How do Mothers Encourage Their Children to Take Responsibility for Protecting Themselves in

Conversations about Being Harmed by a Peer? Exploring Links to Psychosocial Outcomes

Anna Saint-Martin

A Thesis

in the Department

of

Education

Presented in Partial Fulfillment of the Requirements for the Degree of Master of Arts

(Child Studies) at Concordia University

Montréal, Québec, Canada

April 2021

CONCORDIA UNIVERSITY
School of Graduate Studies

This is to certify that the thesis prepared

By: Anna Saint-Martin

Entitled: How do Mothers Encourage Their Children to Take Responsibility for Protecting Themselves in Conversation About Being Harmed by a Peer? Exploring Links to Psychosocial Outcomes

and submitted in partial fulfillment of the requirements for the degree of

MA Child Studies

complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Signed by the final examining committee:

_____ Chair
N/A

_____ Examiner
N. Howe

_____ Examiner
D. Pesco

_____ Thesis Supervisor(s)
H. Recchia

_____ Thesis Supervisor(s)

Approved by _____
S. Kennedy   Chair of Department or Graduate Program Director

_____

P. Sicotte   Dean

ABSTRACT

How do Mothers Encourage Their Children to Take Responsibility for Protecting Themselves in Conversations about Being Harmed by a Peer? Exploring Links to Psychosocial Outcomes

Anna Saint-Martin

The goal of this study was to explore the ways in which mothers discuss their children's responsibility for protecting themselves in situations when they are harmed by the words or actions of a peer. Specifically, this study addressed the following research questions: 1. What are the descriptive features of mothers' statements regarding their children's responsibility for self-protection in the context of conversations about peer conflict? 2. Are these descriptive features differentially related to various negative psychosocial outcomes (guilt and shame proneness, self-blaming tendencies, and depressive symptomology)? The study was based on a sample of 105 mother-child dyads, divided into three groups based on the child's age (i.e., 6-7, 10-11, 15-16). Each dyad discussed two peer conflict experiences nominated by the child. Mothers' statements about children's responsibility for protecting themselves from harm were coded along several dimensions; specifically, with respect to tone/evaluation, as well as types of attributions, time orientations, mindsets, and coping strategies. All of these dimensions were theorized to be differentially related to psychosocial outcomes based on the literature. Children also completed a series of psychosocial measures (guilt- and shame-proneness, self-blaming tendencies, depressive symptomology). Results indicated that overall, mothers tended to employ strategies, which are considered more adaptive for children, but that mothers' self-protective statements were not differentially related to psychosocial outcomes in children. These findings shed light on

the socialization processes related to children's responsibility for self-protection used by mothers in the context of conversations about harm.

Keywords: mother-child relationships, conversation, peer conflict, psychosocial outcomes, responsibility, self-blame

Acknowledgements

I am deeply grateful to my supervisor, Holly Recchia, for her encouragement, enthusiasm, help, and support throughout the writing of this thesis, as well as for the many opportunities for growth and learning she provided me with during my time in her lab. I could not have asked for a better supervisor. It was both a privilege and a pleasure to work with her.

I also want to thank Diane Pesco for agreeing to be part of my thesis committee, for the helpful feedback she has provided me with, and for the opportunity to work alongside her on her own research.

Thank you to Dr. Howe for being on my committee and for her insightful comments and suggestions.

I am deeply grateful to Ariana Borjian, who coded the conversations used in this thesis with me. Ariana, thank you for your curiosity, engagement, and meticulous work throughout this process, and for your brilliant insights on the conversations.

To my lab mates- thank you for your advice, encouragement, and warmth. I wish we could have continued to spent time together in the lab over the last year, and look forward to a time where we can all get together again.

I am grateful to Paul Michetti for his love and support. Thank you for feeding me, reminding me to take breaks, and for always helping me put things into perspective.

Thank you my parents for all the years they spent nurturing my love of learning. I also want to thank my brother for always believing in me. I love you all.

Finally, I want to thank the children who agreed to share their stories with us, and the mothers who volunteered to participated in this study.

Table of Contents

List of Figures

List of Tables

List of Appendices

Introduction

The experience of being hurt by a peer is universal. It can be extremely painful for children and adolescents alike (Kochenderfer-Ladd, 2004; Juvonen & Graham, 2014). While children undoubtedly form their own beliefs about these situations, it is of crucial importance to recognize that they do not make sense of their experiences of being harmed in a vacuum: their interpretations of these events are influenced by those around them. In particular, parents are considered instrumental in helping their children make sense of conflict with peers (Ladd et al., 1993.) However, parents do not merely transmit their own ideas to their children in a unidirectional process: children actively construct ideas about their lived experiences with the help of their parents through conversations (Wainryb & Recchia, 2014.) Parental contributions to their children's stories about their experiences take various forms. For example, they may elaborate on, affirm, or challenge their children's point of view, and help them see their experiences in a more nuanced or complex way (Wainryb & Recchia, 2017). However, despite parents' relative wealth of experience, they are not infallible: they may unintentionally place their children at risk for negative outcomes such as depression and anxiety if they do not find appropriate ways to discuss peer injury with their children (Sawyer et al., 2011).

Despite parents' established importance in scaffolding their children's moral and social development (Recchia et al., 2013; Smetana, 1999, Thompson, 2006), few studies have examined *how* parents and children actively co-construct meaning about children's peer conflict experiences, and what particular conversational features may be linked to better or worse outcomes for youth. In the context of conversations between mothers and children about being hurt by a peer, mothers may suggest that the harm that occurred might have been avoided altogether, had the child protected him or herself. These suggestions might take on a variety of

forms: that the child should seek help before conflict escalates, that the child might choose not to be baited by a peer's provoking words or actions, or even that the child might have deliberately chosen to rise above their hurt feelings. Though mothers likely have good intentions for discussing strategies that would allow their children to protect themselves from harm, the consequences of these practices are uncertain. It is possible that encouraging children to consider their own responsibility when they are hurt by peers may lead them to feel a sense of agency and control in these situations. Yet it is also possible that asking children to consider their own responsibility for protecting themselves may lead them to blame themselves when they are harmed by peers. Self-blame for adverse events can take on different forms. A particularly damaging form of self-blame, characterological self-blame, implicates unchangeable features of the self, and is associated with other negative outcomes such as feelings of guilt, shame, and depressive symptomology in youth (Tilghman-Osborne et al., 2008). Given these considerations, the current thesis aimed to examine the descriptive features of mothers' statements regarding their children's responsibility for self-protection in the context of conversations about peer conflict, and whether these descriptive features are differentially related to various negative psychosocial outcomes (guilt and shame proneness, self-blaming tendencies, and depressive symptomology).

To provide a backdrop for these questions, I will first introduce the psychosocial facets of children's development that are the focus of the present thesis, and that might plausibly be encouraged or discouraged by maternal statements encouraging self-protection from harm at the hands of peers. I will then elaborate on specific types of parental practices that may contribute to or protect against such negative outcomes for children.

Aspects of Children's Psychosocial Development Which May be Encouraged or

Discouraged by Mothers' Self-Protective Statements

Self-Conscious Emotions

Self-conscious emotions are complex emotions, such as pride, embarrassment, guilt, and shame (Lagattuta & Thompson, 2007). Due to their complexity, several developmental milestones must be reached before these emotions can be felt. In order to endorse any one of these self-conscious emotions, children must first reach a state of self-awareness. They also need an awareness of the external standards for behaviour that exist in their cultural milieu. This applies to both positive and negative self-conscious emotions: in order to feel pride, one must understand what behaviours are evaluated as positive by others. For feelings of shame or guilt, one must understand that some behaviours are largely seen as negative. Finally, the child must come to accept these standards for behaviour in order to experience self-conscious emotion. In additions to these basic foundations for self-conscious emotion, theory of mind is also necessary in order to understand one's own internal states but also to take into consideration the perspectives of others. Feelings of pride, embarrassment, guilt, and shame all come from imagining how others are evaluating our behaviours, meaning they require both awareness of others' mental states and complex socio-emotional knowledge (Lagattuta & Thompson, 2007).

While embarrassment, guilt, and shame are unpleasant emotions to feel, they perform an important social function (Tangney et al., 2007). Guilt and shame are particularly powerful emotions that serve to evaluate one's own behaviours according against social and moral norms. However, when individuals experience high levels of unwarranted guilt and shame, these emotions become maladaptive. Though shame has long been considered more damaging to the self than guilt, past research has shown that high levels of both of these emotions have negative

consequences on youth, as they are thought to contribute to the development and maintenance of internalizing disorders such as depression and anxiety (Luby et al., 2009; Mills et al., 2015; Tilghman-Osborne, 2008). Indeed, guilt and shame play a role in a variety of processes that may affect children's well-being, including their attributional style.

Attribution Theory and Self-Blame

Attribution theory explores the beliefs that individuals hold about the reasons why an event has occurred (Graham & Juvonen, 1998; Weiner, 1985). Causal attributions answer explanatory questions, such as "why is my friend being so mean to me today?" Individuals make causal attributions both about others and themselves. Attributions are typically thought of as varying along three main dimensions (Weiner, 1985). The first, locus, indicates whether the cause is understood to be internal or external to the self. Locus is linked to self-esteem, with internal attributions being predictive of higher self-esteem when made for successes, and lower self-esteem when made for failures (Graham & Juvonen, 2001). The second, stability, refers to whether the cause of the negative event is perceived to be constant or temporary. Stability informs expectations about future outcomes. If someone believes an adverse event occurred because of a stable cause (for instance, a perceived physical defect), they are more likely to expect it to recur, and to experience feelings of guilt and shame (Graham & Juvonen, 2001). The third and final dimension is controllability, which indicates whether a person believes they could have had the power to stop the negative event from occurring, or the power to stop it from recurring (Crick & Ladd, 1993; Graham & Juvonen, 2001; Shelley & Craig, 2010; Weiner, 1985). Controllability is related to self-directed emotions like shame and guilt (Graham & Juvonen, 2001). In particular, when an individual believes they have low levels of control over a negative situation, they are more likely to feel strong feelings of shame, an emotion associated

with unfortunate negative consequences for the self, including depression, anger and hostility (Tilghman-Osborne et al., 2008). In contrast, when an individual believes they do have control over a negative situation, they are more likely to experience feelings of guilt, an emotion more predictive of behavioural change (Graham & Juvonen, 2001; Tilghman-Osborne, 2008).

In the case of peer conflict, stability and controllability are the most relevant dimensions, as they help understand how children and adolescents make sense of their plight (Graham & Juvonen, 1998). For instance, children who believe that the harm they receive at the hands of their peers is due to a stable characteristic of theirs (i.e., "I am not someone that people like") are more likely to anticipate that the harm will reoccur. On the other hand, when children believe they merely happened to be in the wrong place at an inopportune time, they are less likely to expect the victimization to continue (Graham & Juvonen, 1998). Controllability is also important in understanding how children will interpret harm at the hands of peers. When children attribute such experiences to uncontrollable causes, they are more likely to report feelings of shame and even exhibit behaviours associated with learned helplessness (Goetz & Dweck, 1980; Graham & Juvonen, 1998; & Weiner, 1985).

When children experience adverse events such as conflict with their peers, they often attempt to make sense of it. While doing so, they may evaluate their own behaviours and consider their own responsibility and culpability for conflict (Schacter et al., 2015; Weiner, 1985). In particular, children must consider whether they contributed to the event, and if so, the extent to which they are responsible for it (Graham & Juvonen, 1998). In cases where they feel they are at least partially responsible, children may be confronted with feelings of self-blame. Self-blame, which was long considered to be completely maladaptive (Depue & Monroe, 1978; Peterson et al., 1981), was reconceptualized by Janoff-Bulman (1979) as being adaptive in

certain forms. Two types of self-blame were outlined by Janoff-Bulman (1979): behavioural self-blame and characterological self-blame.

Behavioural self-blame (BSB) is considered to be adaptive, as it is a control-oriented response to adverse events. BSB attributions focus on one's behaviour, and are considered external to the self[1], unstable, and controllable (Janoff-Bullman, 1979; Shelley & Craig, 2010). For instance, if a child is called an unkind name by a peer, a BSB style attribution might sound like: "she said that because I accidentally got in her way while she was playing softball." Because it is relatively easy to modify one's behaviour (as compared to one's enduring traits), this form of self-blame is seen as more productive than characterological self-blame (CSB). In the context of peer conflict, BSB may lead to heightened feelings of self-efficacy when compared to CSB, and will likely result in concrete actions being taken in order to avoid future harm (Janoff-Bulman, 1979). Studies investigating the link between self-blame attribution style and depression have found that BSB is not significantly associated with this negative consequence (Graham & Juvonen, 1998; Tilghman-Osborne et al., 2008). However, while Janoff-Bulman (1979) originally conceptualized BSB as an entirely adaptive response to adverse events, the literature has since occasionally contested or qualified this idea (Graham & Juvonen, 1998; Tilghman-Osborne et al., 2008).

Characterological self-blame involves attributing negative experiences to traits of the self that are internal, stable, and uncontrollable. For instance, if a child is called an unkind name by a peer, a CSB type of attribution might sound akin to, "I guess I'm just annoying." CSB attributions are closely related to self-esteem, as they explain negative outcomes by failings of

---

[1] While one's behaviour is arguably not truly external to the self, the literature on BSB often uses this terminology, most likely as a way to differentiate between one's personality or traits, which is considered more internal, in some ways, than a one-time action or behaviour.

the self that one is powerless to control or change (Graham & Juvonen, 1998; Janoff-Bulman, 1979; Shacter & Juvonen, 2010). These attributions causally associate a perceived negative trait about oneself to a negative outcome, and, as such, are thought to be particularly damaging for the self. Studies have consistently linked CSB to various forms of maladjustment, including depression and loneliness (Graham & Juvonen, 1998; Shelley & Craig, 2010; Tilghman-Osborne et al., 2008). Additionally, CSB may be particularly damaging in the context of peer conflict, a proposition that will be explored further below.

Meaningful parallels can be drawn between characterological self-blame and shame, and between behavioural self-blame and guilt. While guilt and shame are both self-conscious emotions, they have distinct implications for the self (Tilghman-Osborne et al., 2008). Shame implies a feeling of generalized worthlessness and is a powerful negative emotion. Guilt, on the other hand, is characterized by a feeling of regret or remorse about a specific action. While guilt has been hypothesized to motivate constructive behaviour, which allows individuals to avoid the recurrence of harm, shame has most often been considered largely maladaptive, and has been linked to depression (Tangney et al., 1996; Tilghman-Osborne et al., 2008). BSB has been related to guilt, and CSB has been related to shame because of conceptual similarities, though few studies have investigated the relationship between these constructs (Lutwak et al., 2003; Tilghman-Osborne et al., 2008.) Tilghman-Osborne (2008) found significant overlap between CSB and shame, and when considered jointly, these two constructs were significantly associated to depressive symptoms. In the same study, the overlap between BSB and guilt, however, was limited to only one specific measure of guilt.

Studies examining associations between self-blaming tendencies and children's experiences of peer conflict have tended to focus on chronic forms of peer victimization.

Specifically, self-blaming tendencies are theorized to put children at risk for sustained victimization (Graham & Juvonen, 1998; Shacter et al., 2015). Graham and Juvonen (1998) investigated the relationship between behavioural and characterological self-blame attributions for victimization and maladjustment in middle school-aged children. The authors found that children who describe being victimized are vulnerable to feelings of loneliness, anxiety, and low self-worth. This relationship is in part mediated by self-blaming attributions for victimization, particularly for characterological self-blame, likely due to its more damaging implications for the self.

However, running contrary to Janoff-Bulman's idea (1979) of behavioural self-blame as adaptive, Graham and Juvonen (1998) found that both forms of self-blame were highly correlated, and, as such, it is unlikely that children typically endorse one form of self-blame to make sense of their predicament and entirely discount the other. That being said, CSB was more strongly associated to adjustment difficulties than was BSB. The authors further suggest that when BSB attributions are made about factors that are external to the self, unstable and controllable (i.e., due to accidental factors or poor planning, without any overlap with CSB), then they may be adaptive for youth.

A study by Shacter and colleagues (2015) sought to explore the role of characterological self-blame in the maintenance of peer victimization over time. The authors found that depression, prior bullying, and self-blame partially accounted for the continuity in the victimization of children in middle school. Interestingly, analyses revealed that depressive symptoms accounted for continued victimization, even when baseline level of victimization was considered. The only other factor that contributed to the maintenance of victimization over time was characterological self-blame. The researchers hypothesized that CSB plays a particularly

crucial role: children who endorse this attributional style have lower expectations about future social situations, as they believe that their unchangeable traits are the reason they have been bullied. These negative expectations may in turn lower children's threshold for what is considered negative encounters with peers (Shacter et al., 2015). Additionally, children who endorse a CSB rather than a BSB view of victimization are thought to be less likely to actively try to change behaviours that may have led to victimization in the first place, as they believe it was due to internal, stable, and uncontrollable (and thus unchangeable) factors.

Implicit Theories: Growth and Fixed Mindsets

Implicit theories are also of interest when considering the varied features of conversations with mothers about self-protection in the context of peer conflict. Implicit theories are "core assumptions about the malleability of personal qualities" held by individuals (Yeager & Dweck, 2012). One oft-explored implicit theory is that of fixed versus growth mindsets. Growth mindsets are defined as a more incremental implicit theory that one's abilities can change or grow over time. On the other hand, those who endorse fixed mindsets are more likely to believe their personal characteristics are set in stone, and are unlikely to change, even with time and effort. While the idea of growth and fixed mindsets were originally used in the study of learning, motivation, and academic achievement, research on these implicit theories has expanded to include personality traits and social competence (Yeager & Dweck, 2012).

Youth with an implicit belief in personality as unchangeable are more likely to view being hurt by peers as something they cannot exert control over or change. This view is obviously maladaptive, as it discourages one from making concrete behavioural changes, and likely is associated with feelings of powerlessness. Research has found that children and adolescents who endorse a more fixed view of the self are less resilient when harmed by their

peers (Goetz & Dweck, 1980). Additionally, adolescents who endorse more fixed views of their social competence and personal traits are more likely to demonstrate aggressive retaliation in response to harm, rather than more productive strategies (Yeager & Dweck, 2012). In part, these patterns may be explained via the finding that youth with growth-oriented mindsets are more likely to believe not only in their ability to change their traits that increase their own potential for being harmed by others, but also in their others' ability to grow and change positively with time.

Direct parallels can be drawn between youth's entity or incremental theories and their self-blaming tendencies. Indeed, when an individual holds a belief that their traits are fixed and therefore unchangeable, they are more likely to endorse self-blaming attributions, as they are unable to generate alternate explanations for being harmed other than their own personal characteristics (Goetz & Dweck, 1980). As previously discussed, self-blame is strongly associated with feelings of shame (Tangney et al., 2007). Feelings of shame are not only detrimental for youth's emotional and psychological health, but are also a predictor of hatred of victimizers and desire for revenge (Yeager & Dweck, 2012). Conversely, if youth are able to attribute harms to factors external to the self, they are less likely to feel high levels of shame, and this reduction in feelings of shame partially mediates the lessened desire for revenge in youth with incremental views of the self.

In the case of peer injury, growth mindsets are thought to be more adaptive among youth, as they promote a feeling of agency and control over one's situation. Conversely, promoting fixed mindsets in children in the face of peer conflict may discourage them from taking steps towards changing the situations that they face. Yeager and Dweck (2012) have suggested that parents may unintentionally promote more fixed mindsets in their children when discussing peer harms. For instance, if parents comfort their children by saying that a hurtful peer is simply a

"bully" or a "bad" kid, they may teach their child to believe that personality traits are unchangeable. These labels, while undoubtedly used to comfort, may have the unfortunate consequence of discouraging youth from using productive strategies to cope with their peers in the face of conflict. Arguably, a preferable approach may be for parents to underscore a peer's negative actions in more nuanced ways, and to focus on the negative aspects of their behaviour rather than on their unmalleable personality traits (Yeager & Dweck, 2012). This reasoning may be extended to parents' discussions of their own child's traits in the context of peer injury. It is likely more productive for parents to encourage children to consider their own contributions to conflict as changeable rather than fixed.

Importantly, when children have a more mastery or growth-oriented mindset, they are more likely to react in adaptive ways to rejection (Goetz & Dweck, 1980). Goetz and Dweck (1980) found that children who made attributions for peer rejection that suggested their own social incompetence was to blame were more likely to respond maladaptively to their experiences, regardless of their popularity level. Thus, children with more fixed views of the self may surmount adversity and victimization with more difficulty, regardless of their actual levels of success in the peer group.

Future and Past Orientation

Another related dimension of maternal statements encouraging children to protect themselves from harm at the hands of their peers is temporal orientation. Children's temporal orientation has not been extensively explored in research, particularly in relation to peer conflict. However, an existing body of research suggests that overall, a focus on the past, and particularly on negative past events, is associated with distress (Holman & Silver, 1998). After facing trauma and adversity, individuals who are present or future oriented fare better than those who are past

oriented. This idea has been conceptually linked to rumination. Indeed, individuals who focus unduly on the past may become trapped in a cycle of rumination to try to understand their distress better, and, in turn, this rumination encourages individuals to continue focusing on the past (McLaughlin & Nolen-Hoeksema, 2012).

Rumination is a behaviour that has been associated to numerous negative outcomes for children and adolescents (McLaughlin & Nolen-Hoeksema, 2012). Rumination is a passive response pattern to distress, and often involves "regret, feelings of failure, worry, or concerns about competence" (Lavallee & Parker, 2009). It is associated with adjustment difficulties in children and adults alike, including negative affect, depression, anxiety, and problem-solving difficulties. These difficulties are theorized to arise because when individuals ruminate about past events, they often do so without actively seeking solutions to prevent the distressing event from reoccurring (McLaughlin & Nolen-Hoeksema, 2012). In considering how rumination may arise in conversation, it is also worth noting that it can arise as a joint dialogical process called co-rumination (Waller & Rose, 2010).

While rumination and co-rumination are only indirectly related to questions of past and future orientation when discussing problems, the results outlined above seem to indicate that an undue focus on negative past events tends to have adverse consequences for youth. Additionally, if mothers and children tend to focus unduly on the past rather than the future when discussing peer conflict, this may be because of a perceived lack of control over these situations. Indeed, if children and mothers believe that peer conflict is a result of a child's fixed traits that render him or her unable to avoid these types of conflict in the future, then it is likely that they would focus on discussing the conflict that has already occurred, rather than develop productive solutions for future conflicts.

Finally, when mothers focus on the past when discussing self-protection with their children, they may often engage in counterfactual reasoning: asking children what they might have done differently, or suggest that they did not effectively respond to their peer's harmful actions. This is a form of counterfactual reasoning in that it involves the generation of alternatives to facts (Rafetseder & Perner, 2012). Counterfactual reasoning has been linked to regret, self-blame, and other negative outcomes (Alicke, 2000; Rafetseder & Perner, 2012). According to blame researchers, counterfactual reasoning implies that an outcome (in this case a negative outcome) could have been avoided. Therefore, engaging in this form of reasoning may lessen individual's feelings of personal control, and lead them to blame themselves more strongly for the negative experience they encountered (Alicke, 2000). Therefore, when mothers engage their children in discussions about what could have been done differently in the context of a lived peer conflict experience, they may be increasing their child's feelings of self-blame and lessening his or her feeling of agency. When they talk about what can be done in the future, this is less likely to imply that the child is to blame for being hurt by peers in the past.

Problem- and Emotion-Focused Coping

With respect to potential avenues for self-protection, another relevant dimension of mother-child discussions involves the generation of coping strategies. Indeed, mothers may suggest various coping strategies for avoiding future harm to their children. This is important to consider, because although interpersonal stressors are unavoidable for children and adults alike, youth who employ more adaptive coping strategies tend to fare significantly better than their peers who do not (Hampel & Petermann, 2005). Research exploring the coping strategies employed by individuals facing difficult situations, such as interpersonal conflict, often distinguishes emotion-focused from problem-focused coping (Baker & Berenbaum, 2007; Carver

et al., 1989). Problem-focused coping involves taking concrete steps to modify the problem being faced, often after generating and evaluating different behavioural responses. While problem-focused coping implies concrete strategies to create positive change, emotion-focused coping strategies aim to manage or reduce the distress associated with the problematic situation. Examples of emotion-focused coping can take many forms, including denial, positive cognitive reappraisal, and seeking support from others (Baker & Berenbaum, 2007).

While research on emotion and problem-focused has largely focused on adults, some literature has shown that children and adolescents alike use both problem and emotion-focused coping strategies when faced with stressors, such as academic difficulties and interpersonal conflict (Compas et al., 1988). Compas and colleagues (1988) found that older youth tended to endorse more emotion-focused coping strategies. Additionally, children and adolescents who were able to generate more problem-focused strategies in response to hypothetical scenarios experienced fewer adjustment difficulties. Conversely, when children generated more emotion-focused strategies, they tended to have more emotional and behavioural problems as identified by the children themselves and their mothers (Compas et al., 1988).

While the literature has not always painted emotion-focused coping in a positive light, more recent research has determined that this strategy may in fact be effective under certain circumstances (Baker & Berenbaum, 2007). Specifically, while it has been suggested that problem-focused strategies are appropriate responses to negative situations perceived as controllable, emotion-focused coping may be more adaptive when a situation is perceived as uncontrollable (Band & Weisz, 1988; Compas et al., 1988). For instance, the death of a loved one or a cancer diagnosis are both events over which individuals have little control, and, as such, using emotion-focused coping strategies may be more adaptive under these circumstances.

Parental Strategies in Response to Peer Conflict and their Potential Associations to Self-Blame and Depression

When children experience conflict with their peers, they often turn to their parents to try to make sense of it (Conners-Burrow et al., 2009). Alongside other parenting goals, most parents have a strong desire to protect their children from harm and distress (Vinik et al., 2011). That is, a key role for parents is to ensure their child's physical and emotional well-being. As such, adaptive parenting should provide an environment in which children receive help and support when needed. When parents are able to soothe, console, and protect their children from sources of distress, children are likely to form secure attachments to their parents, and in turn, are more likely to be able to regulate their emotions, cope with stress, and develop a sensitivity to the distress of others (Grusec & Davidov, 2010). Indeed, parental responses to children's distress are related to children's regulation of negative and positive affect, empathy, and prosocial tendencies, as well as peer acceptance (Davidov & Grusec, 2006). Parents who are appropriately responsive to their children's distress typically coach and model effective strategies for their children to use. Conversely, when parents react to their children's distress by punishing them or by becoming emotionally flooded themselves, their children are likely to both express negative emotions more strongly and to have a tendency towards negative emotionality (Davidov & Grusec, 2006). Responsive parents are thought to model compassion and empathy for their children, leading their children to respond similarly to others when they are upset. Additionally, when parents express positive affect and affection towards their children, children are more likely to be accepted by their peers. This association is explained by children's positive expectations of relationships when their interactions with parents have led them to believe social exchanges are a source of pleasure rather than pain (Davidov & Grusec, 2006).

Conversely, harsh parenting is predictive of worse outcomes for children. Harsh parenting is characterized by lower levels of warmth, support, and frequent criticism and threats (Cole et al., 2014). This type of parenting may be particularly predictive of poor outcomes when children are also exposed to high levels of peer victimization. Indeed, when children receive negative feedback from both parents and peers, they may begin to develop negative self-beliefs that will in turn contribute to depressive symptomology (Cole et al., 2014). While certain dimensions of parenting, such as responsiveness and warmth, are of crucial importance, particularly in the early years, it is also important for parents to consider their own child's personal characteristics when choosing how to respond to their children's needs in times of distress (Sherman et al., 2017). For instance, it is important that parents tailor their social coaching strategies to their children's developmental level, gender, and temperament (Vinik et al., 2011). Additionally, in order to appropriately respond to children's problems, parents must have sufficient knowledge of what distresses and comforts their children. Research has demonstrated that the children of mothers who are sensitive to what causes distress in their children are more able to cope with distress in an adaptive manner. This included children either being self-reliant or being able to seek support from others when necessary. This relationship is explained by the fact that if mothers can predict their child's distress, or if they are able to notice it, they will be more likely to engage their child in discussions about emotion (Vinik et al., 2011).

Parental Social Coaching

Parental social coaching is a form of behavioural guidance that parents provide for their children when they encounter difficult situations with their peers (Mize & Pettit, 1997). Effective parental social coaching should support children's autonomy, reinforce children's social

competence, and offer prosocial strategies for conflict resolution. Additionally, social coaching conversations should communicate both warmth and sensitivity to the child's thoughts, feelings, and desires. Scholarly findings suggest that parents should encourage children to make nonthreatening interpretations for their peers' ambiguous behaviours, as more threatening interpretations have been associated with social avoidance and anxiety in youth. Indeed, research has found that when mothers make more hostile attributions about ambiguous or neutral social situations, their children are more likely to endorse feelings of anxiety (Hane & Barrios, 2011). On the other hand, when parents encourage their children to view their peer conflict situations in a less threatening light, their children are more likely to respond to ambiguous situations with peers in less fearful ways, and to employ more constructive strategies to cope with them (Su et al., 2016).

Studies have investigated how mothers discuss hypothetical peer conflict scenarios, and found that how mothers frame negative peer interactions was predictive of several important outcomes in children (Mize & Pettit, 1997). Indeed, Mize and Pettit (1997) found that when mothers emphasized what was positive about social relationships, and helped children arrive at more cooperative and nonconfrontational strategies for responding to difficult situations with peers, their tended have better social skills, higher levels of acceptance from their peers, and lower levels of aggression.

Parental social coaching takes on different forms as children age and develop. In young children, parents often give children direct advice, which has been shown to promote relationship-building skills in children, and to help them form and maintain friendships over time (Mize & Pettit, 1997). In the middle school and adolescent years, however, research has shown that direct parental advice about peer relationships is associated with lower levels of social

competence in youth. This relationship is theorized to exist because parents may continue giving this type of advice to their older children when they have enduring difficulties with social competence (McDowell & Parke, 2009). However, other researchers have reported that when parents continue to give their children explicit prosocial advice are more at ease when encountering difficult social situations, and endorse higher feelings of competence (Su et al, 2016). An important caveat to this finding is that it may hold true only for prosocial advice in specific situations, rather than more blanket forms of advice. Overall, however, it appears as though there is no clear answer as to how parents should discuss peer conflict with their children based on their age.

Socialization of Guilt and Shame

As previously discussed, shame has a powerful social function (Mills et al., 2010). When shame becomes a dominant emotion, however, it becomes dangerous for the self. A strong tendency towards feelings of shame in children is associated with a host of mental and physical health problems, from the early elementary years onwards. Though little research has investigated the links between parental socialization and shame-proneness, some studies have suggested that parenting styles and practices that involve the frequent negative appraisals of the child are likely to contribute to the development of a tendency towards shame (Mills et al., 2015). Additionally, it is likely that associations exist between children's attributional styles and parental socialization practices (Kochanska et al., 2002). When considering shame-proneness, it is likely that when parents make global negative attributional statements to their children (meaning attributions wherein they blame stable characteristics possessed by their child), their children will begin to have a bias towards global negative self-attributions (Kochanska et al., 2002). While this area remains largely unexplored, a study by Mills and colleagues (2015) found

a relationship between maternal shaming and global negative self-attributions in children. Interestingly, this association was stronger for girls than boys, likely because girls have a greater tendency to endorse feelings of shame.

Parental Socialization of Growth and Fixed Mindsets

Parents may also socialize their children to endorse more growth or fixed mindsets (Frome & Eccles, 1998; Haimovitz & Dweck, 2017; Jodl et al., 2003). While newer research has called into question the idea that parents directly transmit their own implicit theories to their children, it has shown the ways that parents may unwillingly encourage fixed mindsets in their children, even while doing such seemingly beneficial things as praising their children (Haimovitz & Dweck, 2017). Haimovitz and Dweck (2017) have differentiated between person feedback (praising or criticizing children for their intelligence or ability) and process feedback (praising or criticizing children for the strategies or efforts they are employing). While process-based feedback encourages children to value learning and to see their successes or failures as contingent on effort rather than natural ability, person praise may lead children to believe their intelligence or ability is fixed and therefore unrelated to effort. In the context of conversations about peers, whether they are positive or negative, parents may unwittingly lead their children to believe that their social relationships cannot be worked at or altered in meaningful ways if they have encouraged their children to look at them in a more fixed light (Haimovitz & Dweck, 2017). Therefore, it is likely more adaptive for mothers to offer process (growth) feedback rather than person (fixed) feedback when discussing their child's peer conflict experiences, as it may encourage children to feel a sense of agency and control in the face of harm, rather than lead them to view their relationship difficulties as outside of their control.

The Value of Studying Parent-Child Conversations about Children's Lived Peer Conflict

Experiences

Research on children's attributions, moral thinking, and blame judgments has heavily

relied on hypothetical scenarios (Graham & Juvonen, 2001; Turiel, 2008). However, it is

important to complement this work with scholarship that examines children's real-life

experiences, as they allow one to gain insight into another person's thoughts, feelings, desires,

and opinions. In this sense, children's own experiences provide a window into their internality

that would otherwise be impossible to access (McLean & Mansfield, 2012). While

questionnaires and interviews can elicit responses to specific questions, they are typically far less

open-ended than are requests to "tell a story about a time when…", which afford participants

complete freedom in choosing an event to recount, the ways they select and present relevant

elements of the story, and the depth and breadth of their focus (Pasupathi & Wainryb, 2010). In

this sense, children's real-life peer conflict stories also present the opportunity for discussions

that are far richer and more personally relevant than hypothetical vignette scenarios, which do

not necessarily reflect children's unique patterns of relationships, conflicts, and goals.

This study not only examines children's real-life experiences with peers, but also

conversations between children and their mothers about these experiences. Conversations

between mothers and their children about peer conflict experiences are a rich medium to explore,

as they involve an exchange of ideas, thoughts, and feelings, and allow both parties to build on

each other's contributions (Nucci, 2014). Additionally, parent-child conversations offer valuable

insight into how children construct meaning around their personal experiences. Given the

morally-laden features of peer conflict, conversations about these types of events provide

researchers with a window into how children learn lessons about themselves, others, and

20

relationships. By sharing stories with important others, such as parents, and engaging in conversations about one's enduring traits, youth gain insights about themselves (McLean, 2005). Additionally, conversations about meaningful past events may be drawn upon by parents in order to help direct future behaviours in similar situations.

Despite the established importance of parent-child conversation about peer conflict, it is important to consider that parents are not infallible: they may be a source of misinformation or bias, and may sometimes provide information to the child that is harmful rather than helpful (Nucci, 2014). Therefore, we are interested in investigating whether statements encouraging children to protect themselves from peer conflict in the context of mother-child discussions may be differentially related to various types of maladaptive outcomes in children and adolescents.

The Current Study

This study explored the ways mothers discuss their children's responsibility for protecting themselves from harm in the context of conflict with peers. Specifically, we examined various aspects of mothers' contributions to discussions that we anticipated may be related to children's tendency to blame themselves for failing to protect themselves from harm. Our research questions were: 1. What are the descriptive features of mothers' statements regarding their children's responsibility for self-protection in the context of conversations about peer conflict? 2. Are these descriptive features differentially related to various negative psychosocial outcomes (guilt and shame proneness, self-blaming tendencies, and depressive symptomology)?

Coding and analyses were based on a larger dataset in which mothers and their children aged 6-7, 10-11, and 15-16 discussed two events in which the child had been hurt or upset by a peer. Mothers' statements discussing the child's self-protection had already been identified in verbatim transcripts of the mother-child conversations during a previous round of coding (Saint-

Martin et al., in preparation). The three age groups allowed us to explore whether mothers' statements discussing self-protection were associated with different outcomes for children at different stages of their development. We also explored our data for possible gender effects.

More specifically, for the purpose of this thesis, we coded maternal statements referring to self-protection in various ways, to capture the key distinctions described in the literature review above. First, we coded statements for the tone/implication being used in the statement as either negative or positive/neutral. Negative evaluative judgments were coded when mothers' statements had a negative tone and/or implication. We did not differentiate between positive and neutral evaluative statements, as this distinction was not immediately relevant to our research questions. We hypothesized that negative evaluative judgments in the context of self-protection would be associated with worse psychological outcomes for children, given that it may lead them to blame themselves when they are hurt by others (Janoff-Bullman, 1979; Tilghman-Osborne et al., 2008).

Next, we coded each maternal contribution along several dimensions related to the content of the statement: attribution, coping strategy endorsed, implied mindset, and time orientation. Attributions could be either characterological or behavioural in nature. We hypothesized that statements that involved a negative characterological attribution would be linked to more negative outcomes for children, as they would likely lead them to blame their stable, innate characteristics for the harm they incurred at the hands of their peers (Graham & Juvonen, 1998; Weiner 1985).

We also considered the types of coping strategies endorsed by mothers in their statements about self-protection. Generally speaking, maternal socialization of coping is likely a positive practice for children, as using adaptive coping strategies is beneficial for children and

22

adolescents alike (Hampel & Petermann, 2005). We coded maternal statements as either endorsing problem-focused or emotion-focused coping strategies (Baker & Berenbaum, 2007). Problem-focused coping is typically described as involving concrete behavioural steps to modify the problem being faced, and in altering one's behavioural responses when necessary. Emotion-focused coping involves attempts to reduce the distress associated with the problematic situation (i.e., "I will try not to let her calling me names affect me so much."). While the literature is not definitive on whether emotion-focused coping is productive or problematic, we believe that in the context of peer conflict, it would likely be more adaptive for mothers to suggest problem-focused strategies. Indeed, given that most of the situations discussed by mothers and children could reasonably be responded to with concrete behavioural responses, such as ceasing interacting with a problematic peer or asking a peer to stop using a hurtful nickname, they are likely a more adaptive strategy than emotion-focused strategies. In this sense, we expected mothers would suggest more problem-focused than emotion-focused coping strategies, and that this approach would be associated to more positive outcomes in children.

The type of implicit theory mothers implied in their statements about their child's responsibility for self-protection was also considered (Yeager & Dweck, 2012). These were coded as being either fixed or growth-oriented. Fixed mindsets involve a belief that a person's traits are stable over time and across situations, and that they are unlikely to change, even with effort. Growth mindsets involve a belief in people's ability to change over time. We hypothesized that statements implying a fixed view of the child and a negative evaluation would be associated with worse outcomes for children (Goetz & Dweck, 1980).

Finally, we considered the time orientation of mothers' statements: past, future, or globally-oriented. We believed that past-oriented statements would be more likely to increase

23

children's self-blaming tendencies, given that focusing on negative past outcomes is arguably less productive than focusing on strategies for the future (Holman & Silver, 1998; McLaughlin & Nolen-Hoeksema, 2012).

In terms of age and gender differences, we expected that mothers would be more likely to discuss characterological attributions with adolescents than with younger children, given that adolescents' identity development supports their capacity to increasingly draw connections between their experiences and broader understandings of themselves (McLean & Pasupathi, 2012). We also expected that mothers would be more likely to suggest emotion-focused strategies to older children, given their relative complexity and the level of self-awareness required to employ such strategies (Baker & Berenbaum, 2007). Finally, we expected that girls whose mothers used more self-protective strategies would be particularly likely to report high levels of shame-proneness and depressive symptomology, given that girls and women tend to be more shame-prone and are more susceptible to depression (Nolen-Hoeksema, 2001; Mills et al., 2010; Nolen-Hoeksema, 2001).

Method

Participants

The current thesis used data drawn from a larger research project investigating children's peer conflict narratives and ensuing conversations between the children and their mothers. Participants were recruited from the Greater Montreal area through advertisements in local Facebook groups, flyers in schools, through a database of past participants, and via word of mouth. Only one child per family was eligible to participate. The study required that participants were comfortable speaking together in English, though they were permitted to participate if they spoke English as well as other languages in the home.

The total analytic sample of 105 families was divided into three groups on the basis of the child's age: including thirty-seven 6- to 7-year-olds ($M = 6.92$ years, $SD = 0.59$), thirty-five 10- to 11-year-olds ($M = 11.14$ years, $SD = 0.61$), and thirty-three 15- to 16-year-olds ($M = 15.89$ years, $SD = 0.67$). Each age group included approximately equal numbers of girls and boys (18/37 girls, 18/35 girls, and 17/33 girls, respectively). Additional participating families who failed to discuss two distinct events of peer conflict ($n = 6$) or who did not complete the study for other reasons ($n = 4$) were not included in analyses.

To be eligible for the study, families were required to be comfortable speaking together in English, but some families (30.5%) spoke one or more additional languages at home (most commonly French). Most mothers (M age= 43 years) identified as White (74.3%), while others identified as Latin American (6.7%), Arab (3.8%), Black (2.9%), South Asian (1.9%), Southeast Asian (1%) Chinese (1%), and "other" (8.6%). The majority of mothers in our sample (73.3%) had completed a university degree.

Parents provided written informed consent and children assented to all procedures. Each family received 50$ in appreciation for their participation.

Procedure

Data for this study were drawn from a larger project investigating children's peer conflict narratives and ensuing mother-child conversations; only procedures relevant to the current thesis will be described here. Mother-child dyads participated in two-hour sessions, either in their homes or at one of two university laboratories, located in different parts of the city, according to their preference. Two female research assistants were present to collect the data. Mothers provided written consent for themselves and for their child, and children assented to participate.

After assent/consent was given, children were taken to a separate area for a private interview with a research assistant. The children were asked to nominate two past events in which the words or actions of a peer made them feel hurt, upset, or angry. For one event, children were asked to think of a time when they had nothing to do with what happened, and for another event, they were asked to think of a time when they thought they might have something to do with what happened (i.e., they might have done something to start it, even if they didn't mean to, or to make it worse). The interview was audiotaped. The order in which children were asked to recall these events was counterbalanced across participants. During this interview, the mothers completed a demographics questionnaire on a tablet with the help of the second research assistant.

Following the first interview between the research assistant and child, children and mothers were then asked to engage in conversations about each of the two events: they were asked to talk about what happened, ask each other questions, explain things to each other, and see if there was something to be learned from each event. These conversations were audio and video recorded. Dyads could talk about each event for as long as they chose to do so. The distinction between the two events was not the focus of the present thesis, and thus data were collapsed across the two conversations. Descriptions of variations in mothers and children's contributions to discussions across the two events are reported in Saint-Martin et al. (in preparation).

After the mother-child conversation, children completed a second audiotaped interview with the same research assistant: they were asked a series of questions about the events, their conversation with their mother, and their relationship with the peer in question. Following this

interview, children and their mothers completed a series of questionnaires; those relevant to this thesis are outlined in the section below.

Measures

Demographics Questionnaire

Mothers who participated in this study were asked to fill out a demographics questionnaire, which included questions about themselves, their child, and their child's other parent if applicable. The questionnaire included questions about age, gender, ethnicity, languages spoken in the home, occupation, and education.

Depressive Symptomology

Depressively symptomology was assessed using the Mood and Feelings Questionnaire (MFQ; Angold & Costello, 1987). Children in the oldest age groups (10-11 and 15-16) completed the MFQ. Children in the youngest age group did not complete a self-reported measure of depressive symptomology. The MFQ self-report questionnaire asked children to indicate the extent to which they endorsed various statements assessing depressive symptomology (0 = *not true*, 1 = *a little true*, 2 = *true*). Higher scores indicated higher levels of depressive symptomology. The MFQ scale was reliable for both age groups (Cronbach's alpha = .88 overall; .91 for 10-11-year olds and .84 for 15-16-year olds).

Guilt- and Shame-Proneness

Guilt and shame proneness were assessed using the Test of Self-Conscious Affect (TOSCA; Tangney & Dearing, 2002). Children were asked questions about how they would feel after doing something that might elicit feelings to guilt or shame, like breaking a valuable object at a party. For each scenario, children were asked to indicate how likely they would be to make attributions or engage in behaviors that are theorized to reflect guilt *("I should have been more*

careful") and shame *("I would run upstairs to be away from everyone")* on a four or five-point scale depending on age group. Specifically, children in the oldest age group's responded on a five-point scale (1 = *not at all likely*, 5 = *very likely*), whereas children in the two younger age groups used a four-point scale (1 = *definitely not,* 4= *definitely yes*). Items also varied across age groups, given that different versions of the scale have been created for adolescents (Tangney et al., 1990) and younger children (Tangney et al., 1991). Scores were therefore standardized within age for analyses by converting them to z-scores. Cronbach's alphas varied somewhat across age groups. Specifically, for shame-proneness: alphas were were .66, .79, and .79, for the 6-7, 10-11, and 15-16-year olds, respectively (alpha = .75 overall); for guilt-proneness, alphas were .64, .71, and .58 for the 6-7, 10-11, and 15-16-year olds, respectively (alpha = .64 overall).

Self-Blaming Tendencies

Self-blaming tendencies were assessed using a questionnaire adapted from a measure designed by Graham and Juvonen (1998). Children were asked about a series of two hypothetical scenarios that might elicit feelings of self-blame, like being mocked after choosing to play on a structure usually used by mean kids. Scenarios were adapted slightly across age groups to ensure ecological validity. Children were asked to indicate on a four-point scale (1 = *definitely not think or feel this way,* 4= *definitely would think or feel this way*) how likely they would be to endorse each of the possible responses. In addition to positive filler items, responses were designed to capture feelings of characterological self-blame *("this happens to me, but not to other kids")* and behavioural self-blame *("I should have been more careful")*. Cronbach's alphas for characterological self-blame for the 6-7, 10-11, and 15-16-year olds were .78, .84, and .82, respectively (alpha = .83 overall). Cronbach's alphas for behavioural self-blame for the 6-7, 10-11, and 15-16-year olds were .71, .86, and .94, respectively (alpha = .83 overall).

Coding of Conversations

The coding scheme used in this thesis builds on a coding scheme previously developed by Badasu (2019) and the author of this proposal (see Appendix A). The first round of coding involved the identification of excerpts of the mother's and child's speech that pertained to notions of offenders' and victims' responsibility for harm. Each excerpt was analyzed and labeled individually. An individual turn could be coded in multiple ways (e.g., if a speaker referred to different aspects or referents of responsibility). The present thesis was based on the subset of codes that captured mothers' references to the child's responsibility for protecting themselves from harm.

Statements previously identified as being maternal statements involving self-protection were further coded along several dimensions. First, we coded statements along the dimension of the tone/implication being used: was it negative, or neutral/positive? Negative evaluative judgments were coded when mothers' statements had a more critical tone. We did not differentiate between positive and neutral evaluative statements, as this was not immediately relevant to our research questions. Next, we coded each statement along various dimensions related to content: (a) the type of attribution being made (characterological or behavioural), (b) the type of mindset implicated (fixed, growth, or none), (c) the type of coping strategy endorsed (problem, emotion, or none), and (d) the type of time orientation implicated (future, past, or global) none). A detailed coding scheme with definitions and examples is presented in Appendix A.

Some of the original coded lines were divided into two if they focused on more than one of the dimensions of interest (e.g., if part of the statement referred to emotion-focused coping and the second referred to problem-focused coping.) In this sense, "coded lines" in the context of

this thesis may be best understood as representing units of meaning: mothers' utterances were coded based on the relevant topics explored within a conversational turn, and could be divided in several units based on their content. Furthermore, a few lines identified as self-protective in the previous round of coding were not coded for this thesis because they could not be coded along the dimensions of interest (e.g., unelaborated act evaluations such as "oh dear!") or because they had originally been double-coded in a way that was not relevant to the current coding scheme.

Interrater Reliability

Interrater reliability was established for all coding. For the first round of coding, two independent raters coded 20% ($N = 21$) of the transcribed audio-recorded conversations. Cohen's *kappas* were calculated for each code. Disagreements were resolved via discussion and consensus. All the *kappas* exceeded 0.83 (Saint-Martin et al., in preparation).

For the second round of coding that formed the focus of this thesis, interrater reliability was also established. Two independent raters coded 25% of the transcripts (27 transcripts, 9 per age group). Cohen's *kappas* were calculated for each code. Disagreements were resolved via discussion and consensus. The *kappas* ranged from .89 to .95.

Results

Preliminary Analyses of Dependent Measures

First, we conducted preliminary analyses to examine how each of the dependent measures was associated with age and gender. To this end, we performed independent samples t-tests and between-subjects factorial ANOVAs, as relevant. Results are reported in Table 1 below.

Because the guilt and shame-proneness scores were converted to Z-scores for reasons outlined above, it was not possible to test for age differences for these two measures. As such, we ran independent samples *t*-tests to examine whether scores on guilt- and shame-proneness were related to gender. No significant differences between boys and girls were found for either guilt-proneness or shame-proneness.

To examine the relationship between characterological and behavioral self-blame scores, age, and gender, we conducted a series of two between-subjects factorial ANOVAs with age and gender entered as between-subjects variables. The analysis revealed a significant effect of age group $F (2, 96) = 8.41$ $p < .001$, $\eta_p^2 = .149$. Post-hoc tests indicated that children in the youngest age group reported more characterological self-blame than children in the middle and eldest age groups (see Table 1).

To examine the relationship between depressive symptomology, age (excluding the youngest age group), and gender, we conducted a between-subjects factorial ANOVA with age[2] and gender entered as between-subjects variables. The analysis revealed a significant effect of gender $F (1, 63) = 4.60$, $p = .036$, $\eta_p^2 = .068$. Overall, boys had higher mean MFQ scores than did girls.

---

[2] Only included age groups 2 and 3 since children in the youngest age group did not fill out the MFQ.

Table 1

Mean Scores on the Dependent Measures by Gender and Age Group

Dependent Measures	Gender		Age Group		
	Girls *M (SE)*	Boys *M (SE)*	6-7 yrs *M (SE)*	10-11 yrs *M (SE)*	15-16 yrs *M (SE)*
Shame proneness[#]	-.096 (.196)	-.096 (.197)	N/A	N/A	N/A
Guilt proneness[#]	.193 (.196)	.193 (.196)	N/A	N/A	N/A
Behavioural self-blame	2.0 (.12)	1.86 (.12)	2.15 (.14)[a]	1.85 (.15)[b]	1.53 (.15)[b]
Characterological self-blame	2.21 (.089)	2.14 (.089)	2.518 (.110)[a]	2.100 (.108)[b]	1.904 (.110)[b]
Depressive symptomology	.433 (.071)[2]	.651 (.073)[1]	N/A	.526 (.071)	.558 (.071)

Note. [#]Expressed as z-scores within age group; as such, age effects were not tested for shame- and guilt-proneness because scores were standardized within age group. Self-reports of depressive symptomology were not administered to children aged 6-7. Dissimilar numerical superscripts indicate significant differences between boys and girls. Dissimilar alphabetic superscripts indicate significant differences between age groups with a Bonferroni correction.

To examine associations between dependent variables, we also ran bivariate correlations between depressive symptomology (Mood and Feelings Questionnaire, or MFQ), behavioural self-blame scores, characterological self-blame scores, z-scored guilt scores, and z-scored shame scores. The results are reported in Table 2. The shame and guilt proneness measures were found to be moderately positively correlated. Guilt proneness was not significantly correlated with any other measure. Shame proneness was also moderately positively correlated with characterological self-blame, behavioural self-blame and depressive symptomology.

Characterological self-blame was also moderately positively correlated with behavioural self-blame and with depressive symptomology.

Table 2

Bivariate Correlations Between the Dependent Variables

Dependent Variable	ZGuilt	ZShame	CSB	BSB	MFQ
ZGuilt (guilt-proneness, z-scored)	*1*				
ZShame (shame-proneness, z-scored)	.372*	1			
CSB (characterological self-blame)	.160	.321*	1		
BSB (behavioural self-blame)	.143	.337*	.542*	1	
MFQ (Depressive symptomology)	.189	.398*	.385*	.198	1

Descriptive Features of Maternal Contributions Regarding Children's Responsibility for Self-Protection

Preliminary analyses indicated that, with respect to the coding of mindset, fewer than .6% of maternal statements were coded as fixed. Therefore, we were not able to compare statements endorsing growth versus fixed mindsets, and mindset was not considered further. For the other dimensions, we examined (a) overall frequencies of different types of maternal contributions to

discussions and their relations to age group and gender, as well as (b) how different coded aspects of contributions were interrelated. To do so, we conducted a series of mixed-model ANOVAs (with features of statements entered as within-subjects factors, and age group and gender as between-subjects factors). There were no significant unique or interactive effects involving age or gender; other findings are reported below.

Tone/Implication by Attribution

To examine whether different types of attributions were equally likely to be conveyed in negatively evaluative ways, we conducted a 2 (attribution: characterological or behavioural) x 2 (tone/implication: negatively evaluative or positively/neutrally evaluative) analysis of variance with child age (7, 11, or 16) and child gender entered as between subject variables.

The analysis revealed a significant univariate main effect of attribution F (1, 99) =102.606, $p < .001$, $\eta_p^2 = .021$. Mothers were more likely to make statements that involved behavioural attributions ($M = 3.823$, $SE = .325$) than they were to make characterological attributions ($M = .453$, $SE = .108$).

The analysis also revealed a significant univariate main effect of tone/implication F (1, 99) =7.28, $p = .008$, $\eta_p^2 = .068$. Mothers were less likely to make negatively evaluative statements ($M = 1.730$, $SE = .234$) than they were to make statements that were positively or neutrally evaluative ($M = 2.555$, $SE = .231$).

These main effects were further qualified by a two-way interaction between attribution and tone/implication $F(1, 99)= 15.168$, $p < .001$, $\eta_p^2 = .133$. When discussing behavioural attributions, mothers were more likely to be positively/neutrally evaluative ($M = 4.773$, $SE = .0433$) than negatively evaluative ($M = 2.891$, $SE = .419$). For characterological statements, there was no significant difference (see Figure 1).

Figure 1

Mean Number of Coded Lines by Tone/Implication and Type of Attribution
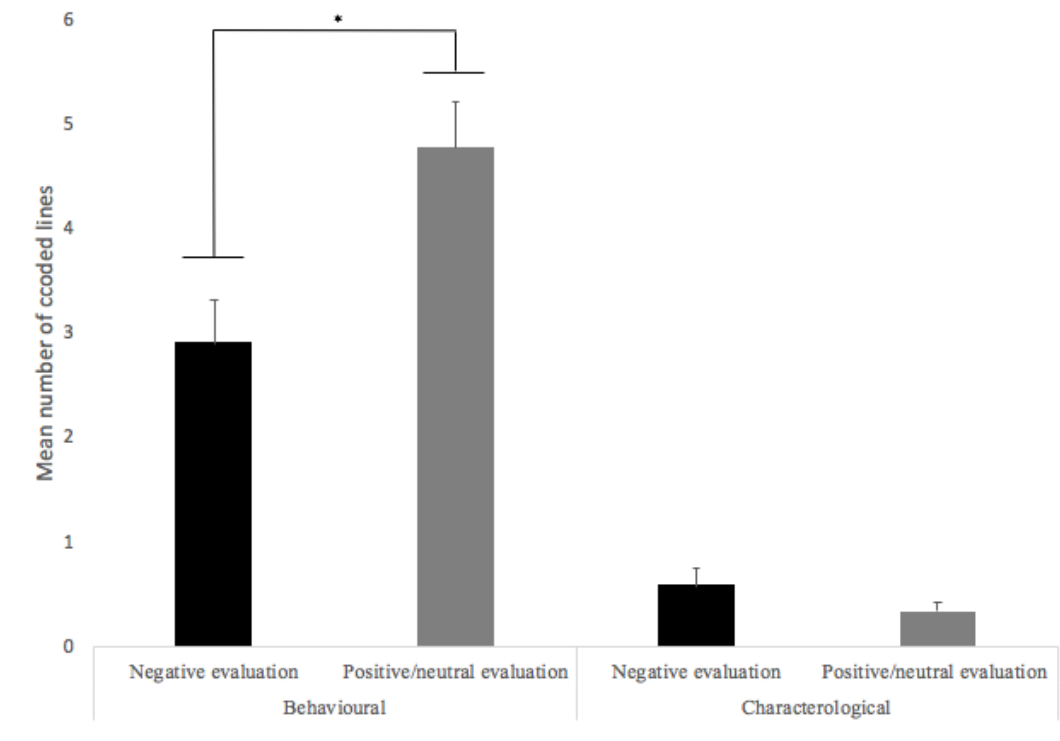
Note. The * denotes a significant difference at $p < .05$ with a post-hoc Bonferroni correction. The error bars denote standard errors.

Tone/Implication by Coping

To examine whether statements referring to different types of coping strategies were equally likely to be conveyed in negatively evaluative ways, we conducted a 2 (coping: emotion or problem-focused) x 2 (tone/implication: negatively evaluative, positively/neutrally evaluative) analysis of variance with child age (7, 11, or 16) and child gender entered as between subject variables.

In addition to the main effect of tone/implication reported above, the analysis also revealed a significant univariate main effect of coping $F(1, 99)= 30.458, p < .001, \eta_p^2 = .235$. Mothers were more likely to make statements suggesting problem-focused coping ($M = 2.606$,

SE = .274) than they were to make statements suggesting emotion-focused coping (*M* = .909, *SE* = .141). The interaction between tone/implication and coping was not significant.

Tone/Implication by Time Orientation

To examine whether statements with different time orientations were equally likely to be conveyed in negatively evaluative ways, we conducted a 3 (time orientation: future, global, past) x 2 (tone/implication: negatively evaluative, positively/neutrally evaluative) analysis of variance with child age (7, 11, or 16) and child gender entered as between subject variables.

Alongside the main effect of tone/implication reported above, the analysis revealed a significant univariate main effect of time orientation $F(2, 198)= 12.105, p < .001, \eta_p^2 = .109$. Mothers' statements were more likely to be past oriented (*M* = 2.028, *SE* = .187) than they were to be future (*M* = 1.355, *SE* = .199) or globally oriented (*M* = .925, *SE* = .133).

This effect was further qualified by a two-way interaction between time orientation and tone/implication $F(2, 198)= 25.430, p < .001, \eta_p^2 = .204$. When making past-oriented statements, mothers were less likely to be negatively evaluative (*M* = 1.009, *SE* = .148) than they were to be positively or neutrally evaluative (*M* = 3.047, *SE* = .298). There was no significant difference for global or future-oriented statements (see Figure 2).

Figure 2

Mean Number of Coded Lines by Tone/Implication and Time Orientation
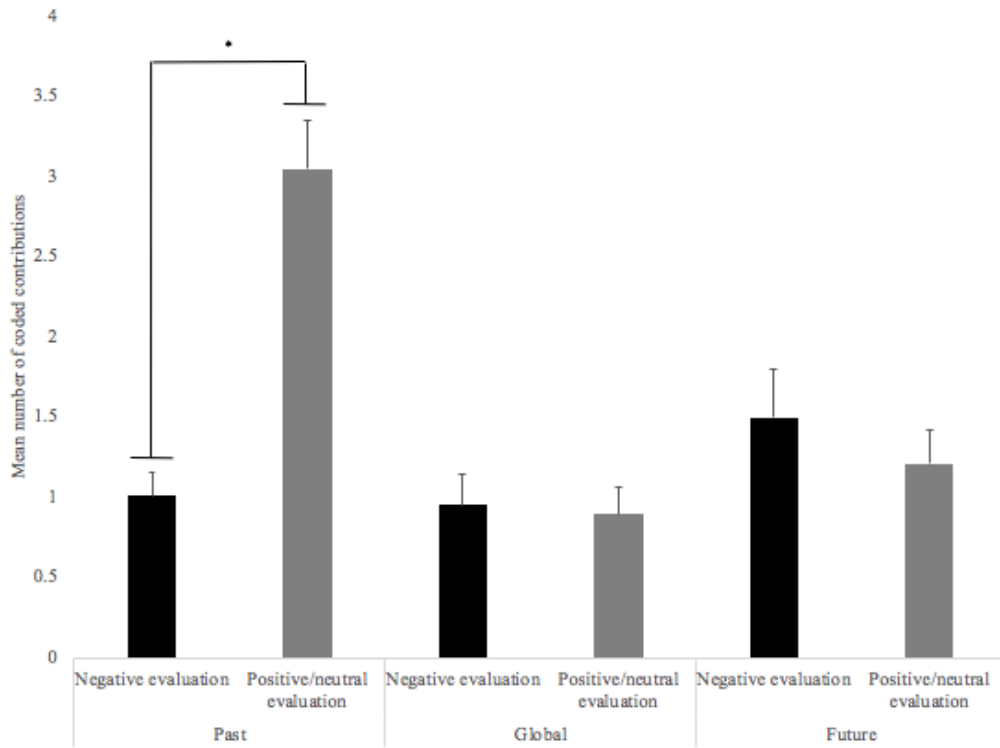
Note. The * denotes a significant difference at $p < .05$ with a post-hoc Bonferroni correction. The error bars denote standard errors.

Coping by Time Orientation

To examine whether different types of coping strategies were equally likely to be discussed in past, future, or globally-oriented ways, we conducted a 3 (time orientation: future, global, past) x 2 (coping: emotion and problem-focused) analysis of variance with child age (7, 11, or 16) and child gender entered as between subject variables.

The univariate main effects of coping and time orientation described above were further qualified by a two-way interaction between time orientation and coping $F(2, 198)= 15.482$, $p < .001$, $\eta_p^2 = .135$. When making future-oriented statements, mothers were significantly more likely to discuss problem-focused coping ($M = 2.042$, SE $= .357$) than emotion-focused coping ($M =$

.271, *SE* = .063). When discussing past-oriented statements, mothers were also significantly more likely to discuss problem-focused coping (*M* = 2.403, *SE* = .267) than emotion-focused coping (*M* = .644, *SE* = .145). The difference between mothers' references to emotion- and problem-focused coping was not significant for globally-oriented statements (see Figure 3).

Figure 3

Mean Number of Coded Lines by Coping Style Endorsed and by Time Orientation

Note. The * denotes a significant difference at *p* < .05 with a post-hoc Bonferroni correction. The error bars denote standard errors.
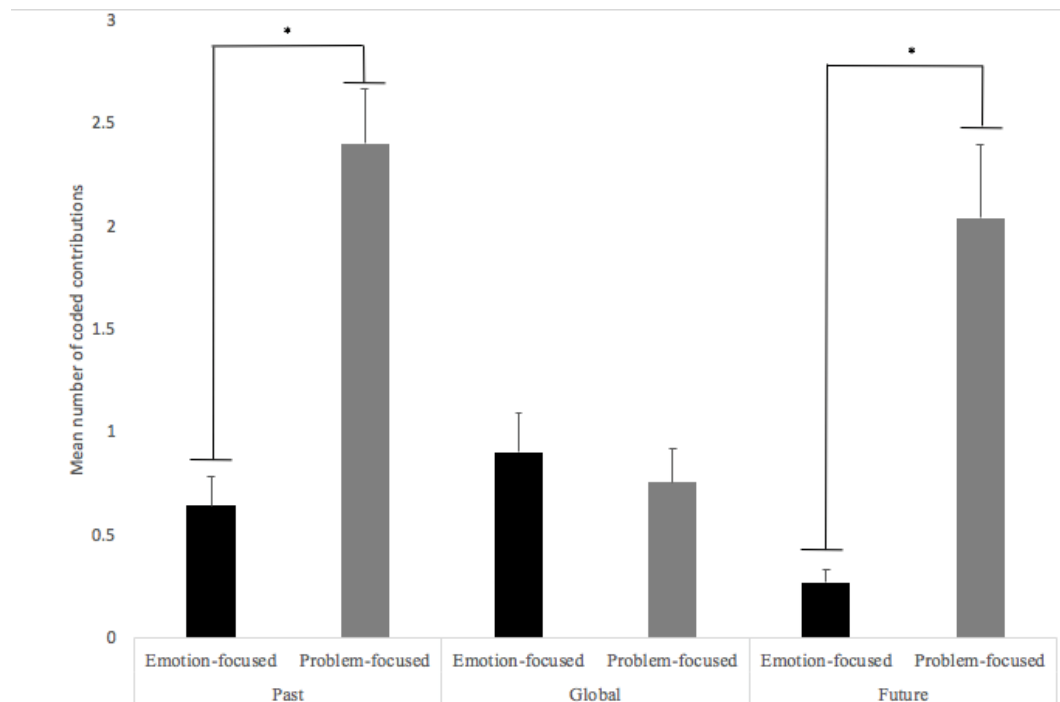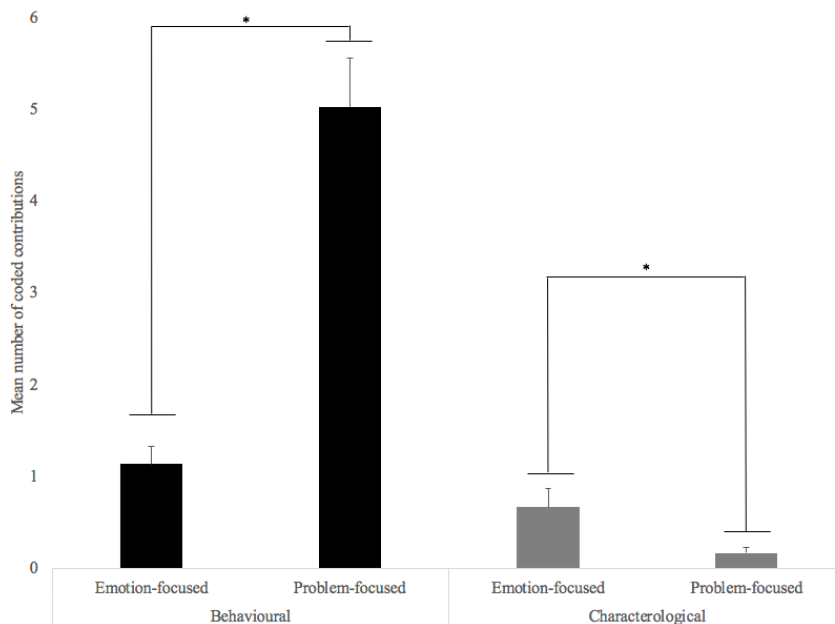
Attribution by Coping

To examine whether different types of coping strategies were equally likely to be discussed when making characterological and behavioural statements, we conducted a 2 (coping: emotion and problem) x 2 (attribution: behavioural and characterological) analysis of variance with child age (7, 11, or 16) and child gender entered as between subject variables.

In addition to the univariate main effects of attribution and coping described above, this analysis revealed a two-way interaction between coping and attribution $F(1, 99)= 54.362$, $p <$ .001 $\eta_p^2 = .354$. When making behavioural attributions, mothers were more likely to be suggest problem-focused strategies ($M = 5.026$, $SE = .533$) than emotion-focused strategies ($M = 1.138$, $SE = .191$). When making characterological attributions, mothers were more likely to suggest emotion-focused coping strategies ($M = .670$, $SE = .197$) than problem-focused coping strategies ($M = .167$, $SE = .068$) (see Figure 4).

Figure 4

Mean number of coded lines by coping style endorsed and by attribution

Note. The * denotes a significant difference at $p < .05$ with a post-hoc Bonferroni correction. The error bars denote standard errors.

Attribution by Time Orientation

To examine whether different attributions were equally likely to be discussed in past, future, or globally-oriented ways, we conducted a 2 (attribution: behavioural and

characterological) x 3 (time orientation: future, global, past) analysis of variance with child age

(7, 11, or 16) and child gender entered as between subject variables.

The main effects reported above were further qualified by a two-way interaction between

time orientation and attribution $F(2, 198)= 33.644, p < .001$ $\eta_p^2 = .254$. When making future-

oriented statements, mothers were more likely to make behavioural attributions ($M = 2.635$, SE

$= .390$) than characterological statements ($M = .076$, $SE = .035$). When making past-oriented

statements, mothers were also more likely to make behavioural attributions ($M = 3.942$, $SE =$

$.363$) than characterological attributions ($M = .734$, $SE = .181$). When discussing globally-

oriented statements, mothers made behavioural and characterological attributions equally (see

Figure 5).

Figure 5

Mean number of coded lines by attribution and by time orientation
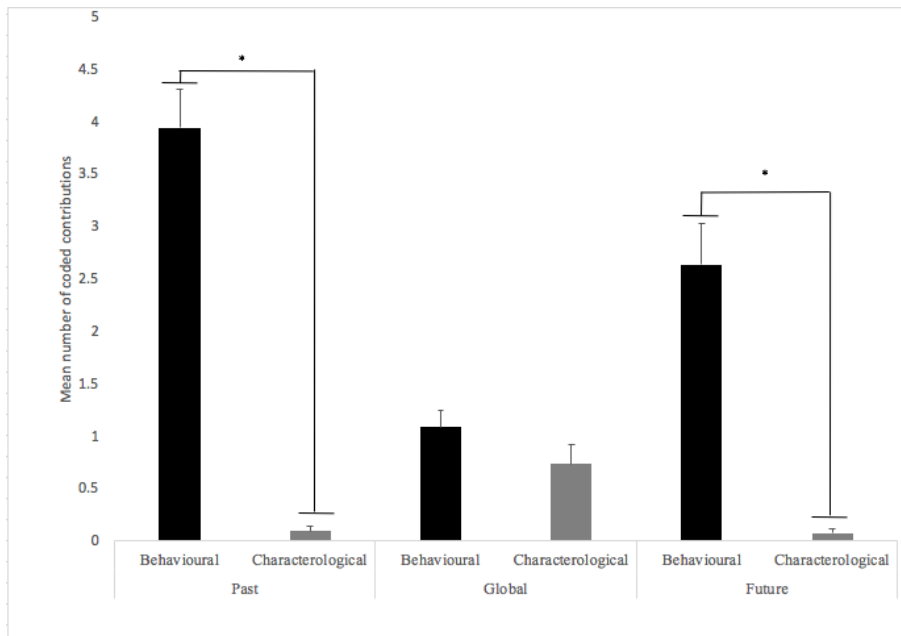
Note. The * denotes a significant difference at $p < .05$ with a post-hoc Bonferroni correction. The

error bars denote standard errors.

Are Conversational Features Regarding Children's Responsibility for Self-Protection Associated with Psychosocial Outcomes for Children?

To examine this question, we first tested for main effects of conversational features on each of the dependent variables of interest using hierarchical regressions, controlling for gender in the first step. Age group was also controlled in the first step using dummy codes (with 6-7 year-olds as the reference group), except in the instances of shame- and guilt-proneness, which were standardized within age. To elaborate, in a series of regression analyses, we examined associations with conversational features: first, by testing links with the overall frequencies of maternal self-protective statements, and subsequently by testing unique associations with different codes along a specific dimension (e.g., in one analysis, we simultaneously added behavioral and characterological attributions separately to the regression model in step 2, after controlling for age and gender; in another analysis, we added past, future, and global codes for time orientation in step 2). These models were used to predict each of the dependent variables, for a total of 25 analyses (5 sets of IVs by 5 DVs). Statistical significance was determined after applying bias-corrected accelerated bootstrapping. None of our findings were significant at $p <$ .05 with bootstrapping. However, we did document a handful of trends suggesting associations with shame-proneness, in particular, which may warrant further consideration for subsequent research.

Specifically, a hierarchical regression was carried out to investigate whether the total number of coded self-protective statements would significantly predict children's shame-proneness, with gender controlled. Gender was entered at the first step, followed by coded self-protective statements. The results of the regression indicated that the second step of the regression model accounted for an additional 5% of the variance and significantly added to the

prediction of shame-proneness, $F(1, 99) = 4.950$, $p = .028$. While gender did not contribute

significantly to the model ($B = -.029$, SE = .195, $p = .881$), the total number of coded self-

protective statements did ($B = -.030$, SE = .013 $p = .028$). This finding suggests that maternal

references to self-protection are inversely correlated to children's shame-proneness. However,

when bootstrapped, the results were only marginally significant (CI: [-.052, .000]).

To assess more specific associations with shame-proneness, we also conducted a series of

regressions to test unique associations with particular types of self-protective statements. First, a

hierarchical regression investigated whether positively/neutrally evaluative versus negatively

evaluative statements would significantly predict children's shame-proneness, with gender

controlled. The results of the regression indicated that the second step of the regression model

accounted for an additional 5.5% of the variance, and that there was a trend for this model to add

to the prediction of shame-proneness, $F(2, 98) = 2.724$, $p = .071$. While gender and the total

number of coded negatively evaluative statements did not contribute significantly to the model,

the total number of coded positively/neutrally evaluative statements was significant ($B = -.041$,

$SE = .019$, $p = .047$). Thus, generally in line with my hypotheses, this suggests that the negative

association between self-protective statements and shame-proneness was particularly driven by

positive/neutrally evaluative statements (rather than statements that were more negatively

evaluative in tone). However, when bootstrapped, the results were no longer significant (CI [-

.053, .028)].

A similar analysis for shame-proneness was conducted to examine unique associations

with behavioural and characterological statements. The results of the regression indicated that

the second step of the regression model accounted for an additional 5.4% of the variance and that

the model was a nearly significant predictor of shame-proneness, $F(2, 98) = 2.700$, $p = .072$.

While neither gender ($B = -.036$, $SE = .197$, $p = .855$) nor characterological statements ($B = -.058$, $SE = .044$, $p = .197$) contributed significantly to the model, the analysis revealed a trend for behavioural coded statements to predict shame-proneness ($B = -.027$, $SE = .014$, $p = .065$). Thus, again broadly in line with hypotheses, the inverse association between self-protective statements and shame-proneness appeared to be particularly driven by behavioral (rather than characterological) statements. When bootstrapped, the results were also not significant (CI: [-.49, .003]).

Finally, a similar analysis examining unique links with problem- and emotion-focused statements indicated that the second step of the regression model accounted for an additional 5.4% of the variance in shame-proneness, $F(2, 98) = 2.668$, $p = .074$. While neither gender nor emotion-focused statements contributed significantly to the model, in line with hypotheses, the total number of coded statements reflecting problem-focused strategies did ($B = -.038$, $SE = .016$, $p = .017$). In other words, the inverse association between self-protective statements and shame-proneness was driven more by problem-focused strategies than emotion-focused ones. However, when bootstrapped, the results were no longer significant (CI: [-.064, .002]).

For all other analyses, R-squared change values for the second step of the models were < .04 and p values were greater than .1.

Following analyses of main effects, we then examined whether age group and gender significantly moderated the associations between conversational features and each of our dependent variables using the PROCESS macro in SPSS. While we found no evidence of significant moderation, it is possible that this was due to a lack of statistical power to detect these effects, given the sample size.

Discussion

The goal of this study was to explore the ways mothers discuss their children's responsibility for protecting themselves in situations when they are harmed by the words or actions of a peer. Although we tested for gender and age effects in all of our analyses, no significant findings emerged, suggesting that the patterns described below were largely similar across age and gender.

Specifically, this study addressed the following research questions: 1. What are the descriptive features of mothers' statements regarding their children's responsibility for self-protection in the context of conversations about peer conflict? 2. Are these descriptive features differentially related to various negative psychosocial outcomes (guilt- and shame-proneness, self-blaming tendencies, and depressive symptomology)?

What Types of Attributions Do Mothers Make When Discussing their Children's Responsibility for Self-Protection?

Mothers in our sample were generally much more likely to make behavioural attributions than characterological attributions when encouraging their children to protect themselves from harm from peers. As noted in the introduction, attributions are typically conceptualized as varying along three main dimensions: locus, which refers to whether the cause is internal or external to the self; stability, which refers to whether the cause of the event is constant or temporary; and controllability, which refers to whether or not a person is thought to have power to stop the event from occurring or from reoccurring (Crick & Ladd, 1993; Graham & Juvonen, 2001; Shelley & Craig, 2010; Weiner, 1985). Discussions about children's internal, stable, and uncontrollable traits (i.e., their character) are likely less productive than discussions about their behaviour, which they have a certain degree of control over. Additionally, based on the literature, making attributions about children's behaviour rather than their character is less likely to

encourage them to blame their enduring traits when they are hurt by peers, which may lead them to feelings of shame, depression, and other negative outcomes (Graham & Juvonen, 1998; Janoff-Bulman, 1979; Shacter et al., 2015). Thus, the finding that mothers tend to make more behavioural than characterologically attributive statements when discussing children's responsibility for self-protection is likely an encouraging one. Indeed, given the more controllable nature of behaviour, this is perhaps a more productive socialization approach for parents to pursue.

Furthermore, when mothers made behavioral attributions, they were also more likely to frame them in a neutral/positive way than to imply negative evaluations. Mothers' positively and neutrally evaluative statements about their children's behaviours sounded like "Ok, so when she made you sad, what did you do?", "Did you talk to them about it after?", "I'm proud of you for expressing your feelings [to them]." Mothers' statements that were more negatively evaluative in tone sounded like "Alright well next time, you should be clear, because [he wouldn't know] he hurt your feelings unless you told him.", "You should be really careful what you say", and "But that didn't make you feel good, so you have to stand up for yourself, ok?"

We found a different pattern for characterological attributions: mothers were equally likely to frame references to children's enduring traits in positive/neutral and negatively evaluative ways. Mothers' more negatively-toned evaluative characterological statements sounded like: "So you have to ask yourself: 'Should I have approached it differently? Am I too imposing?'" and "But you're not a slow runner. You should have some confidence in that." One mother who believed her child was unable to resist provocation from his peers even clapped and said sarcastically: "Yay, other people! Maybe you should be able to step away yourself?" This finding is worthy of further exploration, because it is likely more harmful for mothers to be

negatively evaluative of children's characters than of their behaviours (Janoff-Bulman, 1979; Graham & Juvonen, 1998). Indeed, negatively evaluating a person's enduring traits may increase their self-blaming tendencies, and, in particularly, their characterological self-blaming tendencies, which are associated with a host of negative outcomes (Tilghman-Osborne et al., 2008).

However, an important caveat to this finding is that mothers' characterological statements were just as likely positively or neutrally evaluative. Mothers also frequently made positively evaluative statements about their children's character: "No, because you're a confident girl, so you know that what he's saying about you is obviously not true, right?" and "I noticed that was a real strength in you." Therefore, it is possible that conversations between mothers and children about self-protection may sometimes lend themselves to discussing children's character strengths, as well as their weaknesses, and that they may help reinforce children's existing self-protective strategies as well as strengthen their existing beliefs about their positive character traits (McLean, 2005).

What Type of Mindsets are Implied by Mothers When Discussing their Children's Responsibility for Self-Protection?

In our sample, mothers overwhelmingly endorsed growth over fixed mindsets when discussing their children's responsibility for protecting themselves from harm at the hands of their peers. Mothers' statements implying growth often sounded like "Ok, and if it happened again, how would you handle it now?" and "Next time, you could try asking someone for help instead of trying to deal with it all on your own." Rarely were maternal statements coded as fixed. These statements sounded like "No? Because you're too shy [to try doing that]?" It is possible that mothers were encouraged to be more growth-oriented in their discussions with their

children in the context of our study, given that we asked mother-child dyads to "see what could be learned from the event". However, these lessons learned could have taken on the form of more fixed statements about the child (i.e., mothers could have said "We learned that you are someone who is just not the best at confrontation"). Mothers in this sample overwhelmingly seemed to endorse a growth mindset to their children in the context of peer conflict, which is likely to be a constructive socialization approach. Indeed, children with a more fixed view of the self tend to be less resilient in the face of being harmed by a peer, and also tend to use less productive strategies in peer conflict situations (Goetz & Dweck, 1980; Yeager & Dweck, 2012). Additionally, because direct parallels can be drawn between fixed mindsets and self-blaming tendencies, it is likely that encouraging children to see themselves in a fixed light in the context of peer conflict would also tend to exacerbate their self-blaming tendencies, as well as their feelings of guilt and shame (Tangney et al., 2007). Encouraging children to consider the ways they could change their self-protective strategies in the context of peer conflict is likely to increase their sense of agency in these situations (Goetz & Dweck, 1980). Therefore, although we were not able to further investigate associations with implied mindsets within this study given limited variability in the extent to which mothers endorsed fixed vs. growth mindsets, we believe it is a generally positive finding that mothers were overwhelmingly growth oriented when discussing their children's responsibility for protecting themselves from harm from peers.

What Kinds of Temporally-Oriented Statements do Mothers Use when Discussing their Children's Responsibility for Self-Protection?

Overall, we found that maternal statements most often focused on the past, followed by the future, and less often described children's responsibility for self-protection in more global ways. This finding is not surprising when considering the context of our study: we asked mothers

and their children to discuss two peer conflict events that occurred in the past. In our study, mothers' past-oriented statements took on many forms, such as questions ("Ok, and did you tell her you didn't like that?" and "At the time, did you report him to anyone?") and suggestions ("Oh, ok. And how do you think you should have responded?", "Do you think you should have told your teacher about it?")

While focusing on children's past rather than future behaviour may be less productive than focusing on their future behaviours, which they have control over, this likely does not hold true when past behaviours are being positively evaluated. In our sample, mothers were more likely to neutrally or positively evaluate children when making past-oriented statements. Mothers often praised their children for their self-protective strategies ("It was really good that you told your teacher"; "Great. I think you handled it really well"), a practice that may be beneficial. Being asked by their mothers to share their past self-protective strategies and being positively evaluated for using them may encourage children to consider themselves as capable agents in the context of peer conflict, and support their autonomy (Clark & Ladd, 2000; Ryan & Solky, 1996).

On the other hand, mothers also sometimes discussed children's past self-protective strategies (or lack thereof) in a more negatively-valenced way: "Well I think if you had told him that it hurt your feelings, I think he would have understood that pretty well", "Maybe you should have just let your teacher handle it instead", and "Well tough! You should've stopped playing basketball quicker and then you wouldn't even have to be late for class!" It is unclear how these counterfactual suggestions were experienced by children; arguably, it may be more productive to frame such questions in a future-oriented way (i.e., "What else do you think you could try if this happens again?"), given that focusing on past actions or lack thereof, rather than on the generation of problem-solving strategies for the future has been linked to adverse outcomes

(McLaughin & Nolen-Hoeksema, 2012). Indeed, even if mothers encourage their children in a gentle way to consider how they could have behaved differently in the past (e.g., "Do you think maybe you could have said something that would have helped?"), they are implying that the negative outcome might have been avoided. This form of counterfactual reasoning therefore may be problematic even if expressed in a positive or neutral way, as it may pave the way for an increased tendency for self-blame (Alicke, 2000; Janoff-Bulman, 1979).

Maternal statements about children's responsibility for self-protection were also frequently future-oriented. Mothers were equally likely to be negatively evaluative of their children's future self-protective strategies as they were to be neutrally or positively evaluative of them. Mothers' future-oriented statements sounded like: "If that happened tomorrow, how would you deal with it now?", "So let's say you went to school next week [and this happened again], what would be a good way to get him to stop?", and "How would you act differently next time if you were in the same situation?" In contrast to mothers' questions about how their children think they *should* or *could* have acted differently in the past, asking children how they *would* act in the future may be particularly constructive. Indeed, because it is impossible for children to alter their self-protective strategies in the past, but completely possible for them to positively change their behaviour in the future, it seems likely that posing these questions to children in future-oriented ways is a more adaptive and productive strategy for mothers to use (Lavalle & Parker, 2009; McLaughlin & Nolen-Hoeksema, 2012). Even negatively evaluative future-oriented statements, such as "Next time that happens, I think you definitely should tell him about it", and "So why don't you suggest that next time? Say: 'Let's not play the fighting game anymore, let's play a chasing game instead?'" may be useful for children, given that they provide them with alternative ideas for how to cope with peer conflict situations in the future.

Globally-oriented statements were coded less frequently than both future- and past-oriented statements in our sample, and were equally likely to be positively/neutrally evaluative as they were to be negatively evaluative. In our study, globally-oriented statements often sounded very much like life lessons or insights being drawn by mothers from children's immediate peer conflict experiences, which are believed to help individuals make sense of their past, present, and possible futures (McAdams, 2001; Habermas & Bluck, 2000). In our sample, mothers often seemed to use globally-oriented statements about self-protection to encourage their children to draw general life lessons from specific peer conflict situations. For instance, in the case of a teenager who unwittingly hurt her friend's feelings by being honest about a situation she thought she had the right to speak up about, a mother said: "It may have been true, but sometimes, even if something is true, sometimes it's not up to you to say it." In other cases, mothers encouraged their children to consider the more complex or challenging aspects of friendships, by saying things like "In the end, having a few solid friends is better than having thirty friends you don't really care about" and "If you invest too much in a friendship with a person like that, a person that can explode anytime… it's important to take a distance from people like that." Mothers also used globally-oriented statements to encourage their children to behave or react to peer conflict in certain ways. For instance, one mother said of her child's argument with a peer who believed she was not being truthful: "You told her what actually happened, and she's going to believe you or she's not going to believe you, but you can't control what she thinks, right? If you are always honest, that means something, and people will remember it." These globally-oriented statements are likely beneficial to children, as broader lessons drawn from children's peer conflict situations allow them to gain insight that could help direct future behaviour in similar situations (McLean, 2005).

Although mothers in our sample generally made more behavioural than characterological attributions when discussing children's responsibility for protecting themselves from harm from peers, this was not true for globally-oriented statements. For globally-oriented statements, mothers were equally likely to make behavioural and characterological attributions. Given the broad nature of globally-oriented statements, it is perhaps unsurprising that mothers were equally focused on children's stable traits and on their specific behaviours. Globally-oriented characterological statements often took the form of reminders that mothers made to their children about their enduring, stable traits. For instance, one mother who seemed to believe her daughter tended to be too focused on her friends' feelings to the detriment of her own, said "But your feelings are very important too." Other such contributions sounded like "Some people will put up with anything as long as they have a friend. But you're not like that. You have pride, you have value for yourself." This finding further underscores how globally-oriented statements may be more frequently used to help children develop and deepen their understandings of their broader identities than future- or past-oriented statements, which appear to be more rooted in lessons about specific behaviours (McLean, 2005; Nelson, 2003).

What Type of Coping Strategies Do Mothers Suggest when Discussing their Children's Responsibility for Self-Protection?

Overall, mothers in our sample discussed problem-focused coping strategies more frequently than emotion-focused strategies. Problem-focused strategies involve taking concrete steps to modify a problem being faced, while emotion-focused coping involves finding ways to manage or reduce the distress associated with the problem (Baker & Berenbaum, 2007). Based on the literature, we reasoned that problem-focused strategies may often be more adaptive in the

context of peer conflict, given that they have been described as more appropriate responses to negative situations that are perceived as controllable (Band & Weisz, 1988; Compas et al., 1989).

In our sample, emotion-focused coping strategies endorsed by mothers often involved suggesting that the child should actively attempt to reframe their interpretation of events ("Try not to take it so personal"), or attempt to regulate their emotions when they were hurt by peers: "Hey, don't hold on to that anger"; "She's at school, she's in your friend group, but you have to focus, and think of all the good stuff in your life. She's not everything." Mothers also suggested support-seeking, another form of emotion-focused coping: "You know you can talk to me about whatever is happening. That's the purpose of having parents."; "Did you ask your coach to help you deal with [how you were feeling]?" We did not find that mothers were more or less likely to be negatively or positively evaluative based on the type of coping strategy they were endorsing.

It is also worth noting that, in proportional terms, mothers discussed characterological attributions more often in the context of emotion-focused coping strategies than they did in the context of problem-focused strategies. Given that emotion-focused strategies may be described as a more inwardly-focused strategy (i.e., how do I change the way I react when my friend hurts me?) than behavioural-focused strategies (i.e., what can I do to get my friend to stop hurting me?), it is logical that discussing emotion-focused strategy would lend itself to discussion about children's character traits as opposed to their behaviours. For instance: "Yeah, not even just for basketball, I'm talking in general, you're a valuable person, you're not trash", and "You're very emotional and you've always been emotional […] but at the end of the day, if you go to school and try your hardest, why do you care what other people think?"

Problem-focused strategies endorsed by mothers involved more concrete behavioural changes (Baker & Berenbaum, 2007). Mothers often suggested to their children that they ought

to try to be more assertive and vocal when hurt by others. "Just tell her, 'Hey, I don't like that. Why did you push me?'", "Did you tell her she hurt your feelings?", and "Did you tell him you still felt excluded though?" Mothers also frequently suggested their children report the peer's behaviour to a teacher in order to get the peer to stop acting in hurtful ways. These strategies were considered problem- rather than emotion-focused, as their purpose appeared to be to put an end to the conflict or reduce the changes of it recurring ("You have to ask him to stop first, and if he doesn't, then tell your teacher or an adult who is near you", "You need to follow up with a teacher so he can learn that his behaviour is unacceptable, and so he doesn't do it to you or another kid again"), rather than to help the child cope with their hurt feelings with the help of an adult, which would be an emotion-focused approach (see examples above).

Are Conversational Features Regarding Children's Responsibility for Self-Protection Associated with Psychosocial Outcomes for Children?

Overall, the measures of psychosocial development used in this study were correlated with each other in ways that were consistent with patterns observed in existing scholarship. We found that guilt and shame were moderately positively correlated with each other as was the case in previous studies, suggesting that our instrument was able to capture both shared and unique aspects of these two self-conscious emotions (Baldwin et al., 2006; Giner-Sorolla et al., 2011). Guilt proneness was not significantly correlated with any of our other dependent measures, which is consistent with previous research (Tilghman-Osborne et al., 2008).

In our sample, behavioural and characterological self-blame were moderately positively correlated, which is again consistent with previous research, and with the fact that they are two distinct dimensions of the same construct (Tilghman-Osborne et al., 2008). Although previous research has found that characterological self-blame is more strongly correlated with shame than

is behavioural self-blame, both forms of self-blame were moderately positively associated with shame in our sample. However, as in previous studies, we found that shame and characterological self-blame were correlated with depressive symptomology in a way that behavioural self-blame and guilt were not (Tilghman-Osborne et al., 2008).

Contrary to past research (Hankin & Ambramson, 2001; Nolen-Hoeksema, 2001), we also found that boys in our sample reported higher levels of depressive symptomology than girls. Since depression is typically more common in girls from early adolescence onwards, it is possible that this effect is due to our relatively small sample of adolescents. Additionally, we found that younger children reported higher levels of both forms of self-blame than children in the other two age groups. While little research has documented the trajectory of self-blaming tendencies across development, it is possible that younger children are more likely to respond to questions about self-blame in more definitive ways than older children. It is also possible that younger children may not think of themselves in characterological terms in the same ways as older children (Johnston & Lee, 2005; Rholes et al., 1990). Therefore, the negative implications of certain items (i.e., "If I didn't do well on a test, I'd feel stupid") may not be as potent for younger children.

Our analyses did not conclusively determine whether the different dimensions of maternal statements about children's responsibility for protecting themselves from harm were differentially associated with shame- and guilt-proneness, self-blaming tendencies, and depressive symptomology in children. That is, once analyses were bootstrapped, we did not have sufficient evidence to reject the null hypothesis for any of the unique associations at $p < .05$. It is possible that some of the measures that we used were not sufficiently sensitive to capture individual differences between our participants. Additionally, given the nature of this study,

some conversations were far longer than others, which led to skewness in the distributions of the frequencies for coded features of conversations. In a similar vein, participants were free to choose any type of peer conflict situation that fit our intentionally general prompts, so the range of types and severity of children's peer conflict stories may have contributed to difficulties in capturing stable individual differences between dyads. Additionally, our sample was relatively small, and we were particularly underpowered for analyses that tested for the moderating role of age on associations between conversational features and outcome measure.

Nevertheless, the findings did suggest some trends that may warrant further investigation. Specifically, analyses revealed an inverse association between the total number of self-protective statements and shame-proneness in children. This negative correlation appeared to be driven primarily by the conversational features that were deemed more constructive based on our review of the literature: positively/neutrally evaluative statements, behavioural attributions, and problem-focused coping strategies trended towards being (inversely) linked to shame-proneness, whereas their arguably less constructive counterparts (negative evaluations, characterological attributions, and emotion-focused strategies) were not. Thus, the pattern of the trends was generally consistent with our hypotheses, and suggests some interesting avenues for future research. The fact that shame was the only psychosocial outcome linked to maternal statements about self-protection is certainly worthy of further investigation, given the powerful nature of this self-conscious emotion, and its associations with the development and maintenance of internalizing disorders such as depression and anxiety (Luby et al., 2009; Mills et al., 2015; Tilghman-Osborne, 2008). Additionally, shame is thought to affect children's well-being in a variety of ways, including their attributional style and self-blaming tendencies. Certainly, however, the possibility that links are more evident with shame-proneness than the other

psychosocial outcomes assessed in this study is tentative and requires further exploration in subsequent research.

Limitations

This study examined mothers' self-protective statements in the context of real conversations with their children. While examining conversations as opposed to hypothetical vignettes provides the advantage of a more realistic look at how mothers discuss their child's responsibility for self-protection, this design prevented us from measuring specific processes that occurred less frequently. Additionally, though conversations are likely a more ecologically valid way of looking at maternal socialization practices, they remain a mere snapshot in time. In the context of our study, we elicited only two peer conflict stories from children, and only these events were discussed by mothers and children. Had we been able to observe how mother-child dyads discuss a greater number of conflict situations, or even different types of adverse events, we would likely have been able to get a more definitive picture of how different dimensions of mothers' self-protective statements are associated with negative psychosocial outcomes in their children.

Furthermore, the findings of this study cannot be generalized to fathers, given that the study focused only on mothers, and thus do not provide a global portrait of parental socialization processes. Additionally, our sample was overall highly educated, White, and English-speaking, despite efforts to recruit a wide variety of families of varied backgrounds. Thus, the study's findings are likely only generalizable to well-educated, English-speaking families of European descent in Québec. Parenting strategies may differ vastly based on socioeconomic factors that reflect the lived experiences of different families. For instance, research has shown that harsh parenting is more common in both lower-income families in North America (Barajas-Gonzalez,

Brooks-Gunn, 2014) and in low- and middle-income countries (Knerr et al., 2013). Therefore, it is possible that if our sample had been more representative of the Canadian population at large (e.g., had it contained more low-income families), that our results might have been different, and our study might have revealed a greater variety of maternal strategies bearing on children's responsibility for self-protection from harm.

Implications and Future Directions

In conclusion, this study was designed to explore the different dimensions of mothers' statements regarding their children's responsibility for self-protection in the context of conversations about children's peer conflict experiences. We reasoned that certain features of mothers' statements would reflect more or less constructive ways of discussing children's experiences of being harmed, and, more generally, would provide a useful and novel descriptive portrait of the varied ways that mothers actually discuss these issues with their children. We also sought to investigate whether or not conversational features were differentially associated with children's guilt- and shame-proneness, self-blaming tendencies, and depressive symptomology. Our findings provided evidence that mothers in this sample tended to use self-protective strategies that are more likely to be beneficial than harmful based on the literature. For example, mothers were more neutrally and positively evaluative of their children's self-protective strategies (or lack thereof) than they were negatively evaluative of them. Mothers also focused more on children's behaviours than on their character traits, were overwhelmingly growth-oriented, and suggested problem-focused coping more often than they did emotion-focused coping strategies. Our study therefore reveals that despite the potentially challenging aspects of discussions surrounding self-protection in situations where individuals believe they have been victimized (i.e., that they may encourage children to blame themselves when they are hurt by

others), that mothers may largely favor strategies that are less likely to lead to adverse outcomes for children.

Additionally, our finding that certain self-protective strategies suggested by mothers appear to predict lower levels of shame-proneness in children may be worthy of further exploration. Indeed, given our relatively small sample, the limited access we had to the full range of mother-child conversations (i.e., only two events), and our disproportionately high-SES sample, we likely did not get a complete picture of how mothers discuss self-protective strategies with their children. Therefore, it is possible that future studies may be able to uncover additional associations between certain dimensions of these conversations and psychosocial outcomes in youth.

This study may indicate that discussing children's responsibility for protecting themselves from harm in the context of conversations about peer conflict is not an inherently harmful practice, and that it may in fact be helpful if done judiciously. Based on evidence from the literature, and on preliminary evidence from this thesis, parents may aim to discuss these topics with their children in gentle ways that are not too harshly evaluative, given that suggesting children are to blame for the harm they experience at the hands of peers may lead to the development of self-blaming tendencies (Janoff-Bulman, 1979; Tilghman-Osborne, 2008). In particular, negatively evaluative statements about children's responsibility for self-protection that emphasize children's stable character traits rather than their behaviour may be less productive. Parents may also want to discuss children's peer experiences in growth-oriented ways (i.e., "You can learn to stand up for yourself") rather than more fixed ways (i.e., "You're just not good at confrontation"), given that encouraging children to see themselves in a more fixed light may discourage them from employing self-protective strategies in the future (Goetz & Dweck, 1980;

Graham & Juvonen, 1998; Weiner, 1985). Additionally, parents may consider taking a more future or globally oriented approach rather than focusing on children's responsibility for actions or inactions in the past; children are able to alter their future but not past behaviours, and focusing on alternatives to past events has been linked to regret, self-blame, and other negative outcomes (Alicke, 2000; Rafetseder & Perner, 2012). Finally, while the literature is not as definitive on whether emotion- or problem-focused coping would be more or less adaptive in the context of conversations about self-protection, it is likely better to suggest problem-focused coping to children when the peer conflict they experience is in some way controllable (Band & Weisz, 1988; Compas et al., 1988.)

As discussed above, this thesis used an existing dataset, and was thus limited in its scope. Another potential avenue for future research may be to qualitatively code mother-child conversations about peer conflict for self-protective strategies, without being restricted by predetermined dimensions, in order to get a richer picture of the different processes employed by mothers. Additionally, coding children's responses to these suggestions by mothers in similar ways may allow us to understand how children react to different types of suggestions, and whether or not mothers and children agree on what self-protective strategies are effective in the context of peer conflict.

References

Alicke, M. D. (2000). Culpable control and the psychology of blame. *Psychological Bulletin*, *126*(4), 556–574. https://doi.org/10.1037/0033-2909.126.4.556

Baker, J. P., & Berenbaum, H. (2007). Emotional approach and problem-focused coping: A comparison of potentially adaptive strategies. *Cognition & Emotion*, *21*(1), 95–118. https://doi.org/10.1080/02699930600562276

Baldwin, K. M., Baldwin, J. R., & Ewald, T. (2006). The Relationship among shame, guilt, and self-efficacy. *American Journal of Psychotherapy*, *60*(1), 1–21. https://doi.org/10.1176/appi.psychotherapy.2006.60.1.1

Band, E. B., & Weisz, J. R. (1988). How to feel better when it feels bad: Children's perspectives on coping with everyday stress. *Developmental Psychology*, *24*(2), 247–253. https://doi.org/10.1037/0012-1649.24.2.247

Barajas-Gonzalez, R. G., & Brooks-Gunn, J. (2014). Income, neighborhood stressors, and harsh parenting: Test of moderation by ethnicity, age, and gender. *Journal of Family Psychology*, *28*(6), 855–866. https://doi.org/10.1037/a0038242

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267–283. doi:10.1037/0022-3514.56.2.267

Cole, D. A., Martin, N. C., Sterba, S. K., Sinclair-McBride, K., Roeder, K. M., Zelkowitz, R., & Bilsky, S. A. (2014). Peer victimization (and harsh parenting) as developmental correlates of cognitive reactivity, a diathesis for depression. *Journal of Abnormal Psychology*, *123*(2), 336–349. https://doi.org/10.1037/a0036489

Compas, B. E., Malcarne, V. L., & Fondacaro, K. M. (1988). Coping with stressful events in older

    children and young adolescents. *Journal of Consulting and Clinical Psychology*, *56*(3), 405–411.

    https://doi.org/10.1037/0022-006X.56.3.405

Conners-Burrow, N. A., Johnson, D. L., Whiteside-Mansell, L., McKelvey, L., & Gargus, R. A.

    (2009). Adults matter: Protecting children from the negative impacts of bullying. *Psychology in*

    the Schools, *46*(7), 593–604. https://doi.org/10.1002/pits.20400

Crick, N. R., & Ladd, G. W. (1993). Children's perceptions of their peer experiences: Attributions,

    loneliness, social anxiety, and social avoidance. *Developmental Psychology*, *29*(2), 244–254.

    https://doi.org/10.1037/0012-1649.29.2.244

Davidov, M., & Grusec, J. E. (2006). Untangling the links of parental responsiveness to distress and

    warmth to child outcomes. *Child Development*, *77*(1), 44–58. https://doi.org/10.1111/j.1467-

    8624.2006.00855.x

Depue, R. A., & Monroe, S. M. (1978). Learned helplessness in the perspective of the depressive

    disorders: Conceptual and definitional issues. *Journal of Abnormal Psychology*, *87*(1), 3–20.

    https://doi.org/10.1037/0021-843X.87.1.3

Frome, P. M., & Eccles, J. S. (1998). Parents' influence on children's achievement-related

    perceptions. *Journal of Personality and Social Psychology*, *74*(2), 435–452.

    https://doi.org/10.1037/0022-3514.74.2.435

Giner-Sorolla, R., Piazza, J., & Espinosa, P. (2011). What do the TOSCA guilt and shame scales

    really measure: Affect or action? *Personality and Individual Differences*, *51*(4), 445–450.

    https://doi.org/10.1016/j.paid.2011.04.010

Goetz, T. E., & Dweck, C. S. (1980). Learned helplessness in social situations. *Journal of Personality*

    and Social Psychology, *39*(2), 246–255. https://doi.org/10.1037/0022-3514.39.2.246

Graham, S., & Juvonen, J. (1998). Self-blame and peer victimization in middle school: An

    attributional analysis. *Developmental Psychology*, *34*(3), 587–599. https://doi.org/10.1037/0012-

    1649.34.3.587

Graham, S., & Juvonen, J. (2001). An attributional approach to peer victimization. In J. Juvonen & S.

    Graham, *Peer harassment in school: The plight of the vulnerable and victimized* (pp. 49–72).

    Guilford Press.

Grusec, J. E., & Davidov, M. (2010). Integrating different perspectives on socialization theory and

    research: A domain-specific approach. *Child Development*, *81*(3), 687–709.

    https://doi.org/10.1111/j.1467-8624.2010.01426.x

Habermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence.

    Psychological Bulletin, *126*(5), 748–769. https://doi.org/10.1037/0033-2909.126.5.748

Haimovitz, K., & Dweck, C. S. (2017). The origins of children's growth and fixed mindsets: New

    research and a new proposal. *Child Development*, *88*(6), 1849–1859.

    https://doi.org/10.1111/cdev.12955

Hampel, P., & Petermann, F. (2005). Age and gender effects on coping in children and adolescents.

    Journal of Youth and Adolescence, *34*(2), 73–83. https://doi.org/10.1007/s10964-005-3207-9

Hane, A. A., & Barrios, E. S. (2011). Mother and child interpretations of threat in ambiguous

    situations: Relations with child anxiety and autonomic responding. *Journal of Family*

    Psychology, *25*(5), 644–652. https://doi.org/10.1037/a0024149

Hankin, B. L., & Abramson, L. Y. (2001). Development of gender differences in depression: An

    elaborated cognitive vulnerability–transactional stress theory. *Psychological Bulletin*, *127*(6),

    773–796. https://doi.org/10.1037/0033-2909.127.6.773

Holman, E. A., & Silver, R. C. (1998). Getting "stuck" in the past: Temporal orientation and coping

    with trauma. *Journal of Personality and Social Psychology*, *74*(5), 1146–1163.

    https://doi.org/10.1037/0022-3514.74.5.1146

Janoff-Bulman, R. (1979). Characterological versus behavioral self-blame: Inquiries into depression

    and rape. *Journal of Personality and Social Psychology*, *37*(10), 1798–1809.

    https://doi.org/10.1037/0022-3514.37.10.1798

Jodl, K.M., Michael, A., Malanchuk, O., Eccles, J.S., & Sameroff, A. (2003). Parents' roles in

    shaping early adolescents' occupational aspirations. *Child Development, 72*(4), 1247-1266.

    https:doi.org/10.1111/1467-8624.00345

Johnston, C., & Lee, C. M. (2005). Children's attributions for their own versus others' behavior:

    Influence of actor versus observer differences. *Journal of Applied Developmental Psychology*,

    26(3), 314–328. https://doi.org/10.1016/j.appdev.2005.02.005

Juvonen, J., & Graham, S. (2014). Bullying in schools: The power of bullies and the plight of victims.

    Annual Review of Psychology, *65*(1), 159–185. https://doi.org/10.1146/annurev-psych-010213-

    115030

Knerr, W., Gardner, F., & Cluver, L. (2013). Improving positive parenting skills and reducing harsh

    and abusive parenting in low- and middle-income countries: A systematic review. *Prevention*

    Science, *14*(4), 352–363. https://doi.org/10.1007/s11121-012-0314-1

Kochanska, G., Gross, J. N., Lin, M.-H., & Nichols, K. E. (2002). Guilt in young children:

    Development, determinants, and relations with a broader system of standards. *Child*

    Development, *73*(2), 461–482. https://doi.org/10.1111/1467-8624.00418

Kochenderfer-Ladd, B. (2004). Peer victimization: The role of emotions in adaptive and maladaptive

    coping. *Social Development, 13*(3), 329-349. https://doi.org/10.1111/j.1467-9507.2004.00271.x

Ladd, G. W., LeSieur, K. D., & Profilet, S. M. (1993). Direct parental influences on young children's

peer relations. In S. Duck (Ed.), *Understanding Relationship Processes Series, Vol. 2. Learning*

about relationships (pp. 152–183). Sage Publications, Inc

Lagattuta, K. H.; Thompson, R. A. (2007). Development of self-conscious emotions: Cognitive

processes and social influences. In J. Tracy, R. Robbins, & J. Tangney (Eds.) *The self-conscious*

emotions (pp. 91-113). Guilford Press

Lavallee, K. L., & Parker, J. G. (2009). The role of inflexible friendship beliefs, rumination, and low

self-worth in early adolescents' friendship jealousy and adjustment. *Journal of Abnormal Child*

Psychology, *37*(6), 873–885. https://doi.org/10.1007/s10802-009-9317-1

Luby, J., Belden, A., Sullivan, J., Hayen, R., McCadney, A., & Spitznagel, E. (2009). Shame and guilt

in preschool depression: Evidence for elevations in self-conscious emotions in depression as

early as age 3. *Journal of Child Psychology and Psychiatry*, *50*(9), 1156–1166.

https://doi.org/10.1111/j.1469-7610.2009.02077.x

Lutwak, N., Panish, J., & Ferrari, J. (2003). Shame and guilt: Characterological vs. behavioral self-

blame and their relationship to fear of intimacy. *Personality and Individual Differences*, *35*(4),

909–916. https://doi.org/10.1016/S0191-8869(02)00307-0

McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology*, *5*(2), 100–

122. https://doi.org/10.1037/1089-2680.5.2.100

McDowell, D. J., & Parke, R. D. (2009). Parental correlates of children's peer relations: An empirical

test of a tripartite model. *Developmental Psychology*, *45*(1), 224–235.

https://doi.org/10.1037/a0014305

McLaughlin, K. A., & Nolen-Hoeksema, S. (2012). Interpersonal stress generation as a mechanism linking rumination to internalizing symptoms in early adolescents. *Journal of Clinical Child & Adolescent Psychology, 41*(5), 584-597. https://doi.org/10.1080/15374416.2012.704840

McLean, K. C. (2005). Late adolescent identity development: Narrative meaning making and memory telling. *Developmental Psychology*, *41*(4), 683–691. https://doi.org/10.1037/0012-1649.41.4.683

McLean, K. C., & Mansfield, C. D. (2012). The co-construction of adolescent narrative identity: Narrative processing as a function of adolescent age, gender, and maternal scaffolding. *Developmental Psychology*, *48*(2), 436–447. https://doi.org/10.1037/a0025563

Mills, R. S. L., Hastings, P. D., Serbin, L. A., Stack, D. M., Abela, J. R. Z., Arbeau, K. A., & Lall, D. I. K. (2015). Depressogenic thinking and shame proneness in the development of internalizing problems. *Child Psychiatry & Human Development*, *46*(2), 194–208. https://doi.org/10.1007/s10578-013-0416-4

Mize, J., & Pettit, G. S. (1997). Mothers' social coaching, mother-child relationship style, and children's peer competence: Is the medium the message? *Child Development*, *68*(2), 312. https://doi.org/10.2307/1131852

Nelson, K. (2003). Self and social functions: Individual autobiographical memory and collective narrative. *Memory*, *11*(2), 125–136. https://doi.org/10.1080/741938203

Nolen-Hoeksema, S. (2001). Gender differences in depression. *Current Directions in Psychological Science*, *10*(5), 173–176. https://doi.org/10.1111/1467-8721.00142

Nucci, L. (2014). Conversations in the home: The role of dialogue and resistance in children's emerging understandings of morality, convention and the personal. In C. Wainryb & H. Recchia (Eds.), *Talking about right and wrong: Parent-child conversations as contexts for moral development* (pp. 376-388). New York, NY: Cambridge University Press.

Pasupathi, M., & Wainryb, C. (2010). Developing moral agency through narrative. *Human Development*, *53*(2), 55–80. https://doi.org/10.1159/000288208

Peterson, C., Schwartz, S. M., & Seligman, M. E. (1981). Self-blame and depressive symptoms. *Journal of Personality and Social Psychology*, *41*(2), 253–259. https://doi.org/10.1037/0022-3514.41.2.253

Rafetseder, E., & Perner, J. (2012). When the alternative would have been better: Counterfactual reasoning and the emergence of regret. *Cognition & Emotion*, *26*(5), 800–819. https://doi.org/10.1080/02699931.2011.619744

Recchia, H. E., Wainryb, C., & Pasupathi, M. (2013). "Two for flinching": Children's and adolescents' narrative accounts of harming their friends and siblings. *Child Development, 84*, 1459-1474. https://doi.org/10.1080/030572499103106

Recchia, H. E., Wainryb, C., Bourne, S., & Pasupathi, M. (2014). The construction of moral agency in mother–child conversations about helping and hurting across childhood and adolescence. *Developmental Psychology*, *50*(1), 34–44. https://doi.org/10.1037/a0033492

Rholes, W. S., Newman, L. S., & Ruble, D. N. (1990). Understanding self and other: Developmental and motivational aspects of perceiving persons in terms of invariant dispositions. In E. T. Higgins & R. M. Sorrentino (Eds.), *Handbook of motivation and cognition: Foundations of social behavior*, *Vol. 2* (p. 369–407). The Guilford Press.

Rosemary S. L Mills, Kimberley A Arbeau, Debra I. K Lall, & Amy E De Jaeger. (2010). Parenting and Child Characteristics in the Prediction of Shame in Early and Middle Childhood. *Merrill-Palmer Quarterly*, *56*(4), 500–528. https://doi.org/10.1353/mpq.2010.0001

Ryan, R. M., & Solky, J. A. (1996). What Is Supportive about Social Support? In G. R. Pierce, B. R. Sarason, & I. G. Sarason (Eds.), *Handbook of Social Support and the Family* (pp. 249–267). Springer US. https://doi.org/10.1007/978-1-4899-1388-3_11

Sawyer, J.-L., Mishna, F., Pepler, D., & Wiener, J. (2011). The missing voice: Parents' perspectives of bullying. *Children and Youth Services Review*, *33*(10), 1795–1803. https://doi.org/10.1016/j.childyouth.2011.05.010

Schacter, H. L., White, S. J., Chang, V. Y., & Juvonen, J. (2015). "Why me?": Characterological self-blame and continued victimization in the first year of middle school. *Journal of Clinical Child & Adolescent Psychology*, *44*(3), 446–455. https://doi.org/10.1080/15374416.2013.865194

Shelley, D., & Craig, W. M. (2010). Attributions and coping styles in reducing victimization. *Canadian Journal of School Psychology*, *25*(1), 84–100. https://doi.org/10.1177/0829573509357067

Sherman, A., Grusec, J. E., & Almas, A. N. (2017). Mothers' knowledge of what reduces distress in their adolescents: Impact on the development of adolescent approach coping. *Parenting*, *17*(3), 187–199. https://doi.org/10.1080/15295192.2017.1333789

Smetana, J. G. (1999). The role of parents in moral development: A social domain analysis. *Journal of Moral Education*, *28*(3), 311–321. https://doi.org/10.1080/030572499103106

Su, S., Pettit, G. S., & Erath, S. A. (2016). Peer relations, parental social coaching, and young adolescent social anxiety. *Journal of Applied Developmental Psychology*, *42*, 89–97. https://doi.org/10.1016/j.appdev.2015.11.007

Tangney, J. P., Miller, R. S., Flicker, L., & Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology*, *70*(6), 1256–1269. https://doi.org/10.1037/0022-3514.70.6.1256

Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behavior. *Annual Review of Psychology*, *58*(1), 345–372. https://doi.org/10.1146/annurev.psych.56.091103.070145

Thompson, R. A. (2006). The development of the person: Social understanding, relationships, self, conscience. In W. Damon & R. M. Lerner (Series Eds.) & N. Eisenberg, (Vol. Ed.), *Handbook of child psychology: Vol. 3. Social, emotional, and personality development* (6th ed., pp. 24–98). New York: Wiley.

Tilghman-Osborne, C., Cole, D. A., Felton, J. W., & Ciesla, J. A. (2008). Relation of guilt, shame, behavioral and characterological self-blame to depressive symptoms in adolescents over time. *Journal of Social and Clinical Psychology*, *27*(8), 809–842. https://doi.org/10.1521/jscp.2008.27.8.809

Turiel, E. (2008). Thought about actions in social domains: Morality, social conventions, and social interactions. *Cognitive Development*, *23*(1), 136–154. https://doi.org/10.1016/j.cogdev.2007.04.001

Vinik, J., Almas, A., & Grusec, J. (2011). Mothers' knowledge of what distresses and what comforts their children predicts children's coping, empathy, and prosocial behavior. *Parenting*, *11*(1), 56–71. https://doi.org/10.1080/15295192.2011.539508

Wainryb, C., & Recchia, H. (2017). Mother–child conversations about children's moral wrongdoing: A constructivist perspective on moral socialization. In N. Budwig, E. Turiel, & P. D. Zelazo (Eds.), *New Perspectives on Human Development* (pp. 182–208). Cambridge University Press. https://doi.org/10.1017/CBO9781316282755.012

Wainryb, C., & Recchia, H. E. (2014). Parent-child conversations as contexts for moral development: Why conversations, and why conversations with parents? In C. Wainryb & H. E. Recchia (Eds).,

Talking about right and wrong: Parent-child conversations as contexts for moral development. Cambridge, UK: Cambridge University Press.

Waller, E. M., & Rose, A. J. (2010). Adjustment trade-offs of co-rumination in mother–adolescent relationships. *Journal of Adolescence*, *33*(3), 487–497. https://doi.org/10.1016/j.adolescence.2009.06.002

Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review, 92*(4), 548-573. https://doi.org/10.1037/0033-295x.92.4.548

Yeager, D. S., & Dweck, C. S. (2012). Mindsets that promote resilience: When students believe that personal characteristics can be developed. *Educational Psychologist*, *47*(4), 302–314. https://doi.org/10.1080/00461520.2012.722805

Appendix A

Coding Scheme

1. <u>Attribution Discussed</u>

Type of attribution	Definition	Examples from the transcripts
Behavioural	Statements about a child's behaviour or lack thereof.	"Next time, you really should tell her she's bothering her and it probably won't happen again." "Do you think maybe talking to her would help?" "Did you say anything to her?"
Characterological	Statements that seem to implicate aspects of the self beyond one's behaviours in a specific situation (e.g., personality traits like toughness or sensitivity, difficulties with confrontation which may make self-protection more difficult, or traits like personal strength or commitment to helping others which may make self-protection easier.)	"You're very emotional and you've always been emotional and you put up a front that you don't care but at the end of the day you do." "Yay, other people! Maybe you should be able to step away yourself?" "You're a strong, confident girl."
None	Statements that do not implicate behaviour OR character (occurs infrequently).	"You thought she was going to get upset, perhaps?"

2. Tone/implication

Tone/implication	Definition	Examples from the transcripts
Positively/neutrally evaluative	First, we coded statements along the dimension of the tone/implication being used: was it negative, or neutral/positive? Negative evaluative judgments were coded when mothers' statements had a more critical tone. We did not differentiate between positive and neutral evaluative statements, as this was not immediately relevant to our research questions. Next	"Do you think maybe it would have been good to let him know how that made you feel?" "When he did that, what did you do?" "I commend you for standing up for yourself."
Negatively evaluative	Negative evaluative judgments were coded when mothers' statements had a more critical tone. They often involve outright or implied evaluation of children's actions or lack thereof.	"You should have told him how that made you feel." "CH, CH, CH, you're better than that!" "Well, you shouldn't have put your shoes in his locker in the first place."

3. Mindset suggested

Type of mindset	Definition	Examples from the transcripts
Fixed	Statements that seem to indicate the mother believes her child is not capable of changing aspects of their personality that contribute to the harm.	"You're very emotional and you've always been emotional and you put up a front that you don't care but at the end of the day you do."
Growth	Statements that seem to indicate the mother believes her child is capable of changing aspects of their personality that contribute to the harm.	"But what did we say before, about finding outlets when you're feeling angry?" "So maybe you learned that next time, it's ok for you to go tell an adult after trying to solve it yourself?"
None	Statements that do not clearly seem to encourage either type of mindset (typically because they are questions about the child's actions in the past).	"Did you say anything to them?" "CH, CH, CH, you're better than that!"

4. Temporal Orientation

Temporal Orientation	Definition	Examples from the transcripts
Past-oriented	Statements about self-protection made about the child's actions or lack of actions in the past.	"And were there teachers around who could have helped you?" "And when he hurt your feelings- did you share that with him?"
Globally-oriented	Statements about self-protection made about future ways in which the child could use self-protection.	"What if that happened now? What would you do differently?" "Next time, you need to walk away, because you don't need to deal with that kind of behavior."
Future-oriented	Statements about self-protection that is meant to be more universal advice, rather than a statement regarding past behaviour or future behaviour.	" You can always talk to me or a teacher when someone hurts you- you know that! "But your feelings are very important too."

5. Coping strategy endorsed

Coping strategy	Definition	Examples from the transcripts
Emotion-focused	Strategies that implicate cognitive or affective strategies for dealing with harm. Includes support-seeking, cognitive reappraisal, and denial. Includes suggesting the child seek support from an adult, authority figure or friend. Do not code as emotion-focused UNLESS it is clear that the goal is to make the child feel better about the harm, as opposed to help find a solution to the conflict or discipline the peer for their actions.	"You need to remember you're a great girl, and keep your chin up, ok?" "We've talked a lot before about having outlets, right? So instead of getting mad, just go to a calm place instead of lashing out." **Code as emotion-focused** "I think you should always share your feelings with an adult or another person, ok? It will make you feel a lot better!" **Do not code as emotion-focused** "If another kid is upsetting you, you should always tell the teacher."
Problem-focused	Strategies that implicate concrete action, or strategies anchored in a behavioural response. Includes going to play with another peer (UNLESS it is made explicitly clear that the goal is to make the child feel better about the rejection or hurtful behaviour of the peer or to remind the child of the fact they have many friends who care about them).	**Code as problem-focused** "I think next time just tell the teacher and she'll help you figure out a solution." **Do not code as problem-focused** "I think you should always let an adult know when you are feeling sad, ok? Because they can probably help you!" **Code as problem-focused** "If a friend doesn't want to play with you, that's no big deal! Just look for someone else to play with." "You could just look for another kid to play with if Emma isn't in the mood that day." **Do not code as problem-focused**

		"I think it would be good of you to remember there are so many friends you can play with! So you don't need to be sad that Josie doesn't want to play with you, because there are lots of people who would love to spend some time with you."