the reciprocal relationship. Studies that have used the parent-effect model have found smaller effect sizes between the parent-child relationship and adolescent depressive symptoms compared to studies that have examined the reciprocal relationship. This shows once again that characteristics of both the parent and child (which make up relationship quality), rather than only parental behavior, are important.

Branje et. al.'s (2010) longitudinal study added to the literature by suggesting that parent-adolescent relationship quality, a construct that includes behaviors and attitudes of both the parent and child rather than just the parent, is the most important factor for adolescent outcomes. Results showed a pattern of "mutual influence" between perceived relationship quality and depressive symptoms that was moderated by the combination of parent and adolescent sex and adolescent personality type. Therefore, sex and personality qualities did not directly cause depressive symptoms, but there was a direct relationship between the parent-adolescent relationship and depressive symptoms when the perceived quality of the dyad (both parent and child) was considered. Thus, while individual factors (i.e. sex and personality type) can impact outcomes by affecting the reciprocal relationship between relationship quality and depressive

symptoms, those individual factors do not directly cause outcomes. Parent-adolescent interactions and perceived relationship quality, therefore, are even more crucial than the behaviors or characteristics of the individuals. Overall, this shows that the same bi-directional factors that result in relationship quality are the same factors that have the greatest effect on adolescent outcomes.

Relationship quality can also act as a protective factor by influencing adolescents' ability to adapt and deal with challenging events. For example, Ford (1996) examined the relationships between adolescent adjustment and post-divorce parental conflict, the co-parental relationship, and the parent-adolescent relationship between the adolescent and custodial parent. Significant results showed that although parents and adolescents perceived symptoms of internalizing and externalizing problems differently (parents reported their children experienced significantly less problems than their children reported they did), both parties viewed the relationship quality similarly. Dyads reporting positive relationship quality saw better outcomes after the parents' divorce. In this study, relationship quality once again presented as a protective factor, accounting for 22.6% and 32.9% of the variance in adolescents' internalizing and externalizing problems following parental divorce, regardless of the severity and frequency of post-divorce parental conflict.

Further, parent-adolescent relationship quality can impact and promote healthy adolescent identity development (Holmbeck, 1996; Steinberg & Morris, 2001; Ford, 1996). Adolescents are grappling with important questions and individual development related to sexuality, personal values and beliefs, and goals for the future (Holmbeck, 1996). Graf (2003) notes a substantial body of literature suggesting parent-adolescent relationship quality can influence the healthy development of an adolescent's identity development. They found that

relationships between 234 American adolescents ages 13-18 and their parents were significantly positively correlated with their identity development and autonomous qualities. Therefore, parent-adolescent relationship quality may encourage the exploration of individual identity and autonomy.

HEADING 2

PARENT-ADOLESCENT RELATIONSHIP CHANGES AND CONFLICT

It is known that the parent-child relationship is important, and it can be challenging to navigate relationship changes as the child enters adolescence. For example, puberty occurs in early and mid-adolescence and typically leads to changes in the parent-adolescent relationship, although there is some controversy about its level of impact. For example, in a review on adolescent development, Steinberg and Morris (2001) discuss the view that the hormonal changes caused by puberty account for a small variance in the increase of conflict and that social influences play a much bigger role. However, in another review on psychosocial development and puberty, Short and Rosenthal (2008) show that it is the onset of puberty that is associated with decreased closeness with parents, increased severity and frequency in conflict with mothers, less calm discussions with mothers, and more rejection from mothers. While they do not agree on the level of impact, authors of both reviews acknowledge that puberty does have some impact on the parent-adolescent dyad. Therefore, regardless of the severity of the impact of puberty and hormones, it can be surmised that the pubertal stage likely has some effect on the parent-adolescent relationship quality and that this time period is characterized by change, maturation, and increased conflict (Paikoff & Brooks-Gunn, 1991).

Increased conflict within the parent-child relationship is also often discussed in the literature. Levels of conflict among parents and their adolescents are often examined specifically in the context of their impact on the relationship quality. While there is some controversy about when the apex of conflict occurs (Laursen et. al., 1998), decreased closeness and increased conflict is common throughout adolescence (Laursen et. al., 1998; Chen, 2010; Allison, 2000; Holmbeck, 1996; Steinberg & Morris, 2001; McGue et. al., 2005). On average, arguments

between parents and their adolescents take place once every two or three days (the same rate as or higher than distressed marital dyads) and are most often disagreements fueled by trivial topics (Paikoff & Brooks-Gunn, 1991; Holmbeck, 1996; Smetena, 1989; Laursen & Collins, 2009).

While some have assumed that conflict directly affects the quality of the relationship, research suggests it is more nuanced than that. Over time, there have been evolving views about whether this conflict creates positive or negative outcomes. The “storm and stress theory” (Hall, 1904) was first developed out of psychoanalytic and evolutionary theory. This theory stated the tumultuous experiences of adolescence and the conflicts that arise characterize a very difficult time period. This has since been somewhat debunked in the literature as merely a stereotype that is not true for most adolescents (Holmbeck, 1988; Arnett, 1999; Holmbeck, 1996; Laurel & Collins, 2009). About 10% of parent-adolescent dyads experience severe conflict-related relationship difficulties, such as chronic and increasing levels of arguing or arguing over important topics (Holmbeck, 1996). Hill (1985) recognized this but eloquently summed up the literature that discredits the storm and stress theory by stating that while a sizeable number of parent-adolescent dyads experience extreme levels of conflict, it is “not large enough” to be the basis for general developmental theory for all relationships. As parent-adolescent conflict is seen as an identifying factor of the storm and stress theory, this aspect specifically has been all but removed from modern literature by several studies showing that newly increased levels of conflict in the parent-adolescent relationship does not necessarily rupture the relationship (Arnett, 1999). Thus, while there is typically an increase of conflict for adolescents and their parents, it most often does not equate to a rift in the relationship.

In fact, conflict can certainly have some benefits for the adolescent such as learning conflict resolution, working through feelings, learning to communicate, and facilitating the

alignment of expectations between self and authority figures (Collins, 1991; Steinberg, 1990; Laursen & Collins, 2009). Parent-adolescent conflict also does not necessarily impact the relationship quality (Laursen & Collins, 2009; Holmbeck, 1996; Steinberg, 1990; Paikoff & Brooks-Gunn, 1991; Chen, 2010). However, problems do arise when the presence of conflict causes warmth or the perception of the relationship quality to diminish in the dyad (Holmbeck, 1996). Therefore, if the increase in conflict is not seen as severe by either party and warmth and copious positive interactions remain, increase in conflict does not necessarily lead to poor relationship quality. However, if conflict is seen as severe or its presence eradicates or limits the necessary positive interactions and warmth within the relationship, this will impact the parent-adolescent relationship. This also suggests that how a parent or adolescent manages conflict and regulates their emotions concerning the interchange in order to maintain positive and warm interactions may impact the relationship.

HEADING 3

EMOTION REGULATION

Some researchers have suggested that emotion regulation can influence every feature of healthy functioning. Emotion regulation has been found to impact both mental and physical health as well as the development of social skills and healthy relationships (Koole, 2009). Emotion dysregulation, or difficulties regulating emotion, is related to various clinical diagnoses, including generalized anxiety disorder, depression, and substance use and abuse (Rutherford et al., 2015). Therefore, emotion regulation strategies may function as both a protective and risk factor for psychopathology. Because of this, emotion regulation has inspired a wide body of literature and tends to have a substantial impact on healthy functioning and relationship development.

Emotional Regulation Theories and Definition

Emotion regulation can be a broad term and is used in a variety of situations. Thus far, the scientific community has not reached a general consensus on one particular definition of emotion regulation (de Veld et. al., 2012). Throughout the literature, several definitions have been proposed. In 1994, Thompson offered the view that it could be defined by both internal and external processes that manage emotional responses to accomplish a specific goal. Gross (1998) defined emotion regulation as the process by which the individual influences the type of emotions experienced, when and how they experience emotions, and how emotions are expressed. Gross stated the emotion regulation process can be automatic or controlled, and it can affect the emotional reaction at any time throughout the emotional experience. In other words, some may recognize when they are attempting to regulate their emotions, but emotion regulation

often occurs involuntarily, and individuals can regulate their emotions either before or after the emotion-inducing stimulus.

Within the past two decades, additional theories have been offered, such as those given by Cole and coauthors (2004) and Eisenberg and coauthors (2004). These definitions describe emotion regulation as both “regulating and regulated” processes in which “the regulatory aspects must be conceptualized independently of which emotion is activated initially” (Cole et al., 2004, p. 320). Eisenberg and coauthors (2004) responded to this suggested definition by stating it was too broad and offered their own.

“Emotion-related self-regulation [is] the process of initiating, avoiding, inhibiting, maintaining, or modulating the occurrence, form, intensity, or duration of internal feeling states, emotion-related physiological, attentional processes, motivational states, and/or the behavioral concomitants of emotion in the service of accomplishing affect-related biological or social adaptation or achieving individual goals” (p. 338).

An even more recent definition has been given as well. Shaw et al. (2014, p. 276) defined emotion regulation as “an individual’s ability to modify an emotional state so as to promote adaptive, goal-oriented behaviors”

Among these researchers, there is differing language related to how individuals use emotion regulation to alter their emotional state. For example, Thompson (1994) states it manages emotional responses while Cole et al. (2004) report it elicits systematic adaptations. Further, some acknowledge emotion regulation is used to accomplish a goal while others do not state that in their definition. Overall, each conceptualization of emotion regulation emphasizes core aspects of the emotion regulation process including controllability, influences, and goal-directed nature. Considered wholly, these definitions state that emotion regulation is used to alter

or prevent one's emotional states, emotional reactions and responses, and behaviors in order to accomplish either a biological or social goal. Emotion regulation, therefore, can be generally defined as a process that is either controlled or automatic, internally and externally influenced, which allows the individual to emotionally adapt to a stimulus to reach a specified goal or accomplish a task (Thompson, 1994; Gross, 1998; Cole et al., 2004; Eisenberg & Spinrad, 2004; Shaw et al., 2014).

Differences among Emotion Regulation Strategies

Although there are multiple ways to define emotion regulation, each definition typically reviews how emotion regulation affects one's emotion state, response, and/or behavior. This allows the term 'emotion regulation' to include some strategies that are more helpful than others. Gross' model is a good example of this (Hu et. al., 2014). The model states that there are two types of emotion regulation: antecedent-focused emotion regulation and response-focused emotion regulation (Gross & John, 2003). Central to this model is the idea that specific emotion regulation strategies can be differentiated along the timeline of an unfolding emotional response (Gross, 2001). Using this model to conceptualize emotion regulation, which most emotion regulation researchers have done following its development, leads to examining two main components: cognitive reappraisal (the antecedent) and emotion suppression (the response) (Gross, 2001). Cognitive reappraisal involves reframing emotional stimuli in order to experience them in a more positive light (i.e. saying "He or she in a better place" when losing a loved one). By engaging in this technique, one can influence the emotions they feel. Emotion suppression involves repressing the experience and/or expression of emotions (i.e. holding back tears, attempting to numb emotions, etc.). This strategy is avoidant in nature and allows individuals to hold back emotion. Both strategies can be used for different reasons in order to accomplish a

biological or social goal. (Gross, 2001; Gross & John, 2003). For example, one may utilize cognitive reappraisal to lessen feelings of sadness and ensuing stomach aches from losing a loved one. Emotion suppression may be used to hold back tears to avoid unwanted social commentary. Each technique can be useful in some short-term scenarios.

Studies conducted following the development of Gross' model that examine cognitive reappraisal and emotion suppression have found that cognitive reappraisal is associated negatively with psychopathology and emotion suppression has been associated positively with psychopathology (Gross & John, 2003; Butler et. al., 2003; Hu et al., 2014). For example, in a study examining outcomes for habitual reappraisers and suppressors, Gross and John (2003) found that reappraisers both experience and express "greater positive emotion and lesser negative emotion," whereas suppressors experience and express "lesser positive emotion, yet experience greater negative emotion." They also found that the use of reappraisal was associated with better interpersonal functioning, while using suppression was related to worse interpersonal functioning. Finally, the authors also discovered that using reappraisal was positively related to well-being when using three scales for depressive symptoms, whereas using suppression was related negatively.

Further, a randomized trial conducted by Butler and colleagues (2003) observed interactions among two women discussing an upsetting topic. One woman in each pair was either assigned to suppress emotion, respond naturally, or cognitively reappraise the situation. Suppression was the sole technique that disrupted communication, negatively impacted the emotional experience and raised blood pressure for both participants, and hindered relationship formation. Finally, a meta-analysis conducted in 2014 examining the relationship between emotion regulation strategies and mental health reported cognitive reappraisal was correlated

significantly and positively with positive signs of mental health and negatively with negative mental health symptoms (Hu et al., 2014). Expressive suppression showed opposite results among those with Western cultural values. It was correlated negatively with mental health and positively with symptoms of psychopathology (Hu et al., 2014).

Therefore, while all emotion regulation strategies, including suppression, may be useful in the short-term in some situations, cognitive reappraisal seemingly tends to be more helpful than emotion suppression, which has negative social and pathological effects with habitual use. Overall, previous research shows that there are a wide variety of strategies, but the most adaptive emotion regulation skills often include the abilities to be consciously aware of emotions, identify and correctly label emotions, understand what has caused and maintains one's present emotions, modify the intensity or duration of one's emotions, accept and tolerate undesired emotions, confront situations likely to cue negative emotions, and provide effective self-support when working to cope with challenging emotions (Grant et. al., 2018).

Parental Emotion Regulation

Previous literature has shown that parental emotion regulation is crucial for child development and socialization. Although little research has examined the effects of parental emotion regulation on the parent-adolescent relationship, there is clear evidence of an association between parental emotion regulation and child emotion regulation and outcomes (Rutherford et al., 2015). Although some evidence suggests there may be a genetic component to the development of emotion regulation in children (Eisenberg & Morris, 2002), there is now agreement in the literature that familial relationships, particularly with parents, shape this progression (Rutherford et al., 2015; Bariola et al., 2012; Bridges et al., 2004; Zeman et. al., 2006). Research has found that children likely learn to self-regulate by observing and learning

from the emotion regulation approaches used by their parents (Morris et al., 2007). This suggests that parental use of adaptive emotion regulation strategies is vital for the healthy development of emotion regulation in their children, as poor parental emotion regulation may lead to maladaptive functioning in children, and appropriate parental emotion regulation may provide children with the skills to function well.

For example, mothers' use of emotion suppression predicted their children's use of the same strategy (Bariola et al., 2012). Further, mothers' ability to manage their own emotions to tolerate a frustration-based task was also associated with their adolescent daughters' capacity for tolerating achievement of the same task (Daughters et al., 2014). Additionally, children with mothers with child-onset depression were passive in response to a laboratory-based mood induction task and less likely to distract themselves from the task compared to children of non-depressed mothers (Silk et al., 2006). Therefore, there is a building body of literature supporting a relationship between parent and child emotion regulation. These findings suggest that parents who have difficulties regulating their emotions will lead their children to do the same. An inverse effect also seems to be true. If parents exhibit adaptive emotion regulation strategies, their children will follow suit, creating positive emotional and social outcomes for the adolescent.

Emotion regulation as a broad construct can be seen as helpful for the relationship due to the negative impact of parental negative emotion expression and psychopathology that can develop from emotion dysregulation. However, it is important to recognize which strategies tend to be the most helpful when examining emotion regulation in parents, particularly when considering the link between parent and child emotion regulation. For example, parents who suppress emotions also have children who engage in this tactic (Bariola et al., 2012). For these dyads, the cons of suppression can be examined for both parents and adolescents. For example, although emotion

suppression helps reduce the number of negative interactions and therefore can eradicate severe conflict that damages the parent-adolescent relationship, it also reduces the number of positive experiences and interactions as well (Gross & John, 2003; Butler & Egloff, 2003). As previous research has shown, positive and warm interactions create the foundation for healthy parent-adolescent relationship quality. Therefore, other antecedent-focused strategies would likely result in better social relationships and parent-adolescent relationship quality. Further, emotion suppression leads to poor communication, stress, and psychopathology over time (Rutherford et al., 2015). Thus, there is evidence to suggest parents' use of more adaptive emotion regulation strategies will positively impact the relationship more than less helpful ones, and that over time, use of maladaptive emotion regulation strategies may impact the relationship negatively.

Parent Emotion Regulation and the Parent-Adolescent Relationship

Research has examined many constructs related to the parent-child relationship and emotion regulation. For example, there are several studies that examine how children form emotion regulation skills and many studies that investigate the effects of parent-child attachment style on how children regulate their emotions. However, there is very little literature currently available that analyzes the impact of parent emotion regulation on the parent-child relationship. Several authors have called for more research on this aspect of emotion regulation (Lindsey, 2020; Kiel & Kalomiris, 2015). While the impact of parent emotion regulation on the parent-child relationship has gone somewhat unstudied for years, a recent study began to address this question among dyads with overactive children. Last year, Arabi and authors (2020) found that emotion regulation training focused on increasing positive experiences and reducing suppression resulted in increased parent-child relationship quality when compared to a control group. Their sample specifically included mothers of children with Attention-Deficit/Hyperactivity Disorder

(ADHD) rather than the general population, however, which indicates the relationship between parental emotion expression and parent-child relationships still needs to be studied. Overall, there is a gap in the literature concerning the impact of parent emotion regulation strategies on the parent-adolescent relationship.

Mother- and Father-Adolescent Relationship Differences Related to Emotion Regulation

Research has recognized that the relationship adolescents have with both their mothers and fathers is incredibly important. These relationships are unique, and researchers have found that differences in aspects of the relationships among adolescents and their mothers and fathers are related to how parents regulate their emotions and engage with their children. In particular, while some authors have found different results, (Hill & Holbeck, 1987), most research has generally found more conflict between adolescents and their mothers (Steinberg & Morris, 2001; Laurel & Collins, 2009; Paikoff & Brooks-Gunn, 1991). This may be because mothers often tend to participate in more interactions with their children and tend to be more responsive (less suppressive) than fathers (Fanti et. al., 2008). Again, although conflict between mothers and their adolescents is not inherently damaging, it can put a strain on and impair the relationship if the conflict limits positive interactions or warmth decreases. Further, mothers' ratings of familial conflict do not align with observers' ratings as well as fathers or adolescents (Laurel & Collins, 2009). In current literature, adolescents report familial conflict most similarly to outside observers, while parents, and mothers in particular, report differently. Mothers tend to report conflict, and thus perceive conflict, as less frequent but more severe (Laurel & Collins, 2009). Therefore, although conflict may not rupture the relationship, it can have an especially notable impact on mothers and their perception of the relationship compared to fathers or their children. Thus, if mothers engage in more conflict than fathers and see it as more severe than their partners

and children do, and it is understood that severe conflict can negatively impact the relationship quality, it may be more likely for mothers to perceive the relationship as suffering.

Fathers' interactions with their children are also unique and very critical. It is known that men suppress their emotions more than women (Zimmermann & Iwanski, 2014). It is not yet known how this impacts the relationship quality with their adolescents. However, in a study in which some parents were instructed to hide their emotions, dyads with suppressing parents were less warm and less engaged during interactions with their children than control dyads for both mothers and fathers (Waters et. al., 2020). In this study, parents and their 7-11 year-old children were completed a laboratory visit. During this visit, parents were initially separated from their children and underwent a standardized stressor that activated their stress systems. Parents were assigned randomly to either suppress their heightened state or to simply act naturally upon reunification with their children. Once united, parents and children completed a conflict conversation and two interaction tasks. Sympathetic nervous system (SNS) responses and interactions were measured. Findings suggested that suppressing mothers' and fathers' SNS responses influenced their child's SNS response and dyads with suppressing parents also appeared less warm and engaged during the interaction portion than the control parents. Therefore, children were still negatively affected by their parents' stressed states regardless of their intention to hide it and were subjected to less warmth, a key indicator of parent-child relationship quality. While research has not specifically examined how fathers' emotion regulation strategies affect their relationship with their children, what has been discovered related to this topic is quite interesting. For example, children of fathers with emotion dysregulation tendencies are at higher risk for externalizing problems (Carrère & Bowie, 2012).

HEADING 4

DISCUSSION AND FUTURE STUDIES

The current body of literature shows that emotion regulation is critical for developing and maintaining healthy functioning, healthy relationships, and social skills (Koole, 2009). It has also been clearly shown that the parent-adolescent relationship also impacts healthy development. For example, the quality of the relationship can act as both a protective factor if the relationship includes healthy levels of communication, trust, and warmth as well as a risk factor for adolescent outcomes if there is a lack of communication, trust, and warmth or if parents do not provide appropriate autonomy for their adolescents (Nebel-Schwalm, 2006; Chen, 2010; Fuligni & Eccles, 1993; Olsen et. al., 1979; Barber & Buehler, 1996; Barber et. al., 2005; Laursen & Collins, 2009; Ford, 1996; Barber et. al., 2005; Branje et. al., 2010). Although researchers previously thought parent-child conflict during adolescence inevitably led to decreased closeness, research now recognizes that conflict and negative interactions are not clear indicators of perceived parent-adolescent relationship quality, which is primarily related to warm and positive interactions (Laursen & Collins, 2009; Holmbeck, 1996; Steinberg, 1990; Paikoff & Brooks-Gunn, 1991; Chen, 2010). Instead, emotion regulation may impact the ability to manage high levels of conflict and distress as well as increase positive experiences and social interactions. Parental emotion regulation, therefore, would likely affect the quality of the relationship between the adolescent and their caregiver.

In the past two decades, researchers have acknowledged that emotion regulation is a broad term made up of many different strategies, and some tend to be more adaptive than others (Gross & John, 2003; Butler & Egloff, 2003) Therefore, this study will not only examine how emotion regulation as a broad construct impacts the parent-child relationship but also how

specific strategies impact the relationship. Further, young children develop emotion regulation strategies through observation and tend to employ the same strategies as their parents (Rutherford et al., 2015; Bariola et al., 2012; Bridges et al., 2004; Kopp, 1989; Thompson, 1994; Zeman et al., 2006; Daughters et al., 2014; Silk et al., 2006). Therefore, it is probable that adolescents apply the same emotion regulation strategies as their parents, compounding damage from less adaptive strategies and benefits from adaptive ones.

There is a dearth of knowledge regarding which parental emotion regulation strategies should be implemented to nurture relationships with their adolescents as their children get older as well as how emotion regulation affects the parent-adolescent relationship. There is also a large gap in the literature concerning fathers. Over the past decade, there has been little success in recruitment of fathers for child psychopathology research (Parent et al., 2018). Future studies should strive to add value to the current literature base by acknowledging that not all emotion regulation strategies are equal in promoting healthy relationships and examining how specific parental emotion regulation strategies, among both mothers and fathers, affect the parent-adolescent relationship.

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