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'You had so much fun!': Examining Associations between Positive Affect during Past and Future Conversations and Children's Self-Esteem and Optimism

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Abstract

Aim: The current study aimed to examine associations of positive affect during caregiver-child past and future event conversations with psychological well-being, focusing on optimism and self-esteem. This study uniquely extends the exploration of caregiver-child conversations to middle childhood and includes discussions about future events that have not been previously examined. Furthermore, it explores the association of conversation content between parent and child optimism and self-esteem.

Method: Participants were 51 dyads; children aged either 11 or 12 years, and their primary caregivers. Parental optimism was assessed using the Revised Life Orientation Test (LOT-R), while child optimism and self-esteem were measured using the Youth Life Orientation Test (YLOT) and Harter's global self-worth items, respectively. Children and caregivers took part in a conversation task in which they discussed past and anticipated future events, capturing positive and negative experiences. These conversations were transcribed and analysed using Linguistic Inquiry and Word Count (LIWC-22) software, to evaluate the use of both positive tone and positive emotions.

Results: A series of correlations and hierarchical regression analyses were conducted. Findings did not demonstrate a significant relationship between parental use of positive affect and children's well-being outcomes. However, a positive association was identified between children's use of positive tone in future negative conversations and their optimism, and children's use of positive tone in positive past conversation and their self-esteem.

Implications: These findings provide preliminary support for parent-child conversation as a context within which self-esteem and optimism may be expressed. These findings highlight the need for future studies with more comprehensive coding schemes to explore the nuances

of positive affect in caregiver-child dialogues, particularly with respect to the broaden and build theory of positive emotions. This research contributes to our understanding of emotional dynamics in family interactions and may ultimately have implications for developing targeted interventions to enhance child and adolescent well-being.

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'You had so much fun!': Examining Associations between Positive Affect during Past and Future Conversations and Children's Self-Esteem and Optimism

Introduction

Parent-child conversations are a salient part of development, and it is a medium through which children learn about themselves and how to navigate the world around them (Berk, 2004). Parents and children discuss dozens of events every day as soon as children can talk (Miller, 1994). These conversations focus on current activities (e.g., "*I love how nicely you are sharing your toys*") as well as events from the past (e.g., "*Remember when we went to the zoo last summer*?") and the anticipated future ("*Are you looking forward to visiting Grandpa?*") Parent-child conversations about past events, known as reminiscing, may have particular relevance for children to re-evaluate the causes and emotive aspects of the event which help with enhancing their self-concept, and build essential skills over time. While the existing reminiscing literature has primarily focused on negative past events (Fivush et al., 2003) or discussion of negative emotions about everyday events (Sales & Fivush, 2005), conversations about positive emotion talk may also have relevance for child outcomes. Specifically, emotion talk has typically been examined in relation to children's social, emotional, behavioural or mental health difficulties, yet well-being is more than the absence of mental health problems, and includes flourishing, quality of life, optimism and positive self-esteem (Keyes, 2009). This research will extend existing literature by including explicit measures of parent and child well-being, and extend parent-child conversations to consider both past and future events. This literature review will cover several topics. It starts with an overview of general well-being during middle childhood, psychological well-being, and well-being specifically in New Zealand. It then explores self-esteem and optimism as measures of psychological well-being. Following that, the review discusses the role of positive emotions and examines reminiscing and future talk as salient forms of parent-child interaction.

Literature Review

Well-Being

As society develops, many individuals experience increasing stressors that impact different aspects of their lives, and consequently their well-being (Helne, 2018). Well-being is a multifaceted concept used across various disciplines to represent wellness, health, and happiness (Bautista et al., 2023). Generally, it is described as a positive state that encompasses quality of life and the ability of individuals and societies to contribute meaningfully to the world (Stein & Sadana, 2015). Two distinct philosophies drove empirical enquiry into well-being: hedonism and eudaimonism (Kahneman et al., 1999; Waterman, 1993). Hedonic well-being is the pursuit of happiness and pleasure, while eudaimonic well-being is the pursuit of meaning and self-realisation (Huta, 2016). A combination of positive affective states, such as happiness (the hedonic perspective) and operating with maximum effectiveness in one's personal and social life (the eudaimonic perspective), is typically thought of as psychological well-being (Deci & Ryan, 2008).

Psychological well-being has two main components: emotive and functional. In other words, well-being is a combination of how good one feels and how effectively one is functioning (Campbell & Lokken, 2023). Feeling good is a result of experiencing positive emotions such as happiness, but also emotions associated with being engaged, confident and affectionate. Functioning effectively, on the other hand, from a psychological point of view, involves developing one's potential, by having control of one's life and feeling like one has a sense of purpose. Emotions play a substantial role in psychological well-being. Individuals with better psychological well-being have a self-enhancing attributional style, leading to better functioning (Ryan & Deci, 2001). A self-enhancing attributional style involves attributing positive experiences and outcomes to one’s self and actions, further reinforcing self-esteem and a positive outlook on life. The positive manner in which experiences are

attributed consequently leads to better functioning as individuals actively engage in behaviours that promote their well-being and increase the likelihood of managing stressors effectively (Ryan & Deci, 2001). Therefore, higher self-esteem and a positive outlook on life (i.e., optimism) are two important markers of psychological well-being (Bag et al., 2022; Wadkar, 2023). Although a self-enhancing attributional style increases the likelihood of actively engaging in well-being promoting behaviours, the social environment also has a part to play. According to self-determination theory (SDT), the social environment must provide essential support for people to thrive and experience psychological growth. SDT argues that specific conditions are necessary to foster well-being across various developmental stages and within different social contexts such as home, schools, workplaces, and friendships (Ng et al., 2012). According to SDT, meeting these basic psychological needs generally promotes well-being (Ryan & Deci, 2001).

Models of well-being

Te Whare Tapa Whā is a Māori health model that provides a more holistic view of well-being (Durie, 1985). This model describes well-being as a wharenui/meeting house where each part of the wharenui represents an aspect of well-being (Durie, 1985). It emphasises the importance of each aspect of well-being and its interrelatedness. When all aspects are balanced, a person can thrive; however, when one part is out of balance, all aspects of well-being are impacted. The walls represent taha wairua (spiritual well-being), taha hinengaro (mental and emotional well-being), taha tinana (physical well-being), and taha whānau (family and social well-being) (Rochford, 2004). The base of the house represents whenua; it emphasises one's connection to the land and spaces where one feels like one belongs. This broader conceptualisation, which incorporates multiple aspects of well-being, is also internationally reflected in more recent approaches (Dooris et al., 2018; Winefield et al., 2012).

Silva et al. (2024) propose a holistic model of well-being ‘7 dimensions of holistic well-being (7DHW)’ consistent with the World Health Organisation’s definition of well-being. There are seven core dimensions: self-esteem, body image, social relationships, environment (safe, stable and healthy living and working conditions), meaningful work, health knowledge (access and knowledge regarding health resources), purpose and a sense of future (optimism and satisfaction with life). This model emphasises the interrelatedness of the dimensions which encapsulate both internal and external elements. Similarly to Te Whare Tapa Whā, improvements and disruption to one dimension of the model would affect the others**.**

Child and Adolescent Well-Being in New Zealand

Adolescence is a period that consists of significant changes. In 2017, New Zealand ranked 34th out of 41 for child and adolescent well-being in developed countries, which is generally concerning (Gromada et al., 2020). The Education Review Office (ERO) reviewed children's well-being in school settings in 2015. Of the 159 schools in the sample, Year 7 and 8 (10-13 year old) students in many schools were not meeting desired levels for student well-being. Well-being in this study was defined as a sense of belonging and connection, achievement and success, resilience, social and emotional competence, physical activity, being nurtured and cared for, feeling safe and secure, feeling included, and confident in their identity (ERO, 2015, p. 25). Additionally, more 10-13 year olds as a group were performing below national standards and experienced more suspensions compared to 5-11 year olds, with Māori boys three times more likely to be suspended than their non-Māori peers (Macfarlane et al., 2017, p. 276). ERO suggested that some schools needed more strategies focusing on remedial action for Years 7 and 8 beyond behavioural management (ERO, 2015, p. 25). A self-reported mental health survey of high school students conducted by Fleming et al. (2014) consisting of 8,500 Year 9 – 13 (12–18-year-olds) reported that 38% of females,

and 22% of males experienced at least one episode in which they felt depressed, while Māori and Pasifika adolescents from low economic background are at an elevated risk for mental health issues. ERO (2015), Macfarlane et al. (2017) and Fleming et al. (2014) bring to light the increased risk of anxiety and stress in adolescents in Aotearoa, emphasising an increased need to investigate internal and external protective factors, not just within school, but in other areas of life as well.

Grych et al. (2020) investigated risk and protective factors during adolescence (12–17-year-olds) through the lens of the dual factor model. The dual factor model consists of two dimensions; psychopathology (symptoms) and subjective well-being, and proposes that individuals vary on both dimensions (Suldo & Schaffer, 2008). Therefore, protective factors for each dimension could differ. Grych et al. found that being more pessimistic than optimistic was a risk factor while having strong social connection, good emotional awareness, and a sense of purpose enhanced well-being. A more optimistic outlook, and the ability to regulate emotions, protected adolescents from developing psychopathological symptoms. Of note, having supportive family relationships was identified as a significant protective factor that reduced the risk of both diminished well-being and psychopathology symptoms.

Self-esteem as an Indicator of Psychological Well-Being

One important marker of psychological well-being is the degree to which we view ourselves in positive ways: our perception of global self-worth or self-esteem (Pyszczynski et al., 2004). Self-esteem describes how we value and perceive ourselves and our abilities (Branden, 1990) and is a reliable indicator of well-being as it does not fluctuate drastically over time in response to successes and failures in life (Orth & Robins, 2013). Emotions are highly correlated with self-esteem, and experiencing more positive affect is associated with a positive self-view; however, not all emotions are associated with self-esteem (Brown & Marshall, 2001). Self-esteem is more closely associated with emotions relevant to the self,

such as pride and shame, than emotions attributed to other people or events, such as enthusiasm (Brown & Marshall, 2001).

There is strong evidence that high self-esteem is a predictor, not a consequence, of a person's success and well-being in important life domains, including close relationships, social network, social support, physical and mental health, education, employment status, job success and satisfaction (Kuster et al., 2013; Marshall et al., 2014; Orth & Robins, 2013; Orth et al., 2012). Low self-esteem can lead to psychological conditions such as defensiveness, anxiety, depression, and relationship troubles (Orth et al., 2009; Sowislo & Orth, 2013). Certain age groups are more susceptible than others. Adolescents, typically aged 10 to 18, are particularly vulnerable to developing low self-esteem. This vulnerability is heightened as they undergo significant developmental changes and place greater value on social feedback (Robins & Trzesniewski, 2005). During adolescence, low self-esteem is linked to a range of negative outcomes in adulthood. These include poorer mental and physical health, limited economic opportunities, and a higher incidence of criminal behaviour, compared to peers with high self-esteem (Trzesniewski et al., 2006). Building children's self-esteem early on in life is crucial for their psychological well-being, consequently buffering the likelihood of experiencing depression and creating better chances of thriving (Seligman et al., 1995). This is particularly important in the New Zealand context, as some adolescents within the 10–13-year range are not meeting well-being outcomes in schools, and a focus on building self-esteem could act as a protective factor (ERO, 2015).

Many theories posit different avenues of self-esteem development, one being attachment theory. According to attachment theory, a secure internal working model is integral for developing high self-esteem (Verschueren et al., 1996). A warm and supportive early caregiving relationship imparts the child a sense of security and acceptance through supportive, warm, and consistent interactions (Bowlby, 1973). The child internalises these

experiences into a coherent model of others, the world and themselves in which they are loveable and worthy (Bowlby, 1973). The internalisation of being loveable and worthy imparts a sense of confidence and competence within oneself, contributing to a higher self-esteem (Lecompte et al., 2014).

The way parents interact with children seems to impact self-esteem development (Robins & Trzesniewski, 2005). The self-esteem movement highlights the importance of parents acknowledging successes and failures and encouraging children to learn from their experiences (Fredrickson, 2013). In line with this, establishing clear rules and boundaries is important for building positive self-esteem in children (Fredrickson, 2013). Parents have the ability to equip their children with skills to handle successes and failures, leading to a sense of 'feeling good' (Izard, 1977). This approach focuses on perseverance and resilience rather than merely protecting children from negative emotions and rewarding successes.

Conversation may be one important way in which parents communicate such boundaries, rules, successes and learnings. When parents and children talk about past events, it creates an opportunity to reframe the child's understanding of the event by elaborating on emotions experienced during the process, and scaffolding negative thinking in a constructive direction (Harris et al., 2017). Reframing the function of potentially negative experiences gives the child a chance to internalise the event's meaning positively, maintaining high self-esteem. It is also important to note that the relationship between autobiographical memory and self-esteem is likely reciprocal, meaning that a person's self-esteem can also affect how one remembers past events (Ritchie et al., 2016).

Marin et al. (2008) examined the longitudinal association between how families discuss emotions and pre-adolescents' perceived competence and self-esteem. Twenty-four families took part in the study, and children were between 9 and 12 years of age. The families were asked to discuss an adverse event without further instructions, and self-esteem measures

were taken two years after the family discussions using the Rosenberg self-esteem inventory. Emotions were coded by valence (positive or negative), specificity (general or specific), process (initiation, collaboration) and function (expression or explanation). Marin et al. found that when families explained specific positive emotions while discussing an adverse past event, children later reported higher self-esteem. There was no such association for general positive emotion discussion. Instead, expressing general positive emotions were associated with lower competencies and higher behavioural issues. These findings indicate that merely expressing positive emotions in general might mask the negative elements of conversations and may not enhance a child's understanding of the situation or themselves. In contrast, integrating specific positive emotions into the explanation of emotional experiences could help in developing a more nuanced and distinct understanding of emotions and their importance in a given context.

There have been varied findings with how much parents contribute to self-development over time. Harris et al. (2017) explored developmental antecedents of self-esteem during early childhood and adolescence (5-13 years). Self-esteem was measured at two time points. Children's self-esteem was assessed using the lifespan self-esteem scale, domain-specific self-esteem (academic, social, athletic, and physical appearance), and self-esteem consistency. The study involved parents and children discussing five events where children were misbehaving or experiencing positive, stressful, embarrassing, or proud emotions. Harris et al. discovered that the style of parental reminiscing had no significant correlation with the children's self-esteem. However, parenting behaviours characterised by support and warmth were found to positively influence children's self-esteem..

Harris et al. (2015) also investigated the association between parent-child relationship and children's self-esteem within both German and American populations, when children were between the ages of 12-16 years. Data was obtained from ongoing longitudinal studies:

the Life study (German) and the Iowa Youth and Families Project (American). Global self-esteem was used as a measure of self-esteem, and parent closeness was a measure of parent-child interaction (assessed yearly from ages 12-16). Different models of analysis were used to investigate the association longitudinally. Harris et al. identified an association between parent-child closeness and self-esteem cross-sectionally, however they found little support for any longitudinal association using six different models of analysis. Harris et al. suggested that these findings (with adolescents rather than children) might reflect developmental changes in the salience of parent-child interaction for self-esteem. Specifically, they proposed that as children grow up and immerse themselves in wider society, other forms of feedback such as peer feedback might become more valuable and contribute to self-esteem development to a greater degree.

As children reach adolescence, there is an increasing level of representation, with complex and abstract mental representations of attachments and relationships. The nature of the caregiver-child relationships develops (Main et al., 1985) and creates opportunities to revise internal working models (Allen & Miga, 2010). During middle childhood and adolescence, parents still provide a secure base for their children to explore from, but are mindful of their need for autonomy, and the journey of developing their identity (Allen et al. 2003). It has been proposed that attachment needs shift from just caregivers to incorporation of peer input (Warmuth & Cummings, 2015). Adolescents typically shift their attachment behaviours, such as seeking closeness and safety, to their peers over time, though parents frequently continue to serve as a stable foundation (Allen, 2008). In addition, the internal working models developed through caregiver-child interactions may generalise to peer relationships (Delgado et al., 2022; Furman et al., 2002). Friendships may increasingly contribute to short term psychological well-being and provide an environment that fosters self-esteem and social competence (Gaertner et al., 2010; Nangle et al., 2003). These findings

highlight the importance of examining associations between parent-child interactions and children's self-esteem at different ages.

Optimism as an Indicator of Psychological Well-Being

Optimism; a pattern of positive future thinking (Carver & Connor-Smith, 2010) is another marker of psychological well-being. Optimism fundamentally affects how individuals perceive and react to events. It is characterised by viewing causes of positive events as permanent (cause is something that will persist), pervasive (cause will affect many situations), and personal (believing that oneself is the cause). In contrast, causes of negative events are seen as temporary (cause is changeable) and specific (cause will only affect a few situations), and impersonal (caused by external factors) (Seligman et al., 1995). Individuals with high optimism tend to hold positive expectancies for their future, even in the face of adversity, and tend to use more problem-focused coping strategies (Nes & Segerstrom, 2008). If problem-focused strategies are not possible, they turn to adaptive emotion-focused coping (Nes & Segerstrom, 2008). Problem-focused coping consists of actions aimed to resolve or circumvent the source of the problem directly (e.g., time management, seeking information, creating a plan of action, seeking assistance) (Strutton & Lumpkin, 1992). Emotion-focused coping on the other hand consists of strategies that aim to alleviate emotional distress arising from stressful situations, and are indirect in nature (e.g., acceptance, humour, and positive reframing of a situation) (Carver et al., 1989). Adults who are highly optimistic are not necessarily more capable than those who are less optimistic, but they are more persistent in their efforts regardless of circumstances (Carver & Scheier, 2014).

While dispositional optimism can often be viewed as an innate trait, optimism may actually develop – at least to some degree - through socialisation experiences (Heinonen et al., 2004). Seligman introduced the concept of learned optimism, where optimism is viewed as an explanatory style rather than a trait. Learned optimism is understood as a skill that can

be developed through observation, feedback and learning, as well as discussions of significant life events with older adults, usually parents and teachers (Forgeard & Seligman, 2012). It is a skill where one focuses on the positive aspects of an experience while understanding that negative experiences are a reality (Seligman, 2012). People are rarely optimistic (or pessimistic) all the time but employ an optimistic explanatory style in different situations (Seligman, 1995). Learned optimism is a learning process in which events are contextualised in a positive light and this then determines one’s outlook on future experiences. Having control over outcomes, experiencing positive emotions, and positive regard are essential principles for nurturing an optimistic explanatory style in children (Seligman, 1995).

Zafiropoulou and Thanou (2007) conducted an educational study (The Positive Emotions Programme For Preschoolers (PoEm) to investigate if an optimistic explanatory style could be taught to 5 and 6 year old children through play and creative activities based on cognitive behavioural therapy. Children were randomly allocated to either a control group or the experimental group. Children in the experimental group received PoEm. PoEm consisted of fourteen one-hour weekly sessions where creative techniques (e.g., role playing, drawing, songs, photographs) were used to teach skills: imagination, cognitive restructuring, thought distraction and problem solving. Researchers worked with the children directly, with the teachers trained as assistants. Measures included children’s interviews (children’s emotion expression, behaviour patterns, and initial thoughts in a specific scenario), and pretend play skills. Researchers coded children’s interviews for mastery, helplessness, optimism, pessimism, and permanence, pervasiveness, and personalisation of children’s explanatory styles. Zafiropoulou and Thanou found that the intervention was effective in helping children recognise their thoughts and feelings. Additionally, it influenced how they mentally processed an event, and the way they reported emotional and behavioural responses.

Although children in both groups improved as they developed, children who were provided structured guidance through PoEm appeared to have faster and more systematic improvements. These findings support Seligman et al.’s (1995) argument that an optimistic explanatory style indeed can be taught.

Young children are around their parents the most and the early caregiving environment may be an especially salient context for guiding the child towards having an optimistic explanatory style (Forgeard & Seligman, 2012). When children begin to understand failures and successes, they can theorise how failures could be turned into successes. More optimistic parents often raise children who also have an optimistic outlook, highlighting the influential role parents play in shaping their child's perspective (Heinonen et al., 2004). Teaching children to adopt an optimistic explanatory style can help them view negative situations as temporary and changeable. Encouraging them to challenge unhelpful thoughts while focusing on changeable aspects of adverse situations may motivate and empower them to take action within their control (Fredrickson, 2013). The goal is to teach children how to see themselves accurately so they can take responsibility, rectify mistakes when needed, and recognise that not everything is within their control or their fault. This mindset fosters resilience, enabling children to navigate challenges effectively and develop a sense of mastery over their environment (Fredrickson, 2013).

On the other hand, children who have a pessimistic explanatory style are more likely to perceive negative events as permanent, pervasive, and internally caused. In contrast, positive events are viewed as local, temporary, and externally caused and these individuals are consequently at a heightened risk of depression (Seligman et al., 1995). Children who think of positive events as a result of global causes seem to have better mood and greater social supports around them (Seligman et al., 1995). High optimism may also buffer against experiencing significant lows in life. High optimism has been related to greater perceived

social support and better effort expenditure on goals (Geers et al., 2009; Vollman et al., 2011) predicting greater resilience to developing loneliness later on in life, and acts as a buffer between rumination and suicidal ideation (Rius-Ottenheim et al., 2012; Tucker et al., 2013).

Ben-Zur. (2003) investigated the associations of parental and personal factors with adolescents' subjective well-being, optimism being one of the measures. They found that having positive interactions with caregivers (in the form of self-report by adolescents through the Adolescent-Parent Relationships Scale) may have prepared children with the resources to cope with adverse events optimistically. Specifically, adolescents who reported more positive relationships with fathers also reported higher levels of optimism and mastery. Together these findings support Seligman et al.'s (1995) learned optimism approach, suggesting that parent-child interactions are an important context through which children may be socialised into more optimistic thinking.

Positive Emotions: Broaden and Build Theory

Both self-esteem and optimism are markers of psychological well-being. Both involve a relatively stable, positive cognitive style. Self-esteem usually regards the self, while optimism includes the self and extends to events in life (Dickstein, 2009; Peterson, 2000). So, what is the role of positive emotions in the development of both self-esteem and optimism? Positive emotions are relatively short-lived, multisystem reactions to changes in how individuals assess their current situation. Investigating the role of positive emotions has been a recent interest in psychology and is still relatively new. There are ten positive emotions that humans experience frequently: joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe, and love (Fredrickson, 2013). These emotions arise when the response system perceives favourable prospects or good fortune (Fredrickson, 2013).

It was initially hypothesised that the primary purpose of positive emotions was to 'undo' the effects of negative emotional experiences in daily life. Negative emotional

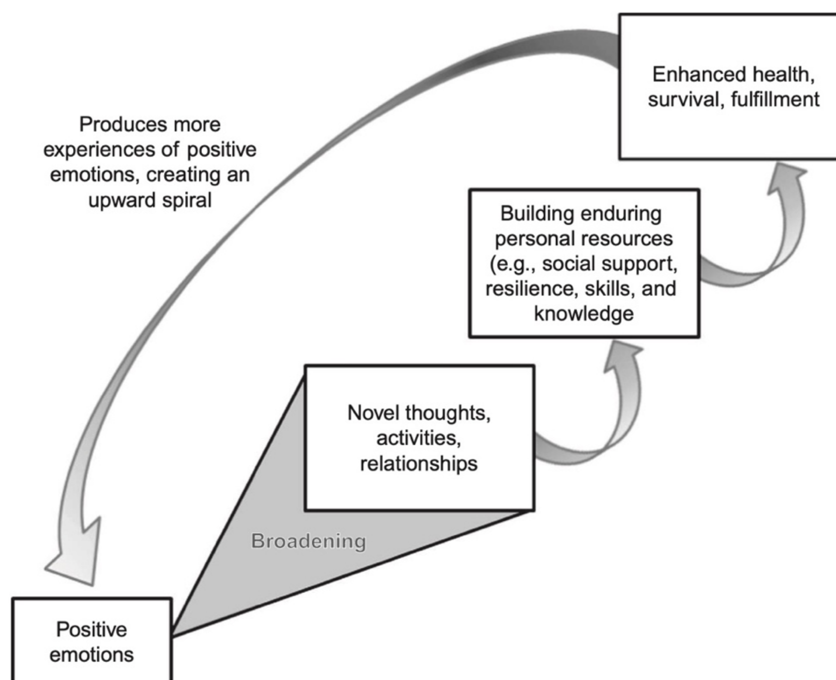
experiences such as sadness and fear tend to activate the cardiovascular system. If positive emotions are induced shortly after a negative emotional experience (e.g., stress, grief), the recovery time is shorter (Frederickson et al., 2000; Levenson & Frederickson, 1998). Levenson and Frederickson (1998) tested this by inducing fear (of heights) in participants by showing a short video clip. Then, participants were randomly assigned to one of the four groups that showed four short video clips. Two of the video clips evoked positive emotions (amusement and contentment), one elicited a negative emotion (sadness), and one was neutral, eliciting no emotions. Participants that viewed the positive emotions short clip took 20 seconds to recover from cardiovascular activation compared to 40 seconds in the neutral group, and 60 seconds in the negative emotion group. Frederickson et al. (2000) investigated the same phenomenon by invoking anxiety (informing participants that they might have to do a recorded impromptu speech, which other people would evaluate) instead of fear. None of the participants were chosen to do the speech. Participants were then shown an unrelated video that evoked either amusement, contentment, neutrality or sadness. Frederickson et al. used a more robust sample (greater diversity in age, gender, and ethnicity) and cardiovascular measurements (beat by beat assessment of systolic and diastolic blood pressure) and found the same results as Levenson and Frederickson. (1988): introduction of positive emotions was associated with faster recovery times after cardiovascular activation due to negative emotions.

These findings highlight that positive emotions have a role to play in ‘undoing’ the effects of cardiovascular activation due to negative emotions. However, people also experience positive emotions in the absence of negative emotions (Frederickson, 2013). Frederickson (1998) proposed the broaden and build theory in which the primary role of positive emotions was to broaden our thoughts, and, therefore, build resources, which would reciprocally aid with broadening our thoughts further. The broadening aspect of the theory

poses that when a person experiences positive emotions, it widens the array of thoughts, actions, and urges and creates space for unique perceptions, explorations, reflections, learning and relationship building that would not have been available otherwise. One becomes more aware of their surroundings and peripherals, allowing individuals to 'connect dots' between diverse ideas and act creatively and flexibly. Positive emotions temporarily broaden many domains (Cohn, 2008). A visual representation of broaden and build theory is provided in Figure 1.

Figure 1

The Broaden and Build Theory of Positive emotions



Note. From "Positive Emotions Broaden and Build" by B. L. Frederickson, 2013, Advances in Experimental Social Psychology, 47, p.1-53 (10.1016/B978-0-12-407236-7.00001-2). Copyright 2013 by Elsevier.

The broadening of awareness allows for the building of resources in multiple domains; psychological (e.g., optimism, self-esteem), cognitive (e.g., reasoning, domain-specific knowledge), physical (e.g., strengthened immune system, stress regulatory skills), and social (e.g., social network, intimate relationship) which further increases the chances of experiencing positive emotions (Fredrickson, 2013). By broadening awareness and building resources, positive emotions enhance resilience and create an upward spiral, improving the likelihood of survival, health, and fulfilment (Frijda, 1986).

Teaching children to experience and express positive emotions can significantly contribute to their emotional resilience and ability to effectively cope with life's challenges (Mauss et al., 2011). There is early evidence that ‘broadening’ appears in infancy when infants utilise the caregiver's positive affect (warm and nurturing environment as described in attachment theory) to confidently explore the environment around them (Stifter et al., 2020). Additionally, inducing positive affect has been associated with increased creativity and problem solving in young adolescents and self-regulation (Greene & Noice, 1988). Coffey et al. (2015) investigated the association between positive affect in children and adult well-being outcomes in a 28-year-old longitudinal study (129 participants). Coffey et al found that positive affect during both infancy and childhood predicted life satisfaction in adulthood, and positive affect in infancy was associated with higher hope and optimism in a working environment. There is growing evidence that experiencing positive emotions early on has positive implications on well-being. Parent-child interactions make up a large portion of children’s daily interactions and are an important aspect of development, however, there is a lack of empirical research on the contribution of positive parent-child interactions on children’s well-being as understood from broaden and build theory (Stifter et al., 2020).

Past and Future Talk with Children

As children develop, they make sense of the world around them. Autobiographical memory – our recollection of personally experienced events that have happened in the past - is integral to this process (Conway, 1996). Autobiographical memory is emotive, has a time component, and a place (Conway, 1996). Recollection of events stored in our autobiographical memory aids the development of our understanding of the self and the world around us (Fivush et al., 2011). According to the social model of autobiographical memory, autobiographical memory develops gradually throughout the preschool years via daily social interaction, predominantly with caregivers (Nelson & Fivush, 2004). As soon as children can talk, they are able to take part in discussions and provide information, however caregivers provide the content and structure largely (Nelson & Fivush, 2004).

The nature in which caregivers structure such conversations has strong and lasting effects on how children develop their own narrative identity. The nature of the conversation, especially its emotive and evaluative aspects, impacts how children make personal meaning, consequently allowing them to internalise meaning in their self-concept. Therefore, the factors that impact how we derive personal meaning from past experiences are integral to self-concept development (Bird & Reese, 2006; Fivush et al., 2011; Nelson, 1993). Children cultivate a personal sense of identity by discussing particular past events. More specifically, it is believed that they internalise a process to assess the significance of their experiences by reflecting on previous events, as well as emotions and relating them to their current selves (Fivush, 1993; Nelson, 1993; Welch-Ross, 2001). Self-concept becomes more stable and defined when similar experiences are related to the self in a particular manner over time (Welch & Ross, 2001). From an autobiographical memory development perspective, as children develop language, they internalise skills and knowledge through collaborative interactions with adults, usually caregivers (Nelson & Fivush, 2004). It seems that younger

children require some help from their caregivers to accurately create personal meaning through conversation about past events (Sales & Fivush, 2005).

Parents and children (dyads) talk about events in their everyday lives from as early as 18 months (Miller, 1994). Parents influence how children understand and express emotions indirectly by children's observation of parent’s behaviour and when directly interacting together (Eisenberg et al., 1998). Talking about a past event after it has happened, known as reminiscing, allows for re-interpretation of the event once the emotional intensity has subsided. This process creates an opportunity to discuss the causes and explanations of the event, leading to better emotional understanding (Salmon & Reese, 2016). Parents display individual differences in the way they discuss past events with their children, and these differences have been associated with child outcomes across cognitive, social, behavioural and emotional development (Fivush & Fromhoff, 1988; Harley & Reese, 1999; Hudson, 1990; McCabe & Peterson, 1991; Reese et al., 1993; Salmon & Reese, 2016).

Some parents engage in rich, detailed storytelling about past events, known as elaborative reminiscing: posing questions that introduce new information, offering encouragement, affirming the child's contributions, and describing the causes and consequences of emotions (Reese & Fivush, 1993). Other parents are less detailed and tend to repeatedly ask the same questions (Reese & Fivush, 1993). Elaborative reminiscing contributes to children's development by providing them with opportunities to use complex language, encouraging them to articulate their experiences, and enhancing their memory retention (Fivush & Nelson, 2004). Such conversations, focusing on past events, play a unique and vital role in a child's ability to remember and discuss their personal experiences, reflecting their parents' styles of discussing the past (Salmon & Reese, 2016).

Parents who use a highly elaborative style help structure their child's understanding of past experiences (Salmon & Reese, 2016). Conversely, a less elaborative style, characterised

by repetitive questions and limited emotional content, provides fewer conversational opportunities for the child. Consistent parents' conversational styles influence children to report their memories in a similarly detailed, structured, and emotionally rich manner (Fivush et al., 2006). This practice is crucial as hindsight allows children to integrate elements of past situations into narratives that include personal perspectives and re-evaluations (Fivush et al., 2003).

Role of Emotions in Reminiscing

Along with elaboration, how parents talk about emotions plays a significant role in how children internalise meaning in the context of different experiences (Koh & Wang, 2021). Parent-child conversations can take many forms, and the focus of the discussion can have many salient emotions. Parents vary in how they talk about events with a different emotional basis. Fivush et al. (2003) examined the style and content of parent-child conversations that focused on different negative emotions. Parents were asked to discuss three events that the child (3.5-4 years) had experienced in the past where they felt sad, angry, and fearful. For coding purposes, the style was determined if utterances focused on facts or emotions (emotion utterances were further separated into attribution, causes, and resolutions), and style encapsulated the way in which both mother and child introduced and evaluated new information and was further coded for elaboration, repetition, and evaluation. Fivush et al. found that the way in which parents talked about sadness, anger, and fear-focused events was different. Mothers used more elaboration when discussing the fear event than sadness or anger, but discussed more facts in the sadness and anger event than fear.

The emotional intensity of reminiscing also varies across dyads. Sales and Fivush (2005) examined variances in how mothers' scaffolding helped pre-adolescents (8-12 years) to form coherent and emotionally integrated memories of stressful events, and their association with emotional well-being (internalising and behavioural issues measured by the

child behaviour checklist). The sample consisted of children who had asthma and their mothers. Mothers were asked to discuss two negative events of different intensity (everyday conflict related to asthma and acutely stressful event that required a visit to the emergency room) with their children. Each proposition was labelled factual, explanatory, emotion-based or coping-based for coding purposes. Sales and Fivush found that although mothers' contributions were related to their children's contributions, both mothers and children talked about the two events differently and were inconsistent. When parents discuss a less stressful event, they use more causal explanations, but not when talking about a highly stressful event. Mothers' use of a highly explanatory style and emotions was associated with better emotional well-being outcomes for children, suggesting that parents' use of coherent explanation and emotional framework is important for a child's well-being. These findings highlight the importance of emotional talk within parent-child interaction. It is important to note, however, that Fivush et al. measured emotional well-being as fewer internalising and behavioural difficulties. As noted above, well-being is defined as more than the absence of difficulties or problems (Bautista et al., 2023).

The papers above have investigated parent-child interactions in the context of either everyday or negative events; however, when caregivers are asked to talk about an event, they naturally lean towards discussing positive events than negative ones. Fivush (1989) and Kuebli and Fivush (1992) investigated how caregivers reminisced with their children without providing any prompts. In Fivush (1989) caregivers were asked to just reminisce with their child and in Kuebli and Fivush (1992) caregivers were asked to discuss three past events shared with the child. Even though the instructions were slightly different, most caregivers framed the discussion around positive experiences in relation to the child, such as a trip to a theme park with only a few exceptions. Findings from Kuebli and Fivush (1992) and Fivush (1989) emphasise the importance of investigating parent-child reminiscing about positive

conversations since it is a topic that would come up perhaps more naturally than negative events, and might differ in the way it is discussed.

Fivush et al. (2003) were the first to directly compare children's narratives about emotionally positive and negative events. Forty families where children were growing up in a violent neighbourhood were recruited from the waiting area of a hospital. Children aged 5 to 14 were asked two different questions: first, to discuss events that their parents viewed as emotionally negative or positive, and second, to talk about events they themselves considered emotionally negative or positive. Content (type of information recalled – action, description, internal state, location, object, person, temporal) and pattern of coherence (disorientated pattern, chronological pattern, ending at a high point, classic pattern) were coded. Fivush et al. (2003) found that children discussed thoughts and emotions more and narrated events more coherently when talking about negative events than positive ones. Additionally, children discussed more information about objects and people in positive events and used more descriptive detail than negative events. Fivush et al. (2003) concluded that positive experiences may not require much explanation to be internalised into one's self-concept, while negative experiences might. Therefore, greater personal meaning may be derived from negative events than positive ones.

Sales et al. (2009) also analysed parent-child conversations about both negative (trip to the emergency room) and positive past events (distinctly, highly positive experiences) in a Canadian population with 3–5-year-olds. Dyads were recruited from emergency waiting rooms. Parent and child utterances were coded separately. Parent utterances were coded for reminiscing style (type of questions, amount of new and repetitive information) and content (type of information parents provided). Child utterances were coded as memory elaboration, memory placeholder, and off-topic. Sales et al. found that parents who were highly elaborative and emotive in one type of conversation were also highly elaborative and emotive

in the other. Children whose parents were more elaborative and focused on emotions had better recall during the conversation, and also focused more on emotions. Although parents were consistent across conversations in terms of elaboration and emotion discussion, there were general differences in style and content when discussing the two event types. Parents were more inclined to ask open-ended memory questions when talking about negative events and more yes-no questions when discussing positive events. Parents also discussed more emotions when discussing positive events and more causal explanations when discussing negative events. These findings align with the conclusions of Fivush et al. (2003), where explanations might not be required when discussing positive events but are important when talking about negative events.

Parents may have different goals or intentions when discussing positive and negative events with their children. Past positive conversations may help create and maintain emotional bonds, especially within the family. Talking about negative past conversations may be a medium through which parents can teach children how to cope with adverse events, focusing more on causal language and explanations. Fivush et al. (2009) examined the style of reminiscing among families, focusing separately on the factual and emotional aspects of shared events. Families and their children (9-12 years) discussed one positive and one negative event from the past 2-3 years. Conversations were coded for factual or emotional content and for communicative style (elaboration, evaluation, repetition). Child well-being was assessed using the Child Behaviour Checklist (CBCL) – a measure of internalising and externalising behaviour difficulties - completed by mothers. Findings indicated that parents were more evaluative when discussing the factual aspects of positive events than negative ones, but not emotional aspects. Maternal elaborations and evaluations of the factual components of negative events were linked to improved well-being outcomes for children. In contrast, paternal elaborations and evaluations regarding the emotional aspects of negative

events were associated with lower child well-being. Both parents evaluated the factual aspects of positive events more heavily than those of negative events but assessed the emotional facets of both types of events similarly. It was anticipated that emotional aspects of negative events would receive more focus, as these typically involve problems needing resolution; however, the findings suggest that the emotional aspects of positive events are equally significant for different reasons.

Additionally, Dewhirst et al. (2023) explored the association between the quality of reminiscing parent-child conversations and adolescent (13-16 years) internalising problems in New Zealand. Parents and children discussed a past shared conflict where supportive (and unsupportive) qualities of emotion-related reminiscing were coded. Adolescent anxiety and depression were used as measures for internalising problems. Dewhirst et al. (2023) found that higher maternal anxiety was related to adolescents using unsupportive reminiscing qualities, disengagement, avoidance, and low emotional expression. It seems that when parents talk about negative events, they focus on the consequences and causal explanations, whereas when parents talk about positive emotion-laden events, they discuss more emotions and talk more about people and objects. Talking about negative and positive emotions might have different purposes, as discussed in Sales et al. (2009). These findings suggest that positive event conversations should not be discounted as unimportant or less important, but rather as having a distinct function. These studies also highlight that 'well-being' has been conceptualised in existing studies as reduced mental health or behavioural problems. Further research is needed to better understand how discussion of positive emotions, in both positive and negative event conversations, relates to explicit measures of children's well-being.

Well-Being Outcomes

A handful of studies have moved beyond reduced problems in their measurement of psychological well-being. Mitchell and Reese (2022) investigated the long-term effects of

early maternal reminiscing on narrative identity and well-being in 93 adolescents. Initially, conversations about past events were recorded when the children were 1.5 years old, followed by a reminiscing intervention from 21 to 29 months. At 15 years old, adolescents shared turning point narratives, which were analysed for coherence and personal development. While measurement of well-being included depression symptoms and emotional problems, positive indicators of well-being – self-esteem and life satisfaction – were also measured. Results indicated that maternal elaborative reminiscing fostered adolescents' narrative coherence and overall well-being, suggesting that rich autobiographical memories contribute to a stronger sense of self and better psychological health. The findings support the theory that early reminiscing environments are crucial for developing narrative identity.

Bird and Reese (2006) investigated past parent-child everyday talk where the child felt scared, angry, sad, and happy. The well-being dimension used was self-concept. They found that children's emotional talk was a better predictor of self-concept consistency, and more significant discussion of negative emotions was associated with less consistent self-concept. In contrast, greater maternal explanation of negative emotion was associated with greater self-concept consistency in children. On the note of positive emotions, children's use of positive emotion words at 65 months positively predicted consistent self-concept. However, mothers' use of positive emotions was not related to children's self-concept consistency. Children who referred to proportionally more positive (as opposed to negative) emotions had higher self-consistency scores.

Reese et al. (2007) also investigated the parent-child conversations of positive past events and current conflicts and examined associations with children's self-concept, self-esteem and moral self. Positive talk was associated with self-esteem regardless of conversation type. They found that the highest amount of positive and evaluative talk was

when dyads talked about positive past events. These findings align with the broaden-and-build theory (Fredericksen, 2008) and suggest that by emphasising the positive aspects of experiences, parents create an environment where children experience an overall sense of self-worth. It seems that when wider well-being dimensions are investigated, positive emotions may have a role to play. Bird and Reese (2006) and Reese et al. (2007) provide compelling evidence on the importance of investigating how parent-child talk about everyday events is associated with children's well-being outside of externalising and internalising problems and also explore the role of positive emotions. These findings provide compelling evidence for the crucial role of positive emotions in parent-child interactions, underscoring the need for further investigation into how these emotions influence children's well-being, self-esteem, and optimism.

Future Talk

Parent-child conversations about the future represent a building area of research, offering insights distinct from discussions about the past. While parent-child conversations about future events happen about as often as conversations about past events (Fivush & Nelson, 2006), they have received far less research attention. These conversations could serve critical developmental functions by enabling children to process future events adaptively, encouraging emotional expression, tolerance of uncertainty, and shaping coping skills for upcoming challenges (Russell et al, 2024). Such conversations could buffer against negative well-being and mental health outcomes across the lifespan, yet research specifically linking these future-oriented conversations to positive well-being remains underdeveloped.

Research shows that imagining the future involves complex cognitive abilities such as 'mental time travel', which become increasingly sophisticated during middle childhood (Atance & Meltzoff, 2005). Episodic future thinking entails the mental creation and visualisation of potential future scenarios, which play a crucial role in planning and self-

regulation (Szpunar, 2010). Yet, difficulties in future thinking are associated with mental health challenges (Hallford et al., 2018), and highly negative future orientations can precipitate emotional and cognitive disturbances, leading to depression (Gilbert & Wilson, 2007; Abramson et al., 1978). Developmental studies have shown that children as young as 4 or 5 years can engage in future-oriented thinking, understand future needs, and provide reasoned explanations for their choices (Atance & Meltzoff, 2005). Similarly, Hayne et al. (2011) demonstrated that children could discuss future and past events with comparable detail and accuracy following a timeline activity that reinforced a sense of linear time.

Russell et al. (2024) were the first to empirically examine parent-child future conversations and associations with child developmental outcomes. They analysed interactions between children aged 8-12 years and their parents. Participants were divided into two groups: a clinical cohort, which consisted of children who had been referred for anxiety, and a community sample. Two types of events were discussed; one recent past event and one anticipated future event, each with negative (worried and scared) and positive (happy or excited) emotional content, however, positive conversations were not used for analysis. The conversations were coded for several factors: the extent of emotional exploration by both parents and children, how emotions were resolved during the discussions, and the level of parental elaboration provided. The findings revealed that future-oriented discussions involved less emotion exploration by both parents and children in the clinical cohort, but this was not the case in the community cohort. This suggests that while past conversations might help children learn from their experiences by resolving emotions and integrating lessons, future conversations likely serve as a preparatory tool where children can apply problem-solving skills and emotionally prepare for anticipated situations. This distinction highlights the unique roles that past and future conversations have in helping anxious children navigate their feelings and build resilience.

Exploring positive emotions and future-oriented talk in parent-child conversations would seem to play a critical role in enhancing children's optimism since optimism is an explanatory style specific to the future (Seligman, 2012). Theoretically, engaging in discussions about the future with a positive emotional tone may help children develop a sense of hope and anticipation for what lies ahead (Seligman, 2012). These conversations have the potential to encourage children to visualise positive outcomes, fostering a mindset that is resilient and forward-looking (Heinonen et al., 2004). Such interactions would help children learn to navigate uncertainties and challenges with a positive outlook and reinforce emotional regulation and problem-solving skills. By focusing on the constructive aspects of future events, these discussions can instil a strong sense of agency and optimism in children, preparing them to handle life's various stages with confidence and positivity (Seligman, 2012). The impact of these conversations extends beyond immediate emotional benefits, potentially influencing long-term mental health and well-being by promoting an optimistic view of the future and enhancing self-esteem (Nurmi & Pulliainen, 1991).

Understanding what impacts children's well-being during their developmental years is vital. Middle childhood remain a crucial period to investigate protective factors that can prevent the development of psychopathology as well as help children and adolescents to thrive. As proposed by the broaden-and-build theory, positive emotions enhance resilience and expand awareness (Fredrickson, 2013). Given that caregiver-child conversations likely remain a salient context to provide a secure base in which adolescents can thrive and explore, investigating the positive nature of such daily interaction can provide meaningful developments in the area of caregiver-child interactions. Broaden and build theory has not been applied specifically to the context of caregiver-child reminiscing conversations. However, positive emotions, as experienced through talking about past and future positive events, have the potential to broaden thoughts and build resources such as high self-esteem

and optimism, which can further increase the chances of experiencing more positive emotions in a reciprocal manner (Frederickson, 1998; Seligman et al., 1995).

Current Study

The current study seeks to understand how positive affect, characterised by positive tones and emotions in caregiver-child conversations about both negative and positive past events, is associated with children's psychological well-being, specifically their levels of optimism and self-esteem. Additionally, this research aims to extend the exploration of caregiver-child conversations to include discussions about future events, an area that has not been previously investigated. Furthermore, we will examine whether there is an association between parental optimism and the use of positive affect in these interactions.

We hypothesised that:

1. Caregivers' and children's use of positive affect would be positively associated with children's self-esteem and optimism in both past and future conversations.
2. Caregiver optimism would be positively associated with caregivers' and children's use of positive affect in past and future conversations.

Methodology

Ethics Approval and Consent

The *Talking Together* study received ethical approval from the University of Auckland Human Research Committee (AH24920) and ratification from the University of Waikato Human Research Ethics Committee in March 2024. A primary caregiver provided written consent and children's verbal assent was obtained during the interview. Both parent and child were sent a $20 gift card as koha.

Participants

Participants were recruited via intermediate schools, social media (parent and family-focused pages across New Zealand), and snowballing. Children aged 11 or 12 years and their primary caregiver living in New Zealand were invited to participate in the study.

Table 1

Parent and Child Demographics

Variables	Parents (n = 51)	Children (n = 51)
Mean age at assessment	43.75	11.41
Range (SD)	28-52 (± 4.7)	11– 12 (±0.50)
Gender [n,(%)]		
Male	46 (90.2%)	27 (52.9%)
Female	5 (9.8%)	24 (47.1%)
Ethnicity [n,(%)]		
European	41 (80.4%)	41 (80.4%)
Māori, Pasifika or Aboriginal	3 (5.9%)	4 (7.8%)
Asian	7 (13.7%)	6 (11.8%)
Caregiver type [n,(%)]		
Mother	45 (88.2%)	-

Father	5 (9.8%)	-
Other	1 (2.0%)	-
Parent Education level [n, (%)]		
High School or trade	9 (17.6%)	-
University	42 (82.4%)	-

Procedure

Participants who contacted the researchers to express interest in taking part were emailed a participation information sheet and caregiver consent form. Any questions were discussed either by email or phone. Data collection for this study was conducted entirely online and involved three main components: a parent survey, a series of parent-child conversations, and a child survey. Parents provided written consent and then completed an online survey sent via an email link to a Qualtrics survey. This survey collected demographic information and parent mental health and well-being measures (the latter is beyond the scope of this study).

The second component involved a parent-child conversation interview conducted via Zoom at the participant's convenience. The interview began with an optional karakia and whakawhanaungatanga to establish rapport. Information about the study was presented to both the parent and the child, and verbal assent was obtained from the child. During the interview, parents were asked to discuss a positive and negative event from the past and an anticipated (future) positive and negative event. Additionally, parents shared a story about their childhood, whakapapa, or something from the child's early life that they might not remember. Note, the parent story was not examined in the current research. The traffic light emotion recognition system was used as a guide in event selection, encouraging parents to choose a story fitting within the ‘green’ or ‘orange’ zone rather than a ‘red’ story (i.e.,

discussions that would be emotionally upsetting for the child). The interview was recorded with video or audio based on the dyad's preference.

The final component included a brief Qualtrics survey conducted with the child at the end of the Zoom interview. This included the optimism and self-esteem measures outlined above, as well as several other child self-report measures which are beyond the scope of the current study. The researcher shared the survey via screen share on Zoom and read aloud each item. The child then indicated their response, which the researcher entered for them.

Measures

Parent Optimism

Optimism was measured using the *Revised Life Orientation Test (LOT-R)* developed by Scheier et al. (1994). LOT-R has 10 items total—three assess optimism, three assess pessimism, and four of the items are unscored filler items. Participants report to what extent they agree with each item along a 5-point Likert scale, where 0 represents strongly disagree and 4 represents strongly agree. Participants are asked to select the appropriate response to indicate how much they agree with each item. LOT-R has proved to have high internal consistency (Cronbach's alpha .78) and test-retest reliability (.79 in 28 months) (Scheier et al., 1994). The Cronbach's alpha for the optimism scale with the current sample was .736.

Child Optimism

Child optimism was assessed using the *Youth Life Orientation Test (YLOT)* developed by Ey et al. (2005). This tool consists of 12 items, adapted from the adult version, to measure both child optimism (6 items) and pessimism (6 items). Each item is rated on a four-point scale: 'true for me (3)', 'sort of true for me (2)', 'sort of not true for me (1)', and 'not true for me (0)'. The YLOT is well-validated for use with children and has been tested with non-Western samples (Ey et al., 2005). This measure is reported to have good internal consistency

with Cronbach alpha values ranging from .79 to .83 for optimism, pessimism, and total optimism. For the purposes of this study, only the optimism items (6) were utilised. The Cronbach's alpha for the optimism scale with the current sample was .811.

Child Self-Esteem

Child self-esteem was measured using the six global self-worth items of the Harter (2012) perceived self-competence scale. This scale measures how much the child generally likes themselves as a person, is happy with who they are, and the life they are leading. This scale constitutes a general perception of self and not a domain-specific judgment of abilities or mental health. The Harter scale employs four response options to reduce socially desirable responses (Harter, 1982). Initially, children are asked to choose which of two contrasting statements best describes them (e.g., 'some kids are often unhappy with themselves' vs. 'other kids are pretty pleased with themselves'). They then indicate whether this description is 'really' or 'sort of' true for them. Each item is rated on a scale from 1 (low self-esteem) to 4 (high self-esteem), with scores of 2 and 3 representing moderately low and moderately high self-esteem, respectively. The global self-esteem score is the sum of six items, yielding a total score of 24. Harter's self-esteem scale has been extensively validated for use with children across various cultures, including applications in New Zealand and in studies related to reminiscing (Ey et al., 2005; Reese et al., 2007). While Harter scales can be administered together (i.e., with other sub-scales measuring other aspects of self-concept) individual subscales can also be used (Harter, 2012). Cronbach's alpha for children's global self-worth in the current sample was .830

Parent-Child Reminiscing Task

Parent-child dyads were asked to discuss a positive event from the past and the future, and a negative event from the past and the future. Parents were asked to talk together for as long as they usually would, in the way they typically discuss events.

Coding

All parent-child conversations were transcribed verbatim from the audio recordings. All identifying information, such as names, was removed from the transcripts. The Linguistic Inquiry and Word Count (LIWC-22) was used as text analysis software. The LIWC software analyses text by counting words in text files and conversation transcripts (Pennebaker et al., 2015). Each word is matched against a dictionary file and categorised into one of the predefined categories (Boyd et al., 2022). We used the *positive tone* and *positive emotion* subcategories from the main category 'Affect'. Positive tone reflects sentiments rather than emotions per se. The positive tone dictionary includes words related to positive emotions (e.g., happy, joy, sad, angry) and words related to those emotions (e.g., birthday, beautiful) (Boyd et al., 2022). Positive emotions are restricted to true emotion labels, and words that strongly imply emotions. For example, laughter would be counted in this dictionary since it flows from a positive affective state (Boyd et al., 2022).

Covariates

Parents self-reported on their highest education, their age, and their own and their child's ethnicity.

Verbal fluency

Verbal fluency task was used as a measure of childrens' language skills (Cohen & Stanczak, 2000). There were two categories; the first one asked children to verbalise as many words as they could (within one minute) that started with the letter 's'. The second category consisted

of children verbalising (within one minute) as many animal names as possible. Both categories were scored for the total number of distinct words/animal names and then added to give a total verbal fluency score.

Data Analysis

All data analysis was conducted using IBM SPSS v.30. Data was initially checked for skewness and kurtosis. For eight of the 16 variables (Child future positive conversation (positive emotions), child past negative conversation (positive emotion), child future negative (positive tone), child future positive (positive tone), child past negative (positive tone), parent future negative (positive emotion), parent past negative (positive tone), parent past positive (positive emotion)) skewness and kurtosis were outside the recommended range (between -2 and +2) due to outliers. Outliers were first checked and confirmed as true outliers. To ensure outliers didn't unduly influence data analysis, winsorisation was conducted with the concerning variables. Winsorising replaces a specified number of extreme values with lesser extreme values in line with the rest of the data, to reduce the effect of outliers (Field, 2024). After winsorising, skewness and kurtosis were within an acceptable +/-2 range for all variables (George & Mallery, 2018).

Correlations were conducted to examine the association between narrative variables and child well-being measures. A hierarchical regression (controlling for covariates) was then conducted to investigate further unique associations for those variables that were significantly correlated. When investigating the association between the parent well-being (optimism) and narratives, parent optimism was the predictor variable and the narrative was the dependent variable. When investigating the association between narrative and child well-being (optimism and self-esteem), narrative was the predictor variable while child well-being was the dependent variable.

Results

Descriptive and Preliminary Analyses

Descriptive statistics were calculated for self-measures. The distribution of self-esteem (M = 20, SD = 3.34, range = 13-24), child optimism (M = 17.9, SD = 3.43, range = 9-24), and parent optimism (M = 16.8, SD = 3.28, range = 8-24).

Preliminary analyses were conducted to examine potential covariates. Pearson correlation coefficients were conducted to examine associations between parent age, verbal fluency and well-being and narrative variables. Parent age was found to be moderately correlated with positive tone in child's future negative conversations, $r(49) = -.385$, $p = .005$. No significant correlations were found for verbal fluency.

Independent sample t-tests were run to examine if well-being or narrative variables differed as a function of gender, ethnicity, and parental education (University versus high school, trade or diploma). There was a significant effect of child's gender with positive tone in the past negative conversation, $t(48) = 2.1$, $p = .042$; females had a higher mean, 2.459, compared to males, 1.610. Similarly, children's gender had a significant effect on positive emotions, $t(36) = 2.2$, $p = .032$ in past negative conversations; females had a higher mean, .616, compared to males, .238.

One way ANOVA revealed that there was a statistically significant difference in parent optimism measure [F(2, 48 = 5.51, $p = .007$], and positive emotion words in parent past conversation [F(2, 48 = 5.55, $p = .029$], between at least two of the ethnic groups. No effects were found with parental education.

Main analyses

Correlations

Correlational analyses were conducted between well-being variables (parent optimism, child optimism and self-esteem) and positive affect (positive tone and emotions) in the narrative variables (parent and child positive, negative, past and future conversations).

For parent optimism and positive affect, marginal correlations were found between parent optimism and positive tone in parents' past negative conversation $r(49) = -.274$, $p = .052$. Correlations were found between parent optimism and positive emotions in parents past negative conversation $r(49) = -.263$, $p = .062$, and child past positive conversation $r(49) = .236$, $p = .095$.

For children's self-esteem and positive affect, there was a significant correlation between self-esteem and positive tone in children's past positive conversation $r(49) = -.283$, $p = .044$, and a marginally significant correlation between self-esteem and positive tone in the parents future positive conversation $r(49) = -.246$, $p = .082$. No significant correlations were found with positive emotions.

For child optimism and positive affect, two marginal correlations were found between child optimism and positive tone in child past positive conversation $r(49) = .275$, $p = .051$, and child future negative conversation $r(49) = .255$, $p = .071$.

Table 2

Correlational Analysis between Positive Emotions, and Tone in Narratives, Parent and Child Optimism, Child Self-Esteem

Correlation	Parent optimism	Child optimism	Child self esteem
Parent – Past negative Positive tone	-.274 m	.187	-.073
Parent – Past positive Positive tone	.071	.112	.050
Parent – Future negative Positive tone	-.130	.024	-.036
Parent – Future positive Positive tone	-.162	-.124	-.246 m
Parent – Past negative Positive emotion	-.263 m	-.012	-.031
Parent – Past Positive Positive emotion	-.008	.115	.026
Parent – Future negative Positive emotion	-.209	.006	.052
Parent – Future positive Positive emotion	-.169	-.068	-.057
Child – Past negative Positive tone	.033	-.003	-.157
Child – Past positive Positive tone	.185	.275 m	.283*
Child – Future negative Positive tone	.112	.255 m	.138
Child – Future positive Positive tone	.230	-.011	-.096
Child – Past negative Positive emotion	-.112	.170	-.049
Child – Past positive Positive emotion	.236m	.123	.116
Child – Future negative Positive emotion	.122	-.038	-.042
Child – Future positive Positive emotion	.103	.078	.061

Note. m = .05 < p < .10; * p < .05

Because there were some marginal significant correlations (p value $< .05 < 1$), and it is becoming more acceptable to work with marginally significant results, we decided to run regressions to investigate if there was an effect for these associations also (Pritschet et al., 2016).

Regression Analyses

Seven hierarchical regression models were conducted. Five regressions had significant covariates from the preliminary analyses entered at Step 1, and narrative variables as step 2 with the well-being measures (self-esteem and optimism) as the dependent variable. Two of the regressions had parent optimism as step 1 and narrative variables as dependent variables.

Parent age accounted for 14.8% of the variance in children’s positive tone during future negative conversations. Children’s optimism scores accounted for an additional 7.0% of the variance. Children’s positive tone was positively associated with children’s self-esteem in the past positive conversations, accounting for 8% of the variance. The remaining regression models were not significant as seen in Table 3.

Table 3

Hierarchical regression analyses: examining associations between parent optimism, narrative variables and child optimism and self-esteem

Regression	B	Standardised β	*t*	*p*
DV: Child past positive, positive emotion				
Step 1: Parent optimism	.014	.236	1.701	.095
DV: Parent past negative, positive tone				
Step 1: Parent optimism	-.103	-.274	-1.993	.052
DV: Parent past negative, positive emotion				
Step 1: Parent optimism	-.052	-.263	-1.909	.062
DV: Child optimism				
Step 1: Child past positive, positive tone	.417	.208	2.004	.051
DV: Child optimism				
Step 1: Parent age	.105	.144	.965	.340
Step 2: Child future negative, positive tone	**.809**	**.310**	**2.072**	**.044**
DV: Child self-esteem				
Step 1: Parent future positive, positive tone	-.477	-.246	-1.778	.082
DV: Child self-esteem				
Step 1: Child past positive, positive tone	**.418**	**.283**	**2.066**	**.044**

Note. DV = dependent variable; bold text represents a significant predictor

Discussion

The current study examined the association between positive affect and child well-being outcomes in caregiver-child past and future conversations. We extended prior research on caregiver-child conversations by using explicit measures of well-being (self-esteem and optimism), rather than measuring well-being as fewer mental health problems. Furthermore, the current study is the first to investigate associations between positive affect and child well-being outcomes in future conversations. Positive affect was measured as two components: positive tone and positive emotions.

We predicted that caregivers' use of positive affect would be positively associated with children's self-esteem and optimism in past and future conversations. Although previous findings suggest a relationship between how parents talk about past events and children's outcomes (Mitchell & Reese, 2022; Reese et al., 2007; Sales & Fivush, 2005), no such relationship was found in the current sample. There was no association between caregivers' use of positive affect and children's well-being scores, for either optimism or self-esteem in past or future conversations. Furthermore, we predicted that caregiver optimism would be positively associated with caregivers' and children's use of positive affect in past and future conversations. There was no evidence found in support of this prediction.

We also predicted that children's use of positive affect would be positively associated with their self-esteem and optimism in past and future conversations. We found evidence that children who used a more positive tone while talking about positive past events had higher self-esteem scores. No other association was found for past conversations.

For future talk, we found that positive tone in negative future conversations was positively associated with children's optimism; therefore, children who used more positive tone when talking about an anticipated negative event, had higher optimism scores.

Current findings align with Bird and Reese (2006), who found that children's emotion talk (referral to a higher proportion of positive emotions), and not caregivers', was associated with children's self-concept when talking about a positive past event. Bird and Reese found these associations in a sample of 4-5.5 years, while the current study utilised 11-12-year-olds. Therefore, the current study extends the initial findings to middle childhood. It is likely that a child who is evaluating past events in a positive manner is also learning to evaluate themselves positively (Reese et al., 2007). Findings align with broaden and build theory, whereby the experience of positive emotions (tone in the context of the study) when discussing a positive past event may broaden children's thoughts, allowing them to internalise the salience of positive emotions within their self-concept. This would in turn build resources, likely resulting in higher self-esteem, which would reciprocally increase the chances of experiencing more positive emotions in future conversations (Fredrickson, 2013).

Current findings (or lack thereof) on the association between parents' use of positive affect on children's self-esteem were contrary to Reese et al. (2007) who found that parents' reference to children's positive emotions were positively associated with children's self-esteem in conversations about past positive, negative and current conflict events. Reese et al.'s findings suggested that parents used more positive emotions than children and inferred that parents who focus on the positive aspects of experiences could foster an environment where children develop a general sense of self-esteem.

It may be that the positive nature of the conversation between caregivers and children largely contributes to self-esteem development when children are young, however, as they are exposed to additional socialisation partners, such as peers, these conversations might be a more salient context for self-esteem development than parent-child interactions These findings empirically build on Harris et al.'s (2015) findings, who found a cross-sectional relationship between parent-child closeness and self-esteem, but longitudinal analysis using

six different models found little evidence of this association over time. It may be that as children mature and engage more broadly with society, feedback from their peers may become increasingly influential and play a significant role in the development of their self-esteem (Harris et al., 2017). The current sample focussed on middle childhood (11-12 years), while Reese et al.'s (2007) sample were 5- to 6-year-olds. For future reminiscing research, with self-esteem as a well-being measure, and a middle childhood or adolescent sample, it would be important to assess how the use of positive tone with peers and perhaps siblings of similar age contribute to self-esteem development.

There was a positive association found between children's use of positive tone and optimism scores in future negative conversation. This aligns with theoretical optimism literature, where optimism is seen as a pattern of positive future thinking (Carver & Connor-Smith, 2010), even in the face of adversity (Nes & Segerstrom, 2008). Seligman proposes that optimism is an explanatory style that is learned through observation, feedback, and significant life event discussions with close adults, especially caregivers (Forgeard & Seligman, 2012; Seligman, 1995). Therefore, it is interesting that parents' use of positive affect when discussing future conversations was not associated with children's optimism nor was there a relationship between parental optimism and positive affect use. These findings (or lack thereof) may be a function of our measure of 'positivity'. Positive emotions and positive tone may not fully reflect the optimistic explanatory style that parents are using. Teaching children to adopt an optimistic explanatory style may require parents to be realistic about the salience of the negative event and change the narrative to one in which children feel like they are more in control and are able to overcome adversity. A parents' role may be to build resiliency rather than pose the negative event as a positive one. Some ways parents can do this would be giving children the space to solve their own issues, and supporting them through it if they are unable to cope by themselves, and modelling a rational way of solving

problems. For example, slowing down and understanding the situation with a clear head, understanding the other perspective, setting a goal after thinking through advantages and disadvantages of action, and choosing a path of action, and replacing it when things do not go to plan (Seligman, 1995). The following excerpt shows a caregiver using an optimistic explanatory style, yet relatively few positive emotion words are used.

P: Yeah, okay. And so. And so you have said, so climate change. When I say those words to what comes to your mind? What, what, when you're thinking about climate change, what does that, mean to you?
C: Us being right next to Antarctica.
P: Okay, yeah.
C: Yeah, like we're neighbours with Antarctica.
P: Yeah. And so the, the warming of the seas.
C: Yeah, melting ice caps.
P: And how do you think that would look in your life, as an old man?
C: Um, highway gone next to the shore.
P: Mmm.
C: So we'll have to build new roads and… Also, all the pollution we're creating. Um. And also with that comes population growth, which comes with wasting more resources, which just mounts up.
P: Mmm, yeah. Is it something you think about a lot?
C: Um, not much but when I do think about it, it's not really, yeah.
P: Mmm.
C: Cause, like, what about future generations to come?
P: Mmm.
C: They will have to deal with climate change if we don't do something. Yeah.
P: Yeah.
C: Anything you want to say on that?
P: Well. It's hard for us as adults to hear that you are worried about that because there will come a time where well we won't be here to work with you and protect you, and, and help you find a way forward for that. But, the hope that dad and I have is that by the time we're gone you will be this incredible adult who is full of ideas and purpose and will have found ways to work to change that trajectory.
…
P: Yeah. I think you'd be an amazing urban designer.
C: Mmm, that'd be fun.
P: Work on sustainable, sustainable options for getting people moving.

Marin et al. (2008) investigated the role of emotions in family conversations about a negative past event and child well-being outcomes (perceived competence and self-esteem). They found that the expression of general positive emotions in that context was associated with lower academic competence and increased behavioural issues, implying that talking

about the negative event in a positive manner without explanations might not be helpful for children. However, when families explained positive emotions in this context, this was associated with higher self-esteem in children. Although current findings differ from those of Marin et al. (2008) regarding the specific well-being measure, these findings provide insight on the importance of using a comprehensive coding system in which positive emotions are not only identified, but the nuances of how emotions are discussed, explained and expanded are captured. Suggestions for a more comprehensive coding scheme in future research are discussed later on.

It is important to note that for both significant findings, positive tone, and not positive emotions, was associated with children's well-being outcomes. The difference between positive emotions and tone was that positive tone reflected sentiments rather than specific emotions and included positive emotions words (e.g., happy, joy) as well as words related to those emotions (e.g., birthday, beautiful). In contrast, positive emotions were restricted to true emotion labels (e.g., happy) and words that strongly imply emotions, such as laughter (Boyd et al., 2022). Positive tone captured a wider array of positively related words than positive emotions. It may be that a warm, positive tone is a reflection of a positive interaction or relationship between the parent and the child; and it is the quality of this relationship, rather than the tone or content of the conversation per se, which is associated with the development of self-esteem and optimism.

Eisner (1995) proposed that trusting relationships with intimate others impact expectations about future outcomes. Early relational experiences significantly impact one's perception of life and oneself through the internal working model children form as they are developing. A secure attachment provides a sense of relational security, which generalises to other relationships and contexts (Mikulincer & Shaver, 2007). Secure attachment may promote positive emotions and growth by developing resilience and skills (Mikulincer &

Shaver, 2009). A secure attachment is characterised by a warm, nurturing environment that caregivers usually create for their children, and communication is usually warm, sensitive and responsive. Secure parent-child relationships can act as a buffer for the effect of childhood adversities on adult optimism (Korkeila et al., 2004). Additionally, secure attachment promotes a growth-oriented lifestyle and enhances the association between self-esteem and self-concept clarity (Kawamoto, 2020).

As children grow up and enter adolescence, they develop complex and abstract mental representations of attachments and relationships, creating opportunities to revise their internal working models (Allen & Miga, 2010). Children in the current sample are veering closer to adolescence, and the nature of attachment with their caregivers might be beginning to change. Regardless of the evolving dynamic of caregiver-adolescent attachment, caregivers still play a crucial role in providing a secure base for adolescents to explore and form their self-concept and identity throughout this stage of life (Allen et al. 2003). The way caregivers provide this secure base to adolescents during these conversations may be more comprehensive than merely using language filled with positive emotions and tone. It seems likely that the current coding scheme did not adequately capture how caregivers maintain the secure base that enables children to develop higher self-esteem and an optimistic outlook on life, which could explain why no associations were found between caregivers' positive affect and children's well-being.

The findings from the current study should be interpreted with caution. The Linguistic Inquiry and Word Count (LIWC) software was utilised to analyse the presence of positive emotions and tones within caregiver-child interactions, identifying these attributes based on a pre-established dictionary (Pennebaker et al., 2015). While LIWC is effective at capturing a broad spectrum of words associated with positive emotions and tones, it is limited to the words included in its dictionary. This is a significant consideration, as previous research, such

as Salmon & Reese (2016), has shown that caregivers who employ a highly elaborative style in discussions (by posing questions that introduce new information, offering encouragement, affirming the child's contributions, and elucidating the causes and consequences of emotions) aid children in forming a coherent understanding of events—an aspect outside the scope of LIWC. Although LIWC provides preliminary evidence for the associations between the children’s use of positive affect and well-being outcomes, there are additional factors not captured by LIWC that may influence the relationship between how caregivers discuss positive emotions and children's self-esteem and optimism.

To address these limitations, we propose implementing a more robust coding scheme aligned with the broaden and build theory in future research. This theory identifies ten emotions (joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe, and love) that people frequently encounter in daily life. Each emotion is associated with unique appraisal patterns and plays a specific role in expanding an individual's thought-action repertoire and building personal resources. These emotional experiences are suggested not only to enhance immediate psychological capacities but also to contribute to long-term well-being by fostering enduring personal resources. When coding positive conversations, it may be helpful to identify each of these ten emotions to better understand which emotions predominantly arise in caregiver-child discussions about past and future events, and to discern any differences in the types of positive emotions discussed. In particular, research looking at the association between positive emotions and self-esteem should focus on positive emotions relevant to the self (e.g., pride) as conversations focused around more self-salient emotions for the child might be more likely to elicit associations with self-esteem (Brown & Marshall, 2001).

Additionally, the depth of discussion about positive emotions and tones should be coded for elaboration. This involves analysing how often positive emotions are mentioned and the extent to which they are discussed, particularly regarding their causes and functions (e.g., whether the emotion is used to alleviate a negative event or to enhance a positive experience). The 'broadening' aspect of the theory should also be explored to determine if discussions about positive emotions lead to more creative or expansive thinking. Although caregivers and children in the current sample were involved in a conversation, the use of positive emotions and tone was assessed separately for the caregiver and child. Although viewing the content of the conversation separately can better inform how they differ, it likely does not capture the synchrony between the caregiver and the child. To get a better understanding of how children and caregivers interact, we recommend examining conversation in unison to get a better picture of how they 'build' on each other's positive affect. In particular, contingency coding (Svane et al., 2021) may be a helpful approach and could examine, for example, whether one partner's positive comment is 'built on' by the other partner's positive comment, or not.

Furthermore, to gain a comprehensive understanding of the dynamics of these conversations, non-verbal cues such as smiles, laughter, eye contact, and physical touch should be included in the coding scheme, if possible. The following transcript gives an example of how children and caregivers in the current sample have a back-and-forth conversation and build on the positive nature of the conversation.

P: All right. Hockey camp. How do you feel about Hockey Camp? Thank you.
C: Umm. Happy. I like Hockey Camp.
P: What do you like about Hockey Camp?
C: I'm not. I'm thinking.
P: Okay. What do you like about Hockey Camp?
C: Playing hockey.
P: Playing hockey….
C: Good idea.

P: Umm. Playing hockey. What else? There must be other things that you like about Hockey Camp.
C: Hmm. I like that I've got friends there.
P: Yeah. That's cool, right? Yeah.
C: I like playing with (name).
P: (name). Who's (name)? Oh, (name)'s baby. That's right. I've forgot about that. Yeah. Umm. And what else? So there's the hockey. Uh, do you think you're learning stuff? Do you think you're learning some good skills from the Hockey Camp?
C: I learned how to hockey stop.
P: Yeah. So like (name) helped you with that. Or one of the other girls that helps out. Yep. So what else have you learned? Hockey stops. So, you do feel like you're actually taking some of the stuff on board?
C: Mm-hmm.
P: How do you feel like your concentration levels are when you're at Hockey Camp?
C: Fine.
P: Fine because you're moving around at the same time that you're learning.
C: Yeah.

Limitations

This study, while insightful, presents certain limitations. There is a potential for Type 1 errors due to the numerous correlations examined, which could suggest variance that remains unexplained within our findings. Additionally, the research design was cross sectional and correlational, which restricts our ability to infer the directionality of the relationships observed. It is possible that children who are more optimistic and have a higher self-esteem (which can be developed through other interactions and domains of life) have more positive thoughts about the self and the world, and use more positive tone in interactions. Additionally, a large proportion of the sample in the current study is European, therefore generalising findings to other cultures needs to be done with caution. During our coding process, we excluded any parts of the conversation not directly related to the main discussion, such as sibling interruptions and any interactions with the interviewer. Consequently, some elements that may be helpful for fully understanding how parents and children reminisce together may have been omitted. Although the LIWC coding framework gives initial insight on the positive nature of the conversation between children and caregivers, it might not have captured the positive nature of the conversation in depth. To

gain a better understanding, a comprehensive coding framework has been proposed in line with broaden and build theory.

Future Research

The current study provides initial support for an association between positive affect in parent-child interactions and child well-being outcomes, however future studies should expand the initial findings with a more robust coding scheme strongly in line with the broaden and build theory as proposed. Furthermore, the findings of Marin et al. (2008) highlight the importance of specific explanations of positive emotions, rather than general ones, in discussions regarding self-esteem. Future research should therefore focus on the particular positive emotions articulated during conversations, as well as the manner in which they are discussed, to better understand their impact on self-esteem. Given the premise of the broaden and build theory—that experiencing positive emotions broadens thoughts and builds resources over time—we propose conducting a longitudinal study. This study would follow children from early to late adolescence to examine whether experiencing positive emotions is associated with increased optimism and self-esteem over time. Furthermore, as adolescents grow, they often look to their peers for closeness and security. It would be beneficial to include peer interactions in the study to explore how the positive dynamics of these conversations influence adolescents' self-esteem and optimism.

Implications

The current findings have implications for children-caregiver interaction, and their potential to support young adolescents to broaden their thoughts and build resources; developing an optimistic outlook on life, and having a positive self-concept, which can veer them towards a positive trajectory of life. Within the context of Aotearoa, instilling a positive outlook on circumstances can act as a protective factor against psychopathology since adolescence is a stressful time period with significant changes. Although we did not find any

associations between caregiver's positive affect, and children's well-being outcomes, further research is needed to determine if such an association exists, and the nature of it.

Conclusion

To conclude, our study contributes to the existing literature by extending the broaden-and-build theory of positive emotions, suggesting that the tone children adopt when reflecting on past positive conversations is indeed correlated with enhanced well-being outcomes; specifically, maintaining a positive tone appears to foster higher self-esteem, and adopting a positive tone in anticipation of negative events is associated with increased optimism. While these findings offer preliminary correlational support for the broaden-and-build theory, future investigations adopting a more comprehensive coding scheme are important to further investigate the relationship between positive affect and well-being outcomes, particularly within the context of caregiver-child conversations. Exploring this domain could not only deepen our understanding of the protective factors that may steer children and adolescents towards paths of positivity and growth but also could help shape interventions targeted at adolescents at risk of experiencing poorer well-being outcomes.

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