Does Emotion Dysregulation Mediate Adolescent-Parent Communication and Adolescent Somatization?

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Background

◆ The Biobehavioral Family Model (BBFM): (Woods & Denton, 2014)

-emotional reactivity mediates the association between family functioning and physical health
-Adolescent Development:
-Increasing evidence demonstrates the role of familial stress in adolescent emotional development (Yap, Allen & Sheeber, 2007). No study has examined the role of family functioning in both emotional reactivity and physical symptoms in adolescence.
-Current research involving the influence of family on adolescent development focuses on the importance of mothers, whereas there is a significant gap in research investigating how fathers uniquely contribute to adolescent development (Bariola, Gullone, & Hughes, 2011).

Objective

To examine whether adolescent emotional dysregulation mediates the relationship between adolescent-parent communication and adolescent somatization in accordance with the BBFM

Methods

Participants

- N = 94 adolescents and their parents from seven public high schools in the Mid-Atlantic region of the United States
- 55% female, 81% Caucasian
- Time 1 age: M = 16 years, SD = .70

Procedures

- Data were collected at two time points:
  - Time 1: Spring 2007, students in 10th or 11th grade
  - Time 2: Spring 2008, students in 11th or 12th grade
- Adolescents completed paper surveys at their high school.
- Parents completed paper surveys that were mailed to their home and returned via mail.

Measures

- Adolescent-Mother Communication
- Adolescent-Father Communication
- Emotion Dysregulation
- Somatic Complaints

Methods

◆ Mediation Analysis:

- * Dysregulation Profile of the CBCL is the sum of:
  1) Aggressive Behavior Subscale
  2) Anxious Depressed Subscale
  3) Attention Problems Subscale

Analyses

- CBCL scores were log transformed to approach normality.
- Mediation of emotion dysregulation was tested using bootstrapping with 10,000 samples (Baron & Kenny, 1986).

Results

Mean Scores

<table>
<thead>
<tr>
<th>Construct</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent-Mother Communication</td>
<td>69.64*</td>
<td>15.08</td>
<td>38-99</td>
</tr>
<tr>
<td>Adolescent-Father Communication</td>
<td>64.31*</td>
<td>17.51</td>
<td>24-99</td>
</tr>
<tr>
<td>Emotion Dysregulation</td>
<td>5.18</td>
<td>5.79</td>
<td>0-31</td>
</tr>
<tr>
<td>Somatic Complaints</td>
<td>1.07</td>
<td>1.67</td>
<td>0-8</td>
</tr>
</tbody>
</table>

◆ On average, adolescents scored high on parent communication.
  ✔ Communication with mothers was significantly higher than communication with fathers (t = 2.93, p < .01), indicating communication with mothers was more open and less problematic than communication with fathers.
  ✔ Parents reported their adolescents did not display a high degree of emotion dysregulation or somatic complaints.

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Conclusions

- Consistent with the BBFM, adolescent emotion dysregulation mediated the relationship between communication with mother and somatic complaints.
- Adolescent-father communication was unrelated to adolescent emotion dysregulation and somatic complaints.
- Mothers are more likely than fathers to discuss emotions and coping with their children (Bariola et al., 2011).

Implications:

- It is important to consider adolescent-mother communication in the development of regulation and the association between adolescents’ emotional and physical health.
- Researchers and clinicians working with families should recognize familial communication patterns and the ways that dysregulation manifests through physiological symptoms.