Parents-Child Communication Conflicts: 
Predictors of Socio-Emotional Disabilities and 
Interactive Problems in Children

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Abstract
Parent-child communication conflicts are in general cause of concern 
globally because it contributes in development of interactive problems 
in children. Present research examined the predictive relationship 
between parent-child communication conflicts and interactive problems 
in children with depression. The research also explored gender 
differences regarding parent-child conflicts and interactive problems. 
The sample comprised of 140 children (70 boys &70 girls), diagnosed 
with depressive symptoms (by hospital psychiatrist) was recruited from 
psychiatry out doors of public hospitals of Lahore. The mean age of the 
sample was (M=9.13, SD=1.42 for girls; M = 9.89, SD=1.20 boys). 
Parent-child communication conflicts and interactive problems were 
assessed through Parent–Child Conflict Scale (PACS; Baren & Olson, 
1985), Centre of Epidemiological Studies Depression Scale (CES-D; 
Radloff, 1977), and Child Adjustment Scale (CAS; Santrock & 
Warshak, 1979). The result revealed significant predictive relationship 
between parent-child conflicts and interactive problems in children. 
Parent-child communication conflicts emerged as significant predictors 
of interactive problems (socio-emotional disabilities, aggression and 
depressive symptoms) in children. The results can provide practical 
implications for health physicians and parents to get insight of these 
issues in children with depression.

Keywords: Parent-child communication conflicts, interactive problems, depression

I. Introduction
Families are important being children’s foremost socialization mediators as they 
learn most intimate interpersonal relationships from communication with family. The 
individuals’ general well-being, life satisfaction and happiness depend upon the quality of 
their interpersonal relationships (Noller, 1995). In family interpersonal relationships, 
parent-child communication styles are extremely important to determine stability and
quality of intimate relationships with close family members and with individuals outside family.

Researches have established the notion that when parents and children successfully handle their interpersonal issues, they are reported to be more satisfied, express more love, respect and commitment towards others and resolve family conflicts skillfully (Gottman, 1994). Families that manage their conflicts well are more satisfied and their children perform better in school and in peer relationships (Sillars, Canary & Tafoya, 2004). Thus, parent-child communication conflicts affect children’s subsequent interpersonal relationships and are important determinant of relationship quality and quality of life of both parents and children (Anderson, Umberson, & Elliott, 2004).

Parent-child communication is defined as all interactive behaviors among family members that helps to establish family roles, maintain family rules, accomplish family functions, and sustain behavioral patterns in families (Vangelisti, 2013). Parent-child communication also includes all verbal and non-verbal behaviors by which family members which affect one another and enact their interpersonal relationships with each other. In fact, interpersonal relationships are so complex that virtually any type of behavior can be interpersonally meaningful as parent-child communication conflicts are concern to create both psychological and interactive problems of children (Koerner & Fitzpatrick, 2011). As defined by Vangelisti (2013) communication conflicts is incompetent behavior in the achievement of perceived goals. So, communication conflict is the perception by at least one person that another person is blocking the first person from achieving a personal, relational, or instrumental goal and that is, the other person/persons in the relationship do not even have to be aware that the original person perceives an incompatibility of goals or goal blockage. Cahn (1992) explained interpersonal conflict in three ways i.e., disagreements, problem-focusing behavior and inappropriate relationships. While Koerner and Fitzpatrick (2011) define conflict as “a situation in which interdependent people express (manifest or latent) differences in satisfying their individual needs and interests, and they experience interference from each other in accomplishing these goals”.

Human developmental stages are well explained in some of psychological models e.g., psychodynamic model explains physical and psychological changes in different psychosexual stages from early childhood period towards late childhood and then in adolescence period and described the implications and impact on whole life. Freud (1949) and Freud (1958) described that in the process of psychosexual stages, developmental and hormonal changes increase the annoying oedipal complex which emphasizes to be at distant and boost rebelliousness to away from family. These ideas are also endorsed by many of the neo-Freudians (Blos, 1979; Erikson, 1968) who associate changes the determination toward individuation from parents, through a progression that accentuates the child in autonomy striving and ego identity development rather than impulse control. Family communication is expected to deteriorate as heightened parent–child conflicts. These autonomy striving and individuation processes continue by late adolescence, conflict resolves and efforts may be undertaken to reestablish relationship closeness. The end result is permanent changes in the parent–child relationship that permit the adolescent to participate in family communication as an adult. The psychosexual stage theory was endorsed by evolutionary model by Hill (1988) and
Stainberg (1989) who emphasize that the origins of this process lie with evolutionary pressures on the child to move away from the family and parental control. As child grows, cognitive advances raise individuation and autonomy striving which elevate conflicting communications with parents. Increased conflict and diminished closeness are presumed to be an integral part of the move toward child’s independence.

Parent-child communication conflicts usually involves parents’ endeavors to regulate and control their children’s behavior and in response, children’s struggle in the form of resisting or complying with the demands of their parents (Laursen, 1993). Parent-child communication conflicts may threaten child’s sense of security and safety in home and outside the world (Gordis, Margolin, & John, 2001). For example, Cummings, Goeke-Morey and Papp (2004) have found that children respond to adult anger with various negative emotions, such as distress, fear, sadness, and anger, which are often manifested in nonverbal signals, such as changes in body movement and facial distortion. Cummings at. el. also reported parent-child communication conflicts as one of the predictors of developmental problems in children. Such problems include internalizing emotions, acting out, behaving in socially incompetent ways including socio-emotional disabilities and performing poorly in school. In another research, Jenkins (2000) found that children, who are involved in conflicting arguments with parents, have higher levels of aggression and anger in comparison with their counterparts.

Parent-child communication conflicts are such a leading predictors of children maladjustment, immediate emotional reactions, aggression and depressive symptoms that supersede the effects of divorce (David, 2009). The mediating role of parent-child conflicting relationships between relationship insecurity, children’s interactive problems, aggression and depressive symptoms is well established (McCoy, Cummings, & Davies & 2009).

Conflicts between parents and children disrupt family relationships, develop insecurity feelings in children and threaten children’s psychological well-being (McCoy et al., 2009). Previous literature has identified links between insecurity feelings and psychological distress, anger, aggression and depressive symptoms in children (Davies, Martin & Cicchetti (2012). Depression, therefore, may indirectly is produced by parent-child negative interaction. In a cross-sectional study, it was found that arguments with parents effect child’s adjustment, increase depression, social and academic difficulties and internalizing symptoms and externalizing problems (Cummings & Davies, 2002).

In Pakistan, families are integral part of socialization training of children. Pakistani culture is embedded with many religious customs and social taxes. Families and especially parents are very important as they help and give support to the child not only in sustenance and nourishment but also parents keep on bearing full educational expenditures until the child enters into a profession and sometimes longer than this. In the one hand, religion and cultural knots put all responsibility on to parents to raise their children and on the other hand, children are required to be obedient and kind to parents in any case. So, it is expected that in conflicting arguments between parents and a child, the child has to surrender before parents irrespective of what feelings of the child are. These unresolved feelings are enough for development of neurotic behavior accompanying with
aggression and depressive symptoms. It is possible that some magnitudes of parent-child communication conflicts may be more related to the development of interactive problems including aggression or depression. The goal of the present study was to examine how parent-child conflicts can mediate between socio-emotional maladjustment and interactive problems (anger, depressive symptoms) in children with depression. The conceptual model proposed in Figure 1 was based on the notion derived from previous researches that parent-child conflicts can have deleterious effects on children’s psychological, mental and physical health.

The hypotheses of the study are;

- Parent-child communication conflicts, interactive problems (socio-emotional disabilities & aggression) and symptoms of depression are likely to be positively related in children with depression
- Parents-child communication conflicts are likely to be the predictors of interactive problems (socio-emotional disabilities & aggression) in children with depressive symptoms.
- Interacting problems (socio-emotional disabilities & aggression) are likely to mediate between parent-child communication conflicts and depressive symptoms in children with depressive symptoms.

II. Method

The present research used a correlational research design as the study focused on to explore predictive relationship between parent-child communication conflicts and interactive problems in children with depression.

A. Participants

The participants comprised of 140 children with depressive symptoms (70 boys & 70 girls) from four different hospitals of Lahore. The mean age of the sample was (M=9.13, SD=1.42 for girls; M = 9.89, SD=1.20 boys). Firstly, all the children were diagnosed with depressive disorder by hospital’s psychiatrist. Inclusion criteria for the recruitment of the sample were (a) the children who were already diagnosed with depressive symptoms by hospital psychiatrists and (b) the children must be under treatment of the psychiatrist or psychologists of the same hospital. Exclusion criteria included (a) the children do not have any physical disability, (b) they have not any other diagnosed co morbid psychiatric disorder and (c) they belong to intact families to exclude the possible confounding of other variables.

Table 1: Description of Demographic Characteristics of the Sample (N=140)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Girls (n=70)</th>
<th>Boys (n=70)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education of Participant</td>
<td>f (%)</td>
<td>f (%)</td>
</tr>
<tr>
<td>3rd grade</td>
<td>45 (64)</td>
<td>35 (50)</td>
</tr>
<tr>
<td>4th grade</td>
<td>15 (22)</td>
<td>13 (18)</td>
</tr>
<tr>
<td>Discontinuation of education</td>
<td>10(14)</td>
<td>22 (32)</td>
</tr>
<tr>
<td>Total</td>
<td>70 (100)</td>
<td>70 (100)</td>
</tr>
<tr>
<td>Educational status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continued</td>
<td>53 (75)</td>
<td>56 (80)</td>
</tr>
<tr>
<td>Discontinued</td>
<td>17 (25)</td>
<td>14(20)</td>
</tr>
</tbody>
</table>
Family System

<table>
<thead>
<tr>
<th></th>
<th>Joint Family System</th>
<th>Nuclear Family System</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55 (78)</td>
<td>15 (22)</td>
</tr>
<tr>
<td>Total</td>
<td>70 (100)</td>
<td>80 (100)</td>
</tr>
</tbody>
</table>

M (SD)     M (SD)

<table>
<thead>
<tr>
<th></th>
<th>Fathers’ Age</th>
<th>Mothers’ Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>49.65 (6.02)</td>
<td>48.23 (6.09)</td>
</tr>
<tr>
<td></td>
<td>44.6 (3.37)</td>
<td>45.62 (4.76)</td>
</tr>
</tbody>
</table>

Monthly income (Rupees) 30,000 (16.65) 29,800 (13.65)

B. Assessment Measures

Parent–Children Communication (conflict) Scale (PACS)

PACS is developed by Barnes and Olson (1985). It is a 20 items scale that assesses communication conflicts between parents and children. Children have to complete the measure to keep in mind the relationship with mother or father. PACS is five point Likert scale and the response options range from “strongly disagree” (0) to “strongly agree” (4). The Cronbach’s alpha reliabilities of PACS were sufficient i.e., .81 for conflict with mother scale and .88 for conflict with father scale for the current research.

Centre for Epidemiological Studies for Depression Scale (CES-D; Radloffs, 1976)

CES-D assesses the severity of depressive symptoms. CES-D consists of 20 statements with four options i.e., rarely or none of the time (less than 1 day), some or a little of the time (for 1-2 days), occasionally or a moderate amount of time (for 3-4 days) and all of the time (for 5-7 days). Item No. 4, 8, 12 and 16 are reverse items. The statements describe the way one have felt or behaved during the past week. A cut-off score of 16 or greater is considered having depression. Urdu version (Naz & Kausar, 2012; α= .90) was used in this research. Internal consistency reliability of the scale for the present research was sufficient .77.

Buss-Perry Aggression Questionnaire (BPAQ)

The BPAQ (Buss & Perry, 1992) is a 29 items questionnaire used to measure four domains i.e., physical aggression, verbal aggression, anger and hostility. BPAQ is a Likert type questionnaire and the response options range from "extremely uncharacteristic of me" to "extremely characteristic of me." The scale was translated and adapted in Urdu language following Mapi research institute guidelines (2009). Cronbach’s alpha reliabilities of the scales were .88 for physical aggression, .87 for verbal aggression, .77 for anger and .73 for hostility and .88 for the total scale.

Child Adjustment Scale

The Child Adjustment Scale (Santrock &Warshak, 1979) consists in 33 items which is used to measure socio-emotional adjustment of children. The measure includes four sub scales: Peer Relations (12 items) Work Habits (9 items), Socio-Emotional Disabilities (6 items), and Compliance (3 items). In this research, only one sub-scale i.e., socio-emotional disabilities was used. The response options were not at all (1), less frequently (2), usually (3) and almost always (5). The test was translated into Urdu by following Mapi (Mapi Research Center, 2009) guidelines. Alpha reliability was .78 for this scale for the present research.
C. Procedure

The study was conducted after completing the permission processes from authors to use tools and from medical superintendents of hospitals from where the data were to be collected. After taking informed consent from the parents/guardians of the participants, data were collected. The parents/guardians were told about the objectives of the study both verbally and in written form. The participants were told that participation in the study was totally voluntary and if they feel uncomfortable, they can quit from participation. Initially, 186 children agreed to participate in the study. But 26 children left their forms incomplete due to their health problems.

III. Results

To see the relationship between parent-child communication conflicts, interactive problems and symptoms of depression in children with depression, Pearson correlation analysis was used. The results are presented in table 2.

Table 2: Inter-correlation of Parents-Child Communication Conflicts, Interactive Problems (Socio-Emotional Disabilities & Aggression) and Depressive Symptoms in Children (N=140).

<table>
<thead>
<tr>
<th>Variables</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conflicts with mother</td>
<td>.68</td>
<td>.33</td>
<td>.34</td>
<td>.54</td>
<td>.45</td>
<td>.66</td>
<td>.57</td>
</tr>
<tr>
<td>2. Conflict with father</td>
<td>-</td>
<td>.29</td>
<td>.26</td>
<td>.34</td>
<td>.22</td>
<td>.57</td>
<td>.43</td>
</tr>
<tr>
<td>3. Socio-emotional disabilities</td>
<td>-</td>
<td>.33</td>
<td>.34</td>
<td>.27</td>
<td>.35</td>
<td>.27</td>
<td></td>
</tr>
<tr>
<td>4. Aggression (physical)</td>
<td>-</td>
<td>.27</td>
<td>.25</td>
<td>.45</td>
<td>.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Aggression (verbal)</td>
<td>-</td>
<td>.55</td>
<td>.44</td>
<td>.54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Anger</td>
<td>-</td>
<td>.43**</td>
<td>.47***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Hostility</td>
<td>-</td>
<td>.37</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Depressive symptoms</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**p<.01. ***p<.001.

Results revealed significant positive relationship between parent-child communication conflicts and interactive problems (socio-emotional disabilities, aggression (physical, verbal, anger & hostility) and depressive symptoms.

To see parent-child communication conflicts and demographic characteristics i.e., gender (0=boys; 1=girls), education status (0=continued; 1=discontinued), family system (0=joint family system; 1=nuclear family system) and monthly income as predictors of socio-emotional disabilities in children with depressive symptoms, hierarchical regression analysis was employed. The results are presented in table 3.

Results revealed that regression analysis worked out in three steps i.e., in step 1, conflicts with father emerged as significant predictor of socio-emotional disabilities accounting for twelve percent of the variance. In the second step, two significant predictors i.e., conflicts with father and conflicts with mother emerged as significant
predictors. These variables accounted for eleven percent of the variance. In the third step, conflict with father, and discontinuation of education emerged as significant predictors of socio-emotional disabilities accounting for seven percent of the variance.

Table 3: Hierarchal Regression Analyses of Predictors of Socio-Emotional Disabilities (N=140)

<table>
<thead>
<tr>
<th>Predictors</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Conflicts with father</td>
<td>.12</td>
<td>.12</td>
<td>.35</td>
</tr>
<tr>
<td>Step 2: Conflicts with father</td>
<td>.11</td>
<td>.11</td>
<td>.26</td>
</tr>
<tr>
<td>Conflicts with mother</td>
<td></td>
<td></td>
<td>.22</td>
</tr>
<tr>
<td>Step 3: Conflict with father</td>
<td>.07</td>
<td>.06</td>
<td>.18</td>
</tr>
<tr>
<td>Discontinued education</td>
<td></td>
<td></td>
<td>.19</td>
</tr>
</tbody>
</table>

*p<.05. **p<.01.

To see parent-child communication conflicts, socio-emotional disabilities and discontinuation of education as predictors of aggression in children, hierarchical regression analyses were employed. The results are presented in table 4.

Table 4: Hierarchal Regression Analysis of Predictors of Aggression (N=140)

<table>
<thead>
<tr>
<th>Predictors</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Conflicts with father</td>
<td>.10</td>
<td>.10</td>
<td>.32**</td>
</tr>
<tr>
<td>Step 2: Conflicts with father</td>
<td>.19</td>
<td>.19</td>
<td>.26*</td>
</tr>
<tr>
<td>Socio-Emotional Disabilities</td>
<td></td>
<td></td>
<td>.30**</td>
</tr>
</tbody>
</table>

*p<.05. **p<.01.

Results revealed that hierarchical regression analysis worked out in two steps i.e., in the first step, communication conflicts with father emerged as significant predictor of aggression accounting for ten percent of the variance. In the second step, conflicts with father and socio-emotional disabilities emerged as significant predictors of aggression in children with depression accounting for nineteen percent of the variance.

To see the mediating relationship of interactive problems (socio-emotional disabilities & aggression) between parent-child communication conflicts and depressive symptoms, hierarchical regression analysis was employed. Some of the variables were also controlled e.g., gender, family systems, education status and family monthly income. The results are presented in table 5.

Table 5: Hierarchal Regression Analysis of Predictors of Depressive Symptoms (N=140)

<table>
<thead>
<tr>
<th>Predictors</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Discontinuation of education</td>
<td>.18</td>
<td>.15</td>
<td>.22</td>
</tr>
<tr>
<td>Step 2: Discontinuation of education Hostility/Aggression</td>
<td>.16</td>
<td>.13</td>
<td>.35</td>
</tr>
<tr>
<td>Step 3: Conflicts with father</td>
<td>.11</td>
<td>.09</td>
<td>.35</td>
</tr>
<tr>
<td>Conflicts with mother</td>
<td></td>
<td></td>
<td>.28*</td>
</tr>
<tr>
<td>Socio-emotional disabilities</td>
<td></td>
<td></td>
<td>.22</td>
</tr>
</tbody>
</table>

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

Results revealed that hierarchical regression analysis worked out in three steps. Firstly, controlled variables i.e., gender, discontinuation of education, family system and family system were entered. In the first step, discontinuation of education emerged as significant predictor of depression in children accounted for eighteen percent of the
variance. The second step worked out with two significant predictors i.e., discontinuation of education and hostility accounting for the variance of sixteen percent. In the third step, conflicts with father, conflicts with mother and socio-emotional disabilities appeared as significant predictors. These variables accounted eleven percent of the variance.

IV. Discussion

The present research explored relationship between parent-child communication conflicts, interactive problems (socio-emotional disabilities, aggression; physical, verbal, anger & hostility) and depressive symptoms in children with depression. The present study contained a sizable number of clinically diagnosed children with depressive symptoms. On the whole, the study substantiated and verified the findings of earlier researches in that the current research have found significant positive relationship between parent-child communication conflicts, interactive problems (socio-emotional disabilities, aggression (physical, verbal, anger & hostility) and depressive symptoms. Other than this, the study also explored parent-child communication conflicts and demographic characteristics as predictors of socio-emotional disabilities. Results revealed that conflicts with father, conflicts with mother and discontinuation of education emerged as significant predictors of socio-emotional disabilities in children.

These results confirmed the findings of research by Du Rocher, Schulich, White, Fleischhauer and Fitzgerald (2011) who found the effects of parent-child negative communication on adolescents’ socio-emotional as well as psychological adjustment and well-being. The researchers found significant relationship between physical and emotional negligence and problems including poor peer relations, poor self-esteem, aggressive and depressive behavior and poor academic functioning. The researchers argued that adolescents who perceived parental rejection and neglect had more severe problems compared to the normal controls. Positive relationships with parents provide a social support to enhance social and emotional adjustment and enables children to cope with stressful life events. On the contrary, children who reported communication conflicts with parents had psychologically maladjusted personality and severe aggressive behavior Du Rocher et al. Findings from the present research are also in line with research findings by Barthassat (2014) who found that perceived rejection from parents had been found to be the greatest risk factors for developing personality maladjustment and psychopathological behavior in children.

These findings are in agreement with the interpersonal acceptance-rejection theory by Rohner, Khalique & Cournoyer (2007) who emphasized that perceived parental rejection is a foremost variable which can cause personality maladjustment. Similarly, Lackner, Gudleski and Blanchard (2004) found in his research that ineffective unsupportive and cold parenting can cause inability for environmental stressors as well as social and emotional maladjustment. Next, the research explored predictors of aggression. Results revealed communication conflicts with father and socio-emotional disabilities emerged as predictors of aggression in children. Finally, to explore the mediating relationship of interactive problems (socio-emotional disabilities and aggression) with parent-child communication conflicts and depressive symptoms, hierarchical regression analysis was performed. Results revealed that in controlled variables i.e., gender, discontinuation of education, family system and family system, only discontinuation of education emerged as significant predictor of depression in
children. Followed by hostility, conflicts with father and conflicts with mother, socio-emotional disabilities appeared as significant predictors. This revealed the mediating role of interactive problems i.e., hostility and socio-emotional disabilities between parent-child communication conflicts and depressive symptoms. Conflicts with parents, discontinuation of education and hostility feelings are interlinked and the mediating role of parent-child conflicting relationships between relationship insecurity, children’s interactive problems, aggression and depressive symptoms is well established (Cowen, 1999). Conflicting relationships with parents and discontinuation of education may produce hostility feelings in children. May be they make comparisons of themselves with their siblings or cousins who have continued education and who were enjoying with academic and peer group life. Hostility feelings are stemmed from aggression which if are prolonged turn into the feelings of helplessness and ultimately produce anxiety and depressive symptoms.

These results can be supported by the arguments by Barthassat (2014) who noted significant higher parental rejection and hostility feelings in children with depression. It is also one of the possibilities that children learn aggression and hostility feelings from their parents. Parents-adolescents’ communication conflicts reviewed two ways that parents can serve as models of aggressive and hostile behaviors. Firstly, a child may learn these behaviors by watching parents interacting with either with one another or with other people. Second, parents model aggression through their direct interactions with their child (Sillars et al., 2004). These findings are consistent with the study of Jenkins (2000) that parent-adolescents’ communication conflict predict the adolescents’ psychopathologies in Chinese adolescents. Results revealed that parents- adolescent communication conflicts correlated with adolescent aggression and depressive symptoms Jenkins (2000). Similarly Vangelisti, 2013) emphasized that parent-child interpersonal problems cause problem in children’s socio-emotional adjustment. Du Rocher, et al., 2011) present that acceptance, affection, responsiveness, involvement and warmth by parents can help to develop healthy identity in children.

Previous literature has identified links between insecurity feelings and psychological distress, anger, aggression and depressive symptoms in children. Depression, therefore, may indirectly is produced by parent-child negative interaction. In a cross-sectional study, it is found that arguments with parents effect child’s adjustment, increase depression, social and academic difficulties and internalizing symptoms and externalizing problems (Davies, Martin & Cicchetti (2012).

The findings from present study should be of enormous importance to understand the significance of communication patterns within families concluding that parent-child communication conflict is an important determinant of relationship quality and quality of life of both parents and children (Anderson, et al., 2004). Families are important being children’s foremost socialization mediators as they learn most intimate interpersonal relationships from communication with family. The individuals’ general well-being, life satisfaction and happiness depend upon the quality of their interpersonal relationships with close family members (Noller, 1995). In family interpersonal relationships, parent-child communication styles are extremely important to determine stability and quality of intimate relationships not only with close family members but also with individuals outside family.
Researchers have established the notion that when parents and children successfully handle their interpersonal issues, both are reported to be more satisfied, express more love, respect and commitment towards others and resolve family conflicts skillfully (Gottman, 1994). Families that manage their conflicts well have more satisfied parents and children, and children perform better in school and in peer relationships (Sillars et al., 2004).

In Pakistan, families are an integral part of socialization training of children. Pakistani culture is embedded with many religious customs and social taxes. Families and especially parents are very important as they help and give support to the child not only in sustenance and nourishment but also parents keep on bearing full educational and other expenditures until the child enters into a profession and sometimes longer than this. In the one hand, religion and cultural knots put all responsibility on to parents to raise their children and on the other hand, children are required to be obedient and kind to parents in any case. So, it is expected that in conflicting arguments between parents and a child, the child has to surrender before parents irrespective of what feelings of the child are. These unresolved feelings in combination with conflicts are enough for development of neurotic behavior accompanying with aggression and depressive symptoms. It is possible that some magnitudes of parents-child communication conflicts may be more related to the development of interactive problems including aggression or depression.

All the same, the limitations of the study require to be addressed in future studies. The responses on some of the variables i.e., information about parents may have inclined the findings. Children who had severe emotional disturbances were unable to complete many of the questionnaires. An added potential factor which unavoidably influenced the responses was the presence of parents with children while completing the questionnaires. Finally, it would have been useful to know about the views of parents about their conflicting communication with their children. An elaborative retrospective assessment of family histories in face to face interview could have conducted to gain in depth knowledge of each variable in the study.

References


