

## Adolescent and Parental Perceptions of Interparental Conflict

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### Abstract

Research indicates adolescent adjustment problems are associated with high levels of interparental conflict. This study examined parents' and adolescents' perceptions of interparental conflict and the relationship of these perceptions to adolescent adjustment through a survey of adolescent secondary students and their parents. Sixty-two adolescents and 62 parents participated in the study. Adolescents completed three self-report measures of psychological adjustment, a demographic questionnaire and the Consensus and Cohesion subscales of the Dyadic Adjustment Scale (DAS). Parents completed the same subscales of the DAS and a demographic questionnaire. There were no significant differences between the levels of interparental conflict perceived by adolescents and parents. However, adolescent perceptions of interparental conflict were a better predictor of adolescent psychological adjustment when compared to parental perceptions of conflict. The results of this study emphasise the importance of adolescent perceptions of interparental conflict, and provide support for both parental and adolescent reports of family functioning to be taken into account in future clinical studies.

**Keywords:** *Adjustment; Adolescents; Interparental Conflict; Family Functioning.*

### Introduction

The link between interparental conflict and adolescent maladjustment was established in the divorce literature of the 1970s (Emery, 1982). The examination of such conflict in the family environment led to the consensus that interparental conflict was more detrimental to adolescent adjustment than a divorced family structure (Emery, 1982; Forehand, Long, & Brody, 1988; Forehand et al., 1990; Neighbours, Forehand, & Bau, 1997).

Interparental conflict has been associated in the literature with several different expressions of adolescent

psychological health issues, including social withdrawal (Forehand et al., 1988), lowered self-esteem, lowered self-perceived competence, increased anxiety, less internal control, and higher levels of anger and aggression (Enos & Handal, 1986; Kelly, 1998; Mechanic & Hansell, 1989), increased maturity, pseudoadolescence, and increased vulnerability (Lussen, 1988; Wallerstein & Kelly, 1976), depression and physical symptomatology (Kelly, 1998; Krishnakumar & Buehler, 2000; Mechanic & Hansell, 1989), and poorer academic functioning and problem solving skills (Long, 1987). Such research has concentrated on examining the link between adolescent psychopathology and interparental conflict using parental reports of interparental conflict. The majority of these studies have not measured adolescents' perceptions of interparental conflict. It is argued in this paper that consistent with clinical practice, research into family functioning needs to take into account adolescents' perceptions as well as that of the parents. Considering that the perceptions of a stressful event are related to its impact on an individual (Gryncz & Fincham, 2000), it is important to focus on adolescents' perceptions of family functioning and interparental conflict when looking at its effects on adolescent functioning or mental health. It is argued in this paper that adolescent adjustment will be strongly influenced by their own perceptions of interparental conflict. It is this appraisal or attribution of parental conflict which may be more important to adolescent adjustment than the actual frequency or intensity of the conflict itself.

Greater understanding of the perceptions of conflict of both parents and adolescents will lead to better understanding of the choice, and successes, of different types of coping strategies employed by adolescents. For example, it is possible that adolescents perceive interparental conflict as being severe in a situation where parents rate conflict as being low. It was suggested that the strong predictive relationship between interparental conflict and adolescent functioning may be due to adolescents' perception and interpretation of the conflict

as threatening (Forehand & McCombs, 1989). The volume of an argument might be a key indicator of conflict to an adolescent irrespective of the content. In contrast, parents may perceive the content of an argument to be a more significant indicator of the level of conflict intensity. Adolescents uncomfortable with emotional expression may perceive any type of high emotional expression to be conflict, whereas their parents may be engaging in this behaviour to effectively deal with disagreements. Methods of handling conflict involving physical or verbal aggression have been found to be most detrimental to adolescent functioning (Kempton, Thomas & Forehand, 1989). Research into interparental conflict needs to take into account the different perspectives of family members in order to understand the impact the family environment has on adolescent adjustment.

Research on family functioning has found significant differences between adolescents' and parents' perceptions of family functioning, with adolescents perceiving it as more negative (Sawyer et al., 1988; Tamplin & Goodyer, 2001). Adolescent perceptions of family functioning have been identified as the mediating variable between family life and adolescent functioning (Powers, Welsh, & Wright, 1994). Further, discrepancies between parent and adolescent perceptions were found to be better predictors of emotional and behavioural disorders than perceptions of parent or adolescent alone (Bagley et al., 2001). This literature emphasises the importance of different perceptions between parents and adolescents, and the importance of such perceptions in relation to mental health. It is also possible that differences in adolescent and parental perceptions of interparental conflict exist, and may produce different associations with adolescent mental health.

Findings in the area of eating disorders have reported similar findings to that of family functioning. That is, adolescent daughters with eating disorders have been shown to have significantly worse perceptions of family functioning than their mothers (Dancyger et al., 2005; Gowers & North, 1999). Significant differences have also been found in mother and bulimic daughter perceptions of body image (Rupp & Jurkovic, 1996). That is, descriptions that mothers of bulimic daughters gave of their daughters were significantly different to their daughters' self-perceptions. Importantly, Geller et al. (2003) found that greater discrepancies between parents' and daughters' ratings of daughters' feelings about their bodies were associated with greater levels of daughter body dissatisfaction. Thus, in eating disorder research, a lack of congruence in parental and adolescent perceptions has been associated with mental health issues in adolescence.

Few studies have investigated differences in perceptions held by adolescents and their parents particularly in relation to interparental conflict. Much of the research

conducted on perceptions of family conflict has been focused on younger children, older adolescents and/or has relied on different conflict measures for parents and adolescents (Aquilino, 1986; Grych, 1998; Grych, Seid, & Fincham, 1992; Joshi, 2001; Tschann et al., 2002). Young adolescent perceptions of interparental conflict have contributed unique variance to adolescent adjustment beyond what was accounted for by parental reports of conflict (Wierson, Forehand, & McCombs, 1988). Other studies that have assessed only the influence of interparental conflict in adolescents have relied on parental reports of conflict (Neighbours et al., 1997), while those that have assessed both adolescent and parental perceptions have relied on non-standardised measures of conflict assessment (Harold & Conger, 1997). The present study investigated the relationship between parental and adolescent perceptions of interparental conflict and adolescent adjustment using the same standardised conflict measure. It was hypothesised that adolescent perceptions of conflict would be more important to adolescent adjustment than parental perceptions of conflict.

## Method

### Participants

Adolescent participants and one of their parents were recruited from two independent secondary schools. One hundred and sixty questionnaires were sent out to these two schools. Sixty-two parents and children participated in the study, indicating a 38.75% completion rate. Each adolescent participating in the study was aged between 14 and 16 years, and was in either Year 9 or Year 10 in secondary school. Mothers comprised 89% of the parent population, while 11% of fathers participated. Adolescents and parents were predominantly from an Anglo-Saxon background in a middle class area of Melbourne, Australia. Of the adolescents, 58% were females and 42% were male ( $M = 14.5$  years,  $SD = 0.6$ ).

### Measures

Adolescents completed three self-report measures of psychological adjustment, a demographic questionnaire and two subscales of the Spanier Dyadic Adjustment Scale (Spanier, 1976). Parents completed the same two subscales of the Spanier Dyadic Adjustment Scale and a demographic questionnaire.

#### *The Coopersmith Self-Esteem Inventory*

The Coopersmith Self-Esteem Inventory (Coopersmith, 1967) was chosen as it provides information about the adolescent's self-esteem in the home environment. The four subscales of the Coopersmith Self-Esteem Inventory consist of general self, social self and peers, home and parents and school and academic areas, and together they are summed as a global self score. This questionnaire has

sufficient reliability and validity (Robinson & Shaver, 1975; Omizo & Omizo, 1988).

#### *The Nowicki-Strickland Locus of Control Scale*

The Nowicki-Strickland Locus of Control Scale (Nowicki & Strickland, 1973) is a paper-and-pencil test consisting of 40 items and has been suggested as being the best measure of locus of control available for children (Robinson, 1975). Internal consistency has been estimated by the split-half method, corrected by the Spearman-Brown formula as  $r = .74$  for Grades 9-11.

#### *The Comprehensive Quality of Life Scale for Students in Grades 7-12*

The Comprehensive Quality of Life Scale for Students in Grades 7-12 (ComQoL-ST4; Cummins & McCabe, 1994) is a QOL measure specifically designed for adolescents in Grades 7 to 12 and includes Subjective Quality of Life (SQOL) and Objective Quality of Life (OQOL). Both OQOL and SQOL are composed of the following seven domains: material well-being, health, productivity, intimacy, safety, place in community and emotional well-being. Overall QOL is measured as being an aggregate of both these subjective and objective QOL components and the scale has satisfactory reliability and validity.

The three separate self-report measures of self-esteem, locus of control, and QOL were aggregated to provide an indication of adolescent adjustment.

#### *The Dyadic Adjustment Scale*

The Dyadic Adjustment Scale (DAS) was developed by Spanier (1976) to assess the quality of marriage or other similar dyads. It is a self-administered paper-and-pencil test, consisting of thirty-two items. The four subscales in the questionnaire include Dyadic Satisfaction, Dyadic Cohesion, Dyadic Consensus and Affectional Expression. In this study adolescents and parents only completed the Dyadic Consensus and the Dyadic Cohesion subscales of the DAS to measure the amount of interparental conflict perceived by parents and adolescents. The reliability of the total thirty-two item scale is high, and the reliability for the individual subscales remains quite high (Spanier, 1976).

Information obtained from a demographic questionnaire related to age, gender, and absence of significant family members from the family home. Both adolescents and parents completed a demographic questionnaire.

### **Design and Procedure**

The current study was a cross-sectional survey design. Students in their middle years of secondary education and their parents were invited to participate in the study. Parents and adolescents provided informed consent.

In order to include single parent families, only one parent from each adolescent's family was required to participate. Parents were asked to complete the shortened version of the DAS. The instructions on this measure stipulated that the questionnaire was to be answered according to the present situation between the adolescents' parents, irrespective of whether these parents were living together or were separated/divorced. After the researcher received the completed and returned parent questionnaires, adolescents completed the four self-report measures during school hours.

### **Results**

Means, standard deviations and the range for each predictor and criterion variables are presented in Table 1. Adolescents perceived more extreme levels of interparental conflict than did their parents, as indicated in the greater score range and standard deviation of adolescent perceptions of conflict. A one-way analysis of variance revealed no statistically significant differences between the amount of interparental conflict perceived by adolescents or by parents ( $F(1,115) = .38, p > .05$ ).

Table 1: Means, standard deviations and range for all variables ( $N = 62$ ).

Variable	<i>M</i>	<i>SD</i>	Range	
			Min	Max
Adolescent perception of interparental conflict	60.62	11.85	25.00	82.00
Parental perception of interparental conflict	61.76	7.71	40.00	76.00
Adolescent adjustment (aggregated score)	244.53	40.53	115.00	322.50

Initial investigation suggested a significant relationship between adolescent perceptions of interparental conflict and parental perceptions of interparental conflict ( $r = .43, p < .001$ ). There was a stronger relationship between adolescent perceptions of interparental conflict and adolescent health ( $r = .41, p < .01$ ) than there was between parental perceptions of conflict and adolescent health ( $r = .20, p > .01$ ).

Table 2: Summary of standard regression analysis for variables predicting adolescent adjustment ( $N = 62$ ).

<i>Variables</i>	<i>R</i> <sup>2</sup>	<i>B</i>	<i>SE</i>	<i>β</i>	<i>sr</i> <sup>2</sup>
Adolescent perception of interparental conflict	.17	1.35	.44	.45**	.16
Parental perception of interparental conflict		-.38	.65	-.08	.01

Note. \*\* $p < .010$ .

The primary aim of the present investigation was to examine adolescent perceptions of interparental conflict and parental perceptions of interparental conflict and their relationship to adolescent psychological adjustment. To examine this, a standard multiple regression analysis was performed (See Table 2). The model using adolescent perceptions of conflict ( $\beta = .45$ ,  $p < .01$ ) and parental perceptions of conflict ( $\beta = -.08$ ) as predictors explains a significant proportion of adolescent adjustment ( $R^2 = .17$ ,  $p < .005$ ) as indicated by the significant F-ratio ( $F(2, 48) = 5.08$ ,  $p < .01$ ). To test for the unique contributions of adolescent perceptions of interparental conflict,  $sr^2$  significant contributions were calculated. Of the two independent variables, adolescent perceptions of interparental conflict was the only variable that contributed significantly to adolescent adjustment. Parental perceptions of conflict did not contribute significantly to adolescent adjustment. The two variables in combination contributed another .01 in shared variability. In total, 17% of the variability of adolescent adjustment was predicted by knowing adolescent and parental perceptions of interparental conflict. The results of this standard multiple regression suggest that adolescent perceptions of interparental conflict are a better predictor of adolescent health than are parental perceptions of interparental conflict.

### Discussion

Adolescent perceptions of interparental conflict were found to be a better predictor of adolescent adjustment than were parental perceptions of interparental conflict. However, adolescent and parental perceptions of interparental conflict were not significantly different.

The results of this study suggest that adolescent perceptions of the family environment are more important than parental perceptions of the family environment in predicting adolescent psychological adjustment. The importance of adolescent perceptions of interparental conflict is consistent with Wierson et al. (1988) who also found that adolescent perceptions of interparental conflict contributed unique variance in the prediction of adolescent adjustment. It seems therefore that there is little rationale for the sole reliance on parental reports of conflict and/or adolescent health in earlier studies of adolescent functioning. Perhaps in the past, parental reports of adolescent functioning were thought to be more objective than adolescent self-reports, and parental perceptions of the family environment may have been assumed to be similar enough to adolescent perceptions of the family environment (Neighbours et al., 1997). Research has also combined reports of family members to limit method bias (Sheeber et al., 1997), however this does not take individual differences in perceptions into account.

Careful examination of the data suggests that adolescent perceptions are more extreme when compared to parental perceptions, even though both are moderately correlated. Parents and adolescents reported similar levels of interparental conflict when analysed as a group, as indicated by non-significant differences in the group data of parents and adolescents. However, important information can be drawn from the individual differences within the adolescent group, with more variation in the level of discord reported by adolescents. The increased variation in the results of the adolescents does suggest that there were individual differences in what parents and adolescents reported. However, these differences were not large enough to produce a statistical difference in the group data. The individual differences between what parents and adolescents reported may have been a result of adolescents having different perceptions of, and attributing different meanings to, the same event experienced by themselves and their parents.

Differences in adolescent-parent perceptions are not unique to interparental conflict. They have also been found in research on family functioning and eating disorders (e.g., Dancyger et al., 2005; Tamplin & Goodyer, 2001). The clinical significance of these differences were highlighted by Bagley et al. (2001), who found that differences in adolescent-parent perceptions of family functioning were better predictors of emotional and behavioural disorders than that of parent or adolescent alone. The findings of the current study add to this literature, emphasising the importance of collecting both parental and adolescent perceptions of the family environment or specific psychological disorders such as eating disorders.

If adolescents perceive interparental conflict differently from parents, it could explain why adolescent reports of conflict are a better predictor of adolescent psychological health than parental reports. This is consistent with Neighbours and colleagues (1997) who also suggested that the young adult's perspective of interparental conflict may be most pertinent to his or her functioning. Grych and Fincham (1993) suggested that children's perceptions of the threat posed by conflict, their ability to cope effectively with conflict, and attributions regarding the cause of conflict were particularly important for shaping emotional and behavioral responses. Future studies could investigate adolescents' appraisals of perceived conflict and their attributions regarding its cause. Finally, the literature on general family functioning (Bagley et al., 2001; Tamplin & Goodyer, 2001) reports that differences in perceptions of family functioning are critical in understanding mental health issues in adolescents.

A number of limitations to this study warrant discussion. First, it should be noted that the majority of the parental sample consisted of mothers and furthermore parental conflict is measured by only one parent's

perspective. Further studies could examine parental dyads which would provide perceptions of parental conflict from both parents. Second, the main finding is that adolescent perception of conflict predicts adolescent adjustment over and above that explained by parental perception. Yet, it is possible that this finding is due to shared error variance based on the fact that adolescents reported on both the conflict and their adjustment. It would be of interest to examine whether parent's perceptions of adolescent adjustment might present a different clinical picture.

The findings of this study emphasise the importance of adolescent perceptions of interparental conflict. More specifically, adolescent perceptions of their parents' relationship are more important to their psychological adjustment than that of their parents. These findings suggest that sole reliance on parental perceptions of the family environment may not provide an accurate picture of the actual amount of conflict present in the family, nor of adolescents' perceptions of conflict. Parental and adolescent reports of conflict should therefore not be used interchangeably and adolescents' perceptions of interparental conflict need to be taken into account. It is common practice for clinicians to take into account differences in perceptions during assessment. This study provides support for this practice, but research on interparental conflict continues to rely largely on parental reports of conflict. The current results provide support for both parental and adolescent reports of family functioning to be taken into account in future clinical studies. These results may also be of interest to those developing assessment guidelines in child protection and community services policy.

### Acknowledgements

The authors would like to thank the families who participated in the study. We would also like to thank Sabrina Adams for her final edits and manuscript assistance.

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