

COPARENTING CONFLICT IN SINGLE PARENT AFRICAN AMERICAN FAMILIES: THE
ROLE OF MATERNAL PSYCHOLOGICAL FUNCTIONING AND SOCIAL SUPPORT

by

SHANNON DORSEY

(Under the direction of Rex Forehand)

ABSTRACT

Substantial research has focused on the negative associations of coparenting conflict with parental psychological distress, parenting, and child outcomes. However, significantly less attention has been given to coparenting conflict occurring within single parent and minority families. The current study examines the relation between coparenting conflict and parenting behaviors in single parent, economically disadvantaged African American families using structural equation modeling (Lisrel 8.3). Participants included 234 mother-child dyads. The model examined hypotheses that coparenting conflict related to parenting both directly and indirectly through maternal psychological distress. It also was hypothesized that perceived social support from friends would moderate the relation between coparenting conflict and parenting by reducing the negative associations of coparenting conflict with maternal psychological distress. Results indicated that the model fit the data well: Coparenting conflict related to parenting both directly and indirectly through maternal psychological distress. However, contrary to the hypothesis that moderation would occur along the indirect path, social support moderated the direct relation between coparenting conflict and parenting. Implications of the findings are discussed.

INDEX WORDS: Coparenting conflict, African American families, Psychological functioning, Parenting, Social support

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DEDICATION

This dissertation is dedicated to Ashley and Natalie.

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I would like to thank my family and Jason for lots of listening and support throughout graduate school. I also want to thank Rex Forehand and Beth Kotchick for excellent mentorship and support— I feel very lucky to have worked with them both.

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INTRODUCTION

The social science literature is replete with studies linking parental conflict to a wide range of familial problems including parental psychological distress, compromised parenting, and child psychosocial adjustment difficulties (e.g., Grych & Fincham, 2001; Krishnakumar & Buehler, 2000). However, there are two essential areas where this literature has not kept pace with the changing demographics of American families. First, the majority of research conducted on parental conflict has utilized predominantly European American samples (Krishnakumar & Buehler, 2000). Second, with few exceptions, parental conflict and marital conflict have been treated as virtually synonymous terms (Fincham & Grych, 2001). In as much as these concepts are viewed interchangeably and researchers have not assessed the effects of parental conflict beyond the boundaries of marriage or divorce, families outside these traditionally structured coparenting relationships are poorly represented.

This lack of consideration for the heterogeneous nature of American families in the parental conflict literature is problematic in that family structures apart from the traditional two-parent family have become increasingly prevalent in the United States, particularly among families of color. During the 1990's, approximately 33% of African American families with children under 18 included both biological parents, compared with approximately 77% of European Americans families (Population Reference Bureau, 1999; U.S. Bureau of the Census, 1992). However, when mother-only households are considered, the numbers for African American and European American children were 53% and 18%, respectively (Population Reference Bureau, 1999). In addition to demographical differences related to family structure, there are also qualitative differences in the means through which mothers attain single parent status. Among socioeconomically disadvantaged African American families, a greater majority of single mothers are likely to have always been single parents as opposed to having become the

sole residential parent as a result of marital dissolution, which has been the predominant route to low-income single parenthood for their European American counterparts (Shaw, Winslow, & Flanagan, 1999).

Although these demographical changes have been occurring over the past 30 years, the research on parental conflict, for the most part, has yet to reflect these trends. Indeed, in Krishnakumar and Buehler's (2000) meta-analytic review of studies examining interparental conflict and parenting behaviors between 1981 and 1998, the authors report that samples were based primarily on convenience and included a large majority of European Americans and individuals from middle to upper class socioeconomic groups. However, the most glaring limitation was the absence of studies examining nontraditionally structured families: All studies reviewed involved married, divorced, or stepparent families (Krishnakumar & Buehler, 2000). Consequently, these authors state that one of the imperative directions for future research is the need to consider a wider spectrum of families. Similarly, in a recent text by Grych and Fincham (2001) summarizing the current state of our knowledge regarding the relation of interparental conflict to child development, the authors state that based on the increasing diversity of American families, "we need to adapt our language...and expand the target of our research efforts" (p. 445). In line with Krishnakumar and Buehler (2000), these authors cite a need to broaden our understanding of interparental conflict in other ethnic groups and family structures.

These limitations in the literature are particularly problematic when African American families are considered: First, disproportionately less research on parental conflict is available even for two-parent African American families, and second, if the perceptions of social scientists are to be surmised from the literature on coparenting conflict, it appears that we believe that in the absence of another biological or stepparent, mothers engage in parenting relatively unaided. However, most researchers studying African American families caution that although a significant percent of African American households are mother only, it should not be assumed that these women parent alone. Historically, African American families, particularly those

headed by single mothers, have received support from individuals who may not necessarily be co-residential (Forehand & Kotchick, 1996). This strong heritage of cross-residential or transresidential collaboration includes sharing households, raising children, providing financial and emotional support for one another, and caring for older family members (Sudarkasa, 1993).

These traditions where extended families typically resided together, whether evolved from African family structure or from slavery and Reconstruction, have been instrumental for families in both urban and rural environments (Burton & Dilworth-Anderson, 1991; Sudarkasa, 1993). As such, Sudarkasa (1993) states that the absence of high levels of marital ties should not be viewed as “an infallible barometer of family instability among African Americans because they have maintained the African commitment to blood kin and have used those bonds of kinship as building blocks for a significant proportion of their households and families” (p. 195). Based on these foundations, Sudarkasa makes a strong argument for the legitimacy of African American mother-headed households as “alternative forms of family organization that mature black women have adopted in the face of the demographic, economic, political, and social realities of black life in America” (p. 196).

Thus, although a large majority of low-income African American mothers are parenting outside the traditional marital relationship but likely are *not* parenting single-handedly, it is necessary to extend research on coparenting conflict to include nontraditional coparenting relationships, namely those occurring in single parent families. Given the shortcomings of the parental conflict literature, the current study will focus on the effects of conflict with a cocaregiver on parenting in economically disadvantaged, African American, mother-only households. The theoretical model to be tested in the current study is presented in Figure 1. Specifically, it is hypothesized that coparenting conflict will negatively relate to parenting practices and that this relation will be partially mediated by maternal psychological distress. In addition, it is hypothesized that perceived social support will buffer the effects of conflict with a cocaregiver on maternal psychological distress such that parenting is less adversely affected.

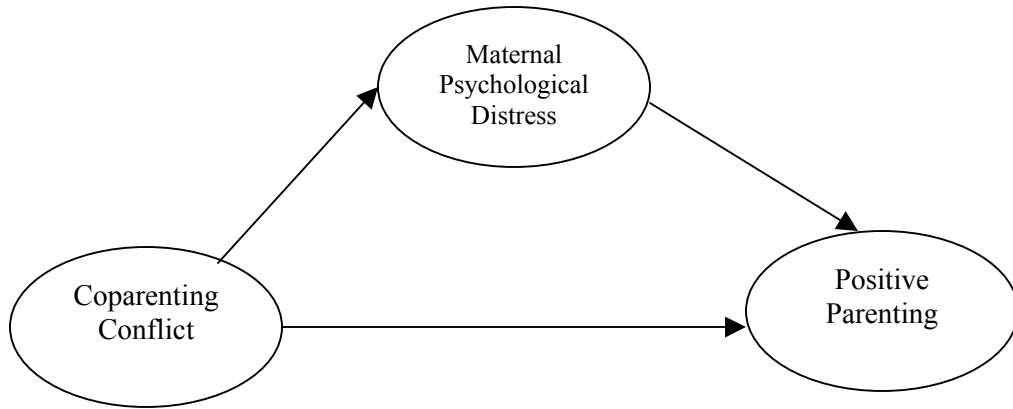


Figure 1. Theoretical Model.

In the sections that follow, literature supporting the proposed relations will be reviewed. However, given the current paucity of research on interparental conflict within single parent, ethnic minority families, the research on parental conflict in married and divorced families, most of which has been conducted with middle-income European American samples, will be reviewed. After research pertaining to European American families is considered, studies conducted with two-parent African American families or other minority groups will be reviewed. Finally, when available, studies examining single parent, African American families will be highlighted. Before outlining literatures pertaining to parental conflict and parental psychosocial functioning, a brief summary of parenting research, with a focus on African American families, will be provided.

Background on parenting

In the parenting literature, three particular dimensions of parenting have been most consistently linked with optimal child psychosocial functioning: parental support (e.g., warmth, positive reinforcement), monitoring of child activities and behavior, and consistent discipline practices (e.g., Baumrind, 1978; Kotchick et al., 1997). Taken together, these parenting practices have been repeatedly associated with positive outcomes for children across the areas of cognitive, academic, interpersonal, and psychosocial functioning, particularly for European American children and adolescents and have been termed “positive parenting” (Patterson, Reid, & Dishion, 1992; Wasserman, Miller, Pinner, & Jaramillo, 1996). With regard to ethnic minority families, parenting researchers have determined that, in general, similar aspects of parenting that predict child psychosocial adjustment in European American families are also predictive of adjustment for African American children (e.g., Guttman & Eccles, 1999; Kotchick, et al., 1997; McLoyd, Jayaratne, Ceballo, & Borquez, 1994; Steinberg, Mounts, Lamborn & Dornbusch, 1991). As such, several studies have found support for nurturant and involved parenting in promoting competence and reducing the occurrence of psychosocial problems for African American youth (Guttman & Eccles, 1999; McLoyd, et al., 1994).

However, some research has suggested that a parenting style characterized by more physical and controlling behaviors may be more protective, and not necessarily problematic, for African American children and adolescents (Brody & Flor, 1998). Indeed, although authoritative parenting, which entails high levels of parental acceptance and responsiveness combined with reasonable levels of parental demandingness and control, has often been deemed the most effective style of parenting for European American children, some research has shown that it may be less beneficial for ethnic minority children and adolescents (e.g., Chao, 1994; Lamborn, Dornbusch, & Steinberg, 1996). Furthermore, although parental strictness has often been associated with negative effects for European youth, it has been found to have less detrimental effects for African American youth (Lamborn et al., 1996). As such, some researchers have suggested that child management strategies more closely aligned with Baumrind's authoritarian style (1978) may be more adaptive for African American youth given the greater likelihood of exposure to risks and deviant peers in their communities (e.g., Kelly, Power, & Wimbush, 1992).

Taking these findings together, Brody and his colleagues have examined parenting characterized by higher levels of parental monitoring, control, and vigilance than are traditionally associated with authoritative parenting combined with higher levels of affectionate behaviors than are characteristic of authoritative parenting (Murry, Bynum, Brody, & Willert, 2001). These parenting practices, collectively termed "no nonsense" parenting, have been linked to positive academic, emotional, behavioral and social outcomes for African American children and adolescents (Brody & Flor, 1997; Brody, Flor, & Gibson, 1999). However, as the majority of research on parenting with African American families has focused on children and adolescents living in poverty, ethnic differences in the effectiveness of parenting styles may be confounded by the effects of socioeconomic status (Dodge, Petit, & Bates, 1994).

To summarize, the research reviewed in the preceding section clearly demonstrates the importance of active engagement in child management strategies and the benefits of a warm

parent-child relationship. In the following section, research will be reviewed that delineates the negative implications of parental conflict for parental effectiveness.

Interpersonal conflict and parenting

In studies with European American two-parent and divorced families, parental conflict has been found to negatively relate to a number of parenting behaviors noted in the previous section. Specifically, parental conflict is associated with parent-child relationship difficulties such as parental withdrawal or emotional unavailability (Fauber, Forehand, Thomas, & Wierson, 1990; Katz & Gottman, 1996; Mann & Mackenzie, 1996) and lower levels of parental warmth (Miller, Cowan, Cowan, Hetherington, & Chingempeel, 1993; Stoneman, Brody, & Burke, 1989). Disruptions in parenting also occur in the areas of discipline and child management strategies such as monitoring of child behavior (Dishion & McMahan, 1998). In addition to lower levels of parental monitoring, numerous researchers have noted the association between conflict and lax and inconsistent discipline and lower levels of positive reinforcement (Crockenberg & Covey, 1991; Mann & MacKenzie, 1996; Stoneman et al., 1989).

Based on these findings, it is not surprising that researchers examining the link between parental conflict and child or adolescent outcomes have frequently cited disruptions in parenting as one of the primary mechanisms through which youth are adversely affected in both intact and divorced families (e.g., Davies & Cummings, 1994; Erel & Burman, 1995; Fauber et al., 1990). Indeed, in their research examining how economic disadvantage translates into problems for children and families, Conger and colleagues' family stress model demonstrates that one of the primary ways through which economic pressure negatively affects child outcomes is through increasing levels of parental depression and heightening parental conflict, which then leads to impaired parenting and, in turn, to negative outcomes for children (Conger et al., 1992; Conger, Ge, Elder, Lorenz, & Simons, 1994). Although these authors propose that depression precedes parental conflict, these data are cross-sectional and the relation proposed in the current study is equally plausible (i.e., parental conflict precedes psychological distress).

With regard to ethnic minority families, significantly less research on parental conflict has been conducted with either two-parent or single-parent families. However, the majority of that available focuses on two-parent African American families. Figuring prominently in this area of research is Brody and colleagues' work with married African American mothers residing in the rural south (e.g., Brown, Brody, & Stoneman, 2001; Conger et al., 2002). In a study examining religiosity as a predictor of four aspects of coparenting, Brody and colleagues (1994) found that of the four areas examined, parental conflict was most strongly related to parenting outcomes in that it was associated with both parent-child relationship quality and consistency of parenting, in the expected directions, for both mothers and fathers. Similarly, in testing the applicability of the family stress model for African American, predominantly two-parent families, findings indicated that the family stress model operated similarly for African American families as for European American families in that financial stress related to parental depression and then parental conflict, which was significantly related to less nurturing and involved parenting and, in turn, child adjustment (Conger et al., 2002).

Extending findings to other ethnic minority groups, Lindahl and Malik (1999) included Mexican American two-parent families in their study of parental conflict and parenting. Results indicated that higher levels of marital conflict were associated with lax or inconsistent parenting and disengaged family interactions for Mexican American families as well as European American families. Two additional studies, also conducted with Mexican American, predominantly two-parent families, provide further support for the link between coparenting conflict and parenting in ethnic minority families. Dumka, Roosa, and Jackson (1997) and Gonzales, Pitts, Hill, and Roosa (2000) found that deficits in parenting mediated the relation between family conflict (i.e., a composite measure of interparental conflict, parent-child conflict, and parent-relative conflict) or coparenting conflict, respectively, and child psychosocial adjustment.

While the literature is sparse with regard to two-parent African American families, studies focusing on conflict with a cocaregiver in single parent ethnic minority families are all but

absent. Among the few identified, Brody, Flor, and Neubaum (1998) reported that mothers experiencing high levels of conflict with a coparenting adult were less likely to be involved in their child's schooling. In addition, Jones, Shaffer, Forehand, Brody, and Armistead (in press) found that conflict with a coparenting adult related to less parental monitoring and lower levels of warmth and support in the mother-child relationship. These decrements in parenting then translated into problems for children: Parenting behaviors partially mediated the relation between coparenting conflict and adverse outcomes for children (Jones et al., in press).

Given these findings, it is clear that the association of parental conflict with impaired parenting is evident across different ethnicities. However, there is some indication that the magnitude of the associations between parental conflict and disrupted parenting may be greater for European American families than for ethnic minority families (Krishnakumar & Buehler, 2000; McLoyd, Harper, & Copeland, 2001). This weaker relation has been hypothesized as being related to attenuating factors operating within ethnic minority families that may be less common in European American families (Gohm, Oishi, Darlington, & Diener, 1998; McLoyd, et al., 2001). In particular, the significance of reliance on extended family and social support networks has been cited as a factor that may assist in offsetting the impact of parental conflict (McLoyd et al., 2001). To this end, the viability of social support as a buffer for the negative effects of parental conflict will be explored in a future section.

The mediating role of maternal psychological distress

To summarize, the research reviewed above suggests that interparental conflict likely forecasts disrupted parenting practices and lower levels of warmth in the parent-child relationship. Subsequently, these impairments in parenting often result in psychosocial adjustment difficulties for children and adolescents (see Grych & Fincham, 2001, for a review). Therefore, with an eye towards prevention, researchers have increasingly sought to identify potential pathways through which parental conflict negatively affects parenting. Through identifying mediators, additional points of intervention and prevention become available. One

variable that likely plays a mediational role is the level of parental psychological distress. In the current study, parental psychological distress refers to the emotional state and degree of psychological symptomatology experienced by parents.

Conflict within the marital relationship has consistently been found to associate with higher levels of psychological distress (Beach, Sandeen, & O'Leary, 1990; Fincham, Beach, Harold, & Osborne, 1997). Most prominent among these associations is the link between marital discord and depressive symptoms (Beach et al., 1990; Goering, Lin, Campbell, Boyle, & Offord, 1996; Weissman, 1987; Whisman & Bruce, 1999). In Whisman's (2001) meta-analysis of 26 cross-sectional studies investigating this relation, a negative correlation of .42 and .37 for men and women, respectively, was found between marital quality and depressive symptomatology, indicating that marital conflict is associated with depressive symptoms for both genders.

With regard to findings with African American families, for the most part, similar relations between conflict and psychological functioning have been found for two-parent families. According to Elder, Eccles, Ardel, and Lord (1995), marital conflict magnifies the negative effects of economic pressure on parental well-being such that parents experiencing high levels of conflict are more emotionally distressed. Similarly, in a cross-sectional study conducted with African American parents of adolescents, Brody et al. (1994) found that for both mothers and fathers, higher levels of depression and lower levels of optimism were associated with higher levels of coparenting conflict. In contrast to the two previously reviewed studies, a recent examination of the relation between conflict with a spouse *and* conflict with a co-caregiver among women residing in the rural south, indicated that marital quality (which included a measure of conflict) was not related to depressive symptoms (Brown et al., 2000). Of particular interest for the current study, however, was the finding that conflict with a co-caregiver, unlike conflict with a spouse, significantly related to increased depressive symptoms (Brown et al., 2000).

When the relation between conflict and psychological functioning in single parent African American families is considered, it is clear that research is both limited and somewhat inconsistent. For instance, Brody et al. (1998) report that for a sample of rural, single parent African American mothers, maternal depression was associated with conflict in the cocaregiver relationship, when cocaregivers were extended family members. However, in the recent replication of the family stress model with African American parents, Conger et al. (2002) found that when secondary caregivers were not romantic partners, parental depressed mood was not associated with increased conflict in the coparent relationship. Given the limited amount of research in this area, the current study will provide additional information to help clarify the nature of the relation between conflict with a cocaregiver and maternal psychological distress.

While conflict within the marital relationship is clearly connected to higher levels of psychological distress for two-parent European American and African American families, conflict within other interpersonal relationships can also lead to increased psychological distress. Indeed, social exchange theorists have repeatedly emphasized that interpersonal relationships result in both rewards and costs for the individual (Rook, 1984). However, the negative effects of conflict within social relationships on individual adjustment have received far less attention than the positive aspects of social relationships (Ruehlman & Karoly, 1991). Disturbances in social relationships are associated with both increased levels of general sadness and clinical depression in interpersonal models of depressive affect (Klerman & Weissman, 1986). In a study of the social networks of elderly women, Rook (1984) found that psychological well-being, a composite measure of mood, loneliness and goal achievement, was more consistently related to negative social interactions than were positive social interactions. Building upon work by Rook (1984), Pagel, Erdly, and Becker (1987) utilized longitudinal data to examine both helpful and upsetting aspects of the social networks of spouses caring for a partner with Alzheimer's disease. Although helpful aspects of social support networks did not relate to depressive symptoms, the degree of upset was significantly related to lower satisfaction with support and to higher levels of

depression both concurrently and longitudinally (Pagel et al., 1987). Similarly, in a study of both male and female undergraduate students, negative social exchanges were positively related to both depressive and anxiety symptoms even after the effects of support were accounted for (Ruehlman & Karoly, 1991).

While the research reviewed above focuses on the impact of conflict on psychological distress, a number of researchers have suggested that psychological distress also contributes to both marital and interpersonal conflict (Davilia, Bradbury, Cohan, & Tochluk, 1997). The most accurate representation of the relations among these variables, given their interpersonal nature, is likely reciprocal (Davilia, 2001; Hammen, 1991; Joiner, 2000). However, given that research examining gender differences in the relation between marital discord and depressive symptoms has suggested that for women, marital distress predicts depressive symptoms (e.g., Fincham et al., 1997), the current study focuses on the effects of conflict leading to psychological distress, rather than vice versa.

Based on the research reviewed above, it appears that interpersonal conflict with social network members—regardless of whether that individual is a spouse, relative, or friend—likely leads to higher levels of psychological distress which may, in turn, jeopardize effective parenting practices and the parent-child relationship. In the next section, research linking parental psychological distress and impaired parenting will be outlined.

Parental psychological distress and parenting

The importance of parental psychological functioning in determining parenting behavior has been well documented in the social science literature (Conger et al., 1992; Fauber et al., 1990; Kotchick et al., 1997; Patterson et al., 1992; Wasserman et al. 1996). Parental depressive symptoms, in particular, have been linked to lower levels of parental monitoring, (Chilcoat et al., 1996; Downey & Coyne, 1990; Kaslow, Gray Deering, & Rascusin, 1994; Goodman & Gotlib, 1999; Jones, Forehand, Brody, & Armistead, in press), inconsistent and lax discipline (Cummings & Davies, 1994, 1999; Forehand, Lautenschlager, Faust, & Graziano, 1986) and fewer nurturing

parent-child interactions (Lovejoy, Gracyk, O'Hare, & Neuman, 2000; McLoyd & Wilson, 1990). In addition to lower levels of parenting behaviors associated with optimal child functioning, depressed parents are *more* likely to engage in behaviors that have been linked to child adjustment difficulties. These behaviors include employing coercive and aversive discipline practices and engaging in increased negative parent-child interactions (e.g., Fendrich, Warner, & Weisman, 1990).

Recently, Lovejoy and colleagues (2000) conducted a meta-analytic review of 46 observational studies that examined the link between depression and parenting behaviors. Across studies, the authors found a moderate association between parental irritability and hostility toward the child and a small to moderate effect for parental disengagement. In addition, the authors found that the association between depression and positive behaviors (e.g., play, praise, affection) was moderated by three variables, one of which was socioeconomic status. Results indicated that for economically disadvantaged mothers, effect sizes were moderate; however, for women with adequate financial resources, the average effect size neared zero (Lovejoy et al., 2000). Thus, the authors hypothesize that financial stress likely exacerbates the negative effects of depression on parenting, particularly when positive behaviors are considered.

Lovejoy and colleagues' (2000) meta-analysis also provides evidence of the robust nature of the relation between depression and parenting: The authors found similar associations between depression and parenting problems regardless of whether study participants were diagnosed with an affective disorder or completed self-report measures of depressive symptoms. In addition, some studies utilizing continuous variable measures of depressive symptoms also obtained significant results. The authors state that these associations provide support for the notion that even subclinical levels of depression may jeopardize effective parenting.

Although Lovejoy and colleagues' (2000) study did not include information on participant ethnicity, similar patterns of parenting impairment have been found for parental depression in both married and single-parent African American mothers; however, there are some

inconsistencies (Murry et al., 2001). In an examination of the effects of unemployment and work interruption among African American single mothers of adolescents, McLoyd and colleagues (1994) found that maternal depressive symptoms predicted negative perceptions of the parenting role, which were then associated with increased frequency of maternal punishment. In a sample of working-class and middle-class African American mothers, Bluestone and Tamis-LeMonda (1999) found that maternal depression related to parenting practices such as responsiveness and consistency, but not to harsh physical punishment. In contrast, Murry et al. (2002) found that a composite measure of anxiety and depressive symptoms was not associated with parenting behaviors in a study of single mothers residing in rural areas, while a measure of maternal optimism was associated with higher levels of monitoring and consistent discipline. Lastly, in two studies that included a range of levels of education, maternal depressive symptoms were related to more negative perceptions of their children; however, this relation was moderated by educational level such that depressed women with higher levels of education were less likely to view their child negatively (Jackson, 1994; Wilson, Kohn, Curry-El, & Hinton 1995). Taken together, these findings suggest that maternal depressive symptoms may have a greater impact on parenting when mothers are experiencing high levels of stress, such as inadequate income (Lovejoy et al., 2000), education (Jackson, 1994; Wilson et al., 1995), or have less available personal resources (Murry et al., 2001).

Relative to parental depressive symptoms, the relation of other psychological distress indicators to parenting behaviors have been less frequently examined. However, research on parental functioning has consistently attested to the negative effects of parental mental illness and psychological distress on parenting practices (Berg-Nielson, Vikan, & Dahl, 2002; Oyserman, Bybee, & Mowbray, 2002). For instance, parents diagnosed with anxiety disorders were found to engage in lower levels of parental monitoring (Chilcoat, Breslau, & Anthony, 1996), increased criticism directed toward the child, and less warm interactions with their children (Whaley, Pinto, & Sigman, 1999). Furthermore, as with depression, even subclinical levels of anxiety have been

associated with deficits in parenting, particularly in parents of infants (Biringen, 1990, Nover, Shore, Timberlake, & Greenspan, 1984).

Recently, researchers have also begun to examine the effects of other negative mood states, such as hostility and interpersonal sensitivity on parenting behavior. Research has suggested that the parenting capabilities of individuals with personality disorders were frequently impaired (Berg-Neilson, 2002). Indeed, Rutter and Quinton's 1984 prospective study found that children of parents with personality disorders characterized by hostility evidenced the greatest risk of developing psychiatric disorders themselves. However, research has also suggested that even subclinical levels of negative emotion or maladaptive personality traits may affect parenting behaviors (Kochanska, Clark, & Goldman, 1997; Mrazek, Mrazek, & Klinnert, 1995).

Taken together, these findings suggest that higher levels of parental psychological distress likely translates into impaired parental ability with regard to effective parenting practices and maintaining a positive parent-child relationship.

Buffering parental psychological functioning from coparenting conflict: The role of social support

In addition to identifying mechanisms through which coparenting conflict relates to parenting, from an intervention and prevention standpoint, it also is necessary to identify mechanisms that may buffer or attenuate coparenting conflict so that parenting is not adversely affected. To this end, researchers calling for investigations with families of diverse ethnicities and family structures simultaneously have urged that attention be allocated to "identifying factors that ameliorate or exacerbate the effects of parental conflict" (Krishnakumar & Buehler, 2000, p. 32).

One such mechanism may be social support. In general, social support has been widely studied and found to be associated with a number of positive outcomes in the areas of both psychological and physical health (see Pierce, Saranson, & Saranson, 1996, for a review). Although considerable variation exists in how social support is conceptualized, defined, and

measured, highlighted features of social support typically include structural aspects of social support networks (e.g., number of friends, presence of social ties), sources of support (i.e., formal versus informal), the function of support provided (e.g., instrumental, emotional), and enacted versus perceived support (Pierce, Sarason, Sarason, Joseph, & Henderson, 1996). For the purposes of the current study, the literature pertaining to perceived availability of emotional and instrumental support from family, friends, and neighbors will be reviewed.

When economically disadvantaged African American single mothers are considered, social support from family, friends, and neighbors is a particularly viable protective factor for a number of reasons. First, prior research with African Americans suggests that formal sources of support (e.g., mental health services) aside from religious groups are less often relied upon than are informal sources of support (Neighbors, 1997). Indeed, findings from the National Survey of Black Americans (NSBA) revealed that individuals were overwhelmingly more likely to utilize family and friends for support whether problems experienced were personal or economic: While approximately 90% sought assistance from family, friends, and neighbors, professional assistance was sought by less than half (Neighbors & Jackson, 1984). Therefore, it seems that the probability of African American single mothers seeking professional assistance to address psychological distress resulting from interpersonal conflict may be low compared to the probability of turning to family and friends. This pattern of usage results from the African heritage of reliance on family and friends as previously discussed, as well as from discriminatory laws and practices that historically prohibited access to services or resulted in compromised services for African Americans (Lincoln & Mamiya, 1991).

Second, social support from family, friends and neighbors has proven to be an important contributor to parenting: Research has documented both a direct relation to parenting and an indirect relation to parenting through enhancing parental psychosocial adjustment (Burchinal, Follmer, & Bryant, 1996; Crnic, Greenberg, & Slough, 1986; Feiring, Fox, Jaskir, & Lewis, 1987; Hashima & Amato, 1994; Jennings, Stagg, & Connors, 1991). With regard to the direct

relation, higher levels of social support have been associated with increased nurturing behavior and less use of punitive, harsh, or rejecting parenting practices (Belsky & Vondra, 1989; Hashima & Amato, 1994). In observational studies, mothers who reported high levels of satisfaction with members of their social support network displayed less controlling and more positive behaviors than did mothers who were less satisfied with their social support (Jennings et al., 1991).

In addition to a direct effect, social support has been indirectly linked to positive parenting behaviors through its relation to maternal psychological functioning (Jackson, 1998; McLoyd, 1990; Taylor & Roberts, 1995). Indeed, studies suggest that social support from family and friends is associated with parental psychological well-being, and in turn, parenting practices (Jackson, Gyamfi, Brooks-Gunn, & Blake, 1998; MacPhee, Fritz, & Miller-Heyl, 1996). Taylor and Roberts (1995) found that African American mothers who received more social support from relatives had higher levels of self-esteem and, as a result, were more likely to engage in adaptive parenting practices and less likely to use aversive parenting strategies. Similarly, Jackson (1998) found that low levels of social support in a number of areas predicted maternal depressive symptomatology, which in turn related to higher levels of parenting stress. Furthermore, social support has been found to be particularly valuable for parents and families facing economic disadvantage (Hashima & Amato, 1994).

Based on prior research with the current sample, it is known that when the cocaregiver is someone other than the child's biological father (26%), mothers overwhelmingly cite either their mother or sister (42%) as the individual on whom they most rely for coparenting assistance (Jones et al., in press). The report of mothers in this sample is consistent with research findings indicating that single mothers receive the majority of their support from parents or siblings (Marks & McLanahan, 1993). However, according to findings from the National Survey of Families and Households, aside from parents and siblings, friends and neighbors—and not other relatives—were the next most significant members of the social support networks for single parent mothers (Marks & McLanahan, 1993).

Given that the single parent mothers in this sample are not utilizing friends and neighbors as cocaregivers, it is possible that support from these individuals may assist in buffering psychological distress resulting from conflict with the cocaregiver. Although sufficient evidence exists to support both a direct and an indirect relation between social support and parenting, it has been argued that unless members of the social support network are actively involved on a daily basis with childcare tasks in the household, it is not likely that social support will have a direct effect on parenting (Simons & Johnson, 1996). Therefore, researchers have suggested that social support from friends, who are less likely than close family members to be engaged in day-to-day parenting assistance, is most likely linked to parenting practices through its impact on parental psychological functioning (Simons & Johnson, 1996).

Stepping beyond family research, social support from one domain of an individual's social support network has been shown to buffer stressful or negative interpersonal interactions occurring in another domain (Lepore, 1992). In her study of college students, Lepore found that high levels of perceived support from roommates buffered the negative effects of conflict with friends on psychological adjustment, and vice versa. The author termed this effect "cross-domain buffering" (Lepore, 1992). Given the inevitability of conflict in interpersonal relationships (Rook, 1984), particularly when under the stress of economic disadvantage and limited resources, cross-domain buffering may play an important role in protecting low-income single parents and their families from the negative effects of coparenting conflict. Regarding the applicability of the cross-domain buffering effect to families, Lepore (1992) stated that

individuals with social ties in a variety of social domains might be better prepared to cope with social stressors than individuals who have relatively limited ties. In addition, there may be a certain degree of interchangeability of the roles that different social relations play in one's life. A spouse, or other family member, might be the primary source of support most of the time. However, when conflicts arise or tensions mount in a familial relationship, turning to friends may be psychologically beneficial (p. 864-865).

As such, support from friends and neighbors offers an alternative source of support, independent of the close relatives from which coparenting support is drawn, for buffering the negative effects of conflict with a cocaregiver on maternal psychosocial adjustment, and in turn, on parenting practices and the parent-child relationship. According to Pierce et al. (1996), following Cohen and Wills' (1985) seminal article demonstrating the effectiveness of social support as a protective factor, social support has been most frequently examined as a buffer for the negative impact of stressful events on individual well-being (McAadoo, 1982; Simons, Lorenz, Wu, & Conger, 1993). However, its role in buffering conflict with a coparent or cocaregiver has not been examined.

Current study

The literature reviewed above provides a useful framework for the current study. First, the negative relation between coparenting conflict and parenting practices has been consistently documented for European American two-parent families (Krishnakumar & Buehler, 2000). However, very few studies have examined coparenting conflict in ethnic minority families, with a particular shortage of attention allotted to the potential effects of conflict in single parent families. This gap in the literature is particularly problematic given that for individuals experiencing high levels of stress, such as that potentially experienced by economically disadvantaged single parents, the combination of stress and negative interpersonal interactions may lead to even greater psychological distress and disrupted parenting (Ruehlman & Karoly, 1991).

Therefore, the current study proposes to examine the mediational role of maternal psychological distress in the relation between cocaregiver conflict and parenting practices in economically disadvantaged single-parent African American families. An expanded version of the hypothesized model is presented in Figure 2. Specifically, it is hypothesized that higher levels of conflict with the primary cocaregiver at Time 1 will be positively related to maternal psychological distress at Time 1, as measured by interpersonal sensitivity, depressive symptoms, and anxiety symptoms. Maternal psychological distress at Time 1 will, in turn, be negatively

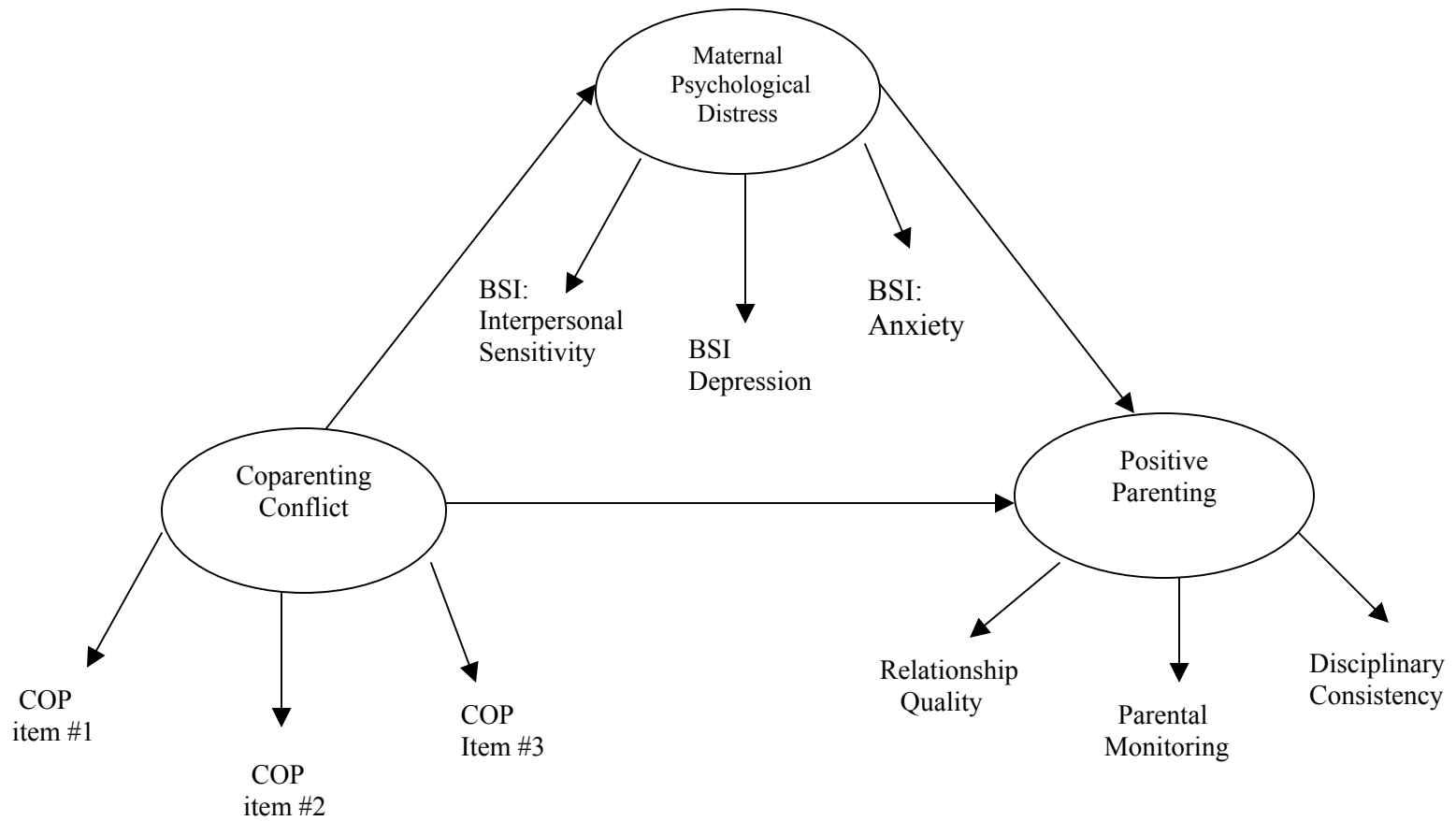


Figure 2. Expanded theoretical model.

related to positive parenting at Time 2, as measured by the warmth of the parent-child relationship, disciplinary consistency, and parental monitoring of child activities. Although a small number of studies have examined the relation between coparenting conflict and parenting practices in African American single parent families (e.g., Jones et al., in press), no studies to date have investigated whether maternal psychological distress might partially mediate this relation.

The second purpose of the current study is to determine whether non-familial support—support from friends and neighbors—might serve as a buffer for the negative relation between conflict and maternal psychological functioning. Given the tradition of reliance on family and friends for African American families (Sudarkasa, 1993), social support from individuals other than the coparent may present a resource within the natural environment for attenuating the effects of coparenting conflict on maternal psychological distress and, in turn, on positive parenting. Related to the idea that social support might moderate the negative effects of conflict in ethnic minority families, Gohm and colleagues' (1998) study of college students from 39 countries revealed that associations between self-reported student adjustment and parental conflict were less strong for students from collectivist countries (e.g., China, Ghana, Columbia) than for students from individualistic countries (e.g., United States, Japan, Germany). These findings were interpreted as evidence that in countries where higher levels of social support were available from extended family members, the negative effects of parental conflict were ameliorated (Gohm et al., 1998). As such, McLoyd et al. (2001) argue that this study provides indirect support for the idea that for ethnic minority families, the availability of support from extended family and friend networks may offer a source of protection against parental conflict.

Regarding the potential buffering role of social support from friends and neighbors, it is hypothesized that support from friends and neighbors will buffer the effects of coparenting conflict on maternal psychological distress, which in turn will lead to less disruption in parenting practices. Based on the research presented previously (e.g., Taylor & Roberts, 1995), it seems likely that perceived support from friends and neighbors might compensate for the effects of

interpersonal stress on psychological functioning by providing an alternative source of support. Indeed, in a study examining social support from a number of individuals including the child's grandmother, nonresident father, and the mother's family and friends, only emotional support from friends was associated with mother's ability to effectively cope with stress (Jackson, 1998).

To summarize, the current study will first investigate whether maternal psychological distress partially mediates the negative relation between coparenting conflict and parenting practices, and will then focus on determining if a resource in the mother's natural environment, support from friends and neighbors, might attenuate this negative relation. In order to provide a rigorous test of the proposed relations between variables (Loeber & Farrington, 1994), constructs were measured longitudinally: Coparenting conflict and maternal psychological distress were measured at Time 1 and parenting practices were measured at Time 2.

Considering community context

The current study focuses on single-parent African American mothers residing in two community contexts: a rural and an urban community. There are some factors suggesting that residence in these different communities may have implications for single mothers attempting to parent within them. First, urban and rural environments typically differ in the level of environmental risks that are present. Low-income African American single mothers residing in urban areas tend to live in highly segregated neighborhoods characterized by similarly economically disadvantaged individuals and high rates of crime and unemployment (Massey, Gross, & Shibuya, 1994; Sampson, 1987; South & Crowder, 1997; Wilson, 1996). Indeed, prior research with the current sample indicates that mothers and children in the urban environment reported more violence-related risks and problems with the physical environment, including unsanitary conditions and overcrowding, than did mothers and children residing in the rural environment (Forehand et al., 2000). Furthermore, Armistead and colleagues (2002) found that low-income single parent African American mothers residing in an urban environment engaged in higher levels of monitoring than did parents residing in the rural environment, and that in the

urban environment, higher levels of parental monitoring were associated with less behavioral and emotional problems for children.

Taken together, these findings suggest that parents residing in urban environments, compared to their rural counterparts, may be faced with significantly higher levels of risks that may act as stressors that influence interpersonal relationships, individual adjustment, parenting beliefs, and abilities (e.g., Armistead et al., 2002; Forehand et al., 2000; South & Crowder, 1997; Wilson, 1996). Therefore, given that these environments present different contexts for parents, study constructs (i.e., coparenting conflict, maternal psychological distress, & positive parenting) will be examined across the two groups. If the constructs under examination are significantly different for mothers residing in different environments, analyses for the two groups will be conducted independently.

METHOD

Overview

The data for the current investigation are part of a larger study funded by the William T. Grant Foundation that focuses on family functioning in low-income African American single parent families residing in rural and urban environments. The rural and urban samples in the William T. Grant foundation study were initially recruited as part of two separate projects being conducted by two different investigators. As such, measures were independently selected for use in each project. However, the similarity of the samples led the two sets of investigators to conclude that the rural and urban samples could be combined to examine questions related to community and risks and resources within those communities. After these two projects were merged, each sample was assessed once per year during the next two years. The rural environment consists of counties in Georgia with populations under 7,500 and the urban environment is inner-city New Orleans. This combined project examines sociodemographic and psychosocial constructs related to family functioning including community risks and resources, parenting, social support for both mothers and children, and child and adolescent emotional and cognitive functioning.

Participants

Participants for this study were 234 (111 and 123 from the urban and rural samples, respectively) African American families headed by single mothers with a 7- to 15-year old child from metropolitan and nonmetropolitan counties in two southeastern states, Louisiana and Georgia, respectively. Only counties in which 25% or more of the population was African American were sampled to ensure that a viable African American community existed in the county.

Forty percent, 48%, and 12% of the mothers had less than a high school education, a high school education or Graduation Equivalency Degree (GED), or education beyond high school, respectively. Almost all of the families had a per capita income of \$3,800 or less (mean family income = \$1,038). According to the criteria established by the Census Bureau (U.S. Bureau of the Census, 1992), this figure placed families in the first quintile for household income, which the bureau defines as poverty status. Demographics of the sample are presented in Table 1.

Procedure

Families were recruited through community leaders and agencies (e.g., schools). Each community contact gave the research staff member the names of families who expressed interest in participation, and the staff member contacted the families. Two data collection sessions, each of which lasted between 1 and 2 hours, were scheduled at each assessment. During the first session, the mother completed informed consent forms and the mother and the child completed an interview focusing on demographic information. In the second session, the study variables (e.g., coparent conflict) were assessed. At both data collection sessions, self-report questionnaires were administered in an interview format to the mother and child. Each interview was conducted privately between the mother or child and a trained interviewer, with no other family members present or able to overhear the conversation. The family was compensated \$50 for each assessment session.

Approximately 15 months later, mothers were contacted and invited to participate with their child in a second assessment, which was almost identical to the first assessment. For the current study, only mother-child dyads who participated in both assessments were included.

Development of Measures

At the outset of the William T. Grant funded project, the accurate assessment of the population to be studied was a concern due to the fact that most instruments used to evaluate family risk and children's outcomes have been developed for use with and standardized on European American, middle-class families. Consequently, the available measures may not

Table 1

Demographic Characteristics of Dyads (N = 234)

Variable	<i>M</i> or %	<i>SD</i>
Child		
Age (yrs.)	11.35	1.84
% Female	52%	
Mother		
Age (yrs.)	33.87	6.30
Education		
Less than high school	40%	
High school or GED	48%	
More than high school	12%	
Employment		
Employed	62%	
Full-time	32%	
Part-time	68%	
Family		
Monthly income	\$1038.74	825.66

describe valid family processes among African Americans in this study. This issue was addressed through the formation of focus groups composed of African American community members in the counties from which the sample was drawn. The focus groups included a total of 60 people who were representative of the population studied.

Focus groups discussed the relevance of constructs proposed for investigation, as well as the likelihood that the measures would elicit information relevant to the constructs. The focus groups endorsed the relevance of the constructs for study. The groups reviewed each item on the scales and suggested wording changes, as well as the deletion of items that were unclear to them or irrelevant to families in their communities. As such, instruments developed or modified for use were subjected to exploratory factor analyses. The number of factors were determined by examination of both eigenvalues and the scree plots. Items loading .40 and higher were retained for each factor. Original, unmodified instruments that have not been previously utilized with a sample similar to the one to be studied in this paper were subjected to a confirmatory analysis, with items loading .40 and higher being retained for use. In both cases (i.e., instruments for which exploratory and confirmatory factor analyses were conducted), an alpha coefficient for the retained items on each scale was computed. For instruments with standardization data with samples similar to the current one, only an alpha coefficient was calculated; only those instruments with an alpha coefficient of greater than .60 were utilized in the current analyses.

Measures

Mother report was used for all measures for a number of reasons. First, the primary goal of the current study was to determine the relation between coparenting conflict, maternal psychological distress, and parenting practices. Therefore, mother report was of interest for the first two constructs. With regard to the third construct, positive parenting, when mother and child report were used jointly to assess the latent construct, the measurement model would not converge. Therefore, to include both reporters in a latent construct in the structural model would result in the utilization of latent constructs that are not supported by the data. This inclusion

would weaken the ability to interpret content effects of the model as they would be confounded with source effects (P. Horan, personal communication, November 17, 2000).

The present study utilized structural equation modeling procedures to analyze the proposed theoretical relations among three latent constructs: coparenting conflict, maternal psychological distress, and positive parenting. Constructs were formed based on the strategy described by Patterson and colleagues (Capaldi & Patterson, 1991; Patterson, Reid, & Dishion, 1992). Potential indicators for each construct had to meet the following criteria for inclusion in the model:

1. The items comprising each indicator showed adequate internal consistency (alpha of .6 or greater).
2. Indicators converged with other indicators designed to assess the construct as demonstrated by a significant factor loading in a confirmatory factor analysis.
3. Individual items and indicators were retained or deleted at each step depending on whether or not the specified criteria are met.

Coparenting Conflict Construct. This construct was assessed by the three items that comprise the Conflict subscale of the Parenting Convergence Scale (PC; Ahrons, 1981). The PC is an 11-item measure that is completed in reference to the primary person who helps raise the child. A mother was first asked if there is a person who assists her as a caregiver of the participating child. If she responded affirmatively, she was administered the PC. Internal consistency has been found to be .88 (Ahrons, 1981). This questionnaire was changed for use with the present sample in that directions were modified for verbal administration and the Likert scale was reduced from 5 points to 4, with endpoints of 1 (never) and 4 (often). Although each item was used as an indicator, a factor analysis indicated that all three items loaded on one scale with an acceptable alpha coefficient of .60. Higher scores indicate higher levels of conflict with the cocaregiver.

Maternal Psychological Distress Construct. This construct was designed to capture mother's psychological distress. It consists of the Depression, Anxiety, and Interpersonal Sensitivity subscales from the Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982). The BSI is a 53-item inventory that was developed as a global measure of psychological symptomatology. Adequate reliability and validity data have been presented by the investigators who developed the scale (e.g., Derogatis, Rickels, & Rock, 1976) and by others (e.g., Morlan & Tan, 1998). The internal consistency and test-retest reliability of the subscales have been shown to be adequate and to have adequate discriminant and convergent validity (e.g., Morlan & Tan, 1998). For the current project, each item was rated on a 4-point Likert scale ranging from 0 (not at all) to 3 (extremely). This scale represented a modification of the original BSI, on which individuals rate the items on a 5-point Likert scale. The modification resulted from focus group testing suggesting that, with oral administration of the instrument, a 4-point Likert scale was easier to complete than a 5-point Likert scale. Additional modifications included minor word and format changes to increase simplicity of verbal administration and comprehensibility. The alpha coefficient for the Depression, Anxiety and Interpersonal Sensitivity scales were .82, .86, and .79, respectively. Higher scores indicate greater maternal psychological distress.

Positive Parenting Construct. Three dimensions of parenting were examined: mother-child relationship quality, maternal monitoring of child activities, and disciplinary consistency.

Mother-child relationship quality was assessed by the short form of the Interaction Behavior Questionnaire (IBQ; Prinz, Foster, Kent, & O'Leary, 1979). This form consists of the 20 items that have the highest phi coefficients and the highest item-to-total correlations among the 75 items in the original IBQ. The short form correlates .96 with the longer version. The items, which are endorsed as true or false, include "You enjoy spending time with your child," and "You think you and your child get along well together." Prinz et al. (1979) and Robin and Weiss (1980) reported adequate internal consistency and discriminant validity. A confirmatory factor analysis indicated that 14 of the 20 items loaded on a single construct at .40 or above;

therefore, only these 14 items were included in the measure for data analysis. The alpha coefficient for these 14 items was .85. Scores can range from 0 to 14, with higher scores indicating more warmth and support.

Maternal monitoring of children's activities was assessed by the mother-completed 17-item Monitoring and Control Questionnaire (MCQ) developed for use with the current sample. The MCQ is based on monitoring measures used by Patterson and Stouthamer-Loeber (1984) and by Steinberg, Lamborn, Dornbusch, and Darling (1992) and it assesses parents' perceptions of their knowledge about various aspects of their children's lives. Items are rated on a 4-point Likert scale ranging from 1 (never) to 4 (always). Sample items include, "How often do you know where [target child] is and what s/he is doing when away from home?" and "How often do you know about [target child's] use of alcohol?" For the purposes of the current study, only questions pertaining to mothers' knowledge about her child's activities was utilized. Scores can range from 17 to 68, with higher scores indicating higher levels of maternal monitoring. For the present sample, confirmatory factor analysis indicated that all 17 items loaded at .40 and above. The resulting alpha coefficient was .91.

Disciplinary Consistency was assessed by the Laxness subscale of The Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993). The Parenting Scale is a 30-item scale originally designed to measure dysfunctional parenting in parents of young children. Each item consists of a parenting "mistake" that is paired with its more effective counterpart to form anchors of a 7-point scale. Response choices are preceded by leading statements that clarify the discipline encounter (e.g., "When my child misbehaves, I raise my voice or yell/I speak to my child calmly"). The effective/mistake anchor appears randomly on the left and right throughout the scale. Respondents are asked to rate their own behavior for each item with higher scores indicating more dysfunctional parenting. Arnold et al. (1993) provided information on the factor structure of the scale and reliability coefficients. Three subscales were factor analytically derived: Laxness (alpha = .83), Overreactivity (alpha = .82), and Verbosity (alpha = .63).

Additional research has found generally similar factors to the Laxness and Overreactivity subscales for parents of middle school students (Blair, Biglan, Smolkowski, & Ary, 1999) and for low-income African American parents of preschool children (Currier, Hupp, Rhode, Murphy, & O'Callaghan, 2001). Only the Laxness scale was utilized in the current study. The Laxness subscale assesses the consistency of parental discipline (e.g., "If my child gets upset, I back down and give in/I stick to what I said;" "When my child does something I don't like, I do something about it everytime/I often let it go"). The original subscale consisted of 11 items. For the current project, items were recoded such that higher scores indicated parental consistency and lower scores indicated parental laxness. Confirmatory factor analysis indicated that 10 of the 11 items were retained and resulted in an alpha coefficient of .66.

Social support from friends and neighbors. Non-familial social support was assessed by the Social Support Scale (SSS), a self-report questionnaire based on an instrument used by Belle (1982) in a study of stress in the lives of single African American mothers. The SSS consists of 11 items that measure perceived instrumental and emotional support from friends and neighbors. The Friends Support subscale consists of six items. Four of these items (e.g., "How easy is it to get help from a neighbor if you cannot do something yourself?") were rated on a 4-point scale anchored by 1 (always very easy) and 4 (always very hard). A fifth item, "Are contacts with your neighbors..." was rated on a 5-point scale: 1 (very positive); 2 (positive); 3 (neither positive nor negative); 4 (negative); and 5 (very negative). The sixth item, "Do you feel that you cannot turn to your friends for help when things get rough for you?" was rated on a 3-point scale: 1(no); 2 (sometimes); and 3 (yes). Confirmatory factor analyses resulted six items with an alpha coefficient of .78.

Demographic information. In addition to the constructs described above, a demographic measure completed by mothers provided information about themselves, their children, and their families (e.g., age of mother, age of child, educational attainment).

Data Analyses

Structural equation modeling was used to examine the hypothesized relations because it provides an opportunity to estimate both the measurement and the structural model to determine the relations among latent variables without the confounding effects of measurement error. In addition, although structural equation modeling cannot be used to determine causation, it provides a method of assessing if inferences about causation are consistent with the data (K. Hagtvet, personal communication, February 19, 2001).

In the current study, two sets of analyses were performed. First, preliminary analyses included: (1) comparing participants retained over both assessments and those who were not; (2) assessing measurement equivalence/invariance across the urban and rural groups; and (3) examining correlations among demographic variables and the variables in the proposed model. Following the preliminary analyses, primary analyses consisted of: (1) estimating the proposed measurement and structural models and (2) testing the hypothesis that social support moderates the relations in the structural model.

All model analyses were conducted using LISREL 8.3 (Joreskog & Sorbom, 1999). Models were estimated using the maximum likelihood method of estimation (ML). The ML method of estimation has been found to be quite robust against violations of normality, though skewness and kurtosis can lead to overestimations of the chi-square statistic, which leads to higher model rejection rates (see West, Finch, & Curran, 1995). A one-tailed test alpha level of .05 was used to evaluate the significance of all factor loadings and path coefficients.

Evaluating Overall Model Fit. In evaluating the fit of the measurement and structural models to the sample data, several goodness of fit statistics are provided by Lisrel 8.3. Traditionally, a non-significant chi-square value that closely approximates the model degrees of freedom has been used as a criterion for accepting a model. In this sense, the chi-square test actually evaluates the magnitude of difference in the fitted covariance matrix and the actual covariance matrix with a significant chi-square resulting in the rejection of a model that is

significantly deviant. However, this method has been deemed overly strict and sensitive, resulting in the rejection of appropriate models (Newcomb, 1994). As such, alternative criteria for evaluating goodness of fit have been developed and are now widely used in conjunction with the chi-square test. Many of these indices provide an opportunity to examine the model while taking important aspects, such as degrees of freedom, model complexity, sample size, and potential for replication, into account. At present, there is little agreement concerning which indexes provide the best evaluation of overall fit, and most investigators recommend using multiple indexes in the evaluation of the utility of a tested model (see Hoyle & Panter, 1995; Hu & Bentler, 1995).

Thus, based on the recommendations provided by Hoyle and Panter (1995), the current study utilized the following criteria in evaluating the fit of the measurement and structural models: 1) normal-theory weighted least squares chi-square; 2) the Root Mean Square Error of Approximation (RMSEA, Steiger, 1990); 3) Incremental Index of Fit (IFI, Bollen, 1989); and 4) the Comparative Fit Index (CFI, Bentler & Bonett, 1987). For the chi-square, perfect fit would be indicated by a value of 0, and higher values indicate that the model is increasingly less similar to the observed covariance matrix. Both the chi-square and the RMSEA represent absolute fit indexes that test the degree to which the covariances specified by the free and fixed parameters in the model come close to matching the observed covariances from which the free parameters in the model were estimated. According to Hoyle (1998), the RMSEA is one of the most informative measures in covariance structure modeling. For the RMSEA, values less than .05 represent good fit, and values as high as .08 indicate reasonable errors of approximation in the population. In comparison to the absolute fit indexes, the IFI and CFI represent incremental fit indexes that measure the proportionate improvement in fit by comparing the specified model with alternative models such as the null model that specifies that all of the observed variables are unrelated. For these indicators, increasingly large values indicate that the hypothesized model under examination better reproduces the observed covariances than an alternative model. As

such, for both the IFI and the CFI, higher values represent better fit. Typically, a value greater than .90 indicates that the model acceptably fits the data (Bentler, 1990).

Evaluating Differences Between Models. When evaluating model differences, the chi-square difference test is the most frequently used statistic (Vandenberg & Lance, 2000). Indeed, Steiger, Shapiro, and Browne (1985) demonstrated that when testing the difference between nested models, incremental chi-square values are asymptotically independent test statistics. Therefore, in all analyses where nested model comparisons are made, the chi-square difference test will be used to determine whether modification of the model (i.e., adding constraints) affect model fit. When examining nested models, a significant difference chi-square, based on the difference in degrees of freedom between the two models, signifies a worsening of fit. However, investigators have recently begun to suggest that, as with overall model fit, the chi-square difference test should not be the only fit index relied upon to detect differences between models (Cheung & Rensvold, 1999). Therefore, in addition to the chi-square difference test, the change in CFI will also be reported.

RESULTS

Preliminary Analyses

Of the 277 mother-child dyads (141 urban, 136 rural) who participated in the first assessment, 248 dyads (124 in each sample) completed the second assessment. Participants retained over both assessments and those not retained were similar on demographic (i.e., child gender & age, maternal age & education, family income) and study variables (see Appendix). Of the 248 families retained, 234 mothers identified a coparent and were not missing data on relevant indicators. With regard to excluded participants, 13 were excluded in the urban sample: Seven mothers did not identify a cocaregiver and six were missing data on relevant indicators. In the rural sample, only one participant was excluded (due to not identifying a cocaregiver).

Evaluation of Measurement Invariance/Equivalence Across Samples. In order to obtain empirical justification for combining the urban and rural samples, measurement invariance analyses within the confirmatory factor analysis framework were undertaken according to the recommendations of Vandenberg and Lance (2000). According to the authors, the first step involves conducting an omnibus test of invariant covariance matrices across groups. If the covariance matrices are invariant, as evidenced by a nonsignificant chi-square value and acceptable fit indices, measurement equivalence is established and no further tests of invariance are required. However, if the omnibus test results in a significant chi-square and poor fit indices, further measurement invariance analyses must be conducted to determine the source of inequivalence. Additional tests should proceed in the following order: (1) configural invariance; (2) metric invariance; and (3) invariant uniqueness.

Results for tests of measurement inequivalence are shown in Table 2. Results for the omnibus test of invariant covariance matrices (Model 0), in which covariance matrices were constrained to be equal across the urban and rural groups, provided a poor fit to the data based on

Table 2

Tests of Across Group Measurement Equivalence

Model	df	χ^2	RMSEA	NNFI	CFI	Δ df	$\Delta\chi^2$	Δ CFI
0. Invariant covariance matrices ($\Sigma^U = \Sigma^R$)	45	76.86	.078	.91	.94			
1. Configural invariance	48	41.97	0.0	1.00	1.00			
1 versus 2	--	--	--	--	--	6	6.21	0.0
2. Metric invariance ($\Lambda^U = \Lambda^R$)	54	48.18	0.0	1.00	1.00			
2 versus 3	--	--	--	--	--	9	25.58	.02
3. Invariant uniqueness ($\theta^U = \theta^R$)	63	73.76	.038	.97	.98			
2 versus 4	--	--	--	--	--	8	15.36	.01
4. Partial uniqueness invariance	62	63.54	.02	.99	.99			

the significant chi-square ($\chi^2[45] = 76.86, p < .05$) and fit indices reported in Table 2. Therefore, the null hypothesis of invariant covariance matrices was rejected and further tests were then conducted to determine the particular source of measurement inequivalence. Following the omnibus test, all other tests of measurement invariance involve the comparison of nested models.

To test for configural invariance (Model 1), similar patterns of free and fixed factor loadings were constrained across the urban and rural groups. Results suggested that Model 1 provided an excellent fit for the data: $\chi^2(48) = 41.97, p > .05$ and supported inferences of configural invariance. To provide a stronger test of invariance, a test of metric invariance (Model 2) was conducted. On this test of measurement equivalence, the loadings of like indicators within an invariant factor pattern were constrained to be equal across groups (Model 2). This model resulted in a good fit to the data: $\chi^2(54) = 48.18, p > .05$ and a nonsignificant difference chi-square ($\Delta\chi^2(6) = 6.21, p > .05$). The nonsignificant difference chi-square between Model 1 and 2 and the nonexistent change in CFI indicate that constraining latent indicator loadings did not significantly worsen model fit as compared to Model 1. Therefore the assumption of metric invariance between the two groups was supported.

Finally, a test of invariance of the unique variances, constraining like indicators' uniqueness across groups (Model 3), provided an acceptable fit to the data: $\chi^2(63) = 73.76, p > .05$. However, the additional constraint of uniqueness invariance across the two groups resulted in a significant difference chi-square ($\Delta\chi^2(9) = 25.58, p < .05$), indicating that constraining the errors of all indicators significantly worsened model fit as compared to Model 2. Inspection of modification indices indicated that the source of nonequivalence was located in the difference in error across the two groups for parental monitoring (modification index = 11.75). Previous research with the urban and rural samples has suggested that due to higher levels of environmental risks, mothers residing in the urban environment engage in higher levels of monitoring than do mothers residing in the rural environment (Armistead et al., 2002). As such,

the constraint of across-group invariant uniqueness for parental monitoring was relaxed (Model 4), resulting in a $\chi^2(62) = 63.54, p > .05$, and a nonsignificant difference chi-square ($\Delta\chi^2(8) = 15.36, p > .05$) as compared to Model 2. Therefore, the results of Model 4 provide support for invariant uniqueness for all indicators aside from parental monitoring.

Based on the empirical support for configural and metric invariance, and partial support for uniqueness invariance (i.e., support for all indicators aside from parental monitoring), the urban and rural samples were combined for all future analyses.

Preliminary Analyses with Demographic Variables. The correlations between all measured variables and each of five demographic variables (i.e., child age and gender, mother's age and education, and family income) were examined. Correlations between all variables are presented in Table 3. As multiple correlations were significant, the results of the hypothesized structural model will be compared with a model where coparenting conflict, maternal psychological distress, and positive parenting are treated as endogenous variables and the demographic variables are treated as exogenous variables. The examination of this model provides an opportunity to determine if the inclusion of the demographic variables alters the relations between the model constructs in comparison to a model when demographic characteristics are not included.

Primary Analyses

Evaluation of the Measurement Model. Prior to estimating the structural model, a confirmatory factor analysis (CFA) model was estimated to determine whether the indicators selected to represent the latent constructs did so in a statistically reliable manner. The CFA model also examined the correlations among the latent constructs: coparenting conflict, maternal psychological distress, and positive parenting. In the CFA model, the first observed variable for each latent factor was set to 1.0 to establish the metric. All factors were allowed to covary freely. The initial measurement model demonstrated a good fit according to the criteria delineated earlier: $\chi^2(24, N = 234) = 20.98, p > .05$; RMSEA = 0.0; IFI = 1.0; CFI = 1.0. However,

Table 3: Correlation matrix for all measured variables (N = 234)

Measured Variable	Measured Variable														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Child gender	--														
2. Child age	.03	--													
3. Mother age	-.06	..34**	--												
4. Mother education	-.00	.01	.08	--											
5. Monthly income	-.01	.03	-.09	.10	--										
6. Coparenting conflict item 7	.01	.04	-.15*	-.12	.03	--									
7. Coparenting conflict item 8	.12	-.02	-.01	-.08	.09	.28**	--								
8. Coparenting conflict item 9	.01	.10	-.06	-.07	.05	.42**	.42**	--							
9. BSI Int. sensitivity	.01	.04	-.03	-.24**	-.10	.15*	.05	.18**	--						
10. BSI depression	.05	.03	-.00	-.19**	-.07	.15*	.10	.22**	.78**	--					
11. BSI anxiety	.06	.07	.01	-.15**	-.08	.16*	.07	.21**	.73**	.82**	--				
12. Relationship quality	-.07	-.14*	-.02	.08	.09	-.23**	-.08	-.28**	-.34**	-.40**	-.37**	--			
13. Parental monitoring	.03	-.02	.20**	.22**	-.19**	-.15*	-.03	-.14*	-.19**	-.21**	-.16**	.26**	--		
14. Disciplinary consistency	-.03	-.12	.13	.18**	.11	-.16*	-.12	-.18**	-.22**	-.19**	-.18**	.36**	.34**	--	
15. Social support from friends	.01	.07	-.09	-.03	.12	-.06	.04	-.02	.13	.14*	.15*	-.15*	-.11	-.11	--

Notes: Values rounded to 2 decimal places. * = p < .05, ** = p < .01.

Ms = 1.48, 11.35, 33.87, 2.02, 1038.74, 2.01, 2.32, 2.27, .50, .38, .43, 10.23, 53.67, 45.62, 12.32

SDs = .50, 1.84, 6.30, 1.18, 825.66, 1.14, 1.10, 1.08, .64, .50, .55, 3.38, 7.35, 8.34, 3.98

modification indices suggested that the error between parental monitoring and disciplinary consistency was correlated (modification index = 8.23), and that model fit would be improved by freeing the error between these two indicators. Both of these indicators represent types of family management strategies and, therefore, there are substantive reasons that these two indicators would have correlated error; as a result the error variance between them was estimated. Freeing this parameter resulted in an excellent fit: $\chi^2 (23, N=234) = 13.00, p > .05$; RMSEA = 0.0; IFI = 1.0; CFI = 1.0. Results of the CFA model are presented in Figure 3. Measured variables achieved factor loadings that were substantial and statistically significant in the expected directions.

Evaluation of the Structural Model. Having determined that the measurement model fit the data as specified, the factor structures confirmed in the evaluation of the measurement model were used in the structural model analysis. The variance of the exogenous and endogenous factors was scaled by setting the first indicator for each latent factor to 1.0. Paths were specified to reflect the hypotheses of the study.

The results of the structural model are presented in Figure 4. The specified model demonstrated good fit $\chi^2 (23, N = 234) = 13.00, p = >.05$, RMSEA = 0.0, IFI = 1.0, CFI = 1.0. The model explained 20% of the variance in the endogenous positive parenting construct. It was hypothesized that coparenting conflict would be related to maternal psychological distress, and that maternal psychological distress would, in turn, be negatively related to positive parenting. The results of the LISREL analysis were consistent with these hypotheses. Coparenting conflict was significantly related to maternal psychological distress ($\gamma = .27, t = 3.23, p < .05$), and maternal psychological distress was significantly related to positive parenting in a negative direction ($\beta = -.45, t = 5.31, p < .05$). Coparenting conflict was also directly related to positive parenting in a negative direction ($\gamma = -.33, t = 3.36, p < .05$), indicating that maternal psychological distress only partially mediated the relation between coparenting conflict and

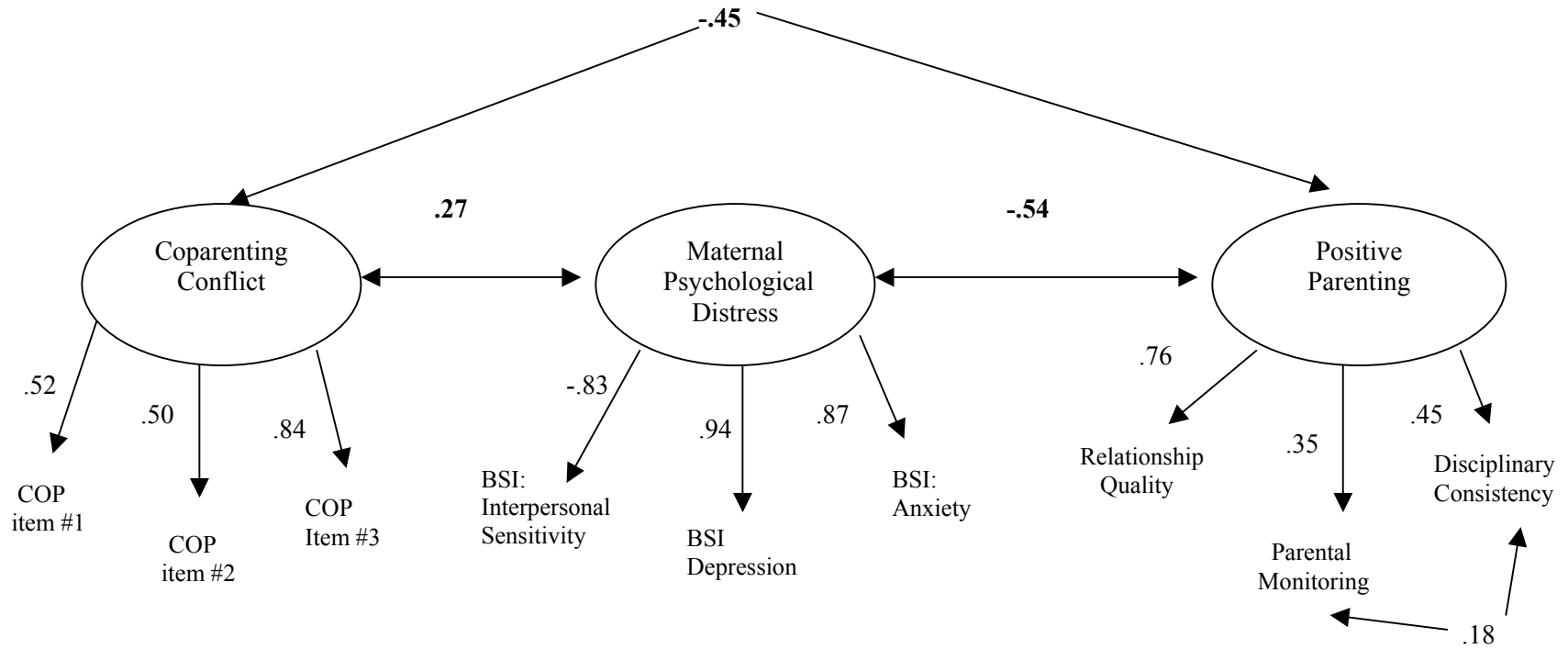


Figure 3. Confirmatory factor analysis of measurement model. Parameter estimates shown are standardized

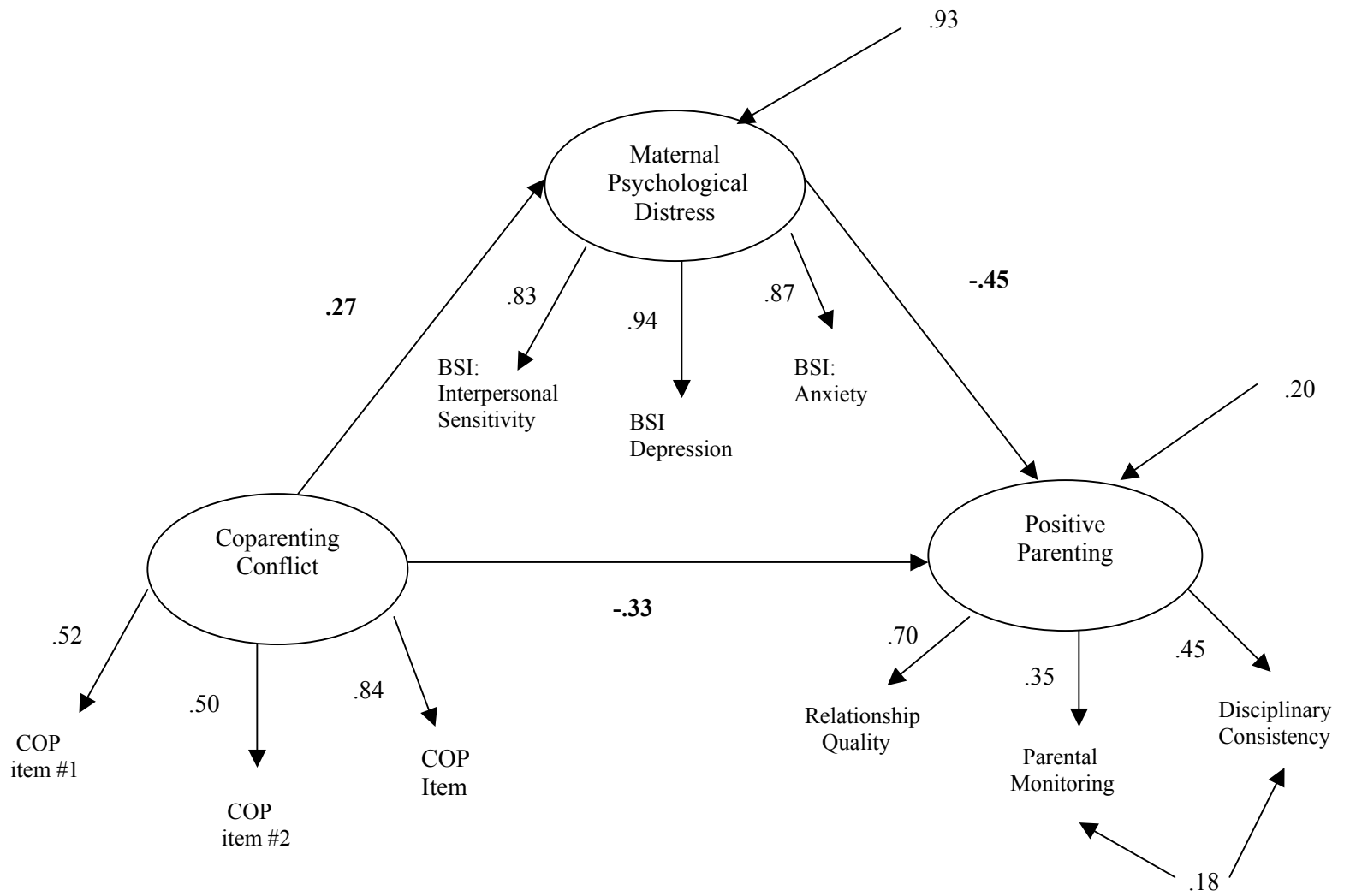


Figure 4. Results of structural model estimation.

positive parenting. To summarize, analyses suggest that coparenting conflict was significantly related to positive parenting both directly and indirectly via its relation to maternal psychological distress, and in turn, positive parenting.

Analyses with Demographic Controls. As previously mentioned, bivariate correlational analyses among demographic variables and all observed variables yielded several significant correlations (see Table 3). In order to determine if the relations among the latent variables in the structural model would be altered with the inclusion of these demographic variables (i.e., child gender & age, mother age & education, family income), the model latent constructs were treated as endogenous variables, and the demographic variables were treated as perfectly measured exogenous variables. Analyses revealed that child age negatively related to positive parenting ($\gamma = -.18, t = 2.24$), mother's age related positively to positive parenting ($\gamma = .17, t = 2.03$), and mother's education related negatively to maternal psychological distress ($\gamma = -.17, t = 2.60$). However, the significant paths in the structural model remained significant with the inclusion of these demographic variables, indicating that the relations between constructs in the model are supported even when control variables are included.

Testing Moderation. It was hypothesized that social support from friends would moderate the relation between coparenting conflict and positive parenting such that receipt of higher levels of social support would attenuate the relation between coparenting conflict and maternal psychological distress, thereby decreasing the strength of the relation between coparenting conflict and positive parenting. In order to examine moderation effects, the sample was divided into two groups by conducting a median split on the Social Support from Friends scale. The structural model specified in the previous analyses (Figure 4) was then tested in the low ($N = 109; M = 8.92$) and high ($N = 125; M = 15.32$) social support groups with no constraints on structural parameters (Model 1). This model resulted in a global $\chi^2(52) = 37.07, p > .05$ and acceptable fit indices. Results for moderation analyses are presented in Table 4.

Table 4

Testing Social Support from Friends as a Moderator

Model	df	χ^2	RMSEA	NNFI	CFI	Δ df	$\Delta\chi^2$	Δ CFI
1. Independent estimation	52	37.07	0.0	1.00	1.00			
1 versus 2	--	--	--	--	--	3	1.76	0
2. Structural parameters constrained	55	38.83	0.0	1.00	1.00			
2 versus 3	--	--	--	--	--	2	21.4	.02
3. Structural parameters and structural errors constrained	57	60.23	.02	.98	.98	.		

Structural parameters (i.e., path coefficients) were then constrained to be equal across the two groups (Model 2) to assess similarities in path coefficients between exogenous and endogenous constructs. When the two models were compared, the difference χ^2 was nonsignificant ($\Delta\chi^2(3) = 1.76, p > .05$), indicating that model fit was not significantly worsened by the constraints. However, the subsequent constraint of error structures across groups (Model 3) resulted in a significant difference chi-square ($\Delta\chi^2(2) = 21.4, p < .05$), which indicates that this constraint significantly worsened the fit of the model, and that error structures are not equivalent across the low and high social support groups.

These results indicate that although the path coefficients between constructs are similar across the two groups, the hypothesized model fits the data significantly better for one of the two groups. Upon inspection of the individual models (presented in Figure 5), it appears that the hypothesized model provides a better fit for the data in the low social support group, explaining 38% of the variance in the endogenous positive parenting construct ($\chi^2(23, N=109) = 16.83, p > .05$; RMSEA = 0.0; IFI = 1.0; CFI = 1.0), than in the high social support group where the model only explains 13% of the variance ($\chi^2(23, N=125) = 11.27, p > .05$; RMSEA = 0.0; IFI = 1.0; CFI = 1.0). Furthermore, although constraining structural parameters did not result in a significant difference chi-square as compared to independent estimation, the path coefficient for the relation between coparenting conflict and positive parenting is significant in the low social support group ($\gamma = -.51, t = 2.99$) but is *not* significant in the high social support group ($\gamma = -.24, t = 1.91$). More importantly, in the low social support group, the magnitude of the negative relation between coparenting conflict and positive parenting is *twice* the magnitude of same relation in the high social support group ($\gamma = -.51$ vs. $\gamma = -.24$), thus accounting for greater variance in the positive parenting construct.

It is important to note that the small sample sizes in the low and high social support groups (109 and 125, respectively) may have resulted in meaningful differences in structural

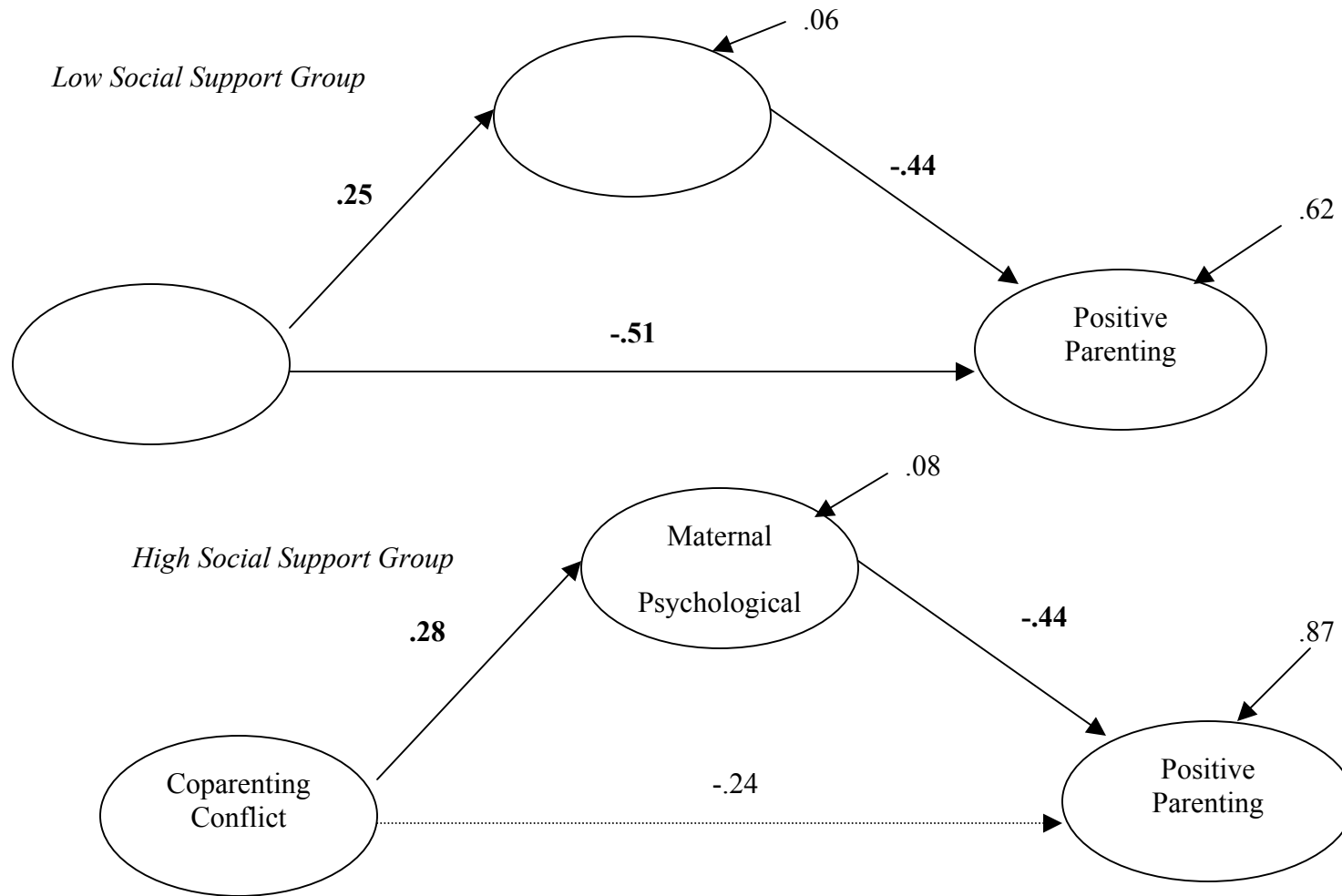


Figure 5. Structural model in the low and high social support groups

parameters between the two models going undetected, or in meaningful parameters not reaching statistical significance (i.e., the direct relation between coparenting conflict and positive parenting in the high social support group). Therefore, it may be more beneficial to focus on the magnitude of effects rather than on significance levels (Wilkinson and the Task Force on Statistical Inference, 1999).

DISCUSSION

The present study focused on the relation between coparenting conflict and parenting behavior in low-income, single-parent, African American families. Study purposes for the current investigation were twofold: First, maternal psychological distress was examined as a potential mediator of the negative relation between coparenting conflict and positive parenting. Second, the current study examined the viability of perceived social support from friends as a buffer for the negative effects of coparenting conflict. In turn, findings in each of these areas of inquiry will be discussed.

With regard to the mediational role of maternal psychological distress, it was hypothesized that higher levels of coparenting conflict at Time 1 would be associated with increased maternal psychological distress at Time 1, which would then be negatively related to positive parenting at Time 2. As hypothesized, maternal psychological distress partially mediated part of the negative relation between coparenting conflict and positive parenting; however, results also supported a direct, negative relation between coparenting conflict and positive parenting that was not accounted for by maternal psychological distress.

Support for the direct relation is consistent with findings in the interparental conflict literature. Previous studies with European American two-parent and divorced families have consistently linked parental conflict to impaired parenting abilities such as lax parenting, low levels of parental warmth, and emotional unavailability (e.g., Fauber et al., 1990; Miller et al., 1993). Similar findings are apparent in research with two-parent African American and Mexican American families (Brody et al., 1994; Lindahl & Malik, 1999). Although few studies have been conducted with single parent minority families, those available point to similarly negative associations between conflict with a cocaregiver and parenting behaviors (e.g., Brody et al., 1998; Jones et al., in press).

Unfortunately, however, few studies focusing on the relation between coparenting conflict and parenting have included examinations of factors that might mediate this relation. Therefore, examinations of potential mechanisms through which coparenting conflict relates to parenting practices represent an important next step for the research in this area. In a discussion of the limitations of research on coparenting conflict, Cummings, Goeke-Morey, and Dukewich (2001) prioritized the need for research on process-oriented variables such as mediators and moderators. The current study highlights one such factor, maternal psychological distress, that is involved in translating conflict between cocaregivers into impairments in parenting behavior. Positing maternal psychological distress as a mediator of this relation is consistent with previous findings regarding the antecedents and consequences of psychological distress. First, the association between interpersonal conflict or stress and increased difficulties in psychological functioning has been well established (Elder, et al., 1995; Ruehlman & Karoly, 1991). Second, family researchers have consistently documented the relation between parental psychological distress and impairments in parenting, including decreased monitoring of children's activities, inconsistent discipline, and less positive parent-child relationships (e.g., Chilcoat et al., 1996; Cummings & Davies, 1994; McLoyd & Wilson, 1990). Given these linkages in the literature, it is not surprising that the current study found that conflict with a cocaregiver related to increased psychological distress, and, in turn, to lower levels of positive parenting.

However, maternal psychological distress did not account for the relation between coparenting conflict and positive parenting in its entirety. Although not tested in the current investigation, there are a number of mechanisms that may account for the relation between coparenting conflict and parenting. First, mothers experiencing high levels of coparenting conflict may not only experience heightened levels of psychological distress, but may also find that, as a result of the conflict, the coparent is less willing to provide tangible parenting assistance (e.g., cocaregiver participation in monitoring, administering discipline). If mothers are subsequently shouldering a greater percentage of parenting responsibilities as a result of

coparenting conflict, they may find that their ability to engage in positive parenting behaviors is negatively affected. In addition, when mothers and cocaregivers are experiencing high levels of coparenting conflict, it is likely that they disagree about key parenting issues (e.g., disciplinary strategies). If mothers and caregivers disagree about parenting strategies, mothers may feel that the effectiveness of their own parenting is weakened by a lack of consistency across caregivers. Furthermore, Katz and Gottman (1996) have speculated that when conflict occurs in married couples, parents may become increasingly focused on the conflict such that they have a “lack of ‘cognitive room’ allocated to their children” (p. 74). As such, parents may be less likely to know important details of their child’s life (e.g., names of friends, upcoming events) and may fail to follow through on instrumental caregiving tasks (Katz & Gottman, 1996). Although the cocaregivers in the current study are not marital partners, conflict with these individuals may have affected single parent mothers, and their parenting, in similar ways.

Following examination of maternal psychological distress as a mediator, the second purpose of the study involved examining the potentially moderating role of social support from friends. Research has long supported the notion that social support buffers the impact of stressful events on psychological functioning (e.g., Cohen & Wills, 1985). Indeed, it has been suggested that high levels of social support allow individuals to better cope with psychosocial and environmental stressors (McAdoo, 1982; Simons et al., 1993). Based on this literature and on previous studies supporting reliance on informal sources of support in the African American community (Neighbors, 1997), it was hypothesized that coparenting conflict would be less likely to relate to, or would be less strongly related to, increases in maternal psychological distress for mothers with high levels of perceived social support from friends than for mothers with low levels of perceived support. If the relation between coparenting conflict and maternal psychological distress was buffered by high levels of social support, one of paths through which coparenting conflict translated into impairments in parenting would be weakened, thereby providing partial protection for positive parenting.

Interestingly, although analyses indicated that social support buffered the negative effects of coparenting conflict, analyses did not support the hypothesized route of moderation. That is, social support did not moderate the relation between coparenting conflict and maternal psychological distress: Indeed the strength of the relation between coparenting conflict and maternal psychological distress was virtually identical regardless of whether mothers had low or high levels of perceived social support ($\gamma = .25$, $\gamma = .28$, respectively). Contrary to the hypothesis that social support would moderate the relation between coparenting conflict and maternal psychological distress, results indicated that social support moderated the relation between coparenting conflict and positive parenting as demonstrated by differences in explanatory power of the overall model and differences in the strength of the direct relation between coparenting conflict and positive parenting.

Specifically, in the low social support group, the hypothesized model specifying a direct and an indirect relation between coparenting conflict and positive parenting accounted for 38% of the variance in the positive parenting construct, as both the direct and the indirect negative relation between coparenting conflict and positive parenting were significant. In contrast, in the high social support group, the same model accounted for only 13% of the variance in positive parenting and the indirect relation between coparenting conflict and positive parenting, but not the direct relation, was statistically significant. Although the lack of statistical significance for the direct relation in the high social support group was most likely related to the small sample size, the comparison of the direct relation between the two groups is striking. For the group of mothers with high levels of perceived social support, the magnitude of the direct relation between coparenting conflict and positive parenting was *half* that of the direct relation in the low social support group.

These findings indicate that as levels of coparenting conflict increase in the context of high levels of perceived support from friends, conflict is less likely to lead to impairments in parenting than when levels of coparenting conflict increase in the context of low levels of

perceived support from friends. Of interest, when mothers perceive that they have high levels of social support, it is the *direct* relation between coparenting conflict and positive parenting that is buffered, not the indirect relation. This lack of support for moderation of the relation between coparenting conflict and maternal psychological distress seemingly challenges some traditional assumptions of how perceived social support benefits individuals: Namely, that perceived social support buffers the negative effects of stress on psychological functioning (Cohen & Wills, 1985). However, one possible explanation is that social support from friends, although important, cannot compensate for the negative effects of conflict with a parental cocaregiver on psychological functioning, due to the primacy of this relationship. Regardless, it is clear that for low-income, single parent African American mothers, cross-domain buffering of conflict in the coparenting relationship (i.e., social support from one domain compensating for the negative effects of conflict in another domain on psychological functioning) was not supported (Lepore, 1992).

Although perceived social support from friends did not moderate the relations among constructs in the hypothesized manner, it nonetheless was responsible for differences in the predictive power of the model and the strength of the relation between coparenting conflict and positive parenting. Although not assessed in the current study, there are a number of potential explanations for these findings. It has been suggested that the bulk of the support conferred by friends, who most likely are not co-residential or involved in the home on a daily basis, is emotional in nature (Simons & Johnson, 1996). However, researchers have argued that for single parents, perceived social support from friends may have increased importance due to limited resources for parenting support (Belsky & Vondra, 1989). Some research has supported this argument: Findings have suggested that aside from mothers' parents and siblings (the individuals from whom coparents were primarily drawn in the current sample), friends and neighbors were the next most important members of the social networks of single parent mothers (Marks & McLanahan, 1993). Potentially, when mothers with high levels of perceived support from friends

encounter conflict with the individual from whom they typically receive coparenting assistance, their reliance on friends for day-to-day parenting support increases. Mothers who report higher levels of perceived social support from friends may utilize these individuals in developing concrete strategies to compensate for the negative effects of coparenting conflict on parenting, such as how to effectively address points of conflict with their cocaregiver. In addition, mothers who report higher levels of perceived social support may also actively involve friends in parenting their children; they may seek the help of friends in monitoring their children's whereabouts and with effectively enforcing rules and consequences.

The finding that social support does indeed moderate the negative effects of coparenting conflict is a particularly important contribution of the current investigation. Previous research on interparental conflict and child development has suggested that children in minority families may be less adversely affected by coparenting conflict than are European Americans (Krishnakumar & Buehler, 2000; McLoyd et al., 2001). These findings have been explained by the increased involvement of extended family and social support networks in the lives of minority families that may protect children from the negative repercussions of coparenting conflict (McLoyd et al., 2001). The current study provides some evidence to support this claim, in that African American mothers with higher levels of perceived support were less likely to experience deficits in parenting, which has long been supported as a critical component of successful child development (e.g., Baumrind, 1978; McLoyd et al., 1994). However, the current study also warns against viewing minority families homogeneously: Associations between coparenting conflict and parenting were much stronger for African American mothers who reported low levels of social support, and effect sizes approached those found in studies with European American families (Krishnakumar & Buehler, 2000).

The present investigation has several limitations worth noting. First, although the current sample provided enough cases to support the parameters estimated in the mediational model, moderation analyses required that the sample be divided so that two groups of mothers with low

and high levels of perceived social support could be formed. This division resulted in small sample sizes in the two groups that likely affected the capacity to detect significant parameters as well as significant differences between groups. Indeed, the chi-square difference test did not detect differences in the relations among constructs even though the magnitude of the relation between coparenting conflict and positive parenting in the low social support was nearly twice that of the relation in the high social support group.

In addition to rendering differences difficult to detect, the small sample size also necessitated that moderation analyses be conducted by a median split, as opposed to using tertiles or quartiles. The latter means of dividing the sample would have provided more distinct groups, but also would have resulted in even fewer cases per group and therefore was not used. Although dichotomizing the sample resulted in findings that the relations among constructs differed based on the level of social support, researchers have often warned against utilizing dichotomization of individual difference measures due to a loss of power and a loss of information about individual differences (MacCallum, Zhang, Preacher, & Rucker, 2002).

Second, the current study utilized only mother report on measured variables. The decision to utilize only mother report allowed interpretation between latent variables to represent only content effects as opposed to attempting to tease apart content and source effects, but increased the bias due to common method variance. The design would be significantly enhanced by the use of objective indicators, such as observational data regarding parenting behavior. Third, due to a lack of multiple indicators at the scale level for coparenting conflict, this construct was comprised of indicators at the individual item level. This limitation resulted in differing levels of analysis across the study constructs. Finally, the findings are based on a sample of exclusively low-income African American single parent families, and may not generalize to families of differing socioeconomic status or ethnicity.

However, even with these limitations, the current study contributes significantly to the existing literature on coparenting conflict and parenting. First, it is one of few investigations to

date that has examined coparenting conflict in single parent, ethnic minority families. Although previous research has consistently documented the negative effects of conflict between parents for married and divorced families, particularly those of European American origin, few studies have focused on conflict with cocaregivers in single-parent, minority families that are socioeconomically disadvantaged (Krishnakumar & Buehler, 2000; McLoyd et al., 2001).

Second, the current moves beyond an examination of the direct relation between coparenting conflict and positive parenting and investigates both a mediator, maternal psychological distress, and a moderator, perceived social support from friends, of coparenting conflict.

Third, the use of data at two points in time reflects an improvement over the use of cross-sectional data. Although true causality cannot be established with non-experimental data, the use of predictors measured at one point in time and outcomes measured over one year later is more congruent with causal interpretations than are cross-sectional research designs. Finally, the use of structural equation modeling techniques offers several advantages over traditional multivariate statistical methods, including multiple regression. SEM allows for the simultaneous evaluation of both measurement and structural models, comparisons between nested models, and tests multiple paths between constructs in one step, offering better control over Type 1 errors.

The results of the present investigation indicate that coparenting conflict is an important factor in predicting parenting in single parent, African American families facing socioeconomic disadvantage. However, these findings also suggest that coparenting conflict exerts its negative influence on parenting both directly and indirectly, through heightening maternal psychological distress. Furthermore, perceived social support qualifies the direct relation between coparenting conflict and parenting: High levels of social support buffer the negative effects of coparenting conflict such that positive parenting is less adversely affected. These findings suggest that intervention efforts designed to assist families in coping with coparenting conflict should specifically target families with low levels of social support. In order to further identify points of

intervention, future research in this area should continue to focus on factors that link coparenting conflict to impaired parenting and on factors that attenuate this relation.

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APPENDIX

Comparison between retained participants and those not retained

Variable	Retained <i>M</i> or %	Drop-outs <i>M</i> or %	<i>f</i> -value	χ -value
<u>Demographics</u>				
Child age (yrs.)	11.35	11.14	.40	
% Female	52%	55%		.32
Mother age (yrs.)	33.87	33.83	.03	
Education				5.25
less than high school	40%	45%		
high school or GED	48%	48%		
more than high school	12%	7%		
Family income	\$1038.74	\$794.87	2.31	
<i>Study variables</i>				
Coparenting conflict #1	2.01	1.79	.88	
Coparenting conflict #2	2.32	2.34	.03	
Coparenting conflict #3	2.27	2.07	.99	
Interpersonal sensitivity	.50	.52	.04	
Depressive symptoms	.38	.49	1.33	
Anxiety symptoms	.43	.44	.01	
Social support from friends	12.32	13.24	1.51	
Relationship quality T1	10.87	10.41	.49	
Parental monitoring T1	45.65	45.24	.08	
Disciplinary Consistency T1	45.04	44.59	.08	

* = $p < .05$, ** = $p < .01$.