



Negative emotional reactivity moderates the relations between family cohesion and internalizing and externalizing symptoms in adolescence[☆]

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ABSTRACT

Lower family cohesion is associated with adolescent internalizing and externalizing problems. However, there are likely individual differences in youth's responses to family processes. For example, adolescents higher in negative emotional reactivity, who often exhibit elevated physiological responsivity to context, may be differentially affected by family cohesion. We explored whether youth's negative emotional reactivity moderated the relation between family cohesion and youth's symptoms and tested whether findings were consistent with the diathesis-stress model or differential susceptibility hypothesis. Participants were 651 adolescents ($M = 12.99 \pm .95$ years old; 72% male) assessed at two time points (Time 1, ages 12–14; Time 2, age 16) in Pittsburgh, PA. At Time 1, mothers reported on family cohesion and youth reported on their negative emotional reactivity. At Time 2, youth reported on their symptoms. Among youth higher in negative emotional reactivity, lower family cohesion predicted higher symptoms than higher family cohesion, consistent with the diathesis-stress model.

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Internalizing and externalizing symptoms often develop in adolescence, may persist into adulthood, and are associated with numerous negative sequelae (e.g., decreased academic achievement, peer rejection) (Keiley, Lofthouse, Bates, Dodge, & Pettit, 2003; Lösel & Slemming, 2012; Masten et al., 2005). Internalizing symptoms may manifest as social withdrawal, anxiety, and depression, whereas externalizing problems often manifest as hyperactivity, aggression, and destructive behavior. Given the negative sequelae associated with internalizing and externalizing problems, it is critical to identify factors associated with risk or resilience for symptom development, which can inform intervention and prevention efforts.

One contextual factor that may influence risk for internalizing and externalizing symptoms among adolescents is family cohesion. Although many studies have examined links between parent–child relationships and youth symptoms (e.g., Bates, Pettit, Dodge, & Ridge, 1998; Pluess & Belsky, 2010; Zarra-Nezhad et al., 2014), family members are affected by each other's emotions and behaviors which, in turn, may influence how members of the family function individually (Cavendish,

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Montague, Enders, & Dietz, 2014). Family cohesion can be defined as shared affection, support, commitment, and helpfulness that family members exhibit towards each other (Barber & Buehler, 1996; Moos & Moos, 1974). This family process may mitigate risk for symptoms during adolescence, a developmental period characterized by vast changes in neurobiology, emotion, and social interactions (Barber & Buehler, 1996; Drabick & Steinberg, 2011). Cohesive families may have more harmonious interactions and be dedicated to amicably solving problems. In highly cohesive families, family members may feel a greater commitment to helping each other (e.g., adolescents), which could involve assisting youth in responding adaptively to social challenges or modeling how to manage negative emotions (Morris, Silk, Steinberg, Myers, & Robinson, 2007; Richmond & Stocker, 2006). Among less cohesive families, some family members may not feel a sense of belonging, may feel less dedicated to supporting youth within the family, or may experience poorer communication and more contentious disputes. Youth in these settings may thus experience heightened levels of emotional distress, negative affect, and emotion dysregulation (Carthy, Horesh, Apter, & Gross, 2010; Smets & Hartup, 1998).

Not all children are affected in the same manner by family cohesion, suggesting that child-specific attributes, such as negative emotional reactivity, may influence these relations. Similar to the construct of negative affectivity (i.e., the degree to which one experiences emotions such as sadness, fear, or anger) (Nigg, 2006; Watson & Clark, 1984), negative emotional reactivity refers to one's propensity to exhibit higher arousal when exposed to sensory stimuli, negative emotions (e.g., fear), and negative cognitions (e.g., helplessness) (Caprara et al., 1985; Davidson, 1998). Youth higher in negative emotional reactivity may experience higher levels of hypervigilance and interpret benign or ambiguous situations as harmful, which may increase their distress, feelings of vulnerability, autonomic arousal, and anxiety symptoms (Buehler & Welsh, 2009; Schneiders et al., 2006). Youth higher in negative emotional reactivity may also become overwhelmed with their emotional states, which may prompt aggression to mitigate stressors that are perceived as threatening (Sanson, Hemphill, & Smart, 2004; Zeman, Shipman, & Suveg, 2002). In contrast, youth lower in negative emotional reactivity may experience higher sensory thresholds, decreased physiological arousal, and lower negative emotions and cognitions across contexts.

Work examining whether youth varying in negative emotional reactivity are differentially affected by family cohesion during adolescence is limited. Research to date has indicated that relative to youth lower in negative emotional reactivity, youth higher in negative emotional reactivity are at risk for internalizing and externalizing problems when exposed to negative family processes (e.g., interparental or family conflict) during childhood (Buehler & Welsh, 2009; Davies, Cicchetti, & Martin, 2012; Davies, Sturge-Apple, Cicchetti, Manning, & Zale, 2009). However, it is unclear whether positive family processes, such as family cohesion, reduce risk for internalizing and externalizing problems among youth higher in negative emotional reactivity during adolescence, a developmental period that may increase youth's stress responsivity and confer risk for emotional and behavioral problems (Drabick & Steinberg, 2011).

Both the diathesis-stress model and differential susceptibility hypothesis can be considered in determining whether adolescents varying in negative emotional reactivity are differentially responsive to family cohesion. Paralleling Luthar, Cicchetti, and Becker's (2000) vulnerability-reactive model, which suggests that individuals possess attributes that increase risk for maladjustment in the context of environmental risk, the diathesis-stress model posits that individuals who possess certain attributes (e.g., higher negative emotional reactivity) are at an increased risk of experiencing impairment in the context of an environmental stressor (e.g., lower family cohesion) (Monroe & Smith, 1991; Zuckerman, 1999). Studies that have investigated support for the diathesis-stress and differential susceptibility hypothesis indicate that the interaction between temperament and family/parenting variables in late childhood or adolescence and associations with adolescent internalizing and externalizing behaviors supports the diathesis-stress model (Rabinowitz, Drabick, Reynolds, Clark, & Olino, 2016; Rioux et al., 2016). Indeed, when youth with certain temperamental features (e.g., lower temperamental flexibility, impulsivity, effortful control) are exposed to more negative parenting and family behaviors (e.g., lower parental support, acceptance, higher family conflict) during late childhood, they exhibit elevated adolescent internalizing and externalizing symptoms (Rabinowitz et al., 2016; Rioux et al., 2016; Stice & Gonzales, 1998).

The differential susceptibility hypothesis suggests that children's individual differences may render them more reactive to negative *and* positive environmental influences (Pluess & Belsky, 2010). Indeed, the differential susceptibility hypothesis posits that youth with certain attributes, such as negative emotional reactivity, may experience worse outcomes when exposed to adverse conditions; however, in contrast to the diathesis-stress model, the differential susceptibility hypothesis suggests that youth with those attributes also will exhibit enhanced adjustment when exposed to positive environments (Belsky, Bakermans-Kranenburg, & van-Ijzendoorn, 2007; Boyce, 2015). Many studies that have substantiated the differential susceptibility hypothesis have examined the interaction of temperament and parenting characteristics assessed in early and middle childhood in the prediction of childhood and adolescent adjustment. In support of the differential susceptibility hypothesis, when exposed to higher positive (e.g., high caregiver sensitivity) and lower negative (e.g., lower coercive parenting) parent-child behaviors in early or middle childhood, children with difficult temperamental features (e.g., lower self-regulation, higher negative emotionality) manifested fewer externalizing and internalizing problems; however, when youth higher in difficult temperamental features were exposed to lower positive and higher negative parenting, these youth experienced higher levels of behavior problems (Bradley & Corwyn, 2008; Rioux et al., 2016; van Zeijl et al., 2007).

Youth higher in negative emotional reactivity may be at risk for symptoms if they experience contextual stress, consistent with the diathesis-stress model. Nevertheless, youth higher in negative emotional reactivity may also possess attributes that make them more likely to benefit from positive contexts. Youth lower in negative emotional reactivity tend to use top-down, assimilative processing, which refers to using one's preconceived ideas based on past experiences (i.e., schemas) to guide

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