

## **Perceived Interparental Relationship and Mental Health Status of Adolescents**

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**Abstract:** *The present study aimed to examine the role of perceived interparental relationship in mental health problems of adolescents. Studies indicated that poor interparental relationship is associated with difficulties in adolescents' psychological functioning. In this context it was hypothesized that perception of better relationship between parents would be negatively associated with various mental health problems. The sample for present study comprised 400 adolescents (200 boys and 200 girls) with age range of 15 to 19 years. Interparental Relationship Scale and General Health Questionnaire were administered to assess the variables under study. Correlational analysis revealed that perception of interparental relationship was negatively correlated with all the mental health problems (anxiety, depression, somatic symptoms, and social dysfunction) among adolescent boys whereas negative associations have been obtained with depression and social dysfunction among adolescent girls. Further regression analysis indicated perceived interparental relationship emerging as a significant predictor for most of the mental health problems of adolescents. Findings regarding the role of interparental relationship in adolescents' mental health may have counselling implications which have been discussed in the paper.*

**Keywords:** *Anxiety, Depression, Interparental relationship, Social dysfunction, Somatic symptoms*

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### **I. Introduction**

Adolescence is a time of great change and transition, when youth are starting to make decisions about career paths, further schooling, and living on their own. These stressors, coupled with changing peer and family interactions, may lead in some cases to mental health problems, such as depression, suicidal thoughts, and anxiety disorders etc. Adolescents suffer from psychosocial problems at one time or the other during their development. The World Health Organization defined mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" [1]. Mental health problems are typically marked by disruption of emotional, social, and cognitive functioning. Those disorders that most commonly affect adolescence are anxiety, interpersonal sensitivity, loneliness, depression hostility, somatization, and are sometimes associated with suicide [2]. Pillai, Patel, Cardozo, Goodman, Weiss and Andrew [3] reported that anxiety, depression and behavioural disorders and attention-deficit hyperactivity disorder were the major mental health problems that occurred frequently during adolescence. Most of the epidemiological surveys on school going children and adolescents have reported a wide variation (20-33%) in the prevalence of psychosocial problems [4]. Srinath, Girimaji, Gururaj, Seshadri, Subbakrishna, Bhola and Kumar [5] reported that 12.5% of children and adolescents suffering from mental and behavioural health problems in India.

The mental health of adolescents is associated with genetic and environmental factors [6]. Among environmental factors various parenting practices and perceived interparental relationship were found to be associated with mental health problems [7]. Perceived interparental relationship refers to children's perceptions regarding the quality of the relationship between their parents. Interparental relationship indicates relationship regarding support, communication, decision making, care and helping each other in various households between father and mother. Relationship between parents which has been mostly studied in terms of interparental conflict in Western literature has a significant impact on adolescents' adjustment [8] and mental health problems [9]. Research indicated that parental conflict is associated with difficulties in adolescents' psychological functioning. Poor interparental relationship can cause family life to be emotionally unpleasant. It threatens the child's emotional and physical well-being, reduces the emotional sensitivity of parents and results in family dissolution [10]. Therefore, an adolescent's sense of emotional security is influenced by his exposure to parental conflict, and by the security of attachment between parent and child.

Considerable research has documented that prolonged exposure to interparental conflict has negative consequences for children and adolescents, including increased risk for externalizing and internalizing problems. Recently, researchers have highlighted several mechanisms that underlie children's adaptation to interparental conflict suggesting that conflict occurring between parents adversely affects children through two primary mechanisms: (a) The first suggests that interparental conflict leads to disruptions in the parent-child

relationship, which in turn leads to child maladjustment [11]. (b) The second proposes that the impact of conflict is mediated in part by children's cognitions, specifically, their attributions regarding the cause of conflict and their perceptions of their own ability to affect the conflict [12]. According to the emotional security theory [13], witnessing destructive interparental conflict sensitizes children to concerns about preserving their security. Threats to security are manifested in children's negative internal representations of the consequences for the welfare of the self and family. Similarly, the cognitive contextual framework hypothesizes that elevated interparental conflict increases children's vulnerability to psychological problems by heightening their appraisals of threat in the family [14].

#### Studies Related to Interparental Relationship and Mental Health

Exposure to interparental conflict is associated with negative psychological symptoms among adolescents [15], with evidence suggesting that adolescents who are exposed to frequent, intense, and poorly resolved conflicts between parents are at greater risk for heightened internalizing symptoms [16] and externalizing problems [17]. O'Donnell, Moreau, Cardemil, Pollastri [18] revealed that both parenting and children's general cognitive style play a role in understanding the impact of increasing interparental conflict on children's well-being. Bradford, Vaughn and Barber [19] examined direct and indirect associations between overt and covert interparental conflict, parent-child conflict, and their links to adolescents' problem behaviors. Result revealed direct positive linkages from overt interparental conflict to antisocial behavior and from covert interparental conflict to depression and antisocial behavior.

Buehler, Lange and Franck [20] found that Internalizing problems were mediated by self-blame appraisals, emotional dysregulation, negative family representations, avoidance, and internalization of feelings, whereas externalizing problems were mediated by self-blame and threat appraisals. Gender differences have emerged within studies examining the manner in which adolescents appraise interparental conflict situations. Grych, Fincham, Jouriles, and McDonald [17] reported higher mean levels of self-blame for boys in response to interparental conflict compared to girls and also reported that self-blame acted as a significant mediator in the association between interparental conflict and internalizing problem behaviors only for boys. In a prospective research design, perceived threat acted as a significant mediator in the association between interparental conflict and both internalizing and externalizing problem behaviors only for boys [21].

Few Indian studies revealed the effect of parental conflict and poverty-related risk factors on psychosocial adjustment of adolescents in families experiencing persistent poverty. Results indicated that interparental discord is significantly associated with all forms of conduct disorders among their children; however, it is weakly correlated to internalizing behaviors and moderately associated with externalized symptoms. Mothers' verbal aggression is more detrimental for adolescent adjustment than fathers' aggression. Influence of the environment is exerted via the child's perceptions and interpretations of the environment [22; 23].

Interparental relationship was basically investigated in West in terms of 'interparental conflict'. Lack of studies on this aspect generated the need to consider the influence of interparental relationship on adolescents' mental health due to changing scenario of families in India. Weakening of social support from kinship, movement of women empowerment, exposure to media, increasing competitive demands of the market economy and higher standards of achievement are a few aspects that have changed the Indian family dynamics in the recent past. The need for differential values, competencies and coping styles between parents and adolescents are a source of anxiety and stress both for adolescents and parents [24]. Changing circumstances of family, interparental relationship and parent-child relationship generated the need of study.

Present study would focus on adolescents' internal representation of how their parents get along with each other which is more important to adolescent's wellbeing than the actual quality of relationship between parents. The current study is aimed to elucidate the relationship of interparental relationship with adolescents' mental health problems. An attempt has been made to understand the contribution of interparental relationship in the prediction of adolescents' mental health problems. In summary two research questions were included in the study.

- (1) Is there a relationship between quality of interparental relationship and mental health problems of adolescent boys and girls?
- (2) To what extent perceived interparental relationship predicts mental health problems of adolescent boys and girls.

It was expected on the basis of literature that perception of better relationship between parents would be negatively associated with mental health problems of adolescent boys and girls.

## **II. Method**

### **Sample**

The present study followed a sample of 400 adolescents with age range of 15 to 19 years. Sample included equal number of boys (N=200; Mean age=16.01) and girls (N=200; Mean age=16.06) studying in different government and private high school and intermediate colleges of Varanasi city, U.P., India.

Adolescents belonging to middle socioeconomic status were selected in the sample on the basis of scores of Socio-Economic Status Scale [25]. Adolescents from both nuclear and joint family structure were integrated in the sample. It was the demand of the study to have data about both mother and father; therefore, adolescents having both parents alive and staying together were selected.

In addition to a demographic data schedule (age, gender, family structure and size of the family, parents' education and parents' occupation etc.) the following measures were used.

**Interparental relationship scale**

To assess the quality of relationship between father and mother, this measure was developed by the researcher. This is a five point scale (strongly agree, agree, undecided, disagree, strongly disagree) based on Likert method. It comprises of 17 items related to relationship between mother and father regarding support, communication, decision making, care and helping each other in various households. Out of seventeen items sixteen items are positively scored and one item (item no.7) is reverse scored. High scores indicate better relationship perceived between father and mother. Initially twenty items for Interparental Relationship Scale were pooled on the basis of literature review. For evaluating psychometric properties of scale it was primarily administered on specified sample of hundred adolescents (50 boys and 50 girls). After collecting data, Item analysis of scale has been performed with the help of 'corrected item-total correlation' method. Based on low corrected item-total correlation, three items were excluded from the further analysis to enhance the internal consistency between items. Reliability of this questionnaire was computed by Cronbach's alpha coefficient method and its value was found to be .88. High scores indicate better relationship perceived between father and mother.

**General Health Questionnaire (GHQ)**

This scale was constructed by Goldberg and Hollies [26], was used to assess four dimensions of mental health problems, viz. anxiety, depression, somatic symptoms and social dysfunction. It consists of 28 items. This is a four-point rating scale. Each item was scored from 1 to 4. The response alternatives have been arranged in such a way that higher scores on each dimension indicate greater health problems. Item-total correlation of each subscale ranges from 0.40 to 0.85 and the Alpha -coefficient ranges from 0.75 to 0.84.

**III. Procedure**

Aforesaid questionnaires were administered to adolescents individually. Instructions were clearly explained to each participant before the actual administration of the scales and their queries (if any) were attended properly. Participants were allowed to take their own time to respond all the questionnaires. In addition to it each participant was requested to ensure that they have responded to each and every item of the scales. After collection of questionnaires from the participants scoring have been done according to instructed in the respective manual or planned in the course of the development.

**IV. Results**

Correlation coefficients have been computed to examine the extent of relationship between perceived interparental relationship and mental health problems separately for boys and girls. Further, to examine the role of perceived interparental relationship in predicting mental health problems of adolescents multiple regression analysis (hierarchical) was performed with the predictor (perceived interparental relationship) and criterion variables (mental health problems), whereas, demographic variables were treated as control variables.

Results of correlation coefficients between interparental relationship and mental health problems have been presented in table-1.

Table 1: Correlation between Perception of Interparental Relationships and Various Mental Health Problems of Boys (N=200) and Girls (N=200)

|                                    |              | Anxiety | Depression | Somatic symptoms | Social dysfunction |
|------------------------------------|--------------|---------|------------|------------------|--------------------|
| <b>Inter Parental Relationship</b> | <b>Boys</b>  | -.219** | -.255**    | -.309**          | -.381**            |
|                                    | <b>Girls</b> | -.066   | -.155*     | -.058            | -.259**            |

\*p<0.05      \*\*p<0.01

The results of coefficient of correlation revealed that perception of interparental relationship has negative association with all the mental health problems (anxiety, depression, somatic symptoms and social dysfunction) among boys (p<0.01) and it has negative significant association with depression and social dysfunction scores of girls. Anxiety and somatic symptoms among girls were not found to be associated with perception of interparental relationship. Thus, overall pattern of correlation coefficients partially supported the hypothesis, which assumed that perception of better relationship between parents would be negatively associated with mental health problems.

The results of hierarchical multiple regression analysis regarding the role of perceived interparental relationship in explaining variance in anxiety, depression, somatic symptoms, and social dysfunction scores of boys and girls were presented together in table 2,3,4 and 5.

Table 2: Multiple Regression Analysis (Hierarchical): Predicting Adolescents' Anxiety by Perceived Interparental Relationship

|       | Model | Variable                                      | R    | R <sup>2</sup> | R <sup>2</sup> adj. | R <sup>2</sup> change | F change | Beta    |
|-------|-------|---|------|----------------|---------------------|-----------------------|----------|---------|
| Boys  | 1     | Control variable (age, SES, family structure) | .133 | .018           | .003                | .018                  | 1.170    | ---     |
|       | 2     | Perceived Interparental Relationship          | .233 | .054           | .035                | .037                  | 7.551**  | -.201** |
| Girls | 1     | Control variable (age, SES, family structure) | .171 | .029           | .014                | .029                  | 1.965    | ----    |
|       | 2     | Perceived Interparental Relationship          | .177 | .031           | .011                | .002                  | .433     | -.048   |

\*\*p<0.01

Examination of the table-2 revealed that after controlling demographic variables perceived interparental relationship predicted 3.7% of total variance in anxiety score of boys. Significant F change for the predictor variable indicated that change in R square was significant. Negative beta value (Beta= -.201, <0.01) indicated that perception of better relationship between parents was related to less anxiety among boys. After controlling demographic variable perceived interparental relationship predicted 0.2% of total variance in anxiety score of girls which was not significant. Results indicated that perception of interparental relationship don't influence anxiety among adolescent girls.

Table 3: Multiple Regression Analysis (Hierarchical): Predicting Adolescents' Depression by Perceived Interparental Relationship

|       | Model | Variable                                       | R    | R <sup>2</sup> | R <sup>2</sup> adj. | R <sup>2</sup> change | F change | Beta    |
|-------|-------|--|------|----------------|---------------------|-----------------------|----------|---------|
| Boys  | 1     | Control Variables (age, SES, family structure) | .194 | .038           | .023                | .038                  | 2.561    | ---     |
|       | 2     | Perceived Interparental Relationship           | .285 | .081           | .062                | .044                  | 9.234**  | -.219** |
| Girls | 1     | Control Variables (age, SES, family structure) | .199 | .040           | .025                | .040                  | 2.706    | ---     |
|       | 2     | Perceived Interparental Relationship           | .254 | .065           | .046                | .025                  | 5.197*   | -.162*  |

\*p<0.05      \*\*p<0.01

Examination of the table-3 indicated that after controlling demographic variables 4.4% of total variance in depression among boys was predicted significantly by perception of interparental relationship. Perceived interparental relationship predicted 2.5% of total variance in depression scores among girls. Negative beta values regarding perception of interparental relationship among boys (Beta= -.219, <0.01) and girls (Beta= -.162, <0.05) indicated that perception of interparental relationship was associated negatively with depression among adolescents.

Table 4: Multiple Regression Analysis (Hierarchical): Predicting Adolescents' Somatic Symptoms by Perceived Interparental Relationship

|       | Model | Variable                                       | R    | R <sup>2</sup> | R <sup>2</sup> adj. | R <sup>2</sup> change | F change  | Beta     |
|-------|-------|--|------|----------------|---------------------|-----------------------|-----------|----------|
| Boys  | 1     | Control Variables (age, SES, family structure) | .179 | .032           | 0.17                | .032                  | 2.166     | ---      |
|       | 2     | Perceived Interparental Relationship           | .326 | .106           | .088                | .074                  | 16.173*** | -.286*** |
| Girls | 1     | Control Variables (age, SES, family structure) | .204 | .042           | .027                | .042                  | 2.832*    | ----     |
|       | 2     | Perceived Interparental Relationship           | .208 | .043           | .024                | .002                  | .357      | -.043    |

\*p<0.05      \*\*\*p<0.001

Perusal of table- 4 revealed that perception of interparental relationship significantly predicted 7.4% of total variance in somatic symptoms of boys. Negative beta value of interparental relationship (Beta= -.286, <0.001) indicated that better interparental relationship between mother and father was related with less somatic symptoms of boys. After controlling demographic variables perception of interparental relationship predicted 0.2% of total variance among somatic symptoms of adolescent girls which wasn't significant. Results indicated that perception of interparental relationship don't influence somatic symptoms among girls.

Table 5: Multiple Regression Analysis (Hierarchical): Predicting Adolescents' Social Dysfunction by Perceived Interparental Relationship

|       | Model | Variable                                       | R    | R <sup>2</sup> | R <sup>2</sup> adj. | R <sup>2</sup> change | F change   | Beta     |
|-------|-------|--|------|----------------|---------------------|-----------------------|------------|----------|
| Boys  | 1     | Control Variables (age, SES, family structure) | .101 | .010           | -.005               | .010                  | .677       | ---      |
|       | 2     | Perceived Interparental Relationship           | .392 | .154           | .137                | .144                  | 33.135 *** | -.399*** |
| Girls | 1     | Control Variables (age, SES, family structure) | .092 | .008           | -.007               | .008                  | .552       | ----     |
|       | 2     | Perceived Interparental Relationship           | .266 | .071           | .052                | .062                  | 13.061***  | -.256*** |

\*\*\*p<0.001

Examination of table-5 revealed that perceived interparental relationship predicted 14.4% of total variance in social dysfunction scores of boys and it predicted 6.2% of total variance in social dysfunction of girls. Negative beta value of perception of interparental relationship for boys (Beta= -.399, <0.001) and for girls (Beta= -.256, <0.001) indicated that better relationship between father and mother was associated with lower level of social dysfunction of boys and girls.

## V. Discussion

The first objective of the study was to examine the relationship between quality of interparental relationship and mental health problems of adolescent boys and girls. The result of coefficient of correlation pointed out that interparental relationship was negatively associated with all the mental health problems among boys while it was not found to be significantly related with anxiety and somatic symptoms among girls. The overall pattern of relationship implies that boys who perceive better relationship between their parents show less mental health problems while girls perceiving better relationship exhibit less depression and social dysfunctions. Reviewed literature indicated that effect of interparental relationship was rarely explored in Indian research. In western research it was deeply studied in terms of 'interparental conflict'. Poor interparental relations in India often comprise a lack of intimacy, problems with co-parenting, or unwanted intrusions of extended family members [27]. These findings extend support to the previous observation that perception of interparental conflict was associated with negative psychological symptoms among adolescents [28; 15].

Conflict occurring between parents adversely affects children through two primary mechanisms: (a) disruptions in the parent-child relationship and (b) the negative emotions, cognitions, and representations of family relationships engendered in children who are exposed interparental conflict between their parents [29; 30]. Most of the Western studies have concentrated on examining the link between adolescents' outcomes and interparental conflict using parental reports of interparental conflict. This study has focused on adolescents' internal representation of how their parents get along with each other which is more important to adolescents' wellbeing than the actual frequency or intensity of the conflict itself. Results indicated that girls 'anxiety and somatic symptoms weren't found significantly associated with perception of interparental relationship. Kerig [31] explained that girls perceive interparental conflict differently from boys. He said that girls may find involvement in interparental conflict distressing, whereas boys become distressed when they feel helpless to intervene.

The second objective of the present study was to examine the role of perceived interparental relationship in predicting mental health problems of adolescent boys and girls. Multiple regression analysis (hierarchical) (from tables-2 to 5) revealed that perceived interparental relationship emerged as significant predictor of most of the mental health problems among adolescents. Empirical evidence suggests that boys, compared to the girls, are more sensitive to parental emotionality during discord between parents [32]. Association between poor relationship between parents and boys' mental health may be better understood in light of existing theories. According to the emotional security theory [13], witnessing destructive and poor interparental relationship sensitizes children to concerns about preserving their security. Threats to security are

manifested in children's negative internal representations of the consequences for the welfare of the self and family [33]. Similarly, the cognitive contextual framework hypothesizes that elevated interparental conflict increases children's susceptibility to psychological problems by heightening their appraisals of threat in the family [14]. Supporting the common prediction of these theories indicate that poor interparental relations are related with mental health problems [15].

## VI. Findings and Implications

Although parental behaviour has been largely investigated, this study makes an important contribution by exploring the association of perceived interparental relationship with mental health problems. Study revealed that adolescents having positive perception of interparental relationship exhibited less mental health problems. Findings regarding importance of interparental relationship for adolescents' well being may be useful for clinicians and counsellors dealing with adolescents' psychological problems about the specific ways in which poor interparental relationship can affect the mental health. Current findings have important implications for parent education programs, counseling and family intervention. Study may help to educate parents to recognize the continued importance of interparental relationship. Findings suggest the importance of interparental relationship on well-being of adolescents that would help school counselors, family psychologists, and other professionals working with adolescents at-risk for mental health problems. This study provides insights into the importance of perception of interparental relationship for adolescents' well-being during current cultural globalization era.

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