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Coparent Support and Conflict in African American Single Mother-Headed Families: Associations With Maternal and Child Psychosocial Functioning

Deborah J. Jones,[1] Rex Forehand,[2,4] Shannon Dorsey,[3] Sarah Foster,[1] and Gene Brody[3]

This longitudinal investigation examined main and interactive effects of coparent support and conflict on mother and child adjustment in 248 low-income, African American, single mother-headed families. The findings indicated that coparent conflict was a more robust predictor of mother and child maladjustment both cross-sectionally and longitudinally than was coparent support. Moreover, findings revealed that coparent conflict and support interacted to predict one parenting behavior, monitoring, both cross-sectionally and longitudinally. Coparent relationships characterized by high levels of support and low levels of conflict were associated with the highest levels of parental monitoring behavior, whereas coparent relationships characterized by low levels of support and high levels of conflict were associated with the lowest levels of monitoring. The findings highlight the importance of examining both positive and negative aspects of coparent relationships in this at-risk, but understudied, group.

KEY WORDS: coparent conflict; support; mother adjustment; child adjustment; African American.

Social exchange theorists (Homans, 1974; Simpson, 1972; Thibaut & Kelly, 1959) have long emphasized both the rewards and costs associated with social relations. Rewarding or supportive social relationships have been prospectively associated with longer survival, as well as better mental and physical health and well-being (for reviews see, Cohen, 1988; Wills, 1990) Among the numerous sources of support, a growing body of literature suggests that family support is particularly influential (see Coyne & DeLongis, 1986; Schmaling & Sher, 1997; Uchino *et al*., 1996, for reviews). For example, spousal support has been shown to alleviate distress and, in turn, enhance parenting behavior (see Simons & Johnson, 1996 for a review). A robust literature has also evolved, albeit quite separately, documenting the harmful effects of relationships, including conflict. Family conflict, particularly marital and parent–child conflict, has been linked to increased risk for depression (see Whisman, 2001; Beach & Jones, 2002, for reviews), as well as compromised parenting (see Downey & Coyne, 1990; Erel & Burman, 1995; Krishnakumar & Buehler, 2000, for reviews).

Initially, the literatures on positive and negative dimensions of social relationships evolved simultaneously but separately, precluding determination of the relative importance of support and conflict for adjustment. More recent studies suggest that a more balanced approach, one that considers both positive and negative dimensions of social relationships, including those within the family, is necessary. For example, in her study of 120 widowed women between the ages of 60 and 89 years, Rook (1984) reported that social problems were a more consistent and robust predictor of well-being than social support. In their study of caregiver spouses of Alzheimer's patients, Pagel *et al*. (1987) reported that the extent to which caregivers rated their social networks as not helpful was strongly associated with level of satisfaction with their network, as well as depressive symptoms, whereas ratings of helpfulness were not significantly associated with either satisfaction or depression. Similarly, relative to positive family

[1]Department of Psychology, University of North Carolina at Chapel Hill.
[2]Psychology Department, University of Vermont, Burlington, Vermont.
[3]Child and Family Studies, Duke University School of Medicine, Durham, North Carolina.
[4]To whom correspondence should be addressed at Psychology Department, Dewey Hall, University of Vermont, Burlington, Vermont 05405; e-mail: forehand@arches.uga.edu.

exchanges, those that are negative in nature have consistently been shown to be a more robust predictor of problematic changes in a variety of physiological parameters, including blood pressure (Ewart *et al*., 1991), immune functioning (Keicolt-Glaser *et al*., 1993), and hormones (Malarkey *et al*., 1994).

The pattern of findings across studies may be best captured by one group of researchers who concluded that in terms of positive and negative aspects of family relations "not being nasty matters more than being nice" (Ewart *et al*., 1991, p. 155). However, additional evidence suggests that the interaction of these two aspects of relationships may provide knowledge beyond that provided by either alone. In their longitudinal study of spouses caring for a husband or wife with Alzheimer's disease, Pagel *et al*. (1987) found that upsetting and helpful social network scores interacted to predict depressive symptoms. Network upset was associated with increasing depressive symptoms over time, but particularly among those who also reported that their network was helpful. The authors posited that caregivers in networks that they perceived are helpful may have had stronger expectations for support and, consequently, found negative interactions particularly upsetting. In a cross-sectional study of predominately White (64%) college students at a private university, Lepore (1992) found that the negative impact of conflict with friends was attenuated by support from another social relationship, roommates, and vice versa. Accordingly, Lepore highlighted the importance of studying both positive and negative aspects of social relationships and the potential importance of social support as a buffer for individuals confronted with conflict.

Given that the research to date examining the relative and joint effects of positive and negative dimensions of relationships on adjustment has focused on White, middle class samples, the generalizability to low-income African American families, an understudied and at-risk group, is questionable. African American families have been defined as more "fluid" than European American families, with more frequent changes in individuals residing in the household, as well as a greater reliance on extended family members for support (see Greenwood *et al*., 1996, for a review). Moreover, parenting in some African American families is viewed as a communal task, with mothers relying on extended family and community networks to share childrearing tasks (Forehand & Kotchick, 1996; Jones *et al*., 2003; Marshall *et al*., 2001). Further, a significant number of single mothers are raising their children with help from the biological fathers, although they are not married or living together (Coley, 2001). In contrast to our understanding of the impact of family relationships for White, middle-class, two-parent families, we know very little about the relative and joint impact of nonresidential and nonmarital coparent support and conflict in African American families for child and family functioning (Depner *et al*., 1992; Parke & Buriel, 1998).

The purpose of the current study was to examine relative and joint contributions of positive and negative aspects of the coparent relationship in low-income, African American single mother-headed families. In terms of positive dimensions of coparent relations in African American families, extended family support has been associated with more warm and supportive parenting behaviors (Mason *et al*., 1994; Taylor & Roberts, 1995). Moreover, some evidence suggests that African American mothers may value support to a greater extent than European American mothers (Furstenberg & Harris, 1993). For example, Hill and Herman-Stahl (2002) found that feeling disconnected from neighbors compromised African American mothers', but not European-American, mothers' parenting behavior. In our own work, we have shown that mothers residing in high-risk neighborhoods who had greater support from coparents were more effective in monitoring their children's behavior than women with lower levels of support (Jones *et al*., in press). Yet, in a sort of catch-22, mothers who may benefit most from social support may find it the least accessible?. For example, Klebanov *et al*. (1994) found that mothers, predominately African American, who lived in more disadvantaged neighborhoods reported receiving less social support from people living both within and outside their homes than mothers living in neighborhoods with greater resources and fewer risks. This finding was especially true for single mother-headed families.

Findings from a relatively limited number of studies suggest that coparent conflict is also an important correlate of African American child and family adjustment. In their study of two-parent African American families, Brody *et al*. (1994) reported that parental conflict was associated with both the quality of the parent–child relationship and the consistency of parenting behavior. Studies of single parent African American families have yielded similar findings. As part of a family stress model, Conger *et al*. (2002) reported that coparent conflict predicted lower levels of parental nurturing and involvement and, in turn, higher levels of child adjustment difficulties. Similarly, Brody *et al*. (1998) found that African American single mothers who reported greater conflict with a coparent were less likely to be involved in their children's education. Most recently, we reported that greater conflict with a coparent compromised maternal-monitoring behavior, as well as maternal warmth and support, in African American single mother-headed families (Jones

et al., 2003). Decrements in parenting, in turn, predicted negative child outcomes.

Although coparent conflict clearly has negative effects for African American children and families, some evidence suggests that African American families may be buffered to a greater extent than European American families due to their extended family and support networks (Krishnakumar & Buehler, 2000; McLoyd *et al*., 2001). That is, because African American families are more likely to have extended family networks from whom to draw support, conflict in one family relationship may be less detrimental than for European American families (McLoyd *et al*., 2001). Empirical evidence to date, however, does not necessarily support this hypothesis. For example, in their longitudinal study of two-parent African American families, Brown *et al*. (2000) examined both positive and negative dimensions of two types of family relationships: coparent (i.e., family relative closely involved in caring for target child) and spouse. In a regression model, only coparent conflict was, associated with higher levels of maternal depressive symptoms. However, the authors did not examine the interaction of support and conflict, precluding any conclusions about the joint effects of support and conflict in single family relationships. The current study will examine the relative and joint effects of coparent support and conflict in African American single mother-headed families.

We also examine families from two different environmental contexts: rural and urban. In our previous research, we have shown that these two contexts vary in terms of the number of risks confronted by families (Forehand *et al*., 2000). In particular, inner-city families confront a greater degree of risk in their neighborhoods than rural families, including crime, violence, and drugs. High-risk neighborhoods also typically offer less opportunity for social interaction, contributing to an increased sense of isolation among parents and families (Klebanov *et al*., 1994). Moreover, some evidence suggests that social support may be particularly influential in high-risk environments. For example, Brown *et al*. (2000) found that spousal support was negatively associated with maternal depression in high-risk, but not low-risk, intact African American families (i.e., low income and low levels of education). Whether or not social support is more influential for low-income African American single mother-headed families residing in urban than rural neighborhoods has important implications for the development and implementation of family-based prevention and intervention efforts that may focus on decreasing conflict, increasing support, or both.

Building on the literature to date, we propose that negative or conflictual aspects of the coparenting relationship will account for more variance than positive or supportive aspects of the relationship in terms of a mother's well-being and parenting as well as child behavior. Additionally, we propose that conflictual and supportive aspects of the coparent relationship will interact in that high support and low conflict will be associated with the highest levels of adaptive functioning and low support and high conflict will be associated with the lowest levels of adaptive functioning. We also propose that, relative to the mother's and child's personal functioning, these associations will be manifested most strongly in the mother's parenting behavior because the coparent relationship as assessed pertains primarily to the mother's parenting. Finally, we hypothesize that the proposed associations will be demonstrated more strongly in the urban than rural sample because the former group is living under conditions of higher risk.

To date, the few investigations of the relative contributions of the positive and negative aspects of relationships have been cross-sectional, precluding the conclusions that can be drawn about causality or the direction of the effects. To provide a more rigorous test than earlier research (Loeber & Farrington, 1994), we examine our hypotheses both cross-sectionally and longitudinally (15 months later). We test our hypotheses by examining three dimensions of the family: Mother's adjustment (depressive symptoms), mother's parenting (the two dimensions of monitoring and positive relationship with child), and child's adjustment (internalizing problems and externalizing problems).

METHOD

Overview

The data for the current investigation are part of a larger study funded by the William T. Grant foundation that focuses on family functioning in low-income African American single-parent families residing in a rural and an urban environment. The rural and urban samples in the William T. Grant foundation study were initially recruited as part of two separate projects being conducted by two different investigators. As such, measures were independently selected for use in each project. However, the similarity of the samples led the two sets of investigators to conclude that the rural and urban samples could be combined to examine questions related to community and risks and resources within those communities. After these two projects were merged, each sample was assessed once per year during the next 2 years. The rural environment consists of counties in Georgia with populations under 7500 and the urban environment is inner-city New Orleans.

This combined project examines sociodemographic and psychosocial constructs related to family functioning including community risks and resources, parenting, social support for both mothers and children, and child and adolescent emotional and cognitive functioning.

Participants

A community sample of 277 African American families headed by single mothers with a 7- to 15-year-old child from metropolitan and nonmetropolitan counties in the southeastern United States participated. Only counties in which 25% or more of the population was African American were sampled to ensure that a viable African American community existed in the county. Of the sample of 277, 29 did not participate in the second assessment 15 months after the first assessment. The demographic characteristics of the 248 families who participated in both assessments are delineated in Table I.

Measures

To use measures that were culturally sensitive and otherwise appropriate for the target population, a number of steps were undertaken. These steps include use of focus groups and piloting of measures with demographically similar individuals. As a result of these steps, new measures were created or existing measures were modified. If measures were modified or had not been used previously with samples similar to the current one, a factor analysis was conducted and items loading at .40 and above were retained. For each measure, an alpha coefficient was obtained for the current sample.

Information about demographics, coparent relationships, maternal depressive symptoms, and parenting was obtained from the mothers.

Table I. Demographic Characteristics of the Sample

Variable	Mean	*SD*	%
Child			
Mean Age (yrs.)	11.37	1.85	50
% Female			
Mother			
Age	34.00	6.26	
Education			
Less than high school			41
High school or GED			35
More than high school			24
Family			
Monthly Income	$1034.64	$831.81	

Coparent Conflict

This variable was assessed by the Conflict subscale of the Parenting Convergence Scale (PC; Ahrons, 1981). The subscale consists of three items and is completed in reference to a person who helps raise the child ("When you and [coparent] talk about how to raise the target child, how often is the conversation hostile or angry?"; "When your child complains about [the coparent], how often do you usually agree with him/her?"; and "How often do you and [coparent] have different ideas as to how to raise him/her?"). A mother was first asked if there is a person who assists her as a caregiver of the participating child. If the mother answered "yes" to this question, she was administered the PC. Internal consistency has been found to be .88 (Ahrons, 1981). This questionnaire was changed for use with the present sample in that directions were modified for verbal administration and the Likert scale was reduced from five points to four points, with endpoints of 1 (*never*) and 4 (*often*). A factor analysis indicated all three items loaded on the scale. The alpha coefficient was .59.

Coparent Support

This construct was assessed by a subscale of the Parenting Convergence Scale (PC; Ahrons, 1981) and is completed in reference to a person who helps coparent the child. Adequate internal consistency has been found (Ahrons, 1981). This two-item subscale ("When you need help with your child, how often do you got to [coparent] for help?" and "How often would you say that [coparent] is a help to you in raising this child?") was modified for verbal administration and the Likert scale was reduced from 5 points to 4-points, with endpoints of "*never*" and "*often*." As only two items constitute the scale, a correlation coefficient, rather than an alpha coefficient, was calculated ($r = .71$, $p < .01$). The two items were summed with higher scores representing more coparent support.

Maternal Depressive Symptoms

The Depression subscale of the Brief Symptom Inventory (BSI: Derogatis & Spencer, 1982) was administered. The BSI is a 53-item inventory that was developed as a global measure of psychological symptomatology. Adequate reliability and validity data have been presented by the investigators who developed the scale (e.g., Derogatis *et al*., 1976) and by others (e.g., Morlan & Tan, 1998). The internal consistency and test–retest reliability of the Depression subscale have been shown to

be adequate and to have adequate discriminant and convergent validity (e.g., Morlan & Tan, 1998). Each item was rated on a 4-point Likert scale ranging from 0 (*not at all*) to 3 (*extremely*). This scale represented a modification of the standard BSI, on which individuals rate the items on a 5-point Likert scale. The modification resulted from a focus group testing that suggested that, with oral administration of the instrument, a 4-point Likert scale was easier to complete than a 5-point Likert scale. Additional modifications included minor word and format changes to increase simplicity of verbal administration and comprehensibility. A mean score across items (range: 0–4) was calculated. The alpha coefficient for the current sample was .82.

Maternal Monitoring

The Monitoring and Control Questionnaire (MCQ) was used to assess the extent to which a mother monitored child behavior. This 17-item scale was developed for the present study with help from some of our colleagues (see Kotchick *et al*., 1997). The MCQ is based on monitoring measures used by Patterson and Stouthamer-Loeber (1984) and by Steinberg *et al*. (1992). It assesses parents' perceptions of their knowledge about various aspects of their children's lives. Items are rated on a 4-point Likert scale ranging from 1 (*never*) to 4 (*always*). Sample items include, "How often do you know about where [target child] is and what s/he is doing when away from home?," "How often do you know about [target child's] use of alcohol?," and "How often do you know about what his/her grades are?" Scores can range from 17 to 68, with higher scores indicating higher levels of maternal monitoring. For the present sample, a factor analysis indicated that all 17 items loaded, and the alpha coefficient was .86.

Maternal Warmth

The short form of the Interaction Behavior Questionnaire (IBQ; Prinz *et al*., 1979) was used to assess warmth and support in the mother–child relationship. This form consists of the 20 items that have the highest phi coefficients and the highest item-to-total correlations among the 75 items in the original IBQ. The short form correlates .96 with the longer version. The items, which are endorsed as "true" or "false," include "You enjoy spending time with your child," and "You think you and your child get along well with each other." Prinz *et al*. (1979) and Robin and Weiss (1980) reported adequate internal consistency and discriminant validity. A confirmatory factor analysis indicated that 14 of the 20 items loaded on a single construct; accordingly, only these 14 items were included in the measure for data analysis. The alpha coefficient for these 14 items was .83. Scores can range from 0 to 14, with higher scores indicating more warmth and support in the mother–child relationship.

Child Psychosocial Adjustment

Child psychosocial adjustment was assessed by child report. Child externalizing problems were examined using the Aggression subscale of the Youth Self-Report form of the Child Behavior Checklist (CBCL; Achenbach, 1991). This subscale, selected because it assesses the types of externalizing problems typically displayed by children in the age range included in this study and has acceptable reliability and validity data (Achenbach, 1991); however, it has not been standardized with children as young as some of those included in this investigation. Thus, we initially conducted a factor analysis on the scale. All 19-items of the Aggression subscale loaded at .40 or greater and were retained. The alpha coefficient for this subscale with the current sample was .86.

Child internalizing problems were examined using the Child Depression Inventory (CDI; Kovacs, 1981). The CDI consists of 27 items rated on a 3-point scale. Adequate reliability and validity data with samples similar to the one participating in this study have been reported (e.g., Fitzpatrick, 1993), and standardization data are available for children and adolescents ranging from 7- to 17-years old. The alpha coefficient for the current sample was .78. Scores can range from 0 to 81, with higher scores indicating greater symptomatology.

Procedure

Families were recruited through community agencies (e.g., schools) and leaders. Initially, each community contact was given the inclusion criteria (African American family with a child 7–15 years old). Subsequently, community contacts gave research staff members the names of families to approach and staff members contacted the families and scheduled an appointment

Two data collection sessions, each of which lasted between 1 and 2 h, were scheduled at each assessment. The assessment typically occurred at the child's school. During the first session, the mother completed informed consent forms and the mother and child completed an interview focusing on demographic information. In the second session, the study variables of interest (e.g., coparent conflict) were assessed. At both data collection sessions, self-report questionnaires were administered in

an interview format to the mother and child. Each interview was conducted privately between the mother or child and a researcher, with no other family members present or able to overhear the conversation. Families were paid $50 for their participation in each data collection session.

Approximately 15 months later, mothers were contacted and invited to participate with their child in a second assessment, which was identical to the first assessment.

RESULTS

Of the 277 families that participated in the first assessment, 248 participated in the second assessment. All of the 248 participants identified a coparent. The identity of the coparent was assessed in a subsample of the participants and indicated that a maternal grandmother (31%), father of the child (26%), maternal aunt (11%), and sister of the child (11%) were identified most often. With one exception, the participants and dropouts did not differ on any of the demographic, independent, or dependent variables. The one exception is that mothers who participated in the second assessment reported a higher family income at Assessment 1 than those who dropped out (monthly means of $1034 and $795, $t(275) = 2.30$, $p < .05$).

The means and correlations among the two independent and 10 dependent variables are presented in Table II. With respect to the correlations, several interesting trends in the data emerged. First, a *positive* relationship emerged between level of support and level of conflict with the coparent. Second, the cross-sectional and longitudinal associations between coparent conflict and each dependent measure was significant and in the expected direction whereas only the cross-sectional and longitudinal association between coparent support and maternal monitoring was significant (and in the expected direction). This provides some preliminary support for our first hypothesis: Associations will be stronger between coparent conflict and the outcome variables of interest than between coparent support and those same variables.

The proposed hypotheses were examined by hierarchical multiple regressions. Prior to conducting the regressions, correlations were conducted between each demographic variable displayed in Table I and each dependent variable. Significant correlations emerged between the following variables: Maternal age and maternal monitoring at Time 1 ($r = .21$, $p < .01$); maternal monitoring at Time 2 ($r = .20$, $p < .01$) and child internalizing problems at Time 1 ($r = -.15$, $p < .05$); maternal education and maternal depressive symptoms at Time 1 ($r = .24$, $p < .01$); maternal depressive symptoms at Time 2 ($r = -.17$, $p < .01$); maternal monitoring at Time 1 ($r = .17$, $p < .01$); and maternal monitoring at Time 2 ($r = .17$, $p < .01$); child's age and maternal warmth at Time 2 ($r = -.14$, $p < .05$); and family monthly income and maternal monitoring at Time 2 ($r = .20$, $p < .01$). In each incidence when a demographic variable was significantly associated with a dependent variable, it was controlled for by entering it in the first block of the appropriate regression analysis.

Environmental context was entered in Block 1 of the regression analysis along with appropriate demographic controls. The supportive aspect of the coparent relationship and the conflictual aspect of this relationship were entered in Block 2. The two-way interactions (Rural–urban × Supportive aspect of relationship, Rural–urban × Conflictual aspect of relationship, and Supportive × Conflictual aspect of relationship) were entered in Block 3, whereas the three-way interaction was entered in Block 4 (Rural–urban × Supportive aspect of relationship × Conflictual aspect of relationship).

Our first hypothesis (conflictual aspects of the coparent relationship will account for more variance than supportive aspects of the relationship) was examined by

Table II. Means and Correlations Between the Two Independent and the 10 Dependent Variables

	M	*SD*	1	2
1. Coparent conflict	6.54	2.49	—	—
2. Coparent support	6.25	1.93	.24**	—
3. Maternal depressive symptoms (Time 1)	0.38	0.49	.20**	−.07
4. Maternal depressive symptoms (Time 2)	0.35	0.46	.24**	−.06
5. Maternal monitoring (Time 1)	45.60	7.25	−.16**	.18**
6. Maternal monitoring (Time 2)	53.95	10.82	−.15*	.19**
7. Maternal warmth (Time 1)	10.86	3.32	−.28**	.06
8. Maternal warmth (Time 2)	10.24	3.86	−.26**	.02
9. Child externalizing problems (Time 1)	7.99	6.70	.17**	.01
10. Child externalizing problems (Time 2)	8.43	7.70	.15*	−.07
11. Child internalizing problems (Time 1)	7.43	6.22	.20**	.02
12. Child internalizing problems (Time 2)	7.90	6.42	.14*	−.11

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

Table III. A Comparison of Standardized Beta Weights and Variance Accounted for by Conflictual and Supportive Aspects of Coparenting for Each Dependent Variable

	Concurrent				Longitudinal			
	Conflictual[a]		Supportive[a]		Conflictual[a]		Supportive[a]	
	β	% Variance	β	% Variance	β	% Variance	β	% Variance
Maternal depressive symptoms[a]	.22**	04	−.14*	02	.25**	06	−.12	01
Maternal monitoring[a]	−.14*	02	.16*	02	−.15*	02	.14*	02
P-C Positive relationship[a]	−.33**	10	.14*	02	−.30**	08	.11	01
Child internalizing problems[b]	.20**	04	−.03	00	.15*	02	−.12	01
Child externalizing problems[b]	.12	01	−.01	00	.18**	03	−.13	01

[a] Mother report.
[b] Child report.
* $p < .05$. ** $p < .01$.

a comparison of the standardized beta coefficient and the variance accounted for by the supportive and conflictual independent variables in Block 2 of the regression analyses. Our second hypothesis (the interaction of the supportive and the conflictual aspects of the coparent relationship will be a significant predictor, particularly for parenting variables) was examined in Block 3 by the interaction term of Supportive × Conflictual coparent relationships. The final hypothesis (the proposed relationships will be stronger in the urban than the rural sample) was examined by the interactions of rural–urban with both supportive and conflictual aspects of the coparenting relationship in Block 3 and by the three-way interaction in Block 4. In order to provide results (standardized beta coefficient and percent variance accounted for) relevant to the first hypothesis, the findings from Block 2 of the regression analyses are summarized in Table III. With the exception of maternal monitoring, cross-sectional and longitudinal conflictual aspects of the coparenting relationship accounted for more variance than supportive aspects of the coparent relationship.

In terms of significant two-way interactions which could provide support for hypothesis 2 (Interaction of conflictual × Supportive aspects of coparent relationship), evidence merged in only one regression: the cross-sectional regression analysis for monitoring, $\beta = -.64$, $p < .05$; however, this interaction was further qualified by a three-way interaction: Rural–urban × Supportive aspects of coparenting × Conflictual aspects of coparenting, $\beta = 1.71$, $p < .05$. A similar three-way interaction emerged in the longitudinal analysis for monitoring, $\beta = -1.62$, $p < .05$. These two interactions provide some preliminary support for hypothesis 3: Environmental context will qualify the relationships of supportive and conflictual aspects of coparenting with the dependent variables.

To explicate the interactions, we conducted regressions separately for the rural and urban samples. A significant two-way interaction between supportive and conflictual aspects of the coparent relationship emerged cross-sectionally in the rural, $\beta = -.95$, $p < .01$, but not urban, $\beta = .06$, and longitudinally in the urban, $\beta = -.91$, $p < .01$, but not rural, $\beta = .08$, samples.

To explicate these significant interactions, we conducted median splits on supportive aspects of the coparent relationship and on conflictual aspects of the relationship. We then formed four groups and the means for the rural sample for monitoring cross-sectionally and the means for the urban sample for monitoring longitudinally are presented in Fig. 1. As is evident, the highest levels of monitoring occurred when support from the coparent was high and conflict was low. Conversely, the lowest levels of monitoring occurred when support from the coparent was low and conflict was high. These findings provide support primarily for hypothesis 2: an interaction will emerge for the Supportive × Conflictual aspects of the coparent relationship such that high support/low conflict and low support/high conflict will be associated with the highest and lowest levels of parenting, respectively. This finding, as proposed in hypothesis 3, was qualified by the rural–urban living context; however, the explication of the three-way interaction yielded similar results for the rural sample in the cross-sectional analysis and the urban sample in the longitudinal analysis. Although not statistically significant, and not presented here, the trends for the cross-sectional analysis for the urban sample and the longitudinal analysis for the rural sample were similar to those displayed in Fig. 1. Thus, some support was found for hypothesis 2 but not hypothesis 3.

DISCUSSION

The findings of this study yielded support for some, but not all, of the proposed hypotheses. With the exception of maternal monitoring, coparent conflict accounted for more variance than supportive aspects of the coparent

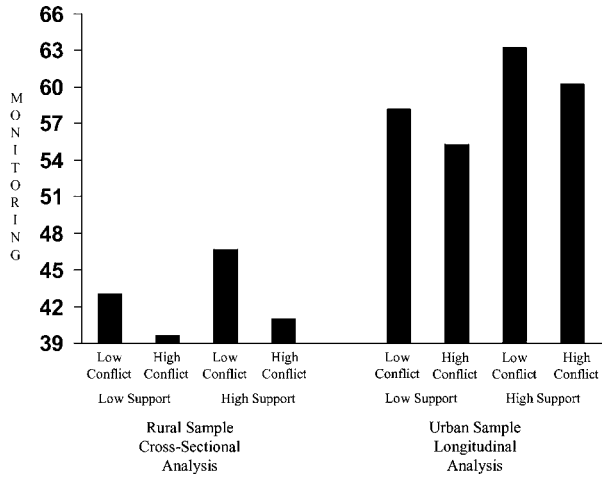

Fig. 1. Interaction of co-parent support and co-parent conflict on maternal monitoring in the rural and urban samples.

relationship in maternal and child adjustment. Higher levels of coparent conflict were associated with higher levels of maternal depressive symptoms, lower levels of maternal warmth and support, and more child adjustment difficulties. Additionally, findings revealed that coparent conflict and support interacted to predict one parenting behavior, specifically monitoring, both cross-sectionally and longitudinally. Coparent relationships characterized by high levels of support and low levels of conflict were associated with the highest levels of parental monitoring behavior, whereas coparent relationships characterized by low levels of support and high levels of conflict were associated with the lowest levels of monitoring. Although yielding a statistically significant interaction term, the pattern of findings for both urban and rural families were similar, failing to support our third hypothesis.

Our findings regarding the relative contribution of coparent conflict and support are consistent with those from the literature more broadly that suggest "it is not how nice spouses are to each other—but how nasty they are not" (Ewart *et al*., 1991, p. 161). The social psychology literature offers a number of potential explanations for our findings. First, negative aspects of social relationships appear to be less prevalent than positive aspects and, as a result of their infrequency, may have a greater impact on mental health and well-being (e.g., Rook, 1984; Schuster *et al*., 1990). Although we did not measure the regularity of conflict or support in the coparenting relationships of the participating families, it is plausible that conflict occured less frequently and, therefore, was more salient for mothers and children. Second, negative events tend to be weighted more heavily than positive events (Hamilton & Zanna, 1972; Hodges, 1974; Richey *et al*., 1967). Perhaps mothers and children in our study attached more significance to coparent conflict than support. Third, support may have greater impact on well-being in times of crises (cf., Rook, 1984). Although the mothers in our study were single and low-income, they represented a community sample that was not identified on the basis of acute stressors, such as illness of themselves or their child. A sample facing such stressors may have resulted in different relative relationships between support and conflict and well-being.

Also, consistent with the few existing studies in the literature, coparent support and conflict interacted to predict parental monitoring (Lepore, 1992; Pagel *et al*., 1987). These earlier studies tended to examine broader social networks (Lepore, 1992; Pagel *et al*., 1987). Thus, joint effects of support and conflict were discussed in terms of their cross-buffering effects or that support in one relationship (e.g., college roommate) would buffer conflict in another (e.g., college friend). We examined the joint effects of support and conflict in a single relationship, the coparent relationship. The combination of high levels of coparent support and low levels of conflict was associated with the highest level of maternal-monitoring behavior, whereas the combination of low levels of support and high levels of conflict was associated with the lowest level of monitoring.

Although the urban families in our sample were confronted by more risks than rural families (Forehand *et al*., 2000), supportive and conflictual aspects of the coparent relationship operated similarly in the two contexts. We had hypothesized that stronger associations would emerge in the urban than rural sample because of the increased exposure to risk. The similarity of findings across these different residential contexts, however, strengthens the conclusions that can be drawn regarding the importance of support regardless of context. It should also be noted, however, that although urban environments generally have higher levels of violence-related risks, African American families residing in rural environments may be faced with different, yet similarly challenging circumstances, such as more oppressive social structures and fewer resources and services (Orthner, 1986; Tickamyer & Duncan, 1990). These challenges, although different than those most typically confronted by urban families, may render coparenting conflict equally important. Of importance, our findings suggest that family interventions designed to address coparent relationships in African Americans single-parent households may not have to be tailored to the environmental context in which the families reside. Future research should attempt to replicate our findings, however, before any definitive conclusion can be drawn.

Before concluding, some limitations of the current study should be noted. First, our attempts to improve the cultural sensitivity of our measures by incorporating

focus groups is not a substitute for reliable and valid measures of African American child and family functioning. For example, after our minor modifications to the coparent conflict measure (Ahrons, 1981), the internal consistency was at a borderline level of acceptability ($\alpha = .60$). Second, although we attempted to address the issue of common method variance by including both mother-report (depressive symptoms, maternal warmth and support,) and child-report (child psychosocial adjustment), future research should replicate the current findings with observational measures as well, particularly for maternal parenting behaviors. Third, the coparent support and conflict items in this study were part of a single measure, therefore, responses to the social support items may have been attenuated by responses to the conflict items. Finally, caution is warranted in generalizing our findings to groups other than low-income African American single mother-headed families.

Strengths of the study also merit attention. Studies of African Americans are underrepresented in the family literature generally, but particularly in research on coparenting. Additionally, we extend the study of coparenting beyond two-parent families, whether intact or divorced, to include nonparental caregivers. Similarly, we extend the literature on coparenting examining the relative and joint influences of support and conflict on mother and child adjustment, providing increasing support for the importance of studying both dimensions of family relations. Finally, we examined both concurrent and longitudinal association, providing a more rigorous test of our hypotheses (Loeber & Farrington, 1994).

We already have noted one clinical implication: It does not appear necessary to tailor family interventions addressing the parent and coparent relationship to the environmental context in which the family resides. Another aspect of our findings for clinical interventions is that such efforts should focus on both positive and negative aspects of the coparent relationship. Monitoring of child behavior is a critical behavior for promoting child adjustment (Dishion & McMahon, 1998), regardless of child sex, age, and ethnicity (e.g., Forehand *et al*., 1997; Kilgore *et al*., 2000). Our findings suggest that it is the combination of these two aspects of the coparent relationship that promotes maternal-monitoring behavior.

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