



Paternal alcoholism, negative parenting, and the mediating role of marital satisfaction

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ABSTRACT

Given the documented association between paternal alcoholism and negative parenting behaviors, the purpose of this study was to examine longitudinally whether marital satisfaction mediates this relationship. Participants consisted of 197 families (102 without an alcoholic father, 95 with an alcoholic father) who were assessed at three time points: when children were 12, 24, and 36 months old. Results indicated that paternal alcoholism at 12 months was associated with decreased marital satisfaction at 24 months for both mothers and fathers. Marital satisfaction at 24 months in turn was associated with decreases in parental warmth and sensitivity at 36 months. Furthermore, marital satisfaction mediated the association between paternal alcoholism and parental warmth and sensitivity for both mothers and fathers. The implications of these findings for interventions for alcoholic families are discussed.

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1. Introduction

Research on children of alcoholic fathers has shown that they are at an increased risk for a number of problems including attentional difficulties, impulsivity, and conduct problems during childhood, as well as antisocial behavior and alcohol abuse in adolescence and adulthood (e.g., Chassin, Rogosch, & Barrera, 1991; Johnson, Leonard, & Jacob, 1989; West & Prinz, 1987). Theoretical models of the etiology of alcoholism have discussed the important role that family factors play in linking problematic parental alcohol use to negative child outcomes (e.g., Zucker, 1979; Zucker & Gomberg, 1986). Parental alcoholism is believed to result in disruptions in the family environment, including increased marital conflict, financial strain, social isolation, and overall family system disturbance. This negative family environment in turn is hypothesized to contribute to the development of behavior problems in children and alcohol abuse later on (Jacob & Leonard, 1994).

Parental alcoholism is also believed to negatively affect the quality and quantity of parenting behavior (Jacob & Leonard, 1994). Such inadequate parenting behaviors include lack of affection, high levels of criticism and hostility, lax or inconsistent discipline and a general lack of involvement. Research provides support for these assertions: studies have shown that paternal alcoholism is associated with higher levels of parental aggravation, parent–child conflict, and negative affect as well as lower parental sensitivity, positive affect, and verbalizations with young children (e.g., Chassin, Curran, Hussong &

Colder, 1996; Chassin, Pillow, Curran, Molina, & Barrera, 1993; Eiden, Chavez, & Leonard, 1999; Eiden & Leonard, 2000; Eiden, Leonard, Hoyle, & Chavez, 2004; El-Sheikh & Flanagan, 2001). Paternal alcoholism also affects expressions of warmth and sensitivity. For example, Eiden et al. (1999) found that father's alcoholism was associated with lower paternal sensitivity and positive affect cross-sectionally in a sample of 12-month old infants. They also found that father's alcoholism was associated with lower verbalizations and higher negative affect among fathers. Furthermore, Eiden, Edwards, and Leonard (2007) found that paternal alcohol use when children were 12 months old predicted lower maternal and paternal warmth and sensitivity when children were 2 years of age. That paternal alcoholism is associated with lower levels of parental warmth and sensitivity is important given that these behaviors are believed to be central to competent parenting and have important implications for child development (Grych, 2002). Research has shown that parental warmth longitudinally predicts children's effortful control (a temperamental characteristic contributing to emotion regulation) which in turn predicts low levels of externalizing behaviors (Eisenberg, Zhou, Spinrad, Valiente, Fabes, & Liew, 2005). Furthermore, warm sensitive parenting is also important for the development of emotional expressivity (Eisenberg, Zhou, Losoya, Fabes, & Shepard, 2003).

Why might paternal alcohol use be associated with lower parental warmth and sensitivity? One reason could be because it negatively affects the relationship between mothers and fathers. According to Jacob and Leonard (1994), the marital relationship is one pathway linking paternal alcoholism to negative parenting behaviors. Partner alcoholism is believed to result in increases in marital conflict and overall marital dissatisfaction and research provides support for this. Studies have shown that men who are frequently drunk are more likely to be verbally and physically violent towards their partners (Coleman & Straus, 1986; Hutchinson, 1999; Kantor Kaufman & Straus,

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1989). In addition, clinical outcome research has shown that treatment for alcohol dependence is associated with decreases in intimate partner violence (O'Farrell & Choquette, 1991; Stuart, Ramsey, Moore, Kahler, & Farrell, 2003). Other studies examining marital satisfaction among alcoholics and their partners have shown that partner alcoholism is associated with decreased marital satisfaction for both husbands and wives (e.g., Jacob & Leonard, 1992; Leonard & Jacob, 1997; McLeod, 1993; O'Farrell & Birchler, 1987; Tubman, 1991). For example, O'Farrell and Birchler (1987) compared couples with an alcoholic husband, maritally conflicted couples, and normal control couples. Findings showed that alcoholic couples had significantly lower levels of marital satisfaction compared to happily married couples. Furthermore, alcoholic couples did not differ significantly from maritally distressed couples in marital satisfaction. Studies using continuous measures of alcohol consumption and alcohol problems have also found significant negative correlations between alcohol problems or heavy use and marital satisfaction (e.g., Leonard & Roberts, 1998; Leonard & Senchak, 1993; Zweben, 1986). That the marital relationship can be negatively affected by a partner's alcohol use has important implications for the quality of parent–child interactions (Belsky, 1984; Erel & Burman, 1995; Grych, 2002).

When parents are in satisfying and supportive marital relationships, it is believed that they will be more available and respond more sensitively to the needs of their children. Alternatively, when partners are dissatisfied with their relationship, the resulting negativity may transfer to relationships with their children (Erel & Burman, 1995; Grych, 2002). Support for this 'spillover hypothesis' comes from studies which have shown that increased marital quality is associated with positive parenting behaviors, including parental warmth and sensitivity (Bond & McMahon, 1984; Bonds & Gondoli, 2007; Cox, Owen, Lewis, & Henderson, 1989; Easterbrooks & Emde, 1988; Goldberg & Easterbrooks, 1984; Harrist & Ainslie, 1998; Jouriles, Pfiffner, & O'Leary, 1988). For example, Cox et al. (1989) examined marital adjustment and parenting in a sample of couples with a 3-month old infant. Results showed that mothers in close and confiding relationships with their partners were warmer and more sensitive with their children and fathers in close and confiding relationships held more positive attitudes toward their infants. These effects were found even after controlling for parents' psychological adjustment. In another study, Easterbrooks and Emde (1988) found that observed harmony between parents was associated with positive affect sharing, physical affection and expressions of approval during interactions with their children. Importantly, these researchers noted that the marital relationship may be particularly important during challenging developmental periods such as the transition to parenthood and early toddlerhood. As such, any disruptions in marital quality that result from parental drinking may be important to document during these critical stages of development.

Given that paternal alcoholism is associated with decreased relationship quality for both husbands and wives, which in turn is associated with lower parental warmth and sensitivity, might relationship quality mediate the association between paternal alcoholism and parenting? Recent research has begun to examine this. Keller, Cummings, Davies, and Mitchell (2008) examined the association between parental problem drinking, family functioning and child development longitudinally in a community sample of families with kindergarten aged children. Results showed that paternal problem drinking was associated with greater marital conflict one year later, which in turn was associated with decreased parental warmth. Marital conflict was also associated with increased parental psychological control. This study is noteworthy in that it documents the important mediating role that the marital relationship plays in linking parental drinking to negative parenting behaviors. Moreover, it examined these pathways longitudinally and focused on more complex family processes than previous research studies. However, the parenting measures were aggregated across mothers and fathers. Thus, the individual

effects of paternal alcoholism on parenting could not be determined for each parent separately. Doing so would be important given that paternal alcoholism may affect mothers' and fathers' parenting behaviors in different ways. Moreover, some evidence suggests that the association between marital satisfaction and parenting may be stronger for fathers than for mothers (Belsky, Gilstrap, & Rovine, 1984; Belsky & Volling, 1987). Another limitation of the Keller et al. (2008) study is that it did not control for parents' co-occurring psychopathology, in particular depressive symptomatology, which is known to be positively associated with parental alcoholism (e.g., Eiden & Leonard, 2000; Homish, Leonard, & Kearns-Bodkin, 2006; Roberts & Leonard, 1998) and negatively associated with marital satisfaction (see Beach, Sandeen, & O'Leary, 1990) and positive parenting behaviors (e.g., Jameson, Gelfand, Kulcsar, & Teti, 1997; Lyons-Ruth, Wolfe, Lyubchik, & Steingard, 2002; Rosenblum, Mazet, & Benony, 1997).

The current study examined the longitudinal association between paternal alcoholism and parental warmth and sensitivity and the role of marital satisfaction as a potential mediator of this relationship in a sample of parents and their infant children. This study addressed some of the aforementioned limitations by examining these associations separately for mothers and fathers while controlling for parental symptoms of depression. Families in which the father met the criteria for alcohol abuse and/or dependence and families in which neither partner met such criteria were assessed at three time periods one year apart: when infants were 12, 24, and 36 months old. It was hypothesized that fathers' diagnostic status (alcoholic vs. not) at 12 months would be longitudinally predictive of decreased marital satisfaction at 24 months and that this in turn would be predictive of decreased warmth and sensitivity at 36 months. Furthermore, it was believed that these associations would continue to be significant after controlling for prior levels of parental depression (see Fig. 1).

2. Method

2.1. Participants

The participants were 197 families with 12 month old infants at recruitment (96 girls and 101 boys) who volunteered for an ongoing longitudinal study of parenting and infant development. Families were classified as being in one of two major groups: the nonalcoholic group consisting of parents with no or few current alcohol problems ($n = 102$), and the father alcoholic group ($n = 95$). Ninety-five percent of the mothers were Caucasian, 4% were African-American, and 2% were Hispanic or Native-American. Similarly, 90% of fathers were Caucasian, 7% were African-American, and 3% were Hispanic or Native-American. The majority of the mothers had a post high school education such as an associate or vocational degree (29%) or were college graduates (27%). Two percent had not graduated from high school. The educational level of the fathers was similar, with 26% receiving a college degree and 21% receiving some post high school education. Only 3% had not graduated from high school. All of the mothers were residing with the father of the infant in the study at the time of recruitment. Eighty-eight percent of the participants were married to each other, 10% had never been married, and 2% had previously been married. Mothers' ages ranged from 20 to 41 years ($M = 30.8$, $SD = 4.40$) and fathers' ages ranged from 21 to 58 years ($M = 33.09$, $SD = 5.89$). Average family income for participating families was about US \$43,000.

2.2. Procedures

The names and addresses of these families were obtained from New York State birth records for Erie County. These birth records were pre-selected to exclude families with premature (gestational age of 35 weeks or lower), or low birth weight infants (birth weight of less than 2500 g), maternal age of less than 19 or greater than 40 at the

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