Who Plays a Bigger Part in Teenage Females’ Psychopathology? The Role of Parents and Peers’ Emotion Socialization

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Abstract

Background: Along the cognitive and behavioral changes during adolescence, some changes emerge in the quality and quantity of teenage females’ interactions. They spend increasing amount of time with their peers and begin to place more importance on their views and advice. Therefore, parents are not the exclusive source of emotional experiences in this period. On the other hand, emotion socialization is 1 of the factors that affect behavioral problems in this period. Despite the growing body of research which shows the effect of parents and peers’ emotion socialization on children’s psychopathology, there is no study in Iran to compare the role of parents and peers’ emotion socialization in predicting teenage females’ psychopathology. An understanding of the parental and peer influences on teenage females’ behavioral problems might suggest directions for the focus of interventional programs and family training.

Methods: For this purpose, 202 teenage females selected by the convenient sampling method from Shiraz high schools, Iran, completed the measure of emotion socialization (the emotions as a child; EAC2) scale, peer emotion socialization (you and your friends; YYF) scale, and adolescents’ problem status (the youth self-report; YSR) questionnaire.

Results: Results showed that reward was the most popular strategy that parents and peers used. Also, results showed that parents’ magnification and negligence can significantly and positively predict teenage females’ psychopathology (P value < 0.001). Parental emotional practices are also shown to have a more important role in prediction of teenage females’ psychopathology.

Conclusions: Families should be viewed as central to the well-being of adolescents, and informed about their effect on their teenage females’ behavioral problems. They should also be trained how to respond to their children emotions.

Keywords: Emotion Socialization, Psychopathology, Peer Influence

1. Background

It is critical for the children’s development to have interaction with both parents and peers, because they provide the optimal levels of emotional arousal. To raise healthier children, these relationships and interactions should be adjusted to children’s changing needs during different developmental status (1). Adolescence is a period in which changes happen in several areas. This period represents a time of important changes in children’s relationship both with their peers and parents. It is important for adolescents and adults to understand the main changes in this period to ensure that they navigate these transitions successfully.

At birth, the human infant is too dependent on his parents for survival and growth. As he grows older, the reliance on his parents for emotional and physical needs lessens. The task of childhood is to grow into adulthood and prepare for contribution to society. Evolutionary views argue that physical and cognitive advances in adolescence are designed to separate adolescents from their current family to seek mates and construct a new family (2).

Due to cognitive developments, adolescents constantly challenge the way things are and consider the way things could be (3). As a result, they recognize that parents are not infallible and resist parents’ influence attempts (4). This may increase the conflicts with parents. During this period of life, the adolescents also tend to exhibit justice orientation. They become sensitive to unequal power balance of parent-child relationship and prefer egalitarian relationship with their peers (1). Therefore, the peers become extremely salient, as 85% of American adolescents report being a member of peer groups (5).

Because of these changes, it might seem that the adolescents are starting to cut ties with parents, and parent-child relationship is being discarded. Rather than discarding, it seems that they are just renegotiating the relationship into a more independent relationship; most adolescents do not like to withdraw completely from their parents. Instead, they want more control over their own lives as a result of tendency to reach autonomy, a necessary achievement in this time (1).

Peers and parents affect adolescents’ adaption to the situation, and their behaviors (6). One of the ways that
peers and parents may affect behavioral problems is by shaping the ways in which emotions in others are experienced or expressed. There is a body of research that shows the role of parents in emotion socialization during this period (7-9). Few researchers examined emotion responses and socializing influences in the peer groups (10, 11). But, there is a paucity of research examining parents’ role in predicting behavioral problems by socializing emotional behaviors in adolescents in comparison to that of peers. The current manuscript is addressing this gap.

1.1. Emotion Socialization

The emotion-related socialization behaviors considered here are parents’ expressions of emotions, reactions to child emotions, and discussions of emotions, usually as they occur in relatively circumscribed contexts. The current study focused on several discrete negative emotions highly relevant to psychopathology, including anger, sadness, and worry (12).

Magai (13) defined 5 strategies of emotion socialization: reward (providing encouragement and empathy), override (distracting them from their emotional state), magnify (accentuating their emotional state by matching their emotions), neglect (ignoring the emotional expression), and punish (that includes behaviors expressing disapproval or shame). Magai suggested that reward and override strategies facilitate emotional expression while neglect, punish, and magnify inhibit emotional expressiveness.

1.2. Psychopathology and Emotion Socialization

To date, research correlated parental emotion socialization to some important child behavioral problems. For instance, children whose parents react with maladaptive strategies of emotion socialization, tend to display more maladaptive, avoidant or inappropriate methods of emotion regulation and coping (14, 15). Consistent patterns of intense maladaptive reactions characterize a child experiencing or at risk for the development of an anxiety disorder (16).

1.3. Gender Differences

The gender differences are noted in the area of emotion socialization. For example, Cassano, Perry-Parrish, and Zeman, (17) and Chaplin and Zahn-Waxler (18) showed that parents accept and reinforce fear and sadness in their daughters more than in their sons. They also showed that females might be particularly attuned to parental responses to their emotions; for instance, they internalize these socialization messages more readily (17).

The researchers emphasize the importance of both peers and parents’ relationships in adolescents’ development and mental health. Friends’ emotion socialization responses, similar to parents’ responses, are associated with adolescents’ mental health status (7). Although there are some researches on the influence of parents and peers on the emotion socializations, there is paucity of research to show their roles in teenage females’ psychopathology in comparison with each other by different emotion socialization strategies. The current study aimed at exploring the importance of peer and parent influence on behavioral problems by emotion socialization in teenage females. An understanding of parental and peer influences on teenage females’ behavioral problems might suggest directions for the focus of interventional programs.

2. Objectives

The current study was approved by the ethical committee of Shiraz University. To answer the study questions, 202 teenage females were initially recruited from Shiraz high schools via the convenient sampling method. Inclusion criteria for the study were intelligence quotient (IQ) at or above the average range (full-scale IQ > 85), the presence of a constant mother figure, and participation of the father figure, if present. Exclusion criteria consisted of chronic medical conditions (e.g., epilepsy and diabetes), severe psychosis or family structural changes (e.g., divorce) within the past year.

3. Methods

3.1. Materials

Measure of emotion socialization: The emotions as a child (EAC) 2 scale (19) was used to assess young adult recollections of parental emotion socialization responses. Participants were asked to rate on a 5-point Likert scale (1 = not at all typical to 5 = very typical) how their mother and father responded to their emotions as children. Parental responses to childhood expressions of 3 negative emotions (sadness, fear, and anger) correspond to 1 of the 5 response scales (reward, punish, override, magnify, and neglect) resulting in 45 items rated for each parent. The EAC2 negative scales were previously used (19) and demonstrated evidence of acceptable levels of reliability and validity for most scales (13, 20). Test-retest reliability coefficients of the EAC subscales for maternal socialization styles ranged from 0.80 for the rewarding fear to 0.43 for the magnifying fear. Internal reliability coefficients of the EAC subscales for maternal socialization styles ranged from 0.94 for the rewarding sadness to 0.66 for the overriding sadness (13).
Mahdiyar et al., in their study found test-retest reliability and internal reliability coefficients that were similar to the ones obtained by Malatesta-Magai.

Peers’ emotion socialization: The you and your friends (YYF) scale was created based on the emotions as a child scale (EAC) to assess emotion socialization in the context of peer-child relationships (7, 13). It consists of 18 questions for each of the 3 emotions: sadness, worry, and anger, with respondents answering on a 5-point scale how likely their close friends would be to react with a particular response to their strong feelings.

The YYF has 3 items assessing each of the 6 different socialization responses used by friends: reward, override, magnify, neglect, overt victimization that includes insults, physical threats, or aggression to punish the expression of the emotion, and relational victimization that includes using gossip and/or rumors to punish the expression of the emotion. The major differences between this scale and other emotion socialization tools were that the strategy of punishment in this questionnaire similar to that of EAC represented by peer overt and relational victimization scales. The internal consistency for reward, override, magnify, neglect, overt and relational victimization were 0.91, 0.89, 0.83, 0.91, 0.77, and 0.86, respectively (21). Based on the results, the alpha coefficient of the scale in the current study was satisfactorily, ranged from 0.73 to 0.88 for different strategies, which was significant at the level of P value < 0.001. In order to determine the construct validity of the YYF scale, the correlation between this questionnaire and the EAC2 was calculated. The results of the current study showed that the correlation coefficients for all variables between the scores of YYF and EAC2 ranged from 0.18 to 0.58; P value = 0.01.

Adolescents’ problem status: In the current study, adolescents completed the youth self-report (YSR) questionnaire (22). There was extensive reliability and validity evidence for the broadband internalizing problems (IP) and externalizing problems (EP) scales, which were considered an estimate of adolescent problem status for the study (22). The alpha reliabilities for the scales in a study in Iran were almost high, ranging from 0.63 to 0.95. The validity of the questionnaire, assessed by several methods, was also confirmed (23). Items were coded from 0 (not true in the last 6 months) to 2 (very often or often true in the last 6 months).

Table 1. Descriptive Statistic of Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent reward</td>
<td>3.21</td>
<td>0.92</td>
</tr>
<tr>
<td>Parent punishment</td>
<td>1.62</td>
<td>0.53</td>
</tr>
<tr>
<td>Parent override</td>
<td>2.81</td>
<td>0.71</td>
</tr>
<tr>
<td>Parent neglect</td>
<td>1.81</td>
<td>0.61</td>
</tr>
<tr>
<td>Parent magnify</td>
<td>1.80</td>
<td>0.55</td>
</tr>
<tr>
<td>Peer reward</td>
<td>3.51</td>
<td>0.93</td>
</tr>
<tr>
<td>Peer neglect</td>
<td>1.67</td>
<td>0.70</td>
</tr>
<tr>
<td>Peer override</td>
<td>3.32</td>
<td>0.85</td>
</tr>
<tr>
<td>Peer magnify</td>
<td>2.62</td>
<td>0.75</td>
</tr>
<tr>
<td>Peer overt aggression</td>
<td>1.33</td>
<td>0.39</td>
</tr>
<tr>
<td>Total problems</td>
<td>51.26</td>
<td>9.73</td>
</tr>
</tbody>
</table>

According to Table 1, the reward strategy was the most common strategy that both parents and peers used. The peers used less overt aggression toward their friends’ emotions. Across all 3 emotions for parents, punish, magnify, and neglect, parental responses were generally indicative of being “not at all typical”. Override was generally within the range of being “somewhat typical” and reward was generally in the range of being “somewhat to “very typical”.

Regression analyses were conducted to determine the extent to which parents and peers’ emotion socialization strategies predicted psychological problems. The results obtained from the standard multiple regression stepwise...
method largely indicated that parental socialization of emotion accounted for a greater percentage of the variance of psychological problems than peers’ socialization of emotion, and was the only significant contributor to psychological problems (Table 3). The extent of R square showed that parents’ neglect and magnify can predict 17% of the variance of behavioral problems.

5. Discussion

The current study aimed at investigating whether parents or peers affected behavioral problems by their emotion socialization strategies in teenage females. Results showed that parents rather than peers play more important role in the case of behavioral problems. Despite altered patterns of emotion socialization and significant changes in the amount, content and perceived meaning of interaction, parents’ emotional practices seem to coexist and remain important. Therefore, families should be supported in a respectful approach that views the family as central to the well-being of adolescents (2).

From psychoanalytic perspective, adolescents reach the autonomy, stable identity, and wellbeing by detaching emotionally from the family and shifting attachment to their peers. The psychoanalytic theorists suggested that adolescents rely on their peers as they want to distance from their parents. Current researchers, however, emphasize the importance to continue emotional attachment to parents as they become more independent. Accordingly, parents are considered as a secure base that affords the teens a sense of security for exploration out of the family. Based on this perspective, supportive parents have more autonomous and healthier children who are not excessively susceptible to the peer influence. Most current researchers agree that adolescents achieve autonomy and wellbeing through an ongoing supportive relationship with parents (24). Other investigators found that the quality of parent-child infant relationships corresponds with the quality of peer and romantic relationships assessed many years later (25). Adolescents who have more secure attachments to their parents are also more likely to be more emotionally secure with their friends (24).

Therefore, the current study results were consistent with the theories that view parents, especially mother as a 1st attachment object with continuous effect on children mental status. Robust studies also showed that the links between parent-child relationship quality and children’s psychological adjustment were in part genetically mediated. The implication was that genetic factors mediated some of the effects attributed to family relationships; and that being genetically related enhanced the strength of the link between parent-child relationship quality and child behavioral outcome (25).

The finding was consistent with those of the previous studies; evidence supported a link between quality of parent-child relationships and depression, anxiety, and other internalising problems (such as somatic complaints and social withdrawal) and externalizing outcomes (25). Klimes-Dougan et al., (7) found that youth with more problems reported that their parents were more punitive and rejecting of their negative emotions. Brand and Klimes-Dougan (26) demonstrated that parental emotion socialization responses of punish and neglect were positively correlated with psychological distress. Adolescents with parents who tend to use non-supportive ways (e.g., neglect) may have difficulty expressing emotions and as a result
may internalize negative thoughts and feelings. It is also possible that these adolescents may have difficulty regulating their emotion contributing to the development of psychological problems (27). The presence of negative outcomes (such as punitive responses) is associated with agitated-relation emotions (28). In adolescence, the parents serve as an emotional resource; hence, the mother’s acceptance of her own emotions seems to be consistently correlated with adolescent adjustment (7).

Therefore, the current study was inconsistent with the views (2) that believed the importance of parents as role models and socialization agents in this period diminishes. In contrary to what is typically assumed that the parents and peers influencing adversely, an alternative scenario holds that both parents and peers are generally the complementary sources of influence. Consistent to this view, influence is not a zero-sum proposition. Therefore, the influence of parents may not decrease in absolute terms during adolescence. Furthermore, different development patterns of influence may arise. For example, peer influence may increase over issues such as attire but not over issues such as choosing career (4) and behavioral problems.

When parents react with neglect or magnify when children display negative emotions, children recognize that they should suppress their expression of negative emotions; therefore, they do not learn strategies to regulate them. In fact, responding negatively to children’s negative emotions can increase their arousal, which in turn leads to increasing negative emotionality and regulatory problems and behavioral problems over time (29).

This finding can be applied to treatments and parent training. It showed that the focus of evaluations and therapy in teenage females should be 1st parents and, then, their peers. Hence, families should be viewed as central to the well-being of adolescents and informed about their effect on their teenage females’ behavioral problems. They should also be trained how to respond to their children emotions. Further examination is needed to understand the effect of parents’ gender differences on the psychological risk and well-being of children. The current study had some limitations. First, the findings were based on responses given through surveys. The self-report data could be misleading at times because people could lie intentionally, give answers based on what they think the researcher might want to see, forget what is being asked in the question by answering illogically or cannot remember much of what is being asked in the question.

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References


