

SPECIAL FEATURE

Parenting in Context: Systemic Thinking About Parental Conflict and Its Influence on Children

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Fauber and Long's (1991) overview of research on family therapy with children is a valuable integration of the literatures on the family correlates of and treatments for childhood disorders. Several concerns apply to some of the inferences they draw from risk research, however. Their assertion that various sources of family distress have effects that are mediated primarily through parenting is questionable, as is their suggestion that parenting therefore is the appropriate focus of family treatment. The conceptual issues of reductionism, linearity, holism, and change in defining causality are discussed in questioning these conclusions about etiology and treatment. Other empirical and methodological issues are raised briefly, particularly as they relate to statistical models of direct and indirect influences and to the body of correlational and analogue research on how parental conflict influences children.

Psychological services have been provided directly to children for nearly 100 years, but the involvement of family members in the psychological treatment of children is a much more recent development. Family adversity and child psychopathology have been linked in numerous studies, but the superiority of family therapy over individual child therapy has yet to be firmly established by investigators using randomized trials of alternative treatments. Fauber and Long's (1991) recent overview of research on the relative efficacy of individual and family therapy with children therefore is particularly timely.

In addition to reviewing the extant treatment research, Fauber and Long (1991) offered guidelines for clinical practice and future research based on inferences drawn from research on family correlates of psychological difficulties among children. It is important to address a problematic inference that underlies some of the recommendations they make, both because their guidelines were likely to receive considerable attention and because their reasoning exemplifies some of our more general concerns about conceptualization in this area. Specifically, we are concerned about their contentions that various sources of family distress are contextual variables that can be reduced to problems in parenting and that parenting problems therefore are the appropriate focus for family treatment.

All Family Problems Cannot Be Reduced to Parenting Problems

Fauber and Long (1991) suggested that research on family correlates of psychological problems among children can be of

value in suggesting what cases might benefit from family-based treatment, as well as in selecting appropriate goals once treatment is initiated. Their suggestion to consider research on risk factors in clinical work is sound, as is their call for identifying processes that mediate, not merely moderate, the association between family and child distress.

The link among risk, etiology, and treatment is not precise, however, and caution must be used in drawing inferences from one domain to another. Risk research identifies conditions associated with an increased likelihood of psychological disturbance or distress. It can facilitate the search for etiological processes by narrowing the scope of exploration and by specifying the conditions under which etiological processes operate. However, caution must be exercised in making the leap from demonstrations of risk or correlation to assertions of causality. The need for caution is particularly keen when addressing problems that are multidetermined, such as children's psychological disturbances. Moreover, even once an etiology is established, effective treatment does not necessarily follow from the identification of a cause or causes.

Consider Fauber and Long's (1991) conclusions about the effects of parental conflict on children. They cite a single study in which the direct correlation between parental conflict and children's behavior problems was reduced substantially when the common variance associated with parenting practices was statistically removed (Fauber, Forehand, Thomas, & Wierson, 1990). On the basis of this study, Fauber and Long (1991) concluded

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The clinical implication of this finding is that it is at the site of parenting practices that conflict has its effect on children, and so it is at this level that the problem should be addressed. A further

implication is that if conflict, which can be considered a contextual factor, does not result in the *process* of disrupted parenting, it may be of minimal importance for child treatment. (p. 816)

There are several important problems with these assertions. One problem is that the larger literature clearly does not support the conclusion that "it is at the site of parenting practices that conflict has its effect on children" (Fauber & Long, 1991, p. 816). Some of the effects of conflict surely are mediated through parenting, but there is substantial evidence for direct effects as well. The strongest evidence comes from various analogue studies in which conflict between parents (or unfamiliar adults) has been experimentally manipulated and demonstrated to produce behavioral, cognitive, affective, and psychophysiological responses in children in the absence of any adult-child interaction (e.g., El-Sheikh, Cummings, & Goetsch, 1989; Gottman & Katz, 1989; O'Brien, Margolin, John, & Krueger, 1991). Numerous other studies suggest both direct and indirect mechanisms of effect of conflict on children in addition to its influence on parenting (Cummings, 1987; Emery, 1982, 1988; Grych & Fincham, 1990).

Fauber and Long's (1991) inferences would remain problematic on conceptual grounds, however, even if the relation between parental conflict and child behavior problems was always reduced to zero when the shared variance due to parenting practices was removed statistically. Even in this idealized circumstance, it would still be wrong to conclude that (a) it is at the site of parenting practices that conflict has its effect on children or (b) it is at the level of parenting that co-occurring child and family problems should be treated.

The problems with Fauber and Long's (1991) reasoning are compounded by their more general dismissal of parental conflict and other sources of family distress as contextual variables. Their position is indicated in the statement, "It is our hypothesis that most contextual variables ultimately have their impact on children through some disturbance in family process, and more specifically, in disrupted parenting practices . . ." (p. 816).

To gain an intuitive grasp of the difficulties with Fauber and Long's (1991) conclusions, consider some of the other contextual variables that they cited as correlates of psychological problems among children: parental psychopathology, substance abuse, and family violence. Extreme poverty is another problem that we would add to the list. Assume that in a regression analysis, or in its more sophisticated derivative, structural equation modeling, the correlation between any one of these four contextual factors and psychological problems among children was reduced to zero when the common variance due to parenting practices was statistically controlled. Would it therefore be appropriate to conclude that parenting, not parental psychopathology, substance abuse, family violence, or poverty, caused the children's problems? Does this demonstrate that parenting, not these sources of family distress, is the appropriate focus for intervention? Notwithstanding the difficulty in ruling out third variables (such as genetic factors), there are several conceptual and empirical reasons why such conclusions would be inappropriate even if regression analyses consistently supported Fauber and Long's hypothesis that the effect of these contextual variables is mediated through parenting disruptions.

Conceptual and Empirical Issues

Perhaps the most important conceptual difficulties stem from the fact that the concept of cause is very complex (Cook & Campbell, 1979). Four issues in conceptualizing cause are of particular importance: reductionism, linearity, holism, and change. These concepts are not only theoretically relevant, but, in our opinion, they also are central to sensitive clinical practice. Let us briefly consider each of these issues before turning to their clinical implications.

Reductionism. Reductionist approaches search for increasingly small, physically and temporally more proximal events that are a part of causal chains that produce an outcome. One problem with reductionism is the mistaken tendency to view the smallest and most proximal cause of an event as the ultimate cause. In a chain collision of automobiles, for example, one car causes damage to a second car immediately in front of it. It is obvious, however, that the movement of that car is caused by another behind it, and so on, back to the car that began the collision. Even the car that began the chain collision cannot be thought of as the ultimate cause of the accident, however, as its excess speed may have been the result of an intoxicated driver, faulty brakes, bad weather, a combination of these, and so on. The reduction of the problem into issues of force and inertia holds no claim as explaining the cause of the accident either. Similarly, even if parenting was a part of a causal chain that completely mediated the relation between children's psychological problems and parental conflict, psychopathology, substance abuse, family violence, or poverty, it would hold no claim as being the ultimate cause of children's difficulties.

Linearity. Linear conceptualizations of causality divide the world into chains of causes and effects that proceed in one direction, as in the chain collision example described in the previous paragraph. Conceptualizations of reciprocal causality have increasingly replaced linear views, however, because, in naturalistic interaction, cause and effect are a matter of perspective. Causality can be isolated artificially by using the experimental method, but in naturalistic interaction, it cannot. In fact, effects become causes as interaction extends over time. For example, from the perspective of reciprocal causality, parenting is a cause of children's behavior, but children's behavior also is a cause of parenting, as Fauber and Long (1991) acknowledged. Conceptually, children also are a cause of parental conflict, parents' emotional distress, family violence, and economic problems. In fact, there is empirical literature indicating that the children, especially children with psychological problems, are causes of each of these family difficulties.

Holism. Holism suggests that interdependency exists among all components of complex systems, like families. Holistic conceptualizations are antireductionist and antilinear. They also suggest that interdependency links all of the components of a system, so that each component influences and is influenced by all other components. Simply put, the whole is seen as being more than the sum of the parts. Thus, according to the principle of holism, the formulation marriage→parenting→child is mistaken in leaving out the marriage→child linkage. Conceptually, systems cannot be understood in terms of their independent components. Empiri-

cally, experimental evidence indicates that exposure to conflict directly affects children's behavior (Cummings, 1987), and naturalistic evidence demonstrates that marital satisfaction declines when the first child is born (e.g., Belsky, Spanier, & Rovine, 1983). That is, conceptually and empirically, the relationship between the parents affects children directly, and children directly affect the relationship between their parents. Such direct effects cannot be disregarded, even if parent-child interaction contributes to much of the relation between conflict and child behavior.

Change. The definition of causality as the ability to produce change is a final issue of conceptual and especially practical importance. This definition of causality parallels the view of cause in the experimental method. The question is, What variable, or variables, can be manipulated to produce an effect? In the present context, the question becomes: What intra- or extrafamilial processes can be changed so as to alleviate or eliminate psychological problems among children? This practical definition of causality entails an engineering question, a question that can be answered by empirical evaluations. For this reason, Fauber and Long (1991) may be right to suggest that changing parenting is a way to change children's psychological problems, contextual variables notwithstanding. Although it is conceptually tenable, this assertion is a hypothesis that must be addressed empirically. Even if parenting could be viewed as the ultimate cause of children's disturbances, which it cannot, the identification of cause does not necessarily imply the identification of treatment.

It is possible that changing parenting will prove to be the most effective way to change child behavior in the face of family adversity, but there are some reasons for skepticism. Our impression is that parenting problems often are intractable in the face of extreme or multiple family difficulties, and some evidence reviewed in the same special section in which Fauber and Long's (1991) article appeared supports this viewpoint (Kazdin, 1991). Like children's psychological problems, parenting problems are partially determined by their context. When a source of family distress such as marital conflict is particularly intense or it occurs with other family stressors, parent training may be an insufficient means of changing the context of parenting. Instead, one might hope to change the parenting (and child behavior) context with therapeutic or preventative interventions directly targeted at parental conflict, psychopathology, substance abuse, family violence, poverty, or a combination of these. Changing such sources of family distress presents a daunting task, and parenting ultimately may prove to be more malleable. However, attempts to produce such broader changes certainly seem worthwhile both in the clinical and in the research contexts. This is especially true, because the answer to the question, What family interventions will most effectively alleviate children's psychological problems, ultimately is an empirical one that can only be answered by treatment outcome research.

Clinical implications. The conceptual issues of reductionism, linearity, holism, and change are of practical as well as theoretical importance, as they hold implications for increasing clinical sensitivity to families. Warnings about reductionism remind clinicians that parenting must be viewed within the larger family and social context just as children's behavior must

be viewed within the context of parenting. In our concern with the interpersonal determinants of problematic child behavior, we sometimes forget that parenting problems may also be socially determined. Sensitivity to the difficulty of parenting effectively in the face of adversity may enhance parent training or suggest other treatment alternatives. Questions about linearity further suggest that children are one determinant not only of parenting but also of marital satisfaction. Recognition of the strains that children can cause on a marriage should help clinicians establish rapport with parents and increase their credibility when suggestions are made about altering parenting practices. Many common clinical problems that stem from parental conflict seem to require holistic thinking. These include issues such as recognition of children's attempts to intervene in their parents' fights, withdrawal of unhappily married fathers from their children as well as their wives, angry parents who subvert each other's discipline, and troubled parents who scapegoat a child as a way of avoiding their own problems. Finally, the practical issue of identifying the most effective avenue of change is a reminder that, like mental health professionals, parents do not always know what changes will be most helpful to them and to their children. Collaborating with parents in the process of experimentation may be an effective clinical technique.

Methodological Issues

Our primary concerns with Fauber and Long's (1991) article turn on the conceptual and empirical issues outlined to this point and the associated cautions about their inferences for clinical practice and future treatment research. Several additional methodological issues are also worth noting briefly. First, measures of parenting are more likely to be affected by children's behavior than are measures of parental conflict (or other types of family distress). Thus, measures of parenting and child behavior are likely to share variance that is appropriately considered to be common method variance rather than true correlation. Second, regression or structural equation models are rarely tested against each other in the family and parenting literature, and although it is an improvement, even the comparison of rival models is far from ideal. When one model fits a data set better than another, it remains possible that numerous additional models could fit the data better or equally well. Moreover, it must be remembered that attenuated correlations may result from unreliable measurement. This is a particular problem when one construct (e.g., marital conflict) is measured less reliably or less validly than another (e.g., parenting), as a higher correlation with a third construct (e.g., child behavior problems) may be a result of methodology rather than substance. Finally, we again call attention to the wider body of research, specifically to experimental and correlational evidence that parental conflict can be a direct cause of children's distress. Some of the adverse effects of conflict on children undoubtedly are the result of poor parenting. Others are likely to be mediated by such processes as children's interpretations of and attributions about their parents' fights, children's affective responses to their parents' arguments, children's attempts to intervene in their parents' disputes, and the development of nonnormative family alliances as conflict extends over time. Factors other than par-

enting also surely mediate some of the relation between children's psychological problems and parental psychopathology, substance abuse, family violence, and poverty.

In summary, we agree with Fauber and Long (1991) that research on child and family distress needs to move from models of risk to models of development. We also commend Fauber and Long for considering the implications of research on risk and etiology for clinical practice and research. For the conceptual, empirical, and methodological reasons outlined here, however, we do not agree that research on risk and etiology suggests that various sources of family distress other than parenting are mere contextual variables or that parenting is the most appropriate focus for clinical intervention and treatment research when parenting problems co-occur with one or more types of family adversity.

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