Parents' and early adolescents' self-efficacy about anger regulation and early adolescents' internalizing and externalizing problems: A longitudinal study in three countries☆

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ABSTRACT

The present study examines whether early adolescents' self-efficacy beliefs about anger regulation mediate the relation between parents' self-efficacy beliefs about anger regulation and early adolescents' internalizing and externalizing problems. Participants were 534 early adolescents (T1: M age = 10.89, SD = .70; 50% female), their mothers (n = 534), and their fathers (n = 431). Families were drawn from Colombia, Italy, and the USA. Follow-up data were obtained two (T2) and three (T3) years later. At T1 and T3, parents' self-efficacy beliefs were self-reported and internalizing and externalizing problems were assessed via mothers', fathers', and early adolescents' reports. At T2, early adolescents' self-efficacy beliefs were self-reported. Within the overall sample, mothers with higher self-efficacy beliefs about anger regulation had children with similar beliefs. Early adolescents' low self-efficacy beliefs were associated with higher internalizing and externalizing problems.

1. Introduction

The transition to adolescence is associated with substantial increases in the prevalence of a wide range of externalizing and internalizing problems that have long-term implications for both physical and mental health in adulthood (Costello, Copeland, & Angold, 2011). Indeed, many psychiatric diseases in adulthood are preceded by mental illness before the age of 18 years (e.g., Kim-Cohen et al., 2003). Thus, there is a need to understand determinants of early adolescents' mental health. The present study examined one potentially important determinant of early adolescents' mental health—self-efficacy beliefs about emotion regulation. Given that such self-efficacy beliefs and the prevalence of mental health disorders vary widely across cultures, we gathered data from parents and children in three countries: Colombia, Italy, and the USA. Understanding the determinants of early adolescents' mental health problems across three countries could inform international intervention efforts aimed at improving future generations' psychological health.

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well-being.

1.1. Adolescent psychopathology across cultures in times of change

To begin, it is important to note that prevalence rates of mental health problems among adults from Colombia, Italy, and the USA vary widely, ranging from 10% to 25% in Colombia, from 1% to 12% in Italy, and from 20% to 31% in the USA (Kessler et al., 2007; Polanczyk, Salum, Sugaya, & Rohde, 2015). Given strong relations between mental health in adolescence and adulthood, it seems reasonable to assume that adolescent mental health problems have roughly similar variability in these three countries.

Furthermore, the frequency of mental health problems in adolescence varies across time. For example, internalizing problems have increased in recent decades in the Netherlands (e.g., Van Der Ende, & Verhulst, 2007), Greece (Fichter, Xepapadkos, Quadflieg, Georgopoulou, & Fthenakis, 2004), Sweden (Kosidou et al., 2010), and the USA (Achenbach, Dumenci, & Rescorla, 2003). Externalizing problems appear to vary across time as well (e.g., Collishaw, Maughan, Natarajan, & Pickles, 2010). For example, externalizing symptoms among adolescents in the USA increased between the 1970s and 1980s and then declined in the 1990s (e.g., Achenbach et al., 2003). This preliminary evidence suggests that mental health symptoms among adolescents vary by culture and across time. Given this variability, it is important to examine determinants of adolescents' internalizing and externalizing problems within current cultural contexts.

1.2. Self-efficacy beliefs about emotion regulation

Self-efficacy beliefs about emotion regulation are potential determinants of early adolescents' internalizing and externalizing problems (e.g., Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003; Caprara, Gerbino, Paciello, Di Giunta, & Pastorelli, 2010). Emotion regulation involves initiating, avoiding, inhibiting, maintaining, or modulating feelings and related physiological processes, cognitions, and behaviors in the service of accomplishing goals and adhering to social expectations (e.g., Eisenberg & Spinrad, 2004). The assessment of emotion regulation often measures what individuals actually do or report they would do to modulate their emotional experiences. It is equally important to understand what individuals believe themselves capable of doing in response to their emotional experiences. Self-efficacy beliefs about emotion regulation measure how well people believe they can control emotional experiences, including exerting control over the origins and intensity of, reactions to, and consequences of one's own emotions (Bandura et al., 2003). Thus, one's self-efficacy beliefs about emotion regulation likely impact many aspects of one's response to emotionally evocative situations, including the interpretation of situations, the expression of emotion, choice of regulatory strategies, and evaluations of consequences (e.g., Bandura, 1986; Caprara, Di Giunta, Pastorelli, & Eisenberg, 2013). Given the substantial effects self-efficacy beliefs about emotion regulation likely have on emotion regulation (e.g., Caprara, Vecchione, Barbaranelli, & Alessandri, 2013; Di Giunta et al., 2017), it is important to understand predictors and outcomes of such beliefs.

When examining self-efficacy beliefs about emotion regulation, it is important to consider the type of emotion being experienced. Caprara and colleagues (e.g., Caprara et al., 2008; Caprara, Di Giunta, et al., 2013; Caprara, Vecchione, et al., 2013) found empirical support for examining self-efficacy beliefs separately by emotion (e.g., irritability/anger, depression/sadness, positive emotions). Self-efficacy beliefs about anger are especially important to understand, given the significant public health burden associated with anger during adolescence (e.g., Brotman, Kirkanski, & Leibenluft, 2017). Childhood clinical disorders that have anger as a central feature have extremely high comorbidity rates (e.g., Nock, Kazdin, Hiripi, & Kessler, 2007). Anger alone is associated with several mental disorders, many of which do not include anger as a key symptom (e.g., social phobia, specific phobia, anxiety and mood disorders; Stringaris, Cohen, Pine, & Leibenluft, 2009). Furthermore, anger during adolescence predicts maladjustment in adulthood (Copeland, Shanahan, Egger, Angold, & Costello, 2014; Pickles et al., 2010; Stringaris et al., 2009). Given the cross-diagnostic and long-term impact of anger during adolescence, it is crucial to understand mechanisms associated with its regulation.

1.3. Relating parental self-efficacy beliefs about emotion regulation to adolescents' self-efficacy beliefs about emotion regulation

One potentially important predictor of adolescents' self-efficacy beliefs about emotion regulation is their parents' self-efficacy beliefs about their own emotion regulation. Although there is no direct evidence on this link, general theories on self-efficacy beliefs provide theoretical support for such as association. According to Bandura (1997), self-efficacy beliefs develop from four potential sources: mastery experiences, modeling, social persuasion, and interpretations of one's physiological and affective experiences.

Eisenberg, Cumberland, and Spinrad (1998) were among the earliest theorists to propose a model of how children's emotion-related outcomes (e.g., the experience, comprehension, expression, and regulation of emotion) are socialized within the family context. One pathway in their model suggests that parents' emotion-related beliefs impact children's cognitions about emotion and its regulation (sometimes through mediating variables such as emotion-related parenting practices and child arousal). Morris, Silk, Steinberg, Myers, and Robinson (2007) expanded on Eisenberg et al.'s (1998) work, proposing three mechanisms that explain how family environments affect children's development of emotion regulation skills. One of the mechanisms proposed by Morris et al. (2007) is observational learning/modeling, whereby adolescents learn emotion-related self-regulation skills by watching their parents' own skills in action (see also Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997). In other words, parents' personal emotional tendencies can implicitly teach adolescents which emotions and self-management strategies are appropriate. By observing their parents' reactions to provocative emotional situations, children learn what is 'expected' of them in analogous situations they encounter. This line of thinking can readily be expanded to include self-efficacy beliefs about emotion regulation. Parents who do not believe they can regulate their own emotions might implicitly teach their children similar beliefs. After regularly
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