

## Modeling Marital Satisfaction and Parental Problem-Solving on Children's Mental Health with the Mediating Role of Parental Emotional Support

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### ABSTRACT

**Objective:** The present study aimed to model marital satisfaction and parental problem-solving on children's mental health with the mediating role of parental emotional support.

**Methods:** The research method was descriptive-correlational and of the structural equation modeling type. The study population included all adolescent girls aged 15 to 18 years along with their parents residing in Tehran in 2024, from whom 258 adolescents and their parents were selected as the sample through convenience sampling. Data collection instruments included the Marital Satisfaction Questionnaire (EMSS, ENRICH, 1987) and the Problem-Solving Styles Questionnaire (PSS, Cassidy & Long, 1996) for parents, and the Emotional Atmosphere Questionnaire (FEA, Hilburn, 1964) and the General Health Questionnaire (GHQ, Goldberg, 1979) for adolescents. Parents responded to the Marital Satisfaction and Problem-Solving Styles Questionnaires, while adolescents responded to the Emotional Atmosphere and Mental Health Questionnaires.

**Findings:** The results showed that the proposed model had a good fit. Findings also indicated that the direct path of marital satisfaction, parental problem-solving, and parental emotional support to children's mental health was significant ( $P < 0.05$ ), and the indirect path of marital satisfaction and parental problem-solving to children's mental health through parental emotional support was also significant ( $P < 0.05$ ).

**Conclusion:** These findings suggest that marital satisfaction and parental problem-solving can affect children's mental health through parental emotional support.

**Keywords:** Parental Problem-Solving, Emotional Support, Marital Satisfaction, Mental Health.

## 1. Introduction

Mental health is one of the fundamental needs of every individual, whose importance extends beyond the individual level and is considered a part of social needs, as the optimal functioning of society depends on individuals with appropriate physical, psychological, and social well-being. According to the World Health Organization (2020), health is not merely the absence of disease or infirmity, but also refers to the physical, mental, and social well-being of individuals. This definition indicates that health is a multidimensional concept, and efforts to promote community health must encompass all physical, psychological, social, and spiritual dimensions; therefore, restructuring social systems, enhancing family mental health, and examining individual identity are of particular importance (Oosterhouse et al., 2020). Among these, the family, as the most important social institution, plays a central role in the personality development and mental health of children. Parental communication styles, especially the quality of marital relationships, have a direct impact on the formation of children's and adolescents' mental health. Studies show that family environments where parents have high marital satisfaction provide a safe, supportive, and calm environment for the psychological and emotional development of children (Li et al., 2020).

Marital satisfaction refers to the feelings that men and women experience in their marital life, including happiness, contentment, and enjoyment of their relationship. This concept is recognized as a key factor for the quality of family life. In other words, when two people communicate and listen to each other, sharing their emotions and thoughts through facial expressions and body language, it enhances their relationship (Du et al., 2022). These interactions are not only important for the couple themselves but also influence their relationships with their children. Research indicates that parents satisfied with their marital life generally have more positive interactions with their children and are better able to respond to their emotional and psychological needs (Koukabi Sivaki et al., 2023). Additionally, Du et al.'s (2022) study shows that parents with high marital satisfaction and active participation in their children's lives can help reduce their emotional problems (Du et al., 2022). Conversely, dissatisfaction in marital life can create tension and stress in the family, which may be transferred to children and consequently affect their mental health (Wang & Ye, 2024).

Moreover, parental problem-solving skills are one of the important and well-known dimensions of marital behaviors that can significantly impact children's mental health (Abooei et al., 2023). Problem-solving ability involves advanced cognitive processes required to effectively cope with various problems and tensions in life (Liu et al., 2023). In fact, the problem-solving model refers to a process involving thinking, feeling, and behavior that individuals use to confront real-life challenges. This process includes four main stages: a) defining and structuring the problem, b) setting a goal, c) generating alternative solutions, and d) implementing the solution and evaluating the results (Ault et al., 2024). Research indicates that parents' ability to manage conflicts and resolve family issues is directly related to marital satisfaction and, consequently, to children's mental health (Hughes et al., 2023). When parents use positive and constructive methods to solve problems, they create a safe and calm environment for their children, where children feel supported and secure. Conversely, negative methods, such as aggression or family conflicts, can exacerbate family stress, threatening children's mental health (Shokohi Yekta et al., 2021). The implicit meaning derived from these studies is that parents, as the primary source of emotional support, play a key role in children's mental health, and marital satisfaction and parental problem-solving ability influence the quality of this emotional support. Therefore, this emotional support acts as an important mechanism, transferring the effects of marital satisfaction and parental problem-solving skills to children's mental health. In this regard, Koukabi et al.'s (2024) study shows that parents with higher marital satisfaction and problem-solving abilities provide more effective emotional support, which improves children's mental health (Koukabi Sivaki et al., 2023). Consequently, parental emotional support as a mediating factor can complicate the relationship between these variables (Li et al., 2020).

Emotional support is recognized as one of the main pillars of parent-child relationships and plays a crucial role in children's mental health (Liu & Zhang, 2023). This type of support can act as an effective mediator in reducing stress resulting from marital conflicts, helping children feel more secure and trusting toward their parents (Hughes et al., 2023), as parents and peers are considered two main sources of emotional support for adolescents, and adolescents deprived of parental attention are more likely to feel alienated, neglected, or rejected by their peers (Christ et al., 2017). Therefore, parents play a significant role in the emotions, feelings, and socialization of their children.

Children who receive emotional support from their parents and have positive and constructive interactions with them experience less stress during adolescence and are better able to cope with their problems, thereby having better mental health (Ault et al., 2024). Studies have shown that parental emotional support can act as a protective factor, mitigating the negative effects of marital dissatisfaction and parental conflicts on children's mental health (Liu & Zhang, 2023). For example, parents who continue to provide emotional support to their children during marital conflicts can reduce the negative impacts of these conflicts on them (Rezaei et al., 2021). In fact, emotional support can act as an important mediator, explaining the complex relationships between marital satisfaction, parental problem-solving abilities, and children's mental health. Therefore, examining how marital satisfaction and parental problem-solving skills affect children's mental health through the role of emotional support can provide valuable information for preventive and therapeutic interventions.

Given the above points, numerous studies have shown the relationship between marital satisfaction and children's mental health (Du et al., 2022; Koukabi Sivaki et al., 2023; Lui et al., 2020; Oosterhouse et al., 2020; Wang & Ye, 2024). They have also examined the impact of parental problem-solving on children's mental health (Abooei et al., 2023; Sulistiowati et al., 2019). Moreover, studies have highlighted the importance of positive and supportive aspects of marital relationships for influencing future generations, where parental emotional support can enhance these relationships and provide a better understanding of family life quality (Ault et al., 2024; Hughes et al., 2023; Liu & Zhang, 2023). However, it is evident that these studies have separately addressed marital satisfaction, parental problem-solving skills, parental emotional support, and children's mental health; thus, there is a lack of studies examining these variables within a single model. The necessity of this study also arises from the increasing prevalence of marital and family problems in today's societies, which can have profound effects on the mental health of future generations (Li et al., 2020); therefore, the present study can help fill these gaps and contribute to a better understanding of the complex relationships between marital satisfaction, parental problem-solving skills, emotional support, and children's mental health. Hence, the objective of this study is to answer the question of whether modeling marital satisfaction and parental problem-solving on children's mental health with the mediating role of parental emotional support has a good fit.

## 2. Methods and Materials

The research was a descriptive-correlational study using structural equation modeling. The statistical population consisted of all adolescent girls aged 15 to 18 years residing in Tehran along with their parents in 2024. Klein's formula was used to determine the sample size in this study; in this formula, the number of model parameters is multiplied by 5, resulting in a sample size of 180 participants selected through convenience sampling (Kline, 2015). Finally, to increase the generalizability of the findings, the sample size was increased to 258 participants. During the implementation phase, given the summer season and school closures, educational and recreational centers such as cultural centers, language institutes, sports halls, and similar locations in District 14 of Tehran, where adolescents gathered during their leisure time, were visited. Adolescents accompanied by their parents who were willing to participate in the study were selected, and questionnaires or links to them were provided through virtual groups (Eitaa, Telegram, and WhatsApp) associated with these centers used for managing classes and workshops. Data were collected through this process. It is noteworthy that the Marital Satisfaction and Parental Problem-Solving Questionnaires were completed by parents, while the Parental Emotional Support and Mental Health Questionnaires were completed by adolescents. The questionnaires included a statement ensuring that all provided information would remain confidential, and all participants gave informed consent and voluntarily participated in the study.

### 2.1. Data Collection Tools

#### 2.1.1. Marital Satisfaction

The Enrich Marital Satisfaction Questionnaire was designed and developed by Olson, Fournier, and Druckman in 1982. This 47-item questionnaire includes dimensions such as satisfaction, personal issues, marital communication, conflict resolution, financial management, leisure activities, sexual relations, parenting, relatives and friends, and ideological orientation. Scoring is done using a 5-point Likert scale, ranging from "strongly agree" (1) to "strongly disagree" (5). The score range is between 47 and 235, with higher scores indicating greater marital satisfaction among parents. Olson, Fournier, and Druckman (1982) reported the Cronbach's alpha coefficient for different subscales ranging from 0.48 to 0.90, with test-retest reliability over a 4-week period averaging 0.86. In Iran, Soleimani (1994) reported

internal consistency of 0.93 for the long form and 0.95 for the short form (Soleimanian, 1994). Mahdavian (1997) also reported test-retest reliability with Pearson’s correlation coefficient at 0.937 for men and 0.944 for women (Mahdavian, 1997). In the present study, Cronbach’s alpha for the entire questionnaire was 0.85.

2.1.2. *Problem-Solving Styles*

This questionnaire was designed and validated by Cassidy and Long in 1996. It consists of 24 items across 6 dimensions: helplessness, control, creativity, confidence, avoidance, and approach. Scoring is based on three responses: Yes (score 1), No (score 0), and Don’t Know (score 0). The score range is from 0 to 24, with higher scores indicating greater use of problem-solving styles. Cassidy and Long (1996) reported high construct validity, with Cronbach’s alpha coefficients above 0.50 for all dimensions and 0.72 for the entire questionnaire, indicating good reliability. In a pilot study by Mohamadpour et al. (2024), internal consistency was evaluated using Cronbach’s alpha, which was 0.72 for the entire questionnaire (Mohammadpour et al., 2024). In the present study, Cronbach’s alpha was calculated at 0.82.

2.1.3. *Family Emotional Atmosphere*

The Family Emotional Atmosphere Questionnaire was designed by Hilburn in 1964 to assess family emotional climate, specifically parent-child relationships (as cited in Mousavi Shoushtari et al., 2002). This 16-item questionnaire covers 8 dimensions, including affection, nurturing, affirmation, shared experiences, gift-giving, encouragement, trust, and sense of security. Scoring is based on a 5-point Likert scale from very low (1) to very high (5). Each pair of items assesses one of the emotional atmosphere subcomponents, with separate items for father and mother. Scores range from 8 to 40, with higher scores indicating a

better family emotional atmosphere. Mousavi Shoushtari (1998) validated the content by collecting feedback from five experts, retaining items with expert consensus. Javdan (2014) reported a Cronbach’s alpha of 0.89 for reliability, with confirmatory factor analysis supporting good construct validity (Javdan, 2014). In the present study, Cronbach’s alpha was 0.87.

2.1.4. *General Health*

Developed by Goldberg and Hillier in 1979, the GHQ consists of 28 items covering somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. Scoring is based on a 4-point Likert scale (0, 1, 2, 3), with scores ranging from 0 to 84. Higher scores indicate poorer mental health, while lower scores reflect better mental health. Goldberg and Hillier (1979) confirmed the construct and content validity, reporting a Cronbach’s alpha of 0.92. Split-half reliability for the entire questionnaire was 0.95. In Iran, Taghavi (2008) translated and standardized the GHQ into Persian, reporting a reliability coefficient of 0.89 (Taghavi, 2008). In the present study, Cronbach’s alpha was calculated at 0.82.

2.2. *Data Analysis*

Data analysis was conducted using SPSS version 26 and AMOS version 24 with structural equation modeling.

**3. Findings and Results**

In the present study, 258 adolescent girls and their parents participated, of whom 189 were mothers and 98 were fathers. Regarding the age of the participants, 115 were 17 years old, 78 were 16 years old, 64 were 15 years old, and 30 were 18 years old. The mean, standard deviation, skewness, and kurtosis values of the research variables are presented in Table 1.

**Table 1**

*Mean, Standard Deviation, and Skewness of Research Variables*

Research Variable	Mean	Standard Deviation	Skewness	Standard Error of Skewness	Kurtosis	Standard Error of Kurtosis
Marital Satisfaction	142.88	17.283	0.006	0.154	-0.057	0.307
Parental Problem-Solving	17.74	4.823	0.154	0.162	-0.338	0.232
Maternal Emotional Support	16.37	3.561	0.213	0.135	0.834	0.270
Paternal Emotional Support	17.69	3.519	0.162	0.135	0.557	0.270
Mental Health	65.50	4.746	0.104	0.138	-0.419	0.274

The correlation coefficients are presented in Table 2.

**Table 2**

*Pearson Correlation Coefficients of Research Variables*

	Marital Satisfaction	Parental Problem-Solving	Maternal Emotional Support	Paternal Emotional Support	Mental Health
Marital Satisfaction	1				
Parental Problem-Solving	0.782	1			
Maternal Emotional Support	0.547	0.698	1		
Paternal Emotional Support	0.658	0.698	0.751	1	
Mental Health	0.580	0.573	0.776	0.632	1

As shown in Table 2, the correlation coefficients between the research variables of marital satisfaction, parental problem-solving, maternal and paternal emotional support, and children's mental health are positively and significantly related at the 0.01 alpha level ( $P < 0.001$ ).

Before data analysis, the assumptions of normality, linearity, homoscedasticity, independence of errors, and non-multicollinearity were examined, and the results are presented below. The skewness and kurtosis indices were checked for the normality assumption. According to Chou and Bentler (1995), skewness values within  $\pm 3$  are acceptable. For kurtosis, values exceeding  $\pm 10$  in multivariate research are problematic. The obtained values for skewness and kurtosis in Table 1 indicate that the normality assumption was met. Scatter plots were used to verify the assumptions of linearity and homoscedasticity, and these plots confirmed the assumptions. The Durbin-Watson statistic was used to assess the independence of

errors, and since its value (1.65) fell between 1.5 and 2.5, this assumption was also satisfied. The variance inflation factor (VIF) and tolerance index were used to examine the non-multicollinearity assumption, and since no tolerance value was less than 0.10 and no VIF value exceeded 10, this assumption was also confirmed. Additionally, the standardized factor loadings from the confirmatory factor analysis indicated that all loadings were above 0.32. According to Tabachnick and Fidell (2013), factor loadings below 0.32 are considered weak and insufficient for measuring latent variables. The model fit indices from the confirmatory factor analysis also showed that all fit indices, including the chi-square to degrees of freedom ratio, chi-square significance level, and indices of goodness-of-fit, comparative fit, normed fit, and incremental fit, were above the acceptable threshold of 0.90, and the root mean square error of approximation (RMSEA) was below the permissible threshold of 0.08.

**Table 3**

*Fit Indices of the Proposed Model*

Research Scales	CMIN/DF	Chi-Square Significance Level ( $\chi^2$ )	GFI	RMSEA	CFI	NFI	IFI
Acceptable Threshold	< 3	> 0.05	> 0.90	< 0.08	> 0.90	> 0.90	> 0.90
Observed Values	2.235	0.132	1.000	0.623	1.000	0.984	0.962

The fit indices from the structural model test in Table 3 indicate that the indices fall within the acceptable range, demonstrating that the measurement model and the proposed model are suitable. According to Kline (2015), when at least

three indices fall within the acceptable range, the model can be considered well-fitted and consistent with the research data. The results of the hypothesis tests based on the path coefficients of the structural model are presented below.

**Table 4**

*Direct Regression Coefficients of Model Variables*

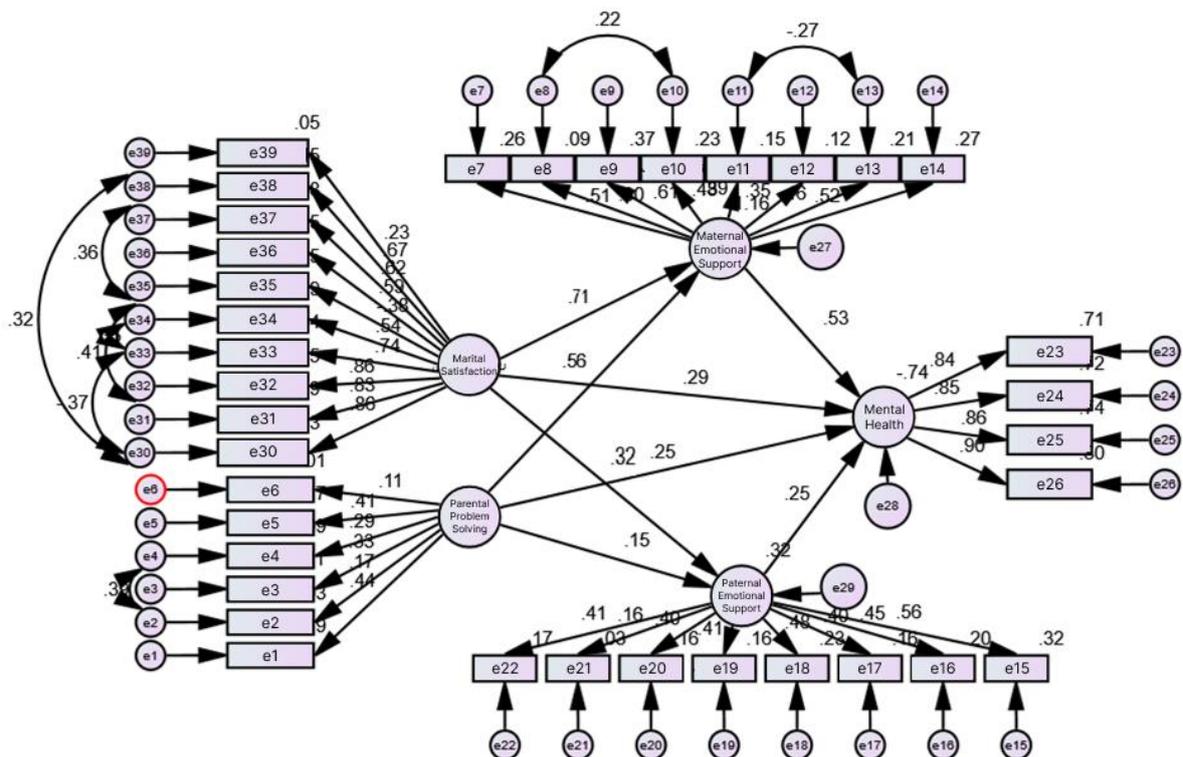
Variables	Unstandardized Regression Coefficient (B)	Standardized Regression Coefficient (Beta)	Standard Error (S.E.)	T-Value	P-Value
Marital Satisfaction – Mental Health	1.988	0.29	0.280	2.113	0.02
Marital Satisfaction – Maternal Emotional Support	1.487	0.71	0.100	3.264	0.02
Marital Satisfaction – Paternal Emotional Support	1.700	0.32	0.130	2.973	0.01
Parental Problem-Solving – Mental Health	3.254	0.25	3.136	2.417	0.01
Parental Problem-Solving – Maternal Emotional Support	3.075	0.56	0.600	5.703	0.001
Parental Problem-Solving – Paternal Emotional Support	1.147	0.15	0.740	6.040	0.01
Maternal Emotional Support – Mental Health	2.526	0.53	8.382	2.213	0.02
Paternal Emotional Support – Mental Health	1.254	0.25	2.191	3.408	0.001

As shown in Table 4, the direct path from marital satisfaction to children's mental health ( $P < 0.01$ ,  $\beta = 0.29$ ), maternal emotional support ( $P < 0.01$ ,  $\beta = 0.71$ ), and paternal emotional support ( $P < 0.01$ ,  $\beta = 0.32$ ) was positive and significant. The direct path from parental problem-solving to children's mental health ( $P < 0.01$ ,  $\beta = 0.25$ ), maternal emotional support ( $P < 0.01$ ,  $\beta = 0.56$ ), and paternal emotional support ( $P < 0.01$ ,  $\beta = 0.15$ ) was also positive and

significant. Furthermore, the direct path from maternal emotional support ( $P < 0.01$ ,  $\beta = 0.53$ ) and paternal emotional support ( $P < 0.01$ ,  $\beta = 0.25$ ) to children's mental health was positive and significant. Given the significant positive regression coefficients in the direct paths, it can be concluded that parental emotional support mediated the relationship between marital satisfaction and parental problem-solving with children's mental health.

**Figure 1**

*Conceptual Model of the Study*



#### 4. Discussion and Conclusion

The present study aimed to investigate the effect of marital satisfaction and parental problem-solving on children's mental health with the mediating role of parental emotional support. The findings indicated that the direct path of marital satisfaction, parental problem-solving, and maternal and paternal emotional support to children's mental health was significant. Ultimately, it was shown that parental emotional support successfully mediated the relationship between marital satisfaction, parental problem-solving, and children's mental health. The results of this study align with prior studies (Du et al., 2022; Lui et al., 2020; Wang & Ye, 2024).

In explaining these results, it can be stated that according to Bowen's Family Systems Theory (1978), the family operates as an integrated system where interactions between members influence each other. Improved marital satisfaction can create a favorable emotional atmosphere within the family. Several theories support these findings. Bowlby's Attachment Theory (1969) highlights that parental emotional support strengthens children's sense of security and trust. Bandura's Social Learning Theory (1977) emphasizes the importance of observational learning, where children acquire emotional and social skills from their parents' behaviors. In other words, marital satisfaction between parents serves as a positive behavioral model for children, contributing positively to their development over time. Additionally, Hill's Family Stress Theory (1949) asserts that parental emotional support and marital satisfaction act as protective buffers against stress, enhancing children's mental health. Du et al. (2022) also demonstrated that marital satisfaction facilitates family well-being and mental health, where parents with positive marital relationships significantly contribute to their children's mental health through emotional support, such as showing affection, responding to emotional needs, and creating a safe space for emotional expression (Du et al., 2022). This support not only enhances children's self-esteem and emotional security but also reduces the likelihood of psychological and behavioral issues (Gaspar et al., 2022; Hughes et al., 2023), ultimately improving mental health. Satisfied parents devote more energy and attention to effective communication with their children, fostering love and security that help prevent psychological problems (Wang & Ye, 2024). Similarly, Rezaei et al. (2022) found that parental support acts as a protective factor against psychological and behavioral challenges (Rezaei et al.,

2021)s. Overall, it can be concluded that marital satisfaction and parental emotional support play a vital role in strengthening family relationships and are key to children's psychological well-being and development.

Another finding indicated that parental problem-solving abilities significantly predict children's mental health through the mediating role of maternal and paternal emotional support. This finding is consistent with previous studies (Ault et al., 2024; Hughes et al., 2023; Liu & Zhang, 2023; Malik et al., 2023; Shokohi Yekta et al., 2021; Sulistiowati et al., 2019). These studies affirm that parental problem-solving skills profoundly affect not only parents' personal lives but also the overall family dynamic and children's mental health. Several theories support these results. Beck's Cognitive-Behavioral Theory (1976) suggests that parents' problem-solving abilities enhance their adaptability to life challenges, contributing to a positive emotional environment within the family. Parsons' Family Role Theory (1955) emphasizes that parents, as family leaders, are responsible for maintaining balance and harmony, where their problem-solving and daily management skills lay the foundation for optimal family functioning and children's mental health. According to this theory, children learn coping strategies and stress management from their parents, forming a healthy mindset for addressing life's challenges (Abooei et al., 2023). Previous studies provide strong evidence in this regard. Hughes et al. (2023) highlighted that parental emotional support significantly improves children's mental health (Hughes et al., 2023). Ault et al. (2024) found that children of parents with strong problem-solving skills are less likely to develop psychological and behavioral problems (Ault et al., 2024). Malik et al. (2023) demonstrated that parental problem-solving abilities allow children to observe and learn these skills. Problem-solving is an essential skill that enables parents to manage life's challenges logically and constructively, serving as a valuable model for children (Malik et al., 2023). Liu et al. (2023) also noted that parents with strong problem-solving skills provide secure and supportive environments, enhancing children's self-confidence, emotional security, and ability to cope with life's challenges (Liu & Zhang, 2023). Gaspar et al. (2022) highlighted that the interaction between parental problem-solving and emotional support creates a positive cycle that fosters a healthy family environment (Gaspar et al., 2022). Therefore, parental problem-solving abilities and emotional support collectively impact children's mental health, creating a supportive and dynamic family environment that enhances

family relationships and reduces psychological issues while promoting children's well-being.

In summary, the results suggest that parents with high marital satisfaction serve as positive role models for their children, creating supportive environments where children learn valuable skills such as stress management and adaptation to life challenges (Lui et al., 2020). Positive changes in marital relationships and adequate parental emotional support significantly impact children's mental health. The close connection between parental emotional support and marital satisfaction forms the foundation of a healthy and safe family environment, essential for children's emotional and psychological development. Simultaneously strengthening couple relationships and addressing children's emotional needs enhances family happiness and satisfaction, improving quality of life and promoting mental health in future generations. Ultimately, addressing these key factors plays a crucial role in building a healthier and happier future for families and society.

## 5. Suggestions and Limitations

This study was conducted using a descriptive-correlational method, which limits causal inference. The sample was limited to adolescent girls in Tehran, and factors such as economic, cultural, and social status were not controlled. Future research is recommended to explore these relationships in different populations and through gender comparisons. Expanding the scope to include cultural, economic, and social factors could provide a deeper understanding of these relationships and improve children's mental health. The findings can also serve as a foundation for designing educational and counseling programs for parents, focusing on problem-solving skills and emotional support within families. Furthermore, these results can guide policymakers in investing in parental education to better support children's psychological and emotional development.

## Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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## Declaration of Interest

The authors report no conflict of interest.

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## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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