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The connections between adolescents' perceptions of parents, parental psychological symptoms, and adolescent functioning

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Abstract

A total of 150 biological mother–father–adolescent triads were interviewed to investigate adolescents' perceptions of parents with and without high levels of psychological symptoms in relation to adolescents' emotional/behavioral functioning. There was a more consistent pattern for sons to show greater externalizing emotional/behavioral problems in relation to levels of adolescents' perceptions of maternal behaviors (i.e., lower acceptance and higher negative affect toward mother). Daughters, however, appeared to show greater internalizing emotional/behavioral problems in relation to higher levels of paternal depression and anxiety and lower levels of maternal control. Furthermore, both sons and daughters showed evidence of higher emotional/behavioral problems (especially internalizing problems) in relation to triangulation and interparental conflict. The complex patterns of the findings relating to the mother–father–adolescent triads emphasize the importance of including both mothers and fathers in future research of adolescents' perceptions of parents.

Keywords: Adolescents' perceptions; Parental psychological symptoms; Parental behavior; Adolescents' emotional/behavioral functioning; Family functioning

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1. Introduction

Parental psychological symptoms appear to influence child development, directly and indirectly, through adolescents' perceptions of their parents' behavior. Research has indicated that children and adolescents of parents with psychological problems are at an increased risk for the development of emotional/behavioral problems due to genetic predispositions (Beardslee, Versage, & Gladstone, 1998), maladaptive parental behavior (Biederman et al., 2001; Kaufmann et al., 2000; Maccoby, 2000), and interparental conflict (Cummings, DeArth-Pendley, DuRocher- Schudlich, & Smith, 2001; Davis, Hops, Alpert, & Sheeber, 1998). Adolescents' perceptions of their parents, however, also appear to influence adolescents' functioning in the context of parental psychological symptoms.

Parental psychological problems appear to influence children's and adolescents' functioning in both similar and unique ways depending on whether it is the mother or the father who is experiencing maladaptive psychological functioning (Phares, 1996; Phares & Compas, 1992). For example, Sher, Walitzer, Wood, and Brent (1991) found that older adolescents of fathers who were dependent on alcohol showed lower academic achievement, lower verbal ability, more alcohol and drug problems, more psychopathology, and stronger alcohol expectancies than older adolescents of fathers without alcohol problems. Further, there was a significant correlation between higher levels of anxiety and lower levels of self-esteem in children of mothers who were depressed (Politano, Stapleton, & Correll, 1992), which may have been due to maternal hostile and critical behavior (Nolen-Hoeksema, Wolfson, Mummee, & Guskin, 1995) as well as emotional insensitivity and constricted affect toward their children. Both mothers' and fathers' symptoms of anxiety are associated with anxiety disorders in their children (Martin, Cabrol, Bouvard, Lepine, & Mouren-Simeoni, 1999). The characteristics of parents with any type of psychological problems seem to influence children by altering patterns of parent–child interaction (e.g., quality of attachment, child rearing practices) and fostering insecure parent–child attachments (Cummings & Davies, 1994).

Parental influences may also impact children's behavior through interparental conflict, which is not uncommon in families in which one parent is experiencing serious individual psychological symptoms. As Cummings and Davies (1994) summarized, parental psychological symptoms might influence children by altering patterns of parent–child interaction or by increasing interparental conflict, both of which have potentially negative effects on child development. Emery and O'Leary (1984) found an association between interparental conflict and childhood problems for boys and girls. More specifically, children and adolescents may exhibit emotional and behavioral disturbances in the form of internalizing and externalizing behavior problems and poorer competence (Davies & Cummings, 1994; Hetherington, Bridges, & Insabella, 1998). These genetic and environmental factors related to parental psychological symptoms and interparental conflict frequently co-occur and can exacerbate the child's or adolescent's behavioral maladjustment.

1.1. The role of risk and resilient factors

Although research has clearly demonstrated poor outcomes for children and adolescents of parents with a psychological disorder, continued research concerning parental influences on child development reveal consistent risk and resilience factors related to child functioning (Forehand, Biggar, & Kotchick, 1998; Masten & Coatsworth, 1998). For example, some children of parents with psychological problems continue to meet developmental milestones and do not display clinical levels of problem behaviors (Cummings, 1995; Jouriles, Murphy, & O'Leary, 1989). Jouriles et al. (1989) reported that 50% of their sample of children from homes in which there was interparental conflict were not displaying problems at a clinical level. Children who display competence and who meet developmental expectations despite adversity and high levels of risk have been described as resilient (Werner, 1993, 1995). Resilient children are characterized as displaying higher levels of autonomy (Werner, 1995), higher levels of intelligence and cognitive competence (Neighbors, Forehand, & McVicar, 1993; Werner, 1995), higher self-esteem (Grizenko & Pawliuk, 1994; Neighbors et al., 1993), and more positive relationships with parents or other adults (Egeland, Carlson, & Sroufe, 1993; Grizenko & Pawliuk, 1994; Jenkins & Smith, 1990; Neighbors et al., 1993) despite adverse circumstances in their lives.

Certain parenting behaviors may serve as protective factors, even when children have parents who exhibit high levels of psychological symptoms. Children who have "emotionally responsive" parents (Egeland et al., 1993) or who perceive their parents as affectionate and positive (Conrad & Hammen, 1993) despite parental psychological symptoms display more positive outcomes. Lum, Phares, and Roberts (1996) reported that high levels of parental emotional availability were related to low ratings of psychological maladjustment. The further understanding of protective factors (such as parental affection and positive perceptions of parents) and risk factors (such as parental psychopathology and interparental conflict) could help lead to better efforts to prevent the development of psychopathology in children exposed to adverse environments.

1.2. Children's and adolescents' perceptions

The importance of individuals' subjective perception in determining their interpersonal functioning has been demonstrated consistently, including functioning within the parent–child relationship (Bronfenbrenner, 1979; Michaels, Meese, & Stollak, 1983). Troubled children and children from unhealthy families perceived their parents as nonloving, punitive, and as exhibiting significantly more negative parenting behavior than did children from nonclinical families (Michaels et al., 1983). Even within a nonclinical sample, Forehand and Nousiainen (1993) found that adolescents' perceptions of parental acceptance, parenting styles, and the interaction between parenting styles and acceptance contribute to better adolescent functioning. Overall, adolescents' perceptions of parental acceptance and affection appear to be strongly related to adolescents' functioning.

Previous research suggests that determining the effect of interparental conflict on the children's functioning is inadequate because children perceive or actively interpret their

environments differently (Grych & Fincham, 1990). These perceptions of interparental conflict and other stressors appear to be linked to children's and adolescents' emotional responses (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Grych, 1998; Grych & Fincham, 1993).

In a study of mothers diagnosed with schizophrenia, schizo-affective illness, or bipolar disorder with psychotic features, Sherer, Melloh, Buyck, Anderson, and Foster (1996) found that children's perceptions of their mothers' mental health were significantly related to children's psychological functioning. Children who perceived their mothers as using a discouraging parenting style tended to have mothers who reported more child behavior problems and less child social competence. Moreover, these children reported less scholastic and athletic ability, less confidence in physical appearance, low global self-worth, and low social support from parents, teachers, and close friends. Conversely, children who perceived their mothers as using encouraging parenting skills reported feeling more confidence in their athletic ability and more social support from close friends (Sherer et al., 1996). In addition, Phares and Renk (1998) found that positive feelings toward mothers and fathers were correlated with lower total emotional/behavioral problems and lower externalizing behavioral problems. Higher levels of negative feelings towards mothers and fathers were associated with greater levels of total behavior problems in adolescents. Overall, adolescents' perceptions of their parents appear to be strongly related to adolescent functioning.

1.3. The current study

Historically, there has been an inclusion of maternal contributions and an exclusion of paternal contributions in studies of children's emotional/behavioral problems (Lamb, 2000; Phares, 1996). When fathers are included in research, it is apparent that adaptive parental characteristics and maladaptive parental characteristics show similar as well as unique patterns depending on whether the parent is the mother or the father (Phares, 1996; Phares & Compas, 1992). In order to add to the understanding of fathers' roles in adolescent functioning, this study explored the adolescents' perceptions of both mothers' and fathers' behavior in relation to adolescents' functioning.

This study takes a risk and resilience approach (Werner, 1995) to the study of adolescents' functioning. Specifically, adolescents' functioning was explored in the context of parental psychological functioning, adolescents' perceptions of interparental conflict, adolescents' perceptions of parental acceptance, control, and emotional availability, and adolescents' positive and negative feelings toward their parents. In keeping with the need to explore similarities and differences in fathers' and mothers' functioning in relation to their sons' and daughters' functioning, separate analyses were conducted for fathers, mothers, sons, and daughters.

Based on previous research, it was expected that positive perceptions of parents, positive perceptions of parental behavior, and low perceptions of interparental conflict would serve as protective factors against the development of adolescents' emotional/behavioral problems. Specifically, adolescents were expected to show lower levels of internalizing and externalizing

behavior problems when exposed to parental psychopathology, and have higher positive perceptions of the parents, higher levels of adolescents' perceptions of appropriate parental behavior (acceptance and control), and lower levels of interparental conflict. It was hypothesized that the direct effects of parental psychopathology on the adolescents' functioning would involve indirect influences that are related to the adolescents' perceptions of parental behavior, emotional availability, feelings toward parents, and perceptions of interparental conflict. Given the limited amount of work in gender differences and similarities with regard to these issues, no specific hypotheses were given for the analyses of father–son, father–daughter, mother–son, and mother–daughter dyads.

2. Method

2.1. Participants

One hundred fifty biological mother–father–adolescent triads were recruited from an urban area in the southeast. Consistent with the demographics of the surrounding area, the majority of families were Caucasian (82.7%); the remainder of the families were African American (8.0%), Hispanic/Latino/Latina (5.3%), and Asian American (0.7%). Ethnic data were not available for 3.3% of the families. There was an equal number of male and female participating adolescents (75 boys and 75 girls) whose ages ranged from 11 to 18 years ($M = 13.65$, $SD = 1.98$). Fathers ranged in age from 25–70 years ($M = 42.45$, $SD = 6.44$), and mothers ranged in age from 27–55 years ($M = 40.23$, $SD = 5.12$). Fathers' educational status ranged from 9 to 20 years of formal schooling ($M = 13.3$, $SD = 2.19$), and mothers' educational status ranged from 7 to 20 years ($M = 13.45$, $SD = 2.24$). Intact families, with both biological parents still married to each other, made up 81.3% of the total sample. Further, 11.3% of the parents were separated or divorced, 5.3% were remarried, 0.7% were never married to the adolescents' other biological parent, and 0.7% were widowed. Nonintact families were recruited only if the adolescent had at least monthly face-to-face contact with the noncustodial parent. A total of 42 mothers (28.0%), 38 fathers (25.3%), and 24 adolescents (16.0%) were currently receiving psychological treatment. Mothers, fathers, and adolescents all had to agree to participate in order to be eligible for the study.

2.2. Procedure

As part of a larger prospective study, families were recruited through flyers and announcements in the community and in local community mental health facilities. The advertisements announced a study of families with teenagers who could earn US$60 by signing up for the study. Upon receiving the family's initial response by phone, the investigator screened for the appropriate individuals. Families were asked to arrive at a local university for a 3-hour session to complete interviews and questionnaires. After completing parental consent forms and adolescent assent forms, each member of the family was assigned a trained interviewer who individually administered the interview and questionnaires in separate rooms. Thus, no

research information was shared between family members during data collection. Interviewers were unaware of how the family was recruited.

2.3. Measures

2.3.1. Parents' psychological symptoms

Both parents completed the Beck Depression Inventory (BDI; Beck & Steer, 1987) to assess depressive symptoms. The BDI is composed of 21 self-report items that are rated on a 4-point scale ranging from 0 to 3, with higher scores reflecting higher levels of depression. Numerous studies have validated the sound psychometric properties of the BDI (Beck & Steer, 1987; Beck, Steer, Ball, Ciervo, & Kabat, 1997). In the current study, internal consistency was strong (Cronbach's $\alpha = .81$ for mothers and .89 for fathers).

Both parents also completed the Beck Anxiety Inventory (BAI; Beck & Steer, 1990), a 21-item scale that measures the symptoms of anxiety in adults. This self-report measure is scored in a manner similar to the BDI, with items rated from a low of 1 to a high of 3. Higher scores reflect higher anxiety. Beck and Steer (1990) and Beck et al. (1997) reported strong psychometric properties. In the current sample, internal consistencies were high (Cronbach's $\alpha = .88$ for mothers and .92 for fathers).

For the purposes of this study, the BDI and BAI were combined for each parent in order to ascertain their overall level of psychological functioning. More specifically, the items on the BDI (which each range from 0 to 3) and the items on the BAI (which each range from 1 to 3) were summed. This procedure is consistent with research that suggests that depression and anxiety are highly related and reflective of an overall negative affectivity syndrome (Mineka, Watson, & Clark, 1998; Steer, Clark, Beck, & Ranieri, 1999).

2.3.2. Adolescents' perception of parents' behavior

The Children's Report of Parental Behavior Inventory—Revised (CRPBI-R) was designed to assess adolescents' perception of their parents' child-rearing behavior (Schaefer, 1965; Schludermann & Schludermann, 1970). The entire inventory consists of 18 scales for a total of 108 items for each parent. Only the acceptance subscale (8 items) and control subscale (5 items) were used for this study.

Adolescents rated both mothers' and fathers' child-rearing behavior on a 1- to 3-point scale for each parent. Higher scores (based on the mean of that scale) reflect higher levels of acceptance and control, respectively. The CRPBI-R has been found to have adequate internal consistency and convergent validity (Schludermann & Schludermann, 1970). In the current sample, internal consistencies were consistent with previous research (Cronbach's $\alpha = .86$ for mothers' acceptance, .83 for fathers' acceptance, .70 for mothers' control, and .73 for fathers' control).

2.3.3. Adolescents' feelings toward parents

Developed for completion by adolescents, the Perception of Parents (POP) is a 15-item scale that measures cognitions and emotions relate to the adolescents' perceptions of their mothers and fathers (Phares & Renk, 1998). This two-factor measure characterizes both

positive affect (e.g., feeling grateful) and negative affect (e.g., feeling anger) toward each parent. Items are completed for each biological parent using a 6-point scale ranging from 1 (*not at all or never*) to 6 (*extremely or always*). Higher scores (based on the mean of that scale) are reflective of higher levels of positive affect and negative affect toward parents, respectively). Strong psychometric properties have been established (Phares & Renk, 1998). In the current sample, internal consistencies were acceptable for the positive (Cronbach's $\alpha = .91$ for mothers, .92 for fathers) and negative subscales (Cronbach's $\alpha = .76$ for mothers, .81 for fathers).

2.3.4. Adolescents' perceptions of parents' emotional availability

To assess parental responsiveness in terms of emotional availability, adolescents completed the Lum Emotional Availability of Parenting Scale (LEAP; Lum et al., 1996) for mothers and fathers. The LEAP consists of 15 items depicting adolescents' perceptions of some form of verbal exchange or nonverbal acknowledgment initiated by the parent (e.g., "shows a genuine interest in me," "consoles me when I am upset," and "makes me feel wanted"). Items are scored on a 6-point Likert scale ranging from "never" to "always". Higher scores indicate higher emotional availability of the parent (based on the mean of the responses for that parent). This measure has demonstrated strong stability (Lum et al., 1996). In the current study, internal consistency was strong for reports of both mothers (Cronbach's $\alpha = .96$) and fathers (Cronbach's $\alpha = .95$).

2.3.5. Adolescents' perceptions of interparental conflict

The Children's Perception Questionnaire (CPQ; Emery & O'Leary, 1984) is a measure used to assess children's and adolescents' perceptions of their parents' relationship. The six items from the Interparental Conflict subscale were administered and used as the overall measure of interparental conflict. In addition, adolescents completed the Triangulation subscale of the Children's Perception of Interparental Conflict (CPIC; Grych, Seid, & Fincham, 1992). The Triangulation subscale measures the extent to which the adolescent feels put in between parental conflicts. Both measures were included in this study in order to assess interparental conflict in a thorough manner. Both measures have demonstrated adequate internal consistency and construct validity (Emery & O'Leary, 1984; Grych et al., 1992). Higher scores on the CPQ and CPIC reflect higher levels of interparental conflict and triangulation, respectively. In the current sample, internal consistency estimates were adequate (Cronbach's $\alpha = .80$ for the CPQ and $\alpha = .63$ for the CPIC).

2.3.6. Adolescents' emotional/behavioral functioning

Adolescents were asked to complete the Youth Self Report (YSR; Achenbach, 1991a), which is an adolescent-completed version of the Child Behavior Checklist (CBCL; Achenbach, 1991b). One hundred eighteen items measure self-reported internalizing, externalizing, and total behavior problems. Higher *T* scores on the behavior problem scales are associated with greater emotional/behavioral problems. Excellent psychometric properties have been reported for this measure, including test–retest, internal consistency, and construct validity.

3. Results

3.1. Descriptive statistics

To put fathers', mothers', and adolescents' responses into context, means and standard deviations are provided in Table 1. The means for parental functioning show that fathers and mothers exhibited relatively few symptoms of depression and anxiety, with mean ratings falling within the asymptomatic range for such psychological symptoms. Adolescents reported their perception on several aspects of their fathers' and mothers' functioning. Adolescents reported that they perceived relatively low amounts of interparental conflict. In addition, adolescents reported moderate levels of both paternal and maternal acceptance and control in parenting behaviors. Further, adolescents reported relatively positive rather than negative feelings for both fathers and mothers, and, on average, rated both parents as being emotionally available. Means of adolescents' scores for internalizing and externalizing behavior problems were in the nonclinical range.

3.2. Correlational and regression analyses

Results of correlational analyses are provided for data pertaining to fathers and mothers in Tables 2 and 3, respectively. For the sake of brevity, meaningful correlations are discussed in terms of the results of the regression analyses. Results of regression analyses are provided in Table 4 for internalizing behavior problems and in Table 5 for externalizing behavior problems. For each outcome measure (internalizing behavior problems and externalizing behavior

Table 1
Means (*SD*s) for parental and adolescent ratings

Variables	Parent and child gender			
	Fathers of sons	Fathers of daughters	Mothers of sons	Mothers of daughters
Parental functioning (self-reports)				
Depression and anxiety	4.73 (7.29)	4.08 (4.66)	7.03 (7.63)	4.62 (5.31)
Adolescents' ratings of parents				
Triangulation	1.34 (0.33)	1.40 (0.48)	1.34 (0.33)	1.40 (0.48)
Interparental conflict	1.34 (0.41)	1.31 (0.40)	1.34 (0.41)	1.31 (0.40)
Parental acceptance	2.51 (0.43)	2.56 (0.36)	2.66 (0.41)	2.72 (0.31)
Parental control	2.32 (0.44)	2.35 (0.48)	2.36 (0.37)	2.35 (0.48)
Positive feeling	5.11 (0.83)	5.37 (0.75)	5.20 (0.84)	5.49 (0.65)
Negative feeling	2.20 (0.86)	2.04 (0.99)	2.17 (0.98)	1.92 (0.75)
Emotional availability	4.78 (1.08)	5.15 (0.76)	5.23 (0.74)	5.40 (0.92)
Scores for adolescents' functioning				
Internalizing behaviors	48.13 (9.24)	47.88 (10.49)	48.13 (9.24)	47.88 (10.49)
Externalizing behaviors	52.25 (10.84)	49.76 (10.31)	52.25 (10.84)	49.76 (10.31)

Table 2
Correlations of paternal and adolescent ratings

	1	2	3	4	5	6	7	8	9	10
Paternal ratings of own functioning										
1. Depression and anxiety	–	.09	.23*	−.32**	−.24*	−.39**	.14	−.51**	.00	−.00
Adolescents' ratings of fathers										
2. Triangulation	−.03	–	.31**	−.12	.01	−.08	.13	−.05	.36**	.16
3. Conflict	.19	.54**	–	−.20	.10	−.27*	.37**	−.14	.31**	.33**
4. Acceptance	−.14	−.37**	−.51**	–	.13	.75**	−.34**	.86**	−.19	−.45**
5. Control	.09	.08	.11	−.08	–	.27*	.06	.24	.02	−.00
6. Positive feeling	.07	−.09	−.11	.29*	.10	–	−.35**	.88**	−.06	−.34**
7. Negative feeling	.13	.26*	.47**	−.51**	.32**	−.29*	–	−.38*	.24*	.41**
8. Emotional availability	−.00	−.35*	−.45**	.69**	−.01	.68**	−.69**	–	−.00	−.33*
Adolescents' ratings of own functioning										
9. Internalizing	.16	.39**	.62**	−.42**	.20	−.17	.55**	−.34*	–	.46**
10. Externalizing	.01	.45**	.50**	−.28*	.13	−.27*	.41**	−.28	.56**	–

Correlations for sons are above the diagonal, and correlations for daughters are below the diagonal.
* $p < .05$. ** $p < .01$.

problems), the following predictor variables were entered in a hierarchical regression: Step 1 consisted of the combined parental depression and anxiety score and parental psychiatric status; Step 2 consisted of the interparental conflict measures; Step 3 consisted of the adolescents' perceptions of the specific parenting behaviors of parental acceptance and control; and Step 4 consisted of negative and positive perceptions of parents as well as perceptions of their emotional availability. All regressions were completed separately for father–son, father–daughter, mother–son, and mother–daughter dyads.

3.2.1. Adolescents' internalizing behavior problems

For father–son dyads, paternal psychopathology did not significantly contribute to the prediction of sons' internalizing behavior problems, $F(2, 35) = 0.13$, $p = .87$. Sons' perceptions of interparental triangulation, however, did significantly contribute to sons' internalizing behavior problems, $F(4, 33) = 2.62$, $p < .05$. Based on the correlational analyses, sons' perceptions of greater levels of triangulation and greater levels of conflict were related to higher levels of sons' internalizing behavior problems, rs(73) = .36 and .31, respectively; ps < .002. Paternal behaviors, such as paternal acceptance and control, and sons' perceptions of their fathers, in the form of positive and negative perceptions of fathers and perceptions of fathers' emotional availability, did not make significant contributions to the prediction of sons' internalizing behavior problems, $F(6, 31) = 1.75$, $p = .14$, and $F(9, 28) = 1.71$, $p = .13$, respectively.

Table 3
Correlations of maternal and adolescent ratings

	1	2	3	4	5	6	7	8	9	10
Paternal ratings of own functioning										
1. Depression and anxiety	–	.15	.06	−.07	−.17	−.20	.11	−.28	.17	.21
Adolescents' ratings of fathers										
2. Triangulation	.22*	–	.31**	−.10	.03	−.05	.03	.04	.36**	.16
3. Conflict	.21	.54**	–	.02	.23*	−.04	.04	.06	.31**	.33**
4. Acceptance	−.18	−.09	−.28*	–	−.00	.62**	−.25*	.69**	−.17	−.27*
5. Control	−.07	.24*	.15	−.09	–	.02	.23*	.03	.01	.09
6. Positive feeling	−.09	−.19	−.27*	.59**	−.02	–	−.16	.81**	−.14	−.16
7. Negative feeling	.10	.13	.25*	−.43**	.19	−.55**	–	−.07	.26*	.39**
8. Emotional availability	−.10	−.38*	−.41*	.88**	−.19	.73**	−.56**	–	.05	−.28
Adolescents' ratings of own functioning										
9. Internalizing	.09	.39**	.62**	−.27*	.10	−.17	.37**	−.26	–	.46**
10. Externalizing	.23*	.45**	.50**	−.14	.11	−.19	.29*	−.08	.56**	–

Correlations for sons are above the diagonal, and correlations for daughters are below the diagonal.
* $p < .05$. ** $p < .01$.

For father–daughter dyads, paternal depression and anxiety significantly contributed to the prediction of daughters' internalizing behavior problems, $F(2, 29) = 4.07$, $p < .03$. Daughters' perceptions of interparental conflict provided significant additional variance in the prediction of daughters' internalizing behavior problems, $F(4, 27) = 4.92$, $p < .001$; however, neither variable was a significant predictor in the regression analysis. Based on the correlational analyses, daughters' perceptions of greater levels of triangulation and greater levels of conflict were related to higher levels of daughters' internalizing behavior problems [rs(73) = .39, $p < .001$ and .62, $p < .001$, respectively]. In addition, the regression analyses showed that daughters' ratings of paternal acceptance and control contributed significantly to the prediction of daughters' internalizing behavior problems, $F(6, 25) = 4.09$, $p < .01$, although neither variable was significant individually in the regression. Lower levels of paternal acceptance, $r(73) = -.42$, $p < .001$, were related to higher levels of internalizing behaviors in daughters based on correlational analyses. Finally, daughters' perceptions of their fathers contributed significant variance to the prediction of internalizing behavior problems in daughters, over and above the other variables entered into the regression equation, $F(9, 22) = 2.84$, $p < .02$, although no individual variables retained significance. Based on the correlations, greater negative perceptions of fathers and lower perceptions of paternal emotional availability were related to higher levels of internalizing behavior problems in daughters, rs(73) = .55, $p < .001$ and $-.34$, $p < .05$, respectively.

Table 4
Summary of hierarchical regressions for adolescents' internalizing behavior problems

Variables	*B*	*SE B*	β
Father–son dyads (internalizing)			
Step 1 [r^2=.01; $F(2, 35) = 0.13$, $p < .87$]			
Depression and anxiety	− 0.02	0.18	− 0.02
Psychopathology	− 1.43	3.18	− 0.08
Step 2 [r^2 = .24; $F(4, 33) = 2.62$, $p < .05$]			
Depression and anxiety	− 0.06	0.17	− 0.06
Psychopathology	− 3.56	2.94	− 0.20
Interparental conflict	4.95	4.38	0.18
Triangulation	8.66	3.53	0.40*
Step 3 [r^2=.25; $F(6, 31) = 1.75$; $p < .14$]			
Depression and anxiety	− 0.05	0.20	− 0.05
Psychopathology	− 3.86	3.06	− 0.21
Interparental conflict	4.50	4.55	0.17
Triangulation	8.34	3.66	0.39*
Parent acceptance	2.05	3.60	0.10
Parent control	− 1.56	3.34	− 0.08
Step 4 [r^2=.35; $F(9, 28) = 1.71$; $p < .13$]			
Depression and anxiety	0.04	0.21	0.04
Psychopathology	− 4.57	3.14	− 0.25
Interparental conflict	4.83	4.80	0.18
Triangulation	8.44	3.95	0.39*
Parent acceptance	1.05	3.71	0.05
Parent control	− 5.51	5.88	− 0.29
Negative perception of parent	2.76	1.86	0.28
Positive perception of parent	5.14	3.81	0.53
Perception of emotional availability	− 0.80	3.30	− 0.10
Father–daughter dyads (internalizing)			
Step 1 [r^2=.22; $F(2, 29) = 4.07$; $p < .03$]			
Depression and anxiety	1.13	0.40	0.48**
Psychopathology	− 2.24	3.76	− 0.10
Step 2 [r^2=.42; $F(4, 27) = 4.92$, $p < .00$]			
Depression and anxiety	0.65	0.39	0.28
Psychopathology	1.48	3.59	0.07
Interparental conflict	6.04	4.44	0.26
Triangulation	9.40	5.88	0.31
Step 3 [r^2=.50; $F(6, 25) = 4.09$; $p < .01$]			
Depression and anxiety	0.64	0.38	0.27
Psychopathology	0.72	3.51	0.03
Interparental conflict	3.56	4.50	0.15
Triangulation	5.42	6.26	0.18
Parent acceptance	5.45	3.45	0.25
Parent control	− 4.79	4.58	− 0.19
Step 4 [r^2=.54; $F(9, 22) = 2.84$; $p < .02$]			
Depression and anxiety	0.65	0.43	0.28
Psychopathology	1.35	3.85	0.06

(continued on next page)

Table 4 (*continued*)

Variables	*B*	*SE B*	β
Step 4 [r^2=.54; $F(9, 22) = 2.84$; $p < .02$]			
Interparental conflict	4.53	4.68	0.19
Triangulation	6.05	6.55	0.20
Parent acceptance	2.42	4.56	0.11
Parent control	0.83	6.84	0.03
Negative perception of parent	− 4.11	3.73	− 0.26
Positive perception of parent	3.38	3.04	0.35
Perception of emotional availability	3.31	4.46	0.24
Mother–son dyads (internalizing)			
Step 1 [r^2=.07; $F(2, 35) = 1.41$; $p < .26$]			
Depression and anxiety	0.40	0.30	0.27
Psychopathology	0.24	3.42	0.01
Step 2 [r^2=.21; $F(4, 33) = 2.26$; $p < .08$]			
Depression and anxiety	0.25	0.29	0.16
Psychopathology	− 0.83	3.39	− 0.05
Interparental conflict	3.96	4.50	0.15
Triangulation	6.95	3.91	0.32
Step 3 [r^2=.23; $F(6, 31) = 1.58$; $p < .19$]			
Depression and anxiety	0.30	0.30	0.20
Psychopathology	− 0.71	3.47	− 0.04
Interparental conflict	3.69	4.60	0.14
Triangulation	5.89	4.16	0.27
Parent acceptance	0.48	4.12	0.02
Parent control	3.64	4.15	0.15
Step 4 [r^2=.35; $F(9, 28) = 1.65$; $p < .15$]			
Depression and anxiety	0.17	0.32	0.11
Psychopathology	0.07	3.47	0.00
Interparental conflict	3.64	4.52	0.14
Triangulation	8.44	4.28	0.39
Parent acceptance	3.18	6.17	0.12
Parent control	− 0.36	4.52	− 0.01
Negative perception of parent	2.52	1.50	0.31
Positive perception of parent	7.55	5.24	0.41
Perception of emotional availability	− 4.00	3.97	− 0.34
Mother–daughter dyads (internalizing)			
Step 1 [r^2=.07; $F(2, 30) = 1.\ 14$; $p < .33$]			
Depression and anxiety	0.00	0.43	0.00
Psychopathology	5.41	3.67	0.27
Step 2 [r^2=.43; $F(4, 28) = 5.20$; $p < .00$]			
Depression and anxiety	− 0.22	0.35	− 0.09
Psychopathology	5.40	3.14	0.27
Interparental conflict	7.16	4.47	0.31
Triangulation	9.48	5.23	0.35
Step 3 [r^2=.50; $F(6, 26) = 4.29$; $p < .00$]			
Depression and anxiety	− 0.09	0.35	− 0.04
Psychopathology	3.16	3.32	0.16

Table 4 (*continued*)

Variables	*B*	*SE B*	*β*
Step 3 [r^2=.50; $F(6, 26) = 4.29$; $p < .00$]			
Interparental conflict	10.90	4.78	0.48*
Triangulation	7.58	5.27	0.28
Parent acceptance	− 2.42	4.48	− 0.09
Parent control	− 7.21	3.75	− 0.34
Step 4 [r^2=.57; $F(9, 23) = 3.45$; $p < .01$]			
Depression and anxiety	− 0.17	0.35	− 0.07
Psychopathology	0.99	3.89	0.05
Interparental conflict	12.84	4.93	0.56*
Triangulation	7.63	5.16	0.28
Parent acceptance	− 8.46	9.90	− 0.30
Parent control	− 9.35	4.09	− 0.44*
Negative perception of parent	4.35	2.57	0.35
Positive perception of parent	3.67	3.01	0.29
Perception of emotional availability	2.62	4.23	0.23

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

For mother–son dyads, maternal psychopathology did not significantly contribute to the prediction of internalizing behavior problems in sons, $F(2, 35) = 1.41$, $p < .26$. Interparental conflict marginally contributed to the prediction of sons' internalizing behavior problems, $F(4, 33) = 2.26$, $p < .08$. Based on the correlations, sons' perceptions of greater levels of triangulation ($r = .36$, $p < .002$) and greater levels of conflict ($r = .31$, $p < .007$) were related to higher levels of internalizing behavior problems in sons. Maternal behaviors, such as maternal acceptance and control, and sons' perceptions of their mothers, in the form of positive and negative perceptions of mothers and perceptions of mothers' emotional availability, did not make significant contributions to the prediction of sons' internalizing behavior problems, $F(6, 31) = 1.58$, $p < .19$, and $F(9, 28) = 1.65$, $p < .15$, respectively.

For mother–daughter dyads, maternal psychopathology did not contribute significantly to the prediction of daughters' internalizing behavior problems, $F(2, 30) = 1.14$, $p < .33$. Interparental conflict contributed significantly to the prediction of daughters' internalizing behavior problems, $F(4, 28) = 5.20$, $p < .001$. Based on the correlational analyses, daughters' perceptions of greater levels of triangulation, $r(73) = .39$, $p < .001$, and greater levels of conflict, $r(73) = .62$, $p < .001$, were related to higher levels of internalizing behavior problems in daughters. Further, daughters' perception of lower maternal control contributed significantly to the prediction of daughters' higher internalizing behavior problems in the regression analyses, $F(6, 26) = 4.29$, $p < .001$. Finally, daughters' perceptions of mothers contributed significantly to the prediction of internalizing behaviors in daughters, over and above the contribution of the other variables entered into the regression equation, $F(9, 23) = 3.45$, $p < .01$. These variables, however, were not significant when considered individually. Based on the correlations, greater levels of daughters' negative perceptions of their mothers, $r(73) = .37$, $p < .002$, were related to higher levels of internalizing behaviors in daughters.

Table 5
Summary of hierarchical regressions for adolescents' externalizing behavior problems

Variables	*B*	*SE*	*β*
Father–son dyads (externalizing)			
Step 1 [r^2=.04; $F(2, 35) = 0.65$, $p < .53$]			
Depression and anxiety	0.01	0.22	0.01
Psychopathology	4.01	3.72	0.19
Step 2 [r^2=.11; $F(4, 33) = 1.03$; $p < .41$]			
Depression and anxiety	− 0.01	0.21	− 0.01
Psychopathology	2.60	3.78	0.12
Interparental conflict	2.23	5.63	0.07
Triangulation	6.39	4.54	0.25
Step 3 [r^2=.28; $F(6, 31) = 2.03$; $p < .09$]			
Depression and anxiety	− 0.21	0.24	− 0.17
Psychopathology	2.39	3.57	0.11
Interparental conflict	1.65	5.30	0.05
Triangulation	4.51	4.27	0.18
Parent acceptance	2.42	4.20	0.10
Parent control	− 10.45	3.90	− 0.46*
Step 4 [r^2=.35; $F(9, 28) = 1.67$; $p < .14$]			
Depression and anxiety	− 0.15	0.25	− 0.12
Psychopathology	1.03	3.74	0.05
Interparental conflict	0.77	5.73	0.02
Triangulation	3.30	4.71	0.13
Parent acceptance	2.59	4.42	0.11
Parent control	− 10.75	7.02	− 0.48
Negative perception of parent	3.58	2.22	0.30
Positive perception of parent	2.48	4.54	0.22
Perception of emotional availability	− 0.71	3.93	− 0.07
Father–daughter dyads (externalizing)			
Step 1 [r^2=.18; $F(2, 29) = 3.15$; $p < .06$]			
Depression and anxiety	0.62	0.38	0.28
Psychopathology	− 7.92	3.61	− 0.38*
Step 2 [r^2=.26; $F(4, 27) = 2.38$; $p < .08$]			
Depression and anxiety	0.35	0.42	0.16
Psychopathology	− 5.63	3.80	− 0.27
Interparental conflict	4.23	4.70	0.19
Triangulation	4.81	6.22	0.17
Step 3 [r^2=.33; $F(6, 25) = 2.10$; $p < .09$]			
Depression and anxiety	0.34	0.41	0.15
Psychopathology	− 6.37	3.77	− 0.30
Interparental conflict	2.01	4.84	0.09
Triangulation	1.74	6.73	0.06
Parent acceptance	5.70	3.71	0.27
Parent control	− 2.93	4.93	− 0.12
Step 4 [r^2=.37; $F(9, 22) = 1.42$; $p < .24$]			
Depression and anxiety	0.55	0.47	0.25
Psychopathology	− 7.64	4.21	− 0.36

Table 5 (*continued*)

Variables	*B*	*SE*	*β*
Step 4 [r^2=.37; $F(9, 22) = 1.42$; $p < .24$]			
Interparental conflict	1.69	5.12	0.08
Triangulation	2.15	7.16	0.08
Parent acceptance	7.26	4.99	0.35
Parent control	1.21	7.49	0.05
Negative perception of parent	− 1.89	4.08	− 0.13
Positive perception of parent	− 1.29	3.32	− 0.14
Perception of emotional availability	− 2.71	4.88	− 0.21
Mother–son dyads (externalizing)			
Step 1 [r^2=.06; $F(2, 35) = 1.19$; $p < .32$]			
Depression and anxiety	0.38	0.35	0.21
Psychopathology	1.29	4.09	0.06
Step 2 [r^2=.12; $F(4, 33) = 1.12$; $p < .36$]			
Depression and anxiety	0.27	0.36	0.15
Psychopathology	0.46	4.27	0.02
Interparental conflict	2.84	5.66	0.09
Triangulation	5.32	4.92	0.21
Step 3 [r^2=.32; $F(6, 31) = 2.46$; $p < .05$]			
Depression and anxiety	0.23	0.34	0.13
Psychopathology	− 0.10	3.87	− 0.00
Interparental conflict	1.82	5.14	0.06
Triangulation	4.90	4.65	0.19
Parent acceptance	− 12.88	4.61	− 0.42**
Parent control	6.03	4.63	0.21
Step 4 [r^2=.44; $F(9, 28) = 2.40$; $p < .04$]			
Depression and anxiety	− 0.03	0.36	− 0.01
Psychopathology	1.41	3.83	0.07
Interparental conflict	1.80	4.99	0.06
Triangulation	8.03	4.72	0.32
Parent acceptance	− 6.04	6.82	− 0.20
Parent control	1.30	4.99	0.04
Negative perception of parent	3.58	1.66	0.37*
Positive perception of parent	6.94	5.79	0.32
Perception of emotional availability	− 5.83	4.38	− 0.42
Mother–daughter dyads (externalizing)			
Step 1 [r^2=.07; $F(2, 30) = 1.06$; $p < .36$]			
Depression and anxiety	0.16	0.39	0.07
Psychopathology	4.30	3.38	0.23
Step 2 [r^2=.25; $F(4, 28) = 2.36$; $p < .08$]			
Depression and anxiety	0.01	0.37	0.00
Psychopathology	5.09	3.30	0.27
Interparental conflict	7.88	4.69	0.37
Triangulation	2.24	5.48	0.09

(continued on next page)

Table 5 (*continued*)

Variables	*B*	*SE*	*β*
Step 3 [r^2=.28; $F(6, 26) = 1.73$; $p < .15$]			
Depression and anxiety	0.07	0.38	0.03
Psychopathology	4.15	3.65	0.22
Interparental conflict	10.21	5.25	0.48
Triangulation	1.71	5.78	0.07
Parent acceptance	0.87	4.91	0.03
Parent control	− 4.03	4.12	0.21
Step 4 [r^2=.33; $F(9, 23) = 1.24$; $p < .32$]			
Depression and anxiety	0.13	0.41	0.06
Psychopathology	1.50	4.49	0.08
Interparental conflict	12.23	5.70	0.58*
Triangulation	1.66	5.97	0.07
Parent acceptance	− 9.94	11.44	− 0.38
Parent control	− 6.46	4.73	− 0.33
Negative perception of parent	1.24	2.97	0.11
Positive perception of parent	− 0.24	3.48	− 0.02
Perception of emotional availability	5.41	4.89	0.52

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

3.2.2. Adolescents' externalizing behavior problems

For father–son dyads, neither paternal psychopathology nor interparental conflict contributed significantly to the prediction of sons' externalizing behavior problems, $F(2, 35) = 0.65$, $p < .53$, and $F(4, 33) = 1.03$, $p < .41$, respectively. Paternal behaviors, consisting of acceptance and control, contributed marginally to the prediction of sons' externalizing behavior problems, $F(6, 31) = 2.03$, $p < .09$. Based on correlational analyses, lower levels of paternal acceptance, $r(73) = -.45$, $p < .001$, were related to higher levels of externalizing behaviors in sons. Finally, sons' perceptions of their fathers did not contribute significantly to the prediction of sons' externalizing behavior problems, $F(9, 28) = 1.67$, $p < .14$.

For father–daughter pairs, paternal psychopathology contributed marginally to the prediction of daughters' externalizing behavior problems, $F(2, 29) = 3.15$, $p < .06$. In addition, interparental conflict contributed marginally to the prediction of externalizing behaviors in daughters, $F(4, 27) = 2.38$, $p < .08$. Based on the zero-order correlations, daughters' perceptions of greater levels of triangulation and greater levels of conflict were related to higher levels of externalizing behaviors in daughters, rs(73)=.50 and .45, respectively, ps < .001. Further, paternal acceptance and control contributed marginally to the prediction of daughters' externalizing behavior problems, $F(6, 25) = 2.10$, $p < .09$. Lower levels of paternal acceptance, $r(73) = -.28$, $p < .02$, were related to higher levels of externalizing behaviors in daughters. Finally, daughters' perceptions of their fathers did not add significant variance to the prediction of daughters' externalizing behavior problems, $F(9, 22) = 1.42$, $p < .24$.

For mother–son dyads, neither maternal psychopathology nor interparental conflict contributed significantly to the prediction of sons' externalizing behavior problems, $F(2, 35) = 1.19$, $p < .32$, and $F(4, 33) = 1.12$, $p < .36$, respectively. Sons' ratings of maternal

acceptance contributed significantly to the prediction of externalizing behaviors in sons, $F(6, 31) = 2.46$, $p < .05$. Lower levels of maternal acceptance were related to higher levels of externalizing behaviors in sons, $r(73) = -.27$, $p < .02$. Finally, sons' negative affect toward their mothers contributed significantly to the prediction of sons' externalizing behavior problems, $F(9, 28) = 2.40$, $p < .04$. From the correlational analyses, we see that higher levels of sons' negative perceptions of their mothers, $r(73) = .39$, $p < .001$, were related to higher levels of externalizing behaviors in sons. In addition, the relationship between sons' perceptions of lower levels of maternal emotional availability and boys' externalizing behaviors approached significance, $r(73) = -.28$, $p < .08$.

For mother–daughter dyads, maternal psychopathology did not contribute significantly to the prediction of daughters' externalizing behavior problems, $F(2, 30) = 1.06$, $p < .36$. The addition of interparental conflict to the equation only contributed marginally to the prediction of daughters' externalizing behaviors, $F(4, 28) = 2.36$, $p < .08$. Based on the correlational analyses, daughters' perception of greater levels of triangulation ($r = .45$, $p < .001$) and greater levels of conflict ($r = .50$, $p < .001$) were related to higher levels of externalizing behaviors in daughters. Maternal behaviors, such as maternal acceptance and control, and daughters' perceptions of their mothers, in the form of positive and negative perceptions of mothers as well as perceptions of maternal emotional availability, did not make significant contributions to the prediction of daughters' externalizing behavior problems, $F(6, 26) = 1.73$, $p < .15$, and $F(9, 23) = 1.24$, $p < .32$, respectively.

4. Discussion

The findings of this study suggest that mothers and fathers each play unique roles in adolescents' emotional/behavioral problems. There is a more consistent pattern observed for daughters, which shows greater internalizing emotional/behavioral problems in relation to higher levels of paternal depression and anxiety and lower levels of maternal control. Sons appeared to show greater externalizing emotional/behavioral problems in relation to their negative feelings about their mothers and in relation to their perceptions of lower maternal acceptance. Our analyses indicate that adolescents' perceptions of their parents have a complex connection with adolescents' internalizing and externalizing behavior based on the gender of the parent and the adolescent. Specifically, different patterns are evident for sons and daughters with their fathers and mothers.

4.1. Adolescents' internalizing behaviors

Based on both bivariate correlational analyses and regression analyses, sons and daughters each exhibited higher levels of internalizing disorders when there were higher levels of interparental difficulties and triangulation. Only daughters, however, exhibited higher internalizing behaviors when there was a greater negative perception of both fathers and mothers, higher levels of parental psychopathology, lower levels of parental acceptance, higher levels of parental control, and paternal emotional availability. Overt interparental

conflict may directly or indirectly influence the child's well-being (Cummings et al., 2001; Davies & Cummings, 1994; Hetherington et al., 1998). The finding that daughters' lower levels of parental acceptance were associated with higher levels of daughters' internalizing problems was consistent with and extends the findings of previous research (Davies & Cummings, 1994).

4.2. Adolescents' externalizing behavior

The externalizing behavioral problems of sons were higher when they perceived higher levels of parental control and lower levels of parental acceptance. In addition, sons' negative perceptions of their mothers and lower maternal emotional availability were related to higher levels of externalizing behavioral problems. For daughters, higher levels of paternal psychopathology and lower levels of acceptance, higher levels of interparental conflict and triangulation were related to higher levels of externalizing behaviors. These findings are similar to those of Forehand and Nousiainen (1993), who reported that the lack of fathers' acceptance and closeness to their adolescents predicted high externalizing problems. Forehand and Nousiainen also found that a firm but nonaccepting maternal parenting style was associated with elevated levels of conduct problems. These results emphasize the importance of parental acceptance in relation to lower levels of externalizing behaviors in adolescents. Furthermore, firmness and control in the absence of acceptance may not prevent, but may actually increase, externalizing behaviors.

4.3. Conclusions and implications

Parent–child interaction studies have shown consistent differences in fathers' and mothers' involvement with children that may be related to our findings. Fathers spend a greater portion of their time with their children in leisure or play activities, whereas mothers are more engaged in care-giving or disciplinary activities (Shulman & Klein, 1993; Youniss & Smollar, 1985). By engaging in peerlike behaviors, fathers may help to encourage the emerging autonomy of their adolescents, which fosters the adolescents' feelings of competency. There are also parental differences in communication styles. Mothers communicate more with adolescents than do fathers, resulting in more of both positive and negative interactions (summarized by Lamb, 1997; Phares, 1996). Mothers may, therefore, report more conflict with their adolescents than do fathers because they have more interactions with the adolescents.

There are indications that adolescents' perceptions of negative relationships with the opposite-gender parent are more strongly associated with adolescents' emotional/behavioral problems than are negative relationships with the same-gender parent (Osborne & Fincham, 1996). Results of the current study suggest that negative interactions with the opposite-sex parent may have a greater influence on adolescents' adjustment. Findings from the current study indicate that these cross-gender effects extend beyond interparental conflict. As discussed above, daughters' outcomes are significantly related to their perceptions of their fathers' behavior and to fathers' psychopathology, which are related to both externalizing and

internalizing behaviors. Sons, however, show a more complicated pattern, with both mothers and fathers playing some role in their outcomes, especially in relation to parental characteristics corresponding to their externalizing behaviors. These results are consistent with previous research on adolescents' self-esteem and global self-worth (for reviews, see Lamb, 1997; Phares, 1996). These findings further emphasize the need for inclusion of fathers in future parent–child research.

Maternal psychopathology appeared to have some connection with daughters' internalizing behavior problems. Fathers, however, who met criteria for a psychological disorder, played a role in their daughters' externalizing and internalizing behaviors. As Cummings and Davies (1994) summarized, parental characteristics of psychopathology might influence children by altering patterns of parent–child interaction or by increasing interparental conflict, both of which have potentially negative effects on child development. Although this study did not address the parent–child interactions early in life, these findings do suggest connections between parental psychopathology, interparental conflict, and adolescents' emotional/behavioral functioning.

There are several limitations to this study that should be discussed. First, there was a relatively small sample size for the number of variables examined. Future studies based on larger numbers of families, especially when exploring gender patterns of parents and adolescents, will enhance the external validity of the investigation of these issues. Next, the cross-sectional research design does not allow causal interpretations of the data. Although it is tempting to interpret results with an eye towards causality, the correlational nature of these findings precludes causal interpretations. Finally, the majority of the measures were based on adolescents' self-reports. This common method variance may have led to more significant associations than would have been found with other informants. Given that there were significant associations between parent-reported variables (i.e., parental depression, parental anxiety, and parental diagnoses) and adolescent self-reported variables (i.e., adolescent emotional/behavioral functioning), the common method variance cannot account for all of the significant findings.

In spite of these limitations, the current study adds to the understanding of the connections between parental and adolescent functioning. As previously discussed, fathers and mothers play some role in sons' and daughters' emotional/behavioral problems, but there are risk and resilience factors that influence the outcome. For example, the presence of a ''healthy'' father (that is, a father without a current diagnosis) in the home was found to be a resilience factor for children of mothers with a depressive disorder (Conrad & Hammen, 1993). Our findings further demonstrate the importance of both mothers and fathers in adolescents' emotional/behavioral problems. Future studies should include prospective designs that can clarify the causal role of parental risk and protective factors for adolescents' emotional/behavioral problems.

The current findings should help provide direction for developing preventive interventions to be used when parents experience psychological symptoms. The complex patterns of results for mothers and fathers with their sons and daughters highlight the importance of including both mothers and fathers in future studies of adolescents' perceptions of their parents.

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