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

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A B S T R A C T

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 simulteneously 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

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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 interaction, which together help link AUDs to older children's emotional problems (Wolfe, 2016). Research suggests a similar trend may continue 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 (Aneshensel 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 children 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 adversities 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; Gunzerath 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 characteristic of individuals experiencing AUDs – along with alcohol's association with marital conflict, violence, abuse, and neglect – represent childhood adversities that often mark the beginning of lifelong struggles with mental health and relationship problems (Anda et al., 2002; Fuller-Thomson et al., 2013; Wolfe, 2016).

1.4. Research aims

Based on the discussion above, this study is guided by three aims. The first aim is to test for an association between maternal AUDs and depression in emerging adulthood. The second aim is to test for associations between childhood social ties, SES, adversity, and depression in emerging adulthood. The final aim is to test whether the association between maternal AUDs and depression in emerging adulthood is mediated by childhood social ties, adversity, and socioeconomic status.

2. Methods

2.1. Data source and sample

Analysis uses data from the National Longitudinal Surveys of Youth (NLSY-79) and the National Longitudinal Surveys of Youth 1979 Children and Young Adults (NLSY79-CY). The NLSY-79 began in 1979 with a national sample of 12,686 women and men, ranging in age from 14 to 22 (National Longitudinal Surveys, 2005). Respondents were interviewed yearly or biennially about a broad array of social and economic issues, and in 1986, a separate survey began collecting information on each child of the female respondents (National Longitudinal Surveys, 1998). Together, these surveys create a detailed record of U.S. families that includes information on mothers' AUDs and family SES in addition to information on children's mental health, social relationships, and exposure to adversity. Data for the NLSY79-CY are available from 1986 to 2012, representing 14 survey rounds for children (ages 0–14) and 10 rounds for young adults (15 and older). As of 2012, more than 10,000 children have been interviewed in at least one survey round. This information is compiled to create indicators of 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 recommended 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]

2.2. 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 NLSY79-CY asked the children of the NLSY-79 women how often in the past week they 1) felt depressed, 2) had trouble getting going, 3) had difficulty staying focused, 4) felt like everything they did took 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 Survey of Parents and Children (National Longitudinal Surveys, 2005). To better capture depression at younger ages, these 9 items are somewhat different than the CES-D. Specifically, questions asked respondents 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 continuous 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 information 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 indictors and accounting for measurement error (StataCorp, 2015). The Cronbach's alphas for these early adolescent and emerging adulthood items are 0.80 and 0.85, respectively.

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.