



Research paper

The potential protective effect of friendship on the association between childhood adversity and psychological distress in adulthood: A retrospective, preliminary, three-wave population-based study



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ABSTRACT

Background: Previous studies that assessed the mediating role of social support in the association between childhood adversity and psychological distress based their inferences on very small, selective samples, which makes it impossible to generalise the findings to general population. The aim of this paper was to assess the mediating role of quantity and quality of social support in adulthood in the association between childhood adversity and psychological distress in adulthood.

Methods: The study has a three-wave design; the present analysis used longitudinal data collected from 1994 to 2008 within the framework of the Tromsø Study (N = 4530), a representative prospective cohort study of men and women. Quantity and quality of social support were measured at a mean age of 54.7 years, and psychological distress in adulthood was measured at a mean age of 61.7 years. Mediation analysis was used to assess the indirect effect of childhood adversity (via quantity and quality of social support) on psychological distress in adulthood.

Results: Childhood adversity was associated with deficits in quantity and quality of social support in adulthood ($p < 0.05$). Childhood adversity and deficits in quantity and quality of social support were associated with psychological distress in adulthood ($p < 0.05$). Quantity and quality of social support significantly ($p < 0.05$) mediated the association between childhood adversity and psychological distress in adulthood.

Limitations: Childhood adversity was assessed retrospectively and social support was measured with two items.

Conclusion: Interventions aimed at reducing social isolation may alleviate the burden carried by survivors of childhood adversity.

1. Introduction

Concepts from the emotion dysregulation model, the risky families model, the social support deterioration model, the vulnerability-stress model, the stress-sensitisation model, and the social-biological pathway model provide the theoretical foundation for positing that indicators of social support mediate the association between childhood adversity and psychological distress (i.e., depressive and anxious symptomatology) in adulthood (Barrera, 1986; Danese and McEwen, 2012; Dvir et al., 2014; Heim et al., 2010; Luecken, Roubinov, and Tanaka, 2013; Nemeroff, 2004; Pearlin et al., 2005; Post, 1992; Repetti et al., 2002).

Chronic or repeated environmental stressors may affect a child's emotional, psychosocial and neurobiological development (Sheikh, 2017a), and create a sensitised stress-responsive system that influences emotion regulation, behavioural reactivity, and deficits in attentional shifting, mindfulness, and self-referential encoding (Ban and Oh, 2016; Barnes et al., 2016; Stikkelbroek et al., 2016). Previous studies have

indicated that those exposed to childhood adversity have a higher risk of developing attachment disorders (Mesquita and Maia, 2016), oppositional or conduct disorder (Ford et al., 2009; Kerig et al., 2009), mood disorders (Gershon et al., 2013), and antisocial personality disorders (Ford, 2005). Indeed, deficits in interpersonal development and affect regulation have also been proposed as intermediary links between childhood adversity and psychological distress (Dvir et al., 2014; Sheikh, 2017b; Stikkelbroek et al., 2016).

Childhood adversity may also lead to vulnerabilities that produce disruptions in psychosocial functioning and maladaptive coping styles (Moretti and Craig, 2013; Repetti et al., 2002). Previous studies have shown that certain childhood adversities lead to high emotional reactivity and decreased social competency, which in turn disturbs the formation and preservation of supportive relationships (Barnes et al., 2016; Runsten et al., 2014). An individual's functional social behaviour depends on their ability, capacity, and motivation to engage in social interactions, all of which play an important role in maintaining social

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relationships (Kim and Cicchetti, 2010). Exposure to certain childhood adversities is associated with emotional reactivity to stress and deficits in socioemotional adjustment (Barnes et al., 2016; Stikkelbroek et al., 2016). For instance, abused children are more likely to have difficulties interpreting the thoughts and feelings of others, have a lesser ability to understand negative emotions such as anger and sadness, and have fewer adaptive skills, which can affect their social relationships (Barnes et al., 2016; Wright and Folger, 2017). Other studies have shown that lower SES in childhood is associated with lower social competence and a higher likelihood of behavioural problems in childhood (Assis et al., 2009; Etherington et al., 2016).

The risky families model suggests that childhood adversity influences psychological distress in adulthood through resultant social impairments and deficits in emotion regulation (Repetti et al., 2002); these include poor social skills, impulsivity (Sheikh, 2017b), excessive reassurance-seeking, constricted emotions, attenuated empathy, contextually inappropriate displays of affection, and externalising behaviours, all of which are associated with peer rejection (Ban and Oh, 2016; Barnes et al., 2016). Chronic stress (i.e., the cumulative load of day-to-day stresses) in childhood caused by socioeconomic and psychosocial adversity (Sheikh, 2017b) may foster social and behavioural impairments such as low self-esteem (Mossakowski, 2015; Varga et al., 2014), cynicism regarding others' intentions and behaviours, uncontrolled behaviours in social interactions, and mistrust, all of which may affect the quality and quantity of social relationships over the life course (Coleman et al., 2016; Etherington et al., 2016; Goodwin-Smith et al., 2017). In contrast, individuals with good emotion regulation have the ability to respond to ongoing demands with a range of socially acceptable responses such as cooperation and conciliation (Kim and Cicchetti, 2010). As a result, they show higher social competence, which may result from using more memory for mentalizing (i.e., the ability to reason about the mental states of others) during their daily social interactions (Fujisawa et al., 2015). On the contrary, individuals exposed to childhood adversity may have difficulty in modulating the intensity of their negative emotions (Moretti and Craig, 2013; Stikkelbroek et al., 2016).

The social support deterioration model (Barrera, 1986) suggests that stress erodes one's perception of the availability or effectiveness of social support, which leads to persistent difficulties in forming and maintaining social relationships (Hawkey and Cacioppo, 2010; Seeds et al., 2010). However, the need for these relationships is increased among people with these impairments (Gabriel et al., 2017). The vulnerability-stress model and the stress-sensitisation model suggest that childhood adversity may cause heightened sensitivity to subsequent stressors, which in turn may trigger psychological distress (Danese and McEwen, 2012; Heim et al., 2010). Childhood adversity may influence emotional and physiological self-regulatory abilities and alter sensory thresholds in ways that undermine effective emotion regulation and create increased vulnerability to psychological distress in later life (Moretti and Craig, 2013; Stikkelbroek et al., 2016). Accordingly, stressors such as perceived social isolation (Oetzel et al., 2007) may have a greater influence on psychological distress among those who have experienced childhood adversity. Previous research has shown that individuals exposed to childhood adversity perceive themselves as having less social support and have a smaller social network in adulthood (Goodwin-Smith et al., 2017; Shevlin et al., 2015), which may create a pattern of distress in their lives (Oetzel et al., 2007; Weber and Cummings, 2003).

Several studies have shown that perceived social support has a protective effect on psychological distress (Landstedt et al., 2016; Muller, 2016; Sheikh et al., 2016a; Shevlin et al., 2015), and one study reported that this effect is greater than that of actual level of social support (Dunkel-Schetter and Bennett, 1990). However, a distinction must be drawn between quantity and quality of social support (Ford et al., 2011; Friis, 2010), also referred to as the structural and functional aspects of social support (Cohen and Wills, 1985). The structural

aspect refers to the quantity of social support, i.e., the number of friends available to provide emotional support and aid with tangible needs (Cohen and Wills, 1985; Friis, 2010). However, mere quantity of social support may not fulfil the 'unmet' social needs of an individual, as those reporting a certain number of friends may still feel social isolation. Therefore, the functional aspect of social support may be more important. The functional aspect refers to the quality of social support, i.e., that friends are supportive, caring, and trustworthy (Friis, 2010), and requires a subjective evaluation from respondents (Barrera, 1986; Henry et al., 2015).

Despite the growing interest in understanding the life course mechanisms of childhood adversity, few studies (Ford et al., 2011; Kessler and Magee, 1994; Korkeila et al., 2005; Muller, 2016; Nurius et al., 2015; Nurius et al., 2012; Sheikh et al., 2016a; Tani et al., 2016; Turner and Butler, 2003) have assessed the mediating role of social support in the association between childhood adversity and psychological distress in adulthood, and the results of these studies were not consistent. Moreover, there are caveats. First, assessing mediation with cross-sectional data can lead to questionable inferences (Sheikh et al., 2016b, 2017). Despite this, most previous studies (Ford et al., 2011; Kessler and Magee, 1994; Korkeila et al., 2005; Muller, 2016; Nurius et al., 2015; Nurius et al., 2012; Sheikh et al., 2016a; Turner and Butler, 2003) have either assessed both social support and psychological distress at the same time point, or assessed both childhood adversity and psychological distress at the same time point. Second, several studies (Kessler and Magee, 1994; Muller, 2016; Turner and Butler, 2003) based their conclusions on very small, selective samples, which makes it impossible to generalise the findings. Third, previous studies (Korkeila et al., 2005; Nurius et al., 2015; Sheikh et al., 2016a; Tani et al., 2016) used several mediators (indicators of social support, among others) en bloc, i.e., included together in the regression models to assess the attenuation in the estimate of childhood adversity. This makes it impossible to assess whether indicators of social support *independently* mediate the association between childhood adversity and psychological distress in adulthood (Sheikh, 2017b). Several studies have shown that social support is closely associated with education, as well as socially patterned differences in lifestyle factors such as alcohol intake and smoking (Coleman et al., 2016; Sheikh et al., 2017; Widom et al., 2015), and others have shown that lower education, a higher alcohol intake, and smoking are likely associated with childhood adversity (Campbell et al., 2016; Nurius et al., 2016; Sheikh, 2017b; Sheikh et al., 2016a) and psychological distress in adulthood (Lin et al., 2014; Sheikh, 2017b; Sheikh et al., 2016a, 2017). If education, alcohol intake, and smoking, are not included in the model, any observed indirect effects may be due to the association between social support and these factors (Sheikh, 2017b; Sheikh et al., 2016a, 2017), not the 'independent' indirect effect (Sheikh, 2017b) of childhood adversity on psychological distress via indicators of social support. Fourth, other studies (Ford et al., 2011; Korkeila et al., 2005; Muller, 2016; Nurius et al., 2015; Nurius et al., 2012; Tani et al., 2016; Turner and Butler, 2003) that assessed the mediating role of social support in the association between childhood adversity and psychological distress did not present indirect effect estimates and corresponding confidence intervals. Finally, no previous study has differentiated the mediating mechanisms of the childhood adversity-psychological distress link for both quantity and quality of social support.

A review of the existing literature indicated that the mediating role of quantity and quality of social support in the association between child adversity and psychological distress in adulthood has not been assessed in a thoroughly comprehensive and systematic manner in any large dataset. Therefore, using data from the Tromsø Study, the aim of the present study was to assess the mediating role of quantity and quality of social support in adulthood in the association between childhood adversity and psychological distress in adulthood.

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