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Marital Discord and Childhood Behavior Problems[1]

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Measures of overt marital hostility, general marital adjustment, and children's behavior problems were obtained from the parents of 64 children referred to a child psychological clinic. Correlations between children's scores on measures of general marital unhappiness and overt marital hostility were compared. Overt marital hostility correlated significantly with many behavior problems of boys. However, neither general marital unhappiness nor overt marital hostility related to problem behaviors in girls. Specific findings and possible reasons for the differential results with respect to boys and girls were discussed.

Psychodynamic, systems, and behavior therapists have all emphasized marital discord as a determinant and/or maintainer of childhood problems. Love and Kaswan (1974), psychodynamic therapists, found that parents of clinic children had greater communication difficulties than did parents of control children. Satir (1964), a family systems therapist, noted that parents' dissatisfaction with their own relationship may not only precipitate children's behavior problems but maintain them as well. Johnson and Lobitz (1974), behavior therapists, documented significant relationships between children's disruptive behavior and marital discord.

Unfortunately, systematic research on the relationship between childhood behavior problems and marital discord is sparse. Several investigators have found greater degrees of communication difficulty in parents of clinic children than in those of nonclinic control children (Gassner & Murray, 1969; Leighton, Stollak, & Ferguson, 1971). Lo (1969) found that the emotional relationship between parents was a significant factor in differentiating neurotic from nonneurotic children. Rutter (1975) reported that delinquency of boys was more

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frequent in intact, unhappy homes than in harmonious, but broken, ones. Finally, Oltmanns, Broderick, and O'Leary (1977) found significant relationships between marital discord and many of the major childhood problems (e.g., conduct disorders, personality problems, inadequacy-immaturity).

In brief, there is evidence from varying theoretical orientations that marital discord is clearly related to childhood problems. However, the evidence is sparse, given the unanimous viewpoint that a relationship exists. Further, there is little evidence regarding the relationships between different types of marital problems and different types of child problems. This investigation was designed to assess the relationship between one type of marital problem, overt hostility, and childhood psychopathology in boys and girls.

Marital discord could be thought to relate more closely to younger children's behavior than to the behavior of adolescents, as the younger children are likely to spend more time with their parents and to have fewer relationships outside the home than adolescents. Alternatively, it could be argued that adolescents are likely to have been longer exposed to, and be more aware of, discord than young children. The greater exposure and awareness might lead one to expect a greater impact of marital discord on adolescents than on young children. Since one can proffer cogent arguments that marital discord should be more closely related to adolescent behavior problems than to behavior problems of young children, and vice versa, and because of the exploratory nature of this research, children were divided into two traditional developmental categories (Musson, Conger, & Kagan, 1974), i.e., young school-age children (5-10 years) and adolescents (11-16 years).

METHOD

Subjects

Subjects were 64 two-parent families who applied to the Psychological Center of the State University of New York at Stony Brook between February 1977 and March 1979. The children (27 females and 37 males) ranged in age from 5 to 16. Their mean age was 10.45 (9.95 for boys and 11.15 for girls). The presenting problems of the children were varied, but most could be subsumed within the diagnostic categories of Withdrawing Reaction, Overanxious Reaction, or Unsocialized Aggressive Reaction, according to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1968).

Measures

Children's deviance was assessed by maternal report on the Behavior Problem Checklist (BPC) (Quay & Peterson, Note 1). The reliability and validity of the BPC have been established through many studies (Quay, 1977). In the

present study, scores for each of the four subscales, Conduct Disorder, Personality Disorder, Inadequacy-Immaturity, and Socialized Delinquency, were computed and, in addition, their sum constituted a measure of total pathology for the child.

Marital adjustment was assessed by maternal self-report on the Short Marital Adjustment Test (SMAT), which has been shown in numerous studies to discriminate distressed from nondistressed marriages (e.g., Locke & Wallace, 1959) and which has substantial concurrent and predictive validity (O'Leary & Turkewitz, 1978).

Overt marital hostility was indexed by maternal report on the O'Leary-Porter Scale (OPS), a 20-item inventory expressly developed for this study, in which 9 scored items are embedded. Scored items contain questions about how often various forms of marital hostility (e.g., quarrels, sarcasm, physical abuse) are observed by the child. Test-retest reliability of the scored items was assessed with 14 of the participating families and was found to be .96 over a 2-week period. The correlation between the OPS and the SMAT was .63.

Procedure

A packet consisting of the SMAT, BPC, OPS, and a Personal Data Form was completed by clients before they met with their therapist for the first time.

RESULTS

In order to determine whether sex and/or age of the child were significantly related to marital problems, the children were divided both by sex and by age into four groups: 13 girls, 10 years old and younger (mean age: 7.62); 14 girls, 11 years old and older (mean age: 12.63); 20 boys, 10 years old and younger (mean age: 7.65), and 17 boys, 11 years old and older (mean age: 12.65).

Pearson product-moment correlations were computed within each group between the children's BPC scores and the mothers' SMAT and OPS scores. Correlations were obtained between the mothers' scores and scores for each of the four BPC subscales, as well as a total child pathology score, which was computed by summing the subscale scores.

In the younger group of boys, significant correlations were found between OPS scores and scores on the BPC subscales of Conduct Disorder ($r = .40$, $p < .05$) and Total Pathology ($r = .45$, $p < .05$). In addition, the correlation between scores on the OPS and the Personality Disorder scale of the BPC narrowly missed significance ($r = .36$, $p < .059$). In this group, there were no significant correlations between BPC and SMAT scores.

In the older boys' group, no significant correlations were found between scores on the SMAT and any BPC scores, whereas significant correlations were

Table I. Correlations Between Children's Scores on BPC Scales and Maternal Scores on the SMAT and the OPS[a]

	Boys				Girls			
	10 years and younger (N = 20)		11 years and older (N = 17)		10 years and younger (N = 13)		11 years and older (N = 14)	
	SMAT	OPS	SMAT	OPS	SMAT	OPS	SMAT	OPS
Conduct disorder	.22	.40[b]	−.33	.17	.41	−.21	−.31	.12
Personality disorder	−.09	.36	−.31	.45[b]	.10	.03	.11	.14
Inadequacy-immaturity	.10	.16	−.19	.63[c]	.18	−.12	−.18	.02
Socialized delinquency	.09	.06	−.35	.42[b]	.28	.04	−.39	.44
Total pathology	.12	.45[b]	−.38	.43[b]	.31	−.12	−.26	.21
$\bar{X}$	110.50	18.30	92.24	19.82	83.38	23.69	80.71	20.71
SD	25.14	5.82	34.74	5.87	32.52	7.91	41.11	5.91

[a] High SMAT scores are indications of happiness, whereas high BPC and OPS scores are indicative of behavior problems and distress. Thus signs were changed on correlations involving the SMAT to make them consistent with the other scales when computing significance of difference between correlations.

[b] $p < .05$.

[c] $p < .01$.

found between OPS scores and BPC scores on the subscales of Personality Disorder ($r = .45, p < .05$), Inadequacy-Immaturity ($r = .63, p < .01$), and Socialized Delinquency ($r = .42, p < .05$), as well as on the score for Total Pathology ($r = .43, p < .05$). No correlations were found between BPC scores and either SMAT or OPS scores in either group of girls. However, the correlation between scores on the OPS and the Socialized Delinquency scale of the BPC narrowly missed significance in the older group of girls ($r = .44, p < .059$). Correlations for boys and girls are presented in Table I.

A t test for significance of the degree of difference between correlations (McNemar, 1962) was performed on the correlations between boys' Conduct Disorder, Inadequacy-Immaturity, and Total Pathology scores on the BPC and on the OPS, and between these BPC scores and SMAT scores. A significant difference between correlations was found for the categories of Conduct Disorder ($t = 2.75$, $df = 17$, $p < .02$) and Total Pathology ($t = 2.50$, $df = 17, p < .05$) in the younger boys, and for the Inadequacy-Immaturity category ($t = 3.07$, $df = 14$, $p < .01$) in the older boys. Overall, there was a clear indication of a greater relationship between the OPS and BPC than between the SMAT and BPC (i.e., 6 out of 10 significant correlations of OPS and BPC versus 0 out of 10 significant correlations of SMAT and BPC).

T tests were also performed between boys' and girls' mean scores on all BPC scales. No significant differences were found. There was, however, a significant difference between means of SMAT scores for mothers of girls ($\bar{X} = 83.38$) and mothers of boys ($\bar{X} = 110.50$) in the younger age group. BPC means and standard deviations are presented in Table II.

DISCUSSION

Overt marital hostility correlated significantly with many behavior problems of boys, but no significant correlations were found with problems of girls. The reasons for the differential results with boys and girls are not clear. It is possible

Table II. Behavior Problem Checklist: Mean Scores

	Boys				Girls			
	10 years and younger ($N = 20$)		11 years and older ($N = 17$)		10 years and younger ($N = 13$)		11 years and older ($N = 14$)	
	$\bar{x}$	SD	$\bar{x}$	SD	$\bar{x}$	SD	$\bar{x}$	SD
Conduct disorder	9.40	4.67	9.65	6.01	8.62	3.86	6.79	5.06
Personality disorder	6.10	3.45	6.18	4.16	6.46	2.96	7.64	2.71
Inadequacy-immaturity	2.55	1.88	3.06	1.92	3.00	2.16	2.64	1.69
Socialized delinquency	.20	.41	1.24	1.75	.38	.87	1.50	1.79
Total pathology	18.25	7.78	20.12	11.31	18.46	8.19	18.57	8.78

that parents, especially fathers, are more protective of their girls than their boys and thus refrain from shouting and criticizing their wives in their daughters' presence. If this were the case, boys would have more stress to cope with than girls. Alternatively, and consistent with our data, it could be that both sexes observe similar amounts of conflict, but that girls are more capable of coping with marital distress than boys. Goodenough's data (1931), showing a large decrease in angry outbursts in frustrating situations for girls but not for boys (aged 18 months to 7 years), lend credence to the notion that girls more rapidly acquire skills that "permit them to deal with frustrations before they become too great" (Maccoby & Jacklin, 1974, p. 182).

As indicated earlier, the girls in this study came from more discordant marriages than did the boys. In fact, using accepted cutoff scores on the SMAT, on the average, boys were from homes in which parents reported mild or little marital dissatisfaction, whereas the girls were from homes that were clearly discordant. Given approximately equal standard deviations for the SMAT across the young, school-age children and across adolescents, for both boys and girls, conclusions regarding a failure to find correlations between marital discord and child psychopathology in girls must be drawn with the reservation that the girls came from families in which marital discord was strong. However, Emery and O'Leary (Note 2) found similar correlations to those reported in this study, although means of maternal SMAT scores for boys and girls were reversed (i.e., higher in the case of girls).

Rutter (1971), in his studies investigating the association between children's deviant behavior and marital disharmony, found that marital discord was associated with boys' deviance but not with girls', implying that "boys may be more susceptible to the effects of family discord than are girls" (p. 252). Rutter did not report correlations between marital discord and childhood problems, but it appeared that the significant relationships occurred primarily in families where there were seriously discordant marriages and where one or both parents either had been hospitalized or had attended an outpatient clinic for treatment of a personality disorder. In the families in which neither parent had been under psychiatric care for a personality disorder, the correlations between marital discord and childhood problems were apparently of only moderate or minor magnitude.

This study extends the work of Rutter with a different sample (i.e., intact families in which parents were not under psychiatric care) and provides evidence for a significant relationship between marital discord and behavior problems in boys, and the absence of such a relationship for girls. Further, it provides evidence for a relationship between marital discord and behavior problems in boys over a wide age range (5-10 and 11-16), whereas Rutter was dealing with a sample of children ranging only from 9 to 12.

The data in this study came from parents of children with some emotional and/or behavioral problem. Consequently, the inferences one may draw

regarding marital discord (SMAT/OPS) and childhood problems from these data must be restricted to families in which there are significant childhood problems. In fact, in an earlier study (Oltmanns et al., 1977), no significant correlations were found between scores on the BPC and the SMAT in a nonclinic sample, but a similar pattern of correlations to those in the present study was observed between behavior problems and marital discord in a clinic sample composed primarily of boys. Thus the correlations between marital discord and childhood problems demonstrated in these studies have been found with adult or child populations that have had significant problems, e.g., personality disorders (Rutter, 1971) or childhood psychopathology (Oltmanns et al., 1977). Recently, however, in a random sample of 2,775 first-born English children, 7 years of age, it was demonstrated that the negative behavior of both boys and girls was related to marital discord, though the relationship appeared greater for boys (Whitehead, 1979). Given the extremely large number of children in this study, it is possible that significant relationships between marital discord and childhood problems would be evident for both sexes, even though the absolute correlations might be small. Nonetheless, it now appears that there is a relationship between marital discord and behavior problems of children of both sexes, though the relationship remains greater in the case of boys.

We had felt that blatantly discordant spouse relationships would be related to problem behaviors of boys and especially to their conduct disorders. Our results showed that overt marital hostility clearly related more to boys' problems than to girls' and, in addition to conduct disorders, correlated with all other types of boys' behavior problems.

Some related evidence regarding the relationship between marital discord and adjustment problems in boys comes from Hetherington and Parke (1979), who found that following divorce, boys have more adjustment difficulties than girls. These data, as well as Rutter's and ours, might lead one to infer that boys are generally more susceptible to discord than girls. Rutter hypothesized that this might be due to a tendency for males to be more vulnerable to psychological stresses, as they are to biological stresses (Rutter, 1970). Alternatively or in addition, mothers may treat boys more negatively than girls because they see repeated in their sons behaviors that they dislike intensely in their husbands.

From a methodological standpoint, since the descriptive statements in the BPC were extrapolated from child guidance clinic case histories of the early 1960s, when children seen in this type of clinic were predominantly male (Quay & Peterson, Note 1), it is possible that this instrument is more sensitive to the problem behavior of boys than it is to that of girls. However, Speer (1971) provided data indicating that for the four factors of the BPC, the means and standard deviations for boys and girls were relatively comparable. Therefore, it does not appear that different distributions for males and females on the BPC would render differential validity coefficients for males and females.

The measures employed in this study (BPC, SMAT, and OPS) all reported maternal perceptions and not the perceptions of the father or of the child. It could be that mothers, under stress of discordant relationships, might view both their own behavior in the presence of their children and their children's reactions in a distorted manner. It is, therefore, suggested that, in future research focusing on relationships between child behavior problems and parental marital distress, measures of the fathers' and the children's perceptions of discord be obtained in addition to the mothers'. Finally, future research should assess relationships between marital discord and childhood problems with measures of childhood problems provided by nonparent sources (e.g., teacher, laboratory and classroom observation, peer reports).

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