

PARENTAL DEPRESSION, OVERREACTIVITY, AND EMOTIONAL SUPPORT DURING
PARENT-ADOLESCENT CONFLICT: AN ACTOR PARTNER INTERDEPENDENCE
ANALYSIS

by

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(Under the Direction of Jennifer A. Samp)

ABSTRACT

Past research shows that a parent's own depression is related to maladaptive communication during parent-adolescent conflict (Downey & Coyne, 1990; Wilson & Durbin, 2010). However, no research to date has also examined the relationship between a co-parent's depressive symptoms and parent conflict communication. Thus, this dissertation investigated the relationship between both parents' depressive symptoms and constructive and destructive parental communication during conflict with an adolescent child. First, this study examined the relationship between destructive parent conflict communication (i.e., overreactivity) and actor and partner reports of depression. Specifically, I examined two competing models testing the relationship between overreactivity and depression. The first model placed depression as the independent variable, whereas the second model placed overreactivity as the independent variable. Second, I tested both parents' depression as predictors of constructive conflict communication (i.e., expressions of emotional support to children). Emotional support was

measured using interaction data from 10-minute conflict interactions with parents and adolescent children. The hypotheses were tested using data from 180 mother-father dyads ($N = 360$) who had a child between 14 – 17 years old. The partner effects from the analysis showed that father depression was associated with decreased destructive communication and increased constructive communication in mothers. However, mother depression was associated with decreased constructive communication in fathers. The partner effects observed in this project suggest that mothers engage in prosocial communicative acts when fathers experience depressive symptoms, whereas fathers engage in less emotional support when mothers are depressed. Overall, the results from this project highlight that partner depressive symptoms predict parent behaviors towards adolescent children during conflict interactions in different directions. It seems that mothers may be buffering children from the negative effects of father depression by communicating with increased emotional support and lower overreactivity. On the other hand, mother depression is linked to lower emotional support from both parents. Overall, these results offer evidence that mother and father depressive symptoms may impact adolescent children differently depending on the co-parent's communication behaviors. The practical and theoretical implications of these results are discussed in further detail.

INDEX WORDS: depression, overreactivity, emotional support, parent-adolescent conflict, crossover effects, family systems theory

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DEDICATION

This dissertation is dedicated to my mentor and friend Matt Isbell, who believed in my academic potential before I did.

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CHAPTER 1

INTRODUCTION

Throughout the life course, family communication plays a crucial role in individual outcomes and family functioning (Vangelisti, 2013; Segrin & Flora, 2011). Family communication habits influence thoughts, behaviors, and cognitive states from early childhood to late adulthood (MacMillan & Copher, 2005). Vangelisti (2013) claims that understanding family communication processes is important for scholarship because families are created through interactions. Interactions in the family system predict a variety of outcomes for individuals such as alcohol and drug use, depression, self-esteem, divorce, and aggressive behaviors to name only a few (Curran & Allen, 2017; Duggan & Le Poire Molineux, 2013; Segrin & Flora, 2011). Even communicative acts that are seemingly positive (e.g., care taking and emotional support) can negatively impact family members in certain contexts. For example, showing support and care to a family member who is dying or who suffers from psychological problems can negatively impact one's well-being (Radwany et al., 2009; von Kardorff, Soltaninejad, Kamali, & Shahrabaki, 2016). Although many types of interactions have significant implications on family members, this dissertation is concerned with parent communication during parent-adolescent conflict. Conflict-related communication has a substantial influence on individual development and relational outcomes (Canary, Cupach, & Messman, 1995). Conflicts are opportunities for family members to increase understanding, resolve issues, and manage difficult emotions. However, mismanaged family conflict can lead to increased dysfunction, low relational satisfaction between family members, and negative

behaviors such as violence and aggression (Canary et al., 1995; Smith & Hamon, 2012). Thus, understanding the communicative strategies that promote both positive and negative outcomes in families is critically important.

Adolescence is a particularly important time for parent-child conflict. Not surprisingly, research consistently shows that parent-child conflict increases during adolescence (Adams & Laursen, 2001). Adolescent children tend to desire increased autonomy and ideological independence from parents, whereas parents desire increased family cohesion and intimacy (Laursen & Collins, 2004, Sillars, Smith, & Koerner, 2011). As Branje (2008) argues, parent-adolescent conflict discussions are particularly useful for family growth and development, as family members negotiate new relationship rules based on a child's need and desire for autonomy. Parents and adolescent children often argue about everyday topics such as chores (Adams & Laursen, 2001; Sillars et al., 2011) – but these seemingly commonplace conflicts have profound consequences on family members. For example, poor conflict communication is related to lower levels of relational satisfaction, self-esteem, and substance use for both parents and adolescent children (Caughlin & Malis, 2004). Also, destructive parent-child conflict is related to higher rates of child suicide attempts, behavioral problems, and low academic performance (Laursen & Collins, 1994). On the contrary, positive parent-child conflict communication, such as negotiation, compromise, and collaboration is linked to higher relational quality for family members (Branje, 2008), and high levels of self-esteem and social skills for adolescent children (Collins & Laursen, 2004). Clearly, conflict is a context where families manage in flux relational dynamics, making it a vital context for family communication scholarship.

Thus, this dissertation examines the relationship between parental depression and a form of destructive parent conflict communication (i.e., overreactivity) and a form of constructive

parent conflict communication (i.e., emotional support). To explore the link between these variables, this dissertation utilizes a sample of 180 married couples with an adolescent child. In chapter two I review the gaps in research that this dissertation addresses, followed by a review of the relevant principles of family systems theory, and then a review of research on conflict in families. Next, I propose that mother and father reports of depression predict their own reports of overreactivity (actor effects) and their partner's report of overreactivity (partner effects). I then propose an alternative model that tests mother and father reports of overreactivity as predictors of their own depression (actor effects) and their partner's depression (partner effects). Last, I propose a model that tests how mother and father depression predict expressions of emotional support to an adolescent during family conflict (actor effects), and their respective partner's expressions of emotional support (partner effects). Chapter three outlines the methodological procedure for this dissertation. I then report the results from the project's hypotheses in chapter four. The dissertation ends with a discussion of the results in chapter five. Specifically, I explain the significance of comparing the conceptual models between overreactivity and parental depression. I also discuss the significance of the partner effects from depression to overreactivity and emotional support. The dissertation ends with suggestions for future research and a discussion of the overall contributions of this project.

CHAPTER 2

RATIONALE: PARENT MENTAL HEALTH AND CONFLICT COMMUNICATION

Although an abundance of research has explored parent-adolescent conflict, several aspects of this research are in formative stages of study. This dissertation is focused on several underexplored features of parent-adolescent conflict. First, this project tests parental depression both as a predictor, and a predicted outcome of destructive conflict communication from parents. Research shows that the antecedents and outcomes of negative family conflict behaviors are similar. Just as parental depression is a *predictor* of parent conflict communication, research shows that conflict behaviors also *predict* depression (Auerbach, & Ho, 2012; Downey & Coyne, 1990; Sellers Black, Boris, Oberlander, & Myers, 2011). However, researchers predominantly conceptualize parental depression as a predictor of negative parenting tactics during conflict. The dominant assumption is that parental depression inhibits a parent's ability to express constructive and nurturing messages during conflict (Segrin & Flora, 2016). This assumption is grounded in sound theory and empirical support. For example, parental depression is related to antisocial communicative behaviors with children, including increased hostility and decreased expressions of warmth (Sellers et al., 2014). However, an important question remains undertheorized and understudied: Can negative parental conflict behaviors with an adolescent predict parental depression? Some research suggests that negative conflict behaviors may increase psychological problems in parents. For example, self-criticism of parenting behaviors predicted parental depression in a longitudinal study (Casalin, Luyten, Besser, Wouters, & Vliegen, 2014). Further, problems with childrearing predict psychological distress for parents (Small, Eastman, &

Cornelius, 1988). This underexplored aspect of conflict communication and mental health is especially important to study among parents of adolescent children, given that parental stress tends to increase during adolescence (Putnick et al., 2010).

Thus, the first goal of this project is to examine the relationship between destructive parent conflict communication (i.e., overreactivity) and parental depression. Here, destructive parenting behavior is defined as parental overreactivity to child misbehaviors. *Overreactivity* is conceptualized as a parent's tendency to use aggressive, angry, and insulting behaviors when disciplining children (Arnold, O'Leary, Wolff, & Acker, 1993). For example, behaviors such as insults and physical aggression are overreactive responses to child misbehaviors. Overreactivity is a strategy that attempts to control children, and it is associated with an increased risk of child abuse (Kelley Lawrence, Millettich, Hollis, & Henson., 2015). Parent expressions of overreactivity teach children to exhibit anger and aggression during conflict (Arnold et al., 1993). Moreover, overreactivity is a coercive discipline behavior that threatens an adolescent's attempt to gain individual autonomy. Self-determination theory posits that autonomy is a fundamental component to psychological growth (Ryan & Deci, 2000). As such, threats to autonomy can lead to high levels of psychological distress, frustration, and overall maladjustment. Although research indicates that overreactive parenting has negative implications for children, there is evidence that overreactive parenting is linked to psychological distress for parents. For example, overreactive parents tend to feel negatively towards their children (Irvine, Biglan, Smolkowski, & Ary, 1999). Moreover, overreactive interactions tend to increase parental distress and negative emotions for parents (Irvine et al., 1999). In line with rationale above, the first section of this project tests two competing models regarding the relationship between overreactive parenting and parental depression. The first model postulates that parental

depression will predict parental overreactivity, whereas the second model postulates that parental overreactivity will predict parental depression. In doing so, this dissertation offers a more robust understanding of the relationship between parental depression and negative parenting behaviors. For example, it would be useful to show that overreactive parenting may predict parental depression. Practically, this research could show that ineffective parenting behaviors may put parents at increased risk of psychological problems – rather than solely conceptualizing psychological problems as the predictor of ineffective parenting.

Another significant gap in parent-adolescent conflict scholarship is the lack of research on the crossover effects from parent to parent. Crossover effects occur when one person's report predicts another family member's attitude, cognition, or behavior. For example, van Steenbergen, Kluwer, and Karney (2014) observed that husband work fulfillment predicted spousal reports of marital satisfaction. Traditionally, research examines the relationship between one's mental health state and the behaviors they enact in conflict (e.g., a mother's depressive symptoms and mother conflict behavior). Indeed, an abundance of research shows a relationship between individual levels of depression and behaviors such as withdrawal, hostility, aggression, violence (see Downey & Coyne, 1990; Wilson & Durbin, 2010). Research on crossover effects has primarily examined the effects of parental conflict behaviors on child outcomes. For example, children show higher levels of adjustment when parents are calm and supportive during conflict compared to when parents are hostile, defensive, and verbally aggressive (Cummings, Goeke-morey, & Papp, 2003). However, significant questions remain about crossover effects from parent to parent. For example, does one parent's behavior in parent-child conflict relate to both parents' level of depression? Does one parent's level of depression relate to both parents' behaviors during parent-child conflict? The implications of considering the communicative

patterns and mental health states of both parents are vast. A few studies do indicate that characteristics of the marital dyad influences parenting behaviors. For example, marital satisfaction is related to increased parental involvement and positive parenting behaviors (Burney & Leerkes, 2010). Also, affectionate communication between parents is related to parent-child affection (Curran & Yoshimura, 2016). Thus, parents influence each other's behaviors with children. This approach to studying the relationship between depression and parenting behaviors aligns with Cox and Paley's (1997) argument that families are best understood when researchers can capture family contexts and dynamics. A more systematic approach to studying parental depression and parental conflict behaviors can provide family counselors and interventionist important information on how spousal depression relates to parent-child conflict. This approach can also advance theoretical understandings of the relationship between positive and negative parent conflict behaviors and parental depression

Therefore, another goal of this project is to examine how parental depression relates to parental expressions of emotional support to adolescents during parent-child conflict interactions. Receiving adequate amounts of emotional support is crucial in adolescence given that it is related to a variety of outcomes including depressive symptoms, anxiety, and academic stress (Leung, Yeung, & Wong, 2010; van Roekel, Engels, Verhagen, Goossens, & Scholte, 2011). Curran (2016) reported that parental depression was negatively related to child perceptions of emotional availability from mothers. Indeed, studies consistently observe that parental depression is related to lower levels of warmth, support, and positive communication from parents (Lovejoy, Graczyk, O'Hare, & Neuman, 2000; McLoyd & Wilson, 1991). The current project builds on this body of work in two ways. First, this dissertation tests crossover effects of parental depression on parental emotional support. In other words, this study assesses

the relationship between one parent's depression and both parents' expressions of emotional support to children during conflict. Second, expressions of emotional support are measured through coded parent-adolescent conflict interactions. Although much research examines the link between parent mental health and behaviors, few studies examine communication behaviors during conflict interactions. Communication-focused interaction data offers a unique contribution to research on parent-adolescent conflict and mental health because psychological problems such as depression are related to self-report biases (see Segrin, 2000). People experiencing depressive symptoms tend to rate their communication behaviors lower because of a negativity bias (Segrin, 2000). Thus, by coding parental emotional support during interactions, this research could observe the relationship between emotional support and depression free of common methodological bias that occurs when the independent and dependent variables are assessed via reports from the same participant (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003).

Family Systems Theory

Family systems theory offers an intricate understanding of the relationships between family members (Cox & Paley, 1997). The principles of family systems theory indicate that families should be examined holistically to understand the complex nature of family interactions (Littlejohn, 2002). According to family systems theory, an individual family member's thoughts, behaviors, and feelings are best understood within the context of the family environment. In particular, the principle of interdependence is central to the current project. Interdependence assumes that individuals within the family are influenced by their own actions and the actions of other family members. In essence, family members constantly affect one another's thoughts, behaviors, and actions (Cox & Paley, 1997). Although there can be a hierarchy in a system

wherein some members are more influential (e.g., parents), all members mutually influence each other (White & Klein 2008).

In the marital subsystem, interdependence is a well-studied phenomenon. For example, among heterosexual married couples, husband expressions of warmth negatively predict wives' depressive symptoms, whereas husband aggression and hostility positively predicts wives' depression (Proulx, Bueher, & Helms, 2009). Moreover, a spouse's inability to understand and express emotions is negatively related to partner reports of marital quality (Hesse, Pauley, & Frye-Cox, 2015). Research also shows that a partner's parenting behaviors related to perceptions of marital quality. Estlein and Theiss (2015) observed that spouses who perceived that their partner expressed similar levels of responsiveness and control to a child had higher levels of marital satisfaction. Likewise, a similar study showed that marital satisfaction was positively related to parental expressions of responsiveness for both mothers and father (Ponnet et al., 2013). Put together, these studies indicate spouses are influenced by their own characteristics as well as the characteristics of their partner.

In the context of the current project, interdependence helps show how a spouse's depression can negatively impact the non-depressed spouse, and more generally, the family system. Spousal depression is a strain on the marital and family system. For example, spousal depression is related to distress and negativity between married couples (Beach, 2001; Goldman & Haaga, 1995). Partner depression is related to negative feelings about the depressed spouse, increased stress, and emotional strain (Benazon & Coyne, 2000; Mitchell, Cronkite, & Moos, 1983). To build off this work, the current project explores how parental depression can relate to conflict communication with their adolescent child, and their partner's conflict communication with their adolescent child. Because family members are influenced by the family system in

which they are imbedded, one parent's depressive symptoms may predict, or be predicted by their partner's conflict communication with an adolescent. Overall, family systems theory and the principles of interdependence offers a sound theoretical perspective for exploring both actor and partner effect in martial dyads.

Furthermore, interdependence is closely related to the principle of holism. Holism refers to the idea that families cannot be understood by solely examining individuals (Cox & Paley, 1998). Rather, families are best understood when they are studied as holistic units (Cox & Paley, 1997; Minuchin, 1985). Holism also includes the notion that to understand individual family members, research needs to examine the context of the larger family system. Overall, holism and interdependence show that family members constantly influence one another through their thoughts and behaviors. In the context of the present study, family systems theory suggests that spouses are an interdependent family subsystem and thus, both members must be understood in the context of the family environment.

The Role of Gender in Parenting Behaviors and Expectations

Because this project examines data from both mothers and fathers, it is important to consider how gender roles may influence the impact of depression on parenting behaviors. The social construction of gender theory asserts that gender roles unequally divide family labor and responsibilities to women (Ferree, 1991). Mothers are expected to be more involved in childrearing, socializing activities, and provide more emotional support to children compared to fathers (Fujiwara & Lee, 2008; Riina & Feinberg, 2012; Simon, 1995). Indeed, women spend considerably more time childrearing and socializing children (Dempsey, 2002). Specifically, mothers invest more time and effort into relationally focused care for children – which include emotional support and availability (Riina & Feinberg, 2012). Fujiwara and Lee (2008) observed

that the benefits of sending emotional support to children are greater for fathers and grandfathers compared to mothers and grandmothers, likely because women are expected to be emotionally supportive. Coltrane (2000) argues that fathers are more likely to view parenting roles as less of an obligation compared to mothers. Because of this, men tend to benefit from positive parenting acts more than women (Riina & Feinberg, 2012). In other words, women are *expected* to provide warmth and support to children, whereas men tend to benefit from such behaviors through increases in parental efficacy and mental health (Riina & Feinberg, 2012). Also, because mothers are expected to be highly invested in their parenting role, they are more likely to consistently provide children with support and warmth even when experiencing personal stress such as marital dissatisfaction (Brody, Arias, & Fincham, 1996). Conversely, fathers tend to become less involved in childrearing when they experience marital dissatisfaction (Brody et al., 1996). Moreover, parental distress impacts mothers' well-being more than fathers (Baruch, Biener, & Barnet, 1987). Overall, this research suggests that compared to fathers, mothers are expected to socialize children and consistently provide emotional support even when they experience stress.

Family Conflict and Individual and Relational Outcomes

Constructive conflict in families. If conflict is managed constructively, it is an opportunity for families to grow, solve problems, and have increased understanding between family members (Sillars & Canary, 2013). The conflict skills adolescents learn in the family system are important because they can influence their conflict behaviors in interpersonal relationships outside the family (Van Doorn, Branje, VanderValk, De Goede, & Meeus, 2011). Constructive family conflict is “characterized by regulated communication and self-disclosure, demonstrations of support, and attempts at resolution.” (Du Rocher Schudlich et al., 2015, p. 1048). Family members who show support during conflict tend to have higher levels of relational

and family satisfaction (Cummings & Davies, 2010). Moreover, family conflict offers a space for children to develop social skills and problem-solving skills. In fact, moderate amounts of conflict in families with high relational satisfaction is related to academic success and less withdrawal for adolescents (Adams & Laursen, 2001). Communication that promotes positivity and conflict resolution in families is related to higher levels of emotional security and family stability (Cummings & Davies, 2010). For example, when parents express warmth and focus on resolutions during interparental conflict, children learn how to effectively handle difficult emotions (Cummings & Davies, 2010). Relatedly, children report lower levels of aggression (Cummings, Goeke-Morey, & Papp, 2004) and higher problem solving and coping skills (Grych & Fincham, 1990) when parents are supportive and positive during interparental conflict. Not only are children better at conflict communication when their parents engage in constructive conflict, research shows that children are also more empathetic, considerate, and socially competent (McCoy, Cummings, & Davies, 2009).

In addition to interparental conflict, constructive parent-child conflict is also related to positive outcomes for family members. In a study on mother-child conflict interactions, Nelson, Boyer, Sang, and Wilson (2014) observed that maternal constructive comments were related to increased conflict resolution and decreased child negativity. Nelson et al.'s (2014) results also highlight that when mothers engage in constructive communication, such as asking questions and proposing solutions, children are more actively engaged in problem-solving behaviors. Promoting conflict communication that centers on problems solving is key for adolescent cognitive development. Among adolescents, problem-solving communication during family conflict is related to increased empathetic concern for others (Van Lissa, Hawk, Branje, Koot, & Meeus, 2016). When parents actively teach their children to resolve conflict through mediation

skills, children are better able to understand outside perspectives (Smith & Ross, 2007). Overall, this research suggests that positive communication and communication centered on conflict resolution has positive impacts for family members.

Destructive conflict in families. Although family conflict can yield positive outcomes, destructive conflict can adversely affect family members. Destructive conflict is “behavior that is angry, physically or verbally aggressive, defensive, or contemptuous in nature” (Du Rocher Schudlich et al., 2015, p. 1048). An abundance of research suggests that mismanaged family conflict is detrimental to family well-being (Sillars & Canary, 2013). Just as children learn prosocial behaviors through observing and experiencing constructive family conflict, children also develop behavioral problems when family conflict is negative. For example, children exposed to verbal aggression in their family of origin tend to be aggressive in adult relationships (Infante, Chandler, & Rudd, 1989), and are less able to process the problematic nature of negative conflict behaviors (Aloia & Solomon, 2016). Further, Branjem van Doorn, van der Valk, and Meeus (2009) argue that patterns of consistent negative communication during family conflict predict internal and external problems for adolescents. Internalized problems manifest because destructive conflict can increase anxiety and hopelessness in children (Cummings & Davies, 1994). McCoy et al. (2009) suggest that externalized problems occur when children communicate with aggression and hostility towards others – often rooted in perceptions that they lack of control over their social environment. Long-term exposure and engagement in hostile family conflict has lasting effects on individuals. Children who learn to perceive conflict interactions as inherently hurtful often become skeptical about conflict resolution tactics (Goeke-Morey, Papp, & Cummings, 2013; Segin & Flora, 2016). In other words, children become

sensitized to destructive conflict and in turn, avoid using constructive strategies during interpersonal conflict (Goeke-Morey et al., 2013).

Adults are also susceptible to deleterious outcomes associated with destructive family conflict. Marital couples who engage in hostile, coercive, and aggressive communication during conflict have difficulties regulating stress hormones, decreased immune system functioning, and are at risk for early morbidity (Segrin & Flora, 2016). As Segrin and Flora (2016) explain, the physical reactions associated with conflict behaviors such as escalation, anger, and criticism inhibit normal functioning of bodily systems and organs. Relationally, destructive marital conflict relates to insecure attachments, negative feelings between spouses, low marital satisfaction, and divorce (Gottman, 1994; Gottman & Levenson, 1992; Treboux et al., 2004). Behaviors such as negative reciprocity, demand-withdraw patterns, and hostility between spouses are detrimental to relational satisfaction and family cohesion (Baucom & Eldridge, 2013). Destructive conflict in the marital subsystem is also linked to parent behaviors in parent-adolescent conflict. Parents of adolescents report more destructive conflict tactics in parent-child conflict when they have destructive marital conflicts (Rinaldi & Howe, 2003). Parents often experience negative moods, increased irritation, and stress after destructive marital conflict (Sears, Repetti, Reynolds, Robels, & Krull, 2016). These responses to marital conflict are related to negative parenting behaviors such as ignoring, yelling, and expressing irritation (Sears et al., 2016). Parents are also directly affected by destructive parent-adolescent conflict (Sillars, et al., 2011). In fact, Sillars et al. (2011) showed that the stress parents experience during parent-adolescent conflict can result in exaggerated perceptions of negative conflict interactions with their child. Clearly, these studies show that destructive conflict is a strain that disrupts family relationships.

Although researchers have examined the bi-directional nature of interparental conflict and parental depression (Du Rocher Schudlich, White, Fleischauer, & Fitzgerald, 2011), no research to date has tested parental depression as a predictor and a predicted outcome of destructive parent-adolescent conflict behavior. Thus, the proposed models reviewed below offers a more holistic test regarding the relationship between destructive parent conflict behaviors and parental depression.

Parental Overreactivity and Depressive Symptoms: Comparing Conceptual Models

Figure 1 and Figure 2 show two different conceptual models linking destructive parent conflict communication and parental depression. Extant research shows that overreactivity is related to behavioral and mental health problems for child, as children tend to model their parent's aggression and anger (Arnold et al., 1993). Indeed, an abundance of research shows a link between negative parent conflict behaviors and adverse child outcomes (e.g., Becht, Prinzie, Deković, van den Akker, & Shiner, 2016). The purpose of this section is to offer evidence for how parental overreactivity can be both predicted by parental depression, and predict parental depression. The following two sections provide support for both conceptual models.

Parental depression predicting parental overreactivity. Research on the relationship between parental depression and maladaptive discipline behaviors predominantly frame parental depression as the exogenous variable (e.g., Cummings, Keller, & Davies, 2005; Downey & Coyne, 1990; Lovejoy et al., 2000). Negative parenting behaviors such as overreactivity tend to reflect the symptoms of depression including increased focus on negative stimuli, irritability, and decreased cognitive functioning (APA, 2010; Bredemeier et al., 2012; Joorman & Gotlib, 2010). For example, depressive symptoms predict increased levels of destructive conflict communication such as aggression and avoidance (Curran et al., 2016), problem solving

difficulties (Sheets & Kraines, 2014), and lower levels of constructive strategies during conflict interactions (Anderson, Goddard, & Powell, 2009). In general, depressed parents tend to be unresponsive and pay attention on to their children (Downey & Coyne, 1990). When they do engage with children, depressed parents tend to use low-effort messages such as increased control (Cummings et al., 2003). As Curran (2016) argues, control is a low effort message because it fosters decreased communication during conflict. Communication strategies such as collaboration and compromise require higher levels of cognitive effort from parents because these strategies require parents to engage with and understand their child's goals and needs. Conversely, controlling messages allow parents to end conflict without having to necessarily understand or empathize with their child's goals. Overall, depressed parents are less aware of their child's needs and less conscious of their child's development and socialization (Belsky, 1984). Reduced cognitive functioning may be why depressed mothers often try to control their child's behavior during conflict rather than use more complex conflict strategies such as compromise and collaboration (Downey & Coyne, 1990). Bredemeier et al. (2012) reported that the increased cognitive load created by depressive symptoms decreases cognitive functioning much like multi-tasking. Thus, the symptoms of depression may lead parents to express low effort messages such as coercion and control. Similarly, Johnson and Anderson (2015) observed that family members use constructive conflict strategies when they believe in their ability to fulfill their partner's needs. Depression however reduces perceived social skill ability (Segrin, 2000). Depressed parents may lack belief in their ability to engage in more constructive conflict communication. It is important to note that research on parental depression and behaviors has typically focused on maternal depression. However, a meta-analytical review of 28 studies by Wilson and Durbin (2010) shows that paternal depression is related to increased negative

parenting behaviors such as control and punitive parenting, and decreased positive parenting behavior such as warmth and acceptance. Therefore, depressed mothers and father both seem likely to impulsively react to child negative behaviors with overreactivity.

Furthermore, depression is associated with exaggerated negative perceptions and low levels of positive affect (Joorman & Gotlib, 2010). Edhborg, Seimyr, Lundh, and Widström (2000) observed that depressed parents were more likely to perceive their child's temperament as difficult compared to non-depressed parents. Depressed parents are also more likely to perceive their child as sensitive, angry, less able to regulate impulses, and less likely to behave appropriately (Gagne, Spann, Prater, 2013). This heightened focus on negative behaviors may lead to higher levels of overreactivity. Overreactivity is partly characterized by a heightened attention to a child's negative behavior (Arnold et al., 1993; Miller-Lewis et al., 2006). Parents who are overreactive tend to exaggerate negative child behaviors, and communicate with increased irritability and hostility. It appears that depressive symptoms can create a perceptual lens wherein parents exaggerate their child's negative acts and communicate in accordance to their depressive symptoms. In essence, the symptoms of depression mirror the behaviors associated with parental overreaction. Thus, it is logical to reason that parental depression should predict parental overreactivity. Therefore, I propose the following hypotheses:

H1: Mother reports of depression will positively predict mother reports of overreactivity.

H2: Father reports of depression will positively predict father reports of overreactivity.

Figure 1 also posits paths from mother depression to father overreactivity and from father depression to mother overreactivity. Because spouses are interdependent, their depressive symptoms should influence their partner's thoughts and behaviors. Spousal depressive symptoms are a stressor that can negatively influence marital quality and mental health (Benazon & Coyne,

2000; Rehman, Evraire, Karimiha, & Goodnight, 2015). Couples with a depressed spouse tend to communicate with increased hostility compared to couples without a depressed individual (McCabe & Gotlib, 1993). Moreover, spouses of a depressed individual experience increased frustration, resentment, and stress (Spangenberg, & Theron, 1999). The model proposed in this study adds an important extension to research on the impact of spousal depression. Research typically examines the relationship between spousal depression and marital communication (e.g., Benazon & Coyne, 2000). This model posits that spousal depression can influence a partner's behaviors in the parent-child subsystem. Spangenberg and Theron (1999) argue that spouses of a depressed individual can be burdened with increased responsibilities in family life such as child care. Likewise, Segrin and Flora (2011) argue that living with a depressed spouse can create a large burden and added stress to the nondepressed parent. Parenting skills decrease as parents experience high levels of stress and psychological problems (Belsky, 1984). For example, parents are more likely to abuse children, and are less attuned to their overall development when they experience stress and psychological problems. Families with a depressed parent also experience higher levels of family conflict and lower family cohesion (Fendrich, Warner, & Weissman, 1990). Thus, because partner depression is associated with increased family stress, it should predict a parent's overreactivity to child negative behaviors. When considering the stress that partner depression has on the family system, nondepressed parents may show less patience and warmth when communicating to adolescents about misbehaviors. Therefore, partner depression may predict one's use of overreactivity because depression influence the overall family environment. Thus, the following hypotheses are posed:

H3: Mother reports of depression will positively predict father reports of overreactivity.

H4: Father reports of depression will positively predict mother reports of overreactivity.

Parental overreactivity predicting parental depression. This project also puts forth a model wherein parent overreactivity predicts parent depressive symptoms. Although family research typically conceptualizes parental depression as the antecedent to maladaptive parenting behaviors, there is evidence that depression may be an outcome of maladaptive parenting – particularly during adolescence. During adolescence, parents experience high levels of parenting stress, difficulty managing child behavior, and difficulty managing conflict interactions with children (Abidin, 1995; Putnick et al., 2010). The *generational stake hypothesis* claims that during adolescence children strive for increased autonomy from their parents, whereas parents desire increased cohesion and closeness in the family (Bengston & Kuypers, 1971). As McLaren and Sillars (2014) point out, adolescent children are particularly resistant to parental attempts to criticize and correct their behavior, and they tend to become reactive and feel attacked by parental involvement. Increased child hostility and resistance to parenting may be why parents feel less competent during child adolescence (Ballenski & Cook, 1982). Parental competency is especially relevant given that Gross, Sambrook, and Fogg (1999) reported that parents are overreactive when they perceive themselves as incompetent parents. In other words, parents may display harsh parenting techniques when they do not believe that they have the skills required to properly discipline their child. In fact, a longitudinal study showed that a parent's report of perceived competence in child discipline predicted overreactivity two years later (Egberts, Prinzie, Deković, de Hann, & van den Akker, 2015). It seems that the behaviors characterized by overreactivity such as anger and aggression may be rooted in a parent's frustration with their own perceived communicative incompetence.

Because children desire increased ideological independence from parents during adolescence, maladaptive parental discipline behaviors may be especially detrimental to the

family environment. This has implications for parental depression because Putnick et al. (2010) observed that dysfunctional parent-adolescent interactions predicted parent stress in a longitudinal study. Overreactivity has been shown to be an ineffective method for disciplining adolescents. In fact, overreactivity tends to have the opposite of its intended effect whereby children exhibit more problems (Arnold et al., 1993; Becht, et al., 2016). Parents use overreactivity in an attempt to control child behavior and prevent future behavioral problems. However, overreactivity is linked to aggression (Becht et al., 2016; Brinke, Deković, Stoltz, & Cillessen, 2016) and externalizing behavioral problems in children (O’Leary, Slep, & Reid, 1999). Moreover, overreactivity is related to higher levels of parenting stress (Oord, Bögels, & Peijnenburg, 2012) – likely because child behavioral problems persist after overreactive conflict episodes.

Put together, the generational stakes hypothesis offers a framework that suggests overreactivity may predict parental depression. Research shows that high levels of parent-child conflict during adolescence predicts parental depression (Dekovic, 1999). Also, during adolescence parents tend to view conflict as a threat to their power and authority in the family (Dekovic, 1999). Overreactivity may predict parental depression because parents desire increased connection and cohesion during adolescence – however the research on overreactivity suggests that it is rooted in feelings of parental incompetency and results in increased adolescent behavioral problems. Therefore, it seems that parental reports of overreactivity should predict their depression given that overreactivity increases family hostility and dysfunction. As such the following hypotheses are:

H5: Mother reports of overreactivity will positively predict mother reports of depression.

H6: Father reports of overreactivity will positively predict father reports of depression.

Because spouses are interdependent, this study also postulates that overreactivity will be associated with the other parent's depressive symptoms. For example, a father's use of overreactivity should predict mother depressive symptoms because overreactivity increases stress and negativity in the family environment. Although no research to date has examined this relationship, studies show that maladaptive parenting is a stress for the family system (Carlson, Pilkauskas, McLanahan, & Brooks-Gunn, 2011; Erel & Burman, 1995). For example, disengaged and hostile coparenting is related to low levels of marital quality (Katz & Gottman, 1996; Carlson et al., 2011). Moreover, Hervé, Nicolas, France, & Jean-Nicolas (2016) observed that low levels of coparenting support predicted maternal depressive symptoms. The generational stakes hypothesis also provides theoretical support for the partner effects in this model. Because parents are invested in family closeness, interactions that decrease family cohesion and increase family dysfunction may have adverse effects on parental mental health. Parental overreactivity is associated with increased rule-breaking, aggression, and externalizing problems among adolescents (Becht et al., 2016; Prinzie et al., 2006). Thus, this study contends that partner use of overreactivity may increase one's depression because it is associated with increased child problems and family distress. In other words, although a parent may not be actively engaging in overreactivity, they still may be able to witness the deleterious effects of this ineffective parenting behavior when their partner is overreactive. As such, I propose the following hypotheses:

H7: Mother reports of overreactivity will positively predict father reports of depression.

H8: Father reports of overreactivity will positively predict mother reports of depression.

Parent Depressive Symptoms and Emotional Support during Family Conflict

This dissertation also examines how a parent's depressive symptoms relate to both parents' displays of emotional support to a child during a family conflict interaction. *Emotional support* is defined as behaviors that communicate sensitivity and understanding in regards to a child's emotional state (Biringen, 2000; Curran, 2016). Emotional support during family conflict is related to adolescent blood pressure, anger responses; and indirectly related to adolescent alcohol use (Chaplin et al., 2012). Receiving emotional support from parents during adolescence is crucial, as children learn to regulate and process negative emotions during parent-adolescent conflict (Smith & Hamon, 2012). Thus, understanding the effect of parent depression on expressions of emotional support should yield important implications for child outcomes.

Increased parental depressive symptoms should relate to decreased emotional support to children during family conflict. Parental depression is negatively related to a child's perceptions of parental emotional availability (Curran, 2016). Indeed, depressed parents communicate with lower levels of support and warmth during family conflict (Downey & Coyne, 1990; Hammen Brennan, & Shih, 2004). Curran (2016) argued that depressive symptoms reduce one's ability to communicate with emotional support and availability. Depression is related to difficulty when concentrating, and increased cognitive load (APA, 2010; Bredemeier et al., 2012). However, expressing emotional support requires conversational sensitivity – which is related to cognitive flexibility (Chesebro, & Martin, 2003). Likewise, just as depression increases negative parenting behaviors, it also decreases positive parenting behaviors such as warmth and positivity (Downey & Coyne, 1990). Depressed parents tend to speak less to their children, and have a difficult time concentrating and giving their children attention (Downey & Coyne, 1990; Lovejoy et al, 2000). Thus, it seems that depressive symptoms may inhibit a parent's ability to attend to a child's emotional needs.

Also, depressed parents may give less emotional support to children during conflict because depression increases self-centered thoughts (APA, 2010). For example, Katz, et al. (2009) reported that depression positively related with a mother's desire to *receive* emotional support from her child. Rather than focusing on a child's emotional distress, depressed parents seem to desire more emotional reassurance from their children. These results align with Coyne's (1976) interactional model of depression, which claims that depression is associated with increased complaining and reassurance-seeking behaviors. In a meta-analytical review, Starr and Davila (2008) observed that depressive symptoms are linked to excessive reassurance seeking behaviors. Coyne (1976) argues that constant approval seeking is a burden on one's social network that can increase depressive symptoms in others. This body of research suggests that depressive symptoms decrease one's ability to attend to the emotional needs of others. As such, I propose the following hypotheses:

H9: Mother depressive symptoms will negatively predict mother emotional support to children during family conflict discussions.

H10: Father depressive symptoms will negatively predict father emotional support to children during family conflict discussions.

Partner depressive symptoms should also predict a parent's expression of emotional support to their child during family conflict; but gender roles may influence the direction of these paths. As argued above, mothers may be more invested in childrearing and in turn be more aware of their partner's depression and expressions of emotional support to their adolescent child. Based on the research on gender roles and parenting, I contend that father depression should increase mother emotional support whereas mother depression should decrease father emotional support. Father depression should negatively relate to father emotional support. Because mothers

are expected to be involved and dedicated to relationally focused childrearing activities, they may be more emotionally supportive to a child during conflict when the father is depressed. In other words, mothers may compensate for depressed father who may be emotionally unsupportive to children. Given that the social construction of gender theory postulates that women are expected to feel more responsible for child socialization, mothers may feel pressure to provide an emotionally supportive environment when fathers are depressed. On the other hand, mother depression should negatively relate to father emotional support. Past research shows that maternal depressive symptoms predict less open father-child communication (Ponnet et al., 2013). As predicted, depressed mothers should show lower levels of emotional support. Given that fathers generally have lower levels of involvement in relational childrearing activities, they may be influenced by maternal depression and also show lower emotional support. Moreover, Brody et al. (1996) argue that men are more likely to disengage as parents when they experience external stressors. Given that partner depression is related to higher levels of stress and burden (Benazon & Coyne, 2000), their expressions of emotional support should decrease as maternal depression increases. Thus, rather than feeling the pressure to compensate for maternal depression, fathers should express become less supportive. Therefore, the final hypotheses are:

H11: Mother reports of depressive symptoms will negatively predict father emotional support to children during family conflict.

H12: Father reports of depressive symptoms will positively predict mother emotional support to children during family conflict.

The following two chapters review the methodological procedures and analysis for this dissertation. In general, I describe the sample used to test the proposed hypotheses and provide descriptive and analytic statistics from the sample. Chapter three reviews this dissertation's

methods. Specifically, I cover the participants and procedures used to gather data for this project. I discuss the measures and the statistical analysis used in the results section.

CHAPTER 3

METHODS

Participants and Procedure

The data for this dissertation is part of a federally-funded project focused on family interaction dynamics. (5 R01 HD060789 “Emotional Processes in Families: New Methods Capturing Multiple Levels of Analysis”). The assessment of communication behaviors and therefore, the proposed hypotheses, are unique to this dissertation. Participants were solicited from a low-income community in a mid-sized metropolitan area in the northeastern United States. Participants were recruited in a multiple of ways including letters, flyers, and visits to school districts and community centers, agencies, and events. All families in the sample had to have a child participant that was 14-17 years old, the parents had to be primary caregivers for the child, and all family members could have no significant cognitive physical, or health impairments, or obvious physiological deficits that could interfere with the validity of assessments. Participants for this study were 180 married, opposite sex couples ($N = 360$). All couples had an adolescent child between the ages of 14-17. Fathers were mostly white: 79.4% White, 15.6% Black, 8.9%, 1.7% Asian, 1.7% Pacific Islander or Alaska Native, and 1.7% reported more than one race. Mothers were also predominately white: 81.7% White, 11.1% Black, 2.2% Asian, 1.7% Pacific Islander or Alaska Native and 3.3% reported more than one race.

After a brief period of rapport building with the parents and children, parents provided informed consent for their participation and permission for their child to participate. Then mothers, fathers, and children were separated and were administered surveys. Mothers and father

were asked to complete measures including child behaviors, parenting styles, depressive symptoms, and relationship satisfaction. Children also responded to measures regarding their internal and external behaviors and perceptions of parenting styles for both parents. All participants were then asked to write a list of common, recent arguments involving both parents and the adolescent. Parents and children were then brought into a room set up like a living room and were asked to pick a topic that they were comfortable discussing using a list of common topics of disagreements. The families then engaged in a 7-minute videotaped interaction wherein they discussed the agreed-upon topic. Finally, family members again went to separate rooms to complete measures assessing their perceptions of the conversation. All procedures were approved by the Institutional Review Board.

Measures

Pre-interaction measures. Overreactivity was measured using the overreactivity subscale of the Parenting Scale (Arnold et al., 1993). This subscale measures a parent's tendency to overreact to negative child behaviors. The items are phrased so parents can respond to their behaviors in reaction to child problems (e.g., "When my child misbehaves I get so frustrated or angry that my child can see I am upset.") The items were rated on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*). Higher reports indicate higher levels of overreactivity ($M = 3.00$, $SD = .87$, $a = .90$ for mother reports; $M = 3.06$, $SD = .81$, $a = .94$ for father reports). See Appendix A for the items used to measure overreactivity.

Depressive symptoms were measured using the 20-item version of the Revised Center of Epidemiologic Studies Depression (CES-D) scale (Santor & Coyne, 1997). Items (e.g., "I felt depressed." "I felt sad.") were rated on a 4 point Likert-type scale (1 = *less than 1 day* to 4 = *5-7 days*). The scale assesses the frequency of depressive symptoms over the past week. Higher

scores indicated higher levels of depressive symptoms ($M = 1.60$, $SD = .40$, $\alpha = .80$ for mother reports; $M = 1.50$, $SD = .31$, $\alpha = .84$ for father reports). See Appendix B for the items used to measure depressive symptoms.

Parental emotional support during family conflict. Expressions of emotional support from parent to child were coded using the System for Coding Interactions and Family Functioning (SCIFF; Lindahl & Malik, 2000). The SCIFF provides a macro-level interaction code for parent emotional support. A macroanalytic code means coders applied a global judgment to characterize each parents' level of emotional support during the conflict interaction. Thus, coders observed the entire conflict interaction and scored parents on their overall level of emotional support. Emotional support was coded at the macro level because this project was interested in the general family process of emotional support as it related to parental depression. As Kerig (2001) argues, macro codes are useful when researchers want to take family context into account and study relational concepts. Thus, a macroanalytic code was most appropriate for the current research. Moreover, this project utilized this coding scheme because past research shows that it is a reliable assessment of emotional support. Past reliability for the emotional support code, has been reported as $r = .84$ for interrater reliability based on a sample of 60 families (Lindahl & Malik, 2000). Multiple studies have used this code to assess emotional support. For example, Kaczynski, Lindahl, Malik, and Laurenceau (2006) assessed parental emotional support using the SCIFF and reported high interrater reliability ($r = .88$ for fathers and $r = .81$ for mothers). The code also produced evidence of discriminant validity as it was negatively related to parental coercion and rejection (Kaczynski et al., 2006). High reliability for this coding scheme was also observed in a more recent study, as Fosco and Grych (2013) reported intraclass correlations ranging from .66 to .93 for parental emotional support. Overall,

this macro-level code for assessing parental emotional support was appropriate for the goals of this project and has demonstrated reliability and validity in past research.

An undergraduate coder, blind to the purpose of the study, assessed both parents' emotional support to children during the conflict interaction. This coder was trained to examine a parent's ability to recognize a child's emotional state and adapt their verbal and nonverbal behavior to help the child feel as good as possible given the stressful environment of conflict. The code assessed a parent's ability to sensitive to the child's emotional state and emotional needs during the interaction. This code captures both verbal and nonverbal attunement to a child's emotional state. Each parent was rated on a 5 point Likert scale (1 = *very low* to 5 = *high*) that assessed their emotional supportiveness throughout the entire interaction.

A parent who was rated as *highly* emotional supportive was emotionally supportive throughout the conflict. Highly emotionally supportive parents engaged in behaviors that showed acceptance of a child's ideas and feeling. Moreover, the SCIFF rates parents as highly emotionally supportive when they encourage their children to express themselves during the conflict. If a child shows distress, a highly emotionally supportive parent adapted their behavior to meet the child's emotional needs. For example, parents could tailor their tone of voice or verbally express awareness of the child's distress. If a child showed signs of distress (e.g., crying, withdrawing, distraught tone of voice), highly supportive parents would recognize this, and adapt their communication (e.g., express a compliment, validate their child's emotions). Coders looked for phrases such as "I understand why you feel this way" to detect a parent's awareness and validation of child emotions. If a child was not visibly distressed during the conflict, a parent could still be rated a high if showed consistent acceptance and encouragement of child ideas, given that the code involved parents helping the child feel as good as possible

(Lindahl & Malik, 2010). For example, a parent could be rated highly supportive if they consistently asked their child questions such as “How does that make you feel?” throughout the conflict, and showed highly consistent positive body language such as smiling and nodding during a child’s talk turn.

Parents who were rated as *moderately high* in emotional support were mostly caring, sensitive, and expressed acceptance of child ideas and feelings throughout the interaction. Moderately high emotionally supportive parents rarely missed the opportunity to show acceptance, care, or sensitivity to the child. Moderately high emotionally supportive parents did not ignore their child or act insensitively. In very few instances, the parent may have ignored their child’s emotional state or responded to the child insensitively (Lindahl & Malik, 2000). For example, moderately high parents would engage in the behaviors explained above in the high emotional support group. However, the difference between a moderately high and high rating was that moderately high parents either ignored their child’s distress at least one time, or responded insensitively to their child’s distress at least one time. For example, a child may have shown signs of distress and the parent did not alter their communication to address this distress.

Parents who were rated as *moderate* in emotional support expressed some emotional support throughout the interaction but were inconsistent. These parents expressed support and acceptance of child ideas and feelings, could recognize child emotions, and could engage in verbal and nonverbal behaviors to meet the child’s emotional needs roughly half of the time during the interaction (Lindahl & Malik, 2000). Behaviors included softening their tone of voice and responding to children in a nurturing way. Inconsistent parents engaged in some of the behaviors described in the highly supportive group. However, parents inconsistent with this type of communication – meaning they were sometimes insensitive to the child’s emotional state

(e.g., too direct, or abrupt) or did not actively engage in behaviors to help the child feel as good as possible (e.g., detached and passive). Parents could be too direct or abrupt if they interrupted their child's talk turn. For example, coders were trained to view behaviors such as a parent responding or interrupting their child by saying "No" and going on to oppose or shut down their child's idea as too abrupt and direct. Another example of inconsistent emotional support would be if a parent smiled and encouraged their child to speak, but also engaged in behaviors such as eye rolling, or invalidating communication. An example of invalidating communication would be if parents used phrases such as "I don't understand why you are getting upset." Also, if a child showed signs of distress and a parent used a negative tone that was viewed as detached behaviors (i.e., the parent was detached from the child's emotional state).

Parents who rated *low* on emotional support expressed minimal amounts of emotional support to the child during the interaction. These parents did not express sensitivity, care, or interest in the child expressing their feelings and ideas. Parents may have had moments of attempting to provide emotional support – but their attempts were mostly ineffective. For example, if a parent asked their child a question such as "What do you think about your study habits?" but they were monotone or had a negative tone, this was viewed as an ineffective attempt to express interest in the child's thoughts. Moreover, parents who scored low may have been overly passive regarding meeting the emotional needs of the child in the interaction. Parents could score low if they were too passive as opposed to enthusiastic when the child expressed their thoughts and feelings (Lindahl & Malik, 2000). For example, if a child expressed their opinion and the parent did not give eye contact or change their facial expression, coders viewed that as overly passive behavior. Also, parents may be unable to recognize and adapt their behaviors when the child is distressed. If the child is not actively distressed, parents could still be

scored as low if they were consistently insensitive and unaccepting of their child's thoughts and feelings during the interaction (Lindahl & Malik, 2000).

Parents who were rated *very low* expressed very little to no emotional support to the child throughout the conflict interaction. Overall, parents who scored very low did not express and sensitivity or provide comfort to the child. If the child was distressed, the parent did not adapt their behavior to try and meet the emotional needs of the child. Parents who scored very low did not validate their child's thoughts and feelings during the conflict. Parents might have scored a very low if they were actively invalidating and rejected, invalidated, or dismissed their child's thoughts and feelings. For example, statements such as "You are so irresponsible when it comes to school" or "Stop your crying" were viewed as rejecting and invalidating comments. Moreover, if parents screamed at their child it was viewed as rejecting. However, parents could also be rated as very low if they did not actively engage in rejection and dismissal of child thoughts and feeling – but instead were extremely passive and unaware of their child's emotional needs. In other words, parents who were not attuned to their child's thoughts and feelings and expressed no nurturance, sensitivity, acceptance, or encouragement of child expression could be rated as very low (Lindahl & Malik, 2000). For example, parents were rated very low if a child showed any signal of distress and parents either continued to use negative and rejecting communication (e.g., yelling, mocking, insulting) or completely ignored their child's emotions (e.g., failed to ask questions, did not alter their tone of voice or verbal communication) throughout the interaction.

For this study, inter-rater reliability for emotional support was measured with a two-way mixed intraclass correlation. Bakeman and Quera (2011) assert that intraclass correlations above .70 indicate excellent reliability. The intraclass correlation for emotional support was $\rho = .78$,

thus indicating that the coding of emotional support was reliable. Appendix C reviews the coding scheme from Lindahl and Malik (2000).

Couple Satisfaction. Past research shows a significant relationship between partner depression and reports of relational satisfaction (Knobloch & Knobloch-Fedders, 2010). Because the goal of this research was to assess the relationship between parental depression and parent-child dynamics I controlled for couple satisfaction in all hypothesis testing. The Couple Satisfaction Index (CSI; Funk Rogge, 2007) was used to measure couple satisfaction. The ten items (e.g., “My relationship with my partner makes me happy.”) were rated on a 5 point Likert-type scale (1 = *strongly agree* to 5 = *strongly disagree*) ($M = 3.63$, $SD = 1.20$ for mother reports; $M = 3.71$, $SD = 1.08$ for father reports).

Actor-Partner Interdependence Models

The goal of this project is to examine the effects of one person’s score on a predictor variable (e.g., mother depression) on the outcome variable for that same person (e.g., mother overreactivity), and for the outcome variable of their partner (e.g., father overreactivity). Given the study goals, Actor-Partner Interdependence Models (APIM) are a useful statistical analysis. APIMS are able to examine both actor effects (e.g., mother depression on mother emotional support) and partner effects (e.g., mother depression on father emotional support). APIMs are particularly useful for studying family subsystems because significant partner effects indicate a relational effect (Kenny, Kashy, & Cook, 2006). In other words, partner effects imply that a person’s report of a personal characteristic is dependent on their partner’s report (Kenny et al., 2006).

The APIM model is also useful because it considers that dyadic data violate the independence assumption (Kenny, et al., 2006). Statistical methods such as multivariate

regression assume that the data from each member of the sample is unrelated. However, because this study examines variables from dyads, the data are dependent – or nonindependent. Nonindependence assumes that the scores from the two dyad members should be more closely related than scores from two people in separate dyads. For example, past research shows a consistent positive correlation between spousal depression (Benazon & Coyne, 2000). As Kenny et al. (2006) claim, not addressing the dependency in the data make the variance and the standard errors of test statistics biased. As such, p values can be biased and researchers can be prone to Type I errors. The APIM has two correlations in the model that can account for the dependency in the data. The first is a correlation between both individuals' report of the exogenous variable. The second is a correlation of the error terms for the endogenous variables between dyad members. Overall, these correlations account for the dependency in the data. Moreover, Kenny et al. (2006) note that the p values generated from this procedure are two-tailed and should be one-tailed. Thus, the p values should be assessed separately in this procedure.

Chapter four reviews the descriptive statistics and the analysis for this dissertation. I first review the correlation between the study variables. I then report tests of equality of variance among the dyads for each of the study variables. Chapter four ends with the analysis done for hypotheses testing

CHAPTER 4

RESULTS

Descriptive Statistics

Table 1 presents the zero-order correlations among mother and father scores on overreactivity, depressive symptoms, couple satisfaction, and emotional support to adolescent children. Mother depression was positively related to mother reports of overreactivity, father depression, and father reports of overreactivity; and negatively correlated to both mother and father reports of couple satisfaction. Mother depression was negatively correlated with mother emotional support at the .10 level. Mother overreactivity was also negatively correlated with both father and mother reports of satisfaction. Mother reports of couple satisfaction also negatively correlated with father depression and father overreactivity. The significant correlations observed between the variables in the hypothesized model and mother and father reports of couple satisfaction show the importance of controlling for couple satisfaction. As expected, mother emotional support was positively correlated with father depression. Interestingly, mother emotional support was negatively correlated with father overreactivity. This correlation suggests that when mothers are emotionally supportive to children during conflict, fathers are less overreactive with child misbehaviors. Moreover, there was a significant positive correlation between father depression and father overreactivity. As expected, father depression was linked to increased overreactive parenting. For both mothers and fathers, overreactivity did not predict emotional support to an adolescent child. These nonsignificant correlations show that both conflict behavior variable are orthogonal. This indicates that when

interpreting the relationships between parental depression and emotional support and overreactivity should be no concern of a confounding effect amongst the variables. Last, it is important to note that the positive relationship between mother-father scores of depression and emotional support are controlled for in the APIM models.

Testing Mean Differences in Variables among Mothers and Fathers

Independent sample t-tests were conducted to determine if there were any differences in mother and father reports of the variables in the study (see Table 2). There were no significant differences in mean scores of depression, emotional support, or couple satisfaction from mothers and fathers. Mothers and fathers did significantly differ in mean scores of overreactivity. Mothers had significantly higher mean scores of overreactivity ($M = 3.11$; $SD = .78$) compared to fathers ($M = 2.93$; $SD = .83$; $df = 330$; $t = 1.96$; $p < .05$).

Testing the Equality of Variances among Dyads

The next step in the analysis was to test for equality of variance for each variable among the dyads. For example, does emotional support vary more for mothers compared to fathers? Because the data is interdependent a reciprocal standard dyadic design was used to test for equal variance (Kenny et al., 2006). This procedure takes the difference in father and mother scores on a variable and correlates it with the sum of the scores for the same variable. Reciprocal standard dyadic design is useful because it empirically tests for distinguishability among the dyads. Differences in variance suggest that the groups are distinct and thus informs statistical choices when testing the hypothesis such as covariance structures in APIM models. Additionally, reciprocal standard dyadic design offers more descriptive information about the dataset, as it allows researchers to understand how one group's variance compares to the other. As Kenny et al. (2006) claim, differences in variance among dyads are often overlooked, however the analysis

offers a more robust understanding of the data and informs statistical decisions when analyzing dyadic models. Overreactivity showed no significant difference between mother and father variances in overreactivity $r = -.02$ $p > .05$. Moreover, there was no significant difference in the variance of mother and father scores on emotional support $r = -.12$ $p > .05$. There was a significant difference in variance of depression between mothers and fathers $r = .28$ $p < .05$. Mothers reports of depression had significantly more variance compared to fathers. Kenny et al. (2006) claim that when spousal dyads do not significantly differ in variance they can be considered indistinguishable dyads. However, because the dyads had a significant difference in variance for depression, the APIM models were analyzed with the assumption that the dyads were distinguishable.

Hypothesis Testing

The paths from both parents' depression to overreactivity and emotional support, as well as paths from overreactivity to emotional support, were tested simultaneously with SEM using AMOS version 24.0 with maximum likelihood estimation. The model showed poor fit $\chi^2 = 1029.01$, $df = 586$, $p < .001$, $\chi^2/df = 1.75$, CFI = .72, RMSEA = .07. Because the model showed poor fit, the APIM models were tested using MLM with the MIXED command in SPSS. The covariance structure was specified as heterogeneous compound symmetry which allows for unequal variances between mothers and fathers (Kenny et al., 2006). The independent variables were centered for the analyses. A visual depiction of the results can be seen in Figures 4-6. To account for the distinguishability of the dyads the covariance structure was set to heterogeneous compound symmetry. The APIMs were tested using multilevel modeling given that individuals are nested in dyads. The following is an example of the syntax used to examine the first four

hypotheses that tested mother and father depression as independent variables and mother and father reports of overreactivity as dependent variables:

MIXED

depression WITH mom dad Overreactivity_actor Overreactivity_partner

/FIXED = Mom dad overreactivity_actor*mom Overreactivity_actor*dad

overreactivity_partner*mom Overreactivity_partner*dad | NOINT

/METHOD = REML

/PRINT = SOLUTION TESTCOV

/REPEATED = individualid | SUBJECT(dyadid) COVTYPE(CSH)

H1 and H2: Actor Effects from Depression to Overreactivity

The first APIM produced paths from mother depression to mother overreactivity (H1), and father depression to father overreactivity (H2). The results showed a significant positive association between mother reports of depression and mother reports of overreactivity ($F(1, 137.56) = 10.82, B = .57, t = 3.29, p < .01$). For fathers, however, the APIM model revealed a nonsignificant relationship between father depression and father reports of overreactivity ($F(1, 132.84) = .25, B = .12, t = .50, p > .05$). Thus, the results showed support for H1 but not for H2.

H3 and H4: Partner Effects from Depression to Overreactivity

The first APIM also produced paths from mother depression to father reports of overreactivity (H3), and from father depression to mother reports of overreactivity (H4). The results revealed a nonsignificant relationship between mother depression and father reports of overreactivity ($F(1, 128.85) = .74, B = .16, t = .86, p > .05$). Thus, the results did not support H3. However, the APIM also showed that father depression did significantly predict mother reports of overreactivity – but in the opposite direction of the hypothesis. Father depression negatively

predicted mother overreactivity ($F(1, 129.32) = 3.94, B = -.43, t = -1.98, p < .05$). Thus, the results produced a significant path from father depression to mother overreactivity in the opposite direction of H4.

H5 and H6: Actor Effects from Overreactivity to Depression

The second APIM model was conducted to test mother and father reports of overreactivity as the exogenous variables predicting parent depression. H5 stated that mother reports of overreactivity should predict mother reports of depression. The APIM showed a significant positive association between mother reports of overreactivity and mother depression ($F(1, 122.87) = 5.34, B = .10, t = 2.31, p < .05$). Thus, H5 received support. Further, the second APIM showed a nonsignificant positive association between father reports of overreactivity and father reports of depression ($F(1, 141.23) = 1.58, B = .04, t = 1.23, p > .05$). Therefore, H6 was not supported.

H7 and H8: Partner Effects from Overreactivity to Depression

H7 posited that mother reports of overreactivity would predict father depression. The APIM showed a nonsignificant relationship between mother overreactivity and father depression ($F(1, 145.02) = 2.61, B = -.05, t = -1.61, p > .05$). H8 posited that father reports of overreactivity would predict mother reports of depression. The results showed a nonsignificant relationship from father overreactivity to mother depression ($F(1, 119.27) = .19, B = .02, t = .43, p > .05$). Overall, H7 and H8 did not receive support.

H9 and H10: Actor effects from Depression to Emotional Support

The third APIM model tested mother and father depression as the exogenous variables and mother and father scores on emotional support as the endogenous variables. H9 stated that mother reports of depression would negatively associate with mother emotional support to an

adolescent child during a conflict discussion. The APIM showed a significant negative association between mother depression and emotional support ($F(1, 150.01) = 3.35, B = -.48, t = -1.83, p < .05$). H10 stated that father reports of depression would negatively predict father scores of emotional support to an adolescent child during a conflict interaction. The results showed that the relationship between father depression and father emotional support was not significant ($F(1, 145.00) = .80, B = .29, t = .89, p > .05$). Thus, H9 received support, however H10 was not supported.

H11 and H12: Partner Effects from Depression to Emotional Support

H11 stated that mother reports of depression should be negatively associated with father expressions of emotional support to an adolescent child during conflict. The partner effect in the third APIM revealed a significant negative association from mother depression to father scores of emotional support ($F(1, 139.42) = 5.18, B = -.54, t = -2.27, p < .05$). H12 posited that father reports of depression would positively associate with mother emotional support to an adolescent child during conflict. The APIM showed a significant positive relationship between father depression and mother emotional support ($F(1, 139.32) = 4.83, B = .73, t = 2.20, p < .05$).

Therefore, H11 and H12 both received support.

In summary, out of the 12 hypotheses, five were fully supported (H1, H5, H9, H11, H12), six were not supported (H2, H3, H6, H7, H8, H10), and one was significant in the opposite direction of the posed hypothesis (H4). The following chapter discusses the implications of these results. I also discuss the limitations of the current study and suggest future research endeavors for family conflict scholarship.

CHAPTER 5

DISCUSSION

Conflict is an inevitable component of family life – especially during adolescence (Adams & Laursen, 2001). Handling conflict constructively can increase intimacy, understanding, and mental health among family members. On the other hand, destructive family conflict predicts depressive symptoms (Kelly et al., 2016; Lewinsohn, Rohde, Seeley, Klein, & Gotlib, 2000), increased stress and problems in peer relationships (Auerbach & Ho, 2012), and behavior problems such as physical violence (Segrin & Flora, 2011). The goal of this research was to investigate the relationship between parental overreactivity, depression, and expressions of emotional support to adolescent children among mother-father dyads. More specifically, this dissertation explored how one’s own depressive symptoms and their partner’s depressive symptoms related to conflict communication tactics with their adolescent child. Consistent with past research, the results showed that mother depressive symptoms related to decreased emotional support during conflict and increased overreactivity. These actor effects align with a common theme in research on depression and parenting: depressive symptoms relate to decreased constructive communication and increased destructive communication. The partner effects from depressive symptoms to parental communication yielded interesting results that expand the scope of parental depression and conflict communication.

The results of this dissertation indicated that mother depression was associated with *decreased* emotional support from fathers to adolescent children during conflict, whereas father depression was associated with *increased* emotional support and *decreased* overreactivity from

mothers. These three partner effects point to two interesting implications. First, it appears that partner depression relates to a parent's communication behaviors during conflict with their adolescent child. Second, mother depression reduced positive conflict communication from fathers, whereas father depression related to increased positive conflict communication from mothers. These results align with the theoretical principles of the social construction of gender theory indicating that mothers may compensate for father depression by expressing increased levels of emotional support (Ferree, 1991). In what follows, I discuss the implications of the partner effects from the three APIM models. Next, I elaborate on the actor effects and then discuss practical implications of these results. I then expand on the limitations of this dissertation and suggest directions for family conflict research and mental health in the future.

Partner Depression and Parent Conflict Communication

The three partner effects from this study that highlight a unique contribution to family communication scholarship. Father depression negatively predicted mother overreactivity, and positively predicted mother expressions of emotional support. On the other hand, mother depression negatively predicted father expressions of emotional support. The study began by postulating that father depression would only associate with one "positive" response from mothers – increased emotional support. I reasoned that mothers are typically expected to ensure that children receive adequate parental emotional support, given that it is a relationally focused parenting behavior. Discipline behaviors such as overreactivity are more impulsive acts and thus, it was hypothesized that the added stress of paternal depression would relate to increased overreactions from mothers. Although research indicates that spousal depression is a stress on the family climate (Segrin & Flora, 2011), it does not seem to manifest in increased partner overreactivity to child misbehaviors. Partner depression is associated with increased feelings of

burden, guilt, embarrassment, and negative feelings towards the depressed spouse (Benazon & Coyne, 2000). Moreover, having a depressed spouse increases the chances of depressive symptoms in the other spouse, and marital couples were more likely to be negative towards one another when one partner was depressed (Benazon & Coyne, 2000; Segrin & Flora, 2011). Benazon and Coyne's (2000) research demonstrates that partners are often negative and rejecting towards a depressed individual. To expand this research, the current project posited that partner depression would also associate with increased overreactivity in parent-child interactions. The nonsignificant association in H3 and the negative result for H4 imply that although partner depression may increase negative behaviors and thoughts regarding the depressed spouse, that negativity does not spillover to the parent-child subsystems with increased overreactivity.

The negative association observed in H4 expands scholarly knowledge on overreactive parenting. Overreactivity is typically thought of as a behavioral outcome associated with negative family characteristics such as low parenting competence and parental psychological distress (Arnold et al., 1993). However, this research shows that father depressive symptoms predict lower overreactivity in mothers. Clinicians should be aware that father depression may suppress overreactivity in mothers. Low levels of overreactivity are likely seen as a sign of high family functioning. While certainly low overreactivity can be due to parental well-being and high parenting competence, these results imply that low overreactivity does not inherently indicate high levels of parental well-being. In fact, mothers may suppress overreactivity when fathers are depressed in order to not further disrupt the family climate. Thus, understanding the root cause of low overreactivity is essential for clinicians when they attempt to understand a family's overall functioning.

Furthermore, I argued that the partner effects reflect gender roles in childrearing involvements and child socializing responsibilities. Higher expectations are placed on mothers to provide emotional support to children and be involved in relationally focused childrearing activities (Riina, & Feinberg, 2012). Drawing back on the theoretical foundation of this project helps explain why mothers responded with positive parent-child communication when fathers experience increased depressive symptoms. In family systems theory, the principle of *morphostasis* claims that families seek stability and to desire to maintain an equilibrium. Given that father depression tends to negatively impact family cohesion, mothers may try to maintain a desired state of family cohesion by decreasing overreactivity and increasing emotional support to adolescents. Although there was no association between paternal depression and paternal emotional support, past research shows that paternal depression is associated with maladaptive parenting behaviors, hostility, and low levels of warmth (Sweeney & MacBeth, 2016). Moreover, fathers typically suppress positive and reassuring messages when they experience depressive symptoms (Wilson & Durbin, 2010). Thus, mothers may be overcompensating for paternal depression by showing increased rates of emotional support to adolescent children. Because women may feel more responsible for caregiving (Fuijwara & Lee, 2008), they may pay closer attention to the impacts of paternal depression on adolescent children and thus show higher levels of support.

These results expand theoretical implications regarding the relationship between parental depression, parental communication, and child outcomes. Studies show that compared to paternal depression, maternal depression is more closely associated with negative child outcomes (Goodman & Gotlib, 2001; Pilowsky et al., 2014). Pilowsky et al. (2014) reported that compared to paternal depression, maternal depression had a greater impact on child internalizing problems

such as depression and anxiety. The results from the current study offer a social explanation to Pilowsky et al.'s (2014) findings. The partner effects from father depression to mother emotional support and overreactivity suggest that paternal depression may impact children less because mothers increase their supportive communication and decrease hostile communication. In other words, mothers may be *buffering* children from the negative impacts of paternal depression by adapting their communication behaviors. Although adapting communication behaviors may buffer children from the negative outcomes associated with paternal depression, I speculate that it could come at a cost to a mother's mental well-being. Emotional labor and emotional burden are typically studied in the workplace (e.g., Riley & Weiss, 2016), and in the context of family caregivers (i.e., caring for a family member with a chronic illness; e.g., Khalaila, & Cohen, 2016). These results suggest that mother overcompensation for paternal depression should be examined more closely as it relates to maternal emotional burden.

The nonsignificant partner effect from mother depression to father overreactivity suggest that fathers do not communicate with decreased overreactivity when mothers experience increased depressive symptoms. More importantly, the negative partner effect from mother depression to father emotional support suggests that fathers are less supportive to children when mothers experience depressive symptoms. Thus, when mothers experienced increased depressive symptoms *both* parents were less emotionally supportive to children during conflict. This result is aligned with research indicating that mothers have a significant influence on fathers' parenting behaviors. Beaton, Doherty, and Wenger (2013, p. 233) claim that "mother's expectations for fathers' behaviors are more influential than fathers' own expectation for their own behaviors." This has significant implications for family research on depression given that Benazon and Coyne (2000) argue that when a parent is depressed, a child's well-being may depend on the

parenting behaviors of the non-depressed spouse. A logical conclusion then, is that mother depression may have a larger negative impact on children because fathers tend to mirror the negative communication behaviors associated with their partner's depression. Overall, this research indicates that mothers are better able to express constructive conflict communication when their partner is depressed compared to fathers. Thus, maternal depression may not be inherently related to increased child problems. Rather, it seems that maternal depression is related to destructive communication from both parents and therefore is more detrimental to the family system. More optimistically, these results suggest that training fathers to communicate more constructively when mothers experience depressive symptoms could help buffer children from the harmful effects of parent depression.

Based on these results I recommend that future studies examine positive parental conflict communication in samples of mothers with and without a depressed spouse. Research predominantly assumes that communicative acts such as emotional support, warmth and affection are related to mental health flourishing in mothers (e.g., Cummings & Davies, 2010; Curran, 2016; Curran & Andersen, 2017). However, the results of this study indicate that mothers may be motivated to show increased emotional support to children during conflict because of their partner's psychological problems. Thus, increased positive parental communication from mothers may derive from stress associated with the potential negative effects of paternal depression on the child. Past studies have conceptualized emotional burden as lingering negative feelings and concerns based on a family event or context (Radwany et al., 2009). It is plausible that mothers with a depressed partner may experience negative feelings and worries when they are taxed with being the sole or primary providers of emotional support to children. Such research could illuminate the underlying motivations for providing emotional

support and positive conflict communication with adolescent children. Moreover, it is important to consider the potential negative consequences for mothers in this context. For example, high levels of stress could be the reason why mothers increase their emotional support to children when fathers have higher levels of depression. The partner effects also highlight the importance of father mental health and involvement for promoting healthy family functioning. Although father depression did not directly predict father overreactivity or father emotional support – the overall results still suggest that father depression is a strain on the family system. Increased father involvement in childrearing is linked to many positive outcomes in families such as marital satisfaction (Levy-Shiff, 1994). These results reveal that increased father involvement in childrearing could also reduce the burden placed on mothers to create and maintain a positive family climate. Increased father involvement could also reduce the negative effects from mother depression to child outcomes. It clearly seems that mothers are buffering children from the negative effects of father depression. Fathers could also respond to partner depression in this way if father responsibility for childrearing increases. Thus, cultural shifts to more egalitarian parenting roles could reduce the negative effects from both mother and father depression to child outcomes.

Although mothers tended to respond to father depression with increased positive communication, future research should investigate the emotional burden this places on mothers. Partner depression is a chronic stressor that is typically associated with increased psychological problems for the non-depressed spouse (Benazon & Coyne, 2000). The social construction of gender theory claims that women handle a majority of family responsibilities – and this unequal division of labor likely increases as father depression increases. Thus, the increased maternal emotional support and decreased overreactivity predicted by paternal depression may reflect

overburdened mothers who are expected to maintain family cohesion despite paternal depression. Thus, the systematic long term implications of gender roles in the family should be addressed in future research. Although fathers have become increasingly affectionate, peer-like, and involved over time (Dempsey, 2002; Floyd & Morman, 2002), mothers still spend considerably more time with children (Baxter, 2002) and take on higher amount of family labor (Riina & Feinberg, 2012). Therefore, cultural shifts of childrearing expectations, particularly changes in paternal involvement with relationally focused activities, could help reduce the burden placed on mothers to provide emotional support to adolescent children.

Actor Effects from Parental Depression to Emotional Support

This study also contended that parental depression would associate with reduced expression of emotional support to adolescent children during conflict. The significant finding in H8 is consistent with previous research (e.g., van Roekel, et al., 2011) showing that maternal depression is linked to lower supportive communication with adolescents. Mothers who experience depressive symptoms have difficulties displaying support and nurturance to children (Downey & Coyne, 1990; Curran, 2016). Understanding factors that inhibit parents from expressing adequate amounts of emotional support to adolescent children is important. Research shows that children who feel supported emotionally from their parents show higher levels of physical and mental health (Shaw, Krause, Chatters, Connell, & Ingersoll-Dayton, 2004). Conversely, low levels of emotional support are related to negative outcomes including low social skills, increased depressive symptoms, and substance abuse issues (Curran, 2016; Shaw, 2006).

The negative actor effect from mother depression to mother expressions of emotional support is important because parental expressions of emotional support were measured through

observational coding during family interactions. Segrin (2000) argued that individuals with higher levels of depression may report lower levels of positive communication because depression increases negativity biases. In other words, depressed parents may be prone to think that they send less emotional support to their children. The coded interactions allow researchers to make conclusions about the relationship between maternal depression and emotional support free of common method bias. It appears that maternal depression may impede a parent's ability to provide emotional comfort and support to children during conflict. Because depression is distressing for mothers and increase self-centeredness, depressed mothers may be more concerned with meeting their emotional needs during conflict, and less concerned with meeting the needs of their adolescent child. This conclusion aligns with research that shows depressed mothers desire to be recipients of emotional support rather than senders (Katz, Petracca, & Rabinowitz, 2009). Indeed, Coyne's (1976) interactive model of depression posits that depressed individuals seek reassurance often from their social network. Thus, as maternal depressive symptoms increase, their focus on their own emotional distress may heighten, resulting in less supportive communication to children.

Past research shows that paternal depression is negatively related to positive parenting behaviors from fathers (Wilson & Durbin, 2010). Depressed fathers tend to suppress positive expressions and behave with increased negativity and withdrawal in the family system (Johnson & Jacob 2000; Wilson & Durbin, 2010; Segrin & Flora, 2011). However, the results showed no significant relationship between paternal depressive symptoms and expressions of emotional support to children. Future studies should test the relationship between paternal depression and observed communication measures. It is possible that fathers' self-reported suppression of positivity differs from observed behaviors. Moreover, other mental health factors may be more

closely related to father expressions of emotional support. For example, anxiety and cognitive inflexibility may negatively predict emotional support from fathers. Cognitive flexibility is related to higher levels of conversational sensitivity and lower verbal aggression. Thus, this type of mental health characteristic may be more directly linked to father conflict communication (Chesebro & Martin, 2003). Overall, more research is needed to understand the relationship between paternal mental health and observed conflict communication.

Parent Depression Predicting Overreactivity

Extant research on the relationship between parental depression and parenting practices predominately conceptualizes depression as a predictor variable. Indeed, numerous studies show that parental depression influences one's ability and motivation to communicate positively and skillfully with children (Downey & Coyne, 1990; Lovejoy et al., 2000). Based on this body of knowledge, I tested mother and father reports of depression as predictors of mother and father overreactivity to a child's negative behavior. The actor effects from the first APIM model showed that mother depression positively predicted mother overreactivity (H1). The significant result for H1 is consistent with past research showing that mothers with higher levels of depression display more negative parenting behaviors (Goodman & Gotlib, 2000). Depression has been linked to an over heightened focus on negative stimuli, higher rates of negative emotions such as anger and irritability, and difficulties regulating emotions (Joorman & Gotlib, 2010). Moreover, depression is associated with increased impulsive behaviors. Thus, mothers experiencing increased depressive symptoms may have a difficult time regulating negative emotions associated with child misbehavior. As Downey and Coyne (1990) argue, depressed mothers may perceive their parenting role less positively because it involves constant effort and responsibility – particularly when children engage in negative behaviors. For depressed mothers,

child misbehavior may lead to overreactions because child misbehaviors increase parental burden and responsibilities. When depressed mothers experience increased parental demands, they may feel hostility towards their child (Colletta, 1983; Downey & Coyne, 1990). Moreover, the reduced ability to manage negative emotions coupled with the decreased cognitive functioning associated with depression may be why depression relates to increased overreactivity from mothers (Bredemeier et al., 2012). Thus, it seems that the symptoms of depression manifest in behaviors that coincide with overreactivity. Practically, this result highlights the importance of focusing on the behavioral outcomes linked to depression in counseling and family therapy. Mackinnon et. al (2012) reported that depressed individuals engage in destructive conflict behaviors in order to maintain their depressive state. Behaviors such as overreactivity may reinforce depressive symptoms among mothers because overreactivity is a conflict behavior that promotes a negative family environment. Therefore, counselors could use the findings reported here to alleviate depressive symptoms by breaking the pattern of overreactive behaviors during parent-adolescent conflict.

Despite the significant actor effects for mother depression and mother overreactivity, father depression did not significantly predict father overreactivity (H2). This nonsignificant result is contrary to research on paternal depression and parenting behaviors. Past research shows that father depression is associated with behaviors such as increased withdrawal, anger, and coercion (Durbin & Wilson, 2010). The nonsignificant results observed could be due, in part, to a floor effect for depressive symptoms, as father reports of depression were quite low and had little variance. Moreover, it may be that psychological factors other than depression are better predictors of father overreactivity to child misbehaviors. Research shows that fathers engage in harsh parenting behaviors when they show less empathy (Perez-Albeniz, & De Paul, 2004).

Moreover, overreactivity is linked to substance abuse in fathers (Kelley et al., 2015). Thus, perhaps psychological states that directly impair one's ability to engage in complex thought would predict overreactivity in fathers. While of course difficulties concentrating and lack of focus are depressive symptoms (APA, 2010), psychological factors that are more directly linked to cognitive inflexibility may be better suited for future research on overreactivity in fathers. Given that the results were not significant, these conclusions are inherently speculative. Future research should examine psychological factors other than depression to predict father conflict behaviors.

Parent Overreactivity Predicting Parent Depression

The second conceptual model proposed that parent overreactivity would predict parental depression. Although scholars traditionally conceptualize depression as the antecedent of negative parenting practices, I reasoned that low parenting communication skills can theoretically manifest in a negative and stressful family environment and low parenting competence, which increases one's risk of depression. Given that parenting stress tends to be high during adolescence, ineffective parenting behaviors such as overreactivity that lead to increased behavioral problems could predict a parent's depressive symptoms. The results showed that both mother reports of overreactivity predicted mother depressive symptoms (H5). Father overreactivity positively predicted with father depression; however, when couple satisfaction was controlled for this relationship became nonsignificant. Both self and partner depression is a major predictor of relational satisfaction and this relationship has been controlled for in similar analyses (Gana, Saada, & Untas, 2013). Therefore, the nonsignificant relationship with the control variable offers a more robust analysis. To be clear, the point of competing conceptual models was not to suggest that these results provide evidence for causal claims. The data are

cross-sectional, and such claims would be overstating the results. Rather, these results indicate that scholars should consider the theoretically sound, yet under-researched relationship between parenting communication skills as a predictor of parental depression.

As stated earlier, parents tend to be overreactive when they feel that they are incompetent at disciplining their children. Thus, one way to interpret H5 is that parents may become overreactive when they do not feel they have the skillset to effectively parent their child when they misbehave. Moreover, the negative outcomes associated with overreactivity, such as externalizing behaviors, delinquency, and rule breaking (Becht et al., 2016) may reinforce feelings of parenting incompetence parents for managing child defiance and misbehaviors. As such, ineffective parenting behaviors may predict parent psychological health because adolescence is a time when parents desire closeness and cohesion in the family unit – yet overreactivity tends to create distress and hostility in the parent-child relationship. Thus, during adolescence, overreactivity may predict mother depression because overreactivity establishes a dysfunctional family climate in an especially stressful period for families. These results inform research on parenthood in fields such as interpersonal communication, sociology, and human development. Specifically, mothers may be more prone to experiencing psychological distress through overreactive parenting because of intensive mothering. Intensive mothering is a cultural belief that childrearing is the most important role in a woman's life (Douglas & Michaels, 2004). According to Douglas and Michaels (2004) mothers are expected to devote the majority of their time and energy into childrearing, and view childrearing as a positive experience. Overreactive behaviors deviate from this cultural assumption about motherhood. Thus, mothers who are overreactive may experience increased feelings of parenting inadequacy and psychological distress. Given that overreactivity only predicted mother depression, these results imply that

cultural ideologies of parenthood, such as intensive mothering, may adversely affect women's psychological well-being. Overall, these findings highlight the importance of future interdisciplinary research regarding parenthood and mental health.

Contrary to expectations, the partner effects for the second APIM model that posited partner overreactivity would predict parent depression (H7 and H8) were not significant. The model suggests that a parent's level of depression is more closely related to their own use of overreactivity compared to their partner's overreactivity. This may be because overreactivity is related to one's *own* perception of parenting incompetence. In other words, a partner's ineffective parenting practices may not influence parenting competence, and thus may be why the partner effects were not significant. To examine this speculative conclusion, future research should measure parenting competence as a mediator of overreactivity and parental depression.

Comparing these conceptual models can extend the theoretical understanding of the relationship between parenting behaviors and parental depression. Although parental depression predicting parenting behaviors is the dominant theoretical framework for relational scholars, this causal order should not be assumed – especially when analyzing cross-sectional data. That said, when comparing the results from the first two APIM models, it appears that parental depression is a better conceptualized as a predictor and not an outcome of overreactivity. For example, the most notable results from these two models were that both mother and father depression predicted mother overreactivity, albeit in different directions. Despite, the three nonsignificant paths in the second APIM, scholars should continue to investigate how parenting behaviors may predict various psychological factors for parents. This type of research could have important practical implications for counselors and interventionists. Skillfully communicating discipline and control may be particularly difficult and yet consequential to the overall family climate

Practical implications for Increasing Constructive Communication for Depressed Parents

Parenting skill interventions aimed at increasing parental discipline skills could serve to improve the overall family climate and buffer against parental psychological problems. Specifically, acceptance commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999) aimed specifically at helping parents address negative child behaviors could yield positive benefits for depressed parents. ACT has been shown to help parents cope with stressful parenting experiences such as coping with a child's chronic pain (Wallace, Woodford, & Connelly, 2016) and life-threatening illness (Burke et al., 2014). The purpose of ACT is to enhance cognitive flexibility when dealing with distressing events (Hayes et al., 1999). As Burke et al., (2014, p. 123) explain, ACT aids individuals in developing an "ability to remain fully present to emotions and thoughts while engaging in behavior that is in the service of personally chosen values." ACT treatment has been shown to be effective for treating negative behaviors. For example, in a randomized controlled trial, ACT treatment reduced physical and physiological acts of aggression in interpersonal relationships.

ACT is based on six steps aimed to increase psychological flexibility and reduce negative behaviors. The six steps are acceptance, diffusion, self as context, contact with the present moment, values, and committed action (Hayes & Strosahl, 2004). These six steps are aimed at increasing one's ability to think and experience emotions without judgement. Hayes and Strosahl (2004) argue that the six ACT steps involve letting go of the impulse to control events and to act in a way that aligns with one's values (Hayes & Strosahl, 2004). In the context of the current project, ACT could be used to help parents who overreact to negative child behaviors. Given that overreactivity is characterized by aggressiveness and anger, ACT could help parents reframe these conflicts and communicate more positively. In doing so, reduced overreactivity may

alleviate a parent's feeling of incompetency and this strategy could reduce conflict escalation because overreactivity tends to promote increased behavioral problems in children. In fact, ACT has been shown to be an effective type of intervention for parent-adolescent relationships (Murrell, Coyne, & Wilson, 2004). ACT can help parents recognize and manage their desire to control adolescent behaviors. Also, ACT can aid parents in disciplining children in a way that aligns with their goals as parents. This is particularly important for parents who suffer from depressive symptoms, given that depressive symptoms increase negative cognitions and emotions (Joorman & Gotlib, 2010). Depressed parents may benefit from training that teaches mindfulness and increased awareness of one's thoughts and impulses before acting.

Specifically, ACT clinicians could use this form of therapy to heighten a parent's awareness of how depression can manifest in behaviors that mirror its symptoms. Depression is related to increased self-centeredness, irritability, and reduced cognitive functioning (APA, 2010; Bredemeier et al., 2012). These symptoms likely increase the risk of overreactive parenting, given that overreactivity is impulsive, negative, and lacks sensitivity. ACT therapy can help depressed parents acknowledge depressive symptoms with acceptance and train parents not to act upon those symptoms. For example, a depressed parent's initial reaction to child misbehaviors may be overreactivity. ACT training could help depressed parents work through those impulses and choose parenting behaviors that better align with their goals as a parent. By increasing a depressed parent's awareness about depressive symptoms and their impact on parenting, ACT can give depressed parents the cognitive skills to perform more constructive conflict behaviors with adolescent children. Such increases in cognitive flexibility could serve to reduce parental overreactivity and simultaneously reduce parental depressive symptoms. Thus,

and ACT intervention program that specifically targeted parental overreactivity could increase family functioning and individual levels of mental health.

Limitations and Future Research

There are several limitations to consider when interpreting the results of this research. The data is cross-sectional and thus inhibits the ability to observe causal relationships among the variables. Although this research offers a thorough understanding of the relationship between overreactivity and parental depression, longitudinal data would more solid evidence for causal claims. Certainly, longitudinal data is needed to examine the causal link between parenting skills and parental mental health. Also, both mothers and fathers reported relatively low levels of depression. A more distressed sample may have produced different results. The convenience sample also limits out ability to generalize these results to a broader population. Specifically, this study examined mother-father dyads as parents. Many families have different family structures and (e.g., same-sex couple families, single parent families) that could influence the effect of parental depression and parent-child conflict behaviors. This project explained the partner effects from mother to father through the theory of gender construction; however, it would be interesting to examine the partner effects in these proposed models with same-sex couples. Future research should address these limitations by examining these variables with a more representative sample using longitudinal data.

Another limitation that future research can build upon is the manner in which emotional support was coded in the conflict interactions. Emotional support was a macroanalytic code in this project. Although a global judgment measure of emotional support aligned with the goals of the project, macro-level codes rely more heavily on coder inferences when scoring participants in an interaction. Thus, as Lindalh (2001) argues, macro level codes are more susceptible to coder

bias compared to micro-analytic coding schemes. Moreover, macro-level codes do not capture nuances that researchers could observe with micro-level coding. For example, it would be interesting to observe how parents responded with emotional support to different child cues of distress. In a conflict interaction, children may express withdrawal, anger, sadness, and opposition to name only a few behaviors. Parents may react to these behaviors with different degrees of emotional support – which ultimately could predict child emotional regulation and behavioral problems. It is very possible that parents emotional support changes with children express sadness as opposed to anger. Such research endeavors would require micro-level sequential analyses given that coders would need to code child behaviors, and subsequently parental emotional support. The current project is unable to address these inquiries because of the macro-level code of emotional support. Thus, while this dissertation was able to observe overall processes of emotional support, future research should analyze parental emotional support at the micro-analytic level.

Future studies should also take a closer look at the interaction data used in this project for behaviors that were not coded or studied. For example, future research should examine parental behaviors that predict child withdrawal during conflict. Specifically, I recommend that studies examine not only child withdrawal, but the affect associated with the behavior. Some children in the interaction videos were noticeably frustrated when they began to withdraw from the conflict, whereas others appeared sad. Separating withdrawal “types” and examining parental behaviors that predict, for example, sad withdrawal versus angry withdrawal could yield interesting results for child internalizing and externalizing problems. Moreover, it seemed that some adolescent children withdrew as a coping strategy when parents gave long lectures, while others withdrew due to feelings of uncomfortableness or general shyness. To get a more accurate understanding

of child withdrawal in family conflict, it is important to distinguish between child motivations for withdrawal, as some may yield positive outcomes for children whereas others may lead to harmful consequences.

Also, future research should examine child acts of opposition during conflict in relation to parental acts of coercion. Self-determination theory claims that individuals respond to autonomy threats through acts such as opposition (Deci & Ryan, 2000; Vansteenkiste & Ryan, 2013). Paradoxically, oppositional acts are in response to one's frustration yet tend to amplify frustration and maladaptive outcomes (Vansteenkiste & Ryan, 2013). Deci and Ryan (1985) claim that oppositional acts are not communicative acts that reflect one's genuine beliefs and values. Rather, oppositional acts represent the rejection of rules and guidelines that threaten one's autonomy. A child's oppositional acts during conflict may not represent their genuine thoughts and opinion about the content of the conflict; but rather their actions are predominantly in response to a perceived loss of autonomy due to parental frames of responsibility. Such phenomenon may predict deleterious mental health and behavioral problems for children, as well as overall family dysfunction.

Moreover, this project only examined the relationship between parental depression and parent-child conflict behaviors. Although parental depression is quite common in the United States (Ertel, Rich-Edwards, & Koenen, 2011), future research should examine how other psychological factors relate to parental overreactivity and emotional support. For example, parental emotional dysregulation may be linked to parental expressions of emotional support to adolescents. Parents who experiencing difficulties managing their own emotions may not be able to recognize or support children when they express negative emotions. Moreover, overreactivity and emotional support should be studied in their relation to parental cognitive flexibility

Individuals who are cognitively flexible are able to think of multiple solutions to a problem and think creatively (Martin & Rubin, 1995). Research shows that mother cognitive flexibility is related to higher levels of maternal care (Curran & Andersen, 2016). It may be that parents who are more cognitively flexible overreact less to child misbehaviors. Overall, studying multiple psychological factors can offer a more systematic understanding on the relationship between mental health and parent-child conflict dynamics. Research moving forward should also examine maternal emotional burden as a result of paternal depressive symptoms and ill psychological health in general. As noted earlier, mothers may strive to maintain a cohesive family unit when fathers are depressed by increasing emotional support and decreasing overreactions to child misbehaviors. The research presented here is unable to assess how this process may potentially burden mothers. Thus, future work should investigate how paternal depression influences parenting roles for child rearing.

More broadly, the results of this dissertation point to future research on mental health and co-parent partner effects. To my knowledge, this is the first study to test the relationship between a co-parent's mental health and parent communication tactics. This study showed that not only does one's own depressive symptoms relate to parent conflict communication, so too does their partner's depressive symptoms. Moreover, future studies should examine if the direction of the partner effects observed here are similar in other samples with various mental health measures. For example, are mothers more supportive and less overreactive when fathers are lonely or anxious? Additionally, studies should examine these crossover effects in same-sex parent dyads. Certainly, research in this area can further illuminate the relationship between mental health and parent-adolescent conflict. Future work should also place more emphasis on father perspectives. Research on depression parent-child conflict is predominately focused on mother-child dyads

(e.g., Curran, 2017, Goodman & Gotlib, 2000). Understanding father involvement and the effects of family member's mental health on father communication would broaden the scope of family communication research.

Conclusion

This research sought to test two conceptual models on the relationship between parental depression and parental overreactivity, and to explore the both actor and partner effects of parental depression on parental expressions of emotional support to adolescent children during conflict. This project showed that mother reports of depression related to more problematic parenting behaviors (i.e., higher overreactivity and less emotional support) in mothers. However, father depression related to more nurturing parenting behaviors (i.e., less overreactivity and more emotional support) in mothers. Overall, these partner effects suggest that in comparison to paternal depression, maternal depression has greater negative impact on the family system, Thus, this study offers a nuanced explanation for why mother depression is related to more maladaptive outcomes in adolescent children. It appears that mothers may attempt to buffer children from the negative outcomes associated paternal depression by being more emotionally supportive and less reactive to misbehaviors. However, it seems that fathers do not adapt their parent-child communication in the same way when mothers experience elevated depressive symptoms. In sum, this dissertation shows how one's own depression and partner depression relates to both positive and negative parenting behaviors among mother-father dyads.

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Table 1

Zero-order Correlations for Study Variables

	1	2	3	4	5	6	7	8
<i>Mother</i>								
1. Depression	-							
2. Overreactivity	.31**	-						
3. Emotional Support	-.09	-.14	-					
4. Couple Satisfaction	-.42**	-.32**	-.19	-				
<i>Father</i>								
5. Depression	.25**	-.01	.16*	-.26**	-			
6. Overreactivity	.14**	.13	-.24**	-.22*	.15*	-		
7. Emotional Support	-.16	-.13	.57**	.10	.08	-.15	-	
8. Couple Satisfaction	-.27**	-.22**	.05	.64**	-.41**	-.15	-.02	-

Note: * $p < .05$, ** $p < .01$, two tailed test

Table 2

T-Tests for Study Variables

	Mothers		Fathers		Significance
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	T Value
Depression	1.60	.40	1.55	.31	1.36
Overreactivity	3.11	.78	2.93	.83	1.96*
Emotional Support	2.95	1.20	2.74	1.01	1.62
Overreactivity	3.63	1.20	3.71	1.08	-.60

Note: * $p < .05$

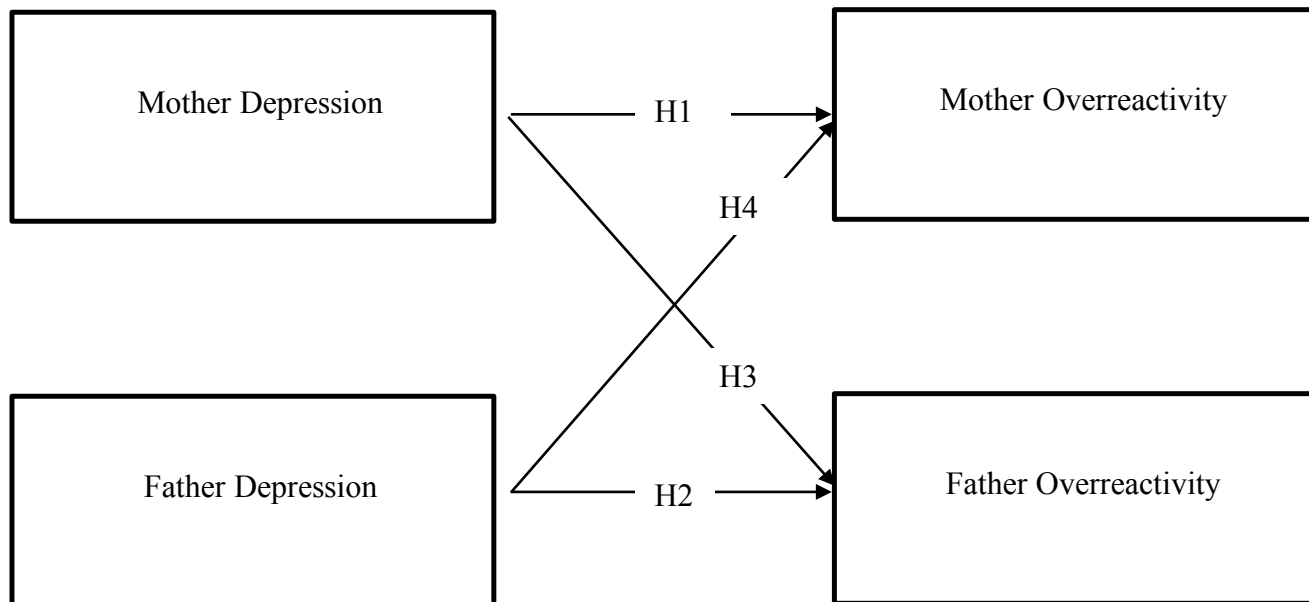


Figure 1

Parental Depression Predicting Parental Overreactivity

Note: Figures 1 – 3 present the conceptual models. In the analyses, mother and father reports of the independent variable are correlated as well as the error terms from mother and father reports of the dependent variable.

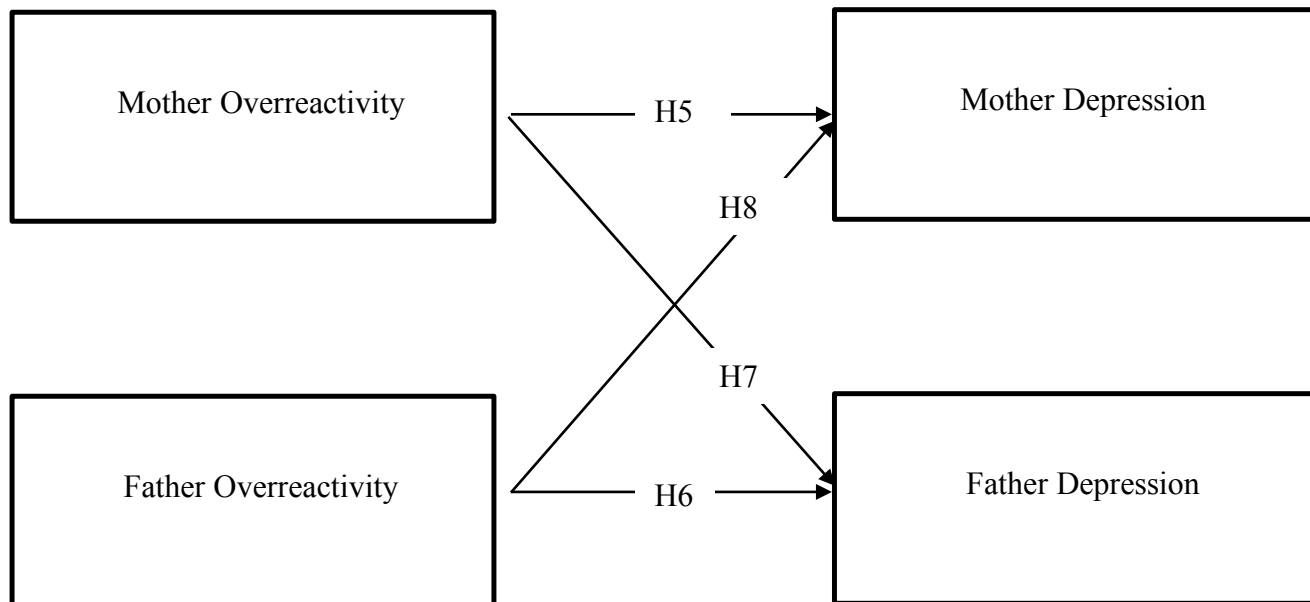


Figure 2

Parental Overreactivity Predicting Parental Depression

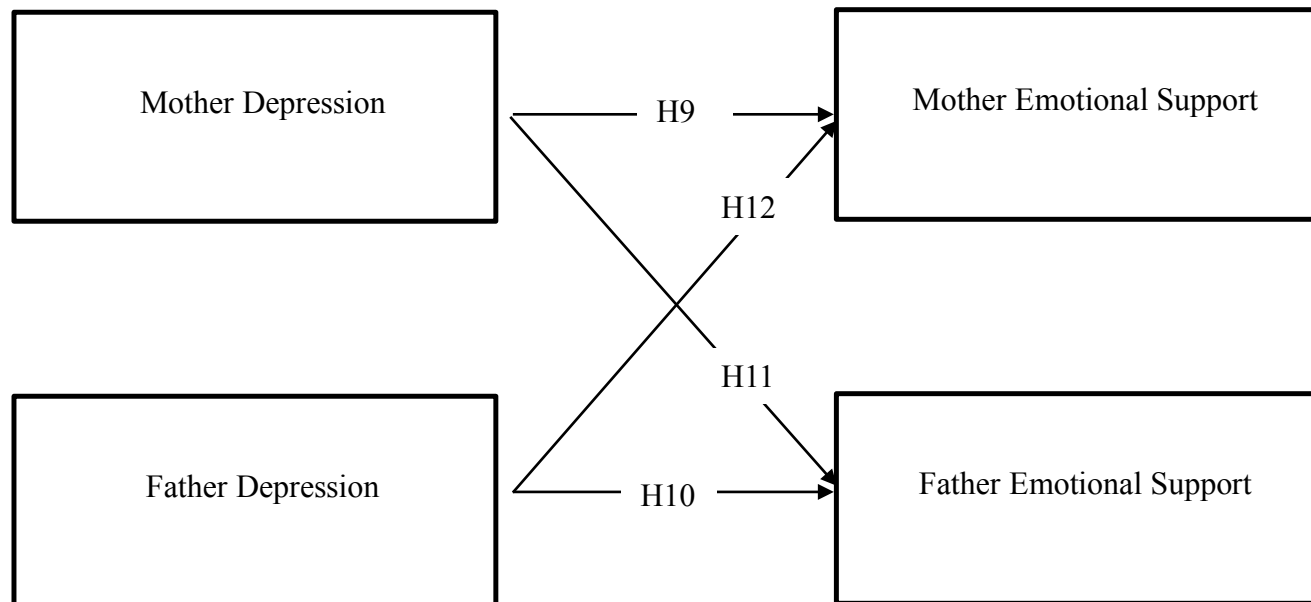


Figure 3

Parental Depression Predicting Parental Emotional Support

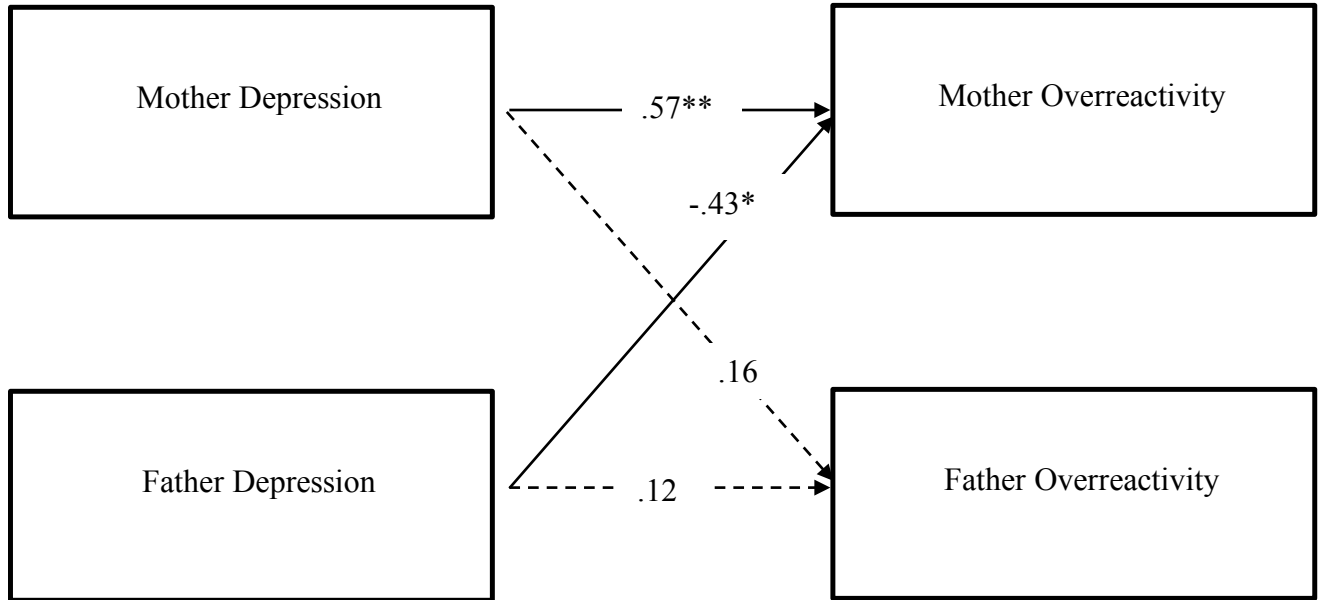


Figure 4

Results from Parental Depression Predicting Parent Overreactivity

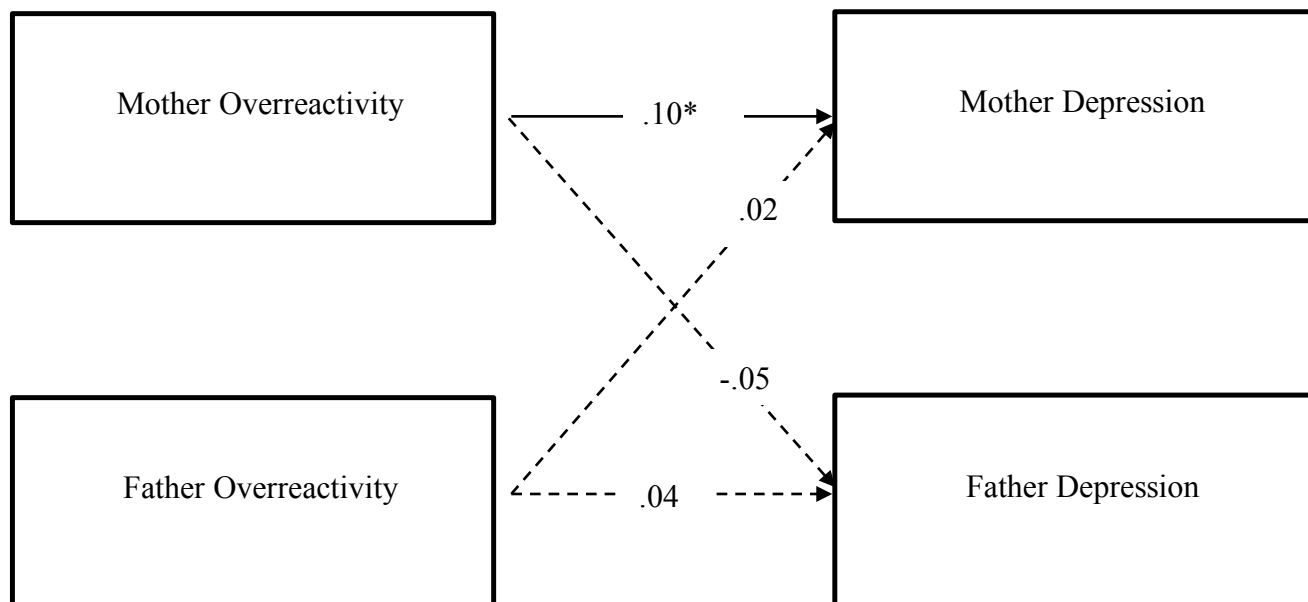


Figure 5

Results from Parental Overreactivity predicting Parental Depression

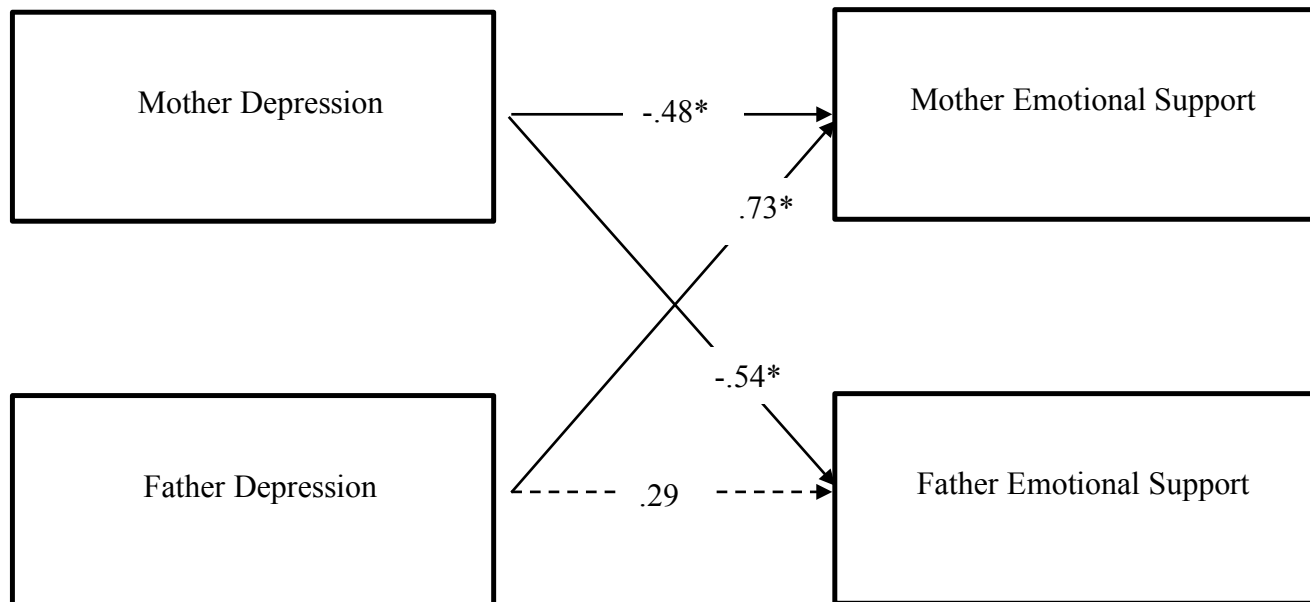


Figure 6

Results from Parental Depression predicting Parental Emotional Support

APPENDIX A: OVERREACTIVITY SCALE

Scale 1 – 5: 1 = *strongly disagree*; 5 = *strongly agree*

When I'm upset or under stress, I am picky and on my child's back

When my child misbehaves, I usually get into a long argument with my child

When my child misbehaves, I give my child a long lecture

When my child misbehaves, I raise my voice or yell

When my child misbehaves, I get so frustrated or angry that my child can see I'm upset

When there's a problem with my child, things build up and I do things I don't mean

When my child misbehaves, I spank, slap, grab, or hit my child most of the time

After there's been a problem with my child I often hold a grudge.

When my child misbehaves, I rarely use bad language or curse. (R)

When my child does something I don't like, I insult my child, say mean things, or call my child names most of the time

APPENDIX B: DEPRESSION SCALE

Instructions:

The next set of statements is about how you may or may not have felt during the last week.

Select the answer that best describes how often you felt like this in the past week.

1 – 4 scale: 1 = *less than 1 day*; 4 = *5-7 days*

Items:

I was bothered by things that usually don't bother me.

I did not feel like eating; my appetite was poor.

I felt that I could not shake off the blues even with help from my family or friends.

I felt that I was just as good as other people.

I had trouble keeping my mind on what I was doing.

I felt depressed.

I felt that everything I did was an effort.

I felt hopeful about the future.

I thought my life had been a failure.

I felt fearful.

My sleep was restless.

I was happy.

I talked less than usual.

I felt lonely.

People were unfriendly.

I enjoyed life.

I had crying spells.

I felt sad.

I felt that people disliked me.

I could not "get going."

APPENDIX C: EMOTIONAL SUPPORT CODING SCHEME

(Taken directly from Malik & Lindhal, 2000)

PARENT CODE: EMOTIONAL SUPPORT

This code assesses several aspects of the supportiveness of the parent-child relationship, including emotional support and affective attunement or sensitivity. Emotional support refers to the parent's ability to 1) recognize and 2) meet the child's emotional needs and provide comfort or reassurance. This can be done verbally or through actions. This code assesses how sensitive, or attuned, the parent is to the child's emotional state, needs, and perspective, and how well s/he modifies his/her behavior accordingly. Affective attunement can be displayed either verbally (I can tell this is really frustrating) or nonverbally (e.g., facial expression, tone of voice).

A parent who is emotionally supportive is one who is able to respond in a helpful or nurturing way, when the child expresses or seems to be feeling upset, distressed, hurt, etc. The parent may say things like, "I understand why that hurt your feelings, that must have been hard." When a parent is affectively attuned, the parent is able to "read" the child's verbal and/or nonverbal signals of emotions. Whether the child's emotions are positive or negative, an affectively attuned parent is able to tailor his or her comments, behavior, and emotional expression to fit the child's best interests, always helping the child to regulate emotions and feel as good as the child can, given the situation. For example, an attuned parent may soften his/her voice, lean over and touch the child, or otherwise modify his/her behavior to indicate awareness of the child's affective state.

A parent who is not well attuned to his/her child can be identified when there is a mismatch between the child's needs and the parent's behavior. In other words, the parent seems oblivious to or unaware of the child's needs. For example, a parent may be extremely affectionate

with his/her child when the child is withdrawn, oppositional, or needy of structure. If the parent does not change his/her behavior to meet the child's needs, that parent is not attuned to the child.

It may at first be difficult to distinguish between the low end of Emotional Support and the code of Parental Rejection and Invalidation. Remember that low Emotional Support includes missed opportunities or too much passivity on the part of parents in showing support to their children, whereas to be rated as rejecting or invalidating, a parent must actively respond to a child's emotional expression with dismissal, rejection, or invalidation. Thus, an unsupportive parent may or may not also be rejecting and invalidating.

1 - Very Low. The parent expresses little to no emotional support, or no attunement to the child's feelings. The parent does not provide emotional support, even if the child shows some distress. The parent does not openly validate the child's ideas or feelings. Very little or no sensitivity to the child's emotional state, needs, or perspective is shown. In other words, there is not a good fit or match between the child's emotional state and the parent's behavior. The parent may show passive acceptance of child's ideas and attempts but offers no open acknowledgment of the value of the child's ideas and attempted contributions.

2 - Low. The parent expresses some support or attunement toward the child, but it is minimal in terms of its quantity and quality (e.g., the moments of emotional support/affective attunement are fleeting and sometimes not obviously sincere). The parent is not characteristically supportive but may show some acceptance for at least a few of the child's feelings and/or ideas. Acceptance may be mild and somewhat passive at times (versus enthusiastic). The parent may miss obvious occasions to show acceptance or sensitivity or provide comfort and reassurance to the child. The parent may show signs of being aware of the child's emotional needs but has some difficulty modifying his or her own behavior to meet the child's needs. For example, there may

be times when the parent is somewhat hapless, trying to meet the child's needs or be sensitive and accepting, but those attempts are typically off-base and ineffective. In other words, the parent, though trying at times, cannot seem to figure out how to help the child or meet the child's needs.

3 - Moderate. The parent expresses a moderate amount of emotional support and/or affective attunement toward the child, which is clearly genuine when it occurs. The parent about half the time shows support and acceptance for the child's ideas and feelings. The parent is inconsistent: he/she is generally "tuned in" but not always (e.g., the parent sometimes is too directive, detached, abrupt, passive, or otherwise "out of sync").

4 - Moderately High. The parent generally expresses emotional support and affective attunement toward the child. The parent generally values and shows acceptance for the child's feelings and/or ideas. The parent is usually competent at reading child's emotional signals and responds supportively most of the time. The parent is usually caring when responding, but sometimes these qualities seem a little lacking. On rare occasions, the parent may miss some opportunities to show acceptance and sensitivity to the child or provide the child with comfort. Despite occasionally "missing the mark" in trying to be attuned to the child's emotional state, the parent does not seem to be ignoring or insensitive to child.

5 - High. The parent expresses emotional support and affective attunement virtually throughout the interaction. The parent is very aware of the child's emotional needs and finds effective ways of providing support. The parent is competent at reading the child's emotional signals and tailors his or her behavior to meet the needs of the child. The parent rarely or never misses times to provide support. The parent shows consistent acceptance and support for the

child's feelings and/or ideas. The parent encourages the child to articulate and express his/her ideas.