Alcoholism, Associated Risk Factors, and Harsh Parenting Among Fathers: Examining the Role of Marital Aggression

Brent Finger, PhD
Lorig K. Kachadourian, MA
Danielle S. Molnar, MA
Rina D. Eiden, PhD
Ellen P. Edwards, PhD
Kenneth E. Leonard, PhD

Research Institute on Addictions
University at Buffalo, The State University of New York


This study examined relationships among alcoholism, psychopathology, marital aggression and harsh parenting behaviors in 183 families with either alcoholic or non-alcoholic fathers. Children and parents were assessed at five points: at children’s ages 12, 18, 24 and 36 months and upon entry into kindergarten.

Findings

• Fathers who exhibited alcoholism, depression and antisocial behavior when the child was 12 months of age, exhibited higher levels of marital aggression when the child was 36 months of age.
• Marital aggression was linked to harsh paternal parenting at the time the child entered kindergarten.
• Findings suggest that marital aggression occurring early in the child’s life is at least partially responsible for the use of increased harsh parenting found in families with an alcoholic father.

Background

Participants in this study were recruited when the children were 12 months of age. At the time of the original assessment, all parents were cohabiting and most (88 percent) were married to each other. The average age of mothers was 30 years and fathers, 33.

Upon recruitment, most families were middle-income ($41,800 on average), white (94 percent of mothers and 87 percent of fathers), and had one or two children in the household (68 percent). More than half of parents worked outside.
the home (61 percent of mothers and 91 percent of fathers) and had received some higher education or a college degree (57 percent of mothers and 55 percent of fathers). Fathers spent 34 hours per week on average with their children at this age, with no significant differences by alcoholic status. By the kindergarten assessment, 10 percent of the biological fathers (13 percent of alcoholics and 8 percent of non-alcoholics) were not living with their families.

Fathers were classified as being in one of two groups. In 89 of the 183 families, fathers met at least one of three criteria for alcohol-related problems: (1) DSM-IV criteria for alcohol abuse or dependence in the past year; (2) the father acknowledged having an alcohol problem or having been in treatment for alcoholism, was currently drinking, and had at least one alcohol-related problem in the past year; or (3) Family History Research Diagnostic Criteria (Andreasen et al., 1986) for an alcohol problem based on the mother's report. Nearly half of the fathers with alcohol-related problems met all three criteria. Fathers in the remaining 94 families were in the no-alcohol-problem group. Across all families, maternal alcohol consumption was minimal.

**Antisocial behavior** was measured using a 16-item version of the Antisocial Behavior Checklist (Ham, Zucker, & Fitzgerald, 1993). During the first assessment, parents were asked to rate their frequency of participation, on a four-point scale, in a variety of aggressive and antisocial behaviors during their lifetime.

The father's **depressive symptoms** were assessed using the Center for Epidemiological Studies of Depression (CES-D; Radloff, 1977) Inventory during the child's second year. **Marital aggression** was a composite measure of the frequency of the father's physical aggression toward the mother, the mother's physical aggression toward the father, and the verbal aggression directed by each parent toward the other.

**Harsh parenting** was a composite of: (1) the father's self-report on items assessing dysfunctional discipline in response to child misbehavior, the frequency with which the parent yells, uses bad language, becomes angry; (2) the father's negative affect; and (3) the father's use of power or control. The latter two measures were determined by assessments of nonverbal behaviors (e.g., tone of voice, facial expression, body language) and verbal behaviors (e.g., threats, negative comments, etc.) by the father during an interaction with his child in a laboratory “clean-up” task.

**Results**

As expected, alcoholic fathers consumed more alcohol, engaged in more binge drinking, became intoxicated more often, and reported more symptoms associated with alcohol abuse and dependence than non-alcoholic fathers. Fathers in the alcoholic group also reported more antisocial behaviors and more symptoms of depression than did fathers in the non-alcoholic group.

Mothers and fathers in the father-alcoholic group also reported significantly more physical and verbal aggression. Marital, physical and verbal aggression was, in turn, associated with fathers’ expression of negative affect, high power control and overreactivity with his child.

There were significant group differences in marital aggression. Mothers and fathers in the father-alcoholic group reported significantly more father-to-mother physical aggression, more mother-to-father physical aggression, and more verbal aggression than mothers and fathers in the non-alcoholic father group.

Lastly, high levels of marital aggression when the child was 36 months old was found to predict the use of harsh parenting when the child was entering kindergarten.

**Discussion**

Results of this study suggest that marital aggression provides a link between fathers’ alcohol diagnosis and harsh parenting. This finding is important in that it was identified in a long-term study which followed families from children's infancy to kindergarten age.

Alcoholic fathers were found to score higher on antisocial behavior, depression, and multiple measures of marital aggression; this increased marital aggression was found to predict later harsh parenting.

Finally, marital aggression was found to have important implications for fathers’ parenting behaviors as both physical and psychological aggression was associated with harsh parenting. This demonstrates that negative mood, affect or behavior in the marital relationship can “spill over” to the father-child relationship.

**Conclusion**

Alcoholism and associated risk factors (high power control, antisocial behavior, and negative affect) were found to place fathers at an increased risk of encountering conflicted relationships, which, in turn, contributes to problematic parenting behaviors over time.
A Conceptual Model Predicting Internalizing Problems (cont’d)

• Fathers’ alcoholism was associated with higher depression/anxiety for children in 4th grade when it was combined with higher levels of marital aggression in the home.

• Fathers, mothers, and 4th grade children exhibited depression when there were higher levels of marital aggression in the home.

Background

The sample of participants consisted of 213 families with 12-month old infants (105 girls and 108 boys) recruited from the community. Families with few or no alcohol problems (101 families) since the child’s birth were considered the non-alcoholic group and families with alcoholic fathers (112 families) were considered the alcoholic group. Within the 2nd group, 82 families had alcoholic fathers with non-alcoholic partners; 30 families had two alcoholic parents.

Marital status, parents’ ages, income and education levels were described previously in this newsletter.

Most families had not been treated for alcohol problems. Overall, 27 fathers and 23 mothers had been in treatment for alcohol problems at some point since joining the study and the 4th grade assessment. Fourteen fathers and 11 mothers had been in treatment for drug-related problems. Twenty-four fathers and 38 mothers had been in treatment for psychological problems. Treatment status was not related to any of the variables considered in this study.

By the 4th grade assessment, 16 percent of the biological fathers were not living with their families. Of these, 7 percent were in the alcoholic father group, 5 percent were in the both-alcoholic partner group and 4 percent were in the non-alcoholic group.

All of the children who completed assessments at the 4th grade level had regular contact, at least once a week, with their biological fathers. There were no group differences regarding how much time fathers or mothers spent with their children.

Discussion

Results demonstrated that higher marital aggression among alcoholic and depressed families plays a key role in predicting higher levels of anxiety/depression among children of alcoholics. Higher average marital aggression over the 1st five years of the child’s life was predictive of higher child depression/anxiety in 4th grade. There may be several explanations for this finding. Marital aggression may lead to higher child anxiety due to lack of predictability in family life. Exposure to marital aggression may also serve as a general source of stress, leading to higher symptoms of anxiety/depression in children.

Families with two parents who had alcohol problems reported higher levels of marital aggression compared to non-alcoholic families. Fathers with alcohol problems reported higher levels of aggravation with their children than fathers in the non-alcoholic group. Alcoholic fathers and their partners had higher levels of antisocial behavior compared to the non-alcoholic group.

Higher average maternal and paternal aggravation from 12 months to kindergarten were associated with higher parental reports of child anxiety/depression from 18 months to kindergarten. Contrary to expectations, parental aggravation did not predict child anxiety/depression in 4th grade.

The researchers did not have a group of alcoholic mothers with non-alcoholic partners for this study. Therefore, the role of maternal alcohol problems independent of paternal problems could not be examined. However, mothers with alcohol problems themselves did report higher levels of depression.

Conclusions

The results of this study highlight the complex risk characteristics in alcoholic families and the tendency for related issues and problems to occur. The role of marital aggression was found to be important in predicting children’s anxiety/depression over time.

This study makes an important and unique contribution to this area of research in a number of ways:

• It used a longitudinal design to follow children and families from infancy through 4th grade.

• Risk pathways to childhood anxiety were examined using a high-risk sample of alcoholic families.

• Marital context and parenting for both mothers and fathers were included as key elements of the process of anxiety among children of alcoholics; few studies of child anxiety have included both parents.

These findings underscore the importance of targeting both parents’ alcohol problems and associated marital aggression to provide the dual benefits of improving family interactions and lowering risk of children’s anxiety/depression in early to middle childhood.

This research was funded by National Institute on Alcohol Abuse and Alcoholism grant R01 AA010042.
Examining the Role of Marital Aggression (cont’d)

The current investigation is noteworthy in that it sheds light on a mechanism – marital aggression – which links paternal alcohol use and psychopathology to negative parenting behaviors in a younger sample of children than has been previously examined.

Knowing that marital aggression is one mechanism linking fathers’ alcoholism to negative paternal parenting behaviors has important implications for treatment. The results from the current investigation add support for substance abuse interventions that focus on the marriage partner relationship (e.g., couples treatment) as well as the parent-child relationship (e.g., parent skills training). Improving parental functioning either directly or through decreased alcohol use and improved marital quality may decrease the risk for negative child outcomes.

This research was funded by National Institute on Alcohol Abuse and Alcoholism grant R01 AA010042.

References
