Maternal alcohol use disorders and depression in emerging adulthood: Examining the relevance of social ties, childhood adversity, and socioeconomic status

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ABSTRACT

A number of recent studies have found that alcohol use disorders (AUDs) among parents are associated with higher levels of depression in their adult children. However, these studies have not considered whether several important social conditions in childhood help explain this association. Using a large sample of young adults from the National Longitudinal Surveys of Youth 1979 Children and Young Adults (NLSY79-CY), this study examines changes in the relationship between maternal AUDs and depression in emerging adulthood after controlling for three clusters of variables related to childhood social ties, adversity, and socioeconomic status. After models adjust for these factors, the association is reduced, but maternal AUDs remain a robust predictor of depression in emerging adulthood. These findings highlight the intergenerational consequences of AUDs and the need to develop interventions that supplement children's social support and economic circumstances.

1. Introduction

Millions of children have experienced the stress of parental alcohol use disorders (AUDs) or the social and economic consequences of their parents’ past abuse (SAMHSA, 2012). AUDs represent the most problematic and disruptive patterns of excessive drinking, including emotional outbursts, a persistent failure to fulfill important obligations, conflict with friends and family, and legal troubles (APA, 2013; Berends et al., 2014). AUDs are also highly correlated with mood, anxiety, and personality disorders in addition to alcohol dependence among family members (Hasin et al., 2007; Nurnberger et al., 2004). Beyond the many personal consequences, AUDs among parents can also lead to mental health and social relationship problems for their children (Fuller-Thomson et al., 2013; Kelley et al., 2005), especially maternal AUDs since mothers generally provide more childcare (Kelley et al., 2010; Knopik et al., 2006; Pearson et al., 2012). The majority of research on maternal alcohol problems and children's mental health has focused on parent-child relationships, but recent studies have found that social ties, socioeconomic status (SES), and childhood adversities influence the effects of mothers' AUDs on their children's mental health (Fuller-Thomson et al., 2013; Kelley et al., 2011; Wolfe, 2016). However, these studies have not considered these factors simultaneously in order to assess whether they help explain the relationship between maternal AUDs and depression in emerging adulthood.

Emerging adulthood, ages 18–25, represents a formative stage of social and psychological development when mental health is especially vulnerable to social environment (Arnett, 2000, 2007; Gore et al., 2007; Stone et al., 2012). Shortly after this period of life, individuals typically take on adult roles and responsibilities related to marriage, parenthood, and employment. Successfully transitioning into these roles is critical to mental, social, and economic wellbeing in later adulthood (Dawson et al., 2006; Gore et al., 2007; Wolfe, 2009). Thus, identifying the array of factors that explain the relationship between mothers’ AUDs and their adult children's mental health is an important task in both understanding the long-term consequences of maternal AUDs and developing effective intervention strategies. To this end, the overarching goal of this study is to explore several underlying social conditions that may link mother's AUDs to their children's depression in emerging adulthood.

1.1. Social ties

Most research on parental AUDs and children’s mental health focuses on parent-child relationships. Several studies, however, suggest that social ties beyond relationships with parents are important for mental health, especially in later childhood, adolescence, and emerging adulthood (see Crosnoe, 2000; Crosnoe and Johnson, 2011). On one hand, supportive relationships with family and friends may buffer the effects of maternal AUDs on children’s mental health. On the other hand, a lack of social support and strained or distant relationships may
add further stress. Maternal AUDs are related to children having more
distant relationships with siblings and friends, negative interactions
with classmates, and living in neighborhoods with less social interac-
tion, which together help link AUDs to older children's emotional
problems (Wolfe, 2016). Research suggests a similar trend may con-
tinue into adulthood. Compared to those without alcoholic parents,
adolescents and young adults who experience parental AUDs tend to
display more anxious and avoidant behavior and have lower quality
relationships (Kelley et al., 2005), and the quality of relationships to
parents and peers appears to mediate the association between parental
AUDs and depression in adult children (Kelley et al., 2010, 2011).

1.2. Socioeconomic status

Alcohol misuse makes fulfilling important employment and family
obligations difficult, if not impossible (Dawson et al., 2006; O'Malley,
2004). Heavy alcohol use negatively impacts educational attainment,
labor market participation, and occupational prestige by midlife (Sloan
et al., 2011, 2009). For children, growing up in lower-SES homes,
especially growing up in poverty, is related to higher levels of negative
interpersonal interactions, unsafe school environments, and threatening
neighborhoods, which are all related to lifelong mental health problems
(Aanesen and Sucoff, 1996; Dearing, 2008; Duncan et al., 1994;
Evans, 2004; Wheaton and Clarke, 2003). Thus, maternal AUDs may
make socioeconomic attainment difficult and, as a result, expose chil-
dren to the stress of poverty.

1.3. Childhood depression and adversity

The association between maternal AUDs and depression in emerging
adulthood could be explained by mental health problems and adver-
sities caused by maternal AUDs earlier in children's life (Hussong et al.,
2008; Park and Schepp, 2015). For example, drinking to intoxication
increases aggression, depression, impulsivity, and violence (Boden and
Fergusson, 2011; Duke et al., 2011; Gunzeral et al., 2011; Hasin et al.,
2007), and alcohol abuse is associated with child abuse and neglect
(Anda et al., 2002; Kelley et al., 2005). The erratic behaviors char-
acteristic of individuals experiencing AUDs – along with alcohol's as-
soeconmic associations between childhood social ties, SES, adversity, and depression in early adolescence and emerging
adulthood.

The final sample includes information on 9800 children from 4045
mothers. Although non-response and attrition creates missing data,
several precautions were taken to ensure that missing data did not
meaningfully influence results. First, missing data were addressed with
multiple imputation to construct 20 complete datasets, the re-
commended number to ensure stable parameter estimates and standard
errors (Graham et al., 2007). Second, diagnostic tests indicated that the
imputed values were nearly identical to the distributions of the original
variables (Eddings and Marchenko, 2012). Finally, the analysis was
replicated using listwise deletion and led to similar conclusions.1

2. Measures

Depression is measured at two points in the life course, emerging
adulthood and early adolescence. Depression in emerging adulthood,
.i.e., ages 18–25, is the outcome in the analysis and is measured using
the 7-item Center for Epidemiological Studies Depression (CES-D) scale.
Since its development for use in the general adult population (Radloff,
1977), the CES-D has become a key measurement instrument of mental
health in social science research (Perreira et al., 2005). The NSLY79-CY
asked the children of the NSLY-79 women how often in the past week
they 1) felt depressed, 2) had trouble getting going, 3) had dif-
culty staying focused, 4) felt like everything they did took e-
ough effort, 5) felt sad, 6) had restless sleep, and 7) had a poor appetite. Respondents could
choose rarely or none (0–1 day), some (1–2 days), occasionally
(3–4 days), or most of the time (5–7 days). Although the standard CES-D scale
includes 20 items, this 7-item scale is as robust as the larger scale
and highly correlated with other depression scales (Radloff, 1977; Ross
and Mirowsky, 1989).

The analysis also controls for early adolescent depression, i.e., when
respondents were between the ages of 10–14, using a 9-item index of
depression taken from the National Commission on Children 1990
To better capture depression at younger ages, these 9 items are some-
what different from the CES-D. Specifically, questions asked re-
pondents how often they felt 1) sad and blue, 2) nervous, 3) happy, 4)
bored, 5) lonely, 6) tired and worn out, 7) excited about something, 8)
too busy to get everything, and 9) pressured by their mom or dad. They
could respond often, sometimes, and hardly ever.

To create depression scales with these items, the analysis used
generalized structural equation models (GSEM) to create two con-
secutive variables: one for average depression in early adolescence
and another for average depression in emerging adulthood. To create these
two summary scales, GSEM models incorporate all available informa-
tion on children's depression between the ages of 10–14 for the early
adolescent sample and between the ages of 18–25 in the emerging
adulthood sample. GSEM offers an improvement over summated scales
by adjusting for the ordinal nature of indicators and accounting for
measurement error (StataCorp, 2015). The Cronbach's alphas for these
eyear-old and emerging adulthood items are 0.80 and 0.85, re-
spectively.

Maternal AUD is measured as a binary indicator of moderate to

1 A notable exception is that, although the raw coefficient is similar, the association
between maternal AUDs and depression in emerging adulthood is not significant in the
final model when using listwise deletion.
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