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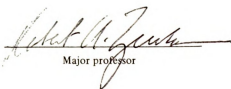
The Relationship Between Parent Life Troubles
and Child-Rearing Patterns in Young Alcoholic
Families

presented by

William Hobart Davies

has been accepted towards fulfillment
of the requirements for

Master of Arts degree in Psychology


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THE RELATIONSHIP BETWEEN PARENT LIFE TROUBLES AND
CHILD-REARING PATTERNS IN YOUNG ALCOHOLIC FAMILIES

By

William Hobart Davies

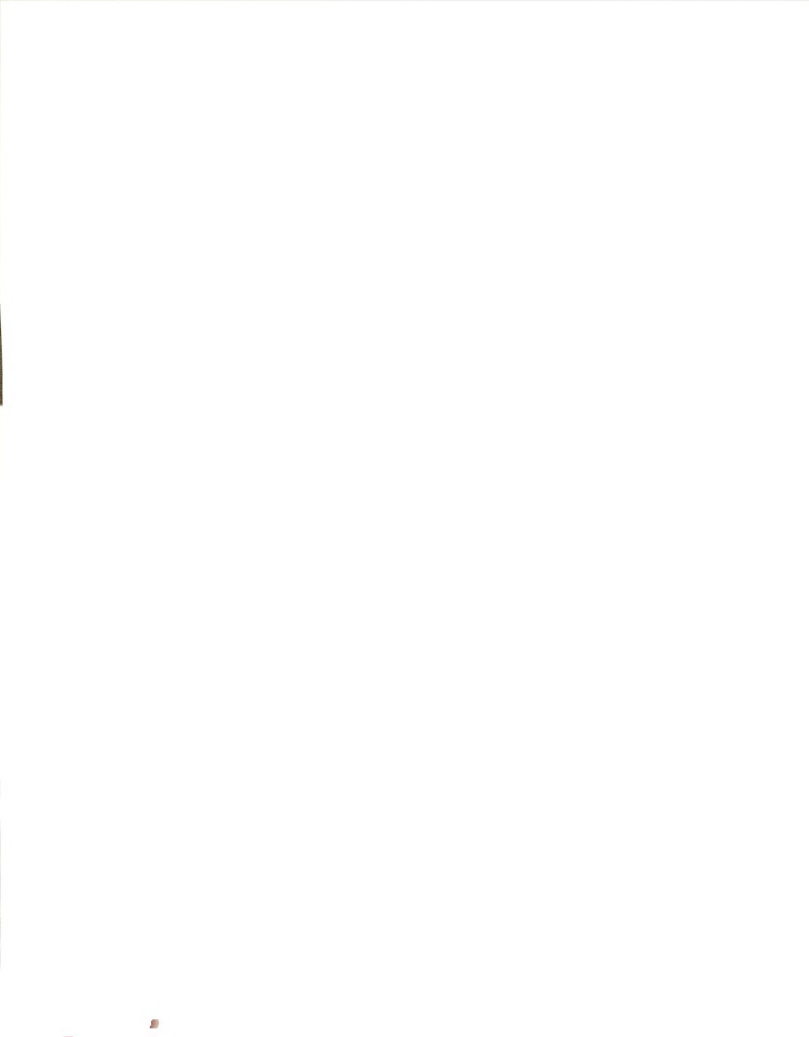
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ABSTRACT

THE RELATIONSHIP BETWEEN PARENT LIFE TROUBLES AND
CHILD-REARING PATTERNS IN YOUNG ALCOHOLIC FAMILIES

By

William Hobart Davies

Children of alcoholics are at heightened risk for developing psychological problems, including conduct disorder and later alcoholism. Little is known about what part the parent-child relationship may play in increasing this risk. In this study, the relationships between the current and lifetime levels of parental drinking, depression, and antisocial behavior, life circumstances, and self-reported child-rearing practices were examined in alcoholic families at an early stage of family development. The data are drawn from a community sample of families with typically not-yet-in-treatment alcoholic fathers and male children between three and six. Results suggest that parenting in these families is most affected by non-alcohol-specific factors. Lower levels of achievement and increased levels of parental depression were associated with a more affectively negative parenting environment, and with less interparent agreement on child-rearing. Paternal psychopathology was found to be associated with maternal child-rearing, while no effects were found in the opposite direction.

To Cheryl

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CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

Children of parents who have alcoholism or some other form of psychopathology have consistently been found to be at increased risk for the development of psychopathology and other life problems. However, little is known about the mechanisms through which this effect operates, or about the other child and family variables which serve as mediators or contributors to the process. Equally little is known about the degree to which these effects are traceable to the parent's specific psychopathology or, on the contrary, can be expected in all children of disturbed parents. Previous attempts to answer these questions have been hampered by inadequate methodology and insufficiency of control groups.

This study addresses a piece of this question, by examining the relationship between the levels of parental alcoholism, depression, and antisocial behavior and the parents' self-reported patterns of child-rearing and interaction with their children. The subjects for this study are drawn from a sample of intact families with alcoholic fathers and young male children. The sample is unique in that it allows examination of these patterns in families at an earlier developmental stage than those studies utilizing alcoholics who are in treatment.

THE ALCOHOLIC FAMILY

Interest in the system level variables at work in the family with an alcoholic parent or parents began to emerge in the 1950's and 1960's (Ablon, 1976). However, the study of these variables using adequate methodological technology is still very recent and the picture is far from complete. It has become customary in recent discussions of family

effects of alcoholism to consider the developmental stage of the child and/or the family, and such will be the practice here.

The clearest finding concerning the family environment has been that there is a higher level of conflict in alcoholic families compared to non-alcoholic families (Clair & Genest, 1987; Zucker, Weil, Baxter, & Noll, 1984). Alcoholic families have also been found to be less cohesive, less organized, and less oriented towards intellectual-cultural and moral-religious pursuits than families with no alcoholic parents (Clair & Genest, 1987; Zucker et al., 1984). The Clair and Genest data are based on retrospective accounts of 18 to 23 year old subjects with an alcoholic father and a non-alcoholic mother. The Zucker and colleagues data are drawn from our current project and are based on families with at least one child under six years.

The heightened level of conflict often leads to an atmosphere of tension in the homes of alcoholics. Typically everyone in the home is aware of this tension, and even young children have remarked at the contrast between their own home and their friends' homes in this regard (Cork, 1969; Wilson & Orford, 1978).

The family is usually motivated to keep the parent's alcoholism a secret from people outside the family and it is often a taboo subject within the family as well (Ablon, 1976). This often results in patterns of communication which are based on lies and denials, a pattern which is learned by many children of alcoholics (Barnes, 1977).

CHILDREN OF ALCOHOLICS

Clair and Genest (1987) suggest that having a parent who is an alcoholic can be conceptualized as a form of chronic stress. Newell (1950) has proposed that children of alcoholics are in a situation

analogous to that of experimental animals who are tempted towards rewards and then continually frustrated, whose environment continually changes in a manner over which they have no control. Under such circumstances, the animals have convulsions or nervous breakdowns.

Sons of alcoholics are at greatly heightened risk to develop alcoholism. Family and genetic studies indicate that at least 25% and possibly as many as 40% of them will become alcoholic. This places them at six to ten times higher risk than the general male population (Cotton, 1979; Goodwin, 1979; Schuckit, Goodwin, & Winokur, 1972). The degree to which this reflects genetic transmission versus psychological transmission (e.g., social learning) is still unresolved. However, evidence exists for both types of influence and it appears that both are likely to be at work (Cloninger & Reich, 1983; Goodwin, 1979; Zucker & Gomberg, 1986).

Having an alcoholic parent has also been found in various investigations to be associated with psychosomatic complaints, impaired sense of reality, suicide, depression, interpersonal difficulties, failure to complete school, and being a victim of incest or physical abuse and neglect (Deutsch, DiCicco, & Mills, 1982). Bailey, Haberman, and Sheinberg (1965, discussed in Ablon, 1976) found more negative behavioral symptoms among school-aged children of alcoholics, especially temper tantrums and fighting at school. Parental alcoholism is among the risk factors which have been identified for the development of conduct disorders in children (Kazdin, 1987; West & Prinz, 1987).

The greater inconsistency and unpredictability of parental support and expectations is thought to affect the children's sense of trust,

security, self-esteem, and confidence in others. This may lead to problems in identity formation, personality development, role performance and the ability to form relationships with others. Anecdotal reports from social agencies that deal with children have long supported this conceptualization (Jacob, Favorini, Meisel, & Anderson, 1978). Fighting and dissension between the parents can mar the child's perspective on marital relationships (Fox, 1962). The sense of secrecy within the family may limit the amount of contact that the children of alcoholics have with others outside the family, depriving them of important sources of additional (or even correctional) growth (Clair & Genest, 1987).

While it seems clear that children of alcoholics are at increased risk for a wide variety of life difficulties, a problem in interpretation arises because most of the studies have been methodologically flawed, or have looked only at parental alcoholism without considering some of the other family variables which might impact upon the child's development. Investigators have largely overlooked such contributing or mediating variables as the child's age at the onset of the alcoholism, the severity of the alcoholism, concomitant psychopathology in the parents, and the family's socioeconomic status (West & Prinz, 1987). Only a few controlled studies to date have compared a group of children with alcoholic parents to children of normal control and non-alcoholic, disturbed control parents. Thus we cannot be sure of the extent to which children of alcoholics encounter similar or different difficulties compared to children whose parents suffer from other psychopathologies.

Booz-Allen and Hamilton (1974) have suggested four ways that



children may deal with having an alcoholic parent: 1) flight (withdraw or sublimate feelings); 2) fight (become aggressive or delinquent); 3) perfect child (passivity and "being good"); and 4) super cooper (becoming the dominant caretaker in the family). Typologies of alcoholism have also been offered (e.g., Zucker, 1987). We would expect the particular patterns in each of these areas would affect the child's development. It is important to note that many young adult children of alcoholics are found to be functioning at, or well above, the average level of young adult children of non-alcoholics (Clair & Genest, 1987). Thus, having an alcoholic parent increases the child's risk of developing any of several disorders, but it is not sufficient to guarantee such an outcome.

Children are not always passive victims in this process. The presence of children may intensify the problems of the alcoholic. Cognizance of failure in the responsibilities of parenthood and related guilt, as well as the increased daily hassles of child-rearing may present added pressure for excessive drinking (Ablon, 1976).

PARENT-CHILD RELATIONSHIPS IN ALCOHOLIC FAMILIES

Cork (1969) interviewed 115 children of alcoholics. Their ages ranged from 10 to 16, and they represented a "wide range" of socioeconomic (SES) levels. The children's parents had volunteered them in response to a newspaper advertisement. Twenty-eight of the children had only an alcoholic mother, and in ten of the families both parents were alcoholic. In this highly selective sample, she found that over 90% of the children felt rejected by their parents and thought that their parents behavior was unpredictable. Over 70% reported that they had lost respect for the alcoholic parent.



In her dissertation, O'Gorman (1971) compared 29 adolescent children of unrecovered alcoholics, 23 children of recovering alcoholics and 27 children of parents with no drinking problems. She found that the adolescents who had unrecovered alcoholic parents were significantly lower on perceived parental affection and attention than were the other two groups.

Swiecicki (1969) conducted a ten-year follow-up study in Poland on 100 alcoholic families and 100 non-alcoholic control families matched on living standard, SES, and number of children. The target children were adolescents when the study began, and were young adults at the time of follow-up. Significantly fewer of the children of alcoholics reported having a good relationship with their father. There were no significant differences in the reported quality of relationships with their mother or siblings. Significantly fewer of the children of alcoholics thought that they would try to raise their children as they had been raised.

A unique perspective on this question is offered by data from the Cambridge-Somerville Youth Study (McCord & McCord, 1962). This was a study begun in 1935 that was aimed at reducing delinquency and studying the child-rearing practices of lower SES families. The data collected include notes from direct observations of the families in their homes by multiple observers who did not know that any research would be done with them and were not focused on the question of alcoholism. In addition, information was available on which of the parents were alcoholics. A drawback to these data is that they were not gathered systematically but were pulled from case notes. Nonetheless, clear results emerged from these "blindly" gathered clinical data. The

alcoholic fathers were much less likely to demonstrate their affection in an active manner. The McCords suggest that alcoholics are typically unsure of receiving love and are also very unsure of how to go about giving it. These fathers tended to play a passive role in the family, and when they were active they tended to be dictators rather than leaders. They were also likely to be erratically punitive or lax in controlling their sons.

Other authors (Hecht, 1973; Sloboda, 1974) have reported anecdotally that discipline is inconsistent in the homes of alcoholics. Often there are no clearly defined standards or rules within the family, which contributes to the sense of instability created by the erratic behavior of the parent(s) (Barnes, 1977). Still other data strongly suggest that violence towards the children is not the primary source of problems in parent-child relationships in alcoholic families. Parental withdrawal is much more common than physical abuse of the children (Zucker, 1979).

In seeming contradiction to the finding that alcoholic parents tend to withdraw from the family, it has been observed that it is common for children of alcoholics to feel more affection for the alcoholic parent than the non-alcoholic parent. Baker (1945) has suggested that this is probably because the alcoholic parent is rewarding when sober while the nonalcoholic parent tends to be irritable and rejecting under the constant situational pressure. The nonalcoholic parent is also likely to be the one who lays down and enforces whatever consistent limits there are for the child.

Studies with hospitalized alcoholics found that they tend to think of their parental and spousal relationships in very utilitarian terms

of time and service (Jackson, 1962). They thought that family members should be satisfied if they brought home money and did work around the house. Yet the demands they made on family members for understanding and emotional support were typically excessive.

Few studies have attempted to observe the differential impact of maternal versus paternal alcoholism as it affects male and female children (Deutsch et al., 1982; Williams & Klerman, 1984) or the effects of different patterns of parental alcoholism. Data are particularly scarce concerning the effects of maternal alcoholism, although this situation is slowly changing. Much of the literature discusses the effects of parental alcoholism with an apparent assumption that alcoholism entails a self-explanatory behavioral entity (Wilson & Orford, 1978). Consistent differences have been observed, however, in the drinking patterns of male and female alcoholics, and these differences can be expected to alter the way in which the alcoholism affects the children. The alcoholic mother is more likely to be hidden, ignored, or protected by family members, to drink at home, and to exhibit drinking patterns that are closely tied to family dynamics, crises, and developmental transitions (Jacob & Seilhamer, 1987). Additionally, the typically increased responsibility for child-rearing held by the mother is likely to mean that the effects of her drinking are more severe (Richards, 1979).

Cork (1969) found that adolescents view an alcoholic mother's drinking more negatively than an alcoholic father's. The children reported that heavy drinking among mothers was "not nice; not like a mother." Krauthamer (1974, 1979) has studied children of alcoholic mothers. This study found that alcoholic mothers tend to be more

ambivalent, confused, and inconsistent about parenting than nonalcoholic mothers. The children of the alcoholic mothers were more cold, distrustful, rigid, reserved, submissive and dependent. Of course, these data are in keeping with the effects of having an alcoholic parent of either sex. Data from Miller and Jang's (1977) longitudinal study do seem to indicate a greater extent of psychopathology in the offspring of female alcoholics than male alcoholics. Williams (1987) found significant differences in the environments and child-rearing patterns of male and female alcoholic parents, but her findings are heavily confounded by the lower SES of her female alcoholics as well as a higher likelihood of having an absent or alcoholic spouse. Her study also included no control group and included a wide range of child ages (from birth to 18).

It has commonly been observed that alcoholics are more likely to be married to alcoholics. Proposed explanations for this finding have included assortative mating and convergence of behavior after marriage. Regardless of the mechanism behind this effect, it has been shown to be a risk factor for the development of alcoholism and antisocial behavior in the couple's children (Merikangas, Weissman, Prusoff, Pauls, & Lechman, 1985; Williams, 1987).

Studies utilizing interviews with children of alcoholics have shown that a variety of patterns of parent-child relationships can exist in alcoholic families (Cork, 1969; Wilson & Orford, 1978). Families differed along dimensions such as the consistency of the children's feelings toward the alcoholic parent, the relationships of different siblings toward the parents within the same family, the ease with which the parents report they can relate to their children, and the

relationship between the children and the nonalcoholic parent. These findings prompted Wilson and Orford to conclude that "parental alcoholism probably is not in itself highly predictive of the quality of parent-child relationship" (1978, p. 129).

Seilhamer (1987) did time series analyses which examined the day-to-day relationships between the level of drinking by alcoholic fathers and various measures of the functioning and behavior of their adolescent sons. Her sample consisted of eight families. She found strong evidence that each boy's reported satisfaction with the father-child relationship was affected by the level of his father's drinking. However, there was much variation in the direction of this effect, with it apparently being mediated by the son's perceptions of the father's drinking. When children viewed their father's drinking negatively, the day-to-day relationship was adversely affected by drinking, and vice-versa. These results serve as a caution against assuming that the short-run effects of parental drinking on the parent-child relationship will always be negative.

However, these conclusions are based on studies done with no control groups. Granted, it has been shown that there is variability in parent-child relationships in alcoholic families; but the question is left open whether there are general differences which can be identified that separate alcoholic families from nonalcoholic families in this regard, and whether variables can be identified which would be useful in predicting the course of parent-child relationships in these families. Factors which Wilson and Orford (1978) suggest would be useful are the behavior and personality of both parents; the sex, age and temperament of the child; and factors of family structure, such as

family size or parental separation.

It seems clear, then, that we are a long way from understanding the whole picture of the effects of parental alcoholism on child development. More attention needs to be paid to the differential effects of the parents, the degree and type of disturbance in both parents, the age and personality traits of the child, and family factors such as sibling structure and extrafamilial contacts.

Given our assumption that there is continuity of process that creates the intergenerational transmission of the disease, there are two other bodies of literature which are appropriate to examine that may shed some light on the features of parent-child relationships that are associated with the development of alcoholism. The first is research done on family relationships in families of adolescent problem drinkers. The second is our knowledge about parent-child relationships in families where the child becomes alcoholic later in life.

PARENT-CHILD RELATIONSHIPS AMONG ADOLESCENT PROBLEM DRINKERS

Zucker (1979) has suggested that there are three subcategories of influence through which parental behaviors can impact on drinking behavior of their children. First are those parental behaviors which serve as modeling alternatives to the child. Second, the parental reward structures that are available and used to shape the child according to the standards and values of the family. And finally, the quality and patterns of family affectional interaction. Clearly, this view assumes that there are both drinking specific and nondrinking specific factors that can influence the child's drinking behavior.

A study conducted by Zucker and his colleagues (Zucker & Barron, 1973; Zucker & Devoe, 1975; Zucker & Fillmore, 1968) examined the



relationship of parental drinking characteristics, personality, and child-rearing practices to children's drinking and antisocial behavior. The adolescents in the study were a stratified sample of students (male and female) from the only high school in a Middle Atlantic community of 15,000, chosen to reflect the diversity of drinking patterns in the school. As many of their parents as possible were then recruited, and data on these domains were then collected from both groups. Child-rearing practices were measured using the Bronfenbrenner (1961) Parent Activity Inventory. We will consider primarily the results for the male adolescents, but will briefly compare them to the results found for girls.

Based on the parents' reports of their behavior, it appears that the mothers are more strongly implicated in the development of problem drinking behavior in their sons (Zucker & Barron, 1973). The mothers of heavy drinking and problem drinking boys were found to be heavier drinkers themselves as well as more cynical and more antisocial. Their child-rearing practices were marked by more open rejection (via ridicule and unfavorable comparison to other children) and less parental pressure. They tended to discipline by deprivation of privileges and property and through social isolation. Fathers were similar in that they were also heavier drinkers and more antisocial, but their child-rearing practices were related to their son's drinking only in that they too tended to use removal of supplies as a disciplinary technique (Zucker, 1976).

The boys' reports present a starkly contrasting picture, indicating little or no relationship between the mother's practices and the child's behavior and strongly indicating the influence of the father in

the process. For the mother, only her absence was related to the development of problem drinking. The fathers were seen by their problem drinking sons as affectively distant and unrewarding and as not having attempted to shape the boys as they were growing up (through achievement demands, instrumental companionship, and principled discipline). The fathers were not seen as malevolent or destructive, but rather as having not been engaged in those activities that build a strong relationship between father and son (Zucker & Barron, 1973). Family atmosphere measures indicated that there was a good deal of tension. There was also a good deal of open rebellion and resentment of parental intrusiveness.

Zucker and Barron (1973) interpreted the seeming contradiction between parents' and son's reports to indicate that in the homes of heavier drinking adolescents, the mothers are indeed harsher and more rejecting. The unfavorable light in which the fathers are viewed is seen as reflecting the failure of the father to provide the child with the support that the mother has already failed to provide. Thus, in terms of developmental time, the perceptions of the father follow and may be caused to some extent by the mother's behaviors. The primacy of the mother's rejection is a reflection of the normatively greater influence of mothers in child rearing. The adolescent's drinking and antisocial behavior can be seen as a way to escape from a family setting that is not at all rewarding.

According to information provided by the parents, heavier drinking among the girls was associated with heavier drinking by both parents, a personality style of aggressive sociability in the mother that is oriented towards peers rather than family, little mother-child



interaction, and few attempts by the mother to shape the daughter's behavior. Father absence was the only father variable other than his drinking that was related to the girl's drinking (Zucker, 1979).

The heavy drinking girls reported a more negative picture of rejection, neglect, and lack of nurturance, affection, and companionship from both parents than do the heavy drinking boys. They felt that there was a lack of principled discipline from both parents, but saw the father's discipline as especially arbitrary. The girls' data seem to implicate both parents about equally, in contrast to the boys', which indicated a greater effect for the father or the same-sex parent. On the family atmosphere measures, alcohol consumption for the girls was related to perceived parental defiance and, again, to family tension (Zucker, 1976; Zucker & Devoe, 1975).

Barnes (1977) found support for the general hypothesis that problem drinking among adolescents is associated with what she terms "incomplete, inadequate socialization within the family." Specifically, the problem drinkers are less likely to feel "very close" to their family; more likely to feel loosely controlled (especially by their mother) and to feel rejected (especially by their father); and report more conflict in their relationship with their father. Barnes (1977) suggests that the inadequacy of the socialization process leads to a diminished ability to cope with problems, which, in turn, increases the likelihood of problem drinking.

In a more refined study, Barnes and her colleagues (Barnes, Farrell, & Cairns, 1986) found that the level of parental support and parental control is related to the level of adolescent drinking. The development of nonproblematic drinking behavior is facilitated by a

high level of parental support and a moderate amount of control. Problem drinking among the adolescents was associated with low levels of maternal control and high levels of paternal control.

Other investigators have shown that positive parent-child relationships are related to the absence of problem drinking. Wechsler and Thum (1973) found that adolescent nondrinkers and light drinkers have a greater perceived closeness to both of their parents. Demone (1973) found that nondrinking males reported a higher level of parental confidence and more issue-centered discussion between parents and child. Alexander (1967) found that the father's abstinence is related to rebellious, abusive drinking only when the father-child relationship is emotionally distant.

Studies of family factors related to involvement with drugs in adolescence paint a similar picture. Increased involvement with drugs was found to be associated with both parental personality attributes and aspects of the parent-child relationship (Brook, Whiteman, Gordon, & Cohen, 1986). The model which best accounts for the data posits that parental personality attributes affect both the parent-child relationship and the adolescent's personality, and that these latter two have a direct impact on the child's involvement in drug use. The studies of the Brook group have consistently pointed to the importance of parent-child mutual attachment in determining drug involvement (Brook, Whiteman, & Gordon, 1983; Brook, Whiteman, Gordon, & Brook, 1981, 1984; Brook et al., 1986). The mother's influence in the process has also been consistently found to be larger than the father's (Brook et al., 1986; Jessor & Jessor, 1974).

The conclusion offered by Brook and her colleagues (Brook et al.,

1986) sums up well the findings about the effects of the parent-child relationship in affecting drug problems (including alcohol problems) among adolescents:

...the psychological stability and conventionality of the mother are related to an affectionate and nonconflictual relationship with her child and to conventionality and psychological stability in the child. These qualities, in turn, are associated with lower stages of drug use. (p. 466)

The same process occurs for fathers, but its impact appears to be weaker.

While the results of some studies indicate an essentially parallel process in the development of problem drinking in male and female adolescents, the preponderance of studies indicate that there are important areas of difference (Zucker, 1979). This examination of the literature has focused on male adolescents, as will this investigation. The existence of sex differences dictates that these findings will likely not be generalizable to the effects of parent life troubles on parent-daughter relationships.

THE PARENT-CHILD RELATIONSHIP AND ANTISOCIAL BEHAVIOR

There is fairly convincing evidence that the phenomenon of adolescent drinking represents one expression of more generalized antisocial behavior in adolescence (Donovan & Jessor, 1985; Zucker, 1979). The familial correlates of delinquent behavior are very similar to the findings discussed above for problem drinking. In fact, the Zucker community studies (Zucker & Barron, 1973; Zucker & Devoe, 1975; Zucker & Fillmore, 1968) set out to test the general hypothesis that family interactions which had previously been linked to impulsive and

antisocial behavior in adolescents (e.g., weak family affectional ties, inadequate discipline, and low family cohesion) would also be predictive of problem drinking. This hypothesis received strong support.

Jensen (1972) found that there is a relationship between delinquent involvement and such variables as parental support, parental supervision, and the affective quality of father-son relationships independent of the number of delinquent friends that the son reported. In a review of the delinquency literature, Gove and Crutchfield (1982) concluded that the level of parent-child attachment is the strongest predictor of delinquency.

An extensive review of the longitudinal and cross-sectional literature on the effects of family factors on the development of delinquency has been conducted by Loeber and Stouthamer-Loeber (1986). They concluded that the best predictors were variables associated with socialization, such as a lack of parental involvement and supervision, parental rejection, and a lack of parent-child involvement. Of medium strength were background factors such as the parents' marital relationship and the level of the parents' criminality. Weaker predictors were a lack of parental discipline, parent health, and parent absence. These findings hold for longitudinal studies as well as those comparing delinquent/nondelinquent and aggressive/nonaggressive children. Data from normal families show less importance on socialization factors and more importance on parent-child rejection. Within those families which did have a delinquent child deficits in parenting skills were related to more serious delinquency.

The McCords' finding about the disciplining style of alcoholic

fathers (that they tend to be either erratically punitive or lax) is parallel to the parenting characteristics that they found to be associated with the development of delinquent and eventual criminal behavior (McCord & McCord, 1962). Thus we should expect that the parenting characteristics that we hypothesize to be related to the development of problem drinking and alcoholism are similarly predictive of eventual delinquency and adult antisocial behavior.

FAMILY RELATIONSHIPS OF LATER-TO-BE ALCOHOLICS

A great deal of our knowledge about the development of alcoholism has been established through correlational designs. However, an increasing number of studies have utilized one of various longitudinal designs, which place the conclusions on firmer methodological ground and permit better understanding of the time ordering of events (Zucker & Noll, 1982). This discussion will focus primarily on the findings of these longitudinal studies.

There have been six major longitudinal studies of the development of alcoholism (Jones, 1971; McCord & McCord, 1960, 1962; Monnelly, Hartl, & Elderkin, 1983; Ricks & Berry, 1970; Robins, Bates, & O'Neal, 1962; Vaillant & Milofsky, 1982). In their review of these studies, Zucker and Gombert (1986) concluded that the parent-child interaction in the alcoholics' families of origin were characterized by inadequate parenting and a lack of parent-child contact. These interactions were described in such ways as involving inadequate or lax supervision, the absence of parental demands, parental disinterest, or lack of affection for the child.

The levels of parental adequacy examined in these studies range from a grossly defined measure of the provision of such basic

obligations as physical care and financial support (Robins, et al, 1962) to more psychologically oriented measures of the level of family attachment (McCord & McCord, 1962). Nonetheless, a clear pattern emerges which links inadequate parent-child contact and parenting skills to the development of alcoholism in the children. This lack of parent-child contact can occur with the parent in the household or as a result of parental separation or death (Zucker, 1979). If the focus is broadened beyond parent-child interaction, a lack of family cohesiveness and socially deviant behavior on the part of the parents are also indicated (Zucker & Noll, 1982).

These parental influence findings do show substantial across-study variation in some areas (Zucker & Noll, 1982). Variation is most evident concerning the amount of parental deviance reported and the amount of harshness or rejection found in parent-child interactions. Some of these inconsistencies are due to the social class from which the samples were drawn (Zucker & Noll, 1982). The implicated parental behaviors will be much more destructive when they occur in lower SES families (Zucker, 1976). For example, in one study of alcoholic mothers it was found that children of alcoholic mothers who were from low SES families showed impaired emotional, intellectual, and academic functioning compared to controls. In contrast, none of these problems appeared in the high SES families, despite the fact that the parent-child relationships were seriously disrupted (Krauthamer, 1974, 1979). Other variations are traceable to problems in the study designs (Zucker & Noll, 1982). In addition, there is evidence from the cross-sectional studies for an interaction between sex of parent and sex of child which is not yet clearly understood (Zucker & Noll, 1982). This reinforces



the limits on generalizability of results discussed above.

The longitudinal findings on alcoholic men in many ways parallel the findings of the cross-sectional studies on alcoholic and adolescent problem drinking families. There is a lack of family cohesiveness, parental deviance, and inadequate or inconsistent parenting rather than actively rejecting parental behavior (Zucker & Noll, 1982). The parents of prealcoholics do seem to be more uncaring and inconsistent in their supervision and discipline than the parents of adolescent problem drinkers (Zucker, 1976).

PARENT-CHILD RELATIONSHIPS WITH DEPRESSED PARENTS

Because of the clustering of alcoholism and depression (as well as antisocial behavior) within individuals and within families, it is important to consider the effects on development of growing up with a depressed parent. This clustering occurs despite the fact that there is independence of transmission (Merikangas et al., 1985). Like alcoholism, depression is seen to have a genetic component to its transmission, while the discordance with the genetic model suggests that environmental aspects are also important (Kidd & Weissman, 1978).

The effects of growing up with a depressed parent are in some ways quite similar to those seen in children of alcoholics. They have been reported to evidence an elevated rate of depression and other psychiatric disorders, as well as problems in other life areas, such as interpersonal problems, physical and emotional complaints, behavioral and school problems, and attentional and cognitive disturbances (Billings & Moos, 1983; French, 1983; Hirsch, Moos, & Reischl, 1985; Kuyler, Rosenthal, Igel, Dunner, & Fieve, 1980; Welner, Welner, McCrary, & Leonard, 1977).



Depressed families (i.e., families with a depressed parent) are characterized by more conflict, and less cohesion, expressiveness, and organization. There is less emphasis on independence and on intellectual-cultural, moral-religious, and shared recreational activities (Billings & Moos, 1983). Billings and Moos (1983) argue that this family environment is the result of a complex interaction between the family environment and the individual family members. They do not claim that the parental depression "causes" these environmental effects. As we would expect, the degree of impairment of the child is associated with the level of stress and support experienced by the family members (Billings & Moos, 1983; Hirsch et al., 1985). Specific deficits have been identified in the child-rearing environments of depressed mothers. They have been rated as less affectively involved and less responsive to their children than normal mothers beginning at very young child ages (Goodman, 1987).

As with much of the alcoholism research, many of the studies on depressed families are methodologically weak. Few studies have examined the relative effects of different types or severities of depression. Susman and colleagues (Susman, Trickett, Iannotti, Hollenbeck, & Zahn-Waxler, 1985) have used the Child-Rearing Practices Report (CRPR) (Block, 1980) to examine self-reported child-rearing patterns in mothers with current or past major or minor depression as compared to abusive and normal mothers. They found that mothers with current major or minor depression reported high levels of inconsistency in discipline and control. In addition, mothers with current major depression were more likely to use guilt and anxiety induction techniques to control their children, and were more likely to express

feelings of disappointment about their children. Mothers with either current or past minor depression and past major depression were remarkably similar to the normal mothers. This suggest that the problems associated with depressed parenting are closely tied to the parent being in the depressed state, rather than being due to the personality traits of the depressed parent. However, none of the depressed groups were nearly as disparate from the control group as the abusive mothers were.

Stoneman, Brody, and Burke (1989) examined the relationships between depression, marital satisfaction, and various aspects of parenting, but with a particular emphasis on inconsistency. They used a volunteer sample of 47 two-parent families with two same-sex children. The children ranged from 4.5 to 9.5 years old. Although this sample was not chosen to include clinically depressed parents, several of the parents were in this range as measured by the Beck Depression Inventory. The CRPR was used as the measure of self-reported parenting. The mother-son dyad was the only parent-child combination which did not show at least moderate associations between reported depression and marital satisfaction and inconsistency in parenting. Paternal depression, but not maternal, was also found to be associated with increased parental disagreement about discipline.

Jacob and Leonard (1986) examined the psychosocial functioning of children of depressed, alcoholic, and control fathers. Their sample consisted of around 45 fathers from each group, each of which had at least one child between 10 and 18. Sons of both alcoholics and depressives were rated by their parents as higher than controls on behavior problems, internalizing behavior, and social incompetence.

For behavior problems and internalizing and externalizing behavior, the daughters of depressives were rated higher than the daughters of alcoholics, who, in turn were rated higher than the daughters of controls. The majority of adolescents in all groups were not in the range of severe impairment, however, 23% of the alcoholics and 15% of the depressives had at least one child in the range of severe impairment. None of the children of controls were in this range.

THE QUESTION OF GENERAL VS. SPECIFIC EFFECTS OF PARENTAL PSYCHOPATHOLOGY

We do not yet know whether parents with psychopathology influence child development through specific effects caused by those conditions, or whether there is a generalized effect on development of having a disturbed parent. As Jacob and Leonard (1986) put it, "the absence of psychiatric comparison groups has made for difficulties in attributing any observed impairments to alcoholism per se rather than to a general parental psychopathology effect" (p. 374). Indeed, Harder and colleagues (Harder, Kokes, Fisher, & Strauss, 1980) have found evidence that the usual level of parent functioning may be more critical than the presence of specific disorders in determining the effects on the children.

There are different approaches in attempting to evaluate the impact of specific effects of parental disorders (in our case alcoholism). One approach is to work with samples that are relatively free of other psychopathologies. For example, the Jacob and Leonard (1986) study included only families in which the father satisfied Research Diagnostic Criteria (RDC) for the diagnostic category he was in and met the RDC for no other mental disorder, and the mother did not satisfy

the RDC for any current major disorder or have a history of alcohol-related problems. The difficulty with this approach is that the majority of alcoholic families are multi-problematic, so the findings from such research are of limited usefulness in helping understand the process for most alcoholic families. Instead, the approach taken by our research group has been to measure each of the dimensions which seem likely to be important, so that some estimation of the relative and cumulative effects can be attempted.

A related and potentially confounding problem is that of the effects of SES on child-rearing practices and parent-child relationships. In the Susman et al. (1985) study discussed above, CRPR data were also collected on a normal group of lower SES mothers (to serve as a control group for the abusive mothers). These mother's patterns differed sharply from that seen in the middle-class control group. The lower SES group expressed difficulty in positively encouraging their children, talking to their children about feelings, enjoying and finding satisfaction in them, and in trusting their children to make decisions. While parental psychopathology and lower SES probably both make contributions to problems in child development (as well as having a cumulative effect), early data from the Rochester Longitudinal Study (Sameroff, Seifer, Zax, & Barocas, 1987) suggest that the effects of having a parent with socio-emotional problems may be more pervasive than the effects of low SES. Their findings suggest that the latter may just delay development, while the former may involve qualitative distortions in development.

EFFECTS OF CHILD-REARING PRACTICES

The stability and adequacy of the parenting that children receive affects their ability to accomplish important developmental tasks and later to help them cope as adults, and subsequently influence the way they raise their own children (Williams, 1987). Roberts, Block, and Block (1984) examined child-rearing practices over a nine-year period using the CRPR and found that parents have remarkable stability in their orientations toward child-rearing. The relative importance that they assigned to different areas remained quite stable over the period of the study. The changes that were seen largely coincided with what are considered to be developmentally appropriate changes.

The degree of parental agreement on child-rearing has been considered an important systemic variable influencing the level of social support for the parents. As Gjerde has stated:

Concordance on child-rearing values should enhance the degree of mutual support between the spouses, lessen the likelihood that child disciplining will occasion interspousal conflicts or disruptive family alliances, and have a positive influence on the skills that parents exercise in their parenting role.

(Gjerde, 1988, p. 701)

The effects of parental agreement about child-rearing on personality development in children have been examined longitudinally (Block, Block, & Morrison, 1981; Vaughn, Block, & Block, 1988). CRPR data were collected from the parents when the child was three, and the children have been followed through age 18. At the followup at age seven (Block et al., 1981) the boys whose parents were more in agreement were seen as more task-oriented, more verbally skilled, more

interesting, and more appropriate in expression of affect. A strikingly different pattern emerged for girls, where high parental agreement was seen to be associated with less empathy and resourcefulness, more noncompliance, and more undercontrol of impulse. The authors interpreted this discrepancy as reflecting the differing goals and processes of socialization across sexes, but were left to wonder how family harmony (as measured by parental agreement) could have seemingly negative effects on the development of girls.

The findings at age 18 were much more complete and understandable (Vaughn et al., 1988). For boys, the effects of parental concordance continued to be expressed in terms of intellectual competence, but widened considerably beyond the relatively narrow definition of IQ. The boys who came from homes where the parents had higher levels of agreement also showed more advanced moral reasoning and were more likely to express an interest in demanding artistic or scientific careers. For the girls, the same direction of effects continued, only by age 18, "adolescent girls coming from families earlier characterized as value-concordant were seen by others (and described themselves) as relatively more competent, self-confident, independent, responsible, helpful, socially skilled, and as able to cope with adversity and anxiety" (Vaughn et al, 1988, p. 1030). The authors interpreted this finding as supporting the existence of important differences in the developmental processes for boys and girls, and suggested that, in particular, differing levels of instilled self-control are optimal depending on the sex of the child.

The important point for this study is that parental disagreement about child-rearing is likely to have a fairly strong impact on the

development of the boys in our sample. They found that the home atmospheres of families where the parents are less in agreement are characterized by more conflict and discord in other areas, a cheerless, constricted atmosphere, and the over-involvement of other relatives in child-rearing. The degree of parental agreement was highly significantly related to marital status ten years after completing the CRPR.

Gjerde (1988) examined parent-child interactions of five year old children in a standardized social situation in which the parent helped the child in solving a battery of tasks, and compared these observations to the degree of parental agreement on child-rearing on a CRPR administered when the child was three. Her sample consisted of 70 families from the Blocks' longitudinal study of child development (cf. Block & Block, 1980). The most relationships were found for the mother-son dyad. Within this dyad, higher parental agreement was associated with permissive control strategies, nonauthoritarianism, indirectness of parental communication, resourcefulness, and an absence of intrusive and competitive parental behaviors.

STATEMENT OF THE PROBLEM

The literature related to family effects on the development of alcoholism paints a fairly coherent picture which implicates deficits both in the parent-child relationship and in socialization practices. However, much of the research suffers from inadequate methodology, small numbers of subjects, lack of replication, or inadequate control groups. Of course, the central question is how specific background characteristics of the child (e.g., age, temperament) and the environment (e.g., patterns of parental drinking, sources of

extrafamilial support) interact in affecting the child's development. This study will provide information on one part of this equation: how aspects of the parents' psychological functioning (level of current and lifetime alcoholism, extent of depression, and antisocial behavior) are related to their self-reported socialization practices.

Further, little is currently known about the specific versus global effect of different parental psychopathologies upon the parent-child relationship. The present study will provide information on how a parent's increasing problems with these three areas of psychopathology are reflected in self-reported child-rearing practice differences among the families. Of course, such findings will be generalizable only to families where there has been a substantial level of alcohol related difficulty already, but given the range of alcohol problems in the proposed sample, this still represents a significant contribution.

The present study is unique in that it will examine parent-child relationships in alcoholic families who are still in quite early stages of family development, and, in particular, at an earlier stage of parent-child involvements than has been examined before. By the same token, the study examines self-reported parenting practices at an earlier stage in the alcoholic process than has been examined before.

HYPOTHESES

There is good reason to believe that higher levels of parental psychopathology will be associated with greater deficiencies in both the parent-child relationship and in socialization practices in these families. These hypotheses are described in terms of the factors on the Child-Rearing Practices Report (CRPR) which emerged from an exploratory factor analysis on the 79 alcoholic families which

constitute this sample.

- 1a) Parents who have higher levels of alcohol involvement will be less emotionally involved with the child. For fathers, this should be result in scores on the CRPR factors which reflect higher levels of disengaged affective parenting, narcissistic parenting, affective underinvolvement, and lack of trust of the child. For mothers, this should be reflected in their scores for negative affective parenting and rejection of dependency. This should be true of both the level of current drinking as measured by the revised Quantity-Frequency-Variability measure (QFV-R) (Zucker & Davies, 1989) and the level of drinking related difficulties over the lifespan, as measured by the Lifetime Alcohol Problems Score (LAPS)(Zucker, 1988).
- b) The level of current parental drinking and lifetime alcohol problems will be positively related to inconsistency in parenting. For fathers, this should be reflected in scores which indicate more inconsistency in discipline and encouragement of independence (where independence is distinguished from autonomy, the former encompassing actions which are developmentally inappropriate). For mothers, it is expected that a relationship will be seen to the scores tapping inconsistent parenting, haphazard parenting, and lack of supervision.
- c) Reported parental harshness is expected to be positively related to the levels of current drinking and lifetime alcohol-related difficulties. For fathers, it is expected that this will be reflected in scores for scolding (harsh verbalness). It is unclear what to expect from the scale whose poles are inconsistency in

disciplines and harsh discipline. The literature suggests that both of these may be elevated in alcoholic families, but it seems most likely that the inconsistency would be picked up here, especially given the age range of the boys in these families. At this age, firmer parental control is more normative than it will be at later ages. So for now, we would expect to see differences emerging on the inconsistent discipline side. None of the CRPR factors for mothers clearly tap the area of parental harshness.

- d) Interparent agreement on child-rearing (as measured by the correlation of the mother's responses on the CRPR items with the father's responses) will be negatively related to the level of current drinking (QFV-R) and lifetime drinking problems (LAPS).
- 2) The dependent variables mentioned above regarding parent-child relationships and child-rearing patterns will be similarly related to levels of current depression (as measured by the short version of the Beck Depression Inventory (Beck & Beck, 1972)), clinical ratings of current and worst-ever depression (as measured by the Hamilton Rating Scale for Depression (Hamilton, 1960)) and involvement in antisocial behavior in childhood and adulthood (as measured by the Antisocial Behavior Checklist (Zucker & Noll, 1980a)). This hypothesis is based on a working assumption, that is neither supported nor contradicted by the literature, viz., that the effects of parental psychopathology are global effects, at least for these areas.
- 3) These patterns will be mediated by the age of the child and of the parent, with the problematic patterns being more pronounced in families with older children and younger parents. The problems

will also be more severe the lower the SES of the family.

- 4) No specific hypotheses are offered concerning the differential effects of father vs. mother life problems on child-rearing practices or the association between one parent's life problems and the child-rearing practices of the other parent because there has been insufficient previous research to guide such predictions. These relationships will be examined in an exploratory manner.

CHAPTER II

METHOD

SUBJECTS

Subjects are 79 families participating in the Michigan State University Vulnerability Study (Zucker et al., 1984), a longitudinal study examining the factors that may contribute to the development of alcoholism and other conduct problems in the offspring of alcoholic men.

Subjects are recruited from local district courts using a drunk driver population. All men who 1) are apprehended for DWI with a blood alcohol level (BAL) of at least .15% (150 mg/100 ml), 2) at the time of contact are in intact families, and 3) have biological sons between 3.0 and 6.0 years are considered potential candidates for the study. All such candidates are asked to give their permission to have their names released to our project personnel. The families are visited in their home by project staff, who further screen the family for suitability and, if appropriate, recruit them into the project. A BAL of .15% suggests that these men have developed significant tolerance for alcohol. Questionnaires and interviews are later administered to ensure that the father meets formal research diagnostic criteria for alcoholism utilizing the Feighner criteria (Feighner et al., 1972).¹

¹ A yoked control family is obtained for one-third of the alcoholic families. These control families are recruited from the same census tract as the alcoholic families. Door-to-door survey techniques are used to locate families with children of similar age (± 5 years), sex, and sibling structure as the alcoholic families. These families are screened for the absence of paternal alcoholism and substance abuse. This method of obtaining control families overcomes many of the methodological problems created by the use of snowball samples or samples of convenience, and provides "truer" controls in this sense. Unfortunately, an insufficient number ($N = 11$) of control families are available at this time to permit their inclusion in this study.

All families in the study receive monetary compensation for their participation. Currently the amount of compensation is \$150.

Although all of these families have in common the fact that they have a father who has experienced a good deal of drinking problems, there is quite a bit of variability both in the extent of drinking problems and the level of current drinking. In fact, over one quarter (20/79) of the fathers report having abstained from alcohol for the six months prior to data collection. The sociodemographic characteristics of the sample are reported in Table 1.

The index of SES used here is the Revised Duncan Socioeconomic Index (TSEI2; Stevens & Featherman, 1981). This measure was selected based on recent work by sociologists suggesting that occupation-based measures represent a more contemporary indicator of SES that is sensitive to changes in occupational attainment (Featherman & Hauser, 1977; Mueller & Parcel, 1981; Nock & Rossi, 1979).

DATA COLLECTION PROCEDURES

Each participating family completes many questionnaires, direct observation sessions, and interviews (Zucker, Noll, & Fitzgerald, 1986). The data are collected during the course of an eight session contact schedule which includes 18 hours of contact with project personnel. The majority of data collection takes place in the family's home. The family comes to the university campus twice in the process, once for videotaping of structured interactional tasks, and once for a pediatric examination of the target child. Data collection is accomplished by a trained team of graduate and undergraduate students.

Table 1

Sociodemographic Characteristics of the Sample

Family Variables	$\bar{X}$	Range
Family Socioeconomic Status ^a	27.60	10 - 66
Annual Family Income	\$26,329	5500 - 62000
Years Married or Coupled	8.25	2 - 21
Age of Target Child (months)	54.70	32 - 85
Number of Children	2.15	1 - 4

Parent Variables	Fathers		Mothers	
	$\bar{X}$	Range	$\bar{X}$	Range
Age (years)	30.67	22 - 47	28.61	21 - 41
Education (years)	12.22	8 - 18	12.60	9 - 17
Estimated Verbal IQ ^b	86.26	67 - 105	87.04	55 - 125
Estimated Performance IQ ^c	91.22	65 - 122	107.40	70 - 140
Estimated Full Scale IQ ^d	87.15	67 - 129	93.14	66 - 124
Religion:				
Protestant	36.8 %		52.6 %	
Catholic	14.5		23.7	
None	44.7		19.7	
Other	3.9		3.9	

^a Revised Duncan Socioeconomic Index (TSEI2)

^b Estimated from the WAIS-R Information subtest.

^c Estimated from the WAIS-R Digit Symbol subtest.

^d Based on estimated Verbal and Performance IQs.

Data collectors are blind as to the family's status (alcoholic or control).

MEASURES

The particular instruments that are of relevance for this research examine the parents' views of their socialization attitudes and values, as well as current and lifetime levels of drinking, antisocial behavior, and depression in the parents.

(A) Socialization Attitudes and Values:

The Child-Rearing Practices Report (CRPR) (Block, 1965, 1980) utilizes 91 statements which are administered in a Q-sort format with a forced-choice, seven-step rectangular distribution. The same items are used for both mothers and fathers, and the parents are instructed to respond according to how they actually behave with the target child. The administrator of the instrument works with the respondent to ensure that they understand the instructions and correctly complete the procedure.

The item pool was constructed from three different sources. First, items were written which reflected the observed behaviors found to differentiate groups of mothers with different child-handling techniques (Block, Jennings, Harvey, & Simpson, 1964). To supplement this, a thorough review of the socialization literature was conducted and additional items were written to tap dimensions not included in the observational study. Finally, Block added further items based on conversations with European colleagues. This extended the coverage of the item domain and reduced the culture-boundedness of the item pool. To encourage more accurate descriptions, the items are phrased whenever possible in the active voice and emphasize a behavioral orientation.

The CRPR can be conceived of as providing information on four different domains of socialization: 1) how positive and negative emotions are expressed, handled, and regulated in the child and in parent-child interactions; 2) how parental authority is conveyed, and the specific forms of discipline and control strategies used to achieve socialization; 3) the ideals and goals of the parent with respect to the child's ambitions, aspirations, and accomplishments in life; and 4) the parent's values regarding the development of the child's autonomy, independence and emergence of self (Susman et al., 1985).

The bulk of the research conducted with the CRPR has made use of the factor analytically derived scales that Block (1980) provided in the manual for the instrument. Block did not specify exactly what the sample was for this procedure, but it seems likely that it was a sample of "normal" mothers, as was the case with the other results provided in the manual. This analysis yielded 21 factors, 13 of which contain fewer than 4 items. No data were provided on the reliability of these scales.

Table 2 lists the factors resulting from Block's analysis as well as the reliabilities of these factors for the current sample. It is evident from the low levels of internal consistency that this factor structure does not reflect the clustering of CRPR items into parenting domains for parents of either sex in this sample. Indeed, Block (1980) has argued that there is no reason to assume that a given factor structure will be appropriate beyond the sample from which it was derived. On this basis, it was decided that the factor structure for this sample should be investigated and analyses based on the resulting scales.

Table 2

Block's Child-rearing Factors for the CRPR and Reliabilities
(coefficient Alpha) for Fathers and Mothers from Young Alcoholic
Families

Factor	# Items	Reliability	
		Mothers	Fathers
1. Encouraging Openness of Expression	4	.71	.67
2. Suppression of Sex	4	.57	.35
3. Emphasis on Achievement	6	.46	.26
4. Parental Worry about Child	2	.43	.62
5. Parental Inconsistency	2	.28	.22
6. Authoritarian Control	9	.51	.44
7. Supervision of Child	2	.18	.21
8. Negative Affect toward Child	3	.71	.76
9. Open Expression of Affect	6	.74	.67
10. Encouraging Independence	7	.42	.57
11. Enjoyment of Parental Role	3	.39	.37
12. Rational Guiding of Child	3	.34	.63
13. Control by Anxiety Induction	2	.58	.22
14. Control by Guilt Induction	3	.34	.18
15. Health Orientation	3	.30	.30
16. Emphasis on Early Training	3	.57	.50
17. Overinvestment in Child	4	.26	.07
18. Parental Maintenance of Separate Lives	3	.01	-.09
19. Protectiveness of Child	4	.03	.08
20. Orientation to Non-punitive Punishment	2	.44	.47
21. Suppression of Aggression	3	.43	.46

Note Reliabilities based on the 79 families which comprise the present study.

Exploratory factor analysis was conducted on these items separately for the mothers and fathers in this sample. Examination of trends in the scree plot of eigenvalues permits the identification of an ideal number of factors rather than using eigenvalues greater than unity as the only criterion (Cattell, 1959). Such examination of this factor analysis suggested that a nine-factor solution was optimal for both mothers and fathers. The factors and the reliabilities of each factor for mothers and fathers are presented in Table 3. The two highest loading items in both the positive and negative directions are shown for fathers and mothers in Tables 4 and 5, respectively. A complete listing of the items in each factor may be found in Appendix C. The factors derived from this sample show markedly different patterns for each parent, suggesting both that the CRPR taps very different domains for mothers and fathers and that the implicit dimensions for categorizing the parenting task may differ between fathers and mothers.

In addition to the factor scores obtained for each parent, it is also possible to compute an index of parental agreement across all CRPR items. This is obtained by correlating the mother's and father's responses to each item (Block et al., 1981).

Two test-retest reliability studies have been conducted with this instrument (Block, 1980). The first involved 90 undergraduate students (who were not necessarily parents) enrolled in a child psychology course. They completed the CRPR at the beginning and end of the course, a time span of eight months. The average correlation between the two tests was .707 (range .38 to .85). The second study used 66 Peace Corps volunteers as subjects, who completed the third-person version of the CRPR at the beginning and end of their duty, an interval

Table 3

Child-rearing Factors and Reliabilities (coefficient Alpha) from the Block CRPR for Fathers and Mothers from Young Alcoholic Families

Factor	# Items	Reliability
<u>Fathers</u>		
1. Positive vs. Disengaged Affective Parenting	29	.91
2. Narcissistic vs. Child-centered Parenting	14	.75
3. Affective Underinvolvement vs. Socialization to Self-pity	13	.77
4. Lack of Trust vs. Trust	12	.77
5. Nonprotectiveness vs. Overcontrol	10	.72
6. Giving Child Space vs. Overapprehension/ Anxious Separation	11	.69
7. Reluctance to Parent vs. Harsh Scolding	9	.64
8. Inconsistent vs. Harsh Discipline	9	.63
9. Independence Training vs. Fostering Anxiety in Child	8	.56
<u>Mothers</u>		
1. Positive vs. Negative Affective Parenting	34	.91
2. Child-centeredness vs. Rejection of Dependency	17	.80
3. Overprotectiveness vs. Encouragement of Autonomy	13	.78
4. Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development	11	.61
5. Encouraging Competitive Achievement vs. Anxious Dependency	11	.62
6. Parental Guilt/Inadequacy vs. Suspicious Symbiosis	11	.68
7. Romantic Child-centeredness vs. Erratic Parenting	9	.62
8. Traditional Responsible Parenting vs. Haphazard Parenting	10	.57
9. Lack of Supervision vs. Appropriate Supervision	9	.60

Note Based on the 79 alcoholic families who comprise the present study.

Table 4

Highest Loading Block CRPR Items with Rotated Factor Loadings for Young Alcoholic Fathers (Two Highest Positive and Two Highest Negative Loadings)

1. Positive vs. Disengaged Affective Parenting
 - .64 My child and I have warm intimate times together.
 - .63 I find some of my greatest satisfactions in my child.
 - .65 I wish my spouse were more interested in our children.
 - .80 I feel my child is a bit of a disappointment to me.
2. Narcissistic vs. Child-centered Parenting
 - .54 I believe in toilet training a child as soon as possible.
 - .50 When I am angry with my child, I let him know it.
 - .55 I usually take into account my child's preferences in making plans for the family.
 - .64 I give up some of my own interests because of my child.
3. Affective Underinvolvement vs. Socialization to Self-pity
 - .62 I think children must learn early not to cry.
 - .58 I expect a great deal of my child.
 - .49 I control my child by warning him about the bad and sad things that can happen to him.
 - .65 I encourage my child to talk about his troubles.
4. Lack of Trust vs. Trust
 - .47 I believe that a child should be seen and not heard.
 - .45 I try to keep my child away from children or families who have different ideas or values from our own.
 - .53 I am easy going and relaxed with my child.
 - .70 I trust my child to behave as he should, even when I am not with him.
5. Nonprotectiveness vs. Overcontrol
 - .61 If my child gets into trouble, I expect him to handle the problem mostly by himself.
 - .53 I give my child a good many duties and family responsibilities.
 - .60 I don't allow my child to tease or play tricks on others.
 - .66 I try to keep my child from fighting.
6. Giving Child Space vs. Overapprehension/Anxious Separation
 - .55 I put the wishes of my mate before the wishes of my child.
 - .54 I think a child should be encouraged to do things better than others.
 - .54 I worry about the health of my child.
 - .58 I worry about the bad and sad things that can happen to a child as he grows up.

Table 4 (cont'd)

 7. Reluctance to Parent vs. Harsh Scolding

- .51 I find it difficult to punish my child.
- .49 I find it interesting and educational to be with my child for long periods.
- .54 I punish my child by taking away a privilege he otherwise would have had.
- .54 I believe that scolding and criticism makes my child improve.

8. Inconsistent vs. Harsh Discipline

- .48 I threaten punishment more often than I actually give it.
- .37 I believe in praising a child when he is good and think it gets better results than punishing him when he is bad.
- .52 I have strict, well-established rules for my child.
- .58 I believe physical punishment to be the best way of disciplining.

9. Independence Training vs. Fostering Anxiety in Child

- .56 I like to have some time for myself, away from my child.
- .54 I think one has to let a child take many chances as he grows up and tries new things.
- .54 I encourage my child to be independent of me.
- .45 I think it is good practice for a child to perform in front of others.
- .48 I teach my child that in one way or another punishment will find him when he is bad.

Table 5

Highest Loading Block CRPR Items with Rotated Factor Loadings for Mothers (Two Highest Positive and Two Highest Negative Loadings)

1. Positive vs. Negative Affective Parenting

- .76 I make sure my child knows that I appreciate what he tries or accomplishes.
- .70 I feel a child should be given comfort and understanding when he is scared or upset.
- .61 There is a good deal of conflict between my child and me.
- .76 I feel my child is a bit of a disappointment to me.

2. Child-centeredness vs. Rejection of Dependency

- .52 I encourage my child to wonder and think about life.
- .50 I feel a child should have time to think, daydream, and even loaf sometimes.
- .57 I think it is best if the mother, rather than the father, is the one with the most authority over the children.
- .69 I think a child should be weaned from the breast or bottle as soon as possible.

3. Overprotectiveness vs. Encouragement of Autonomy

- .60 I don't think young children of different sexes should be allowed to see each other naked.
- .58 I try to stop my child from playing rough games or doing things where he might get hurt.
- .48 I encourage my child to be independent of me.
- .50 I put the wishes of my mate before the wishes of my child.

4. Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development

- .40 I do not blame my child for whatever happens if others ask for trouble.
- .36 If my child gets into trouble, I expect him to handle the problem mostly by himself.
- .55 I teach my child that in one way or another punishment will find him when he is bad.
- .66 I punish my child by taking away a privilege he otherwise would have had.

5. Encouraging Competitive Achievement vs. Anxious Dependency

- .60 I think a child should be encouraged to do things better than others.
- .50 I feel that it is good for a child to play competitive games.
- .37 I try to keep my child away from children or families who have different ideas or values from or own.
- .65 I give up some of my own interests because of my child.

Table 5 (cont'd)

-
6. Parental Guilt/Inadequacy vs. Suspicious Symbiosis
- .63 I find it difficult to punish my child.
 - .58 I threaten punishment more often than I actually give it.
 - .41 I think it is good practice for a child to perform in front of others.
 - .56 I think jealousy and quarreling between brothers and sisters should be punished.
7. Romantic Child-centeredness vs. Erratic Parenting
- .54 I find it interesting and educational to be with my child for long periods.
 - .49 I enjoy having the house full of children.
 - .44 I let my child make many decisions for himself.
 - .46 I do not allow my child to question my decisions.
8. Traditional Responsible Parenting vs. Haphazard Parenting
- .60 I give my child a good many duties and family responsibilities.
 - .38 I give my child extra privileges when he behaves well.
 - .46 I don't go out if I have to leave my child with a stranger.
 - .51 I think it is wrong to insist that young boys and girls have different kinds of toys and play different sorts of games.
9. Lack of Supervision vs. Appropriate Supervision*
- .45 I don't allow my child to tease or play tricks on others.
 - .51 I make sure I know where my child is and what he is doing.
 - .54 I try to keep my child from fighting.
 - .62 I believe it is unwise to let children play a lot by themselves without supervision from grown-ups.
-

*There are no items in this factor which load strongly on the positive pole.

of three years. The third-person version has the same items as the first-person, but items are phrased so that they apply to the respondent's own parents. Maternal descriptions showed an average correlation of .64 (range .04 to .85) while paternal descriptions had an average correlation of .65 (range .13 to .85).

In the nine-year longitudinal study with the CRPR discussed above (Roberts et al., 1984) significant correlation coefficients were obtained for 73% (66/91) of the items for mothers and 56% (51/91) for fathers. This reveals considerable constancy/stability in response, especially when taking into account the fact that most of the change in responses was in keeping with developmentally appropriate changes in child-rearing (e.g., increasing autonomy for the child, decreasing parental control of the child). Although further testing of the instrument's reliability would be desirable, particularly with a sample of parents, the existing evidence strongly suggests that there is acceptable stability and consistency for the ratings.

Much of the validity attributable to the CRPR comes from the straightforward and logical way in which it was developed. Its validity has been assessed experimentally by having the participants in the original observational study from which the CRPR was derived fill out the instrument four years later. Of the 112 mothers in the original study, 76 agreed to take part in the follow-up. Considerable coherence was found between the self-report descriptions provided by mothers and the observed behaviors recorded earlier (Block, 1980).

(B) Drinking Measures

Several instruments are administered individually to both parents; these measures provide information about current use of alcohol and

problems associated with such use, as well as about drinking history. Parents are given an extensive Drinking and Drug History (Zucker & Noll, 1980b), the Short Form of the Michigan Alcoholism Screening Test (SMAST) (Selzer, 1975), and are also asked about their drinking practices during the Diagnostic Interview Schedule (DIS) (Robins, Helzer, Croughan, & Ratcliff, 1980). From this information, it is possible to assign them a status level for their current drinking which reflects the quantity, frequency, and variability of their drinking. The measure used here is a derivative of Cahalan, Cisin, and Crossley's (1969) Alcohol Consumption Index QFV measure called QFV-R (Zucker & Davies, 1989). This measure uses their basic scoring system, but rather than combining the Quantity-Variability classification with the Frequency classification to yield a five-category classification, the score is obtained by multiplying the QV class times the approximate number of drinking episodes per year (based on the reported average frequency). This yields a 0 to 21,000 score which is then subjected to a logarithmic transformation (base ten). This revision of the scoring system greatly increases the sensitivity of the measure and so increases the information that the score provides about the relative level of current drinking.

The Lifetime Alcohol Problems Score (LAPS) (Zucker, 1988) incorporates information on the breadth, density, and onset of problems associated with drinking. More specifically, it consists of the sum of three scores which are standardized within our project sample: 1) the number of areas in which drinking problems are reported; 2) the product of a) the sum of the number of incidents reported for each area (standardized within each item) and b) the sum of the number of years



between the first reported incident and the most recent incident for each item; and 3) the squared inverse of the age at which the respondent reports first having drunk enough to get drunk. The scores of the first two areas are divided by the subject's age before standardization to adjust for relative opportunity to experience problems.

(C) Antisocial Behavior Measures

Antisocial behavior on the part of the parents is measured using the Antisocial Behavior Checklist (Zucker & Noll, 1980a), a 46-item inventory of behaviors involving nine different content subscales (e.g., parental defiance, job-related antisocial behavior, trouble with the law). The items cover behaviors of childhood and adolescence as well as of adulthood. The questionnaire asks the frequency of the respondent's participation in a variety of delinquent, criminal, and antisocial activities (e.g., talking back to parents, having an affair, committing armed robbery). The test-retest reliability is .81 over four weeks and the coefficient Alpha is .84.

(D) Depression Measures

Several measures of parental depression are collected. Self-reported depression is measured using the Short Form of the Beck Depression Inventory (BDI) (Beck & Beck, 1972). This version contains 13 groups of statements concerning different areas of functioning known to be affected by depression (e.g., appetite, sleep habits, mood). The respondent indicates the statement in each group that best describes how he feels on that day. Scores on the long and short forms of the BDI have been found to correlate between .89 and .97 (Beck et al., 1988). However, there is some evidence from factor analytic studies

that the short form may pick up on one cognitively oriented symptom dimension, while the long form reflects more than one symptom dimension, including some noncognitive symptom clusters (Beck, Steer, & Garbin, 1988).

A thorough review had recently been published on the psychometric properties of the BDI (Beck et al., 1988). The internal consistency of the long form of the BDI has been examined in at least 25 studies. For psychiatric populations, the mean coefficient Alpha was .86, with a range of .76 to .95. For nonpsychiatric samples, the mean coefficient Alpha was .81, with a range of .73 to .92. Beck et al. (1988) claim comparable internal consistency for the short version, but no data are presented. Examinations of the validity of the BDI have shown impressive results in the areas of content, concurrent, discriminant, and construct validity.

The Hamilton Rating Scale for Depression (HRSD) (Hamilton, 1960), an instrument for the clinical rating of depression, is also done following the DIS by the clinician who conducts the interview. This rating covers a variety of behavioral, affective, somatic, and psychological dimensions associated with depression, and the score is based on the subject's responses, as well as the clinician's judgments. The clinician makes both a current depression rating and a rating of the level of the subject's depression at the point in their life when they were most depressed. Interrater reliabilities have ranged from .80 to .90 (Hamilton, 1969).

DATA ANALYSES

The design of this study is cross-sectional. The socialization data for mothers and fathers separately are to be correlated with the

independent variables of parental drinking, antisocial behavior, and depression found on the measures discussed above. A correlational design is used rather than a between-groups design because these independent variables have previously been found to occur on a continuum in our families rather than being clearly differentiated by discrete groupings (Reider, 1987; Weil, 1987). In addition, the hypotheses are stated in terms of the level of the problem in each of these areas, rather than in terms of its mere presence or absence.

CHAPTER III

RESULTS

RELIABILITY OF MEASURES

Table 6 gives the coefficient Alpha index of internal consistency for each of the measures of parent life problems. The Alphas for the mothers are lower than for the fathers on all scales, but there are no indications of problems with any of the measures in this area.

The coefficient Alphas for the Child-rearing Practices Report (CRPR) Scales were presented in Table 2 above. The Alphas range from .91 to .56 ($\bar{X} = .72$) for fathers and from .91 to .57 ($\bar{X} = .69$) for mothers.

RELATIONSHIPS TO DEMOGRAPHIC VARIABLES

PARENT LIFE PROBLEM MEASURES

The relationships between the demographic variables and the measures of parent life problems are presented in Tables 7 and 8 for fathers and mothers respectively. Father's level of education shows the greatest number of significant relationships across all of the life problem measures. This effect is stronger than that of family SES and family income, as well as for father's estimated verbal and performance intelligence level. Modest effects are seen for SES and family income.

PARENTING PRACTICES MEASURES

The relationships between the demographic variables and the parenting scales from the Child-Rearing Practices Report (CRPR) are shown in Tables 9 and 10 for fathers and mothers respectively. The relationships here are much stronger than for the life problems measures, and the tendency is for the score on a scale to be related to several, or even most, of the demographic variables if it is related to

Table 6

Reliability (coefficient Alpha) of the Parent Life Problem Measures

Life Problem Measure	Alpha	
	Mother	Father
Beck Depression Inventory	.76	.79
Hamilton Rating Scale for Depression-Current	.80	.85
Hamilton Rating Scale for Depression-Worst Ever	.87	.90
Antisocial Behavior-Childhood	.78	.87
Antisocial Behavior-Adulthood	.71	.90
Antisocial Behavior Inventory	.83	.93

any. The most robust effects are seen for family income, mother's estimated verbal IQ, and father's estimated verbal IQ. SES was only modestly associated with these parenting scales, while age of child had virtually no effect, perhaps because of the relatively narrow range of ages in this sample.

The parenting dimensions which were most strongly associated with the demographic variables were parental agreement on child-rearing, mother's child centeredness, mother's overprotectiveness, father's affective parenting, and father's child centeredness.

The parental agreement measure was significantly related to SES ($r=.34$, $p<.01$), family income ($r=.28$, $p<.05$), mother's estimated verbal IQ ($r=.29$, $p<.05$), mother's estimated performance IQ ($r=.42$, $p<.001$), father's age ($r=.22$, $p<.05$), father's education ($r=.24$, $p<.05$), father's estimated verbal IQ ($r=.35$, $p<.01$), and father's estimated performance IQ ($r=.25$, $p<.05$).

Because of these results, certain of the demographic variables will be statistically controlled in the analyses which examine the

Table 7

Relationship Between Demographic Variables and Measures of Father's Life Problems--Pearson R's (N=79)

	<u>Father's Life Problems</u>							
	LAPS ^a	QFV-R ^b	BDI ^c	HRSD-C ^d	HRSD-W ^e	ASB-C ^f	ASB-A ^g	ASB-T ^h
SES	-.20+	.02	-.08	-.09	.00	-.29*	-.23*	-.28*
INCOME	-.25*	.06	-.27*	-.12	-.07	-.09	-.27*	-.20+
CHILD AGE	.03	.15	.00	.06	-.04	.09	.10	.10
F AGE	.05	-.17	-.04	.00	.08	-.23*	.08	-.07
A								
T EDUCATION	-.37**	.14	-.32**	-.11	-.08	-.30**	-.27*	-.31**
H								
E VERBAL IQ	-.06	-.13	-.13	.12	.10	-.17	-.04	-.11
R ⁱ								
S PERF IQ	-.20+	.23*	-.03	.24*	.19	-.04	.05	.01
M AGE	.02	-.07	-.15	.01	.03	-.13	.06	-.03
O								
T EDUCATION	-.09	-.03	-.18	-.04	.02	-.12	-.07	-.10
H								
E VERBAL IQ	.10	-.11	-.16	-.07	.04	-.02	.05	.02
R ⁱ								
S PERF IQ	.08	-.11	-.32**	-.16	-.09	.03	-.06	-.01

^aLifetime Alcohol Problems Score

^bQuantity-Frequency-Variability Index of Current Drinking

^cBeck Depression Inventory

^dHamilton Rating Scale for Depression-Current

^eHamilton Rating Scale for Depression-Worst Ever

^fAntisocial Behavior-Childhood

^gAntisocial Behavior-Adulthood

^hAntisocial Behavior-Total

+ $p < .10$. * $p < .05$. ** $p < .01$. All two-tailed.

Table 8

Relationship Between Demographic Variables and Measures of Mother's Life Problems--Pearson R's (N=79)

	<u>Mother's Life Problems</u>							
	LAPS ^a	QFV-R ^b	BDI ^c	HRSD-C ^d	HRSD-W ^e	ASB-C ^f	ASB-A ^g	ASB-T ^h
SES	-.03	.21+	-.13	.02	.11	-.22+	-.18	-.24*
INCOME	-.08	.18	-.22+	-.16	-.07	-.08	-.10	-.10
CHILD AGE	-.04	.18	.02	-.18	-.10	.10	.15	.14
M AGE	.03	.14	-.10	.07	.05	-.16	.19	-.01
O								
T EDUCATION	-.06	.11	-.04	.04	-.16	-.31**	-.13	-.27*
H								
E VERBAL IQ	.00	-.05	.14	.06	-.10	-.12	.15	-.01
R'								
S PERF IQ	.11	.09	-.18	-.07	-.28*	-.02	.01	-.01
F AGE	.00	.09	-.10	.15	.16	-.04	.12	.04
A								
T EDUCATION	-.07	.26*	-.26*	.22+	.11	-.12	-.04	-.10
H								
E VERBAL IQ	.10	-.01	-.12	.02	-.06	-.10	.10	-.02
R'								
S PERF IQ	.00	.10	-.11	.01	-.01	-.20	.02	-.12

^aLifetime Alcohol Problems Score

^bQuantity-Frequency-Variability Index of Current Drinking

^cBeck Depression Inventory

^dHamilton Rating Scale for Depression-Current

^eHamilton Rating Scale for Depression-Worst Ever

^fAntisocial Behavior-Childhood

^gAntisocial Behavior-Adulthood

^hAntisocial Behavior-Total

+ p<.10. * p<.05. ** p<.01. All two-tailed.

Table 9

Relationship Between Demographic Variables and Measures of Father's Parenting Practices--Pearson R's (N=79)

	FPP1 ^a	FPP2 ^b	FPP3 ^c	FPP4 ^d	FPP5 ^e	FPP6 ^f	FPP7 ^g	FPP8 ^h	FPP9 ⁱ
SES	.38**	-.37**	.00	-.05	-.01	.08	.09	.18	.25*
INCOME	.26	-.41***	.07	.01	-.06	-.02	.24*	.18	.23*
CHILD AGE	-.15	.00	.03	-.12	.04	-.01	-.20+	.01	.06
F AGE	.17	-.10	-.03	.00	-.10	.08	.14	.30**	.07
A									
T EDUC	.29**	-.26*	-.06	-.16	-.04	.27*	-.03	.01	.21+
H									
E VERB IQ	.39**	-.34**	.00	-.12	.03	.34**	.15	.35**	.27*
R'									
S PERF IQ	.25*	-.30**	.03	-.06	.04	.26*	-.02	.17	.29*
M AGE	.25*	-.33**	-.10	-.20+	-.09	.01	.14	.24*	.06
O									
T EDUC	.27*	-.26*	-.10	-.08	-.12	.26*	-.07	.17	.22*
H									
E VERB IQ	.28*	-.41***	-.03	-.08	-.09	.23*	.01	.28*	.31**
R'									
S PERF IQ	.35**	-.20+	-.22+	-.11	-.20+	-.02	.14	.34**	.06

^aPositive vs. Disengaged Affective Parenting

^bNarcissistic vs. Child-centered Parenting

^cAffective Underinvolvement vs. Socialization to Self-pity

^dLack of Trust vs. Trust

^eNonprotectiveness vs. Overcontrol

^fGiving Child Space vs. Overapprehension/Anxious Separation

^gReluctance to Parent vs. Harsh Scolding

^hInconsistent vs. Harsh Discipline

ⁱIndependence Training vs. Fostering Anxiety in Child

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$. All two-tailed.

Table 10

Relationship Between Demographic Variables and Measures of Mother's Parenting Practices--Pearson R's (N=79)

	MPP1 ^a	MPP2 ^b	MPP3 ^c	MPP4 ^d	MPP5 ^e	MPP6 ^f	MPP7 ^g	MPP8 ^h	MPP9 ⁱ
SES	.16	.43***-.19+	-.14	.01	-.14	.02	.03	.17	
INCOME	.19+	.39***-.23*	-.17	-.06	-.23*	-.01	.07	.24*	
CHILD AGE	-.13	-.07	.12	-.04	-.05	.03	-.08	-.02	-.05
M AGE	.14	.34**	-.18	.01	-.07	-.08	-.02	-.06	-.10
O									
T EDUC	.05	.40***-.22+	-.07	-.06	-.30**	-.02	-.06	.12	
H									
E VERB IQ	.08	.65***-.48***-.14		.04	-.36**	-.08	-.04	.17	
R'									
S PERF IQ	.28*	.46***-.32**	-.17	-.09	-.22+	-.06	-.14	.05	
F AGE	.07	.20+	.03	-.06	-.08	-.13	.01	-.11	-.12
A									
T EDUC	.05	.38**	-.37**	-.07	.07	-.25*	.12	-.02	.17
H									
E VERB IQ	.05	.41***-.20+	-.18	.03	-.31**	-.04	.08	.25*	
R'									
S PERF IQ	.01	.30**	-.27*	-.14	.03	-.17	-.06	.12	.15

^aPositive vs. Negative Affective Parenting

^bChild-centeredness vs. Rejection of Dependency

^cOverprotectiveness vs. Encouragement of Autonomy

^dFacilitating Underdevelopment of Conscience vs. Harsh Conscience Development

^eEncouraging Competitive Achievement vs. Anxious Dependency

^fParental Guilt/Inadequacy vs. Suspicious Symbiosis

^gRomantic Child-centeredness vs. Erratic Parenting

^hTraditional Responsible Parenting vs. Haphazard Parenting

ⁱLack of Supervision vs. Appropriate Supervision

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$. All two-tailed.

associations between the parent life problem variables and the parenting practices dimensions. Because of their strong associations to the parenting practices reports, family income and the estimated verbal IQ of the parent whose parenting practices are being examined are controlled as well. Verbal IQ, rather than performance or full scale IQ is used because of its stronger association with the parenting variables, and also because the CRPR task is very verbally oriented. SES will also be partialled out because of its association with both areas of variables, and because it is assumed to be a higher level variable which includes variance due to many of the others. In analyses involving the parental agreement measure, the estimated verbal IQ of both parents is controlled, along with family SES and income. The non-adjusted Pearson product-moment correlations are presented in the appendices.

RELATIONSHIPS BETWEEN AREAS OF LIFE PROBLEMS

FATHERS

The interrelationships between the various measures of life problems for fathers are presented in Table 11. The most striking finding is that the level of current drinking is significantly negatively related to the level of lifetime alcohol problems. In the population being studied here, this may reflect a tendency to stop drinking after a sufficient number of drinking problems are encountered, or after a sufficiently serious incident. Thus the fathers who have experienced the most problems are more likely to have stopped or seriously curtailed their drinking. An alternative explanation which must be considered is that the fathers who have stopped drinking are the ones who are most aware or

Table 11

Relationship Between Measures of Father's Life Problems--Pearson R's
(N=79)

	QFV-R	BDI	HRSD-C	HRSD-W	ASB-C	ASB-A	ASB-T
LAPS ^a	-.37 **	.39 **	.26 *	.40 ***	.47 ***	.61***	.59***
QFV-R ^b		.11	.08	-.14	.04	-.05	-.01
BDI ^c			.19	.29 *	.21 +	.21 +	.23 *
HRSD-C ^d				.71 ***	.14	.34 **	.27 *
HRSD-W ^e					.17	.35 **	.29 *
ASB-C ^f						.68 ***	
ASB-A ^g							
ASB-T ^h							

^aLifetime Alcohol Problems Score

^bQuantity-Frequency-Variability Index of Current Drinking

^cBeck Depression Inventory

^dHamilton Rating Scale for Depression-Current

^eHamilton Rating Scale for Depression-Worst Ever

^fAntisocial Behavior-Childhood

^gAntisocial Behavior-Adulthood

^hAntisocial Behavior-Total

+ p<.10. * p<.05. ** p<.01. *** p<.001. All two-tailed.



most open about the problems that their drinking has caused them. The cross-sectional design of the current study prevents a delineation of these alternatives.

The reported level of lifetime alcohol problems is also strongly positively related to the measures of depression and antisocial behavior. This provides fairly strong evidence for a continuity of process in these three domains among this population. The level of current drinking, possibly because of its more variable or episodic nature, shows no relationships to these other areas.

There is surprisingly little relationship among the depression measures used here. The current and worst-ever clinician ratings are highly correlated, and there is a significant relationship between self-reported current depression and the worst-ever clinician rating. There is no significant relationship between self-reported depression and current clinician rating. Clearly, there are qualitative differences between self-reported depression and clinicians' ratings of depression, but the very low order correspondence among the measures of current status is striking. This is in contrast to the results of studies comparing the Beck Depression Inventory (BDI) and the Hamilton Rating Scale for Depression (HRSD) with nonpsychiatric populations. In a study of rape victims, Atkeson, Calhoun, Resick, and Ellis (1982) found a correlation of .73 between BDI (long form) and current HRSD rating. Hammen (1980) found a correlation of .80 in a study of depressed college students. The level of overt depression was certainly higher in these two samples than in the present sample, and the parents in this sample are more likely to be denying their depression, but it is not clear that this will fully account for the

discrepant findings about the relationship between these two measures of depression.

The clinical ratings of depression, both current and worst-ever, were significantly related to reported involvement in antisocial behavior in adulthood, but not in childhood. No effect was found for self-reported depression. The continuity of process can still be seen here, but it seems that these men may be less willing to disclose, or be less aware of, depressive symptoms than they are about symptoms related to drinking problems or antisocial behavior.

The continuity was also apparent between childhood and adult involvement in antisocial behavior. Both ratings come from the same instrument, but there is no item overlap and the size of the correlation indicates that the continuity is quite robust.

MOTHERS

The interrelationships between the measures of life problems for the mothers are shown in Table 12. Overall, the strength of the relationships were much weaker than they were for the fathers, and the patterns were also somewhat different. Lifetime alcohol problems were most strongly related to antisocial involvement in childhood, while adult involvement in antisocial behavior was about equally strongly related to lifetime drinking problems and the current level of drinking. Neither drinking measure showed a significant relationship to any of the depression measures.

There was even less of a relationship between the depression measures among the women than among their husbands. The current depression and worst-ever depression clinician ratings were still strongly related, but both of these showed almost no relationship to

Table 12

Relationship Between Measures of Mother's Life Problems--Pearson R's
(N=79)

	QFV-R	BDI	HRSD-C	HRSD-W	ASB-C	ASB-A	ASB-T
LAPS ^a	.15	.15	.17	.21 +	.52 ***	.33 **	.50***
QFV-R ^b		-.18	.15	.06	.15	.23 *	.21 +
BDI ^c			.12	.09	.25 *	.27 *	.29 *
HRSD-C ^d				.47 ***	.00	-.03	-.01
HRSD-W ^e					.12	.01	.09
ASB-C ^f						.49 ***	
ASB-A ^g							
ASB-T ^h							

^aLifetime Alcohol Problems Score

^bQuantity-Frequency-Variability Index of Current Drinking

^cBeck Depression Inventory

^dHamilton Rating Scale for Depression-Current

^eHamilton Rating Scale for Depression-Worst Ever

^fAntisocial Behavior-Childhood

^gAntisocial Behavior-Adulthood

^hAntisocial Behavior-Total

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$. All two-tailed.

the self-reported measure. The relationship between clinician rated depression and involvement in ASB also disappeared for the wives, although now the relationship between self-reported depression and involvement in ASB showed a trend towards significance.

The women also showed evidence of continuity of process in the area of ASB. Overall, however, there was less evidence of an underlying connection between the three domains of drinking problems, depression, and antisocial behavior than there was for the men.

BETWEEN MOTHERS AND FATHERS

Table 13 shows the relationships between the life problem measures across mothers and fathers. The strongest effects were seen between mother's current drinking and the father's drinking measures. There was a negative relationship between mother's current drinking and father's lifetime alcohol problems, and a positive relationship between the current level of drinking for both parents. Thus, it seems that husbands and wives tend to have similar drinking patterns (i.e., the wives of husbands who drink more tend to drink more). It also seems that a husband's having had a history of drinking problems is in some way connected to his wife drinking less. This may be related to the tendency for the marital partners in dysfunctional family systems to become "specialized," acting in polar opposite directions as a reflection of the lack of connection between them in their relationship. It may also be an artifact of the close relationship between the level of current drinking between mothers and fathers.

Husbands' and wives' reports of current depression were highly

Table 13

Relationship Between Measures of Father's and Mother's Life Problems-
Pearson R's (N=79)

	FATHERS'							
	LAPS	QFV-R	BDI	HRSD-C	HRSD-W	ASB-C	ASB-A	ASB-T
LAPS ^a	.03	.10	.14	.14	.14	.12	.11	.13
QFV-R ^b	-.45 ***	.44 ***	.01	-.14	-.28 *	-.10	-.22	-.18
M BDI ^c	.31 **	.03	.47 ***	.23 *	.24 *	.09	.11	.11
O T HRSD-C ^d	-.11	.15	.02	-.08	-.09	-.08	.09	.01
H E HRSD-W ^e	.02	.09	.22 +	-.11	.04	-.03	.03	.00
R' S ASB-C ^f	-.10	.10	.04	-.02	.00	.15	-.04	.05
ASB-A ^g	.00	.14	.06	.11	.07	.12	.11	.13
ASB-T ^h	-.07	.14	.05	.04	.04	.16	.03	.10

^aLifetime Alcohol Problems Score

^bQuantity-Frequency-Variability Index of Current Drinking

^cBeck Depression Inventory

^dHamilton Rating Scale for Depression-Current

^eHamilton Rating Scale for Depression-Worst Ever

^fAntisocial Behavior-Childhood

^gAntisocial Behavior-Adulthood

^hAntisocial Behavior-Total

+ p<.10. * p<.05. ** p<.01. *** p<.001. All two-tailed.

significantly related to each other. This suggests that whatever it is that leads someone to be aware of and report depressive symptoms seems to be something that is shared by a couple. There was also a trend towards significance between mother's self-reported depression and father's current and worst-ever rated depression, and between father's self-reported depression and mother's worst-ever rated depression. No association was found between any of the rated depression scores for the two parents. This suggests that the level of depressed mood that a couple reports may be interactive or reciprocal, or even the result of assortative mating. This connection is not seen when ratings are done by a clinician on each person individually.

There were two other correlations which reached significance. Wives reported more depression when their husbands had a higher level of lifetime alcohol problems, a relationship which again was not seen for the clinician ratings. Also, wives of husbands who were rated as more depressed in the past reported a lower level of current drinking.

RELATIONSHIPS BETWEEN PARENTING FACTORS

The relationships between the parenting factors for fathers are presented in Table 14. Disengaged Affective Parenting, Affective Underinvolvement, and Lack of Trust were significantly associated with each other. Disengaged Affective Parenting was also associated with self reports of harsh discipline practices (Harsh Scolding; Harsh Discipline). Nonprotectiveness of the child was associated with Affective Underinvolvement and Harsh Scolding. Thus reports of increased affective distance on one factor are associated with similar relative scores on other scales tapping affective involvement with the child. The data also suggest that such increased affective distance is

Table 14

Relationship Between Measures of Father's Parenting Practices--
Pearson R's (N=79)

	FPP2	FPP3	FPP4	FPP5	FPP6	FPP7	FPP8	FPP9
FPP1 ^A	-.20+	-.53***	-.56***	-.26*	-.17	.26*	.33**	.08
FPP2 ^B		.02	.24*	-.08	-.12	-.09	-.18	-.22+
FPP3 ^C			.47***	.39***	.21+	-.02	-.20+	.07
FPP4 ^D				.08	.13	-.17	-.21+	.01
FPP5 ^E					.23*	-.30**	-.06	.07
FPP6 ^F						-.29	-.04	.25*
FPP7 ^G							.18	-.05
FPP8 ^H								.14
FPP9 ^I								

^APositive vs. Disengaged Affective Parenting

^BNarcissistic vs. Child-centered Parenting

^CAffective Underinvolvement vs. Socialization to Self-pity

^DLack of Trust vs. Trust

^ENonprotectiveness vs. Overcontrol

^FGiving Child Space vs. Overapprehension/Anxious Separation

^GReluctance to Parent vs. Harsh Scolding

^HInconsistent vs. Harsh Discipline

^IIndependence Training vs. Fostering Anxiety in Child

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$. All two-tailed.

related to reports of more harsh discipline.

Table 15 shows the relationships between the parenting scales for mothers. The strongest relationship among the maternal scales was the association between the triad of Positive Affective Parenting, Child-centeredness and Encouragement of Autonomy. This provides evidence that reports of a healthy affective parent-child relationship are associated with an appreciation of the child for himself, and also with a desire to see the child explore the world and grow as a person. The connection between the affective domain and child-centeredness was not nearly as strong for fathers, and there was no evidence among fathers for a connection between the affective components of the relationship and the encouragement of autonomy or independence. Maternal reports of feelings of inadequacy were associated with Facilitating Underdevelopment of Conscience, Overprotectiveness of the child, and Rejection of Dependency in the child.

The relationships between mother's and father's factors were also examined. These results are presented in Table 16. Paternal Child-centeredness and Positive Affective Parenting were associated with maternal Child-centeredness and Encouragement of Autonomy in the child. This association demonstrates considerable similarity in the orientation towards child-centeredness between both parents, and presents a similar pattern to the affective relationship/child-centeredness/autonomy triad seen for mothers. An interesting piece which does not fit this pattern is the mother's level of Positive Affective Parenting, which is not found to be related to any of the father's parenting factors. Lending support to this conceptual connection are the relationships between maternal Child-centeredness

Table 15

Relationship Between Measures of Mother's Parenting Practices--
Pearson R's (N=79)

	MPP2	MPP3	MPP4	MPP5	MPP6	MPP7	MPP8	MPP9
MPP1 ^A	.48***	-.39***	-.09	-.02	.00	.28*	-.25*	-.22+
MPP2 ^B		-.50***	-.16	.11	-.24*	-.02	-.20+	.02
MPP3 ^C			.05	-.15	.25*	-.06	.14	-.04
MPP4 ^D				.01	.32**	.05	-.05	-.06
MPP5 ^E					.04	-.02	.20+	.19+
MPP6 ^F						-.08	.11	-.02
MPP7 ^G							-.09	-.11
MPP8 ^H								.23*
MPP9 ^I								

^APositive vs. Negative Affective Parenting

^BChild-centeredness vs. Rejection of Dependency

^COverprotectiveness vs. Encouragement of Autonomy

^DFacilitating Underdevelopment of Conscience vs. Harsh Conscience Development

^EEncouraging Competitive Achievement vs. Anxious Dependency

^FParental Guilt/Inadequacy vs. Suspicious Symbiosis

^GRomantic Child-centeredness vs. Erratic Parenting

^HTraditional Responsible Parenting vs. Haphazard Parenting

^ILack of Supervision vs. Appropriate Supervision

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$. All two-tailed.



Table 16

Relationship Between Measures of Mother's and Father's Parenting Practices--Pearson R's (N=79)

	Mother's								
	MPP1 ^a	MPP2 ^b	MPP3 ^c	MPP4 ^d	MPP5 ^e	MPP6 ^f	MPP7 ^g	MPP8 ^h	MPP9 ⁱ
FPP1 ^A	.09	.26*	-.31**	.06	-.02	-.08	.06	.19	.04
FPP2 ^B	-.04	-.30**	.27*	-.04	.06	.34**	-.08	.04	-.07
FPP3 ^C	.06	.06	.02	.01	.20+	.12	-.08	-.10	.12
FPP4 ^D	-.12	-.08	.21+	-.28*	.00	.10	-.10	-.08	.03
FPP5 ^E	.16	-.08	-.04	.00	-.01	-.12	.04	-.01	.09
FPP6 ^F	-.06	.03	-.06	-.22*	.11	-.32**	-.06	-.13	-.01
FPP7 ^G	.11	.12	-.13	.17	.03	.20+	-.14	.03	.15
FPP8 ^H	.17	.23*	-.08	-.01	-.18	-.17	-.12	.15	.13
FPP9 ^I	.16	.28*	-.24	-.05	.14	-.08	-.06	.07	.18

^APositive vs. Disengaged Affective Parenting

^BNarcissistic vs. Child-centered Parenting

^CAffective Underinvolvement vs. Socialization to Self-pity

^DLack of Trust vs. Trust

^ENonprotectiveness vs. Overcontrol

^FGiving Child Space vs. Overapprehension/Anxious Separation

^GReluctance to Parent vs. Harsh Scolding

^HInconsistent vs. Harsh Discipline

^IIndependence Training vs. Fostering Anxiety in Child

^aPositive vs. Negative Affective Parenting

^bChild-centeredness vs. Rejection of Dependency

^cOverprotectiveness vs. Encouragement of Autonomy

^dFacilitating Underdevelopment of Conscience vs. Harsh Conscience Development

^eEncouraging Competitive Achievement vs. Anxious Dependency

^fParental Guilt/Inadequacy vs. Suspicious Symbiosis

^gRomantic Child-centeredness vs. Erratic Parenting

^hTraditional Responsible Parenting vs. Haphazard Parenting

ⁱLack of Supervision vs. Appropriate Supervision

+ $p < .10$. * $p < .05$. ** $p < .01$. All two-tailed.

and both paternal Independence Training and lower levels of Harsh paternal Discipline, and the association between maternal Encouragement of Autonomy and paternal Independence Training. Maternal feelings of inadequacy were associated with lower levels of paternal Child-centeredness, paralleling the result seen for maternal Child-centeredness. In another area where there are relationships, across parents, for factors which are similar in content, paternal Overapprehension was associated with maternal Feelings of Inadequacy and the Facilitation of Underdevelopment of Conscience by the mother. Taken together, these findings indicate that there is considerable complementarity and parallelism of parenting domains across parents, although there is a higher rate of significant intercorrelations within sex than across sex.

The relationships between the index of parental agreement and each of the parenting factors are shown in Table 17. A striking finding here is that the fathers' factors, overall, are much more connected to the degree of parental concordance than are the mothers' factors. It may be that there are certain of the fathers' factors for which an attitude change in a given direction tends to put the father more in agreement with the mother, or more dynamically, that discussion and communication between the partners about parenting tends to lead the father into more agreement with the mother. This effect is not symmetric, though, because the same effect is not seen for mothers, suggesting that the fathers' attitudes about child-rearing may be more plastic.

These data also show that parental concordance is a pervasive element in parenting content, relating among fathers to positivity of

Table 17

Relationships Between Index of Parental Agreement on Child-rearing and Individual Parent Child-rearing Factors--Pearson R's (N=79)

Fathers

1. Positive vs. Disengaged Affective Parenting	.75 ***
2. Narcissistic vs. Child-centered Parenting	.08
3. Affective Underinvolvement vs. Socialization to Self-pity	-.65 ***
4. Lack of Trust vs. Trust	-.45 ***
5. Nonprotectiveness vs. Overcontrol	-.31 *
6. Giving Child Space vs. Overapprehension/ Anxious Separation	-.32 **
7. Reluctance to Parent vs. Harsh Scolding	.16
8. Gentle vs. Harsh Discipline	.34 **
9. Independence Training vs. Fostering Anxiety in Child	-.06

Mothers

1. Positive vs. Negative Affective Parenting	.42 ***
2. Child-centeredness vs. Rejection of Dependency	.21 +
3. Overprotectiveness vs. Encouragement of Autonomy	-.24
4. Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development	-.01
5. Encouraging Competitive Achievement vs. Anxious Dependency	-.17
6. Parental Guilt/Inadequacy vs. Suspicious Symbiosis	-.02
7. Romantic Child-centeredness vs. Erratic Parenting	.24 +
8. Traditional Responsible Parenting vs. Haphazard Parenting	.01
9. Lack of Supervision vs. Appropriate Supervision	-.08

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$. All two-tailed.

parenting and trust of the child, but also to socialization to self-pity, overcontrol, overapprehensiveness in parenting, and inconsistent discipline. That is, it is related to what one would generally regard as highly affectionate parenting styles, but also to greater enmeshment with the child, as the opposite poles of these scales deal with issues about independence and disengagement. Among mothers, parental agreement is related primarily to the more affective spheres of positive affective parenting and child-centeredness. Thus, when the parents are in more agreement about child-rearing, both the mother and the father tend to report being closer to the child, and for the father this may extend to the level of enmeshment.

PARENT LIFE PROBLEMS AND PARENTING PRACTICES

PARENTING PRACTICES OF FATHERS

Table 18 shows the relationships between the father's life problem measures and their reported parenting practices, with father's estimated verbal IQ and the family's SES and income partialled out. There was a highly significant relationship between the level of self-reported depression and the level of disengaged affective parenting. There was also a trend towards significance in the relationship between this parenting variable and both level of current drinking and history of drinking problems.

Father's clinician rated worst-ever depression was significantly positively related to the degree of child-centered (as opposed to narcissistic) parenting, which was in the opposite direction than was hypothesized.

It was hypothesized that effects would be seen in the reported level of trust of the child. The only possible effect here was a

Table 18

Relationship Between Measures of Father's Life Problems and Father's Reported Parenting Practices--Partial Correlations Controlling for Father's Verbal IQ, Family SES, and Family Income (N=79)

	LAPS ^a	QFV-R ^b	BDI ^c	HRSD-C ^d	HRSD-W ^e	ASB-C ^f	ASB-A ^g	ASB-T ^h
FPP1 ^a	-.21+	-.21+	-.43***	-.02	-.01	-.01	.02	.02
FPP2 ^b	-.20	.03	-.09	-.13	-.33**	-.12	-.13	-.13
FPP3 ^c	.22+	.08	.16	.02	-.02	.15	-.01	.07
FPP4 ^d	.13	.19	.23+	.09	.07	.15	.16	.16
FPP5 ^e	.06	-.06	.15	.15	.26*	.05	-.09	-.03
FPP6 ^f	.12	.08	.16	.12	.19	.01	-.02	.00
FPP7 ^g	.15	-.22+	-.05	.03	-.06	-.13	-.01	-.07
FPP8 ^h	.25*	-.13	.12	.19	-.18	.24*	.24+	.26*
FPP9 ⁱ	.10	.01	.04	.01	.09	.27*	.21+	.26*

^aLifetime Alcohol Problems Score

^bQuantity-Frequency-Variability Index of Current Drinking

^cBeck Depression Inventory

^dHamilton Rating Scale for Depression-Current

^eHamilton Rating Scale for Depression-Worst Ever

^fAntisocial Behavior-Childhood

^gAntisocial Behavior-Adulthood

^hAntisocial Behavior-Total

ⁱPositive vs. Disengaged Affective Parenting

^jNarcissistic vs. Child-centered Parenting

^kAffective Underinvolvement vs. Socialization to Self-pity

^lLack of Trust vs. Trust

^mNonprotectiveness vs. Overcontrol

ⁿGiving Child Space vs. Overapprehension/Anxious Separation

^oReluctance to Parent vs. Harsh Scolding

^pInconsistent vs. Harsh Discipline

^qIndependence Training vs. Fostering Anxiety in Child

+ p<.10. * p<.05. ** p<.01. *** p<.001. All two-tailed.

non-significant trend in the correlation with self-reported depression, with higher levels of depression associated with less reported trust in the child.

There was also little support for the hypothesis that differences would be seen on the scale which taps affective underinvolvement. The level of lifetime alcohol problems shows a positive trend towards significance, but there is no effect for the other life problem measures.

There is a significant and positive relationship between the reported level of encouraging independence (as opposed to developmentally appropriate autonomy) in the child and the father's involvement in antisocial behavior in childhood. There was also a non-significant trend relating encouraging autonomy in the child to ASB involvement in adulthood.

Parental inconsistency in discipline was related positively to the extent of drinking history and to involvement in antisocial behavior, especially in childhood. This suggests that in this range of child age, it is inconsistency in discipline, rather than harshness of discipline (the other pole of the factor) which sets those fathers apart who have a greater history of antisocial behavior. Reported harsh verbalness (scolding) showed only a positive but non-significant trend in its correlation with the level of current drinking.

Among the CRPR relationships not included in the hypotheses, clinician rated worst-ever depression was significantly related to nonprotectiveness towards the child. No other significant effects were found.

Table 19 shows the relationships between mother's life problems and

Table 19

Relationship Between Measures of Mother's Life Problems and Father's Reported Parenting Practices--Partial Correlations Controlling for Father's Verbal IQ, Family SES, and Family Income (N=79)

	LAPS ^a	QFV-R ^b	BDI ^c	HRSD-C ^d	HRSD-W ^e	ASB-C ^f	ASB-A ^g	ASB-T ^h
FPP1 ^a	.09	.00	-.16	.06	-.05	.14	-.08	.06
FPP2 ^b	-.08	.02	-.14	-.09	-.20	.03	-.25*	-.11
FPP3 ^c	-.10	-.05	-.03	-.15	.01	-.16	.00	-.10
FPP4 ^d	.11	-.11	.09	.05	.08	-.06	.01	-.04
FPP5 ^e	-.15	-.01	.00	-.03	-.18	-.19	-.03	-.14
FPP6 ^f	-.11	-.06	.10	-.04	-.19	-.11	.00	-.07
FPP7 ^g	.03	-.17	.05	-.18	.12	.14	-.01	.09
FPP8 ^h	.14	.16	.13	-.08	-.04	.04	-.01	.02
FPP9 ⁱ	.02	-.01	.03	-.15	-.09	-.11	-.09	-.12

^aLifetime Alcohol Problems Score

^bQuantity-Frequency-Variability Index of Current Drinking

^cBeck Depression Inventory

^dHamilton Rating Scale for Depression-Current

^eHamilton Rating Scale for Depression-Worst Ever

^fAntisocial Behavior-Childhood

^gAntisocial Behavior-Adulthood

^hAntisocial Behavior-Total

^aPositive vs. Disengaged Affective Parenting

^bNarcissistic vs. Child-centered Parenting

^cAffective Underinvolvement vs. Socialization to Self-pity

^dLack of Trust vs. Trust

^eNonprotectiveness vs. Overcontrol

^fGiving Child Space vs. Overapprehension/Anxious Separation

^gReluctance to Parent vs. Harsh Scolding

^hInconsistent vs. Harsh Discipline

ⁱIndependence Training vs. Fostering Anxiety in Child

* $p < .05$, two-tailed

father's reported parenting practices. There was no evidence of any relationship between these two areas. Only one of the correlations reached statistical significance, well below the frequency to be expected by chance alone.

PARENTING PRACTICES OF MOTHERS

Table 20 presents the relationships between mother's life problems and mother's reported parenting practices after controlling for mother's verbal IQ and family income and SES. As hypothesized, there is a positive relationship between the mother's level of negative affective parenting and their self-reported depression and involvement in ASB in adulthood.

There was no support for the hypothesis that the level of life problems would be related to rejection of dependency in the child (as opposed to child centeredness). In fact, the only relationship which showed a trend towards significance was in the other direction, namely that the mother's childhood involvement in ASB tended to be associated with more reported child centeredness.

With respect to the hypotheses concerning inconsistency in parenting, the reported level of maternal supervision was negatively related to the level of self-reported current depression. This suggests that the mothers who have a more depressed mood report paying less attention to the activities of their children, either because they do not feel this to be as important as the other mothers or simply because they do not have the energy to follow through with monitoring their child's whereabouts.

Among the maternal scales about which no direct hypotheses were made, the strongest finding was that the mother's level of involvement

Table 20

Relationship Between Measures of Mother's Life Problems and Mother's Reported Parenting Practices--Partial Correlations Controlling for Mother's Verbal IQ, Family SES, and Family Income (N=79)

	LAPS ^a	QFV-R ^b	BDI ^c	HRSD-C ^d	HRSD-W ^e	ASB-C ^f	ASB-A ^g	ASB-T ^h
MPP1 ^a	.00	-.10	-.35**	-.06	.00	-.19	-.28*	-.26*
MPP2 ^b	.13	.15	-.05	.13	.19	.21+	.01	.14
MPP3 ^c	.14	.15	.10	.01	-.09	.05	-.09	-.02
MPP4 ^d	-.27*	.04	-.04	-.08	.02	-.23+	-.06	-.18
MPP5 ^e	.05	.08	.08	-.19	-.03	.18	.42***	.32**
MPP6 ^f	.10	-.16	.20+	-.17	.17	.13	-.09	.04
MPP7 ^g	-.09	-.14	-.23+	.20	.11	-.04	-.13	-.09
MPP8 ^h	.02	.22+	.04	.05	.02	.08	.10	.10
MPP9 ⁱ	.12	.12	.24*	-.13	-.20	.11	.09	.12

^aLifetime Alcohol Problems Score

^bQuantity-Frequency-Variability Index of Current Drinking

^cBeck Depression Inventory

^dHamilton Rating Scale for Depression-Current

^eHamilton Rating Scale for Depression-Worst Ever

^fAntisocial Behavior-Childhood

^gAntisocial Behavior-Adulthood

^hAntisocial Behavior-Total

ⁱPositive vs. Negative Affective Parenting

^jChild-centeredness vs. Rejection of Dependency

^kOverprotectiveness vs. Encouragement of Autonomy

^lFacilitating Underdevelopment of Conscience vs. Harsh Conscience Development

^mEncouraging Competitive Achievement vs. Anxious Dependency

ⁿParental Guilt/Inadequacy vs. Suspicious Symbiosis

^oRomantic Child-centeredness vs. Erratic Parenting

^pTraditional Responsible Parenting vs. Haphazard Parenting

^qLack of Supervision vs. Appropriate Supervision

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$. All two-tailed.

in antisocial behavior in adulthood was highly significantly related to encouraging competitive achievement in the child.

Only one other relationship was significant. The mother's level of lifetime drinking problems was positively related to her encouragement of harsh conscience development in the child.

The relationships between the father's life problem measures and the mother's reported parenting practices are shown in Table 21. Again, mother's verbal IQ and family SES and income have been controlled for. The most striking finding is that the majority of the mother's parenting items show a trend towards significance or are significantly related to the clinician's rating of the father's current depression. That is, the mother's facilitation of harsh conscience development and her involvement in inconsistent parenting are both significantly related to high levels of paternal depression.

Significant relationships are also seen for the clinician's rating of father's worst-ever depression, which is related to the mother's rejection of child dependency (as opposed to child centeredness) and encouragement of anxious dependency in the child (as opposed to encouraging competitive achievement).

Two other significant relationships are seen. Maternal negative affective parenting is positively related to the father's level of current drinking, and the mother's use of traditional, responsible parenting is negatively related to the father's history of drinking problems.

Care must be taken in interpreting these results, however, due to the lack of formal hypotheses about these system-level interactions. However, the number of significant results exceeds the number that

Table 21

Relationship Between Measures of Father's Life Problems and Mother's Reported Parenting Practices--Partial Correlations Controlling for Mother's Verbal IQ, Family SES, and Family Income (N=79)

	LAPS ^a	QFV-R ^b	BDI ^c	HRSD-C ^d	HRSD-W ^e	ASB-C ^f	ASB-A ^g	ASB-T ^h
MPP1 ^a	.07	-.31*	-.08	-.20	.02	.15	.05	.11
MPP2 ^b	-.06	.10	-.11	-.22+	-.24*	.00	-.18	-.10
MPP3 ^c	-.02	.08	.17	-.11	-.18	-.11	-.14	-.13
MPP4 ^d	-.06	-.17	-.16	-.27*	-.14	-.02	-.03	-.03
MPP5 ^e	-.10	.08	-.02	-.20+	-.29*	-.06	-.18	-.13
MPP6 ^f	-.01	-.03	.01	-.22+	-.13	.16	-.06	.05
MPP7 ^g	-.05	-.15	-.11	-.28*	-.14	.10	.10	.11
MPP8 ^h	-.25*	.14	.07	-.07	-.22+	.14	.00	.07
MPP9 ⁱ	-.08	.16	.10	.17	-.09	.01	-.01	-.01

^aLifetime Alcohol Problems Score

^bQuantity-Frequency-Variability Index of Current Drinking

^cBeck Depression Inventory

^dHamilton Rating Scale for Depression-Current

^eHamilton Rating Scale for Depression-Worst Ever

^fAntisocial Behavior-Childhood

^gAntisocial Behavior-Adulthood

^hAntisocial Behavior-Total

^aPositive vs. Negative Affective Parenting

^bChild-centeredness vs. Rejection of Dependency

^cOverprotectiveness vs. Encouragement of Autonomy

^dFacilitating Underdevelopment of Conscience vs. Harsh Conscience Development

^eEncouraging Competitive Achievement vs. Anxious Dependency

^fParental Guilt/Inadequacy vs. Suspicious Symbiosis

^gRomantic Child-centeredness vs. Erratic Parenting

^hTraditional Responsible Parenting vs. Haphazard Parenting

ⁱLack of Supervision vs. Appropriate Supervision

+ $p < .10$. * $p < .05$. All two-tailed.

would be expected purely by chance, and the results make sense conceptually in the framework of the hypotheses. It is fairly clear that there are effects due to the level of paternal depression as rated by the clinician because of the pattern of effects which is observed. Once again, however, we see no correspondence between the effects of clinician-rated and self-reported depression.

INTERPARENT AGREEMENT ON CHILD-REARING

The relationships between the measures of parental life problems and the index of parental agreement on child-rearing are presented in Table 22. Significant negative relationships were seen to self-reported depression for both mothers and fathers, i.e., higher parental depression was associated with more disparate views on child-rearing. The association between parental agreement and mother's involvement in ASB in adulthood also showed a trend towards significance.

SUMMARY

To facilitate the review of these results, Table 23 contains a listing of all of the statistically significant associations found between parenting practices and the other life areas examined. The order of presentation follows the sequence used throughout this section.



Table 22

Relationships Between the Index of Parental Agreement on Child-rearing and the Measures of Parent Life Problems--Partial Correlations controlling for Mother's and Father's Verbal IQs, Family SES and Family Income (N=79)

Mothers

Lifetime Alcohol Problems Score	.07
Quantity-Frequency-Variability (Current Drinking)	-.04
Beck Depression Inventory	-.27 *
Hamilton Rating Scale for Depression-Current	.13
Hamilton Rating Scale for Depression-Worst Ever	.09
Antisocial Behavior-Childhood	.13
Antisocial Behavior-Adulthood	-.21 +
Antisocial Behavior-Total	-.02

Fathers

Lifetime Alcohol Problems Score	-.16
Quantity-Frequency-Variability (Current Drinking)	-.17
Beck Depression Inventory	-.33 **
Hamilton Rating Scale for Depression-Current	-.10
Hamilton Rating Scale for Depression-Worst Ever	-.03
Antisocial Behavior-Childhood	.05
Antisocial Behavior-Adulthood	.05
Antisocial Behavior-Total	.06

+ $p < .10$. * $p < .05$. ** $p < .01$. All two-tailed.

Table 23

Summary of Significant Associations to Child-rearing Practices (CRPs)a) Demographic Variables and Paternal CRPs--Pearson R's (N=79)

Demographic Variable	Paternal Parenting Variables	r
Family SES	Positive Affective Parenting	.38 **
	Child-centeredness	.37 **
	Independence Training	.25 *
Family Income	Child-centeredness	.41 ***
	Less Harsh Verbalness	.24 *
	Independence Training	.23 *
Father Age	Less Harsh Discipline	.30 **
Father Education	Positive Affective Parenting	.29 **
	Child-centeredness	.26 *
	Giving Child Space	.27 *
Father Verbal IQ	Positive Affective Parenting	.39 **
	Child-centeredness	.34 **
	Giving Child Space	.34 **
	Less Harsh Discipline	.35 **
	Independence Training	.27 *
Father Performance IQ	Positive Affective Parenting	.25 *
	Child-centeredness	.30 **
	Giving Child Space	.26 *
	Independence Training	.29 *
Mother Age	Positive Affective Parenting	.25 *
	Child-centeredness	.33**
	Less Harsh Discipline	.24 *
Mother Education	Positive Affective Parenting	.27 *
	Child-centeredness	.26 *
	Giving Child Space	.26 *
	Independence Training	.22 *
Mother Verbal IQ	Positive Affective Parenting	.28 *
	Child-centeredness	.41 ***
	Giving Child Space	.23 *
	Less Harsh Discipline	.28 *
	Independence Training	.31 **
Mother Performance IQ	Positive Affective Parenting	.35 **
	Less Harsh Discipline	.34 **

* p<.05. ** p<.01. *** p<.001. All two-tailed.



Table 23 (cont'd)

b) Demographic Variables and Maternal CRPs--Pearson R's (N=79)

Demographic Variable	Maternal Parenting Variables	r
Family SES	Child-centeredness	.43 ***
Family Income	Child-centeredness	.39 ***
	Encouraging Autonomy	.23 *
	Less Maternal Inadequacy	.23 *
	Less Supervision	.24 *
Mother Age	Child-centeredness	.34 **
Mother Education	Child-centeredness	.40 ***
	Less Maternal Inadequacy	.30 **
Mother Verbal IQ	Child-centeredness	.65 ***
	Encouraging Autonomy	.48 ***
	Less Maternal Inadequacy	.36 **
Mother Performance IQ	Positive Affective Parenting	.28 *
	Child-centeredness	.46 ***
	Encouraging Autonomy	.32 **
Father Education	Child-centeredness	.38 **
	Encouraging Autonomy	.37 **
	Less Maternal Inadequacy	.25 *
Father Verbal IQ	Child-centeredness	.41 ***
	Less Maternal Inadequacy	.31 **
	Less Supervision	.25 *
Father Performance IQ	Child-centeredness	.30 **
	Encouraging Autonomy	.27 *

* $p < .05$. ** $p < .01$. *** $p < .001$. All two-tailed.

Table 23 (cont'd)

c) Paternal Life Problems and Paternal CRPs--Partial Correlations
Controlling Father's Verbal IQ and Family SES and Income (N=79)

Paternal Life Problem	Paternal Parenting Variable	r
Drinking Problem History	Inconsistent Discipline	.25 *
Self-reported Depression	Disengaged Affective Parenting	.43 ***
Rated Worst-ever Depression*	Child-centeredness	.33 **
	Less Overcontrol	.26 *
ASB Involvement	Inconsistent Discipline	.26 *
	Independence Training	.26 *

d) Maternal Life Problems and Maternal CRPs--Partial Correlations
Controlling Mother's Verbal IQ and Family SES and Income (N=79)

Maternal Life Problem	Maternal Parenting Variable	r
Drinking Problem History	Harsh Conscience Development	.27 *
Self-reported Depression	Negative Affective Parenting	.35 **
	Lack of Supervision	.24 *
ASB Involvement	Negative Affective Parenting	.26 *
	Encouraging Competetive Achievement	.32 **

*Clinician rated

* $p < .05$. ** $p < .01$. *** $p < .001$. All two-tailed.

Table 23 (cont'd)

e) Paternal Life Problems and Maternal CRPs--Partial Correlations
Controlling Mother's Verbal IQ and Family SES and Income (N=79)

Paternal Life Problem	Maternal Parenting Variable	r
Drinking Problem History	Haphazard Parenting	.25 *
Current Drinking	Negative Affective Parenting	.31 *
Rated Current Depression*	Harsh Conscience Development	.27 *
	Less Romantic	.28 *
	Child-centeredness	
Rated Worst-ever Depression*	Less Child-centeredness	.24 *
	Encouraging Anxious Dependency	.29 *

f) Parental Life Problems Associated with Interparent Agreement on
Child-rearing--Partial Correlations Controlling Mother's and Father's
Verbal IQ and Family SES and Income (N=79)

Parental Life Problem Measure	r
Maternal Self-reported Depression	-.27 *
Paternal Self-reported Depression	-.33 **

*Clinician rated

* $p < .05$. ** $p < .01$. All two-tailed.

CHAPTER IV

DISCUSSION

METHODOLOGICAL CONSIDERATIONS

The study reported here is unique in a number of ways. Most obvious is the developmental age of the families being considered, all of whom have children between the ages of three and six. This provides us a view of the parent-child relationships in alcoholic families at a much earlier stage than has been possible before. In addition, the relatively narrow window selected for child age minimizes the developmental variability that will be observed across the sample.

The sample is also as close as possible to a population sample of the convicted drunk drivers with a child in the appropriate age range over a tri-county area. These fathers are typically not-yet-in-treatment for alcoholism or related disorders, which makes this sample more representative of the population of alcoholic fathers than samples drawn from those seeking treatment. The sample is not a "clean" or "laundered" alcoholic sample; that is, it is not chosen such that the father qualifies for no other psychiatric diagnosis nor such that the mother receives no psychiatric diagnosis at all. In this sense, the effects of alcoholism are seen as they naturally occur--in the context of multiple family problems, making this sample far more representative of alcoholic families as a whole.

A further advantage has been the development of scales for the Child-rearing Practices Report (CRPR) based on this sample. Most research utilizing this instrument has made use of the original factor analysis based scales, despite Block's (1980) admonition that the factor structure found in one population should not be assumed to be

similar to that in another population. Indeed, the factors derived were quite different than the ones which have been commonly used and better sampled the parenting domains hypothesized to be important in this population. The construction of separate scales for men and women is also an advance, and the scales produced provide strong evidence, as we might expect, that the salient domains in child-rearing differ as a function of sex of parent.

It should be kept in mind that there are no non-alcoholic comparison families included in this sample. As noted above, this exclusion is due to the small number of project comparison families available at this time, and further work with this data set will include controls. However, it should also be noted that the relationship between parental life problems and child-rearing may be different between alcoholic and nonalcoholic families, and thus the questions addressed within this study would still be important in and of themselves even if controls were available.

The cross sectional nature of this investigation prevents us from establishing the directionality of the relationships discovered. While the existing literature contains a strong assumption that parental psychopathology precedes and causes the correlated problems in the parent-child relationship, longitudinal research is necessary to prove this. So while the discussion here will assume that the primary direction of effect is from parental life problems to parenting practices, it is also quite possible that there are effects in the other direction, that is, that elements of the parent-child relationship affect the life problems experienced or reported by the parents. It is also possible that there are additional domains which

may influence both life problems and parenting. An example of this is the life situation and demographic variables. These have been controlled in this study, but there may be other areas which we are unaware of at this time.

With the exception of the Hamilton Rating Scale for Depression (HRSD), all of the measures used in this study are self-report, and this is an area which needs further attention. Most importantly, any findings with regard to parenting practices should be compared to direct observational measures of parenting behavior. This is important because the relationship between reported and observed parenting practices has not been established. There is some observational evidence for the validity of the CRPR (Block, 1980), but considerably more work needs to be done. The research protocol of the project from which this data is drawn does include videotaped parent child dyadic interactions in a playroom, so it will be possible to compare what the parents say they do to what they are observed doing, at least within the context of this structured interaction task.

Some preliminary, small sample (N=30) work examining the associations between parental psychopathology and parent-child interactions in a playroom has already been done using a subset of the families from this data set (Ojala, 1988). The results showed that the father's heavier drinking history was associated with a greater rate of antisocial (i.e., aversive) communications from father to child and from child to father and a greater tendency for the father to follow aversive behavior by the child with aversive behavior of his own (consistent with an assumption of coercive family process (Patterson, 1982)). Self-reported depression was associated with increased

antisocial communication from parent to child for both parents. These findings are generally consistent with the present study, and lend additional credence to it. Nonetheless, more work needs to be done in this area to better understand the determinants of interaction in a more fine-grained way and to determine what the relationship is to the parent's internal cognitive model of parenting.

While the intermediate factor of the actual parent-child interactions is important to pursue, the question of how parents' own conceptualizations of their child-rearing are related to other aspects of their lives remains an issue worthy of consideration in its own right. There are domains of parenting which are not directly observable. In fact, of the four domains of socialization about which the CRPR provides information (as identified by Susman et al., 1985), two are related to parental attitudes and values, viz. the ideals and goals of the parent with respect to the child's ambitions, aspirations, and accomplishments in life; and the parent's values regarding the development of the child's autonomy, independence, and emergence of self.

Conceptually, the present investigation can be thought of as a portion of the heuristic model presented in Figure 1. This study has examined the links between parent functioning and child-rearing attitudes. The pieces that are missing are the actual interactions between parent and child and the marital relationship, although the marital relationship has been assumed to be the primary mechanism through which cross parent effects are created (e.g., how paternal depression comes to be associated with the mother-son relationship). The marital relationship could also be contributing to both of these



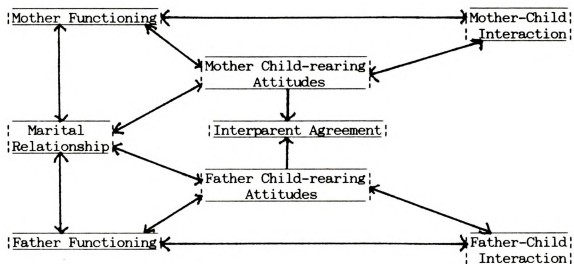


Figure 1

A Heuristic Model of the Relationship Between Individual Parent Functioning and Parenting Attitudes and Practices

effects; that is, a deficient marital relationship could lead to both individual parental dysfunction and problems in the parent-child relationship. The piece that is completely missing has been the actual interactions between the parents and children, and how they are related to both the parents' levels of functioning and the parents' attitudes and values about socialization. Further work should address these relationships to complete the picture.

The findings of this study cannot be assumed to be generalizable beyond the bounds of this population of young alcoholic families with boys between three and six. There is good reason to suspect that there are qualitative differences in the socialization of boys versus that of girls, in both a normative sense (Vaughn et al., 1988) and in the development of problem behaviors (Zucker, 1979). There is also evidence of qualitative differences between alcoholic and nonalcoholic families. We also do not yet adequately understand how the pattern of parent-child relationships unfolds in alcoholic families, and whether the findings here will apply to alcoholic families at later developmental periods.

LIFE PROBLEMS

The fathers' levels of psychopathology in this sample were more closely linked to family life circumstances than were the mothers', despite the fact that the fathers (but not the mothers) had all been selected for a given life problem (alcoholism). This might lead us to believe that the range of psychopathological variables would be more restricted among the fathers and therefore would be less strongly related to outside variables than would be the case for mothers; this was not so. In particular, the father's level of lifetime drinking

problems, self-rated current depression, and involvement in antisocial behavior were negatively related to his level of education and the family's income. Lower family social prestige was related to more antisocial involvement and there were no effects of father's IQ. The older fathers reported significantly less involvement in ASB in childhood, which may indicate that there are recall problems over time which tend to involve forgetting rather than exaggeration.

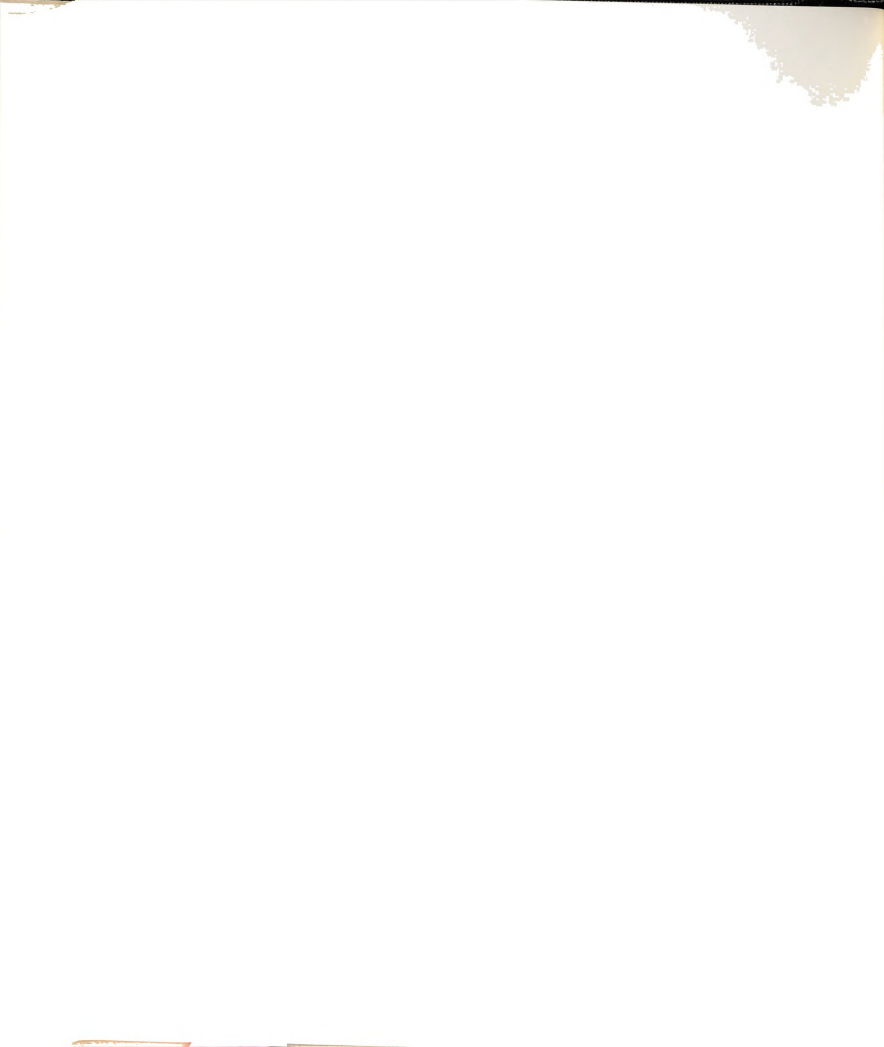
Those mothers who attained a lower level of education tended to report more involvement in ASB while growing up, which is not at all surprising and probably reflects an interaction between the two areas. Those in families with higher social prestige also tended to report less ASB involvement overall.

It seems then that the broad environmental influences captured by the sociodemographic variables have a much larger connection to the life problems experienced by the men than by the women. This may be because the women are reacting to different things in experiencing life problems, or reacting to them differently and in ways not picked up on in this study. It is also likely that at this family stage, there is less variability among the mothers because of their increased responsibility for the children. Thus the demands of the maternal role may be a more powerful force than the broader environmental influences at this point in their lives. This is likely to change as the children get older and demand less direct care and attention.

An examination of the interrelationships between the measures of life problems provides interesting information about continuity within domains and contiguity across domains. The most striking finding is that a higher level of lifetime drinking problems was associated with a

lower level of current drinking among the fathers. This is in conflict with the continuity that is presumed to exist in alcoholism, and raises questions about the stability of the level of current drinking in these men who are primarily young adults. Our contact with these families has shown us that there are a good number of fathers who have quit drinking, or sharply curtailed their drinking, because of a particular critical incident in their lives that made them pay attention to life problems they were experiencing that were related to drinking. For some of them, it was simply the public act of being arrested for DWI, which, of course, was also the event that put our project in touch with them. For others it was more family related, as with one father who had a DWI accident while his son was in the car. While it seems likely that these critical incidents are idiosyncratic, it stands to reason that the more drinking problems you have had, the more likely you are to have encountered a situation which will get your attention. It remains to be seen how many of these men will continue to abstain as that event fades into the past. It is also possible that the men who have experienced more drinking-related trouble have more incentive to deny or disguise their level of drinking for any of various social, legal, or personal reasons, although the validity data for the Lifetime Alcohol Problem Score (Zucker, 1988) suggests that this is probably not the case.

Research by Donovan, Jessor, and Jessor (1983) indicates that there is considerable discontinuity between problem drinking in adolescence and the development of alcoholism later in life; some of the inflated LAPS scores may be related to this. In fact, despite a BAL which provides presumptive evidence of tolerance, some of the fathers in our



sample may still be in a sort of post-adolescent "problem drinking" stage, and may not be on a developmental path which is leading them towards adult alcoholism (this would be the Developmentally Limited Alcoholism described by Zucker (1987)). Longitudinal investigation is required to see if this is the case.

For women, no connection at all is observed between the history of drinking-related problems and the level of current drinking. However, level of current drinking is related to involvement in ASB in adulthood, and those with more lifetime drinking problems have a much higher level of antisocial behavior as adults, and, especially, as children.

There is strong evidence, provided by both men and women, for the continuity of ASB from childhood to adulthood, and for the continuity of depression from past experience to the current situation. It should be pointed out, however, that the current and worst-ever HRSD scores are not strictly independent since the current score sets the minimum score that can be obtained for worst ever depression. Despite this, the magnitude of the correlation does suggest considerable continuity.

Overall, there was strong support for viewing problem drinking, antisocial behavior, and depression as a constellation of often interconnected characteristics. This was supported for both men and women, but the strength of these associations was stronger among the men. We can look at this issue in a more systemic way by examining the relationships between mothers' and fathers' life problem measures. Mother's current drinking level tends to be lower when the father has a more extensive history of drinking problems, which is the same association that was found between the father's drinking history and

his own current drinking. Some women have likely joined their husband in stopping drinking. Indeed, the level of current drinking is highly correlated across parents ($r=.44$, $p<.001$). Other wives have probably stopped drinking or continued to refrain from drinking in order to set an example for how they wish their husbands would behave. A more systemic explanation is also possible, namely that within the context of these multiproblem families, the parents have become "specialized," and locked into opposing behavioral patterns. Thus, in those families where the fathers have encountered significant problems related to drinking, that may become seen as his role. The wife then must establish a different coping pattern. Drawing on Palazzoli and colleagues (Palazzoli, Cecchin, Prata, & Boscolo, 1978) and Sullivan (1953), Baxter-Hagaman (1986) has explained this process thus:

When a family system is stressed, strategies (rules) of adaptation used previously to preserve system balance may become exaggerated and incline the system toward imbalance (e.g., if drinking in the past has stabilized family interactions, a new stressor may precipitate increased drinking, but the increased drinking may in itself exacerbate family stress by creating additional stressors such as involvement with the law). Family interaction patterns may become increasingly rigid in the service of homeostasis (stability) rather than change. (p. 28)

In addition to the level of current drinking, the self-reported level of depression also shows a positive association across parents, while the rated depression levels do not. For mothers, higher levels of self-reported depression are also related to a more extensive

drinking history and a higher level of clinician rated depression for their husbands. This suggests that the mothers' feelings of depression are more closely tied to their spouse's overall level of functioning than is true for fathers. This is consistent with Belsky's (1981, 1984) contention that the marital relationship is a primary support system for mothers.

PARENTING PRACTICES

RELATIONSHIPS TO LIFE CIRCUMSTANCES

Higher levels of family income, parent education, estimated parental verbal intelligence, and, to a lesser extent, family social prestige were found to be associated with more child-centered parenting, more positive affective parenting, and more encouragement of independence and autonomy among both parents. The exception to this pattern was for mother's positive affective parenting, where no significant relationship was noted. However, the correlation even on this pairing was in the predicted direction, so this may simply be a case of Type II error.

It appears then, that there is a spectrum of life circumstances, associated with a lack of personal opportunity and achievement and also with less potential adaptive capacity (IQ), that are associated with a more affectively negative child-rearing environment, and with less encouragement of growth experiences for the child. This is true for both fathers and mothers, although the relationships among mothers are slightly less definitive.

FATHERS' PARENTING PRACTICES

Turning to the fathers' parenting practices and how they are affected by parent life problems, we find that disengaged affective



parenting (as opposed to positive affective parenting) for fathers is associated with higher levels of self-reported depression and, to a lesser extent, with a higher level of current drinking and a more extensive history of alcohol related problems. This is consistent with the hypotheses and suggests that a higher degree of self-involvement over matters of trouble leads to (or at least is connected with) increased psychological distance from the child. This is likely to be interactive, as problems with the father-child relationship may give the father additional reason to feel like a failure in life. This may lead him to be more depressed or to more actively pursue escape through alcohol. It is unclear whether such reciprocal effects would be established yet in as young a sample as this one.

In contrast, the fathers who have been more severely depressed in their lives also report a higher level of child-centeredness and less overcontrol of the child's behavior. This is in keeping with the Susman et al. (1985) finding that mothers with past depression were more oriented toward letting their children take chances and try new things as they grow up. However, no effects were found for the scales tapping encouragement of autonomy more directly. Given that there are no effects in the opposite (disconfirming) direction, we may tentatively suggest that when a parent has been depressed earlier in life, it is probably not a risk factor for disturbance in the later parent-child relationship, and it may even lead to a capacity for greater closeness to the child.

Greater antisocial involvement of the father was associated with more independence training. We can infer from this that these fathers also want less contact with their sons, since they are expressing a

desire to have their sons take care of themselves at an age when this is largely developmentally inappropriate. In fact, the highest loading item on this scale is "I like to have some time for myself, away from my child." Therefore, this suggests an association between ASB involvement and independence/separation of father and child.

As hypothesized, a higher level of involvement in ASB was associated with inconsistency in discipline, rather than with harsh discipline. It seems then that within this range of child ages, "harsh" discipline may be seen as relatively normative, and that the real measure of trouble with the parent-child relationship is the level of inconsistency in disciplining (and presumably monitoring as well). This association may change over time as increasing levels of child freedom become developmentally appropriate and as the father-child relationships in the more troubled families become increasingly and consistently aversive. The lack of concern with developmental issues in much of the early work makes it impossible to sort out the relative child ages at which increased parental inconsistency and increased parental harshness have been observed.

This combination of parenting factors associated with ASB, namely distancing oneself from the child and tending to be inconsistent in discipline, suggest that there is a tendency towards child neglect which is associated with, and parallels, the father's acting out behavior in other domains of his life. Compounding this is the fact that an increased level of ASB leads to a presumption that the father spends more time away from home, and hence away from the child, while this is not necessarily the case for problems encompassing either drinking or depression.



MOTHERS' PARENTING PRACTICES

For mothers, higher levels of self-reported current depression and antisocial involvement, especially in adulthood, were associated with more negative affective parenting. This finding is consistent with the hypotheses, as well as with the findings for fathers. Again, a tendency towards self-involvement is associated with being less affectively positive with the child. While this parallels the finding for fathers, it is apt to be more influential on the child's development given the mother's typically greater involvement in and responsibility for socialization and child care, especially in the younger years being scrutinized here.

Mothers who were more involved in antisocial behavior tended to encourage, or at least value, competitive achievement in their sons. Taken within the context of multiproblem families, this can be seen as an attempt to teach a coping style that the mothers themselves have adopted. Rather than letting problems close in on them, these women move towards interaction with the world, and think that their sons should do so as well. Taken from the other pole of this scale, these mothers are less likely to encourage anxious dependency, which parallels the finding for fathers that increased ASE involvement is associated with a tendency towards disengagement rather than enmeshment with the child.

The mothers who report a lower level of current depression report a lack of supervision of their sons, an effect which is in the opposite direction as was hypothesized. It may be that a better explanation of this effect would be that the depressed mothers' reports reflect protectiveness or even enmeshment rather than supervision.

BETWEEN PARENT EFFECTS

There were no relationships noted between any measures of the mother's life problem functioning and the father's reports of his parenting practices. Despite the fact that there was insufficient previous research to state any formal hypotheses in this area, it would seem that when significant life problems are experienced by the mother, they would have effects on both the mother-child relationship (as seen above) and on the husband-wife relationship. Disturbances in either of these areas would have the potential of affecting the father's relationship to the child. Nonetheless, at least within the areas measured here, the reported characteristics of the father-child relationship are independent of the mother's psychological functioning. This suggests that these fathers are probably not well in tune with their wives' lives and that their relationship to the child is likely quite peripheral, since they are able to maintain the same relationship to their son even in the face of systemic dysfunction.

In contrast, the mother's parenting seems to be much more affected by the father's life problems than we saw in the obverse case. The clinician's rating of the father's current depression was significantly related to two scales and shows a trend towards significance on three others. Higher levels of father's rated depression were significantly associated with Encouraging Harsh Conscience Development, and with less romantic (or idealized) child-centeredness by the mother. The scales which showed a trend towards significance were Rejection of Dependency, Encouraging Anxious Dependency, and Suspicious Symbiosis. The clinician's rating is conceptually the best measure of the wife's experience of the husband's depression, despite the fact that there are

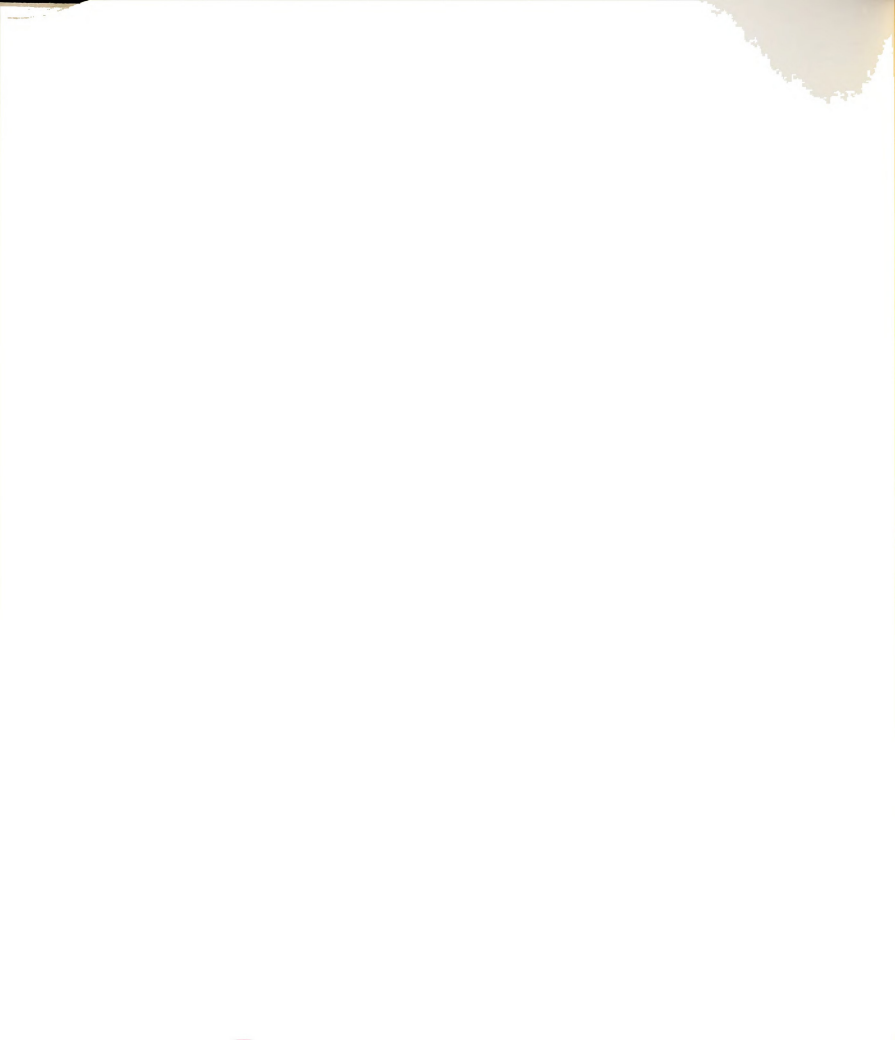
differences between what she would experience and what the clinician is looking for. We would expect that the effects of paternal depression on the wife would have to do most directly with the ways in which that depression is projected, or presented, rather than being related to the husband's experience of depressed mood per se.

The clinician ratings of father's worst ever depression were also associated with Rejection of Dependency and Encouraging Anxious Dependency on the part of the mother. At first glance this may seem to be a puzzling finding. However, an analysis of the content of these two scales reveals that the items tapping Rejection of Dependency have more to do with the child growing up and not requiring as much parental care (e.g., "I think a child should be weaned from the breast or bottle as soon as possible" and "I believe in toilet training a child as soon as possible") and also include the one item in the instrument that deals with the relative involvement of the other parent in child-rearing ("I think it is best if the mother, rather than the father, is the one with the most authority over the children"). Thus this scale measures the degree to which the mother wants the father out of the parenting alliance, yet doesn't want the child to be too demanding of her. The opposite pole of this factor is Child-Centered Parenting, which is quite consistent with this interpretation.

In contrast, items included in Encouraging Anxious Dependency involve protecting the child from the outside world (e.g., "I prefer that my child not try things if there is a chance he will fail" and "I try to keep my child away from children or families who have different ideas or values from our own"). These items suggest that there is an attempt on the part of the mothers to stifle any attempts by the child

at growth away from the family, and hence away from the mother's own needs that are being met through the child. Taken together these relationships point to a connection between father's depression and mother's parenting such that the mother uses the child to gratify her own needs for closeness, which her husband cannot or does not fulfill. Thus, having an affectively unavailable parenting partner is associated with the development of a different type of mother-child relationship. Specifically, the mothers tend to pull their sons closer (towards an enmeshed relationship) while simultaneously paying less attention to the child's need to be a child. In this sense, the mothers appear to be pulling their son into the role which their spouse should hold. This effect is seen for both current and worst-ever depression, but is specific to the clinician's ratings, as opposed to the father's self-report. The present data do not address the potential reciprocal nature of the marital interactions that might lead both to the father's depression and to the mother's enhanced connection with her male child.

This systemic exploration of the gender-dependent effect of a parent's depression on the spouse's parenting are consistent with Belsky's (1981, 1984) theory of social support in the parenting process. He contends that emotionally healthy, maritally satisfied fathers provide support for mothers in carrying out child-rearing responsibilities. When the well-being of the father is compromised, this support system is weakened and mother-child interaction suffers. There is some suggestion that this effect is even stronger on the mother-daughter relationship (Stoneman et al., 1989). According to Belsky, the father tends to rely much less on the mother for support around parenting, which is in keeping with the absence of findings in



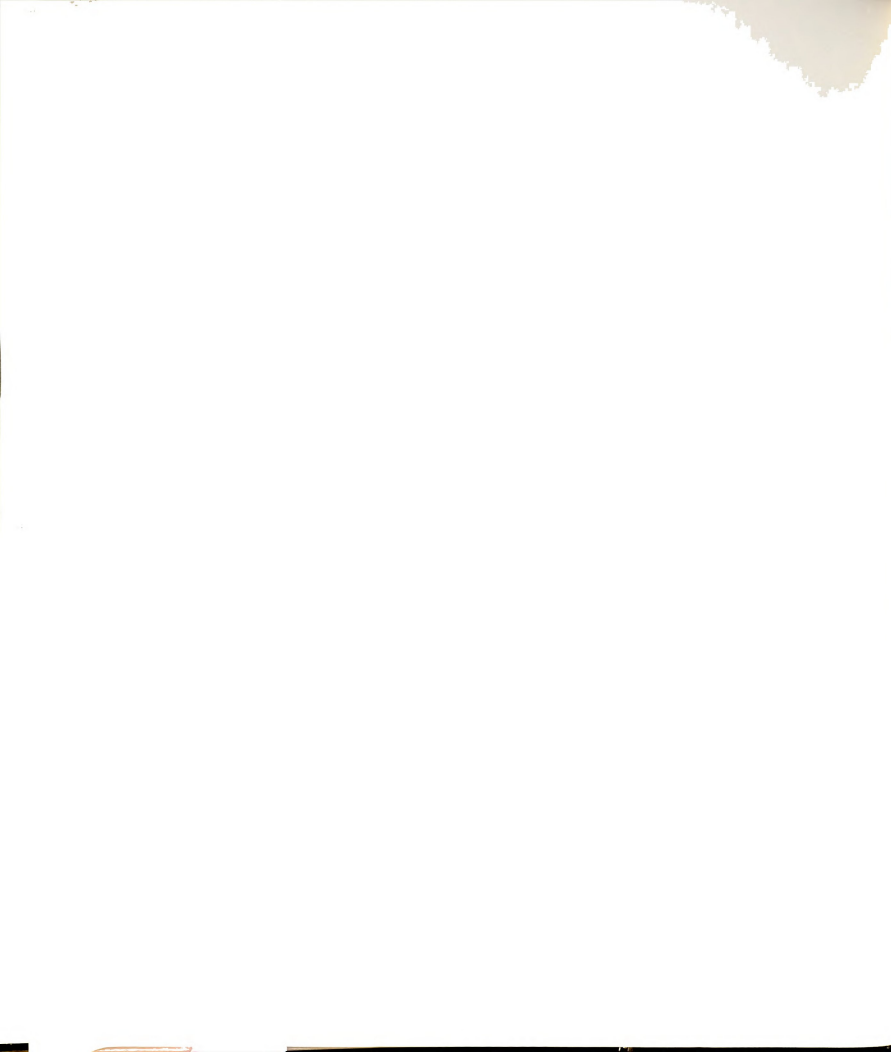
this area in this study.

In the present study, it was also found that mothers who report more negative affective parenting tend to have husbands who are currently drinking more. In the context of the discussion above about fathers' depression, it may be that having a husband who is drinking a great deal may create more feelings of anger, which are transferred to the relationship with the child. This is in contrast to the unfulfillment of affiliative needs which is associated with paternal depression.

Caution must be observed in considering all of these interpretations since there were no stated hypotheses in this area, and, indeed, research about systemic process in this area is just beginning to accumulate. The present data clearly establish that there are interconnections between the mother-child relationship and the father's level of observable depression, and that the mother-child relationship is more reactive to paternal psychopathology than the father-child relationship is to maternal psychopathology. The present findings also provide evidence that the relationship of paternal psychopathology to mother-child dyadic functioning is likely to be specific rather than general. A greater understanding of these processes will require a more thorough examination of the marital relationship and the parenting alliance, as well as taking the characteristics of the child into account.

PARENTAL CONCORDANCE

This is an important area to examine because of the documented associations of parental agreement on child-rearing to the healthy development of both boys and girls (Vaughn et al., 1988) and to the



survival of the marriage (Block et al., 1981). It seems quite likely that these effects are not simply caused by parental agreement around child-rearing per se, but rather that this measure of parental concordance provides an amalgam of certain characteristics of the spousal relationship which are very important in terms of family health. This would probably include communication, conflict, cooperation, and similarity in opinion about what the goals and values of the family should be. In turn, the level of interparent agreement on child-rearing would also be expected to influence the levels of conflict and support between spouses (Gjerde, 1988).

Comparison of the parenting factor scores to the parental agreement measure provided strong evidence that the father's views about child-rearing are much more closely tied to the level of parental agreement than are the mothers. This may be because in some areas there is more common ground held by the mothers than the fathers across families (the mothers are more homogeneous) and the fathers who hold similar ideals would then have higher levels of parental agreement. A competing explanation exists which does not require an assumption of homogeneity across families in mothers' attitudes. Perhaps as a husband and wife communicate more often and more effectively about parenting, there is a strong tendency for the husband to adopt the wife's views more often than the obverse occurs. This could happen for a number of reasons, for example, the husband may see the wife as more of an expert or the wife may have spent more time thinking about how to parent and thus have attitudes that are better thought out.

In either case, in these families it is clear that the father's attitudes are a better predictor of the level of parental concordance

in this area. This finding may have clinical significance given the evidence that the level of agreement can be an important indicator of the state of the family and marital environment. This is not to say that changing the father's attitudes is a reasonable goal of family therapy in and of itself. But it does indicate what directions we might expect to see as the parents begin to work more effectively together.

Higher levels of agreement were associated with higher family social prestige, higher family income, higher intelligence for both mothers and fathers, more paternal education, and greater paternal age. Thus, couples who are better educated and have higher social status tend to report similar ideas about child-rearing. This may be because they communicate better and/or because they have been exposed to more comparable experiences and information about parenting. It may also be related to the fact that their lives are less damaged and chaotic, and they are freer to attend more to the child-rearing domain. The effect observed for father's age is probably related to maturity and again suggests that higher agreement is more likely to come about as the result of father's attitudes becoming more like that of mothers.

For both mothers and fathers, a higher level of self-reported current depression is strongly associated with a lower level of parental agreement about child-rearing. It is likely that the depressed mood of a parent leads to a lack of sharing and communication about parenting, as well as about other aspects of their relationship. Again, this is not seen for the observer rated depression measures. This will be interesting to follow over time because there are several forces pushing on this relationship from different directions. On the

one hand, the course of depression is generally quite episodic and variable, and the Susman et al. (1985) data strongly suggest that the effects of depression on parenting, at least for mothers, are related to actually being in the depressed state. Mothers with past depression were found to be very similar to normal control mothers in their reports of child-rearing. On the other hand, parental agreement scores taken at one point in time have been shown to be relatively potent predictors of some important outcomes of family development for both children and parents (Block et al., 1981; Vaughn et al., 1988). It is not clear which direction this relationship may take as the family develops, but it may be that the link between parental depression and parental concordance will be a piece of what places children of depressed parents at risk for problems later in life.

SUMMARY

This study has demonstrated a complex interplay between life circumstances, the level of parental life problems, and self-reported parenting practices in young alcoholic families. The broad hypotheses offered at the outset of this study received only selective support. The initial working assumption, that the different types of parental psychopathology would have essentially the same effects on parenting, was not supported. The results provide consistent evidence that, in young alcoholic families, parent-child relationships are most affected by nonalcohol specific factors. In particular, a lower level of social status and a higher level of parental depression are associated with a more affectively negative parenting environment and less interparent agreement on child-rearing. It was also shown that fathers' life problems have an effect on mothers' parenting, while no such effects

were found in the other direction.

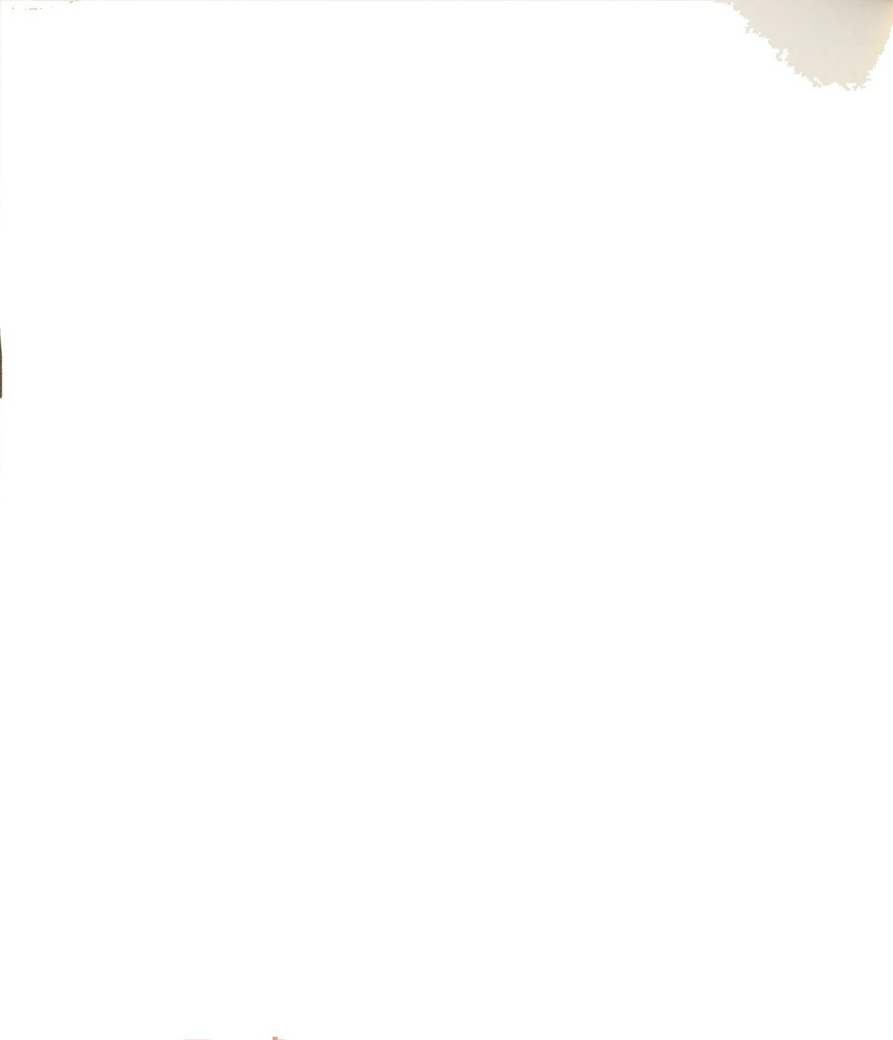
FUTURE DIRECTIONS

The future directions for research suggested by this study center around addressing the methodological limitations discussed above. It will be important to extend the questions posed here beyond the domain of alcoholic families, both to include nonalcoholic ("normal") comparison families, and to extend the investigation to families with different types and/or combinations of parental disturbance.

Perhaps the parent life problem which most warrants examination is the amount of involvement in drugs other than alcohol, both in terms of usage and associated life problems. Our clinical experience with these families indicates that this is often one of the most potent indicators of the level of functioning of the family as a whole. In addition, polydrug involvement is an issue for a sizable minority of the families which constitute this project.

It is also important to expand the investigation beyond the bounds of almost exclusively self-report measurement, for the measurement of both parenting and psychopathology. The results here should be compared to what is observed in live interaction between the parent and child, as well as obtaining ratings of parenting behaviors from additional sources, most significantly the child himself when he reaches an age that allows this. The need for this is demonstrated by the findings with adolescent problem drinkers (Zucker & Barron, 1973), where parent and child reports of their relationship differed markedly, and a much clearer picture emerged from the consideration of both viewpoints than was possible from either one alone.

The finding that the effects of parental disturbance on child-



rearing tends to be specific rather than generalized or global is in keeping with current trends in the field of developmental psychopathology as a whole. Increasingly, it is being recognized that the field must move to a higher level of specificity as the knowledge base grows. Research which seeks to expand on the current findings should begin tracking the developmental patterns, continuities, discontinuities, and mediating variables which apply to the findings generated here. Of course, this requires a continuing emphasis on longitudinal designs.

It is becoming increasingly clear that the parent-child relationship has the potential to be an important element in the intergenerational transmission of psychopathology. Our ability to identify with some specificity the elements of these relationships which are associated with given outcomes will be of great practical significance for all levels of prevention, from primary to tertiary.

APPENDICES

APPENDIX A
DRINKING AND DRUG HISTORY FORM

Information on Drinking and Other Drug Use
(12/1/88) (13 pages)

R Number: _____
Given By: _____
Date: _____
T1.0
Ans. Chk: _____
P6

This questionnaire takes about 15 minutes to complete. All information will be used for research only and will be kept strictly confidential. If you are not sure of the answer to a question please answer the best you can. Please try to answer each item.

A. THE FOLLOWING QUESTIONS ARE ABOUT YOUR DRINKING OF ALCOHOLIC BEVERAGES:

1. HOW OLD WERE YOU THE FIRST TIME YOU EVER TOOK A DRINK? DO NOT COUNT THE TIMES WHEN YOU WERE GIVEN A "SIP" BY AN ADULT.

_____ years old.

2. OVER THE LAST 6 MONTHS, ON THE AVERAGE, HOW MANY DAYS A MONTH HAVE YOU HAD A DRINK?

_____ days a month.

3. OVER THE LAST 6 MONTHS, ON A DAY WHEN YOU ARE DRINKING, HOW MANY DRINKS DO YOU USUALLY HAVE IN 24 HOURS? (A DRINK IS A 12 OZ. CAN OF BEER, A 4 OZ. GLASS OF WINE, A SINGLE SHOT, OR A SINGLE "MIXED DRINK.")

_____ drinks per 24 hours.

4. OVER THE PAST 6 MONTHS, WHEN YOU GOT DRUNK, HOW BAD WAS YOUR HANGOVER?

_____ Never bad	_____ Pretty Bad
_____ Not bad	_____ Terrible
_____ A little less than average	_____ Worst possible
_____ Average	_____ Never drank enough to get
_____ A little more than average	_____ hangover

- B. THE FOLLOWING QUESTIONS ARE ABOUT YOUR DRINKING PATTERNS. IN ANSWERING THE QUESTIONS, PLEASE THINK ABOUT WHAT YOU HAVE DONE ON THE AVERAGE OVER THE LAST SIX MONTHS.

1. WHEN DRINKING WINE:

- a. HOW OFTEN DO YOU USUALLY HAVE WINE OR A PUNCH CONTAINING WINE?

☐ 3 or more times a day	☐ 2 or 3 times a month
☐ 2 times a day	☐ About once a month
☐ Once a day	☐ Less than once a month,
☐ Nearly every day	☐ but at least once a year
☐ 3 or 4 times a week	☐ Less than once a year
☐ once or twice a week	☐ NEVER [If checked, go to question #2a]

- b. THINK OF ALL THE TIMES YOU HAD WINE RECENTLY. WHEN YOU DRINK WINE, HOW OFTEN DO YOU HAVE 10 OR MORE GLASSES?

☐ Nearly every time: SKIP TO QUESTION #2 BELOW

☐ More than half the time: SKIP TO QUESTION #2 BELOW

☐ Less than half the time

☐ Once in a while

☐ NEVER

- c. WHEN YOU DRINK WINE, HOW OFTEN DO YOU HAVE AS MANY AS 7 TO 9 GLASSES?

☐ Nearly every time: SKIP TO QUESTION #2 BELOW

☐ More than half the time: SKIP TO QUESTION #2 BELOW

☐ Less than half the time

☐ Once in a while

☐ NEVER

- d. WHEN YOU DRINK WINE, HOW OFTEN DO YOU HAVE AS MANY AS 5 TO 6 GLASSES?

☐ Nearly every time: SKIP TO QUESTION #2 BELOW

☐ More than half the time: SKIP TO QUESTION #2 BELOW

☐ Less than half the time

☐ Once in a while

☐ NEVER

- e. WHEN YOU DRINK WINE, HOW OFTEN DO YOU HAVE AS MANY AS 3 TO 4 GLASSES?

☐ Nearly every time: SKIP TO QUESTION #2 BELOW

☐ More than half the time: SKIP TO QUESTION #2 BELOW

☐ Less than half the time

☐ Once in a while

☐ NEVER

f. WHEN YOU DRINK WINE, HOW OFTEN DO YOU HAVE 1 TO 2 GLASSES?

- ☐ Nearly every time
☐ More than half the time
☐ Less than half the time
☐ Once in a while
☐ NEVER

2. WHEN DRINKING BEER

a. HOW OFTEN DO YOU USUALLY HAVE BEER?

- | | |
|--|---|
| ☐ 3 or more times a day | ☐ 2 or 3 times a month |
| ☐ 2 times a day | ☐ About once a month |
| ☐ Once a day | ☐ Less than once a month, |
| ☐ Nearly every day | ☐ but at least once a year |
| ☐ 3 or 4 times a week | ☐ Less than once a year |
| ☐ Once or twice a week | ☐ NEVER [If checked, go to question #3a] |

b. THINK OF ALL THE TIMES YOU HAD BEER RECENTLY. WHEN YOU DRINK BEER, HOW OFTEN DO YOU HAVE 10 OR MORE GLASSES?

- ☐ Nearly every time: SKIP TO QUESTION #3 BELOW
☐ More than half the time: SKIP TO QUESTION #3 BELOW
☐ Less than half the time
☐ Once in a while
☐ NEVER

c. WHEN YOU DRINK BEER, HOW OFTEN DO YOU HAVE AS MANY AS 7 TO 9 GLASSES OR CANS?

- ☐ Nearly every time: SKIP TO QUESTION #3 BELOW
☐ More than half the time: SKIP TO QUESTION #3 BELOW
☐ Less than half the time
☐ Once in a while
☐ NEVER

d. WHEN YOU DRINK BEER, HOW OFTEN DO YOU HAVE AS MANY AS 5 TO 6 GLASSES?

- ☐ Nearly every time: SKIP TO QUESTION #3 BELOW
☐ More than half the time: SKIP TO QUESTION #3 BELOW
☐ Less than half the time
☐ Once in a while
☐ NEVER

e. WHEN YOU DRINK BEER, HOW OFTEN DO YOU HAVE AS MANY AS 3 to 4 GLASSES?

- ☐ Nearly every time: SKIP TO QUESTION #3 BELOW
☐ More than half the time: SKIP TO QUESTION #3 BELOW
☐ Less than half the time
☐ Once in a while
☐ NEVER



f. WHEN YOU DRINK BEER, HOW OFTEN DO YOU HAVE 1 TO 2 GLASSES?

- ☐ Nearly every time
☐ More than half the time
☐ Less than half the time
☐ Once in a while
☐ NEVER

3. WHEN DRINKING WHISKEY OR LIQUOR

- a. HOW OFTEN DO YOU USUALLY HAVE WHISKEY OR LIQUOR (SUCH AS MARTINIS, MANHATTANS, HIGHBALLS, OR STRAIGHT DRINKS INCLUDING SCOTCH, BOURBON, GIN, VODKA, RUM, ETC.)?

- | | |
|--|--|
| ☐ 3 or more times a day | ☐ 2 or 3 times a month |
| ☐ 2 times a day | ☐ About once a month |
| ☐ Once a day | ☐ Less than once a month, |
| ☐ Nearly every day | ☐ but at least once a year |
| ☐ 3 or 4 times a week | ☐ Less than once a year |
| ☐ Once or twice a week | ☐ NEVER [If checked, go to question #4] |

- b. THINK OF ALL THE TIMES YOU HAD DRINKS CONTAINING WHISKEY OR OTHER LIQUOR RECENTLY. WHEN YOU HAVE HAD THEM, HOW OFTEN DO YOU HAVE 10 OR MORE DRINKS?

- ☐ Nearly every time: SKIP TO QUESTION #4 BELOW
☐ More than half the time: SKIP TO QUESTION #4 BELOW
☐ Less than half the time
☐ Once in a while
☐ NEVER

- c. WHEN YOU HAVE HAD DRINKS CONTAINING WHISKEY OR OTHER LIQUOR, HOW OFTEN DO YOU HAVE AS MANY AS 7 TO 9?

- ☐ Nearly every time: SKIP TO QUESTION #4 BELOW
☐ More than half the time: SKIP TO QUESTION #4 BELOW
☐ Less than half the time
☐ Once in a while
☐ NEVER

- d. WHEN YOU HAVE HAD DRINKS CONTAINING WHISKEY OR OTHER LIQUOR, HOW OFTEN DO YOU HAVE AS MANY AS 5 TO 6?

- ☐ Nearly every time: SKIP TO QUESTION #4 BELOW
☐ More than half the time: SKIP TO QUESTION #4 BELOW
☐ Less than half the time
☐ Once in a while
☐ NEVER



- e. WHEN YOU HAVE HAD DRINKS CONTAINING WHISKEY OR LIQUOR, HOW OFTEN DO YOU HAVE 3 TO 4?

☐ Nearly every time: SKIP TO QUESTION #4 BELOW
☐ More than half the time: SKIP TO QUESTION #4 BELOW
☐ Less than half the time
☐ Once in a while
☐ NEVER

- f. WHEN YOU HAVE HAD DRINKS CONTAINING WHISKEY OR LIQUOR, HOW OFTEN DO YOU HAVE 1 TO 2?

☐ Nearly every time
☐ More than half the time
☐ Less than half the time
☐ Once in a while
☐ NEVER

4. WHEN DRINKING ANYTHING, CHECK HOW OFTEN YOU HAVE ANY DRINK CONTAINING ALCOHOL, WHETHER IT IS WINE, BEER, WHISKEY OR ANY OTHER DRINK. MAKE SURE THAT YOUR ANSWER IS NOT LESS FREQUENT THAN THE FREQUENCY REPORTED ON ANY OF THE PRECEDING QUESTIONS.

☐ 3 or more times a day	☐ Once or twice a week
☐ 2 times a day	☐ 2 or 3 times a month
☐ Once a day	☐ About once a month
☐ Nearly every day	☐ Less than once a month,
☐ 3 or 4 times a week	☐ but at least once a year
	☐ Less than once a year

5. Now a question about earlier in your life: HOW OLD WERE YOU THE FIRST TIME YOU EVER DRANK ENOUGH TO GET DRUNK?

_____ years old.



ANSWER KEY FOR QUESTIONS BELOW:

1	2	3-5	6-10	11-20	21-50	51-100
101-250	251-500	501-1000	1000+ (more than 1000)			

C. NOW SOME QUESTIONS ABOUT OUTCOMES PEOPLE SOMETIMES HAVE BECAUSE OF DRINKING. HAVE YOU EVER HAD ANY OF THE FOLLOWING HAPPEN BECAUSE OF YOUR DRINKING?

	YES (check one)	NO	HOW MANY TIMES (approx.- see key)*	AGE first time	AGE most recent time
1. Missed school or time on job	_____	_____	_____	_____	_____
2. Thought I was drinking too much	_____	_____	_____	_____	_____
3. Gone on a binge of constant drinking for 2 or more days	_____	_____	_____	_____	_____
4. Lost friends	_____	_____	_____	_____	_____
5. My spouse or others in my family (my parents or children) objected to my drinking	_____	_____	_____	_____	_____
6. Felt guilty about my drinking	_____	_____	_____	_____	_____
7. Divorce or separation	_____	_____	_____	_____	_____
8. Took a drink or two first thing in morning	_____	_____	_____	_____	_____
9. Restricted my drinking to certain times of day or week in order to control it or cut down, (like after 5PM, or only on weekends, or only with other people)	_____	_____	_____	_____	_____
10. Been fired or laid off	_____	_____	_____	_____	_____
11. Once started drinking, kept on going till completely intoxicated	_____	_____	_____	_____	_____
12. Had a car accident when I was driving	_____	_____	_____	_____	_____

* SELECT YOUR ANSWER FROM KEY AT THE TOP OF THE PAGE

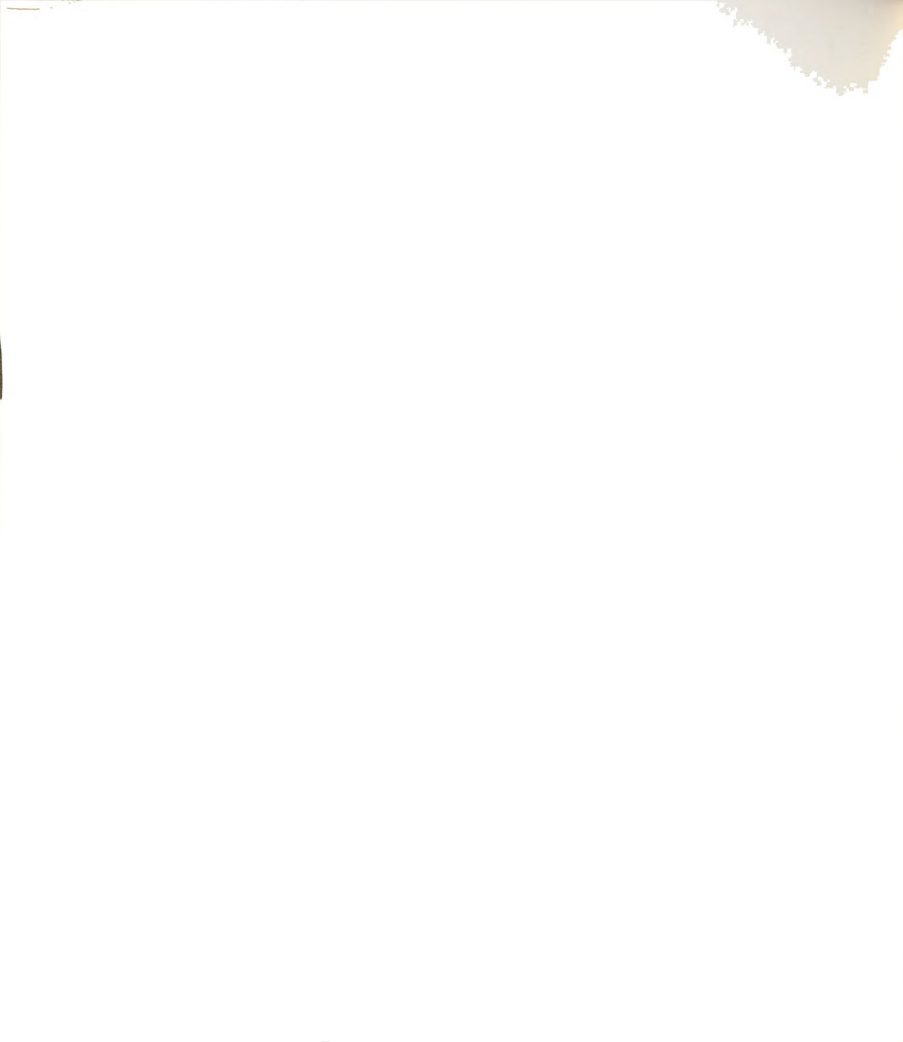
Questions continue on the next page.

ANSWER KEY FOR QUESTIONS BELOW:

1	2	3-5	6-10	11-20	21-50	51-100
101-250	251-500	501-1000	1000+ (more than 1000)			

	YES (check one)	NO (check one)	HOW MANY TIMES (approx- see key)*	AGE first time	AGE most recent time
13. Kept on drinking after I promised myself not to	___	___	___	___	___
14. Had to go to a hospital (other than accidents)	___	___	___	___	___
15. Had to stay in a hospital overnight	___	___	___	___	___
16. Had the shakes "the morning after"	___	___	___	___	___
17. Heard or saw or felt things that weren't there, hallucinations) several days after stopping drinking	___	___	___	___	___
18. Had blackouts (couldn't remember later what you'd done while drinking)	___	___	___	___	___
19. Been given a ticket for drunk driving (DWI)	___	___	___	___	___
20. Had a jerking or fits (convulsions) several days after stopping drinking	___	___	___	___	___
21. Been given a ticket for public intoxication, drunk and disorderly, or other nondriving alcohol arrest	___	___	___	___	___
22. Had the D.T.'s (delirium tremens, shakes, sweating, rapid heart, etc.) within 2 - 3 days after stopping drinking	___	___	___	___	___

* SELECT ANSWERS FROM THE KEY AT THE TOP OF THE PAGE



D. THE LAST SECTIONS OF THIS QUESTIONNAIRE DEAL WITH VARIOUS DRUGS OTHER THAN ALCOHOL. THERE IS STILL A LOT OF TALK THESE DAYS ABOUT THIS SUBJECT, BUT VERY LITTLE ACCURATE INFORMATION, PARTICULARLY ABOUT PATTERNS OF USE OF THESE SUBSTANCES IN ADULTHOOD. THEREFORE, WE STILL HAVE A LOT TO LEARN ABOUT THE ACTUAL EXPERIENCES OF PEOPLE YOUR AGE.

WE HOPE THAT YOU CAN ANSWER ALL QUESTIONS; BUT IF YOU FIND ONE WHICH YOU FEEL YOU CANNOT ANSWER HONESTLY, WE WOULD PREFER THAT YOU LEAVE IT BLANK.

REMEMBER THAT YOUR ANSWERS WILL BE KEPT STRICTLY CONFIDENTIAL AND THEY ARE NEVER CONNECTED WITH YOUR NAME. THAT IS WHY THIS QUESTIONNAIRE IS IDENTIFIED ONLY WITH A CODE NUMBER.

THE FOLLOWING QUESTIONS ARE ABOUT CIGARETTES (CHECK THE BEST ANSWER):

1a. HAVE YOU EVER SMOKED CIGARETTES?

- ☐ Never (GO TO QUESTION 3)
- ☐ Once or twice
- ☐ Occasionally but not regularly
- ☐ Regularly in the past
- ☐ Regularly now

1b. HAVE YOU SMOKED CIGARETTES DURING THE PAST 12 MONTHS?

- ☐ Never (GO TO QUESTION 3)
- ☐ Once or twice
- ☐ Occasionally but not regularly
- ☐ Regularly for a while during this year, but not now
- ☐ Regularly now

2. HOW FREQUENTLY HAVE YOU SMOKED CIGARETTES DURING THE PAST 30 DAYS?

- ☐ Not at all
- ☐ Less than one cigarette per day
- ☐ One to five cigarettes per day
- ☐ About one-half pack per day
- ☐ About one pack per day
- ☐ About one and one-half packs per day
- ☐ Two packs or more per day

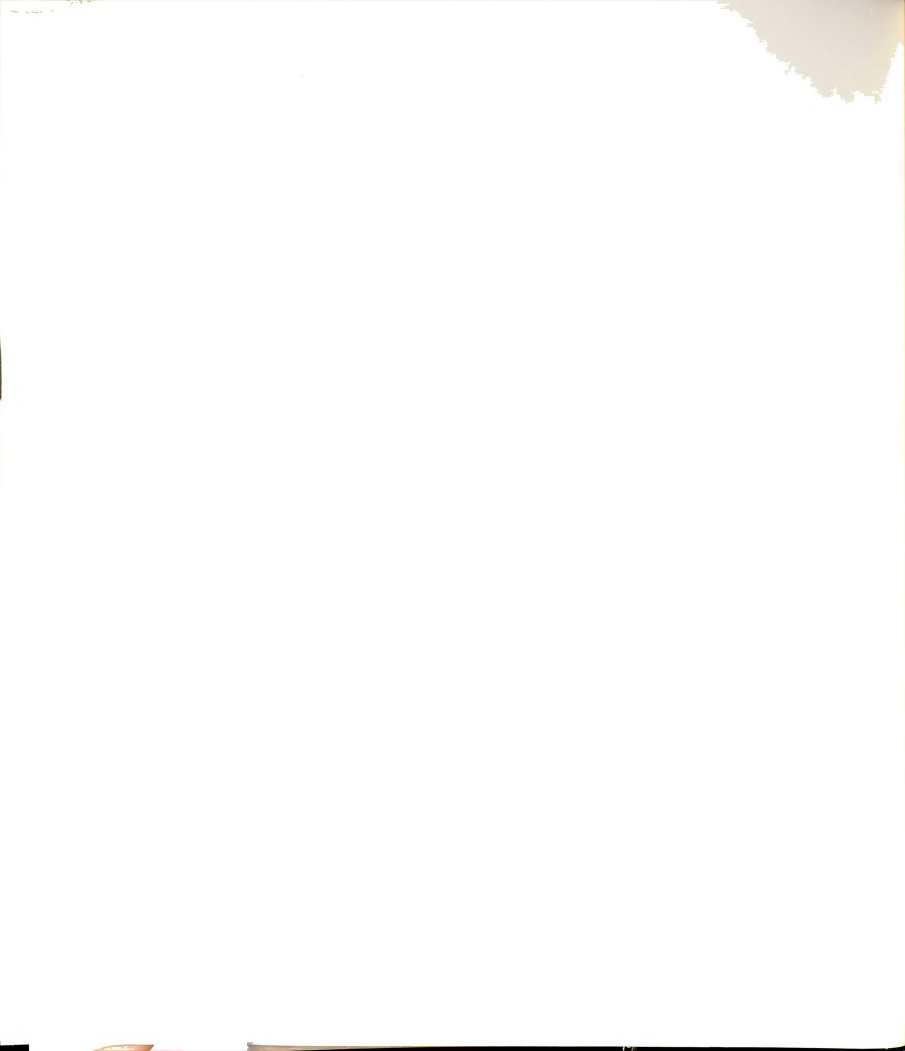
E. THE FOLLOWING QUESTIONS ARE ALL ABOUT NON-PRESCRIPTION USE OF DRUGS. EITHER FOR RECREATION OR FOR SELF-MEDICATION.
(MARK ONE SPACE FOR EACH LINE).

3.
ON HOW MANY OCCASIONS (IF ANY)
HAVE YOU USED MARIJUANA
(GRASS, POT) OR HASHISH
(HASH, HASH OIL)

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occasions	More than 1000
In your lifetime?	()	()	()	()	()	()	()	()	()
During the last	()	()	()	()	()	()	()	()	()
12 months?	()	()	()	()	()	()	()	()	()
During the last 30 days?	()	()	()	()	()	()	()	()	()

(MARK ONE SPACE FOR EACH LINE).

4.	ON HOW MANY OCCASIONS (IF ANY) HAVE YOU USED LSD (ACID)	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occasions	More than 1000
	In your lifetime?	()	()	()	()	()	()	()	()	()
	During the last 12 months?	()	()	()	()	()	()	()	()	()
	During the last 30 days?	()	()	()	()	()	()	()	()	()
5.	ON HOW MANY OCCASIONS (IF ANY) HAVE YOU USED PSYCHEDELICS OTHER THAN LSD (LIKE Mescaline, PEYOTE, PSILOCYBIN, PCP)	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occas	More than 1000
	In your lifetime?	()	()	()	()	()	()	()	()	()
	During the last 12 months?	()	()	()	()	()	()	()	()	()
	During the last 30 days?	()	()	()	()	()	()	()	()	()
6.	ON HOW MANY OCCASIONS (IF ANY) HAVE YOU USED COCAINE (COKE OR CRACK)	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occas	More than 1000
	In your lifetime?	()	()	()	()	()	()	()	()	()
	During the last 12 months?	()	()	()	()	()	()	()	()	()
	During the last 30 days?	()	()	()	()	()	()	()	()	()
7.	AMPHETAMINES ARE SOMETIMES PRESCRIBED BY DOCTORS TO HELP PEOPLE LOSE WEIGHT OR TO GIVE PEOPLE MORE ENERGY. THEY ARE SOMETIMES CALLED UPPERS, UPS, SPEED, CRYSTAL, CRANK, BENNIES, DEXIES, PEP PILLS, AND DIET PILLS.	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occasions	More than 1000
	ON HOW MANY OCCASIONS (IF ANY) HAVE YOU TAKEN AMPHETAMINES ON YOUR OWN--THAT IS, WITHOUT A DOCTOR TELLING YOU TO TAKE THEM	0	1-2	3-5	6-9	10-19	20-39	40-99	100-1000	More than 1000
	In your lifetime?	()	()	()	()	()	()	()	()	()
	During the last 12 months?	()	()	()	()	()	()	()	()	()
	During the last 30 days?	()	()	()	()	()	()	()	()	()



(MARK ONE SPACE FOR EACH LINE).

8.
ON HOW MANY OCCASIONS (IF ANY)
HAVE YOU USED QUAAALUDES
(QUADS, SOAPERS, METHAQUALONE)
ON YOUR OWN-- THAT IS, WITHOUT
A DOCTOR TELLING
YOU TO TAKE THEM

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occasions	More than 1000
In your lifetime?	()	()	()	()	()	()	()	()	()
During the last 12 months?	()	()	()	()	()	()	()	()	()
During the last 30 days?	()	()	()	()	()	()	()	()	()

9.
BARBITURATES ARE SOMETIMES PRE-
SCRIBED BY DOCTORS TO HELP PEOPLE
RELAX OR GET TO SLEEP. THEY ARE
SOMETIMES CALLED DOWNS, DOWNERS,
GOOFBALLS, YELLOWS, REDS, BLUES,
RAINBOWS.

ON HOW MANY OCCASIONS
(IF ANY) HAVE YOU TAKEN
BARBITURATES ON YOUR OWN --
THAT IS, WITHOUT A DOCTOR
TELLING YOU TO TAKE THEM

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occasions	More than 1000
In your lifetime?	()	()	()	()	()	()	()	()	()
During the last 12 months?	()	()	()	()	()	()	()	()	()
During the last 30 days?	()	()	()	()	()	()	()	()	()

10.
TRANQUILIZERS ARE SOMETIMES
PRESCRIBED BY DOCTORS TO CALM
PEOPLE DOWN, QUIET THEIR NERVES,
OR RELAX THEIR MUSCLES. LIBRIUM
VALIUM, AND MILTOWN ARE ALL
TRANQUILIZERS.

ON HOW MANY OCCASIONS (IF ANY)
HAVE YOU TAKEN TRANQUILIZERS
ON YOUR OWN -- THAT IS,
WITHOUT A DOCTOR TELLING YOU
TO TAKE THEM

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occasions	More than 1000
In your lifetime?	()	()	()	()	()	()	()	()	()
During the last 12 months?	()	()	()	()	()	()	()	()	()
During the last 30 days?	()	()	()	()	()	()	()	()	()

(MARK ONE SPACE FOR EACH LINE).

11.

ON HOW MANY OCCASIONS (IF ANY)
HAVE YOU USED HEROIN (SMACK,
HORSE, SKAG)

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occasions	More than 1000
In your lifetime?	()	()	()	()	()	()	()	()	()
During the last 12 months?	()	()	()	()	()	()	()	()	()
During the last 30 days?	()	()	()	()	()	()	()	()	()

12.

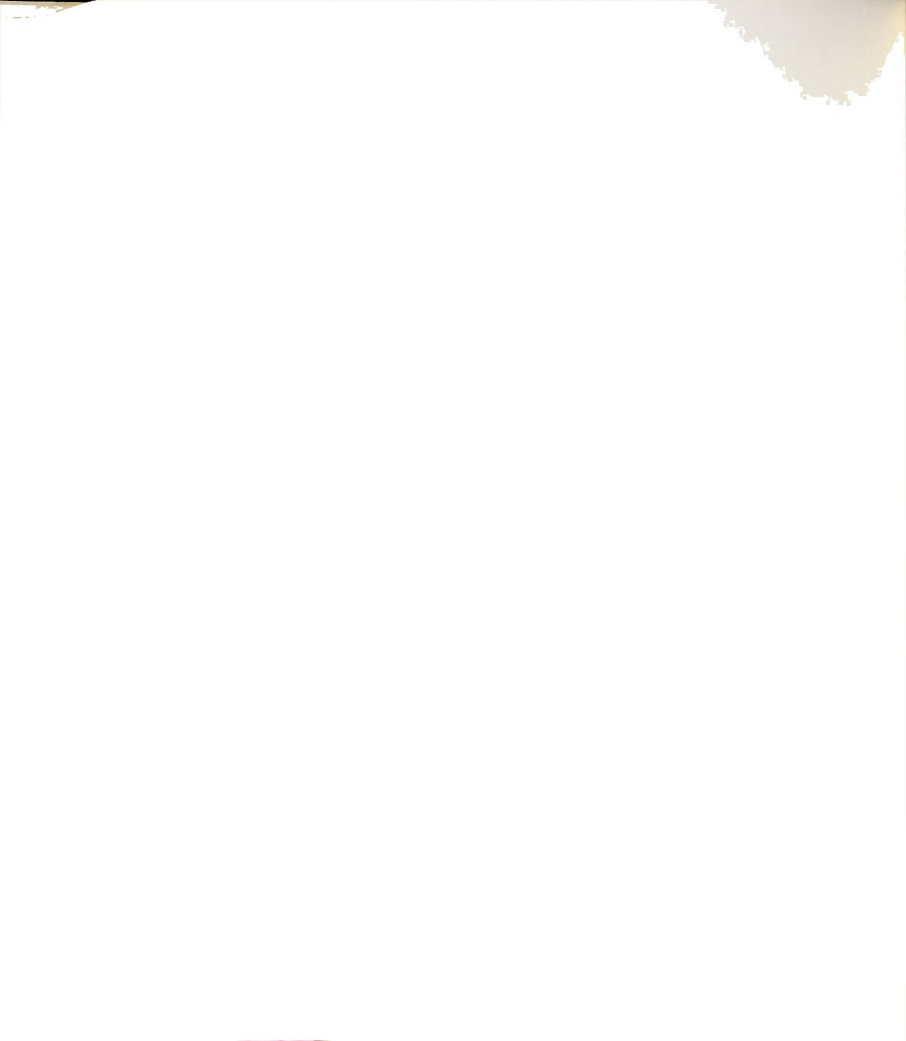
THERE ARE A NUMBER OF NARCOTICS
OTHER THAN HEROIN, SUCH AS METH-
ADONE, OPIUM, MORPHINE, CODEINE,
DEMEROL, PAREGORIC, TALWIN, AND
LAUDANUM. THESE ARE SOMETIMES
PRESCRIBED BY DOCTORS.ON HOW MANY OCCASIONS (IF ANY)
HAVE YOU TAKEN NARCOTICS OTHER
THAN HEROIN ON YOUR OWN--
THAT IS, WITHOUT A DOCTOR
TELLING YOU TO TAKE THEM

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occasions	More than 1000
In your lifetime?	()	()	()	()	()	()	()	()	()
During the last 12 months?	()	()	()	()	()	()	()	()	()
During the last 30 days?	()	()	()	()	()	()	()	()	()

13.

ON HOW MANY OCCASIONS (IF ANY)
HAVE YOU SNIFFED GLUE, OR
BREAthed THE CONTENTS OF
AEROSOL SPRAY CANS, OR INHALED
ANY OTHER GASES OR SPRAYS IN
ORDER TO GET HIGH

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40-99 Occasions	100-1000 Occas.	More than 1000
In your lifetime?	()	()	()	()	()	()	()	()	()
During the last 12 months?	()	()	()	()	()	()	()	()	()
During the last 30 days?	()	()	()	()	()	()	()	()	()



- F. NOW SOME OTHER QUESTIONS ABOUT NONPRESCRIPTION USE OF DRUGS. HAVE YOU EVER HAD ANY OF THE FOLLOWING OUTCOMES BECAUSE OF YOUR USE OF THE NONPRESCRIPTION DRUGS ASKED ABOUT IN SECTION E (THE LAST SECTION)?

ANSWER KEY FOR QUESTIONS BELOW:

1	2	3-5	6-10	11-20	21-50	51-100
	101-250	251-500	500+ (more than 500)			

	YES	NO	HOW MANY TIMES (approx) (see key)*	AGE First TIME	AGE most recent TIME
1. Missed school or time on job	_____	_____	_____	_____	_____
2. Lost friends	_____	_____	_____	_____	_____
3. Been divorced or separated	_____	_____	_____	_____	_____
4. Been fired or laid off	_____	_____	_____	_____	_____
5. Had a car accident when you were driving	_____	_____	_____	_____	_____
6. Had to go to a hospital (other than accidents)	_____	_____	_____	_____	_____
7. Had to stay in hospital overnight	_____	_____	_____	_____	_____
8. Had to see a doctor because of drug use (unintentional overdose) or had a doctor say drugs had harmed your health	_____	_____	_____	_____	_____
9. Gone through physical with- drawal from drugs	_____	_____	_____	_____	_____
10. Been arrested for possession or sale of drugs other than marijuana	_____	_____	_____	_____	_____

* SELECT YOUR ANSWER FROM KEY AT THE TOP OF THE PAGE

11a. Have you ever taken drugs intravenously (using a needle)? Don't count shots you were given by a doctor or nurse or shots you may have taken for treatment of diabetes.

_____ NO _____ YES

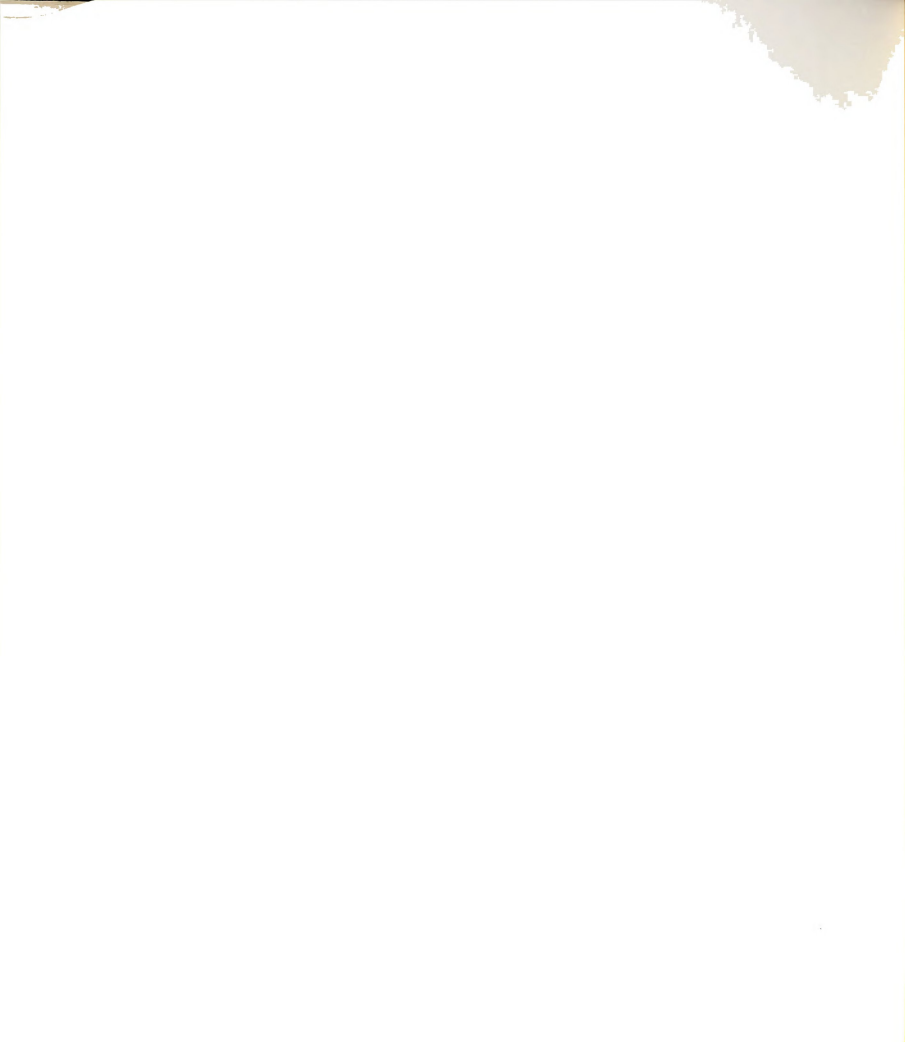
11b. IF YES, WHAT DRUGS HAVE YOU TAKEN INTRAVENOUSLY (IV)? _____

11c. AT WHAT AGE DID YOU FIRST TAKE AN IV DRUG? _____ years old.

11d. AT WHAT AGE WAS THE MOST RECENT TIME? _____ years old.



APPENDIX B
ANTISOCIAL BEHAVIOR INVENTORY FORM



FY Study - ASB

MICHIGAN STATE UNIVERSITY
Department of Psychology

East Lansing, MI 48824

Many of us have had adventures during our lives.. times that were exciting and carefree, even though they may have been a bit impulsive or happy-go-lucky. Please read each of the following items. Indicate (with a check) if you have ever done any of the following activities and how often.

NEVER - you have never done this

RARELY - once or twice in your life

SOMETIMES - three (3) to nine (9) times in your life

OFTEN - more than ten (10) times in your life

NEVER	RARELY	SOMETIMES	OFTEN		Family Number: Given By: Date: Test: PRE PTL PT2 PT3 Post Ans. Chk: M.S.
				1. Skipped school without a legitimate excuse for more than 5 days in one school year.	
				2. Been suspended or expelled from school for fighting.	
				3. Been suspended or expelled from school for reasons other than fighting.	
				4. Lied to a teacher or principal.	
				5. Cursed at a teacher or principal (to their face)?	
				6. Hit a teacher or principal.	
				7. Repeated a grade in school.	
				8. Taken part in a gang fight.	
				9. "Beaten up" another person.	
				10. Broken street lights, car windows, or car antennae just for the fun of it.	
				11. Gone for a ride in a car someone else stole.	
				12. Teased or killed an animal (like a dog or cat) just for the fun of it.	
				13. Defied your parent's authority (to their face).	



NEVER	RARELY	SOMETIMES	OFTEN	
				NEVER = you have never done this
				RARELY = done only once or twice in your life
				SOMETIMES = done three (3) to nine (9) times in your life
				OFTEN = done more than ten (10) times in your life
				14. Hit your parents.
				15. Cursed at your parents (to their face).
				16. Stayed out overnight without your parent's permission.
				17. Run away from home for more than 24 hours.
				18. Lied to your parents.
				19. Snatched a woman's purse.
				20. Rolled drunks just for the fun of it.
				21. Shoplifted merchandise valued over \$25.
				22. Shoplifted merchandise valued under \$25.
				23. Received a speeding ticket.
				24. Been questioned by the police.
				25. Taken part in a robbery.
				26. Taken part in a robbery involving physical force or a weapon.
				27. Been arrested for a felony.
				28. Resisted arrest.
				29. Been arrested for any other nontraffic police offenses (except fighting or a felony).
				30. Been convicted of any nontraffic police offense.
				31. Defaulted on a debt.
				32. Passed bad checks for the fun of it.
				33. Ever used an alias?
				34. Gone AWOL from the military.
				35. Received a bad conduct or undesirable discharge from the military.

NEVER	RARELY	SOMETIMES	OFTEN	
				NEVER = you have never done this
				RARELY = done only once or twice in your life
				SOMETIMES = done three (3) to nine (9) times in your life
				OFTEN = done more than ten (10) times in your life
				36. Performed sexual acts for money.
				37. Engaged in homosexual acts.
				38. Had intercourse with more than one person in a single day.
				39. "Fooled around" with other women/men after you were married.
				40. Hit your husband/wife during an argument.
				41. Lied to your spouse.
				42. Spent six months without any job or permanent home.
				43. Been fired for excessive absenteeism.
				44. Been fired for poor job performance (except absenteeism).
				45. Changed jobs more than 3 times in one year.
				46. Lied to your boss.

Thank you very much for your cooperation.



APPENDIX C

FACTORS, EIGENVALUES AND ITEM LOADINGS FOR THE
CHILD-REARING PRACTICES REPORT



PLEASE NOTE:

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These consist of pages:

122-131

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APPENDIX C

FACTORS, EIGENVALUES AND ITEM LOADINGS FOR THE CHILD-REARING PRACTICES REPORT

(Eigenvalues in parantheses)

FATHERS

- I. Positive vs. Disengaged Affective Parenting (12.440)
 - .64 42. My child and I have warm, intimate times together.
 - .63 19. I find some of my greatest satisfactions in my child.
 - .62 40. I joke and play with my child.
 - .61 45. I encourage my child to be curious, to explore and question things.
 - .61 52. I make sure my child knows that I appreciate what he tries or accomplishes.
 - .60 87. I believe it is very important for a child to play outside and get plenty of fresh air.
 - .58 18. I express affection by hugging, kissing, and holding my child.
 - .55 2. I encourage my child always to do his best.
 - .50 21. I encourage my child to wonder and think about life.
 - .47 1. I respect my child's opinions and encourage him to express them.
 - .47 76. I make sure I know where my child is and what he is doing.
 - .46 88. I get pleasure from seeing my child eating well and enjoying his food.
 - .44 71. I feel that it is good for a child to play competitive games.
 - .39 53. I encourage my child to talk about his troubles.
 - .37 11. I feel that a child should be given comfort and understanding when he is scared and upset.
 - .36 77. I find it interesting and educational to be with my child for long periods.
 - .36 57R. I dread answering my child's questions about sex.
 - .41 9R. I don't think young children of different sexes should be allowed to see each other naked.
 - .41 37R. I have never caught my child lying.
 - .42 81R. I think jealousy and quarreling between brothers and sisters should be punished.
 - .43 13R. I try to stop my child from rough games or doing things where he might get hurt.
 - .46 65R. I believe my child should be aware of how much I sacrifice for him.
 - .55 20R. I prefer that my child not try things if there is a chance he will fail.
 - .55 69R. I worry about the health of my child.
 - .54 15R. I believe that a child should be seen and not heard.
 - .57 84R. I think it is best if the mother, rather than the father, is the one with the most authority over the children.
 - .59 79R. I instruct my child not to get dirty while he is playing.
 - .65 10R. I wish my spouse were more interested in our children.
 - .80 32R. I feel my child is a bit of a disappointment to me.



II. Narcissistic vs. Child-centered Parenting (5.821)

- .54 49. I believe in toilet training a child as soon as possible.
- .50 58. When I am angry with my child, I let him know it.
- .49 78. I think a child should be weaned from the breast or bottle as soon as possible.
- .43 85. I don't want my child to be looked upon as different from others.
- .37 47. I expect my child to be grateful and appreciate all the advantages he has.
- .36 74. I want my child to make a good impression on others.
- .31 86. I don't think children should be given sexual information before they can understand everything.
- .32 36R. I tend to spoil my child.
- .39 24R. I feel a child should have time to think, daydream, and even loaf sometimes.
- .46 21R. I encourage my child to wonder and think about life.
- .47 62R. I enjoy having the house full of children.
- .51 48R. I sometimes feel that I am too involved with my child.
- .55 22R. I usually take into account my child's preferences in making plans for the family.
- .64 35R. I give up some of my own interests because of my child.

III. Affective Underinvolvement vs. Socialization to Self-pity (4.287)

- .62 82. I think children must learn early not to cry.
- .58 33. I expect a great deal of my child.
- .40 63. I believe too much affection and tenderness can harm or weaken a child.
- .36 66. I sometimes tease and make fun of my child.
- .34 36. I tend to spoil my child.
- .34 1R. I respect my child's opinions and encourage him to express them.
- .34 73R. I let my child know how ashamed and disappointed I am when he misbehaves.
- .35 51R. I believe in praising a child when he is good and think it gets better results than punishing him when he is bad.
- .37 11R. I feel that a child should be given comfort and understanding when he is scared and upset.
- .42 38R. I talk it over and reason with my child when he misbehaves.
- .49 52R. I make sure my child knows that I appreciate what he tries or accomplishes.
- .49 83R. I control my child by warning him about the bad and sad things that can happen to him.
- .65 53R. I encourage my child to talk about his troubles.



IV. Lack of Trust vs. Trust (3.862)

- .47 15. I believe that a child should be seen and not heard.
- .45 12. I try to keep my child away from children or families who have different ideas or values from our own.
- .42 5. I often feel angry with my child.
- .41 46. I sometimes talk about supernatural forces and beings in explaining things to my child.
- .36 47. I expect my child to be grateful and appreciate all the advantages he has.
- .34 72. I like to have some time for myself, away from my child.
- .33 51R. I believe in praising a child when he is good and think it gets better results than punishing him when he is bad.
- .42 30R. I do not blame my child for whatever happens if others ask for trouble.
- .44 11R. I feel that a child should be given comfort and understanding when he is scared and upset.
- .45 26R. I let my child make many decisions for himself.
- .53 34R. I am easy going and relaxed with my child.
- .70 39R. I trust my child to behave as he should, even when I am not with him.

V. Nonprotectiveness vs. Overcontrol (3.444)

- .61 6. If my child gets into trouble, I expect him to handle the problem mostly by himself.
- .53 41. I give my child a good many duties and family responsibilities.
- .45 55. I teach my child to keep control of his feelings at all times.
- .42 66. I sometimes tease and make fun of my child.
- .40 67. I teach my child that he is responsible for what happens to him.
- .31 63. I believe that too much affection and tenderness can harm or weaken a child.
- .36 18R. I express affection by hugging, kissing, and holding my child.
- .51 54R. I believe children should not have secrets from their parents.
- .60 89R. I don't allow my child to tease or play tricks on others.
- .66 56R. I try to keep my child from fighting.

VI. Giving Child Space vs. Overapprehension/Anxious Separation (3.195)

- .55 3. I put the wishes of my mate before the wishes of my child.
- .54 59. I think a child should be encouraged to do things better than others.
- .42 24. I feel a child should have time to think, daydream, and even loaf sometimes.
- .34 7. I punish my child by putting him off somewhere by himself for a while.
- .33 61. I give my child extra privileges when he behaves well.
- .37 23R. I wish my child did not have to grow up so fast.
- .37 76R. I make sure I know where my child is and what he is doing.
- .46 80R. I don't go out if I have to leave my child with a stranger.
- .49 27R. I do not allow my child to say bad things about his teacher.
- .54 68R. I worry about the health of my child.
- .58 28R. I worry about the bad and sad things that can happen to a child as he grows up.

VII. Reluctance to Parent vs. Harsh Scolding (2.978)

- .51 25. I find it difficult to punish my child.
- .49 77. I find it interesting and educational to be with my child for long periods.
- .30 29R. I teach my child that in one way or another punishment will find him when he is bad.
- .33 7R. I punish my child by putting him off somewhere by himself for a while.
- .36 73R. I let my child know how ashamed and disappointed I am when he misbehaves.
- .38 43R. I have strict, well-established rules for my child.
- .44 8R. I watch closely what my child eats and when he eats.
- .54 60R. I punish my child by taking away a privilege he otherwise would have had.
- .54 64R. I believe that scolding and criticism makes my child improve.

VIII. Inconsistent vs. Harsh Discipline (2.749)

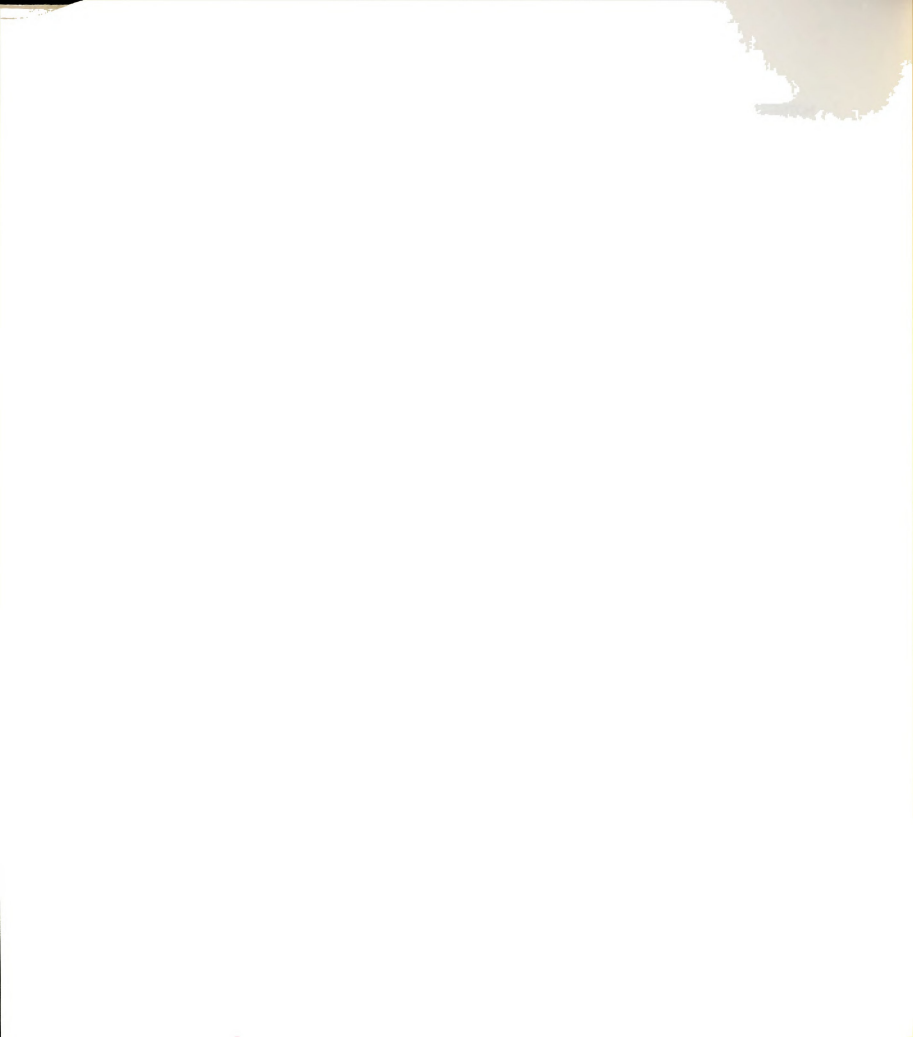
- .48 50. I threaten punishment more often than I actually give it.
- .37 51. I believe in praising a child when he is good and think it gets better results than punishing him when he is bad.
- .32 72. I like to have some time for myself, away from my child.
- .34 4R. I help my child when he is being teased by his friends.
- .43 70R. I do not allow my child to question my decisions.
- .44 37R. I have never caught my child lying.
- .51 31R. I do not allow my child to get angry with me.
- .52 43R. I have strict, well-established rules for my child.
- .58 14R. I believe physical punishment to be the best way of disciplining.

- IX. Independence Training vs. Fostering Anxiety in Child (2.568)
- .56 72. I like to have some time for myself, away from my child.
 - .54 44. I think one has to let a child take many chances as he grows up and tries new things.
 - .54 75. I encourage my child to be independent of me.
 - .34 7. I punish my child by putting him off somewhere by himself for a while.
 - .29 91R. I believe it is unwise to let children play a lot by themselves without supervision from grown-ups.
 - .43 16R. I sometimes forget the promises I have made to my child.
 - .45 17R. I think it is good practice for a child to perform in front of others.
 - .48 29R. I teach my child that in one way or another punishment will find him when he is bad.



MOTHERS

- I. Positive vs. Negative Affective Parenting (11.969)
- .76 52. I make sure my child knows that I appreciate what he tries or accomplishes.
 - .70 11. I feel a child should be given comfort and understanding when he is scared or upset.
 - .69 53. I encourage my child to talk about his troubles.
 - .68 18. I express affection by hugging, kissing, and holding my child.
 - .63 1. I respect my child's opinions and encourage him to express them.
 - .58 40. I joke and play with my child.
 - .55 19. I find some of my greatest satisfactions in my child.
 - .54 42. My child and I have warm, intimate times together.
 - .48 76. I make sure I know where my child is and what he is doing.
 - .47 34. I am easy going and relaxed with my child.
 - .44 39. I trust my child to behave as he should, even when I am not with him.
 - .44 44. I think one has to let a child take many chances as he grows up and tries new things.
 - .43 45. I encourage my child to be curious, to explore and question things.
 - .34 87. I believe it is very important for a child to play outside and get plenty of fresh air.
 - .32 38. I talk it over and reason with my child when he misbehaves.
 - .30 24. I feel a child should have time to think, daydream, and even loaf sometimes.
 - .29 14R. I believe physical punishment to be the best way of disciplining.
 - .30 59R. I think a child should be encouraged to do things better than others.
 - .31 20R. I prefer that my child not try things if there is a chance he will fail.
 - .32 6R. If my child gets into trouble, I expect him to handle the problem mostly by himself.
 - .35 70R. I do not allow my child to question my decisions.
 - .36 33R. I expect a great deal of my child.
 - .39 31R. I do not allow my child to get angry with me.
 - .40 65R. I believe my child should be aware of how much I sacrifice for him.
 - .41 16R. I sometimes forget the promises I have made to my child.
 - .45 63R. I believe that too much affection and tenderness can harm or weaken a child.
 - .46 10R. I wish my spouse were more interested in our children
 - .47 64R. I believe that scolding and criticism makes my child improve.
 - .55 82R. I think children must learn early not to cry.
 - .56 66R. I sometimes tease and make fun of my child.
 - .59 5R. I often feel angry with my child.
 - .59 15R. I believe that a child should be seen and not heard.
 - .61 69R. There is a good deal of conflict between my child and me.
 - .76 32R. I feel my child is a bit of a disappointment to me.



II. Child-centeredness vs. Rejection of Dependency (5.457)

- .52 21. I encourage my child to wonder and think about life.
- .50 24. I feel a child should have time to think, daydream, and even loaf sometimes.
- .49 67. I teach my child that he is responsible for what happens to him.
- .44 33. I expect a great deal of my child.
- .41 72. I like to have some time for myself, away from my child.
- .39 75. I encourage my child to be independent of me.
- .36 1. I respect my child's opinions and encourage him to express them.
- .34 45. I encourage my child to be curious, to explore and question things.
- .29 55R. I teach my child to keep control of his feelings at all times.
- .30 3R. I put the wishes of my mate before the wishes of my child.
- .32 9R. I don't think young children of different sexes should be allowed to see each other naked.
- .44 86R. I don't think children should be given sexual information before they can understand everything.
- .49 57R. I dread answering my child's questions about sex.
- .53 49R. I believe in toilet training a child as soon as possible.
- .55 63R. I believe that too much affection and tenderness can harm or weaken a child.
- .57 84R. I think it is best if the mother, rather than the father, is the one with the most authority over the children.
- .69 78R. I think a child should be weaned from the breast or bottle as soon as possible.

III. Overprotectiveness vs. Encouragement of Autonomy (3.935)

- .60 9. I don't think young children of different sexes should be allowed to see each other naked.
- .58 13. I try to stop my child from playing rough games or doing things where he might get hurt.
- .57 83. I control my child by warning him about the bad things that can happen to him.
- .57 85. I don't want my child to be looked upon as different from others.
- .46 27. I do not allow my child to say bad things about his teacher.
- .32 68. I worry about the health of my child.
- .32 88. I get pleasure from seeing my child eating well and enjoying his food.
- .30 2R. I encourage my child always to do his best.
- .37 45R. I encourage my child to be curious, to explore and question things.
- .43 42R. My child and I have warm, intimate times together.
- .47 34R. I am easy going and relaxed with my child.
- .48 75R. I encourage my child to be independent of me.
- .50 3R. I put the wishes of my mate before the wishes of my child.



IV. Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development (3.869)

- .40 30. I do not blame my child for whatever happens if others ask for trouble.
- .36 6. If my child gets into trouble, I expect him to handle the problem mostly by himself.
- .35 39. I trust my child to behave as he should, even when I am not with him.
- .33 36. I tend to spoil my child.
- .33 82. I think children must learn early not to cry.
- .32 58R. When I am angry with my child, I let him know it.
- .45 61R. I give my child extra privileges when he behaves well.
- .45 73R. I let my child know how ashamed and disappointed I am when he misbehaves.
- .47 7R. I punish my child by putting him off somewhere by himself for a while.
- .55 29R. I teach my child that in one way or another punishment will find him when he is bad.
- .66 60R. I punish my child by taking away a privilege he otherwise would have had.

V. Encouraging Competitive Achievement vs. Anxious Dependency (3.352)

- .60 59. I think a child should be encouraged to do things better than others.
- .50 71. I feel that it is good for a child to play competitive games.
- .48 74. I want my child to make a good impression on others.
- .46 2. I encourage my child always to do his best.
- .43 88. I get pleasure from seeing my child eating well and enjoying his food.
- .32 15. I believe that a child should be seen and not heard.
- .31 43. I have strict, well-established rules for my child.
- .32 28R. I worry about the bad and sad things that can happen to a child as he grows up.
- .36 20R. I prefer that my child not try things if there is a chance he will fail.
- .37 12R. I try to keep my child away from children or families who have different ideas or values from or own.
- .65 35R. I give up some of my own interests because of my child.



VI. Parental Guilt/Inadequacy vs. Suspicious Symbiosis (3.209)

- .63 25. I find it difficult to punish my child.
- .58 50. I threaten punishment more often than I actually give it.
- .40 68. I worry about the health of my child.
- .37 36. I tend to spoil my child.
- .31 48. I sometimes feel that I am too involved with my child.
- .36 7R. I punish my child by putting him off somewhere by himself for a while.
- .36 46R. I sometimes talk about supernatural forces and beings in explaining things to my child.
- .37 67R. I teach my child that he is responsible for what happens to him.
- .40 12R. I try to keep my child away from children or families who have different ideas or values from or own.
- .41 17R. I think it is good practice for a child to perform in front of others.
- .56 81R. I think jealousy and quarreling between brothers and sisters should be punished.

VII. Romantic Child-centeredness vs. Erratic Parenting (2.966)

- .54 77. I find it interesting and educational to be with my child for long periods.
- .49 62. I enjoy having the house full of children.
- .48 38. I talk it over and reason with my child when he misbehaves.
- .36 23. I wish my child did not have to grow up so fast.
- .34 36R. I tend to spoil my child.
- .35 58R. When I am angry with my child, I let him know it.
- .42 72R. I like to have some time for myself, away from my child.
- .44 26R. I let my child make many decisions for himself.
- .46 70R. I do not allow my child to question my decisions.

VIII. Traditional Responsible Parenting vs. Haphazard Parenting (2.907)

- .60 41. I give my child a good many duties and family responsibilities.
- .38 61. I give my child extra privileges when he behaves well.
- .36 37. I have never caught my child lying.
- .36 39. I trust my child to behave as he should, even when I am not with him.
- .35 43. I have strict, well-established rules for my child.
- .33 45R. I encourage my child to be curious, to explore and question things.
- .36 51R. I believe in praising a child when he is good and think it gets better results than punishing him when he is bad.
- .41 87R. I believe it is very important for a child to play outside and get plenty of fresh air.
- .46 80R. I don't go out if I have to leave my child with a stranger.
- .51 90R. I think it is wrong to insist that young boys and girls have different kinds of toys and play different sorts of games.



IX. Lack of Supervision vs. Appropriate Supervision (2.829)

- .37 71. I feel that it is good for a child to play competitive games.
- .31 16. I sometimes forget the promises I have made to my child.
- .31 8R. I watch closely what my child eats and when he eats.
- .37 80R. I don't go out if I have to leave my child with a stranger.
- .42 4R. I help my child when he is being teased by his friends.
- .45 89R. I don't allow my child to tease or play tricks on others.
- .51 76R. I make sure I know where my child is and what he is doing.
- .54 56R. I try to keep my child from fighting.
- .62 91R. I believe it is unwise to let children play a lot by themselves without supervision from grown-ups.

APPENDIX D

PEARSON CORRELATION MATRICES FOR RELATIONSHIPS

REPORTED AS PARTIAL CORRELATIONS



Table A1 (Parallels Table 15)

Relationship Between Measures of Father's Life Problems and Father's
Reported Parenting Practices--Pearson R's (N=79)

	LAPS ^a	QFV-R ^b	BDI ^c	HRSD-C ^d	HRSD-W ^e	ASB-C ^f	ASB-A ^g	ASB-T ^h
FPP1 ^A	-.25*	.22+	-.41***	-.01	.02	-.12	-.06	-.10
FPP2 ^B	-.04	.06	.02	-.06	-.28*	.01	.03	.03
FPP3 ^C	.19+	.09	.11	.00	-.03	.13	-.02	.06
FPP4 ^D	.13	.19+	.21+	.08	.04	.16	.13	.16
FPP5 ^E	.08	-.05	.16	.16	.27*	.03	-.06	-.02
FPP6 ^F	.11	.03	.10	.17	.22+	-.04	.04	.01
FPP7 ^G	.07	-.15	-.09	.00	-.07	-.16	-.08	-.13
FPP8 ^H	.18	-.14	.06	.18	.19	.13	.16	.16*
FPP9 ^I	.02	.00	-.05	.01	.10	.15	.14	.15*

^a Lifetime Alcohol Problems Score

^b Quantity-Frequency-Variability Index of Current Drinking

^c Beck Depression Inventory

^d Hamilton Rating Scale for Depression-Current

^e Hamilton Rating Scale for Depression-Worst Ever

^f Antisocial Behavior-Childhood

^g Antisocial Behavior-Adulthood

^h Antisocial Behavior-Total

^A Positive vs. Disengaged Affective Parenting

^B Narcissistic vs. Child-centered Parenting

^C Affective Underinvolvement vs. Socialization to Self-pity

^D Lack of Trust vs. Trust

^E Nonprotectiveness vs. Overcontrol

^F Giving Child Space vs. Overapprehension/Anxious Separation

^G Reluctance to Parent vs. Harsh Scolding

^H Inconsistent vs. Harsh Discipline

^I Independence Training vs. Fostering Anxiety in Child

+ $p < .10$. * $p < .05$. *** $p < .001$. All two-tailed.



Table A2 (Parallels Table 16)

Relationship Between Measures of Mother's Life Problems and Father's Reported Parenting Practices--Pearson R's (N=79)

	LAPS ^a	QFV-R ^b	BDI ^c	HRSD-C ^d	HRSD-W ^e	ASB-C ^f	ASB-A ^g	ASB-T ^h
FPP1 ^a	.09	.05	-.22+	.07	-.01	.02	-.10	-.03
FPP2 ^b	-.04	-.04	.00	-.08	-.20+	.12	-.11	.02
FPP3 ^c	-.11	-.04	-.04	-.13	.01	-.14	.00	-.09
FPP4 ^d	.10	-.11	.11	-.01	.05	-.05	.00	-.03
FPP5 ^e	-.14	-.05	.03	.01	-.15	-.18	-.03	-.13
FPP6 ^f	-.04	-.04	.04	.02	-.18	-.12	.06	-.05
FPP7 ^g	.02	-.11	-.01	-.19	.09	.14	.01	.10
FPP8 ^h	.14	.14	.06	-.03	-.02	-.01	-.01	-.01
FPP9 ⁱ	.03	.03	-.04	-.12	-.07	-.12	-.06	-.11

^a Lifetime Alcohol Problems Score

^b Quantity-Frequency-Variability Index of Current Drinking

^c Beck Depression Inventory

^d Hamilton Rating Scale for Depression-Current

^e Hamilton Rating Scale for Depression-Worst Ever

^f Antisocial Behavior-Childhood

^g Antisocial Behavior-Adulthood

^h Antisocial Behavior-Total

^a Positive vs. Disengaged Affective Parenting

^b Narcissistic vs. Child-centered Parenting

^c Affective Underinvolvement vs. Socialization to Self-pity

^d Lack of Trust vs. Trust

^e Nonprotectiveness vs. Overcontrol

^f Giving Child Space vs. Overapprehension/Anxious Separation

^g Reluctance to Parent vs. Harsh Scolding

^h Inconsistent vs. Harsh Discipline

ⁱ Independence Training vs. Fostering Anxiety in Child

+ $p < .10$. Two-tailed.



Table A3 (Parallels Table 17)

Relationship Between Measures of Mother's Life Problems and Mother's
Reported Parenting Practices--Pearson R's (N=79)

	LAPS ^a	QFV-R ^b	BDI ^c	HRSD-C ^d	HRSD-W ^e	ASB-C ^f	ASB-A ^g	ASB-T ^h
MPP1 ^a	.00	-.04	-.19+	-.08	.02	-.05	-.10	-.08
MPP2 ^b	.08	.12	.02	.13	.09	.07	.08	.08
MPP3 ^c	.12	.14	.01	-.03	-.04	.04	-.17	-.06
MPP4 ^b	-.25*	.03	-.06	-.03	.05	-.18	-.08	-.15
MPP5 ^e	.06	.06	.11	-.14	-.02	.17	.41***	.32**
MPP6 ^f	.11	-.12	.14	-.19	.14	.13	-.09	.04
MPP7 ^g	-.10	-.15	-.20+	.18	.13	-.06	-.16	-.12
MPP8 ^h	.00	.22+	-.01	.03	.03	.03	.02	.03
MPP9 ⁱ	.04	.06	.12	-.16	-.13	.03	-.04	.00

^a Lifetime Alcohol Problems Score

^b Quantity-Frequency-Variability Index of Current Drinking

^c Beck Depression Inventory

^d Hamilton Rating Scale for Depression-Current

^e Hamilton Rating Scale for Depression-Worst Ever

^f Antisocial Behavior-Childhood

^g Antisocial Behavior-Adulthood

^h Antisocial Behavior-Total

^a Positive vs. Negative Affective Parenting

^B Child-centeredness vs. Rejection of Dependency

^C Overprotectiveness vs. Encouragement of Autonomy

^D Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development

^E Encouraging Competitive Achievement vs. Anxious Dependency

^F Parental Guilt/Inadequacy vs. Suspicious Symbiosis

^G Romantic Child-centeredness vs. Erratic Parenting

^H Traditional Responsible Parenting vs. Haphazard Parenting

^I Lack of Supervision vs. Appropriate Supervision

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$. All two-tailed.



Table A4 (Parallels Table 18)

Relationship Between Measures of Father's Life Problems and Mother's
Reported Parenting Practices--Pearson R's (N=79)

	LAPS ^a	QFV-R ^b	BDI ^c	HRSD-C ^d	HRSD-W ^e	ASB-C ^f	ASB-A ^g	ASB-T ^h
MPP1 ^A	.01	-.05	-.07	-.22+	.03	.01	.01	.01
MPP2 ^B	-.05	.09	-.19+	-.23*	-.17	-.09	-.13	-.12
MPP3 ^C	-.04	.06	.22+	-.04	-.16	-.06	-.13	-.10
MPP4 ^D	-.05	-.16	-.09	-.25*	-.12	.00	-.02	-.01
MPP5 ^E	-.06	.09	-.01	-.19+	-.28*	-.06	-.10	-.09
MPP6 ^F	.01	.00	.05	-.13	-.10	.16	-.02	.07
MPP7 ^G	-.05	-.14	-.09	-.26*	-.12	.09	.07	.08
MPP8 ^H	-.26*	.09	.06	-.07	-.23*	.13	-.06	.03
MPP9 ^I	-.12	.08	-.01	.07	-.11	-.04	-.11	-.08

^a Lifetime Alcohol Problems Score

^b Quantity-Frequency-Variability Index of Current Drinking

^c Beck Depression Inventory

^d Hamilton Rating Scale for Depression-Current

^e Hamilton Rating Scale for Depression-Worst Ever

^f Antisocial Behavior-Childhood

^g Antisocial Behavior-Adulthood

^h Antisocial Behavior-Total

^A Positive vs. Negative Affective Parenting

^B Child-centeredness vs. Rejection of Dependency

^C Overprotectiveness vs. Encouragement of Autonomy

^D Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development

^E Encouraging Competitive Achievement vs. Anxious Dependency

^F Parental Guilt/Inadequacy vs. Suspicious Symbiosis

^G Romantic Child-centeredness vs. Erratic Parenting

^H Traditional Responsible Parenting vs. Haphazard Parenting

^I Lack of Supervision vs. Appropriate Supervision

+ $p < .10$. * $p < .05$. All two-tailed.

Table A5 (Parallels Table 19)

Relationships Between the Index of Parental Agreement on Child-rearing
and the Measures of Parent Life Problems--Pearson R's (N=79)

Mothers

Lifetime Alcohol Problems Score	.07
Quantity-Frequency-Variability (Current Drinking)	.01
Beck Depression Inventory	-.21 +
Hamilton Rating Scale for Depression-Current	.12
Hamilton Rating Scale for Depression-Worst Ever	.09
Antisocial Behavior-Childhood	.08
Antisocial Behavior-Adulthood	-.10
Antisocial Behavior-Total	.00

Fathers

Lifetime Alcohol Problems Score	-.17
Quantity-Frequency-Variability (Current Drinking)	-.06
Beck Depression Inventory	-.31 **
Hamilton Rating Scale for Depression-Current	-.10
Hamilton Rating Scale for Depression-Worst Ever	.01
Antisocial Behavior-Childhood	-.10
Antisocial Behavior-Adulthood	.00
Antisocial Behavior-Total	-.05

+ $p < .10$. ** $p < .01$. All two-tailed.

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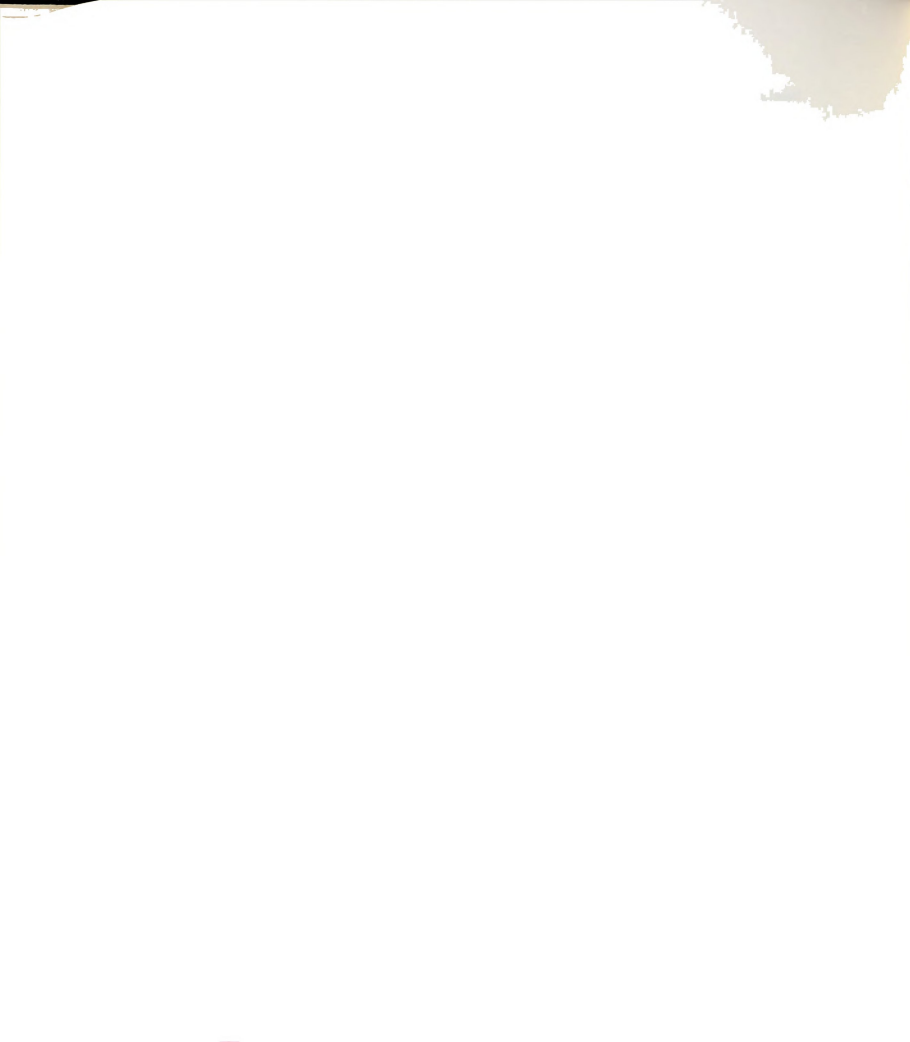


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