

Father bonding and blood pressure in young adults from intact and divorced families

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Abstract

Objective: The father–child relationship may uniquely affect offspring’s physical and psychological health. Divorce may change the nature of the father–child bond and the long-term health consequences of paternal parenting behaviors. The current study investigated a possible biological pathway from father–child relationship quality to physical health outcomes in young adults. **Methods:** Cardiovascular stress reactivity to a lab-based challenge task and ambulatory blood pressure (ABP) were measured in young adults (mean age=20.1 years) from divorced ($n=50$) and intact,

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married ($n=49$) families. Participants completed self-report measures of paternal control and caring during childhood. **Results:** Higher perceived father control was associated with elevated BP reactivity to the task and higher ABP among participants from divorced families. Young adults from intact families who reported lower paternal caring demonstrated higher ABP. **Conclusions:** The family context may provide an important backdrop for evaluating the long-term physiological consequences of fathers’ parenting behaviors.

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Introduction

Parenting has been implicated as an important influence on children’s health [1,2], yet this relation is primarily supported by studies of maternal parenting behaviors, with scarce attention to the significant role of fathers in the family context [3–5]. However, a positive father–child relationship may promote a child’s social and emotional development [6–8]. Importantly, the father–child relationship can be affected by the quality of spousal relations; thus, the consequences of paternal parenting behaviors are best examined in the context of marital stability. When marital discord develops, fathers may display carryover effects in their relations with their children [9], and evidence suggests that children are highly reactive to paternal marital-related distress [10]. The nature and meaning of the father–child relationship may be particularly susceptible to the negative

effects of divorce, as marital dissolution may reduce the amount of time children spend with their fathers [11] and reduce children’s exposure to typically adaptive paternal parenting practices [12].

Much research has examined the effects of parental divorce and father–child relationships on children’s psychological adjustment; less is known about effects on physical health [13]. In general, parental divorce has been found to pose an increased risk for health problems in children [14,15], adolescents, young adults [16], and middle-aged adults [17]. Among young adults from divorced families, poor father–child relationships were associated with somatic complaints, more reported days sick, and poorer overall self-rated health [18,19].

The current study explores cardiovascular reactivity and ambulatory cardiovascular activity (important markers of cardiovascular disease risk) as one potential pathway linking father–child relationships to physical health outcomes. Cardiovascular reactivity is a relatively stable phenomenon that can be measured in childhood as an indicator of risk for future health problems [20], even before physical signs of

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disease are evident [21]. A considerable research literature links exaggerated cardiovascular reactivity with elevated risk for hypertension or coronary heart disease [22]. Large-scale population studies have also consistently confirmed the increased morbidity and mortality associated with elevated ambulatory blood pressure (ABP) [23,24].

Among the diverse qualities of fathers' parenting behaviors, care and control are consistently featured in theories of both normal and pathological child development [25], and these merit attention when considering paternal influences on child well-being. General population samples found a number of negative outcomes associated with paternal overcontrolling behavior, including greater worrying behavior [26] and distress in social functioning [27] in adolescence, as well as more interpersonal problems in adulthood [28]. Children's feelings of closeness with fathers [6] and their satisfaction with the paternal–child relationship [29] have demonstrated positive associations with children's psychological well-being. These relations are not limited to children's mental health. Among boys, paternal overcontrol has been associated with more physical health complaints [30] and greater cardiovascular reactivity during stressful laboratory tasks when combined with low paternal support [31]. In one of the few studies that examined the differential effects of maternal and paternal parenting behaviors, Bell and Belsky [32] found that lower blood pressure was observed among boys and girls exposed to higher levels of paternal (but not maternal) support and closeness. Importantly, the magnitude of the effects of paternal care and control on child outcomes may be weaker in cases of divorce [6,33].

Several processes may link parental divorce and paternal care/control to children's cardiovascular activity. Divorce can produce a general sense of vulnerability to abandonment or loss [34] and has been linked to increased attention to threat cues [35], exaggerated threat appraisals [36], and emotional and biological sensitivity toward potential threat [37,38]. For children of divorce, a sense of vulnerability may be particularly salient when fathers leave the home and the availability of a primary caregiving source becomes unclear [39]. Frequent parental conflict preceding and following marital dissolution may also contribute to exaggerated cardiovascular stress reactivity and chronic activation of the sympathetic-adrenomedullary (SAM) system [40–43].

Little is known about the unique role of the father–child relationship during childhood on cardiovascular functioning in young adulthood, particularly within the context of parental divorce. The focus of this study was on the impact of the father–child relationship during childhood on two measures of cardiovascular activity in young adulthood—reactivity to an acute lab-based challenge task and ABP in participants' natural environments. It was hypothesized that lower perceived father caring behavior and higher perceived father controlling behavior during childhood would predict higher cardiovascular reactivity and ABP in young adulthood. Given observed divorce-related changes in the role of

the father, a key question was whether the father–child bond exerts comparable effects across family contexts after accounting for the influence of maternal caring and controlling behavior. Although weaker relations between paternal–child relationship variables and child outcomes have been observed in cases of divorce as compared with intact families [6,33], other evidence suggests the contrary [44]. Moreover, existing research has specified outcomes that are mainly psychological, rather than physical, in nature. Accordingly, no a priori hypotheses were made about differences in the relation of the father–child bond to cardiovascular outcomes in divorced versus intact families.

Methods

Participants

Participants were 99 undergraduate students (age range=18–29 years; 50 from divorced families, 49 from non-divorced, “intact” families) recruited from introductory psychology classes and through student newspaper advertisements (see Table 1 for sample characteristics). Respondents completed a large screening survey in class or online, and eligible respondents were invited to participate. Eligibility criteria for the divorce group included having two married biological parents who divorced before the respondent was 17 years old. Remarriage of either parent did not preclude eligibility. Age at parental divorce ranged from 1 to 16 years (mean=7.7, SD=4.1); 42% lived entirely with their mothers after the divorce, and only 12% lived more with their fathers than their mothers. Criteria for the intact group included being raised by two married, residential, biological parents, with no parental death or divorce. Participants were blind to the specific reason they were invited to participate, and the experimenter was blind to family group. Exclusionary criteria included self-reported illness or medications that affect BP. Participants received class credits for the reactivity portion of the study and \$75 for the ABP monitoring portion.

Measures

Questionnaires

Paternal and maternal caring and control were assessed with the Parental Bonding Instrument (PBI) [45], completed separately for the mother and the father retrospectively for the period before the respondents were 17 years old. Feelings of closeness, warmth, and affection from a parent define high care; low care is marked by emotional apathy and parental neglect (12 items). High control is indicative of parental intrusiveness and overprotective behavior, whereas support for independence and autonomy define low parental control (13 items). The PBI has demonstrated adequate test–retest reliability and validity and independence from the effects of one's current mood

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