



# Peer emotion socialization and somatic complaints in adolescents



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## ABSTRACT

Somatic symptoms tend to increase during early adolescence and although youth's social environments and emotional functioning play a role in somatic symptoms, few studies have examined mechanisms through which social interaction could influence youth's somatic wellbeing. Participants were 132 youth (61.6% girls,  $M_{age} = 12.61$  years, 84.7% Caucasian) and their mothers. Reciprocated best-friend dyads participated in a video-taped problem discussion task to assess peer emotion socialization responses. Two supportive friend responses (i.e., emotion-focused, problem-focused) and two unsupportive responses (i.e., punitive, neglect) were examined. Mothers reported on their child's somatic complaints. Friends who provided emotion-focused, problem-focused, punitive, and neglect responses to their close friend's emotional disclosures had significantly fewer somatic symptoms. However, youth who received punitive responses to their emotional disclosures from their close friends had more somatic complaints. These findings provide initial evidence of a link between emotion socialization responses within close friendships and somatic complaints in early adolescence.

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Somatic symptoms are a common phenomenon among children and adolescents. As many as 15.2% of youth ages 7–18 years may have recurrent somatic complaints to a degree that hinders daily functioning (Garber, Walker, & Zeman, 1991), and approximately 9% of youth ages 12–18 years report experiencing four or more physical symptoms concurrently (Rhee, Miles, Halpern, & Holditch-Davis, 2005). Somatic complaints tend to peak between the ages of 12 and 18 years, coinciding with hormonal changes, pubertal development, and greater relative psychosocial stress (Garber et al., 1991; Rhee, Miles, et al., 2005). The symptoms most commonly reported by adolescents are headaches (29%), body aches (27%), fatigue (21%), and stomachaches (18%, Rhee, Miles, et al., 2005).

Somatic symptoms in early adolescence may: (a) indicate the development of a somatic symptom disorder, (b) increase the risk of developing a number of other mental health problems in adulthood, and (c) be associated with considerably greater healthcare usage relative to the general population (e.g., Dobbstein, 2015; Ruchkin & Schwab-Stone, 2014). Though somatic symptoms can be a co-morbid feature of internalizing disorders, somatization is also considered a discrete construct with

**Abbreviations:** CBCL, Child Behavior Checklist; APIM, Actor-Partner Interdependence Modeling; ICC, Intra-class correlation; RA, Research assistant.

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unique features, including illness behavior, symptom-focused cognitions, and distinct underlying biological pathways (American Psychiatric Association, 2013; Rief, Hennings, Riemer, & Euteneuer, 2010). Notably, internalizing symptoms have increased among girls within the past 30 years (Bor, Dean, Najman, & Hayatbakhsh, 2014) and somatic symptoms were reported more frequently by girls than by boys (Eminson, 2007; Rhee, Holditch-Davis, & Miles, 2005).

Youth's emotional functioning is a crucial component of psychosocial wellbeing and, accordingly, may uniquely contribute to somatization. Specifically, when youth's ability to manage the type, intensity, and duration of their emotions becomes dysregulated, they may be at increased risk for the development of psychopathology (e.g., Aldao, Nolen-Hoeksema, & Schweizer, 2010; Cole & Hall, 2008) as well as somatic symptoms (e.g., Gilleland, Suveg, Jacob, & Thomassin, 2009). Conversely, youth who learn to respond adaptively to the emotional demands of various situations may be buffered against psychological illness including the manifestation of somatic symptoms (Izard, Fine, Mostow, Trentacosta, & Campbell, 2002).

The process through which emotional behavior is shaped by others is called *emotion socialization* (Klimes-Dougan et al., 2014) with parents considered the primary emotion socializing agents in early childhood (for a review, see Zeman, Cassano, & Adrian, 2013). Parents may also socialize somatic behaviors in their children through modeling such behaviors themselves (Craig, Cox, & Klein, 2002; Gilleland et al., 2009) or reinforcing somatic symptoms in their children (Craig, Bialas, Hodson, & Cox, 2004). By early adolescence, however, peers emerge as an additional powerful influence on youths' functioning including emotional and somatic functioning (Gilleland et al., 2009; Klimes-Dougan et al., 2014; Zeman et al., 2013). Close friends are thought to be particularly salient socializing agents (Criss et al., 2016; Miller-Slough & Dunsmore, 2016), given the importance that adolescents place on validation, loyalty, and intimate exchange within their peer relationships (Kingery, Erdley, & Marshall, 2011; Klimes-Dougan et al., 2014). Moreover, close friends frequently engage in emotionally nuanced communications that might not otherwise occur between unaffiliated peers (Legerski, Biggs, Greenhoot, & Sampilo, 2015).

The existing research investigating the link between peer relations and somatization has primarily focused on the negative health outcomes associated with peer victimization (Gini & Pozzoli, 2009; Nixon, Linkie, Coleman, & Fitch, 2011) with little investigation of other peer relationships (e.g., friendships) that may ameliorate the experience of somatic complaints. Recently, it has been suggested that close friends' influence on socioemotional functioning may be related to somatization (Gilleland et al., 2009; Rhee, Holditch-Davis, et al., 2005). That is, adolescents with a high number of somatic complaints reported lower friendship quality (Rhee, Holditch-Davis, et al., 2005), and children with low self-perceived social competence had more somatic symptoms (Walker, Garber, & Greene, 1994). However, the mechanisms that may explain the link between adolescents' social relationships and somatic complaints have not been examined. As such, the goal of the current study was to investigate the context of close friendships and how emotion socialization within this social framework may be associated with adolescents' somatic complaints.

In order to understand how support from close friends may contribute to somatic outcomes, it is important to consider how socioemotional processes operate within friendships. Although being involved in a mutual friendship provides many benefits, individual friendships vary widely and comprise both adaptive and maladaptive processes (Rose & Rudolph, 2006). For example, when friends engage in emotionally laden conversations, their responses to one another can range from supportive to unsupportive (Legerski et al., 2015). Some youth may be understanding or encouraging of their friend's emotions, whereas others may ignore or criticize expressive displays. The responses youth receive from peers when expressing emotions have been shown to predict subsequent friendship quality, emotional adjustment, and psychosocial health (Legerski et al., 2015; Perry-Parrish et al., 2016). These effects tend to be more pronounced among girls, perhaps because girls report valuing positive peer feedback more than boys (Bakken & Romig, 1992; Guyer, Caouette, Lee, & Ruiz, 2014). Given this potential for both positive and negative dynamics, it is important to consider how associations with specific emotion socialization responses may vary.

Four types of emotion socialization responses (two supportive and two unsupportive) validated in the parental emotion socialization literature with children and adolescents may also be relevant to the area of peer emotion socialization (Fabes, Poulin, Eisenberg, & Madden-Derdich, 2002; Hersh & Hussong, 2009; Zeman, Dallaire, & Borowski, 2016). These include emotion-focused, problem-focused, punitive, and neglect responses. An emotion-focused response is characterized by comfort and validation of the emotional experience whereas a problem-focused strategy attempts to resolve the problem that caused the emotional arousal. A punitive response includes belittling or criticizing the individual or dismissing the emotional experience as trivial or inconsequential. Finally, a neglect response involves failure to notice or intentional ignorance of another's emotional expression, often through changing the topic or otherwise avoiding discussion of the emotion. The emotion socialization responses that youth employ with their close friends have received little empirical attention to date (Miller-Slough & Dunsmore, 2016) and have yet to be studied in relation to somatic symptoms.

Using a multi-method approach, the present study addresses several gaps in the literature on socioemotional processes within close friendships and how they relate to adolescents' somatic complaints. Early adolescence is especially pertinent to study given the increased manifestation of somatic complaints in this period (Rhee, Miles, et al., 2005) as well as the concomitant increased interest in and impact of peer relationships (Kingery et al., 2011; Zeman et al., 2013). Same-age and same-sex adolescents in reciprocated best friendships were recruited in dyads. Friends were asked to discuss personally relevant problems, while their supportive (i.e., emotion-focused, problem-focused) and unsupportive (i.e., punitive, neglect) responses to emotion were video-recorded and coded. These responses were then examined in relation to somatic complaints. Somatic symptoms and internalizing symptoms were assessed using maternal report, given mothers' continued role as the primary caregiver and their likely awareness of the various somatic and emotional concerns of their young adolescents (Beach, 1997; Hodges, Gordon, & Lennon, 1990). Sex differences were examined, given indications in the literature that girls

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