The Relationship Between Adolescent Depression and Parent Marital Conflict:

In Search Of Effects, Outcomes, and Interventions

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By

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Abstract

Adolescence is a time of rapid emotional and physical development when, for most teens, the relationship between parents plays a central role in the emotional well being of the adolescent. It has been shown that increased parental conflict increases adolescent maladjustment and that, in turn, negatively impacts marital adjustment. This paper looks at the reciprocal relationship between marital conflict and adolescent depression, how it affects the adolescent’s relationships in the future, and, from a family systems perspective, what can be done to moderate these influences.
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The Relationship Between Adolescent Depression and Parent Marital Conflict: In Search of Effects, Outcomes, and Interventions

As a general rule, adolescence is a difficult time in life. Though every person above the age of 20 has experienced it, the ways that it is experienced differ significantly. The similarities may be only limited to what is going on developmentally during that time. During adolescence, the brain is going through one of the biggest reorganizations of its life, rivaling that only of the growth and reorganizations of a toddler’s brain. Coupled with that, hormone levels are increasing at a staggering rate, triggering physical growth spurts and physiological changes. As these changes are taking place, they are also triggering social changes in how adolescents interact with their world, changes in risk taking behavior, and impressions of independence and responsibility.

When another stressor such as parental conflict is thrown into this mix, results can be less than desirable. It seems that the human emotional system can only deal with so many things at one time. All the normal changes are enough for an adolescent to handle and when other stressors appear, something gets left behind. Usually that manifests itself in a delay in one or many of the areas of social growth. When a child is not thriving in his or her environment, a common response to this kind of psychological distress is depression, and less often, aggression.

Although it seems that there are multiple factors that make adolescent depression and parent conflict reciprocal, when looking for a solution, change in the interparental relationship has the biggest positive effect. There is little that the adolescent can do to change the whole system. Interventions are thus focused on the parental relationship rather than the behavior or psychological well being of the adolescent.
This paper examines (a) changes that are happening in the period of adolescence, cognitively and emotionally, (b) how different marital conflict affects the system differently, and (c) the interrelationship between adolescent depression and parent conflict. Though they do interact, each increasing the other, one definitely has more ability to stress the system than the other, explaining why it is that interventions are largely focused on one side of the equation.

Treating adolescent depression is very important for the long term health of the adolescent and the possibility of depression recurring in the future. The increased risk of depression recurring if not treated the first time itself is a strong enough indicator to necessitate treatment. When treating an adolescent for depression, it is vital to investigate his or her home life, and the relationship of his or her parents and the family system as a whole.

The family system in which an adolescent grows up, not only affects his or her current mental health, it also affects all future relationships. The family system is the birthplace of all future relationships and ways that one interacts with the world. The synaptic pathways that an adolescent’s brain is forming are the ones that they will most likely use for the rest of his or her life. The relationships of parents that adolescents witness are the molds that they are forming and will use for the rest of their lives. It is a parent’s job to make that model a good one. It is not only for the sake of the present mental health of an adolescent, but also for his or her future relationships and mental health.

**Adolescent Development**

**Cognitive Development**

The transition from child brain to adolescent brain begins right around the time of puberty. There is a steady increase of white matter throughout between the ages of 4 and 21 (Paus, 2005). This is looked at as a time of synaptic growth, creating as many new connections
as happens in brains of toddlers. Only after puberty in mid adolescence does synaptic pruning begin in the brain.

Much of that growth during adolescence happens in the particular brain regions and systems that are key to the regulation of behavior and emotion and to the perception and evaluation of risk and reward (Steinberg, 2005). During early adolescence, individuals show marked improvements in deductive reasoning, information processing, and expertise. Compared to children, these gains allow for more abstract, multidimensional, planned, and hypothetical thinking.

There is evidence that the prefrontal cortex is involved in several other high level cognitive capacities, including self awareness and perspective taking. This is the ability to take on the viewpoint of another person. As the connections in the prefrontal cortex increase during early adolescence, these abilities also increase. During early adolescence, teens are also getting better at recognizing the emotions of others. This is attributed to growth in the areas of the brain that deal with the processing of verbal and non verbal cues such as facial expressions. Teens are learning about themselves as well as putting themselves in the shoes of others with the heightened ability to interpret interactions.

Even though adolescents in the early stages are starting to have these abilities, it is not until mid adolescence that synaptic pruning begins and the brain begins refining connections. It is suggested that until pruning occurs, synaptic connections in the frontal cortex generate a low signal to noise ratio due to an excess of synapses. This renders the cognitive performance less efficient (Blakemore & Choudhury, 2006)). That means that even though adolescents have these abilities for self awareness and perspective taking, they are rather inaccessible until neural
pathways are more refined through pruning. This refinement process continues at a high rate until adulthood.

During the pruning process in mid adolescence, there seems to be a heightened vulnerability to risk taking and problems in regulation of affect and behavior (Steinberg, 2005). Teens may demonstrate their knowledge of safe behaviors, but still engage in high risk behaviors with no regard for their knowledge of risk taking. It has been suggested that programs to teach adolescents the dangers of risk taking such as driver’s education, sex education, and drug and alcohol programs are not effective for this reason (Steinberg, 2008). It is not that these programs are useless. Teens do need to learn about safety, but it will not stop their risk taking behavior. What is probably more effective is involved parenting and limited opportunities for risk taking during adolescence.

Still others suggest that limiting such behavior will increase the age that teens make bad decisions. Risk taking is an essential part of brain development and through that process teens are learning essential skills in decision making. Essentially, they must be allowed to make their own mistakes to actually fully learn cause and effect relationship of risk taking (Bessant, 2008).

During late adolescence, risk taking declines for possibly three reasons. First is the maturation of the cognitive control system that strengthens individuals’ ability to engage in longer term planning and inhibit impulsive behavior. Second, when connections mature between the cortical and sub cortical regions of the brain, the coordination of cognition and affect is strengthened permitting teens to better manage socially and emotionally charged situations with deliberate reasoning. In addition, this allows adolescents to use social and emotional information in decision making. Previously these processes were done separately. Finally, it may be that the
developmental changes in patterns of neural transmission after adolescence change the importance of rewards. Therefore, the need for reward seeking changes (Steinberg, 2008).

**Emotional Development**

When examining the various theories of adolescent development, there are several aspects that major theorists have considered. Of the more well known and respected theorists, Jean Piaget and Erik Erikson are considered here. Also worth mentioning briefly is Lawrence Kohlberg’s theory of moral development. Even though all ages and stages are considered by these theories, what is covered here is what is happening during adolescence. Though specific ages are set for what is called adolescence, there is much more latitude given for developmental stages. These are stages that are not necessarily age specific as much as they are sequential and build upon one another. Even that can be debated.

Piaget believed that thinking occurred in stages. During early adolescence, thinking shifted from concrete operational thought to formal operational thought (Crain, 2005). In concrete operational thought, children use mental processes to clarify alterations in concrete events and objects. With formal operational thought, adolescents move beyond concrete experiences and begin to think abstractly, reason logically, and draw conclusions from the information available. They also apply all these processes to hypothetical situations.

According to Piaget, adolescents show six new conceptual skills when formal operational thought is reached (Crain, 2005). The first skill is the ability to mentally manipulate more than two types of variables at a given time. For example, the ability to think about the links between speed, distance, and time when planning a trip. The second skill is the mental capacity to think about changes that may occur in the future. For instance, teens may grasp the concept that they will in time have to move from their parents’ house into a new life of their own at one point in
their life. The next skill is the ability to imagine rational series of events. For example, they are capable of understanding how far they may go in college or afterwards depending on how well they do in high school.

The fourth skill is the ability to predict cause and effect. An example of this is realizing that if they drink and drive they may kill themselves or somebody else. The next skill is the teen’s capacity to better sense contradictions in a set of statements. For instance, they may question “equal education” among different social classes. The last skill is the capability to think of themselves, others, and the world in a real way, to differentiate between one’s own experience and that of others. Depending on the social norms children know, they must act a certain way and know that others may act differently from them.

The stage that coincides with adolescence in Erikson’s theory is the psychosocial stage of identity vs. role confusion (Crain, 2005). At this stage, adolescents are in search of an identity that will lead them to adulthood. Adolescents wrestle with the question, "Who am I?" During this stage, adolescents are exploring their independence and developing a sense of self. This is the time when many facets of an individual’s personality come together and begin to form a coherent sense of self. There is an integration of the self, an overt realization of who “I” is. This realization becomes an identity. It can also be called an ego. Presumably, the greater sense of coherence, the greater the ego strength. Those who receive proper encouragement and reinforcement through personal exploration will emerge from this stage with a strong sense of self and a feeling of independence and control. Those who remain unsure of their beliefs and desires may be insecure and confused about themselves and the future.

As for Kohlberg’s theory of moral development, the conventional level of moral reasoning generally begins in adolescence and continues through adulthood. Those who reason
in a conventional way judge the morality of actions by comparing them to society's views and expectations. Conventional morality is characterized by an acceptance of society's conventions concerning right and wrong. For adolescents, peers make up the majority of their social structure, with parents having influence as well. At this level, an individual obeys rules and follows his or her social circle’s norms even when there are no consequences for obedience or disobedience. Adherence to rules and conventions is somewhat rigid. However, a rule's appropriateness or fairness is seldom questioned.

As a conventional moralist, an individual interacts with society in roles somewhat rigid in nature. Individuals look for approval or disapproval from others based on that role. They try to be a "good boy" or "good girl" to live up to these role expectations, having learned that there is inherent social value in doing so. Adolescents may judge the morality of an action by evaluating its consequences in terms of a person's relationships. This now begins to include things like respect, gratitude, and reciprocity.

**Marital Conflict**

**Conflict About Parenting**

There are two bodies of research about conflict in the marital couple, the indirect effects model and the direct effects model. The indirect effects model uses parenting behavior to link marital conflict with adolescent depression. When co-parenting is not a variable, the direct effects model, then marital conflict is directly linked to adolescent depression. Co-parenting studies have found that marital conflict indirectly affects adolescent adjustment through how conflict affects parenting behavior (Buehler, & Gerard, 2002).

Co-parenting is defined as how parents coordinate their parenting of a child. It is a component of the interparental relationship that does not include the parents’ romantic, financial,
sexual, or other relations associated with parenting. Positive co-parenting is far more contingent on the health of the overall marital relationship than the marital relationship is on positive co-parenting. Disagreeing about parenting does not seem to affect the other parts of the marital relationship. However, conflict about other parts of the relationship affects co-parenting. Parents can disagree about child rearing and still get along, but will struggle to agree on parenting when they are not getting along in the other aspects of their relationship.

In the indirect effects model, parents who experience marital conflict are likely to display several dimensions of parenting problems. These parenting problems increase the risk for adolescent maladjustment (Cui, Conger, & Lorenz, 2005). Conflict that is primarily about the relationship can spark friction about parenting and then lead to negative parenting behavior. Measures of negative parenting behavior consist of inconsistent and harsh discipline, rejection, and hostility.

The idea that marital conflict might shape ineffective parenting and ultimately adolescent depression often is referred to as the spillover effect. Spillover is defined as the direct transfer of mood, affect, or behavior from one setting to another (Buehler, Lange, & Franck, 2007). This effect in this context is associated with greater use of harsh discipline by parents, reduced levels of parental involvement, and more frequent parent-adolescent conflict. Each of these is associated with a greater level of depression in adolescents (Buehler, Lange, & Franck, 2007). Spillover may operate through several mechanisms. For instance, adolescents may tend to mimic their parents’ behavior in their own relationships, creating conflict in their relationships. Also, when interacting with their parents during conflict, they may synchronize their affect to match their parents’, taking on the affect generated by conflict from their parents and spreading it (Jenkins et al., 2005).
Parents also create norms for the family leading to the communication of values, social goals, acceptable behavior, treatment of others, and expectations of a relationship (Jenkins et al., 2005). Through these mechanisms, affect originating from the couple in conflict spills over into other relationships in the adolescent’s vicinity (Jenkins et al., 2005). Adolescents can learn to be oppositional, defiant, and aggressive physically and verbally by observing parents who model such behavior, either in spousal interactions to which the child is privy or in how parents treat their children (O’Leary & Vidair, 2005).

Marital conflict is also associated with lower levels of parental involvement in the family (Buehler, & Gerard, 2002). Parents are too wrapped up in their own issues to pay as much attention to the family as needed. Parents become less available to their children, offer less support, decrease praise for their children, and spend less time engaging in relational and social activities with their children. Adolescents end up having fewer opportunities for cognitive emotional and social development. Without this engagement from parents, adolescent development may be delayed, at times looking like depression.

With the same conflict, the opposite parenting behavior is also possible (Buehler, & Gerard, 2002). As marital conflict escalates, parents may be more prone to forceful and punitive disciplinary practices, more likely to argue with their child and less likely to grant their children psychological autonomy. As a result of withdrawal and coercive, hostile, and controlling behavior, adolescents might develop a pattern of behavior that is outwardly aggressive and defiant (Buehler, Lange, & Franck, 2007). The degree of marital conflict predicts the extent of child-rearing disagreements; the extent of child-rearing disagreements predicts parental overreactivity; and the over-reactivity of parental discipline predicts the extent of child behavior problems (O’Leary & Vidair, 2005).
Interpersonal Marital Conflict

The direct effects studies deal solely with marital conflict and its effects on adolescent adjustment. The mechanisms by which interparental conflict may reduce the quality of family functioning are numerous. It has been documented to threaten family stability, limit opportunities to learn effective problem solving and conflict management strategies, reduce the availability of parental support, and reduce the experience of family cohesion and availability of family support (Unger et al., 2007).

Conflict about relational issues may be especially stressful for adolescents because they have no control over the origin or ability to resolve issues that are perceived as threatening to the stability of the parental subsystem and, therefore, indirectly to the family. Especially when adolescents are struggling to individuate, create positive self image, and find a suitable place in the world, the feeling of powerlessness directly related that those aspects of their life is very threatening to their emotional security. Throughout childhood and adolescence, the family environment is the place where most social learning goes on. When conflict between the marital couple takes precedence over family functioning, learning does not stop. It continues at the same rate but what is learned changes drastically (Unger et al., 2007).

The attainment of emotional security in all children is shaped, in part, by parents’ interactions with one another and the quality of the marital relationship (Buehler, Lange, & Franck, 2007). When there is a breakdown in that relationship, emotional security, attachment, and self-image suffer, each of which has links to depression. Evidence suggests that marital conflict may impact children’s adjustment through a direct link to their sense of emotional security about quality of relations between their parents, and indirectly through these effects on their emotional security about the quality of relations with their parents (Harold et al., 2004).
Another consideration to look at concerning interpersonal marital conflict is that of role modeling. This is a fundamental piece of parenting. Through interparental conflict children can learn a host of poor relational skills that can affect their own current partner relationships as well as their future relationships. Children have the opportunity to learn oppositional, defiant, and physically and verbally aggressive behavior first hand. By observing parents who model such behavior, either in spousal interactions to which the children are privy or how parents treat their children, adolescents are at risk to also exhibit these behaviors (O’Leary & Vidair, 2005).

An additional explanation for oppositional, defiant, and aggressive behavior relates to the adolescent’s need to decrease or get away from the negative emotions of his or her parents. Adolescents may use acting out in these ways as a means to distract parents from their conflict, decreasing the conflict in the short term but actually increasing it in the long term. Oppositional, defiant, and aggressive behavior is always a means of distancing from an unwanted situation (Peris et al., 2008), even if the consequences tend to be just as harsh for the adolescent.

Adolescents have the choice to either intervene in the dispute or remove themselves from the hostile environment. When adolescents choose to get in the middle, one possible consequence is over alignment with one parent. This may lead to parentification of the adolescent. Parentification is emotional care-taking by an adolescent who perceives that he or she is expected to meet a parent’s emotional need for support or companionship, serve as a confidante, be the decision maker, or mediate disputes. These are some of the ways that parentification puts pressure on an adolescent. Research has linked parentification to shame and guilt, depression, and anxiety in teens and on into adulthood. The adolescent feels responsible for the parent’s emotional wellbeing, which during marital conflict is not going well. Parentification associated with marital conflict showed higher levels of perceived threat in
adolescents and an increased tendency for adolescents to intervene in marital conflict. In addition, parentification was associated with perceptions of low warmth and support in the parent-child relationship and adolescent depression (Peris et al., 2008).

Studies that compare marital conflict and divorce suggest that marital conflict, rather than divorce or separation, accounts for more adjustment problems in adolescence. This suggests that children may be better off if their high-conflict parents divorce rather than if they remain in intact families manifesting high interparental conflict. This raises some doubt about the conventional wisdom that even unhappily married people should stay together for the good of their children (Cui, Conger, & Lorenz, 2005).

**Interrelationship Between Conflict and Adolescent Depression**

**Adolescent’s Perceptions as Stronger Indicator**

One factor for how well adjusted an adolescent is depends on his or her perception of the situation. Parents and adolescents tend to report similarly about level of conflict, but where they diverge is their perceptions of the impact of conflict (Unger et al., 2007). The differences between perception of adolescents and parents show how important it is to look at the variations in viewpoints. There is a distinct difference between perception of level of conflict and perception of the conflict itself and what it means. Though perceptions of the level of interparental conflict are similar in parents and adolescents, perceptions of the adolescent of the conflict itself is a higher predictor of adolescent functioning than that of parents (Davern, Staiger, & Luk, 2005). In general, adolescent perceptions are more extreme when compared to those of parents, but are similar enough to be moderately correlated.

In cases where parents rate conflict as high and their child rates it as low, or vice versa, two things are significant. There is the discrepancy of their perceptions and the ratings of the
adolescents. When conflict is reported very differently between parent and adolescent, there is higher possibility of adolescent distress than when parents and adolescents report similarly. Discrepancies between parent and adolescent perceptions were found to be better predictors of emotional and behavioral disorders than the perceptions of the parent or adolescent alone (Davern, Staiger, & Luk, 2005).

Adolescent perceptions of their parent’s relationship are more important to their psychological adjustment than the perceptions of their parents (Danvern, Staiger, & Luk, 2005). For instance, adolescents and parents focus on different aspects of conflict when they experience interparental conflict. These perceptions of conflict vary depending upon individual and family factors and norms. Adolescents may perceive an interaction between their parents as a serious argument, while parents may report they were only having a “lively discussion” (Unger, et al., 2007). When the views of their parent’s attitude and behavior vary significantly from the parent’s self-descriptions, it is the child’s own perceptions of the level of conflict and of his or her involvement that influences adjustment.

Relying on parental reports of conflict and adolescent mental health would be to possibly miss the problem. Adolescent self reports of family functioning have been thought to be less objective than that of parents and teachers (Davern, Staiger, & Luk, 2005). This may be true, but their perceptions are the ones that can better predict their mental health. For this reason, parental and adolescent reports should not be used interchangeably. More important is how the adolescent feels about the situation rather than what is actually going on in the view of others. Adolescents may not have the whole story and parents may paint a very different picture, but the picture that is most important is the one that the adolescent paints and sees.
The relationship between interparental conflict and adolescent functioning may be due to the adolescent’s perception and interpretation of the conflict as threatening to his or her security. Even if the entire family may agree that there is conflict and what it looks like, the perceived consequences and problems that come with conflict are regarded as much more alarming to adolescents than adults. As discussed in the developmental section, adolescents become more able to understand social interactions and have more accurate perceptions of others’ thoughts and feelings. With this ability, teens are becoming more sensitive to their parents and their relationship. This increasingly sophisticated capacity for social perception may well account for their vulnerability to marital distress as well as marital conflict (Cui, Conger, & Lorenz, 2005).

**Internalizing and Externalizing Behaviors of Adolescents**

The outward and measurable consequences of marital conflict can be divided into two separate categories, externalizing and internalizing behavior. Externalization is more apparent to the observer. Aggression, delinquency, and hyperactivity are some of the most obvious behaviors that adolescents engage in when psychologically stressed. Internalization presents as an adolescent who is withdrawn, inhibited, anxious, or depressed. Internalizing symptoms in particular are likely to be overlooked by adults, especially during adolescence (Peris et al., 2008). The possibility that parents will not notice internalization increases as soon as any marital problems arise. As this is a paper about depression, internalization will be looked at more closely. It must be remembered that they are two sides to the same coin and there are many possibilities as to how an adolescent reacts when psychologically stressed.

As an adolescent, preserving a sense of security is a very important goal (Harold et al., 2004). When that need is not met, fear is followed by the need to reestablish security through some sort of action. Behaviors may come in the form of attempting to intervene in the marital
conflict or withdraw from it. Acting out to take the focus off the conflict and onto the teen can be one form of intervention. Direct intervention in the conflict by engaging in mediation, arguing, and taking sides is also common. These behaviors are much more apparent to parents, as they are active rather than passive. Though marital hostility is associated with both internalizing and externalizing behaviors by adolescents, some researchers posit that conflict about parenting mediates externalization of distress while conflict of a marital nature mediates internalization of feelings (Harold et al., 2004). However, no research has directly looked at that distinction.

Adolescent internalizing problems as a result of marital conflict elicit five unique response mechanisms: self-blame, fewer positive evaluations regarding family relationships, avoidance, and emotional dysregulation (Buehler, Lange & Franck, 2007). Self-blame is the perceived responsibility for parents’ disputes. Buehler speculates that self-blame might also be associated with adolescent externalizing problems because adolescents might involve themselves in parents’ disputes using distracting or disruptive behavior. It may also be associated with internalizing over time because self-blame can lead to feelings of guilt and shame, contributing to negative self-evaluations. These negative self-evaluations then threaten self-esteem and foster feelings of anxiety and depression (Buehler, Lange & Franck, 2007).

Marital conflict has repeatedly been shown to serve as a catalyst for children’s experiences of conflict in other family relationships (Harold et al., 2004). In other words, conflict is a family affair. Not only does it impact the couple and the wellbeing of the adolescent, it affects the wellbeing of all family relationships. When negative affect becomes pervasive in families, tension from one relational subsystem spills over into another subsystem and increases the probability of conflict in that other subsystem. This can be true for the parent-
child relationships as well as the sibling relationships. Jenkins found that among distressed families when a conflict occurred in a couple, the likelihood that a conflict would occur between siblings in the next 24 hours was increased (Jenkins et al., 2005).

One explanation for this widespread conflict through the family system is that marital conflict activates children’s emotional, cognitive, and behavioral responses in a way that impacts their evaluations of other family relationships. How they perceive the relationship of their parents can create a sensitivity to other conflict and incorrectly magnify their perceptions. This then adversely affects their feelings of security in their relationships with their parents and siblings, once again increasing their symptoms of psychological distress (Harold et al., 2004).

Avoiding the entire situation is a passive way that adolescents may cope with marital conflict. The findings about whether adolescents are having a more positive outcome by avoidance are mixed. Buehler (2007) suggests that when adolescents respond to marital conflict by avoiding interactions involving conflict rather than involving themselves in the disputes, results can be more positive. He speculates that involvement might lead to triangulation between parents and the adolescent. Triangulation and feeling caught between parents are associated with emotional adjustment difficulties and adolescents that steer clear of this altogether by avoiding it have lower incidences of depression (Buehler, Lange & Franck, 2007). Though they may fare better in relation to depression, they are not getting the attention they need. This creates another avenue for depression to enter into the equation.

Adolescents who are surrounded by marital conflict are less able to address other developmental tasks and attend to other important relationships with peers and nonfamilial adults (Buehler, Lange & Franck, 2007). Adolescence is an important juncture in life where youth are transforming their relationships with parents and seeking out peers more than parents (Steinberg,
Marital conflict that occurs during this developmental transition might create additional demands because adolescents are forced to devote psychological resources to processing parents’ disputes. This distraction creates potential vulnerabilities because adolescents are also experiencing changes in physical development, school, and social networks. This is a demanding period of development and the concurrent experience of marital hostility inhibits adolescents from finding refuge within the family domain. The family domain is a potentially important arena of comfort for adolescents undergoing a multitude of changes. Marital hostility might endanger some of the benefits of a stable family life (Buehler, Lange & Franck, 2007).

There does seem to be some gender difference in how and when adolescents react to marital conflict. Girls may be more reactive to changes in the level of marital distress and boys may be more reactive to the initial levels of marital conflict (Cui, Conger & Lorenz, 2005). Girls display a greater vulnerability to relational problems and a stronger social sensitivity. They are more accurate perceivers of the quality of the parental relationship resulting in stronger associations between their psychological condition and interparental distress (VanderValk et al., 2007). For boys, it has been found that adolescent males draw apart earlier from the family than do females. This protects them from internalizing problems related to marital distress (VanderValk et al., 2007).

Research about age indicates that it shapes vulnerability to depression and marital conflict in minor ways. Younger children may be less cognizant of the conflict, but are more reliant on the emotional support of their parents. Even though they know less about what is going on, their reactions may be stronger than those of older adolescents because they have a higher need for security in the family unit. Older children may be more sensitive to adult problems and more likely to become involved in the parental relationship and to be drawn into
parental disputes or to mediate between parents (VanderValk et al., 2007). They may become more aligned with parents as they are seen by their parents as more like adults. They also have more interpersonal experience and are more able to empathize with the conflict.

**Reciprocal Influences**

Family systems theory regards the family as a system composed of the marital, parenting, parent-child, and sibling subsystems (VanderValk et al., 2007). Each subsystem influences and is influenced by the others. The family is therefore considered a complex integrated whole in which individual family members exert a continuous and reciprocal impact on each other. If we are to put marital conflict and adolescent depression into that framework, as marital conflict affects adolescent depression, so does adolescent depression affect marital discord. The directionality of influence is reciprocal, with adolescents influencing parental behavior and parents influencing adolescent behavior (Jenkens et al., 2005).

Studies that demonstrate the association between marital conflict and adolescent depression involving reciprocal effects fail to resolve the question of which comes first. One can speculate that adolescent problems generate conflict and arguments between parents over child rearing that then diminish the overall quality of parents’ marital relationship (Cui, Donnellan, & Conger, 2007). As discussed, conflict in the marriage decreases the wellbeing of the adolescent. There are no examples of research that definitively measure which comes first as it is a systematic problem.

Discussing the reciprocal effects, there seems to be distinct effects on the marital relationship depending on what behavior the adolescent is engaging in. In a study done by Ha on adolescent internalizing problems, no significant associations between adolescent internalizing problems and subsequent parental marital quality were found (Ha et al., 2009). This may be due
to the observation that internalizing behavior of adolescents tends to go unnoticed by parents far more often than when there is marital conflict in the family in comparison to externalizing behaviors. Furthermore, the only aspect of marital conflict predicted by child behavior was parental arguments about children. The greater the children’s externalizing behavior, the more parental argument about that child increased over time (Jenkens et al., 2005).

Externalizing problems in adolescents may elicit in parents strong feelings of frustration, disappointment, and humiliation. With the potential consequences of externalizing behavior being serious, parents may feel more highly invested in their own perception of the problem rather than the distress of the adolescent. They are far more focused on the negative behavior than the underlying problems. When interacting with an angry child, parental anger may increase through the processes of affect matching. This is then more readily activated when the couple is interacting with one another (Jenkens et al., 2005). This completes the cyclical nature of stress and conflict within the family system, therefore increasing conflict in all relationships.

Some research explains externalizing behavior in the face of marital conflict as the adolescent’s way of trying to distract parents from their problems and to focus on the adolescent (King & Radpour, 1995). Such overt problems may enhance the likelihood of marital disagreements about how to best parent adolescents and manage difficult or inappropriate behavior, actually creating the opposite effect of what the adolescent is trying to cultivate. It is also possible that marital conflict over childrearing results in, or is associated with, inconsistent parenting. The absence of clear limits, expectations, and consequences is associated with behavior problems again bringing the system full circle (King & Radpour, 1995).

Another significant response adolescents engage in is trying to mediate parental disputes, also known as agentic behavior (Schermerhorn et al., 2007). Agentic behavior is defined as
adolescent’s behaviors that are designed to influence family members. Agentic behavior in the context of marital conflict is active helping behavior intended to diminish conflict. Schermerhorn found that exposure to marital conflict is linked with adolescent’s negative emotional reactivity. This is linked with higher levels of both agentic behavior and behavioral dysregulation. Whereas behavioral dysregulation was related to increases in internalizing and externalizing problems, agentic behavior was not.

When children respond to interparental conflict by attempting to mediate, conflict may decrease over time. Although agentic behavior is a sign of insecurity in the marital relationship, Schermerhorn et al. (2007) suggests that children’s use of agentic behavior as a constructive coping strategy can contribute toward reducing marital conflict. Parents who recognize that their children are actively and constructively trying to intervene might be more likely to reduce their discord. It is not that adolescents solve their parents’ problems, but that parents are made more aware of distress. This may lead parents to have fewer conflicts with adolescents present.

Typical adolescence seems to predict some marital conflict, both parenting related and interpersonal. A substantial number of parents reported difficulties in adjusting to the adolescent’s striving for individuation and autonomy, and related this to the often reported decline in marital happiness during their children’s adolescence (VanderValk et al., 2007). A possible explanation for the adolescent developmental stage affecting the parental marriage is that the stressed parent-child relationship spills over into the marital relationship. Just like marital distress can spill over into the parenting and parent-child systems, thereby affecting child adjustment, the reverse is also possible (VanderValk et al., 2007).

**Longitudinal Effects of Parental Conflict on Adolescent Relationships**

As we continue to look at the relationship between marital conflict and adolescent
depression, future outcomes merit additional discussion. Exposure to marital conflict as an adolescent not only has consequences in the moment, it also affects how well the adolescent is going to manage conflict in his or her own relationships in the future. As adolescents are working on the developmental tasks of intimacy and romantic relationships, the model that they are living with has a great deal of effect on their expectations of and actions within that relationship.

Current findings indicate that patterns of family conflict during adolescence prospectively predict marital conflict interaction patterns in those children during adulthood (Whitton et al., 2008). Exposure to marital conflict during adolescence increases an individual’s risk for involvement in marriages that are generally unstable, high in conflict, and lacking in happiness and positive interactions. Observing how their parents manage anger and conflict may be particularly likely to affect children’s social and emotional development (Kinsfogel & Grych, 2004).

Interparental conflict also has significant implications for establishing healthy romantic relationships as an important developmental task in adolescence. Because dating parallels marriage in a number of ways—both are relationships between individuals of equal status that involve emotional and sexual intimacy—adolescents’ observations of their parents’ interactions provide a relevant model for relating to a boyfriend or girlfriend. Given that one of the most significant challenges for developing satisfying romantic relationships is managing the disagreements that inevitably arise for a couple, adolescents’ experiences with interparental conflict are likely to have particular relevance for their dating relationships (Kinsfogel & Grych, 2004).

Not only does the marital relationship affect the adolescent’s dating relationships
throughout his or her life, it affects all peer and sibling relationships. The conflict resolution styles, negative or positive, that children exhibit in interactions with siblings and peers tend to mirror their parents’ marital conflict styles (Whitton et al., 2008). When adolescents are raised with conflict, not only are they more reactive to conflict, getting angry faster, but they also tend to surround themselves with peers engaging in higher conflict relationships. Adolescents from high conflict homes appear to associate with peers who are more inclined to engage in abusive behavior, and these peer groups develop their own “norms” that support or even encourage aggressive treatment of dating partners (Kinsfogel & Grych, 2004).

Kinsfogel (2004) found that adolescents from more conflictual homes reported their friends engaged in higher levels of verbal and physical aggression with their dating partners than did adolescents from less conflictual homes. This assessment did not measure conflict in peer relationships, only the perceptions of those relationships. Perceived peer aggression in turn predicted higher levels of conflict and aggression in adolescent’s own dating relationships (Kinsfogel & Grych, 2004).

Perceptions of aggression in relationships seemed to differ between the sexes. Kinsfogel (2004) suggest that males who witnessed higher levels of aggressive interparental conflict were more likely to perceive aggression as justifiable in a romantic relationship. This belief, in turn, predicted reports of greater hostile and abusive behavior toward dating partners. On the other hand, females’ beliefs about aggression were not correlated with their exposure to marital conflict. Females who witness parental conflicts can be more sensitive through socialization to the potential harm conflict may cause to the relationship, whereas males may focus more on the functionality of aggression for achieving dominance. Therefore, males who witness high levels of conflict may interpret aggression as a way to achieve one’s aims in a relationship, whereas
females may perceive aggression as something that is damaging to relationships.

**Longitudinal Effects of Adolescent Depression**

> At any given time in this country, about 5% of adolescents are diagnosed with major depression (McCarthy, Downes, & Sherman 2008). Without professional help, a major depressive episode in adolescence lasts approximately 8 months. Once an adolescent has dealt with one episode, the risk of recurring depressive episodes in adolescence as well as adulthood is significant. Within 2 years of a single depressive episode, about 40% of individuals will have another major depressive episode. Within 5 years, this statistic increases to 72% (McCarthy, Downes, & Sherman 2008).

> Major depression occurring in adolescence and the transition time into adulthood may curtail the attainment of occupational and interpersonal developmental tasks needed for full adulthood status. This turns into the slippery slope of affecting the ability to transition from adolescence to adulthood with the skills needed for success. Not only are adolescents struggling with a heightened risk of subsequent depressive episodes, they are also dealing with delayed ability to function as an adult.

> The prominent predictors of depression in adolescence again highlight the strong influence of family functioning. The likelihood of being depressed from ages 18 to 26 was four times as high if significant family conflict was reported by age 15. Therefore, a chaotic and unsafe family environment in adolescence was most important in predicting depression during the transition to adulthood (Reinherz et al., 2003).

> It is not only clinical depression that takes its toll on adult outcomes of subsequent depressive episodes. Studies also suggest that sub-threshold depressive symptoms carry a heightened risk for full-blown episodes of major depression down the road (Pine & Cohen,
1999). Though the rate of occurrence of major depressive disorder after sub threshold symptoms is lower than that of recurrence of major depressive disorder, the rate of occurrence was much higher than that of people with no history of any depressive symptoms, clinically diagnosable or not (Lewinsohn et al., 2003). Sub-threshold depressive symptoms are all too common in children and adolescents, about as prevalent as major depression itself. Additionally, the prevalence of sub-threshold depressive symptoms through late adolescence is as high as 26%. In a study done by Klein, almost half of the adolescents with sub-threshold depressive symptoms developed full-syndrome depressive disorder by their early 30s. When study attrition was taken into account, the estimated risk was 67% (Klein, et al., 2009).

**Promoting a Systematic Change in Families**

**Rethinking Who the Identified Client is in Cases of Adolescent Depression**

As a system, all family members have a role they play in the family. When one part of the system is having problems, the other parts tend to be affected and show signs of problems as well. What can happen is one part of the system chooses to have a bigger problem to deflect attention from the real problem in the system (Goldenberg & Goldenberg 2008).

There are two dysfunctional approaches that seem to be common within a family system that is experiencing parent marital conflict and adolescent depression. One is that parents want to ignore their own problems and so they focus the attention on the adolescent part of the system and believe that the adolescent is what needs to be fixed. When children in a family like this are the “identified problem,” parents do not want to take responsibility for what is going on within their own interpersonal relationship. The knowledge of how one relationship within a system can affect all the others when there are difficulties is either forgotten or missing. The family chooses to see a problem of adolescent depression that is its own unique entity and does not
involve the whole system, choosing not to take any of the responsibility for keeping the system healthy.

Another approach is when the adolescent senses the problem between parents and figures out that if he or she has a bigger problem than his or her parents, then parents will focus on the adolescent’s problem rather than their own. In this system, the adolescent is the one choosing to be the problem so that the other bigger problem can get ignored and possibly just go away. This distracts the parents from their issues and refocuses that energy on the adolescent’s health. As long as parents are focused on the adolescent, they cannot focus on their interpersonal relationship. This creates balance no matter how pathological it really is.

As neither of these choices is done on a conscious level, they can result in blame being placed on any member of the family. Either one may be seen as manipulative by the outside observer or other members of the system, but they are actually attempts to regain balance within the system. If nothing were to change, if the problems were not be addressed or shifted, there is a high possibility that the system will fall apart and that is the one thing that is unacceptable in most families.

If one is to take such system dynamics into consideration, neither the adolescent nor the parents have a stand-alone problem. To rethink the issue as a family issue, no longer creating a scapegoat, can open up the possibility of allowing the system to change and grow. This is the best-case scenario. There are many families that are not willing to change. They are too entrenched in their patterns. If parents are not willing to learn and grow, it is then up to the adolescent to learn better patterns on his or her own outside of the family. Children tend to follow the lead of their parents so it seems far less probable that children would be the ones unwilling to change if their parents are willing.
When a system is static and there is not room for growth or change, if one part becomes out of balance, then another must shift to recreate balance (Goldenberg & Goldenberg 2008). This does not usually come in a healthy form of a shift. We can look at adolescent depression as an attempt to rebalance the system on the part of the adolescent, to spread out the problems to minimize parent conflict. If parents are unwilling to recognize their adolescent’s depression as a possible reaction to their relationship conflict, they take no responsibility in making change to help the adolescent. If parents are able to recognize that their relationship affects the mental health of their children, then they are more willing to focus on their relationship, rebalancing the system without actually involving the adolescent.

**Interventions for Parents**

When it comes to parenting education and conflict resolution, not all interventions are created equal. Researchers have looked at what exactly should be focused on during interventions with parents in conflict. What they found is that while adolescents may struggle the most when conflict is parenting focused, adolescents benefit the most when interventions focus on the interpersonal relationship between the parents (Cowan & Cowan 2005). Not only can such interventions rebalance the family structure, they can also have preventive effects in areas of adolescent social, emotional, and academic development.

One study found that when the intervention focused on the couple’s relationship change and conflict resolution, not only where there positive changes in the parental relationship but also their parenting style and warmth (Cowan & Cowan 2005). They were able to be better parents when their interpersonal relationship was more stable and their interactions contained less conflict. The opposite did not hold true. Intervention focusing on only parenting may have made a difference in parenting style, but it did not make a difference in the couple’s relationship.
and did not benefit adolescent or family well being.

Interventions that emphasized marital issues also resulted in increases in parents’ warmth and structuring of tasks, creating a more secure and consistent environment for the family. Children of parents who participated in the group emphasizing couple relationship issues had higher achievement test scores and fewer externalizing behaviors and problems with peers (Cowan & Cowan 2005). Enhancing the couple’s ability to resolve disagreements and solve problems in their relationship produced substantial benefits in terms of enhanced marital interactions, more effective parenting strategies, and, ultimately, the emotional wellbeing of the family unit and children.

As the parental relationship is the prominent role model of relating that adolescents have, it is vitally important to consider it as a central role of the couple relationship. When the quality of the couple relationship is high, it can act as a protective filter that helps partners avoid the repetition of negative patterns when their relationships with children become stressful, as is inevitable. If the quality is low, it can serve as an amplifier of stress, causing it to spill over into parent – child interactions in ways that could be detrimental to both parent and child (Cowan & Cowan 2005).

Another consistent finding is that it is not whether couples fight, but how they fight that is most pertinent to the well-being of both adults and children (Cummings et al., 2008). If an intervention focuses on improving parents’ ways of expressing disagreement rather than necessarily decreasing the frequency of conflict, it can feel more realistic to parents and give them communication tools in a non judgmental way. Teaching parents about the distinctions between constructive and destructive conflict is central to improving communication.

Cummings found that destructive marital conflict negatively impacts couples and
children, whereas constructive conflict has neutral or even positive effects. Verbal and nonverbal hostility, defensiveness, and negative emotionality may be classified as destructive conflict behaviors, based on children’s patterns of negative emotional, behavioral, and cognitive responses. By contrast, support, problem solving, positive emotionality, and conflict resolution may be classified as constructive conflict behaviors, based on children’s positive or neutral reactions (Cummings et al., 2008).

Parents who change their basic orientation with their partners in conflict situations toward an approach of being more respectful of their emotional relationship with each other and foster the security of family relationships are more supportive of their partner, more emotionally positive during interactions, and more likely to advance toward the resolution of arguments (Cummings et al., 2008). These positive changes in marital conflict are ultimately linked with positive changes in marital satisfaction, parenting, and child adjustment.

**Conclusion**

Through examining the research on parent marital conflict and its interaction with adolescent depression, the findings point to marital conflict having more of an effect on adolescent depression than depression on conflict. As a practitioner, it is vital to consider more than the client sitting in front you. It is just as important if not more so to look at the relationships that surround them on a daily basis and what is going on in the parental relationship in the household. Even more important than those relationships are the perceptions that a client has of them. At times, adolescent perceptions of a situation or relationship seem out of proportion, or over the top. Research shows that we must honor those feelings no matter our perspective of the situation. How an adolescent chooses to interpret the situation will have the
biggest affect on his or her mental health. Helping adolescents to shape their perceptions as more realistic and self reliant will help them to weather their parents’ storm.

Adolescent development is a time when rapid changes in the brain create new wiring that will eventually help with decision making and risk taking. During these changes, these skills may seem to be inaccessible. Though adolescents want the independence that comes with the responsibility of adulthood, their brains are not necessarily ready for it. Their ability to consider consequences is slow to develop coupled with a heightened desire to indulge in risky behaviors. With this normal adolescent difficulty, parent marital conflict is like adding gasoline to the fire. Adolescents who feel insecure in their home lives through presence of conflict may not be able to manage the regular risk factors that adolescence brings. Whether it takes the form of depression or aggression and increased risk taking, they may be setting themselves up for a lifetime of struggle.

Children end up acting as a barometer for a family. There are many different kinds of conflict, but the one that seems to affect children the most is conflict that disrupts their feeling of security of being a part of an intact family. Though parents disagreeing about parenting does affect the emotional stability of a child, these do not seem to disrupt that feeling of security on the same level. It also needs to be noted that not all conflict is equal in another way. The most damaging type of conflict is that that does not get resolved (Cummings et al., 2008). The answer is not that all conflict is bad. In fact, children witnessing conflict resolution can be a healthy and positive part of an adolescent’s life. The answer is good communication, resolving disagreements, and creating an environment that is safe to share thoughts and feelings between family members. Teens need to know that they are loved, and listened to. They need to know that will never change no matter what is going on between parents.
References


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