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Parental Depression and Interparental Conflict: Children and Adolescents' Self-Blame and Coping Responses

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The present study examined the role of children and adolescents' perceptions of self-blame specific to interparental conflict and children and adolescents' coping behaviors in the context of parental depression as predictors of internalizing and externalizing symptoms in a sample of 108 youth (age 9–15 years old) of parents with a history of depression. Higher levels of current depressive symptoms in parents were associated with higher levels of interparental conflict and higher levels of internalizing symptoms in children and adolescents, and interparental conflict was positively associated with both internalizing and externalizing symptoms in children/adolescents. Consistent across a series of multiple regression models, children and adolescents' perceptions of self-blame and use of secondary control coping (acceptance, distraction, cognitive restructuring, positive thinking) were significant, independent predictors of both internalizing and externalizing symptoms.

Keywords: children of depressed parents, interparental conflict, coping/children's coping

Offspring of depressed parents are exposed to chronically stressful family environments that often include high levels of interparental conflict (e.g., Gotlib & Whiffen, 1989). Recent research suggests that youth of depressed parents exposed to high levels of interparental conflict are at greater risk for internalizing and externalizing psychopathology than youth of depressed parents not exposed to interparental conflict (e.g., Hammen, Brennan, & Shih, 2004). Two factors that are potentially important in understanding the effects of exposure to stress related to parental depression and interparental conflict are the ways that youth appraise the source of the conflict (e.g., blame themselves for causing their parents' conflict) and their coping responses.

Although offspring of depressed parents are more vulnerable to negative attributional styles in general (e.g., Bruce et al., 2006), no studies have examined perceptions of self-blame for interparental conflict in offspring of depressed parents. In samples of non-depressed parents, self-blame for interparental conflict is associated with youth's internalizing and externalizing symptoms (Grych, Harold, & Miles, 2003; McDonald & Grych, 2006). Therefore, it is important to study attributions of self-blame for interparental conflict in offspring of depressed parents.

Youths' coping strategies may partially account for the effects of parental depression and interparental conflict independently, but child/adolescent coping with interparental conflict in the context of parental depression has not been examined. Langrock et al. (2002) found that adolescents' use of secondary control coping (efforts to adapt to the source of stress) in response to stressors associated with parental depression was associated with lower internalizing and externalizing symptoms. In families characterized by conflict, disengagement coping (efforts to withdraw from the source of stress) and efforts to resolve parents' conflict (a form of primary control coping) are related to higher levels of depressive symptoms, while distraction (secondary control coping) is related to lower levels of emotional symptoms (e.g., Nicolotti, El-Sheikh, & Whitson, 2003; Shelton & Harold, 2007).

Although both perceptions of self-blame and coping strategies appear to be important factors, these processes have not been examined together with children and adolescents. The current study examined the role of perceptions of self-blame specific to interparental conflict and coping in the context of parental depressive symptoms as predictors of symptoms in youth of depressed parents. It was hypothe-

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sized that (a) more secondary control coping would predict fewer internalizing and externalizing symptoms in adolescents, and (b) youth's tendency to blame themselves for their parents' conflict would predict more symptoms.

Method

Participants

Participants were from a sample of 204 children and adolescents from 152 families recruited as part of a two-site randomized preventive intervention trial. Data reported here were obtained prior to randomization of families into the study. The sample includes 108 parents with a history of depression (17 fathers, 91 mothers; mean age = 42.67 years) and their child/adolescent (randomly selected in families with multiple children) aged 9- to 15-years-old (50 males, 58 females; mean age = 11.54 years). Median parental education was a 4-year college degree. Parents were 87% Caucasian, 8% African American, 3% Hispanic, and 2% mixed. Seventy-eight percent of parents were married or living with a partner, 19% were divorced or annulled, and 3% were separated. Families of divorced or separated parents were retained because interparental conflict often continues following a divorce (e.g., Emery, Matthews, & Kitzmann, 1994).

Parents were excluded if they met criteria for lifetime Bipolar Disorder Type I or lifetime Schizophrenia. Because of requirements for participation in the prevention trial, families where a child/adolescent within the age range met criteria for current Conduct Disorder or Substance Abuse, an intellectual disability, or a history of an autism spectrum disorder, were excluded.

Procedure

To recruit a representative sample of families of parents with depression, including those who were and were not receiving treatment, we recruited participants through several sources. Specifically, 8.4% of the current sample came from mental health settings, 23.4% from medical/general practitioners, 39.3% from the general public via media sources (e.g., newspaper, television ads), 21.5% from University recruitment sources, 3.7% from children's schools, and 0.9% from a community center (2.8% were unable to recall the recruitment source). There were no significant differences in the source of recruitment across sites. Eligible families were scheduled for interviews (n = 180), and 152 were found eligible and randomized into the study.

Measures

The *Beck Depression Inventory-II* (BDI-II; Beck, Steer, & Brown, 1996) was used to assess current level of depression in the identified target parent. The BDI-II is a 21-item measure of symptoms of depression in the past 2 weeks. Reliability and validity of the BDI-II are well established (Beck et al., 1996). Internal consistency for the current sample was α = .93.

The *Child Behavior Checklist* and *Youth Self-Report* (CBCL; YSR; Achenbach & Rescorla, 2001) were used to assess symptoms of anxiety/depression and aggression in adolescents. The CBCL is a 118-item checklist of problem behaviors (higher scores indicate more symptoms). Youth completed the YSR, the self-report version of the CBCL. The anxious/depressed and aggression scales were selected to represent salient forms of internalizing and externalizing symptoms. Reliability and validity of the CBCL and YSR are well established. In this sample, the internal consistencies ranged from α = .81 to α = .85. All youth completed the YSR, including 40 children ages 9–10 (internal consistency for children age 9 and 10 was α = .84 for anxiety/depression and α = .88 for aggression).

The *Responses to Stress Questionnaire* (RSQ; Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000) was completed by parents and youth. The parental depression version of the RSQ includes four items assessing the frequency of interparental conflict (e.g., "My parents shout at each other") that were used in this study. Internal consistency for the current sample was α = .84 for child/adolescent reports and α = .77 for parent reports of conflict.

The *Children's Perception of Interparental Conflict Scale* (CPIC; Grych, Seid, & Fincham, 1992) was used to assess interparental conflict from the child/adolescent's perspective. The self-blame subscale (the degree to which adolescents blame themselves for their parents' conflict) was used to assess youths' appraisals and attributions of perceived interparental conflict. Adequate reliability and validity have been reported in children (Grych et al., 1992) and in adolescents (Bickham & Fiese, 1997). Internal consistency for this sample was α = .70.

The *RSQ* (Connor-Smith et al., 2000) was completed by youth and their parents to assess youths' coping responses to family stressors associated with parental depression within the past 6 months. Factor analyses of the RSQ have identified five factors: *primary control engagement coping* (problem solving, emotional expression, emotional modulation), *secondary control engagement coping* (cognitive restructuring, positive thinking, acceptance, distraction), *disengagement coping* (avoidance, denial, wishful thinking), and two scales that reflect involuntary stress responses that were not used in the current analyses. To control for response bias, proportion scores were calculated by dividing the total score for each factor by the total score for the RSQ (Connor-Smith et al., 2000). The RSQ has been shown to have good psychometric properties (Connor-Smith et al., 2000). The internal consistency in this sample ranged from α = .76 to α = .86.

Parent and youth reports were significantly correlated for interparental conflict (r = .61, $p < .001$), anxious/depressed symptoms (r = .33, $p < .001$), and aggressive behavior problems (r = .44, $p < .001$). Therefore, composite variables were created by converting parent and youth reports to z-scores and summing the z-scores. Parent and youth reports of coping were not significantly correlated, and measures of self-blame were assessed via child/adolescent report only; z-scores were used for these variables but were not combined into composites.

Results

For purposes of comparisons to national norms, normalized *T* scores are reported for the CBCL and YSR. Consistent with what would be expected for this at-risk sample, mean *T* scores on the CBCL anxiety/depression (59.9) and aggression (56.2) scales and on the YSR anxiety/depression (55.7) and aggression (54.7) scales fell approximately 1/2 to 1 standard deviation above the normative mean. Parents' mean score on the BDI-II was 17.8, and 37% of the sample scored greater than 19, indicating moderate to severe current depressive symptoms.

Correlations among the variables are presented in Table 1. Interparental conflict and child/adolescent reports of self-blame were positively correlated with both anxiety/depression and aggression, whereas parent and child/adolescent reports of children and adolescents' use of primary and secondary control coping were negatively correlated with symptom measures.

Two regression models predicting anxious/depressed symptoms were examined using parent or youth reports of coping (see Table 2), both yielding similar results. The first three steps of these two models were identical, with the final step differing on whether parent or youth reports of coping were added into the equations. Youth sex, youth age, and parents' marital status variables were entered in the first step to control for these demographic factors, and parents' current depressive symptoms and interparental conflict were entered in the second step. The first two steps for both regression models were non-significant. Both equations were significant at the third step, and youths' perceptions of self-blame were a significant predictor of youths' anxiety/depression. In the final step, youths' primary control, secondary control, and disengagement coping were added. The regression equations remained significant and the change from the third step was significant for both models using youth and parent reports of youths' coping. Youths' perceptions of self-blame remained a significant predictor, and their use of secondary control coping emerged as a significant predictor of anxiety/depression, regardless of informant of coping and controlling for all other variables.

Two regression models predicting aggressive behavior problems were examined using the same format as the models for anxiety/depression (see Table 2). In both models, the overall regression equations for the first two steps were non-significant, but interparental conflict was a significant predictor of youths' aggressive behavior problems. The overall regression equation was significant with the addition of youth's perceptions of self-blame in the third step and the effect for interparental conflict was marginal and youth's perceived self-blame emerged as a significant predictor of youth's aggressive symptoms. The final step added youths' use of primary control, secondary control, and disengagement coping; the regression equations remained significant, with significant changes occurring from the third to fourth step for both models. Youths' perceptions of self-blame remained significant and their use of secondary control coping also emerged as a significant predictor regardless of informant of coping. In the model with youth reports of coping, self-reported use of primary control coping also emerged as a significant predictor of aggressive behavior problems.

Discussion

Findings from this study indicate that higher levels of interparental conflict were associated with higher levels of anxiety/depression and aggressive symptoms, whereas parents' current depressive symptoms were only significantly correlated with current emotional symptoms in youth. Child/adolescent perceptions of self-blame were strongly associated with symptoms of anxiety/depression and aggression, and youth who made more self-blaming attributions were less likely (based on self-reports of coping) to use secondary control coping strategies. Consistent support was found for the role of youths' attributions of self-blame and use of secondary control coping as independent predic-

Table 1
Correlations Between Current Parental Depressive Symptoms, Interparental Conflict, Self-Blame, and Coping Reported by Youth and Parents

Subscale	1	2	3	4	5	6	7	8	9	10	11	12
1. Youth age	—											
2. Youth sex	.10	—										
3. Parent BDI score	−.10	.00	—									
4. Composite conflict	.01	−.01	.44**	—								
5. Composite anx/dep	−.08	.06	.19*	.22*	—							
6. Composite aggressive	−.08	−.06	.14	.24*	.61**	—						
7. CPIC self-blame	−.01	.05	.14	.13	.33**	.44**	—					
8. YR primary control coping	−.07	.10	−.08	−.22*	−.19*	−.26**	−.01	—				
9. YR secondary control coping	−.06	−.10	−.01	−.09	−.38**	−.36**	−.34**	.14	—			
10. YR disengagement coping	.08	−.19*	.08	.18†	.11	.18†	−.01	−.66**	−.18†	—		
11. PR primary control coping	.03	.01	−.18†	−.36**	−.22*	−.15	−.08	.10	.10	−.03	—	
12. PR secondary control coping	.06	−.04	−.01	−.21*	−.47**	−.30**	−.12	.08	.17†	−.06	.38**	—
13. PR disengagement coping	.19*	−.02	.13	.38**	.07	−.00	−.08	−.18†	.10	.10	−.73**	−.33**

Note. BDI = Beck Depression Inventory; YR = Youth Report; PR = Parent Report; Anx/Dep = Anxiety/Depression; CPIC = Children's Perceptions of Interparental Conflict Questionnaire.
† $p < .10$. * $p < .05$. ** $p < .01$.

Table 2
Regression Equations Predicting Anxious/Depressed and Aggressive Symptoms From Conflict, Current Parental Depressive Symptoms, Self-Blame, and Coping Reported by Youth (Equation 1) and Parents (Equation 2)

	Equation 1–anxious/depressed		Equation 1–aggressive behavior	
	β	sr^2	β	sr^2
	Final adjusted $R^2 = .18$; $F(9, 98) = 3.68$, $p < .01$		Final adjusted $R^2 = .26$; $F(9, 98) = 5.10$, $p < .001$	
Step 1: R^2 change = .03				
Marital status	.14	.02	.08	.01
Youth age	−.08	.01	−.06	.00
Youth sex	.05	.00	−.06	.00
Step 2: R^2 change = .05				
Marital status	.11	.01	.05	.00
Youth age	−.07	.00	−.06	.00
Youth sex	.06	.00	−.05	.00
Parent BDI	.10	.01	.03	.00
Interparental conflict	.16	.02	.22*	.04
Step 3: R^2 change = .08**				
Marital status	.09	.01	.01	.00
Youth age	−.07	.00	−.06	.00
Youth sex	.04	.00	−.07	.01
Parent BDI	.07	.00	−.01	.00
Interparental conflict	.14	.02	.19	.03
CPIC self-blame	.28**	.08	.42***	.17
Step 4: R^2 change = .10**				
Marital status	.07	.00	.01	.00
Youth age	−.09	.01	−.09	.00
Youth sex	.03	.00	−.07	.00
Parent BDI	.09	.01	.01	.00
Interparental conflict	.09	.01	.13	.01
CPIC self-blame	.19*	.03	.35***	.10
YR primary control	−.18	.02	−.22*	.03
YR secondary control	−.29**	.07	−.20*	.03
YR disengagement	−.07	.00	−.03	.00
	Equation 2–anxious/depressed		Equation 2–aggressive behavior	
	Final adjusted $R^2 = .28$; $F(9, 98) = 5.65$, $p < .001$		Final adjusted $R^2 = .23$; $F(9, 98) = 4.63$, $p < .001$	
Step 1[1]: R^2 change = .03				
Step 2[1]: R^2 change = .05				
Step 3[1]: R^2 change = .08**				
Step 4: R^2 change = .19***				
Marital status	.00	.00	−.04	.00
Youth age	.00	.00	−.01	.00
Youth sex	.03	.00	−.08	.01
Parent BDI	.12	.01	.02	.00
Interparental conflict	.07	.00	.17	.02
CPIC self-blame	.22*	.04	.37***	.12
PR primary control	−.14	.01	−.12	.01
PR secondary control	−.45***	.16	−.26**	.05
PR disengagement	−.21	.02	−.20	.02

Note. β = standardized beta; sr^2 = semi-partial correlation squared; CPIC = Children's Perceptions of Interparental Conflict Questionnaire; YR = Youth Report; PR = Parent Report.
[1] Steps 1, 2, and 3 are identical to equation 1 and individual predictor values are therefore removed in equation 2.
† $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

tors of anxious/depressed symptoms and aggressive behavior problems. Youths' tendency to blame themselves predicted more symptoms, whereas greater use of secondary control coping predicted fewer symptoms.

This study had several limitations. The cross-sectional nature of this study prevents causal conclusions. The findings from this study may be an indication that adolescents with fewer emotional and behavioral problems engage in more effective coping strategies. Future research should therefore examine offspring of depressed parents' coping behaviors in prospective, longitudinal designs. Moreover, this study relied on questionnaires and future research will benefit from assessing conflict and coping using multiple methods.

In spite of these limitations, this study has several strengths. The most striking finding is the effects found for youths' perceptions of self-blame and use of secondary control coping in predicting emotional and behavioral

symptoms. The independent effects of these two factors suggests that attempts to change only one of these predictors may not protect youth from the negative effect of the other predictor (i.e., interventions that just bolster secondary control coping may not protect youth from the negative effects of self-blame). Results from this study suggest that interventions for offspring of depressed parents exposed to interparental conflict may prove most beneficial when they are designed to both decrease youth's feelings of self-blame and increase their use of secondary control coping strategies.

References

Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for ASEBA School-Age Forms & Profiles.* Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families.

Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory-II.* San Antonio, TX: Psychological Corporation.

Bickham, N. L., & Fiese, B. H. (1997). Extension of the Children's Perceptions of Interparental Conflict Scale for use with late adolescents. *Journal of Family Psychology, 11,* 246–250.

Bruce, A. E., Cole, D. A., Dallaire, D. H., Jacquez, F. M., Pineda, A. Q., & LaGrange, B. (2006). Relations of parenting and negative life events to cognitive diatheses for depression in children. *Journal of Abnormal Child Psychology, 34,* 321–333.

Connor-Smith, J. K., Compas, B. E., Wadsworth, M. E., Thomsen, A. H., & Saltzman, H. (2000). Responses to stress in adolescence: Measurement of coping and involuntary stress responses. *Journal of Consulting and Clinical Psychology, 68,* 976–992.

Emery, R. E., Matthews, S. G., & Kitzmann, K. M. (1994). Child custody mediation and litigation: Parents' satisfaction and functioning one year after settlement. *Journal of Consulting and Clinical Psychology, 62,* 124–129.

Gotlib, I. H., & Whiffen, V. E. (1989). Depression and marital functioning: An examination of specificity and gender differences. *Journal of Abnormal Psychology, 98,* 23–30.

Grych, J. H., Harold, G. T., & Miles, C. J. (2003). A prospective investigation of appraisals as mediators of the link between interparental conflict and child adjustment. *Child Development, 74,* 1176–1193.

Grych, J. H., Seid, M., & Fincham, F. D. (1992). Assessing marital conflict from the child's perspective: The Adolescents' Perceptions of Interparental Conflict Scale. *Child Development, 63,* 558–572.

Hammen, C., Brennan, P. A., & Shih, J. H. (2004). Family discord and stress predictors of depression and other disorders in adolescent children of depressed and nondepressed women. *Journal of the American Academy of Child and Adolescent Psychiatry, 43,* 994–1002.

Langrock, A. M., Compas, B. E., Keller, G., Merchant, M. J., & Copeland, M. E. (2002). Coping with the stress of parental depression: Parents' reports of adolescents' coping, emotional, and behavioral problems. *Journal of Clinical Child and Adolescent Psychology, 31,* 312–324.

McDonald, R., & Grych, J. H. (2006). Young adolescents' appraisals of interparental conflict: Measurement and links with adjustment problems. *Journal of Family Psychology, 20,* 88–99.

Nicolotti, L., El-Sheikh, M., & Whitson, S. M. (2003). Adolescents' coping with marital conflict and their adjustment and physical health: Vulnerability and protective functions. *Journal of Family Psychology, 17,* 315–326.

Shelton, K. H., & Harold, G. T. (2007). Marital conflict and adolescents' adjustment: The mediating and moderating role of adolescents' coping strategies. *Social Development, 16,* 497–512.

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