



Adolescent Perception of Interparental Conflict as Predictor of Self-Esteem and Psychological States

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ARTICLE INFO			ABSTRACT
Article History:			<i>The present research aims to study whether Adolescent Perception of Interparental conflict predicts psychological states (Depression, Anxiety & Stress) and Self-esteem in adolescents. The research is a cross-sectional design examining the correlation between the variables. A sample of 197 adolescents were included between the ages of 13 and 18 years old through convenience sampling. The questionnaire included a demographic form, the Children's Perception of Interparental Conflict Scale, the Depression Anxiety Stress Scale, and The Rosenberg Self-esteem Scale. The collected data was analyzed through SPSS 21 and tabulated in the results. The findings suggest that adolescent perception of interparental conflict does predict psychological states i.e., depression, stress, anxiety, and self-esteem. The results further indicate that most variables of CPIC which was used to measure the adolescent perception of interparental conflict were negatively related to emotional states. All variables of CPIC indicated a significant negative relationship with self-esteem except for the variable self-blame. It is concluded in the study that adolescent perception of Interparental conflict harms an individual's self-esteem and interparental conflict does not give rise to depression, anxiety, and stress in adolescents which should be further investigated.</i>
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Introduction

Interparental conflict (IPC) is one the most extensively researched phenomena in terms of its effect on adolescent psychological states i.e., stress, depression, anxiety, and self-esteem. Interparental conflict refers to a physical or verbal dispute between the parents of a child; be it biological parents, stepparents, or adoptive parents (Westrupp, Rose, Nicholson, & Brown, 2015). It was stated that adolescents who experienced higher levels of interparental conflicts reported more

depression and anxiety symptoms (Liu & Chen, 2022). Additionally, Steinberg and Davila (2020) found that increased levels of adolescent's perception of interparental conflict resulted in low self-esteem (Azhar, 2024; Azhar & Imran, 2024; Azhar, et al., 2022).

Family environment is an important aspect of family unity and emotional security in adolescents' perception, which mediates the relationship between interparental conflicts and their psychological states and self-esteem. Huang et al., (2021) indicated in longitudinal research that adolescents who displayed a low sense of self-esteem over time had high perceptions of interparental conflict among their parents. Adolescents who perceived high levels of interpersonal conflicts between their parents exhibited higher levels of stress and anxiety which may continue into their adulthoods as well (Rodríguez et al., 2019).

Interparental conflict and its effects on adolescents' well-being is observed across many different cultures and ethnicities (Azhar, 2024; Azhar & Imran, 2024; Azhar, et al., 2022). Research conducted by Yamamoto and Suzuki (2021) with a Japanese sample suggested that family harmony was very important in the perception of adolescents and interparental conflicts disrupted that harmony which led to higher levels of stress and anxiety. Similarly, Gupta and Singh (2023) indicated that adolescents with a high perception of interparental conflicts displayed increased psychological distress which was mitigated by the support of extended family.

Since Pakistan is a collectivistic culture with distinct social values and involved family structures; interparental conflicts between parents must play a crucial role in the development of the children and adolescents and their well-being (Phulpoto, Oad, & Imran, 2024; Oad, Zaidi, & Phulpoto, 2023). A study reported that low levels of self-esteem were indicated by adolescents with high levels of interparental conflict perception among their parents (Hussain & Gul, 2020). Ahmed et al., (2021) highlighted the negative impact of perceived family conflict on the self-confidence of adolescents in their study; indicating that a high perception of interparental conflict resulted in low self-esteem in adolescents (Shah et al., 2023).

In the traditional family dynamics of Pakistan, the honor of elders and unity are given utmost importance. In such an environment, interparental parental conflicts can induce symptoms of distress, anxiety, and depression among adolescents (Khan & Sultana, 2021); especially if they are repeated and intense (Farooq & Tariq, 2022). However, Malik and Rehman (2019) highlighted that adolescents' resilience and positive coping mechanisms can alleviate symptoms of psychological distress caused by interpersonal parental conflicts. Additionally, similar to the research conducted in India, support from extended family can moderate the negative impact of perceived interpersonal conflicts among parents on adolescents in Pakistan as well (Nadeem & Aslam, 2022). Khan et al., (2021) highlighted the gender difference in the impact of the current phenomena; females were reported to be more intensely affected by the perception of interparental conflicts among parents and exhibited symptoms of stress, anxiety, and low self-esteem (Naseer, Haq, and Farooq (2018).

The current research aims to study the impact of perceived interparental conflict among parents on adolescents' psychological states and self-esteem since there is limited research done on the topic (Azhar, 2024; Azhar & Imran, 2024; Azhar, et al., 2022). The literature that is present to understand the dynamics of the emotional functioning of adolescents that are influenced by parental interpersonal conflict is insufficient (Unger et al., 2000). Also, marital conflicts are increasing day by day in Pakistan due to economic and social pressures which must impact the upbringing of the children resulting in difficulties not only in their well-being but education and peer relationships as well. Consequently, the present research is imperative for awareness purposes and the development of suitable interventions to deal with the rising issue.

Literature Review

Findings suggest that adolescent's well-being and sense of self are influenced by conflicts between parents and how they perceive it (Buehler et al., 1997). Many studies have highlighted that interparental conflict can lead to multi-dimensional effects on family relationships; it can have an adverse reaction on parenting styles and the relationship children develop with their parents which may result in a lasting impact on their psychological well-being (Almeida et al., 1999).

Researchers have reported an elevated vulnerability towards aggressive tendencies and violence in parents while children exhibit anxiety symptoms (Bergman et al., 2014; Berman et al., 2000). Children develop emotional reactivity towards interpersonal conflict between parents causing anxiety. Interparental conflict and depression are stated to be two major influencers of psychopathology in children and adolescents (Cummings et al., 1994). It is reported that both internalizing i.e., signs of anxiety and depression, and externalizing i.e., aggression symptoms are observed in youth struggling with interparental conflicts.

According to the Azhar, Iqbal and Imran (2025) harmony between parents provides a sense of security to the children and encourages them to develop an authoritative bond with the parents. Elemery et al. (2016) indicated that interparental conflict becomes a barrier to the effective parenting and development of youth leading them to experience social dysregulation. Adolescents who reported higher levels of interparental conflict exhibited elevated withdrawn behavior in social settings and signs of depression (Azhar & Imran, 2024; Imran & Akhtar, 2023).

Fosco et al. (2016) stated in their study that interparental conflict has a positive correlation with stress in youth along with elevated signs of vigilance and anxiety since it causes emotional insecurity. Additionally, it was reported that due to interparental conflict a dysregulated autonomic nervous system is activated in adolescence leading to persistent health and psychological indications (El-Sheikh et al., 2017). In the presence of interparental conflict, youth perceive the relationship among parents as unstable leading to increased levels of emotional distress and depression (Fosco et al., 2016). Withdrawn behavior and hostility are observed in some cases from parents which induces feelings of rejection and depression among adolescents (Harold et al., 2017). Since interparental conflict leads to uncertainty in family dynamics; heightened anxiety is observed in youth along with the fear of being caught in the middle (Grych et al., 2018). Merrilees et al. (2020) indicated in their research that adolescents who perceive interparental conflict as threatening are more prone to developing anxiety disorders down the line.

Malik and Rizvi (2018) conducted a study on Pakistani youth and indicated that interparental conflict leads to psychological distress since the culture influences the perception of family unity and parental authority (Shah, et al., 2025; Rehan, et al., 2024; Imran, et al., 2023). Another study conducted in Pakistan indicated that adolescents who experienced interparental conflicts exhibited significantly lower levels of self-esteem which could be because of the internalizing of these conflicts as it is considered disrespectful to discuss family matters openly (Mahmood & Saleem, 2016)

Tariq and Zaman (2019) corroborated these findings by reporting that adolescents exposed to interparental conflicts showed negative self-perception leading to psychological distress i.e., stress, anxiety, and depression. However, the current phenomenon is complex in terms of other mediating and mitigating factors like socio-economic status and extended family support, which should also be explored. The present research is significant in creating awareness of the negative and long-lasting effects of parental conflicts on adolescents for parents and developing relevant family interventions that can improve the quality of life and well-being of our youth.

Research Method

Research Design

The present study was quantitative and employed a cross-sectional research design.

Population of the Study

Adolescents between the age ranges of 13-18 years old were sent online forms.

Sample

The target sample included N=200 participants out of which 3 participants provided incomplete data. The participants were between the ages of 13-18 years old and were recruited through online forms.

Sampling Technique

The data was gathered from the participants through non-probability, convenient sampling.

Inclusion and Exclusion

Since the current study focuses on adolescents, youth from 13 years to 18 years of age were included. Adolescents with pre-diagnosed psychological or psychiatric illnesses were excluded from the study.

Instruments

Demographic Form

The demographic form comprised of questions related to age, gender, socioeconomic status, education, family structure, siblings, and birth order of the participants.

Children's Perception of Interparental Conflict Scale (CPIC)

The scale was developed by Fincham with the contributions of Grych (1992). The scale examines the correlation between interparental conflicts and child adjustment. The scale comprises of 48 items with the response set of True/Sort of True/False. The 9 subscales include dynamics i.e., stability, frequency, intensity, perceived threat, coping efficacy, content, triangulation, self-blame, and resolution.

Depression, Anxiety & Stress Scale (DASS)

The self-report scale evaluates psychological stressors i.e., depression, anxiety, and stress by Lovibond and Lovibond (1995). Each subscale represents an emotional state with 7 items making a total of 21 items in the shorter version. Each item is rated on a four-point Likert scale, ranging from "Did not apply to me at all" to "Applied to me very much, or most of the time." The sum of each subscale will give us the score of depression, anxiety, and stress.

The Rosenberg Self-esteem Scale

The current scale was developed by Dr. Morris Reosenberg (1965) which asks respondents to evaluate their present feelings about themselves and respond to 10 items questionnaire. These 10 items are divided equally between positive and negative worded statements with a 4-point Likert scale from strongly agree to strongly disagree.

Procedure

Convenience sampling was employed and the participants were recruited through online forms. Out of 200, 197 individuals provided their consent to take part in the study and filled out the questionnaires. Informed consent was given to the participants which stated the purpose and nature of the research. The participants were assured that their confidentiality would be maintained. After the participants fill the consent form, they were directed to the demographic form. Once the demographic form was filled by the participants, they were able to fill out the following questionnaire which consisted of the 3 scales mentioned in the measures.

Statistical Analysis

The collected data was transferred to the SPSS 21.0 where statistical operations were applied to obtain the results.

Ethical Considerations

The research aimed to follow all ethical guidelines. Informed consent was provided to the participants before they could take part in this research. There was no deception and participants were given the right to withdraw at any point. No psychological or physical harm was caused as a result of participating in this research. Confidentiality will be maintained and data collected will be used for the research purpose only.

Results

The results were tabulated through SPSS 21. For demographic variables of gender, family structure, and birth order descriptive statistics of frequencies and percentages were calculated. Pearson product-moment coefficient of correlation was done between CPIC subscales with psychological states (depression, anxiety, stress) and self-esteem in adolescents. In order to analyze that CPIC subscales predict psychological states and self-esteem in adolescents, simple linear regression was done.

Descriptive Analysis

Table 1 shows descriptive statistics of frequencies and percentages for the demographic variables of gender, family structure, and birth order.

Table 1: *Personal Characteristics of Participants*

Personal Characteristics	N	Percentage
Gender		
Male	87	44.2
Female	110	55.8
Total	197	100
Family Structure		
Nuclear	116	58.8
Joint	73	37.1
Single Parent	8	4.1
Total	197	100
Birth Order		
First Born	55	27.9
Second Born	70	35.5
Last Born	72	36.5
Total	197	100
1495		

The personal characteristics of participants in table clearly demonstrate that male participants were 44.2% while female participants were 55.8%. Participants residing in joint family were 37.1 %, those from nuclear family were 58.8 % and 4.1% of the participants were from Single parent family. 27.9% of the participants were first born child of their parents, 35.5% of the participants were second born and 36.5% of the participants were last born.

Adolescent perception of Interparental conflict predicts Depression in adolescents.

The subscales of CPIC and depression were included in a linear regression analysis to evaluate the contribution of adolescent perception of interparental conflict in the prediction of depression in adolescents. Results are demonstrated in Table 2.1 and Table 2.2.

Table 2.1: Model Summary of Linear Regression of subscales of CPIC and depression.

Subscales	R	R square	Adjusted R Square	F change	P
Intensity	.223	.050	.045	10.184	.002
Frequency	.348	.121	.117	.117	.000
Stability	.213	.045	.040	9.240	.003
Self-blame	.154	.024	.019	4.764	.030
C.E	.404	.164	.159	38.127	.000
P.T	.455	.207	.203	50.996	.000
Content	.182	.033	.028	6.663	.011
Resolution	.280	.078	.073	16.541	.000
Triangulation	.109	.012	.007	2.337	.128

Note: C.E= Coping Efficacy, P.T= Perceived Threat. Dependent Variable= Depression (p<.05)

The above table highlights that all subscales of CPIC predict variance in depression in adolescents. The percentages of variance of each subscales are: Intensity (5%), Frequency (12%), Stability (4%), Self-blame (2%), Coping Efficacy (16%), Perceived Threat (20%), Content (3), Resolution (7%) and Triangulation (1%).

Table 2.2: Coefficients

Model	Unstandardized coefficient	Standardized coefficient	t	P
	B	Std. Error	Beta	
1 Constant	13.673	1.872		.000
Intensity	-.354	.111	-.223	.002
2 Constant	18.213	2.039		.000
Frequency	-.745	.144	-.348	.000
3 Constant	16.277	2.803		.000
Stability	-.784	.258	-.213	.003
4 Constant	14.652	3.144		.000
Self-blame	-.559	.256	-.154	.030
5 Constant	18.923	1.836		.000
C.E	-.905	.146	-.404	.000
6 Constant	19.682	1.700		.000
P.T	-.837	.117	-.455	.000

7 Constant	13.440	2.206		6.093	.000
Content	-.542	.210	-.182	-2.581	.011
8 Constant	16.681	2.210		7.548	.000
Resolution	-.572	.141	-.280	-4.067	.000
9 Constant	11.292	2.290		4.931	.000
Triangulation	-.373	.244	-.109	-1.529	.128

Note: C.E= Coping Efficacy, P.T= Perceived Threat. Dependent variable= Depression ($p < 0.01^{**}$, $p < .05^{*}$)

- (1) Indicates that 1 unit change in Intensity brings -.354 ratio change in Depression.
- (2) Indicates that 1 unit change in Frequency brings -.745 ratio change in Depression.
- (3) Indicates that 1 unit change in Stability brings -.784 ratio change in Depression.
- (4) Indicates that 1 unit change in Self-blame brings -.559 ratio change in Depression.
- (5) Indicates that 1 unit change in Coping Efficacy brings -.905 ratio change in Depression.
- (6) Indicates that 1 unit change in Perceived Threat brings -.837 ratio change in Depression.
- (7) Indicates that 1 unit change in Content brings -.542 ratio change in Depression.
- (8) Indicates that 1 unit change in Resolution brings -.572 ratio change in Depression.
- (9) Indicates that 1 unit change in Triangulation brings -.373 ratio change in Depression.

Adolescent perception of Interparental conflict predicts Anxiety in adolescents

The CPIC subscales and anxiety were included in a linear regression analysis to evaluate the contribution of adolescent perception of interparental conflict in the prediction of anxiety in adolescents. Results are demonstrated in Table 3.1 and Table 3.2.

Table 3.1: Model Summary of Linear Regression of subscales of CPIC and anxiety

Subscales	R	R square	Adjusted R Square	F change	P
Intensity	.235	.055	.050	11.355	.001
Frequency	.298	.089	.084	18.972	.000
Stability	.156	.024	.019	4.867	.029
Self-blame	.102	.010	.005	2.058	.153
C.E	.350	.122	.118	27.077	.000
P.T	.421	.178	.173	41.887	.000
Content	.196	.038	.033	7.712	.006
Resolution	.235	.055	.050	11.337	.001
Triangulation	.135	.018	.013	3.618	.059

Note: C.E= Coping Efficacy, P.T= Perceived Threat. Dependent variable= Anxiety ($p < .05$)

The above table highlights that all subscales of CPIC predict variance in anxiety in adolescents. The percentages of variance of each subscales are: Intensity (5%), Frequency (8%), Stability (2%), Self-blame (1%), Coping Efficacy (12%), Perceived Threat (17%), Content (3%), Resolution (5%) and Triangulation (1%).

Table 3.2: Coefficients

Model	Unstandardized coefficient	Standardized coefficient	T	P
	B	Std. Error	Beta	
1 Constant	12.258	1.547		.000
Intensity	-.309	.092	-.235	.001
2 Constant	14.525	1.721		.000
Frequency	-.529	.121	-.298	.000
3 Constant	12.304	2.350		.000
Stability	-.477	.216	-.156	.029
4 Constant	10.908	2.624		.000
Self-blame	-.307	.214	-.102	.153
5 Constant	15.123	1.563		.000
C.E	-.650	.125	-.350	.000
6 Constant	16.227	1.435		.000
P.T	-.641	.099	-.421	.000
7 Constant	12.151	1.825		.000
Content	-.482	.174	-.196	.006
8 Constant	13.316	1.856		.000
Resolution	-.398	.118	-.235	.001
9 Constant	10.713	1.892		.000
Triangulation	-.383	.202	-.135	.059

Note: C.E= Coping Efficacy, P.T= Perceived Threat. Dependent variable= Anxiety ($p < 0.01^{**}$, $p < .05^{*}$)

- (1) Indicates that 1 unit change in Intensity brings -.309 ratio change in Anxiety.
- (2) Indicates that 1 unit change in Frequency brings -.529 ratio change in Anxiety.
- (3) Indicates that 1 unit change in Stability brings -.477 ratio change in Anxiety.
- (4) Indicates that 1 unit change in Self-blame brings -.307 ratio change in Anxiety.
- (5) Indicates that 1 unit change in Coping Efficacy brings -.650 ratio change in Anxiety.
- (6) Indicates that 1 unit change in Perceived Threat brings -.641 ratio change in Anxiety.
- (7) Indicates that 1 unit change in Content brings -.482 ratio change in Anxiety.
- (8) Indicates that 1 unit change in Resolution brings -.398 ratio change in Anxiety.
- (9) Indicates that 1 unit change in Triangulation brings -.383 ratio change in Anxiety.

Adolescent perception of Interparental conflict predicts Stress in adolescents.

The CPIC subscales and stress were included in a linear regression analysis to evaluate the contribution of adolescent perception of interparental conflict in the prediction of stress in adolescents. Results are demonstrated in Table 4.1 and Table 4.2.

Table 4.1: Model Summary of Linear Regression of subscales of CPIC and stress.

Subscales	R	R square	Adjusted R Square	F change	P
Intensity	.296	.087	.083	18.475	.000
Frequency	.389	.151	.147	34.449	.000
Stability	.251	.063	.058	13.002	.000
Self-blame	.114	.013	.008	2.554	.112
C.E	.358	.128	.123	28.334	.000
P.T	.458	.210	.206	51.282	.000
Content	.109	.012	.007	2.330	.129
Resolution	.386	.149	.144	33.768	.000
Triangulation	.169	.029	.024	5.672	.018

Note: C.E= Coping Efficacy, P.T= Perceived Threat. Dependent variable= Stress (p<.05)

The above table highlights that all subscales of CPIC predict variance in stress in adolescents. The percentages of variance of each subscales are: Intensity (8%), Frequency (15%), Stability (6%), Self-blame (1%), Coping Efficacy (12%), Perceived Threat (21%), Content (1%), Resolution (14%) and Triangulation (2%).

Table 4.2: Coefficients

Model	Unstandardized coefficient	Standardized coefficient	T	P
	B	Std. Error	Beta	
1 Constant				.000
Intensity	14.034	1.536		.000
	-.391	.091	-.296	
2 Constant	17.216	1.672		.000
Frequency	-.692	.118	-.389	.000
				.000
3 Constant	15.986	2.352		.000
Stability	-.779	.216	-.251	.000
				.000
4 Constant	11.780	2.640		.000
Self-blame	-.344	.215	-.114	.112
5 Constant	15.761	1.570		.000
C.E	-.666	.125	-.358	.000
				.000
6 Constant	17.471	1.415		.000
P.T	-.699	.098	-.458	.000
				.000
7 Constant	10.410	1.876		.000
Content	-.272	.178	-.109	.129
8 Constant	17.950	1.812		.000
Resolution	-.669	.115	-.386	.000
9 Constant	12.036	1.897		.000
Triangulation	-.481	.202	-.169	.018

Note: C.E= Coping Efficacy, P.T= Perceived Threat. Dependent variable= Stress (p<0.01**, p<.05*)

- (1) Indicates that 1 unit change in Intensity brings -.391 ratio change in Stress.
- (2) Indicates that 1 unit change in Frequency brings -.692 ratio change in Stress.
- (3) Indicates that 1 unit change in Stability brings -.779 ratio change in Stress.
- (4) Indicates that 1 unit change in Self-blame brings -.344 ratio change in Stress.
- (5) Indicates that 1 unit change in Coping Efficacy brings -.666 ratio change in Stress.
- (6) Indicates that 1 unit change in Perceived Threat brings -.699 ratio change in Stress.
- (7) Indicates that 1 unit change in Content brings -.272 ratio change in Stress.
- (8) Indicates that 1 unit change in Resolution brings -.669 ratio change in Stress.
- (9) Indicates that 1 unit change in Triangulation brings -.481 ratio change in Stress.

Adolescent perception of Interparental conflict predicts Self-esteem in adolescents.

The CPIC subscales and Self-esteem were included in a linear regression analysis to evaluate the contribution of adolescent perception of interparental conflict in the prediction of Self-esteem in adolescents. Results are demonstrated in Table 5.1 and Table 5.2.

Table 5.1: Model Summary of Linear Regression of subscales of CPIC and Self-esteem.

Subscales	R	R square	Adjusted R Square	F change	P
Intensity	.170	.029	.024	5.786	.017
Frequency	.269	.072	.068	15.206	.000
Stability	.226	.051	.046	10.534	.001
Self-blame	.053	.003	-.002	.558	.456
C.E	.283	.080	.075	16.997	.000
P.T	.312	.097	.092	20.957	.000
Content	.166	.028	.023	5.521	.020
Resolution	.245	.060	.055	12.439	.001
Triangulation	.176	.031	.026	6.268	.013

Note: C.E= Coping Efficacy, P.T= Perceived Threat. Dependent variable= Self-esteem (p<.05)

The above table highlights that all subscales of CPIC predict variance in self-esteem in adolescents. The percentages of variance of each subscales are: Intensity (2%), Frequency (7%), Stability (5%), Self-blame (0.3%), Coping Efficacy (8%), Perceived Threat (9%), Content (2%), Resolution (6%) and Triangulation (3%).

Table 5.2: Coefficients

Model	Unstandardized coefficient		Standardized coefficient	T	P
	B	Std. Error	Beta		
1 Constant	27.613	1.191		23.188	.000
Intensity	-.170	.071	-.170	-2.405	.017
2 Constant	29.860	1.318		22.654	.000
Frequency	-.362	.093	-.269	-3.900	.000
3 Constant	30.465	1.759		17.323	.000
Stability	-.525	.162	-.226	-3.246	.001
4 Constant	26.303	2.000		13.152	.000
Self-blame	-.122	.163	-.053	-.747	.456
5 Constant	29.700	1.212		24.515	.000
C.E	-.399	.097	-.283	-4.123	.000

6 Constant	29.916	1.142		26.192	.000
P.T	-.361	.079	-.312	-4.578	.000
7 Constant	28.032	1.392		20.136	.000
Content	-.311	.132	-.166	-2.350	.020
8 Constant	29.688	1.404		21.139	.000
Resolution	-.315	.089	-.245	-3.527	.001
9 Constant	28.332	1.427		19.853	.000
Triangulation	-.381	.152	-.176	-2.504	.013

Note: C.E= Coping Efficacy, P.T= Perceived Threat. Dependent variable= Self-esteem ($p<0.01^{**}$, $p<.05^{*}$)

- (1) Indicates that 1 unit change in Intensity brings -.170 ratio change in Self-esteem.
- (2) Indicates that 1 unit change in Frequency brings -.362 ratio change in Self-esteem.
- (3) Indicates that 1 unit change in Stability brings -.525 ratio change in Self-esteem.
- (4) Indicates that 1 unit change in Self-blame brings -.122 ratio change in Self-esteem.
- (5) Indicates that 1 unit change in Coping Efficacy brings -.399 ratio change in Self-esteem.
- (6) Indicates that 1 unit change in Perceived Threat brings -.361 ratio change in Self-esteem.
- (7) Indicates that 1 unit change in Content brings -.311 ratio change in Self-esteem.
- (8) Indicates that 1 unit change in Resolution brings -.315 ratio change in Self-esteem.
- (9) Indicates that 1 unit change in Triangulation brings -.381 ratio change in Self-esteem.

Discussion

The results of the present research indicate that adolescent perception of interparental conflict does predict emotional stressors i.e., depression, stress, and anxiety. A significant negative relationship was found among intensity, frequency, stability, and coping efficacy with all 3 psychological states. A significant negative correlation has been observed between self-blame and anxiety and triangulation and stress. Perceived threat, content, and resolution indicated no significant relationship with any of the stressors. Since most of the CPIC subscales indicated a significant negative correlation with depression, anxiety, and stress; it can be concluded that an increase in any of the factors will result in a decrease in emotional states in adolescents.

The current findings are inconsistent with the previous literature which suggests that an increase in interparental conflict will lead to heightened depression, stress, and anxiety. Bergman et al. (2014) reported that anxiety was associated with both interparental conflict and violence and persistent exposure led to parental aggression which impacted negatively on the youth. Adolescents who reported higher levels of secret interparental conflict exhibited elevated signs of depression and antisocial behavior. Children indicated higher levels of experiencing feelings of self-blame and emotional dysregulation in the presence of conflicts and stress between parents (Bradford & Barber, 2005). Additionally, Weissman et al. (1997) reported interparental conflict as one of the major contributors to psychopathology in youth extending to their adulthood.

It makes complete sense along with the findings of previous research that interparental conflict would have adverse effects on the wellbeing and development of adolescents leading to many psychological distresses and internalized feelings. Thus, the results of the present research are questionable which could be due to a small sample size. Moreover, Pakistan is a collectivistic culture with an immense focus on the upbringing of the children due to which parents try to develop a positive parent-child relationship which could be one of the mitigating factors of alleviating feelings of depression, anxiety, and stress in the presence of interparental conflict. Additionally, the role of the extended family as indicated by Yamamoto and Suzuki (2020) is also practiced in Pakistan which can help adolescents deal with emotional stressors caused by interparental conflict.

Since minors spend most of their early life socializing with their parents, it is natural that the behaviour of the parents and their relationship can play an important role in developing their self-esteem. Specially, in Pakistani culture where parents are the authority figures who are to be respected and agreed to in most situations. The present study's results support the assumption that adolescent perception of interparental conflict does predict self-esteem in adolescents. A negative correlation has been observed between interparental conflict and the self-esteem of the youth i.e., if the perception of interparental conflict increases, the self esteem of the adolescent will decrease.

The results are consistent with the previous research available. Peo (1997) indicated in her research that interparental conflict and self-esteem had an inverse relationship i.e., if one increases the other decreases and vice versa. It was reported that self the negative correlation between self-esteem and interparental conflict can be observed in various age groups and had long-term effects on the children's well-being. Siddiqui and Shah (2020) stated in their study that there was a significant negative relationship between the adolescent perception of interparental conflict and self-perception; youth who perceived heightened interparental conflict indicated low self-esteem and elevated emotional distress. Another research presses on the role of perceived threat and emotional security in the presence of interparental conflict and children who perceived higher levels of threat exhibited lower levels of self-esteem (Van Eldik et al., 2020).

Conclusion

The current study aimed to take a step towards bridging a gap in the literature related to adolescent's perception of interparental conflict and its effect on their emotional state i.e., depression, anxiety, stress, and self-esteem in the context of Pakistan. The results supported the assumption that adolescents' perception of interparental conflict does predict psychological distress and self-evaluation however it has a negative correlation with both. The results that adolescent perception of interparental conflict is negatively correlated with psychological states is inconsistent with the previous research which could be due to a small sample size. The findings that adolescent perception has a significant negative correlation with self-esteem are aligned with previous literature which indicates that the results can be applied in the Pakistani culture as well.

Limitations and Recommendations

The sample size of the study was very limited due to which the findings are not consistent with the previous research and cannot be generalized to a wider population. The questionnaire was very lengthy which may have affected the results of the present study. There was a total of 79 items and a demographic form which became very tiring for the participants. The present research should be replicated with a larger sample size so that reliable findings can be obtained and can be generalized to a wider population. Cultural influences, mediating, and mitigating factors should be considered, which were elaborated on in the discussion. A shorter yet effective questionnaire should be designed so that individuals are willing to participate, they do not get tired, and provide genuine information.

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