

# **EXPRESSED EMOTION AND QUALITY OF PARENTAL RELATIONSHIPS AS PREDICTORS OF EMOTIONAL WELL-BEING IN COLLEGE STUDENTS**

*Amy Weisman de Mamani\**  
*and Stephanie Wasserman Askari*  
University of Miami, USA

## **ABSTRACT**

Expressed emotion (EE) is a measure of family attitudes. Findings from studies on EE have offered insights into family dynamics and patient functioning in a variety of mental and physical disorders (schizophrenia, diabetes, Alzheimer's disease). Little research has examined EE in normative populations. In a non-clinical sample of college students, the present study evaluated how EE towards a parent (reportedly the one in most contact with the student) related to satisfaction and conflict in relationships with that parent. As hypothesized, undergraduates classified as high EE towards a parent, relative to those classified as low EE, reported greater conflict and less satisfaction in their relationship with that parent. Also as expected, students who reported greater parental conflict endorsed having more depression and anxiety and diminished self-esteem. Study results suggest that parental relationships likely continue to relate to well-being even after transition to college. Thus, when college students present for treatment, practitioners may wish to routinely evaluate and address the quality of parental relationships. EE assessments and other measures of satisfaction and conflict in parental relationships may prove helpful in this aim.

In psychotherapy research, the parent child relationship is often considered to have a significant formative influence on an individual's psychological and psychosocial functioning (Mattanah, Lopez, and Govern, 2011). Greater parental support has been found to relate to youth autonomy (Levitt, Silver, & Santos, 2007), reduced alcohol use (Ryan, Jorm, & Lubman, 2010), increased physical activity (Sallis, Prochasa, & Taylor, 2000), and better sociocultural and academic adjustment (Holmbeck & Wandrei, 1993). While family members often provide one another with support, not infrequently, family relationships are also a source of emotional distress and conflict that can harm well-being. Because of the plethora of

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\* Corresponding author: Amy Weisman de Mamani, Ph.D. University of Miami, Department of Psychology. P.O. Box 248185, Coral Gables, FL 33146-2070. Phone: (305) 284-3477. Facsimile: (305) 284-3402. aweisman@miami.edu.0

attitudinal, emotional, and functional changes (e.g., autonomy) that occur during the transition to college, heightened parent child conflict during this phase is not uncommon. Thus, college students are an ideal sample in which to examine the role of family attitudes and conflict on emotional adjustment.

Several theories have been developed to better understand the profound impact of close relationships on well-being. One theory is that attitudes and attributions are likely to mediate the impact of the conflict to determine later relationship satisfaction, subsequent behavioral responses to the conflict and depression (Fincham, Bradbury, & Grych, 1990; Gordon, Friedman, Miller, & Gaertner, 2005). Attributions are loosely defined as an individual's causal explanation of an event (Weiner, 1986). Fincham et al. purport that attitudes (i.e., attributions), are as important, if not more important, than what is actually said or done during a conflict.

The association between attributions and relationship quality may be understood through a construct called expressed emotion. Expressed emotion (EE) is a measure of a relational environment that reflects the amount of criticism, hostility, and emotional over-involvement (i.e., extreme protectiveness and excessive concern) expressed by one relative towards another (Leff & Vaughn, 1985; Weisman de Mamani, 2010). Those who speak about a relative in a critical or emotionally over-involved manner are classified as high EE; those who do not express a certain number of critical comments or emotionally over-involved remarks are classified as low EE. Extensive research has demonstrated that EE predicts the course and outcome for numerous disorders, including, schizophrenia, unipolar depression, bipolar disorder, eating disorders, post-traumatic stress disorder (PTSD), alcohol abuse, Alzheimer's disease, personality disorders, agoraphobia, and some childhood disorders (as cited in Wearden, Tarrrier, Barrowclough, Zastowny, & Rahill 2000).

Some evidence also suggests that holding high EE attitudes towards one's child may also result in poorer parental well-being for the parent. For instance, Bolton et al. (2003) found that, mothers classified as high EE towards a child/adolescent with behavioral problems, compared to mothers rated as low EE, displayed significantly greater depressive symptoms on the Beck Depression Inventory. Little attention has been given, however, to how EE functions in normative populations and to how adolescent EE towards their parents relates to the adolescents' own mental well-being. Having a better grasp of how attitudes towards parents relate to adolescent/early adulthood well-being may be useful in helping clinicians respond to college students' emotional and psychological needs. This is especially true given that a common presenting problem at university counseling centers involves concerns and difficulties related to familial dysfunction, including parent-child relationships (Stone & Archer, 1990). Thus, the present study is aimed at better understanding the associations among attitudes (as measured through the construct of EE) and parent-offspring relationship quality (i.e., relationship conflict and relationship satisfaction). We also examine how the quality of students' relationships with their parents relates to their emotional well-being (depression, anxiety and self-esteem).

## **Hypotheses**

Three sets of questions are being addressed in this study. The first hypothesis concerns how EE relates to relationship quality and emotional well-being. Hooley and Campbell

(2002) suggest that criticism is the most important element of the EE construct because criticism implies a desire for things to be different, which could understandably lead to dissatisfaction and conflict within a relationship. Therefore, it is hypothesized that participants rated as high EE-critical will report less satisfaction and greater conflict in their relationship with their parent. Because poor relationship quality is associated with diminished emotional well-being (e.g., Sacco et al., 1993; Lindelöw, 1999), it is also expected that high EE participants will have higher levels of depression and anxiety and lower levels of self-esteem.

The second set of questions examines the associations between relationship quality and three different aspects of emotional well-being: depression, anxiety, and self-esteem. Based on the literature, which has found correlations between relationship quality and mental health (Paikoff & Brooks-Gunn, 1991; Schwartz & Buboltz, 2004), satisfying and less conflictive relationships with one's parents are hypothesized to be related to less depression and anxiety and higher self-esteem.

The third set of questions is aimed at better understanding the association between relationship conflict and relationship satisfaction. Based on previous research, it is hypothesized that more conflictual relationships with one's parents will be associated with decreased relationship satisfaction. Furthermore, based on Fincham et al.'s (1990) assertion that attitudes are likely to impact conflicts and determine relationship satisfaction, we hypothesize that the relationship between conflict and satisfaction will be mediated by students' attitudes towards their parents, rated using the EE construct.

## METHOD

### Participants

One-hundred-fifty (99 female and 51 male) undergraduate students attending the University of Miami, a private, medium-sized research institution in southeast Florida, participated in this study. Participants received research credit for an introductory Psychology course in compensation for their participation. The mean age of participants was 19.81 ( $SD = 3.45$ ) and the ethnic breakdown was 41% Caucasian, 37% Hispanic, 11% African American, and 11% other. Only participants with at least one living parent or guardian were included in this study.

### Materials

Participants in this study completed a FMSS interview and several survey instruments. Each instrument is described below:

*Background information.* A demographic sheet was included to assess participants' age, gender, and ethnicity.

*Expressed emotion.* In this study, expressed emotion was rated using the Five Minute Speech Sample (FMSS; Magaña et al., 1986). Respondents were asked to speak, uninterrupted for five minutes about the parent, with whom they were in most regular

contact, telling the interviewer what kind of person he or she is and how the two of them get along. Following the guidelines established by Magaña et al., participants were coded as high EE-critical if they made a negative initial statement about the parent or the relationship between the parent and themselves, if they reported a negative relationship with their parent, or if they expressed one or more criticisms about their parent. All other relatives were rated as low-EE. It should be pointed out that in some studies EOI (emotional over-involvement) is rated as high EE. This is because high EOI in relatives of patients with serious mental disorders has been found to relate to poorer course of illness (i.e., relapse; Vaughn & Leff, 1976; Hahlweg & Goldstein, 1987; Karno et al., 1987). However, while premorbid characteristics of patients from high-EE-critical and low-EE homes have generally been found to be indistinguishable, some research indicates that patients from EOI homes are actually more severely ill than patients from low EE homes (Miklowitz et al., 1996). Thus, the relationship of EOI to outcome may be a function of relatives responding in a more protective, overly involved fashion to more severe symptoms in their loved ones, rather than the EOI causing the poorer prognosis. Furthermore, according to Hooley (1987) and others (Barrowclough, Johnston, & Tarrier, 1994; Brewin, MacCarthy, Duda, & Vaughn, 1991), the beliefs and attributional processes of EOI relatives are more similar to those of low EE relatives than to those of critical or hostile high EE relatives. Thus, in a nonclinical sample, EOI is best conceptualized as low-EE.

Two coders received FMSS training from a certified EE trainer. To assess their reliability, the coders rated ten FMSS tapes. Five tapes were not a part of the current study and five tapes were from the current study. Inter-rater agreement for EE classification as high or low was 100%.

*Relationship satisfaction.* A modified *Quality of Marriage Index* (Norton, 1983) was used to assess satisfaction with the parental relationship. Individuals were asked to indicate to what extent they agreed or disagreed with five statements; possible answers ranged from 1 (very strongly disagree) to 7 (very strongly agree). Two examples from the scale are, "We have a good relationship" and "My relationship with my parent makes me happy." The final question asked participants to rate their degree of happiness in their relationship with the parent. Possible answers for this question ranged from 1 (completely unhappy) to 10 (perfectly happy). The responses to the six questions were summed to create a total score of relationship satisfaction, with higher scores representing greater relationship satisfaction. Cronbach's alpha was .94 for this scale.

*Depression.* The *Beck Depression Inventory* (Beck, Ward, Mendelson, Mock, & Erbaugh 1961) was utilized to measure depression. Participants were instructed to read 21 groups of statements and to select the statement from each group that best described how they had been feeling during the past week, including the day on which the instrument was administered. The scale measures mood, guilt, suicidal thoughts, body image, sleep patterns, appetite, etc. Cronbach's alpha was .83 for this scale.

*Anxiety.* Anxiety was measured using the *Beck Anxiety Inventory* (Beck, Epstein, Brown, & Steer, 1988). The measure presents 21 common symptoms of anxiety and asks the respondent to indicate how much he or she has been bothered by each symptom during the past week, including the day on which the instrument was administered. Possible answers were 0 (Not at all), 1 (Symptoms mildly), 2 (Moderately), and 3 (Severely). Examples of common symptoms included heart pounding or racing, difficulty breathing, and fear of the worst happening. Cronbach's alpha was .91 for this scale.

*Self-esteem.* Self-esteem was assessed using the *Rosenberg Self-Esteem Scale* (Rosenberg, 1989). Participants were asked to indicate to what extent they agreed or disagreed with a series of statements related to self-esteem; possible answers included (1) strongly agree, (2) agree, (3) disagree, and (4) strongly disagree. Sample questions included: "I feel that I have a number of good qualities" and "I feel I do not have much to be proud of." Some answers were reverse coded so that lower scores on the scale were indicative of a higher self-esteem. Cronbach's alpha was .88 for this scale.

*Relationship conflict.* Conflict in the parental relationship was measured using a modified negative interaction and conflict scale known as the National Survey (Stanley, Markman, & Whitton, 2002). Participants answered True or False to a series of eight statements. Sample items included, "Little arguments escalate into ugly fights with accusations, criticisms, name calling, or bringing up past hurts", "I hold back from telling my parent what I really think and feel", and "I feel lonely in this relationship with my parent." Higher scores on this scale indicated less conflict in the parent-child relationship. Cronbach's alpha was .76 for this scale.

## Procedure

Participants arrived in groups of five to the testing site. Research assistants (two trained undergraduate psychology majors) administered informed consent forms to the participants. One at a time, participants accompanied one of the research assistants to a separate interviewing room while the remaining participants waited in a waiting room. The research assistant asked the participant if both of his or her parents were living. If only one parent was living, the participants were administered the FMSS interview (while being tape recorded) regarding the living parent. If both parents were alive, the participants were asked to give an FMSS regarding the parent with which they had the most contact. Of the 150 participants involved in the study, Five Minute Speech Samples were collected from 144 (6 FMSS were inaudible due to poor tape quality).

## RESULTS

Two independent sample t-tests were conducted to assess the hypotheses that high-EE towards a parent would be related to less satisfaction and greater conflict in the relationship between the participant and his or her parent. As hypothesized, participants rated (by an independent observer) as high-EE towards a parent reported less satisfaction,  $t(142) = 3.53$ ,  $p < .01$ , and greater conflict,  $t(141) = 3.96$ ,  $p < .01$ , in their relationships with their parent than did low-EE participants. Contrary to expectations, no relationships were found between EE and depression, anxiety, or self-esteem, all  $p$ 's  $> .05$ .

The associations among relationship quality and emotional well-being were also investigated. In line with study hypotheses, lower scores on the measure of relationship conflict (i.e., indicating greater conflict in the relationship) were associated with increased depression ( $r = -.23$ ;  $p < .01$ ), and anxiety ( $r = -.21$ ;  $p < .01$ ) and diminished self-esteem ( $r = .16$ ;  $p < .05$ ). Greater relationship satisfaction was also related to lower depression ( $r = -.22$ ;  $p < .01$ ) and greater self-esteem ( $r = .17$ ;  $p < .05$ ), but was not related to anxiety ( $r = .11$ ;  $p > .05$ ).

Our third set of questions was aimed at better understanding the association between relationship conflict and relationship satisfaction. As hypothesized greater conflict (i.e. lower scores on the National Survey) was related to less satisfaction in the relationship, ( $r = .28$ ,  $p < .01$ ). To test whether EE mediates the relationship between conflict and satisfaction, we followed Baron and Kenny's (1986) guidelines for testing mediators. Mediators are defined by Baron and Kenny as the generative mechanism through which the focal independent variable is able to influence the dependent variable of interest (pp. 1173). We derived this hypothesis in part from Fincham et al.'s (1990) view that attitudes are likely to mediate the impact of the conflict and determine relationship satisfaction. In other words, the manner by which conflict in a relationship transforms into dissatisfaction is hypothesized to be via critical attitudes (high EE) that may develop as a result of the conflict.

According to Baron and Kenny (1986), the following conditions must be met to demonstrate mediation: (a) the independent variable must influence the mediator variable in the predicted direction, (b) the mediator variable must influence the dependent variable in the predicted direction, (c) the independent variable must influence the dependent variable in the predicted direction, and (d) the relation between the independent variable and the dependent variable must be eliminated when the dependent variable is regressed on both the independent variable and the mediator (for perfect mediation) or at least significantly reduced (for partial mediation). As reported above, conflict was related to EE and to relationship satisfaction in the expected directions, satisfying conditions A and C, and EE was related to satisfaction in the expected direction, satisfying condition B. However, the relationship between conflict and satisfaction was not significantly reduced when satisfaction was regressed on both conflict and EE,  $R^2$  change = .00,  $F(1, 147) = .14$ ,  $p = .70$ . Thus, the relationship between conflict and satisfaction does not appear to be mediated by EE.

## DISCUSSION

This study was designed to better understand associations among EE attitudes and relationship quality between parents and college students, and to examine how these factors relate to emotional well-being of college students. The results of this study supported the hypothesis that EE relates to relationship quality. As hypothesized, participants rated as high EE by an independent observer reported less satisfaction and greater conflict in their relationship with a parent. However, study results did not support the hypothesis that EE mediates the relationship between conflict and satisfaction. Thus, merely targeting attitudes about one's parents in treatment is unlikely to impact conflict and satisfaction in the relationship. Instead, more directed efforts at helping students identify ways that they may decrease conflict with their parents appear warranted.

Study results indicate that greater conflict in one's parental relationships is strongly associated with increased emotional distress (increased depression and anxiety) and poorer self-esteem. Similarly, greater satisfaction with parental relationships is associated with less depression and better self-esteem. Our results suggest that clinicians may wish to be especially careful in evaluating the nature of parent-child relationships when working with young adults who present with anxiety, depression and/or low self-esteem. Again, these results underscore the importance of targeting positive parent-child interactions (i.e., reducing

perceived conflict and increasing relationship satisfaction) in order to improve the emotional well-being of college students.

Our findings, for the most part, are consistent with those of the marital literature (e.g., Sacco et al., 1993). In general, less conflict in one's relationship with his/her parent was associated with less depression and anxiety and better self-esteem. Also consistent with the marital literature, more satisfying relationships with one's parent appear to relate to better self-esteem and less depression. In this study, however, anxiety was not related to relationship satisfaction. A possible explanation for why conflict, but not satisfaction, related to anxiety may be clarified by referring to the definition of anxiety. Anxiety is generally defined as an apprehension about possible danger (Butcher et al., 2004). Feelings of anxiety may arise from argumentative or conflictual parent-child relationships because of the potential for these conflicts to escalate into more ostensibly dangerous environments (e.g., physical fights, violent arguments, abandonment). On the other hand, dissatisfaction with a parental relationship, while impacting mood and self-esteem, may not result as easily in anxiety because the potential for threat or danger is less obvious than it is with conflict. Similarly, dissatisfaction in marital relationships may be more likely to lead to anxiety than dissatisfaction in parental relationships because parent-child relationships may be viewed as more secure and stable than marriages. In other words, the much greater potential for separation or divorce in marital relationships, as opposed to parent-child relationships, may make anxiety a more common reaction to marital dissatisfaction than to dissatisfaction with one's parent. Conversely, those who are more anxious and depressed and have lower self-esteem may be more likely to perceive their relationships negatively and feel dissatisfied.

In summary, results of the current study indicate that low EE towards a parent is associated with greater relationship satisfaction and less conflictive relationships. In this study parent-child conflict appeared to be the strongest and most robust predictor of emotional well-being. Thus, study results highlight the importance of reducing conflict (or at least perceived conflict) between college students and their parents in order to improve emotional well-being. Using exercises in treatment such as effective emotional expression techniques, active listening, and anger management strategies (Baucom & Epstein, 1990) may help students and other young adults prevent serious conflicts with parents or at least mitigate conflicts when they do arise.

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