WHAT FAMILY MEALTIME BRINGS TO THE TABLE

by

Alicia K. Leon

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

Family mealtimes together appear to play an important role in adolescent mental health. Family mealtime frequency is associated with positive outcomes such as greater well-being, self-esteem, happiness, and better mental health in adolescents. However, the aftermath of the COVID-19 lockdown left behind even higher levels of depression and anxiety and other mental health concerns in adolescents. Moreover, children from lower SES tend to have higher anxiety levels, depressive affect, and stress. In this study, I proposed to help bridge that gap in the research by examining adolescents from low SES families and help determine how much family mealtimes may benefit families from lower SES. I explored the association between the frequency of family mealtimes and anxiety, depression, stress levels, and well-being in adolescents from low SES families using a Pearson's correlation coefficient quantitative approach**.** A sample size of 34 participants was used in this study. The surveys and questionnaires used for data collection consisted of multiple-choice questions regarding demographics, mealtime frequency, the Depression, Anxiety, Stress Scales-Youth Scale (DASS-Y), and the Well-being scale-Stirling Children's Well-being Scale (SCWBS). Results indicated that there was not a statistically significant relationship between frequent family mealtimes and anxiety, depression, and stress. However, there was a statistically significant relationship between frequent family mealtimes and well-being in adolescents from low SES families in a rural county in Virginia. These findings have significant implications for designing interventions to improve mental health outcomes in this population.

Dedication

I dedicate this dissertation to God. I would never have attempted it without His persistence and assertive command to pursue this journey. It is He who gave me the strength and inspiration to keep pushing. This is His work and His plan, so all the glory and praise belongs to Him. I want to thank my family for their ongoing support, especially my loving husband, David, and my three beautiful children, Adyson, Peyton, and Adalynn. Finally, to my sweet grandmother, Nellie, no words can express my deep appreciation and admiration for you. Your love, encouragement, and guidance have shaped me into the aspiring woman I am today; thank you, and I love you.

Acknowledgments

I want to acknowledge the individuals who influenced the completion and writing of my dissertation. I want to express my profound appreciation to my chair, Dr. Margaret Gopaul, and my committee member, Dr. Natalie Hamrick. Thank you both for your patience, feedback, and encouragement through this process. I could not have done this without you. I also want to acknowledge the crucial role of the school division in making this endeavor possible. Thank you to the Superintendent, staff, and participants for their flexibility and willingness to help me.

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CHAPTER 1: INTRODUCTION TO THE STUDY

What Family Mealtime Brings to the Table

Family mealtimes provide the opportunity to interact, bond, and communicate with one another. Relationships and a sense of belonging are cultivated during the positive interactions provided by family mealtimes. However, the onset and the aftermath of COVID-19 have introduced more chaos and mental health issues in the home so that family mealtimes may be even more critical now. Before COVID-19, previous research had studied the importance of family mealtimes and their benefits, such as parent-child connectedness, a greater sense of well-being and happiness, greater life satisfaction, and better overall mental health in adolescents (Fulkerson et al., 2019). However, since the onset of COVID-19, there has been an increase in the number of symptoms of depression, anxiety, and internalizing problems in adolescents (Gotlib et al., 2022). Frequent family mealtimes might be the catalyst that keeps the family intact.

Background

Many findings show that family mealtimes produce positive outcomes and protective components, especially in adolescents (Armstrong-Carter & Telzer, 2020). A study of 731 adult parents who reported having at least one child residing in the home revealed that having frequent family mealtimes was associated with increased closeness (Marks et al., 2023). Regular family mealtimes yield a host of positive outcomes, including increased well-being, self-esteem, and happiness (Armstrong-Carter & Telzer, 2020; Chang et al., 2020; de Amaral el Melo et al., 2020; Fulkerson et al., 2010; Kameyama et al., 2021; Kimura et al., 2021; Robson et al., 2020; Utter et al., 2019). They also foster positive connections, communication, and togetherness (Chapman-Novakofski, 2020; Dallacker et al., 2019; de la Torre-Moral, 2021; Jeune, 2020;

Middleton et al., 2020; Robson et al., 2020; Thompson et al., 2021; Trofholz et al., 2021; Walton et al., 2020), enhance life satisfaction (Kimura et al., 2021; Smith et al., 2022), and promote better mental health (Agathão et al., 2021; Utter et al., 2019). The dining environment also plays a crucial role in how adolescents respond to and benefit from these family mealtimes (Wood et al., 2020).

Even during COVID-19, which had the world at a standstill and in lockdown, there were some associations with the ongoing benefits of family mealtimes and protective factors. Benefits during COVID-19 that revolved around family mealtimes included an increase in family mealtime together (Akamtsu et al., 2021), family connectedness (Hammons & Robart, 2021; Marks et al., 2022;), and a greater sense of well-being and self-esteem (Berge et al., 2021). However, some adverse effects, such as an increase in mental health concerns (Alfaris, 2021; Nagaoka et al., 2022), have been a consequence of the COVID-19 pandemic. Research from Gotlib et al. (2022) indicated that adolescents reported more symptoms of depression, anxiety, and internalizing problems than adolescents before the pandemic. Therefore, with mental health issues for adolescents on the rise, the need for better child-parent communication is at an all-time high. Li et al. (2022) revealed that parent-child communication was associated with better adolescent psychological outcomes, including lower depression symptoms and higher subjective well-being.

Having open and respectful family connections and interactions during family mealtimes provides teaching opportunities for parents to model healthy and Godly behaviors. Adolescents learn by watching and modeling from their parents; they model back what they observe, good and bad. The Social Learning Theory (SLT), a cornerstone

of this study, suggests that individuals learn by observing, experiencing, and interacting with people within their environments (Bandura, 1977). Adolescents will replicate healthy and Godly behaviors that parents frequently model. On the converse, adolescents nowadays more frequently observe undesirable behaviors from social media and peers (Dutemple et al., 2023). Establishing frequent family mealtimes together helps create a comfortable and safe environment that endorses and allows for positive and healthy parental modeling. These constructive encounters will assist in shaping or forming desired behaviors in adolescents.

The last supper was the most divine and marvelous conversation held at a dining table. Jesus used the table as a gathering place to share, interact, and teach. Jesus broke bread with sinners to religious leaders and used mealtimes to create a platform for communication to help form relationships and make spiritual connections and dynamic impacts. He, too, felt that it was a sacred place to come together to model, teach the Good News, and share important information. The Bible states, “For where two or three gather in my name, there am I with them” (*Holy Bible, New International Version*, 1978/2011, Matthew 18:20). Togetherness at the dinner table supports the biblical foundation of loving, helping, teaching, and supporting one another in the transformation of becoming more like Christ.

Despite most of the research stating that frequent family mealtimes have had outstanding benefits, on March 16, 2020, COVID-19 changed how family mealtimes were conducted. Along with that change, COVID-19 brought on various degrees of unforeseen stress and chaos for the family. Adverse effects included an increase in mental health concerns in adolescents (Nagaoka et al., 2022) because of the COVID-19

lockdown. Most of the research collected does not solely evaluate socioeconomic status (SES) and, therefore, has not been able to assess whether the benefits of frequent family mealtime are present in adolescents with a lower SES. The outcomes from this study will assist in understanding if having frequent family mealtimes is associated with lower levels of anxiety, depression, and stress and higher levels of well-being in low SES adolescents.

Problem Statement

Family mealtimes can be used to establish and maintain relationships, cultivate a sense of belonging, and communicate with one another. Family mealtimes have been associated with protective components and positive outcomes such as better eating habits (Baltaci et al., 2021), a greater sense of well-being, self-esteem, and happiness (Armstrong-Carter & Telzer, 2020), and better mental health (Agathão et al., 2021; Utter et al., 2019) in adolescents. The aftermath of the COVID-19 lockdown left behind higher levels of depression and anxiety (Gotlib et al., 2022) and an increase in other mental health concerns (Nagaoka et al., 2022) in adolescents. With mental health issues for adolescents on the rise, the need for better child-parent communication is at an all-time high. Li et al. (2022) revealed that increased parent-child communication was associated with good psychological outcomes, including lower depression symptoms and higher well-being in adolescents.

Although the most current research on family mealtimes indicates that frequent family mealtimes are likely to impact adolescent psychological outcomes positively, most of the research has not examined adolescents from a lower socioeconomic status (SES). More than one-fifth (22%) of adolescents living below the poverty level have some

mental, developmental, or behavioral disorder (Cree et al., 2018) and higher anxiety levels, depressive affect, and stress (Silva et al., 2022). The lower SES population has been under-researched in this area. This study will help bridge that gap in the research by examining adolescents from lower SES families and help determine how much family mealtimes may benefit families from lower SES. It will explore the association between the frequency of family mealtimes and the levels of anxiety, depression, stress, and well-being in adolescents from low-SES families.

Purpose of the Study

The purpose of this quantitative survey study is to examine the association between the frequency of family mealtimes and mental health outcomes of anxiety, depression, stress, and well-being among adolescents with low SES.

Research Question(s) and Hypotheses

Research Questions

RQ1: What is the association between the frequency of family mealtimes and anxiety in adolescents with low SES?

RQ 2: What is the association between the frequency of family mealtimes and depression in adolescents with low SES?

RQ 3: What is the association between the frequency of family mealtimes and stress in adolescents with low SES?

RQ 4: What is the association between the frequency of family mealtimes and well-being in adolescents with low SES?

Hypotheses

Hypothesis 1: There will be a negative relationship between the frequency of family mealtimes and anxiety in adolescents with low SES.

Hypothesis 2: There will be a negative relationship between the frequency of family mealtimes and depression in adolescents with low SES.

Hypothesis 3: There will be a negative relationship between the frequency of family mealtimes and stress in adolescents with low SES.

Hypothesis 4: There will be a positive relationship between the frequency of family mealtimes and well-being in adolescents with low SES.

Assumptions and Limitations of the Study

The limitation I anticipate will be student absences during the data collection day(s). Since this study is done only once, this may decrease my sample size. Secondly, the Depression, Anxiety, and Stress tool is normed for ages 7-18; however, some of the language and comprehension of the questions may affect some participants with a learning disability. The final challenge will be to ensure that all students are in one of the elective courses (PE, health, art, technology education, or music), per their schedule, when data is being collected. Another limitation of my study could be that the family dynamics of whom the child lives may not be assessed; therefore, this variable could affect the levels of mental illness in adolescents.

A limitation of my study may be the population sample and how it will relate to the general population. The school district I will be using for my data collection has a 97% White population; therefore, a limitation is that these results cannot be generalized to any demographics outside the White race.

It is assumed that the participants will answer honestly and truthfully. I also assume that the variables being analyzed are measurable (anxiety, depression, stress, and well-being) and that the instruments being used are reliable and valid tools for measuring those variables. Finally, the sample size is assumed to be sufficient to detect significant relationships and differences in a specific population.

Theoretical Foundations of the Study

Parents serve as powerful and influential role models for their children. Children's behaviors are predominantly influenced by what they see their families do. According to social learning theory, most behaviors are learned by observing others through role modeling (Bandura, 1977). Interacting with parents and portraying them as role models are parts of socialization during their childhood and adolescent years. Parents not only serve as influential role models of behaviors for their children, but they also can teach and shape their children's behaviors over their lifespan through parent and child interactions (Dutemple et al., 2023).

Social learning theory is a reinforcement system in which observation and imitation of behaviors receive a reward. According to Bandura (1977), there are four processes in observable learning: attention, retention, motor reproduction, and motivation and reinforcement. In the first step, the observer must pay close attention and retain the event in memory for use later. This step is critical in determining if the observer will model the observed behavior in later use (Bandura, 1977). The second step is retention, which is how well the behavior is retained. Retention and memory of the event are essential for replicating and imitating new behavior. The next step is reproduction, which is the ability to produce or replicate the new behavior. This will involve ability level, how

often the behavior was observed, the level of reinforcement, and how well the behavior was retained (Bandura, 1977). Lastly, a person must have the will and desire to imitate the learned behavior. Thus, without motivation and reinforcement, there will be no change in behavior. The consequences of the mirrored behaviors are likely to increase or decrease the probability of the mimicked behaviors (Bandura, 1977). This theory suggests that behaviors are learned from reinforcement, such as rewards and punishments, that affects the likelihood of a behavior occurring again.

A place to watch the phenomenon of the social learning theory unfold is during family mealtimes. During this process, social learning theory suggests that observation, mimicking or imitation, and modeling play a role in how children learn information and behaviors, develop social skills, and formulate attitudes (Dutemple et al., 2023). For instance, a child may observe their parents' behavior and imitate it to fit in with their family, or an adolescent may watch their parents pray at the table and imitate their faith to grow spiritually. The focus behind the social learning theory is that learning happens by observing and imitating other people. Parents can utilize the dinner table as the modeling agent for parents to be on display for their children to copy and learn their most desirable behaviors, such as praying.

Parents present themselves as positive role models that teach children good behavioral and spiritual characteristics through their guidance and reactions at the dining table. If parents are kind, respectful, and understanding and display Christlike behaviors, their children may follow and imitate their lead. In this case, observing the parents as a positive role model can lead to desirable behaviors in an adolescent.

Having a supportive and accepting family connection is one component of resilience, and family mealtime may be a way to give and receive support and acceptance. For resilience to occur, there must be a quality influence of significant relationships with family, intimate partners, teachers, and coaches who believe in their potential, encourage them to make the best of their lives, and support their efforts (Walsh, 2016). These effective family processes matter most when coping and dealing with adversity. In contrast, family cohesion can be shattered if family members cannot count on one another. In crises such as COVID-19, resilience is strengthened and reinforced by these relationships. Resilient families build on their successes and use failure as learning opportunities. Family mealtimes may be the intervention that is needed for families to share struggles, discuss hardships, express empathy, and collaboratively overcome adversity together.

God has a way of showing up at the table. Jesus gathered at the dining table to share and teach the Good News; it represents His grace, mercy, and goodness. At the dining table, conversations and fellowship occur, food is eaten, stories are told, and sins are confessed. Jesus used mealtimes to connect with religious leaders, tax collectors, and sinners. The Bible depicted the dining table as a sacred place where togetherness, brokenness, and blessings occur. Prayer occurs at the table, which enables the ability to experience God's nearness, kindness, and love. Togetherness at the dining table supports the biblical foundation of loving, helping, teaching, and supporting one another in the transformation of becoming more like Christ.

Definition of Terms

The following is a list of definitions of terms used in this study.

Adolescence – Adolescence is defined as a phase between childhood and adulthood, ages 10 to 19 (World Health Organization, 2023).

Anxiety- Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure. (American Psychological Association, 2023).

COVID-19 – COVID-19 is defined as an infectious disease caused by the SARS-CoV-2 virus that can be very contagious. According to the Centers for Disease Control and Prevention (2023), over one million people have died from COVID-19 in the United States.

Depression – Depression is defined as the feeling of dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia (Szabo & Lovibond, 2022).

Family mealtimes – Family mealtimes are defined as meals in which at least one parent eats a meal-breakfast, lunch, dinner, or snack with a child (Knobl et al., 2022).

Socioeconomic status (SES)- Socioeconomic status is defined as the position of an individual or group on the socioeconomic scale, which is determined by economic and social factors such as income, education, occupation, and place of residence (American Psychological Association, 2023).

Stress – Stress is defined as levels of chronic nonspecific arousal, difficulty relaxing, nervous arousal, being easily upset/agitated, irritable/overreactive, and impatient (Szabo & Lovibond, 2022).

Well-being – Well-being is defined as optimism, cheerfulness, and relaxation; satisfying interpersonal relationships; clear thinking and competence (Liddle & Carter, 2015). An

individual's level of happiness and life satisfaction (American Psychological Association, 2023) and their sense of contribution to society (World Health Organization, 2023).

Significance of the Study

The significance that my study could bring to the research literature, to practice, or to the world is knowledge of the association between the frequency of family mealtimes and mental health outcomes of anxiety, depression, stress, and well-being among adolescents with low SES. Since COVID-19 and the lockdown, there have been higher levels of depression, anxiety, and stress seen within our youth and adolescent population (Gotlib et al., 2022). Research shows that family mealtimes provide positive benefits and protective components in adolescents. Therefore, making time for family mealtimes together may act as an "antibody" against many of the problems adolescents face in the everchanging, fast-paced lifestyle. Making family mealtime a priority may be among the best and easiest ways to ensure adolescent protective factors today, especially for adolescents from low SES families who are more at risk for poor mental health.

Summary

In conclusion, this proposed study will help explain the importance of family mealtimes together and positive outcomes such as a greater sense of well-being, self-esteem, and happiness (Armstrong-Carter & Telzer, 2020) and better mental health (Agathão et al., 2021; Utter et al., 2019) in low SES adolescents. Unfortunately, the COVID-19 lockdown left adolescents with higher levels of depression and anxiety (Gotlib et al., 2022) and increased mental health concerns (Nagaoka et al., 2022).

Even though adolescents from lower SES tend to have higher anxiety levels, depressive affect, and stress (Silva et al., 2022) before COVID-19, this study proposes to

help bridge that gap by examining adolescents from low SES families and help determine how much family mealtimes may benefit families from lower SES. This study's results will help identify if the frequency of family mealtimes is associated with anxiety, depression, stress levels, and well-being in adolescents from low SES families. If these results are significant, then the suggestion of frequent family mealtime intervention should be made more publicly aware and encouraged by all families, but most importantly, families from low SES communities who are more at risk for poor mental health.

CHAPTER 2: LITERATURE REVIEW

Overview

Relationships and a sense of belonging are cultivated during the positive interactions provided by family mealtimes together. The COVID-19 pandemic introduced more chaos and mental health issues in adolescents. Therefore, family mealtimes' togetherness may be even more critical now. Previous research has studied the importance of family mealtimes and their benefits, such as parent-child connectedness, a greater sense of well-being and happiness, greater life satisfaction, and better overall mental health in adolescents (Fulkerson et al., 2010). However, since COVID-19, there has been an increase in the number of symptoms of depression, anxiety, and internalizing problems in adolescents (Gotlib et al., 2022). Frequent family mealtimes might be the hidden gem that keeps adolescents healthy and happy.

Description of Search Strategy

When researching and developing this study, I searched various literature, specifically from the Jerry Falwell Library online database, PsychINFO, PsycARTICLES, MEDLINE, and EBSCOhost databases. The search was limited to peer-reviewed scholarly journal articles. I used the following keywords: family mealtimes and adolescents, family meals and adolescents, frequent family mealtimes, adolescent development, anxiety and adolescents, depression and adolescents, stress and adolescents, well-being and adolescents, low socioeconomic status and adolescents, COVID-19 and adolescents, family resilience, and social learning theory. I identified two themes in conducting these searches and reviewing the literature: research before COVID-19 and after COVID-19. The inclusion criteria for literature to be included in the review were as follows: (a) peer-reviewed, (b) journal articles, (c) psychology discipline,

and (d) written in English. The biblical research came from a word study from the database biblegateway.com and was cross-referenced with scripture from the Holy Bible, New International Version.

Review of Literature

Family mealtimes provide the opportunity to interact, bond, and communicate with one another. Relationships and a sense of belonging are cultivated during positive interactions provided by family mealtimes. However, the onset and the aftermath of COVID-19 have introduced more chaos and mental health issues; thus, family mealtime may be even more critical now than ever. Before COVID-19, previous research has studied the importance of family mealtimes and the benefits, such as a greater sense of well-being and happiness, greater life satisfaction, and better overall mental health in adolescents (Armstrong-Carter & Telzer, 2020). In addition, family mealtimes have been used as a buffer to help remediate family conflicts (Armstrong-Carter & Telzer, 2020) and as a platform for modeling healthy eating habits from parents (Baltaci et al., 2021). However, since the onset of COVID-19, there has been an increase in the number of symptoms related to depression, anxiety, and stress in adolescents (Gotlib et al., 2022) due to worldwide social isolation that has impacted mental health.

Family Mealtime

According to the ecological systems theory, the family is one of the most influential and essential components for adolescent socialization and growth, influencing their adaptation and development (Bronfenbrenner, 1979). Adolescents go through vast life-changing events socially and emotionally during this critical time of development, and family mealtimes can support their healthy growth and positive development (do

Amaral e Melo et al., 2020). During adolescence, an increased level of independence occurs, which results in a breakaway or disconnect from their parents. At that time, their daily routines shift to be centered around their non-family relationships and are influenced most by their peers and what happened in school (Espinoza & Hernandez, 2022). As a result of this critical time in adolescents, communication and closeness with parents decrease; therefore, the availability and the gathering that family mealtimes can allow families the opportunity to communicate and interact. About two decades ago, previous research suggested that almost a third of American adolescents had family dinners daily, whereas about a third reported only having family dinners fewer than twice a week (Neumark-Sztainer et al., 2013). Despite the positive outcomes of family mealtimes, the trajectory of family mealtimes is steadily declining.

Adolescents who regularly participate in family mealtimes stand to gain significant and enduring benefits. Research by Fulkerson et al. (2010) suggests that family dinners provide a unique opportunity for meaningful interactions between parents and adolescents. Furthermore, other studies indicate that any mealtime, not just family dinners, can serve as a platform for family communication (Neumark-Sztainer et al., 2000). This cherished time allows parents to model family values and strengthen family bonds. Family mealtimes create an environment for deeper and more meaningful conversations among family members, particularly in families with higher education levels (Elgar et al., 2013). This, in turn, leads to healthier family functioning, improved problem-solving, and increased parental monitoring. Additional findings show that parents agree with the research, recognizing family mealtimes as a valuable opportunity for communication and socialization with their families (de la Torre-Moral, 2021).

Research suggests some variability regarding a family's socioeconomic status (SES), benefits, and frequency of family mealtimes. For example, in a study of 104 children, with 28% of the families receiving economic assistance, Friend et al. (2022) found that families that received economic assistance consumed healthier snacks than those that did not. Concerning frequency and its association with SES, family mealtimes increased for families with higher socio-economic status and declined for families with lower SES (Neumark-Sztainer et al., 2013). Therefore, no matter a family's SES level, consuming frequent mealtimes together appears essential and beneficial for families from all income levels (Friend et al., 2022).

Various research indicates that frequent family mealtimes are associated with a decreased risk for adolescent eating disorders (Glanz et al., 2021). Other factors, such as fewer unhealthy behaviors surrounding weight control (Fulkerson et al., 2010; Neumark-Sztainer et al., 2010;), have been associated with frequent family mealtimes. Even though most parents stress nutrition-related priorities for their families, Jeune (2020) found that less than 50% of parents currently practice "healthy" family routines themselves.

An abundance of the literature suggests that the frequency of family mealtimes is associated with a higher sense of well-being in adolescents. In a study of 817 Chinese seventh-grader subjects, Chang et al. (2020) found that family dinner frequency significantly correlated with adolescents' happiness. In addition, family dinners were a strong indicator or predictor of internal assets.

The environment in which the family eats is another crucial factor in how the adolescent will respond (Wood et al., 2020). There is not much data to support whether the "experience" of frequent family mealtimes acts as a buffer for stress and interpersonal

conflicts. However, a study by Armstrong-Carter and Telzer (2020) found that greater role fulfillment and happiness and less distress and burnout were felt when those adolescents shared a meal with their families. Furthermore, there was an increase in adolescents' negative emotionality only on the days there was no family mealtime, suggesting that family mealtimes assist in buffering family conflict.

Frequent family mealtimes have been known to cultivate other variables such as positive connections, communication, and togetherness (Dallacker et al., 2019; Middleton et al., 2020; Thompson et al., 2021; Trofholz et al., 2021; Walton et al., 2020) and better mental health (Utter et al., 2019) in adolescents. In a study of 2,743 aged 9-17 male and female Brazilian subjects, Agathão et al. (2021) found that consistent family mealtimes were a protective factor for mental health. The risk of common mental disorders was 0.75 for children who had two family mealtimes regularly and 0.87 for those children who had only one family mealtime, compared to children who had no regular family mealtimes.

Most research indicates frequent family mealtimes can significantly and positively impact adolescents, leading to greater life satisfaction (Kimura et al., 2021). A study by Brown et al. (2019) found a significantly positive association between frequent family mealtimes and adolescent perceptions of feeling love, parent and child communication, spending time with parents, and emotional support. In the same study, boys and older adolescents were more likely to report more frequently shared meals than girls and younger adolescents. Given these protective factors, it is crucial to study the frequency of family mealtimes in adolescents during and after the COVID-19 pandemic to determine whether these protective factors can still be harnessed to support adolescent mental health in the face of global crises.

COVID-19

In March 2020, the COVID-19 pandemic began to sweep its way through the world rapidly, causing widespread closures of businesses, schools, places of worship, and all outdoor and indoor activities. To slow the spread of the virus, the government put restrictions in place, resulting in global social isolation and seclusion, which ultimately led to significant consequences of mental health issues (Brooks et al., 2020). These restrictions may have been challenging for all. Still, they may have had more of an effect on adolescents because, during this developmental stage, healthy social development and emotional support rely heavily on peer interactions and connections (Espinoza & Hernandez, 2022). Therefore, being isolated during this time of their development could be detrimental to their healthy psychological and mental health development. A study by Magson et al. (2020) found that adolescents were more worried about the socially isolating restrictions from the government that were intended to control the spread of the COVID-19 virus than the actual virus itself; those worries and fears were associated with increased depression symptoms and anxiety and decreased life satisfaction in adolescents.

The time of isolation and stay-at-home orders associated with the pandemic increased frequent family mealtimes, leading to more opportunities to bond and connect with the entire family (Redmond, 2020). Uniting in family mealtimes during a stressful time such as the COVID-19 pandemic may have provided the opportunity for everyone in the home, including adolescents, to come together to be nourished physically, mentally, emotionally, and spiritually. However, much is still unknown about whether sharing family mealtimes during the COVID-19 pandemic and after the pandemic continues to

produce the same effect as previously reported, such as a decrease in anxiety, depression, stress, and an increase in well-being in adolescents. For example, prior research has demonstrated that family mealtimes have been associated with a greater sense of well-being (Armstrong-Carter et al., 2020; Chang et al., 2020; Fulkerson et al., 2010; Robson et al., 2020; Utter et al., 2019) and better mental health in adolescents (Agathão et al., 2021; Utter et al., 2019), and therefore might be expected to exhibit the same benefits in adolescents during and after the COVID-19 pandemic.

To support this claim, Berge et al. (2021) found that adolescents who reported having, on average, 4.6 family mealtimes per week during COVID-19 had lower levels of perceived stress and depressive symptoms and a more extraordinary perceived ability to manage stress. This could explain why parents with frequent family mealtimes with their children reported being less stressed. Additional research concluded that COVID-19 benefits created a better sense of family connectedness (Hammons & Robart, 2021; Marks et al., 2022;), healthier diet and eating habits (Akamtsu et al., 2021; Berge et al., 2021), and a greater sense of well-being and self-esteem (Berge et al., 2021) for some families.

During the pandemic, people felt a significant disruption to their daily routines due to the lockdown's demands and restrictions. Family mealtimes played a crucial role in providing a sense of routine and normalcy that was missing due to the inability to attend school or work. Engaging in family mealtimes provided a platform to discuss coping strategies when feeling stressed, thereby contributing to a sense of stability. They also provided a sense of task completion or accomplishment to help curb the decreased sense of inadequacy due to the pandemic. Research by Hammons and Robart (2021)

indicated that eating frequently at the dining table gave families a sense of normalcy during the unsettling time of COVID-19 and that homes with two or more adults and children had more family mealtimes together. Additionally, Egli et al.'s (2023) research found an increase in the frequency of mealtimes and the importance of family mealtimes during the lockdown.

Along with an increase in frequent family mealtimes, there has been a concerning rise in the use of technology, such as eating in front of a screen for entertainment and to curb boredom. A study by Skeer et al., 2018, revealed that screentime during mealtimes affects the ability to connect with others, creating a barrier to human interactions. Households with multiple adults with no children and single households were significantly more likely to eat while watching television than homes with two or more children and adults; conversely, homes with children were more likely to eat at the dinner table as a family. Globally, it has been well established that during the COVID-19 pandemic lockdown, household electronics and screen time increased significantly (Egli et al., 2022; Hammons & Robart, 2021; Nagaoka et al., 2022).

The involvement in frequent family mealtimes during the COVID-19 pandemic may not have provided some of the once-proven protective factors due to the heightened level of chaos and stress during the COVID-19 pandemic. For instance, adverse effects such as weight gain (Alfaris, 2021; Almandoz et al., 2022; Hammons & Robart, 2021) and an increase in eating disorders (Alfaris, 2021; Termorshuizen et al., 2020) have been identified in families during the pandemic. There have also been some concerns regarding the impact of COVID-19 on vulnerable groups and disadvantaged populations (Major et al., 2020). The closings of schools and socialization restrictions impacted the

already complicated demands of adolescent stress, such as peer and parental relationships, poverty, and school responsibilities, amplifying these pressures during the critical time of development. Minorities and families with low SES felt the most significant impact on finances, housing, and employment during the COVID-19 pandemic (Mind, 2020).

Mental health concerns have increased (Alfaris, 2021; Nagaoka et al., 2022) since the COVID-19 pandemic. In a study by Magson et al., 2020, adolescents exhibited significant increases in anxiety and depressive symptoms and a significant decrease in life satisfaction from the 12 months leading up to the COVID-19 outbreak to the two months following the mandates and government restrictions; these results were particularly noticeable among females. Findings from Nagaoka et al. (2022) found that there had been an increase in rates of suicide and school refusal among adolescents, as well as increased rates of depression and anxiety among young people after the COVID-19 pandemic.

With these mental health issues for adolescents on the rise, the need for better child-parent communication may be at an all-time high. Li et al. (2022) revealed that healthy parent-child communication was associated with adolescents' psychological outcomes, including fewer depression symptoms, better subjective well-being, and personal interpersonal popularity. The research indicated that the quality of parent-child conversations can enhance these relationships. Therefore, effective communication and a climate of acceptance can be cultivated at the dining table. The love and support from frequent family mealtimes can motivate adolescents to reach their full potential

emotionally, socially, and spiritually. Parents can help nurture and sustain the well-being of their adolescents during times of crisis and traumatic events.

Family Resilience

COVID-19 was considered a chaotic and traumatic event that disrupted the family unit. The strain from the impact of COVID-19 interrupted the family's overall functioning and upset all family members and their relationships. Some families could withstand the traumatic event, while other families could not. What sets those families apart from one another is their degree of resilience. Resilience is the ability to successfully adapt to challenging and complex life experiences, specifically through behavioral, emotional, and mental flexibility and adjustment to internal and external demands (American Psychological Association, 2023). Some families were able to use the pandemic to become more potent as a family unit. Many families reported that the COVID-19 pandemic increased family mealtimes, leading to increased family closeness and positive perceptions of the influence of the pandemic (Marks et al., 2023). COVID-19 might have been the wake-up call that some families needed to strengthen their family unit. The worst of times brought out some of the best of times.

For resilience to occur, there must be a quality influence of significant relationships with family, intimate partners, teachers, and coaches who believe in their potential, encourage them to make the best of their lives, and support their efforts (Walsh, 2016). These effective family processes matter most when coping and dealing with adversity. In contrast, family cohesion can be shattered if family members cannot count on one another. In crises, resilience is strengthened and reinforced by these relationships.

Resilient families build on their successes and use failure as learning opportunities (Walsh, 2016).

Resilience is not defined as the ability to bounce back with no repercussions. However, it is the ability to learn and work effectively through adversity while positively embracing traumatic experiences as integration into one's life (Walsh, 2003). Family mealtimes may be the intervention needed for families to share struggles, discuss hardships, express empathy, and collaboratively overcome adversity together. The family table can assist in shaping and sustaining these essential relationships in preparation for whatever life challenges are at the forefront.

In contrast, not every family unit or family member could get through the pandemic unscathed; being resilient and overcoming adversity was not an option. Research from Gotlib et al. (2022) found that adolescents reported more symptoms of depression, anxiety, and internalizing problems than adolescents before the pandemic. About 20% of children ages 3-17 in the United States have a mental, developmental, emotional, or behavioral disorder (2022 National Healthcare Quality and Disparities Report), revealing that mental health was the number one cause of disability and death in this age group. These trends in children were only worsened during the COVID-19 pandemic. Furthermore, the symptoms related to anxiety, depression, and stress in adolescents due to worldwide social isolation have significantly increased (Gotlib et al., 2022).

Anxiety

Anxiety is the most common mental health disorder in the United States and has been estimated to affect over 5.8 million adolescents, about 1 in 4 adolescents (Bitsko et

al., 2022; Kowalchuk et al., 2022). Anxiety disorders have progressively gotten worse during and after the pandemic. Between 2016 and 2020, the number of children aged three to 17 diagnosed with anxiety grew by 29% (Lebrun-Harris et al., 2022). Furthermore, a meta-analysis completed in 2021 of more than 80,000 youths in 29 studies indicated a commonality of clinically significant elevated anxiety symptoms of 21%, with higher occurrence rates in data that was collected later in the pandemic (Racine et al., 2021).

Reasons for the significant increase in anxiety were that during the pandemic, adolescents faced unexpected challenges brought on by the pandemic mandates, drastically changing their world. Their school was disrupted, and socialization was minimal due to mandatory stay-at-home guidelines, resulting in missed social events and time spent with peers, teachers, and relatives. A study by Terin et al. (2022) found that adolescent social distancing, feelings of loneliness, and internet/social media usage significantly correlated with mental health concerns such as stress, depression, and anxiety.

Anxiety can have a debilitating effect on all aspects of an adolescent's life, including their mental health, physical health, and well-being. The Diagnostic and Statistical Manual (DSM-5) describes anxiety explicitly as "excessive worry and apprehensive expectations, occurring more days than not for at least six months, about a number of events or activities, such as work or school performance" (p.189). These effects could lead to even further isolation from peers and family, which was already occurring due to the pandemic, feeling stigmatized by others, and depressive symptoms.

One of the most significant causes of anxiety in adolescents is depression. Therefore, it was not uncommon for adolescents to feel anxious as well as depressed due to their anxious everyday routines and lifestyles, which could be so stressful that it could possibly lead to depression.

Depression

Depression is one of the most prevalent mental health disorders and has been estimated to affect over 2.7 million adolescents nationally (Bitsko et al., 2022). The Centers for Disease Control and Prevention indicated that feelings of persistent hopelessness and sadness, suicidal thoughts, and behaviors had increased by about 40% in adolescents ten years before the pandemic. A study conducted by Lebrun-Harris et al. (2022) revealed that the number of children ages 3-17 years diagnosed with depression grew by 27%.5 between 2016 and 2020.

Nevertheless, since the pandemic, adolescents have reported more symptoms of depression and internalizing problems than adolescents reported before the pandemic (Barendse et al., 2023; Gotlib et al., 2022). In agreeance, Gupta et al. (2022) found that during the pandemic, there was an increase in depressive symptoms in adolescents who had never exhibited a depressive episode. However, adolescents who were depressed before the onset of the pandemic did not display any significant changes in symptoms. Breaux et al. (2021) found in their study that symptoms of depression in adolescents decreased from the spring to the summer of 2020.

According to the research, gender appeared to play a significant role in the reported symptoms of depression. Females had the most significant increase in depression diagnoses during the 2020 pandemic year compared to previous years (Kostev

et al., 2023; Samji et al., 2021), whereas multiracial adolescents were reported to have the most damaging mental health impacts before and during the first six months of the pandemic (Barendse et al., 2023). The total impact that the depressive symptoms had on adolescents and adults, which was initiated by the COVID-19 pandemic, will never be fully known.

Even though adolescents are significantly more likely to report moderate to severe symptoms of depression compared to adults (Murata et al., 2020), the number of depression diagnoses in adolescents may be underestimated due to the many undiagnosed cases, often due to the stigma surrounding mental health. A study by Viduani et al. (2022) found that adolescents struggled with the idea that negative thoughts and emotions would be associated with their disorder, thus creating a barrier for them to get help. Depression often begins slowly and silently, and it is not until others see symptoms that depression is evident (Viduani et al., 2022). Many adolescents with depression may not suffer from symptoms every day, thus making it more challenging to diagnose.

According to the DSM-IV, a major depressive episode's essential feature is at least two weeks of a depressed mood or loss of pleasure or interest in almost all activities; in adolescents, their mood may be irritable or cranky instead of sad. It is reported that about 15% of adolescents ages 12-17 years had a major depressive episode in 2018-2019 (Bitsko et al., 2022). It is often harder to diagnose adolescents with depression due to their interchangeability of sad and happy moods. Unlike adults, they can feel good if something good happens to them. Moreover, diagnosing depression in adolescents is more challenging, and many cases go unreported, with one reason being the uncertainty surrounding their ability to shift from sadness to happiness (Kilford et al., 2015).

Stress

Stress can lead to anxiety and depression, and stress levels in adolescents are a growing concern. Stress has increased significantly, doubling in males and females since 1993 (Inchley et al., 2020). Adolescent development is between the ages of 10 and 19, and during this time, the body experiences puberty, hormonal stress, and a heightened sense of sensitivity to others' opinions towards them (World Health Organization, 2023). Stress is chronic nonspecific arousal, difficulty relaxing, nervous arousal, easily upset/agitated, irritable/overreactive, and impatient (Szabo & Lovibond, 2022). Stress is the response in the body to excitement or danger that causes the body to release a surge of hormones that can raise heart rate, blood pressure, and blood sugar; it can weaken the immune system and contribute to heart disease and obesity (American Psychological Association, 2023).

It is not at all surprising that adolescent stress worsened during the COVID-19 pandemic, with more stress and anxiety reported now than ever before (Victoria-Montesinos et al., 2023). A systematic review (Viner et al., 2022) examined 36 studies totaling 79,781 adolescents and 18,028 parents, indicating that 18% to 60% of adolescents scored above the threshold for anxiety, depression, and distress during the first wave of the pandemic.

The COVID-19 pandemic affected schooling by rapidly switching distance learning to an online format, creating social isolation, which affected adolescents' stress levels (Pieh et al., 2021). Perming et al. (2022) found that distance learning and online education during the COVID-19 pandemic increased adolescent stress levels. Their results showed that high-stress levels affected their ability to perform. The feeling of

isolation may have also contributed to and exacerbated any underlying mental health concerns and feelings of loneliness (Fish et al., 2020) that the adolescent may have been feeling during that time.

Well-Being

Well-being is an individual's level of happiness and life satisfaction (American Psychological Association, 2023) and their sense of contribution to society (World Health Organization, 2023). Furthermore, well-being can be optimism, cheerfulness, relaxation, sustaining and satisfying interpersonal relationships, clear thinking, and competence (Liddle & Carter, 2015). During adolescence, the environment is a critical factor in perceived well-being. Peers, family, and school are significant influences on healthy adolescent development. Some research indicates that positive well-being is a predictor of good health (Kimura et al., 2021), fewer illnesses (Renwick et al., 2022), and longevity (Moreira et al., 2023).

Findings from a study by Armstrong-Carter and Telzer (2020) suggested that family mealtimes assisted in promoting a greater sense of well-being and happiness in adolescents. In their study, adolescents completed daily checklists for 14 days, recording their family and peer conflicts, emotions, and whether they ate with their family. When adolescents shared mealtime with their families, they reported a greater sense of well-being, happiness, and role fulfillment and less distress and burnout. It was only on the days that adolescents did not eat with their families that more negative emotions were associated. Likewise, Snow and Beals (2006) revealed that frequent family meals improved communication, strengthening well-being.

Some research suggests that gender may have affected adolescents' overall well-being. In both sexes, adolescents' well-being decreased with age, with boys showing more significant levels of life satisfaction than girls (Inchley et al., 2016). Patalay and Fitzsimons (2018) sampled 9,553 adolescents and found that adolescent girls experienced declining well-being.

Amid the spread of the COVID-19 virus, participation in even outdoor activities steadily declined. A study by Jackson et al. (2021) revealed that adolescents' well-being dropped during the pandemic, as well as their participation in outdoor activities. It was found that there were smaller decreases in well-being for adolescents who had higher participation rates in outdoor activities before the pandemic. Those who continued participating in outdoor activities were shielded from the overall happiness and well-being decline. Moreover, spending time outdoors helped adolescents deal with and better manage the stress associated with the pandemic, leading to a higher sense of happiness and well-being.

Inevitably, the repercussions of the COVID-19 pandemic disrupted and interrupted adolescents' daily routines, which impacted their overall happiness and well-being (Scott et al., 2021). Adolescents were affected indirectly and directly by the COVID-19 pandemic, not just from the sickness of the virus but from the social, mental, and emotional impacts that the lockdown had on them. The stress that adolescents were coping with impacted their mental health by increasing symptoms of depression and anxiety (de Figueiredo et al., 2021). The long-term overall effects on adolescents from the COVID-19 pandemic may have more lasting effects that have yet to be seen.

Biblical Foundations of the Study

Family mealtimes provide teaching opportunities for parents to model healthy and Godly behaviors. Jesus used the table as a gathering place to share, interact, and teach. Jesus broke bread with sinners to religious leaders. Jesus said, "It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners (*Holy Bible, New International Version*, 1978/2011, Matthew 2:17). He used mealtimes to create the platform for communication to help form relationships, make spiritual connections, and make dynamic impacts. The last supper was the most divine and marvelous conversation held at any dining table. He, too, felt that it was a sacred place to come together to model, teach the Good News, and share important information.

During family mealtime, sinners can find a sense of belonging and connection. Inevitably, all humans are naturally born sinners. The Bible clarifies that "for all have sinned and fall short of the glory of God" (*Holy Bible, New International Version*, 1978/2011, Romans 3:23). God's people need other Godly people to walk together on the journey of repentance and forgiveness as people were never meant to navigate life alone but to be helpers to their brothers and sisters. The Bible states to "Carry each other's burdens, and in this way, you will fulfill the law of Christ" (*Holy Bible, New International Version*, 1978/2011, Galatians 6:2). Thus, the care and love for others help strengthen the bonds between believers who are walking down the road of transformation.

Family mealtimes have the likelihood of being one of the most influential places where transformation to be more Christ can occur with the help of the Holy Spirit. The Holy Spirit makes Christian believers more like Christ by washing away their sinful nature and replacing them with Godly characteristics. The Bible states, "But the

Advocate, the Holy Spirit, whom the Father will send in my name, will teach you all things and will remind you of everything I have said to you” (*Holy Bible, New International Version*, 1978/2011, John 14:26). Family mealtimes serve as the essential monument for modeling, shaping, and sustaining Christlike behaviors and a place for reconnection, teaching, and forgiveness to occur. Togetherness at the dinner table supports the biblical foundation in the transformation of becoming more like Christ.

Summary

Frequent family mealtimes produce positive outcomes and protective components, especially in adolescents (Armstrong-Carter & Telzer, 2020) before and after the COVID-19 pandemic (Marks et al., 2023). Research prior to COVID-19 indicated that frequent family mealtimes together produce a greater sense of well-being, self-esteem, and happiness (Armstrong-Carter & Telzer, 2020; Chang et al., 2020; do Amaral e Melo et al., 2020; Fulkerson et al., 2010; Kameyama et al., 2021; Kimura et al., 2021; Robson et al., 2020; Utter et al., 2019) and better mental health (Utter et al., 2019) in adolescents.

Even during COVID-19, which had the world at a standstill and in lockdown, there was an increase in family mealtime together (Akamtsu et al., 2021), family connectedness (Hammons & Robart, 2021; Marks et al., 2022), healthier diet and eating habits (Akamtsu et al., 2021; Berge et al., 2021), and a greater sense of well-being and self-esteem (Berge et al., 2021) in adolescents. However, research from Gotlib et al. (2022) indicated that adolescents reported more symptoms of depression, anxiety, and internalizing problems than adolescents before the pandemic. Therefore, the need for better child-parent communication was at an all-time high. Li et al. (2022) revealed that

parent-child communication was associated with better adolescent psychological outcomes, including lower depression and anxiety symptoms and higher subjective well-being.

The family connections and interactions during family mealtimes provide teaching opportunities for parents to model healthy and Godly behaviors. Applying the Social Learning Theory (STL), adolescents learn by watching and modeling from their parents; they model back what they observe (Bandura, 1977). Establishing frequent family mealtimes together helps create a comfortable and safe environment that endorses and allows for positive and healthy parental modeling.

Jesus often used the table to teach and share the Good News. Jesus broke bread with sinners and used mealtimes to create and make spiritual connections. He, too, felt that it was a sacred place to come together to model and share important information. The Bible states, “Iron sharpens iron, and one man sharpens another” (*Holy Bible, New International Version*, 1978/2011, Proverbs 27:17). Gathering in fellowship and togetherness at the dinner table supports the biblical foundation of loving, helping, teaching, and supporting one another fulfill God’s will in the transformation of becoming more like Christ.

Despite most of the research stating that frequent family mealtimes have had outstanding benefits for adolescents, on March 16, 2020, the COVID-19 pandemic changed how family mealtimes were conducted. Along with that change, various degrees of unforeseen anxiety, depression, and stress in adolescents were manifested. During adolescent development, parental validation begins to be repressed and superseded by external influences such as acceptance from their peers and other social entities.

Therefore, frequent family mealtimes during this crucial stage of adolescent development may be the secret catalyst that assists the adolescent when overcoming anxiety, depression, and stress. These social interactions help promote better adolescent well-being and healthy parent-child connectedness and provide the opportunity to strengthen the bonds and relationships that are crucial to healthy adolescent mental health and development.

Most of the research collected on frequent family mealtimes does not solely evaluate socioeconomic status (SES) and, therefore, has not been able to assess whether the variable of SES is a confounding factor in the studies. It is known that adolescents from lower-income homes are at a higher risk of negative mental health consequences than adolescents from more affluent homes (Pascale et al., 2021), and adolescents from lower SES tend to have higher anxiety levels, depressive affect, and stress (Silva et al., 2022). The outcomes from this study will assist in understanding if having frequent family mealtimes has a negative relationship between levels of anxiety, depression, and stress and a positive relationship between well-being in low SES adolescents. If these results are significant, then the suggestion of frequent family mealtime intervention should be made more publicly aware and encouraged by all families, but most importantly, families from low SES communities who are more at risk for poor mental health.

CHAPTER 3: RESEARCH METHOD

Overview

This study is meant to help bridge that gap in the research by examining adolescents from lower SES families to determine how much family mealtimes may benefit families from lower SES. Via a quantitative survey study, I explored the association between the frequency of family mealtimes and the levels of anxiety, depression, stress, and well-being in adolescents from low SES families.

Research Questions and Hypotheses

Research Questions

RQ1: What is the association between the frequency of family mealtimes and anxiety in adolescents with low SES?

RQ 2: What is the association between the frequency of family mealtimes and depression in adolescents with low SES?

RQ 3: What is the association between the frequency of family mealtimes and stress in adolescents with low SES?

RQ 4: What is the association between the frequency of family mealtimes and well-being in adolescents with low SES?

Hypotheses

Hypothesis 1: There will be a negative relationship between the frequency of family mealtimes and anxiety in adolescents with low SES.

Hypothesis 2: There will be a negative relationship between the frequency of family mealtimes and depression in adolescents with low SES.

Hypothesis 3: There will be a negative relationship between the frequency of family mealtimes and stress in adolescents with low SES.

Hypothesis 4: There will be a positive relationship between the frequency of family mealtimes and well-being in adolescents with low SES.

Research Design

A quantitative study is appropriate when the research aims to understand relationships between variables and describe the phenomenon to enhance the overall understanding of a generalized population (Burkholder et al., 2020). Because the purpose of this study was to explore the association between the frequency of family mealtimes and the levels of anxiety, depression, stress, and well-being in adolescents from low SES families, a Pearson's correlation coefficient quantitative approach was the most appropriate choice.

Participants

I recruited from a group of 509 students between the ages of 14 and 18 in a small rural school system in Virginia. Participants were eligible for my study if they answered "yes" to receiving free or reduced lunch. Before recruitment began, superintendent approval was sought, and ethics approval was made by the Institutional Review Board (IRB). Participants were recruited through the high school.

I selected this diverse population based on more than 75% of the county's students receiving free school breakfast and lunch eligibility. There were about 381 students eligible for free and reduced breakfast and lunch. The Condition of Education, National Center for Education Statistics has characterized a school as a high-poverty school when more than 75 percent of its students are eligible for a free/reduced-price

lunch (National Center for Education Statistics, 2023). No compensation was provided to the participants.

A sample size of at least 67 was deemed necessary to detect a correlation coefficient of 0.30, with a power level of 80% and a significance level of .05, using a sample size calculator (https://www.psychologie.hhu.de/arbeitsgruppen/allgemeine-psychologie-und-arbeitspsychologie/gpower.html). I targeted enrolling 80 participants, as that allowed for missing data and still met the sample requirements.

Participants were invited to participate in the survey during one of their elective courses. The anonymous survey consisted of multiple-choice questions regarding demographics, mealtime frequency, the Depression, Anxiety, Stress Scales-Youth Scale (DASS-Y), and the Well-being scale-Stirling Children's Well-being Scale (SCWBS).

Study Procedures

I recruited from a group of 509 students aged 14-18 in a small rural school system in Virginia. Participants were recruited through their and high school. Parental opt-out and child assent forms were obtained. The expected risks from participating in the study were minimal, which means they were equal to the risks the participants would have encountered in everyday life. The risks involved in the study included the possibility of psychological stress from being asked about current feelings about depression, stress, anxiety, and well-being. To reduce the risk, I monitored participants, discontinued the survey if needed, and contacted the parents. Participants were also made aware of their

continuous accessibility to the school guidance counselor when psychological stress began.

Participants were invited to participate in the survey during one of their elective courses (PE, health, art, technology education, or music). Since the participants only had one of the courses once a week, I collected my data from the schools for a week. The participants entered their elective courses and sat in their seats, and I explained the purpose of the study and the right to opt-out. Students were given the chance to ask questions to their satisfaction. I distributed the survey and a pencil to those interested in participating. The survey consisted of multiple-choice questions regarding demographics, mealtime frequency, the Depression, Anxiety, Stress Scales-Youth Scale (DASS-Y), and the Well-being scale-Stirling Children's Well-being Scale (SCWBS).

The participants completed the anonymous survey. When completed, they walked the survey to the front of the classroom, put it face down in the box on the table, returned the pencil to the cup, and sat back down. After completing the last survey, I thanked the class, collected the items, and left the classroom.

Although 67 participants were needed to detect a correlation coefficient of 0.30, with a power level of 80% and a significance level of .05, I could only enroll 34 students before the end of the school year.

Instrumentation and Measurement

Demographics

For demographics, participants were asked to fill in their age, race, grade level, and biological sex (male or female) and answer, “Do you receive free/reduced lunch at school?” Responses were: Yes, No, or Do not know. Refer to Appendix A.

Family Mealtime Outcomes

To measure mealtime frequency, as seen in Appendix B, the questionnaire included a question serving as a measure of adolescent eating behavior in the current study: **"**During the past seven days, how many times did all, or most, of your family living in your house eat a meal together? (Ackard et al., 2004). Participants were asked to indicate the frequency of occurrence by selecting a response rating from the following: 1 (Never - 0 times), 2 (Rarely-1 time), 3 (Sometimes- 2 or 3 times), 4 (Often-4 to 5 times), and 5 (Regularly-6 or more times).

Mental Health Outcomes

Adolescent levels of depression, anxiety, and stress were measured using the Depression Anxiety Stress Scales – Youth (DASS-Y) version scale (Szabo & Lovibond, 2022). The scale, found in Appendix C, comprises 21 questions with three subscales. Scores are presented as a total score (between 0 and 63) and a score for the three subscales (between 0 and 21). Participants were asked to indicate the frequency of occurrence by selecting a response ranging from 0 (not true), 1 (a little true), 2 (fairly true), to 3 (very true). Each of the three DASS-Y scales contains seven concepts. Depression taps dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia (Items 3, 5, 10, 13, 16, 17, 21). A sample depression item is, "I did not enjoy anything." Anxiety taps autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. (Items 2, 4, 7, 9, 15, 19, 20). A sample anxiety item is, "I felt dizzy like I was about to faint." Stress taps levels of chronic nonspecific arousal, difficulty relaxing, nervous arousal, being easily upset/agitated, irritable/overreactive, and impatient (Items 1, 6, 8, 11, 12, 14,

18). A sample stress item is “I got upset about little things.” All subscales use the same response options. Scores will be added together for each subscale and compared to the severity cutoff.

The DASS-Y scales internal reliability indicated Cronbach’s alpha values of α = 0.89 for Depression, α = 0.84 for Anxiety, and α = 0.84 for Stress and McDonald’s omega values ω = 0.90 for Depression, ω = 0.84 for Anxiety, and ω = 0.84 for Stress (Szabo & Lovibond, 2022). Written permission to use the DASS-Y was unnecessary as test content could be reproduced and used for non-commercial research and educational purposes without seeking written permission (Szabo & Lovibond, 2022).

	Depression	Anxiety	Stress	Total
Normal	0-6	0-5	0-11	0-23
Mild	7-8	6-7	12-13	24-29
Moderate	9-13	8-12	14-16	30-39
Severe	14-16	13-15	17-18	40-46
Extremely severe	17+	16+	19+	47+

The Well-being scale-Stirling Children’s Well-being Scale (SCWBS) by Liddle & Carter (2015), found in Appendix D, is a 12-item scale. It was used to assess the well-being of adolescents. The scale-covered areas of well-being include optimism, cheerfulness, and relaxation, satisfying interpersonal relationships, clear thinking and competence. For each item, the participant chose which best described their thoughts and feelings. Participants were asked to indicate the frequency of occurrence by selecting a response ranging from 1 (never), 2 (not much of the time), 3 (some of the time), 4 (quite a lot of the time), to 5 (all of the time). An example is, “I think good things will happen in my life.” The average score is 44, with the minimum score being 12 and the maximum score 60.

The SCWBS internal reliability was computed as Cronbach's alpha value α = 0.847, and a Pearson's correlation test was used ($r = 0.752$, $N = 232$, $p < 0.01$) for initial test and retest that showed a significant correlation between the two scores (Liddle & Carter, 2015). A Pearson correlation was used and indicated the SCWBS had a strong significant correlation with the WHO (above 0.7) and the Debois Self-esteem scale (0.694), indicating good construct validity (Liddle & Carter, 2015).

Operationalization of Variables

Anxiety – is a ratio variable assessed by the sum of the seven anxiety subscale items of the Depression Anxiety Stress Scales – Youth (DASS-Y) version by Szabo and Lovibond (2022).

Depression- is a ratio variable assessed by the sum of the seven depression subscale items of the Depression Anxiety Stress Scales – Youth (DASS-Y) version by Szabo and Lovibond (2022).

Stress- is a ratio variable assessed by the sum of the seven stress subscale items of the Depression Anxiety Stress Scales – Youth (DASS-Y) version by Szabo and Lovibond (2022).

Well-being is a ratio variable assessed by the sum of twelve subscale items of the Well-being scale, the Stirling Children's Well-being Scale (SCWBS), by Liddle and Carter (2015).

Frequency of Family Mealtime–is a scale variable that will be measured as to how often everyone at their house ate together per week (Ackard et al., 2004).

Data Analysis

The nominal demographic variables are reported as percentages. For the scale variable, I used the mean and standard deviation. Using nominal variables is appropriate when variables do not need to provide any quantitative value (Burkholder et al., 2020). Statistical procedures were used to analyze the data for each hypothesis. The hypotheses state that there will be a negative relationship between the frequency of family mealtimes and anxiety, depression, and stress and a positive relationship between the frequency of family mealtimes and well-being in adolescents with low SES. Because the purpose of this study was to explore the association between the frequency of family mealtimes and the levels of anxiety, depression, stress, and well-being in adolescents from low SES families, a Pearson's correlation coefficient quantitative approach was the most appropriate choice. A computer software program, SPSS v 28, was used to complete the statistical analysis of each hypothesis.

Delimitations, Assumptions, and Limitations

Boundaries were set deliberately in the study to research adolescents from low SES. This allowed the research to be narrowed down to a specific population that only analyses adolescents from low SES. The category of participants was chosen due to an underrepresented population sample since COVID-19; curiosity arose to see if the same benefits from having frequent family mealtimes still existed post-COVID-19. Other options were to survey other school districts in Virginia with different demographics, but that data would be too generalized to what I was trying to analyze.

It is assumed that participants answered honestly and with truthful responses. I assumed that the variables being analyzed were measurable (anxiety, depression, stress,

and well-being) and that the instruments being used were reliable and valid tools to measure those variables. In addition, it was assumed that the data would be normally distributed for the parametric analyses of a Pearson correlation coefficient test to be computed. Finally, it was assumed that the sample size was sufficient to detect significant relationships and differences in a specific population.

The study was a sample of convivence, not a random sample. Therefore, one limitation of the study is that the population sample does not relate to the general population. The study represented 97% of the white population; therefore, the results could not be generalized to other demographics outside the white race. Another limitation was time. The data collected was a snapshot dependent on family mealtimes during that week. It does not consider the change or shift in family dynamics.

Summary

The significance that this study brings to the research literature, practice, or to the world is that since the COVID-19 lockdown, there have been higher levels of depression, anxiety, and stress seen within our youth and adolescent population (Gotlib et al., 2022). Research shows that family mealtimes provide positive benefits and protective components in adolescents. Children from lower SES tend to have higher anxiety levels, depressive affect, and stress (Silva et al., 2022). This study helps bridge that gap by examining adolescents from low SES families and determining how much family mealtimes may benefit families from lower SES. This study's results will help identify if the frequency of family mealtimes is associated with anxiety, depression, stress levels, and well-being in adolescents from low SES families.

Making time for family mealtimes together can act as an "antibody" against many of the problems adolescents face in the everchanging, fast-paced lifestyle. Making family mealtime a priority may be among the best and easiest ways to ensure adolescent protective factors today, especially for adolescents from low SES families.

CHAPTER 4: RESULTS

Overview

The purpose of this study is to help bridge that gap in the research by examining adolescents from lower SES families to determine how much family mealtimes may benefit these families. Via a quantitative survey study, I explored the association between the frequency of family mealtimes and the levels of anxiety, depression, stress, and well-being in adolescents from low SES families. I recruited 34 students from a group of 509 students between the ages of 14-18 in a small rural school system in Virginia through their high school. Although 67 participants were needed to detect a correlation coefficient of 0.30, with a power level of 80% and a significance level of .05, I could only enroll 34 students before the end of the school year. Enrollment ended because school was no longer in session. The effect sizes for the negative mental health outcomes were very small, so even if I had 67 participants, I would not have had significant results. I did have sufficient power to detect an effect on positive well-being; therefore, I closed enrollment. Participants were invited to participate in the survey during one of their elective courses. The anonymous survey consisted of multiple-choice questions regarding demographics, mealtime frequency, the Depression, Anxiety, Stress Scales-Youth Scale (DASS-Y), and the Well-being scale-Stirling Children's Well-being Scale (SCWBS). I aimed to answer the following research questions in my study:

Research Questions

RQ1: What is the association between the frequency of family mealtimes and anxiety in adolescents with low SES?

RQ 2: What is the association between the frequency of family mealtimes and depression in adolescents with low SES?

RQ 3: What is the association between the frequency of family mealtimes and stress in adolescents with low SES?

RQ 4: What is the association between the frequency of family mealtimes and well-being in adolescents with low SES?

Descriptive Results

I recruited 34 students between the ages of 14-18 in a small rural school system in Virginia; there were 19 (55.9%) male and 15 (44.1%) female participants. Six (17.6%) of the participants were in the ninth grade, ten (29.4%) were in the tenth, and 18 (52.9%) were in the twelfth. Regarding age, there were two 14-year-olds (5.9%), eight 15-year-olds (23.5%), seven 16-year-olds (20.6%), one 17-year-old (2.9%), and 16 18-year-olds (47.1%). There were 31 White (91.2%) and three biracial (8.8%) participants. All four scales had internal consistency and reliability, as shown in Table 1. The depression scores had a skewness greater than one (1.29). I removed the participant scores of "0" to remove the skewness. However, the correlation was still insignificant, so the original data set from all participants was kept. Frequent family mealtimes presented with high kurtosis (1.33). When I transformed frequent family mealtimes to log10, it eliminated the kurtosis issue, but it did not impact the correlation results, so the original data, without transforming it, was kept. For more descriptive statistics, please refer to the data in Table 1.

Table 1

Average Score, Normality, and Inter-Item Reliability for All Scales

Scale	Mean	Standard Deviation	Skewness	Kurtosis	Cronbach's Alpha
Depression	2.12	3.05	1.29	.35	.84
Anxiety	2.44	2.85	.86	-.74	.60
Stress	7.82	5.03	-.20	-.96	.86
Well-Being	41.06	9.77	-.11	-.41	.95
Frequent Family Mealtimes	2.97	1.47	-.008	-1.32	-

Study Findings

All study results from the DASS-Y indicated scores within the Normal range for Anxiety, Depression, and Stress levels in adolescents. The cutoff scores for Anxiety ranged from 0 to 5 to be within the Normal range. Study results indicated a mean of 2.44, revealing that the average scores were within the Normal range for adolescent anxiety. Depression cutoff scores ranging from 0 to 6 indicate the Normal range. Study results revealed a mean score of 2.12, indicating that the average score for adolescent depression was within the Normal range. The cutoff scores for Stress ranged from 0 to 11 to be within the Normal range. Study results indicated a mean of 7.82, revealing that the average scores were within the Normal range for adolescent stress. The children in Liddle & Carter's (2015) study had a SCWBS mean score of 44. Therefore, my sample's mean of 41.06 appears to fall within the average range. I aimed to analyze the following hypotheses in my study:

Hypotheses

Hypothesis 1: There will be a negative relationship between the frequency of family mealtimes and anxiety in adolescents with low SES. A Pearson's r correlation did not reveal a statistically significant relationship between the frequency of family mealtimes and anxiety, r (32) =.06, p =.37 (one-tailed). The null hypothesis failed to be rejected. 0.36% of the variation in anxiety is accounted for by the frequency of family mealtimes.

Hypothesis 2: There will be a negative relationship between the frequency of family mealtimes and depression in adolescents with low SES. A Pearson's r correlation did not reveal a statistically significant relationship between the frequency of family mealtimes and depression, r (32) = .03, p =.44 (one-tailed). The null hypothesis failed to be rejected. 0.09% of the variation in anxiety is accounted for by the frequency of family mealtimes.

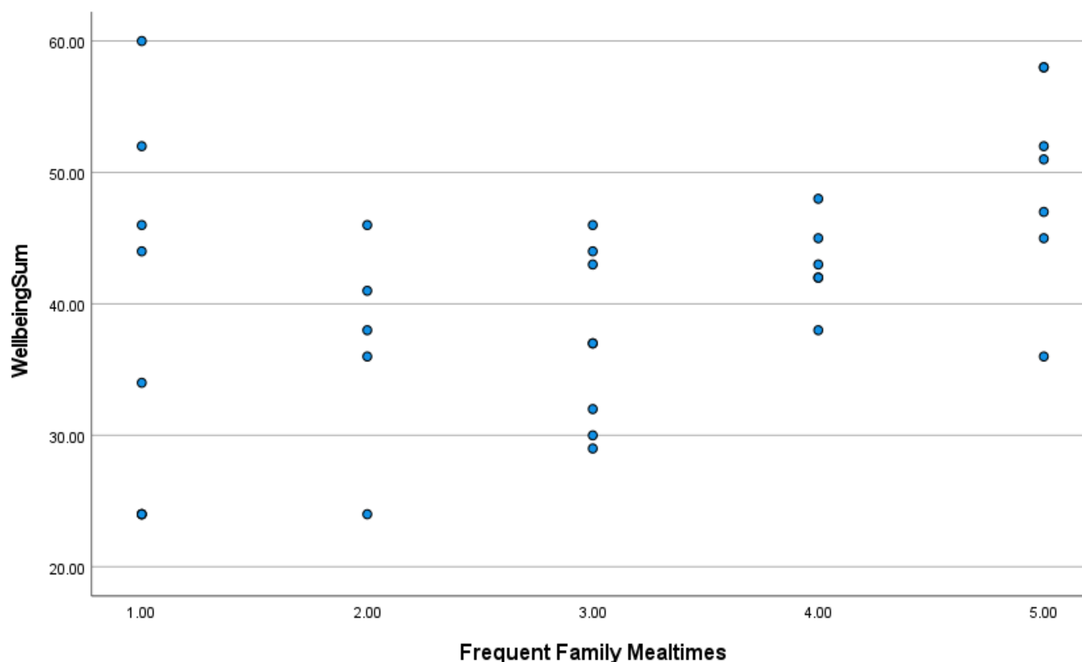
Hypothesis 3: There will be a negative relationship between the frequency of family mealtimes and stress in adolescents with low SES. A Pearson's r correlation did not reveal a statistically significant relationship between the frequency of family mealtimes and stress, r (32)= .14, p =.22 (one-tailed). The null hypothesis failed to be rejected. 1.96% of the variation in stress is accounted for by the frequency of family mealtimes.

Hypothesis 4: There will be a positive relationship between the frequency of family mealtimes and well-being in adolescents with low SES, as shown in Graph 1. A Pearson's r correlation did reveal a statistically significant relationship between the frequency of family mealtimes and well-being, r (32)=.41, p =.01

(one-tailed). The null hypothesis was rejected. 16.81% of the variation in well-being is accounted for by the frequency of family mealtimes.

Figure 1

Scatterplot Depicting the Correlation Between Frequent Family Mealtimes and Well-being



Summary

I examined adolescents from lower SES families to determine how much family mealtimes may benefit these families. I explored the association between the frequency of family mealtimes and the levels of anxiety, depression, stress, and well-being in adolescents from low SES families. Findings from a Pearson's r correlation revealed that there was not a statistically significant relationship between frequent family mealtimes and anxiety, depression, and stress. However, there was a statistically significant

relationship between frequent family mealtimes and well-being in adolescents from low SES families in a rural county in Virginia.

CHAPTER 5: DISCUSSION

Overview

This study specifically focused on adolescents from lower SES families, a group often underrepresented in research, aimed at determining the potential benefits of family mealtimes for these groups. The findings, which revealed a statistically significant relationship between frequent family mealtimes and well-being, but not with anxiety, depression, and stress in adolescents from low SES families in a rural county in Virginia, provide valuable insights for researchers in the fields of psychology and public health.

Summary of Findings

This study examined adolescents from lower SES families to determine the potential benefits of family mealtimes. While the findings did not reveal a statistically significant relationship between frequent family mealtimes and anxiety, depression, and stress, they did highlight a statistically significant relationship between frequent family mealtimes and well-being in adolescents from low SES families in a rural county in Virginia. These results emphasize the potential of family mealtimes as a simple and effective way to improve mental health outcomes in this population, offering an optimistic route for further investigation and exploration.

Discussion of Findings

Previous research revealed that family mealtimes produced positive outcomes and protective components, especially in adolescents (Armstrong-Carter & Telzer, 2020). Other research stated that regular family mealtimes yielded an abundance of positive outcomes, including increased well-being, self-esteem, and happiness (Armstrong-Carter

& Telzer, 2020; Chang et al., 2020; do Amaral e Melo et al., 2020; Fulkerson et al., 2010; Kameyama et al., 2021; Kimura et al., 2021; Robson et al., 2020; Utter et al., 2019).

My study aimed to answer the four research questions. My first research question examined the association between the frequency of family mealtimes and anxiety levels in adolescents with low SES. Anxiety disorders have progressively gotten worse during and after the pandemic, and adolescents faced unexpected changes and challenges from the pandemic, drastically disrupting their world. A study by Terin et al. (2022) found that adolescent social distancing, feelings of loneliness, and internet/social media usage significantly correlated with mental health concerns such as anxiety.

Frequent family mealtimes can provide the interaction and togetherness that adolescents may need to help fill in the gaps of loneliness and isolation. However, even though most of the research supports the positive benefits of frequent family mealtimes (Middleton et al., 2020), my results did not reveal a statistically significant relationship between the frequency of family mealtimes and anxiety, thus indicating that frequent family mealtimes were not associated with levels of anxiety in adolescents. However, the average levels of anxiety were in the normal range, which was unexpectedly low. Perhaps the students with higher levels of anxiety refrained from participating in the study and, therefore, were not represented in the sample.

My second research question investigated the association between the frequency of family mealtimes and depression levels in adolescents with low SES. The current state of adolescent depression, which is at an all-time high, is indeed concerning. Adolescents have been reporting more symptoms of depression and internalizing problems since the pandemic (Barendse et al., 2023; Gotlib et al., 2022). Even those who had never

experienced a depressive episode before the pandemic are now facing increased depressive symptoms (Gupta et al., 2022). However, as with the anxiety level, the average depressive symptom level for my sample was also normal, which is lower than expected and may not be representative of adolescents in general. It still could be that engaging in frequent family mealtimes, a simple and affordable measure, could be the buffer that is needed to help prevent depression in adolescents. Agathão et al. (2021) found that consistent family mealtimes were a protective factor for mental health.

The third research question investigated the association between the frequency of family mealtimes and stress in adolescents with low SES. Stress levels in adolescents are a growing concern, with adolescent stress worsening during the pandemic (Victoria-Montesinos et al., 2023). The isolation may have also contributed to and exacerbated any underlying stress the adolescent may have felt (Fish et al., 2020). Although, as with the anxiety and depressive symptoms, average stress levels for this sample were normal/low. Frequent family mealtimes may be more critical now than before to help maintain healthy stress levels in adolescents by providing socialization and familiar interaction. Previous research indicated that frequent family mealtimes have been known to cultivate better mental health (Utter et al., 2019). Additional research found less stress and burnout when adolescents shared meals with their families (Armstrong-Carter & Telzer, 2020). The results from my study were not associated with previous research, suggesting that family mealtimes did not assist in buffering stress in adolescents.

Despite the overwhelming research that supports the benefits of frequent family mealtimes in reducing anxiety, depression, and stress in adolescents, the results from my study were dissimilar. My data indicated that frequent family mealtimes were not related

to the levels of these mental health issues in adolescents from low SES families. One potential reason for this discrepancy could be the small sample size utilized in my research, which may not represent this underrepresented population of adolescents well. Another potential reason could be the specific characteristics of the low SES families in the rural county in Virginia, which may differ from those in other studies. Another limitation, as mentioned above, is that the sample appears to be doing well psychologically, and students who have mental health struggles appear not to have participated in this study. These limitations should be considered when interpreting the results of this study, and they suggest the need for further research to confirm and expand upon these findings.

My final research question examined the association between the frequency of family mealtimes and well-being in adolescents with low SES. An abundance of research indicated that frequent family mealtimes were significantly and positively related to greater adolescent life satisfaction (Kimura et al., 2021). Research from Brown et al. (2019) found a positive association between frequent family mealtimes and adolescent perceptions of love and happiness. Family mealtimes create an environment for deeper and more meaningful conversations among family members. Thus, a study by Chang et al. (2020) suggested that family dinner frequency significantly correlated with adolescents' happiness.

My study revealed results similar to previous research indicating a statistically significant relationship between frequent family mealtimes and adolescent well-being. This suggests that the more family meals are shared, the better the adolescent's well-being. These findings not only confirm the potential of frequent family mealtimes to

improve mental health outcomes in adolescents from low SES families but also offer a simple and effective way to do so.

Although my study indicated some significant and insignificant results, one thing remains true: Togetherness occurs when more than one person comes together. The Bible states, “For where two or three gather in my name, there am I with them” (*Holy Bible, New International Version*, 1978/2011, Matthew 18:20). This Bible verse is used to illustrate the concept of togetherness, which is a fundamental aspect of family mealtimes. Family mealtimes at the dining table are where familiar closeness, discussions, and modeling of behaviors are depicted. The Social Learning Theory (SLT) suggests that individuals learn by observing, experiencing, and interacting with people within their environments (Bandura, 1977).

Thus, according to the SLT, adolescents learn by watching and modeling from their parents. What better place for this phenomenon of the SLT to develop is during family mealtimes? Adolescents can replicate healthy and Godly behaviors that parents frequently model. Family mealtimes, where parents model their most desirable behaviors, such as praying, are not just about the act. They also promote a sense of togetherness and connectedness, leading to greater well-being for adolescents. My findings suggest that the more frequent meals that were had together as a family, the greater the sense of well-being in adolescents, empowering parents to positively influence their children's lives. This positive impact should motivate parents to commit to having regular family mealtimes.

Even Jesus used the table as a gathering place to promote connectedness through sharing, teaching, and modeling correct and appropriate behaviors. Jesus used mealtimes

to congregate, form relationships, and make spiritual connections, resulting in dynamic and divine worldly impacts. Jesus stated, “I am the bread of life. Whoever comes to me will never go hungry, and whoever believes in me will never be thirsty” (*Holy Bible, New International Version*, 1978/2011, John 6:35). Togetherness at the dinner table supports the biblical foundation of teaching, loving, and supporting one another during their ultimate ongoing transformation of becoming more like Christ. Furthermore, my results supported the idea that positive moods and happiness in adolescents developed and evolved by being around family and breaking bread together. This relatively easy, inexpensive, and cheap intervention may be the catalyst that produces priceless benefits in adolescents.

Implications

The results indicated that while there was not a statistically significant relationship between frequent family mealtimes and anxiety, depression, and stress, there was a statistically significant relationship between frequent family mealtimes and well-being in adolescents from low SES families in a rural county in Virginia. These findings have significant implications for designing interventions to improve mental health outcomes in this population. Promoting frequent family mealtimes could be a simple and effective way to improve mental health outcomes in adolescents from low SES families, providing a gateway for future research development. For example, incorporating family mealtime promotion in school-based programs or community health initiatives could be a practical intervention leading to improved mental health outcomes in this population. Additionally, these findings reveal that future research should explore the specific mechanisms or causes through which family mealtimes influence well-being and the

potential roadblocks to implementing frequent family mealtime interventions in communities of low SES. Further, replicating this study with a sample of low SES adolescents that also includes those with higher levels of anxiety, depressive symptoms, and stress may yield different results.

Limitations

The findings of this study are subject to several limitations. My study was a sample of convenience, not a random sample, indicating a sample bias. Therefore, one limitation of the study is that the population sample does not relate to the general population. Only 34, primarily white, ages 14-18 participants, with normal/low stress, anxiety, and depressive symptoms, were used in this study. It is important to note that while this study found no significant impact of frequent family mealtimes on the levels of anxiety, depression, and stress in adolescents from low SES families, this impact may be due to the small sample size used, or that there was no representation of higher levels of anxiety, depressive symptoms, and stress. Therefore, the results do not represent good internal or external validity and should be interpreted cautiously, considering the potential limitations of the sample size in representing this underrepresented population of adolescents. For future studies, a possible way to overcome this limitation is to increase the sample size population to encompass (1) a representative of a variety of ethnicities, (2) an increase in the sample population, (3) expand the age range to include younger children and (4) anxiety, depressive affect and stress levels more representative of adolescents.

A limitation I anticipated was student absenteeism during the data collection day(s). Sixty-seven participants were needed, and I only assessed 34 students before the

end of the school year. Enrollment ended because school was no longer in session. The effect sizes for the negative mental health outcomes were very small, so even if I had 67 participants, I would not have had significant results. I did have sufficient power to detect an effect on positive well-being; therefore, I closed enrollment. Due to school closure, this impacted my study findings by creating a smaller sample size than anticipated. Future studies should allow ample time to conduct the research thoroughly.

Another anticipated limitation was the timeframe in which the data was collected. The data represented was a snapshot dependent on family mealtimes during that specific week and did not consider any changes in family dynamics. Recognizing the importance of family dynamics in impacting adolescent mental health, future studies should consider these changes over a more extended period of time. This will provide a broader understanding of the role of family dynamics in adolescent mental health and guide the development and implementation of more effective interventions.

Recommendations for Future Research

Due to the small sample size, the results should be interpreted cautiously, considering the potential limitations of the sample size in representing this underrepresented population of adolescents. For future studies, the sample size should be larger, the population should include representatives of various ethnicities, an expanded age range to include younger children, and the researcher should target enrolling participants with higher levels of anxiety, depressive affect, and stress.

Most of the research collected does not solely evaluate socioeconomic status (SES) and, therefore, has not been able to assess whether the benefits of frequent family mealtime are present in adolescents with a lower SES due to a very small sample size.

The outcomes from this study, while not showing a direct relationship between frequent family mealtimes and mental health outcomes such as anxiety, depression, or stress, suggest that other factors may be contributing to the mental health of adolescents from lower SES families.

Enrollment ended because school was no longer in session. The closure impacted my study findings by creating a smaller sample size than anticipated. Future studies and research should allow plenty of time to conduct the research and extra time for unforeseen circumstances.

The data in my study was a snapshot dependent on family mealtimes during that specific week and did not consider any changes in family dynamics. Future studies must consider these changes that occur over a more extended period. This understanding can guide future research and interventions aimed at improving the mental health of this population, inspiring the need for further exploration in this field.

Summary

The significance that my study brings to the research literature, practice, and the world is the knowledge of the significant association established between the frequency of family mealtimes and mental health outcomes of well-being among adolescents with low SES. Adolescents living below the poverty level have higher anxiety levels, depressive affect, and stress (Silva et al., 2022), and since the onset of COVID-19, there has been an increase in the number of symptoms of depression, anxiety, and internalizing problems in adolescents (Gotlib et al., 2022).

Establishing frequent family mealtimes together helps create a comfortable and safe environment that likely promotes positive and healthy mental health benefits for

adolescents. These positive interactions have the potential to not just assist in shaping or forming desired behaviors in adolescents but may also empower parents to influence their children's lives. Making family mealtime a priority may be among the best and easiest ways to ensure adolescent protective factors today, especially for adolescents from low SES families who are more at risk for poor mental health.

REFERENCES

Ackard, D. M., Wall, M., Story, M., & Fulkerson, J. A. (2004). Are family meal patterns associated with disordered eating behaviors among adolescents? *Journal of Adolescent Health*, 35, 350–359.

Agathão, Cunha, Sichieri, & Lopes. (2021). The role of family meal frequency in common mental disorders in children and adolescents over eight months of follow-up. *PloS One, 16*(2), e0243793. 10.1371/journal.pone.0243793

Akamatsu, R., Shimpo, M., & Kojima, Y. (2021). P20 Characteristics and Eating Lifestyle of People Who Increased Family Meals During the State of Emergency Caused by COVID-19 in Japan. *Journal of Nutrition Education and Behavior, 53*(7), S33. 10.1016/j.jneb.2021.04.412

Alfaris, N. (2021). Management of Obesity in Saudi Arabia During the Era of COVID-19: A Clash of Two Pandemics. *Obesity (Silver Spring, Md.), 29*(1), 18. 10.1002/oby.23055

Almandoz, J. P., Xie, L., Schellinger, J. N., Mathew, M. S., Marroquin, E. M., Murvelashvili, N., Khatiwada, S., Kukreja, S., McAdams, C., & Messiah, S. E. (2022). Changes in body weight, health behaviors, and mental health in adults with obesity during the COVID-19 pandemic. *Obesity (Silver Spring, Md.), 30*(9), 1875-1886. 10.1002/oby.23501

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Psychological Association. (2023, August 2). *Socioeconomic status.* https://www.apa.org/topics/socioeconomic-status

Armstrong-Carter, E., & Telzer, E. H. (2020). Family Meals Buffer the Daily Emotional Risk Associated With Family Conflict. *Developmental Psychology, 56*(11), 2110-2120. 10.1037/dev0001111

Baltaci, A., Alvarez de Davila, S., Reyes Peralta, A. O., Laska, M. N., Larson, N., Hurtado, G. A., & Reicks, M. (2021). Adolescent-Reported Latino Fathers' Food Parenting Practices and Family Meal Frequency Are Associated with Better Adolescent Dietary Intake. *International Journal of Environmental Research and Public Health, 18*(15), 8226. 10.3390/ijerph18158226

Bandura, A. (1977). Social Learning Theory. New York: General Learning Press.

Barendse, M. E. A., Flannery, J., Cavanagh, C., Aristizabal, M., Becker, S. P., Berger, E., Breaux, R., Campione-Barr, N., Church, J. A., Crone, E. A., Dahl, R. E., Dennis-Tiwary, T. A., Dvorsky, M. R., Dziura, S. L., van de Groep, S., Ho, T. C., Killoren, S. E., Langberg, J. M., Larguinho, T. L., Pfeifer, J. H. (2023). Longitudinal change in adolescent depression and anxiety symptoms from before to during the COVID-19 pandemic. *Journal of Research on Adolescence, 33*(1), 74-91. 10.1111/jora.12781

Berge, J. M., Hazzard, V. M., Larson, N., Hahn, S. L., Emery, R. L., & Neumark-Sztainer, D. (2021). Are there protective associations between family/shared meal routines during COVID-19 and dietary health and emotional well-being in diverse young adults? *Preventive Medicine Reports, 24*, 101575. 10.1016/j.pmedr.2021.101575

Bitsko, R. H., Claussen, A. H., Lichtstein, J., Black, L., Jones, S., Danielson, M. D., Hoenig, J. M., Davis, J., Brody, D. J., Gyawali, S., Maenner, M. J., Warner, M., Holland, K. M., Perou, R., Crosby, A. E., Blumberg, S. J., Avenevoli, S., Kaminski,

J. W., & Ghandour, R. M. (2022). *Mental health surveillance among children – United States, 2013-2019*. MMWR Supplement. 2022 Feb 25; *71*(2);1-42. https://www.cdc.gov/mmwr/volumes/71/su/su7102a1.htm

Breaux, R., Dvorsky, M. R., Marsh, N. P., Green, C. D., Cash, A. R., Shroff, D. M., Buchen, N., Langberg, J. M., & Becker, S. P. (2021). *Prospective impact of COVID-19 on mental health functioning in adolescents with and without ADHD: protective role of emotion regulation abilities*. Wiley. 10.1111/jcpp.13382

Brown, S. L., Teufel, J., Birch, D. A., & Abrams, T. E. (2019). Family meals and adolescent perceptions of parent-child connectedness. *Journal of Family Studies, 25*(1), 34-45. 10.1080/13229400.2016.1200115

Burkholder, G. J., Cox, K. A., Crawford, L. M., Hitchcock, J. H., & Patton, M. Q. (2020). *Research design and methods: An applied guide for the scholar-practitioner* (1; first; ed.). SAGE Publications, Inc.

Chang, Wang, Cheng, Guo, Wang, & Kong. (2020). Family Dinner and the Happiness of Chinese Adolescents: Identifying Mediators and Moderators. *Journal of Youth and Adolescence, 49*(8), 1674-1686. 10.1007/s10964-020-01275-1

Chapman-Novakofski, K. (2020). Family Meals. *Journal of Nutrition Education and Behavior, 52*(11), 994. 10.1016/j.jneb.2020.09.012

Centers for Disease Control and Prevention. (2023, August 2). *About COVID-19.* https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-COVID-19.html

Cree, R. A., Bitsko, R. H., Robinson, L. R., Holbrook, J. R., Danielson, M. L., Smith, D. S., Kaminski, J. W., Kenney, M. K., & Peacock, G. (2016). Health care, family, and community factors associated with mental, behavioral, and developmental disorders

and poverty among children aged 2-8 years — United States. *MMWR Morb Mortal Weekly Rep*; *67*(50), 1377–1383. https://www.cdc.gov/mmwr/volumes/67/wr/mm6750a1.htm?s_cid=mm6750a1_w.

Dallacker, M., Hertwig, R., & Mata, J. (2019). Quality Matters: A Meta-Analysis on Components of Healthy Family Meals. *Health Psychology, 38*(12), 1137-1149. 10.1037/hea0000801

Dallacker, M., Knobl, V., Hertwig, R., & Mata, J. (2023). Effect of Longer Family Meals on Children's Fruit and Vegetable Intake: A Randomized Clinical Trial. *JAMA Network Open, 6*(4), e236331. 10.1001/jamanetworkopen.2023.6331

de Figueiredo, C. S., Sandre, P. C., Portugal, L. C. L., Mázala-de-Oliveira, T., da Silva Chagas, L., Raony, Í, Ferreira, E. S., Giestal-de-Araujo, E., dos Santos, A. A., & Bomfim, P. O. (2021). COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors. *Progress in Neuro-Psychopharmacology and Biological Psychiatry, 106*, 110171. 10.1016/j.pnpbp.2020.110171

de la Torre-Moral, A., Fàbregues, S., Bach-Faig, A., Fornieles-Deu, A., Medina, F. X., Aguilar-Martínez, A., & Sánchez-Carracedo, D. (2021). Family Meals, Conviviality, and the Mediterranean Diet among Families with Adolescents. *International Journal of Environmental Research and Public Health, 18*(5), 2499. 10.3390/ijerph18052499

do Amaral e Melo, G. R., Silva, P. O., Nakabayashi, J., Bandeira, M. V., Toral, N., & Monteiro, R. (2020). Family meal frequency and its association with food consumption and nutritional status in adolescents: A systematic review. *PloS One, 15*(9), e0239274. 10.1371/journal.pone.0239274

Dutemple, E., Hakimi, H., & Poulin-Dubois, D. (2023). Do I know what they know? Linking metacognition, theory of mind, and selective social learning. *Journal of Experimental Child Psychology, 227*, 105572. 10.1016/j.jecp.2022.105572

Egli, V., Hunter, L., Roy, R., Te Morenga, L., De Backer, C., Teunissen, L., Cuykx, I., Decorte, P., & Gerritsen, S. (2022). Household Mealtimes During the 2020 COVID-19 Lockdown in Aotearoa, New Zealand: The Influence of Household Type and Psychological Distress. *Frontiers in Nutrition (Lausanne), 9*, 855866. 10.3389/fnut.2022.855866

Espinoza, G., & Hernandez, H. L. (2022). Adolescent loneliness, stress and depressive symptoms during the COVID-19 pandemic: The protective role of friends. *Infant and Child Development*, 31(3), e2305. https://doi.org/10.1002/icd.2305

Fish, J. N., McInroy, L. B., Paceley, M. S., Williams, N. D., Henderson, S., Levine, D. S., & Edsall, R. N. (2020). "I'm kinda stuck at home with unsupportive parents right now": LGBTQ youths' experiences with COVID-19 and the importance of online support. *Journal of Adolescent Health*, *67*(3), 450-452. https://doi.org/10.1016/j.jadohealth.2020.06.002

Friend, S., Arcan, C., & Fulkerson, J. (2020). P31 Associations Between Snack Food and Demographics, Family Meals and Fruit/Vegetable Intake Among Rural 7- to 10-Year-Old Children. *Journal of Nutrition Education and Behavior, 52*(7), S30. 10.1016/j.jneb.2020.04.076

Fulkerson, J. A., Telke, S., Larson, N., Berge, J., Sherwood, N. E., & Neumark-Sztainer, D. (2019). A healthful home food environment: Is it possible amidst household chaos and parental stress? *Appetite, 142*, 104391. 10.1016/j.appet.2019.104391

Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *J Pediatr*. 206, 256–267. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6673640

Glanz, Metcalfe, Folta, Brown, & Fiese. (2021). Diet and Health Benefits Associated with In-Home Eating and Sharing Meals at Home: A Systematic Review. *International Journal of Environmental Research and Public Health, 18*(4), 1577. 10.3390/ijerph18041577

Goldfarb, S. S., Tarver, W. L., Locher, J. L., Preskitt, J., & Sen, B. (2015). A systematic review of the association between family meals and adolescent risk outcomes. *Journal of Adolescence (London, England.), 44*(1), 134-149. 10.1016/j.adolescence.2015.07.008

Gotlib, I. H., Miller, J. G., Borchers, L. R., Coury, S. M., Costello, L. A., Garcia, J. M., & Ho, T. C. (2022). Effects of the COVID-19 Pandemic on Mental Health and Brain Maturation in Adolescents: Implications for Analyzing Longitudinal Data. *Biological Psychiatry Global Open Science,* 10.1016/j.bpsgos.2022.11.002

Guo, M., Wang, L., Zhang, L., Hou, Q., Guo, M., Wang, L., Zhang, L., Hou, Q., Yang, J., & Chang, S. (2023). *Placing Adolescents on a Trajectory to Happiness: The Role of Family Assets and Intentional Self-Regulation*. Kluwer Academic Publishers. 10.1007/s10902-023-00626-6

Gupta, R. S., Dickey, L., & Kujawa, A. A. (2022). *Neural markers of emotion regulation difficulties moderate effects of COVID-19 stressors on adolescent depression*. Hindawi Limited. 10.1002/da.23268

Hammons, A. J., & Robart, R. (2021). Family Food Environment during the COVID-19 Pandemic: A Qualitative Study. *Children (Basel), 8*(5), 354. 10.3390/children8050354

Inchley, J., Currie, D., Budisavljevic, S., Torsheim, T., Jaastad, A., Cosma, A., Kelly, C. N., Arnarsson, A., Samdal, O., & Weber, M. W. (2020). Spotlight on Adolescent Health and Well-being: Findings from the 2017/2018 Health Behaviour in School-Aged Children (Hbsc) Survey in Europe and Canada. *WHO Regional Office for Europe.* Copenhagen, Denmark.

Jeune, S., Hamil, C., Frazier, S., & Coccia, C. (2020). P106 The Family Meal Project: Assessing the Relationship Between Family Priorities and Routines to Their Child's Eating Preferences. *Journal of Nutrition Education and Behavior, 52*(7), S66. 10.1016/j.jneb.2020.04.153

Jones, B. L. (2018). Making time for family meals: Parental influences, home eating environments, barriers, and protective factors. *Physiology & Behavior, 193*(Pt B), 248-251. 10.1016/j.physbeh.2018.03.035

Kameyama, N., Morimoto, Y., Hashimoto, A., Inoue, H., Nagaya, I., Nakamura, K., & Kuwano, T. (2021). The Relationship between Family Meals and Mental Health Problems in Japanese Elementary School Children: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health, 18*(17), 9281. 10.3390/ijerph18179281

Kilford, E. J., Foulkes, L., Potter, R., Collishaw, S., Thapar, A., & Rice, F. (2015). Affective bias and current, past and future adolescent depression: a familial high risk study. *J Affect Disord*. 174. 265-71. 10.1016/j.jad.2014.11.046

Kimura, S., Yano, K., & Oishi, K. (2021). Does Mealtime Communication Improve Happiness? Considering the Trait of Shyness1. *Japanese Psychological Research, 63*(3), 203-210. 10.1111/jpr.12304

Knobl, V., Dallacker, M., Hertwig, R., & Mata, J. (2022). Happy and healthy: How family mealtime routines relate to child nutritional health. *Appetite, 171*, 105939. 10.1016/j.appet.2022.105939

Kostev, K., Weber, K., Riedel-Heller, S., von Vultée, C., & Bohlken, J. (2023). Increase in depression and anxiety disorder diagnoses during the COVID-19 pandemic in children and adolescents followed in pediatric practices in Germany. *European Child & Adolescent Psychiatry, 32*(5), 873-879. 10.1007/s00787-021-01924-1

Lebrun-Harris, L. A., Ghandour, R. M., Kogan, M. D., Warren, M. D. (2022). Five-Year Trends in US Children's Health and Well-being, 2016-2020. *JAMA Pediatr.176*(7). 10.1001/jamapediatrics.2022.0056

Liddle, I., & Carter, G. F. A. (2015). Emotional and psychological well-being in children: the development and validation of the Stirling Children's Well-being Scale. *Educational Psychology in Practice, 31*(2), 174-185. 10.1080/02667363.2015.1008409

Liddle, I. & Carter, G. (2015). *Stirling Children's Well-being Scale.* Stirling Council Educational Psychology Service (UK).

Magson, N. R., Freeman, J. Y. A., Rapee, R. M., Richardson, C. E., Oar, E. L., & Fardouly, J. (2021). Risk and Protective Factors for Prospective Changes in Adolescent Mental Health during the COVID-19 Pandemic. *Journal of Youth and Adolescence, 50*(1), 44-57. 10.1007/s10964-020-01332-9

Marks, L. D., Kelley, H. H., Dollahite, D. C., Kimball, E. R., & James, S. (2023). Family Dinners and Family Relationships Following the Initial Onset of the COVID-19 Pandemic. *Marriage & Family Review, ahead-of-print*(ahead-of-print), 1-26. 10.1080/01494929.2022.2137874

Middleton, G., Golley, R. K., Patterson, K. A., & Coveney, J. (2022). The Family Meal Framework: A grounded theory study conceptualizing the work that underpins the family meal. *Appetite, 175*, 106071. 10.1016/j.appet.2022.106071

Middleton, G., Golley, R., Patterson, K., Le Moal, F., & Coveney, J. (2020). What can families gain from the family meal? A mixed-papers systematic review. *Appetite, 153*, 104725. 10.1016/j.appet.2020.104725

Moreira, P. A., Inman, R. A. & Cloninger, C.R. (2023). Disentangling the personality pathways to well-being. *Sci Rep,* 13, 3353. https://doi.org/10.1038/s41598-023-29642-5

Murata, S., Rezeppa, T., Thoma, B., Marengo, L., Krancevich, K., Chiyka, E., Hayes, B., Goodfriend, E., Deal, M., Zhong, Y., Brummit, B., Coury, T., Riston, S., Brent, D. A., & Melhem, N. M. (2021). The psychiatric sequelae of the COVID-19 pandemic in adolescents, adults, and health care workers. *Depression and Anxiety, 38*(2), 233-246. 10.1002/da.23120

Nagaoka, M., Kubo, H., Tashiro, K., Kinoshita, M., Inoue, H., Soejima, H., & Fujise, N. (2022). How university students changed their habits and developed mental disorders in the context of the coronavirus disease 2019 (COVID-19) pandemic in Japan: Three case reports. *PCN Reports, 1*(3), n/a. 10.1002/pcn5.29

National Center for Education Statistics (2023, November 7). *Condition of Education.* https://nces.ed.gov/programs/coe

Parikka, S., Martelin, T., Karvonen, S., Levälahti, E., Kestilä, L., & Laatikainen, T. (2022). Early childhood family background predicts meal frequency behaviour in children: Five-year follow-up study. *Scandinavian Journal of Public Health, 50*(8), 1199-1207. 10.1177/14034948211058544

Perming, C., Thurn, Å., Garmy, P., & Einberg, E. L. (2022). Adolescents' Experience of Stress: A Focus Group Interview Study with 16-19-Year-Old Students during the COVID-19 Pandemic. *Int J Environ Res Public Health*, *19*(15), 9114. 10.3390/ijerph19159114

Pieh, C., Dale, R., Plener, P.L., Humer, E., & Probst, T. (2021). Stress levels in high-school students after a semester of home-schooling. *Eur. Children Adolescent Psychiatry.* 10.1007/s00787-021-01826-2

Racine N., McArthur, B. A., & Cooke, J. E. (2021). Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: a meta-analysis. *JAMA Pediatr, 175*(11), 1142-1150.

Renwick, L., Pedley, R., Johnson, I., Bell, V., Lovell, K., Bee, P., & Brooks, H. (2022). Conceptualizations of positive mental health and wellbeing among children and adolescents in low- and middle-income countries: A systematic review and narrative synthesis. *Health Expectations, 25*(1), 61-79. 10.1111/hex.13407

Robson, S. M., McCullough, M. B., Rex, S., Munafò, M. R., & Taylor, G. (2020). Family Meal Frequency, Diet, and Family Functioning: A Systematic Review With Meta-

analyses. *Journal of Nutrition Education and Behavior, 52*(5), 553-564. 10.1016/j.jneb.2019.12.012

Ross, D. A., Hinton, R., Melles-Brewer, M., Engel, D., Zeck, W., Fagan, L., Herat, J., Phaladi, G., Imbago-Jácome, D., Anyona, P., Sanchez, A., Damji, N., Terki, F., Baltag, V., Patton, G., Silverman, A., Fogstad, H., Banerjee, A., & Mohan, A. (2020). Adolescent well-being: A definition and conceptual framework. *Journal of Adolescent Health, 67*(4), 472-476. 10.1016/j.jadohealth.2020.06.042

Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., Dove, N., Long, D., & Snell, G. (2021). *Review: Mental health impacts of the COVID-19 pandemic on children and youth – a systematic review*. Wiley. 10.1111/camh.12501

Scott, S. R., Rivera, K. M., Rushing, E., Manczak, E. M., Rozek, C. S., & Doom, J. R. (2021). “I hate this”: A qualitative analysis of adolescents' self-reported challenges during the COVID-19 pandemic. *Journal of Adolescent Health*, *68*(2), 262–269. https://doi.org/10.1016/j.jadohealth.2020.11.010

Silva, A., Alvarenga, P., Barros, L., de Mendonça Filho, E. J., Silva, A., Alvarenga, P., Barros, L., & de Mendonça Filho, E. (2022). *Chronic Illness and Child Behavior Problems in Low SES Families: The Mediation of Caregivers’ Mental Health*. Kluwer Academic-Plenum-Human Sciences Press. 10.1007/s10826-022-02317-x

Skeer, M. R., & Ballard, E. L. (2013). Are Family Meals as Good for Youth as We Think They Are? A Review of the Literature on Family Meals as They Pertain to Adolescent Risk Prevention. *Journal of Youth and Adolescence, 42*(7), 943-963. 10.1007/s10964-013-9963-z

Smith, J. A., Saltzman, J. A., & Dev, D. A. (2022). Mealtime emotional climate and child health: A systematic review. *Eating Behaviors: An International Journal, 44*, 101582. 10.1016/j.eatbeh.2021.101582

Snow, C. E., & Beals, D. E. (2006). Mealtime talk that supports literacy development. *New Directions for Child and Adolescent Development*, 111, 51–66.

Szabó, M. & Lovibond, P. (2022). Development and psychometric properties of the DASS-youth (DASS-Y): an extension of the depression anxiety stress scales (DASS) to adolescents and children. *Front Psychol.* 10.3389/fpsyg.2022.766890

Terin H., Açıkel, S.B., Yılmaz, M.M., & Sensel, S. (2022). The effects of anxiety about their parents getting COVID-19 infection on children's mental health. *Eur J Pediatr. 182*(1), 165-171. 10.1007/s00431-022-04660-z

Termorshuizen, J. D., Watson, H. J., Thornton, L. M., Borg, S., Flatt, R. E., MacDermod, C. M., Harper, L. E., Furth, E. F., Peat, C. M., & Bulik, C. M. (2020). Early impact of COVID-19 on individuals with self-reported eating disorders: A survey of ~1,000 individuals in the United States and the Netherlands. *The International Journal of Eating Disorders, 53*(11), 1780-1790. 10.1002/eat.23353

Thompson, D. A., Bekelman, T. A., Ferrante, M. J., McCloskey, M. L., Johnson, S. L., & Bellows, L. L. (2021). Picture Perfect: How Attaining the Ideal Meal is Not So Easy for Parents of Young Children. *Journal of Nutrition Education and Behavior, 53*(4), 290-298. 10.1016/j.jneb.2021.01.008

Trofholz, A. C., Tate, A., Keithahn, H., de Brito, J. N., Loth, K., Fertig, A., & Berge, J. M. (2021). Family meal characteristics in racially/ethnically diverse and

immigrant/refugee households by household food security status: A mixed methods study. *Appetite, 157*, 105000. 10.1016/j.appet.2020.105000

Trofholz, A., Thao, M., Donley, M., Smith, M., Isaac, H., & Berge, J. (2018). Family meals then and now: A qualitative investigation of intergenerational transmission of family meal practices in a racially/ethnically diverse and immigrant population. *Appetite, 121*, 163-172. 10.1016/j.appet.2017.11.084

Utter, J., Denny, S., Farrant, B., & Cribb, S. (2019). Feasibility of a Family Meal Intervention to Address Nutrition, Emotional Wellbeing, and Food Insecurity of Families With Adolescents. *Journal of Nutrition Education and Behavior, 51*(7), 885-892. 10.1016/j.jneb.2019.03.015

Victoria-Montesinos, D., Jiménez-López, E., Mesas, A. E., López-Bueno, R., Garrido-Miguel, M., Gutiérrez-Espinoza, H., Smith, L., & López-Gil, J. F. (2023). Are family meals and social eating behaviour associated with depression, anxiety, and stress in adolescents? The EHDLA study. *Clinical Nutrition (Edinburgh, Scotland), 42*(4), 505-510. 10.1016/j.clnu.2023.01.020

Viduani, A., Benetti, S., Petresco, S., Piccin, J., Velazquez, B., Fisher, H. L., Mondelli, V., Kohrt, B. A., & Kieling, C. (2022). *The experience of receiving a diagnosis of depression in adolescence: A pilot qualitative study in Brazil*. SAGE Publications. 10.1177/13591045211063494

Viner, R., Russell, S., Saulle, R., Croker, H., Stansfield, C., Packer, J. R., Nicholls, D., Goddings, A. L., Bonell, C., Hudson, L., Hope, S., Ward, J., Schwalbe, N., Morgan, A., & Minozzi, S. (2022). School Closures During Social Lockdown and Mental Health, Health Behaviors, and Well-being Among Children and Adolescents During

the First COVID-19 Wave: A Systematic Review. *JAMA Pediatr, 176*(4), 400–409. 10.1001/jamapediatrics.2021.5840

Walsh, F. (2003). Family Resilience: A Framework for Clinical Practice. *Family Process, 42*(1), 1-18. 10.1111/j.1545-5300.2003.00001.x

Walsh, F. (2016). Applying a Family Resilience Framework in Training, Practice, and Research: Mastering the Art of the Possible. *Family Process, 55*(4), 616-632. 10.1111/famp.12260

Walton, K., Breen, A., Gruson-Wood, J., Jewell, K., Haycraft, E., & Haines, J. (2021). Dishing on dinner: a life course approach to understanding the family meal context among families with preschoolers. *Public Health Nutrition, 24*(6), 1338-1348. 10.1017/S1368980020001779

Wood, A. C., Blissett, J. M., Brunstrom, J. M., Carnell, S., Faith, M. S., Fisher, J. O., Hayman, L. L., Khalsa, A. S., Hughes, S. O., Miller, A. L., Momin, S. R., Welsh, J. A., Woo, J. G., Haycraft, E. (2020). Caregiver Influences on Eating Behaviors in Young Children: A Scientific Statement From the American Heart Association. *Journal of the American Heart Association, 9*(10), e014520. 10.1161/JAHA.119.014520

World Health Organization. (2023, August 2). *Adolescent Health*. https://www.who.int/health-topics/adolescent-health#tab=tab_1

World Health Organization. (2023, June 24). *World Health Organization Stages of Adolescent Development.* https://apps.who.int/adolescent/seconddecade/section/section_2/level2_2.php

APPENDIX A: DEMOGRAPHICS

Age:__________ Race:__________ Grade:________ Biological Sex:___________

Do you receive free/reduced lunch at school? Yes No Do not know (please circle one)

APPENDIX B: FREQUENT FAMILY MEALTIME

During the past seven days, how many times did all, or most, of your family living in your house eat a meal together?

_______1 (Never - 0 times)

_______2 (Rarely-1 time)

_______3 (Sometimes- 2 or 3 times)

_______4 (Often-4 to 5 times)

_______5 (Regularly-6 or more times)

APPENDIX C: DEPRESSION ANXIETY STRESS SCALES-YOUTH

We would like to find out how you have been feeling in THE PAST WEEK. There are some sentences below. Please select the statement which best shows how TRUE each sentence was of you during the past week. There are no right or wrong answers.

	Not true	A little true	Fairly true	Very true
I got upset about little things	0	1	2	3
I felt dizzy, like I was about to faint	0	1	2	3
I did not enjoy anything	0	1	2	3
I had trouble breathing (e.g. fast breathing), even though I wasn't exercising and I was not sick.	0	1	2	3
I hated my life	0	1	2	3
I found myself over-reacting to situations	0	1	2	3
My hands felt shaky	0	1	2	3
I was stressing about lots of things	0	1	2	3
I felt terrified	0	1	2	3
There was nothing nice I could look forward to	0	1	2	3
I was easily irritated	0	1	2	3
I found it difficult to relax	0	1	2	3
I could not stop feeling sad	0	1	2	3
I got annoyed when people interrupted me	0	1	2	3
I felt like I was about to panic	0	1	2	3
I hated myself	0	1	2	3
I felt like I was no good	0	1	2	3
I was easily annoyed	0	1	2	3
I could feel my heart beating really fast, even though I hadn't done any hard exercise	0	1	2	3
I felt scared for no good reason	0	1	2	3
I felt that life was terrible	0	1	2	3

APPENDIX D: WELL-BEING SCALE-STIRLING CHILDREN'S WELL-BEING SCALE

Here are some statements or descriptions about how you might have been feeling or thinking about things over the past couple of weeks. For each one please circle the number in the box which best describes your thoughts and feelings; there are not right or wrong answers.

Statements	Never	Not much of the time	Some of the time	Quite a lot of the time	All of the time
I think good things will happen in my life	1	2	3	4	5
I have always told the truth	1	2	3	4	5
I've been able to make choices easily	1	2	3	4	5
I can find lots of fun things to do	1	2	3	4	5
I feel that I am good at some things	1	2	3	4	5
I think lots of people care about me	1	2	3	4	5
I like everyone I have met	1	2	3	4	5
I think there are many things I can be proud of	1	2	3	4	5
I've been feeling calm	1	2	3	4	5
I've been in a good mood	1	2	3	4	5
I enjoy what each new day brings	1	2	3	4	5
I've been getting on well with people	1	2	3	4	5
I always share my sweets	1	2	3	4	5
I've been cheerful about things	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5

APPENDIX E: CHILD ASSENT

Child Assent to Participate in a Research Study

What is the name of the study and who is doing the study?
The name of the study is What Family Mealtimes Bring To the Table, and the person doing the study is Alicia Greathouse.

Why is Alicia Greathouse doing this study?
Alicia Greathouse wants to know the importance of frequent family mealtimes as it relates to anxiety, depression, stress, and well-being in adolescents who receive free and reduced lunch.

Why am I being asked to be in this study?
You are being asked to participate in this study because you are a student between 14 and 18 years old who attends ***** County Middle or High School.

If I decide to be in the study, what will happen, and how long will it take?
If you decide to be in this study, you will be asked to fill out an anonymous paper survey consisting of multiple-choice questions about demographics, mealtime frequency, depression, anxiety, stress, and well-being. It should only take about 10 minutes to complete.

Do I have to be in this study?
No, you do not have to be in this study. If you want to be in this study, then tell the researcher. If you don't want to, it's OK to say no. The researcher will not be angry. You can say yes now and change your mind later. It's up to you.

What if I have a question?
You can ask questions any time. You can ask now. You can ask later. You can talk to the researcher. If you do not understand something, please ask the researcher to explain it to you again.

Signing your name below means that you want to be in the study.

____

Signature of Child/Witness Date

Alicia Greathouse
****

Margaret Gopaul, PhD
****

Liberty University Institutional Review Board
1971 University Blvd, Green Hall 2845, Lynchburg, VA 24515
irb@liberty.edu

APPENDIX F: PARENTAL CONSENT

Parental Consent

Title of the Project: What Family Mealtimes Bring To the Table
Principal Investigator: Alicia Greathouse, Doctoral Candidate in Psychology at Liberty University

Invitation to be Part of a Research Study

Your child is invited to participate in a research study. To participate, he/she must be between the ages of 14 and 18 and attending ***** County Middle School or High School. Participation in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to allow your child to take part in this research project.

What is the study about and why are we doing it?

The purpose of the study is to examine frequent family mealtimes as it relates to stress, depression, anxiety, and well-being in adolescents.

What will participants be asked to do in this study?

If you agree to allow your child to be in this study, I will ask her/him to do the following:

1. Participate in an in-person, anonymous survey that will take no more than 10 minutes. The survey will consist of multiple-choice questions regarding demographics, mealtime frequency, depression, anxiety, stress, and well-being.

How could participants or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

What risks might participants experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks your child would encounter in everyday life. The risks involved in this study include the possibility of psychological stress from being asked about current feelings about depression, stress, anxiety, and well-being. To reduce risk, I will monitor participants, discontinue the survey if needed, and contact you.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be anonymous.
- Data will be stored in a locked file cabinet. After five years, all hardcopy records will be shredded.

Is the researcher in a position of authority over participants, or does the researcher have a financial conflict of interest?

The researcher serves as the School Psychologist at ***** County Public Schools. To limit potential or perceived conflicts, data collection will be anonymous, so the researcher will not be able to link students to their responses. This disclosure is made so that you can decide if this relationship will affect your willingness to allow your child to participate in this study. No action will be taken against an individual based on her or his decision to allow his or her child to participate in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to allow your child to participate will not affect your or his/her current or future relations with Liberty University or ***** County Public Schools. If you decide to allow your child to participate, she/he is free to not answer any question or withdraw at any time prior to submitting the survey without affecting those relationships.

What should be done if a participant wishes to withdraw from the study?

If you choose to withdraw your child from the study or your child chooses to withdraw, please inform the researcher that your child wishes to discontinue his/her participation, and your child should not submit the study materials. Your child's responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Alicia Greathouse. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at 828-***-**** or *****@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Margaret Gopaul, at *****@liberty.edu.

Whom do you contact if you have questions about rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to allow your child to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to allow my child to participate in the study.

____

Printed Child's/Student's Name

____

Parent/Guardian's Signature Date

APPENDIX G: SUPERINTENDENT LETTER

April 15, 2024

Alicia K. Greathouse
School Psychologist
agreathouse@*****.k12.va.us

Ms. Greathouse,

This letter is to confirm approval to conduct your dissertation research at **** County Public Schools. The school division requires that any activities, research, and published results be in compliance with all FERPA and HIPAA privacy rules. I look forward to discussing the nature and scope of your research in more detail.

Please let me know if you have any questions about the school division's policies. I wish you continued success in your educational pursuits.

Sincerely,

Superintendent
***** County Public Schools