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I am submitting herewith a thesis written by Farrah M. Hughes entitled "Spouses as a Parenting Team: Exploring Links Between the Marital Relationship and the Parenting Alliance." I have examined the final paper copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

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SPOUSES AS A PARENTING TEAM:

EXPLORING LINKS BETWEEN THE MARITAL RELATIONSHIP

AND THE PARENTING ALLIANCE

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Presented for the
Master of Arts
Degree
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Farrah M. Hughes
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DEDICATION

This thesis is dedicated to the numerous families
in the Knoxville, Tennessee, area who willingly gave
of their time to participate in this research project.

This thesis is also dedicated to
my parents, who have given me constant support
and encouragement throughout my academic career
and
to my husband, whose love, support, and tireless humor
have helped carry me through my graduate training.

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ABSTRACT

This study examined the roles of marital conflict, parental depression, and marital power dynamics in predicting the strength of the parenting alliance. The sample consisted of 80 married couples (N = 160) living in the Knoxville, TN, area. Multiple regression analyses revealed that marital conflict was a significant predictor of parenting alliance for husbands, and marital conflict and depression both contributed significantly to the prediction of parenting alliance for wives. In addition to these main effects, an interaction between depression and marital conflict was found. High levels of conflict and depression weakened the parenting alliance more severely for wives than for husbands. Marital power did not contribute significantly to the prediction of parenting alliance in the regression equation. Gender differences are discussed, and implications for future research and treatment are outlined.

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CHAPTER I

WHAT IS THE PARENTING ALLIANCE?

Almost two decades ago, Cohen and Weissman introduced the concept of the parenting alliance, a "self-selfobject relationship vital to the evolving parenthood experience and other adult tasks" (p. 33). They asserted that parenthood is a time in which earlier experiences with love, dependence, and helplessness arise anew for the parenting adults, and that the parenting alliance operates as a stable, sustaining force that can help adults resolve these earlier developmental issues (Cohen & Weissman, 1984).

Specifically, they defined the parenting alliance as the "capacity of a spouse to acknowledge, respect, and value the parenting roles and tasks of the partner" (Cohen & Weissman, 1984, p. 35). Cohen and Weissman asserted that four conditions are necessary for the development of a strong parenting alliance: (a) each parent must be invested in the child, (b) each parent must value the involvement of the other parent with the child, (c) each parent must respect the judgment of the other parent regarding the child, and (d) the parents must desire to communicate with each other. Ideally, the parenting alliance provides a "framework of consistency and support" on which both the parents and the child can depend. Weissman and Cohen (1985) have asserted that the parenting alliance is particularly important during the period of adolescence, because not only does the adolescent need this source of consistency and predictability amidst a myriad of psychological and physical changes, but the parents also need this support during parenting difficulties to prevent excessive frustration and loss of self-esteem.

The parenting alliance has also been conceptualized as an aspect of the marital relationship that specifically focuses on the tasks of child-rearing, and as such it is therefore distinct from the sexual ties, or the more libidinal relationship, that exists between marriage partners (Abidin & Brunner, 1995; Cohen & Weissman, 1984). Evidence for this differentiation lies in the fact that a strong parenting alliance may exist even after parents have dissolved their marital relationship (e.g., Baris & Garrity, 1997; Kitzmann & Emery, 1994). However, although researchers have conceptualized the parenting alliance as separate from other aspects of the marital relationship, existing research suggests that various aspects of the marital relationship may impact the strength of the parenting alliance (e.g., Cummings & Davies, 1992; Floyd & Zmich, 1991; Kemper & Reichler, 1976; Kitzmann, 2000; Webster-Stratton & Hammond, 1988).

Correlates of the Parenting Alliance

Previous research has revealed that the parenting alliance contributes to the prediction of various measures of family functioning and serves to help married couples and families cope with a range of difficulties. Specifically, previous research has associated the parenting alliance with parenting perceptions and behaviors, as well as with various measures of child adjustment. Abidin and Brunner (1995) concluded that although the parenting alliance is associated with marital variables, such as marital satisfaction, it nevertheless "makes a unique contribution to parenting behavior" (p. 37). In their 1995 study, in which they provided preliminary validity data for the Parenting Alliance Inventory (PAI), Abidin and Brunner found that parenting alliance had rather low positive associations with marital satisfaction for both mothers and fathers and that

PAI scores were negatively associated with parenting stress. Together, these findings suggest that the parenting alliance, when strong, is associated with lower levels of parenting stress.

In addition, McHale (1995) examined two components of co-parenting: mutual parental support and mutual involvement with the child. His rather extensive research design revealed that, when controlling for marital distress, unequal levels of marital power were associated with differential parental involvement. In addition, he found that marital conflict was positively correlated with hostile-competitive co-parenting. Therefore, he concluded that various characteristics of the co-parenting relationship affect investment in parenting over and above the influence of marital distress. Similarly, McBride and Rane (1998) found that parents' perceptions of the strength of their parenting alliance were much stronger predictors of father-involvement in parenting than were parents' reports of marital satisfaction.

Researchers have also found that, in addition to making a unique contribution to the prediction of parenting variables, the parenting alliance between spouses is associated with various measures of child functioning. Abidin and Brunner (1995) found that a strong parenting alliance is associated with children's positive adjustment and increased social competence. Similarly, Block, Block, and Morrison (1981) found that parental agreement over child-rearing significantly predicted the quality of boys' psychological functioning from ages 3 to 7. Boys whose parents exhibited relative agreement on child-rearing values displayed higher levels of ego control and ego resiliency, as assessed by data collected from the children's nursery school and preschool teachers. Data such as

this further emphasize the benefits for children when their parents work together as a parenting team.

In two additional studies that examined the link between parental disagreements and child adjustment, Jouriles et al. (1991) surveyed nearly 300 mothers and their sons, ages 3 to 6. Extending the work of Block et al. (1981), their study specifically assessed parental disagreements over child rearing as a predictor of child behavior problems. Jouriles et al. (1991) were able to predict a greater variety of boys' behavior problems than is typically possible with broader measures of marital adjustment, and they found that disagreements over child rearing predicted child behavior problems over and above the predictive power of non-child disagreements or marital adjustment. In sum, parents' ability to effectively negotiate decisions about their child in a non-confrontational manner is associated with a lower incidence of behavior problems in their sons.

Bearss and Eyberg (1998) extended this research by examining the moderating effects of parenting alliance on the relationship between marital problems and child adjustment. Specifically, they tested the hypothesis that a strong parenting alliance can reduce the negative effects of non-parenting-related marital problems on child adjustment. Using a non-clinical sample, they found that a weak parenting alliance was associated with increased child behavior problems, and that this relationship was maintained even when marital adjustment was controlled. Therefore, in line with previous research (Abidin and Brunner, 1995; McHale, 1995), these researchers concluded that the parenting alliance is a separate aspect of the marital relationship that is itself associated with child behavior problems.

The research studies described above suggest that the strength of the parenting alliance is an important variable to consider when assessing aspects of overall family functioning. The parenting alliance appears to be uniquely associated with various parenting variables and measures of child functioning. However, research also suggests that aspects of the marital relationship may affect the strength of this alliance. Therefore, the purpose of the present study is to integrate several aspects of the marital research literature in order to examine how these marital characteristics are associated with the parenting alliance. It is hoped that this study will serve two purposes: (a) to facilitate the formation of a more cohesive working model to describe the association between the marital relationship and the parenting alliance between spouses; and (b) to stimulate future research that will further illuminate links between the marital relationship and its effects on the family system via the parenting alliance.

Aspects of the Marital Relationship That May be Associated with Parenting Alliance

Although several of the studies described above (e.g., Abidin & Brunner, 1995; Bearss & Eyberg, 1998; McHale, 1995) assert the importance of considering the parenting alliance as a construct unique from the marital relationship in general, research also strongly suggests that aspects of the marriage and individual parental characteristics impact the strength of the parenting alliance. Belsky (1984) asserted that the marital relationship is the principal support system for parents due to the extensive emotional and time investments that tend to characterize this relationship. The marital relationship can therefore serve to buffer the parenting system from the effects of external weaknesses or

threats, such as difficult child characteristics or poor psychological functioning in the parents. Fauber and Long (1991) discussed the effects that the marital relationship can have on parenting efficacy. For example, they asserted that marital conflict disrupts parenting, which then leads to child internalizing and externalizing problems. Their work again highlights the effects that the marital relationship can have on parenting, and they go one step further by showing that such effects on parenting influence child well being.

These studies all support the notion that aspects of the marriage are associated with the strength of the parenting alliance. In addition, it is also likely that parental depression is associated with the parenting alliance. Depressive symptomatology is likely to affect parents' abilities to communicate with each other effectively and form an environment of consistency and support, which are necessary components of the parenting alliance (Cohen & Weissman, 1984). The foundation of a strong parenting alliance is the ability to work together as a team, and the main hypothesis of the proposed study is that high levels of parental depression, marital conflict, and differential marital power can all hinder that ability.

Parental Depression and Parenting

Not only does depression have debilitating effects on the afflicted individual, but many studies suggest that parental depression also has negative effects on parenting attitudes, beliefs, and practices. However, it must be noted that most of the research on the association between parental depression and parenting has been conducted with mothers, which has left the effects of paternal depression on parenting largely ignored.

Forehand, Lautenschlager, Faust, and Graziano (1986) recruited a sample of mothers and their children who had been referred to a university clinic for noncompliance. These researchers explored the influence of maternal depression on child management and beliefs about child maladjustment. Their results revealed that, when compared to their nondepressed counterparts, depressed mothers exhibited a higher rate of beta-commands, which are "vague or interrupted commands to which the child cannot comply" (p. 74). Increased use of beta-commands was associated with decreased compliance on the part of the child. In addition, depressed mothers had more negative perceptions of their children's adjustment when compared to nondepressed mothers. Given these differences between depressed and nondepressed mothers on measures of effective child management and beliefs about their child's adjustment, it is likely that depressed mothers will also approach their parenting roles and decisions in a similar manner, which may hinder their ability to work with a nondepressed spouse as an effective co-parenting team. For example, a depressed parent may use less effective strategies to communicate with their children (e.g., a high rate of beta-commands) and view their child has having a greater number of problems than the nondepressed parent, which is likely to make it difficult for these parents to see eye-to-eye on disciplinary tactics and decisions regarding their child's well being.

Webster-Stratton and Hammond (1988) also compared depressed and nondepressed mothers on several aspects of parenting. Like Forehand et al. (1986), they found that depressed mothers perceived their children as having more behavior problems than did nondepressed mothers. However, depressed and nondepressed mothers did not

differ in terms of parenting behaviors, although they noted a strong trend for depressed mothers to be more critical toward their children. This tendency toward criticism may indicate an overall pattern of negativity that is likely to influence communications with a nondepressed spouse, or it may simply create a disparity in the parenting strategies of depressed and nondepressed spouses that makes it difficult for spouses to form an effective parenting alliance. In Webster-Stratton and Hammond's (1988) sample, depressed mothers also reported a higher level of parenting stress than did nondepressed mothers, indicating that depressed mothers and their spouses have different parenting experiences. Moreover, they found that depressed mothers viewed their children as having more internalizing, externalizing, and depressive symptoms than did their spouses, indicating that depressed mothers and their spouses view their children very differently. Such differences are likely to influence the ability of a depressed mother and her spouse to work together as a parenting team, because the stress the depressed partner feels may make it difficult for them to see eye-to-eye on various issues and experiences related to parenting.

In 1992, Cummings and Davies reviewed the rather large body of research exploring the link between parental depression, family functioning, and child adjustment. Their review provides further support for the notion that marriages in which one parent is depressed are likely to be characterized by increased difficulties in parenting effectiveness and teamwork. Cummings and Davies (1992) suggest that parenting practices and interparental conflict are two pathways by which parental depression and child maladjustment are related. Their review of empirical research reveals that parental

depression is related to disruptions in child-rearing practices, which in turn may facilitate the transmission of psychopathology from parent to child. These disruptions in child-rearing practices include coercive child-management processes and affect dysregulation (Cummings & Davies, 1992), and it is likely that these disturbances make it difficult for parents to communicate effectively with one other about parenting and operate as a united parenting front. Similarly, having examined data from 495 community adults, Beach, Martin, Blum, and Roman (1993) concluded that there is a link between mild depression and a decreased ability to make decisions and handle daily responsibilities and demands. It is likely that decrements in these abilities make it difficult for a mildly depressed parent to share in decision-making regarding their child and performance of daily child rearing tasks, behaviors that are essential to a strong parenting alliance between spouses.

Parental depression may also hinder a couple's ability to establish a strong parenting alliance because, as research has shown, (a) depressed individuals tend to display an excessive amount of negativity in their communications, (b) depressed couples tend to make more negative appraisals of their spouses' behaviors, and (c) chronic depression is associated with more interpersonal difficulties when couples with a depressed spouse are compared to nondepressed couples (Burns, Sayers, & Moras, 1994; Gotlib & Whiffen, 1989; Ruscher & Gotlib, 1988). Such interpersonal problems make it difficult for couples in which one partner is depressed to communicate effectively, and such difficulties likely extend to discussions of child rearing and the negotiation of responsibilities and decisions regarding the child. On the other hand, it must be noted that

some researchers have asserted that the negative interaction patterns found in depressed couples as opposed to nondepressed couples may instead stem from an overall high level of marital distress, rather than from the existence of depression (Schmaling & Jacobson, 1990).

The research described thus far suggests how parental depression may be associated with a weak parenting alliance. Examinations of the parenting alliance from another perspective suggest that a strong parenting alliance can buffer the negative effects of depression on marital functioning and parent-child relationships. Cohen and Weissman (1984) had originally suggested that the parenting alliance can serve this purpose, acting as a protective force against individual and familial stressors. Floyd, Gilliom, & Costigan (1998) echoed Cohen and Weissman's (1984) assertion and suggested that "when parents have a good parenting alliance, one parent may help to compensate for another parent who is suffering from debilitating depression" (p. 1477). They recommended that future research examine such potentially supportive mechanisms.

In summary, the research reviewed here indicates the potential importance of considering the influence of parental depression on spouses' abilities to communicate effectively about parenting issues and roles. Depressed and nondepressed spouses may have disparate views on their child's level of adjustment and may approach parenting tasks in different ways. Such incongruence may make it difficult for spouses to develop a strong parenting alliance. It may also be the case that the spouse of a depressed individual may have difficulty understanding and communicating with their depressed spouse, which can also weaken the parenting alliance. Research has shown that depressed

individuals display a greater level of negative affect and interpersonal difficulties, which can make it difficult for spouses to connect as a parenting team. On the other hand, it is important to consider the possibility that marriages in which one parent is depressed may be characterized by a strong parenting alliance that compensates for the debilitating effects of the depression and helps the parenting team function effectively in the face of such difficulties.

Marital Conflict and Parenting

The deleterious effects of marital conflict on child functioning have been well-documented (e.g., Cummings & Davies, 1994; Depner, Leino, & Chun, 1992; Fincham & Osborne, 1993). Some researchers assert that one indirect pathway by which marital conflict negatively affects children is via disrupted parenting (Belsky, 1984; Emery, 1982; Grych & Fincham, 1990), and many studies, some of which are described below, reveal the consequences that marital conflict can have on parenting. Although the research exploring the links between marital conflict and disrupted parenting is abundant, the research linking marital conflict and parenting alliance is not as extensive. However, despite the lack of empirical research in this area, an examination of the literature exploring marital conflict and disrupted parenting can allow one to form hypotheses regarding the association between marital conflict and the parenting alliance.

Fauber, Forehand, Thomas, and Wierson (1990) studied a sample of pre-adolescents from either intact or divorced families in order to explore the link between conflict and child well being. Their goal was to determine the extent to which three components of parenting (psychological control, rejection/withdrawal, and lax control)

mediated the relationship between interparental conflict and children's internalizing and externalizing problems. Their results largely supported their hypothesized mediational model. For children from intact families, psychological control and rejection/withdrawal fully mediated the relationship between conflict and child internalizing problems; on the other hand, the mediating variables did not mediate the relationship between conflict and child externalizing problems. For children from divorced families, the three mediating variables nearly fully accounted for all of the variance in both child internalizing and externalizing problems. In sum, this study showed that interparental conflict does indeed hinder effective parenting, which can then lead to negative outcomes for the child. It is possible that parents who are conflictual are unable to effectively communicate about issues related to parenting, and, in addition, their ability to parent effectively may fluctuate according to the varying patterns of conflict in the household. Such parents may therefore employ inconsistent and confusing parenting strategies, perhaps characterized by the three mediating variables explored by Fauber et al. (1990). These parents may then send messages that are inconsistent both across time and between spouses, characteristic of a weak parenting alliance.

Floyd and Zmich (1991) explored the effects that marital conflict can have on parenting using samples of mentally retarded and typically developing children, ages 6-18. They assessed such variables as spouses' perceived parenting alliance, spouse criticism, parenting confidence, and the quality of parent-child interactions. Although the bulk of their study focused on parenting attitudes and confidence, one finding relevant to the present study involved the carryover from aversive marital interactions to negative

interactions between parents and their children. Their findings support the notion that parents who use aversive control strategies between themselves also tend to use similar aversive strategies with their children. One can hypothesize, then, that marriages characterized by such aversive interactions are likely to exhibit weaker parenting alliances than less conflictual marriages. It is probably more difficult for parents in marriages characterized by aversive interchanges to successfully negotiate the complex roles and compromises inherent in successful co-parenting. Furthermore, as studies like the one conducted by Floyd and Zmich (1991) show, children of parents involved in these types of marriages are likely to score lower on measures of well-being than are children of parents with less conflictual marriages and stronger parenting alliances.

Some studies that indicate the importance of the potential link between interparental conflict and the parenting alliance involve parents that are either divorced or in the process of divorcing, such as the Fauber et al. (1990) study described above. Another such study is one conducted by Kitzmann and Emery (1994). They emphasized the importance of divorced parents being able to successfully communicate about such issues as visitation, discipline, and important decisions regarding their children. In other words, it is most beneficial for the parents and the child when ex-spouses maintain their parenting alliance after the marital rupture. They compared families in which parents had gone through mediation versus families that had engaged in the more adversarial litigation process on measures of parental conflict and child outcomes. Although their study failed to find support for the hypothesis that mediation reduces negative outcomes for the children of divorce, they did find that, overall, the children whose parents reported

a reduced level of interparental conflict over the first year following divorce scored lower on measures of behavior problems. The results of Kitzmann and Emery's (1994) study did not indicate that their mediation intervention helped parents maintain a stronger parenting alliance versus litigation, but they attributed their lack of findings to small sample size, short follow-up period, and too brief of a mediation intervention. It must also be pointed out that this study did not assess characteristics of the ex-spouses' parenting or parenting alliance per se. Regardless of the statistical significance of its findings, however, this study illustrates the increased emphasis of researchers on parents' ability to effectively communicate and support each other in the decisions and tasks regarding their children, as well as the influence that interparental conflict may have on this ability (e.g., Baris & Garrity, 1997).

In line with Kitzmann and Emery's (1994) study, research conducted by Papp, Boulds, Vitztum, and Connor (2001) revealed that higher levels of verbal aggression reported by both mothers and fathers were associated with lower levels of parenting involvement as reported by the child. Such an association indicates that when marital conflict is high, parents are less likely to be invested in their parenting role, which may affect the extent to which they communicate and support each other in parenting tasks and decisions. Similarly, a meta-analytic review of the literature linking interparental conflict and parenting behaviors, conducted by Krishnakumar and Buehler (2000), supported an overall negative association between interparental conflict and parenting. They concluded that spouses' preoccupation with the conflict in their marriage impairs most dimensions of their parenting behaviors, and this relationship is strongest when

researchers' focus is on interparental hostility. Their findings support the notion that marital conflict spills over into parenting, hindering spouses' abilities to effectively negotiate disagreements and compromises regarding parenting roles and issues. The conclusions drawn from this meta-analytic review clearly support the notion that marital conflict is associated with a weaker parenting alliance.

An observational study of 40 families conducted by Kitzmann (2000) helps reveal the specific effects that marital conflict can have on parenting. This study examined the patterns of interaction displayed by parents and their sons after parents had engaged in either a pleasant or a conflictual discussion. Specifically, she examined disruptions in family alliances, individual parenting, and co-parenting that occurred following the conflictual marital discussions. Analyses of the family interactions revealed that fathers displayed lower levels of engagement and support toward their sons following the conflictual marital discussions. Furthermore, a significant number of parents displayed democratic parenting after the pleasant marital interaction but disrupted or nondemocratic parenting following the conflictual marital interaction. In addition, regardless of the topic discussed by the spouses, negativity expressed during the marital interaction was predictive of negativity expressed in the subsequent family interactions. This study clearly shows the influence that marital conflict can have on family functioning even when the child is not present during the conflict. Marital conflict can lead to disruptions in co-parenting between mothers and fathers and lowered parenting investment for fathers.

Further supporting an indirect linkage between marital conflict and parenting, a recent study conducted by Margolin, Gordis, and John (2001) found evidence for a model in which co-parenting mediates the relationship between marital conflict and parenting practices. Their model suggests that marital conflict indeed leads to poor co-parenting, which then affects parenting behaviors and parent-child relationships. Similarly, studies including broader measures of marital quality, such as the one conducted by Floyd, Gilliom, and Costigan (1998), reveal that marital quality affects perceived parenting competence and parent-child interactions via the parents' ability to work together as a parenting team. The measures of marital quality used by Floyd et al. (1998) included the Dyadic Consensus subscale of the Dyadic Adjustment Scale (Spanier, 1976), which measures the couple's level of agreement/disagreement over various marital issues. Therefore, the results of this study also support a link between marital conflict and the parenting alliance, which then affects parents' confidence in their ability to be effective parents and influences the quality of parent-child interactions.

This sampling of the marital conflict literature reveals the negative effects that marital conflict can have on spouses' abilities to function effectively as parents. For example, marital conflict can impede effective communication between parents regarding decisions about their child. In addition, marital conflict can prevent spouses from parenting democratically, and it can even decrease a spouse's investment in parenting. Each of these difficulties can hinder parents' ability to work together as a supportive co-parenting team and operate with respect and consideration for the other's decisions and roles as a parent.

Marital Power and Parenting

The construct of marital power, or spouses' relative ability to influence each other (Balswick & Balswick, 1995), has largely been studied as a predictor of such individual- and dyadic-level variables as marital satisfaction, depression, division of household tasks, and decision-making (e.g., Ericksen, Yancey, & Ericksen, 1979; Gray-Little & Burks, 1983; Mirowsky, 1985; Schell & Weisfeld, 1999). However, several research studies, to be described below, also suggest that marital power may affect the larger family system by functioning as a predictor of parenting alliance. Researchers began exploring the connections between relative power between spouses and characteristics of parenting at least a quarter of a century ago, but no empirical research has yet been conducted that directly examines the relationship between marital power and parenting alliance. Despite this lack of research, several studies that address the connection between differential marital power and parenting practices and involvement will be described below.

Kemper and Reichler (1976) surveyed 219 university students about their parents' conjugal power and the frequency and intensity of rewards and punishments administered by each parent. They found that there was indeed a relationship between marital power and parenting, in that the intensity of fathers' punishments was lower when parents had an egalitarian power structure versus a husband-dominant, or traditional, power structure. Furthermore, the frequency of mothers' punishments administered to their sons was lower when there was an egalitarian marital power structure, versus a wife-dominant power structure. However, an egalitarian power structure was associated with an increase in the intensity of mothers' punishments administered to sons. Daughters tended to

benefit overall from an egalitarian power structure in that the frequency of punishments administered by fathers was reduced when compared to other power structures. Kemper and Reichler (1976) concluded that when wives have levels of marital power equal to or greater than their husbands, they have a basis for asserting power in the parent-child relationship. In sum, egalitarian marital power results in power resources that are available for use by both parents in the parent-child relationships. This study suggests that egalitarian marital power allows both parents to be assertive in their parenting roles, suggesting that they may also be more likely to also assert themselves as part of the parenting team.

A study published three years later by Erickson, Yancey, and Erickson (1979) indicated that marital power is associated with the division of childcare between parents. Erickson et al. (1979) analyzed interviews from 1,212 couples to assess variables that were hypothesized to be associated with marital power, such as race, spouses' income levels, hours worked per week, and education level. They found that the higher the wife's education level (and thus the higher her power), the more likely the husband was to take part in childcare responsibilities, especially if she worked part-time. Incidentally, the researchers suggested that for wives who worked full-time, the bulk of childcare probably came from outside sources. In addition, they found that the higher the husband's income level (and thus the higher his power), the less he shared in childcare tasks. If marital power, as measured by income level in this study, is related to husbands' and wives' sharing of childcare responsibilities, then it is likely that the more egalitarian the power structure, the more husbands and wives work together as co-parents. Such parents are

more likely to share in making decisions and performing tasks regarding their children and are more likely to be able to work together as a team than parents who function in a husband- or wife-dominant power structure.

The study conducted by McHale (1995), described previously, focused on the marital and parenting dynamics of 47 married parents with infant children. McHale, approaching the analyses of his data from a family systems theory, concluded that marital conflict was linked with hostile-competitive co-parenting and that disparate marital power tended to be associated with differential parenting involvement by the mother and father. He asserted that "observed variability in family interaction patterns is not random, but can be linked to marital dynamics even when children are less than a year of age" (p. 991). His conclusions regarding the impact of marital power dynamics on parenting involvement provide further support that differential marital power is likely to be associated with a weaker parenting alliance between spouses.

Moreover, differential marital power may affect the strength of the parenting alliance not only via its effects on parenting involvement and distribution of child rearing tasks between spouses, but also because it is theoretically associated with the level of intimacy between spouses (Rampage, 1994). Rampage applied a feminist theory approach to the analysis of marital power dynamics and the level of intimacy that a couple is able to achieve. She asserted that therapists can help couples achieve a greater level of intimacy by challenging their existing beliefs about the level of equality and partnership in their marriage and by drawing connections between the actual distribution of power in the marriage and their current level of emotional intimacy. By extension, it is

reasonable to hypothesize that achieving a more egalitarian distribution of power in the marriage is likely to enable couples not only to be more emotionally intimate with one another but also to operate with a greater level of connectedness regarding their parenting relationship and the negotiation of child rearing responsibilities and tasks.

Finally, theorists have argued that strong co-parenting can stem from equitable marital power, and that children greatly benefit from both. In a review of marital power research and various theories regarding marital power, Balswick and Balswick (1995) asserted that children are greatly affected by the way power is used in the marriage because children have a dependent status, and they conclude that children make great gains in social and psychological maturity when "marital power and parental involvement in their lives is approximately equal" (p. 308). They highlighted a previous work by Ehrensaft (1990), which concluded that co-parented children display a great number of developmental gains over and above children whose parents have a less-than-optimal co-parenting arrangement. For example, Ehrensaft (1990) asserted that co-parented children develop a better sense of trust, adapt better to separations from mother, have a closer relationship with both parents, are more creative, display less animosity toward the other gender, and develop stronger friendships with members of the opposite sex.

Gender Differences in the Association Between Marital Variables and Parenting Alliance

In addition to considering the effects that each of the variables described above has on the strength of the parenting alliance, differences between husbands and wives are also taken into account in the present study. Previous research has indicated that parental

depression, interparental conflict, and differential marital power might affect the strength of the parenting alliance differently for fathers versus mothers.

Research conducted by Belsky, Youngblade, Rovine, and Volling (1991) supports the notion that changes in the marital relationship over time affect father-child interactions more so than mother-child interactions. Neutral or positive marital changes were associated with positive father-child behavior, while negative marital changes were associated with negative child behavior and intrusive paternal behavior. On the other hand, wives were more likely to be positive and facilitative during interactions with their child following declines in feelings of love toward their spouse. Belsky et al. (1991) offered several possible explanations for this pattern of findings. It could be the case that mothers, by behaving in a positive/facilitative manner toward their child following declines in feelings of love, could be attempting to compensate for fathers' increasing levels of insensitive parenting. Or, it could be that fathers are simply more susceptible to changes in the marital relationship because their roles as parents are less scripted by social convention. It could also be the case that women are better able to maintain clear boundaries between their marital and parental relationships so that changes in affect do not spill over from one dyad into another. Finally, mothers may behave positively toward their children in the face of marital decline in order to gain satisfaction that they are not receiving in their marriage. The findings of this study and the explanations offered by Belsky et al. (1991) suggest that marital conflict may affect fathers' roles in the parenting alliance more strongly than mothers' roles. It remains to be seen whether or not fathers'

and mothers' reports of the parenting alliance will differ accordingly or if they will both perceive that their parenting alliance is weaker when levels of marital conflict are high.

In another study revealing gender differences in the relationship between marital conflict and parenting involvement, Owen and Cox (1997) found that the security of the infants' attachment to father was more vulnerable to the effects of marital conflict than was the infant-mother attachment relationship. Chronic marital conflict predicted lower levels of parenting sensitivity and involvement for fathers, which then predicted higher levels of insecurity in the infant-father attachment relationship. Therefore, marital conflict may be associated with a decrease in fathers' sensitivity and involvement regarding their child, which may carry over into the formation and maintenance of the parenting alliance. When conflict is high, fathers may be less invested in the parenting coalition with their spouses in addition to being less involved in individual parenting behaviors.

The study conducted by Floyd et al. (1998) also demonstrates gender differences in the effects of negative marital exchanges on parenting. Fathers who rated their marriages as high in satisfaction tended to engage in more negative father-to-child exchanges when the rate of negative reciprocity in marital exchanges was also high; this pattern was not found for mothers. Even though these fathers were satisfied with the marital relationship, those who had difficulty avoiding negative escalations in their marriage also had difficulty managing negativity in their interactions with their child. In order to explain why it was the maritally satisfied fathers who displayed this spillover effect (rather than the dissatisfied fathers), Floyd et al. (1998) speculated that maritally

satisfied fathers are more invested and actively involved in their parenting roles, whereas dissatisfied fathers tend to withdraw from parenting.

Depression may also have differential effects for fathers versus mothers. A study of families in which either the father or the mother was depressed indicated that parent-child interactions differed according to which parent is depressed. Jacob and Johnson (2001), acknowledging the lack of empirical research on the effects of paternal depression, examined the parent-child communication patterns of families with a depressed father, a depressed mother, and nondepressed parents. They found that in families with a depressed father, positive communications were less likely to be followed by positive responses than in families with a depressed mother or no depressed parent. This pattern of "positivity suppression," or the lack of positive reciprocations following a positive communication, was found to generalize to other dyadic interactions besides the father-child dyad. For example, previous research has indicated that positivity suppression is present in not only father-child interactions but in marital communications as well, consistent with family systems theory (Johnson & Jacob, 2000). Therefore, given these patterns of communication for families with a depressed father, it is possible that the ability of parents to not only maintain positivity in their marital and parent-child interactions but to also form and maintain a strong parenting alliance differs according to which parent is depressed.

CHAPTER II

THE PRESENT STUDY

The research described above has demonstrated that the parenting alliance is associated with various individual and marital variables – specifically, parental depression, marital conflict, and marital power. The present study will attempt to build upon and extend this work by (a) specifically measuring the associations between these variables and the parenting alliance and (b) examining the effects of all three variables simultaneously. Co-variation among the three predictor variables, as well as gender differences between husbands and wives, will be taken into account.

Co-Variation Among the Independent Variables

The three independent variables in this study (parental depression, marital conflict, and relative marital power) also correlate with each other. For example, marital equality and symptomatology have been shown to be related, (Bagarozzi, 1990; Steil & Turetsky, 1987), and low marital power has been associated with depression (Mirowsky, 1985; Steil & Turetsky, 1987). Therefore, one goal of the present study is to consider these three parental variables simultaneously as predictors of the strength of the parenting alliance in order to take into account the co-variation that exists among them.

Hypothesis 1

Higher levels of all three predictor variables - parental depression, marital conflict, and power-partner - will be associated with a weaker reported parenting alliance. Correlational analyses should reveal significant, negative relationships between each of

these variables and the strength of the parenting alliance as reported by both mothers and fathers.

Hypothesis 2

In light of the gender differences previously described, it is expected that the relative predictive power of the three independent variables will differ for fathers versus mothers; that is, gender will serve as a moderator variable. For example, marital conflict may be a stronger predictor of a weakened parenting alliance for fathers versus mothers, given that mothers may be better able than fathers to compartmentalize their parent-child relationship from their marital relationship (Belsky et al., 1991).

Because there is no clear theoretical basis to predict which variable(s) will explain the most variance in parenting alliance, simple multiple regression analyses will be used to test Hypothesis 2. That is, the effect of each predictor variable – parental depression, marital conflict, and marital power – will be assessed as if that variable were being entered after each of the other variables (Bordens & Abbott, 1999). Since gender of parent is hypothesized to be a moderator, appropriate interaction terms will be included in the analyses (Baron & Kenney, 1986).

CHAPTER III

METHOD

Participants

Participants were 80 married parents living in the Knoxville, Tennessee area (N = 160), who have a child in the age range of 11 to 16 years. The couples in the sample had an average of 3 children, were in their early 40s (men: M = 43.0, women: M = 41.2), had been married an average of 16.1 years, and had completed some post-secondary education (men: M = 15.7, women: M = 15.1), with years of education ranging from 7 to 26 for men and 11 to 21 for women. The sample was predominantly Caucasian. One of the husbands was Asian, 2 were African-American, and 76 were Caucasian (1 failed to report). Of the wives, 1 was Asian, 3 were African-American, 1 was Hispanic, and 74 were Caucasian (1 failed to report). Although efforts were made to recruit a more racially and economically diverse sample, such as posting fliers in areas largely composed of minority races and lower socio-economic statuses, the final sample was nevertheless mostly white and rather well-educated.

Measures

As part of a larger, longitudinal study of marital and family functioning, each spouse completed the following self-report measures:

Biographical data sheet. The biographical data sheet assessed basic demographic information, including age, education level, marital status, number of years married, children, and current employment.

Relationship Dimensions Profile (RDP; Daiuto & Baucom, 1995). The RDP is a recently constructed questionnaire designed to assess couples on important dimensions of marital functioning. These dimensions include Psychological Closeness, Behavioral Closeness, Investment, Power-Partner, and Adaptability. This scale is still in its initial validational phase; however, the authors report acceptable alphas for their subscales. Alpha coefficients range from .65 (Power-partner, for females only) to .90 (Investment, females only). Only the Power-Partner subscale was used in the current study. Alphas for males and females in the present sample are .79 and .78, respectively.

Dyadic Adjustment Scale (DAS; Spanier, 1976). The DAS is a 32-item, widely used measure of marital adjustment. Higher scores suggest better marital functioning. The DAS yields five scores, consisting of four subscales (Affectional Expression, Cohesion, Consensus, and Satisfaction) and a total score for all items. Spanier reported adequate reliability, with coefficient alphas ranging from .73 (Affectional Expression) to .96 (Total scale). Carey et al. also found stability coefficients ranging from .75 (Affectional Expression) to .87 (Total score), suggesting that the DAS has good test-retest reliability. Spanier also reported that the DAS correlated significantly with external criteria of marital status and other existing measures of marital adjustment, thus demonstrating adequate criterion-related and construct validity (Spanier, 1976). The Dyadic Consensus subscale was used in the present study, with lower scores indicating a higher degree of conflict within the marriage. The coefficient alphas were .94 for males and .93 for wives.

Center for Epidemiological Studies – Depression Scale (CES-D; Radloff, 1977). This 20-item measure is a commonly used screening tool to assess depressive symptomatology in the general population. It has been shown to have high internal consistency, acceptable test-retest reliability, and good concurrent validity based on clinical and self-report criteria. Radloff (1977) reported alpha coefficients of .85 (general population) to .90 (patient population). Test-retest correlations range from .51 (2 week period) to .67 (4 week period). The CES-D discriminates well between psychiatric in-patient and general populations samples and correlates well with other self-report measures of symptomatology, e.g., .83 with the SCL-90 (Radloff, 1977). Coefficient alphas in this sample were .90 for husbands and .92 for wives. This measure has been found to be suitable for people in a wide range of age and socioeconomic status (Radloff, 1977).

Parenting Alliance Inventory (PAI; Abidin & Brunner, 1995). This 20-item inventory measures the degree to which parents believe they have a sound parenting relationship with their child's other parent (e.g., "My child's other parent and I communicate well about our child."). The PAI has a previously reported alpha reliability of .97 (Abidin & Brunner, 1995); alphas in this sample were .96 and .97 for husbands and wives, respectively. Concurrent and construct validity have also been established; it has been shown to be independent from measures of marital adjustment and parental personality, suggesting that parenting alliance makes a unique contribution to parenting attitudes and behavior. Moreover, PAI scores correlate with measures of both father's and mother's warm parenting style; $r = .38$, $p = .001$; $r = .28$, $p = .001$, respectively.

Procedure

Couples living in the Knoxville area were recruited randomly from a mailing list purchased by the researchers and via fliers posted in the community. A letter describing the study in detail was mailed to these couples, as well as to all couples who contacted the researchers after having seen an informational flier in the community. Research assistants then made follow-up phone calls to these families to assess their interest and eligibility for participating in the study. Interested couples who agreed to participate in all three phases of the larger, longitudinal study were recruited.

The first packet of measures was then mailed to each couple's home. Husbands' and wives' surveys were packaged in separate envelopes. A cover letter instructed the couple to refrain from sharing their answers with each other and to be open and honest in their responses. The completed surveys and signed consent forms were then either mailed back to the research lab or were picked up by a research assistant at the couple's home. Couples were then given a gift card to a local video rental store as compensation for their participation in this first phase of the study.

CHAPTER IV

RESULTS

Hypothesis 1

Means and standard deviations for husbands and wives are presented in Table 1. Bivariate correlational analyses were used to test Hypothesis 1. As can be seen in Table 2, the correlations provide support for the hypothesis that high levels of marital conflict, parental depression, and perceived power-other are all associated with a weaker parenting alliance. All correlations were in the expected direction. When reading the correlation matrix and interpreting all results, it is important to note that the Dyadic Consensus score indicates level of agreement, rather than conflict, between spouses.

Hypothesis 2

Multiple regression analyses were used to test Hypothesis 2. Before the analyses could be conducted, homogeneity of variance of the husbands' and wives' data had to be demonstrated in order to include both spouses' data in the same multiple regression equation. To assess whether husbands' and wives' data possessed statistically equal error variances, Levene's Test of Equality of Error Variances was conducted for each variable. The null hypothesis was that the error variances for husbands and wives were equal on the variables being assessed. As shown in Table 3, the p-values for all tests failed to reach an acceptable level of significance. Therefore, the null hypothesis that the husbands' and wives' data possessed equal error variances could not be rejected, demonstrating that husbands' and wives' data could both be included in the same analyses.

Table 1

Means and Standard Deviations

	Husbands		Wives	
	M	*(SD)*	*M*	*(SD)*
Dyadic Consensus	48.05	(9.28)	49.15	(8.34)
Depression	9.32	(8.83)	9.97	(9.61)
Power-Other	15.85	(6.14)	13.34	(5.43)
Parenting Alliance	84.08	(11.99)	83.33	(15.43)

Note. Dyadic Consensus = Level of consensus as measured by the Dyadic Consensus subscale of the DAS. Depression = scores on the CES-D. Power-Other = scores on the Power-Other subscale of the RDP. Parenting Alliance = scores on the PAI.

Table 2

Correlation Matrix for Husbands and Wives

	Dyadic Consensus [a]	Depression	Power-Other [b]	Parenting Alliance
Dyadic Consensus	---	-.340**	-.478***	.710***
Depression	-.537***	---	.399***	-.414***
Power-Other	-.689***	.443***	---	-.373**
Parenting Alliance	.606***	-.286*	-.445***	---

Note. Values for wives are presented above the diagonal, values for husbands are below.

* $p < .05$. ** $p < .01$. *** $p < .001$. Two-tailed.

[a] Note that Dyadic Consensus scores indicate agreement between spouses, such that lower scores indicate higher levels of conflict.

[b] Note that Power-Other scores indicate the power that one perceives his or her spouse to have in the marriage, such that lower scores indicate higher levels of one's own power.

Table 3

Levene's Test of Equality of Error Variances

	M	*SD*	*F* (*df*)	*p*
Dyadic Consensus:				
Wife	49.15	8.37	.002 (*1,158*)	.961
Husband	48.05	9.28		
Depression:				
Wife	9.97	9.61	1.78 (*1,158*)	.184
Husband	9.32	8.83		
Power-Other:				
Wife	13.34	5.43	.487 (*1,158*)	.487
Husband	15.85	6.14		
Parenting Alliance:				
Wife	83.33	15.43	.897 (*1,158*)	.345
Husband	84.08	11.99		

A multiple regression analysis was then conducted using the Parenting Alliance Inventory scores as the dependent variable. Scores on the Dyadic Consensus subscale, the CES-D scale, and the Power-Other subscale were entered simultaneously as predictor variables. Initial regression analyses testing the main effects of conflict, power, and depression using difference scores for each variable (e.g., husbands' Power-Other minus wives' Power-Other) resulted in the same model as analyses using the original scores (original: $R^2 = .432$, $F\ (4,155) = 29.49$, $p < .001$; with difference scores: $R^2 = .165$, $F\ (3,76) = 4.99$, $p < .05$). This finding suggests that dyadic dependence of the husbands' and wives' data has minimal effects in this study and will not significantly affect the multiple regression analyses (N. Bolger, personal communication, November 15, 2001).

To test the hypothesis that the prediction of parenting alliance differs for fathers versus mothers, interaction terms were added to the equation for each of the three predictor variables; spouse, dummy-coded as *0* = *wife* and *1* = *husband*, was multiplied by each variable. As Table 4 shows, partial support for Hypothesis 2 was obtained. Dyadic Consensus and CES-D scores added significant predictive power to the multiple regression equation, as did the interaction term for spouse x CES-D ($R^2 = .470$, $F\ (6,153) = 22.57$, $p < .001$). Inconsistent with the hypothesis, Power-Other did not contribute significantly to the prediction of parenting alliance when the other variables were taken into account.

In order to interpret the spouse x CES-D interaction term, separate multiple regression analyses were conducted for husbands and wives (see Tables 5 & 6). These

Table 4

Summary of Multiple Regression Analysis Predicting Parenting Alliance

	B	*SE*	β
Dyadic Consensus	1.07	.128	.686**
CES-D	-.342	.132	-.229*
Power-Other	-.0795	.232	-.034
Spouse x Dyadic Consensus	-.114	.069	-.206
Spouse x CES-D	.480	.197	.271*
Spouse x Power-Other	.168	.262	.110

$R^2 = .470$, $F(6,153) = 22.57$, $p < .001$.

* $p < .05$. ** $p < .001$.

Table 5

Summary of Multiple Regression Analysis Predicting Parenting Alliance for Husbands

	B	*SE*	β
Dyadic Consensus	.773	.174	.598*
CES-D	.0829	.147	.061
Power-Other	-.117	.247	-.060

$R^2 = .372$, $F(3,76) = 14.98$, $p < .001$.

* $p < .001$.

Table 6

Summary of Multiple Regression Analysis Predicting Parenting Alliance for Wives

	B	*SE*	β
Dyadic Consensus	1.20	.167	.651**
CES-D	-.322	.139	-.200*
Power-Other	.0519	.263	.018

$R^2 = .538$, $F(3,76) = 29.53$, $p < .001$.

* $p < .05$. ** $p < .001$.

Table 7

Summary of Multiple Regression Analysis Including the Three-Way Interaction Term

	B	*SE*	β
Dyadic Consensus	.860	.187	.551***
CES-D	-2.075	.683	-1.386**
Spouse	-22.844	14.975	-.831
Spouse*Dyadic Consensus	.430	.293	.779
Spouse*CES-D	3.291	.821	1.859***
Dyadic Consensus*CES-D	.0382	.015	1.088*
Spouse*Dyadic Consensus*CES-D	-.0641	.018	-1.486***

$R^2 = .519$, $F(7,152) = 23.42$, $p < .001$.

* $p < .05$. ** $p < .01$. *** $p < .001$.

analyses revealed that dyadic consensus is the only significant predictor of parenting alliance for husbands ($R^2 = .372$, F (3,76) = 14.98, $p < .001$). For wives, however, both dyadic consensus and level of depressive symptomatology contributed significantly to the prediction of parenting alliance ($R^2 = .538$, F (3,76) = 29.53, $p < .001$).

Because both depression and dyadic consensus were found to be significant predictors of parenting alliance, an additional multiple regression analysis was conducted to assess the possibility of an interaction involving these two predictors and spouse (see Table 7). This equation included Dyadic Consensus, CES-D, and spouse as first-order terms; spouse x Dyadic Consensus, spouse x CES-D, and Dyadic Consensus x CES-D as second-order terms, and spouse x Dyadic Consensus x CES-D as the third-order term. Parenting Alliance Inventory score was the dependent variable. In this equation, all predictors were significant except for the spouse and spouse x Dyadic Consensus terms ($R^2 = .519$, F (7,152) = 23.42, $p < .001$). Therefore, a final multiple regression analysis was run using only the significant predictors ($R^2 = .511$, F (5,154) = 32.23, $p < .001$). The results of this analysis are presented in Table 8.

In order to interpret the significant three-way interaction term (spouse x Dyadic Consensus x CES-D), it was first necessary to assess whether the Dyadic Consensus x CES-D interaction term was significant for both husbands and wives. Separate regression analyses for husbands and wives using Dyadic Consensus, CES-D, and the Dyadic Consensus x CES-D interaction term as predictors of PAI revealed that this was indeed the case (husbands: $R^2 = .429$, F (3,76) = 19.01, $p < .001$; wives: $R^2 = .573$, F (3,76) = 33.97, $p < .001$; see Table 9).

Then, the regression equation including the three-way interaction term was simplified for both husbands and wives (see Equations 2 & 3). Values for Dyadic Consensus and CES-D were entered individually into the simplified equations in order to ascertain their predictive influence on Parenting Alliance, per the procedure outlined by Younger (1985). In other words, various values for depression and consensus were entered into the husband and wife regression equations to determine the effect of these two variables on the slope of the regression line. The results of this procedure are summarized in Tables 10 and 11.

The unsimplified regression equation, including the three-way interaction term, is:

$$\hat{Y} = 34.57 + 1.04X_1 - 1.63X_2 + 2.4X_3 + .03X_4 - .048X_5 \qquad (1)$$

where $\hat{Y}$ = Parenting Alliance score, X_1 = Dyadic Consensus score, X_2 = CES-D score, X_3 = spouse x CES-D interaction term, X_4 = Dyadic Consensus x CES-D interaction term, and X_5 = spouse x Dyadic Consensus x CES-D interaction term. The simplified regression equations for each spouse are as follows:

$$\text{Wives:} \qquad \hat{Y} = 34.57 + 1.04(X_1) - 1.63(X_2) + .03(X_1X_2) \qquad (2)$$

$$\text{Husbands:} \qquad \hat{Y} = 34.57 + 1.04(X_1) + .77(X_2) - .018(X_1X_2) \qquad (3)$$

where X_1 = Dyadic Consensus score and X_2 = CES-D score.

Table 8

Summary of Final Multiple Regression Equation Including the Three-Way Interaction Term

	B	*SE*	β
Dyadic Consensus	1.037	.144	.664***
CES-D	-1.628	.612	-1.088**
Spouse*CES-D	2.402	.558	1.357***
Dyadic Consensus*CES-D	.0298	.013	.848*
Spouse*Dyadic Consensus*CES-D	-.0477	.012	-1.107***

$R^2 = .511$, $F(5,154) = 32.23$, $p < .001$.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 9

Summary of Multiple Regression Analyses Testing the Dyadic Consensus X CES-D Interaction Separately for Husbands and Wives

	B	*SE*	β
Husbands:			
Dyadic Consensus	1.29	.213	.998***
CES-D	1.216	.430	.895**
Dyadic Consensus*CES-D	-.0258	.009	-.755**
Wives:			
Dyadic Consensus	.860	.197	.467***
CES-D	-2.075	.719	-1.293**
Dyadic Consensus*CES-D	.0382	.015	1.067*

Husbands: $R^2 = .429$, $F(3,76) = 19.01$, $p < .001$. Wives: $R^2 = .573$, $F(3,76) = 33.971$, $p < .001$.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 10

Summary of Regression Equation Values for Wives

Level of Variable		Equation Predicting PAI score
Dyadic Consensus:	$X_1 = 15$	PAI = 50.17 – 1.18 (X_2)
	$X_1 = 25$:	PAI = 60.57 - .88 (X_2)
	$X_1 = 35$:	PAI = 70.97 - .58 (X_2)
	$X_1 = 45$:	PAI = 81.37 - .28 (X_2)
	$X_1 = 55$:	PAI = 91.77 + .02 (X_2)
Depression:	$X_2 = 0$	PAI = 34.57 + 1.04 (X_1)
	$X_2 = 10$:	PAI = 18.27 + 1.34 (X_1)
	$X_2 = 20$:	PAI = 1.97 + 1.64 (X_1)
	$X_2 = 30$:	PAI = -14.33 + 1.94 (X_1)
	$X_2 = 40$:	PAI = -30.63 + 2.24 (X_1)

Note. $\hat{Y} = 34.57 + 1.04(X_1) - 1.63(X_2) + .03(X_1X_2)$, where X_1 = Dyadic Consensus score and X_2 = CES-D score.

Table 11

Summary of Regression Equation Values for Husbands

Level of Variable		Equation Predicting PAI score
Dyadic Consensus:	$X_1 = 15$	PAI = 50.17 + .5 (X_2)
	$X_1 = 25$:	PAI = 60.57 + .32 (X_2)
	$X_1 = 35$:	PAI = 70.97 + .14 (X_2)
	$X_1 = 45$:	PAI = 81.37 - .04 (X_2)
	$X_1 = 55$:	PAI = 91.77 - .22 (X_2)
Depression:	$X_2 = 0$	PAI = 34.57 + 1.04 (X_1)
	$X_2 = 10$:	PAI = 42.27 + .86 (X_1)
	$X_2 = 20$:	PAI = 36.11 + .68 (X_1)
	$X_2 = 30$:	PAI = 57.67 + .5 (X_1)
	$X_2 = 40$:	PAI = 65.37 + .32 (X_1)

Note. $\hat{Y} = 34.57 + 1.04(X_1) + .77(X_2) - .018(X_1X_2)$, where X_1 = Dyadic Consensus score and X_2 = CES-D score.

As Table 10 demonstrates, the above regression equation for wives (Equation 2) indicates that as a wife's Dyadic Consensus score increases, her CES-D score will have less of an effect on PAI. In other words, as the level of agreement between spouses increases, the negative impact of depressive symptomatology on parenting alliance decreases. At low levels of consensus (i.e., greater conflict), a wife's depression will have a greater detrimental impact on the strength of her reported parenting alliance than it will at higher levels of consensus. Interpreted another way, the regression equation indicates that at higher levels of depression, dyadic consensus will have less of a positive impact on the strength of her reported parenting alliance than it will at lower levels of depression.

The pattern of interaction for husbands varies somewhat from the wives' pattern, as predicted. As Table 11 shows, the above regression equation for husbands (Equation 3) demonstrates that as the Dyadic Consensus score increases, the beta weight for CES-D decreases. CES-D contributes positively to the PAI score until Dyadic Consensus reaches a level between 35 and 45, at which point the beta weight for CES-D becomes negative, thereby decreasing the PAI value. In other words, as the level of Dyadic Consensus increases, the impact of the husband's CES-D score has an increasingly negative effect on PAI. Although unexpected, it appears that at low levels of consensus husbands' depression actually adds to the strength of the parenting alliance. The pattern for husbands' depression is somewhat similar to that for wives' depression. For husbands with higher levels of depression, the positive impact of dyadic consensus on the strength of his parenting alliance is not as great as it is at lower levels of depression. This result is

similar to that for wives, although at higher levels of wives' depression, dyadic consensus appears to have much less of a positive impact than for husbands. In other words, it appears that high levels of reported depressive symptomatology weaken the strength of the parenting alliance more severely for wives than for husbands.

CHAPTER V

DISCUSSION

The parenting alliance has been conceptualized as a couple's ability to respect each other as parents and work together as a team regarding issues such as discipline and child care (Cohen & Weissman, 1984). It has often been suggested in the literature that the parenting alliance is a unique construct, separate from other characteristics of the marriage (Abidin & Brunner, 1995; Bearss & Eyberg, 1998; McHale, 1995). However, work conducted by other researchers (e.g., Belsky, 1984; Fauber & Long, 1991; Fauber et al., 1990) and the results of the present study indicate that individual parental and marital variables are indeed significant predictors of, and perhaps also influences upon, the strength of a couple's perceived parenting alliance. In this study, marital conflict and depressive symptomatology were found to have significant main and interactive effects in the prediction of parenting alliance.

Marital Conflict

The results of this study revealed that marital conflict is significantly negatively associated with the strength of the parenting alliance for both husbands and wives. This finding is consistent with previous research suggesting that marital conflict has a detrimental impact upon parenting (Fauber et al., 1990; Floyd et al., 1998; Floyd & Zmich, 1991; Kitzmann, 2000; Krishnakumar & Buehler, 2000; Margolin et al., 2001). Previous research has suggested various mechanisms to explain the link between marital conflict and parents' abilities to work together as a parenting team. For example, it may

be the case that parents who use aversive control strategies in their marital interactions also use similar strategies when communicating about, and speaking to, their children (Floyd & Zmich, 1991), thereby weakening their parenting alliance.

Another explanation may be related to the finding that parents who display higher levels of verbal aggression are also less involved in their parenting roles (Papp et al., 2001). Due to the aggressive interactions that tend to characterize the marital relationship, these parents may be less invested in their parenting role because of associated difficulties communicating about parenting tasks and decisions. In addition, it is likely that aversive marital interactions can lead to disrupted co-parenting and lowered parental investment, particularly for fathers, simply as a result of negativity spilling over from marital interactions into parent-parent and parent-child interactions (Kitzmann, 2000).

Any or all of these mechanisms may be at work in the link between marital conflict and parents' abilities to respect each other's parenting roles and work together regarding the needs of their child. This body of literature would greatly benefit from studies that simultaneously test these various mechanisms in order to more clearly elucidate the causal pathways between marital conflict and parenting alliance.

Parental Depression

The results of this study also supported the hypothesis that higher levels of parental depression would be associated with a weaker parenting alliance. However, this simple effect was significant only for mothers. Previous studies have begun examining maternal depression and its detrimental impact upon parenting. For example, depressed mothers have been found to exhibit a higher rate of beta commands, which are vague and

confusing to the child (Forehand et al, 1986), and they also tend to be more coercive with their children (Cummings & Davies, 1992). Moreover, depressed mothers have been found to be more critical of their children and to perceive their children as having poorer adjustment than mothers who are not depressed (Forehand et al., 1986; Webster-Stratton & Hammond, 1988). These negative communication patterns and perceptions of their children likely make it difficult for depressed mothers and their spouses to agree on parenting decisions and see eye-to-eye regarding the best interests of their child.

In addition to displaying more negative communication patterns and perceptions of their children than nondepressed mothers, research has also shown that the interpersonal relationships of depressed individuals are likely to suffer from various other difficulties, such as excessive negativity and negative appraisals about their spouses' behaviors (Burns et al., 1994; Gotlib & Whiffen, 1989; Ruscher & Gotlib, 1988). These difficulties are likely to plague the marital relationship of depressed mothers and make it difficult for them and their spouses to work together as a parenting team.

The gender difference found for the role of depression as a predictor of parenting alliance is worth future exploration. One possible explanation for the gender difference found in this study may be that the women were either more depressed than the men or exhibited a greater range of depression scores, thereby affecting the significance of the analyses. However, the CES-D means for husbands and wives were not significantly different ($t = -.45(158)$, $p = .66$), nor were the CES-D variances, as initially demonstrated by the results of the Levene's Test of Equality of Error Variances (see Table 3). Because the role of paternal depression has been largely ignored in previous research, future

research will be needed to either replicate or contradict the current findings and further explore the role of depression in predicting the strength of the parenting alliance.

Interaction of Conflict and Depression

Also worth future exploration is the finding that marital conflict and parental depression interact to influence the strength of the parenting alliance. This interaction differed somewhat for husbands and wives, with wives experiencing a greater decrement in parenting alliance than husbands at higher levels of conflict and depression. It is possible that high levels of marital conflict affect wives' depression more greatly due to the tendency for women to be more relationship focused and, therefore, more vulnerable to marital stressors than men (e.g., Fincham, Beach, Harold, & Osborne, 1997; Gilligan, 1982; Hatfield, 1983; Rankin-Esquer, Burnett, Baucom, & Epstein, 1997). Moreover, previous research has found that the experience of depression is different for the two genders, with a woman's depression being negatively correlated with the quality of her marriage and her ability to display warmth and expressiveness in the relationship (Chevron, Quinlan, & Blatt, 1978; Williams, 1988). The current findings, when viewed in light of this previous research, suggest that depressed women who find themselves in highly conflictual marriages may be less able to prevent marital negativity from bleeding over into their parenting relationship. Or, it may be the case that women who are experiencing high levels of marital conflict in addition to a weak parenting alliance are likely to succumb to a greater level of depression than women who either have low levels of marital conflict or a strong parenting alliance. Women who experience difficulties in

both areas must cope with the compound effects of more than one aspect of their relationships having gone awry.

Research has also found that women in dissatisfied marriages who blame themselves for their marital distress (internalizing attributions) have higher levels of depression than women who have external attributions regarding their marital difficulties (Heim & Snyder, 1991). In other words, women who are in distressed marriages and who blame their marital difficulties on their own behaviors will have an exacerbated level of depression. Such internalizing attributions may be one culprit for the compounding effects of marital conflict and depression for women as opposed to men. Therefore, future research should examine the role of attributions in the links between marital conflict, depression, and the parenting alliance.

On the other hand, the interactive effect of depression and marital conflict found in this study indicates that low levels of marital conflict may serve as a protective factor in the relationship between a woman's depression and the parenting alliance. A marriage in which the wife is suffering from depression is likely to have a stronger parenting alliance if the level of marital conflict is low, rather than high. Alternatively, it may the case that in highly conflictual marriages, low levels of depressive symptoms enable parents to have a stronger parenting alliance than if the wife is suffering from more intense levels of depression.

Future research should additionally explore the role of marital satisfaction, as it may interact with either or both conflict and depression to influence the strength of the parenting alliance (Floyd et al., 1998; Whisman, 1999). For example, previous research

has revealed different causal pathways between depression and marital satisfaction for men and women, with marital dissatisfaction leading to depression for women, and depression leading to marital dissatisfaction for men (Fincham et al., 1997). The results of this study are consistent with Fincham et al.'s (1997) assertion that men who are depressed and experience subsequent marital dissatisfaction may withdraw from their marital and parental responsibilities. This pattern might explain why the interaction of depression and conflict had greater detrimental effects on parenting alliance for women than for men. If depressed men do indeed have a tendency to withdraw from their marriages and co-parenting partnerships, then the level of marital conflict might not be as high as it would if depressed (and subsequently maritally dissatisfied) men were to remain engaged in their marriages.

Future studies that explore the role of depression in predicting the strength of the parenting alliance for husbands and wives should take into account the level of withdrawal being experienced in the marriage, and how this may be related to levels of conflict. For example, if a depressed husband has a tendency to become maritally dissatisfied and subsequently withdraw from marital interactions, there may be fewer opportunities for disagreement between spouses as a result of his disengagement. Because the impact of paternal depression on family functioning has yet to be studied extensively, the results of the present study will need to be replicated so that gender differences in the interaction between conflict and depression can be elucidated further.

Marital Power

Inconsistent with the proposed hypothesis, marital power was not a significant predictor of parenting alliance in this study. Previous research has suggested that marital power dynamics may be associated with the strength of the parenting alliance due to such mechanisms as parenting resources (Kemper & Reichler, 1976), the division of child-related tasks (Erickson et al., 1979), and hostile-competitive co-parenting (McHale, 1995). However, the current study revealed that marital power is not a significant predictor of parenting alliance when marital conflict and parental depression are taken into account. Marital power may indeed be a predictor of the strength of the parenting alliance (see Table 2), but it may be the case that it has an indirect effect, rather than a direct one. The role of marital power appears to be mediated by other variables, such as marital conflict and satisfaction. This relationship can be further explored in future studies.

It must also be noted that the measure of marital power used in this study, the Relationship Dimensions Profile (RDP; Daiuto & Baucom, 1995), is still in its initial validational stages. It is possible that the Power-Partner subscale of the RDP was either insufficiently broad or inadequately sensitive to assess marital power dynamics that may be predictive of parenting alliance when other marital variables are taken into account. In the future, other measures or marital power should be used in addition to the RDP in order to test this hypothesis.

Implications of the Present Study

The results of this study have several implications for clinical work with couples and families. For example, it is important that couples and family therapists do not ignore the associations between marital qualities, individual symptomatology, and the co-parenting relationship, because these variables are significantly related to overall family functioning and child well-being. Furthermore, given that the causal paths among these variables are likely bi-directional, clinicians working individually with depressed parents, particularly mothers, should think seriously about including interventions geared toward the entire family in addition to primarily focusing on the individual.

This study also carries implications for clinicians who work primarily with children. As they work with their child patients, these practitioners need to consider the ability of the patient's parents to work together as a team and the role that their parenting alliance may play in the child's difficulties. Both strengths and weaknesses should be explored and attended to. As suggested by Weissman and Cohen (1985) and Belsky (1984), it is possible that a strong parenting alliance can act as a buffer, providing a protective force against the negative effects of marital and/or individual dysfunction. Furthermore, in light of the association between a poor parenting alliance and child functioning, those who work with divorcing couples should attempt to help the parents maintain a respectful parenting relationship despite the marital rupture (Baris & Garrity, 1997; Kitzmann & Emery, 1994).

Future Directions

There are several ways in which the present study can be improved upon in the future. For example, this study lacked a diverse sample of married couples, despite the researchers' efforts to recruit a diversity of families. Perhaps families of lower socioeconomic status were resistant to taking on the additional burden of a longitudinal research study, or perhaps families of lower socioeconomic status and minority race often failed to meet the criterion of being married, thereby limiting the number of eligible families. In addition, this data collected for this study consisted solely of self-report surveys. Retrospective reporting and mood of the reporter may have influenced the data collected, and thus enhanced the correlations among the variables. Ideally, data should be collected via multiple methods, using multiple reporters, and should include observational data, if possible.

Furthermore, longitudinal research designs should be implemented in order to ascertain causal pathways between the marital variables being explored and the strength of the parenting alliance. It is reasonable to hypothesize that marital variables influence the formation and maintenance of the parenting alliance, but longitudinal designs are needed to examine this hypothesized direction of causality. It is hoped that future research will continue to explore and elucidate factors that contribute to and influence the formation and strength of a positive parenting alliance.

In summary, the present study found that high levels of both marital conflict and parental depression have detrimental effects on the strength of the parenting alliance, as predicted. Furthermore, gender differences in the interaction between depression and

conflict were found, with high levels of depression and conflict having a more severe, negative impact on the parenting alliance of wives. These findings carry important implications for practitioners who work with parents, married couples, and families. Clinicians should be sensitive to gender differences in the experience of depression and marital conflict, and they should be aware of the implications that these variables can have on the strength of the parenting alliance, as well as on overall family functioning.

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