

Conciliatory Communication as a Mediator of Emotion Coaching and Psychological Wellbeing  
in Mother- Child Relationships

By

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(Under the Direction of Analisa Arroyo)

Abstract

Research on family communication and mental health has largely explored parents influence on children's psychological distress. Less is known about how family members promote each other's psychological wellbeing. Grounded in family systems theory and emotion regulation theory, this study investigated the direct and indirect relationships between mothers' and their young adult children's attitudes towards negative emotions, conciliatory communication during conflict (i.e., explanation, forgiveness seeking, negotiation, collaboration, compromise, nonverbal exchanges, and humor), and mental health outcomes. Three hundred and nineteen mother-child dyads completed close-ended online questionnaires assessing their own psychological wellbeing, emotion coaching, and conciliatory communication behaviors. Results indicated that mothers' and children's self-reported emotion coaching practices were significantly and positively associated with each others'. Additionally, family member's emotion coaching, conciliatory communication, and psychological wellbeing appear to be directly related, but there was only limited evidence of indirect effects through one's own or one's family member's conciliatory communication.

Index Words: Emotion Regulation, Conciliatory Communication, Psychological Wellbeing, Conflict, Family Communication.

CONCILIATORY COMMUNICATION AS A MEDIATOR OF EMOTION COACHING AND  
PSYCHOLOGICAL WELLBEING IN MOTHER- CHILD RELATIONSHIPS

By

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### **Dedication**

To the Kevin Jones. You pointed out potential I didn't know existed and guided me towards a path I never dreamt of. Thank you for seeing me.

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## Table of Contents

Acknowledgments .....	v
List of Tables .....	vii
Chapter 1 .....	1
Introduction .....	1
Chapter 2 .....	3
Family Systems Theory .....	3
Emotion Regulation Theory .....	5
Conciliatory Behaviors and Mental Health Outcomes .....	8
Chapter 3 .....	13
The Current Study .....	13
Chapter 4 .....	25
Methods .....	25
Chapter 5 .....	37
Results .....	37
Chapter 6 .....	52
Discussion .....	52
References .....	69
Appendices .....	90
Child Survey .....	90
Mother Survey .....	94

### **List of Tables**

Table 1: Intracorrelations and Descriptive Statistics of Mothers' Self-Reported Variable .....	37
Table 2: Intracorrelations and Descriptive Statistics of Childrens Self-Reported Variable .....	38
Table 3: Mothers by Children Intercorrelations of Study Variables.....	38
Table 4: Independent Group T-Tests between Study Variables and Children's Sex .....	39
Table 5: H1: Effects of Mothers' Emotion Coaching on Children's Emotion Coaching .....	40
Table 6: H2: Actor Effects for Emotion Coaching and Conciliatory Communication.....	42
Table 7: H3: Partner Effects for Emotion Coaching and Conciliatory Communication .....	44
Table 8: H4: Actor Effects for Conciliatory Communication and Wellbeing .....	46
Table 9: H5: Partner Effects for Conciliatory Communication and Wellbeing.....	48
Table 10: H6: Actor Effects for Conciliatory Communications Mediation role between Emotion Coaching and Psychological Wellbeing .....	50
Table 11: H7: Partner Effects for Conciliatory Communications Mediation role between Emotion Coaching and Psychological Wellbeing .....	51

### **List of Figures**

Figure 1: Parent-Child Meta-Emotion Philosophies.....	14
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## **Chapter 1**

### **Introduction**

The psychological, emotional, and social states of family members are highly interdependent and are transferred from one family member to another through interpersonal communication (Bavelas & Segal, 1982). Since families are a part of a larger system and are interconnected, all family members are influential agents within the family – regardless of hierarchical placement (i.e., parent – child; Bavelas & Segal, 1982; Bowen, 1966). This is supported in research concerning emotion regulation, wherein studies find that parents' and children's abilities to regulate their emotions have important communication and mental health outcomes for both parents and children alike (Brajsa-Zganec, 2014; Gottman, Katz, & Hooven, 1996; Katz, Hunter, & Klowden, 2008; Katz, Stettler, & Gurtovenko, 2016). In particular, parents and children who are aware of their own and each other's emotions and are comfortable with emotional expressions (i.e., emotion coaching) likely engage in conciliatory behaviors when negative emotions arise (Fabes, Leonard, Kupanoff, & Martin, 2001; Gottman, Katz, & Hooven, 1996, 1997; Morey & Gentzler, 2017).

Because there is robust support for the connections between communication during conflict, which tends to arouse negative emotions and mental health (Crowley, 2014; Koesten, Schrod, & Ford, 2009; Schrod & Shimkowski, 2012; Segrin & Flora, 2017), it is imperative for family members to find positive ways to respond to negative affect in order to mitigate the negative mental health outcomes often associated with conflict (e.g., stress, depression, anxiety; Berry & Worthington, 2001; Crowley, 2014; Safira, Tentama, & Suyno, 2016; Worthington, 2005). However, previous research about responding positively to negative emotions has not

accounted for the important distinction between the absence of mental health issues and the presence of psychological wellbeing; it has focused almost exclusively on preventing mal-effects, overlooking how these practices influence family members' overall wellbeing. When an individual is mentally healthy, which includes having higher levels of satisfaction with life, a sense of thriving, state and trait cheerfulness, and overall happiness (Butler & Kern, 2016; Lyubomirsky & Lepper, 1999; Pavot & Diener, 1993; Ruch, Köhler, & van Thriel, 1996; Veit & Ware, 1983), he or she "realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organization (WHO), 2004). Additionally, experiencing positive mental health enables individuals to effectively foster social relationships, fully participate in society, and ultimately create more flourishing and just families and communities (Sandage & Hill 2001; WHO, 2004). Toward that end, using family systems theory and emotion regulation theory as a foundation, this study explores the relationships between parents' and adult children's attitudes towards emotion, communication behaviors, and their psychological wellbeing in an effort to better understand how parents and their adult children can improve their emotional, relational, and psychological outcomes.

## **Chapter 2**

### **Family Systems Theory**

Bowen (1966), one of the earliest proponents of family systems theory, suggested the ways families respond to stressors is the primary means of forming a cohesive family system. To cope with/minimize stressors and establish a sense of normalcy, family members collectively establish communication patterns and rules that guide interactions. Many family systems theorists assert that patterns of interaction are more important to understanding families' relational and health outcomes than cause-and-effect thinking because it tends to place blame or credit with one party (White & Klein, 2002). Instead, family systems theory maintains that family members engage in mutually-influential interactions and contribute to each other's relational and health outcomes by enacting behaviors that allow a particular outcome to occur (Bavelas & Segal, 1982; Bowen, 1966). Since family members are interconnected, one member's actions have implications for the psychological, emotional, and social states of other members of the family system or subsystem (e.g., siblings, mother-daughter, mother-son).

One example of how family members impact each other is the transference of parental mental health to their children through maternal care is (i.e., a mother's warm and responsive involvement with their children) and affectionate communication. Parents mental health challenges (i.e., depression, anxiety, loneliness, low self-esteem) are inversely related to the frequency of warm or affectionate communication with their children (Aunola, Ruusunen, Viljaranta, & Nurmi, 2011; Arroyo, Segrin, & Curran, 2016; Crosby Budinger, Drazdowski, & Ginsburg, 2013; Wilson & Durbin, 2010). Research has shown that children who receive less warmth and affection from their parents are more likely to develop insecure attachment styles

(Bowlby, 1988) and mental health challenges (Crosby Budinger et al., 2013; Narvaez, Wang, & Cheng, 2016). However, children tend to be more resilient and are less likely to inherit their parents' poor mental health statuses if their parents engage in more affectionate communication (Brennan, Le Brocque, Hammen, 2003). In fact, children who receive more parental affection tend to experience less psychological distress throughout their life and greater happiness, compassion, and self-esteem (Maselko, Kubzansky, Lipsitt, & Buka, 2011; Schrod, Ledbetter, & Ohrt, 2007; Narvaez et al., 2016). Thus, communication is an important link between parents and their children's wellness.

Families' conversational openness also appears to be linked with families' mental health. Parents' depressive symptoms, anxiety, and stress appear to be related to their involvement with their children (Lorenzo-Blanco et al., 2017; Marston, Maybery, & Reupert, 2018). Parents with affective disorders are more likely to withdraw from family interactions, communicate less, and are less encouraging of their child's self-disclosures (Marston et al., 2018). Moreover, children report being more open with nondepressed parents as opposed to parents with depression. (De Luca, Yueqi, DiCorcia, & Padilla, 2018). In families that are more comfortable communicating freely about a wide variety of topics (i.e., high conversation orientation; Koerner & Fitzpatrick, 1997), children report better mental health than their peers. Furthermore, not only do children from families high in conversation orientation experience lower levels of depression and anxiety (Zarnaghash, Zarnaghash, & Zarnaghash, 2013), they also report more happiness, self-efficacy, hope, resilience, and optimism (Elham & Neda, 2015).

It is important to note that children can also influence their parents' mental health through their communication behaviors. For instance, when children engage in more aggressive, defiant, hyperactive, disruptive, or antisocial communication, their parents report higher levels of

parenting stress and more negative feeling about parenting than their peers (Donenberg & Baker, 1993; Dumas, Wolf, Fisman, & Culligan, 1991). Consequently, mothers who reported their toddler engaged in more frequent or severe disruptive communication behaviors showed more signs of parental distress 19 months later, including binge drinking and engaging in coercive parenting (Pagani & Fitzpatrick, 2018). Because there is evidence to support family systems theories' claim that parents and children engage in communication practices that influence each other's wellbeing, the current study maintains that if family members learn to regulate their emotions and can respond constructively to family stressors, members of the family system may have better mental health outcomes (Fabes et al., 2001; Hurrell, Houwing, & Hudson, 2017; Katz & Windecker-Nelson, 2006). The next section will discuss how families may develop the skills necessary to regulate one's emotions.

### **Emotion Regulation Theory**

Drawing from a family systems perspective, emotion regulation theory describes the process through which emotional development takes place and people learn socially appropriate means of expression (Gottman et. al, 1997). Children learn to regulate their emotions from parental interactions and are influenced deeply by their parents' *meta-emotion philosophy*. A meta-emotion philosophy is an "organized set of feelings and thoughts about one's own emotions and one's" relational partner's emotions (Gottman et al., 1996, pp. 243). Studies testing emotion regulation theory generally focus on negative emotions, like those that may arise during parent-child conflict, including anger, fear, and sadness (Gottman et. al, 1997; Hunter, Hessler, Katz, Hooven, & Mittman, 2007; Katz et al., 2016).

Meta-emotion philosophies exist on a spectrum ranging from emotion coaching to emotion dismissing (Gottman et. al, 1997). Parents on the *emotion coaching* side of the spectrum

are aware of their own and their children's emotions, invite their child to dialog about his or her emotions, and suggest ways to cope with negative feelings (Gottman et al., 1996). An emotion coaching philosophy is associated with positive communication strategies like validating others' feelings, collaborative problem solving, and offering comfort through verbal and nonverbal channels (Gottman et al., 1996; Hunter et al., 2007). When people use low levels of emotion coaching, parents are thought to engage in *emotion dismissing* behaviors, which include low levels in emotional awareness, suppressing their children's emotional displays rather than dialog about them, and dismissing their children's negative feelings as opposed to offering ways to cope (Gottman et al., 1996, 1997).

It is worth noting that meta-emotion philosophies may not be static and could shift on the continuum overtime. Although emotion regulation theory (which seeks to explain a developmental process of emotional expression) was initially tested in the context of young children and their parents (Gottman et al., 1996), attitudes toward emotion continue to develop over an individual's lifespan. Significant others beyond parents, such as romantic-partners or teachers, also influence one's meta-emotion philosophy. Furthermore, teaching adults about meta-emotion philosophies and training adults in emotion coaching appears to be an effective way to increase individuals' ability to adaptively express their emotions (Katz, Wilson, & Gottman, 1999; Rose, McGuire-Snieckus, & Gilbert, 2015). In fact, a study using emotion coaching as a strategy for promoting students' behavioral regulation in the classroom demonstrates the impact that both adult education and significant- others can have on individuals' emotion regulation: Over a two-year period, educators who were trained in emotion coaching reported a number of positive outcomes for themselves and students, including feeling more in control of their own emotional displays, finding difficult situations with students less

stressful and exhausting, reporting a sense of wellbeing after they began adopting emotion coaching practices, improving their relationships with their students, helping increase students' awareness and ownership of their emotions, and increasing student prosocial behaviors (Rose et al., 2015). Rose et al.'s (2015) study demonstrates the dynamic nature of meta-emotion philosophies and how they continue to evolve beyond early childhood. Thus, it is important to explore the relationship of parent child meta-emotion philosophies beyond early childhood.

An individual's meta-emotion philosophy may have important implications for their own communication behaviors and, ultimately, mental health. When family members experience intense negative emotions such as anger, hostility, resentment, and vengeance, they may be more likely to engage in destructive communication behaviors (e.g., aggression, avoidance; Eckstein, Sperber, & McRae, 2009; Gottman, 1994; Kingsley Westerman, 2013) that may escalate family conflicts and negative emotions that may have damaging psychological effects (Hooley, 2007; Schrodts & Shimkowski, 2012; Winsper, Wolke, Zanarini, 2012). However, if family members are able to express and critically reflect on their feelings, they may feel empowered to release their negative emotions (Crowley, 2014). Specifically, when individuals practice emotion management – that is, identify their emotional response to a stressor (here, conflict), diagnose the intensity of those reactions, and choose how to express or suppress their feelings – they are more likely to enact conciliatory behaviors and work to reconcile their relationship (Crowley, 2014; Waldron, Kelley & Harvey, 2007; Waldron & Kelley, 2008; Worthington et al., 2015). Thus, individuals who can engage in emotion management may be buffered from long term negative mental health effects and have an improved sense of wellbeing (Berry & Worthington, 2001; Schrodts & Ledbetter, 2007; Worthington, 2005).

### **Conciliatory Behaviors and Mental Health Outcomes**

This paper has touched on a number of family communication patterns related to family members' wellbeing (e.g., maternal warmth, parental affection, conversation openness, externalizing behaviors), but it is apparent from research on family conflict management and mental health outcomes that the way families communicate during conflict has important and varied consequences for the wellbeing of parents and their children (Hooley, 2007; Koesten et al., 2009; Schrodt & Shimkowski, 2012; Segrin & Flora, 2017). Parents and children in families that regularly engage in more destructive communication behaviors (i.e., aggression, avoidance, or demand-withdraw patterns report lower self-esteem, self-confidence, self-worth, and resilience; Haverfield & Theiss, 2016; Koesten et al., 2009; Marchland & Hock, 2000) are at greater risk for mental health disorders including anxiety, depression, and eating disorders (Hooley, 2007; Knobloch et al., 2014; Marchland & Hock, 2000; Papp, Kouros, & Cummings, 2009; Winsper et al., 2012). Moreover, these patterns of familial engagement and their consequences appear to remain stable over time (Amato & Afifi, 2006; Schrodt & Afifi, 2007; Schrodt & Ledbetter, 2007), as conflict in one's family of origin has been linked with antisocial and borderline personality disorders, narcissism, and eating disorders in young adults (Hooley, 2007; Hedlund, Fichter, Quadflieg, & Brandl, 2003; Segrin & Flora 2017).

That said, not all conflict leads to these adverse effects; instead, the various tactics families use to navigate problems and disagreements may lead to a variety of different mental health outcomes (Koerner & Fitzpatrick, 2002; Segrin & Flora, 2017). Families that use more conciliatory behaviors (e.g., forgiveness, benevolence, benefit-finding, collaborative discussion) to reconcile their differences experience less psychological duress (Berry & Worthington, 2001; Crowley, 2014; Safira, Tentama, & Suyno, 2016; Schrodt & Ledbetter, 2007; Worthington,



2005). One possible explanation for the differences in mental health outcomes is that the tactics families use to handle conflict can either escalate or sooth negative emotions and, overtime, negative emotions have a cumulative impact on an individuals' psyche. Therefore, family conflict seems to be an appropriate context for understanding the relationship between emotion regulation and mental health outcomes. Because this research is interested in behaviors associated with emotion coaching and positive mental health, the following section identifies conciliatory strategies often used in conflict.

### **Conciliatory Behaviors**

Families engage in a variety of conciliatory behaviors to negotiate their differences or resolve interpersonal transgressions (Carr & Wang, 2012; DeGreeff, 2015; Eckstein et al., 2009). Conciliatory behaviors that family members may use include acknowledging their wrong in a conflict and seeking forgiveness, offering nonverbal assurances of commitment, affection, or regret, attempting to compensate for their misdeeds, providing an explanation for their part of the conflict, or attempting to defuse the situation with humor (Waldron et al., 2007). They may also offer explicit statements of forgiveness, outline new rules for the relationship or interactions, attempt to minimize or forbear the pain or relational strain a conflict has caused, or initiate discussions about their hurt and how to move forward (Waldron & Kelley, 2005). Although there are clearly many forms of conciliatory communication, the current study conceptualizes and operationalizes the following communication behaviors: (1) direct discussions of an issue, which includes explaining their point of view, seeking forgiveness, collaboration, and compromise, (2) nonverbal exchanges (3) the use of humor.

First, *direct discussion of an issue*, in which both partners dialogue about the problem and its impact on the future of their relationship, is the most prototypical conciliatory communication

tactic and generally preferred method of resolving conflict (Merolla, Zhang, McCullough, & Sun, 2017; Waldron & Kelley, 2005). For example, partners can explain their behavior or feelings that are relevant to the conflict, seek forgiveness for their wrongdoings, or set new rules for their relationship (Waldron & Kelley, 2005; 2008). Additionally, two communication strategies sometimes used in direct discussion are collaboration and compromise. Collaboration and compromise both require family members to negotiate their differences by considering the needs and goals of the other. When parents and their children compromise, both parties must give up part of their individual goals to resolve the conflict (Kilman & Thomas, 1975). When family members collaborate, they work together to find creative solutions that allow both family members to meet their needs and goals. Children in families that collaborate and encourage these open discussions of conflicts and negotiate their differences, report better self-esteem and fewer negative mental health effects like irritability, sleeplessness, lack of appetite or binge eating, nervousness, depression, overtiredness, loneliness, and avoidance of reality (Schrodt & Ledbetter, 2007).

Although direct discussions are often touted as the preferred means of conflict management, studies indicate that families are more likely to reconcile indirectly through *nonverbal exchanges*, such as hugs, tears, and other affective or affectionate displays (Carr & Wang, 2012; DeGreeff, 2015). Family members who believe they were at least partly in the wrong may express regret through nonverbal signals. A partner may respond and comfort to a mournful partner using facial expressions and physical affection (Waldron et al., 2007). Additionally, affectionate touch, which is a common sign of willingness to reconcile, is fundamental to proper development (Harlow, 1958). It is often used by caregivers as an effective means of soothing distressed children (Cekaite & Holm, 2017) and this clamping effect may

prevent cumulative mental health issues (Grewen, Gridler, Amico, & Light, 2005). Affectionate communication in close relationships appears to buffer stress and depression (Floyd, 2002). Moreover, both giving and receiving affection is associated with greater happiness (Hesse & Floyd, 2008 ).

Finally, the *use of humor* offers families another way to positively resolve conflict and restore relational wellbeing. Humor, though it may also be paired with other conflict management tactics like confronting, compromising, or accommodating, offers families a method of resolving conflict indirectly (Smith, Harrington, Neck, 2000). Family members may make jokes, self-deprecate, or tease one another about a conflict to minimize it or move forward (Waldron & Kelley, 2005). When individuals become distressed, they often seek ways to release their discomfort and cope with stress (Alpert & Womble, 2015). Laughing together may diffuse the tension that often characterizes interpersonal conflict (Sparks- Bethea, Travis & Pecchioni, 2000). Sparks-Bethea et al. (2000) suggest this allows partners to vent nervous energy and thereby promote arousal relief when coping with difficult family circumstances.

The before mentioned conciliatory communication behaviors (i.e., direct discussion, nonverbal exchanges, and humor) are often associated with forgiveness, and ultimately promote stress regulation and recovery (Berry & Worthington, 2001; Crowley, 2014; Safira et al., 2016; Worthington, 2005). Stress often leads to additional psychological duress, prompting more frequent negative emotions like sadness or anger, reduced self-control, anxiety, and inhibited focus (Safira et al., 2016; Mayo Clinic, 2016). This research puts forth the assumption that some of these adverse impacts may be assuaged by using conciliatory behaviors which soothes negative feelings, fosters forgiveness, and reduces stress. Indeed, as noted, the exchange of

affection during conflict, through verbal or nonverbal channels, may promote individual's overall happiness (Hesse & Floyd, 2008) and suggests other positive mental health outcomes.

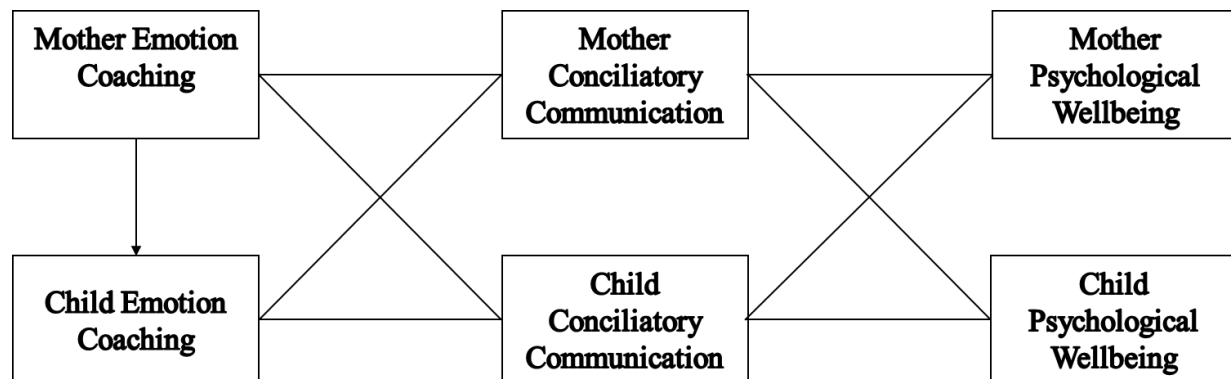
## **Chapter 3**

### **The Current Study**

The mother-child relationship appears to be particularly important for mental health outcomes of both mothers and their children (Arroyo et al., 2016; Delaney, 1996; Dumas et al., 1991; Katz et al., 2016; Mistry, Stevens, Sareen, De Vogli, & Halfon, 2007). Children typically spend double the amount of time with their mothers as opposed to their fathers (Craig, 2006; Craig & Mullan, 2011; Garcia-Roman & Cortina, 2016). Moreover, mothers are more encouraging of their children's emotional expression than fathers: Baker, Fenning, and Crnic (2011) found that mothers, as opposed to fathers, tend to have higher emotion coaching attitudes and offer more supportive responses to their children's positive and negative emotions. Consequently, children self-disclose to their mothers about emotional issues and seek their mothers' comfort and advice more frequently (Chaparro & Grusec, 2015; Smetana, Metzger, Gettman, & Campione-Barr, 2006). Mothers may also be more emotionally expressive to their children than fathers. Unlike fathers, mothers tend to reciprocate their child's self-disclosures about emotional topics and are more likely to seek emotional support from their children (Chaparro & Grusec, 2015; Doglin, 1996; Dolgin & Berndt, 1997). Given the emotional and reciprocal nature of the mother-child relationship, it is not surprising that mothers and their children have a significant impact on one another's mental health (Arroyo et al., 2016; Delaney, 1996; Dumas et al., 1991; Katz et al., 2016; Mistry et al., 2007). Thus, mothers and children seem to be particularly important to each other's wellbeing, so the current study focuses on the relationship between mothers' and their adult children's emotion coaching philosophies, conciliatory communication behaviors, and positive mental health outcomes.

To explore these relationships in mother-child dyads, the actor-partner interdependence mediation model (APIMeM; Ledermann & Macho, 2009) is utilized as a theoretical basis. The APIMeM contains three pairs of variables for each distinguishable member of the dyad: predictor variables (X), outcome variables (Y), and mediating variables (M). The APIMeM recognizes both the autonomy of the individual and the mutually-influential nature of interpersonal communication by acknowledging both actor and partner effects (Kenny, Kashy & Cook, 2006). Actor effects describe how one's own reports are related to one's own outcomes (e.g., own emotion coaching → own conciliatory communication), while partner effects describe how one's reports are related to another person's reports (e.g., emotion coaching → partner conciliatory communication). The APIMeM also accounts for mediating variables (i.e.,  $X \rightarrow M \rightarrow Y$ ) for both actor (e.g., own emotion coaching → own conciliatory communication behavior → own mental health outcomes) and partner effects (e.g., own emotion coaching → partner conciliatory communication behavior → own mental health outcomes). The remainder of this section will put forth the predictions of this study and Figure 1 illustrates the hypothesized relationships outlined in the APIMeM for the purposes of this study.

**Figure 1. Parent-Child Meta-Emotion Philosophies**



Drawing on a family systems perspective, one of the basic assumptions of this research is that mother-child attitudes toward difficult emotions and their behaviors are related. Such an

assumption is supported in previous research (Bandura, 1977, 1997; DeGreeff, 2015; Kennedy-Lightsey, & Frisby, 2016). In general, children learn a host of behaviors, attitudes and beliefs from their parents via observational learning (Bandura, 1997). Children observe and then imitate the actions of significant others in their lives. Parents' attitudes toward and awareness of emotions influence their communication, which their children then observe and experience (Fabes et al., 2001; Gottman et al., 1996; Hunter et al., 2007; Morey & Gentzler, 2017). If children mimic these attitudes and behaviors and are rewarded or evade negative consequences, the behavior and associated ideals are reinforced and will be continually replicated (Bandura, 1997). Consequently, behaviors and attitudes modeled by parents are likely to continue into adulthood.

Maintaining that beliefs and behaviors are transferred from parent to child, many studies of emotion regulation theory assume children will take on their parents' meta-emotion philosophies and display affective behavior similar to their parents (Gottman et al., 1996; Hurrell et al., 2017; Katz et al., 1999). However, this core assumption of emotion regulation theory has been largely untested. Often focusing on young children, research to date has not assessed children's own meta-emotion philosophies and their direct relationship to that of either parent. Social cognitive theory would suggest that emotion coaching mothers, who reward their child's emotional expression with validating and supportive responses, will have children who continue to identify and express their emotions and be supportive of other's emotions, thus, demonstrating an emotion coaching philosophy themselves. Therefore, the current study tests the assumption that parents' and adult children's meta-emotion philosophies will be associated with each others':

H1: Mothers' emotion coaching behaviors will be positively related to their adult children's emotion coaching behaviors.

### **Meta-Emotion Philosophies and Conciliatory Communication**

#### **Actor Effects.**

Since individuals with an emotion coaching philosophy have learned to label their feelings and assess the intensity, it is not surprising that emotion coaching tends to be associated with positive communication (Gottman et al., 1996; Hunter et al., 2007). By cognitively considering their emotional reaction, individuals gain a greater sense of control and mastery of a situation and are better equipped to deliberately choose an appropriate response (Crowley, 2014). As a result, individuals who have learned to manage their emotions are more likely to use conciliatory communication strategies like collaboration, affirmation, comfort, and validation to maintain important relationships (Camp & Ganong, 1997; Crowley, 2014; Gottman et al., 1996; Gottman et al., 1996; Waldron & Kelley, 2008; Worthington et al., 2015).

In addition to a high awareness of their own feelings, individuals with an emotion coaching philosophy are able to identify others' negative affect (Gottman et al., 1996). When individuals are aware of their own and their partners' emotions, recognize the distinction between their own emotions and others', and desire to alleviate their partners' distress, they experience "empathetic concern" (Stiff, Dillard, Somera, Kim, & Sleight, 1988). This desire to alleviate distress may explain the mediating role that empathy appears to play between effective emotion regulation and prosocial behaviors such as offering comfort and support (Carlo, Mestre, Samper, Tur, & Armenta, 2010). Moreover, knowledge of partner emotions may give individuals a greater sense of control during periods of relational turbulence. When relational partners have a greater awareness of one another's responses to conflict, they are more likely to address their



issues using collaborative and compromising strategies (Ocana & Hindman, 2004). In light of this, it is predicted that mothers' and adult children's emotion coaching philosophies will be related to their own use of conciliatory communication:

H2a: Mothers' emotion coaching will be positively related to their own conciliatory communication behaviors.

H2b: Adult children's emotion coaching will be positively related to their own conciliatory communication behaviors.

### **Partner Effects.**

Emotion coaching may also be related to partners' conciliatory communication behaviors. Parents' meta-emotion philosophies are associated with variety of their children's communication outcomes, including children's aggression, social skills, and behavior in peer relationships (Gottman et. al, 1997; Katz et al., 2016; McLaughlin, Hatzenbuehler, Mennin & Nolen-Hoeksema, 2011). Children with high emotion coaching parents learn to appropriately express and resolve negative feelings that may arise during conflict, while those who are used to having their emotions dismissed tend to be more reactive and display lower communication competence (Gottman et al., 1996; 1997).

As previously noted, partner effects from child to parent have not yet been studied. However, since family members are part of a system it seems plausible that family communication around emotion is mutually influential and transactional. That is, both parties contribute to an interaction and impact the behavioral outcomes of their partners (Bavelas & Segal, 1982; Bowen, 1966). The originators of emotion regulation theory even acknowledge that young children's innate temperaments might influence the extent to which parents' coach emotions (Gottman et al., 1996). This claim may be supported by research finding significant

differences between the emotion coaching practices of parents with children who have a clinically diagnosed mental health disorder compared to a non-clinical sample: Parents of children who have been diagnosed with anxiety disorder avoid emotive topics, discuss emotions less often, and display less positive affect with their children (Hudson & Rapee 2001; Siqueland, Kendall, & Steinberg, 1996; Suveg et al., 2008). These parents adapt their communication and attitudes towards emotions in response to their children (though it may be maladaptive). If parents' communication behaviors are influenced by their young children, older children may be even more influential since they have developed cognitive abilities to engage their parents in rational discussions about their own (children's) emotions and solicit information from their mothers about maternal feelings and affective displays, especially since mothers appear to be open to these discussions (Chaparro & Grusec, 2015; Doglin, 1996; Dolgin & Berndt, 1997).

Since emotion coaching messages encourage partners to practice emotion management by helping them label their emotions and by soliciting their emotional expression, and since emotion management is positively related to conciliatory communication, parents' and children's meta-emotion philosophies should be related to their respective partners' conciliatory communication behaviors. Therefore, it is predicted that parents' and adult children's emotion coaching is related to each other's use of conciliatory communication:

H3a: Mothers' emotion coaching will be positively related to their adult children's conciliatory communication behaviors.

H3b: Adult children's emotion coaching will be positively related to mothers' conciliatory communication behaviors.

## **Conciliatory Communication Behaviors and Psychological Wellbeing**

### **Actor Effects.**

The use of conciliatory or destructive conflict behaviors has clear implications for families' mental health outcomes. For example, family members better regulate and recover from stress during conflict when they attempt to reconcile using forgiveness behaviors like direct discussion of an issue, exchanging implicit messages through nonverbal cues, and indirect verbal exchanges that indicate a sense of normalcy like humor (Berry & Worthington, 2001; Crowley, 2014; Safira et al., 2016; Waldron & Kelley, 2008; Worthington, 2005). Moreover, when individuals manage their negative emotions, use conciliatory communication behaviors, and successfully work through their conflict they often report feeling "release," "freedom," or "lightened" (Pederson, 2014, p. 362). They also have higher levels of relationship satisfaction, which is related to a greater sense of overall wellbeing (Pederson, 2014). Regardless of whether their partner reciprocates or is receptive to this behavior, individuals seem to benefit from responding positively to negative circumstances (Crowley, 2014; Finnegan, 2010). The combined effects of reduced psychological duress and more satisfied relationships may promote individuals' positive mental health. Therefore, it is predicted that parents and adult children's use of conciliatory communication behaviors will be related to their own mental health:

H4a: Mothers' conciliatory communication behaviors will be positively related to their own psychological wellbeing.

H4a: Adult children's conciliatory communication behaviors will be positively related to their own psychological wellbeing.

### **Partner Effects.**

Likewise, parents and children who are the receivers of conciliatory communication may also experience psychological benefits. Conciliatory behaviors are a positive alternative to being the target of various forms of aggressive and avoidant conflict patterns that result in negative mental health effects (Schrodt & Shimkowski, 2012; Papp et al., 2009; Winsper et al., 2012). Receiving conciliatory communication not only buffers these psychological stressors, but it may also be soothing and release stress related to the conflict itself (Grewen et al., 2005). Family members in unresolved conflicts may describe feeling “trapped,” “imprisoned,” or “burdened” (Perdeson, 2014, p. 362). Receiving affectionate communication, which is positively related to happiness, may mitigate those feelings (Hesse & Floyd, 2008). Similarly, direct and mutual discussion of an issue that invites partners to share their perspective or a humorous comment from a family member may relieve built up relational tension (Sparks- Bethea et al., 2000). In addition, conciliatory communication behaviors often function as a means of relationship repair; as a result, partners on the receiving end of these messages may feel more valued in their relationships, promoting an overall sense of wellbeing (Worthington et al., 2015; Merolla & Zhang, 2011). Therefore, it is predicted that parents’ and adult children’s use of conciliatory communication behaviors will be related to family members’ positive mental health:

H5a: Mothers’ conciliatory communication behaviors will be positively related to their adult children’s psychological wellbeing.

H5b: Adult children’s conciliatory communication behaviors will be positively related to their mothers’ psychological wellbeing.

### **The Mediating Role of Conciliatory Communication**

Past research has consistently found that being the recipient of emotion coaching is positively related to both prosocial communication and better mental health outcomes (Gottman et al., 1996: 1997; Hurrell, Houwing & Hudson, 2017; Katz et al., 2016; Machell, Rallis, & Esposito-Smythers, 2016). Likewise, conciliatory communication has a positive relationship to mental health (Berry & Worthington, 2001; Hesse & Floyd, 2008; Worthington, 2005). It seems plausible that prosocial communication (here, conciliatory communication during conflict) may mediate the relationship between emotion coaching attitudes and mental health outcomes.

Emotion coaching families regulate displays of negative affect (Brajsa-Zganec, 2014; Dunsmore, Booker, & Ollendick, 2013; Rose et al., 2015), wherein normalizing the expression of negative emotions and finding ways to soothe others may allow members to better predict their partners' reactions – which generally promotes more direct and open engagement in conflict (Ocana & Hindman, 2004). Stress levels are often reduced when partners find ways to engage and move past their conflict, which in turn may reduce feelings associated with depression and anxiety and have a positive impact on physiological health (Berry & Worthington, 2001; Mayo Clinic, 2016; Safira et al., 2016; Worthington, 2005). Therefore, an individual's meta-emotion philosophy may have important impacts on one's own and family member's conciliatory communication behaviors during conflict, which, in turn, may impact one's mental health.

#### **Actor Effects.**

As previously noted, having an emotion coaching philosophy has been linked to better mental health (Hurrell et al., 2017; Rose et al., 2015). However, it is unclear through what mechanism this impact takes place. Though genetics play a role in mental health, previous

research has shown family interactions also contribute to individual's wellbeing (Burt et al., 2005; Garber & Cole, 2010). Individuals contribute to the functional or dysfunctional nature of family interactions (Bowen, 1966), thus, ultimately influencing their own mental health (Berry & Worthington, 2001; Crowley, 2014; Worthington, 2005). In light of the contributions of family interactions to mental health, and the agency of each family member, it seems likely that the link between an emotion coaching philosophy and mental health is mediated by one's own communication behaviors.

Conciliatory behaviors have been consistently linked to better mental health outcomes (Berry & Worthington, 2001; Crowley, 2014; Worthington, 2005) and family members with emotion coaching philosophies are better able to regulate their negative emotions and express their feelings in an appropriate manner. They are more likely to use affective displays that are non-hostile or critical, but instead diffuse relational tension and promote arousal recovery as well as relational repair (Gottman et al., 1996; Hunter et al., 2007; Waldron & Kelley, 2008). Few studies have assessed whether emotion coaching or conciliatory communication behaviors actually lead to positive mental health outcomes, but preliminary evidence indicates that emotion coaching is positively correlated to self-esteem (Gottman et al., 1996, 1997) and therefore may suggest other related benefits to individuals wellbeing, life satisfaction, and happiness (Baumeister, Campbell, Krueger, & Vohs, 2003; Diener et al., 2010; Kwan, Bond, & Singelis, 1997; Scales, Benson, Leffert, & Blyth, 2000). Moreover, since emotion coaching promotes communication behaviors that promote a sense of wellbeing (Gottman et al., 1996; Hunter et al., 2007; Worthington et al., 2015; Merolla & Zhang, 2011), it is reasonable to propose that one's own conciliatory communication mediates the relationship between one's meta-emotion philosophy and mental health. Specifically:

H6: Mothers' emotion coaching will be positively related to their psychological wellbeing through their own conciliatory communication behaviors.

H6: Adult children's emotion coaching will be positively related to their psychological wellbeing through their own conciliatory communication behaviors.

### **Partner Effects.**

Emotion coaching philosophies, the associated communication behaviors, and mental health outcomes may also have important partner effects. Although meta-emotion philosophies are an internal construct, they appear to be detectable to other family members and consequently impact the way families communicate about emotional issues (Gottman et al., 1996; 1997). Because meta-emotion philosophies are conceptualized as being relatively enduring, patterns of interaction seem to form as a result of these attitudes toward emotion (Gottman et al., 1996; Hunter et al., 2007; Katz et al., 1999). Specifically, individuals with higher emotion coaching philosophies may be more likely to receive conciliatory communication from their family members. These individuals are generally open to family members' emotional expressions and can be expected to verbally and nonverbally affirm these feelings during conflict (Dunsmore et al., 2013; Gottman et al., 1996; Hurrell et al., 2017; Katz et al., 2016). In light of previous positive and affirming emotional interactions, family members may be more willing to directly engage a conflict rather than avoiding it, becoming preemptively defensive, or lashing out (Bandura, 1977; Ocana & Hindman, 2004).

In turn, receiving conciliatory communication may promote an individual's mental health. Although difficult conversations can be psychologically taxing (Schrodt & Shimkowski, 2012; Papp et al., 2009; Winsper et al., 2012), families that communicate in ways that relieve tension, display value for the relationship by attempting to repair it, and convey affection, have

family members that experience greater happiness and wellbeing (Sparks- Bethea et al., 2000; Grewen et al., 2005; Hesse & Floyd, 2008; Merolla & Zhang, 2011; Worthington et al., 2015). Since people's tactics to broach conflict are often chosen based on the response they anticipate from their partner, individuals who expect a positive response to emotional conversations tend to use more direct and integrative tactics (Ocana & Hindman, 2004). Moreover, conflict resolution seems to be related to one's psychological state (Segrin & Flora, 2017). In light of the relationship between anticipated partner attitudes, conciliatory communication and mental health, this study predicts that family members' use of conciliatory communication will mediate the relationship between emotion coaching and positive mental health outcomes:

H7a: Mother's emotion coaching will be positively related to their own psychological wellbeing through their children's conciliatory communication behaviors.

H7b: Adult children's emotion coaching will be positively related to their own psychological wellbeing through mother's conciliatory communication behaviors.



## Chapter 4

### Methods

#### Participants and Procedures

Participants were recruited through a research pool at a large public university in the Southeast US. Students who participated were awarded either research credit or extra credit in their communication studies courses. Student participants were required to be at least 18 years of age and have a mother willing to participate in the study. Students who registered to participate were instructed to contact the researcher at an e-mail address set up for the purposes of this study and to provide their own and their mother's contact information. Students and their mothers were sent separate online questionnaires and asked to report their demographic information in additions to their responses to the survey measures discussed in the following sections.

Of the 388 adult children who participated in this study and provided their mother's contact information, 319 mother-child dyads ( $N = 638$ ) completed the survey in full. Adult children whose mothers did not complete the survey were dropped from analysis. Of the 319 adult children whose mothers participated in this study, 103 (31.3%) were men and 216 (67.7%) were women. Adult children were between the ages of 18 to 26 years old ( $M = 19.36$ ;  $SD = 1.30$ ). The majority of adult children who participated in this study identified as White/ Caucasian ( $n = 250$ ; 78.4%). Adult children also identified as Asian/ Asian American ( $n = 29$ ; 9.1%), African American/ Black ( $n = 20$ ; 6.3%), Hispanic/ Latino ( $n = 9$ ; 2.8%), multi-ethnic/ multi-racial ( $n = 9$ ; 2.8%), and Native American ( $n = 2$ ; .6%). Mothers all identified as women and were between the ages of 37 and 68 ( $M = 50.59$ ;  $SD = 5.04$ ), but 3 mothers did not report their age. Mothers, like their children, were predominantly White/ Caucasian ( $n = 259$ ; 81.2%).

Mothers also identified as Asian/ Asian American ( $n = 28$ ; 8.8%), African American/ Black ( $n = 17$ ; 5.3%), Hispanic/ Latino ( $n = 10$ ; 3.1%), and Multi- ethnic/ Multi-racial ( $n = 4$ ; 1.3%). One mother did not report her race.

## **Measures**

Both mothers and adult children who participated were instructed to think about how they generally handled conflict with their participating parent or child and to complete the survey with that general context in mind. Specifically, adult children were told “the remainder of the survey is interested in how you and your mother interacted when you were living at home with her. Specifically, please answer the following questions as you remember your mother in your first 18 years.” Parallel wording was used for mothers’ surveys. All questions were on a Likert scale. Any items with a negative valence were reverse coded (R). For each measure, scores for the items were averaged within subjects. Higher scores reflect higher levels of each respective variable.

### **Emotion coaching.**

To date, emotion coaching and dismissing have primarily been assessed qualitatively from the parent’s perspective (Gottman et al., 1996; 1997; Hunter et al., 2007; Katz & Gottman, 1986; 2008; Katz et al., 2016) or focused on parents’ beliefs about children’s emotions, rather than on the concrete actions and behaviors associated with an emotion-coaching philosophy (Gottman et al., 1996; Dunsmore, Booker, & Ollendick, 2013). In 1986, Katz and Gottman developed the first parental meta-emotion interview (PMEI) protocol and coding manual. The PMEI was revised by Hunter et. al in 2007. Their coding checklist assesses parents’ awareness, attitudes, and behaviors toward anger, sadness, and fear in themselves and their children. Coders assess the extent of the interviewed parents’ emotional awareness, attitudes, and behaviors by

responding to items on the checklist using a five-point scale ranging from (1) strongly disagree to (5) strongly agree.

Since the current study focuses on communicated aspects of emotion-coaching, a 12-item quantitative measure was created by adapting items from the “behavior” and “emotion coaching” sections of the checklist in Hunter et al.’s (2007) PMEI coding manual. The developed items closely mirror the statements from the PMEI. For example, one item on Hunter et al (2007)’s checklist is “parent(s) provides physical comfort (to their child) during emotion (anger, fear, sadness);” The equivalent item proposed for the current study asks participating parents to respond the degree to which “I physically comfort my child when they are experiencing difficult emotions.” Since the proposed items closely mirror the coding checklist, they should garner similar results and display convergent validity. Moreover, the items which ask participants the extent to which they encourage strategies that help their family member sooth difficult emotions, are confident dealing with their family member’s emotions, talk with their family member about difficult emotions, etc., appear to be face-valid.

To evaluate the dimensionality of the items in the current study, an exploratory factor analysis (EFA) of both mothers’ and children’s self-reports revealed that these twelve items loaded onto one factor with an eigenvalue  $>1$ . Each item had a high factor loading for mothers (i.e., .64-.82) and children (i.e., .51-.80). Furthermore, the developed scales showed good reliability for both mothers’ ( $\alpha = .90$ ) and their children ( $\alpha = .91$ ).

The development of quantitative measures for both parents and children allowed for greater distribution of the emotion coaching measure and account for both parents’ and children’s perspectives, something notably lacking in previous research. The proposed measures take an important step toward establishing a family-level perspective of emotion-coaching

philosophies. These items are the first, to the researcher's knowledge, to account for the child's emotion coaching or meta-emotion orientation.

### **Conciliatory communication.**

The current study operationalized conciliatory communication as participants' tendencies to engage in a discussion, forgiveness seeking, negotiations, positive nonverbal exchanges, collaboration, compromise or use humor during conflict episodes. Conciliatory communication can be enacted by both the individual who is most at fault or the individual who was transgressed against during a conflict. In many instances, blame is shared by partners and either person may take steps to reconcile the relationship. Since conciliatory communication can be enacted from a variety of positions through a variety of behaviors, it is clearly a multifaceted concept. Consequently, the current study used a variety of scales from six different instruments to measure conciliatory conflict behaviors. An exploratory factor analysis was conducted to ensure the measures reflect the anticipated multi-dimensionality of these separate subscales.

### ***Explanation of Conflict.***

During explanation of conflict, dyadic partners describe their perspective of an interpersonal issue and acknowledge their role in the conflict. To capture these exchanges, the current study utilized slightly modified versions the two items from the Discussion-Based Approach subscale of Waldron and Kelley's (2005) Forgiveness Granting Scale and the three items from the Explanation subscale of Kelley and Waldron's (2005) measure of Forgiveness Seeking.

The discussion-based approach subscale measures the extent to which individuals initiate and/or participate in discussions about conflicts with their relational-partner. The items ask participants to report how often they "discuss the offence" and "initiate discussion about the

offense” with their relational partners. The discussion subscale is only two items but the Spearman–Brown prophesy reveals an acceptable reliability (.76). Like the Discussion-Based Approach items, the Explanation subscale involves explicitly discussing one’s perspective of a conflict. For example, participants are asked how frequently they discuss a conflict,” “explain the circumstances that surround the situation” and “explain the reasons for his/her behavior.” Participants respond to both measures on a Likert scale ranging from 0-7, with 0 representing “no use,” 4 representing “moderate use,” and 7 as “extensive use.”

*Validity of the measures.*

Since the two subscales utilized in this study to measure the extent to which mothers and children explain their side of a conflict were validated as part of the Forgiveness Granting (Waldron & Kelley, 2005) and the Forgiveness Seeing scales (Kelley & Waldron, 2005) and since three other subscales utilized in this study come from these measures, the validity of the Forgiveness Granting (Waldron & Kelley, 2005) and Forgiveness Seeking (Kelley & Waldron, 2005) scales are discussed below. Special attention is given to the subscales used in this study. The validity of The Forgiveness Granting Scale (Waldron & Kelley, 2005) is discussed first, followed by the Forgiveness Seeking Scale (Kelley & Waldron, 2005), and finally the unidimensionality of the subscales combined to measure mothers’ and children’s explanation of their conflict is discussed.

While developing their scale of Forgiveness Granting behaviors, Waldron and Kelley (2005) conducted a Principal Axis factor analysis and Principal Components analysis (PCA) with zero components. Their analysis revealed four statistically determined factors, including the Discussion-Based Approach and Nonverbal Displays subscales utilized in the current study. The subscales were then validated ecologically by comparing 187 participants’ survey results with

their responses to an open-ended pre-test question which asked them to describe how they had forgiven a romantic partner. Moreover, a small second study and analysis of the forgiveness granting behaviors instrument supported all four factors, including the discussion and nonverbal display subscales.

The Explanation subscale is part of Waldron and Kelly's (2005) 18-item Forgiveness Seeking measure. The Forgiveness Seeking measure was designed using the behavioral trends that emerged from Kelley's (1998) inductive analysis. A principal components analysis revealed distinct factor loading patterns for explanation ( $\alpha = .73-.89$ ), explicit acknowledgement ( $\alpha = .90$  to  $.94$ ), nonverbal assurances ( $\alpha = .79$  to  $.82$ ), compensation ( $\alpha = .75$ ), and humor ( $\alpha = .88$ ), which mapped onto Kelley's (1998) original taxonomy indicating consistency across different methods of measurement (Kelley & Waldron, 2005; Aughtman & Samp, unpublished data). Moreover, each of the subscales shared a common underlying factor demonstrating the scales unidirectionality. From this analysis, the full scale appears to adequately measure all facets of the concept, and thus demonstrate content validity.

Although the Discussion-Based Approach and Explanation subscales come from different measures, an exploratory factor analysis using mother's data revealed the five items loaded onto one factor (i.e.,  $.64-.82$ ) with an eigenvalue  $>1$ . This was not true of children's self-report. For children, two factors emerged, with all four items loading onto both factors. Only one item loaded more strongly onto the second factor ( $.71$ ). However, all items loaded well onto the first factor (i.e.,  $.62-.85$ ). In light of this, the face validity of the items, the single factor structure that emerged from mothers' data, and since this is a data driven paper and the reliability of the two-item discussion scale cannot be computed, the items were composited into a single variable for

mother mothers and their children. Furthermore, this measure was reliable for both adult children ( $\alpha = .78$ ) and their mothers ( $\alpha = .84$ ).

### ***Forgiveness Seeking.***

Items measuring forgiveness seeking were also drawn from Kelley and Waldron's (2005) measure of Forgiveness Seeking, specifically the Explicit Acknowledgment subscale. The five items from this subscale measure how frequently individuals explicitly acknowledge their role in the conflict. For example, participants are asked how frequently they "take responsibility for what they had done," or told their partner "they felt badly." The scale was reliable in the current study for both mothers ( $\alpha = .91$ ) and their adult children ( $\alpha = .91$ ). The validity of this sub-scale is discussed in the previous section with the explanation subscale as part of the larger instrument.

### ***Negotiation.***

The Negotiation scale from the Revised Conflict Tactics Scales (CTS2; Straus, Hamby, Bones-McCoy, & Sugarman, 1996) measures "actions taken to settle a disagreement through discussions" (p.290). Specifically, the six items examine the extent to which partners use positive affect as a part of their conflict discussions. The scale asks about one's own as well as one's partners' behaviors. For this study, items were written to apply to mothers and their adult children. Sample items included "I showed my mother I cared even though we disagreed" and "I agreed to try a solution to a disagreement my child suggested." The scale consistently demonstrates high reliability ( $\alpha = .84-.86$ ; Newton, Connelly, & Landsverk, 2001; Straus et al, 1996). The scale was also reliable in the current study for both mothers ( $\alpha = .89$ ) and their adult children ( $\alpha = .89$ ).

To establish content validity, the scale includes items regarding the emotional aspects of negotiation as well as cognitive aspects. However, Yun's (2011) test of a 10-factor model, which

examined the negotiation subscale separately, found they were best used as a single unidimensional scale. Several other studies have examined the underlying factor structure of the conflict tactics scales using a variety of analyses including, exploratory analysis (Jones, Ji, Beck & Beck, 2002), confirmatory factor analysis (Newton et al., 2001), confirmatory multiple group factor analysis (Lucente, Fals-Stewart, Richards & Goscha, 2001). These analyses have consistently found a distinct loading pattern for the negotiation scale items (Jones et al., 2002; Lucente et al. 2001; Newton et al., 2001; Yun, 2011). Furthermore, the scale demonstrates discriminant validity with the sexual coercion and injury scales of the CTS2 (Straus, Hamby, Bones-McCoy, & Sugarman, 1996).

### ***Collaboration.***

Collaboration was measured using six items from the Solution Orientation subscale of the Organizational Communication Conflict Instrument, modified to apply to mothers and their children (OCCI; Putnam & Wilson, 1982). The OCCI was designed to measure concrete verbal and nonverbal behaviors that individuals enacted in interpersonal relationships when they and their relational partner had competing goals. The original items were developed to map onto Blake and Mouton's (1965) five conflict styles: accommodation, avoidance, competition, collaboration, and compromise. To establish content validity, 5 graduate students Q-sorted of 65 items into 5 groups reflecting each conflict style. Only the six items with the highest intercoder reliability were retained to measure each style (Putnam & Wilson, 1982). The solution orientation subscale is composed of compromise and collaboration items, which load onto a single factor and has been highly correlated with the compromise subscale of the conflict mode instrument (Kilmann & Thomas, 1977; Putnam & Wilson, 1982) and the integrating subscale of



the revised Rahim oOrganizational Conflict Inventory (ROCI II; Rahim, 1983; Yelsma, 1987), demonstrating good convergent validity.

Collaboration items of the OCCI measure the extent to which partners seek to find a solution acceptable to both parties by integrating their ideas (Putnam & Wilson, 1982). Sample items include “I suggest solutions which combine our viewpoints,” and “I suggested we work together to create solutions to disagreements.” Participants responses to these items on a on a seven-point Likert scale ranging from strongly agree to disagree. In the current study, the scale was reliable for both mothers ( $\alpha = .92$ ) and their adult children ( $\alpha = .92$ ).

### ***Compromise.***

Like the collaboration items, the compromise items also came from the OCCI’s Solution-Orientation subscale. The five compromise items assessed to what extent participants were willing to concede some of their goals for the sake of their family member’s goals. Sample items include “I offered trade-off to reach solutions in a disagreement,” “I went 50-50 to reach a settlement with my mother,” and “I gave in a little on my ideas when my child also gave in.” In the current study, the scale was reliable for both mothers ( $\alpha = .90$ ) and their adult children ( $\alpha = .89$ ).

### ***Nonverbal exchanges.***

Nonverbal exchanges were measured using the four items from the Nonverbal Display subscale from Waldron and Kelly’s (2005) Forgiveness Granting Measure and the four items from the Nonverbal Assurances subscale from Kelley and Waldron’s (2005) Forgiveness Seeking measure. All items were on a Likert type scale ranging from (0) no use to (7) extensive use. An EFA of both mothers’ and children’s self-reports revealed the eight items from the two subscales loaded onto one factor with an eigenvalue  $>1$ . Each item had a had a high factor

loading for mothers (i.e., .82-.93) and children (i.e., .72-.89). Furthermore, the developed scales showed good reliability for both mothers' ( $\alpha = .90$ ) and their children ( $\alpha = .91$ ).

The validity of both the Forgiveness Seeking and Granting Measures, along with their subscales is discussed in the previous section. The four-item Nonverbal Display Subscale measure that has previously shown satisfactory reliability ( $\alpha = .80$ ; Aughtman & Samp, Unpublished data; Waldron & Kelley, 2005). Sample items include "I gave them a hug," and "the expression on my face said 'I forgive you.'" The four-items from Kelley and Waldron's (2005) Nonverbal Assurance's subscale are similar. Sample items include "they could see in my face that I wanted the situation to be resolved" and "I was especially nice to them." The subscale has generally demonstrated satisfactory reliability ( $\alpha = .79$  to  $.82$ ; Aughtman & Samp, unpublished data; Kelley & Waldron, 2005).

An EFA of both mothers' and children's self-reports revealed the items from the two subscales loaded onto one factor with an eigenvalue  $>1$ . Each item had a had a high factor loading for mothers (i.e., .82-.93) and children (i.e., .72-.89). Furthermore, the developed scales showed good reliability for both mothers' ( $\alpha = .90$ ) and their children ( $\alpha = .91$ ).

### ***Humor.***

Humor was measured using seven items from modified versions of Graham, Papa, and Brooks' (1992) Positive Affect and Expressiveness subscales from the Uses of Humor Index. For both subscales, participants indicate the degree to which they use humor to fulfill a function (i.e., display positive affect or express themselves) using a 5-point Likert scale. Example items from the Positive Affect subscale ask respondents the degree to which they "use humor to make light of a situation" and "use humor to be playful." Example items from the Expressiveness scale ask

participants to report the degree to which they “use humor to disclose difficult information” and “use humor to express my feelings.” All seven items were composited into a single score.

These subscales are part of a larger index that has been examined for convergent, criterion, and construct validity. The items from the original Uses of Humor index were analyzed using a principal component factor analysis with varimax rotation, revealing three factors made of 11-items: positive affect, expressiveness, and negative affect. These factors were then reanalyzed with a second principal components analysis to assess the factor structure’s stability. In order to establish convergent validity, 191 people were asked to complete the Uses of Humor Index and the Situational Humor Response Questionnaire (Martin & Lefcourt, 1984); analysis revealed significant and positive correlations for the Situational Humor Response Questionnaire with the positive affect and expressiveness subscales, thus indicating validity for the two subscales utilized in the current study. Moreover, Graham, Papa, and Brooks (1992) claimed criterion validity by developing a scale that asked a close friend of the participant who had complete the Uses of Humor Index to evaluate their participating friend’s “overall funniness.” Participants’ and their friends’ responses were significantly positively correlated. Finally, the construct validity of the Uses of Humor index was tested using videotaped recordings of 25 couples ( $n = 50$ ) discussing ten topics, ranging from household responsibilities to displays of affection. Since communication competence should guide humorous displays in different conversational settings, coders rated how participants appeared to use humor in their discussion as well as individual’s interpersonal communication competence (i.e., altercentrism, vocal expressiveness, interaction management, and overall conversation performance). Using the individual as the unit of analysis, the use of humor to display positive affect was significantly and positively related to all four dimensions of communication competence, indicating the

construct validity of the subscale. Furthermore, the scale was reliable for both mothers ( $\alpha = .92$ ) and their adult children ( $\alpha = .92$ ) in the current study.

### **Mental wellbeing.**

Finally, mental wellbeing was assessed using the Wellbeing Subscale of Viet and Ware's (1983) 18-item Mental Health Inventory (MHI-18). The scale measures psychological wellbeing using five subscales of anxiety, depression, loss of behavioral/emotional control, positive affect, and interpersonal ties. The wellbeing scale asked participants how often in the four weeks they felt "loved and wanted," "emotionally stable," and "cheerful, lighthearted," etc. Respondents rate their responses on a 6-point Likert scale ranging from (1) none of the time to (6) all of the time.

The MHI-18 has been used extensively and demonstrated consistently high reliability ( $\alpha = .93-.96$ ) (McHorney, Ware, Rogers, Raczek, & Lu, 1992; Sander's Foley, LaRocca, & Zemon, 2000). In the current study the wellbeing subscale was reliable for both mothers ( $\alpha = .85$ ) and their adult children ( $\alpha = .88$ ). The original 38-item mental health inventory was tested with 5,098 participants ranging from ages 13-69 and was validated through factor analysis and cross comparison with other measures of mental health (Veit & Ware, 1983). The shortened 18-item measure is highly correlated with the original 36 item measure ( $r = 0.96-0.99$ ; Meybodi et al., 2011). Moreover, a comparison of psychiatric screening tests, followed by interviews with 364 participants, revealed that the MIH-18 was a strong predictor of affective disorders, especially anxiety disorder, and was more sensitive than other measures of mental health (Weinstein, Berwick, Goldman, Murphy, & Barsky, 1989). Thus, the MHI-18 appears to demonstrate criterion-related validity insofar as its scores "correlate with the criterion of interest" (Singleton & Straits, 2010 p. 139).

## Chapter 5

### Results

#### Proposed Analyses

In order to assess the prevalence of the variables of interest, descriptive statistics were conducted for each variable. Means and standard deviations for mothers' and their children's self-reports of their own behaviors and psychological wellbeing are presented in Tables 1 and 2, along with interindividual correlations for all study variables. Intradynamic correlations assessing the relationship between mothers' and children's self-reports appear in Table 3.

Independent sample t-tests were also conducted to test mean differences on the study variables by sex of the children. Results, as seen Table 4, revealed that there were significant sex differences in children's self-reports of their emotion coaching, negotiation, and compromise, with daughters reporting more frequent use of each of these behaviors than sons. There was also a marginally significant sex differences in children's self-reported use of humor, with sons reporting more frequent use of humor during conflict than daughters. In light of these significant sex differences, sex was a control variable in each analysis conducted to test the hypotheses.

**Table 1.** *Intracorrelations, Means, Standard Deviations, and Alphas of Mothers' Self-Reported Variable*

	1	2	3	4	5	6	7	8	9
1. Emotion Coaching (M)	--								
2. Explanation (M)	.35**	--							
3. Forgiveness Seeking (M)	.38**	.62**	--						
4. Negotiation (M)	.35**	.59**	.54**	--					
5. Collaboration (M)	.37**	.43**	.44**	.57**	--				
6. Compromise (M)	.25**	.16**	.29**	.26**	.56**	--			
7. Nonverbal (M)	.43**	.58**	.69**	.57**	.46**	.31**	--		
8. Humor (M)	.25**	.28**	.28**	.32**	.28**	.22**	.31**	--	
9. Psychological Wellbeing (M)	.16**	.17**	.11	.16**	.04	-.06*	.12*	.04	--
Mean	4.38	5.67	5.17	5.68	3.58	3.60	3.34	4.26	4.55
Standard Deviation	1.23	1.05	1.30	0.97	1.03	1.08	0.57	0.77	0.71
Alpha	0.90	0.84	0.91	0.89	0.95	0.96	0.75	0.94	0.85

*Note.* \*  $p < .05$ , \*\*  $p < .01$ . Variables followed by (M) refer to mothers' self-report

**Table 2.** Intracorrelations, Means, Standard Deviations, and Alphas of Children's Self-Reported Variable

	1	2	3	4	5	6	7	8	9
1. Emotion Coaching (C)	--								
2. Explanation (C)	.52**	--							
3. Forgiveness Seeking (C)	.38**	.60**	--						
4. Negotiation (C)	.54**	.69**	.64**	--					
5. Collaboration (C)	.52**	.57**	.49**	.73**	--				
6. Compromise (C)	.46**	.47**	.41**	.65**	.74**	--			
7. Nonverbal (C)	.55**	.62**	.66**	.65**	.62**	.55**	--		
8. Humor (C)	.23**	.18**	.15**	.27**	.31**	.27**	.30**	--	
9. Psychological Wellbeing (C)	.11	.14*	.17**	.21**	.22**	.15**	.25**	.04	--
Mean	4.55	5.04	5.14	5.22	4.57	4.61	5.00	4.37	4.25
Standard Deviation	1.09	1.16	1.30	1.14	1.18	1.17	1.29	1.46	.82
Alpha	0.91	0.78	0.90	0.89	0.92	0.89	0.91	0.92	.88

Note. \* $p < .05$ , \*\* $p < .01$ . Variables followed by (M) refer to mothers' self-report

**Table 3.** Mothers by Children Intercorrelations of Study Variables

	Mothers' Self-Report								
	1	2	3	4	5	6	7	8	9
<i>Children's Self- Report</i>									
1. Emotion Coaching	<b>.28**</b>	.19**	.14*	.27**	.15**	.13*	.30**	.05	-.03
2. Explanation	.28**	<b>.20**</b>	.22**	.30**	.13*	.01	.26**	.06	-.03
3. Forgiveness Seeking	.28**	.11*	<b>.21**</b>	.17**	.13*	.03	.19**	.07	-.07
4. Negotiation	.25**	.19**	.20**	<b>.23**</b>	.17**	.06	.24**	.11	-.04
5. Collaboration	.23**	.13*	.15**	.15**	<b>.15**</b>	.10	.20**	.09	-.01
6. Compromise	.18**	.12*	.11*	.16**	.10	<b>.10</b>	.19**	.12*	-.03
7. Nonverbal	.29**	.11	.20**	.19**	.17**	.13*	<b>.33**</b>	.10	.03
8. Humor	.05	-.04	.08	.00	-.00	.11*	.05	<b>.05</b>	-.03
9. Psychological Wellbeing	.06	.08	.05	.10	.13*	-.05	.09	.12*	<b>.06</b>

Note. \* $p < .05$ , \*\* $p < .01$ . The diagonal represents the correlation between mothers' and children's self-report of the same variable. Mothers data is horizontal and children vertical

**Table 4.** Independent Group T-Tests between Study Variables and Children's Sex

	Sons		Daughters			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t-test</i>	<i>p</i>
<i>Mother</i>						
Emotion Coaching	4.25	1.29	4.44	1.20	-1.30	0.20
Explanation	5.66	0.99	5.67	1.08	-0.08	0.94
Forgiveness Seeking	5.22	1.24	5.15	1.32	0.45	0.65
Negotiation	5.66	0.95	5.69	0.98	-0.30	0.77
Collaboration	4.79	1.09	4.71	0.99	0.62	0.53
Compromise	4.32	1.07	4.24	1.18	0.56	0.58
Nonverbal	5.57	1.12	5.62	1.10	-0.35	0.73
Humor	4.16	1.24	3.91	1.47	1.46	0.15
Psychological Wellbeing	4.50	0.76	4.57	0.69	-0.91	0.37
<i>Child</i>						
Emotion Coaching	4.33	1.01	4.66	1.11	-2.53	0.01
Explanation	4.86	1.16	5.12	1.16	-0.85	0.07
Forgiveness Seeking	5.04	1.22	5.18	1.33	-0.91	0.36
Negotiation	4.97	1.15	5.35	1.12	-2.80	0.01
Collaboration	4.51	1.15	4.60	1.20	-0.68	0.50
Compromise	4.40	1.14	4.71	1.67	-2.27	0.02
Nonverbal	4.85	1.32	5.08	1.27	-1.46	0.14
Humor	4.57	1.37	4.27	1.50	1.74	0.08
Psychological Wellbeing	4.32	0.80	4.21	0.06	1.23	0.26

Note. \*  $p < .05$ , \*\*  $p < .01$ .

To test H1- H5, separate multiple regression models were conducted for mothers (Ha) and children (Hb), with each model controlling for sex. Further details about these analyses are provided in the next section. To test H6 and H7, a series of bootstrapped tests of indirect effects were conducted using Hayes' (2012) PROCESS SPSS macro. The macro estimates the regression coefficients between a predictor variable and mediating variable (path *a*), a mediating and dependent variable (path *b*), the direct effect of a predictor variable on a dependent variable when the mediator variable is controlled (path *c*), as well as the indirect effect of a predicting variable on a dependent variable through a mediator (path *ab*) The models in this study used 5,000 bootstrapped resamples with a 95% confidence interval. In these models, confidence

intervals that do not include zero demonstrate a statistically significant indirect effect. The models for H6 and H7 will be discussed in greater detail in their appropriate section.

### Hypothesis Testing

#### **H1: mothers' emotion coaching → children's emotion coaching.**

H1 predicted that mothers' emotion coaching is positively related to their children's emotion coaching behaviors. To test H1a, a multiple regression model was conducted. In this model, mothers' emotion coaching was the predictor variable and children's emotion coaching was the outcome variable; sex was a control variable. As shown in Table 5, adult children's sex was significantly associated with their reports of emotion coaching, such that daughters reported more emotion coaching behaviors than sons ( $\beta = .12, p = .03$ ). As predicted, mothers' emotion coaching was significantly and positively related to children's emotion coaching. Thus, H1 was supported.

**Table 5.** *H1: Effects of Mothers' Emotion Coaching on Children's Emotion Coaching*

<i>Outcome</i>	<i>Predictors</i>	$\beta$	<i>B</i>	<i>SE B</i>	<i>F</i>	<i>R</i> <sup>2</sup>
Emotion coaching (C)	Sex (C)	.12*	.28	.13		
	Emotion coaching (M)	.27**	.24	.05	16.23**	.09

*Note.* \* $p < .05$ , \*\* $p < .01$ . Variables followed by (M) refer to mothers' self-report and variables followed by (C) refer to children's self-report

#### **H2: actor effects: emotion coaching → conciliatory communication.**

H2 proposed that individuals' own emotion coaching would be is positively related to their use of conciliatory behaviors (i.e., negotiation, nonverbal communication, humor, etc.). To test H2, separate multiple regression models were conducted for mothers (H2a) and children (H2b). In these models, mothers' and children's emotion coaching were the predictor variables, and their self-reported conciliatory behaviors were the outcome variables; sex was a control



variable. Because there were seven conciliatory behaviors of interest, seven models were run for both mothers and their children (14 total) to test H2-H7.

As shown in Table 6, children's sex was not significantly associated with mothers' use of any of the conciliatory communication behaviors, but mothers' emotion coaching was significantly and positively associated with their explanation of a conflict, forgiveness seeking, negotiation, collaboration, compromise, nonverbal communication, and humor. Thus, H2a was supported. Children's sex was only significantly associated with children's use of humor, with son's reporting more frequent use of humor ( $\beta = -.13, p < .05$ ). Children's emotion coaching was significantly and positively associated with their explanation of a conflict, forgiveness seeking, negotiation, collaboration, compromise, nonverbal communication, and humor. Thus, H2b was supported.

**Table 6.** *H2: Actor Effects for Emotion Coaching and Conciliatory Communication*

<i>Outcome</i>	<i>Predictors</i>	$\beta$	<i>B</i>	<i>SE B</i>	<i>F</i>	<i>R</i> <sup>2</sup>
Explanation (M)	Sex (C)	-.02**	-.05	.12	22.20**	.12
	Emotion coaching (M)	.35**	.30	.05		
Forgiveness seeking (M)	Sex (C)	-.05	-.25	.14	22.20**	.15
	Emotion coaching (M)	.39**	.41	.06		
Negotiation (M)	Sex (C)	-.01	-.02	.11	21.52**	.12
	Emotion coaching (M)	.35**	.27	.04		
Collaboration (M)	Sex (C)	-.06	-.14	.12	25.14**	.14
	Emotion coaching (M)	.37**	.31	.04		
Compromise (M)	Sex (C)	-.05	-.13	.13	11.35**	.07
	Emotion coaching (M)	.26**	.24	.05		
Nonverbal (M)	Sex (C)	-.03	-.03	.12	34.78**	.18
	Emotion coaching (M)	.43**	.38	.05		
Humor (M)	Sex (C)	-.10	-.31	.16	11.93**	.18
	Emotion coaching (M)	.25**	.29	.06		
Explanation (C)	Sex (C)	.03	.08	.12	57.29**	.27
	Emotion coaching (C)	.27**	.54	.05		
Forgiveness Seeking (C)	Sex (C)	-.00	-.01	.15	26.65**	.14
	Emotion coaching (C)	.38**	.45	.06		
Negotiation (C)	Sex (C)	.08	.20	.12	68.55**	.30
	Emotion coaching (C)	.54**	.56	.05		
Collaboration (C)	Sex (C)	-.04	-.09	.12	57.84**	.27
	Emotion coaching (C)	.52**	.57	.05		
Compromise (C)	Sex (C)	.16	.16	.13	43.54**	.22
	Emotion coaching (C)	.45**	.48	.05		
Nonverbal (C)	Sex (C)	.01	.02	.13	68.86**	.30
	Emotion coaching (C)	.55**	.65	.06		
Humor (C)	Sex (C)	-.13*	-.41	.17	11.45**	.07
	Emotion coaching (C)	.24**	.33	.07		

*Note.* \*  $p < .05$ , \*\*  $p < .01$ . Variables followed by (M) refer to mothers' self-report and variables followed by (C) refer to children's self-report

### **H3: partner effects: emotion coaching → conciliatory communication.**

H3 proposed that individuals' emotion coaching is positively related to their family members use of conciliatory behaviors. Separate multiple regression models were conducted to assess mothers' (H3a) and children's (H2b) partner effects. In these models, mothers' and children's reports of emotion coaching were the predictor variables and family members' reported conciliatory behaviors were the outcome variables; sex was a control variable in each model.

As shown in Table 7, children's sex was significantly associated with children's use of negotiation and compromise, with daughters engaging in both behaviors more frequently than sons. As predicted, mothers' emotion coaching was significantly and positively associated with their children's explanation of their perspective of a conflict, forgiveness seeking, negotiation, collaboration, compromise, and nonverbal communication; mothers' emotion coaching was not significantly related to children's use of humor. Thus, H3a was partially supported.

Also shown in Table 7, children's sex was not significantly associated with mothers' use of any of the conciliatory communication behaviors, but children's emotion coaching was significantly and positively associated with their mothers' explanation of a conflict, forgiveness seeking, negotiation, collaboration, compromise, and nonverbal communication; children's emotion coaching was not significantly related to mothers' use of humor. Thus, H3b was partially supported.

**Table 7.** *H3: Partner Effects for Emotion Coaching and Conciliatory Communication*

<i>Outcome</i>	<i>Predictors</i>	$\beta$	<i>B</i>	<i>SE B</i>	<i>F</i>	<i>R</i> <sup>2</sup>
Explanation (C)	Sex (C)	.08	.21	.13		
	Emotion coaching (M)	.28**	.23	.05	15.05**	.09
Forgiveness seeking (C)	Sex (C)	.03	.09	.15		
	Emotion coaching (M)	.27**	.28	.06	13.16**	.08
Negotiation (C)	Sex (C)	.14*	.34	.13		
	Emotion coaching (M)	.24**	.22	.05	13.86**	.08
Collaboration (C)	Sex (C)	.02	.05	.14		
	Emotion coaching (M)	.23**	.22	.05	9.97**	.05
Compromise (C)	Sex (C)	.11*	.28	.14		
	Emotion coaching (M)	.18**	.17	.05	7.70**	.05
Nonverbal (C)	Sex (C)	.06	.17	.15		
	Emotion coaching (M)	.28**	.29	.06	14.71**	.09
Humor (C)	Sex (C)	-.10	-.32	.18		
	Emotion coaching (M)	.06	.06	.07	1.96	.01
Explanation (M)	Sex (C)	-.02	-.05	.12		
	Emotion coaching (C)	.20**	.19	.54	22.20**	.04
Forgiveness Seeking (M)	Sex (C)	-.05	-.13	.16		
	Emotion coaching (C)	.14*	.17	.07	3.30*	.02
Negotiation (M)	Sex (C)	-.02	-.04	.11		
	Emotion coaching (C)	.27**	.24	.05	12.09**	.07
Collaboration (M)	Sex (C)	-.56	-.13	.12		
	Emotion coaching (C)	.16**	.15	.05	4.39*	.03
Compromise (M)	Sex (C)	-.05	-.13	.14		
	Emotion coaching (C)	.14*	.14	.06	3.07*	.02
Nonverbal (M)	Sex (C)	-.02	-.05	.13		
	Emotion coaching (C)	.30**	.30	.06	15.18**	.09
Humor (M)	Sex (C)	-.09	-.28	.17		
	Emotion coaching (C)	.07	.08	.07	1.74	.01

*Note.* \*  $p < .05$ , \*\*  $p < .01$ . Variables followed by (M) refer to mothers' self-report and variables followed by (C) refer to children's self-report

**H4: actor effects: conciliatory communication → psychological wellbeing.**

H4 proposed that individuals' own conciliatory communication is positively related to their psychological wellbeing. H4 was tested with separate multiple regression models for mothers (H4a) and children (H4b). In these models, mothers' and children's self-reported conciliatory communication were predictor variables, and their self-reported psychological wellbeing was the outcome variable; sex was a control variable in each model.

As shown in Table 8, children's sex was not significantly associated with mothers' psychological wellbeing, nor was mothers' forgiveness seeking, collaboration, compromise, and humor were not significantly associated with their own psychological wellbeing. As predicted, mothers' explanation of a conflict, negotiation, and nonverbal communication were significantly and positively associated with mothers' psychological wellbeing. Thus, H4a was partially supported. Also shown in Table 8, children's sex was not significantly associated with their psychological wellbeing, nor was their use of humor. However, as predicted children's explanation of a conflict, forgiveness seeking, negotiation, collaboration, compromise, and nonverbal communication were significantly and positively associated with their psychological wellbeing. Thus, H4b was partially supported.

**Table 8. H4: Actor Effects for Conciliatory Communication and Wellbeing**

<i>Outcome</i>	<i>Predictors</i>	$\beta$	<i>B</i>	<i>SE B</i>	<i>F</i>	<i>R</i> <sup>2</sup>
Wellbeing (M)	Sex (C)	.05	.08	.08		
	Explanation (M)	.17**	.12	.04	5.3**	.03
Wellbeing (M)	Sex (C)	.05	.08	.09		
	Forgiveness seeking (M)	.11	.06	.03	2.28	.01
Wellbeing (M)	Sex (C)	.05	.07	.09		
	Negotiation (M)	.16**	.12	.04	4.54*	.03
Wellbeing (M)	Sex (C)	.05	.08	.09		
	Collaboration (M)	.04	.03	.04	.68	.00
Wellbeing (M)	Sex (C)	.06	.09	.04		
	Compromise (M)	-.05	-.03	.04	1.04	.00
Wellbeing (M)	Sex (C)	.05	.07	.09		
	Nonverbal (M)	.12*	.08	.04	2.57	.02
Wellbeing (M)	Sex (C)	.06	.10	.09		
	Humor (M)	.05	.03	.21	.95	.01
Wellbeing (C)	Sex (C)	-.08	-.14	.10		
	Explanation (C)	.14**	.10	.04	3.99*	.03
Wellbeing (C)	Sex (C)	-.07	-.13	.10		
	Forgiveness Seeking (C)	.18**	.11	.04	5.81**	.04
Wellbeing (C)	Sex (C)	-.10	-.17	.10		
	Negotiation (C)	.22**	.16	.04	8.54**	.05
Wellbeing (C)		-.07	-.12	.10		
	Collaboration (C)	.22**	.15	.04	8.66**	.05
Wellbeing (C)	Sex (C)	-.08	-.15	.10		
	Compromise (C)	.16**	.11	.04	4.65**	.03
Wellbeing (C)	Sex (C)	-.08	-.15	.10		
	Nonverbal (C)	.26**	.16	.03	11.71**	.07
Wellbeing (C)	Sex (C)	-.06	-.10	.10		
	Humor (C)	.03	.02	.03	.79	.01

*Note.* \*  $p < .05$ , \*\*  $p < .01$ . Variables followed by (M) refer to mothers' self-report and variables followed by (C) refer to children's self-report

**H5: partner effects: conciliatory communication → psychological wellbeing.**

H5 proposed that individuals' conciliatory communication behaviors are positively related to their family members' psychological wellbeing. Once again, separate multiple regression models were conducted to assess mothers (H5a) and children (H5b) partner effects. In these models, mothers' and children's self-reported conciliatory communication behaviors were the predictor variables, and family member's self-reported psychological wellbeing was the outcome variable; sex was a control variable in each model.

As shown in Table 9, children's sex was not significantly associated with children's psychological wellbeing nor was mother's explanation of a conflict, forgiveness seeking, negotiation, compromise, and nonverbal communication significantly related to their children's psychological wellbeing. However, as predicted, mothers' collaboration and humor were significantly and positively associated with their children's psychological wellbeing. Thus, H5a was partially supported. Also shown in Table 9, children's sex was not significantly associated with mothers' psychological wellbeing, nor were any of children's conciliatory communication behaviors. Thus, H5b was not supported.

**Table 9.** *H5: Partner Effects for Conciliatory Communication and Wellbeing*

<i>Outcome</i>	<i>Predictors</i>	$\beta$	<i>B</i>	<i>SE B</i>	<i>F</i>	<i>R</i> <sup>2</sup>
Wellbeing (C)	Sex (C)	-.06	-.11	.10	1.53	.01
	Explanation (M)	.08	.06	.04		
Wellbeing (C)	Sex (C)	-.62	-.11	.10	1.06	.01
	Forgiveness Seeking (M)	.05	.03	.04		
Wellbeing (C)	Sex (C)	-.07	-.11	.10	2.10	.01
	Negotiation (M)	.10	.08	.05		
Wellbeing (C)	Sex (C)	-.06	-.10	.10	3.34*	.02
	Collaboration (M)	.13*	.10	.04		
Wellbeing (C)	Sex (C)	-.06	-.11	.10	.97	.01
	Compromise (M)	-.06	-.04	.04		
Wellbeing (C)	Sex (C)	-.07	-.11	.10	1.84	.01
	Nonverbal (M)	.09	.06	.04		
Wellbeing (C)	Sex (C)	-.05	-.09	.10	2.70	.02
	Humor (M)	.12*	.07	.03		
Wellbeing (M)	Sex (C)	.06	-.09	.04	.63	.00
	Explanation (C)	-.04	-.02	.04		
Wellbeing (M)	Sex (C)	.05	.08	.09	1.16	.01
	Forgiveness seeking (C)	-.07	-.04	.03		
Wellbeing (M)	Sex (C)	.06	.09	.09	.82	.01
	Negotiation (C)	-.05	-.03	.04		
Wellbeing (M)	Sex (C)	.05	.08	.09	.42	.03
	Collaboration (C)	-.01	-.00	.03		
Wellbeing (M)	Sex (C)	.06	.08	.09	.57	.00
	Compromise (C)	-.03	-.02	.04		
Wellbeing (M)	Sex (C)	.05	.08	.09	.48	.00
	Nonverbal (C)	.02	.01	.03		
Wellbeing (M)	Sex (C)	.05	.07	.09	.49	.00
	Humor (C)	-.02	-.01	.03		

*Note.* \*  $p < .05$ , \*\*  $p < .01$ . Variables followed by (M) refer to mothers' self-report and variables followed by (C) refer to children's self-report



**H6: actor effects: emotion coaching → conciliatory communication → wellbeing.**

H6 proposed that individuals' emotion coaching is positively related to their own psychological wellbeing through their use of conciliatory communication behaviors. A series of bootstrapped tests of indirect effects were conducted using Hayes' (2012) PROCESS SPSS macro. Separate models were conducted for mothers (H6a) and children (H6b). In these models, mothers' and children's self-reported emotion coaching was the predictor variable, their own conciliatory communication behaviors were the mediators, and their own psychological wellbeing was the dependent variable. Sex was controlled in each model.

As shown in Table 10, mothers' explanation of conflict and negotiation both fully mediated the relationship between mothers' emotion coaching and psychological wellbeing. However, mothers' forgiveness seeking, collaboration, compromise, nonverbal communication, and humor did not significantly mediate the relationship between mothers' emotion coaching and their psychological wellbeing. Thus, H6a was partially supported.

Also shown in Table 10, children's forgiveness seeking, negotiation, collaboration, and nonverbal communication fully mediated the relationships between children's emotion coaching and psychological wellbeing. Children's explanation of conflict, compromise, and humor did not mediate the relationship between children's emotion coaching and mental health. Thus, H6b was partially supported.

**Table 10.** *H6: Actor Effects for Conciliatory Communications Mediation role between Emotion Coaching and Psychological Wellbeing*

<i>Mediating Variable (CC)</i>	<i>EC → CC</i>	<i>CC → WB</i>	<i>EC → WB (Direct path)</i>	<i>EC → Wellbeing (Indirect path)</i>	<i>95% CI</i>
<i>Mothers</i>					
Explanation (M)	.30**	.09*	.06	.28*	[.00, .06]
Forgiveness Seeking (M)	.41**	.03	.08*	.01	[-.01, .04]
Negotiation (M)	.27**	.09*	.07	.02*	[.00, .05]
Collaboration (M)	.31**	-.01	.09**	-.00	[-.03, .02]
Compromise (M)	.24**	-.06	.10**	-.01	[-.04, .00]
Nonverbal (M)	.38**	.04	.07*	.02	[-.02, .05]
Humor (M)	.29**	.01	.08*	.00	[-.02, .03]
<i>Children</i>					
Explanation (C)	.54**	.08	.04	.04	[-.01, .10]
Forgiveness Seeking (C)	.45**	.10**	.04	.04*	[.01, .08]
Negotiation (C)	.56**	.16**	.00	.09*	[.04, .15]
Collaboration (C)	.57**	.15**	.00	.08*	[.04, .14]
Compromise (C)	.48**	.09*	.04	.04	[-.00, .10]
Nonverbal (C)	.65**	.17**	-.02	.11	[.05, .18]
Humor (C)	.33**	.00	.09*	.00	[-.02, .02]

*Note.* \*  $p < .05$ ; \*\*  $p < .01$ . EC refers to Emotion Coaching. CC refers to conciliatory communication variables.

#### **H7: partner effects: emotion coaching → conciliatory communication → wellbeing.**

H7 proposed that individuals' emotion coaching is positively related to their own psychological wellbeing, through their family members' use of conciliatory communication. Similar to H6, separate models were conducted for mothers (H7a) and children (H7b) using Haye's (2012) PROCESS SPSS macro. In these models, mothers' and children's self-reported emotion coaching was the predictor variable, their family members' conciliatory communication behaviors were the mediating variables, and children and mothers' own psychological wellbeing was the dependent variable. Sex was controlled in each model.

As shown in Table 11, children's forgiveness seeking behaviors partially mediated the relationship between mothers' emotion coaching and psychological wellbeing. However, children's forgiveness seeking was negatively related to mother's psychological wellbeing. Moreover, children's explanation of conflict, negotiation, collaboration, compromise, nonverbal

communication, and humor did not mediate the relationship between mothers' emotion coaching and mothers' psychological wellbeing. Thus, H7a was not supported.

As shown in Table 11, mothers' collaboration fully mediated the relationship between children's emotion coaching and children's psychological wellbeing. However, mothers' explanation of conflict, forgiveness seeking, negotiation, compromise, nonverbal communication, and humor did not mediate the relationship between children's emotion coaching and children's psychological wellbeing. Thus, H7b was only partially supported.

**Table 11.** *H7: Partner Effects for Conciliatory Communications Mediation role between Emotion Coaching and Psychological Wellbeing.* WB refers to Wellbeing.

<i>Mediating Variable (CC)</i>	<i>EC → CC</i>	<i>CC → WB</i>	<i>EC → WB (Direct path)</i>	<i>EC → WB (Indirect path)</i>	<i>95% CI</i>
<i>Mothers</i>					
Explanation (C)	.26**	-.05	.10**	-.01	[-.04, .00]
Forgiveness Seeking (C)	.29**	-.07*	.10**	-.02*	[-.04, -.00]
Negotiation (C)	.22**	-.06	.10**	-.01	[-.04, .00]
Collaboration (C)	.22**	-.03	.10**	-.01	[-.02, .01]
Compromise (C)	.17**	-.04	.10**	-.01	[-.02, .00]
Nonverbal (C)	.29**	-.01	.09**	-.00	[-.03, .02]
Humor (C)	.07	-.02	.09**	-.00	[-.01, .00]
<i>Children</i>					
Explanation (M)	.19**	.04	.08	.01	[-.01, .03]
Forgiveness Seeking (M)	.17*	.02	.08*	.00	[-.01, .02]
Negotiation (M)	.24**	.06	.07	.01	[-.01, .04]
Collaboration (M)	.15**	.09*	.07	.01*	[.00, .04]
Compromise (M)	.14*	-.05	.09*	-.01	[-.03, .00]
Nonverbal (M)	.30**	.04	.08	.01	[-.01, .04]
Humor (M)	.08**	.06	.08	.01	[-.00, .02]

*Note.* \*  $p < .05$ ; \*\*  $p < .01$ . EC refers to Emotion Coaching. CC refers to conciliatory communication variables. WB refers to Wellbeing.

## **Chapter 6**

### **Discussion**

Studies of emotion regulation have primarily focused on parents' impact on their young children. There is robust evidence to suggest that parents' emotion coaching is related to their children's behavioral and mental health outcomes (Fabes et al., 2001; Gottman et al., 1996; Hurrell et al., 2017; Katz et al., 2016; Machell et al., 2016), but less is known about how parents with emotion coaching philosophies communicate in situations that elicit negative emotions and its relationships to their own mental health. Similarly, how children's emotion coaching practices are related to their own and their parents' behavioral and psychological outcomes is unknown. Moreover, since there is limited research concerning children's meta-emotion philosophies, there is an incomplete understanding of the relationship between parents' and children's meta-emotion philosophies; one of the basic propositions of emotion regulation theory is that parents and their children's meta-emotion philosophies are related, with parents transferring their beliefs and attitudes towards emotion to their children (Gottman et al., 1996). However, to date, this conjecture has been largely untested (Gottman et al., 1996; Hurrell et al., 2017; Katz et al., 1999).

One reason many of these relationships have been underexplored is because a measure of children's emotion coaching had not been created. This study developed a quantitative measure of emotion coaching that can be administered to both parents and children to gain a family-level perspective of emotion coaching practices. Moreover, this measure can easily be distributed to larger segments of the population than the existing qualitative measures of parents' emotion coaching. Using the newly developed Emotion Coaching scale and the actor-partner mediation model as an analytical framework, the current study examined the relationships between

mothers' and children's emotion coaching, conciliatory communication behaviors, and psychological wellbeing. Specifically, it was hypothesized that mothers' and children's emotion coaching practices would be related, and that higher levels of emotion coaching by either family member would be associated with more conciliatory communication behaviors from both parties during conflict, and ultimately better psychological wellbeing for both family members. The results of this study suggest that mothers' and children's emotion coaching practices are significantly and positively associated. Moreover, family member's emotion coaching, conciliatory communication, and psychological wellbeing appear to be directly related, but there was only limited evidence of indirect effects through one's own or one's family member's conciliatory communication. The proceeding sections will discuss the current study's findings in greater detail, practical applications, limitations, and make recommendations for future investigations.

### **Emotion Coaching → Conciliatory Communication**

As predicted, both mothers' and children's own emotion coaching practices were positively and significantly associated with their use of all seven of the conciliatory communication tactics examined in this study. Moreover, there was support for partner effects. When an individual's mother or child engaged in frequent emotion coaching, that individual was more likely to engage in conciliatory communication during conflict. Specifically, both mothers and children were more likely to explain their perspective of a conflict, seek forgiveness, negotiate differences, collaborate, compromise, and engage in conciliatory nonverbal communication when their family member engaged in frequent emotion coaching. Thus, it appears that when family members are attuned to each other's emotional experiences, they are more likely to respond positively and constructively to conflict. When family members respond

constructively to conflict, they promote relational justice which may ultimately lead to stronger and more satisfying relationships (Merolla &, Zhang, 2011; Waldron & Kelley, 2008).

It is worth noting that having an emotion coaching parent or child did not significantly predict a family member's use of humor to display positive affect or express themselves during conflict. One reason may be the perceived appropriateness of humor. Humor can help individuals cope with stressful interpersonal situations and it is a common tactic to diffuse relational conflict, but a partner's use of humor is sometimes perceived as inappropriate and a hinderance to resolving conflict (Bippus, Young, & Dunbar, 2011; LaBelle, Booth-Butterfield, & Weber, 2013) since humor tends to minimize or deflect an issue (Barwick, 2012; Waldron & Kelley, 2005). Family members who coach emotions do not encourage minimizing emotional issues, but instead often elicit self-disclosure and offer verbal and physical comfort to their partner. Given this approach, and since partners tend to use less humor in their exchanges when an issue is perceived as serious (Waldron & Kelley, 2005), mothers and children may feel it is inappropriate to respond to their family members' expressions of care using humor, which could explain why the partner effects for emotion coaching and humor were not significant. On the other hand, individuals are more likely to use humor in conversations when they are more in control of their emotions (Mathews, 2017) and tend to perceive their own humor more positively than their partners (Bippus et al., 2011). Thus, when family members who are high in emotion coaching skills instigate discussion of an issue themselves, they may be more likely to use humor and view it as an appropriate form of expression, accounting for the significant relationship between mothers' and children's own emotion coaching and use of humor

**Conciliatory Communication → Wellbeing**

The relationship between conciliatory communication and psychological wellbeing was somewhat inconsistent in the current study; mothers' and children's results did not mirror each other. However, the indirect effects of emotion coaching on psychological wellbeing, through conciliatory communication paralleled the direct effects between conciliatory communication and psychological wellbeing; that is, when there was a direct effect between a conciliatory communication behavior and psychological wellbeing, that same behavior tended to mediate the relationship between participants emotion coaching and psychological wellbeing. Thus, this section will summarize both direct and indirect effects found in this study and then explore two possible reasons for the distinct differences in mothers' and children's results.

First, in regard to direct effects, the current study found evidence to suggest that there is a relationship between children's conciliatory communication behaviors and psychological wellbeing. There was limited evidence to suggest that mothers' conciliatory communication promoted their children's psychological wellbeing, wherein only mothers' collaboration and use of humor were directly related to their children's wellbeing. Although children's psychological wellbeing appears to be related to children's own conciliatory communication and to some of their mothers' conciliatory communication tactics, mothers' results did not mirror their children's. Only mothers' explanation of their perspective of a conflict, negotiation, and nonverbal communication were related to their psychological wellbeing. In addition, there were no significant effects between children's conciliatory communication and mothers' wellbeing.

Second, regarding the indirect effects, the current study found children's forgiveness seeking, negotiation, and collaboration mediated the relationship between their emotion coaching and psychological wellbeing. However, there was little evidence to suggest mothers' conciliatory communication promoted their children's psychological wellbeing, wherein only mother's

collaboration mediated the relationship between children's emotion coaching and psychological wellbeing. Concerning the indirect effects on mother's wellbeing, only mothers' explanation of their perspective of a conflict and negotiation mediated the relationship between their emotion coaching and psychological wellbeing. None of children's conciliatory communication behaviors mediated the relationship between mother's emotion coaching and psychological wellbeing.

In summary there were significant direct and indirect effects to indicate children's own conciliatory communication is related to their psychological wellbeing, and some of mothers' conciliatory communication behavior (i.e., collaboration and humor) were related to their children's positive mental health. However, the relationship between mothers' conciliatory communication and children's psychological wellbeing was not as consistent as the relationship between children's own behaviors and mental health. Thus, although mothers play an undeniably important role in their children's cognitive development (Bandura, 1997; Bowlby, 1988; Chassin Pitts, DeLucia, & Todd, 1999), it appears as though children's own actions may have the greatest bearing on their mental health. In contrast to children's results, only a few of mothers' own conciliatory communication behaviors (i.e., explanation and negotiation) were related to their psychological wellbeing. Moreover, the results of this study did not find a significant relationship between children's conciliatory communication behaviors and mothers' psychological wellbeing.

The discrepancy between mothers' and children's results may highlight the need for different types of interventions that promote family members' wellbeing and enable them to contribute productively to their families and greater communities (Sandage & Hill 2001; WHO, 2004). Mothers and children generally occupy discrete roles in their family systems and consequently may need different tools to cope with life stressors.



One facet of these discrete roles is a power differential, with mothers generally occupying a position of authority. Power is an integral part of conflict, and those who possess more influence and control are more likely to achieve their goals than less powerful individuals (Dunbar, 2004; Wilmot & Hocker, 2010). Moreover, the ability to gaining control or influence the social structure in which one lives (i.e., empowerment; Segal, Silverman, & Temkin, 1995) has consistently been linked to an individual's positive mental health outcomes (Fisher & Gosselink, 2008; Grealish et al., 2017; Pitt, Kilbride, Nothard, Welford, & Morrison, 2007). The conciliatory communication behaviors examined in the current study may be one mechanism through which mothers and children may exert influence during conflict. However, since mothers likely occupy a position of legitimate power in the mother-child relationship, fewer conciliatory communications behaviors are likely to enhance their status. For example, tactics like collaboration and compromise require partners to work together to resolve an issue. To do so, family members may have to share power, which could disrupt the traditional power balance in which the mother is the principal decision-maker. Conversely, children, as the partner in a position of less power, may have more to gain by using highly visible conciliatory communication tactics (Segal, Silverman, & Temkin, 1995). By engaging in behaviors that may minimize relational consequences or by partnering with their mother to find mutually agreeable solutions to conflict, children may exercise greater influence in a conflict than their hierarchal station entitles them. Since conciliatory communication may be more empowering to children than mothers and empowerment is linked to grater mental health, it is conceivable that the parent-child power differential accounts for the significant relationship between children's conciliatory communication and psychological wellbeing while mothers' wellbeing was not consistently related to their conciliatory communication.

A second reason that some of the conciliatory communication behaviors examined were not associated with mental wellbeing is that the potentially distressing nature of conflict is not outweighed by a positive response. Conciliatory communication is a positive response to negative relational events, and thus may buffer some of the corrosive mental health effects of relational turbulence (Waldron & Kelley, 2008; Morse & Metts, 2011; Worthington et al., 2015) but it may not directly promote positive emotions like happiness, cheerfulness, and peace, which are integral to the experience of wellbeing (Butler & Kern, 2016; Lyubomirsky & Lepper, 1999; Pavot & Diener, 1993; Ruch et al., 1996; Veit & Ware, 1983). A positive response still must acknowledge a negative relational event took place (Waldron & Kelley, 2008; Morse & Metts, 2011; Worthington et al., 2015). According Anderson (1981), individuals form impressions of interpersonal encounters by comparing and valancing the positive and negative aspects to form an overall “algebraic impression.” If we view conciliatory communication, a positive response to negative relational climates, through the lenses of algebraic impressions, the positive effects of conciliatory communication may not exceed the negative effects of conflict; rather, they counter balance each other and “add up” to a neutral effect in which individuals do not experience the increased mental health challenges associated with destructive conflict behaviors nor do they experience the increased sense of wellbeing associated with positive emotional experiences. That said, some research indicates that individuals view their own prosocial behaviors during conflict as being more enjoyable and positive than receiving partner’s prosocial communication (Bippus et al., 2011; De Dreu, Nauta, & Van de Vliert, 1995), which may explain why the current study found more support for the proposition that mothers’ and children’s conciliatory communication would be related to their own mental wellbeing but there was less evidence to suggest mothers’ and children’s conciliatory communication impacted each other’s wellbeing.

### **Emotion Coaching → Psychological Wellbeing**

The model proposed in the current study also predicted there is an indirect relationship between emotion coaching and psychological wellbeing. As discussed in the previous section, there was some evidence that emotion coaching and psychological wellbeing were related through conciliatory communication for children, but this did not appear to be true for mothers. In light of these divergent results, the direct relationship between emotion coaching and psychological wellbeing warrants further examination and discussion.

Previous studies of emotion regulation theory have consistently identified a relationship between emotion coaching and mental health, but these studies have focused almost exclusively on mental health deficits (i.e., anxiety, depression, negative affectivity (Gottman et al, 1997; Hurrell et al., 2017, Katz et al., 2016; Katz & Windecker-Nelson, 2006). This study is the first, to the author's knowledge, to focus on families' positive mental health. Consistent with Hunter et al.'s (2011) findings that mothers' meta emotion philosophy is tied to their mental health, the current study found that mother's emotion coaching had a direct relationship with their psychological wellbeing. However, unlike studies that have demonstrated that parents' emotion coaching was significantly related to children's mental health, such that children experienced fewer challenges (Hurrell et. al, 2017; Hunter et al., 2011; Katz & Windecker-Nelson, 2006), the current study did not find a significant relationship between mothers' emotion coaching and their children's psychosocial wellbeing. Moreover, the current study did not find that children's emotion coaching had a significant relationship to their own psychological wellbeing, nor their mother's wellbeing.

In summary, mothers' own emotion coaching practices had the greatest effects on their psychological wellbeing, but their wellbeing was not significantly related to their children's

emotion coaching nor children's conciliatory communication practices. Children's psychological wellbeing does not generally appear to be directly related to their own nor their mother's emotion coaching practices. However, as previously noted, several indirect effects emerged through conciliatory communication practices. For children, the observable expressions of a positive response to negative relational circumstances appears to be more impactful than the attitude itself (meta-emotion philosophy). Mothers, who may have some authority to regulate their children's observable behaviors, on the other hand appear to be most influenced by their own (theoretically) long-standing attitudes toward emotions. These divergent results once again highlight the need for family interventions to promote families' wellbeing that cater to the unique needs of mothers and children.

As with the relationship between conciliatory communication and mental health, one possible explanation for why the effects of emotion coaching on psychological wellbeing are less conclusive than previous research is the incongruity between the negative emotions explored in this study and positive mental health. Although emotion regulation theory could be applied to a range of emotional experiences, and it seems plausible that those who coach negative emotions also have encouraging responses to family members' positive emotions, emotion coaching has generally been operationalized as one's awareness of and constructive response to fear, anger, and sadness (Katz & Gottman, 1986; Hunter et al., 2006; 2007; Hunter et. al, 2011). The scale developed in the current study drew from these past operationalizations and asked participants how they dealt with their family member's display of these negative emotions. Thus, emotion coaching was operationalized as a positive response to negative emotions, which does not guarantee the experience of individual or shared positive feelings.

Indeed, it is possible that responding to family members' negative emotions may temporarily disrupt one's own positive emotional experience. For example, Schrodtt and Afifi (2007) found that parents' self-disclosures to their adult children about emotional topics like their sadness, loneliness, and life troubles were related to children's reports of nervousness, worry, irritability, and other symptoms of psychological duress. Similarly, parents who recognize their children's negative affect sometimes mirror their children's emotions and may become distressed themselves (Fabes et al., 2001). Thus, it is possible that in soothing one's mother or child, the individual pays a cognitive cost.

Still, the current study did find evidence that mothers' emotion coaching was positively associated to their wellbeing. Since mothers are often on the target of their children's emotional disclosures (Chaparro & Grusec, 2015; Smetana et al., 2006) which can be cognitively taxing (Donberg & Baker, 1993; Dumas et al., 1991) this study offers an important contribution to research identifying ways that mothers can maintain their own psychosocial health while supporting their families. Past interventions have successfully demonstrated that adults can be trained to emotion coach (Rose et al., 2015). Helping mothers develop an emotion coaching perspective may not only improve their psychological wellbeing but also appears promote their use conciliatory communication behaviors like collaboration and humor during interactions with their children.

As previously noted, children's psychological wellbeing was not directly related to either their own nor their mother's emotion coaching, but a number of conciliatory communication behaviors (i.e., forgiveness seeking, negotiation, collaboration) did mediate children's wellbeing. Thus, while parents' emotion coaching behaviors may be important to their children's emotional development (Gottman et al., 1997) the results of this study indicate it may be equally important

for children to be given the opportunity to take an active role in resolving conflict with their mother. Being able to express their perspective of a conflict, seek forgiveness for wrongdoings, communicate nonverbally, and work cooperatively with mothers to resolve conflict through collaboration, compromise, and negotiation all were positively related to children's psychological wellbeing. Thus, while training family members to coach rather than dismiss emotions is an important step to promoting healthy families it is also necessary to consider a range of communication behaviors that may influence different family members sense of wellbeing. Past research has shown that both enacting and receiving conciliatory communication promotes emotional stability, stress regulation and recovery, and prevents the cognitive dissonance that occurs when individuals respond to conflicts in ways they perceive as immoral (i.e., destructive behaviors; Lambert & Dollahite, 2006; Safira, Tentama & Suyno, 2016; Worthington, 2005) Furthermore, conciliatory communication promotes relational repair, allowing partners to move past hurt and towards a more positive and mutually satisfying state (Merolla & Zhang, 2011; Worthington et al., 2015) which may allow individuals to feel more loved, wanted, and peaceful – key characteristics of psychological wellbeing.

### **Practical Applications**

The results of this study have a number of practical implications for families and individuals working in helping-professions. First, the results clearly indicate that both parents and children are influential agents within the family system, capable of impacting their own and each other's behavioral and mental health outcomes; influence is not exclusive to parents. This study clearly indicates that mothers and children who are aware of each other's negative emotions, are comfortable discussing those emotions, and who offer each other comfort are more likely to engage conflict constructively; moreover, their family members are also more likely to

use conciliatory communication tactics, which may help promote mutually agreeable solutions and more satisfying family relationships (Merolla & Zhang, 2011; Waldron & Kelley, 2008; Worthington et al., 2015).

Furthermore, this study identifies a number of conciliatory communication behaviors that may promote children's and mothers' psychological wellbeing. Children who learn to explain their perspective of a conflict, seek forgiveness, negotiation, collaborate, compromise, and display their desire to resolve an issue nonverbally may experience cumulative benefits to their mental health. Similarly, mothers who explain their perspective of a conflict, negotiate, collaborate, and use humor may promote their own wellbeing, as well as their children's. Past research clearly indicates that family members can be taught both emotion coaching skills and positive conflict behaviors, which has a lasting influence on family members' mental health and interpersonal relationships (Amato & Afifi, 2006; Rose et al., 2015; Schrodtt & Afifi, 2007; Schrodtt & Ledbetter, 2007). This study advances previous research and identifies several concrete behaviors that family members can learn and integrate into their interactions to promote positive mental health outcomes.

Second, individuals in the helping professions (e.g., family education specialists, clinical psychologist, family therapists, social workers, clergy, student life professionals, etc.) who work with either parents or adult children could benefit from this research. For example, this study has a number of practical implications for residence life professionals, who are tasked with ensuring the safety and general wellbeing of students living on campus. The current study makes it clear that college students' psychological wellbeing is related to their familial interactions, especially those involving parent-child conflict. That said, the college transition is frequently marked by parent-child conflict about divergent expectations concerning children's level of independence,

privacy boundaries, and young adults' new lifestyle habits that may conflict with family norms and expectations (Coleman & Hendry, 1990; Goldscheider & Goldscheider, 1989; Hawk, Hale, Raaijmakers & Meeus, 2008; Kennedy-Lightsey & Frisby, 2016; Nelson et al., 2007; Peterson, 1999; Scheinfeld & Worly, 2018). In light these recurrent conflicts and their implications for students' psychological wellbeing, residence life staff must consider how to help students cope with family conflict. The findings of this study suggest teaching students conciliatory conflict tactics is important, but enacting conciliatory behaviors is difficult for individuals when they are experiencing unregulated negative emotions (Eckstein, Sperber, & McRae, 2009; Gottman, 1994; Kingsley Westerman, 2013). Since children's emotion coaching can help sooth their own and their parents' emotions is it is also related to parents' and children's of conciliarity commination during conflict, it would be beneficial to teach students how to emotion coach. Children who coach emotions are better equipped to address negative emotions aroused during conflict, which may enable families to better resolve their issues, promote family member's psychological wellbeing, and ultimately reduce stress on over-worked campus counseling services.

Similarly, helping professionals that work with parents, like family educators and social workers, could benefit from the current study's findings. This study found evidence to supprt emotion regulation theory's supposition that training parents to coach emotions has a multi-generational impact. Moreover, it is clear from this study that when at least one family member engages in emotion coaching, both mothers and children tend to handle conflict through more productive methods that are related to better psychological wellbeing, self-esteem, relationship satisfaction, and reduced stress (Berry & Worthington, 2001; Crowley, 2014; Merolla & Zhang, 2011; Schrodtt & Ledbetter, 2007).



## Limitations and Future Research

Although the current study takes important steps toward identify the relationship between mothers' and children's meta-emotion philosophies, their conciliatory communication behaviors, and psychological wellbeing, it is important to acknowledge its limitations and identify areas requiring future research. First, casual claims cannot be made because of the cross-sectional design of this study; longitudinal research is needed to better clarify the relationship between emotion coaching, conciliatory conflict, and mental wellbeing.

Second, this studies reliance on retrospective self-report is susceptible to recall bias. Future studies should consider using observational tasks to access emotion coaching and conciliatory communication behaviors. Several studies of emotion regulation theory in the context of marriage relationships and parents with young children have utilized observational research (Gottmen et al. 1996;1997; Katz et al. 1999), but this design has not been used to examine adult parent-child relationships. Studies observing young children and their parents have included structured tasks in a laboratory setting, like teaching young children a complicated game and then instructing them to teach their parents and exposing children to a story that was difficult to recall and then asking parents to seek information about the story (Gottman et. al, 1996). These tasks required parents to practice information-seeking and were often difficult for young children, eliciting negative emotions. This design may not be as effective in studying adult children's interactions with their parents. Observational studies about the emotion coaching practices and conflict behaviors of parents and adult children will need to create stimuli that arouses emotions in both partners. In a study of martial couples' meta-emotion philosophies, couples were asked to engage in a fifteen-minute discussion of a topic both partners indicated was an area of high conflict (Katz et. al, 1999). This design could be tailored to apply to parents

and adult children. More specifically, in a pre-laboratory screening, family members could be shown a list of topics that parents and children commonly fight about and asked how frequently they have conflict about each issue and the severity of those conflicts. The researchers could then determine an issue both partners considered a source of frequent and severe conflict. When children and their parents participate in a lab-session they could initially be separated and asked to complete a mental health inventory and then write about their disagreements concerning the topic designated by the researcher. These types of writing task have been successfully used to rouse research-participants emotions (Crowley, 2014). Parents and children could then be brought together and asked to discuss their conflict. Parents and children's emotion coaching and conciliatory conflict behaviors could then be coded.

A third limitation to this study is that because this study recruited the families of university students at predominantly white institution participants were racially, ethnically, and educationally homogeneous. Additionally, the majority of the adult children who participated in this study were female, limiting the generalizability of the results.

It is also important to note this study focused exclusively on mother child relationships and did not account for other influential relationships like father-child relationships, romantic partners, and friendships. While mothers' emotion coaching was not directly related to their children's psychological wellbeing, it is possible other primary relationships may be more influential for adult children. Hunter et al. (2011) found that fathers are important to their adolescent children's emotional development, such that mother's attitudes toward emotion failed to predict their child's outcomes when controlling for father's meta-emotion philosophy. Katz et al. (1999) found that couples tended to have more stable and affectionate relationship when both partners had the same meta-emotion philosophy, which could contribute to a sense of wellbeing.

And finally, research indicates that friendships are young adults' primary means of emotional support (Richey & Richey, 1980). Thus, friends' emotion coaching behaviors may be particularly important to young adults' communication and mental health outcomes. Future studies could explore the relationship between emotion coaching, conciliatory conflict, and psychological wellbeing by collecting dyadic data, however it might also be beneficial to conduct a study that simultaneously considers different relationship types. For example, participants could be asked to complete a mental health inventory and then report their perceptions of their own and their parents', romantic partners', and a close friends' emotion coaching and communication behaviors. Although the proposed study is subject to recall bias and only considers the perception of one partner, it would be a useful step towards identifying how one's meta-emotion philosophy functions across relational contexts.

Finally, the current study focused exclusively on how families respond to negative emotions (i.e. fear, anger, and sadness). Future studies should explore how families respond to a wider range of emotional experiences, including positive emotions, and the behavioral and psychological outcomes for family members. For example, researchers could explore family interactions around sharing good news (e.g., college admissions, receiving a scholarship, work promotions, a new job, awards or honors, engagement announcements, pregnancy reveals, the achievement of a long-term goal, etc.) These types of announcements are likely to be associated with positive emotions for the family member whom the news most concerns, but family members may receive the news differently and experience a range of positive and negative emotions. For example, a parent may be sad to hear their child will attend college out-of-state or a child may be angry to find out their parent is re-marrying. The possibility of a range of emotional responses to family member's good news presents both strengths and weaknesses. On

one hand, parents and children who personally experience an indifferent or negative emotional response to their family members' good news is an interesting example of how those high in emotion coaching skills may identify and regulate their own emotions while simultaneously responding supportively to their family member's emotions. On the other hand, because families may experience a range of emotions, it may be difficult to find generalizable results.

## **Conclusion**

Emotion regulation theory has been utilized to explain the relationship between parents' attitudes towards emotions and their children's mental health challenges and social outcomes. This study is among the first to test children's meta-emotion philosophy, explore the relationship between mothers' and children's emotion coaching, and consider the relationship between emotion coaching and positive mental health outcomes. Mothers and children's emotion coaching practices were significantly related, supporting the supposition that children tend to take on their parent's meta-emotion philosophies. This study found mothers' and children's emotion coaching was significantly related to their own and their family members conciliatory communication, suggesting that families who coach negative emotions may engage in more constructive conflict. This study also found evidence to suggest one's own conciliatory communication may mediate the relationship between their emotion coaching and psychological wellbeing. Although this research extends our understanding of how families' attitudes towards and awareness of emotions may influence their communication and mental health outcomes and it identifies several conciliatory communication behaviors that may promote family member's wellbeing, it does not negate the need for future research on how families respond to negative emotions and relational circumstances. Therefore, it is important to continue to research effective tactics that family members may use to promote their own and each other's wellbeing.

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## Appendix A:

**Child Survey****Mental Health (8)****(Mental Health Inventory: MHI-18) Well-Being Subscale**

*Please answer the following questions. There are no right or wrong answers.*

*Thinking of the **past six months**, how often...*

*(1-6 None of the time - All of the time)*

1. Has your daily life been full of things that were interesting to you?
2. Have you felt loved and wanted?
3. Have you been in firm control of your behavior, thoughts, emotions, feelings?
4. Have you felt calm and peaceful?
5. Have you felt emotionally stable?
6. Were you able to relax without difficulty?
7. Have you felt cheerful, light-hearted?
8. Were you a happy person?

*The remainder of the survey is interested in how you and your mother interacted when you were living at home with her. Specifically, please answer the following questions as you remember your mother in your first 18 years.*

**Meta-Emotion Philosophy (12):**

*Family members living together experience a variety of difficult emotions like fear, sadness, and anger. Think about you helped your mom deal with her negative emotions.*

*Thinking back to when you lived at home with your mother, rate how often **YOU typically** used the following behaviors.*

*(1-7 No use- Extensive use)*

**Coaching (Self)**

1. I showed respect for my mother's difficult emotions (ex: fear, sadness, anger).
2. I discussed ways for my mother to calm her difficult emotions (ex: fear, sadness, anger).
3. I empathized with my mother's experience with difficult emotions (ex: fear, sadness, anger).
4. I was confident dealing with my mother's difficult emotions (ex: fear, sadness, anger).
5. I thought about my mother's awareness of her difficult emotions (ex: fear, sadness, anger).

6. I showed my mother that I was interested in her experience with difficult emotions (ex: fear, sadness, anger).
7. I knew how to approach my mother when she was expressing difficult emotions (ex: fear, sadness, anger).
8. I analyzed my mother's difficult emotions (ex: fear, sadness, anger).
9. When my mother got upset I talked with her about her difficult emotions (ex: fear, sadness, anger).
10. I verbally comforted my mother when she was experiencing difficult emotions (ex: fear, sadness, anger).
11. I physically comforted my mother when she was experiencing difficult emotions (ex: fear, sadness, anger).
12. I adapted my response to my mother's difficult emotions (ex: fear, sadness, anger) based on the circumstances.

### **Positive Communication (37)**

*Still thinking back to when you lived at home with your mother, how often did **YOU typically** use the following behaviors during conflict with your mother?*

*(1-7 No use- Extensive use)*

#### **Explanation:**

*Discussion Based Approach (Waldron & Kelley, 2005)*

1. I discussed the conflict with my mother.
2. I initiated discussion about conflicts with my mother.

*Explanation (Kelley & Waldron, 2005)*

3. I explained the reasons for my behavior.
4. I explained the circumstances that surround a conflict.
5. I discussed the conflict with my mother.

#### **Forgiveness Seeking:**

*Acknowledgment of Wrong (Kelley & Waldron, 2005)*

1. I apologized.
2. I told my mother I was sorry.
3. I told my mother that I felt badly.
4. I took responsibility for what I had done.
5. I asked directly for forgiveness.

#### **Nonverbal Communication:**

*Nonverbal Displays (Waldron & Kelley, 2005)*

1. I touched my mother in a way that communicated forgiveness.
2. The expression on my face said 'I forgive you.'
3. I gave my mother a hug.
4. I gave my mother a look that communicated forgiveness.

*Nonverbal Assurances (Kelley & Waldron, 2005)*

5. I looked my mother straight in the eyes.
6. I gave my mother a hug.
7. I was especially nice to my mother.
8. My facial expressions let my mother know I wanted the situation to be resolved.

### **Humor:**

*Use of Humor Positive Affect Subscale (Graham, Papa, & Brooks, 1992)*

1. I used humor to make light of a situation.
2. I helped develop our relationship using humor.
3. I used humor be playful.

*Use of Humor Expressiveness Subscale (Graham, Papa, & Brooks, 1992)*

4. I used humor to disclose difficult information.
5. I used humor to let my mother know what I did/did not want.
6. I used humor to avoid telling my mother difficult information.\*
7. I used humor to express my feelings.

### **Negotiation:**

*Negotiation Subscale (Straus, Hamby, Bones-McCoy, & Sugarman, 1996)*

1. I showed my mother I cared even though we disagreed.
2. I showed respect for my mother's feelings on an issue.
3. I said I was sure we could work out a problem.
4. I explained my side of a disagreement to my mother.
5. I suggested compromises to disagreements.
6. I agreed to try solutions to disagreements that my mother suggested.

### **Collaboration:**

*Solution orientation subscale (Putnam & Wilson, 1982)*

1. I blended my ideas with my mother's to create new alternatives for resolving disagreement.
2. I suggested solutions which combined our viewpoints.
3. I integrated arguments into a new solution from the issues raised in a dispute with my mother.
4. I offered creative solutions in discussion of disagreements.
5. I suggested we work together to create solutions to disagreements.

6. I tried to use my mother's ideas to generate solutions to problems.

**Compromise:**

*Solution orientation subscale (Putnam & Wilson, 1982)*

1. I gave in a little on my ideas when my mother also gave in.
2. I went 50-50 to reach a settlement with my mother.
3. I gave in if my mother would meet me halfway.
4. I met my mother at a mid-point in our differences.
5. I offered trade-offs to reach solutions in a disagreement.

**Demographics (5)**

*You're almost done! We just need some demographic information from you, as well as identifying information so that we can provide you course credit.*

**Age:**

**Sex:** M    F

**What is your race/ethnicity?**

\_\_\_\_\_White/Caucasian    \_\_\_\_\_Hispanic    \_\_\_\_\_African American    \_\_\_\_\_Asian  
                  \_\_\_\_\_Native American    \_\_\_\_\_Pacific Islander    \_\_\_\_\_Other

**What is your mother's name?**

First:

Last:

**What is your name?**

First:

Last:

## **Mother Survey**

### **Mental Health (8)**

(Mental Health Inventory: MHI-18) Well-Being Subscale

*Please answer the following questions. There are no right or wrong answers.*

*Thinking of the **past six months**, how often...*

*(1-6 None of the time - All of the time)*

1. Has your daily life been full of things that were interesting to you?
2. Have you felt loved and wanted?
3. Have you been in firm control of your behavior, thoughts, emotions, feelings?
4. Have you felt calm and peaceful?
5. Have you felt emotionally stable?
6. Were you able to relax without difficulty?
7. Have you felt cheerful, light-hearted?
8. Were you a happy person?

*The remainder of the survey is interested in how you and your child (the UGA student participating in this survey with you) interacted when they lived at home with you. Please answer the following questions as you remember your child in their first 18 years.*

### **Meta-Emotion Philosophy (12):**

*Family members living together experience a variety of difficult emotions like fear, sadness, and anger. Think about you helped your child deal with their negative emotions.*

*Thinking back to when your child lived at home with you, rate how often **YOU typically** used the following behaviors.*

*(1-7 No use- Extensive use)*

### **Coaching (Self)**

1. I showed respect for my child's difficult emotions (ex: fear, sadness respect for my child's difficult, anger).
2. I discussed ways for my child to calm their difficult emotions (ex: fear, sadness, anger).
3. I empathized with my child's experience with difficult emotions (ex: fear, sadness, anger).
4. I was confident dealing with my child's difficult emotions (ex: fear, sadness, anger).
5. I thought about my child's awareness of their difficult emotions (ex: fear, sadness, anger).
6. I showed my child that I was interested in their experience with difficult emotions (ex: fear, sadness, anger).

7. I knew how to approach my child when they were expressing difficult emotions (ex: fear, sadness, anger).
8. I analyzed my child's difficult emotions (ex: fear, sadness, anger).
9. When my child got upset I talked with them about their difficult emotions (ex: fear, sadness, anger).
10. I verbally comforted my child when they were experiencing difficult emotions (ex: fear, sadness, anger).
11. I physically comforted my child when they were experiencing difficult emotions (ex: fear, sadness, anger).
12. I adapted my response to my child's difficult emotions (ex: fear, sadness, anger) based on the circumstances.

### **Positive Communication (37)**

*Still thinking back to when your child lived at home with you, how often did **YOU typically** use the following behaviors during conflict with your child?*

*(1-7 No use- Extensive use)*

#### **Explanation:**

*Discussion Based Approach (Waldron & Kelley, 2005)*

1. I discussed the conflict with my child.
2. I initiated discussions about conflicts with my child.

*Explanation (Kelley & Waldron, 2005)*

3. I explained the reasons for my behavior.
4. I explained the circumstances that surround a conflict.
5. I discussed the conflict with my child.

#### **Forgiveness Seeking:**

*Acknowledgment of Wrong (Kelley & Waldron, 2005)*

1. I apologized.
2. I told my child I was sorry.
3. I told my child that I felt badly.
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#### **Nonverbal Communication:**

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1. I touched my child in a way that communicated forgiveness.
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11. I used humor to disclose difficult information.
12. I used humor to let my child know what I did/did not want.
13. I used humor to avoid telling my child difficult information.
14. I used humor to express my feelings.

**Negotiation:**

7. I showed my child I cared even though we disagreed.
8. I showed respect for my child's feelings on an issue.
9. I said I was sure we could work out a problem.
10. I explained my side of a disagreement to my child.
11. I suggested compromises to disagreements.
12. I agreed to try solutions to disagreements that my child suggested.

**Collaboration:**

7. I blended my ideas with my child's to create new alternatives for resolving disagreement.
8. I suggested solutions which combined our viewpoints.
9. I integrated arguments into a new solution from the issues raised in a dispute with my child.
10. I offered creative solutions in discussions of disagreements.
11. I suggested we work together to create solutions to disagreements.
12. I tried to use my child's ideas to generate solutions to problems.

**Compromise:**

6. I gave in a little on my ideas when my child also gave in.
7. I went 50-50 to reach a settlement with my child.
8. I gave in if my child would meet me halfway.



9. I met my child at a mid-point in our differences.
10. I offered trade-offs to reach solutions in a disagreement.

**Demographic (5)**

*You're almost done! We just need some demographic information from you, as well as identifying information so that we can provide you course credit.*

**Age:**

**Sex:** M   F

**What is your race/ethnicity?**

\_\_\_\_\_White/Caucasian    \_\_\_\_\_Hispanic    \_\_\_\_\_African American    \_\_\_\_\_Asian  
\_\_\_\_\_Native American    \_\_\_\_\_Pacific Islander    \_\_\_\_\_Other

**What is your name?**

First:

Last:

**What is your child's name?**

First:

Last: