

DOCUMENT RESUME

ED 413 061

PS 025 885

AUTHOR Tschann, Jeanne M.; Flores, Elena; Marin, Barbara VanOss
 TITLE Parental Marital Conflict and Adolescent Risk Behaviors: A
 Cognitive-Emotional Model.
 SPONS AGENCY Health Resources and Services Administration (DHHS/PHS),
 Washington, DC. Maternal and Child Health Bureau.
 PUB DATE 1997-04-00
 NOTE 9p.; Paper presented at the Biennial Meeting of the Society
 for Research in Child Development (62nd, Washington, DC,
 April 3-6, 1997).
 CONTRACT MCJ-060623
 PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
 EDRS PRICE MF01/PC01 Plus Postage.
 DESCRIPTORS *Adolescents; At Risk Persons; *Behavior Problems; Conflict;
 Family Problems; *Marital Instability; Marital Satisfaction;
 Mexican Americans; *Parent Child Relationship; Sexuality;
 Substance Abuse
 IDENTIFIERS Adolescent Behavior; *Risk Taking Behavior

ABSTRACT

This study examined the relationship between six dimensions of parental marital conflict and adolescent health risk behaviors, including substance abuse and sexual activity. Subjects were 151 European American adolescents and 110 Mexican American adolescents, ages 12-15, and their parents. Parents reported on their inter-parental conflict at initial interviews. Adolescents reported on parental conflict, their own primary appraisal of threat and self-blame regarding parental conflict, and their emotional distress. At a 6-month follow-up, adolescents reported on their risk behaviors. Results indicated that for Mexican Americans, three parental conflict dimensions--conflict about the adolescent, conflictual process, and conflict intensity--were related to one or more risk behaviors. For European Americans, four parental conflict dimensions--conflict about the adolescent, conflictual process, conflict resolution, and adolescent involvement in the conflict--were related to one or more risk behaviors. The effects of two parental conflict dimensions, conflict resolution and adolescent involvement, were mediated by primary appraisal and emotional distress. (Author/JPB)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *

This document has been reproduced as
received from the person or organization
originating it.

Minor changes have been made to
improve reproduction quality.

• Points of view or opinions stated in this
document do not necessarily represent
official OERI position or policy.

PARENTAL MARITAL CONFLICT AND ADOLESCENT RISK BEHAVIORS: A COGNITIVE-EMOTIONAL MODEL

Jeanne M. Tschann^{1,2}, Elena Flores¹, and Barbara VanOss Marin³

Departments of Pediatrics (1), Psychiatry (2), and Epidemiology and Biostatistics (3)
University of California, San Francisco

Using a cognitive-emotional model, we examined how six dimensions of parental marital conflict were related to adolescent health risk behaviors, including substance use and sexual activity. Participants were 151 European American adolescents and 110 Mexican American adolescents, ages 12-15, and their parents. At initial individual interviews, parents reported on their interparental conflict. Adolescents reported on parental conflict, their own primary appraisal of threat and self-blame regarding parental conflict, and their emotional distress. At 6-month telephone follow-ups, adolescents reported on their risk behaviors. For Mexican Americans, three parental conflict dimensions -- conflict about the adolescent, conflictual process, and conflict intensity -- were related to one or more risk behaviors. For European Americans, four parental conflict dimensions -- conflict about the adolescent, conflictual process, conflict resolution, and adolescent involvement in the conflict -- were related to one or more risk behaviors. Further, the effects of two parental conflict dimensions, conflict resolution and adolescent involvement, were mediated by primary appraisal and emotional distress, as predicted by our cognitive-emotional model.

Presented at Society for Research in Child Development, Washington, D.C., April 1997.

This research is supported by a grant from the Maternal and Child Health Bureau (MCJ-060623).

We are grateful to Toni Adelsheimer, Stephanie Brown, Jill Gurvey, Matt Jorgensen, Nydia Medina, Martha Miranda, Rafael Fernando Narvaez, Jorge Palacios, Armando Sandoval, David Spangler, and Mimi Wolff for assistance with data collection and data entry.

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL
HAS BEEN GRANTED BY

Jeanne M.
Tschann

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

PARENTAL MARITAL CONFLICT AND ADOLESCENT RISK BEHAVIORS: A COGNITIVE-EMOTIONAL MODEL

Parental conflict is an important predictor of children's behavioral and emotional adjustment problems in both intact and divorced families (Emery, 1982; Grych & Fincham, 1990). However, the influence of parental conflict on adolescent health risk behaviors has seldom been examined, although adolescent problem behaviors such as drinking, substance use, and risky sexual behavior can be viewed as the adolescent version of externalizing behavior problems. Based on the cognitive theory of stress and coping (Lazarus & Folkman, 1984) and functional theories of emotion (Bretherton et al, 1986; Campos, Campos & Barrett, 1989), we developed a model to explain how multiple dimensions of marital conflict might influence adolescent emotional adjustment and health risk behaviors.

We hypothesized that more frequent conflict, conflict about the adolescent, poor conflictual process, adolescent involvement in the conflict, more intense conflict, and unresolved conflict would all increase adolescents' primary appraisal of threat and self-blame. We expected that primary appraisal would in turn be related to emotional distress, including anxiety, anger and depression. Finally, we hypothesized that distressed adolescents may subsequently engage in health risk behaviors, such as substance use and unsafe sexual activity, as escape-avoidant attempts to alleviate their distress (Lazarus & Folkman, 1984).

METHOD

Altogether, 303 adolescents ages 12-15, and their parents, were recruited from an HMO. Families were European American ($n = 151$) or Mexican American ($n = 152$); all were intact. Adolescents' mean age at baseline was 14.0 years; and 54% were male. Most Mexican American parents were born in Mexico (86%), but most of their adolescents were

born in the U.S. (75%).

Family members participated in individual, face-to-face interviews at baseline. At 6 and 12 months, they participated in individual telephone follow-ups. At baseline, parents and adolescents reported on parental conflict, and adolescents reported on their primary appraisal and emotional distress. At follow-ups, adolescents reported on their risk behaviors.

For marital conflict and primary appraisal, items for scales were adapted from existing measures and developed from focus groups (α s = .53-.91). Conflict intensity was measured using the Conflict Tactics Scale (Straus, 1979). One variable for each marital conflict dimension was produced by combining family members' scores. Adolescents' emotional distress was measured using the Beck Depression Inventory, the Spielberger State Anxiety scale, and the Spielberger State Anger scale. Risk behaviors included frequency/intensity of alcohol, tobacco and marijuana use, ever used other drugs, and degree of sexual experience. (See Table 1.)

This report focuses on adolescent risk behavior at 6-month follow-up. Analyses included the 261 adolescents (110 Mexican Americans, and all 151 European Americans) whose data were available. Correlations indicated that the only demographic variable related to any risk behavior was adolescent age; accordingly, age was used as a control variable in all subsequent analyses.

RESULTS

For Mexican American adolescents, multiple regression analyses revealed that three of the six parental conflict dimensions -- content, process and intensity -- predicted one or more risk behaviors (tobacco use, marijuana use, other drugs and sexual experience; β s = .21-.23, $p < .05$). Specifically, more parental conflict about the adolescent, father

expressing less negative emotion during conflict, mother being dominating during conflict, and parents engaging in greater interparental physical violence during conflict were all related to higher levels of adolescent risk behaviors during the following 6 months. The three conflict dimensions of frequency, resolution, and adolescent involvement in the conflict did not predict risk behaviors; also, adolescent alcohol use was the only risk behavior not predicted by parental conflict. Because the Mexican American sample was too small to adequately test the entire model (Figure 1), we plan to conduct path analyses when 6-month follow-ups are completed.

For European American adolescents, multiple regression analysis indicated that four of the six parental conflict dimensions -- content, process, conflict resolution, and adolescent involvement -- were related to one or more risk behaviors. Further, path analysis showed that primary appraisal and emotional distress mediated the relationship between two conflict dimensions, conflict resolution and adolescent involvement, and most risk behaviors (Figure 1). Conflictual content (conflict about the adolescent) and conflictual process (including mother expressing negative emotions, mother demanding, and father demanding) also predict risk behaviors; however, their effects are not mediated as hypothesized. Frequency and intensity of conflict failed to predict any risk behavior at 6 months.

DISCUSSION

Our results suggest that several aspects of parental conflict are related to adolescent health risk behaviors, among both Mexican Americans and European Americans. Nearly every dimension of parental conflict, with the exception of conflict frequency, predicts one or more risk behaviors among either Mexican American or European American adolescents.

Further, our findings for European Americans show that our cognitive-emotional

model explains the process by which certain aspects of parental marital conflict influences adolescent risk behaviors. In particular, adolescents who become actively involved in their parents' conflict, or whose parents have poor conflict resolution, tend to appraise the conflict as more threatening and to engage in more self-blame regarding the conflict. Adolescents who make appraisals of greater threat and self-blame also report heightened levels of emotional distress. In turn, emotionally distressed adolescents tend to use more alcohol, tobacco and other drugs, and have more sexual experience.

Thus, some parental conflict dimensions appear to have direct effects on adolescent risk behavior, while the effects of other parental conflict dimensions are mediated by adolescents' primary appraisal and emotional distress, as predicted by our cognitive-emotional model.

References

Bretherton, I., Fritz, J., Zahn-Waxler, C., & Ridgeway, D. (1986). Learning to talk about emotions: A functionalist perspective. Child Development, 57, 529-548.

Campos, J.J., Campos, R.G., & Barrett, K.C. (1989). Emergent themes in the study of emotional development and emotion regulation. Developmental Psychology, 25, 394-402.

Cummings, E.M., Vogel, D., Cummings, J.S., & El-Sheikh, M. (1989). Children's responses to different forms of expression of anger between adults. Child Development, 60, 1392-1404.

Emery, R.E. (1982). Interparental conflict and the children of discord and divorce. Psychological Bulletin, 92, 310-330.

Gottman, J.M., & Krokoff, L.J. (1989). Marital interaction and satisfaction: A longitudinal view. Journal of Consulting and Clinical Psychology, 57, 47-52.

Grych, J.H., & Fincham, F.D. (1990). Marital conflict and children's adjustment: A cognitive-contextual framework. Psychological Bulletin, 108, 267-290.

Lazarus, R.S., & Folkman, S. (1984). Stress, Appraisal, and Coping. New York: Springer.

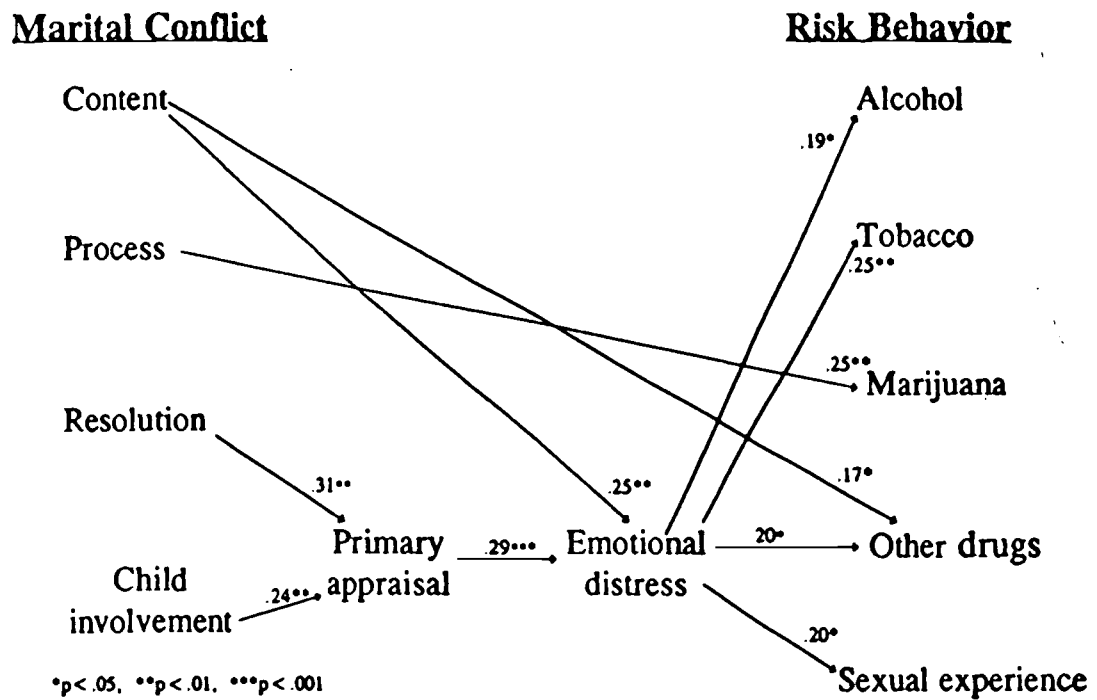
Straus, M.A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics Scales. Journal of Marriage and the Family, 41, 75-88.

Table 1. Frequencies of adolescent health risk behaviors.

Risk Behavior	European Americans (<u>n</u> = 151)	Mexican Americans (<u>n</u> = 110)
	<u>M</u> or %	<u>M</u> or %
Ever used alcohol	50%	51%
Ever used tobacco	40%	42%
Ever used marijuana	34%	25%
Ever used another drug	21%	13%
Total substances used	<u>M</u> = 1.45	<u>M</u> = 1.31
No substance	42%	41%
One substance	17%	19%
Two substances	12%	18%
Three substances	15%	15%
Four substances	15%	8%
Sexual experience (most advanced level)	<u>M</u> = 2.22	<u>M</u> = 2.34
No sexual activity	26%	24%
Kissing, lips only	15%	11%
Open-mouth kissing	16%	26%
Breast touching	18%	14%
Genital touching	11%	10%
Oral sex	3%	0%
Vaginal or anal sex	10%	14%

Note: There are no significant differences between the two ethnic groups.

Figure 1. Cognitive-emotional model predicting risk behaviors among European American adolescents ($n = 151$).





U.S. Department of Education
Office of Educational Research and Improvement (OERI)
Educational Resources Information Center (ERIC)



REPRODUCTION RELEASE

(Specific Document)

I. DOCUMENT IDENTIFICATION:

Title: Parental Marital Conflict and Adolescent Risk Behaviors: A Cognitive-Emotional Model	
Author(s): Jeanne M. Tschann, Elena Flores, and Barbara VanOss Marin	
Corporate Source: University of California, San Francisco	Publication Date: 4/97

II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, *Resources in Education* (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic/optical media, and sold through the ERIC Document Reproduction Service (EDRS) or other ERIC vendors. Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to the document.

If permission is granted to reproduce and disseminate the identified document, please CHECK ONE of the following two options and sign at the bottom of the page.



Check here
For Level 1 Release:
Permitting reproduction in microfiche (4" x 6" film) or other ERIC archival media (e.g., electronic or optical) and paper copy.

The sample sticker shown below will be affixed to all Level 1 documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

_____ Sample _____

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Level 1

The sample sticker shown below will be affixed to all Level 2 documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN OTHER THAN PAPER COPY HAS BEEN GRANTED BY

_____ Sample _____

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Level 2



Check here
For Level 2 Release:
Permitting reproduction in microfiche (4" x 6" film) or other ERIC archival media (e.g., electronic or optical), but *not* in paper copy.

Documents will be processed as indicated provided reproduction quality permits. If permission to reproduce is granted, but neither box is checked, documents will be processed at Level 1.

"I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce and disseminate this document as indicated above. Reproduction from the ERIC microfiche or electronic/optical media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries."

Signature: 	Printed Name/Position/Title: Jeanne M. Tschann, Associate Professor	
Organization/Address: University of California, San Francisco Dept of Pediatrics Box 0844 San Francisco, CA 94143	Telephone: 415-476-7761	FAX: 415-476-7744
	E-Mail Address: jmt@itsa.ucsf.edu	Date: 9/12/97

Sign here → please

5880250



University of Illinois
at Urbana-Champaign



Clearinghouse on Elementary and Early Childhood Education
National Parent Information Network

Children's Research Center
51 Gerty Drive
Champaign, IL 61820-7469

217 333-1386
217 333-3767 fax

800 583-4135 toll free
ericeece@uiuc.edu e-mail

August 22, 1997

Dear Colleague:

After doing a blanket solicitation for papers at the **62nd Biennial Meeting of the Society for Research in Child Development** held in Washington, D.C., April 3-6, 1997, I am now contacting individual presenters, particularly in our scope of early childhood through early adolescence, to consider sending two copies of your presentations for possible inclusion in the **ERIC** database. As you may know, **ERIC (the Educational Resources Information Center)** is a federally-sponsored information system for the field of education. Its main product is the ERIC database, the world's largest source of education information. **The Clearinghouse on Elementary and Early Childhood Education** is one of sixteen subject-specialized clearinghouses making up the ERIC system. We collect and disseminate information relating to all aspects of children's development, care, and education.

Ideally, your paper should be at least eight pages long and not have been published elsewhere at the time of submission. **Announcement in ERIC does not prevent you from publishing your paper elsewhere** because you still retain complete copyright. Your paper will be reviewed and we will let you know within six weeks if it has been accepted.

Please complete and sign the reproduction release on the back of this letter and return it with two copies of your presentation to **ERIC/EECE**. If you have any questions, please call me at (800) 583-4135 or by (e-mail at ksmith5@uiuc.edu). I look forward to hearing from you soon.

Sincerely,

Karen E. Smith
Acquisitions Coordinator

Enclosures