

Effects of Interparental Conflict and Cognitive Appraisal on Youth Mental Health

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Abstract

Parents play a fundamental role in shaping the emotional, social, and psychological development of children from an early age. The dynamics of the parental relationship, particularly in the presence of conflict, can profoundly impact a child's mental well-being in the long term. This study aims to examine the effects of interparental conflict and cognitive appraisal on the mental health of Malaysian youth, guided by the Cognitive-Contextual Framework developed by Grych and Fincham. This framework posits that conflict properties and children's perceptions of interparental conflict especially in the form of perceived threat and self-blame serve as crucial mediators influencing psychological outcomes. Employing a quantitative, cross-sectional design, this study involved 222 Malaysian youths aged 18 to 30 who had been exposed to interparental conflict. Data were collected via online surveys using the *Children's Perception of Interparental Conflict Scale* (CPIC) and the 12-item version of the *General Health Questionnaire* (GHQ-12). The findings revealed that both interparental conflict and maladaptive cognitive appraisals were significantly associated with poorer mental health outcomes. Notably, self-blame emerged as the most prominent predictor of reduced psychological well-being. This study contributes not only to a deeper understanding of the psychological impact of family conflict on youth but also extends the application of the Cognitive-Contextual Framework within the cultural and familial context of Malaysia. The findings underscore the need for culturally sensitive psychosocial interventions and parental education programs aimed at safeguarding youth mental health.

Keywords: Interparental Conflict, Cognitive Appraisal, Youth, Mental Health

Introduction

The family plays a vital role in shaping the emotional, social, and psychological development of an individual. As posited by Bronfenbrenner's Ecological Systems Theory (1979), the family constitutes the microsystem that exerts the most immediate and significant influence on a child's growth. A cohesive and supportive family environment fosters healthy emotional development, while conflict within the family—particularly between parents—can disrupt a

child's sense of security and long-term mental well-being. Parental harmony has been associated with better emotional regulation, prosocial behavior, and lower levels of internalizing problems among children (Zimmer-Gembeck et al., 2021; Lee et al., 2023). Conversely, when parents engage in persistent or poorly managed conflict, children are at higher risk of emotional distress, maladaptive coping, and psychological difficulties extending into adulthood (Cummings & Davies, 2010; Jaffee et al., 2020).

In the Malaysian context, mental health issues among youth have become increasingly alarming in recent years. The COVID-19 pandemic further intensified stress and emotional strain within families, leading to changes in household dynamics and parenting patterns. The National Health and Morbidity Survey (NHMS, 2023) reported a rise in mental health problems among adolescents and young adults, with prevalence rates doubling compared to pre-pandemic years. Similarly, the Malaysian Youth Mental Health Index (MyMHI'23) revealed that the domain of "family environment" scored relatively low (66.22), suggesting that family-related stressors, including parental conflict, are key contributors to poor mental health outcomes among youth.

Interparental conflict refers to the disagreements, arguments, or hostility that occur between parents, whether married or separated. Beyond affecting the marital relationship, such conflict can significantly influence children who witness it. Frequent and intense conflicts—especially those unresolved or expressed aggressively—have been shown to undermine children's emotional security and increase the likelihood of anxiety, depression, and interpersonal difficulties later in life (Davies & Cummings, 1994; van Eldik et al., 2020). Importantly, the effects of conflict are not only determined by its occurrence but also by how children cognitively interpret it. Some children may perceive parental conflict as a threat to family stability or blame themselves for causing it, which in turn heightens emotional distress (Fosco & Lydon-Staley, 2017; Figge et al., 2018).

The Cognitive-Contextual Framework developed by Grych and Fincham (1990) offers a theoretical basis for understanding how children's appraisals of interparental conflict affect their psychological adjustment. This framework emphasizes that conflict properties (such as frequency, intensity, and resolution) interact with cognitive appraisals—namely perceived threat and self-blame to shape emotional and behavioral outcomes. While numerous studies in Western settings have supported this framework, limited research has explored its applicability in Malaysia, where cultural values emphasizing family harmony, respect for elders, and emotional restraint may influence how young people perceive and respond to parental conflict. Youths who internalize family problems due to cultural norms may be more vulnerable to long-term emotional difficulties.

Given these concerns, there is a growing need to understand how interparental conflict and cognitive appraisal jointly affect the mental health of Malaysian youth. This study addresses this gap by examining the relationship between conflict properties, cognitive appraisal (perceived threat and self-blame), and mental health outcomes among individuals aged 18 to 30. By situating the research within the Cognitive-Contextual Framework, the study seeks to extend its application to the Malaysian cultural context and contribute to the development of culturally sensitive interventions and parental education programs aimed at promoting youth psychological well-being.

Research Objectives

- Gender differences in mental health levels among youths who have witnessed interparental conflict
- Socioeconomic status differences in mental health levels among youths who have witnessed interparental conflict
- Differences in mental health levels based on family status (divorced or intact) among individuals who have witnessed interparental conflict.
- The significant effects of interparental conflict and cognitive appraisal on the mental health of youth.

Literature Review

The Cognitive-Contextual Framework proposed by Grych and Fincham (1990) explains how interparental conflict influences children's psychological adjustment through cognitive appraisal processes. The model highlights two key components: the properties of conflict (such as frequency, intensity, and resolution) and the child's cognitive appraisal of that conflict. When conflict occurs, children engage in a primary appraisal to determine whether the situation poses a threat to family stability or their own emotional security, followed by a secondary appraisal assessing their perceived ability to manage or influence the situation. Children who perceive conflict as threatening or blame themselves for causing it are more likely to experience negative psychological outcomes such as anxiety, guilt, and depression.

This framework draws on major psychological theories, including Lazarus and Folkman's (1984) Cognitive Appraisal Theory of Stress and Bowen's (1996) Family Systems Theory, both of which emphasize the role of individual interpretation in shaping emotional responses. Empirical studies have consistently supported the model, showing that perceived threat and self-blame act as mediating factors between interparental conflict and children's emotional well-being. Within the Malaysian cultural context where family harmony and respect for elders are highly valued—the model provides a useful lens for understanding how cultural values may influence youth interpretations of parental conflict and, in turn, affect their mental health.

Interparental conflict refers to disagreements or tensions between parents that may occur within or outside of marriage and can influence the family's emotional climate. While marital conflict involves disputes between spouses living together, interparental conflict is broader, encompassing any form of parental discord that affects children's emotional and psychological well-being (Hosokawa & Katsura, 2019; Przybyła-Basista, 2016). Such conflict often centers on parenting practices, discipline, or decision-making about children, and even silent hostility or emotional withdrawal can negatively impact family stability (Webster-Stratton, 2003).

According to research by Erel and Burman (1995), the *spillover effect* describes the process by which tension and emotional distress within the marital relationship extend into parenting interactions. Unresolved marital conflicts and negative emotions may diminish parental warmth, contribute to inconsistent disciplinary practices, and lead to emotional unavailability, thereby indirectly influencing children's emotional and behavioral adjustment. This process aligns with Family Systems Theory (Bowen, 1996), which posits that dysfunction in one family subsystem influences others. The Cognitive-Contextual Framework (Grych &

Fincham, 1990) adds that children's cognitive appraisals such as perceiving conflict as a threat or blaming themselves mediate the psychological impact. Persistent, emotionally intense, and unresolved conflicts thus increase the likelihood of spillover, fostering insecurity, anxiety, and poor mental health among children.

According to Lazarus and Folkman's (1984) Cognitive Appraisal Theory, individuals assess whether a situation is threatening or manageable through primary and secondary appraisals. Building on this, Grych and Fincham's (1990) Cognitive-Contextual Framework explains how children interpret interparental conflict. When children perceive conflict as a threat to family stability (*threat appraisal*) or blame themselves for it (*self-blame appraisal*), they are more likely to experience guilt, anxiety, and depression. These maladaptive appraisals serve as key mediators linking parental conflict to children's mental health outcomes.

Several previous studies have explored how demographic and familial factors influence youth mental health within the context of interparental conflict. Research on gender differences revealed mixed findings: some studies found that females reported higher anxiety levels while males displayed more externalizing behaviors such as aggression or substance use (Low et al., 2020). However, others reported no significant gender differences in mental health outcomes, suggesting that both males and females are equally vulnerable when exposed to persistent parental conflict (McCauley, 2021; Yang et al., 2022). These findings indicate that cultural norms and emotional regulation styles play a greater role than gender itself in determining psychological well-being.

In addition, socioeconomic and family structure factors also influence mental health outcomes. Studies using the Family Stress Model indicate that financial strain indirectly affects children's well-being through increased parental stress and reduced emotional communication (Liu et al., 2023). Similarly, research on family structure revealed that youths from divorced families tend to exhibit higher depression and anxiety levels (Maftei et al., 2023; Dilla & Wado, 2024), though other findings show minimal differences when strong parental support remains present. Integrating these perspectives, the Cognitive-Contextual Framework (Grych & Fincham, 1990) highlights how children's appraisals perceiving conflict as a threat or self-blame mediate the link between parental conflict and mental health. Together, these studies underscore the complex interaction between cognitive, emotional, and contextual factors shaping youth psychological adjustment.

Methodology

Research Method and Design

This study used a quantitative approach to examine the relationship between interparental conflict, cognitive appraisal, and youth mental health. A cross-sectional survey design was employed, as it allows data to be collected from respondents at a single point in time to identify associations between variables efficiently. The study utilized correlational and regression analyses to test the research hypotheses and determine the predictive effects of interparental conflict and cognitive appraisal on mental health outcomes. This design was chosen because it enables researchers to analyze relationships among variables objectively and interpret the findings easily using statistical models.

Sample

The target population of this study was Malaysian youths aged between 18 and 30 years. Participants were required to meet the eligibility criteria, which included being Malaysian citizens, able to understand Bahasa Melayu, and having experienced or witnessed interparental conflict. Individuals diagnosed with any mental disorders were excluded. A simple random sampling method was used to select participants, ensuring that each member of the population had an equal chance of being chosen. The Krejcie and Morgan (1970) sample size table indicated that 384 respondents were required for a youth population of approximately 8.68 million. However, only 222 valid responses were collected through an online questionnaire distributed via social media platforms across Malaysia.

Instrumentation

a. Demographic

Questionnaire consists of several questions related to the respondents' demographics. In this section, respondents are required to answer demographic items including gender, age, family economic status, family structure (whether parents are still together or divorced), and the respondent's state of birth.

b. Conflict Properties

The *Children's Perception of Interparental Conflict Scale* (CPIC), developed by Grych, Seid, and Fincham (1992), was used to measure participants' perceptions of interparental conflict in this study. Originally designed to assess children's perceptions of parental conflict, the CPIC has been validated for adolescent and adult populations in studies by Bickham and Fiese (1997), Keeports and Pittman (2015), and Moura, dos Santos, Rocha, and Matos (2010). As no Malay version of the instrument currently exists, a back-to-back translation process will be carried out by bilingual experts proficient in both Malay and English to ensure linguistic and cultural validity. This part employs the Conflict Properties dimension of the CPIC, which comprises three subscales: Frequency (6 items), Intensity (7 items), and Resolution (6 items), totaling 19 items. The instrument uses a 3-point Likert scale ranging from 1 ("True") to 3 ("False"), where higher scores indicate greater exposure to interparental conflict. This study reported Cronbach's alpha values of 0.82 for Frequency, 0.65 for Intensity, and 0.79 for Resolution, indicating acceptable reliability of the instrument.

c. Cognitive Appraisals

The "Threat" and "Self-Blame" dimensions of the *Children's Perception of Interparental Conflict Scale* (CPIC) were used to measure youths' cognitive appraisal of interparental conflict in this study. The Threat dimension consists of 12 items, including two subdimensions: threat and coping efficacy, while the Self-Blame dimension comprises 9 items related to two subdimensions: self-blame and conflict content. All items are rated on a 3-point Likert scale: (1) True, (2) Sometimes True, and (3) False. The total threat score is derived from items measuring threat and coping efficacy, whereas the total self-blame score is calculated from items assessing self-blame and conflict content. The CPIC has been validated as a reliable instrument for emerging adults (Bickham & Fiese, 1997; Keeports & Pittman, 2015; Moura et al., 2010). In this study, the Cronbach's alpha values for the Threat and Self-Blame dimensions were 0.76 and 0.83, respectively, indicating good internal consistency and reliability of the instrument.

d. Mental Health

The *General Health Questionnaire-12* (GHQ-12), in its Malay version translated and validated by Muhamad Saiful Bahri Yusoff et al. (2009), was used in this study to measure participants' mental health levels. The GHQ-12 is a widely used self-report screening instrument designed to assess psychological distress and non-psychotic psychiatric disorders such as depression, anxiety, and social dysfunction (Goldberg et al., 1997). It has been validated across various populations and settings, including universities, workplaces, and community surveys, and its reliability and validity have been recognized internationally (Goldberg & Williams, 1988). The instrument consists of 12 items, with six positively worded statements reflecting well-being and six negatively worded statements indicating distress. Each item is rated on a 4-point Likert scale ranging from 0 ("Often") to 3 ("Never"), producing a total score between 0 and 36, where higher scores indicate greater levels of mental health problems. A cut-off score of 12 is used to identify potential signs of mental health issues. In this study, the Malay version of the GHQ-12 demonstrated good internal consistency with a Cronbach's alpha value of 0.77, supporting its reliability for assessing mental health among Malaysian participants.

Analysis

The data collected through the distributed questionnaires were analyzed using the *Statistical Package for the Social Sciences* (IBM SPSS Statistics) version 29.0. Both descriptive and inferential statistics were employed in this study. Descriptive analysis was used to summarize respondents' demographic information, including gender, age, parental marital status, family economic status, and state of origin or upbringing, presented in terms of frequency and percentage. Inferential analyses were conducted to address the research questions, where an Independent *t*-test was used to compare mean differences between gender and family structure groups, and a one-way ANOVA was applied to examine differences across three economic status groups. Finally, a simple linear regression analysis was performed to examine the effects of interparental conflict and cognitive appraisal on youth mental health.

Findings

Descriptive Analysis

The demographic profile of respondents in this study included gender, age, parents' marital status, family economic status, and state of origin or upbringing. The findings indicated that the majority of respondents were female (61.7%), while males accounted for 38.3%, showing a higher representation of female participants. In terms of age, most respondents were late youths aged between 25 and 30 years (52.3%), whereas 47.7% were middle youths aged between 18 and 24 years, indicating that late youths formed the dominant age group. A large proportion of respondents (87.4%) reported that their parents were still together, while only 12.6% had divorced parents, suggesting that most participants came from intact families. In terms of socioeconomic background, over half of the respondents (52.7%) were from the B40 income group, followed by the M40 (27.9%) and T20 (19.4%) groups, indicating that the majority belonged to lower-income households. The highest number of respondents were from Selangor (18.9%), followed by Johor (14.9%), Negeri Sembilan (12.2%), and Terengganu (10.4%), reflecting that most participants resided or were raised in Selangor.

Table 1

Demographic profile (n=222)

Variable	N	%
Gender		
Male	85	38.3
Female	137	61.7
Age (year)		
18-24	106	47.7
25-30	116	52.3
Parents Marital Status		
Intact	194	87.4
Divorce	28	12.6
Socioeconomic Status		
B40 (RM<4,850)	117	52.7
M40(RM4,850-10,970)	62	27.9
T20(RM>10,970)	43	19.4
State		
Selangor	42	18.9
Johor	33	14.9
Negeri Sembilan	27	12.2
Terengganu	23	10.4
Perak	17	7.7
Kelantan	12	5.4
Melaka	12	5.4
Sarawak	11	5.0
Kedah	10	4.5
Pahang	9	4.1
Pulau Pinang	7	3.2
Sabah	8	3.6
Wilayah Persekutuan	8	3.6
Perlis	3	1.4

The findings of this study revealed that the level of interparental conflict (conflict properties) among respondents was moderate, with a mean score of 1.80 (SD = 0.88). Nearly half of the respondents (46.8%, n = 104) reported a low level of conflict (score 0–9), while 29.7% (n = 66) were categorized as having a tendency toward low conflict (score 10–19). In contrast, 19.8% (n = 44) demonstrated a tendency toward high conflict (score 20–29), and only a small percentage (3.6%, n = 8) reported a high level of interparental conflict (score 30–38).

For the cognitive appraisal variable, which includes threat and self-blame, the results indicated a mean score of 1.89 (SD = 0.76). Almost half of the respondents (46.8%, n = 104) fell into the tendency toward low category (score 11–21), followed by 32.9% (n = 73) in the low category (score 0–10), 18.5% (n = 41) in the tendency toward high category (score 22–32), and only 1.8% (n = 4) in the high category (score 33–42).

In terms of mental health, the respondents recorded a mean score of 1.66 (SD = 0.73). A majority of them (47.7%, n = 106) were classified under the low category (score 0–8), while 39.6% (n = 88) showed a tendency toward low (score 9–17), 11.3% (n = 25) demonstrated a tendency toward high (score 18–26), and only 1.4% (n = 3) were categorized as having a high

level of mental health issues (score 27–36). Overall, these results suggest that most respondents experienced relatively low levels of interparental conflict and cognitive appraisal effects, corresponding with generally better mental health outcomes.

Table 2

Means, Standard deviation, Scoring, Frequency and Percentage for Conflict Properties, Cognitive Appraisal & Mental health

Variable	Mean	Standard Deviation	Scoring	Frequency	(%)
Conflict Properties	1.80	0.88	Low (0 – 9)	104	46.8
			Low Tendency (10 – 19)	66	29.7
			High Tendency (20 – 29)	44	19.8
			High (30 – 38)	8	3.6
Cognitive Appraisals	1.89	0.76	Low (0 – 10)	73	32.9
			Low Tendency (11 – 21)	104	46.8
			High Tendency (22 – 32)	41	18.5
			High (33– 42)	4	1.8
Mental Health Level	1.66	0.73	Low (0 – 8)	106	47.7
			Low Tendency (9 – 17)	88	39.6
			High Tendency (18 – 26)	25	11.3
			High (27 –36)	3	1.4

Results

An independent *t*-test was conducted to examine whether mental health levels differ by gender. The analysis revealed no significant difference between males ($M = 1.67$, $SD = 0.68$) and females ($M = 1.53$, $SD = 0.69$), $t(220) = 1.47$, $p = .146$. Therefore, the null hypothesis was accepted, indicating that gender does not significantly influence mental health levels among youths. This suggests that other factors, such as exposure to interparental conflict, may play a more substantial role in determining youths' mental health.

Table 3

Independent t-test for Gender

Variable	N	Mean	Standard Deviation	T(df)	Sig. (2-tailed)
Male	85	1.67	0.68	t(220)=1.46	0.15
Female	137	1.53	0.69		

A one-way analysis of variance (ANOVA) was conducted to examine differences in mental health levels based on economic class (B40, M40, T20). The results showed no significant differences among the groups, $F(2, 219) = 2.06$, $p = .130$. Therefore, the null hypothesis was accepted, indicating that economic class does not have a significant effect on the mental health levels of youths in this study.

Table 4

one-way analysis of variance (ANOVA) of Socioeconomic Status

Variable	Sum of Squares	df	Mean Square	F	Sig. (p)
Mental Health					
Between Groups	1.91	2	0.96	2.06	0.13
Within Groups	101.96	219	0.47		
Total	103.87	221			

An independent *t*-test was conducted to examine differences in mental health levels based on parents marital status (intact vs. divorced). The results indicated no significant difference between respondents whose parents were still together ($M = 1.56$, $SD = 0.69$) and those whose parents were divorced ($M = 1.75$, $SD = 0.65$), $t(220) = -1.36$, $p = .180$. Therefore, the null hypothesis was accepted, suggesting that parents marital status does not have a significant effect on the mental health levels of youths in this study.

Table 5

Independent t-test for Parents Marital Status

Variable	N	Mean	Standard Deviation	T(df)	Sig. (2-tailed)
Intact	194	1.56	0.69	t(220)=-1.36	0.18
Divorce	28	1.75	0.65		

A multiple regression analysis was conducted to examine the effects of conflict properties including frequency, intensity, and resolution and two forms of cognitive appraisal, namely threat and self-blame, in predicting mental health levels. The results showed that the regression model was significant, $F(3, 218) = 24.27$, $p < .001$, with an R^2 value of 0.25 and an adjusted R^2 of 0.24, indicating that 25% of the variance in mental health levels could be explained by the three independent variables.

Among the predictors, self-blame was found to be the most significant predictor of mental health, $\beta = 0.411$, $t(218) = 5.88$, $p < .001$. Conflict properties also significantly predicted

mental health, $\beta = 0.162$, $t(218) = 2.08$, $p = .038$. However, threat was not a significant predictor, $\beta = -0.033$, $t(218) = -0.453$, $p = .651$.

Table 6

Regression model for factors influencing mental health

Factors	Mental Health			
	B	β	t	Sig.
Constant	1.22		13.06	0.00
Conflict	0.01	0.16	2.08	
Properties				
Self-blame	0.07	0.41	5.88	0.03
(cognitive appraisal)				
Threat	-0.004	-0.03	-0.45	0.00
(cognitive appraisal)				
R	0.25			0.65
F value	24.27			

Discussion*Gender Differences in Mental Health Levels among Youths who have Witnessed Interparental Conflict*

The analysis showed no significant gender differences, suggesting that both male and female youth who witness interparental conflict are equally likely to experience mental health problems and view the conflict in similar ways. These results align with previous studies showing that both genders are negatively affected by interparental conflict but differ in how they express stress. Females tend to internalize their emotions, leading to problems such as depression or anxiety, while males are more likely to express distress through antisocial behavior (Wan et al., 2024).

This difference may be influenced by social norms—males are often expected to appear strong and avoid showing emotions, while females are generally freer to express them. As a result, both experience emotional distress but display it differently. A meta-analysis by Exner-Cortens et al. (2021) found that strong adherence to emotional restraint among adolescent males was linked to more severe internalizing problems and lower social support.

Similarly, a European study with 428 men found that strong beliefs in traditional masculinity were related to lower emotional competence and higher aggression. This suggests that gender norms may encourage outward expressions of distress rather than emotional symptoms. Another study by Kong et al. (2024) found that interparental conflict was linked to poorer family functioning and greater shyness and loneliness among adolescents, with no significant gender differences.

Age may also influence these outcomes. Individuals aged 18–30 experience rapid psychological and emotional development. Wan et al. (2024) reported that younger youth (18–22) showed higher emotional distress, likely due to less emotional maturity and continued dependence on their families. In contrast, Morris et al. (2020) found that older

youth (25–30) managed family conflict better, suggesting that maturity helps reduce its negative effects.

Socioeconomic Status Differences in Mental Health Levels among Youths who have Witnessed Interparental Conflict

The analysis showed that youth from all income groups—B40, M40, and T20—had similar levels of mental health, with no significant differences found. This contrasts with past studies suggesting that family income affects children's or adolescents' mental health differently.

Liu et al. (2023) found that financial stress can indirectly cause depression in children by reducing parent–child communication. Parents facing financial problems may become overworked, depressed, or easily angered, leading to less emotional connection and support for their children. As a result, children may feel neglected and become more emotionally distressed. Other studies also found that children from middle- and high-income families tend to have better mental health than those from low-income families (Chang et al., 2024; Gautam et al., 2024). In Malaysia, financial strain and family conflict can negatively affect children's emotional and social development and may also impact society as a whole (Nizam et al., 2024).

However, this study's findings differ from those previous results. One possible reason is that each income group—B40, M40, and T20—faces financial challenges in different ways. Some families depend on one income, while others have several contributors. Regardless of income, all families can still face financial pressure if money is not well managed. Middle- and high-income families may have fewer financial problems, but they are not free from stress or instability. Malaysia's economy remains challenging in 2025, and financial pressure affects all groups differently (Bank Negara Malaysia, 2024; UNICEF Malaysia, 2024). The B40 group struggles with basic needs, the M40 faces social and financial pressures, and the T20 experiences stress related to status and investments. All of these can influence youth mental health, especially if financial stress causes conflict between parents. Therefore, it is important for youth to grow up in stable, supportive homes, protected from financial-related conflicts and provided with emotional and social support.

Every child, regardless of age or income background, needs a safe and emotionally stable environment. Parents play a vital role in creating this environment by managing emotions wisely. Emotional security—feeling safe, loved, and confident at home—is a basic need for every child and is not dependent on money. Families that can manage emotional stress and support each other tend to remain harmonious even during difficult times. According to the *Borneo Daily Bulletin* (2025), financial stress often causes family conflict and unhappiness, except in families with strong emotional understanding.

In short, emotional management, social support, and strong family relationships can protect well-being despite financial challenges. These findings highlight that emotional well-being depends not only on material wealth but also on family relationships and coping abilities. Parental care, presence, and attention are far more important than wealth. A poor family can still be emotionally rich, while a wealthy family may fail to provide emotional security if close relationships are missing.

Differences in Mental Health Levels based on Family Status (Divorced or Intact) among Individuals who have Witnessed Interparental Conflict

The findings showed no significant differences in the effects or perceptions of interparental conflict between youth from intact and divorced families. This contrasts with many previous studies, which found that children of divorced parents often experience poorer mental health than those from intact families.

For example, one study using the Children's Depression Inventory (CDI) and the State-Trait Anxiety Inventory for Children (STAIC) found that children of divorced parents had higher anxiety and depression scores than their peers from intact families (Dilla & Rudi Diffren Wado, 2024). Similarly, Maftai, Onofrei, and Dănilă (2023) reported that participants with divorced parents showed greater emotional instability ($M = 32.45$) compared to those with married parents ($M = 28.97$). Another study found that children of separated parents had poorer self-rated health in adulthood, suggesting long-term health effects (Palmtag, 2022).

However, some studies agree with the current findings, showing no significant differences in mental health between children from intact and divorced families. Previous research indicates that interparental conflict harms children's emotional security regardless of family structure. O'Hara et al. (2024) found that the relationship between interparental conflict and emotional insecurity was similar for youth from both married and divorced families. This suggests that the emotional impact of witnessing conflict is equally strong in both contexts.

One possible explanation is that individual resilience influences how youth cope with parental divorce. Differences in age, personality, parental conflict intensity, and available support all affect children's emotional outcomes (Dicu, 2024). Although children exposed to severe conflict may experience anxiety or depression, many develop resilience and strong coping skills, helping them avoid long-term mental health issues. Recent research supports this idea. Ren et al. (2025) found that adolescents from divorced families remain at higher risk for depression and anxiety, but consistent emotional support—especially from the custodial parent—can significantly reduce this risk. When parental conflict decreases and emotional care continues, children adapt better. Supportive peers, close family involvement, and positive school environments also strengthen resilience and protect mental well-being (O'Hara et al., 2023).

A study in Selangor found that adolescents who experienced parental divorce at a younger age adjusted better than those who faced it later in adolescence (Jasin, 2025). The longer time after divorce allowed greater emotional recovery and resilience development. Similarly, Canadian research shows that children's emotional well-being tends to improve over time, especially when hostility between parents decreases (Government of Canada, 2022).

Parenting quality also plays a crucial role. Even after divorce, parents remain responsible for their children's emotional health. This may explain the lack of significant differences in mental health between family types. Parenting factors such as warmth, responsiveness, and involvement are stronger predictors of children's psychological well-being than marital status alone. Positive and emotionally supportive parenting helps children develop healthily and can

reduce mental health risks, even in stressful family situations like financial strain or divorce (Amato & Afifi, 2006; Wolchik et al., 2013).

The Significant Effects of Interparental Conflict and Cognitive Appraisal on the Mental Health of Youth

The analysis showed that the developed model was significant, explaining part of the variation in youth mental health through interparental conflict characteristics, threat appraisal, and self-blame appraisal. Among these variables, self-blame was found to be the strongest predictor and showed a significant correlation with youth mental health. Interparental conflict characteristics also had a significant, though moderate effect, while threat appraisal did not show a meaningful relationship with mental health outcomes. These findings suggest that how individuals interpret and respond to parental conflict particularly their tendency to blame themselves plays a crucial role in their psychological well-being. Additionally, the nature of the conflict itself also contributes to mental health, though to a lesser degree.

Recent systematic reviews and meta-analyses have shown that interparental conflict is a strong predictor of various internalizing problems (such as depression and anxiety) and externalizing problems (such as behavioral issues) among adolescents (van Dijk et al., 2020). In addition, studies have found that exposure to parental conflict during adolescence increases the risk of developing symptoms of depression and anxiety. Additional stress factors, such as social isolation caused by the pandemic, may further worsen these effects (Liu et al., 2022).

Youth may be affected by the nature of interparental conflict, such as high frequency, intensity, or poor resolution. These types of conflict can create a “spillover effect,” influencing children’s emotions regardless of whether they are adolescents or adults. Moreover, when parents fail to resolve conflicts constructively, children are more likely to experience social and emotional adjustment problems, including higher levels of depression and behavioral issues. This suggests that not only the presence of conflict but also how it is managed plays a major role in shaping children’s psychological well-being (Lee & Lee, 2024). Youth exposed to unstable family environments tend to experience heightened emotional distress, anxiety, and difficulty regulating their emotions, which can lead to more serious mental health problems. These findings support previous research showing that interparental conflict is a major risk factor for youth mental health. Ongoing, unresolved, or frequent conflicts can cause significant psychological stress in children, leading to symptoms of depression and anxiety (van Dijk et al., 2020; Liu et al., 2022).

The study also found that how individuals interpret these conflicts—especially through self-blame—plays a crucial role in shaping their psychological outcomes. Regression results revealed that self-blame was the strongest predictor of mental health problems. Youth who tend to blame themselves for their parents’ conflicts are more likely to experience emotional distress, anxiety, and depressive symptoms.

Although the threat appraisal variable did not show a significant relationship in this model, it does not mean that threat perception is irrelevant. In different contexts or populations, it may still play a role. However, in this study, self-blame appeared to be a more influential cognitive factor.

Most respondents did not view interparental conflict as a personal threat. According to Grych and Fincham (2001), this may be due to factors such as age, cognitive maturity, and past experiences, which shape how young people appraise conflict. Youth who are more resilient or accustomed to family disagreements may perceive conflict as a normal, manageable event rather than a serious threat. Hence, in this study's model, threat appraisal did not show a significant association with mental health outcomes.

Conclusion

Overall, this study successfully achieved its objectives and provided answers to the research questions posed. The findings revealed that gender, family economic status, and parental marital status did not significantly influence the mental health levels of youth. However, the study found that the characteristics of interparental conflict specifically its frequency, intensity, and level of resolution had a significant impact on children's mental health.

In terms of cognitive appraisal, self-blame was identified as a strong predictor of mental health outcomes, whereas threat perception showed a weaker effect. These results not only support the Cognitive-Contextual Framework proposed by Grych and Fincham within the local context but also enhance our understanding of how individuals' perceptions of family conflict influence their psychological well-being.

This study holds both theoretical and practical significance. Academically, it contributes to family psychology and youth mental health literature in Malaysia. Practically, it provides valuable insights for designing early intervention strategies and psychological support programs for youth affected by interparental conflict. Overall, the findings emphasize the importance of addressing family dynamics and cognitive appraisal processes to promote better mental health among Malaysian youths.

This study advances theory and context in three ways. First, it refines the Cognitive-Contextual Framework by demonstrating, in an emerging-adult sample (18–30 years), that self-blame appraisals are a stronger predictor of psychological distress than threat appraisals when conflict properties are held constant. This pattern suggests that, beyond children and early adolescents—the populations most often studied—maladaptive self-attributions remain a key mechanism into young adulthood, while perceived threat may attenuate with age and coping capacity. Second, by situating the analysis within Malaysia's collectivist, harmony-oriented family norms and frequent multigenerational living arrangements, the findings contextualize how cultural scripts about filial responsibility can amplify self-blame in the face of interparental disagreement, even when conflict frequency or intensity is only moderate. Third, the null differences by gender, socioeconomic status, and family structure indicate that appraisals and conflict properties can overshadow common demographic risk markers, sharpening theory on when (and for whom) interparental conflict is most consequential. Methodologically, the study also supports the reliability of CPIC subscales and GHQ-12 in a Malaysian youth cohort, helping anchor future cross-cultural work and informing culturally sensitive screening and intervention designs that prioritize reducing self-blame and improving constructive conflict resolution in families.

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