

# The Influence of Marital Conflict on Well-Being among Adolescents with and without Autism Spectrum Disorder

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## Introduction

Interparental conflict occurs in all families, it can be a productive way to solve disagreements, but it can also be negative for both the parents and the children involved. Destructive interparental conflict is characterized by threats, hostility, and withdrawal, and is related to higher levels of negative emotions in children, as well as lower overall wellbeing (Cummings et al., 2003). The general consensus is that the child's cognitions regarding their parent's conflict are what increases internalizing problems, not the actual conflict that is occurring (Grych & Cardoza-Fernandez, 2001). Although this effect has been shown in typically developing (TD) children, it has not been examined in children with autism spectrum disorder (ASD). Children with ASD often have other comorbid disorders, with depression being one of the most common (Ghaziuddin et al., 2002). It is important to understand if destructive marital conflict is associated with these higher rates of depressive symptoms in children with ASD.

It is also important to examine whether or not children with ASD can identify certain cues present in marital conflict (Davies & Martin, 2013). The responses to marital conflict described in typically developing individuals rely on processes that are impaired in children with ASD, such as theory of mind. Children with ASD have difficulty understanding and interpreting emotions in others, which may make it difficult for these children to comprehend their parent's disagreements. Thus, it is important to understand what children with ASD are perceiving from their parent's conflict, specifically if it's the level of conflict in the home that is influencing their depression or their cognitions of it.

The purpose of this study is to examine the effects of inter-parental conflict on depressive symptoms in children with ASD versus TD children. Specifically, this study is examining if child perception of parental conflict and the parent's report of parental conflict is predicting the child's depressive symptoms, and if the relationships differ in children with a diagnosis of ASD from their typically developing counterparts.

## Method

Families for this study were part of a larger study where individuals were recruited in an urban city via word of mouth, social media, a previously compiled registry database, and local service providers. Families with high functioning children with ASD ( $n = 21$ ) and families with TD children ( $n = 29$ ) participated in this study. Children with a diagnosis of ASD were diagnosed by a trained professional. Children ranged from 7 years of age to 14 years of age ( $M = 10.36$ ,  $SD = 1.75$ ). Parents ages ranged from 28 to 58 ( $M = 40.54$ ,  $SD = 7.57$ ), and most parental reports were from mothers ( $n = 45$ ). The majority of parents reported being Caucasian ( $n = 34$ ), the rest reporting being Hispanic ( $n = 9$ ), African American ( $n = 5$ ), and other ( $n = 2$ ). Parents reported income, with the average family making 60,000 to 80,000 a year.

All participants completed the Peabody Picture Vocabulary test (PPVT-IV), to ensure that they had the verbal ability to report on their own cognitions and their parent's conflict. The children completed the child depression inventory (CDI), and also reported on the level of interparental conflict in their home using the Security in the Interparental Subsystem scale (SIS). The destructive family representations subscale was used in this study. Parents also reported on levels of conflict within the family using the conflict subscale of the family environment scale (FES).

## Results

First, a moderated regression was performed on depressive symptoms as a function of diagnosis (ASD vs. TD) and destructive family representations. A main effect of diagnosis on depressive symptoms was found with children with ASD reporting higher depressive symptoms than TD children,  $b = -3.27$  ( $SE = .56$ ),  $t = 2.86$ ,  $p \leq .01$ . As scores on the destructive family representations subscale increased, so did the child's report of their depressive symptoms,  $b = .53$  ( $SE = .19$ ),  $t = 2.73$ ,  $p \leq .01$ . There was not a significant difference between slopes of the interaction of diagnosis and scores on the destructive family representation subscale,  $b = -.08$  ( $SE = .41$ ),  $t = .22$ ,  $p = .82$ .

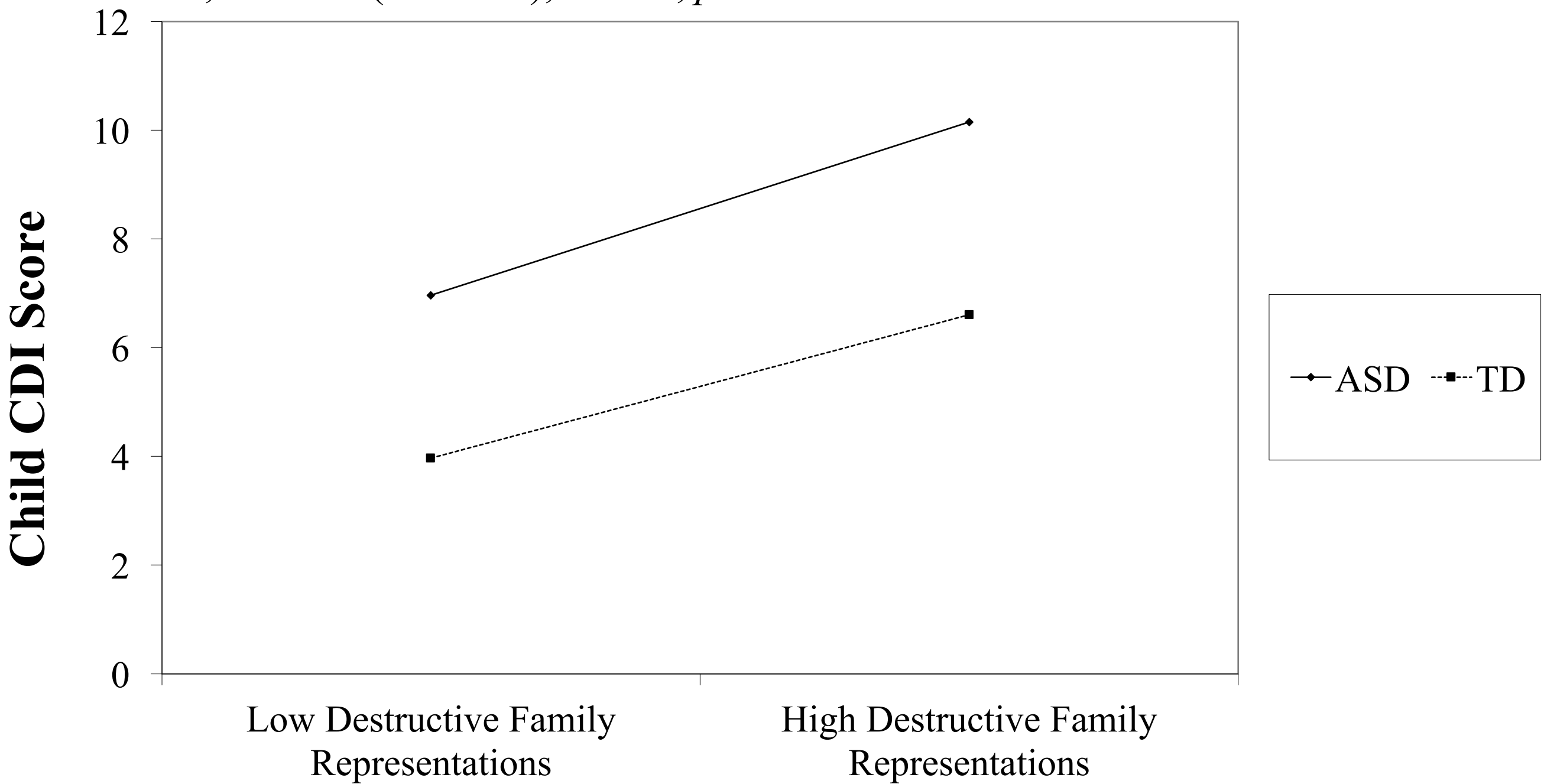


Figure 1. Child Depressive Symptoms in children with ASD and TD children as Child's Destructive Family Representations Increase

Further, a moderated regression was performed on depressive symptoms as a function of diagnosis (ASD vs. TD) and parental report of family conflict. Again, a main effect of diagnosis on depressive symptoms was found with children with ASD reporting higher depressive symptoms than TD children,  $b = -2.90$  ( $SE = 1.21$ ),  $t = -2.39$ ,  $p = .02$ . However, there was not a significant main effect of parent reported family conflict, or a significant interaction between the two,  $ps \geq .17$ .

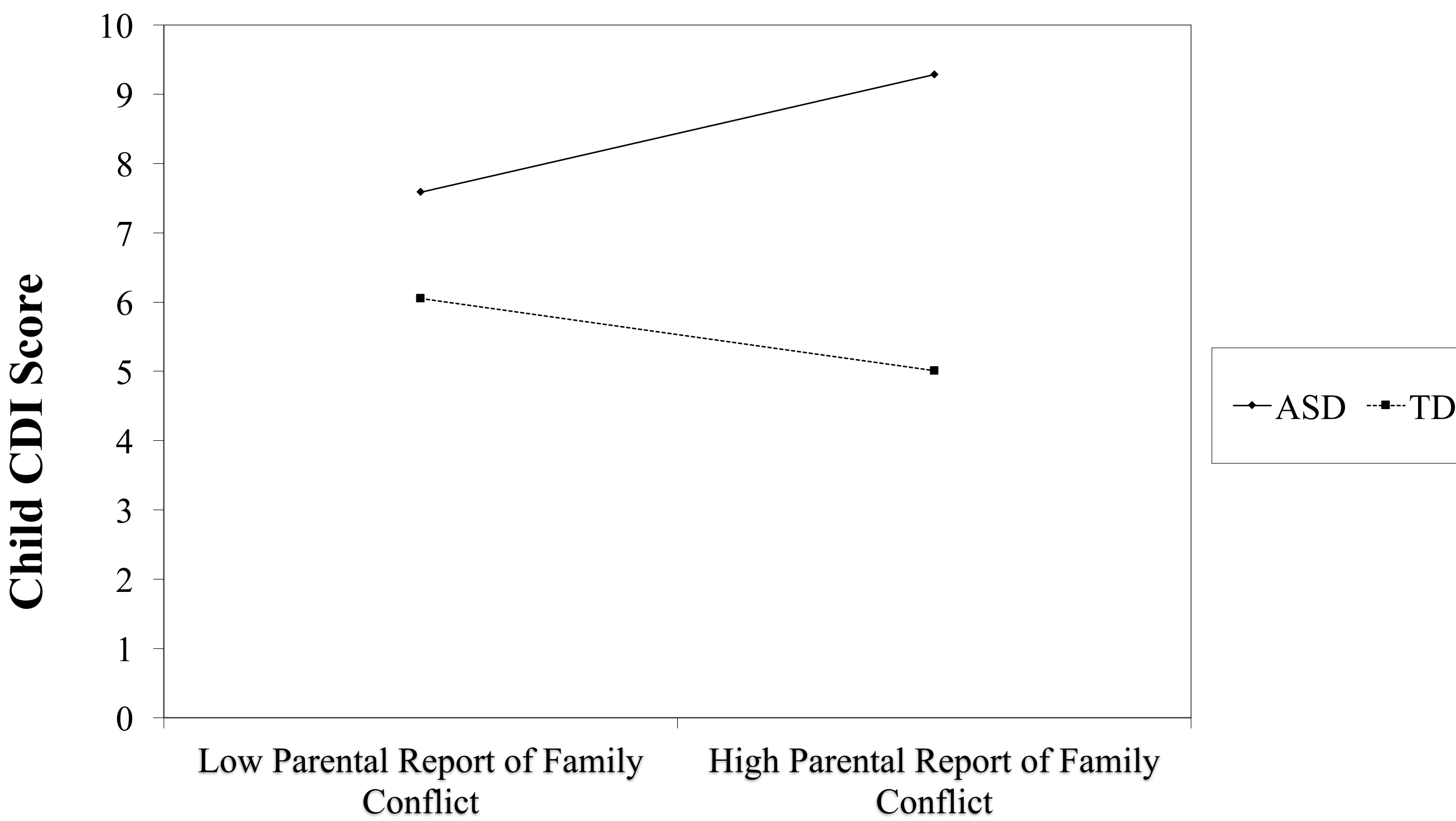


Figure 2. Child Depressive Symptoms in children with ASD and TD children as Parent's Report of Family Conflict Increases

## Discussion

Consistent with previous research (Ghaziuddin et al., 2002), this study shows that children with ASD report higher levels of depressive symptoms than their TD counterparts. Regardless of a diagnosis of ASD or not, an increase in the child's destructive family representations was associated with more depressive symptoms. This shows that children with high functioning ASD are perceiving parental conflict within their families in a similar way as TD children are.

However, the parental report of family conflict is not significantly predicting the child's depressive symptoms in children with or without ASD. This may be because the actual conflict is not what is important to the child, but it is the way in which children are perceiving conflict that is influencing their internalizing symptoms. It is important to note that children with ASD are perceiving destructive conflict in their families, and that it is effecting them in a similar pattern as it is effecting typically developing children. Even though children with ASD have trouble recognizing emotions, in this study they are rating their levels of depression higher as they see more parental conflict.

For children with and without an ASD, cognitive behavioral therapy (CBT) has been shown to reduce depression symptoms (McGillivray & Evert, 2014). It would be beneficial for both TD and ASD children who report high destructive family representations to partake in CBT to help lower depression symptoms. In a more preventative manner, it would also be useful for parents to learn how to effectively communicate with one another, to prevent destructive conflict from occurring. Future research should examine how accurate the perceptions of marital conflict in children are, as well as the levels of parental depression. It is possible that parents who are partaking in more destructive conflict are more depressed, which may be a factor in if their child is reporting depressive symptoms as well.

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