

## Family Resources in Determining Maternal Mental Health and Parenting Style in Predicting Child Behavioral Problems

Shaari Fauziah, Teoh Hsien Jin, and Sinniah Dhachayani

Faculty Of Medicine, Universiti Kebangsaan Malaysia

e-mail: aishvarya\_arun@yahoo.com.my

**Abstract.** This study examines the effect of family resources in predicting maternal health and her parenting style resulting in behavioral problems in children. The study is based on a sample of 40 mothers with children ages between 7-12 years old from surrounding Klang Valley. The hypothesis could be that children behavioral problems are due to the maternal parenting style. Inadequacy in family resources predicts directly or indirectly the mental health of mothers and her parenting style. This could be due to the direct effects of family resources on the maternal mental health.

Key words: family resources, maternal health, parenting style, child behavior

**Abstrak.** Kajian ini meneliti pengaruh sumber daya keluarga dalam memprediksi kesehatan ibu dan gaya pengasuhannya yang menghasilkan perilaku bermasalah anak. Sampel (N = 40) adalah ibu dengan anak berusia antara 7-12 tahun dari daerah Klang Valley. Hipotesisnya adalah perilaku bermasalah anak disebabkan oleh gaya pengasuhan ibu. Kurangnya sumber daya keluarga memprediksi secara langsung atau tak langsung kesehatan mental para ibu dan gaya pengasuhannya. Ini mungkin disebabkan oleh pengaruh langsung sumber daya keluarga terhadap kesehatan mental ibu.

Kata kunci: sumber daya keluarga, kesehatan ibu, gaya pengasuhan, perilaku anak

Children are part and parcel of unit family. The dynamics of the family greatly influence children behavior. The inter-parental interactions and conflicts could be an indirect influence on the children behavior. Children behavior are learned and conditioned through time. There is an increasing concern about inter-parental conflict on children's behavior. Furthermore, marriages are most discordant during the child rearing years (Belsky & Pensky, 1988), particularly during infancy and early childhood (Belsly & Rovine, 1990). Thus, during the child rearing years, interpersonal relationship between spouses, intra-family support and childcare are the resources needed in the family. Inter-parental support is associated with the development of children's behavior whereas inter-parental conflict is more closely associated with children behavior problems (Emery & O'Leary, 1984). There are wide ranges of children's behavior problems especially externalizing disorders (e.g. aggression and non compliance) but also internalizing disorders (e.g. depression). Thus, the resources needed in a family could indirectly influence the children's behavior.

Currently, most mothers are employed and need a housemaid to carryout her duties. Formally, recom-

mendation is made that mothers should not go out to work and daycare should be abolished (World Health Organization Expert Committee on Mental Health, 1951) Subsequent research indicated that neither maternal employment nor daycare constitute major risk factor for children (Zigler & Gorden, 1986). There are evidences that poverty makes good family function more difficult, and hence it plays a role in the causal chain leading to conduct disorders.

Subsequently, mothers who are full-time housewives needed support too, especially when there are a number of children in the family. The role of mother hood could be very stressful. This could be due to the suggestion that the quality of father-child relationship is more consistently associated with the quality of inter-parental relationship as compared to the quality of the mother-child relationship. This is because the paternal role is less well articulated and defined by social convention (Belsky, Youndblade, Rovine, & Volling, 1991) than the maternal role. Generally, fathers have fewer opportunities to acquire and practice the skills central to care giving activities than mothers and thus benefited from spousal cooperation and support (Parke & Tinsley, 1987) Thus, a fathers cooperation and support are

very important resources needed by mother during the child rearing years. What could be the resource needed for them to play an effective role in maternal parenting? Time should be allocated for companionship and intimacy with her children and also for herself.

The need for companionship first merges in toddler hood in the form of the desire for co participation in play (Sullivan, 1953). Adults are frequently identified as companions during early childhood and the primary school years, but become less important when children enter adolescence. Thus, in this study, resources in the family are used to clarify as the factor indirectly affecting children's behavior and maternal parenting style.

Support from spouse is an important resource needed for maternal well being. What could be the role of maternal mental health in predicting her behavior and interaction with her children? Maternal behavior and her interaction result in her style of parenting. Resources like adequacy of child care arrangement affects parents capacity to function effectively in the parenting role. The social support as resources provided by another person, which is potentially useful and affects the mental health and well-being of the parents. Since resources are a component of social support construct, it is expected that adequacy of resources would affect an individual and familial well-being.

Marital and inter-parental conflicts had shown to be related to behavioral problems. (Faubert, Forehand, Thomas, & Wierson, 1990). Parental conflict increases the risk of child antisocial or coercive behavior by reducing the consistency of effectiveness of parental discipline practices. When parental conflict escalates, parents become increasingly absorbed in their problems and pay less attention to the child. Children may accidentally "learn" that acting out is an effective attention-getting strategy in response to perceived parental withdrawal. Thus, there is a possibility that the effect of family resources on maternal mental health, parenting style and children behavior may be direct or indirect.

The parenting style is an important predictor of children's behavior and adjustment. Parental behavior during inter-parental conflict and parenting style, resulting in a unique impact on children's adjustment and functioning in three major ways (Rutter, 1994).

Firstly, conflict can lead to a decrease in consistent and effective discipline practices leading to an increase in child antisocial and undercontrol behavior. Secondly, interparental conflict resulting in parental withdrawal or rejection from the child, resulting in child adjustment problems, either internalizing or externalizing problems. Thirdly, the conflict can result in an increasing use of psychological or emotional control as a way of securing and maintaining a strong emotional alliance and level of support from the child. Harsh parental behavior might be associated with internalizing symptoms in the child such as anxiety, depression and somatic complaint.

Conflict is used to describe behaviors between family members that range from verbal disagreements and criticism to acts from physical aggression. Consequently, children are at an increasing risk for the development of behavioral and emotional problems, in child-rearing environments which interpersonal relationship are characterized by anger and conflict. Thus, it is not surprising that adolescents describe family conflicts with self reported distress and psychological symptoms (Grych & Fincham, 1990). Parents in a discordant marriage become withdrawn or hostile towards their children and their parenting behaviors lack warmth and are fitted with rejection and emotional withdrawal. This style is associated to child behaviors. Thus, the child would become angry and involved in conflictive interactions.

The exposure to and involvement in hostile and aggressive interaction at home provide children with fewer opportunities to learn adaptive ways of handling anger and resolving disputes. Children who were exposed to harsh discipline practices at home tend to develop maladaptive social information processing patterns, which mediate the impact of harsh discipline on subsequent aggressive behavior at school. Children may develop negative self perception, resulting in increased risk of low self esteem and experienced internalizing and externalizing behavior problems. What could be the possible factors in the development of children behavior problems?

Based on the issues brought up in the review, this study aims to explore the effects of various family resources such as financial, intra-family support and other necessities directly or indirectly on (a) maternal mental health, (b) parenting style, and (c) child behavioral problem

## Methods

### *Sample*

Forty mothers of Malay ethnic from surrounding Klang Valley were randomly selected during a parenting study circle. The mothers are married from intact families with their children ages between 7-12 years old. The average child age is 8.93 and the average mothers age is 35.90. The majority of the mother's level of education were Sijil Pelajaran Malaysia (SPM). Most of the mothers' earning is between RM 500 – RM 2000, while 43.2% relying on husband's income. The returned rate for the questionnaire was approximately 75%. Due to missing data from the total acquired sample, 25% of the samples were deleted.

### *Procedure*

Data were collected in groups concerning mothers' personal data and completion of self-report questionnaires. All data were collected from the mothers. The mothers were informed by the author, a second /final year Master of Clinical Psychology intern, of the assessment procedure prior to participating in the study with completed consent form. Mothers understood that this assessment is to help them to understand their parenting style affecting their child behavior according to the resources present in the family. Mothers were approached by the author or by the leaders of the study circles who distributed the questionnaire and a cover letter. All mothers who consented to the survey were given the questionnaires, which were collected after 2 weeks. The questionnaire took a minimum of 2 hours to complete, and some mothers completed partly during the session and partly at home. There were 4 measures selected to measure the maternal parenting style, her child behavior, maternal mental health and the family resources. The survey took 8 months to complete, from December 1998 to July 1999.

### *Measurement instruments*

*Family resources scale.* (FRS) (Dunst and Leet 1987). This measures the adequacy of both resources and needs in household with young children. This

scale is designed to access whether an individual and family have adequate resources for example time, money, energy and others to meet the needs of the family as a whole, as well as the needs of individual family members. The scale includes 30 items that measure the adequacy of both physical and human resources, including food, shelter, financial resources, transportation, time to be with family and friends and health care. Each item of this scale was randomly ordered in a hierarchy from the most to the least basic. Each item was rated on a five-point scale. Family Resources Scale was a multiple factor solution measuring independent dimensions of personal and family needs and resources. There are eight factors structure that includes scale items, which were randomly ordered. The internal consistency among the 30 items ranges from 0.92-0.97 (Dunst & Leet, 1987). The split-half reliability was 0.95 corrected for length using the Spearman-Brown formula. As for the test-retest reliability, the stability coefficient for the total scale scores was  $r = 0.52$  ( $p < 0.001$ ) (Dunst & Leet, 1987).

*General Health Questionnaires* (GHQ) (Goldberg 1978). This measures maternal mental health, which include several domains of the mother's well-being. The General Health Questionnaire (Goldberg, 1978) was used to measure the constructs of an individual mental health. General Health Questionnaire was a more widely used construct addressing a range of emotional problems and its reliability is more widely known. The General Health Questionnaire was designed as a screening device to detect psychiatric disorder in an adult population. The device yield's 4 subscales: Somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. The General Health questionnaire is self-administered 28 item scale where respondents rate themselves on a 4 point scale (better than usual, same as usual, worse than usual and much worse than usual.) The higher the scores are indicative of greater symptomatology. The test retest reliability coefficient ranges from 0.51 – 0.90. The split-half reliability was 0.95.

*Parenting Scale* (Arnold O'Leary, Wolff, & Acker, 1993). This measures the dysfunctional parenting in discipline situation. The parenting scale was developed by identifying parental discipline "mistakes" which relates to the behavioral problems. The parenting scale format allows parent to characterize their behavior in a manner that is less dependent on the rates of their children's misbehaviors. This is impor-

tant since the parenting scale needs to be able to identify parents who mishandled most of the discipline encounters. The test-retest reliability were 0.83, 0.82 and 0.79 for the Laxness, over reactivity, and verbosity factor, respectively, and 0.84 for the total score (Arnold, O'Leary, Wolff, & Acker, 1993)

*The Child Behavior Checklist (CBCL) for Ages 4-18* (Achenbach, 1991). This measures children's social competencies and behavior problems as reported by their parent or caregivers. The child behavior checklist can be self-administered or administered by the examiner. There are 113 behavior problems items to describe the child and are rated on a 3 points scale. This scale allows for the identification of children behavior problems including; internalizing behavior-withdrawal, somatic complaints, anxiety and depression, externalizing behavior-delinquency and aggression, unspecified syndromes-social problems, thought problems and attention problems, and other problems. This grouping of syndromes reflects a distinction that has numerous multivariate analyses of children behavior and emotional problems. The test-retest item reliability is  $r = 0.952$  ( $p < 0.001$ ) (Achenbach, 1991)

## Results

This study examines the effect of family resources either direct or indirect on maternal mental health, her parental style and child behavior. A multiple linear regression was used to analyze the data. There are 3 styles of parenting subscales and analysis indicated that only the subscale over reactivity was significant.

The previous analysis indicates that the maternal mental health predicted her parenting style. The effect

Table 1

*Summary of Ordinary Least Squares Multiple Regression Analysis for General Health Questionnaire Predicting Parenting Style Subscale Overreactivity (N=40)*

	B	SEB	Beta
GHQA	-0.021854	0.032257	-0.095984
GHQB	0.151156	0.037159	0.659348**
GHQC	0.004310	0.032694	0.017590
GHQD	0.003564	0.50060	0.10597

Note:  $R = 0.408$  [ $F(4,35) = 6.026$   $p < 0.01$ ]

\*\*  $p < 0.01$

Table 2

*Summary of Ordinary Least Squares Multiple Regression Analysis for Family Resources Predicting Parenting Style Sub-scale Over-reactivity (N=40)*

	B	SEB	Beta
FRS	-0.027534	0.007218	-0.526179**

Note:  $R = 0.278$  [ $F(1,38) = 14.55$   $p < 0.01$ ]

\*\*  $p < 0.01$

Table 3

*Summary of Ordinary Least Squares Multiple Regression Analysis for Mental Health (Anxiety and Insomnia) (GHQB) and Family Resources (FRS) Predicting Parenting Style Subscale Over-reactivity (N=40)*

	B	SEB	Beta
GHQB	0.114293	0.036968	0.498551**
FRS	-0.010978	0.008438	-0.209800

Note:  $R = 0.425$  [ $F(2,37) = 13.69$   $p < 0.01$ ]

\*\*  $p < 0.01$

was significant on mental health, anxiety and insomnia (GHQB) [ $F(4,35) = 6.026$   $p < 0.01$ ] on the parenting style over-reactivity (See Table 1) Thus, the more the maternal anxiety and insomnia, the more mothers overreact toward their children. The results indicated that when mothers experienced more anxiety and insomnia, she displayed more anger, meanness and irritability in her style of parenting

The previous analysis indicated that the Family Resources Scale significantly predicted Parenting Style. [ $F(1,38) = 14.55$   $p < 0.01$ ]. The result indicated that the more inadequate the resources and needs in the house hold with young children, the more she displayed anger, meanness and irritability toward their

Table 4

*Summary of Ordinary Least Squares Multiple Regression Analysis for Family Resources Predicting Maternal Mental Health (Anxiety and Insomnia)(GHQB) (N=40)*

	B	SEB	Beta
FRS	-0.144849	0.028617	-0.634579*

Note:  $R = 0.403$  [ $F(1,38) = 25.64$   $p < 0.05$ ]

\*  $p < 0.05$

Table 5

*Summary of Ordinary Least Squares Multiple Regression Analysis for Parenting Style Predicting Child Internalizing Behavior (N=40)*

	B	SEB	Beta
Overreact	-4.082695	1.952184	-0.321276*

Note:  $R = 0.103$  [ $F(1,38) = 4.374$   $p < 0.05$ ]

\*  $p < 0.05$

children.

The previous analysis indicated that maternal mental health subscale anxiety and insomnia is a more important predictor of Parenting Style subscale over reactivity than family resources. The analysis for maternal mental health is significant [ $F(2,37) = 13.69$ ,  $p < 0.01$ ] on the Parenting Style.

The previous analysis predicted a significant effect of family resources (FRS) on maternal mental health subscale anxiety and insomnia [ $F(1,38) = 25.62$ ,  $p < 0.5$ ] indicating 40% of the variance in family resources predicting maternal anxiety and insomnia. There were 3 subscales for child behavior problems, externalizing, internalizing and unspecified syndromes. Analysis of data indicated that there was no significance for externalizing and unspecified syndromes.

The previous analysis predicted a significant effect of Parenting Style on child internalizing behavior [ $F(1,38) = 4.374$ ,  $p < 0.05$ ]. Thus, the more overreacting mother's parenting style was, the more the child behavior was internalized. The results indicated that the more mothers displayed anger, meanness and irritability, the more the children were withdrawn, experienced anxiety, depression and somatic complaints.

The results above indicated that the family resources affected maternal mental health showing anxiety and insomnia. The maternal mental health in turn affected the parenting style showing over reactivity, thus resulting in child internalizing behavior (see Appendix)

## Discussion

The result of the study suggested that there was a significant relationship between parenting style and child behavioral problems. The over reactivity in parenting behavior, reflecting display of anger, meanness

and irritability affected child behavior. Internalizing behavior in children is indicative symptoms of withdrawn, anxious, depressed and somatic complaints.

Additional finding indicated that family resources significantly affected the maternal mental health. Result showed that the family resources affected maternal mental health leading to an over reactivity in the parenting style. Inadequate parenting has been shown to be a better predictor of children's behavior problems (aggression and depression) than poor parental emotional functioning or mental health (Haskett, Myers, Pirello, & Dombalis, 1995).

The predictor for this linear connection is that family resources. Family resources like adequacy of child-care arrangements, and the quality of health care affect parents' capacity to function effectively in their child-rearing. The family resources including the financial needs, social support, childcare and other necessities needed in families with children. Thus, the social economic status could have an important effect on the resources of the family.

Fundamental proposition of family system theory indicates the needs of one set of forces that influence behavior. Inadequate resources affect the family's pattern of stability, growth and competence. Disruption in the family system due to unmet needs can negatively affect parenting and child functioning. The behavior of families with inadequate family resources especially those with minimal support will affect the mental health, the health of individual and the family. The result indicated that family resources predicted the mental health of the individual on the family. For example, a working mother needs outside support to mind her children in order to go out to work. This could be the highest need in her family system.

The unavailability of child minder could lead to her being anxious and worried. This may lead to other mental health problems such as, sleep disturbance and depression. When the main needs including the basic physical necessities such as money for food and shelter are inadequate, an individual may experience worrying, unhappiness and stressful. Parents who were socially isolated, like not participating in clubs to other organizations had higher rates of child abuse, whereas, those who were involved in supportive network of this type, did not have higher than average rate of abuse despite being under high stress (The Seventh International Conference of Social Science and Medicine,

1987) These changing aspects of psychological functioning affects the mental health of the individual especially mothers who manages her family.

Employment may be the highest need for a husband who needed money to support his family. Similarly, single mothers needed a job to support her children. Thus, without employment the individual will feel the stress and anxiety. He or she will not be able to carry out their role as the breadwinner of the family members, is greatly influenced by the economic resources of the family unit as well as family size and composition. Regular income is the main source by which most families finance their household expenditure and make provision for the future through such avenues as savings and investments.

Intra-family support is an important need in a family system. Consequently, the need for interpersonal relationship for growth and support in a family system is crucial. Over reactivity in parenting style indicates anger, meanness and irritability. This social impairment resulting in social inadequacy could be a major mental health stressor. When personnel needs are lacking, there is a possibility that it will affect the identity of a person. For example, a wife with interpersonal problems with her spouse will affect her identity and role as a mother. Due to her lack of identity, she experiences feelings of psychological disturbances. She experiences feelings of unhappiness which affected her behavior in parenting, and her inconsistent parenting style, then resulted in her children behavioral problems (Arnold, O'Leary, Wolff, & Acker, 1993). Therefore, interpersonal conflict can be a major predictor in parenting style resulting in child behavior problems. (Faubert et. al., 1990). The need for interpersonal support is crucial for child rearing.

Mother's mental health is affected by her emotional well-being, and psychological functioning and since mother are in constant interaction with her children, it could then affect her parenting style. This study indicates maternal parenting style leading to behavioral problems of her child. Children behavior greatly reflects their parent's parenting style. For clinicians working with parents with mental health problems, need careful monitoring of parental emotional well-being. Parents with increased depression level may report her child to be more deviant than how the child is actually behaving. This serves as an important signal to alert others that this parent is highly stressed

about her parenting role and relationship with the child (Webster-Stratton & Hammond, 1988). In dysfunctional parenting especially in discipline situations, the role and identity of a parent either a mother or father plays is very important. For example, the inconsistency in parenting style between mother and father could lead to their children's disruptive behavior. The behavior problems in children consist of a wide range of externalizing and internalizing problems. The externalizing problems are described as aggression, conduct disorder, delinquent behavior, acting out and oppositional disorder as in mental health problems among children in the school age level. These behavioral are later associated with drugs, family violence and crime. This study indicates internalizing problems are designated as withdrawn, anxious, depressed and somatic complaints. Although, children experiencing internalizing behavioral problems seem not threatening but they were in a low mood and could have an effect on their self concept.

The many styles of parenting play an important role in the development of children behavior. There are certain styles of parenting and discipline strategies, which indicates the development and maintenance of the children's problem behavior. There are specific dimensions in a mother's parenting style, which may result in children disruptive behavior e.g. using indirect commands and lack of enforcement. Mothers who engaged in lengthy and intense interchanges with their children are submissive, ambiguous and inconsistent in responses to their children problematic behavior. These mothers are probably reinforcing oppositional behavior by giving attention, softening of commands or coaxing.

The timing intensity and consistency of negative consequences will influence the effectiveness of discipline. This depend on mother mental health who are able to reinforce at the right time with certain loudness in her intonation and are consistent in giving reprimands will be effective in managing the children behavior. Thus, in addressing children problems, the difficulties in treatment, whether prevention and intervention has become an issue in child rearing practices. A thorough assessment needs to be completed, such that intervention can be planned that includes not only parental training but also treatment for mental health problems, modification of negative cognition and stress reduction. When parent training is offered, de-

pressed parents are more likely to drop out or relapse at follow-up (McMahon, Forehand, Griest, & Wells, 1981). The maternal mental health needs to be attended to especially addressing to her needs and other family resources for her to cope and adjust.

The limitation of the study was the number of subjects with completed data involved was small. The problem in designing the survey, where mothers were allowed to take home the questionnaires led to problems of returning the questionnaires. For future studies, these could be rectified by having an extra time or session in completing the questionnaires. There were 25% of questionnaires returned with data not completed. This could be minimized, in future studies, by the author rechecking and doing follow-up. The author may carry out the survey in stages, with interaction of the author and subjects.

This study and its conclusion requires further investigation. Firstly, the perception and value of the family resources to an individual and family need to be considered in greater detail. Understanding the family resources in different environmental areas would allow us to consider the coping ability of parents. This may allow us to focus on the resilient children as compared to children behavioral problems.

Peer influence in the surrounding environmental area may lead to children behavioral problems. Children with similar social economic status grouped together and model each other. Therefore, it appears that other factors need to be considered in order to analyze child behavior problems in a wider aspect.

For clinicians involved in children behavior problems, this study has some important implications. The results indicated a linear connection of family resources, maternal mental health, parenting style and child behavior problems. Therefore, for intervention purposes parenting training need to be integrated with other therapeutic approaches, taking into account family resources and needs, the parental mental health, and other environmental stressors. Such multidimensional intervention would be able to offer more promise for the child behavior problems.

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## Appendix

### Effect of Family Resources on The Maternal Mental Health and Her Parenting Style Resulting in Child Behavior Problems

