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In this longitudinal study, the relationships between parent-adolescent conflict and adolescent psychological well-being were examined in a sample of Chinese adolescents (N = 378) via children’s and parents' reports of parent-adolescent conflict. The results indicate that parent-adolescent conflict based on ratings obtained from the different sources was concurrently related to hopelessness, life satisfaction, self-esteem, purpose in life, and general psychiatric morbidity at Time 1 and Time 2. Longitudinal and prospective analyses (Time 1 predictors of Time 2 criterion variables) suggest that the relations between parent-adolescent conflict and adolescent psychological well-being are bidirectional. Although the strengths of association between parent-adolescent conflict and adolescent psychological well-being were similar for male and female adolescents, father-adolescent conflict, relative to mother-adolescent conflict, was found to exert a stronger influence on adolescent psychological well-being.


Although parent-adolescent conflict is widely regarded by clinicians as an etiological factor in adolescent psychopathology (e.g., Foster & Robin, 1988; Hall, 1987), empirical evidence pertinent to the links between parent-adolescent conflict and adolescent development is limited. In a pioneer study of conflict-resolution behavior in adolescent boys, Rubenstein and Feldman (1993) explicitly commented that "it is not known to what extent adolescent behavioral and emotional disorders are a function of the amount of conflict in the family" (p. 43).

Regarding the empirical support for the link between parent-adolescent conflict and adolescent functioning, there are data suggesting that parent-adolescent conflict is related to adolescent maladjustment, including depression (Forehand et al., 1988); injuries (Bijur, Kurzon, Hamelsky, & Power, 1991); unacceptable behavior (Tomlinson, 1991); problem behavior at school (Forehand, Long, Brody, & Fauber, 1986; Galambos, Sears, Almeida, & Kolaric, 1995); difficulties in adolescent functioning (Forehand et al., 1991); and self-esteem, anxiety, and control (Slater & Haber, 1984). Past studies have also revealed that extensive parent-child conflict exists in homes of disturbed children (Reich, Earls, & Powell, 1988) and runaway adolescents (Justice & Duncan, 1976).

A critical examination of the literature shows that there are several limitations intrinsic to the existing studies on the link between parent-adolescent conflict and adolescent adjustment. The first limitation concerns the assessment of parent-adolescent conflict. Although some researchers have included children's and parents' perceptions in the assessment (i.e., inclusion of multiple informants), it is not a common practice to assess father-adolescent conflict (e.g., Forehand et al., 1988; Forehand et al., 1991). Even in those studies in which fathers and mothers were included, some researchers have
assessed parent-adolescent conflict without distinguishing between the father and the mother (i.e., treating the parents as a unit), therefore failing to reveal the differential nature of father-adolescent conflict and mother-adolescent conflict (e.g., Galambos et al., 1995; Rubenstein & Feldman, 1993).

The assessment of parent-adolescent conflict separately for fathers and mothers, based on data obtained from separate sources, would probably give a more complete picture of the problem area. There are different forms of parent-adolescent conflict, depending on the perspective of the informant: father-adolescent conflict based on the perspective of the child, mother-adolescent conflict based on the perspective of the child, father-adolescent conflict based on the perspective of the father, and mother-adolescent conflict based on the perspective of the mother.

The second limitation of the existing studies is that the related sample sizes are generally small: Forehand and colleagues recruited 69 dyads for the first study (Forehand et al., 1988) and 120 families for the second study (Forehand et al., 1991); Galambos et al. (1995) included 105 families in their study; and Rubenstein and Feldman's (1993) study was based on the responses of 108 families. In addition, the use of multivariate statistical tests (multiple regression analyses have been widely used) in small samples increases the possibility that the data obtained are attributable to chance effect (Tabachnick & Fidell, 1989).

The third limitation is that most of the existing studies have been conducted in Western societies. Actually, an examination of the available databases (Ho, Spinks, & Yeung, 1989; Shek, 1995a; Spinks & Ho, 1993) showed that, to date, no scientific study has been conducted to examine the relations of parent-adolescent conflict to adolescent adjustment in Chinese society. Yang (1981) argued that socialization practice is parent centered in traditional Chinese culture, where parent-child conflict is basically not encouraged, children are socialized to be submissive to the parents, and conflict with parents is regarded as an unfilial act. Within such a cultural context, parent-adolescent conflict might constitute a source of stress for the adolescent involved, and this stress might influence his or her adjustment.

The fourth limitation is that although most of the existing studies have been carried out to study parent-adolescent conflict and depression (Forehand et al., 1988), problem behavior (Forehand et al., 1991; Galambos et al., 1995), and distress and psychosomatic complaints (Rubenstein & Feldman, 1993), few studies have addressed the link between parent-adolescent conflict and adolescent positive mental health. Conceptually, psychological well-being can be defined in terms of the absence of manifested psychiatric symptoms or presence of positive mental health attributes (Bradburn, 1969; Diener, 1984) or coping resources (Folkman, Schaefer, & Lazarus, 1979). According to the latter view, indicators such as life satisfaction, meaning in life, hope, or self-worth should be the focus. Folkman, Schaefer, and Lazarus (1979) regarded such qualities as coping resources that would help an individual develop positive coping repertoires. Thus, it would be theoretically illuminating if measures of psychiatric morbidity and positive mental health could be included in a single study.
The final limitation of the existing studies is a conceptual one. Regarding the link between parent-adolescent conflict and adolescent psychological well-being, there are three possibilities: (a) parent-adolescent conflict influences adolescent psychological well-being, (b) adolescent psychological well-being influences parent-adolescent conflict, and (c) parent-adolescent conflict and adolescent psychological well-being do not influence each other. It is obvious that the existing studies have been guided primarily by the first possibility, assuming that increased parent-adolescent conflict is conducive to impaired adolescent functioning. In contrast, few studies have been conducted to examine the second possibility (i.e., that adolescent adjustment is an antecedent of parent-adolescent conflict), and existing data have seldom been interpreted in light of this hypothesis. For example, Forehand et al. (1988) collected parent-adolescent conflict and adolescent depression data at two time periods (i.e., at Time 1 and Time 2). However, the data were interpreted in terms of the influence of parent-adolescent conflict on adolescent depression, and data on the association between Time 1 adolescent depression and Time 2 parent-child conflict were simply not presented.

Theoretically, there are some bases for the hypothesis that adolescent psychological well-being influences parent-adolescent conflict. According to the assertions of systems theories, functioning at the individual subsystem and at the parent-child subsystem is interdependent (e.g., Goldenberg & Goldenberg, 1980; Hinde & Stevenson-Hinde, 1988). Borrowing ideas from the sociological literature on family stress and role strain (e.g., Margolin, 1981), one can also argue that poor adolescent mental health is stressful, which would limit an adolescent's sensitivity and response to parents' demands and desires, therefore contributing to increased parent-adolescent conflict.

The data reported in this article are based on a longitudinal study that was designed to investigate the relations between family environment (including parent-adolescent conflict) and adolescent adjustment in Hong Kong. Data were collected at two time periods (Time 1 and Time 2) separated by 1 year. A large volume of data has been generated from this study (Shek, 1995b, 1997). In this article, the primary focus is on the relations between children's and parents' reports of parent-adolescent conflict and adolescent psychological well-being.

Method

Instruments: Assessment of Parent-Adolescent Conflict

Child version of the Father-Adolescent Conflict Scale (FAC-C) and Mother-Adolescent Conflict Scale (MAC-C). Robin and Foster (1989) demonstrated that the child version of the Conflict Behavior Questionnaire (CBQ-20) is a valid and reliable measure of parent-adolescent conflict from the perspective of the child. The items in the child version of the CBQ-20 were translated into Chinese by Shek, Lee, Ngai, Law, and Chan (1995). Based on the translated items, the Father-Adolescent Conflict Scale (FAC-C) and Mother-Adolescent Conflict Scale (MAC-C) were formed to assess father-adolescent and mother-adolescent conflict, respectively. Shek et al. (1995) found that the FAC-C and MAC-C have high internal consistency and temporal stability. A higher FAC-C scale score
([Alpha] = .87 at Time 1 and .89 at Time 2) or MAC-C scale score ([Alpha] = .85 at Time 1 and .86 at Time 2) indicates a higher level of parent-adolescent conflict in this study.

Parent version of the Father-Adolescent Conflict Scale (FAC-P) and Mother-Adolescent Conflict Scale (MAC-P). Robin and Foster (1989) demonstrated that the parent version of the Conflict Behavior Questionnaire (CBQ-20) is a valid and reliable measure of parent-adolescent conflict from the perspective of a parent. The items in the parent version of the CBQ-20 were translated into Chinese by Shek, Lee, Ngai, Law, and Chan (1995). Based on the translated items, the Father-Adolescent Conflict Scale (FAC-P) and Mother-Adolescent Conflict Scale (MAC-P) were formed to assess father-adolescent and mother-adolescent conflict, respectively, with identical items in each scale. A higher FAC-P scale score ([Alpha] = .88 at Time 1 and .88 at Time 2) or MAC-P scale score ([Alpha] = .89 at Time 1 and .90 at Time 2) indicates a higher level of parent-adolescent conflict in this study.

**Instruments: Assessment of Psychological Well-Being**

Chinese Hopelessness Scale (HOPEL). The Hopelessness Scale was devised by Beck, Weissman, Lester, and Trexler (1974) to measure the respondent's sense of hope. The Chinese Hopelessness Scale was developed by Shek; evidence supporting its reliability and validity has been reported (Shek, 1993b). A higher HOPEL scale score ([Alpha] = .81 at Time 1 and .82 at Time 2) indicates a lower sense of hope in this study.

Satisfaction With Life Scale (LIFE). The Satisfaction With Life Scale was developed by Diener, Emmons, Larsen, and Griffin (1985) to assess the respondent's own global judgment of his or her quality of life. The Chinese version of this scale was translated by Shek; adequate reliability of this scale has been reported (Shek, 1992a). A higher LIFE scale score ([Alpha] = .71 at Time 1 and .73 at Time 2) indicates a higher level of life satisfaction in this study.

Chinese Rosenberg Self-Esteem Scale (ESTEEM). The Rosenberg Self-Esteem Scale was designed to assess the self-esteem of high school students (Rosenberg, 1979). The Chinese Rosenberg Self-Esteem Scale was developed by Shek; acceptable reliability of this scale has been reported (Shek, 1992a). A higher ESTEEM scale score ([Alpha] = .70 at Time 1 and .72 at Time 2) indicates a higher level of self-esteem in this study.

Chinese Purpose in Life Questionnaire (PIL). The Purpose in Life Questionnaire was designed to assess the respondent's perceived existential meaning of life (Crumbaugh, 1968). Evidence has been accumulated on its reliability and validity (Shek, 1988, 1992b). The Chinese PIL was translated by Shek (1988), who found that the Chinese PIL has good psychometric properties. A higher PIL scale score ([Alpha] = .87 at Time 1 and .88 at Time 2) indicates a higher level of life purpose in this study.

The Chinese version of the 30-item General Health Questionnaire (GHQ). The General Health Questionnaire was developed to measure current nonpsychotic disturbances
Chan (1985) found that the Chinese GHQ compared favorably with the English version at the scale level, and there is evidence that the GHQ possesses acceptable psychometric properties (Shek, 1987, 1989, 1993a). A higher GHQ scale score ([\(\alpha\) = .88 at Time 1 and .88 at Time 2]) indicates a higher level of psychiatric symptoms in this study.

Although the GHQ can be treated as an instrument assessing mental health in terms of manifested psychiatric symptoms, the other scales can be regarded as tools measuring mental health in terms of positive mental health attributes (Diener, 1984) or coping resources (Folkman, Schaefer, & Lazarus, 1979).

On the basis of the existing literature, I predicted that if parent-adolescent conflict impairs psychological well-being in Chinese adolescents, a higher level of parent-adolescent conflict (higher FAC-C, MAC-C, FAC-P, or MAC-P scores) at Time 1 should be associated with poorer adolescent well-being (higher GHQ and HOPEL scores, and lower LIFE, PIL, and ESTEEM scores) at Time 2. Alternatively, if adolescent psychological well-being intensifies parent-adolescent conflict, poorer adolescent well-being (higher GHQ and HOPEL scores, and lower LIFE, PIL, and ESTEEM scores) at Time 1 would be associated with a higher level of parent-adolescent conflict (higher FAC-C, MAC-C, FAC-P, or MAC-P scores) at Time 2.

**Participants and Procedure**

The data for the present analyses were derived from the Wave 1 and Wave 2 data of a longitudinal study on family factors and adolescent adjustment in Hong Kong. I selected the adolescent participants (between 12 and 16 years old) from secondary schools in Hong Kong with the stratified-cluster sampling method, using the academic ability of the students as the stratifying factor. After a school agreed to participate in the study, invitation letters were sent to the parents of all Secondary I students. Among the consenting families, data were collected from 429 adolescents (217 boys and 212 girls) and their parents at Time 1.

The second assessment (Time 2) occurred 1 year after the first assessment (Time 1). The adolescents and parents were asked to respond to the same questionnaire used at Time 1. Follow-up data were obtained from 378 families at Time 2. This group of 378 families, from whom the Time 1 and Time 2 data were collected, constituted the longitudinal sample for the study. The attrition rate (12.5%) compares favorably with those of previous studies (e.g., Rubenstein & Feldman, 1993).

During the visits to a family at Time 1 and Time 2, the parents were requested to complete a Parent Questionnaire (containing the FAC-P or MAC-P), and the student was asked to complete an Adolescent Questionnaire (containing the FAC-C and MAC-C) in a self-administration format. Adequate time was provided for the participants to complete the questionnaires. To ensure confidentiality, I had each participant complete the questionnaire separately. For those who had problems in comprehending the questions or items, a trained interviewer asked the questions or items in an interview format. In
addition, one of the parents and the student in each family were interviewed individually
by a trained interviewer using a structured interview schedule. The narratives were tape
recorded. The whole interview process took roughly 3 to 4 hr to complete.

Although those who dropped out of the study had significantly lower GHQ and PIL
scores than those who remained in the longitudinal sample, the differences were small in
absolute magnitude, and there were no other significant differences between the groups
regarding the Adolescent Questionnaire (measures of perceived parenting styles, parent-
adolescent conflict, family functioning, self-esteem, life satisfaction, and hopelessness),
Parent Questionnaire (measures of marital quality, midlife crisis, and family functioning),
and the basic demographic variables (age and family income). Furthermore, the patterns
of correlations among Time 1 variables for the two samples were found to be highly
similar. These observations suggest that sample attrition was not a major source of bias in
this study.

Results

Concurrent correlations at Time 1. Correlation coefficients on the link between parent-
adolescent conflict and different measures of adolescent adjustment based on the total
sample at Time 1 are reported in Table 1. I used the multistage Bonferroni procedure
(Larzelere & Mulaik, 1977) to determine those significant correlations that were not
attributable to Type I error. The data revealed that those who experienced more parent-
adolescent conflict had lower levels of positive mental health and higher levels of
psychiatric morbidity. Neither adolescent gender differences (adolescent boys vs.
adolescent girls) nor parent gender differences (fathers vs. mothers) were observed in the
strength of associations between parent-adolescent conflict and adolescent psychological
well-being.

Concurrent correlations at Time 2. For the link between parent-adolescent conflict and
different measures of adolescent adjustment at Time 2, the data generally show that those
who experienced more parent-adolescent conflict had lower levels of positive mental
health and higher levels of psychiatric morbidity (see Table 2). Similar to the concurrent
correlations at Time 1, neither adolescent gender differences (adolescent boys vs.
adolescent girls) nor parent gender differences (fathers vs. mothers) were found in the
strength of associations between parent-adolescent conflict and adolescent psychological
well-being.

Time 1 to Time 2 longitudinal correlations. Correlation coefficients on the link between
parent-adolescent conflict at Time 1 and different measures of adolescent psychological
well-being at Time 2 are reported in Table 1. The data revealed that those who
experienced more parent-adolescent conflict at Time 1 had lower levels of positive
mental health and higher levels of psychiatric morbidity at Time 2. Although gender
differences in the relationships between parent-adolescent conflict and adolescent
psychological well-being basically did not exist, father-adolescent conflict reported by
adolescents (FAC-C) had greater strength of association with LIFE (p [less than] .05),
ESTEEM (p [less than] .05), and GHQ (p [less than] .05) scores than did mother-adolescent conflict reported by adolescents (MAC-C).

To test the possibility that adolescent psychological well-being influences parent-adolescent conflict, I computed correlations between measures of adolescent psychological well-being at Time 1 and parent-adolescent conflict at Time 2 (see Table 1). The results indicated that adolescent psychological well-being at Time 1 was predictive of parent-adolescent conflict at Time 2. Neither adolescent gender differences (adolescent boys vs. adolescent girls) nor parent gender differences (fathers vs. mothers) were found in the strength of associations between adolescent psychological well-being at Time 1 and parent-adolescent conflict at Time 2.

Time 1 to Time 2 prospective correlations. To examine the link between parent-adolescent conflict at Time 1 and adolescent psychological well-being at Time 2 in a more stringent manner, I computed partial correlations between Time 1 parent-adolescent conflict measures and Time 2 adolescent psychological well-being measures, in which gender and the related Time 1 well-being scores were removed in each prospective correlation. One advantage of using prospective correlation is that it can give an indication of how a predictor variable is related to actual change in a criterion variable over time (e.g., Kenny, 1979). Only father-adolescent conflict was related to actual changes in adolescent psychological well-being over time (see Table 2).

### Table 2

<table>
<thead>
<tr>
<th>Scale</th>
<th>FAC-C</th>
<th>MAC-C</th>
<th>FAC-P</th>
<th>MAC-P</th>
</tr>
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<tbody>
<tr>
<td>Parent-adolescent conflict at Time 1 and well-being at Time 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOPEL</td>
<td>.12(**)</td>
<td>-.01 ns</td>
<td>.10(*)</td>
<td>-.04 ns</td>
</tr>
<tr>
<td>LIFE</td>
<td>-.20(****)</td>
<td>-.07 ns</td>
<td>-.16(***)</td>
<td>-.07 ns</td>
</tr>
<tr>
<td>ESTEEM</td>
<td>-.16(***)</td>
<td>-.04 ns</td>
<td>-.12(***)</td>
<td>-.01 ns</td>
</tr>
<tr>
<td>PIL</td>
<td>-.01 ns</td>
<td>.01 ns</td>
<td>-.11(**)</td>
<td>-.06 ns</td>
</tr>
<tr>
<td>GHQ</td>
<td>.15(***)</td>
<td>.02 ns</td>
<td>.01 ns</td>
<td>-.04 ns</td>
</tr>
<tr>
<td>Well-being at Time 1 and parent-adolescent conflict at Time 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOPEL</td>
<td>.07 ns</td>
<td>.15(***)</td>
<td>.15(***)</td>
<td>.21(****)</td>
</tr>
<tr>
<td>LIFE</td>
<td>-.08 ns</td>
<td>-.15(***)</td>
<td>-.16(***)</td>
<td>-.23(****)</td>
</tr>
<tr>
<td>ESTEEM</td>
<td>.01 ns</td>
<td>-.15(***)</td>
<td>-.07 ns</td>
<td>-.10(*)</td>
</tr>
<tr>
<td>PIL</td>
<td>-.04 ns</td>
<td>-.18(****)</td>
<td>-.19(****)</td>
<td>-.18(****)</td>
</tr>
<tr>
<td>GHQ</td>
<td>.10(*)</td>
<td>.15(***)</td>
<td>.11(**)</td>
<td>.14(***)</td>
</tr>
</tbody>
</table>


* p [less than] .10. ** p [less than] .05. *** p [less than] .01.
I also computed prospective correlations to examine the link between adolescent psychological well-being at Time 1 and changes in parent-adolescent conflict at Time 2. Although adolescent well-being at Time 1 was not related to changes in father-adolescent conflict reported by the adolescent child at Time 2, the predictor variables are generally predictive of the changes in conflict, using other indicators of parent-adolescent conflict (see Table 2).

Canonical correlation analyses. I conducted canonical correlation analyses with SPSS-X (Norusis, 1990) to examine the relationship between parent-adolescent conflict and adolescent adjustment. The use of parent-adolescent conflict measures at Time 1 to predict residualized adolescent psychological well-being measures at Time 2 (when the effects of gender and the initial Time 1 scores for a measure have been removed) revealed that there were two possible pairs of canonical variates (canonical correlation = .25 and .15, respectively). With all the correlations included, F was significant (p [less than] .0001). However, when the first pair of canonical variates was removed, the results of the second analysis of variance (ANOVA) were not significant. The results thus suggest that the first canonical correlation accounts for the significant linkages between those two sets of variables.

With a cutoff of .3 for the loadings for interpretation (Tabachnick & Fidell, 1989), only FAC-C and FAC-P were relevant to the first canonical variate. On the other hand, all the variables in the set of psychosocial adjustment were relevant to the first canonical variate. Taken as a pair, the data based on the first canonical variate suggest that those who reported more father-adolescent conflict at Time 1 tended to have a decline in positive mental health and an increase in psychiatric symptoms at Time 2.

Similar analyses were performed to examine the relationship between adolescent psychological well-being at Time 1 and residualized parent-adolescent conflict measures at Time 2 (when the effects of gender and the initial Time 1 scores for the measure have been removed). Results showed that the first canonical correlation accounts for the significant linkages between these two sets of variables (canonical correlation = .32), where all the predictors and criterion variables were relevant to the first canonical variate. The data suggest that those with better mental health at Time 1 had a decline in parent-adolescent conflict at Time 2 (see Table 3).

Discussion

My primary aim in this study was to report data on the relationships between parent-adolescent conflict and adolescent psychological well-being. Regarding the influence of parent-adolescent conflict on adolescent psychological well-being, the data based on the longitudinal correlations, prospective correlations, and canonical correlation analyses revealed that a high level of parent-adolescent conflict is predictive of adolescent psychological well-being across time. Although the present findings are consistent with those of previous studies (e.g., Forehand et al., 1988; Slater & Haber, 1984), there are three interesting aspects of the data that deserve further attention.
First, the present study shows that in addition to psychological distress symptoms, parent-adolescent conflict is associated with adolescent positive mental health. This finding is important because there have been few previous attempts to investigate the relationship between these two domains. The present results suggest that parent-adolescent conflict may inhibit the development of positive mental health or coping resources in adolescents.

**TABLE 3**

Canonical Correlation Analyses of the Link Between Parent-Adolescent Conflict and Well-Being, based on Residualized Time 2 Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Variate-variable loadings</th>
<th>Standardized coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First canonical variate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Predictor variables: Time 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>parent-adolescent conflict measures (bbb)</td>
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<tr>
<td>FAC-C</td>
<td>.915</td>
<td>.826</td>
</tr>
<tr>
<td>MAC-C</td>
<td>.258</td>
<td>-.010</td>
</tr>
<tr>
<td>FAC-P</td>
<td>.564</td>
<td>.424</td>
</tr>
<tr>
<td>MAC-P</td>
<td>-.022</td>
<td>-.316</td>
</tr>
<tr>
<td>Percentage of variance = .310</td>
<td></td>
<td></td>
</tr>
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<td>Redundancy = .019</td>
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<tr>
<td>Criterion variables: Time 2</td>
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<td></td>
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<tr>
<td>residualized well-being measures</td>
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<tr>
<td>HOPEL</td>
<td>.583</td>
<td>.365</td>
</tr>
<tr>
<td>LIFE</td>
<td>-.757</td>
<td>-.607</td>
</tr>
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<td>ESTEEM</td>
<td>-.710</td>
<td>-.430</td>
</tr>
<tr>
<td>PIL</td>
<td>-.360</td>
<td>.369</td>
</tr>
<tr>
<td>GHQ</td>
<td>.528</td>
<td>.293</td>
</tr>
<tr>
<td>Percentage of variance = .365</td>
<td></td>
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<td>Redundancy = .023</td>
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<tr>
<td>Predictor variables: Time 1</td>
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<tr>
<td>well-being measures</td>
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<tr>
<td>HOPEL</td>
<td>.781</td>
<td>.376</td>
</tr>
<tr>
<td>LIFE</td>
<td>-.801</td>
<td>-.483</td>
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<td>ESTEEM</td>
<td>-.416</td>
<td>.361</td>
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<td>PIL</td>
<td>-.792</td>
<td>-.401</td>
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<tr>
<td>GHQ</td>
<td>.592</td>
<td>.257</td>
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<td>Percentage of variance = .481</td>
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<tr>
<td>Criterion variables: Time 2</td>
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<tr>
<td>residualized parent-adolescent conflict measures</td>
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</tr>
<tr>
<td>FAC-C</td>
<td>.339</td>
<td>.123</td>
</tr>
<tr>
<td>MAC-C</td>
<td>.518</td>
<td>.355</td>
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<tr>
<td>FAC-P</td>
<td>.671</td>
<td>.505</td>
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<tr>
<td>MAC-P</td>
<td>.772</td>
<td>.564</td>
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<tr>
<td>Percentage of variance = .357</td>
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<td></td>
</tr>
<tr>
<td>Redundancy = .037</td>
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</table>

Theoretically, there are at least two ways in which parent-child conflict could influence development of positive mental health. First, parent-adolescent conflict can be regarded as a stressor that affects the emotional life of an adolescent, which in turn affects the life satisfaction of an adolescent. Second, parent-child conflict may affect the willingness of the child to be socialized by the parents and/or the willingness of the parents to socialize the child, therefore influencing the life purpose of the adolescent child. However, a survey of the literature shows that there have been few attempts to examine these possible mediating factors.

Second, the data show that father-adolescent conflict is more important than mother-adolescent conflict in determining changes in adolescent well-being. This finding is interesting because there have been few studies in which the impact of parent-adolescent conflict on adolescent psychological well-being were analyzed separately for fathers and mothers. One possible explanation for this result is that father-adolescent conflict and mother-adolescent conflict may trigger different responses (such as oven aggression and conflict resolution behavior), thus contributing to different effects. Because this issue has not been properly addressed in the previous studies (e.g., Rubenstein & Feldman, 1993), more studies are needed to replicate the present findings and to examine the related mechanisms involved.

Third, the data indicate that the impact of parent-adolescent conflict on adolescent psychological well-being is relatively similar for male and female adolescents. This finding is interesting because this issue has not been adequately addressed in the literature either because only one gender (e.g., Rubenstein & Feldman, 1993) or small samples were used. This finding is not consistent with the previous data on the impact of family conflict on adolescent development, which indicates that girls are more vulnerable than boys to the effects of family conflict (e.g., Jaycox & Repetti, 1993). As conflict with other people (especially parent-child conflict) is basically discouraged for boys and girls in Chinese culture, it is understandable that the influence of parent-adolescent conflict on adolescent mental health is relatively the same for both sexes. Obviously, this observation warrants further replication and investigation.

Regarding the influence of adolescent psychological well-being on parent-adolescent conflict, data based on the longitudinal correlations, prospective correlations, and canonical correlation analyses show that adolescent psychological well-being is predictive of parent-adolescent conflict over time. Because data on the influence of adolescent well-being on parent-adolescent conflict are almost nonexistent, the present findings can be regarded as stimulating. Previous data (e.g., Forehand et al., 1988) could be re-analyzed to see whether similar findings emerge. Theoretically, because adolescent psychological well-being has not been explicitly regarded as an antecedent of parent-adolescent conflict in the existing models of parent-adolescent conflict (e.g., Robin & Foster, 1989), the present findings suggest that such models should be modified to
include adolescent psychological well-being as an antecedent of parent-adolescent conflict.

Because the data show that parent-adolescent conflict at Time 1 was predictive of adolescent psychological well-being at Time 2 and that adolescent psychological well-being at Time 1 was predictive of parent-adolescent conflict at Time 2, the relationships between parent-adolescent conflict and adolescent psychological well-being can be considered bidirectional. This conclusion is in line with the existing view that the association between interpersonal factors and well-being is interactional, where health influences interpersonal relationships and interpersonal relationships affect health (e.g., Campbell, 1986). Because the existing research data have been interpreted in favor of the impact of parent-adolescent conflict on adolescent psychological well-being, more studies should be conducted to examine the impact of adolescent health on parent-adolescent conflict.
TABLE 1
Correlations Among Measures of Parent-Adolescent Conflict and Indicators of Adolescent Psychological Well-Being,
Based on the Total Sample

<table>
<thead>
<tr>
<th>Well-being</th>
<th>Time 1 conflict measure</th>
<th>Time 2 conflict measure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FAC-C</td>
<td>MAC-C</td>
</tr>
<tr>
<td>Time 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOPEL</td>
<td>.36*</td>
<td>.35*</td>
</tr>
<tr>
<td>LIFE</td>
<td>-.40*</td>
<td>-.29*</td>
</tr>
<tr>
<td>ESTEEM</td>
<td>-.29*</td>
<td>-.26*</td>
</tr>
<tr>
<td>PIL</td>
<td>-.35*</td>
<td>-.34*</td>
</tr>
<tr>
<td>GHQ</td>
<td>.32*</td>
<td>.27*</td>
</tr>
<tr>
<td>Time 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOPEL</td>
<td>.20*</td>
<td>.19*</td>
</tr>
<tr>
<td>LIFE</td>
<td>-.38*</td>
<td>-.20*</td>
</tr>
<tr>
<td>ESTEEM</td>
<td>-.29*</td>
<td>-.18*</td>
</tr>
<tr>
<td>PIL</td>
<td>-.27*</td>
<td>-.19*</td>
</tr>
<tr>
<td>GHQ</td>
<td>.21*</td>
<td>.01 ns</td>
</tr>
</tbody>
</table>

Note. FAC-C: Father-Adolescent Conflict Scale (Child Version), MAC-C: Mother-Adolescent Conflict Scale (Child Version), FAC-P: Father-Adolescent Conflict Scale (Parent Version), MAC-P: Mother-Adolescent Conflict Scale (Parent Version), HOPELS: Hopelessness Scale, LIFE: Life Satisfaction Scale, ESTEEM: Self-Esteem Scale. PIL: Purpose in Life Questionnaire. GHQ: General Health Questionnaire.

A two-tailed multistage Bonferroni procedure was used to obtain the data related to the concurrent correlations at Time 1, concurrent correlations at Time 2, longitudinal correlations between parent-adolescent conflict at Time 1 and adolescent psychological well-being at Time 2, or longitudinal correlations between adolescent psychological well-being at Time 1 and parent-adolescent conflict at Time 2. pFW is based on the familywise Type I error rate.

*pFW < .10, ns = nonsignificant.
There are several limitations to the present study. First, because the assessment of psychological well-being was based on self-report measures, there could be biases in the data. Assessments made by the significant others (such as parents and teachers) would be illuminating. Second, although there were multiple informants in this study, the inclusion of observational data in real-life settings is desirable. Third, because there were only two time periods in this study, the data cannot give any clue to the relationships between adolescent psychological well-being and parent-adolescent conflict in the long run. More time points over a longer period would provide more useful information. Fourth, because the present findings are based on Chinese adolescents in Hong Kong, the findings should be replicated in different cultural contexts.

Finally, because the Conflict Behavior Questionnaire basically measures state parent-adolescent conflict, it would be illuminating if the link between parent-adolescent conflict and adolescent adjustment could be examined regarding the distinction between state parent-adolescent conflict (i.e., momentary or transient parent-adolescent conflict) and trait parent-adolescent conflict (i.e., relatively stable parent-adolescent conflict).

This work was financially supported by the Research Grants Council of the UGC (Grant CUHK155/94H). The author wishes to thank Chan Lai-kwan for her assistance in collecting the data.
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