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Marital Conflict and Children's Emotional Security in the Context of Parental Depression

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Abstract

Evidence has emerged for emotional security as an explanatory variable linking marital conflict to children's adjustment. Further evidence suggests parental psychopathology is a key factor in child development. To advance understanding of the pathways by which these family risk factors impact children's development, the mediational role of emotional security for children with parents who have potentially clinical levels of depression compared to children whose parents have lower levels of symptomatology was examined (i.e., moderated mediation). Participants included 297 families assessed annually for 3 years. Paternal depression moderated pathways, such that marital conflict was associated with greater child emotional insecurity 2 years later in the context of paternal depression. Testing alternative pathways, emotional insecurity mediated relations between maternal depression and externalizing problems.

Keywords

child adjustment; child emotional security; marital conflict; moderated mediation; parental depression

Marital conflict is associated with various child adjustment problems, including internalizing and externalizing problems and impairments in social and academic functioning (Davies & Cummings, 1994; Grych & Fincham, 1990; Kelly, 2000; Zimet & Jacob, 2001). Advancing a process-oriented perspective of development, growing evidence has emerged for emotional security as an explanatory variable linking marital conflict to child maladjustment (e.g., Cummings, Schermerhorn, Davies, Goeke-Morey, & Cummings, 2006; Davies, Harold, Goeke-Morey, & Cummings, 2002). The question, however, of which children are most at risk for maladjustment in the context of marital conflict and emotional insecurity remains. Identifying contexts in which children are most at risk for emotional insecurity and maladjustment will further inform intervention and prevention strategies designed to ameliorate the effects of family risk factors on children. Other family risk factors such as parental depressive symptomatology have been linked with maladjustment in children (Downey & Coyne, 1990). Depressive symptomatology is also related to marital problems, and together these factors may work to increase risk for maladjustment in children and adolescents. The current study examines for which children emotional security is a particularly strong generative mechanism in the marital conflict-child adjustment link by testing parental depression as a moderator of effects (i.e., moderated mediation; Cummings, Davies, & Campbell, 2000; James & Brett, 1984).

Expanding beyond the parent-child relationship, emotional security theory posits that children have a specific goal of felt security in other family subsystems (e.g., interparental system; Davies & Cummings, 1994) and the family as a whole (Cummings & Davies, 1996).

Marital conflict impacts children's development by threatening their goal of felt security in the family (Cummings et al., 2006; Davies & Cummings, 1994). Threats to emotional security organize and motivate children's emotional and behavioral responses to conflict and their cognitive representations of their family and the marital relationship. Children's regulatory responses to conflict function to maintain or regain a sense of emotional security within the family and, over time, mediate the effect of marital conflict on children's adjustment. For example, children may become emotionally distressed and behaviorally regulate their exposure to marital conflict by hiding in their rooms. Alternatively, children may misbehave or act out in an attempt to distract their parents or stop the conflict. In the short term, these responses may be effective in regulating children's exposure to conflict and allowing children to regain a sense of emotional security. These responses, however, may develop into patterns of behavior that are maladaptive in other settings, such as at school or during peer play. Therefore, over time, regulatory responses motivated by emotional insecurity may contribute to the development of both internalizing and externalizing behavior problems among children.

In a direct test of the emotional security theory, Cummings et al. (2006) found that marital discord, characterized by verbal aggression, overt hostile marital conflict, and negative perceptions of the quality of the marital relationship, was associated with greater child emotional insecurity in two independent samples of children. For adolescents, greater emotional insecurity was related to concurrent levels of internalizing problems, and for young school-aged children emotional insecurity was related to both internalizing and externalizing problems 1 year later. Emotional security has been found to be a stronger mediator compared to other hypothesized mediators of the effect of marital conflict on children (e.g., spill-over of marital conflict to parent-child relationship, social learning theory; Davies, Harold, et al., 2002).

Although the association between marital conflict and children's adjustment is well documented, it is recognized that family risk factors rarely occur in isolation (Forehand, Biggar, & Kotchick, 1998). Multiple child risk factors such as socioeconomic status, parental mental and physical health, parental stress, parent-child relationship difficulties, and interparental discord have been examined, with evidence to suggest the increasingly harmful effects of cumulative risk factors for children (Appleyard, Egeland, van Dulmen, & Sroufe, 2005; Forehand et al., 1998). Moreover, Appleyard et al. present evidence emphasizing the deleterious effects of each additional risk factor for child maladjustment, indicating the importance of examining process models for children experiencing multiple family risk factors. The current study extends our knowledge of cumulative risk effects on children by examining child regulatory responses to marital conflict and parental depressive symptoms; thus the current study combines key elements of the developmental psychopathology framework by examining process-oriented variables (e.g., mediators) as well as important context variables (moderators).

Studies have consistently reported the positive relationship between poor marital functioning and spouses' depressive symptoms (Beach & O'Leary, 1993; Whisman, 2001). Depressive symptoms are associated with negative marital conflict expressions, such as increased negative affect, hostility, withdrawal, and less positive affect (e.g., Du Rocher Schudlich, Papp, & Cummings, 2004; Gotlib & Whiffen, 1989; Johnson & Jacob, 2000). Further, parental depression itself has been directly related to child outcomes. For example, parental depression has been associated with multiple domains of child maladjustment, including socioemotional and physical health problems (Downey & Coyne, 1990). Additionally, risk for psychopathology continues into adulthood. In a 20-year follow-up study of children whose parents had moderate to severe levels of depression, Weissman et al. (2006) found

that offspring of depressed parents were three times more likely to suffer from anxiety disorders, major depression, and be substance dependent in adulthood.

Whereas marital conflict and parental depression have each separately been related to children's developmental outcomes, children may be exposed to both family stressors, and together they may interact to predict children's adjustment (e.g., Forehand et al., 1998). Goodman and Gotlib (1999) proposed an integrative developmental model of risk for child psychopathology and note that more research is needed examining the interaction between marital conflict and parental depression in predicting child maladjustment. In a cross-sectional study of 51 families with a child between the ages of 4 and 10, Papp, Goeke-Morey, and Cummings (2004) found that the effect of poor marital quality on children's internalizing and externalizing problems was exacerbated in the context of elevated maternal psychopathology. Fathers' psychopathology, however, had only direct effects on children's outcomes. Papp, Goeke-Morey, et al.'s study supports that marital conflict and maternal depression interact to predict children's adjustment; however, the underlying processes by which this interaction leads to child maladjustment remains a gap.

Similar to research on marital conflict, conceptual models posit that children's regulatory processes may mediate the effect of parental depression on children's developmental trajectories. Although biological underpinnings of the development of child psychopathology in the context of parental depression are acknowledged (e.g., Goodman & Gotlib, 1999), Compas and colleagues (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Compas, Langrock, Keller, Merchant, & Copeland, 2002) have argued that children's coping responses to the stress of having a depressed parent may also account for the effect of parental depression on children's adjustment. Specifically, Compas et al. (2002) found that given parental depression is an uncontrollable stressor for children, secondary coping responses, such as acceptance of the parent's depression, cognitive restructuring of the stressor, or distracting oneself by engaging in other activities, are associated with more positive child outcomes. Automatic stress responses, including responses in which the child engages with the stressor (e.g., ruminating on one's negative emotions) and elevated emotional and physiological reactivity, however, are related with less optimal child outcomes, including increased likelihood of anxiety, depression, and aggression. Similarly, Cummings and Davies (1992, 1999) have proposed that parental depression may impact children's adjustment by directly threatening their goal of emotional security, stressing the importance of examining the role of children's regulatory responses in their developmental outcomes.

Further, Cummings and Davies outline a model in which parental depression and marital conflict interact and together affect child emotional security and, in turn, children's socioemotional adjustment (Cummings & Davies, 1992; Cummings et al., 2000). Although examining the direct effect of marital conflict and parental depression on child outcomes is useful in and of itself, these two processes are closely intertwined. In order to more fully understand the interplay between family stress and children's adjustment, studies examining the interaction between marital conflict and parental depression and the impact on children's emotional security are warranted.

Whereas a conceptual model of how marital conflict and parental depression interact to impact children's emotional security has been developed, there have been few empirical tests of this model. Rather, support exists separately for each piece of this model. That is, there is empirical support that emotional security is a mediator of the effect of marital conflict on children's adjustment (e.g., Cummings et al., 2006), and there is empirical support that parental depression moderates the effect of marital conflict on children's adjustment (e.g., Papp, Goeke-Morey, et al., 2004). Despite calls to examine the processes

underlying the relationship between marital conflict and children's outcomes in families with and without parental depression (Cummings & Davies, 1999), there have been no studies that have integrated both mediators and moderators of the effect of marital conflict on children's development in the same model. The current study addresses this gap by examining the mediational role of emotional security in the context of parental depression. Moreover, these relationships are examined longitudinally. Children's adjustment is predicted 2 years later, controlling for previous levels of children's adjustment problems. Examining relations between family risk factors and child adjustment over time is important, as repeated exposure to stressors affects child regulatory and coping processes that may accrue to affect child internalizing and externalizing problems (Compas et al., 2002; Cummings et al., 2000; Forehand et al., 1998).

Although the relationship between mothers' depressive symptoms and child adjustment has been well documented, associations between fathers' depressive symptoms and children's adjustment are often neglected (Cummings, Geoke-Morey, & Raymond, 2004; Phares, Fields, Kamboukos, & Lopez, 2005). Recent research suggests that fathers' mental health is important for children's functioning and that there may be different pathways through which fathers' symptoms affect children compared to mothers' symptoms (e.g., Cummings, Keller, & Davies, 2005; Du Rocher Schudlich & Cummings, 2003). For example, Papp, Goeke-Morey, et al. (2004) found that whereas the effect of mothers' symptoms on children's adjustment problems varied as a function of marital satisfaction, fathers' symptoms had a direct effect on both children's internalizing and externalizing problems. Cummings, El-Sheikh, Kouros, and Keller (2007) also found different pathways of effects for mothers' and fathers' depressive symptoms, such that children with elevated physiological reactivity to stress were more vulnerable for internalizing, externalizing, and social problems in the context of fathers', but not mothers', depressive symptoms. The current study addresses an important gap by considering pathways through which both maternal and paternal depression impact children's adjustment.

The purpose of the current study is to integrate previous work on moderators and mediators of the marital conflict-child adjustment link. Given that the direct relationships between marital conflict and parental depression on children's internalizing and externalizing problems are well established, the current study examines these particular outcomes in order to advance our understanding of the pathways involved in these associations. A moderated mediational model was tested in which the mediation relationship between marital conflict, emotional security, and children's adjustment was examined in the context of parental depression. In other words, models tested whether emotional security is a stronger mediator for children whose parents have potentially clinical levels of depression compared to children whose parents have low levels of depressive symptomatology. Given the wide age range of children in the current study and potential differences among children's outcomes based on either child age or gender, we controlled for children's age and gender in all models. It was hypothesized that emotional security would be a stronger mediator of the effect of marital conflict on children's internalizing and externalizing problems in the context of potentially clinical levels of parental depression.

Method

Participants

Participants included 297 two-parent families and their child (155 boys, 142 girls) drawn from a longitudinal study on family relationships and child development. Participants were recruited from the community through flyers, newspaper, television, and radio advertisements, community events, and letters distributed to local schools and neighborhood residents. To be eligible to participate, families had to be living together for at least 2 years

and have a child between the ages of 8 and 16 ($M = 11.14$, $SD = 2.31$). The majority of the families participating included both biological parents of the focal child (77.1%; $n = 229$), 20.5% of families ($n = 61$) included one biological parent and one step-parent, 1.7% of families ($n = 5$) had an adopted child, and two families participating were the grandparents of the child. On average mothers were 37.90 ($SD = 5.94$) and fathers were 40.24 ($SD = 6.69$) years old. Families reported a medium yearly combined family income in the \$40,000 to \$60,000 range (43.8%; $n = 130$). Five families (1.7%) reported a yearly combined income of less than \$10,000, 19 families (6.4%) reported an income between \$10,001 and \$25,000, 63 families (21.2%) reported an income between \$25,001 and \$40,000, 42 families (14.1%) reported an income between \$65,001 and \$80,000, and 38 families (12.8%) reported an income above \$80,000. Approximately 85% of children were European American, 9.4% African American, 0.3% Asian, 2% Hispanic, and the remaining 3.5% were Biracial or Other. Families were representative of the community from which they were drawn.

Procedures

Families visited and completed measures in a laboratory setting annually for 3 years. The first (Time 1) and third (Time 3) occasions of measurement are used in the current study. The study was conducted under the approval and direction of the Institutional Review Board, and both parents and children provided consent and assent, respectively, before participating. Only the procedures and measures pertinent to the current study are described. Parents independently completed questionnaire measures about marital conflict, their own depressive symptomatology, and their child's emotional security and adjustment. Parents also completed a videotaped interaction task, in which they discussed an area of disagreement in their relationship. In a separate room, children completed questionnaires about their own emotional security and adjustment. Families received monetary compensation for their participation.

Measures

Marital conflict—Marital conflict was assessed at Time 1 with both questionnaire and observational measures. Mothers and fathers completed the Conflict Tactics Scale (CTS; Straus, 1979) and the O'Leary Porter Scale (OPS; Porter & O'Leary, 1980). The Physical Aggression sub-scale of the CTS was used in the current study and contains eight items. Parents reported how often they or their spouse had used a list of conflict behaviors in the past year on a scale ranging from 0 (*never*) to 6 (*more than 20 times*). Items were summed, with higher scores reflecting more severe conflict. Cronbach's α s for mothers' and fathers' reports on the Physical Aggression subscale were .86 and .76, respectively. The O'Leary Porter Scale contains nine items that assess overt, hostile marital conflict that occurs in front of children. Parents rated the frequency of occurrence of conflict scenarios on a scale ranging from 0 (*never*) to 4 (*very often*). Items were summed to create a conflict score, with higher scores reflecting increased levels of overt hostility. Cronbach's α s for mothers' and fathers' reports on the OPS were .77 and .76.

In addition to hostile marital conflict expressions, a videotaped observational interaction task was used to assess everyday constructive conflict expressions. Parents chose and discussed an everyday topic of disagreement that had come up recently or often for 7.5 minutes. Videotapes of the marital interaction task were coded by two trained observers for a variety of conflict tactics on a scale ranging from 0 (*absence of behavior*) to 2 (*very strong or frequent display of behavior*). Interrater reliabilities were acceptable and ranged from .80 to .99 for fathers' conflict tactics ($M = .89$) and .55 to .99 for mothers' conflict tactics ($M = .86$). Conflict behaviors expressed by mothers and fathers reflecting constructive tactics (calm discussion, humor, support, physical affection, verbal affection, problem solving) were summed to create a constructive conflict tactics scale. Cronbach's α for the

constructive tactics composite was .82 in this sample. In the current study, mothers' and fathers' reports of physical aggression and overt hostility and levels of constructive conflict tactics during the laboratory interaction were used to create a theoretically driven latent construct of marital conflict that represents a wide range of possible conflict expressions.

Parental depression—Mothers and fathers completed the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) at each occasion of measurement. Parents reported how frequently they have experienced a list of 20 depressive symptoms in the past week on a scale ranging from 0 (*less than a day*) to 3 (*5 – 7 days*). Items were summed to create an overall depressive symptoms score. Scores of 16 and above on the CES-D reflect potentially clinical levels of depression (Eaton & Kessler, 1981; Myers & Weissman, 1980). Studies show that clinically depressed individuals score higher on the CES-D than nondepressed individuals (Weissman et al., 1996). Cronbach's α s for mothers' and fathers' reports on the CES-D at all time points were acceptable and ranged from .83 to .91. Mothers' and fathers' reports of depression at the three occasions of measurement were averaged, respectively, to assess mean levels of maternal and paternal depression and therefore children's average level of exposure to paternal and maternal depression during the study period.

Emotional security—Parents completed the Security in the Marital Subsystem Scale (SIMS; Davies, Forman, Rasi, & Stevens, 2002), and children completed the Security in the Interparental Subsystem Scale (Davies, Forman, et al., 2002) at Time 3. The Emotional Reactivity (10 items) and Behavioral Dysregulation (5 items) subscales of the SIMS were used in which parents rated how well a list of items described their child's reaction to witnessing interparental arguments in the past year on a scale ranging from 1 (*not at all like him/her*) to 5 (*a whole lot like him/her*). There were no significant differences between mothers' and fathers' reports of children's emotional security, and their scores were averaged to create a parent composite of children's emotional reactivity (Cronbach's $\alpha = .84$) and behavioral dysregulation (Cronbach's $\alpha = .80$). Children reported on their own emotional reactivity (5 items) and behavioral dysregulation (6 items) on the SIS by rating whether a list of possible responses during interparental arguments described them on a 3-point scale (*yes, sometimes, no*). Cronbach's α s for child reported emotional reactivity and behavioral dysregulation were .85 and .68.

Child adjustment—Children reported on their own internalizing problems on the Child Depression Inventory (CDI; Kovacs, 1985) and the Revised Child Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1978) at Time 1 and Time 3. The CDI contains 27 items, and for each item children chose one of three statements that best described their feelings during the past 2 weeks. The RCMAS contains 37 items that assess general levels of anxiety, and children rated whether statements were true about them. Cronbach's α s for children's reports on the CDI and RCMAS at Time 1 were .80 and .89 and at Time 3 were .85 and .88. Mothers reported on children's externalizing problems on the Delinquency Behavior and Aggressive Behavior subscales of the Child Behavior Checklist (CBCL; Achenbach, 1991) by rating whether or not a list of statements was true about their child on a scale ranging from 0 (*not true as far as you know*) to 2 (*very true or often true*). Cronbach's α s for mother reported Delinquency at Time 1 and Time 3 were .72 and .69, and for the Aggression subscale reliability coefficients at Time 1 and Time 3 were .89 and .88.

Results

Preliminary Results

Means, standard deviations, and intercorrelations among study variables are presented in Table 1. Q-Q plots of the study variables indicated that the measure of physical aggression in this sample was positively skewed, as relatively low levels of physical aggression and overt, hostile marital conflict were reported by both mothers and fathers. Additionally, mothers' reports of children's externalizing problems were also positively skewed. According to mothers' reports, 5% ($n = 15$) of children were in the borderline clinical or clinical range (scores ≥ 67) for externalizing problems. Independent sample t tests indicated that families with clinical levels of parental depression (scores ≥ 16 on CES-D) had higher levels of marital conflict compared to families with lower levels of parental depressive symptoms (scores < 16 on CES-D), as reported by both mothers and fathers (see Table 2). Mothers reported significantly more depressive symptoms compared to fathers, $t(285) = 2.82, p < .01$. According to a cutoff score of 16 on the CES-D, 18% of mothers and 14% of fathers have potentially serious levels of depression in this sample. Supporting the structural equation models, the marital conflict variables were significantly correlated with parent and child reported emotional insecurity, and emotional insecurity was positively correlated with children's maladjustment.

Structural equation models were fit using the AMOS 4.0 (AMOS 4.0; Arbuckle & Wothke, 1999) statistical package, which uses full information maximum likelihood estimation to handle missing data and is robust against violations of normality (Bollen, 1989). Multiple fit indices are reported to assess the fit of the hypothesized model to the sample data. We report the relative χ^2 index (χ^2/df), where scores below 3 suggest an acceptable fit between the model and sample data (Bollen, 1989), the normed fit index (NFI; Bentler & Bonett, 1980) and the comparative fit index (CFI; Bentler, 1990), in which scores above .90 indicate acceptable model fit, and the root mean square error of approximation (RMSEA; Browne & Cudeck, 1993; Hu & Bentler, 1999) in which values below .08 suggest acceptable fit of the model to the data.

Parental Depression as a Moderator of the Indirect Effect of Marital Conflict on Children's Internalizing Problems Through Emotional Insecurity

The first model examined emotional insecurity as an intervening variable between marital conflict at Time 1 and children's internalizing problems at Time 3, controlling for previous levels of children's internalizing problems and child age and gender. This model provided a good fit to the sample data, $\chi^2(83) = 239.27, p < .01$; $\chi^2/df = 2.88$; NFI = .97; CFI = .98; RMSEA = .08. Marital conflict was related to increased emotional insecurity 2 years later, $\beta = .76, p < .01$, which was related to higher levels of child reported internalizing problems, $\beta = .74, p < .05$. As an additional test of mediation, the significance of the indirect path was tested using bootstrap methodology, as recommended by Shrout and Bolger (2002). This approach directly tests the indirect effect by estimating the confidence interval of the indirect effect (Efron & Tibshirani, 1998) and is more powerful and appropriate for developmental processes compared to traditional methods of examining mediation (McCartney, Burchinal, & Bub, 2006). The 95% confidence interval of the indirect effect of marital conflict on children's internalizing problems did not include 0 (95% CI: 0.44 – 20.07), suggesting a significant indirect effect.

Next, parental depression was examined as a moderator of this mediation model. Tests of moderated mediation examine whether mediation relationships are stronger or weaker depending on the level of a third variable (e.g., parental depression; James & Brett, 1984). That is, we examined whether the intervening role of emotional security differed for

children whose parents have potentially clinical levels of depression (CES-D scores of 16 or above) compared to children whose parents have lower levels of depressive symptoms (CES-D score below 16). As a first step, invariance in the factor loadings was examined (Chan, 1998) by comparing a model in which the factor loadings were constrained to be equal across the two groups to a model in which the factor loadings were allowed to be freely estimated across groups. A nonsignificant χ^2 difference statistic (groups for maternal depression: $\chi^2[9] = 12.42, p > .05$; groups for paternal depression: $\chi^2[9] = 13.63, p > .05$) suggests that the factor loadings were invariant for parents with and without potentially clinical levels of depression. Therefore, factor loadings were constrained to be equal across groups, allowing for a more parsimonious model. Multi-group analyses were conducted in which the indirect paths from (1) marital conflict to emotional insecurity and (2) emotional insecurity to child internalizing problems were compared across groups. That is, a model in which these indirect paths were constrained to be equal was compared to a model in which they were allowed to be freely estimated across groups. A significant χ^2 difference test statistic would indicate that the indirect paths differ across groups, and therefore parental depression moderates the mediating effect of emotional security.

When considering maternal depression as the moderator, there were no significant differences between children whose mothers have potentially clinical levels of depression and children whose mothers have low levels of depressive symptoms, $\chi^2(2) = 2.65, p > .05$. When considering paternal depression, however, there was a significant difference between groups in the indirect effect of emotional security, $\chi^2(2) = 6.19, p < .05$ (see Figure 1). Follow-up tests indicated that the path from marital conflict to emotional insecurity was moderated by paternal depression, such that marital conflict was a stronger predictor of emotional insecurity for children whose fathers have clinical levels of depression, $\beta = .88, p < .05$, compared to children whose fathers have lower levels of depressive symptoms, $\beta = .61, p < .05$. In other words, the results suggest that marital conflict is related with higher levels of emotional insecurity in the context of higher levels of paternal depression.

Parental Depression as a Moderator of the Indirect Effect of Marital Conflict on Children's Externalizing Problems Through Emotional Insecurity

Emotional insecurity was also examined as a mediator of marital conflict on mother-reported child externalizing behavior problems. This model provided a good fit to the data, $\chi^2(79) = 224.83, p < .01$; $\chi^2/df = 2.85$; NFI = .99; CFI = .99; RMSEA = .08. Controlling for children's previous levels of externalizing problems and child age and gender, marital conflict at Time 1 predicted increased emotional insecurity 2 years later, $\beta = .78, p < .01$, which was related with higher levels of concurrent externalizing problems, $\beta = .29, p < .01$. But the bootstrapped confidence interval of the indirect effect did include 0 (95% CI: $-.21 - 16.18$), suggesting that this indirect effect should be interpreted with caution. Neither maternal nor paternal depression moderated the mediating effect of emotional insecurity with regard to children's externalizing problems.

Testing Alternative Pathways

As an additional test, alternative pathways of effects were examined by considering marital conflict as a moderator of a model in which emotional insecurity mediated the relationship between parental depression and child adjustment. A composite of marital conflict was created by standardizing and summing mother and father reports of overt hostile marital conflict and physical aggression and also included the observational measure of constructive conflict tactics. A high and low marital conflict group was created using a median split. Because a median split artificially creates groups, we controlled for within-group variability by including the composite variable of marital conflict in analyses. As before, child age and

gender and previous levels of child adjustment were controlled for in analyses. Both maternal and paternal continuous depression scores were included in the same model.

The multigroup model examining marital conflict as a moderator of the mediation relationship between parental depression, emotional insecurity, and children's externalizing problems provided a good fit to the data, $\chi^2(120) = 335.66$, $\chi^2/df = 2.80$; NFI = .97; CFI = .98, RMSEA = .08. Although marital conflict did not moderate the mediational model, the results indicate that, controlling for paternal depressive symptoms, maternal depressive symptoms were related to increased emotional insecurity, $\beta = .35$, $p < .01$, which in turn was associated with higher levels of externalizing problems, $\beta = .28$, $p < .01$, for children from both low and high marital conflict homes. Controlling for mothers depressive symptoms, however, paternal depression was not related to children's emotional insecurity. Examining alternative pathways of effects, we did not find evidence for emotional insecurity as a mediator between parental depression and children's internalizing problems, nor did marital conflict moderate these associations.

Discussion

Integrating previous research on the pathways by which marital conflict and child adjustment are related, the current study examined the mediating role of children's emotional insecurity in the context of parental depression. Our hypotheses were partially supported. Marital conflict was a stronger predictor of children's emotional insecurity for children whose fathers have potentially clinical levels of depression compared to children whose fathers have lower levels of depressive symptomatology. The results support that marital conflict and parental psychopathology interact to impact children's regulatory processes to family stress. Consistent with the literature supporting the increasingly harmful effects of multiple family risk factors on child development (Appleyard et al., 2005; Forehand et al., 1998), the current study provides evidence that children who experience both marital conflict and paternal depressive symptomatology are at an increased risk for emotional insecurity.

The relationship between emotional security and children's adjustment, however, was not moderated by parental depression. It is important to note that emotional security and children's outcomes were measured at the same point in time and it is possible that, although parental depressive symptoms may not moderate concurrent relations, the relationship between emotional insecurity and children's longer-term adjustment may differ as a function of parents' symptoms. But emotional insecurity was directly associated with increased levels of both internalizing and externalizing problems regardless of specific levels of parental depression, underscoring the importance of children's emotional security and more broadly their regulatory processes for their developmental outcomes. The findings support conceptual models (Compas et al., 2001; Cummings & Davies, 1992, 1999) that have stressed the importance of examining the role of children's regulatory processes in their adjustment as well as examining how multiple family risk factors interact to affect children's developmental outcomes.

Maternal depressive symptoms did not moderate the mediation models. It may be the case, however, that the direct effect of marital conflict on children's adjustment, rather than the indirect effect, is moderated by maternal depression. For example, in a cross-sectional analysis, Papp, Goeke-Morey, et al. (2004) found that the direct link between marital satisfaction and children's adjustment was moderated by maternal symptoms, such that in the context of maternal psychological distress, poor marital functioning predicted greater child adjustment problems. The findings from the current study suggest that fathers' symptoms impact children's adjustment indirectly by exacerbating the negative effect

marital conflict has on children's emotional insecurity over time. The processes by which maternal depression affects children, thus, may differ compared to the processes by which paternal depression affects children, underscoring the importance of considering both parents' symptoms in research on child development.

A key finding was that the moderated mediation model was supported for children's internalizing but not externalizing problems. Previous research supports that marital conflict and emotional security have implications for both children's internalizing and externalizing problems; however, the present study shows that there may be different pathways by which children develop internalizing problems in the context of marital conflict, as compared to the development of externalizing problems. The specific types and combination of family stressors children are reacting to are also of importance. It may be the case that in the development of child externalizing problems, regulatory responses to marital conflict are of critical importance, and parental depression does not alter this pathway of development. Overall, results suggest that the implications of multiple family stressors for children's adjustment may depend on the specific child outcome examined.

It is important to note that whereas this study found support for psychological processes for children's risk of psychopathology, biological factors and the genetic transmission of parental depression to child maladjustment are also important to consider. Heritability alone, however, is not a sufficient explanation for the development of child psychopathology. Models of the development of children's psychopathology highlight the importance of including psychological factors, in addition to biological factors, to understand children's developmental outcomes (e.g., Cicchetti & Toth, 1998; Goodman & Gotlib, 1999). For example, Goodman and Gotlib proposed an integrative, developmental model of children's risk for psychopathology in the context of maternal depression and argue that there is a transactional relationship between biological and environmental factors in the transmission of parental depression to their children.

In the current study we examined how parental depression interacted with marital conflict to predict children's emotional security; however, there is also evidence for mediation models in which parental depression impacts children's adjustment by leading to increased levels of marital conflict. That is, parental depression may compromise family functioning, which in turn affects children's adjustment (Downey & Coyne, 1990). For example, Cummings et al. (2005) found that maternal and paternal dysphoria were each related with increased marital conflict, which was related to increased internalizing problems. In a cross-sectional study, Du Rocher Schudlich and Cummings (2007) found that maternal and paternal depressive symptomatology predicted increased depressive conflict tactics (e.g., withdrawal, negative affect), which predicted greater child insecurity as measured by children's responses to videotaped presentations of parental conflicts. Child emotional insecurity was related to greater child internalizing and externalizing problems. Results from the alternative pathway models in the present study further support these relations, although supporting a more direct pathway than reported in Du Rocher Schudlich and Cummings (2007). That is, results suggest that maternal depression itself can threaten children's sense of security about the family, with implications for children's adjustment.

Although the majority of research has focused on mediational models of how marital conflict and parental depression predict child outcomes (e.g., Davies, Dumenci, & Windle, 1999; Papp, Cummings, & Schermerhorn, 2004), the current study provides evidence for a process-oriented interactional model. Supporting conceptual models (Compas et al., 2002; Cummings et al., 2000; Hammen, 2002), the current study is unique in incorporating children's regulatory processes in our understanding of how marital functioning and parental depression impact children's developmental outcomes. The relationship between marital

conflict, parental psychopathology, and children's adjustment is complex, and there are likely multiple pathways through which parental depression influences children. For example, in the present study, paternal depression impacted children's outcomes by moderating the effect of marital conflict on children's emotional security, whereas maternal depression was directly related to children's emotional security. Further research is needed to understand which children are most vulnerable to certain pathways of effects in the context of marital conflict and parental depression. In addition, the possibility exists that children also affect family functioning, including the marital relationship. For example, children's behavioral responses to marital conflict may alter the course of the marital interaction or affect subsequent marital conflict interactions (Schermerhorn, Cummings, DeCarlo, & Davies, 2007). Future research is also needed to examine the dynamic, transactional relationships between parents' mental health, family functioning, and children's developmental outcomes.

The sample in this study included parents with relatively low levels of depressive symptoms. Although the measure of depression in the current study (CED-D) has a reliable cutoff score that is effective in accurately detecting depression in community samples (Comstock & Helsing, 1976; Wetzler & van Praag, 1989), there is still a need for further research replicating these findings in a sample with diagnostic depression. Importantly, however, subclinical levels of depressive symptoms are especially common in community samples and can be just as detrimental to children's developmental outcomes as clinical levels of depression (Cummings et al., 2005). The current study supports that elevated levels of paternal depressive symptomatology have important implications for children's adjustment. Thus, future research should be concerned with examining how both subclinical and clinical levels of depression affect children's adjustment.

A limitation of the current study was the use of a self-selected convenience sample. But, given the data-intensive nature of the study, as well as the inclusion of fathers, the recruitment strategy was an effective and appropriate strategy for obtaining a sample from which to examine the relationships between marital conflict, parental depression, and children's outcomes. Additionally, recruiting through multiple sources, including newspaper advertisements, community events, and schools, yielded a sample that resembled the broader community. Another limitation is that only mothers' reports of children's externalizing problems were used. Multiple reporters of children's behavioral problems in different contexts are important for understanding the processes by which family functioning impacts children's outcomes across multiple domains and settings.

Although parental depression and marital conflict are both risk factors for child maladjustment, many children do develop normally even under adverse conditions (Cummings et al., 2000). Identifying children who may be at risk for psychopathology and the pathways through which family risk factors may impact children's development allows for the refinement and development of prevention and intervention programs to reduce the likelihood of maladjustment. Consistent with the theoretical framework of emotional security theory and stress and coping models, the implications of the current study are that targeting children's regulatory processes to family stress is important to ameliorate the potential negative consequences of exposure to marital conflict and parental depression. For example, Compas and colleagues' work suggest that coping strategies in which children ruminate about their negative emotions or emotional and physiological reactivity are most associated with maladjustment. Supporting this, the current study found that children's emotional insecurity, as indexed by emotional reactivity and behavioral dysregulation, was related to increased levels of internalizing and externalizing problems. Therefore, intervention and treatment programs can be designed to teach children effective ways to cope with family stress. Although certain strategies may be effective for children in the

short-term in helping them regulate their exposure to family stress (e.g., avoidance/withdrawal), the goal of clinicians and intervention/prevention programs should be on teaching children coping skills that are not only adaptive for their short-term outcomes, but also for their long-term development. Examining children's regulatory processes remains critical to understanding the processes through which marital conflict, parental depression, and other family stressors lead to child maladjustment.

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Figure 1.

Multigroup Structural Equation Analyses Examining Paternal Depression as a Moderator of the Indirect Effect of Marital Conflict on Children's Internalizing Problems Through Emotional Insecurity.

Note: Standardized path coefficients are reported. Error variances are omitted from the figure. Residuals from mother and father reports on the same questionnaire were allowed to correlate (OPS, CTS). Moderated path is denoted in bold and path coefficient for children whose fathers have clinical levels of depression is presented first, with the path coefficient for children whose fathers have low levels of depressive symptoms presented in parenthesis. Nonsignificant paths are denoted by a dotted line. Model fit for multigroup SEM: $\chi^2(184) = 429.88$; $\chi^2/df = 2.34$; NFI = .94; CFI = .97; RMSEA = .07.

*f*fixed path loading.

* $p < .05$. ** $p < .01$.

Table 1

Means, Standard Deviations, and Correlations Among Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1. Child age	—																				
2. Child gender	0.03	—																			
3. Maternal depression (CES-D) ^a	.12*	-.10 [†]	—																		
4. Paternal depression (CES-D) ^a	-.03	-.03	.29**	—																	
Time 1																					
5. Physical Aggression (CTS; M)	-.02	-.01	.15*	.19**	—																
6. Overt marital conflict (OPS; M)	0.05	-.01	.37**	.16**	.40**	—															
7. Physical aggression (CTS; F)	0.03	0.03	.14*	.25**	.66**	.32**	—														
8. Overt marital conflict (OPS; F)	.14*	0.06	.19**	.23**	.31**	.64**	.35**	—													
9. Constructive conflict tactics	-.10	-.04	-.19**	-.13*	-.14*	-.23**	-.13*	-.22**	—												
10. Child depression (CDI; C)	-.02	0.06	.22**	0.06	0.02	0.02	0.04	-.05	-.05	—											
11. Child anxiety (RCMAS; C)	-.13*	.12*	0.05	0.06	0.05	0.02	.10 [†]	-.07	-.04	.67***	—										
12. Child aggression (CBCL; M)	0.05	-.03	.35**	0.08	0.07	.19**	0.04	.15*	-.14*	.31***	.24**	—									
13. Child delinquency (CBCL; M)	-.04	-.01	.29**	0.04	.11 [†]	.21**	0.08	.14*	-.15*	.25***	.20**	.70***	—								
Time 3																					

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
14. Emotional reactivity (SIS; C)	-.33**	0.07	0.04	-.04	.22**	.20**	.17*	0.08	-.02	.22**	.40**	0.05	0.09	—							
15. Behavioral dysregulation (SIS; C)	0.02	0.03	0.08	-.01	.22**	.25**	.19**	.16*	-.06	0.09	.24**	0.07	0.03	.53**	—						
16. Emotional reactivity (SIMS; P)	0.08	0.01	.35**	.24**	0.11	.30**	0.08	.22**	-.13 [†]	.17*	.16*	.18**	.15*	.17*	.19*	—					
17. Behavioral dysregulation (SIMS; P)	0.11	-.04	.22**	.14*	.23**	.35**	.24**	.31**	-.10	.22**	.15*	.48**	.25**	0.10	.25**	.40**	—				
18. Child depression (CDI; C)	0.07	0.03	.20**	0.08	0.05	0.03	.13*	0.04	-.01	.45**	.37**	.12 [†]	0.07	.19**	.18**	.21**	.20**	—			
19. Child anxiety (RCMAS; C)	-.09	.13*	0.10	0.06	0.09	0.08	.17**	0.03	-.06	.44**	.50**	.13 [†]	0.08	.45**	.34**	.20**	.22**	.69**	—		
20. Child aggression (CBCL; M)	0.04	-.04	.39**	0.07	.14*	.24**	.14*	.25**	-.11	.17*	.15*	.70**	.54**	0.02	0.06	.22**	.55**	.25**	.24**	—	
21. Child delinquency (CBCL; M)	0.04	0.04	.27**	0.03	.14*	.21**	0.10	.23**	-.17*	.22**	0.03	.52**	.65**	0.03	0.07	.22**	.40**	.23**	.21**	.52**	—
Mean	11.14	—	10.19	8.7	0.77	18.75	0.71	18.82	6.85	6.37	9.18	54.04	53.88	9.1	8.15	16.81	7.83	5.95	7.81	54.04	53.88
SD	2.31	—	8.32	6.44	2.16	5.27	2.32	4.77	4.03	5.2	6.37	6.84	6.31	3.08	2.14	4.83	2.76	5.49	6.02	6.39	6.31

Note: M = mother report; F = father report; C = child report; P = parent report; CTS = Conflict Tactics Scale; OPS = O'Leary-Porter Scale; CDI = Child Depression Inventory; RCMAS = Revised Child Manifest Anxiety Scale; CBCL = Child Behavior Checklist; SIS = Security in the Interparental Subsystem; SIMS = Security in the Marital Subsystem.

^a Averaged across all occasions of measurement.

[†] $p < .10$.

* $p < .05$.

** $p < .01$.

Table 2

Mean Difference in Marital Conflict Variables Between Families With and Without Clinical Levels of Maternal and Paternal Depression

	<u>Maternal Depression Groups</u>		<u>Paternal Depression Groups</u>	
	Mean Difference	<i>t</i> test	Mean Difference	<i>t</i> test
Mother reported conflict				
Overt hostile Conflict	1.12	5.33**	2.17	2.43*
Physical Aggression	4.14	3.37**	.81	2.54*
Father reported conflict				
Overt hostile Conflict	2.34	3.36**	3.09	4.01**
Physical Aggression	.91	2.72**	1.19	3.59**
Observational measure of conflict				
Constructive conflict tactics	1.55	2.31*	1.65	2.18*

Note: Degrees of freedom for *t* tests range from 260 to 287 because of missing data.

*
 $p < .05$.

**
 $p < .01$.