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Emotional Socialization Practices in Residential Care Institutions for Children and Adolescents

Práticas de Socialização Emocional em Instituições de Acolhimento para Crianças e Adolescentes

Prácticas de Socialización Emocional en Instituciones de Acogida para Niños y Adolescentes

Pratiques de Socialisation Emotionnelle dans les Institutions d'Accueil pour Enfants et Adolescents

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Abstract

This article aims to present and discuss the emotional socialization practices adopted by professionals in residential care institutions in response to the emotional expressions of institutionalized children and adolescents, based on the professionals' reports and perceptions. The study included 17 caregivers and five psychologists from residential care institutions located in four municipalities in the Mountain Region of Espírito Santo, Brazil. Data were collected through individual interviews and analyzed using content analysis. The results indicated a predominance of supportive practices, with the use of dialogue, active listening, and physical contact to help residents understand and regulate their emotions. However, distal practices, such as "giving time out" or "distracting," as well as non-supportive practices involving the minimization or suppression of expressed emotions, were also identified. Convergences and divergences were observed between caregivers and psychologists regarding the strategies adopted, highlighting different approaches to emotional management. The findings underscore the importance of emotional support offered to institutionalized children and adolescents and the need for continuing professional education in residential care settings, with a view to strengthening socioemotional competencies and fostering the expression, understanding, and regulation of emotions among residents.

Keywords: socialization, emotional regulation, foster youth, residential care.

Resumo

Este artigo tem por objetivo apresentar e discutir as práticas de socialização emocional adotadas por profissionais de instituições de acolhimento frente às expressões emocionais de crianças e adolescentes acolhidos, a partir dos relatos e percepções desses profissionais. Participaram do estudo 17 cuidadoras e cinco psicólogos de instituições de acolhimento de quatro municípios da Região Serrana do Espírito Santo. Os dados foram coletados por meio de entrevistas individuais e analisados pelo método de análise do conteúdo. Os resultados indicaram predomínio de práticas apoiadoras, com uso do diálogo, escuta e contato físico para auxiliar os acolhidos na compreensão e regulação de suas emoções. Entretanto, também foram identificadas práticas distais, como "dar um tempo" ou "distrair", e práticas não apoiadoras, envolvendo minimização ou supressão das emoções expressadas. Observaram-se convergências e divergências entre cuidadoras e psicólogos quanto às estratégias adotadas, evidenciando diferentes abordagens no manejo das emoções. Discutiu-se a importância do suporte emocional oferecido aos acolhidos e a necessidade de formação continuada para os profissionais do acolhimento, visando o fortalecimento de competências socioemocionais e contribuindo para que os acolhidos expressem, compreendam e manejem as emoções.

Palavras-chave: *socialização, regulação emocional, criança acolhida, acolhimento institucional.*

Resumen

El presente artículo tiene como objetivo presentar y discutir las prácticas de socialización emocional adoptadas por profesionales de instituciones de acogida frente a las expresiones emocionales de los niños y adolescentes acogidos, a partir de los relatos y percepciones de dichos profesionales. Participaron en el estudio diecisiete cuidadoras y cinco psicólogos de instituciones de acogida ubicadas en cuatro municipios de la Región Serrana del estado de Espírito Santo. Los datos fueron recolectados mediante entrevistas individuales y analizados a través del método de análisis de contenido. Los resultados indicaron un predominio de prácticas de apoyo, caracterizadas por el uso del diálogo, la escucha y el contacto físico para ayudar a los acogidos en la comprensión y regulación de sus emociones. No obstante, también se identificaron prácticas distales, como "dar un tiempo" o "distraer", y prácticas no apoyadoras, que implican la minimización o supresión de las emociones expresadas. Se observaron convergencias y divergencias entre cuidadoras y psicólogos en relación con las estrategias adoptadas, evidenciando diferentes enfoques en el manejo de las emociones. Se discutió la importancia del apoyo emocional ofrecido a los acogidos y la necesidad de formación continua para los profesionales de las instituciones, con el fin de fortalecer las competencias socioemocionales y favorecer que los acogidos puedan expresar, comprender y manejar sus emociones.

Palabras clave: *socialización, regulación emocional, niño acogido, acogida institucional.*

Résumé

Cet article vise à présenter et à discuter les pratiques de socialisation émotionnelle adoptées par les professionnels des institutions d'accueil face aux expressions émotionnelles des enfants et des adolescents accueillis, à partir des récits et des perceptions de ces professionnels. Un total de 17 aidantes et cinq psychologues dans des institutions d'accueil de quatre municipalités de la région montagneuse de l'État d'Espírito Santo a participé à l'étude. Les données ont été recueillies au moyen d'entretiens individuels et analysées selon la méthode d'analyse du contenu. Les résultats ont révélé une prédominance de pratiques de soutien, mettant en œuvre le dialogue, l'écoute et le contact physique afin d'aider les personnes accueillies à comprendre et à réguler leurs émotions. Cependant, des pratiques distales ont également été identifiées, telles que « faire une pause » ou « distraire », et des pratiques non soutenantes, impliquant la minimisation ou la suppression des émotions exprimées. On a observé des convergences et des divergences entre les aidantes et les psychologues concernant les stratégies adoptées, mettant en évidence différentes approches dans la prise en charge des émotions. On a discuté de l'importance du soutien émotionnel offert aux personnes accueillies, ainsi que de la nécessité d'une formation continue pour les professionnels de l'accueil, afin de renforcer les compétences socio-émotionnelles et d'aider les personnes accueillies à exprimer, comprendre et gérer leurs émotions.

Mots-clés : *socialisation, régulation émotionnelle, enfant accueilli, accueil institutionnel.*

For children and adolescents living in residential care institutions — many of whom are victims of rights violations due to neglect, violence, abuse, or abandonment, or whose families are unable to fulfill their caregiving and protective roles — the institution represents an important context for socialization and development (Cavalcante & Cruz, 2018). During the period of placement, the institution becomes the immediate environment with the greatest impact on their lives, where they engage in the largest number of activities and roles and establish face-to-face or symbolic relationships (Yunes et al., 2004, p. 209).

Within this context, caregivers and social educators play a central role in daily care and educational practices, becoming the primary agents of socialization for institutionalized children and adolescents. Their caregiving styles, practices, beliefs, values, and socialization goals influence children's learning and developmental processes (Chinn et al., 2021; Kappler & Mendes, 2019). Through these interactions, children are socialized and given opportunities to develop habits, skills, values, and motivations shared within the institutional environment, including learning about emotional expression and emotion regulation (Lewis et al., 2022; Mendes & Kappler, 2018).

The process of emotional socialization enables children to learn how to express, name, recognize, interpret, and regulate their emotions (Kappler, 2021). The recognition, expression, and management of emotions are key aspects of development, with significant implications for interpersonal relationships and mental health. In a study involving 857 adults, Fortes et al. (2022) identified significant positive correlations between positive affect and well-being, as well as a mediating effect of cognitive reappraisal strategies in reducing the impact of negative affect on well-being, underscoring the importance of recognizing and evaluating emotions.

When a caregiver teaches and explains emotions to an institutionalized child, they directly contribute to the development of the child's emotional competencies (Mendes & Kappler, 2018). In this sense, professionals working in residential care institutions are indispensable agents of socialization, helping children experience, identify, and regulate their own emotions. They are responsible for teaching children how to express their emotions and how to perceive them in others, while the sociocultural context shapes the meaning and expression of emotions, establishing display rules and diverse ways of interpreting these manifestations (Mendes, 2018, p. 95). This topic is particularly relevant when considering the experiences of children and adolescents in residential care, as national and international scientific literature has extensively documented associations between institutionalization and socioemotional disorders (Batki, 2018; Kappler, 2021).

A literature review conducted by Vazzoler (2023) reinforced the traditional view of residential care settings as environments characterized by limited affective exchanges and frequently associated with psychosocial deprivation, mental disorders, and a risk of chronic emotional difficulties. Many studies highlighted socioemotional developmental difficulties among institutionalized children and adolescents stemming from adverse experiences prior to placement, such as trauma, abuse, violence, early emotional neglect, and distress related to separation from family members. In addition, challenging aspects of institutional daily life were emphasized, including staff turnover, conflicts among residents, and judicial processes, among others (Batki, 2018; Chinn et al., 2021). Other studies reported difficulties in affective experiences and socioemotional disorders, as well as impairments in emotion regulation and in responding appropriately to emotional expressions (Fries & Pollak, 2004; Mendes & Kappler, 2018).

Despite the well-documented adversities associated with institutionalization, there is a limited body of national research examining emotional competencies and processes of emotion regulation and socialization in residential care settings. Although studies identified in international databases often relate emotional development to pre-institutional experiences, they rarely address emotional socialization practices themselves or how these practices are implemented by residential care professionals. Consequently, the literature highlights how little is known about emotional socialization practices in residential care contexts (Vazzoler, 2023).

Exploring, describing, and understanding these processes may directly inform the guidance of caregiving and educational practices that promote affective development and the adequate management of socioemotional difficulties among institutionalized children and adolescents. It is through interactions and affective exchanges that children find sources of support, comfort, and socioemotional assistance, which help them cope with situations that may involve suffering, stress, and conflict (Moura et al., 2022).

With the aim of contributing to this field, the present study sought to examine, based on the reports and perceptions of caregivers and psychologists working in residential care institutions, the emotional socialization practices adopted in response to the emotional and affective expressions of institutionalized children and adolescents. Specifically, the study aimed to describe the emotional expressions associated with each practice, the strategies or specific actions that comprised each practice, and the convergences and divergences between the accounts of caregivers and psychologists.

Method

This study employed an exploratory qualitative design. Qualitative approaches of this nature allow for the exploration of perceptions and interpretations related to a given research question, contributing to a more in-depth understanding of the experiences and social realities of a specific group (Rossetti-Ferreira et al., 2004). The study was grounded in the theoretical–methodological perspective of the *Rede de Significações* (RedeSig for short). Aligned with sociohistorical and cultural assumptions, this perspective emphasizes interactive processes and seeks to understand human development as a complex phenomenon articulated through multiple elements, such as life history, socioaffective experiences, and contextual constraints. RedeSig also proposes a methodological approach aimed at capturing participants' (inter)actions, emotions, perceptions, and meanings (Rossetti-Ferreira et al., 2004).

Participants

Participants were social caregivers and psychologists working in residential care services (shelters) for children and adolescents. Caregivers were included because they are the professionals who spend the most time interacting with children and therefore act as direct agents of socialization in these contexts (Cavalcante & Cruz, 2018). Psychologists, members of the technical staff, were included because their academic training encompasses specific knowledge related to the affective and emotional aspects of development (Silva et al., 2015). As a general exclusion criterion, caregivers and psychologists who had worked in their role for less than 8 weeks were not included.

The sample comprised 22 participants: five psychologists and 17 caregivers working in residential care institutions located in the Mountain Region of the state of Espírito Santo, Brazil. Data were collected in four cities, all of which were located outside the metropolitan area of the state capital. A literature review indicated that most studies on this topic are conducted in capitals, metropolitan regions, or large cities where universities are typically located. This highlights the relevance and contribution of the present study in giving visibility to the experiences of professionals working in smaller, inland cities.

All four municipalities included in the study have residential care institutions serving children and adolescents of both sexes, ranging in age from 0 to 18 years. These institutions are operated by the Municipal Departments of Social Assistance in each city.

Among the 17 participating caregivers, all were female, aged between 27 and 58 years (mean age = 44.3 years). Educational attainment ranged from incomplete primary education to completed higher education. Length of professional experience in residential care varied from 2 months to more than 16 years. A total of 16 caregivers were mothers, some also grandmothers, and only one reported having no children.

Among the psychologists, four were female and one male, aged between 26 and 49 years (mean age = 32.6 years). All held postgraduate degrees; however, only one psychologist reported postgraduate training specifically in residential care. Two psychologists had less than 1 year of experience in residential care institutions, whereas the others had more than 2 years of experience in this field. Only one participant reported being the mother of a 5-year-old child.

Data Collection Instruments and Procedures

Two instruments were used for data collection: (a) an identification form and professional background questionnaire, and (b) a semi-structured interview guide. The interview guide was organized into two parts. The first part addressed professionals' perceptions of the emotional socialization process, exploring topics such as the emotions most frequently expressed by institutionalized children and adolescents; how residents express, understand, and experience their emotions and respond to others' emotional expressions in daily institutional life; professionals' views of their role as agents in the emotional socialization process; and their perceptions of the importance of developing emotional competencies. The questions in this section were inspired by an interview guide developed by Kappler (2021) to investigate emotional socialization in residential care settings.

The second part of the interview was based on the guide titled Interview on Practices of Socialization of Children's Negative Emotions (Lins, 2018). Participants were shown 4 images of children expressing different emotions (sadness, worry/anxiety, anger, and joy), followed by questions such as "What do you think this child is feeling?" and "What do you do when you are with a child in residential care who is feeling this way?" This approach made it possible to access both participants' interpretations of children's emotional expressions and their responses to these manifestations within the institutional context.

Overall, the instrument was designed to capture perceptions, experiences, and practices related to caregiving and emotional support. After approval by the Research Ethics Committee, data collection was initiated. To ensure confidentiality, each instrument was assigned an identification code for each participant, with names and surnames omitted.

All interviews were conducted individually and in person at the residential care institutions, following scheduling with each shelter's coordination team and at times deemed convenient for both professionals and institutions. With participants' consent, interviews were audio-recorded, allowing for accurate transcription of statements and expressions. Data collection was conducted one municipality at a time. In "Municipality One," two psychologists and five caregivers were interviewed; in "Municipality Two," one psychologist and five caregivers participated; in "Municipality Three," interviews included one psychologist and five caregivers; and in "Municipality Four," participants were one psychologist and two caregivers.

Data Analysis

Data were analyzed using the content analysis method proposed by Bardin (1977). In the first stage, interviews were transcribed verbatim, and careful reading allowed familiarization with the material and identification of themes relevant to understanding emotional socialization in these contexts. The second stage involved categorization and coding of these themes. Based on adapted definitions of emotional socialization "practices" proposed by Lins (2018), two a priori categories

were initially adopted: "supportive practices" and "non-supportive practices." During analysis and organization of coding within these preliminary categories, the need emerged to include a third classification, termed "distal practices." Thus, the analysis combined adapted a priori categories with the inclusion of a new category that emerged from the contextualized analysis of participants' reports.

Based on the categorization of these three types of practices, it was also possible to analyze: i) the emotional and affective expressions of institutionalized children associated with each practice (e.g., sadness, joy, longing); and ii) the specific strategies or actions employed by professionals in each practice (e.g., talking, asking questions, distracting, ignoring, invalidating). Similarities and differences between caregivers' and psychologists' reports were also mapped. Expressions mentioned by both groups were classified as "convergent," whereas those mentioned by only one group were classified as "divergent."

Finally, the third stage involved refining this categorization through the organization of tables containing excerpts of participants' statements as well as the "emotions" and "actions/strategies" associated with each practice. The construction of tables facilitated the identification of convergences and divergences. Presentation of this organized material to a research group experienced in content analysis contributed to refining the analysis, ensuring external validation and collective discussion of data.

Ethical Procedures

The study was approved by the Research Ethics Committee (approval no. 5.516.861), in accordance with Resolution No. 466/2012 of the Brazilian Conselho Nacional de Saúde. Through the informed consent process, participants were informed about the objectives, methodologies, justifications, and potential risks and benefits of the study. To ensure confidentiality, the names of the municipalities and residential care institutions were omitted, and participants were identified using codes. At the conclusion of the study, feedback meetings were held in each municipality to present the results, addressing aspects related to emotional socialization processes within those residential care contexts.

Results

Based on the analysis of the interviews, emotional socialization practices were categorized into three groups: supportive, non-supportive, and distal practices. Supportive practices were defined as those adopted by professionals that contributed to the experience, understanding, and coping with the emotions expressed by institutionalized children and adolescents, providing support for their emotional experiences. The actions and strategies associated with these practices were diverse and included asking questions (about the emotion or how the child was feeling), initiating conversations, explaining, comforting, hugging, suggesting, advising, and welcoming. These actions involved listening to the child or adolescent, allowing them to express their emotions, whether related to pleasurable and comforting experiences (e.g., joy) or to distressing and uncomfortable experiences (e.g., anguish, worry, or sadness).

Non-supportive practices were those that tended to avoid, disregard, or suppress a given emotional expression, thereby contributing to emotional suppression. More specifically, non-supportive practices included ignoring, minimizing, mocking, laughing at, denying, silencing, or invalidating the emotions expressed by children and adolescents. These practices did not provide support nor help the child or adolescent experience, understand, or process emotions and affectivity during their expression.

Finally, distal practices were defined as strategies used by professionals to divert attention away from emotional expressions while they were occurring, particularly when these expressions involved discomfort or suffering. When adopting a distal practice, the professional acknowledged the emotional state and its impact on the child or adolescent but assumed a passive and decentering stance toward that emotion. This stance could involve waiting for time to pass (based on the belief that time heals or changes emotional states), creating distractions (shifting the focus of attention) to calm or alter emotionality, or giving the child or adolescent space and time to reflect alone. These practices did not aim to name, understand, interpret, or directly address emotions or affects, as in supportive practices, nor did they seek to deny, suppress, or ignore them, as in non-supportive practices. Instead, distal practices shifted attention to other contexts, thereby decentralizing the professional's role as an agent of emotional support and meaning-making.

Table 1 presents the emotional–affective expressions associated with each of these emotional socialization practices, considering convergences and divergences between caregivers and psychologists. Table 2 presents the strategies and actions related to each practice.

Table 1

Emotional–affective expressions: convergences and divergences between caregivers and psychologists

Emotional socialization practices	Convergent (caregivers and psychologists)	Divergent – caregivers	Divergent – psychologists
Supportive	Sadness; longing; anger/ revolt; anxiety	Joy; discouragement; stress; jealousy	Anguish; guilt; worry; fear; hatred; neediness
Distal	—	Anger/revolt; sadness; longing; stress	Anguish/anxiety
Non-supportive	—	Anger/revolt; stress	Anguish/anxiety

Table 2

Emotional socialization practices: convergences and divergences between caregivers and psychologists

Practices	Convergent (caregivers and psychologists)	Divergent – caregivers	Divergent – psychologists
Supportive	(17) Talking/asking questions; (11) Establishing physical contact	(04) Providing care	(05) Using techniques
Distal	Giving time (nine caregivers; one psychologist)	(11) Distracting	—
Non-supportive	—	(05) Ignoring; (02) Invalidating	(01) Redirecting

Supportive Practices

As shown in Tables 1 and 2, the use of supportive practices was reported by all participants, including both social caregivers and psychologists. Convergent supportive practices were most frequently associated with emotional and affective expressions of sadness, longing, anger/revolt, and anxiety. Divergences were also observed. Specifically, only caregivers reported using supportive practices in response to expressions of joy, discouragement, stress, and jealousy, whereas psychologists reported employing supportive practices when faced with expressions such as anguish, guilt, worry, fear, hatred, and neediness.

Among the emotional and affective expressions cited in relation to supportive practices, those indicating suffering and discomfort were the most prominent. Most of the emotions perceived, named, and acknowledged by professionals referred to negative emotional states. However, supportive practices related to "joy" were reported exclusively by caregivers, who mentioned them even more frequently than anxiety or anguish. In contrast, psychologists did not report any positive emotional expressions associated with supportive practices.

Regarding the strategies that comprised supportive practices (Table 2), all were divergent between professional groups. Caregivers highlighted "talking/asking questions" and "establishing physical contact," whereas psychologists emphasized "providing care" and "using techniques." Although both groups employed dialogue, differences emerged in how it was conducted. Caregivers typically engaged in everyday conversations during routine care, aiming to understand the situation, whereas psychologists adopted a technical approach focused on psychological care, seeking to promote understanding and reflection about emotional experiences.

Supportive practices reported by caregivers, particularly "talking/asking questions" and "establishing physical contact," were especially salient in their narratives and were most frequently used in response to expressions of sadness and longing. To address longing, these strategies included listening, comforting, calming, going to the child's bed, and gently stroking their head until they fell asleep:

> (...) We listen! First, we listen to what they have to say. Then we try to find the best way to help, or say a comforting word, or give a hug. Because they miss [their families]! And what they are missing at that moment is affection (...). (08, M)

To address sadness, strategies involved giving attention, offering care, understanding what was happening, and creating spaces for dialogue. This was achieved through questions, explanations, and the sharing of personal experiences, with the aim of fostering closeness between the caregiver and the child or adolescent. The strategy of "establishing physical contact" included actions such as kissing, hugging, holding the child, expressing affection, crying together, offering advice, and providing help. The following excerpts illustrate these practices: "(...) I hug them. Sometimes I even cry with them. There's a sadness… Then I ask what happened. Do you want to tell me? Do you want to talk? (...)." (12, C); "(...) I try to

welcome her, you know? Care for her… Hug… Talk… Try to understand why, and help (...).” (16, J); “(...) We explain, right? That the sadness she’s feeling is because of this and that. But that it will get better… And then joy comes (...).” (10, M). Still in relation to sadness, two caregivers mentioned the use of drawing as a strategic resource. This supportive practice was described as a way to approach and explain sadness through shared drawing activities, complementing the “talking/asking questions” strategy and facilitating dialogue and listening.

Among psychologists, the most salient supportive practices reported by all participants were “providing care” and “using techniques.” The strategy of “providing care” was associated with individual and group sessions and involved dialogue (talking and asking questions) to establish bonds with children and adolescents, as well as attentive listening and a welcoming stance during sessions and in everyday relationships within the institution: “(...) Anger is something they bring up a lot in sessions and in situations that happen at the shelter. When we sit down in sessions to talk about it, I usually ask about emotions, about feelings (...).” (01, PM); “(...) We have to welcome and listen to everything they bring to us, to understand what they are going through, what they are feeling, and then guide them. Most of those who arrive don’t know how to name their feelings (...).” (03, PM).

Through this strategy, psychologists sought to understand the children’s life histories and adopted a professional stance that transformed care into a space for explanation, guidance, reflection, understanding, and emotional processing: “(...) I try, through dialogue, to talk and explain what is happening. To make them express in some way what they are feeling, why they are feeling it, and to reflect on these feelings (...).” (02, PM). In addition, “providing care” was described as supporting emotional learning and promoting knowledge about emotions. All psychologists reported efforts to help children identify, understand, name, and recognize their emotions.

The strategy of “using techniques” involved playful and reflective resources, such as constructing timelines, creating thematic posters, storytelling, case discussions, building emotional pathways, journaling, drawing, games, digital games, and breathing exercises. Across all supportive practices using these techniques, the aim was to work directly with emotions, feelings, and affects, addressing experiences related to arriving at, staying in, or leaving the institution; adoption processes; romantic relationships and sexuality; family and visitation; rights violations; and school-related issues. One psychologist explained: “(...) It’s mostly through conversation. Then I tell a story or we try to talk about these issues (...). I usually do it this way, through conversation, or with a story from a book (...).” (05, PM)

Supportive practices were more frequently reported by caregivers during moments such as a child’s or adolescent’s arrival at the institution, situations involving longing for family, and contexts related to family visits. These moments were linked to family absence, such as on visiting days or when judicial authorization for visits was denied. Psychologists, in turn, reported using supportive practices in response to children’s and adolescents’ desire to leave the institution and return to their families, addressing the need to understand the reasons for placement and the lack of family contact. They also mentioned employing supportive practices during discharge processes, whether through family reintegration or adoption.

Distal Practices

In contrast to supportive practices, which were reported by all participants, distal practices were mentioned by a smaller number of professionals: 12 caregivers and only one psychologist. No convergence was observed between caregivers and psychologists regarding the emotional and affective expressions associated with these practices. Caregivers reported using distal practices in response to expressions of anger/revolt, sadness, longing, and stress, whereas the psychologist reported using them in response to anxiety and anguish. Once again, negative emotions predominated as triggers for emotional support practices.

Regarding the strategies characterizing distal practices, Table 2 shows that the only convergent strategy was “giving time,” reported by both professional groups. Eight caregivers mentioned “giving time” as a way of managing emotions such as sadness, anger/revolt, and longing, while one psychologist reported using this strategy to deal with anguish and anxiety. The strategy of “distracting,” however, was cited exclusively by caregivers and was the most frequently mentioned among 10 of them.

When facing expressions of sadness, caregivers emphasized “distracting” children and adolescents to help them forget distressing situations. Play was highlighted as a key strategy for redirecting attention to another emotional state: “(...) When they’re sad, we get a little game or toy to take them out of that situation. A domino game or even cards. And over time, they end up forgetting it, right? (...).” (01, N). Various activities and games were mentioned. Some caregivers played with the children, while others encouraged them to play alone or with peers. These practices were associated with expressions of sadness, longing, anger/revolt, and stress. Dialogue was also used as a form of distraction, such as talking with the child upon arrival at the institution about meeting new friends, or suggesting taking a shower and putting on nice clothes.

With regard to “giving time,” caregivers reported that allowing a pause enabled children and adolescents to be alone, calm down, and understand their emotions. This strategy was accompanied by attentive observation, discreet presence at a distance, and readiness to talk when requested. One caregiver explained:

(...) I see them in a corner and go over to check. Do you want to talk? They shake their head no. I just say, I'm here, when you want, at your time, at the right moment, you come to me. That moment never comes. Because usually what they feel is longing (...) (14, C).

Another caregiver described decentering the emotional focus by giving time: "(...) Anger? Revolt… it's because they want to break things (...). So you have to give a little pause, you know? Let them have their own time too (...)." (12, C).

In the case of the psychologist, a distal practice was employed during a session in which an institutionalized adolescent expressed anguish/anxiety and a desire to harm herself, specifically through cutting. Faced with the complexity of the situation and the challenges inherent in managing the emotion being expressed, the professional reflected on the most appropriate course of action. He reported that, although he understood the adolescent's emotional and affective expression, he chose to remain silent and to wait for the urge to pass. In his own words:

(...) There have been moments when an adolescent had a crisis and wanted to cut herself in the middle of a session. How are we supposed to deal with that in real time? So it's about giving space in that moment, staying silent, because there's nothing that can be done right then. At that moment, it's about waiting a little for the urge to pass (...) (01, PM)

Based on these accounts, it can be observed that distal practices were used by caregivers primarily in response to emotions related to longing for family and for community life prior to institutionalization. These practices also emerged in situations associated with rules and limits, especially when they conflicted with the preferences of children and adolescents regarding bedtime, personal hygiene, or restrictions on staying out at night, among other aspects. For the psychology professional, the use of a distal practice was observed in a mental health–related context, during the care of an institutionalized adolescent experiencing self-harm.

Non-supportive Practices

Non-supportive practices were less frequently reported in participants' accounts. Only one psychology professional mentioned using a strategy classified as non-supportive, and no convergences were observed between caregivers and psychologists regarding these practices. Caregivers reported adopting non-supportive practices when dealing with expressions of anger/revolt and stress, whereas the psychology professional reported using them in response to anguish/anxiety. Caregivers mainly described actions such as "ignoring" and "invalidating," while the psychologist mentioned attempts to "redirect."

The strategy of "ignoring" was reported by four social caregivers and was consistently adopted in response to expressions of anger/revolt. Actions characterizing this practice included leaving the child or adolescent alone, pretending not to notice them, remaining silent, disregarding the situation, "letting it go," withholding attention, and distancing oneself. The following excerpts illustrate how caregivers applied these practices: "(...) When I see that she's angry, I leave her alone, let her think (...)." (02, N). "(...) Sometimes I try to ignore it. I pretend I'm not seeing it. I stay silent. I just keep watching, staying quiet, you know? (...) And then… when I stay silent… they come back to me. 'Auntie, I'm sorry' (...)." (04, N).

The strategy of "invalidating" was reported by two caregivers and was associated with expressions of anger/revolt and stress. This practice involved asserting that the child or adolescent should not feel a particular emotion or affect. When emotions such as anger or stress were expressed, caregivers indicated that these feelings were not acceptable, imposing a form of prohibition or control over what the child or adolescent should or should not feel: "(...) We feel it and say no, that they can't… depending on what made her stressed… we say she can't. She can't be like that, stressed (...)." (01, N).

The non-supportive practice reported by the psychology professional consisted of attempting to "redirect" the follow-up care of institutionalized children and adolescents who sought help with emotional and affective issues to another professional. The psychologist understood that responsibility for addressing emotional concerns, including identifying, naming, and recognizing emotions, belonged to psychologists working in the health sector, rather than those working in social assistance: "(...) I don't provide follow-up. When we identify that need, we usually refer them to health services (...)." (04, PM).

Finally, caregivers reported that situations in which non-supportive practices were used typically involved moments when the child or adolescent was frustrated or did not obtain what they wanted, such as wanting to watch television during study time, wishing to return to their family upon arrival at the institution, or having to wait for judicial decisions regarding family visits. For the psychologist, the non-supportive practice was associated with the professional's perception of role boundaries, considering that developing support strategies for emotional understanding did not fall within their responsibilities, but rather within the scope of psychologists working in health or clinical settings.

Discussion

In the accounts of caregivers and psychologists, sadness, longing, anger/revolt, and anxiety emerged as the predominant emotional expressions among children and adolescents in residential care. Thus, a predominance of emotions indicative

of suffering, trauma, and discomfort was observed, highlighting the need for management and emotional support of these affective expressions. This finding is consistent with the scientific literature and is related both to experiences prior to institutionalization, such as neglect, violence, ruptures, trauma, abandonment, and exposure to multiple risk and social vulnerability factors, and to the impacts of institutionalization on developmental processes (Moura et al., 2022).

As noted by Rodrigues and Prebianchi (2021), a child's or adolescent's arrival at a residential care institution entails a series of significant life changes and mobilizes multiple stressors, including insecurity arising from separation from family, the need to build new relationships within the institution and at a new school, and the social stigma associated with institutional placement. Together, these factors trigger feelings of threat and loss of a perceived source of protection, posing risks to both physical and mental health (Rocha et al., 2023). Consequently, institutionalized children and adolescents are highly vulnerable to stress, exposed to fear, irritability, or even excitement and enthusiasm, while still facing the profound challenge of adapting to a new situation, often without a sufficiently developed repertoire of strategies to manage this range of emotional experiences (Rodrigues & Prebianchi, 2021).

For this reason, promoting emotional resilience is particularly important in this context, through strengthening activities that foster trust, safety, self-esteem, self-efficacy, autonomy, and creativity, as well as activating protective factors, supportive relationships, and motivational actions aimed at reducing negative reactions and the impact of stress (Conzatti & Mosmann, 2015; Rocha et al., 2023). It is necessary to move beyond a traditional focus on suffering alone and to value the promotion of positive emotions, such as joy, satisfaction, and well-being, as fundamental to health and quality of life (Conzatti & Mosmann, 2015; Moreira et al., 2021).

However, a noteworthy finding of the present study is that none of the psychology professionals mentioned acting in response to positive emotions. This invisibility may be related to the historical trajectory of psychology training, which has traditionally focused on "abnormal" aspects, pathology, "deviations," and disorders (Paludo & Koller, 2007). Thus, the challenge of balancing attention to health-promoting and well-being–enhancing aspects with the management of trauma-related suffering is not limited to residential care settings, but represents a broader challenge for psychological science and professional training in psychology (Paludo & Koller, 2007). Rethinking training and practice is essential to ensure that professionals are prepared not only to address trauma-related experiences, but also to strengthen caregiving environments that promote socioemotional development and positive affective experiences (Guerra & Prette, 2020).

In addition, the role of public policies is fundamental in improving working conditions within residential care settings. Work overload focused on physical care, emergencies, and problem-solving, as reported in several studies (Czelusniak et al., 2023), may restrict opportunities to strengthen socioemotional competencies and potentials, such as hope, empathy, and happiness.

Along these lines, it is especially important to strengthen the promotion of supportive emotional practices, enabling professionals in residential care services to provide emotional support for coping with stressors, assist children in identifying their emotions and feelings, encourage and validate emotional expression, and promote their capacity to recognize, manage, and confront adverse situations. As demonstrated by Curvello (2021) and Lins (2018), supportive practices facilitate emotion regulation mechanisms and contribute to emotional and affective well-being.

In the present study, supportive practices proved to be fundamental in fostering emotional engagement between professionals and institutionalized children and adolescents, offering support and attention to those in situations of vulnerability. All caregivers and psychologists reported efforts to help residents identify, understand, name, and recognize their emotions. Dialogue-centered strategies, such as "talking/asking questions" among caregivers and "providing care" among psychologists, emerged as crucial resources for supporting the understanding and management of a range of emotions, including sadness, anger, joy, and anxiety.

The use of dialogue and active listening enabled professionals to identify the circumstances surrounding emotional expressions, allowing them to provide guidance and support. Complementarily, physical contact, expressed through gestures such as hugs and kisses, played a significant role in promoting comfort, affection, and physical presence. Thus, in this study, supportive practices were essential in creating a safe and welcoming environment, fostering conditions conducive to emotional expression and understanding. Similar findings were reported by Kappler (2021), in which social educators described working with children's emotions through dialogue, listening, and guidance regarding affective states. However, observational analyses in that study indicated a greater prevalence of support related to basic care (feeding, hygiene, and clothing), with actions related to socioaffective competencies accounting for only 15% of observed practices. In the study by Czelusniak et al. (2023), caregiving actions were similarly centered on physical care, accompanied by caregivers' insecurity in responding to children's emotional demands, which were often delegated to the technical team.

In light of these findings, an important counterpoint emerges: despite the relevance of supportive practices identified in the present study, such as dialogue, active listening, and physical contact, it is essential to acknowledge the challenges and limitations of institutional daily life. These include well-documented weaknesses in social policies, such as high service demand, insufficient staffing, lack of adequate training, high staff turnover, low wages, and difficulties in providing individualized care (Czelusniak et al., 2023; Moura et al., 2022). These constraints highlight the need for investment in research, public policies, and programs capable of enabling caregiving and protection environments that offer consistent

emotional support and continuity of relationships, thereby promoting the socioemotional development of institutionalized children and adolescents.

Compared with supportive practices, non-supportive practices were mentioned less frequently by both caregivers and psychologists, reinforcing the extent to which professionals sought activities that provided support, attention, and listening aimed at children's and adolescents' emotional well-being. Nevertheless, non-supportive practices, such as "ignoring," "invalidating," and "redirecting," were identified as approaches that, rather than supporting emotional expression and experience, tended to minimize, disregard, invalidate, or even punish emotional expressions.

The strategy of "ignoring," reported by caregivers, was primarily used in response to expressions of anger or revolt. This involved leaving the child alone, pretending not to notice them, withholding attention, or disengaging while the emotion was being expressed. As discussed by Lins (2018), such strategies may lead children to feel rejected or unheard, potentially exacerbating their emotional distress. The strategy of "invalidating," also reported by caregivers, involved telling children that they should not feel certain emotions, such as anger or stress. Once again, strategies of this kind deny the legitimacy of children's and adolescents' emotional experiences and may induce feelings of guilt for experiencing such emotions. Rather than offering support and understanding, these practices may intensify emotional stress (Lins, 2018) and have significant implications for emotional well-being, as they hinder the healthy expression and processing of emotions (Curvello, 2021).

Situated between supportive and non-supportive practices, the present study identified a category termed distal practices, grounded in the shared understanding among professionals that time and space can serve as resources when responding to certain emotional expressions of institutionalized children and adolescents. Specifically among caregivers, distal practices involved the strategies of "distracting" and "giving time." The strategy of "distracting" consisted of redirecting the focus of attention by offering alternative activities that helped residents cope more lightly with their emotions. This strategy included play, games, outings, and other forms of entertainment, functioning as temporary "pauses" from negative emotional states. In contrast, the strategy of "giving time" was used by caregivers as a form of distant support, characterized by a discreet presence that allowed children and adolescents space and time to process their emotions, respecting their temporary wish for isolation.

In these cases, distal practices reflected sensitivity to the recognition that each child or adolescent has different ways of dealing with emotions and may require time and space to find their own means of managing them. Thus, caregivers demonstrated attentiveness to the individual emotional needs of residents when employing distal practices. Nevertheless, it is important to remain cautious regarding the excessive use or inadequate management of these strategies. Although distal practices may be helpful in certain circumstances, their overuse can limit opportunities to understand and support children and adolescents in recognizing and more effectively coping with their emotions. In some situations, these practices may even intensify negative emotions during the period in which time or space is granted.

In Kappler's (2021) study, the temporary nature of emotions was also frequently mentioned by social educators, who reassured children that "this situation will pass," leading actions such as "distracting" to be categorized as "attention shifting" toward other activities. Caregivers associated these strategies with insecurity in dealing with emotions such as sadness and described them as the only option they perceived as available to help, noting that limited knowledge of the child's life history was also a complicating factor. According to Kappler (2021), shifting the child's attention when they are struggling to understand what they are feeling may lead them to believe that their emotions should not have (or do not have) importance for others and for themselves. In a similar vein, Lins (2018) classified practices involving actions such as "distracting" and "giving time" as non-supportive practices.

Among the participants in the present study, only one psychology professional reported using a distal practice, also through the strategy of "giving time." This situation involved a child expressing a desire to self-harm by cutting. Because of the severity of the emotional state and behavior expressed, caution is warranted when offering time and space, with careful consideration of the contexts in which this practice may increase risk and vulnerability. Experiences involving self-harm have become a recurrent and growing concern in institutions serving this population. As discussed by Silva et al. (2022), such events are deeply distressing for professionals, families, and, above all, for children and adolescents themselves. In situations involving risk of self-harm, it is essential to seek alternatives that make emotional suffering more tolerable. Possible actions include offering or expanding strategies that enhance frustration tolerance and reduce the pressure and tension caused by stressful events (Silva et al., 2022). In these cases, strategies involving emotional distancing may intensify feelings of indifference, loneliness, and isolation.

Overall, the findings underscore the need for greater sensitivity and training among professionals to effectively address the emotional and affective needs of institutionalized children and adolescents. They highlight the importance of emotionally supportive and sensitive approaches in caregiving practices, respecting residents' emotional needs and contributing to their overall well-being, as also emphasized by Kappler (2021). Accordingly, adequate training and emotional support for professionals working in residential care settings are essential, since, as noted by Pozzobon et al. (2023), professionals must have appropriate tools to manage emotions in a sensitive and constructive manner.

In addition to training and capacity building, the process of selecting professionals for residential care services should also be rigorous. As described by Furtado et al. (2019), given the high complexity of this work, professionals should possess

more than experience in childcare and basic care; their socioemotional skills should also be assessed, including empathy, tolerance, patience, affective availability, ability to manage conflict and separation, active listening, and emotion regulation. Studies such as that by Lewis et al. (2022) demonstrate that the quality of care provided to institutionalized children and adolescents is directly related to the professional profile, particularly interpersonal competencies and the ability to establish affective bonds. Strengthening both training and selection processes may therefore contribute to improving the quality of residential care services and to fostering the affective development of institutionalized children and adolescents.

Final Considerations

This study described emotional socialization processes in residential care institutions for children, based on the perspectives of social caregivers and psychologists. Among the main findings, the prominent use of supportive practices centered on dialogue stands out, with the aim of fostering children's and adolescents' understanding and reflection on their feelings and, above all, providing emotional comfort. These practices proved to be fundamental for offering support, attention, and emotional engagement with institutionalized children and adolescents. In this regard, the study highlights the importance of residential care institutions providing emotional support to help children and adolescents identify, express, and manage their emotions, thereby contributing to emotion regulation, stress coping, and the promotion of affective well-being.

Non-supportive practices were also identified, as well as professionals' insecurities in managing emotions and, in some cases, a lack of recognition of their role as agents in this process. These findings underscore the relevance of investing in training spaces that promote awareness, skill development, and adequate professional preparation to support emotional needs and foster socioemotional competencies within residential care settings.

Regarding study limitations, emotional socialization practices were examined exclusively through self-reported data, without the inclusion of observational data in naturalistic contexts. Direct observation could provide a more comprehensive understanding of interactional dynamics and practices adopted in response to emotional expressions. Additionally, the study could benefit from incorporating the perspectives of other professionals, such as social workers and institutional coordinators, and, most importantly, from the viewpoints of children and adolescents themselves. Future studies should also more extensively examine distal practices and the impacts of strategies such as "giving time" and "distracting." Nevertheless, the present research contributes to the discussion of important indicators of care for institutionalized children and to the promotion of their development, well-being, and mental health. Beyond this, the study advances the application of the theoretical framework of emotional socialization, expanding knowledge in the field and highlighting this process within a specific context of socialization: the collective and institutional caregiving environment.

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