One important and well-documented factor that can plague the harmony of the family unit is the presence of marital conflict. Marital conflict is characterized by the use of hurtful verbal and/or physical acts of aggression by one or both partners (Straus, 1979). In order for marital conflict to be defined as maladaptive, the conflict must be frequent, intense, and/or poorly resolved (Grych & Fincham, 1993). The frequency component of conflict refers to how often the child is exposed to conflict. Intensity can range from a rational discussion to engaging in physical violence. The final component, resolution, refers to whether the conflict was resolved between the parents. When marital conflict is frequent, involves verbal hostility and/or physical aggression, and is unresolved, it can be detrimental, whereas conflict that is less frequent, does not involve hostility and/ or physical aggression, and is resolved can be seen as a healthy way to resolve differences. When marital conflict spills over into other areas of the couple’s life, such as parenting, it can damage a child’s sense of security and stability (Davies, Cummings, & Winter, 2004). Therefore, marital conflict can play a key role in how children develop emotionally and respond to the environment around them, and it can negatively affect their psychological well-being (Grych & Fincham, 1990).

The negative emotions that children may experience as a result of marital conflict can be expressed in the form of internalizing symptoms, such as anxiety (Schacht, Cummings, & Davies, 2009). Internalizing symptoms also can include self-blame, feelings of loneliness, depression, worry, diminished self-esteem, and a sense of helplessness (Ha, Overbeek, Vermulst, & Engels, 2009). These symptoms may appear because children fear that the conflict may lead to the break-up of their parents’ marriage and cause their relationship with their parents to deteriorate. The children then may internalize a sense of responsibility for the ongoing marital conflict between their parents (Grych, Fincham, Jouriles, & McDonald, 2000). Subsequently, children may feel like failures when they do not intervene or prevent the conflict, which then may lead to the development of more internalizing symptoms.

ABSTRACT. We tested whether the relation between marital conflict and child functioning may be mediated by two important factors: (a) decreases in parental support and (b) lack of authoritative parenting. The present sample consisted of 111 married couples and their adolescent children. We tested a multiple mediator model by using bootstrapping procedures in which support and authoritativeness were evaluated simultaneously as potential mediators. We found that the relation between marital conflict and child internalizing symptoms appears to be mediated by parental support, but not by authoritative parenting. Our findings revealed that parental support was a mediator only for fathers. We outline some empirical and clinical implications of these findings and offer suggestions for future research.
symptoms. Indeed, marital conflict accounts, to some degree, for psychological adjustment problems in children (Buehler & Gerard, 2002).

Researchers have shown that internalizing symptoms in children may result directly from the presence of marital conflict. Marital conflict, however, might also indirectly impact children’s internalizing difficulties. Family systems theory helps to elucidate these indirect pathways by highlighting the vital role that parents play in their children’s emotional development (Rinaldi & Howe, 2003). Specifically, the spillover hypothesis proposes that the quality of the marriage resonates throughout the family system to ultimately impact the children (Engler, 1988). The spillover hypothesis proposes that if the quality of the parent’s marriage is poor, then the negative affect that characterizes that relationship might “spill” over into the parent-child relationship, which would then result in the parent-child relationship being characterized as negative, possibly impacting the children. Therefore, each subsystem (e.g., marital) might impact another subsystem (e.g., parent-child) through the transference of negative affect and behavior (i.e., spillover effects; Zimet & Jacob, 2001).

Supporting the assertions of family systems theory and the spillover hypothesis, researchers have indeed demonstrated that the relation between marital conflict and child maladjustment (e.g., internalizing symptoms) may be explained by indirect pathways (Fauber, Forehand, Thomas, & Wierson, 1990). Instead of marital conflict causing child internalizing symptoms only directly, the connection between the two variables may also be mediated by other factors. For instance, researchers have suggested that marital conflict may cause strain on the parent-child relationship because parents may divert their attention away from the children and decrease the time they spend with them, which can cause the quality of the parent-child relationship to decline (Erel & Burman, 1995). When the parent-child relationship deteriorates, children might believe that they are in some way responsible for the conflict between the parents; children might then internalize this belief of responsibility, which can produce negative emotions such as anxiety, depression, and loneliness.

In addition to time and attentiveness, two important factors to consider in the relation between marital conflict and child internalizing symptoms may include (a) deterioration in the parent-child relationship, specifically a lack of supportiveness within the relationship, and (b) less effective parenting or the failure of parents to use authoritative parenting methods. These two factors may mediate the link between marital conflict and child internalizing symptoms because the presence of marital conflict may cause parents to withdraw from or reject their children. The parents may not provide ample support for their children or become distant and cold toward their children, which may result in their children developing internalizing symptoms. Furthermore, the parents may become more concerned with their conflict and less concerned with their parenting responsibilities (Kaczynski, Lindahl, Malik, & Laurenceau, 2006); they may resort to using inconsistent or lax parenting methods (Fauber et al., 1990). Therefore, it is important to examine these two aspects of the parent-child relationship as potential mediators of the association between marital conflict and child internalizing symptoms.

Parental Support

The relationship between parent and child should be a primarily positive one in order to help prevent the child from developing internalizing symptoms in the face of marital conflict. Cummings and Davies (2010) characterized a positive parent-child relationship as one in which the parents provide ample warmth, support, and available time to interact with the child. Parental support involves the parent being an encouraging and secure base for the child. Therefore, the absence of parental support may play a mediating role between marital conflict and internalizing symptoms. Although support from both parents is imperative, paternal support may play a particularly salient role in the relation between marital conflict and child internalizing symptoms because of the differential parental roles of mothers and fathers. In most cases, mothers serve as the primary caregivers and spend a great deal of time with their children, whereas fathers are more likely, especially in the face of marital conflict, to distance themselves from parental responsibilities (Belsky, 1979; Crockenberg & Langrock, 2001). Therefore, declines in the presence of paternal support may serve as a mediator in the relation between marital conflict and child internalizing symptoms. Alternatively, maternal support might play a particularly important role in the relation between the two variables due to the more enduring role of the mother in the parent-child relationship. Because children might depend more on their mothers than their fathers for getting their basic needs met, declines in the
mother-child relationship might have a substantial impact. Both possibilities should be investigated.

**Parenting Style**

In addition to the possible mediating role of parental support, the parenting style used within the home is also likely to help explain the association between marital conflict and children’s internalizing symptoms. Parenting style is characterized as the general pattern of parenting methods each parent uses in order to discipline the children. These parenting methods are used over various situations, eventually creating a lasting emotional climate between the parent and children (Darling & Steinberg, 1993). The three most common parenting styles are: (a) authoritative, (b) authoritarian, and (c) permissive (Baumrind, 1971; Buri, 1991). Authoritative parenting is characterized by high levels of parental warmth, support, realistic demands for maturity, and an appropriate level of autonomy granting. Authoritarian parenting is characterized by low levels of support, involvement, and autonomy granting, but high levels of coercive/psychological control. The final parenting style, permissive parenting, is characterized by high levels of warmth and support as well as high levels of premature autonomy granting and overindulgence (Baumrind, 1971; Buri, 1991).

Davies et al. (2004), in their investigation of children’s responses to various family profiles, found that children whose parents engaged in high levels of conflict, low levels of support, or overindulgence (i.e., authoritarian or permissive parenting) exhibited higher levels of internalizing symptoms than children whose parents engaged in high levels of support, warmth, and reasonable autonomy granting (i.e., authoritative parenting). Taken one step further, scholars can consider these findings to imply that parental authoritativeness may play an integral role in explaining the association between marital conflict and child internalizing symptoms.

We investigated the link between marital conflict and child well-being, specifically the presence of child internalizing symptoms. In particular, we examined the indirect association between marital conflict and child internalizing symptoms and tested whether the association may be mediated by two parental behaviors: (a) decreases in supportiveness and (b) low levels of authoritativeness. We hypothesized that this mediational model of the association between marital conflict and child internalizing symptoms would show that decreases in parental supportiveness and authoritativeness are both mediators. The hypothesized mediational model appears in Figure 1.

**Method**

**Participants**

We drew our sample from a larger, longitudinal study of marital and family functioning. We recruited families to participate in the study if they were married and had a child within the target age range, 11 to 16 years old. If a family had more than one child in the target age range, the family was asked to select only one child to participate. Initially the sample consisted of 116 families, but five families failed to complete all questionnaires, thus making the final sample 111 families. Of the final sample, 11.70% were stepfamilies. On average, families had 2.70 children (SD = 1.30) and had been married 16 years (SD = 5.80). Husbands were 43.50 years of age (SD = 6.0), and wives were 41.60 years of age (SD = 5.50). The racial composition for husbands was 1.10% Asian, 4.10% African American, 1.40% Native American, and 92.50% Caucasian. Of the wives, 3.20% were African American, 1.10% were Hispanic, and 95.70% were Caucasian. The most frequent income range reported by families was $50,000 to $75,000. The children averaged 13.30 years of age (SD = 1.70), and 51.40% of the sample were boys (n = 57).

**Measures**

Participants completed self-report measures in addition to a biographical data questionnaire. Children completed the Youth Self-Report (YSR; Achenbach & Edelbrock, 1983), Quality of Relationship Inventory (QRI; Pierce, Sarason, & Sarason, 1991), and Parental Authority Questionnaire (PAQ; Buri, 1991). Parents completed the Conflict Tactics Scale (CTS; Straus, 1979).

Internalizing symptoms. The YSR (Achenbach & Edelbrock, 1983) is a measure of emotional and behavioral functioning for children and adolescents ranging from ages 11 to 16. The participants answered each item on a Likert-type response scale: 0 (not true), 1 (somewhat/sometimes true), or 2 (very often true). Subscales that comprise the Internalizing Symptoms scale are Withdrawn (e.g., problematic interpersonal relationship or withdrawn personality), Somatic Complaints (e.g., vomiting), and Anxious/Depressed (e.g., thinking about killing self or mood changes suddenly). Adequate reliability and validity for this self-report has been established; the test-retest reliability coefficients range from .68 to .89, as evaluated by the measure’s creators (Achen-
bach & Edelbrock, 1983). The YSR shows acceptable internal consistency: Cronbach alphas have ranged from .59 to .86 for the Internalizing as well as the Externalizing subscales (Liu & Chao, 2005). We used the Internalizing subscale as a measure of children’s symptoms. We calculated T-scores using computerized scoring software supplied by the publisher. Higher T-scores on the Internalizing subscale indicate higher levels of internalizing symptoms, with T-scores of 50 being average and T-scores ≥ 70 generally considered to be clinically significant (Achenbach & Edelbrock, 1983).

Parenting style. The PAQ (Buri, 1991) is a measure of Baumrind’s (1971) three parenting styles. The PAQ consists of 30 items; participants responded on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). We reworded the items to accommodate the target age group, 11–16 years old. The questionnaire has established reliability and validity; test-retest reliabilities for each prototype over a two-week period ranged from .77 for father’s permissiveness to .92 for father’s authoritativeness (Buri, 1991). The measure shows acceptable internal consistency: Cronbach alpha values ranged from .74 for father’s permissiveness to .87 for father’s authoritarianism (Buri, 1991). We used a 15-item version of the PAQ in order to reduce respondent fatigue. The coefficient alphas for the 15-item version in the present sample ranged from .62 for mother’s permissiveness to .83 for father’s authoritarianism. The measure’s developer has established the validity of the PAQ, showing that authoritarianism is inversely related to both permissiveness and authoritativeness for both mothers and fathers and that the PAQ is related to measures of parental nurturance (Buri, 1991). Higher scores on each subscale indicate greater levels of that particular parenting style. Scores on the 5-item authoritative parenting subscale used in the present study can range from 5 to 25.

Support. The QRI (Pierce et al., 1991) is a 25-item measure that assesses the current quality of relationships and specifically evaluates the amount of support (7 items), conflict (12 items), and depth (6 items) in children’s relationships with their parents. Respondents rated each item on a 4-point Likert scale, ranging from 1 (not at all) to 4 (very much). The questionnaire’s authors have established reliability and validity of the QRI; test-retest reliabilities ranged from .80 to .90. The measure also has acceptable internal consistency: Cronbach alpha values ranged from .83 for mother’s supportiveness to .88 for father’s supportiveness (Pierce et al., 1991). The alpha coefficients obtained in the present study ranged from .80 for mother’s supportiveness to .86 for father’s supportiveness. Scores on the Support subscale can range from 7 to 28, with higher scores representing more perceived support.

Marital conflict. Scholars use the CTS (Straus, 1979) to assess the degree to which couples use certain strategies to resolve conflict. The type of strategies evaluated are reasoning (4 items), verbal aggression (4 items), and physical aggression (5 items). The CTS-N measures the frequency of behaviors performed by both self and partner over the past year. Respondents reported the fre-
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T-scores between 37.07 and 58.63. The mean of the internalizing symptoms, as measured by the YSR, were in the average range; most children had T-scores between 37.07 and 58.63. The mean of the parents’ Reasoning to .94 for father’s Verbal Aggression. Per the scale’s developers (Straus et al., 1996), we converted responses on each item to a number representing the midpoint of that range (e.g., 5 was converted to 15; 6 was converted to 25) and then summed scores for each subscale. Higher scores indicate that parents reported using more of that type of conflict tactic (i.e., reasoning, verbal aggression, and physical aggression). We used the sum of the Verbal and Physical Aggression subscales for self and partner as an index of marital conflict in the present study; higher scores represent more reported conflict. For the 18 items assessing verbally and physically aggressive behaviors (9 items for each spouse), scores can range from 0 to 450.

Procedure
Researchers recruited families randomly from a mailing list purchased from a direct mail company that collects information from major databases to create mailing lists for commercial use. Research assistants telephoned randomly selected families to assess their interest and eligibility (i.e., married with a child, 11 to 16 years old) for participating in the study. Researchers mailed the packets of surveys to the families’ homes, with each member’s respective survey (e.g., mother, father, and child) placed in separate envelopes. Researchers instructed the family members to refrain from sharing their answers and to be open and honest in their responses. The respondents sealed their surveys in separate envelopes and then either mailed them back to the research lab or requested that they be picked up by a research assistant at the family’s home. Families received a $20 gift certificate as compensation for their participation in the study.

Results
Means, standard deviations, and correlations appear in Table 1. As shown in the table, children’s internalizing symptoms, as measured by the YSR, were in the average range; most children had T-scores between 37.07 and 58.63. The mean of the PAQ Authoritative subscale was in the moderate to high range. Item means further illustrate that children reported the highest levels of authoritative parenting, with the permissive parenting style receiving the lowest ratings. The item means on the PAQ Permissive subscale were 2.81 (SD = .70) for mothers and 2.68 (SD = .73) for fathers. Children’s item means for the Authoritative subscale were 3.26 (SD = .72) for mothers and 3.55 (SD = .71) for fathers. Lastly, the item means for the Authoritative subscale were 3.79 (SD = .81) for mothers and 3.54 (SD = .91) for fathers. Regarding the QRI, the means of the Support subscale, as shown in Table 1, revealed high levels of perceived support. According to the item means, children also reported high levels of depth in the parent-child relationship, and they described conflict in the parent-child relationship as fairly low. The item means for the QRI Support subscale were 3.08 (SD = .52) for mothers and 2.84 (SD = .62) for fathers. The item means for the Conflict subscale were 2.03 (SD = .47) for mothers and 2.16 (SD = .54) for fathers. The item means for the Physical subscale were 3.37 (SD = .52) for mothers and 3.12 (SD = .59) for fathers.

Parents reported that they used reasoning strategies to deal with marital conflict more frequently than physically or verbally aggressive tactics. Marital conflict in this sample was infrequent, although reports varied widely, as illustrated by the CTS mean and standard deviation in Table 1. Fathers’ mean on the CTS was 37.91 (SD = 57.60), and mothers’ was 31.17 (SD = 37.86). Overall, parents reported that physical and verbal aggression occurred relatively infrequently, about twice in the past year, with physical aggression occurring less frequently than verbal aggression. The overall item means on the CTS-N Reasoning subscale were 2.56 (SD = 1.30) for mothers and 2.60 (SD = 1.25) for fathers. The item means on the Verbal Aggression subscale were 1.97 (SD = 1.25) for mothers and 1.96 (SD = 1.39) for fathers. Finally, the item means for the Physical Aggression subscale were 1.97 (SD = 1.25) for mothers and .22 (SD = .73) for fathers. As shown in Table 1, the correlations between parent reports of marital conflict and children’s reports of father/mother supportiveness, father/mother authoritateness, and their own internalizing symptoms were in the expected directions. To obtain a more accurate index of conflict for further analysis, we created an aggregate score of marital conflict by averaging mothers’ and fathers’ CTS scores. We believed this approach to be acceptable
because the scores were highly correlated, \( r(101) = .79, \ p < .001 \), and because using a combined measure is likely to help reduce the respondent bias inherent in self-report measures of conflict.

In order to test whether reports of lack of parental supportiveness and low levels of authoritativeness by parents mediated the association between marital conflict and child internalizing symptoms, we tested a multiple mediator model by using bootstrapping procedures, in which two mediators (i.e., lack of supportiveness and low levels of authoritativeness) were examined simultaneously (Preacher & Hayes, 2008). Mediation is demonstrated when several conditions are met (Baron & Kenny, 1986): (a) the predictor variable predicts the outcome variable; (b) the predictor variable predicts the hypothesized mediating variables; (c) the mediating variable predicts the dependent variable when included in a model with the predictor variable; (d) the relationship between the predictor variable and the dependent variable becomes nonsignificant when the mediating variables are included in the model. Because CTS scores did not correlate with children’s QRI-Support or PAQ-Authoritative ratings for the mother, we did not test whether the mothers’ parenting variables mediate the association between marital conflict and internalizing symptoms.

Bootstrapping tests for mediation by repeatedly extracting samples from the data set (e.g., 1000 cases) and estimating the indirect effects in each resampled data set (Williams & Mackinnon, 2008). All intervals described here are bias corrected and accelerated (BCa), and we used a 95% confidence interval with 1000 samples. To test whether fathers’ parenting variables mediate the association between marital conflict and internalizing symptoms, we entered YSR-Internalizing T-scores as the dependent variable, mothers’ and fathers’ aggregated CTS scores as the predictor variable, and either fathers’ PAQ-Authoritative scores and QRI-Support scores as potential mediators using the SPSS macro created by Preacher and Hayes for bootstrap analyses with multiple proposed mediators; the macro is available at www.quantpsy.org (Preacher & Hayes, 2008).

From the bootstrap analysis results, we found that marital conflict predicted higher levels of child internalizing symptoms (total effect = .05, \( p = .04 \)), but this effect was no longer statistically significant when we included the two proposed mediators in the model (direct effect of marital conflict = .03, \( p < .23 \)). Furthermore, we found that the total indirect effect of marital conflict on the outcome variable through the two mediators was significant, with a point estimate of .02 and a 95% BCa bootstrap confidence interval of .009 to .0500. Thus, the two parent-child relationship variables together appeared to mediate the association between marital conflict and child internalizing symptoms. The specific indirect effects of each proposed mediator showed that lack of paternal supportiveness, with a point estimate of .0246 and 95% BCa CI of .0054 to .0573, was a significant unique mediator, whereas fathers’ lack of authoritativeness was not (point estimate = .0049, BCa CI = -.0239 to .0050). In sum, the bootstrap analyses indicated that, for fathers, lack of parental supportiveness mediated the association between marital conflict and child internalizing symptoms above and beyond low levels of authoritativeness.

**Discussion**

We hypothesized that the association between marital conflict and child internalizing symptoms would fit a mediational model such that low levels of parental supportiveness and authoritativeness would both act as mediators of the association. We found that the parent-child relationship variables

<table>
<thead>
<tr>
<th>TABLE 1</th>
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<td><strong>Bivariate Correlations and Descriptive Statistics (( N = 111 ) families)</strong></td>
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<tr>
<th></th>
<th>F-QRI Support</th>
<th>M-QRI Support</th>
<th>F-PAQ Authoritative</th>
<th>M-PAQ Authoritative</th>
<th>YSR-INT</th>
</tr>
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<tbody>
<tr>
<td>CTS</td>
<td>-0.26**</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>M-QRI Support</td>
<td>-0.08</td>
<td>0.42**</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>F-PAQ Authoritative</td>
<td>-0.25**</td>
<td>0.61**</td>
<td>0.32**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>M-PAQ Authoritative</td>
<td>-0.15</td>
<td>0.27**</td>
<td>0.61**</td>
<td>0.56**</td>
<td></td>
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<tr>
<td>YSR-INT</td>
<td>0.20</td>
<td>-0.39**</td>
<td>0.02</td>
<td>-0.25**</td>
<td>-0.05</td>
</tr>
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</table>

**Note.** F = Fathers. M = Mothers. CTS = The average of mothers’ and fathers’ summed scores on the Verbal Aggression and Physical Aggression subscales of the Conflict Tactics Scale. QRI Support = Parent-Child Support subscale of the Quality of Relationship Inventory. PAQ Authoritative = Parental Authoritativeness subscale of the Parental Authority Questionnaire. YSR-INT = Youth Self-Report, Internalizing scale (T-scores).

*\( p < .05 \), **\( p < .01 \).
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(i.e., lack of parental supportiveness and decrease in authoritiveness), when considered together, did mediate the relation between marital conflict and child internalizing symptoms. This mediational model was significant only for fathers. We examined the two parental variables individually and found that the primary mediator in the association between marital conflict and child internalizing symptoms was lack of parental supportiveness, and that decreases in authoritiveness were not a mediator.

When marital conflict is more frequent, parental responsibilities may become secondary to the conflict at hand, meaning that the parents’ focus may be primarily on the conflict rather than on providing support and/or attention to their children. This lack of attentiveness and/or shift from supportive behaviors by the parents may cause the children to believe that the inattentiveness and lack of support may have been in reaction to their behavior. As a result, children may internalize this belief of responsibility for their parent’s conflict and subsequent lack of support. Notably, the present study consisted of married couples who generally reported very low levels of conflict; therefore, the patterns revealed in the present study may not be generalizable to families experiencing more frequent or intense levels of violence. Because children’s reactions to marital conflict can vary according to its severity, the relations among marital conflict, parental support, authoritative parenting, and internalizing symptoms are likely to be different for families experiencing mild conflict versus those who deal with frequent, hostile, and/or unresolved violence (e.g., Grych, Seid, & Fincham, 1992; Kerg, 1996). Regardless, the present findings reveal that even low levels of marital conflict can “spill” over into the parent-child relationship and negatively impact the child.

We may have found the hypothesized pattern only for fathers because, traditionally, fathers do not take on the primary caregiver responsibilities, which may make it easier for them to disengage from the family, thus detaching themselves from their parental responsibilities in the wake of marital conflict (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000). Harris, Furstenberg, and Marmer (1998) investigated father involvement and found that fathers tend to disengage from the father-child relationship in the presence of marital conflict (i.e., withdrawing support and involvement). Similarly, Brody, Pellegrini, and Sigel (1986) found that when fathers experienced marital conflict they were more intrusive and gave less positive feedback to their children, which further suggests that the father-child relationship might be more vulnerable to marital conflict than the mother-child relationship. Amato (1986) also concluded that the father-child relationship might be more vulnerable to the adverse effects of marital conflict, specifically showing that fathers are more at risk for withdrawing from the father-child relationship. Further, the father-child relationship might be more fragile than the mother-child relationship, meaning that children may be more affected by the father’s lack of support because support from the mother may be somewhat expected, or taken for granted, in their eyes. Children’s perceptions of the mother-child relationship as mandatory might be linked to mothers traditionally spending more time with them, thus allowing for more interaction (i.e., support), whereas fathers might not spend the same amount of time with them, therefore possibly making their support harder to obtain in the eyes of the child (Coiro & Emery, 1998).

Jain, Belsky, and Crnic (1996) found that fathers who ranked higher in education level and job status, and lower on the neurotic/negative affect spectrum, were more engaged and supportive in their parental roles than their counterparts. Jain and colleagues thus offered some characteristics of a supportive and involved father, thereby suggesting that other factors, such as education level, might also impact the father-child relationship. Further, Jouriles and Farris (1992) found that both mothers and fathers experienced equal distress during marital conflict, but the conflict negatively affected only fathers’ parenting versus mothers’ parenting. Therefore, our findings appear to be consistent with previous research indicating that marital conflict possibly affects the father-child relationship to a greater degree than the mother-child relationship. According to the spillover hypothesis, the father’s role in the family is impacted by the relationship with his spouse, which in turn affects his relationship with his children. Specifically, the father’s experience of marital conflict might diminish his relationship with his children (e.g., withdrawal of his support), which might then negatively affect the children (e.g., child internalizing symptoms). We expanded on previous research by examining two indirect pathways (i.e., lack of parental support and authoritativeness) simultaneously and by demonstrating that decrements in paternal support help to explain...
the spillover effect between marital conflict and child well-being. Thus, the present findings are consistent with family systems theory and provide an additional illustration of the theory as it pertains to marital conflict.

Lack of authoritative parenting was not a significant mediator in the present study. Although fathers’ authoritative parenting (PAQ-Authoritativeness scores) was negatively correlated with both marital conflict (CTS scores) and child internalizing symptoms (YSR-Internalizing scores), it did not account for sufficient additional variance in child symptoms when considered simultaneously with parental support. Support is a major characteristic of authoritative parenting (Wolfraadt, Hempel, & Miles, 2003); it is possible that such multicollinearity diminished the ability of authoritativeness to account for variance in the model. Alternatively, it is possible that support is more important than parenting style in the eyes of the child, and thus would primarily account for the spillover effect. Researchers will need to further examine these possibilities in future studies, and they also will want to consider using purer, more independent measures of these constructs in future research.

Limitations and Future Directions
There were some additional limitations to this study that the reader should take into account when interpreting the findings. First, the majority of the participants identified themselves as Caucasian and middle class. The homogeneity of the sample makes it difficult to generalize the present findings to other socioeconomic and racial/ethnic groups. Second, the study’s measures were all self-report, which makes the data vulnerable to respondent biases and problems inherent in monomethod data collection. In addition, the cross-sectional design of the present study was not a true test of mediation. To truly test mediation, a longitudinal study would be more appropriate; the present study yielded a statistically significant mediational model that should be further tested with a longitudinal design. Finally, the sample was relatively low in marital conflict and children were fairly high functioning, judging from the YSR T-scores; future studies should examine samples with higher levels of conflict as well as children with a greater severity of internalizing symptoms.

One strength of the present study is that it included data from multiple respondents (i.e., child, mother, and father), thus adding rigor and helping to avoid difficulties with using only one reporter. In the future, it would be interesting to assess these constructs in real life parent-child interactions as well as vis-à-vis husband-wife interactions in order to observe how these constructs are expressed behaviorally. In the future, single-parent families should be studied to test whether there is consistency between single and dual-parent family types with regard to the role of parental support in predicting the child’s internalizing behavior. In addition, future studies should explore whether other factors, such as the child’s cognitions, gender, and temperament, may serve as additional mediators, or even as moderators, in the relation between marital conflict and child internalizing symptoms.

Moreover, researchers should explore in future studies the roles that race and socioeconomic status play in the links among these variables. The race or socioeconomic group to which an individual belongs may influence how they may parent their children, which in turn may play a role in whether children express internalizing symptoms. Hofferth (2003) found that African-American parents exhibit less control and parental warmth and that Latino parents emphasize parental warmth and the sharing of parental responsibilities with extended family. These findings suggest that parenting practices may stem from socialization processes (i.e., parenting style utilized by one’s parents), which can vary across race and ethnicities and influence the parenting style used with one’s children. Also, in future studies scholars should explore the sex of the child as a factor in the relationship between marital conflict and child internalizing symptoms. The sex of the child may play an as yet unseen role in how the child deals with marital conflict between his or her parents (i.e., expressing internalizing symptoms versus externalizing, or no symptoms at all). For example, Feshbach (1970) reported that boys tend to respond to a stressor (i.e., marital conflict) with aggressive behavior (i.e., externalizing symptoms), whereas girls are more likely to inhibit their behavior (i.e., internalizing symptoms). This finding suggests that girls are more prone to exhibit internalizing symptoms than boys, who are more likely to exhibit externalizing symptoms.

Clinical Implications
The quality of the parent-child relationship is a crucial component in determining child functioning. We found that lack of supportiveness in the parent-child relationship, specifically with fathers, may be a key element in the development of child internalizing symptoms. Family and marriage
Parental Support as a Mediator

Parental Support as a Mediator

In summary, we examined the indirect association between marital conflict and child internalizing symptoms, specifically how two aspects of parental behavior—lack of parental support and low levels of authoritativeness—mediate the association. Results indicated that lack of supportiveness is a significant mediator of the relationship between marital conflict and child internalizing symptoms, whereas low levels of authoritativeness were not. We found this mediational model to be significant only for fathers. Therefore, future researchers and clinicians should place more emphasis on better understanding how parental support, specifically paternal support, might be impacted by marital conflict and subsequently affect child well-being.

References


Schacht, P. M., Cummings, E. M., & Davies, P. T. (2009). Fathering in...
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