The Moderating Role of Dysfunctional Parent-Child Relationships on the Association Between Outward Anger Expression and Physical Health in Youth From Low-Income Families

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ABSTRACT

Objective: The purpose of this study is to examine the role of outward anger expression on physical health outcomes (number of illnesses in the past year, 2-year medical service utilization, and health-related quality of life) while also expanding on previous research by assessing the moderating effect of parent-child dysfunction.

Method: An ethnically diverse sample of 125 children, ages 8 to 11 years, was recruited from a family medicine practice serving a low-income population.

Results: High levels of outward anger expression were related to a greater number of illnesses, greater medical service utilization, and lower health-related quality of life. Additionally, worse parent-child dysfunction exacerbated this relationship for a number of illnesses and medical service utilization.

Conclusion: Results suggest that health care providers should consider the influence of environmental and familial factors on the physical health of children with anger. Recommendations for identifying at-risk youth and improving anger expression as well as parent-child relationships are provided. J Pediatr Health Care. (2016) *30*, 366-373.

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KEY WORDS

Anger expression, parent-child dysfunction, low-income youth, physical health

Previous literature indicates that anger in adults is predictive of worse physical health and well-being, including increased risk of cardiovascular disease, ulcers, and hypertension, as well as decreased

immune functioning (Johnson, 1990; Kubzansky, Cole, Kawachi, Vokonas, & Sparrow, 2006; Sutin et al., 2010; Wilcox, King, Vitaliano, & Brassington, 2000). Although extensive research has been performed to examine the relationship between anger and health in adults (e.g., Hawkins & Cougle, 2011; Sutin et al., 2010), relatively little is known about this construct in youth. Results from studies that have examined this relationship in youth have found that anger may lead to a variety of negative health outcomes (e.g., Johnson, 1990; Kidwell et al., 2015), but more research is needed to fully understand these constructs. For example, family and environmental factors such as parent-child relationships may buffer or exacerbate the negative effects of a child's anger, yet the research examining the influence of environmental variables and youth anger is limited (Repetti, Taylor, & Seeman, 2002).

Of the studies that investigate the relationship between anger and health in youth, even fewer examine this relationship in a general pediatric population. In fact, most studies that examine the anger-health construct do so in youth with clinical mental health conditions or chronically ill samples of children. In these populations, anger is often related to worse perceived health, as well as an increased number of illnesses (Piko, Keresztes, & Pluhar, 2006). Although research within the general population is limited, findings indicate that outward anger expression in youth is related to important health behaviors (e.g., sleep) and outcomes (Kidwell et al., 2015). More specifically, in a recent study examining the differential relationship between inward and outward expressed anger, youth expressing outward anger had greater mental and physical health problems (Kidwell et al., 2015). Although the study by Kidwell et al. (2015) suggested an association between outward anger and children's health, its examination of the role of anger in physical health was limited by using only a single measure of physical health and a lack of attention to potential moderators of the relationship. The present study builds on the research by Kidwell et al. (2015) by focusing on anger and physical health, including multiple measures of child health, and adding an examination of a potential family-level moderator of the anger-health relationship. The current study provides a critical contribution to the literature because it establishes for the first time the connection between physical health and anger on *multiple dimensions* of physical health and explores environmental factors to assist health care providers in determining who is most at risk for experiencing poor health outcomes.

The parent-child relationship represents an important influence on child health and a potential moderator of the anger-health association (Repetti et al., 2002). Research strongly supports the theory that the physical health of children is closely related to the family environment. For example, children raised in warm and supportive networks are more likely to maintain their physical stability, whereas children raised in aloof, neglecting families are at an increased risk of poor physical and mental health behaviors and outcomes (Repetti et al., 2002). Additionally, when examining family conflict and physical health, researchers found that when children experienced a high level of conflict within their households, they had an increased risk of illness up to 13 years later (Lundberg, 1993). A more recent study indicated that childhood stress, often caused by poor family functioning, was associated with chronic illness, heart disease, and worsened immune system functioning later in life (Middlebrooks & Audage, 2008). Thus, it appears that positive parent-child relationships are beneficial to children's mental and physical health, whereas unstable relationships may be detrimental to children even after they become adults. Therefore, it is possible that greater parent-child dysfunction exacerbates the effects of anger on a child's physical health.

In addition to examining anger and child health in the general population, assessing this relationship may be of even more importance in low-income populations. Research shows that persons in low socioeconomic environments often experience increased psychosocial risk factors and therefore are at greater risk of disease, aggressiveness, and hostility (Leventhal & Brooks-Gunn, 2000). Studies examining socioeconomic status (SES) and health report that children of poorer families have higher cortisol levels, putting them at an increased risk of health problems (Lupien, King, Meaney, & McEwen, 2001). Considering that youth from low-income families may have increased psychosocial risk factors (e.g., parent-child dysfunction) and be at greater risk for outwardly expressed anger and poor physical health outcomes, examining the moderating role of parent-child dysfunction on the relationship between anger and physical health in this sample is particularly salient.

Consistent with a biopsychosocial framework, our model explains children's physical health ("bio-") by examining youth anger ("psycho-") in the context of the relationship with the parent ("social"). This theory is useful for understanding the complex factors that interact to produce physical health problems in children (Engel, 1977; Suls & Rothman, 2004). Based on previous research and theory, in the present study we aimed to expand on the study by Kidwell et al. (2015) by examining associations with other health variables and to build on associational findings by exploring a family-level moderator. Recognizing the multidimensional nature of youth health, we hypothesized that there would be a relationship between outward anger expression and physical health across a variety of indicators (including number of illnesses in the past year, 2-year medical service utilization, and health-related quality of life [HRQL]), with higher levels

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