

Understanding the Child's Mind in Marital Conflict: A Comparative Psychological Study

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ABSTRACT

Marital conflict is a widespread problem that not only impacts the dynamics of spousal relationships but also has serious psychological effects on children. This comparative psychological study investigates how different levels of marital disputes influence children's mental health, focusing on behavioral, emotional, and cognitive aspects. The present study uses a sample of children from both high-conflict and low-conflict family settings. In addition that study applies standardized psychological assessments to measure anxiety, depression, self-esteem, and behavioral adjustment. The findings show a strong link between the severity of parental conflict and worsening child mental health outcomes, highlighting the urgent need for early intervention and family-focused psychological support.

Keywords: Marital conflict, children's mental health, psychological adjustment, family environment

1. INTRODUCTION

Marital conflict, including verbal disputes, emotional detachment, and physical altercations, is increasingly recognized as a major stressor in children's psychosocial development. Conflicts caused by marital struggles within homes have long been seen as powerful dissociating influences that can harm children's well-being (Harold & Sellers, 2018). As the primary socializing agent, the family plays a crucial role in shaping a child's emotional regulation, behavioral responses, and cognitive outlook (Cummings & Davies, 2010). When the family environment is marked by ongoing conflict, children are often subjected to psychological distress, which can lead to symptoms such as anxiety, depression, and behavioral disorders (Emery, 1982).

Research shows that children respond differently to marital conflict; psychological outcomes depend on how often, how intensely, and how disputes are resolved. Children from high-conflict families tend to display more externalizing problems (such as aggression and defiance), while those from low-conflict or harmonious families exhibit better emotional regulation and coping skills (Grych & Fincham, 1990).

Additionally, factors like the child's age, gender, temperament, and access to social support influence these outcomes (Davies & Cummings, 1994). The Emotional Security Hypothesis suggests that ongoing exposure to Interparental conflict undermines a child's sense of emotional safety, resulting in anxiety, fear, and internalizing issues. The child may see parental hostility as a threat to family stability, which can lead to increased vigilance and emotional dysregulation (Davies & Cummings, 1994). Grych and Fincham's (1990) Cognitive-Contextual Framework argues that how children interpret conflict—whether they blame themselves, feel threatened, or see it as resolved—significantly affects their psychological health. For example, children who view conflict as unresolved or hostile are more likely to develop stress-related symptoms. In the Indian cultural context, family ties are strongly rooted in tradition, often discouraging open expression of conflict (Chadha & Deb, 2013). However, silent or passive-aggressive marital environments can still harm child development, as children may internalize emotional tension even when overt conflict is absent.

2. METHODOLOGY

The current study comprised sample of 120 students comprising of both male and female in the age group of 10 to 16 years. Purposive sampling approach was used for the recruitment of the study participants. The students participated in the present study both male and female college students from various districts of Kashmir. Before the start of data collection, an approval to carry out this study was obtained from the respective school principals. Once a permission to carry out the study was

granted, the participants were approached in their classrooms. The information sheet, consent form and a questionnaire set were given to participants by the researcher. The participants filled the questionnaire set under the supervision of the researcher. No monetarily. Compensation, such as gifts, money or food was provided for their participation. The participants were asked to return the completed set of questionnaires to the researcher and the students who had any prior mental illness were not included in this study

Participants

A total of **120 children (ages 10–16 years)** were selected through purposive sampling. The sample was divided into:

Group A (n=60): Children from high-conflict families (as reported by parental self-report and validated conflict scales).

Group B (n=60): Children from low-conflict families.

Inclusion criteria included:

- Enrollment in a formal school setting.
- Living with both biological parents.
- Consent from both parents and assent from the child.

Sampling Technique

Purposive sampling was employed in collaboration with schools and child counseling centres. Marital conflict levels were assessed using a parental questionnaire adapted from the Marital Conflict Scale (Grych & Fincham, 1990).

Psychological Tools Used

1. **Revised Children's Manifest Anxiety Scale (RCMAS)** – to measure anxiety levels.
2. **Children's Depression Inventory (CDI)** – to assess depressive symptoms.
3. **Rosenberg Self-Esteem Scale (modified for children)** – to assess self-esteem.
4. **Strengths and Difficulties Questionnaire (SDQ)** – to evaluate behavioral adjustment (emotional symptoms, conduct problems, peer issues, and prosocial behavior).

The instruments had good internal consistency (Cronbach's α ranging from .78 to .89) and were validated for Indian populations.

Results and Findings

Variable	Group A (High Conflict)	Group B (Low Conflict)	t-value	p-value
Anxiety (RCMAS)	M = 20.45, SD = 5.1	M = 14.87, SD = 4.6	5.87	< .001**
Depression (CDI)	M = 18.70, SD = 5.6	M = 12.21, SD = 4.2	6.23	< .001**
Self-Esteem (RSES)	M = 14.42, SD = 3.2	M = 18.93, SD = 3.5	-7.23	< .001**
SDQ Total Difficulties	M = 21.60, SD = 4.8	M = 16.34, SD = 4.1	5.17	< .001**

Findings:

The cardinal aim of the current study was to identify the root cause of parental conflict. Children in **high-conflict families** showed significantly higher anxiety and depression levels and lower self-esteem. **Gender Differences:** Girls exhibited more **internalizing symptoms** (anxiety, depression), while boys showed more **externalizing behaviors** (conduct issues). **Regression analysis** showed marital conflict intensity significantly predicted total psychological difficulty scores ($\beta = .61, p < .001$). These findings are in concordance with **Cummings and Davies (1994)**, who argued that frequent and unresolved marital conflict undermines children's emotional security, leading to heightened internalizing symptoms. Similarly, Emery (1982) identified chronic Interparental discord as a major predictor of children's anxiety and depressive tendencies, noting that such environments disrupt consistent caregiving and create a sense of instability.

3. CONCLUSION

The study confirms that marital disputes significantly harm children's mental health, especially in areas like anxiety, depression, and behavioral control. Children from high-conflict homes are more psychologically vulnerable and need early interventions, parental counseling, and school-based support. The findings of the current study add to the growing research supporting family-centered mental health approaches.

Limitations

1. **Cross-sectional design** limits causal inferences.
2. Reliance on **self-reported data** may introduce bias.
3. The study was limited to **urban school-going children** and may not represent rural populations.
4. **Cultural norms** influencing parental conflict expression were not deeply explored.

Conflict of interest. The author declares that there is no conflict of interest involved

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