

Examination of emotion regulation in the family context: A mixed method study from Turkey

Cansu Alsancak-Akbulut¹ , Nur Elibol-Pekaslan² , Huri Gül Bayram Gülaçtı³ , Başak Şahin-Acar⁴ 

Keywords

emotion regulation strategies, content analysis, child emotion dysregulation, mixed method

Abstract

Individuals use different strategies dealing with their negative emotions and these strategies are associated with various adjustment outcomes. In the family context, parental emotion regulation strategies are also linked to the children's emotion regulation. One aim of the current study was to examine the type of emotion regulation strategies used by parents in the Turkish cultural context. Another aim was to exploratorily investigate whether parents' emotion regulation processes emerge in a way that predicts their children's emotion dysregulation. One hundred seven families that had a child attending primary school participated in this study. We conducted semi-structured interviews with the parents at their homes. Child emotion dysregulation was also measured with the Emotion Regulation Checklist. Based on content analysis, the findings revealed four main themes showing a converging pattern among parents, namely *non-confrontation*, *proactive strategies*, *metacognitive strategies*, and *dysregulated expression*. In the subsequent quantitative part of the study, parental adaptiveness scores for emotion regulation strategies were calculated to examine relationships with children's emotion dysregulation. The findings of separate hierarchical regression analyses for mothers and fathers indicated that the maternal, but not paternal, adaptiveness level in emotion regulation significantly predicted the child's emotion dysregulation after controlling for parental education and the child's age and gender. These qualitative and quantitative findings could contribute to the literature by drawing a comprehensive picture of emotion regulation in the family context in Turkey.

Öz

Duygu düzenlemenin aile bağlamında incelenmesi: Türkiye'den karma yöntemli bir çalışma
Olumsuz duygularla baş etmek için bireyler farklı stratejiler kullanmaktadır. Bu stratejiler çeşitli uyum problemleriyle ilişkilidir. Aile bağlamında, ebeveynlerin duygu düzenleme stratejileri, çocuklarının duygu düzenleme becerileri ile de bağlantılıdır. Mevcut çalışmanın ilk amacı, Türk kültürü bağlamında ebeveynlerin kullandığı duygu düzenleme stratejilerini incelemektir. Mevcut çalışmanın bir diğer amacı, ebeveynlerin duygu düzenleme süreçlerinin, çocuklarının duygu düzenleme becerisini ön göreceğ şekilde ortaya çıkıp çıkmayacağını araştırmaktır. Bu araştırmaya ilkökula devam eden çocuğu olan 107 ebeveyn katılmıştır. Ebeveynlerle ev ortamlarında yarı yapılandırılmış görüşmeler gerçekleştirilmiştir. Ayrıca, çocukların duygu düzenleme becerileri Duygu Düzenleme Becerileri Ölçeği ile ölçülmüştür. İçerik analizine dayalı olarak, bulgular ebeveynler arasında benzer bir örüntü gösteren dört ana tema ortaya koymaktadır: *yüzleşmeden kaçınma*, *proaktif stratejiler*, *üstbilişsel stratejiler* ve *düzensiz ifade*. Araştırmanın nicel kısmında, çocukların duygu düzenleme becerileri ile ilişkisini incelemek amacıyla ebeveynlerin kullandıkları duygu düzenleme stratejilerinin uyumluluğunu gösteren uyum düzeyleri puanı oluşturulmuştur. Anne ve babalar için ayrı gerçekleştirilen hiyerarşik regresyon analizlerinin bulguları, ebeveyn eğitimi, çocuğun yaşı ve cinsiyeti kontrol edildikten sonra, duygu düzenleme stratejilerinde annenin uyum düzeyinin çocuğun duygu düzensizliğini anlamlı ölçüde yordadığını göstermiştir. Babalar için anlamlı bir ilişki bulunamamıştır. Nitel ve nicel bulguların, Türkiye'de aile bağlamında, duygu düzenleme alanında kapsamlı bir tablo çizerek alanyazına katkı sağlayacağı düşünülmektedir.

Anahtar kelimeler

duygu düzenleme stratejileri, içerik analizi, çocuklarda duygu düzenleme becerileri, karma yöntem

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✉ **Cansu Alsancak Akbulut** · cakbulut@ankara.edu.tr | ¹Res. Asst. Dr., Department of Psychology, Faculty of Language, History, and Geography, Ankara University, Ankara, Turkey; ²Asst. Prof., Department of Psychology, Faculty of Humanities and Social Sciences, Ankara Yıldırım Beyazıt University, Ankara, Turkey; ³Res. Asst. Dr., Department of Psychology, Ankara Hacı Bayram Veli University, Ankara, Turkey; ⁴Assoc. Prof., Department of Psychology, Faculty of Arts and Science, Middle East Technical University, Ankara, Turkey.

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Emotion regulation (ER) is defined as the emergence of emotions, their continuation and regulation in terms of how intensely they are felt, and how they are expressed through individuals' own efforts and co-regulation with other people, such as family members (Thompson, 1994). It is important to examine and identify ER strategies since they have a role in several psychological outcomes. For instance, the association between the use of ER strategies by adults from different cultural contexts and mental health outcomes was investigated in a meta-analysis (Hu et al., 2014). Being considered as an adaptive ER strategy, reappraisal was linked to better mental health, while suppression, which is considered as a non-adaptive strategy, was linked to worse mental health. One interesting finding was that reappraisal led to positive outcomes regardless of culture, whereas the negative influence of suppression was weaker or even nonexistent in Eastern cultures compared to Western cultures (Hu et al., 2014). Hence, it is important to investigate ER strategies in a detailed way in different cultural contexts, especially in understudied non-Western cultural contexts. In this respect, the current study focuses on ER strategies and outcomes in the Turkish cultural context.

Previous studies have examined diverse ER strategies, which might be more or less adaptive depending on the context (Aldao et al., 2010, 2015; Cole et al., 2004; Troy et al., 2013). While dealing with negative and stressful situations, individuals sometimes prefer to focus on their emotions and regulate them, or sometimes they try to solve the problem causing the negative emotions. Blanchard-Fields and her colleagues (Blanchard-Fields et al., 2004; Blanchard-Fields & Coats, 2008) used this distinction in their studies conducted with adolescents and adults and they included problem-focused strategies, which they introduced as *instrumental* strategies. These instrumental strategies included *planful problem-solving* (e.g., finding a way to solve a financial problem), *inclusion of others* (e.g., talking with the person who caused the problem), and *cognitive analysis* (e.g., thinking about possible solutions of a problem). *Proactive* strategies were observed in previous studies conducted with children, adolescents, and adults, also defined to include numerous types. For instance, Blanchard-Fields and her colleagues (Blanchard-Fields et al., 2004; Blanchard-Fields & Coats, 2008) categorized proactive strategies as *expression of emotions*, *reflection on emotions through looking at another's perspective*, and *seeking social support*. These strategies require acknowledging negative emotions and using more adaptive strategies to deal with those emotions.

Individuals do not always acknowledge their emotions and may use *passive* strategies as a way of suppressing, denying, or avoiding negative emotions. The studies exploring such passive strategies also defined specific categories. First, the *avoidance-denial-escape* category comprises the intentional changing of

thoughts and behaviors, such as watching TV in order to escape from negative emotions. *Suppression of emotions* entails trying not to feel or express emotions. Finally, accepting a situation without doing anything or depending on others was described as a *passive-dependent* strategy (Blanchard-Fields et al., 2004; Blanchard-Fields & Coats, 2008).

Proactive and passive strategies in ER and the difference between them become more comprehensible with Gross and John's (2003) explanations about reappraisal and suppression in ER. Proactive strategies and reappraisal may be similar ER strategies to some extent. Both involve acknowledging emotions and trying to lessen the intensity of those emotions actively and adaptively. Although reappraisal requires changing one's way of thinking about an emotionally charged situation and it is a more cognitive way of regulating emotions, proactive strategies include behavioral attempts to regulate emotions. *Passive strategies* and *suppression* may refer to similar ER strategies in terms of both being behavioral approaches to ER and they might both be less adaptive. In both strategies, individuals do not recognize their emotions and they avoid them (Blanchard-Fields et al., 2004; Blanchard-Fields & Coats, 2008; Gross & John, 2003). In the literature, metacognitive awareness about the situation and the regulation process was also stressed as an adaptive ER strategy (Davis et al., 2010), separate from other strategies. For a strategy to be a part of *metacognitive* regulation, it has to involve the intentional changing of one's cognitions or goals in order to decrease negative emotions and promote positive ones. Individuals are required to have conscious awareness of what they are doing to regulate their emotions. Moreover, they usually use cognitive words, such as *think* and *imagine*, while discussing metacognitive regulation. As examples of subtypes of this category, one can change his or her thoughts about a situation by *positive reappraisal* or can change his or her goals by *learning to like negative outcomes* (Davis et al., 2010). Taken together, individuals could either behave passively, by suppressing their emotions, or actively, by making an attempt at ER through thoughts or behaviors. Thus, examination of these strategies together within the scope of both cognition and behavior might yield a more comprehensive understanding of ER strategies.

Some individuals may also use maladaptive ER strategies, such as ruminative thinking and aggressive reactions, in dealing with adverse situations. *Rumination* is a form of preservative and repetitive thinking about the causes and consequences of negative emotions (Nolen-Hoeksema et al., 2008). Engaging in more rumination is associated with prolonged experiences of stress and negative affect (Nolen-Hoeksema et al., 2008; Verkuil et al., 2012), sustained inflated physiological response (Glynn et al., 2007), difficulties in concentrating and problem-solving (McLaughlin et al., 2007), and poor psychological health (Aldao

et al., 2010; Garnefski & Kraaij, 2006; Zawadzki, 2015). Another maladaptive ER strategy, *aggressive reactions*, occurs as a result of anger dysregulation (Bushman & Anderson, 2001) and is referred to as *emotion under-regulation* by Robertson et al. (2012). Emotion under-regulation is observed when engaging in difficult emotional experiences prevents an individual from behaving in a goal-directed manner or controlling impulsive behaviors. Individuals who under-regulate anger might not use the ER strategies that are necessary for behavior control, which might result in physical or relational aggression (Robertson et al., 2012). Individuals who engage in higher levels of rumination and aggression may experience intense emotions and display negative reactive actions as well as not being able to acknowledge their emotions or manage them in adaptive ways (Mennin et al., 2007). In that sense, these emotional experiences might not be adaptive and functional. Supporting this argument, McLaughlin et al. (2011) revealed that rumination, dysregulated anger, and dysregulated sadness are linked with psychopathology in adolescents.

Investigating ER strategies is important not only because they have psychological outcomes for individuals, but also it is important to consider that parents are critical agents for the development of ER skills (Morris et al., 2007), starting from pregnancy (Lin et al., 2019). More specifically, mothers' emotion dysregulation while pregnant was found to be related to newborns' inattention and blunted arousal, which are aspects of emotion dysregulation (Ostlund et al., 2019). These individual differences in newborn neurobehavior may then be reinforced over the upcoming years (Beauchaine, 2015), which may be a risk factor for early emotion dysregulation and child psychopathology. Supporting this theoretical basis, previous research found that ER strategies used by parents are linked to their children's use of the same strategies in the cases of reappraisal (Silva et al., 2018) and suppression (Bariola et al., 2012). Parents' ER difficulties were also directly (Wald et al., 2018) and indirectly (Buckholdt et al., 2014; Li et al., 2019) associated with emotional problems in childhood and adolescence. Furthermore, children who are exposed to high levels of parental emotion dysregulation, who may be observing and modeling the parents as well as parenting practices and the family's emotional climate, might be disadvantaged in terms of gaining adaptive ER skills (Morris et al., 2007). Previous research has demonstrated that children show better ER abilities when they have a chance to experience a wide range of emotions in the family, discuss their emotions with their parents freely, and feel that their emotions are accepted by their parents (Denham et al., 1997). For instance, parental invalidation of emotions mediated the relationship between parental emotion dysregulation and adolescent ER (Buckholdt et al., 2014). Li et al. (2019) further revealed that both mothers' and fathers'

supportive reactions to their children's negative emotions (i.e., expressive encouragement, problem-focused strategies, and emotion-focused strategies) mediated the link between maternal ER and child ER. Therefore, regarding the role of the family context in ER development, as well as the developmental outcomes related to ER abilities, an examination of the themes in parents' ER strategies and related child outcomes would make a valuable contribution to the literature.

While considering the role of parents in ER development, most studies have focused on mothers, and some studies have examined both parents based on the gender socialization of emotional development. For instance, it was shown that mothers wanted their daughters to express their sadness more often compared to fathers, and also compared to their sons (Casano et al., 2007). Thus, boys reported more inhibition of sadness compared to girls (Perry-Parish & Zeman, 2011). Regarding parental reactions to children's emotions, both parents' unsupportive reactions to positive emotions result in more negativity among the children. Moreover, fathers' unsupportive reactions were shown to have a stronger role in older children's ER abilities compared to younger ones (Shewark & Blandon, 2015). Therefore, the roles of mothers and fathers have similar characteristics as well as differences. In addition to parental practices, adults' own ER strategies also show similarities and differences; for example, men have a tendency to suppress their emotions more, yet no difference was found between men and women in terms of reappraisal (Gross & John, 2003). Overall, it is important to examine both parents' ER strategies and how those strategies are associated with children's ER abilities.

Although there has been considerable research in the area of ER, in most studies, self-report measurements have been used to measure parents' ER (Bariola et al., 2012; Morelen et al., 2016). It is important to note that these questionnaires may focus on limited ER strategies with certain aspects of ER being overlooked. In that respect, it is crucial to investigate these ER strategies within a broader scope, reflecting how parents are experiencing, expressing, and managing their emotions. This comprehensive investigation of parents' ER strategies could be carried out through content analysis, which elicits replicable and systematic features of the content of interest through codings (Stemler, 2000).

In addition to the influence of the immediate family, ER is also shaped by cultural processes in which individuals appraise emotions and conditions in congruence with the culture of reference (Mesquita et al., 2014). In that respect, ER could be defined as a construct that is associated with cultural values and orientations in terms of evaluation (Deng et al., 2019), use (Kwon et al., 2013), and/or outcomes (Butler et al., 2007; Kwon et al., 2013). In Turkey, there has been

limited research focusing on parents' use of ER strategies and its association with child outcomes. In addition, to the best of our knowledge, there is a lack of qualitative investigation of Turkish parents' ER strategies. In that respect, it is crucial to examine ER among family members in the Turkish cultural context with a multimethod approach.

Current Study

Based on our review of research conducted to date, there has been no study focusing on the content of mothers' and fathers' ER strategies in the Turkish cultural context. As noted above, cultural values are closely linked with ER. Thus, it is important to identify how parents in Turkish culture experience, express, and manage their negative emotions and which types of regulation strategies they prefer to employ. The first aim of the current study was to investigate the types of ER strategies used by parents through the content analysis method. By obtaining information on the ER processes of both mothers and fathers, it becomes possible to conduct a comprehensive evaluation of the types of ER strategies. In addition, it is known that parents play an influential role in children's emotional development. From this perspective, it is also crucial to understand how parents' ER skills, and specifically the extent to which parents use adaptive ER strategies, are related to their children's emotional development. Therefore, as a result of the content analysis, we computed a score representing parental adaptiveness levels in ER. The second aim was to exploratorily examine the relationship between the level of parental adaptiveness in ER and children's emotion dysregulation. Specifically, after controlling for parental education and the child's age and gender, we expected higher levels of parental ER adaptiveness to correlate with lower levels of child emotion dysregulation.

METHODS

Participants

One hundred seven Turkish families, consisting of mother-father-child triads, were recruited. Criteria sampling and snowball sampling methods were used. The inclusion criteria consisted of (1) being an intact family, (2) having a child attending primary school, and (3) having no mental disorders among family members. Families who met the inclusion criteria were reached using a snowball sampling method. The age range of participating children was 7-11 years ($M = 9.24$, $SD = 1.07$). If there was more than one child in this age range in the family, the mother was asked to choose a random child to be included. Sixty-three (59.4%) of the participating children were girls and 43 (40.6%) were boys. The age range for mothers was 28-56 years ($M = 38.35$, $SD = 5.25$) and for fathers was

32-56 years ($M = 41.97$, $SD = 5.55$). Considering education level, 13 (12.2%) mothers and 11 (10.4%) fathers were primary or middle school graduates, 34 (32.1%) mothers and 30 (28.3%) fathers were high school graduates, 55 (51.9%) mothers and 58 (54.7%) fathers were two-year college or university graduates, and 4 (3.7%) mothers and 7 (6.6%) fathers had received graduate school education. One family (0.9%) reported themselves as having a low socioeconomic status (SES) level. Seventy-seven (72.6%) of the families reported themselves as belonging to the middle SES level, 27 (25.5%) of them reported themselves as belonging to the upper-middle SES level, and 1 (0.9%) family identified as an upper SES family.

Data Collection Tools

Semi-Structured Interviews for Parents A semi-structured interview form was used to obtain and analyze rich data on how parents experience and regulate their feelings of sadness and anger. During these interviews, parents were asked about their previous experiences of sadness and anger and how they express and regulate such feelings. Interview questions are presented in the Appendix. Semi-structured interviews are beneficial for both exploring participants' lived experiences and addressing theoretically specific dimensions of study variables (Galletta, 2013). By making it possible to probe for more information and leaving space for clarification, semi-structured interviews provided opportunities to explore perceptions, opinions, and experiences regarding feelings of sadness and anger. Therefore, an interview form that included eight questions on anger and sadness and probes for elaboration was prepared for this study. Interview questions were created based on a comprehensive review of national and international literature on emotions and emotion socialization. To determine the appropriateness and validity of the questions, the expert opinions of two researchers in developmental psychology were obtained and the interview questions were revised accordingly. In the current study, only two of the questions about how parents regulate their emotions when they become sad and angry are investigated and the responses are analyzed.

Parents were interviewed by the researchers and also by 12 undergraduate students from Middle East Technical University who volunteered for an undergraduate summer workshop program. In order to ensure standardization in the interview protocol, data collection process, and ethical issues, an extensive 3-day training program was provided to the interviewers by the project team. The scope of the summer workshop program included recruiting eight families who met the inclusion criteria of this study, arranging home visits for data collection, conducting interviews, and transcribing those interviews. During the data collection process, feedback based on the semi-structured interviews was given to the undergraduate students and

their questions were answered by the research team.

Demographic Information Form Sociodemographic information including the participating child's age and gender, number of children, perceived SES, parents' ages and marital status, parental education levels, and family history of mental disorders were obtained from the mothers.

Child Emotion Dysregulation The ER of the participating children was measured with the Emotion Regulation Checklist (ERC; Shields & Cicchetti, 1997), which was adapted to Turkish by Batum and Yagmurlu (2007). The ERC comprises 24 items that are scored on a four-point Likert-type scale, where "1" represents "never" and "4" represents "always." It has two subscales entitled "Lability/Negativity" and "Emotion Regulation." The Lability/Negativity subscale includes items corresponding to problems in mood lability, flexibility, and dysregulation in anger management and negative affect while the Emotion Regulation subscale consists of items related to more adaptive ER (empathy and appropriate emotional displays for specific situations). The total ERC score has been used in different studies, showing good internal consistency (Batum & Yagmurlu, 2007; Shields & Cicchetti, 1997; Yagmurlu & Altan, 2010). Thus, in the current study, we also used the total score by computing the items of the Emotion Regulation subscale in reverse. Higher total scores reflect higher levels of emotion dysregulation. The Cronbach alpha score was found to be .76, demonstrating good internal consistency. For the current study, only mothers reported on their children's ER for a few reasons. First of all, fathers generally have a tendency to show less participation in such studies, especially in the Turkish cultural context. In order to encourage the fathers' participation, they were only asked about their own emotions and they did not fill out measures on behalf of their children. Second, data about children may be collected from different respondents, such as mothers, fathers, or teachers (Batum & Yagmurlu, 2007; Grietens et al., 2004). Some findings have suggested that the agreement between maternal and paternal reports is higher compared to parental (either mother or father) and teacher agreement (Grietens et al., 2004). For child ER, however, high associations were found between maternal reports and teacher reports in the Turkish cultural context (Yagmurlu & Altan, 2010). Thus, we preferred to collect data from one source in the same family context for child outcomes and we used maternal reports in the current study.

Procedure & Data Analysis

Ethical permission was obtained from the institutional ethics board of Middle East Technical University in Turkey (Approval Date: 03.04.2015, Approval Num-

ber: 166-451). We conducted all home visits at the same time of day, in the evenings since all family members are usually together at home during this time frame. Each parent was individually interviewed in a separate room of the family's home. The emotions (anger and sadness) that were presented to participants were counterbalanced and we let the parents decide for themselves who would go to the other room to be interviewed in which order. Verbal and written consent was obtained from the participants prior to the interviews. Informed consent included information regarding the aim of the interview, duration, confidentiality, anonymity, and the right to leave the study. Interviews were recorded with a tape recorder. In addition, since mothers are the main caregivers in child-rearing and previous research has usually included maternal reports, the mothers filled out the demographic information forms and the scale for child emotion dysregulation in addition to providing their own information.

The qualitative data were analyzed following the phases of thematic analysis outlined by Braun and Clarke (2006). These phases included familiarization with the data, generating initial codes, searching for, and reviewing themes, and defining themes. Specifically, the data were transcribed, read, and re-read, and coded in a systematic fashion. The codes were subsequently gathered into themes and the themes were reviewed, defined, and named. All these phases were followed by taking skepticism and objectivity into account. Each answer for the same sub-theme was counted separately in terms of frequencies. All data regarding the responses given to the question for ER strategies were coded by one of the researchers. Another researcher coded 22 (25%) of the responses and inter-rater reliability was assessed by intra-class correlation (ICC) analyses. Inter-rater reliability ICC values were .936 and .897 for *proactive strategies*, .871 and .860 for *non-confrontation*, .891 and .932 for *meta-cognitive strategies*, and .692 and .969 for *dysregulated expressions* for mothers and fathers, respectively. The differences between the coders were discussed and consensus was reached. After that, the adaptiveness scores for parents' ER strategies were calculated; details about these calculations are given in the "Results" section below. For the quantitative part of the study, bivariate correlation and hierarchical regression analyses were run using IBM SPSS Statistics 25. Specifically, bivariate correlations between parental education, child age, and gender, parental adaptiveness level in ER, and child emotion dysregulation were analyzed. In addition, separate two-step hierarchical regression analyses for mothers and fathers were carried out to test the predictive role of parental adaptiveness in children's emotion dysregulation after controlling for demographic variables (maternal education, child age, and child gender). Control variables and parental adaptiveness levels were entered in the first and second steps, respectively.

Table 1. Main Themes and Sub-themes of Emotion Regulation Strategies Used by Family Members

Main Themes	Sub-themes	Descriptions
<i>Non-confrontation</i> ($f_{sadness} = 594, n_{sadness} = 131$) ($f_{anger} = 584, n_{anger} = 154$)	Distraction	Diverting the thoughts and behaviors away from the problem intentionally
	Dependence on others	Relying on others for the solution
	Inactivity/non-action	Passively waiting for the solution without doing anything to solve the problem
	Isolation/escape	Isolating oneself from others and the environment
<i>Proactive Strategies</i> ($f_{sadness} = 374, n_{sadness} = 89$) ($f_{anger} = 258, n_{anger} = 85$)	Seeking social support	Sharing the emotions and thoughts with close ones and getting assistance from others
	Emotion/thought expression	Expressing and showing emotions and thoughts about the problem situation
	Relaxation strategies	Restoring the emotional state through relaxation strategies
<i>Metacognitive Strategies</i> ($f_{sadness} = 184, n_{sadness} = 47$) ($f_{anger} = 107, n_{anger} = 34$)	Solution orientation	Finding overt ways and behaviors for solving the problem
	Cognitive efforts	Thinking about the nature, reasons, and possible solutions of the problem and emotions
<i>Dysregulated Expression</i> ($f_{sadness} = 26, n_{sadness} = 26$) ($f_{anger} = 67, n_{anger} = 27$)	Self-suggestion	Making suggestions to oneself about the emotions and their negative effects through inner talk
	Aggressive reactions	Showing aggressive reactions in dealing with problem situations or negative emotions
	Rumination	Thinking about the problem repeatedly over an extended period of time

RESULTS

Content Analysis

The overall results revealed four main themes in the use of ER strategies. These are *non-confrontation*, *proactive strategies*, *metacognitive strategies*, and *dysregulated expressions*, all of which consist of sub-themes. Detailed information about these main themes and sub-themes is provided in Table 1.

The reports of the participants showed that *non-confrontation* was the most frequently used ER strategy for both sadness and anger. Thematic analyses revealed four sub-themes within the theme of non-confrontation, which were *distraction*, *isolation/escape*, *inactivity/non-action*, and *dependence on others*.

Results revealed that a relatively high proportion of the participants used a *distraction* strategy for coping with sadness and anger. Behaviors related to distraction consisted of suppressing thoughts, engaging in distracting behaviors, and avoiding the problem, or emotion. Participants provided a wide range of descriptions of distracting behaviors, including sleeping, watching television, surfing the internet, listening to music, doing chores, going out, and shopping. For instance, one mother described her reactions in dealing with sadness:

“When I get sad, I generally get my phone to distract myself. I like exercising at those times. I ride my bicycle, go for a walk, listen to music on my phone, and go to a park and walk quickly. I do those kinds of things to distract myself. Sometimes I walk while crying, sometimes without crying. I generally manage sadness like this.”

Another predominant distracting behavior was the use of substances. Some cases illustrating such behavior included consuming alcohol, smoking, and engaging in emotional eating behaviors. To illustrate this, one father mentioned smoking when he feels sad:

“As an initial reaction, I smoke a cigarette right away. I go out and smoke.”

Isolation/escape ER strategies were reported relatively more frequently by fathers than mothers. Our results also indicated that this strategy was more frequently used by participants for dealing with anger as compared to sadness. A relatively high number of participants using this strategy reported that they isolate themselves from situations that involve strong emotions by staying alone for a while until the strong emotions pass. One father illustrated this by reporting the following:

“When I’m angry with someone or something, I usually prefer to be alone. I would like to be alone. I usually want to go out and rest my head in a quiet environment. I would rather be silent. So, silence is important to me there.”

Moving away from the environment or person was also reported as an example for the *isolation/escape* sub-theme. Some participants said they prefer to leave a situation that triggers strong emotions in them so that they will not deflect their anger onto the other people in the situation. For example, one father said:

“So, what should I say? If it is the person, I go away from the person; if it’s the environment, I move away from the environment. In other words, it’s not like leaving the environment... That way, I won’t have strongly projected my anger on the people associated with the situation.”

A number of participants also stated that they generally do not use any specific coping strategy for dealing with sadness and anger. This strategy was entitled *inactivity/non-action*. Among the participants, fathers were most likely to explain that they do nothing to deal with sadness. Participants emphasized the instantaneous nature of their emotions as the reason for not doing anything to deal with them. One father illustrated this by saying:

“Generally my anger passes so quickly that I don’t need to use any strategies for coping.”

The answer of another father reflected that he was not aware of his own coping strategies:

“I do nothing to cope with sadness. I mean, I do nothing. At that point when I’m sad, I don’t have [to do] anything to deal with the problem. My sadness is generally instantaneous and lasts a very short time.”

Only a small proportion of the mothers referenced the sub-theme of *dependence on others* for dealing with sadness or anger. This sub-theme included others who had to change their behaviors or attitudes. Accordingly, the participants employing this strategy cope with situations without actively seeking out possible solutions. For instance, one mother described how she depends on others when she is angry and the relation of that dependence to her coping behavior:

“When I’m angry... that, that thing, the thing will be done. After it is done, my anger will pass... I have a dominant character. The so-called thing will be solved, for example, a book or a piece of clothing... whatever will be done, the incident will be resolved; my anger will pass.”

In terms of *proactive strategies*, the sub-themes of *seeking social support*, *emotion/thought expression*, *relaxation strategies*, and *solution orientation* were identified. Some cases included the role and support of the significant others in the respondent’s life when the respondent gets sad or angry. These participants reported that they call or meet loved ones – usually spouses, family members, or close friends – to obtain emotional and social support for unfortunate situations and difficult emotions. For instance, one mother described the relief she obtains from the support of people who are close to her:

“When I get sad, sharing my experience with others and getting support from them lifts me up. The person that I share my sadness with can be one of my friends, my husband, and even my daughters, or my mother. They usually say something that relieves me.”

Some of those we interviewed, and particularly mothers, spoke about expressing their emotions and thoughts about the situation to manage sadness or anger. Participants especially described how they express their emotions and thoughts verbally, nonverbally, or by writing them down. For instance, one mot-

her stated:

“When I get angry, I express my state verbally. Sometimes I write it down if I can’t express it verbally.”

Furthermore, one father described expressing his anger nonverbally by frowning:

“I usually frown to make the others understand my anger. If they don’t understand, then I’ll try to tell them my emotional state verbally.”

Crying was also reported as a spontaneous emotional expression. Many participants described that they might cry when the emotional tone of an event is particularly intense and/or when they are alone. For instance, one mother stated:

“I guess I think about the situation. Or I cry when I’m angry. If I’m alone and there’s nobody around, then I may cry.”

In addition, participants identified the need for crying to deal with their negative emotions when they could not find any other ways to cope, and they felt like there was nothing to be done to change the situation. Illustrating this, one mother stated:

“Human beings get sad when they can’t do anything to change the situation. I cry in those kinds of situations.”

Some of the mothers that we interviewed reported that they used relaxation strategies to discharge the tension in their bodies when they became angry or sad. Results indicated that fathers also used relaxation strategies when they were angry and, albeit to a lesser extent, when they were sad. Implementing relaxation strategies to manage their negative emotions, participants redressed the balance of their physical bodies and their emotional states. They mentioned deep breathing, taking a shower, and counting to ten to remain patient as relaxation strategies. One father stated the following:

“I learned this from my previous experiences with anger. When I get angry, I first take a deep breath. Then I count to ten internally.”

Another predominant relaxation strategy used by the participants was engaging in religious activities, which are spiritual in nature and help them rebalance their emotional state. Some of the cases illustrating such behaviors involved praying or repeating religious words. One mother mentioned her religious activities in response to sadness:

“When I feel sorry for myself, I turn to spiritual strength to relax. I take shelter in the wound. I talk to God, I’ll tell Him. I do these things by praying to Him.”

There were also instances of overt and self-initiated problem-solving behaviors reported by the parents. Parents’ solution-oriented behaviors usually included attempts to change the situation, help the other or get help when needed, obtain professional help, or conduct research to find a solution to the problem. One father illustrated this strategy as follows:

“I try to solve the problem. It depends on the nature of the problem. If you need to do something to solve it, you do. Or, if a friend has a problem and you can contribute to a solution, you try to help him. It may be material or non-material. For instance, he is moving to a new place, then you help him move in. In this way, you can deal with your sadness.”

Sub-themes for *metacognitive strategies* included *cognitive efforts* and *self-suggestion*. First, a small proportion of those interviewed described analyzing problems cognitively to identify the underlying reasons and find alternative solutions for problems causing sadness and anger. An interesting component of this sub-theme of *cognitive efforts* was accepting one’s own responsibility in situations linked with anger or sadness. This sub-theme reflected validation and acceptance of one’s own obligations and responsibilities in a particular situation. For instance, one mother stated:

“I can get angry very quickly. But then I understand my faults and calm down. I usually regret my earlier behaviors and atone for my faults.”

In many cases, participants also spoke about having inner speech to soothe themselves by thinking of the nature of emotions, their negative effects on their moods and health, and possible solutions for coping. They described diverse contents within the sub-theme of *self-suggestion* through inner speech when faced with sadness or anger. The predominant response expressed within this sub-theme was the temporary nature of the problem and of negative emotions. One mother reported the following:

“I believe that as time passes, my sadness will not be as strong as it is right now. I usually get used to it, even if I get sad very deeply and can’t change the situation. Therefore, at those times, I tell myself that yes, my feelings are very strong right now, but it will pass. Tomorrow I will remember this situation less, maybe the next day I won’t remember at all.”

Another common strategy within this sub-theme was comparing the current situation with either emotionally more positive or more negative situations to focus on the positive points of the situation at hand. For example, one mother explained how she dealt with sadness by thinking about other people in difficult situations:

“When I’m sad, I go to places like hospitals that I can draw a lesson from. If I can’t go to those places, I think about them. At those times I remember that there are many other people who are in difficult situations. [My own] problems are not worth getting upset over.”

A few participants also reported including spiritual content in their inner talk. One mother reported dealing with difficult situations that lead her to feel sadness as follows:

“Thank God I have faith in a good God. I think this gives me a lot of strength. I always say there is good in everything. I say that God gives me strength to overcome my difficult times, I tell myself that I can overcome difficulties thanks to my faith in God, because God will help me.”

This spiritual inner talk was evaluated separately from religious activities among relaxation strategies because this talk includes metacognitive thinking rather than actions.

Under the main theme of *dysregulated expression*, the two sub-themes of *aggressive reactions* and *rumination* emerged. Participants showed verbally and physically *aggressive reactions* when experiencing anger and, to a lesser extent, sadness. These verbal and physical acts varied in severity, including shouting, hitting, damaging objects, and grumbling. For instance, one father stated:

“If I get so angry that I can’t calm myself, I leave the problematic situation. If I can’t leave, then I may break an object or hit something. I may hit the wall since I don’t want to hurt the other person in the situation.”

For *rumination*, a few mothers reported spending an extended period of time thinking about the problem repeatedly in times of sadness and anger. For instance, one mother said:

“I think about and evaluate the situation that made me sad over and over again.”

Calculation of the Adaptiveness Score

After obtaining these four main themes regarding parents’ ER strategies, we classified them according to adaptiveness. Specifically, proactive, and metacognitive strategies were classified as adaptive strategies, whereas the themes of non-confrontation and dysregulated expression were classified as non-adaptive strategies based on the related literature. We then created a score for each participant to describe the extent of adaptive and non-adaptive strategies that they simultaneously use. For instance, if participants reported two adaptive and zero non-adaptive ER strategies, they would receive the highest possible score of five. If they reported zero adaptive and two non-adaptive ER strategies, they would receive the lowest possible score of one. The middle score of three represents an

Table 2. Descriptive Statistics for Parental Adaptiveness Levels and Child Emotion Dysregulation

	<i>M</i>	<i>SD</i>	<i>Min.-Max.</i>	<i>N</i>
Maternal adaptiveness	2.93	.78	1-5	105
Paternal adaptiveness	2.76	.76	1-5	105
Child emotion dysregulation	1.94	.32	1-4	101

Table 3. Correlations between Parental and Child Variables (N = 107)

	Parental education	Child age	Child gender	Parental adaptiveness	Child emotion dysregulation
Parental education	-	-.07	.19	.05	-.34**
Child age	.03	-	-.17	.03	-.08
Child gender	.04	-.17	-	-.01	.05
Parental adaptiveness	.05	.07	-.01	-	-.01
Child emotion dysregulation	-.23*	-.08	.05	-.24*	-

* $p < .05$, ** $p < .001$. **Note 1.** Child gender: boy = 1, girl = 0. **Note 2.** Correlations between maternal and child variables are shown below the diagonal; correlations between paternal and child variables are shown above the diagonal.

equal amount of adaptive and non-adaptive strategy use. The in-between scores were calculated based on participants reporting more (i.e., a score of four) or less (i.e., a score of two) adaptive strategy use. This type of transformation method from categorical variables to continuous variables was also used in previous research (Gönül & Şahin-Acar, 2018a, 2018b).

Correlations between Parental and Child Characteristics, Parental Adaptiveness Level, and Child Emotion Dysregulation

Descriptive statistics for parental adaptiveness levels in ER and child emotion dysregulation are shown in Table 2.

Bivariate correlations between parental education, child age and gender, parental ER adaptiveness level, and child emotion dysregulation are indicated in Table 3. Significant correlations showed that both maternal ($r = -.23$, $p = .02$) and paternal ($r = -.34$, $p < .001$) education levels were negatively associated with child emotion dysregulation. Maternal ER adaptiveness level was also negatively related to child emotion dysregulation ($r = -.24$, $p = .02$). That is, children whose mothers had higher levels of adaptiveness in ER experienced lower levels of emotion dysregulation. However, the correlation between paternal adaptiveness level in ER and child emotion dysregulation was non-significant. Therefore, further regression analysis to predict child outcome was only conducted for maternal ER adaptiveness level.

Regression Analyses

A two-step hierarchical regression analysis was run to test the predictive role of maternal adaptiveness in children's emotion dysregulation. In the first step, maternal education, child age, and child gender were entered. In the second step, maternal adaptiveness level in ER was entered. In predicting children's emotion dysregulation, the overall model was not significant in the first step. Specifically, child age and gender did not significantly contribute to the model. However, maternal education negatively predicted children's emotion dysregulation ($\beta = -.22$, $t = -2.21$, $p = .03$). In the second step, the overall model was significant ($R^2 = .10$, $R^2_{adj} = .07$, $F(4, 94) = 2.73$, $p = .03$). Maternal educa-

tion ($\beta = -.21$, $t = -2.10$, $p = .04$) and maternal ER adaptiveness level ($\beta = -.22$, $t = -2.24$, $p = .03$) contributed significantly to the model (see Table 4).

DISCUSSION

The present mixed method study aimed to examine parents' and children's use of ER strategies in the Turkish cultural context. In the first part of the study, we qualitatively investigated parents' use of ER for anger and sadness by applying content analysis methodology. We conducted semi-structured interviews with mothers and fathers at their homes. Qualitative analysis of those interviews revealed four themes that reflected the relevance of current theories and models. We brought those themes together in order to calculate the adaptiveness level of these strategies among the participating parents. The second part of the study included quantitative analyses to examine the relationship between parental adaptiveness levels in ER and children's emotion dysregulation after controlling for parental education level, child age, and child gender. In the regression analysis, we found that only maternal ER adaptiveness level predicted a child's emotion dysregulation.

In the detailed investigation of the ER themes conducted in the qualitative part of this study, four main themes and several sub-themes were obtained. We analyzed the mothers' and fathers' interviews separately; however, our findings suggested that the same themes were present in both the mothers' and fathers' interviews. The most frequent theme reported by these parents was *non-confrontation*. The relevant strategies included *distraction*, *dependence on others*, *inactivity/non-action*, and *isolation/escape*, all of which are in line with previous findings (e.g., Coggins & Fox, 2009; Gámez et al., 2011; Gratz & Roemer, 2004; Hayes et al., 1999; Pons et al., 2004). *Non-confrontation* entails alleviating negative emotions through external behaviors such as listening to music while avoiding unwanted emotions, not undertaking any kind of actions, passively waiting for someone else to solve the problem, or escaping from an environment in which negative emotions are intense. Two essential points were observed among individuals reporting non-confrontation in ER. First, individuals using these strategies were less likely to confront their negative

emotions and they chose not to engage in any actions to regulate them. Second, these individuals did typically mention certain actions; however, the actions they described were not actions that would allow one to deal with negative emotions. These strategies, similar to the passive strategies (Blanchard-Fields et al., 2004; Blanchard-Fields & Coats, 2008) and suppression (Gross & John, 2003) previously described in the ER literature, suggest the possession of a lower level of emotional awareness. They were also shown to be related to more negative mental health outcomes, such as higher levels of anxiety and depression and lower levels of life satisfaction (Hu et al., 2014). These negative individual consequences were generally more prominent in Western cultures, while in the context of relationship consequences, suppression led to negative outcomes independent of the culture (Butler et al., 2007). Therefore, especially in the context of parent-child relationships, non-confrontation could be identified as a less adaptive approach to ER.

The second theme, *proactive strategies*, entails showing, expressing, and regulating sadness, and/or anger both nonverbally and verbally. In the present study, proactive strategies were reflected through *seeking social support*, *emotion/thought expression*, *relaxation strategies*, and *solution orientation*. Based on the findings, individuals using such strategies tended to be aware of and acknowledge their negative emotions. In addition, they actively attempted to cope with them, and behavioral attempts were prominent here. In the literature, the expression of emotions and seeking of support were described as proactive strategies (Blanchard-Fields et al., 2004) and strategies focused on solving problems were aligned with expression and the seeking of support in the literature (Coats & Blanchard-Fields, 2008). Moreover, proactive strategies were found to be associated with better psychological outcomes such as lower levels of depression, and anxiety (Aldao et al., 2010). In that sense, the proactive strategies described here could be viewed as more adaptive approaches to ER.

Parents also described managing their emotions through cognitive attempts to alter their thoughts or emotions regarding the situation, distinguished from behavioral efforts. The strategies constituting this third theme of the present study are referred to as *metacognitive strategies* and they include *cognitive efforts* and *self-suggestion*. Metacognitive strategies are considered to be sophisticated (Pascual-Leone et al., 2016), since active attempts to alleviate negative emotions and the awareness that changing one's thoughts and goals might result in relief in emotions are the prominent features of these strategies (Augustine & Hemenover, 2009). *Cognitive efforts* included statements about accepting responsibility for situations and emotions and analyzing problems internally. These statements reflect the features of the relevant meta-strategy, which plays a role in the facilitation of ER flexibility, defined as the ability to synchronize ER

strategies with the demands of the evolving context (Aldao et al., 2015). The second sub-theme of *metacognitive strategies* was *self-suggestion*, which implies alleviating negative emotions through inner talk that directly address one's psychological needs. Previous studies reported that being able to calm oneself is associated with a reduction in emotional arousal (Wright, 2009). As was seen, individuals reporting the use of this strategy were saliently aware of their negative emotions and they tried to lessen their emotional arousal by focusing on cognitive processes. In that sense, this strategy may correspond to cognitive reappraisal, which is associated with more positive psychological outcomes in different cultural contexts (Hu et al., 2014). Therefore, metacognitive strategies may be regarded as more adaptive approaches to ER.

Finally, parents described outward and inward reflections of emotions that included *aggressive reactions* and *rumination*. We labeled these sets of behaviors as *dysregulated expression*, since these strategies usually do not decrease the level of negative emotion experienced and they are associated with difficulties in ER (McLaughlin et al., 2011; Underwood et al., 1992). Supporting this view, Bushman (2002) suggested that showing aggressiveness through reactive behaviors does not decrease the level of anger. In a similar vein, rumination has been considered as a trans-diagnostic or cross-cutting factor, underlying numerous psychopathologies including depression and anxiety (McLaughlin & Nolen-Hoeksema, 2011). Because of such adverse associations with psychological adjustment, dysregulated expression can be considered one of the less adaptive ER strategies.

The adaptiveness of ER strategies may be pronounced in the event that the use of ER strategies is associated with psychological adjustment. For instance, in a previous study, the combination of ER strategies used in stressful experiences (e.g., higher levels of suppression and lower levels of reappraisal) was linked to adjustment problems (Juang et al., 2016). In our qualitative analyses, we also observed that parents tended to use combinations of different ER strategies rather than a single strategy to deal with their negative emotions. Aldao and Nolen-Hoeksema (2013) similarly stated that individuals tended to use multiple ER strategies for a single event. In this regard, we considered that it could be functional to bring these strategies together and rate them in terms of how adaptive they are based on the existing literature. We accordingly formed a scoring system to reflect the level of adaptiveness of the strategies that had emerged from our qualitative findings.

In line with our second aim, we examined the relationship between levels of parental ER adaptiveness and children's emotion dysregulation after controlling for parental education level, child age, and child gender. In the literature, some familial structural variables are recognized as essential contributors to child ER and emotion socialization in the family context (Mor-

ris et al., 2007). For example, not only parents' educational levels (Gülseven et al., 2018) but also the child's own characteristics such as age and gender (Morris et al., 2007; Sanchis-Sanchis et al., 2020) were found to be important for the child's ER. We therefore accounted for these variables in examining parents' ER adaptiveness levels and children's ER. Our findings indicated that the maternal ER adaptiveness level predicted the child's emotion dysregulation after controlling for characteristics of the parent and child. In other words, children whose mothers had higher ER adaptiveness levels tended to have fewer ER difficulties.

Our findings suggest that maternal adaptiveness level is a significant predictor of a child's emotion dysregulation. In the literature, maternal use of ER strategies has been found to be linked to both the mother's own psychological adjustment (Brummer et al., 2013; John & Gross, 2004) and the child's emotional development (Morris et al., 2007). For example, the use of a suppressive strategy was found to be related to higher levels of one's own psychological distress (Brummer et al., 2013) or depression, and anxiety (Juang et al., 2016). On the other hand, reappraisal was correlated with lower levels of anxiety, and aggression (Juang et al., 2016), and better well-being (McRae et al., 2012).

From a developmental perspective, the relationship between parental ER and child outcomes such as child's ER and adjustment has also been examined. Studies investigating familial resemblances in ER strategies showed that mothers' but not fathers' use of reappraisal (Silva et al., 2018) and use of suppression (Bariola et al., 2012) were associated with the children's use of the same strategies. Difficulties in terms of regulating emotions may also be transferred in the family context through the role of parents' reactions to their children's emotions. Specifically, parents with more ER difficulties had more negative and fewer positive reactions to their children's emotional experiences, which in turn resulted in more ER difficulties for children and adolescents (Buckholdt et al., 2014; Li et al., 2019). In addition to the impacts on child ER, maternal difficulties in ER predicted children's internalizing and externalizing of problems through the mediator role of children's negativity, while maternal lack of emotional awareness predicted these problems through the mediator role of children's ER difficulties (Crespo et al., 2017).

Contrary to our expectations, paternal ER adaptiveness level was not correlated with child emotion dysregulation in contrast to maternal adaptiveness. Therefore, further regression analysis was not performed for fathers. Maternal and paternal contributions in child development may vary. In the Turkish cultural context, mothers are generally the primary caregivers and their involvement in childcare (e.g., time spent, interactions, and responsibility) is more prominent compared to paternal involvement (Erkal et

al., 2007). In addition to childcare in general, mothers might have greater roles in emotional socialization within the family context. For instance, Turkish mothers compared to fathers were found to talk more and provide more emotional information in family reminiscences about emotional memories, suggesting the significance of mothers in emotion socialization (Bürümlü-Kısa & Sahin-Acar, 2020). Taken together, our findings indicating that maternal but not paternal ER adaptiveness level is significantly linked to child emotional dysregulation are in line with the ER literature to date and offer a substantial contribution by expanding these general conclusions from a different cultural perspective.

Our findings also showed that maternal education negatively predicted children's emotion dysregulation. This is consistent with the study conducted by Supplee et al. (2004), revealing that maternal education is a significant predictor of child ER behaviors. Maternal education may have both indirect and direct roles in building children's ER skills. First, mothers with higher levels of education may invest more monetary resources, such as time and money, and non-monetary resources, such as emotional understanding, affective perspective-taking, and sensitive parenting, in their children than mothers with lower levels of education (Conger et al., 2000; Cutting & Dunn, 1999; Duncan et al., 2014; Pears & Moses, 2003; Tamis-LeMond et al., 2004). More highly educated mothers may also be more likely to know about and search for resources that they can use to deal with problems (Brody et al., 2002). As a result, highly educated mothers' access to more monetary and non-monetary resources may provide their children with appropriate environments for developing better ER skills. Second, maternal education might also have a direct effect on child ER. We argue that mothers with higher levels of education may be more likely to coach their children emotionally and teach them how to effectively deal with challenging situations and difficult emotions. Supporting this argument, previous studies showed that parents with less education were more likely to use overly controlling styles when interacting with their children (Ispa et al., 2004) and possibly even use physical punishment and/or abuse their children (Kelley et al., 1993).

The current study has certain limitations that should be noted. Most importantly, the data collection process was carried out by multiple interviewers. As described in the "Method" section, we tried to deal with this limitation by giving intensive training on interview techniques to these interviewers, with a total of four consecutive full days of training and follow-up supervision. Moreover, we tried to eliminate the possible confounding effects that could stem from multiple interviewers; hence, we did not analyze participants' responses to prompt questions. Secondly, we used maternal reports to measure child emotion

dysregulation for both practical and literature-based reasons. Since we had examined both mothers' and fathers' ER skills, using only maternal reports for child outcomes could be regarded as a limitation. These findings should be replicated by collecting data on child ER from both mothers and fathers in future studies. In addition, measuring child ER through observations of or interviews with the children themselves could provide rich data in future studies.

This study also has strengths to be noted and has made contributions to the literature. Conducting semi-structured interviews with a relatively large sample that included both parents enabled us to observe a wide range of ER strategies. Our sample showed diverse characteristics with participants from different cities and SES backgrounds across Turkey, and this diversity might reflect more representative and generalizable results. Moreover, content analysis revealed findings generally consistent with the literature, reflecting overlap with a combination of different studies. The establishment of a novel score showing adaptiveness levels in the use of various ER strategies is also an essential contribution of the current study. Last but not least, this study included both qualitative and quantitative parts. In sum, the current study has provided a comprehensive examination of Turkish parents' ER strategies and the relationship with children's ER.

Conclusion

Emotion regulation and the strategies used when coping with negative emotions is an important research area as these variables have been associated with different parental and child outcomes. This mixed method study may accordingly have several implications for both parents and children. First, examining parents' ER strategies in an extended way helped us clarify how parents in Turkey regulate their negative emotions. In that respect, this work may allow less adaptive strategies to be identified and replaced with more adaptive ones through interventions. This study also showed that parental education levels and ER adaptiveness levels are important contributors to the child's ER. Accordingly, these factors may create disadvantaged contexts for children's emotional development. Taking that point into consideration, interventions focusing on more adaptive expression and regulation of emotions in the family context may support the emotional well-being of both parents and children at risk.

Future studies should strive to replicate these findings, particularly the link between parental ER adaptiveness levels and children's ER, and explore them in different cultural settings. Conducting cross-cultural studies may also shed more light on the findings currently available in the literature.

DECLARATIONS

Compliance with Ethical Standards Ethical permission was obtained from the institutional ethics board of Middle East Technical University in Turkey (Permission Date: 03.04.2015, Permission Number: 166-451).

Conflicting of Interest The authors declare that they have no conflict of interest.

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Appendix
Interview Questions

1. What makes you most sad?
2. What do you do to cope with the situations that make you sad?
3. Can you give me a brief example of a situation from your recent past that made you sad? What did you do in that situation to deal with what was making you sad?
4. What makes you most angry?
5. What do you do to cope with the situations that make you angry?
6. Can you give me a brief example of a situation from your recent past that made you angry? What did you do in that situation to deal with what was making you angry?