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Relationship Between Perception of Inter-Parental Conflict and Psychological Distress Among Adolescents: The Mediating Role of Emotional Dysregulation

by

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(Arisha Mushtaq)

Abstract

The purpose of the present study was to explore the association between perception of interparental conflict and psychological distress in adolescents, as well as to explore the mediating pathway between perception of interparental conflict and psychological distress through emotional dysregulation. Based on Emotional Security Theory, it was hypothesized that perception of interparental conflict would be positively related to emotional dysregulation and psychological distress, and that emotional dysregulation would significantly mediate the relationship between perception of interparental conflict and psychological distress. A total 250 adolescent aged 13 to 18, were selected from Rawalpindi and Islamabad, with convenience sampling technique. The Children's Perception of Interparental Conflict Scale (CPIC), Difficulties in Emotion Regulation Scale-16 (DERS-16), and Depression, Anxiety and Stress Scale (DASS-21) were used to collect data. The psychometric properties of the instruments were analyzed using descriptive statistics and reliability analyses. Due to the non-normal distribution of data, Spearman's rank correlation was employed to examine the relationship between the study variables and mediation was performed using Hayes' PROCESS Macro (Model 4). The results indicated positive associations among perception of interparental conflict, emotional dysregulation and psychological distress; perception of interparental conflict was positively correlated with emotional dysregulation, as well as with depression, anxiety, and stress; and emotional dysregulation was significantly associated with all three dimensions of psychological distress. Mediation analysis also showed that emotional dysregulation partially mediated the correlation between perception of interparental conflict and depression, anxiety and stress, indicating that perception of interparental conflict is likely to have an effect on adolescents' psychological distress primarily through the mediation of emotional dysregulation. These results underscore the critical need to increase the ability of adolescents to regulate their emotions and to minimize family conflict, which would decrease their psychological distress. Implications for psychologists, school counselors, family therapists, and educators when developing culturally appropriate prevention/ intervention programs for youth are drawn from the study.

Keywords: Perception of Interparental conflict, emotional dysregulation, psychological distress, depression, anxiety, stress, adolescents, mediation.

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Abbreviations

α	Cronbach's Alpha
β	Standardized Regression Coefficient
CI	Confidence Interval
CPIC	Children's Perception of Interparental Conflict Scale
DASS-21	Depression Anxiety Stress Scale – 21 Item Version
DASS-Y	Depression Anxiety Stress Scale for Youth
DERs-16	Difficulties in Emotion Regulation Scale – 16 Item Version
EST	Emotional Security Theory
ICC	Internal Consistency Coefficient
K-S	Kolmogorov-Smirnov Test
LLCI	Lower Limit Confidence Interval
M	Mean
N	Sample Size
<i>p</i>	Probability Value
PROCESS	Process Macro for SPSS (Hayes)
<i>r</i>	Spearman's Rank Correlation Coefficient
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences
ULCI	Upper Limit Confidence Interval
WHO	World Health Organization

Chapter 1

Introduction

1.1 Background

Adolescent development is one of the most salient developmental periods of human life due to the significant changes in biological, cognitive, emotional and social functioning that substantially affect psychological functioning in adulthood ([Steinberg, 2017](#); [Santrock, 2022](#)). During this time of development, teens become more independent, gain an increasingly stronger sense of self and expand their social networks, while encountering a myriad of developmental challenges ([Steinberg, 2017](#)). Adolescent development is a time of heightened risk for emotional and psychological problems especially under the influence of adverse environmental factors in adolescents ([Steinberg, 2017](#); [Patton et al., 2016](#)). The family is one of the most important ecological factors affecting adolescent development, and is one of the most important determinants of emotional and psychological well-being ([Bronfenbrenner and Morris, 2007](#)). Family relationships that are positive are associated with emotional security, adaptive coping, and healthy psychosocial adjustment; whereas chronic family conflict significantly increases adolescents' susceptibility to anxiety, depression and overall psychological distress ([Davies and Cummings, 1994](#); [Repetti et al., 2002](#)). Emotional and behavioral disorders (EBD) are a public health emergency that affects people across the globe, and mental health issues among adolescents are on the rise ([Patel et al., 2018](#); [World Health Organization, 2025](#)). According to the [World Health Organization \(2025\)](#) one in every seven

adolescents between the ages of 10 and 19 years has a mental disorder, with depression, anxiety and behavioral disorders accounting for the top three causes of disease and disability among adolescents. Older teens are also at risk of dying from suicide. Also, it is known that mental disorders often start during adolescence, with almost half of all mental disorders occurring before 18 years of age ([Kessler et al., 2007](#); [Solmi et al., 2022](#)). Adolescent psychosocial issues can continue to plague them in adulthood, causing a lack of academic success, relationship and social issues, reduced quality of life, and a higher risk of chronic mental illness ([Patel et al., 2018](#); [Solmi et al., 2022](#)). Thus, the study of family-related risk factors that are linked to psychological distress in adolescents is a worldwide research priority, both for researchers and clinicians and policy makers alike ([Patel et al., 2018](#); [World Health Organization, 2025](#)).

Perception of Interparental conflict is one of the most persistently observed family risk factors that is connected poor psychological adjustment among adolescence. It can be broadly defined as periodic conflict, disagreement, hostility, verbal aggression, withdrawal from conflict, and unresolved conflict between parents which is observed or felt by their children ([Grych and Fincham, 1990](#)). Emotional Security Theory suggests that adolescents have a basic need to feel emotionally secure in the family system and that repeated exposure to destructive perception of interparental conflict negatively impacts emotional security, leading to more emotional reactivity and psychological maladjustment ([Davies and Cummings, 1994](#)). The reformulated Emotional Security Theory also suggests that when adolescents are exposed to prolonged family conflict, they become more likely to develop internalizing and externalizing behaviours and emotions as a way of coping with the conflict ([Davies and Martin, 2013](#)). Similarly, in the Cognitive-Contextual Framework, the cognitive appraisals of parental conflict, specifically threat appraisal and self-blame appraisal, are also found to be important in predicting psychological adjustment ([Grych and Fincham, 1990](#)). The literature overwhelmingly shows that high levels of destructive conflict between parents negatively impact adolescents' emotional, behavioral, cognitive and interpersonal functioning ([Harold and Sellers, 2018](#)). The relationship among exposure to chronic parental conflict along with emotional insecurity, impaired psychological adjustment, and internalizing

symptoms are found to be persistent in modern longitudinal and cross cultural researches (Li et al., 2025; Yang et al., 2022).

For the purpose of this study, psychological distress is operationally defined as a multi-dimensional, continuous negative emotional state encompassing the co-occurring symptoms of depression, anxiety, and stress (Lovibond, 1995). This construct is quantitatively operationalized and measured using the Depression, Anxiety, and Stress Scale-21 Youth Version (DASS-Y). Individual levels of distress are determined by the aggregate score across the 21 items or through its three distinct subscale dimensions: depression (reflecting dysphoria, hopelessness, and anhedonia), anxiety (reflecting autonomic arousal and situational fear), and stress (reflecting chronic non-specific tension and irritability) (Lovibond, 1995; Henry and Crawford, 2005). Higher total and subscale scores indicate a more severe progression of non-specific psychological distress along a dimensional continuum. Consistent with the tripartite model of anxiety and depression (Clark and Watson, 1991), which underlies the DASS-Y's design, each dimension of psychological distress depression, anxiety, and stress was analyzed separately rather than as a single composite score, consistent with published precedent (Al-Mamun et al., 2026; Vacca et al., 2023). Emotional changes are part of normal development for adolescents, but when they are more frequent and more intense, they can have a negative impact on academic outcomes, relationships with others, self-esteem and social and psychological adaptation (Patel et al., 2018; Solmi et al., 2022). Moreover, untreated psychological distress has been linked to adolescents' higher risks of substance misuse, self-harm, suicidal ideation, and suicide (World Health Organization, 2025). The literature is consistent that chronic family stressors, specifically negative family interactions, negatively impact adolescents' emotional security, their physiological stress and physiological response, and the risk for depression and anxiety (Harold and Sellers, 2018; Repetti et al., 2002). In more recent longitudinal studies, adolescents who were exposed to chronic parental conflict were found to have significantly greater EMBDs than children who were raised in low conflict family environments as well (Li et al., 2025; Yang et al., 2022). The findings underscore the need to gain knowledge of the mechanism by which family conflict leads to adolescent psychological distress.

Emotional regulation is one of the most important psychological processes to be studied in recent years as a link between negative family experiences and adolescent mental health, and it has received extensive research focus in this context ([Compas et al., 2017](#); [McLaughlin et al., 2019](#)).

Emotional Dysregulation is characterized by persistent difficulty in understanding, accepting, monitoring and adapting to one's emotional experience in a situation in ways that are congruent with situational demands and personal goals ([Gross, 1998](#); [Gratz and Roemer, 2004](#)). Emotion regulation is primarily learned by observing how parents regulate their own emotions, and how they talk and treat one another in the family ([Morris et al., 2007](#); [Zimmer-Gembeck and Skinner, 2016](#)). These developmental processes can be impeded by recurrent and unaddressed interparent conflict as it can increase a adolescent's emotional reactivity, decrease adaptive coping responses to challenges, and reduce effective regulation of emotions ([Davies and Martin, 2013](#); [Harold and Sellers, 2018](#)).

Thus, adolescents who have more problems with regulating their emotions are more likely to have symptoms of depression, anxiety, and stress, as well as aggression, and other signs of psychological maladjustment ([Compas et al., 2017](#); [Heleniak et al., 2016](#)). More recent studies on developmental psychopathology have also heightened the importance of emotional regulation as a transdiagnostic pathway through which adverse childhood experiences can impact a broad spectrum of internalizing disorders, which makes it a promising target for prevention and treatment ([McLaughlin et al., 2019](#); [Pedrini et al., 2022](#)).

1.2 Gap Analysis

While there is a growing body of literature on how family functioning affects adolescent mental health, there are still some critical gaps concerning family conflict, emotion regulation and mental health distress ([Harold and Sellers, 2018](#); [Patel et al., 2018](#)). Although earlier studies have identified independent links between perception of interparental conflict with psychological functioning and between emotional dysregulation with psychological distress, there is comparatively limited research examining the underlying psychological processes that link perception of

interparental conflict to psychological distress in a single mediation model (Compas et al., 2017; van Eldik et al., 2020). Moreover, most of the current evidence is from Western societies, and results might not be applicable to collectivist societies where family relationships and emotional socialization are significantly different (Bornstein, 2013; Harold and Sellers, 2018).

Moreover, literature indicates that the negative family environment is associated with psychological maladjustment mostly through the disruption of adolescents' emotion regulation capacities, which renders them more susceptible to depression, anxiety and other internalizing symptoms (Buckholdt et al., 2014; Heleniak et al., 2016). Over the past few years, researchers have focused on examining the mediation of the developmental pathways of adverse family environments to adolescent psychological distress through emotion regulation (Compas et al., 2017; McLaughlin et al., 2019).

While numerous publications have focused on the relationship between perception of interparental conflict and adolescent mental health, few studies have examined perception of interparental conflict, emotional dysregulation and psychological distress as a single mediation model particularly among adolescents living in developing nations. What exists is largely from North American and European settings, where family structure, parenting, emotional socialization, and conflict-resolution are very different from collectivistic countries (Bornstein, 2013; Kagiticbasi, 2017). The interdependence, hierarchy of family systems and values of Pakistan that do not favour free expression of feelings, may shape adolescents' perception of family conflict and emotional reactions to it (Kagiticbasi, 2017).

Hence, the generalizations of findings and conclusions from western populations cannot be directly applied to the Pakistani adolescents without empirical confirmation. Thus, there is a need to investigate these relationships in the Pakistani context to provide culturally valid evidence that can be translated into culturally relevant family and school-based mental health interventions aimed at enhancing adolescent emotion regulation, resilience and psychological distress (Patel et al., 2018; World Health Organization, 2025).

1.3 Problem Statement

The gaps described above suggest one remaining mystery, despite perception of interparental conflict being a known risk factor for psychological distress in adolescents, its psychological pathway is not well understood, and is even less understood in non-Western cultural contexts ([Harold and Sellers, 2018](#); [van Eldik et al., 2020](#)). An explanation of emotional dysregulation is anticipated as the capacities for regulation are formed within the family and chronic perception of interparental conflict is theorized to disrupt these capacities ([Davies and Cummings, 1994](#); [Morris et al., 2007](#)). However, few studies have directly tested this mediating pathway and even fewer have tested it with Pakistani adolescents whose family contexts and norms surrounding emotional expression are quite different than those used in most studies on which the evidence is based ([Bornstein, 2013](#); [Kagitcibasi, 2017](#)). The present study thus investigates the relationship between perception of interparental conflict, emotional dysregulation and psychological distress among adolescent in Pakistan, while focusing on the mediation of emotional dysregulation. The study seeks to fill the gaps identified in theoretical, methodological, contextual, population, analytical and measurement aspects and to expand Emotional Security Theory to a South Asian context, and to provide culturally responsive and family-based interventions to reduce psychological distress among adolescent populations.

1.4 Definition and Explanation of Study Variables

1.4.1 Perception of Interparental Conflict

Perception of Interparental conflict is defined as disagreements, hostile relationship, verbal aggression, emotional withdrawal, and unresolved or harmful relationship between parents that children observe or feel happened between them ([Grych and Fincham, 1990](#)). It has been seen as one of the most salient family stressors that affect the emotional and psychological adjustment of adolescents,

and is known to influence their adjustment depending on its occurrence, intensity, duration and how it is expressed and resolved (Grych and Fincham, 1990). Parent conflict can be low or high in intensity and low or high in conflict resolution (Davies and Martin, 2013). Adverse outcomes for children have not been correlated with constructive conflict (calm discussion and conflict resolution), but destructive conflict (hostility, threat, and conflict resolution) is consistently linked to negative psychological outcomes for children and adolescents (Davies and Martin, 2013). While conflict itself is not necessarily a threat to an adolescent's sense of emotional security in the family, it is the destructive nature of perception of interparental conflict that is (Davies and Cummings, 1994). The perception of the perception of interparental conflict is also very important to measurement and understanding, because children of the same objective conflict can have very different perceptions of the conflict's threat level or self-relevance (Grych and Fincham, 1990). These subjective aspects of conflict (frequency, intensity, resolution, threat, and self-blame) have been especially focused upon with children and adolescents' psychological reactions to perception of interparental conflict and have been assessed with instruments specifically designed to measure them, such as the Children's Perception of Interparental Conflict Scale (Grych and Fincham, 1990) which are widely used in the psychological research literature.

1.4.2 Emotional Dysregulation

Emotional dysregulation is a chronic inability to recognize, comprehend, accept and respond to emotions in a way appropriate to the context (Gross, 1998; Gratz and Roemer, 2004). It is not just one problem; it is a number of interconnected problems: a lack of awareness and clarity about emotions, a lack of tolerance for emotional distress, emotional reactivity (responding in impulsive ways to distressing feelings), and a lack of access to effective emotion-regulation strategies (Gratz and Roemer, 2004). Emotion regulation skills emerge throughout childhood and adolescence, influenced by neurological maturation and by learning experiences in the family environment, such as parental modeling, emotional communication, and responsive parenting (Morris et al., 2007; Zimmer-Gembeck and Skinner, 2016). The adolescent years are a sensitive time for emotion-regulation

development when positive or negative family experiences can significantly impact development (Casey et al., 2019; Compas et al., 2017). Emotionally reactive adolescents are more prone to emotional reactivity and impulsivity, as well as maladaptive coping, leading to increased anxiety, depression, stress, and interpersonal difficulties (Compas et al., 2017; Heleniak et al., 2016). With this in mind, the importance of emotional dysregulation has been explored beyond just a direct consequence of adverse family experiences, as a psychological process that may serve to explain how adverse family experiences translate to poorer mental health, which is explored further in the subsequent sections (Compas et al., 2017; McLaughlin et al., 2019).

Specifically, in the present study emotional dysregulation is proposed as the mediating variable that links perception of interparental conflict to psychological distress. Consistent with Emotional Security Theory (Davies and Cummings, 1994), destructive perception of interparental conflict is theorised to undermine adolescents' emotional security, thereby impairing the development of adaptive emotion-regulation skills; this resulting dysregulation, rather than the conflict itself, is what is expected to directly increase adolescents' risk of depression, anxiety, and stress. Emotional dysregulation is therefore positioned not merely as an outcome of family conflict, but as the psychological mechanism through which conflict is transmitted into psychological distress.

1.4.3 Psychological Distress

Psychological distress refers broadly to a state of emotional suffering characterized by symptoms of depression, anxiety, and stress, along with hopelessness, emotional discomfort, and a reduced capacity to meet the demands of daily life (Drapeau et al., 2012; Kessler et al., 2002). Although it is not a formal clinical diagnosis, elevated psychological distress is considered an important indicator of impaired mental health and a risk factor for the later development of clinical disorders (Drapeau et al., 2012).

Within adolescent mental health research, depression, anxiety, and stress are commonly assessed as interrelated but distinct dimensions of psychological distress,

often using composite instruments such as the Depression, Anxiety and Stress Scale (Lovibond, 1995). The instrument used to measure psychological distress in the present study. Because these symptoms frequently co-occur and share overlapping risk factors, including family conflict and emotion-regulation difficulties, psychological distress is often examined as a multidimensional outcome, as in the present study (Drapeau et al., 2012; Gratz and Roemer, 2004).

1.5 Research Objectives

The problem outlined above is reflected in the following research objectives:

- i. To examine the relationship between perception of interparental conflict, psychological distress, and emotional dysregulation in adolescents.
- ii. To examine the mediating role of emotional dysregulation in the relationship between perception of interparental conflict and psychological distress among adolescents.
- iii. To examine the mean differences between gender with perception of interparental conflict, emotional dysregulation and psychological distress among adolescents.

1.6 Research Hypotheses

In light of the problem identified and the existing theoretical and empirical literature, the present study proposes the following hypotheses:

H1: There is a significant positive relationship among perception of interparental conflict, emotional dysregulation, and psychological distress (depression, anxiety, and stress) in adolescents.

H2: Emotional dysregulation mediates the relationship between perception of interparental conflict and psychological distress (depression, anxiety, and stress) in adolescents.

H3: There is a significant mean difference across genders perception of inter-parental conflict, emotional dysregulation and psychological distress among adolescents.

Chapter 2

Literature Review

The growing world-wide interest in adolescent emotional and behavioral issues has led to an increased focus of psychological research on the mental health of adolescents. Adolescents' psychological adjustment and emotional well-being is very impacted by their family environment, especially interparental relationship quality ([Patel et al., 2018](#); [World Health Organization, 2025](#)). Of many family related risk factors, conflictual family relationships have been found repeatedly to be a strong predictor of adolescents' emotional and psychological dysadjustment. Persistent parental conflict has been linked to higher levels of depression, anxiety, stress, insecurities, maladaptive coping, and behavioral problems in a variety of cultural settings ([Harold and Sellers, 2018](#); [Li et al., 2025](#)). Although perception of interparental conflict has been well documented in relation to adolescent mental health, the psychological processes by which family conflict is related to psychological distress is an important area of current research.

Recent research findings indicate that emotion regulation is one of the central developmental processes that relate to adverse family functioning with psychopathology in adolescence ([Compas et al., 2017](#); [McLaughlin et al., 2019](#)). Exposure to un-resolved conflict between parents can reduce teens' ability to effectively process, regulate and express their emotions, leading to heightened risk for depression, anxiety and stress ([Gross, 1998](#); [Heleniak et al., 2016](#)). Moreover, as chronic family adversity has been linked to worse psychological adjustment, there is increasing

evidence from developmental psychopathology that adolescent psychological adjustment is partially accounted for by emotion regulation difficulties (Buckholdt et al., 2014; Yang et al., 2022). Previous studies have explored perception of interparental conflict and psychological adjustment and emotional dysregulation and psychological distress, but few have examined the link between perception of interparental conflict and psychological distress by considering emotional dysregulation as a mediator, especially in a collectivistic, developing country like Pakistan (Harold and Sellers, 2018; Patel et al., 2018).

The current study is grounded in Emotional Security Theory (EST) Davies and Cummings (1994), which proposes that the negative aspects of perception of interparental conflict endanger adolescents' emotional security and lead to emotional and psychological problems. The theory also suggests that the disruption of emotional security negatively affects the adolescents' capacity to manage emotional experiences effectively, thus elevating them to risk of internalizing psychological challenges (Davies and Martin, 2013). The theoretical and empirical research on adolescent development, perception of interparental conflict, emotional dysregulation, and psychological distress are thus critically reviewed in this chapter. It also analyzes the empirical links between these constructs with a special focus on emotional dysregulation as a mediator variable, and outlines the theoretical underpinnings for the current study.

2.1 Adolescence

Adolescence is a developmental period marked by rapid physical, cognitive, emotional, and social change, during which individuals develop a stable sense of self, greater independence, and the skills needed for adulthood (Santrock, 2022; Steinberg, 2017). World Health Organization (2025) defines this period as spanning ages 10 to 19, a definition echoed by UNICEF (2021) characterisation of adolescence as the second decade of life. Developmental theory frames this stage as pivotal for identity formation: Erikson (1968) psychosocial theory positions adolescence as a period of identity exploration, while Piaget (2008) theory of cognitive development marks the emergence of formal operational thinking, enabling more

abstract reasoning about interpersonal relationships and family dynamics (Steinberg, 2017). Neuroscientific research further shows that brain regions governing emotion regulation and reward processing mature at different rates during adolescence, leaving adolescents more reactive to emotionally salient experiences than equipped to regulate them (Casey et al., 2019; Dahl et al., 2018).

This heightened neurological sensitivity coincides with a period of socioecological transition, during which family relationships remain a central influence even as social networks expand. Supportive family environments are associated with emotional security, adaptive coping, and psychological resilience, whereas chronic conflict and poor communication are linked to emotional adjustment difficulties (Davies and Cummings, 1994; Harold and Sellers, 2018). Because of this developmental instability, adolescence is also a critical window for the onset of mental health problems, with a substantial proportion of lifetime mental disorders emerging during this period (Kessler et al., 2007; Solmi et al., 2022; World Health Organization, 2025).

2.2 Perception of Interparental Conflict

Perception of Interparental conflict is defined as parental disagreements, hostility, poor communication, verbal aggression, emotional withdrawal, and poorly resolved interactions witnessed/experienced by children (Grych and Fincham, 1990). Modern family research views perception of interparental conflict as a complex phenomenon, which can be differentiated in terms of frequency, intensity, duration, resolution and emotional tone, and these aspects can influence psychological adjustment of children (Li et al., 2025; Harold and Sellers, 2018). Recent research addresses how conflict is not just a factor in whether a particular conflict exists, but that repeated exposure to high intensity, unresolved, and destructive conflict is a significant risk factor for emotional and behavioral maladjustment for adolescents (Buehler, 2020; Harold and Sellers, 2018).

Family conflict can be structured by degrees of constructive disagreement, which are characterized by respectful conflictual communication, problem solving, and

mutually satisfactory resolution, or destructive, meaning conflictual communication is unacceptable, characterized by hostility, verbal aggression, withdrawal, and not being resolved (Cummings et al., 2012; Harold and Sellers, 2018). While constructive conflict can foster positive interpersonal skills through showing strategic approaches to communication and conflict resolution, destructive conflict continuously contributes to depression, anxiety, emotional insecurity, adolescent behavioral issues, and poor psychosocial adjustment (Harold and Sellers, 2018; Li et al., 2025). The Cognitive-Contextual Framework Grych and Fincham (1990) also suggests that adolescents' thoughts about conflict, specifically by way of appraisals of perceived threat and self-blame, are central in shaping the psychological consequences. Similarly, Emotional Security Theory proposes that when parents engage in destructive conflict, adolescents' emotional security in the family is compromised and they are more susceptible to emotional regulation difficulties and psychological suffering (Davies and Cummings, 1994; Davies and Martin, 2013).

To understand and explain the impact of adolescent exposure to parental conflict, researchers have noted that subjective perceptions of conflict are key factors in the offspring's psychological responses and outcomes rather than just objective evidence (Harold and Sellers, 2018). Thus, the Children's Perception of Interparental Conflict Scale (CPIC) was created to measure the frequency, intensity, resolution, perceived threat and felt responsibility for the conflict between parents (Grych and Fincham, 1990). CPIC continues to be one of the most validated and widely used measures of perception of interparental conflict across the various cultures, and researchers can investigate the effect of adolescents' perceptions of interparental conflict on emotional regulation and psychological distress (Grych and Fincham, 1990; Yang et al., 2022).

2.3 Emotional Dysregulation

Emotional dysregulation is a long-term pattern of not being able to identify, understand and accept emotional responses and to adaptively respond in a way that is appropriate to the context (Gross, 1998; Gratz and Roemer, 2004). The multidimensional model of emotional dysregulation proposed by Gratz and Roemer

(2004) views emotional dysregulation as a collection of interrelated emotion regulation difficulties: (a) poor awareness and clarity of emotional experiences, (b) non-acceptance of emotional responses, (c) inability to tolerate emotional distress while engaging in goal-seeking, and (d) poor access to effective, situation-appropriate emotion regulation strategies. This multidimensional perspective is reflected in common instruments like the Difficulties in Emotion Regulation Scale (DERS) and its short form (DERS-16), which measure the individual facets of emotion regulation, and not the overall construct.

Emotion-regulation abilities develop gradually across childhood and adolescence, shaped jointly by neurological maturation and by learning experiences within the family (Morris et al., 2007; Zimmer-Gembeck and Skinner, 2016). Morris et al. (2007) tripartite model proposes three interconnected family pathways through which children acquire emotion-regulation skills: observation and modelling of parents' own emotional expression and regulation, specific parenting practices in response to children's emotions, and the broader emotional climate of the family, including the quality of attachment relationships and the level of conflict within the household. Because adolescence coincides with heightened emotional reactivity alongside continuing maturation of the neural systems that support self-regulation, this developmental period represents a particularly sensitive window in which either supportive or adverse family experiences can shape the trajectory of emotion-regulation development (Vijayakumar et al., 2018; Compas et al., 2017).

Adolescents who experience chronic difficulty regulating their emotions are more likely to display emotional reactivity, impulsivity, and maladaptive coping strategies, placing them at elevated risk for anxiety, depression, stress, and interpersonal difficulties (Heleniak et al., 2016; Gross, 1998). Given this, emotional dysregulation has increasingly been examined not merely as an outcome of adverse family experiences, but as a psychological mechanism in its own right, one that helps explain how family-level stressors such as perception of interparental conflict translate into individual-level mental health problems (Compas et al., 2017; McLaughlin et al., 2019). This mechanistic role, explored further in the sections that follow, is central to the mediation model tested in the present study.

Beyond its measurement properties, emotional dysregulation is central to the present study because it is proposed as the mechanism linking perception of interparental conflict to psychological distress, rather than simply as a third, unrelated variable. Adolescents exposed to destructive perception of interparental conflict are theorised to develop heightened emotional insecurity and reduced opportunity to acquire adaptive emotion-regulation skills (Davies and Cummings, 1994; Morris et al., 2007). It is this resulting difficulty regulating emotion that is expected to carry the effect of perception of interparental conflict forward into depression, anxiety, and stress. This mediating role is elaborated further in Section 2.9.

2.4 Psychological Distress

Psychological distress refers broadly to a state of emotional suffering characterized by symptoms of depression, anxiety, and stress, along with hopelessness, emotional discomfort, and a reduced capacity to meet the demands of daily life (Drapeau et al., 2012; Kessler et al., 2002). Elevated psychological distress is not a clinical diagnosis, but rather a transdiagnostic measure of mental health difficulties, and a risk factor for developing mood and anxiety disorders later in life (Drapeau et al., 2012). In adolescent mental health research, depression, anxiety, and stress are often treated as distinct but interrelated factors of psychological distress. This perspective is based on the tripartite model of shared factors of negative affect and specific symptoms of depression (e.g., anhedonia, hopelessness) and anxiety (e.g., physiological arousal, situational fear) proposed by (Lovibond, 1995). One of the most widely used composite measures of psychological distress in adolescent samples is the Depression, Anxiety and Stress Scale – Youth Version (DASS-Y), which operationalises this model and was the instrument used in the present study. Psychological distress has been measured as a multidimensional construct over psychological symptoms of depression, anxiety and stress, because these symptoms often co-occur, and share common risk factors, such as family conflicts, and emotion-regulation difficulties (Drapeau et al., 2012; Gratz and Roemer, 2004), as was done in the present study. This is a developmentally vulnerable period for the onset of these symptoms, given the increased risk for distress that may result from

chronic stressors like destructive perception of interparental conflict, particularly during this time, when cognitive, hormonal, and social development can heighten vulnerability to distress (Kessler et al., 2007; Solmi et al., 2022).

2.5 Relationship between Perception of Interparental Conflict and Psychological Distress

Perception of Interparental conflict has been extensively studied in relation to psychological distress in developmental, family and adolescent mental health literature. There is extensive research that suggests children's psychological health is significantly poorer when exposed to repeated, destructive family conflict than when they are raised in more supportive and harmonious families (Harold and Sellers, 2018). The degree of intensity, frequency, and duration of perception of interparental conflict, along with the degree of resolution, have all been correlated with the emotional and psychological functioning of adolescents (Davies and Cummings, 1994; Grych and Fincham, 1990), rendering perception of interparental conflict as one of the most consistent family-based risk factors for psychological maladjustment in adolescence.

Adolescents who experience high levels of psychological distress commonly report symptoms of anxiety, depression, stress, hopelessness, and emotional discomfort, along with difficulties in social and psychological functioning (Drapeau et al., 2012). Because adolescents' biological, emotional, cognitive, and social development is still in progress, they may be particularly sensitive to the effects of chronic family stressors (Steinberg, 2017). Recent longitudinal evidence indicates that prolonged exposure to destructive perception of interparental conflict undermines adolescents' emotional security, heightens perceptions of threat and self-blame, disrupts adaptive coping, and significantly increases symptoms of depression, anxiety, and broader psychological maladjustment (Harold and Sellers, 2018; Li et al., 2025). Emotional Security Theory provides the primary explanation for this relationship, proposing that adolescents become emotionally vulnerable and psychologically maladjusted when repeated exposure to destructive family

conflict undermines their sense of security within the family system (Davies and Cummings, 1994). Related cognitive-appraisal accounts have similarly proposed that adolescents' interpretation of parental conflict, including perceived threat and self-blame, shapes its psychological impact (Grych and Fincham, 1990). Empirical studies grounded in these perspectives consistently show that adolescents exposed to high levels of destructive perception of interparental conflict are more likely to experience depression, anxiety, stress, emotional insecurity, and broader psychosocial maladjustment across diverse cultural contexts (Harold and Sellers, 2018; Li et al., 2025; van Eldik et al., 2020).

Despite the strength of this evidence, most existing research has been conducted in Western societies, and comparatively few studies have examined this relationship among adolescents in cultural contexts where family structures, parenting styles, and norms surrounding conflict and emotional expression differ substantially (Bornstein, 2013; Kagitcibasi, 2017). Moreover, while the association between perception of interparental conflict and psychological distress is well established, fewer studies have examined the psychological mechanisms that explain why this relationship occurs. Clarifying these underlying pathways is important not only for understanding the effects of perception of interparental conflict, but also for informing interventions capable of interrupting them. The following sections examine the specific pathways connecting perception of interparental conflict to emotional dysregulation, and emotional dysregulation to psychological distress.

2.6 Relationship between Perception of Interparental Conflict and Emotional Dysregulation

Perception of Interparental conflict is one of the most significant family stressors affecting adolescents' emotional development and psychological adjustment. Beyond its direct effects on mental health, exposure to destructive parental conflict has been shown to impair adolescents' ability to effectively regulate their emotions (Harold and Sellers, 2018). Because emotion regulation is learned largely within

the family, through parental modeling, emotional communication, and conflict-management behavior (Morris et al., 2007), chronic exposure to unresolved or hostile perception of interparental conflict can disrupt the development of healthy emotion-regulation strategies, leaving adolescents more emotionally unstable and reactive.

The effects are especially potent for adolescents because emotion regulation skills are still maturing as the adolescent's brain, cognition, and psychosocial system continue to mature at the same time (Compas et al., 2017; Steinberg, 2017). Emotion regulation problems are consistently linked to higher emotional reactivity, impulsive behaviour, interpersonal problems, and more symptoms of depression, anxiety and psychological distress among adolescents (Gross, 1998; Heleniak et al., 2016). The results of this study support the notion of emotional dysregulation as a mechanism that is common to the various forms of adolescent psychopathology and underscore its potential as a central psychological process between negative family circumstances and mental health problems (Compas et al., 2017; McLaughlin et al., 2019). The major theory addressing this relationship is Emotional Security Theory, in which it is suggested that the constant presence of conflictual interparental interactions has an impact on the emotional security of adolescents, which in turn has an impact on their emotional reactivity and their ability to effectively manage emotional experiences (Davies and Cummings, 1994).

Complementary theories have been proposed, including the cognitive appraisal of parental conflict (Grych and Fincham, 1990) which resonates with and is referenced here to situate the broader literature on this relationship; and the observational learning of emotional behavior from the parents (Bandura, 1977). These theoretical explanations are supported by empirical evidence: adolescents who grow up in destructive perception of interparental conflict relationships manifest higher levels of emotional instability, emotional reactivity, and a poorer capacity to regulate emotions, as well as emotional insecurity, than those who have more supportive family environments (Harold and Sellers, 2018; Morris et al., 2007).

This evidence is well documented in western cultures but not so much in the cultures like Pakistan where there are significant differences in emotional expression, family system and conflict resolution norms (Kagiticbasi, 2017).

The present study, in the light of the Pakistani sociocultural context, is thus a significant contribution in understanding the relationship between perception of interparental conflict and emotional dysregulation, which is the basis to examine emotional dysregulation as a mediator as discussed later in this chapter.

2.7 Relationship between Emotional Dysregulation and Psychological Distress

Emotional dysregulation is a psychological risk factor for adolescent mental health issues that has been identified many times. Adolescence is a period of biological, cognitive and social development in a person's life, which means there's a need for them to be able to handle their emotional experiences effectively if they're to be psychologically healthy and able to adapt to their developmental demands (Compas et al., 2017; Gross, 1998).

Emotional dysregulation, which is characterized by an inability to identify, understand, accept, and regulate emotions, has been repeatedly shown to be associated with increased anxiety, depression, and stress (Gratz and Roemer, 2004; Compas et al., 2017; Heleniak et al., 2016). Adolescents that continue to struggle with emotional regulation have lower coping skills, greater emotional reactivity, lower interpersonal functioning abilities, and increased rates of depression, anxiety, stress, and other measures of psychological distress (Gross, 1998; Heleniak et al., 2016).

Emerging studies also indicate that emotional dysregulation is a transdiagnostic process that may explain the role that poor family and interpersonal functioning has on the internalization of symptoms. Specifically, studies have demonstrated that emotional regulation problems partially mediate the link between family-related stressors and depression, anxiety and overall psychological maladjustment among youth and adolescents (Compas et al., 2017; McLaughlin et al., 2019; Li et al., 2025).

2.8 Emotional Dysregulation as a Mediator

During recent years, there has been a growing interest in psychological research to pinpoint the mechanisms that account for the relationship between environmental stressors and worse adolescent mental health, and not merely to report on the association. Of the mechanisms suggested, emotional dysregulation appears to be a major interposing process between negative family experiences and psychological distress (Compas et al., 2017; McLaughlin et al., 2019). This view suggests that adolescents who are exposed to destructive interactions between their parents may feel less emotionally secure, more emotionally reactive, and have less opportunity to acquire adaptive emotion regulation skills, making them more susceptible to anxiety, depression and stress (Davies and Cummings, 1994; Morris et al., 2007). This is evidence that perception of interparental conflict could impact adolescents' psychological adjustment not only directly, but also indirectly, via the impact on emotion-regulation processes. Empirical evidence on the mediational role of emotional regulation in the relationship of adverse family environments with adolescent psychological adjustment is growing and recent research added support. Adolescents who experience destructive perception of interparental conflict tend to be at a heightened risk for problems in emotion regulation, which in turn can lead to depression, feelings of anxiety and stress, and overall psychological maladjustment (Harold and Sellers, 2018; Li et al., 2025).

Similarly, emotion-regulation (ER) problems have been shown to be a significant transdiagnostic pathway of how adverse childhood and family events impact on internalizing psychopathology, and interventions that improve emotion regulation have been found to lessen the negative psychological outcomes of family conflict (Compas et al., 2017; Heleniak et al., 2016; McLaughlin et al., 2019). Family processes such as parental emotional modelling, emotion-related parenting practices, and the family emotional climate are all key factors in the development of emotion regulation (Morris et al., 2007). When perception of interparental conflict is hostile and poorly resolved, adolescents' opportunities to learn adaptive emotion-regulation skills are diminished and their chance of emotional insecurity, greater emotional reactivity and maladaptive emotion-regulation coping

is increased (Davies and Cummings, 1994; Harold and Sellers, 2018). Further, current evidence indicates that subjective perceptions and appraisals of family conflict are a key factor in shaping the psychological impact of conflict, such that subjective experiences of conflict are tied closely to the subsequent experience of emotion-regulation challenges and mental health outcomes (Grych and Fincham, 1990; Li et al., 2025). The evidence to date supports the Emotional Security Theory, which posits emotional dysregulation as an important psychological process by which internalizing and externalizing psychological problems are linked to destructive perception of interparental conflict (Davies and Cummings, 1994; Harold and Sellers, 2018). This mediating pathway is supported by the growing evidence, but the evidence has been largely found in the western or East Asian population with relatively less evidence in the population of developing nations like Pakistan where the family system, parenting practices and emotional socialization vary significantly (Kagiticbasi, 2017). Given the lack of literature on emotional dysregulation as a link between perception of interparental conflict and psychological distress among Pakistani adolescents and its potential to be used as evidence for culturally appropriate family- and school-based interventions to enhance adolescents' emotion-regulation capacities, this study fills an important gap in the literature.

2.9 Rationale

Adolescence is a time of intense growth and change in the body, feelings, thinking and thinking patterns, and social interactions, making the period a vulnerable time for experiencing psychological problems (Steinberg, 2017; Santrock, 2022). Throughout this phase the family environment is crucial in forming the emotional and psychological outlook of the adolescents. Perception of Interparental conflict, besides having been consistently linked to adverse mental health outcomes such as depression, anxiety, stress, emotional insecurity, and behavioral maladjustment (Davies and Cummings, 1994; Harold and Sellers, 2018), is one of the family related stress factors. While there has been a strong relationship between perception of

interparental conflict and psychological distress in adolescents, the psychological mechanisms linking these constructs is understudied ([Compas et al., 2017](#)).

Difficulty in understanding, managing and responding to emotional experiences in an appropriate manner (emotional dysregulation) has been a mechanism that has come to the forefront of interest ([Gratz and Roemer, 2004](#); [Gross, 1998](#)). Emotion regulation is learned mainly from family life, and consistent negative family dynamics can have a negative impact on adolescent emotion regulation, leading them to be more vulnerable to depression, anxiety, and stress ([Morris et al., 2007](#)). Emotional dysregulation has consistently been linked to poorer psychological adjustment and emotional distress in adolescents in previous studies ([Compas et al., 2017](#); [Pedrini et al., 2022](#)). But few studies have focused on emotional dysregulation as a pathway to psychological distress and how perception of interparental conflict relates to this pathway, especially in collectivistic cultures, particularly among adolescents.

This study is significant in Pakistan as the cultural values, family interdependence and hierarchy found in the country could influence how adolescents interpret parental conflict and emotional expression ([Bornstein, 2013](#); [Kagitcibasi, 2017](#)). Although mental health issues are on the rise among adolescents, empirical research on the interaction of perception of interparental conflict, emotional dysregulation, and psychological distress among Pakistan's adolescents is still scarce. Therefore, culturally relevant research is required to assess if the results of studies in Western populations are relevant in Pakistan and to help create culturally relevant interventions for mental health.

This study is further significant because of the increasing burden of mental health issues among adolescents worldwide. The [World Health Organization \(2025\)](#) estimates that around 1 in 7 adolescents suffers from a mental disorder, while nearly half (44%) of all mental disorders start before the age of 18 years ([Solmi et al., 2022](#)). The results underscore the importance of the adolescent years as a time of potentially high risk for modifiable risk factors in the social domain and the need for effective preventive interventions. The present study builds off of the previous research by exploring how emotional dysregulation accounts for the relationship

between perception of interparental conflict and adolescent psychological distress (Harold and Sellers, 2018), rather than solely focusing on the association.

In addition, the present study examines gender differences in perception of interparental conflict, emotional dysregulation and psychological distress. There is previous research that has indicated that there is gender difference in emotional processing and reactions to family conflict due to sociocultural, developmental and biological factors; however, such results have been inconsistent (Chaplin and Aldao, 2013; Zahn-Waxler et al., 2008). The differences may be explored within the Pakistani context to draw evidence for designing gender sensitive prevention and intervention strategies.

The present study is based upon Emotional Security Theory (Davies and Cummings, 1994), which outlines the effects of adolescents' emotional reactions to parental conflict and the Cognitive-Contextual Framework (Grych and Fincham, 1990), which describes the psychological impact of cognitive reactions to parental conflict. This study aims to contribute to the current knowledge base, by bringing these theoretical perspectives into the study and investigating emotional dysregulation as a mediator, and to address some gaps in the empirical and contextual literature. The findings may indicate culturally-appropriate interventions that can improve emotion regulation, create positive familial dynamics and reduce psychological distress among Pakistani adolescents with implications for psychologists, family therapists, school counselors, educators and policy makers.

2.10 Theoretical Framework

The present study is grounded in Emotional Security Theory, developed by Davies and Cummings (1994). This theory provides a comprehensive basis for understanding how perception of interparental conflict contributes to psychological distress through emotional dysregulation. Emotional Security Theory (EST) proposes that perception of interparental conflict threatens adolescents' sense of safety and stability within the family system, leading to increased emotional reactivity, vigilance, and feelings of insecurity (Davies and Cummings, 1994). Adolescents may experience emotional insecurity when exposed to perception of interparental conflict,

which can hinder the development of good emotion-regulation skills (Davies and Martin, 2013). Therefore, adolescents might be unable to regulate and alleviate negative emotions, potentially leading to symptoms of anxiety, depression, and stress, all of which are markers of psychological distress (Harold and Sellers, 2018). Adolescents use behavioral, cognitive and emotional coping mechanisms to restore a sense of security when exposed to perception of interparental conflict; however, if a child is exposed to conflict over an extended period of time, these coping mechanisms may become insufficient and interfere with the development of healthy emotional functioning (Davies and Cummings, 1994). Emotional dysregulation is a core mechanism that is conceived in EST as being linked to perception of interparental conflict and internalizing problems (Davies and Martin, 2013; Davies et al., 2024), while emotional security is reframed as a goal-oriented, regulatory process that failure to achieve can result in maladaptive emotional and cognitive reactions (Davies and Martin, 2013). Emotional Security Theory provides a general explanation for the association between perception of interparental conflict and psychological distress in adolescents: exposure to interparental conflict decreases adolescents' emotional security which, in turn, increases their likelihood of emotional dysregulation, which is the pathway between perception of interparental conflict and psychological distress in the present study.

2.10.1 Conceptual Model

The proposed conceptual framework of the present study is given below.

The present study proposes a conceptual framework examining the relationship between perception of interparental conflict and psychological distress among adolescents. This model is based on the postulation that adolescents who experience high levels of perception of interparental conflict are more vulnerable to emotional regulation concerns, which increases the risk of psychological distress (depression, stress, and anxiety). However, this link is not expected to emerge exclusively from direct effects. Instead, it is proposed that emotional dysregulation serves as an important psychological mechanism through which perception of interparental conflict influences psychological distress.

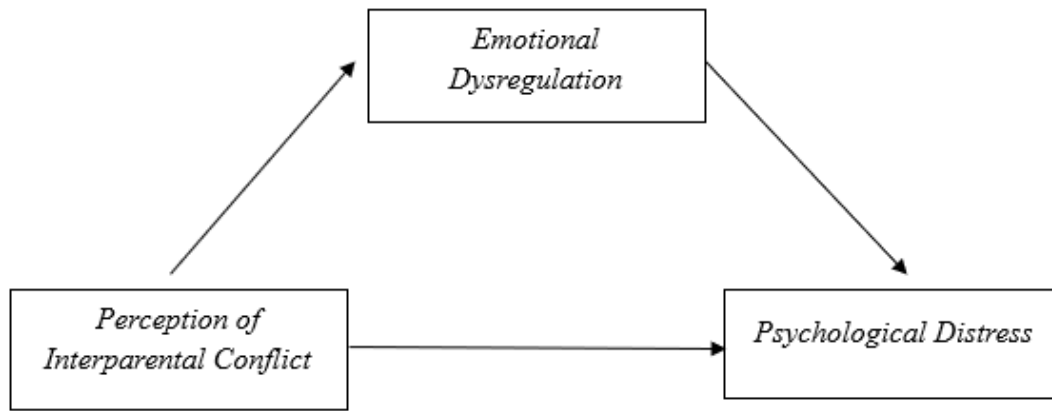


FIGURE 2.1: Conceptual framework illustrating the associations between interparental conflict and the outcomes of emotional dysregulation with psychological distress, based on Emotional Security Theory

Specifically, frequent disagreements or negative interactions between parents are expected to evoke difficulties in managing one's emotions, which may subsequently intensify depression, anxiety, and stress. Accordingly, emotional dysregulation is proposed as the mediating variable within the present study's conceptual model.

This framework serves as a theoretical foundation for investigating both the direct pathway (*perception of interparental conflict* → *psychological distress*) and an indirect pathway (*perception of interparental conflict* → *emotional dysregulation* → *psychological distress*). The framework also serves as the foundation for the hypotheses evaluated in the current study and depicts the proposed correlations between all study variables.

Chapter 3

Research Methodology

3.1 Research Design

Cross-sectional correlational research design was used in the present study to identify the linkage of perception of interparental conflict with other study variables among adolescents. Because the study variables could be measured objectively with the use of standardized psychometric instruments, it was considered appropriate to use a quantitative approach. The correlational study design allows for the examination of relationships and predictive effect among perception of interparental conflict, emotional dysregulation and psychological distress, providing understanding into how these variables interrelate during adolescent development. The sample consisted of adolescents chosen through convenience sampling. Data were collected using standardized self-report measures administered at a single point in time, allowing for the examination of the associations among the study variables and the function of emotional dysregulation as an intermediary between perception of interparental conflict and psychological distress.

3.2 Sampling Procedure

Adolescence is a phase of development that lasts from age of 10 to 19 years ([World Health Organization, 2025](#)). The current study focuses on adolescents in the middle to late phases of adolescence, age range between 13 and 18 years, at which

time emotion control capacity is still developing, and emotional sensitivity is at its peak (Steinberg, 2017). During this phase, adolescents are emotionally mature enough and have developed skills in thinking to understand the family situations and to reflect on their experiences with conflict between the family members. Convenience sampling was used to select participants who met inclusion criteria for the study. Data collection involved visiting nearly five schools and colleges in Rawalpindi and Islamabad; each institution was contacted by telephone prior to an in-person visit in order to request permission and explain the purpose of the study before approaching potential participants. Following institutional approval, written informed consent was obtained from parents and assent was obtained from adolescent participants prior to the administration of the questionnaires. The target sample size was 250 adolescents, which affords sufficient statistical power for correlational and mediation analyses. After all, 250 participants were secured for this study. Earlier reviews also suggest that typically about 200 participants are needed to achieve sufficient statistical power to detect small and moderate sized effects in correlational studies (Field, 2024; Tabachnick et al., 2007). A Monte Carlo confidence interval method was used to determine the sample size with the power set to .80, which is considered a minimum power to provide adequate statistical power for the planned analyses (Qin, 2024).

The 13–18 age range corresponds to (Steinberg, 2017) middle-to-late adolescence phase. The upper limit was set at 18, rather than 19 as in the World Health Organization (2025) broader definition, because age 18 is the legal age of majority in Pakistan (Ministry of Law and Justice, Government of Pakistan, 1875) and the boundary of childhood under Article 1 of the United Nations Convention on the Rights of the Child (United Nations, 1989). Since the study used parental consent together with adolescent assent, a procedure specific to minors, extending recruitment to legal adults would have required a different consent process.

3.2.1 Inclusion Criteria

Participants must meet all of the following criteria:

- i. Male and female adolescents aged between 13–18 years.

- ii. Adolescents must be living with both parents.
- iii. Participants must be residents of Rawalpindi and Islamabad.
- iv. Participants must be able to comprehend and complete the self-report questionnaires.

3.2.2 Exclusion Criteria

Participants meeting any of the following criteria will be excluded:

- i. Adolescents who are currently receiving psychological treatment specifically focused on family conflict, as this may influence their responses.
- ii. Adolescents who are unable to complete the questionnaire due to language barriers or cognitive or physical impairments.

3.3 Study Setting, Time Horizon and Data Collection

The study took place in Rawalpindi and Islamabad. The research followed a cross-sectional design, where all data were collected during one specific time period. Adolescents aged 13 to 18 years were recruited using convenient sampling, with informed assent (and parental consent as needed) acquired before participation. The information was gathered in different public and private sector schools, colleges, and academies in the twin cities. Before the actual data collection, ethical issues were taken seriously. The method of accessing the participants was approaching them face-to-face. Informed consent was given to all participants before the administration of the questionnaire. Participants were given clear instructions about the study before being given a set of standardized self-report questionnaires. The participants were first briefed on the voluntary nature of their participation, confidentiality of the information that they will provide, and the right of the participant to withdraw from the study at any time, without any negative effects. Participants were all asked to provide informed consent, in writing, before data

collection. A paper-and-pencil questionnaire was administered, which included a demographic information form and standardized psychological tests. The instruments used are the Children's Perception of Interparental Conflict (CPIC) which assesses adolescent's perception of parental conflict; the Difficulties in Emotion Regulation Scale (DERS-16) which measures emotional dysregulation; and the Depression Anxiety Stress Scales-Youth Version (DASS-Y) which measures psychological distress in adolescents including symptoms of depression, anxiety, and stress in adolescents. The data was first collected from a set of demographic data and the questionnaire was subsequently administered, which required a total of 20-30 minutes to complete when administered in a supervised group setting. All responses from the participants were checked for correctness and forms that were not complete or were incorrect were excluded from the study.

3.4 Measures

3.4.1 Demographic Forms

Participants' information was gathered through a self-constructed demographic form. Information consisted of age, gender, birth order, education level, and parental marital status.

3.4.2 Children's Perception of Interparental Conflict Scale

CPIC, developed by [Grych and Fincham \(1990\)](#), is a prevalent tool intended to measure the way adolescents perceive conflicts occur between their parents. Critical factors observed by the CPIC include conflict frequency, severity, perceived threats, resolutions, and blame attribution. The scale comprises of 48 items, and responses are recorded on a four-point Likert scale. This scale is considered appropriate for applying on people in the age range of 9 to 18 years old ([Grych and Fincham, 1990](#)). This instrument has strong internal consistency with Cronbach's alpha reliability ranging from .80 and .90 across its subscales, which supports its dependability in measuring ongoing exposure to conflict between parents. Previous research has used the overall Children's Perception of Interparental Conflict

Scale (CPIC) score in data analysis (Olatunji and Idemudia, 2021). Therefore, the present study utilized the total CPIC score to assess participants' perception of interparental conflict.

3.4.3 Difficulties in Emotion Regulation Scale

DERS-16 (Bjureberg et al., 2016) is a quick, psychometrically valid test of identifying adolescents' and adults' difficulties with emotions management. The tool has 16 items evaluated using a five-point Likert scale. It assesses essential characteristics of emotional dysregulation i.e. inability to tolerate emotional reactions, struggle pursuing goal-oriented activities, problems handling impulses, limited access to coping approaches, and inadequate clarity in understanding emotions. The scale has strong internal consistency among adolescents, with Cronbach's alpha ranging from .85 to .92. Research indicates that the DERS-16 maintains excellent construct validity and internal consistency within adolescent cohorts, justifying its application as a brief, reliable transdiagnostic instrument for this demographic (Demirpence Secinti and Sen, 2023). The DERS-16 is a validated, psychometrically robust tool for identifying emotion regulation deficits in adolescents, capable of differentiating clinical psychiatric cohorts from community baselines (Larsson et al., 2025). Given its limited number of items per subscale, only a total score is typically calculated and reported for the DERS-16, as subscale scores are not considered psychometrically reliable at this item level (Burton et al., 2022).

3.4.4 Depression Anxiety Stress Scales – Youth Version

DASS-Y (Patrick et al., 2010) is used to assess psychological distress among adolescents aged 9-18, including symptoms of depression, anxiety, and stress. Responses are accessed using a Likert type scale, where high scores indicate increased psychological distress. This scale shows satisfactory reliability, with Cronbach's alpha often higher than .70 across subscales including Depression ($\alpha = 0.89$), Anxiety ($\alpha = 0.84$) and Stress ($\alpha = 0.84$). It suggests acceptable internal consistency for adolescent group of population.

3.4.5 Informed Consent

An informed consent form was included in this study to ensure that participants were fully aware of the nature, purpose, and procedures of the research before agreeing to take part. It provided details about the study's aims, the tasks involved, confidentiality, and the participants' right to withdraw at any stage without penalty.

Obtaining informed consent is a fundamental ethical requirement in research involving human participants, as it allows individuals to make a voluntary and knowledgeable decision about their participation ([for International Organizations of Medical Sciences et al., 2016](#)).

3.4.6 Parent or Guardian Consent form

Since the participants of this study were adolescents under the age of 18, parental or guardian consent was obtained in addition to the adolescents' own assent. According to international research ethics guidelines, assent given by a minor is not considered sufficient on its own to permit participation in research; it must be supported by the permission of a parent or legal guardian ([for International Organizations of Medical Sciences et al., 2016](#)).

This additional layer of consent protects the rights and welfare of minors, since they may not yet have full legal or decisional capacity to consent independently ([Munung et al., 2022](#)). For this reason, a Parent/Guardian Consent Form was included, informing parents about the study and requesting their permission before their child's participation.

3.4.7 Participant Assent Form

A separate Participant Consent Form was also included so that adolescents themselves could formally agree to take part after understanding the study, in line with the principle that minors old enough to comprehend research procedures should still provide their own assent even when parental consent has been obtained ([Alomari et al., 2020](#)). This ensured that participation was voluntary at both the

parent and adolescent level, respecting the adolescents' growing autonomy while maintaining appropriate ethical protection.

3.4.8 Ethical Consideration

Prior to the start of data collection, ethical approval was obtained. Permission was taken from the administration of schools, colleges, and academies which were selected for participating in the study. Participants were explained the purpose of the study and procedures involved as well as the duration of participation. They were informed that it was voluntary and they did not have to take part in the study or leave it at any point without giving a reason or incurring any negative consequences. Written informed consent was obtained before participants participated and parent consent was taken from the parents of the participants. Participants were not asked to provide any identifying information (such as a name or contact information) to guarantee confidentiality and anonymity. Confidentiality was ensured and data used only for research purposes. Data were kept securely and could not be traced back to any individual participant and were reported in aggregate.

3.4.9 Proposed Data Analysis

SPSS Statistics 25 was used for data analysis. The analysis of the data was based on both the descriptive and inferential statistical methods. Descriptive statistics was calculated for demographic characteristics and all study variables, including the CPIC, DERS-16, and DASS-Y. The distribution of the continuous variables was also shown using a histogram. Frequencies and percentages were used for categorical variables to show the sample's demographic representation and other categorical characteristics. The reliability of each instrument was assessed through Cronbach's alpha coefficients. Spearman's rank correlation coefficient was applied to examine the relationships among perception of interparental conflict, psychological distress, and emotional dysregulation in adolescents. To test the mediating role of emotional dysregulation, mediation analysis was conducted using regression-based PROCESS MACRO by [Hayes \(2017\)](#). Perception of Interparental conflict was treated as the independent variable, emotional dysregulation as the mediator,

and psychological distress (depression, anxiety, and stress) as the dependent variable. The statistical significance of the indirect effect was examined to determine whether emotional dysregulation acts as a mediator between the IV and DV. The assumptions of normality, linearity, homoscedasticity, and multicollinearity was assessed before doing inferential studies. Effect sizes were reported in compliance with APA norms, and statistical significance will be determined at $\alpha = .05$.

Chapter 4

Results

The results and statistical analysis of the study assessing the impact of perception of interparental conflict on psychological distress as well as whether emotional dysregulation would mediate the association among adolescents (N=250). SPSS version 25 was used to analyze the data. Descriptives were determined for demographic variables of the study. Reliability analysis was done for perception of interparental conflict, emotional dysregulation, and psychological distress.

Non-parametric statistical analyses were used because the data was not normally distributed. Spearman's Rank correlation analysis was done to examine the nature of the relationship among the variables of study.

Mediation analysis was conducted to understand the mediating effect of emotional dysregulation through PROCESS Macro by Hayes ([Hayes, 2017](#)). Mediation was tested separately for each dimension of psychological distress — depression, anxiety, and stress — rather than a single composite score, consistent with the tripartite model ([Clark and Watson, 1991](#)) underlying the DASS-Y and with published precedent: [Al-Mamun et al. \(2026\)](#) similarly used “psychological distress” as the overarching construct name while running separate, dimension-specific models, and [Vacca et al. \(2023\)](#) tested depression, anxiety, and stress as three separate mediation outcomes rather than a combined score.

Mann–Whitney U Test was conducted to analyze the difference among variables. For clarity, tables and figures are used to support the descriptive and inferential results of statistical studies.

TABLE 4.1: Frequency and Percentages of Demographic Variables (N = 250)

Characteristics	Category	f	%
Age			
	13–15	31	12.4
	16–18	219	87.6
Gender			
	Male	105	42.0
	Female	145	58.0
Birth Order			
	First born	90	36.0
	Middle born	48	19.2
	Last born	65	26.0
	Only child	47	18.8
Education			
	Secondary School	26	10.4
	Higher Secondary	224	89.6
Parent's Marital Status			
	Living Together	250	100.0

Note. f = Frequency; % = Percentage; M = Mean; SD = Standard Deviation.

Table 4.1 displays the distribution of the study sample's demographic factors. The study includes total of 250 participants. 42% of them ($n = 105$) were male, while majority of participants were female ($n = 145$, 58%). The age bracket of the participants ranged from 13 to 18 years. As far as age distribution is concerned, the majority of the individuals ($n = 219$, 87.6%) fall within the age bracket of 16 to 18 years, while the remaining 12.4% ($n = 31$) participants being under the age bracket of 13 to 15 years. With respect to the birth order, the majority of participants were firstborn ($n = 90$, 36%), and 65 (26%) individuals were lastborn. An almost equal number of participants were middle-born ($n = 48$, 19.2%) and only children ($n = 47$, 18.8%) of their parents. Regarding education, 10.4% ($n =$

26) of participants were in secondary school, and the majority of the participants ($n = 224$, 89.6%) were enrolled in higher secondary school. All participants reported that their parents are living together.

TABLE 4.2: Reliability analysis of study Scales and Subscales (N=250)

Variables	N	M	SD	α
CPIC	48	95.99	6.97	.80
DERS	16	50.63	17.31	.98
Depression	7	15.97	6.87	.97
Anxiety	7	15.34	6.21	.96
Stress	7	19.66	5.95	.96

Note. CPIC = Children's Perception of Interparental Conflict Scale; DERS = Difficulties in Emotional Regulation Scale; N = Number of Items; M = Mean; SD = Standard Deviation; α = Cronbach's alpha.

Table 4.2 presents the Cronbach's alpha reliability coefficient and descriptive statistics for the study variables. Cronbach's alpha reliability for perception of Interparental Conflict is 0.80, which falls in an acceptable range. The Emotional Dysregulation exhibits an excellent Cronbach's alpha reliability, which is found to be 0.98. For the Depression, Anxiety, and Stress, the alpha reliability is found to be 0.97, 0.96, and 0.96, respectively. On the whole, all scales and subscales were found to pass the good to excellent range of reliability of .80 to 0.98.

The Mean of the perception of interparental conflicts 95.99 (SD = 6.97), which is the highest among other scales used in the study. Emotional dysregulation shows the highest standard deviation (SD = 17.31). In case of depression, anxiety, and stress the mean is 15.97 (SD = 6.87), 15.34 (SD = 6.21), and 19.66 (SD = 5.95), respectively. Collectively, these psychometric properties proved that the measures used in the current study are psychometrically fit to further analytical procedures.

Table 4.3 presents the statistics for test of normality for study variables. Skewness and kurtosis values of all the variables fell within a reasonable range, which means that there were no violations of normality in the shape of the distribution.

Nevertheless, the Kolmogorov-Smirnov test indicated that the data is not normally distributed because all study variables except perception of interparental conflict had significant values ($p < .001$). Thus, non-parametric statistical tests were conducted for testing the hypothesis.

TABLE 4.3: Skewness, Kurtosis and Kolmogorov-Smirnov Statistics for Normality Test (N=250)

Variables	Skewness		Kurtosis		KS	p
	Statistics	St. Error	Statistics	St. Error		
CPIC	0.19	0.15	-0.56	0.31	.071	.004
DERS	-0.47	0.15	-0.44	0.31	.126	.000
Depression	0.24	0.15	-0.89	0.31	.117	.000
Anxiety	0.25	0.15	-0.81	0.31	.114	.000
Stress	-0.34	0.15	-0.58	0.31	.174	.000

Note. CPIC = Children's Perception of Perception of Interparental Conflict Scale, DERS = Difficulties in Emotional Regulation Scale, M = Mean, SD = Standard Deviation; p = Significance Level.

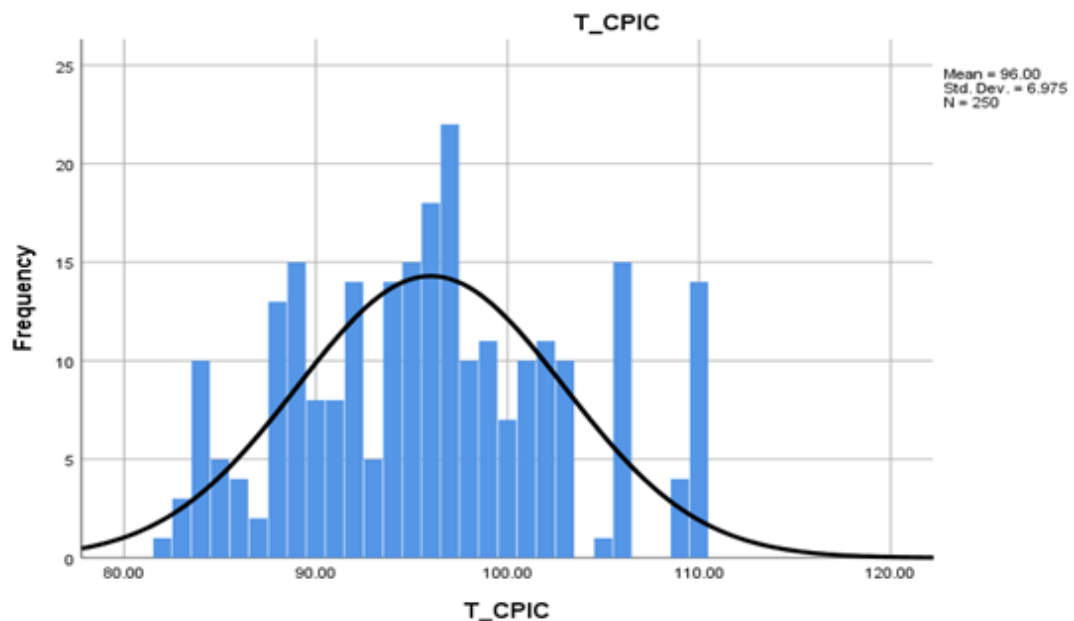


FIGURE 4.1: Histogram with normal curve for Interparental Conflict (N=250)

Table 4.4 shows Spearman's Rank correlation analysis between perception of interparental conflict, emotional dysregulation, and psychological distress. The study

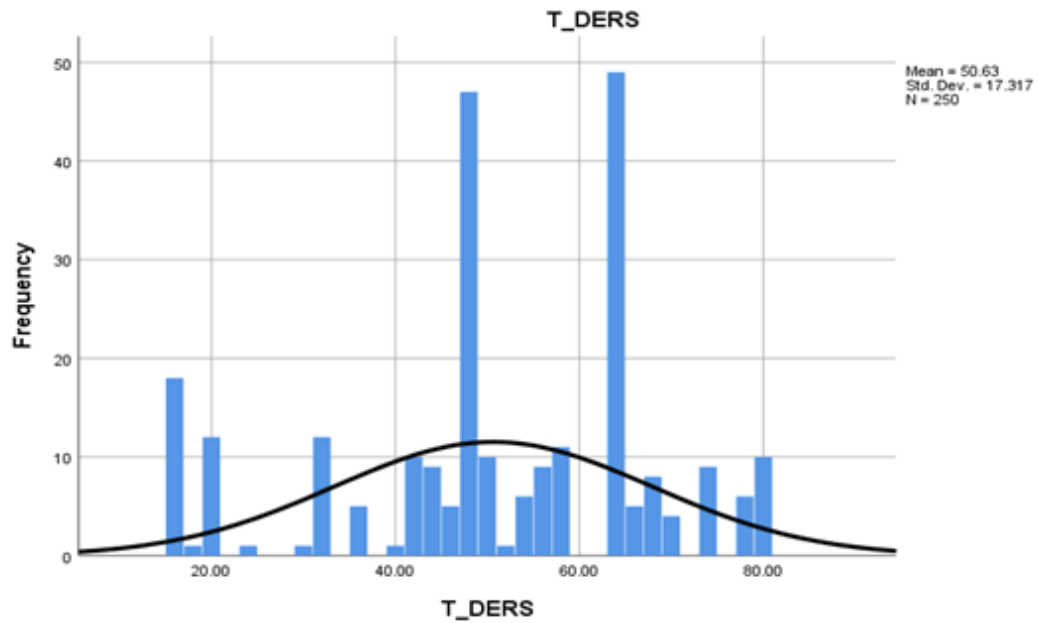


FIGURE 4.2: Histogram with normal curve for Emotional Dysregulation (N=250)

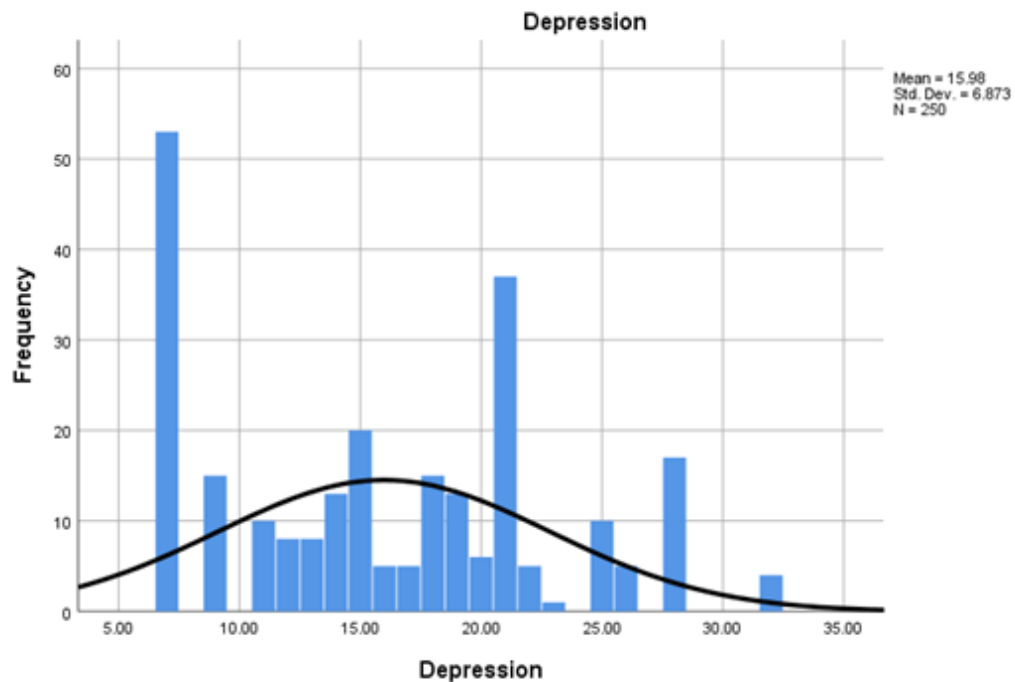


FIGURE 4.3: Histogram with normal curve for Depression (N=250)

variables indicate significant correlations ($p < .01$). Perception of Interparental conflict positively correlates with emotional dysregulation ($r = .67^{**}$). Furthermore, it shows a positive association with depression ($r = .56^{**}$), stress ($r = .52^{**}$) and anxiety ($r = .58^{**}$). Similarly, there is a positive relationship of emotional dysregulation with depression ($r = .67^{**}$), stress ($r = .63^{**}$) and anxiety ($r =$

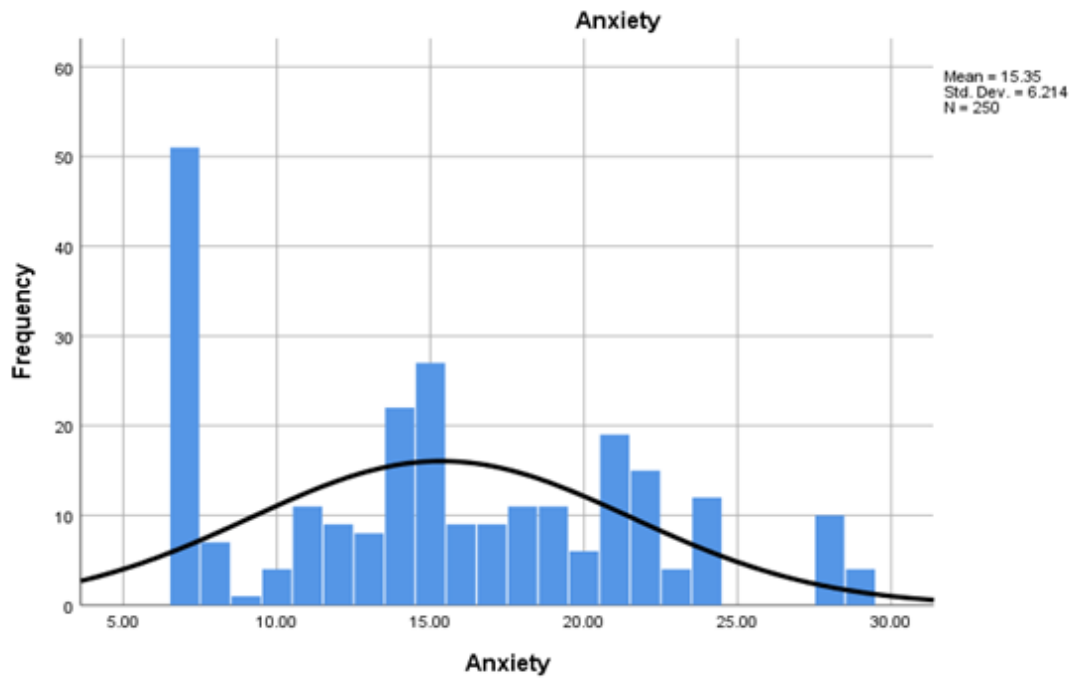


FIGURE 4.4: Histogram with normal curve for Anxiety (N=250)

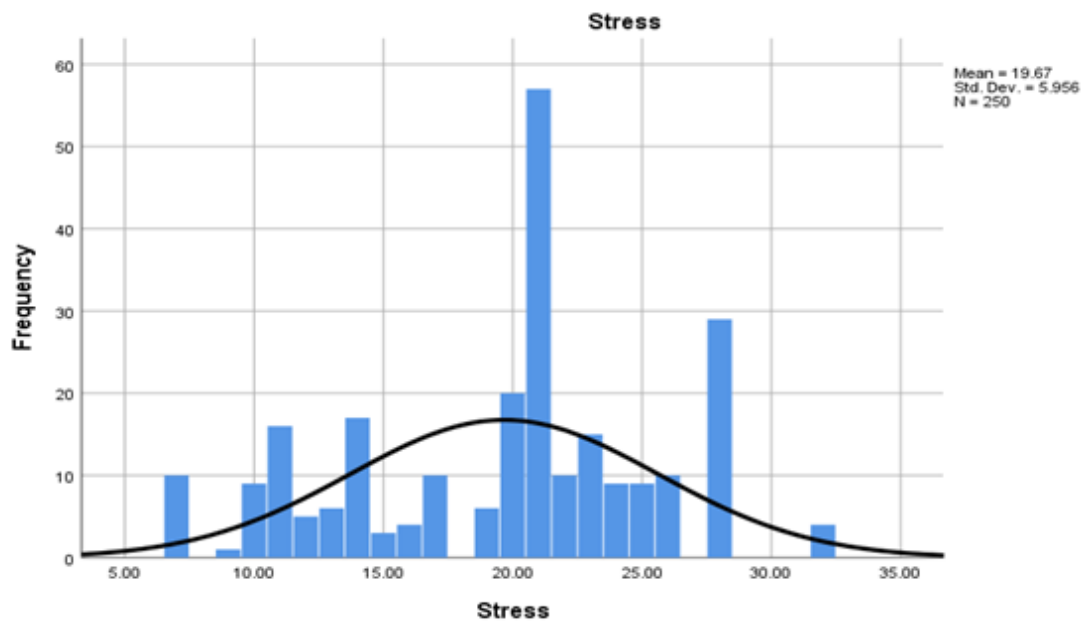


FIGURE 4.5: Histogram with normal curve for Emotional Stress (N=250)

.67**). Depression, anxiety, and stress have significant positive correlation with one another. In particular, these relationships suggested that the exposure to the increased perception of interparental conflict, the individual is more vulnerable to emotional dysregulation and psychological distress. Similarly, the increased emotional dysregulation leads to increased levels of psychological distress.

TABLE 4.4: Spearman's Correlation between the study variables (N=250)

Variables	1	2	3	4	5
1 Perception of Interparental Conflict	-	.67**	.56**	.58**	.52**
2 Emotional Dysregulation		-	.67**	.67**	.63**
3 Depression			-	.95**	.81**
4 Anxiety				-	.78**
5 Stress					-

Note. *p<0.05, **p<0.01, ***p<0.001

Table 4.5 shows the mediating role of emotional dysregulation on depression. The total effect indicates that the perception of interparental conflict has a significant effect on depression ($\beta = 0.55$, $p < .001$). However, after the addition of emotional dysregulation to the model, the direct effect was also significant ($\beta = 0.13$, $p = .04$). Furthermore, the indirect effect was statistically significant [$\beta = 0.41$ (LL = 0.33; UL = 0.49)], showing that partial mediation has occurred. It demonstrates that emotional dysregulation significantly mediates the association between perception of interparental conflict and depression.

Therefore, rather than affecting depression through a direct path, perception of interparental conflict has an impact on depression via emotional dysregulation.

TABLE 4.5: Mediation Analysis of Emotional Dysregulation in the Relationship between Perception of Interparental Conflict and Depression (N = 250)

Paths	β	SE	95% CI		t	p
			LL	UL		
CPIC $\rightarrow$ DERS	1.80	0.10	1.58	2.01	16.63	.000
DERS $\rightarrow$ Depression	0.23	0.02	0.17	0.28	8.65	.000
CPIC $\rightarrow$ Depression	0.55	0.05	0.44	0.65	10.59	.000
Total Effect	0.55	0.05	0.44	0.65	10.59	.000
Direct Effect	0.13	0.06	.003	0.26	2.01	0.04
Indirect Effect	0.41	0.04	0.33	0.49		

Note. CPIC = Children's Perception of Interparental Conflict Scale, DERS = Difficulties in Emotional Regulation Scale; B = Coefficient; t = t-Statistics; CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; p $\leq$.05.

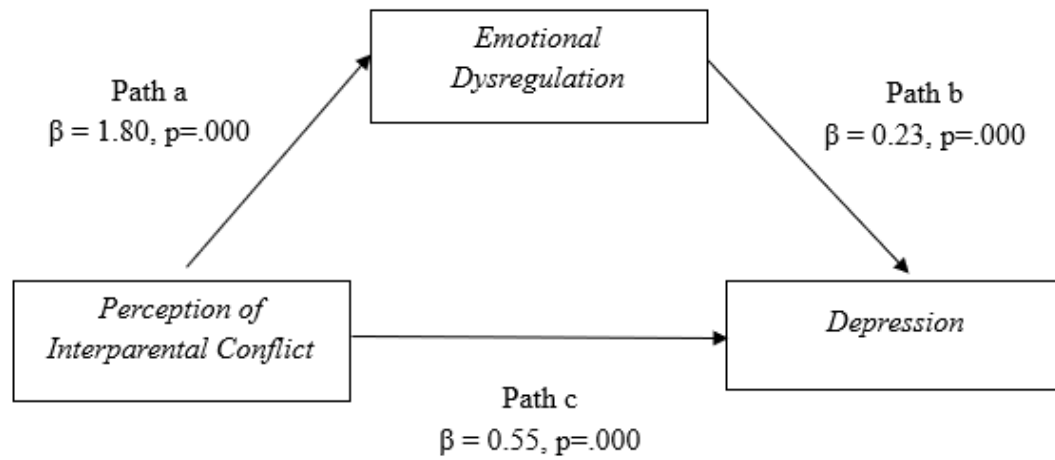


FIGURE 4.6: Path Diagram of mediation in the relationship between Perception of Interparental Conflict, Emotional Dysregulation, and Depression

The path analysis demonstrated that perception of interparental conflict significantly predicted emotional dysregulation (Path a), indicating that individuals who have exposure to greater perception of interparental conflict experienced greater emotional dysregulation ($\beta = 1.80, p < .05$). In turn, emotional dysregulation significantly predicted depression (Path b), suggesting that increased emotional dysregulation was associated with higher depression ($\beta = 0.23, p < .05$).

Furthermore, the total effect (Path c) of perception of interparental conflict on depression remained significant without accounting for emotional dysregulation ($\beta = 0.55, p < .05$), indicating that greater perception of interparental conflict directly predicted higher depression.

Collectively, these results suggest that emotional dysregulation serves as a significant mediator in the relationship between perception of interparental conflict and depression. Specifically, individuals who exposure to more parental conflict tend to experience high emotional dysregulation, which subsequently contributes to increased depression.

Since the direct effect remained significant along with the indirect pathway, the findings indicate partial mediation, suggesting that higher perception of interparental conflict is associated with higher depression both directly and indirectly through increased emotional dysregulation.

TABLE 4.6: Mediation Analysis of Emotional Dysregulation in the Relationship between Perception of Interparental Conflict and Anxiety (N = 250)

Paths	β	SE	95% CI		t	p
			LL	UL		
CPIC $\rightarrow$ DERS	1.80	0.10	1.58	2.01	16.63	.000
DERS $\rightarrow$ Anxiety	0.19	0.02	0.14	0.24	8.03	.000
CPIC $\rightarrow$ Anxiety	0.51	0.04	0.42	0.59	10.88	.000
Total Effect	0.51	0.04	0.42	0.59	10.88	.000
Direct Effect	0.15	0.06	0.03	0.27	1.75	0.01
Indirect Effect	0.35	0.04	0.27	0.43		

Note. CPIC = Children's Perception of Interparental Conflict Scale, DERS = Difficulties in Emotional Regulation Scale; β = Coefficient; t = t-Statistics; CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; $p \leq .05$.

Table 4.6 shows the mediating role of emotional dysregulation on anxiety. The total effect indicates that the perception of interparental conflict has a significant effect on anxiety ($\beta = 0.51$, $p < .001$). However, after the addition of emotional dysregulation to the model, the direct effect was also significant ($\beta = 0.15$, $p = .01$). Furthermore, the indirect effect was statistically significant [$\beta = 0.35$ (LL = 0.27; UL = 0.43)], showing that partial mediation has occurred. It demonstrates that emotional dysregulation significantly mediates the association between perception of interparental conflict and anxiety. Therefore, rather than affecting anxiety through a direct path, perception of interparental conflict influences anxiety via emotional dysregulation.

The path analysis in Figure 4.6 demonstrated that perception of interparental conflict significantly predicted emotional dysregulation (Path a), indicating that individuals who have exposure to greater interparental conflict experienced greater emotional dysregulation ($\beta = 1.80$, $p \leq .05$). In turn, emotional dysregulation significantly predicted anxiety (Path b), suggesting that increased emotional dysregulation was associated with higher anxiety ($\beta = 0.19$, $p < .05$). Furthermore, the total effect (Path c) of perception of interparental conflict on anxiety remained

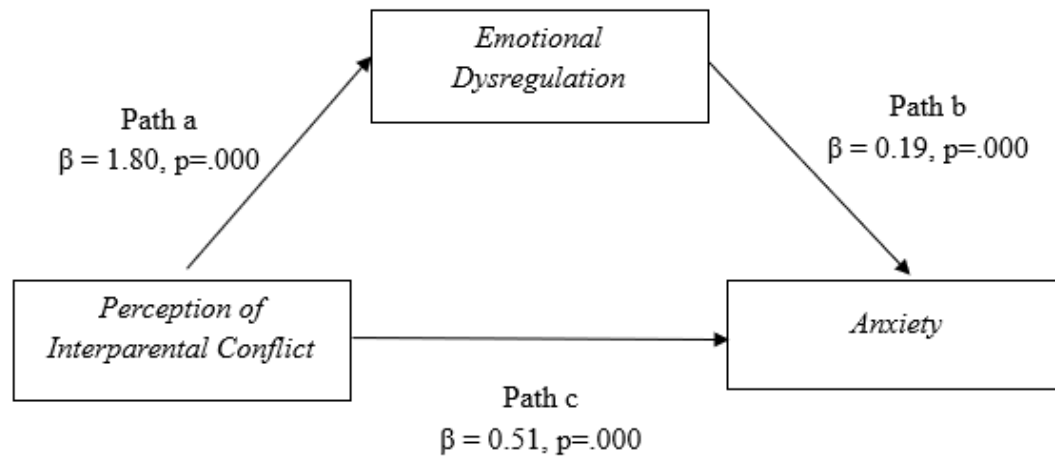


FIGURE 4.7: Path Diagram of mediation in the relationship between Perception of Interparental Conflict, Emotional Dysregulation, and Anxiety

significant without accounting for emotional dysregulation ($\beta = 0.51, p < .05$), indicating that greater perception of interparental conflict directly predicted higher anxiety. Individuals who expose to more parental conflict tend to experience more difficulties in regulating emotions, which subsequently contributes to increased levels of anxiety. Since the direct effect remained significant along with the indirect pathway, the findings indicate partial mediation, suggesting that higher perception of interparental conflict is associated with higher levels of anxiety both directly and indirectly through increased emotional dysregulation. These results (see Figure 4.6) support the anticipated mediation model and highlight emotional dysregulation as an important explanatory pathway relating parental conflict with increased anxiety.

Table 4.7 shows the mediating role of emotional dysregulation on stress. The total effect indicates that the perception of interparental conflict has a significant effect on stress ($\beta = 0.49, p < .001$). However, after the addition of emotional dysregulation to the model, the direct effect was also significant ($\beta = 0.10, p = .04$). Furthermore, the indirect effect was statistically significant [$\beta = 0.38$ (LL = 0.31; UL = 0.46)], showing that partial mediation has occurred. It demonstrates that emotional dysregulation significantly mediates the association between perception of interparental conflict and stress. Therefore, rather than affecting depression through a direct path, interparental conflict has an impact on stress through emotional dysregulation.

TABLE 4.7: Mediation Analysis of Emotional Dysregulation in the Relationship between Perception of Interparental Conflict and Stress (N = 250)

Paths	β	SE	95% CI		t	p
			LL	UL		
CPIC $\rightarrow$ DERS	1.80	0.10	1.58	2.01	16.63	.000
DERS $\rightarrow$ Stress	0.21	0.02	0.17	0.25	9.73	.000
CPIC $\rightarrow$ Stress	0.49	0.04	0.40	0.58	11.21	.000
Total Effect	0.49	0.04	0.40	0.58	11.21	.000
Direct Effect	0.10	0.05	.001	0.21	1.98	0.04
Indirect Effect	0.38	0.04	0.31	0.46		

Note. CPIC = Children's Perception of Interparental Conflict Scale, DERS = Difficulties in Emotional Regulation Scale; B = Coefficient; t = t-Statistics; CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; p $\leq$.05.

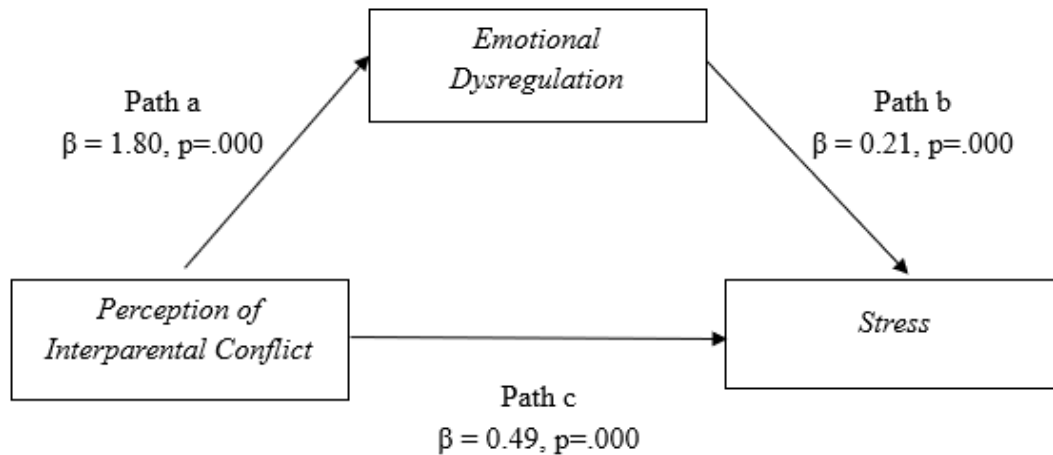


FIGURE 4.8: Path Diagram of mediation in the relationship between Perception of Interparental Conflict, Emotional Dysregulation, and Stress

The path analysis confirmed that interparental conflict significantly predicted emotional dysregulation (Path a), indicating that individuals who have exposure to greater perception of interparental conflict experienced greater emotional dysregulation ($\beta = 1.80$, $p < .05$). In turn, emotional dysregulation significantly predicted stress (Path b), suggesting that increased emotional dysregulation was associated with higher stress ($\beta = 0.21$, $p < .05$). Furthermore, the total effect (Path c) of perception of interparental conflict on stress remained significant without accounting for emotional dysregulation ($\beta = 0.49$, $p < .05$), indicating that greater

perception of interparental conflict directly predicted higher stress. Collectively, these results suggest that emotional dysregulation serves as a significant mediator in the association between perception of interparental conflict and stress.

Individuals who expose to more parental conflict tend to experience higher emotional dysregulation, which subsequently contributes to increased stress levels. Since the direct effect remained significant along with the indirect pathway, the results indicate partial mediation has occurred, suggesting that higher perception of interparental conflict is associated with higher stress levels both directly and indirectly through increased emotional dysregulation.

TABLE 4.8: Mann–Whitney U Test Showing Gender Differences on Study Variables (N = 250)

Variables	Mean Rank (Male) N=105	Mean Rank (Female) N=145	U	Z	p
CPIC	132.03	120.77	6926.500	-1.21	.223
DERS	121.14	128.66	7154.500	-0.81	.415
Depression	105.05	140.31	5465.500	-3.83	.000
Anxiety	105.10	140.27	5470.500	-3.81	.000
Stress	101.47	142.90	5089.500	-4.50	.000

Note. CPIC = Children’s Perception of Interparental Conflict Scale, DERS = Difficulties in Emotional Regulation Scale; p = Asymptotic significance (2-tailed).

Table 4.8 indicates the results of the A Mann-Whitney U test used to test gender differences in perception of interparental conflict, emotional dysregulation and psychological distress since the assumption of normality was violated. There were notable gender differences on depression (U = 5465.500, Z = -3.83, p = .000), anxiety (U = 5470.500, Z = -3.81, p = .000), and stress (U = 5089.500, Z = -4.50, p = .000). It indicates that psychological distress (depression, anxiety and stress) is significantly higher among females as compared to males. Regarding perception of interparental conflict, no significant gender difference was found (U = 6926.500, Z = -1.21, p = .223).

Similarly, the score of emotional dysregulations were not significantly different based on the gender ($U = 7154.500$, $Z = -0.81$, $p = .415$). Even though females have a slightly higher mean rank in emotional dysregulation and males have a higher mean rank in interparental conflict, the differences did not have a statistically significant difference ($p > .05$). All in all, the results show that gender has a significant impact on psychological distress but it has no significant impact on perception of interparental conflict and emotional dysregulation in the current sample.

Chapter 5

Discussion and Conclusion

5.1 Overview of Findings

The aim of this current study was to investigate the relationship between perception of interparental conflict, emotional dysregulation and psychological distress in adolescents and to examine whether emotional dysregulation plays a mediating role in the link between perception of interparental conflict and psychological distress. Results indicated that perception of interparental conflict was a significant and positively related to emotional dysregulation and all related to psychological distress including depression, anxiety and stress. On the other hand, findings showed that emotional dysregulation had significant related with psychological distress, and partially mediated the relationship of perception of interparental conflict and psychological distress. The results indicated that if an adolescent's perception of high levels of destructive perception of interparental conflict is associated with their difficulty in regulating emotions, they are at a higher risk for psychological distress. The current results support previous theory and research, such as the Emotional Security Theory ([Davies and Cummings, 1994](#)), which suggest that adolescents' emotional functioning is impaired through exposure to destructive parental conflict, resulting in negative psychological outcomes. Each research finding is explored in the following sections in terms of what has come before and in relation to theory.

5.2 Sample Characteristics

The current study was done on the sample of 250 adolescents that were of 13 to 18 years of age, majority of them belonged to the age group of 16 to 18 years. The sample size was determined through a Monte Carlo confidence interval method (Qin, 2024). In the study, both male and female adolescents took part, although, there was a majority number of female participants. The participants also differed in respect to their order of birth (in the family) and their level of education. All the participants were of the belief that their parents were cohabiting. The demographic characteristics were suitable for the present study because adolescents are a developmental period in which emotional, cognitive, and social development occurs, and adolescents are sensitive to family interactions and stressors during the period of development (Steinberg, 2017; Santrock, 2022). In addition, having adolescents of intermarried parents in the study ensured that the participants would have firsthand knowledge of perception of interparental conflict, thus making the measure more relevant (Grych and Fincham, 1990).

The overall composition of the sample matched the goals of the study and ensured an appropriate sample size for the study of the relationship between perception of interparental conflict and emotional dysregulation and psychological distress. Participants with varying genders, educational backgrounds, and family statuses provided a diverse sample and greater applicability of the findings to adolescents of similar characteristics.

5.3 Psychometric Properties of Study Measures

To test the study hypotheses, the psychometric properties of the perception of interparental conflict, emotional dysregulation, and psychological distress measures were first examined. All three instruments demonstrated acceptable-to-excellent internal consistency among Pakistani adolescents: the Children's Perception of Interparental Conflict Scale (CPIC) yielded $\alpha = .80$, consistent with prior validation studies (Grych and Fincham, 1990; Harold and Sellers, 2018); the Difficulties in Emotion Regulation Scale (DERS-16) yielded $\alpha = .98$; and the Depression

Anxiety Stress Scale (DASS-Y) yielded $\alpha = .96$ to $.97$ across its three subscales, in line with previous validation research (Bjureberg et al., 2016; Lovibond, 1995; Szabo and Lovibond, 2022). The higher-than-typical alpha values for the DERS-16 and DASS-Y are consistent with Cronbach's alpha being a sample-dependent statistic: coefficients approaching $.95$ – $.98$ are not uncommon when a sample is relatively homogeneous or when items assess a tightly unified construct (Hallion et al., 2018).

Distributional checks using skewness, kurtosis, and the Kolmogorov–Smirnov test indicated that the assumption of normality was not met for all variables; non-parametric statistical methods, including Spearman's rank correlation, were therefore used to examine relationships among the study variables, improving the accuracy and credibility of the results for non-normally distributed data (Field, 2024). Mediation analysis using Hayes' PROCESS Macro remains appropriate under these conditions, as it estimates indirect effects through bootstrapping rather than relying on the assumption of normality (Hayes, 2017). Collectively, the acceptable-to-excellent reliability of all three measures, combined with statistical procedures appropriate to the data's distribution, supports confidence in the correlational and mediation findings reported in the sections that follow.

5.4 Hypothesis 1: Relationships among Perception of Interparental Conflict, Emotional Dysregulation and Psychological Distress

H1a, H1b, and H1c were proposed to examine the significant and positive relationship between perception of interparental conflict, emotional dysregulation and psychological distress among adolescents. The results of the Spearman's rank correlation indicated positive correlation between perception of interparental conflict and emotional dysregulation ($r = .67, p < .01$) which supported H1a, and perception of interparental conflict and depression ($r = .56, p < .01$), anxiety ($r = .58, p < .01$), and stress ($r = .52, p < .01$) which supported H1b. In the same way, emotional dysregulation presented positive correlations with depression (r

= .67, $p < .01$), anxiety ($r = .67$, $p < .01$) and stress ($r = .63$, $p < .01$) and H1c was supported. The results here suggest that those adolescents who believed that there were higher levels of conflict between their parents also have greater difficulty controlling their feelings and had higher levels of psychological distress. These findings confirmed H1a, H1b and H1c: perception of Interparental conflict, emotional dysfunction, and psychological distress are significantly and positively correlated in adolescent youth.

Emotion dysregulation was associated with increased risk of depression, anxiety and stress symptoms for those with more emotional dysregulation. These findings are consistent with the findings of a large body of research which has shown that negative perception of interparental conflict is an important risk factor for adolescents' emotional and psychological adjustment.

In their extensive review, [Harold and Sellers \(2018\)](#), found that exposure to chronic destructive perception of interparental conflict consistently correlates with more emotional problems, such as depression, anxiety and emotional distress in children and adolescents. Likewise, [Davies et al. \(2024\)](#) have found that multiple occurrences of parental conflict can damage adolescents' emotional security and long-term increase in emotional and behavioral issues. These findings corroborate findings from [Gerard et al. \(2005\)](#) who found that adolescents who had high conflict and high intensity family experiences had significantly more depressive symptoms and anxiety than those who had lower conflict and intensity families.

The strong positive link between perception of interparental conflict and emotional dysregulation found in the present study is echoed by past studies highlighting the role of family environment in the development of emotion regulation skills [Morris et al. \(2007\)](#) suggested that parents are the first models for the way children learn emotion in relation to expressing emotions, communicating and resolving conflict. Adolescents who have been exposed to multiple incidents of conflict and/or unresolved conflict between their parents may not know how to feel and regulate their emotions effectively in an adaptive way.

Similarly, [Compas et al. \(2017\)](#), found that chronic family stress negatively affects adolescents' emotion regulation processes, making them more vulnerable to emotional and psychological problems. The results of the present study are echoed

by the studies of more recent date, which found that emotion regulation deficits are consistently linked with increased depression, anxiety and stress among adolescents ([Heleniak et al., 2016](#); [Larsson et al., 2025](#)).

Based on the present results, overall, perception of interparental conflict is another strong family-related risk factor for adolescents' emotional and psychological well-being. The strong positive correlations between perception of interparental conflict, emotional dysregulation and psychological distress indicate that exposure to frequent and destructive perception of interparental conflict is likely to result in difficulties in emotional regulation and therefore place the adolescent at risk of developing symptoms of depression, anxiety and stress.

The results are similar to those of the prospective study by [Cummings et al. \(2012\)](#), which found that adolescents' emotional security was undermined by early experiences of persistent perception of interparental conflict, and that emotional security was associated with a decrease in psychological maladjustment. In a similar way, [Cui et al. \(2007\)](#) found that marital conflict was significantly related to internalizing and externalizing problems among adolescents, and that negative family environments were related to poor adolescent psychological adjustment.

The results also support [Camisasca et al. \(2019\)](#), who reported that adolescents who get emotionally involved in parental conflict are more susceptible to emotional and behavioral difficulties. Similarly, ([Buehler, 2020](#)), found that when problems are present in the family, especially when parents constantly argue, children's emotional adjustment and mental health are consistently poorer, throughout their adolescent years. When taken together, these findings further validate the present findings, highlighting that the negative impact of perception of interparental conflict is not solely on the family relationship but rather significantly impacts adolescents' emotional functioning and psychological health.

Hence, improving emotion regulation skills and encouraging positive conflict resolution in families might be important intervention targets for mental health prevention programs and family counseling services for adolescents.

5.5 Hypothesis 2: The Mediating Role of Emotional Dysregulation

Hypothesis 2 was stated to test the possibility that the relationship between perception of interparental conflict and each dimension of psychological distress (depression, anxiety, and stress) among adolescents would be mediated by emotional dysregulation. This was confirmed by the results obtained by mediation analyses performed using the Hayes' PROCESS Macro shows that emotional dysregulation significantly partially mediated the effect of perception of interparental conflict on each of the three dimensions of psychological distress (depression, anxiety and stress). Testing each dimension separately, rather than a single composite score, follows published precedent (Al-Mamun et al., 2026; Vacca et al., 2023) and preserves dimension-specific information that a combined score would obscure. The association between perception of interparental conflict and emotional dysregulation with psychological distress was presented with a path analysis based on the mediating effect. The analysis was modelled based on mediation model, which assumed that there was a significant association between perception of interparental conflict and psychological distress. The total effect of direct and indirect factor in the association between interparental and psychological distress was explained by an indirect factor- emotional dysregulation.

Specifically, the total effect of interparental conflict on depression was significant ($\beta = 0.55, p < .001$), as was the direct effect of perception of interparental conflict on depression when emotional dysregulation was added to the model ($\beta = 0.13, p = .04$), and so was the indirect effect of perception of interparental conflict on depression through emotional dysregulation ($\beta = 0.41, 95\% \text{ CI } [0.33, 0.49]$). Similarly, with regard to anxiety, the relationship between perception of interparental conflict and anxiety was partially mediated in part by emotional dysregulation (total effect: $\beta = 0.51, p < .001$; direct effect: $\beta = 0.15, p = .01$; and indirect effect: $\beta = 0.35, 95\% \text{ CI } [0.27, 0.43]$). Hence, the overall effect of perception of interparental conflict was significant for stress ($\beta = 0.49, p < .001$) while the direct effect was also significant once emotional dysregulation was added in ($\beta = 0.10, p = .04$), with the indirect effect remaining significant ($\beta = 0.38, 95\% \text{ CI }$

[0.31, 0.46]). The results suggest that the perception of interparental conflict has a more indirect impact on psychological distress among adolescents by affecting the emotional dysregulation rather than directly. Therefore, hypothesis 2 is supported as emotional dysregulation was found to be an important mediator between perception of interparental conflict and other variables.

The present results corroborate the previous studies that indicate the emotional dysregulation as a significant psychological way between negative family contexts and mental health problems. [Morris et al. \(2007\)](#) suggested that the family environment is the key to the development of emotion regulation as the parents act as emotion role models, responding emotionally to the children and manage their conflict. These repeated negative parent interactions can impair the development of the adolescents' adaptive emotion regulations as the chance of their risk high for the depression, the anxiety and the stress. Likewise, the [Compas et al. \(2017\)](#) found that the chronic family stress has a negative impact on adolescents' emotion regulation systems, which then increases the likelihood for internalizing of the psychological issues. . More recent research further supports these findings. For instance, [Larsson et al. \(2025\)](#) reported that greater difficulties in emotion regulation were significantly associated with higher levels of depression, anxiety, and psychological distress among adolescents, highlighting emotion regulation as a critical factor in adolescent psychological adjustment. These findings are further supported by [Compas et al. \(2017\)](#), who identified emotion regulation as a key transdiagnostic process underlying emotional and behavioral adjustment during adolescence.

The present results showed that emotional dysregulation partially mediated the link between perception of interparental conflict and psychological distress, highlighting that increased destructive parental conflict is associated with increased psychological distress in adolescents due to their emotional difficulties. Moreover, emotional dysfunction explained a significant percentage of the common variance in depression, anxiety and stress between perception of interparental conflict and psychological distress, indicating that the effect of family conflict on psychopathology among adolescents is partially mediated by problems with emotional functioning. The results are in line with previous studies showing that family conflict affects

the emotional regulation abilities of adolescents, leading to greater risk for internalizing psychological symptoms (De Raeymaecker and Dhar, 2022). Likewise, Buckholdt et al. (2014) found that being exposed to an unhealthy family environment was associated with emotion regulation problems, which further predicted adolescents' psychological maladjustment. These findings were echoed by Heleniak et al. (2016), who found that chronic family adversity disrupts adaptive emotion regulation strategies, predisposing to depression, anxiety, and stress. Moreover, McLaughlin et al. (2019) highlighted that emotion regulation is among the key developmental pathways that lead to subsequent psychopathology after adverse childhood experiences. These findings together reinforce the current findings that emotional dysregulations are not just related to psychological distress, but are also a significant pathway between dysfunctional family environments and the mental health outcomes for adolescents.

5.6 Hypothesis 3: Gender Differences Across the Study Variables

Mean differences between genders in perception of interparental conflict, emotional dysregulation, and psychological distress among adolescents were expected in Hypothesis 3. This hypothesis was partly confirmed by the findings. The Mann–Whitney U test indicated that there were no significant gender differences in interparental conflict ($U = 6926.50$, $Z = -1.21$, $p = .223$) or emotional dysregulation ($U = 7154.50$, $Z = -0.81$, $p = .415$). But substantial gender gaps were found in all areas of psychological distress. Female adolescents reported significantly higher levels of depression ($U = 5465.50$, $Z = -3.83$, $p < .001$), anxiety ($U = 5470.50$, $Z = -3.81$, $p < .001$), and stress ($U = 5089.50$, $Z = -4.50$, $p < .001$) than male adolescents. The results indicate that male and female adolescents had similar levels of perception of interparental conflict and emotional dysregulation, but female adolescents were more likely to be psychologically distressed.

There was no significant gender difference in perception of interparental conflict, indicating that males and females perceived perception of interparental conflict in

similar ways. The results align with those of [Harold and Sellers \(2018\)](#), who found that exposure to destructive perception of interparental conflict has a negative impact on both boys and girls, but the psychological impact may differ based on the child and context. Similarly, [Grych and Fincham \(1990\)](#), suggested that the appraisal of parental conflict (specifically threat and self-blame) has a greater effect on adolescent psychological adjustment than the gender of the adolescents themselves. The present results thus suggest that perception of interparental conflict is a family phenomenon in which males and females are not significantly different.

Similarly, no gender difference in emotional dysregulation was found. The mean ranks for female adolescents were slightly higher than that for males, but the difference was not statistically significant. This discovery lends credence to the idea that these emotion regulation skills are more likely to be influenced by family dynamics, parental emotional socialization, and environmental experiences, and are not solely determined by biological sex ([Morris et al., 2007](#)). Likewise, ([Compas et al., 2017](#)) found that chronic family stress has a negative impact on emotion regulation processes for both adolescent males and females. The results indicate that being exposed to a destructive perception of interparental conflict could negatively affect emotional regulation in both male and female adolescents.

However, the present study showed that there are significant gender differences in the psychological distress, such as a higher level of depression, anxiety and stress among female adolescents than males. This study's findings corroborate many earlier studies that have shown that adolescent girls are more likely to suffer from internalized psychological disorders than adolescent boys. For instance, [Chaplin and Aldao \(2013\)](#), reported that women tend to be more emotionally expressive and more likely to react to emotion focused coping, which makes them more vulnerable to depression and anxiety. Similarly, [Zahn-Waxler et al. \(2008\)](#) found that biological maturation, hormonal factors, cognitive risk factors, and gender-role socialization play a role in the increased likelihood of girls having internalizing disorders during adolescence. In recent years, [Solmi et al. \(2022\)](#) found that many mental disorders begin in adolescence, and females have consistently been found to have a higher prevalence for depression and anxiety in a variety of populations. Adolescent girls also are more likely to have common mental health disorders, such

as anxiety and depression, according to the [World Health Organization \(2025\)](#), which points to the need for gender-responsive mental health measures.

The psychological distress experienced by the female adolescents can also be explained in light of the Pakistan society and culture. In the cultural context girls are expected to keep their emotions hidden, maintain the harmony of the family and in family relations have to be more emotional. Consequently, girls may be more likely to internalize distress resulting from family conflict, boys less likely to recognize emotional problems or more likely to externalize distress, which can stem from male gender norms ([Chaplin and Aldao, 2013](#); [Zahn-Waxler et al., 2008](#)). The finding of significant differences between women and men on depression, anxiety and stress, but not on perception of interparental conflict and emotional dysregulation, may be related to these sociocultural factors.

In general, the results look at least partially to support Hypothesis 3. There were no gender differences in perception of interparental conflict and emotional dysregulation, but female adolescents reported significantly more depression, anxiety and stress than males. The results indicate that gender may not explain differences in adolescent exposure to parental conflict or in the general emotion regulation skills of the adolescents, but it does explain differences in experience and expression of psychological distress. Interventions that seek to increase mental health in adolescents should therefore be gender sensitive and also include family conflict, as well as emotion regulation skill building among both males and females.

5.7 Implications of the Study

5.7.1 Theoretical Implications

The current study both builds upon and extends the growing body of literature examining the relationship between perception of interparental conflict and psychological distress among adolescents that identified emotional dysregulation as a significant mediator of this relationship. The findings from the current study suggest that emotional dysregulation may be a mechanism whereby exposure to destructive family conflict is related to the symptoms of depression, anxiety and

stress among adolescents. Most studies to date have examined the direct relationship between family conflict and psychological outcomes; the present study results indicate that emotional dysregulations could play a mediating role between the two. The present results are similar to those of Emotional Security Theory (Davies and Cummings, 1994), which suggests that an adverse interparental relationship reduces adolescents' emotional security, increasing emotional reactivity and negatively impacting psychological adjustment. Moreover, the present study offers extended empirical evidence from Pakistan as there is limited empirical evidence available in the literature and current study supports the application of this theoretical framework in Pakistani adolescent population. Overall, the results contribute to the existing literature by identifying emotional dysregulation as a psychological mechanism relating the family conflict to psychological distress in adolescents and thus deepening the understanding of how negative family environments affect adolescent mental health.

5.7.2 Practical Implications

The results of the present study suggest a number of practical implications for clinical psychologists, counsellors, educators, parents and policy makers. Since partial mediation of the relationship between perception of interparental conflict and psychological distress occurred through emotional dysregulation, intervention programmers should not only aim to reduce destructive family conflict, but also to enhance adolescent emotion regulation skills. Individual, group, and family-based interventions for adolescents who are facing perception of interparental conflict may include evidence-based emotion-regulation strategies by clinical psychologists and family therapists. Likewise, school counsellors and educational psychologists can design mental health programmes in schools that support emotional awareness and adaptive coping, resilience and healthy expression of emotions in adolescents. Psychoeducation for parents can also be beneficial in helping parents adopt positive conflict-resolution skills, communicate emotions better in the family, and reduce the negative psychological impact of marital conflict on their children. The results can inform policy decisions regarding the creation of family-focused mental health and wellness services, school counseling programs and prevention-based family

relationship, emotional regulation skills-based and overall psychological well-being programs.

5.8 Limitations of the Study

There are several limitations to the present study that should be taken into account when interpreting the results of the present study. Firstly, the study used a cross-sectional research design, which constrained the ability to establish causal relationships between interparental conflict, emotional dysregulation, and psychological distress. However, mediation analysis showed that these variables had significant indirect effects, but was not possible to establish the temporal order of these variables. The results should thus be viewed as correlational, not causal. Longitudinal or prospective studies are suggested to explore the relationship between extended exposure to perception of interparental conflict and emotion dysregulation over the lifespan and psychological distress afterwards.

Second, the study variables were measured by the self-report questionnaires of the adolescents. The information provided by adolescents is key for understanding their interpersonal experiences and emotional functioning, but may have resulted in common method variance, recall bias, and social desirability bias due to relying on a single source. Future research should take a multi-method/multi-informant perspective to gain a more comprehensive understanding of the family experience and psychological functioning of adolescents, using reports from parents, teachers or clinicians along with observation-based assessments.

Third, a convenience sampling technique was used to select the participants from the selected educational institutions in Pakistan. The results and conclusions are therefore not necessarily generalizable to the broader population of Pakistani adolescents, especially those living in rural areas, other socio-economic categories and other adolescents who are out of school. To increase generalizability, future studies should use probability sampling procedures and include individuals from varying geographical areas and educational setting.

Fourth, even though standardized and psychometrically valid instruments were applied, they were developed and validated mostly in Western cultural contexts.

The differences in family structure, parenting, emotions and conflict resolution between Pakistanis and Western cultures could impact the interpretation and response to questionnaire items. Hence, there is a need for further studies to explore the cross-cultural norms and cultural sensitivity of these instruments in Pakistani context.

Lastly, the current study investigated emotional dysregulation as the initial intervening factor between perception of interparental conflict and psychological distress. The psychological adjustment of adolescents was, however, affected by several factors that were not investigated in the present study: individual factors, family factors and social factors. These relations can be mediated and/or moderated by other factors including resilience, attachment security, parenting styles, coping mechanisms, family functioning, emotional intelligence and perceived social support. Future studies should consider these factors to gain a more complete picture of how perception of interparental conflict affects the functioning of adolescents' mental health and inform the creation of more targeted prevention and intervention initiatives.

5.9 Recommendations

Considering the results of the present study, a few recommendations are made for further studies, and clinical application. Because the current study design was cross-sectional research, it is recommended that future research should use a longitudinal research design in order to be able to establish the causal relationships between perception of interparental conflict, emotional dysregulation, and psychological distress at various stages of adolescence. Furthermore, future research should involve more diverse and larger sample sizes representing educational institutions and other geographical areas in Pakistan, in order to make the results of the study more generalizable. Furthermore, the integration of the other psychological factors like the resilience, the attachment style, the parenting style, the perceived social support, the way of coping and the emotional intelligence perhaps might contribute to the understanding for the mechanism of the psychological adjustment among the adolescents. In a practical point of view, the result emphasizes that

there is a risk in the implementation of the preventive and intervention programs at the both family functioning and the level of the emotional regulation skill in the adolescents. Emotional Regulation training programs for the adolescents who experienced the perception of interparental conflict must be planned and executed for the goal of minimizing the symptoms of the depression, the anxiety and the stress by clinical psychologists, family therapists and the school counselors.

The family-based interventions, promoting constructive process in to problem-solving, the efficient way of the communication and the positive parenting might promote the prevention of the negative psychic outcome of the perception of interparental conflict. The school and the educational institution must keep developing their school mental health by the integration of the psycho-education workshop and counseling programs which promote the improvement in the emotional awareness and the adaptive coping strategy and the resilience in the adolescents.

Lastly, future studies should use a multi-method assessment strategy, such as parent and teacher reports, behavioral observation as well as clinical interviews. In addition to self-report instruments to reduce response bias and increase the validity of results. Experimental and intervention-based studies are also recommended to assess the effectiveness of emotion regulation intervention in decreasing the psychic distress among the adolescents who experienced the interpersonal conflict. This research will add to the already available evidence and also be doing the development of cultural appropriate mental health interventions for promoting the emotional resilience and the good psychic state of the adolescents.

5.10 Conclusion

The present study aimed to examine the association among interparental conflict and psychological distress in adolescents, as well as the role of emotional dysregulation as a mediator. Results depicted that there were strong positive correlations between perception of interparental conflict, emotional dysregulation, and the sub score of psychological distress (depression, anxiety and stress). Furthermore, emotional dysregulation partially mediated the linkage among perception of interparental conflict and psychological distress, suggesting that the emotional

regulation problems of adolescents are an important mechanism through which exposure to destructive parental conflict leads to worse mental health outcomes. These results have supported the Emotional Security Theory and have further added to its applicability in the Pakistani sociocultural context. Finally, the study confirms the critical role of fostering healthy family relationships and improving adolescents' ability to regulate their emotions in order to mitigate psychological distress. This provides an intriguing theory and practice and research for psychologists, family therapists, school counselors, teachers and policy makers who are interested in improving the mental health and well-being of adolescents.

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Appendix A - Ethical Form



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April 29, 2026

RESEARCH ETHICS COMMITTEE CERTIFICATE OF REVIEW AND SUPPORT

This is to certify that Project titled: "Relationship between Inter-parental Conflict and Psychological Distress Among Adolescents; Mediating role of Emotional Dysregulation" submitted by Scholar: Arisha Mushtaq MSP241014 and supervised by: Ms. Aysha Aneeq reviewed by the Research Ethics Committee of Faculty of Management and Social Science, meets the requirements of the American Psychological Association's Ethical guidelines for Human Research and is **REVIEWED** and **APPROVED** by Research Ethics Committee of Faculty of Management and Social Sciences.

It is the Scholar's responsibility to ensure that all researchers associated with this project are aware of the conditions of approval and which documents have been approved.

The Scholar is required to notify the Research Ethics Committee in case of any amendment in the project, specifically:

- Any significant change to the project and the reason for that change, including an indication of ethical implications (if any)
- Serious adverse effects on participants and the actions taken to address those effects
- Any other unforeseen events or unexpected developments that merit notification
- The inability of the Principal Investigator to continue in that role, or any other change in research personnel involved in the project
- A delay of more than 12 months in the commencement of the project; and,
- Termination or closure of the project.

Dr. Sabahat Haqqani

Convener, Research Ethics Committee
Faculty of Management and Social Sciences
Capital University of Science and Technology
Islamabad

Appendix B - Data Collection Permission

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Ref. CUST/IBD/PSY/Thesis-1927
April 29, 2026

SUBJECT: REQUEST FOR DATA COLLECTION

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

Ms. Arisha Mushtaq, registration number MSP241014 is a bona fide student in MS Psychology program at this University from Spring-2024 till date. In partial fulfillment of the degree, she is conducting research on "Relationship between Inter-parental Conflict and Psychological Distress Among Adolescents: Mediating role of Emotional Dysregulation". In this continuation, the student is required to collect data from your institute.

Considering the forgoing, kindly allow the student to collect the requisite data from your institute. Your cooperation in this regard will be highly appreciated.

Please feel free to contact undersigned if you have any query in this regard.

Best Wishes,


Dr. Sabahat Haqqani
Head, Department of Psychology
Ph No. 111-555-666 Ext: 178
sabahat.haqqani@cust.edu.pk

Appendix C - Participant Consent Form

I confirm that I have read and understood the information provided in the participant information sheet. I have been given the opportunity to ask questions regarding the study.

My participation in this research is completely voluntary, and I understand that I have the right to withdraw from the study at any time without any negative consequences.

I understand that the study involves completing questionnaires related to personal experiences and emotional well-being. I am aware that I may skip any question that I do not feel comfortable answering.

I understand that the information obtained from the questionnaires will remain anonymous and will be used solely for research purposes.

I agree to take part in this study.

Signature: _____

Date: _____

Appendix D - Parent or Guardian Consent Form

I have read and understood the information provided in the participant information sheet regarding this research study. I have had the opportunity to ask questions and have received satisfactory answers.

I understand that my child's participation in this study is completely voluntary. I understand that my child has the right to withdraw from the study at any time without any negative consequences.

I understand that my child will be asked to complete questionnaires related to thoughts, feelings, and experiences. I am aware that some questions may be personal in nature; however, my child may skip any question they do not feel comfortable answering.

I understand that all information collected will be kept confidential and will be used only for research purposes. My child's identity will not be disclosed in any reports or publications.

I give permission for my child to participate in this research study.

Signature: _____

Date: _____

Appendix E - Participant Information Sheet

Researcher: Arisha Mushtaq

My name is Arisha Mushtaq, and I am a Master's student in Clinical Psychology at Capital University of Science and Technology, Islamabad. You are invited to participate in a research study.

The following information is provided to help you decide whether you would like to take part in the study. Please read the information carefully.

What is the purpose of the study?

The purpose of this study is to examine the relationship between inter-parental conflict and psychological distress among adolescents, while exploring the mediating role of emotional dysregulation. The study aims to understand how exposure to conflict between parents may influence emotional experiences and mental well-being. The findings may contribute to a better understanding of adolescent mental health and help inform future psychological interventions.

Why are you invited to participate in the study?

Individuals aged 13–18 years are invited to participate in this study.

What do you have to do to take part in the study?

If you decide to take part in this study, you will be asked to provide your consent before participation. You will then be required to complete a set of questionnaires,

which will take approximately 15–20 minutes. These questionnaires include items related to family experiences, emotional responses, and psychological well-being.

Who approved the study?

The study has been approved by the Ethics Review Committee of the Faculty of Management and Social Sciences, Capital University of Science and Technology, Islamabad.

What about confidentiality and anonymity?

Your responses will be kept strictly confidential and anonymous. You will not be asked to provide your name or any identifying information. All information will be used only for research purposes. Any reports or publications will not include any details that could identify you.

What are the advantages or disadvantages of taking part in the study?

There are no direct personal or academic benefits or disadvantages to participating in this study. Your participation is completely voluntary, and you may withdraw at any time without any consequences.

Some questions may relate to personal or sensitive experiences. If you feel uncomfortable at any point, you may skip any question or stop participating.

What support is available?

If you feel any discomfort or wish to talk to someone about your feelings, you may contact the following support services:

1. Well-Being Center, Capital University of Science and Technology (CUST)

The Well-Being Center provides psychological counseling and emotional support in a confidential environment. Individuals can seek help for concerns such as stress, anxiety, and emotional difficulties. The center is accessible through the university, and appointments can be scheduled through the relevant office or by visiting during working hours.

2. Umang Helpline (0311-7786264)

Umang is a national mental health helpline in Pakistan offering free and confidential psychological support. It connects individuals with trained professionals who provide guidance for issues such as stress, anxiety, and emotional distress. The service is available via call and online platforms.

3. Rozan Counseling Helpline (0333-3974375)

Rozan is a Pakistan-based organization that provides psychological support and counseling services. Their helpline offers guidance on emotional well-being, stress, and personal concerns in a confidential manner.

Appendix F - Demographic Information

Please provide the following information by ticking (✓) the appropriate option or filling in the blank where required:

Age: _____

Gender:

☐ Male

☐ Female

Educational Level:

☐ Middle School

☐ Secondary School

☐ Higher Secondary

Birth Order:

☐ First

☐ Middle

☐ Last

☐ Only Child

Parental Marital Status:

☐ Living together

☐ Not living together

Appendix G - Children's Perception of Interparental Conflict Scale

Instructions and Items:

In every family there are times when the parents don't get along. Below are some things that kids sometimes think or feel when their parents have arguments or disagreements. We would like you to write what you think or feel when your parents argue by answering each of the sentences below. If your parents are not living together and neither one is living with a new partner, think about times when your parents are together and don't get along when you answer the questions.

For each item, please answer using the following scale:

T = TRUE ST = SORT OF OR SOMETIMES TRUE F = FALSE

No.	T	ST	F	Item
1	☐	☐	☐	I never see my parents arguing or disagreeing
2	☐	☐	☐	When my parents have an argument they usually work it out
3	☐	☐	☐	My parents often get into arguments about things I do at school

No.	T	ST	F	Item
4	☐	☐	☐	When my parents argue I end up getting involved somehow
5	☐	☐	☐	My parents get really mad when they argue
6	☐	☐	☐	When my parents argue I can do something to make myself feel better
7	☐	☐	☐	I get scared when my parents argue
8	☐	☐	☐	I feel caught in the middle when my parents argue
9	☐	☐	☐	I'm not to blame when my parents have arguments
10	☐	☐	☐	They may not think I know it, but my parents argue or disagree a lot
11	☐	☐	☐	Even after my parents stop arguing they stay mad at each other
12	☐	☐	☐	When my parents argue I try to do something to stop them
13	☐	☐	☐	When my parents have a disagreement they discuss it quietly
14	☐	☐	☐	I don't know what to do when my parents have arguments
15	☐	☐	☐	My parents are often mean to each other even when I'm around
16	☐	☐	☐	When my parents argue I worry about what will happen to me
17	☐	☐	☐	I don't feel like I have to take sides when my parents have a disagreement
18	☐	☐	☐	It's usually my fault when my parents argue
19	☐	☐	☐	I often see or hear my parents arguing

No.	T	ST	F	Item
20	☐	☐	☐	When my parents disagree about something, they usually come up with a solution
21	☐	☐	☐	My parents' arguments are usually about me
22	☐	☐	☐	When my parents have an argument they say mean things to each other
23	☐	☐	☐	When my parents argue or disagree I can usually help make things better
24	☐	☐	☐	When my parents argue I'm afraid that something bad will happen
25	☐	☐	☐	My mom wants me to be on her side when she and my dad argue
26	☐	☐	☐	Even if they don't say it, I know I'm to blame when my parents argue
27	☐	☐	☐	My parents hardly ever argue
28	☐	☐	☐	When my parents argue they usually make up right away
29	☐	☐	☐	My parents usually argue or disagree because of things that I do
30	☐	☐	☐	I don't get involved when my parents argue
31	☐	☐	☐	When my parents have an argument they yell at each other
32	☐	☐	☐	When my parents argue there's nothing I can do to stop them
33	☐	☐	☐	When my parents argue I worry that one of them will get hurt
34	☐	☐	☐	I feel like I have to take sides when my parents have a disagreement

No.	T	ST	F	Item
35	☐	☐	☐	My parents often nag and complain about each other around the house
36	☐	☐	☐	My parents hardly ever yell when they have a disagreement
37	☐	☐	☐	My parents often get into arguments when I do something wrong
38	☐	☐	☐	My parents have broken or thrown things during an argument
39	☐	☐	☐	After my parents stop arguing, they are friendly towards each other
40	☐	☐	☐	When my parents argue I'm afraid that they will yell at me too
41	☐	☐	☐	My parents blame me when they have arguments
42	☐	☐	☐	My dad wants me to be on his side when he and my mom argue
43	☐	☐	☐	My parents have pushed or shoved each other during an argument
44	☐	☐	☐	When my parents argue or disagree there's nothing I can do to make myself feel better
45	☐	☐	☐	When my parents argue I worry that they might get divorced
46	☐	☐	☐	My parents still act mean after they have had an argument
47	☐	☐	☐	Usually it's not my fault when my parents have arguments
48	☐	☐	☐	When my parents argue they don't listen to anything I say

Appendix H - Difficulties in Emotional Regulation Scale

Instructions:

Please indicate how often the following statements apply to you by selecting the appropriate option for each.

For each item, please answer using the following scale:

1 2 3 4 5
Almost Never Sometimes About half the time Most of the time Almost always

Please answer the following questions as honestly as possible to obtain accurate results.

No.	Items	1	2	3	4	5
1	I have difficulty making sense out of my feelings	☐	☐	☐	☐	☐
2	I am confused about how I feel	☐	☐	☐	☐	☐
3	When I am upset, I have difficulty getting work done	☐	☐	☐	☐	☐

No.	Items	1	2	3	4	5
4	When I am upset, I become out of control	☐	☐	☐	☐	☐
5	When I am upset, I believe that I will remain that way for a long time	☐	☐	☐	☐	☐
6	When I am upset, I believe that I'll end up feeling very depressed	☐	☐	☐	☐	☐
7	When I am upset, I have difficulty focusing on other things	☐	☐	☐	☐	☐
8	When I am upset, I feel out of control	☐	☐	☐	☐	☐
9	When I am upset, I feel ashamed with myself for feeling that way	☐	☐	☐	☐	☐
10	When I am upset, I feel like I am weak	☐	☐	☐	☐	☐
11	When I am upset, I have difficulty controlling my behaviours	☐	☐	☐	☐	☐
12	When I am upset, I believe that there is nothing I can do to make myself feel better	☐	☐	☐	☐	☐
13	When I am upset, I become irritated with myself for feeling that way	☐	☐	☐	☐	☐
14	When I am upset, I start to feel very bad about myself	☐	☐	☐	☐	☐
15	When I am upset, I have difficulty thinking about anything else	☐	☐	☐	☐	☐
16	When I am upset, my emotions feel overwhelming	☐	☐	☐	☐	☐

Appendix I - Depression Anxiety Stress Scales – Youth Version

Instructions:

We would like to find out how you have been feeling in **THE PAST WEEK**. There are some sentences below. Please select the statement which best shows how TRUE each sentence was of you during the past week. There are no right or wrong answers.

For each item, please answer using the following scale:

0	1	2	3
Not true	A little true	Fairly true	Very true

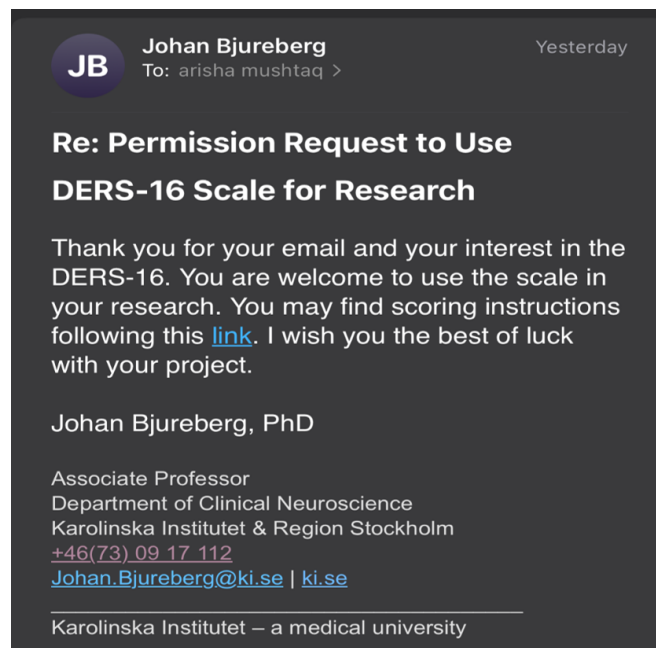
Please answer the following questions as honestly as possible to obtain accurate results.

Items	Statement	0	1	2	3
		Not true	A little true	Fairly true	Very true
1	I got upset about little things				
2	I felt dizzy, like I was about to faint				
3	I did not enjoy anything				
4	I had trouble breathing (e.g., fast breathing), even though I wasn't exercising and I was not sick.				
5	I hated my life				
6	I found myself over-reacting to situations				
7	My hands felt shaky				
8	I was stressing about lots of things				
9	I felt terrified				
10	There was nothing nice I could look forward to				

Items	Statement	0	1	2	3
		Not true	A little true	Fairly true	Very true
11	I was easily irritated				
12	I found it difficult to relax				
13	I could not stop feeling sad				
14	I got annoyed when people interrupted me				
15	I felt like I was about to panic				
16	I hated myself				
17	I felt like I was no good				
18	I was easily annoyed				
19	I could feel my heart beating really fast, even though I hadn't done any hard exercise				
20	I felt scared for no good reason				

Items	Statement	0	1	2	3
		Not true	A little true	Fairly true	Very true
21	I felt that life was terrible				

Appendix J - Scales permissions



The DASS questionnaire forms may be downloaded and copied without restriction. However, the scales may not be modified or sold for profit.

[DASS response form](#)

[DASS21 response form](#) (short version of the scales)

[DASS scoring template](#) (best printed onto a plastic overhead – see FAQ #30)

