

Aging, Globalization and Inequality


The New Critical Gerontology

Edited by

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This book is a major reassessment of work in the field of critical gerontology, providing a comprehensive survey of issues by a team of contributors drawn from Europe and North America. The book focuses on the variety of ways in which age and aging are socially constructed, and the extent to which growing old is being transformed through processes associated with globalization. The collection offers a range of alternative views and visions about the nature of social aging, making a major contribution to theory-building within the discipline of gerontology. The different sections of the book give an overview of the key issues and concerns underlying the development of critical gerontology. These include: first, the impact of globalization and of multinational organizations and agencies on the lives of older people; second, the factors contributing to the "social construction" of later life; and third, issues associated with diversity and inequality in old age, arising through the effects of cumulative advantage and disadvantage over the life course. These different themes are analyzed using a variety of theoretical perspectives drawn from sociology, social policy, political science, and social anthropology. *Aging, Globalization and Inequality* brings together key contributors to critical perspectives on aging and is unique in the range of themes and concerns covered in a single volume. The study moves forward an important area of debate in studies of aging and thus provides the basis for a new type of critical gerontology relevant to the twenty-first century.

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LACK OF EMOTIONAL SUPPORT FROM PARENTS EARLY IN LIFE AND ALCOHOL ABUSE LATER IN LIFE

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ABSTRACT

The purpose of this study is to examine the association between lacking emotional support from parents early in life and adult alcohol abuse. A series of logistic regression models were run with data collected from a nationally representative sample of over 2,500 adults ages 25-74. The findings reveal a linear relationship between level of deficiency in early maternal support and odds of alcohol abuse during adulthood, with even moderate deficiencies being associated with elevated risk. Further examination suggests that this association persists throughout adulthood. This association does not appear to be explained by the early initiation of alcohol use, but poor psychological well-being during adulthood does account for a large portion of this association. These findings expand our understanding of the risks associated with poor parental support during childhood, and underscore the importance of adopting a life course perspective in studying the social determinants of alcohol problems among adults.

INTRODUCTION

Research on the developmental origins of alcohol problems among adults has made great strides in recent years. Most notably, an accumulation of recent research findings has shown links between adverse childhood social environments and problem drinking behavior in adulthood (Dube, Anda, Felitti,

Edwards, & Croft, 2002; Kessler, Davis, & Kendler, 1997). These findings suggest that adult alcohol problems must be thought of not only as responses to contemporaneous conditions, but also as behaviors that develop and are sustained within a social context that can be traced back across an entire life course.

Despite a growing appreciation for the importance of early-life social antecedents in the development of adult alcohol problems, our current understanding of these linkages across the life course is far from complete. For instance, studies in this area have focused almost exclusively on the contribution of early-life experiences of loss and victimization (e.g., parental loss, physical abuse, and sexual abuse) as precursors to alcohol problems later in life (Dube et al., 2002; Horwitz, Widom, McLaughlin, & White, 2001; Ireland & Widom, 1994; Kessler et al., 1997). Although these studies show quite convincingly that childhood exposures to major losses or victimization are associated with an increased risk for alcohol problems in later life, this focus on traumatic events and conditions may be too narrow. Recent findings from the MacArthur Study of Midlife Development in the United States (MIDUS) indicate that simply perceiving a lack of emotional support from parents during childhood also has substantial and long-lasting psychosocial and health effects (Shaw, Krause, Chatters, Connell, & Ingersoll-Dayton, 2004). Moreover, at least one recent study presents evidence of a specific association between a perceived lack of early-life parental support and adult alcohol abuse (Enns, Cox, & Clara, 2002).

Details about the nature and scope of the association between lack of parental support during childhood and adult alcohol problems, however, have not been thoroughly studied. For instance, the functional form of this relationship is unknown. More specifically, it is not known whether an increased risk for alcohol problems is confined only to those reporting the lowest levels of parental support, or whether an increased risk is also apparent among those with small or moderate deficiencies in parental support. In addition, we know little about how the relationship between early parental support and later alcohol problems unfolds over the life course. For example, it is unclear whether this association persists with increasing age throughout adulthood. Also, the specific mediators of the association between parental support and adult alcohol problems are not known.

The purpose of this study is to advance research on the developmental origins of adult alcohol problems and extend the work of Shaw and colleagues (2004) by addressing these important questions about the effects of early parental support on the specific health problem of alcohol abuse. In the discussion that follows, the theoretical foundations for the association between lacking early parental support and adult alcohol abuse are explained. This is

done by first reviewing the effects of poor parental support, in general, and then discussing the potential association between lacking early parental support and adult alcohol problems, specifically. Following this, the study's sample and measures are described. Finally, the empirical findings are presented and discussed.

THE EFFECTS OF LACKING PARENTAL SUPPORT DURING CHILDHOOD

Parental support during childhood, or early parental support, refers to gestures or acts of caring, acceptance, and assistance that are expressed by a parent toward a child. A lack of support from parents during childhood is thought to have significant and lasting consequences because the parent-child relationship serves as the context within which important social and psychological development takes place. According to Bowlby (1980), a child's relationship with his or her parents serves as a prototype for the development of social ties in adult years. If parents provide a supportive environment, children are likely to develop a sense of security that facilitates the development of interpersonal closeness throughout the life course (Caspi & Elder, 1988; Reis & Patrick, 1996). Conversely, if parents are unsupportive, children may develop life-long patterns of withdrawal and avoidance of others (Bowlby, 1980). In addition, based upon their early relationships with parents, children form impressions of their own self-worth and personal control that they carry with them throughout life (Brown & Harris, 1978; Leondari & Kiosseoglou, 2002; Sroufe, 1986). Problems in the development of these important psychosocial resources are likely to compromise individual health and well-being (Cohen, Gottlieb, & Underwood, 2000; Rodin, Timko, & Harris, 1985; Shaw et al., 2004). This view of the long-term effects of parental support represents a merging of life course and life span development perspectives (Levitt, 2000) in that it suggests that the impact of exposure to poor parental support is shaped not only by the exposure itself, but also by the developmental stage (i.e., childhood) a person was in when the exposure occurred.

POOR PARENTAL SUPPORT AND ALCOHOL ABUSE

In order to understand why poor parental support may lead to alcohol problems, specifically, one must first consider what motivates some people to abuse alcohol. Perhaps the most common motivation for abusive drinking behavior involves the role that alcohol plays in relieving psychological distress resulting from failures to cope effectively with life stresses (Lisman,

1987; National Institute on Alcohol Abuse & Alcoholism [NIAAA], 2000). Although some research suggests that moderate alcohol use is actually effective at reducing the noxious effects of at least some types of stressors (Krause, 1995; Lipton, 1994), when the demands for relieving psychological distress are particularly high or prolonged, more abusive patterns of drinking behavior are likely to emerge.

As prior research has shown, one group of individuals who is prone to experiencing high levels of psychological distress throughout adulthood, and thus are at risk for alcohol problems, are those who have experienced traumatic losses or were abused during childhood (Dube et al., 2002; Jaskinski, Williams, & Siegel, 2000). Additional research, however, indicates that the burdens of psychological distress may also be particularly high among individuals who received poor parental support during childhood (Richman & Flaherty, 1986; Shaw et al., 2004). Although the study by Shaw et al. (2004) is based on retrospective reports of early parental support that could be biased as a function of present physical and mental health status, these findings appear to indicate that a lack of parental support leads to impairments in the development of adaptive psychosocial resources, such as personal control beliefs and social support, which last throughout adulthood and damage psychological well-being. The current study uses the same retrospective data to examine whether the psychological distress caused by a lack of early parental support increases risk for alcohol abuse during adulthood.

Implicit in this perspective is the idea that a parent's influence on the development of alcohol problems involves more than just the intergenerational transmission of a propensity for alcohol abuse. Accordingly, early parental support is expected to play an important role in the development of alcohol abuse, regardless of the presence of parental alcohol problems. That is, individuals who are raised in families without a history of alcoholism, but who receive poor early parental support, are expected to be at risk for the development of alcohol abuse as adults. In addition, poor parental support is expected to mediate—or account for—at least part of the increased risk for adult alcohol abuse among those raised by parents with a history of alcohol problems. This perspective is consistent with a biopsychosocial view of the intergenerational transmission of alcohol abuse (NIAAA, 2000).

Thus, on the basis of this theoretical rationale, one might expect to see an increased risk for alcohol problems among adults who report having received deficient parental support during childhood. However, a great deal more can be learned about the nature of early parental support's effects on alcohol problems later in life by specifying the functional form of this relationship. That is, it is important to know how much of a deficiency in early parental support is necessary to bring about an increased risk for alcohol problems later in life, and

to what extent risk increases at progressively greater levels of deficiency in support. In addition, it is important to consider how this relationship may unfold over the life course.

Functional Form

One aspect of the long-term relationship between early parental support and adult alcohol problems that has not yet been addressed in the literature is its functional form. Given that the majority of previously studied childhood antecedents of adult alcohol problems are of a relatively traumatic nature (e.g., physical and sexual abuse), one might expect the negative effects of early parental support to become evident only when deficiencies in early parental support are extreme. Such a relationship would be represented by a non-linear association between early parental support and the odds of alcohol abuse, whereby risk for alcohol problems increases in an accelerated fashion at progressively greater levels of deficiency in parental support.

However, further consideration suggests that it may be more reasonable to expect the association between early parental support and the odds of adult alcohol abuse to be represented by a linear pattern. This would be the case if even small deficiencies in parental support are associated with some degree of increased risk for adult alcohol abuse, with larger deficiencies conveying larger risks. Although small deficiencies in support from most social network members may not have significant and lasting consequences, it is likely that any level of deficiency in support from parents will have negative consequences. This is because, as many developmental psychologists believe, children have an inherent emotional need for positive responses, such as support, care, and nurturance, from those most important to them, in particular parents (Rohner, 2004). Thus, even small deficiencies in parental support are likely to induce feelings of rejection that can cause lasting psychosocial damage (e.g., low self-esteem) and may ultimately bring about alcohol problems. Accordingly, the psychosocial damage caused by larger deficiencies in parental support can be expected to be even greater, leading to even higher risks for alcohol problems.

Effects Over the Life Course

Much of the current research on the relationship between poor parental support during childhood and alcohol behavior has focused on relatively short-term outcomes. According to most of this research, early parental support plays a substantial role in the development of substance abuse problems during adolescence (e.g., Wills & Cleary, 1996). However, recent research suggests that the effects of poor parental support may last much longer. Specifically,

research by Enns et al. (2002) reveals that, within a nationally representative sample of individuals ages 15-54, those who reported having received low parental support during childhood were at a significantly increased risk for alcohol dependency and abuse. The idea that a lack of early parental support can have such a lasting effect on alcohol behavior points to the importance of taking a life course approach to studying the social determinants of adult alcohol problems. Nevertheless, key questions about this life course process remain.

For example, despite a growing appreciation for the long-term alcohol-related consequences of lacking early parental support, no studies have tested for age differences in these effects. Consequently, it is currently not clear whether the alcohol-related effects of lacking early parental support persist not only throughout young adulthood and midlife, but also several decades later as people enter old age. There are at least two reasons why problematic relationships with parents during childhood might continue to have an impact on alcohol-related behavior during early old age. First, the transition from midlife to early old age is a time when strong psychosocial resources are particularly essential, as people try to cope with age-related losses and the increasing need for dependence (Baltes & Smith, 1999). People who experienced poor parenting during childhood may be relatively unequipped to deal with these developmental issues of late life because, for instance, they may feel insecure about themselves and their relationships with others, and this may diminish their ability to receive and provide support during times of need (McCarthy & Davies, 2003). As a result of this inability to cope effectively with the stresses of aging, some may turn to alcohol. Second, late life is also a time when people often undergo a process of life review in which they attempt to resolve old conflicts and reconcile problematic interpersonal relationships (Butler & Lewis, 1982; Erikson, 1959). For people who experienced poor relationships with parents during childhood, this process of life review may actually resurrect old stressors related to these poor attachment experiences (Lo Gerfo, 1981), and these stressors, if not coped with effectively, could trigger alcohol abuse.

Additionally, from an intervention standpoint, it is important to identify the key mediators of the long-term effects of poor parental support during childhood on adult alcohol problems. The early initiation of alcohol use is one potentially strong mediator. Parenting behavior has long been known as strong precursor to the onset of alcohol use among children (Cohen, Richardson, & LaBree, 1994). Furthermore, early initiation of alcohol use is a powerful predictor of progression to alcohol-related problems in adulthood (DeWitt, Adlaf, Offord, & Osborne, 2000). Therefore, one might expect that a significant portion of the association between poor parental support and adult alcohol problems is due to the early initiation of alcohol use. Such a finding would

warrant alcohol prevention interventions targeted toward early adolescents who lack parental support.

It is likely, however, that much of the association between poor parental support during childhood and adult alcohol problems persists even after accounting for early initiation of alcohol use. The long-term psychological effects of lacking early parental support have been recently documented (Shaw et al., 2004). Thus, at least some of the long-term impact of poor parental support on alcohol problems is likely to be due to the lasting emotional damage caused by inadequate parenting. In this case, interventions to reduce vulnerability to psychological distress throughout the adult life course would be warranted for those who received a lack of parental support during childhood.

Taken as a whole, this theoretical foundation leads to the following study hypotheses:

1. Lack of early parental support is associated with increased risk for alcohol abuse in adulthood;
2. The association between lacking early parental support and risk for adult alcohol abuse is represented by a linear pattern, such that both small and large deficiencies in parental support are associated with elevated risk for alcohol abuse, with the largest risk residing in those with the largest deficiencies;
3. The association between lack of early parental support and adult alcohol abuse persists with advancing age across the adult life course; and
4. Lacking early parental support leads to adult alcohol abuse by prompting the early initiation of alcohol use, and by causing lasting psychological distress.

METHODS

Sample

The data for this study come from the National Survey of Midlife Development in the United States (MIDUS), 1995-1996 (Brim et al., 1996). Participants are a nationally representative random-digit-dial sample of noninstitutionalized, English-speaking adults, aged 25-74, residing in the coterminous United States. Older adults and men are oversampled. The data were collected via an initial telephone interview and a follow-up mailed questionnaire, both of which were completed in 1995. Together, the estimated response rate for the entire MIDUS survey is 60.8% (Brim et al., 1996).

A total of 3,044 respondents provided data. Complete data on all study measures is available from 2,514 of these respondents. Descriptive statistics

for all major study variables in this sample appear in Table 1. Approximately 44.9% of the sample is male, and 84.9% is White. At the time of the survey, the average age of participants was 44.47 ($SD = 13.26$). These descriptive statistics, as well as findings presented in the Results section, are based on weighted data.

Measures

Early Parental Support

Emotional support received from one's parents during childhood was measured with two sets of items from the mailed questionnaire. The first set of items focused on the availability of emotional support from the respondent's mother (or the woman who raised the respondent) during the years he or she was growing up. These same items were then asked with reference to the respondent's father (or male caregiver during childhood): 1) "How much did she/he understand your problems and worries?"; 2) "How much could you confide in her/him about things that were bothering you?"; 3) "How much love and affection did she/he give you?"; 4) "How much time and attention did she/he give you when you needed it?"; 5) "How much effort did she/he put into watching over you and making sure you had a good upbringing?"; and 6) "How much did she/he teach you about life?" Each of these items was scored on a 4-point Likert scale that included "Not at all" (0); "A little" (1); "Some" (2); and "A lot" (3). Each response was reverse coded so that higher scores reflect greater deficiencies in early parental support. Maternal and paternal support scores were created by summing the mother-focused and father-focused items, respectively.

A total of 2,433 respondents (96.8% of the analytic sample) provided complete data for support received from both parents. An additional 81 respondents who were missing data for one parent who was absent from their household for most of their childhood are also included in the analytic sample. For these cases, a score reflecting the maximum amount of deficiency in support was assigned for that missing parent based upon the assumption that if a parent was absent, he or she would not be able to provide any support. Following procedures recommended by Cohen and Cohen (1983), a dummy variable was then created and included in all regression analyses described below in order to control for potential differences between respondents with original data for two parents, and those for whom a parental support score was assigned.

The internal consistency reliability for the mother subscale is .90, while the internal consistency reliability of the father subscale is .92. The correlation between the maternal and paternal subscales is .44.

Alcohol Abuse

The presence of alcohol problems, or abuse, was assessed with a five-item modified version of the Michigan Alcohol Screening Test (MAST) (Selzer, 1971). Respondents were asked to respond "Yes" or "No" to the following questions: 1) "Were you ever, during the past 12 months, under the effects of alcohol or feeling its after-effects in a situation which increased your chances of getting hurt—such as when driving a car or boat, or using knives or guns or machinery?"; 2) "Did you ever, during the past 12 months, have any emotional or psychological problems from using alcohol—such as feeling depressed, being suspicious of people, or having strange ideas?"; 3) "Did you ever, during the past 12 months, have such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else?"; 4) "Did you have a period of a month or more during the past 12 months when you spent a great deal of time using alcohol or getting over its effects?"; and 5) "Did you ever, during the past 12 months, find that you had to use more alcohol than usual to get the same effect or that the same amount had less effect on you than before?" The internal consistency reliability of this scale is .68. The scale was dichotomized to represent the presence or absence of alcohol problems. Respondents who answered "Yes" to any of these items were coded 1, and all others were coded 0. Using this measure, alcohol abuse is present in 14.6% of the sample.

Early Onset of Alcohol Use

The onset of alcohol use was assessed with a single item from the telephone interview. Respondents were asked, "How old were you when you had your first drink, not counting a sip of someone else's drink?" Respondents reported their age of first alcohol use in years, or reported that they had never had a drink. This measure was dichotomized to indicate early initiation by assigning a 1 to respondents who reported having their first drink when less than 16 years old, and a 0 to all others. The age of 16 was chosen because elsewhere in the survey this particular age is used as a marker for experiences occurring during childhood. Approximately 37% of the sample reported having initiated alcohol use by the age of 16.

Psychological Distress

Current depressive symptomatology is used as an indicator of psychological distress. Respondents reported how often during the past 30 days they felt each of six different depressive symptoms, including "So sad that nothing could cheer you up," "Nervous," "Restless or fidgety," "Hopeless," "That

everything was an effort," and "Worthless." Responses to each of these items were scored on a 5-point Likert scale ranging from "None of the time" (1) to "All of the time" (5). A total score was computed by summing responses to each of the items. Thus, higher scores indicate more depressive symptoms. Scores range from 6 to 30, with a mean of 9.47 ($SD = 3.84$). The internal consistency reliability estimate for this scale is .87.

Age

Age was reported by study participants and is scored continuously in years.

Demographic and Other Control Measures

The relationships between early parental support, adult alcohol abuse, early onset of alcohol use, psychological distress, and age are estimated after the effects of gender, race, parent's education, recent parental alcohol problems, and parent's health status during childhood are controlled statistically. Gender is represented as a binary measure (1 = Male; 0 = Female). Race is also represented as a binary variable (1 = White; 0 = Other).

Parental education is used as an indicator of a respondent's socioeconomic status (SES) during childhood. This is an important control variable because a high level of parental education is likely to be associated with strong parental support (Shaw et al., 2003), and a lower incidence of adult mental disorders (Gilman, Kawachi, Fitzmaurice, & Buka, 2002). Each respondent was asked to report the highest grade or year of schooling completed by each of his or her parents or guardians using a 12-point ordinal scale. The correlation between mother's education level and father's education is .58. In order to create a single score representing parental education level, father's education level is used as the default indicator. If data are not available on a father's education, mother's education is used. Following this procedure, data on childhood socioeconomic status is available for 96% of respondents. Approximately 92% of these available scores are based upon father's education, and the remaining 8% are based on mother's education.

Finally, a measure of recent parental alcohol or substance problems, as well as two single-item measures of parental health status during respondent's childhood (i.e., age 16), are also used as control variables. These are necessary because parental health—including alcohol problems—could be associated with both parental support received during childhood and adult alcohol abuse. Recent parental alcohol or substance problems is a dichotomous measure based on respondent reports of problems in the past 12 months (1 = Alcohol or substance problem reported; 0 = Other). Parental health status is assessed by

asking respondents to rate the overall health of each parent on a scale from "Deceased" (1) to "Excellent" (6).

Data Analysis Strategy

The analysis plan for this study consists of four stages. In the first stage, logistic regression is used to test Hypothesis 1. Specifically, the associations between greater deficiencies in early maternal and paternal support and the odds of alcohol abuse are estimated, after controlling for age, race, gender, parental education, recent parental alcohol problems, parental health during respondent's childhood, and the availability of early parental support data.

In the second stage of analysis, the early parental support scales are converted into a series of dummy variables which represent various levels of deficiency in maternal and paternal support. Individuals with scores between 0 and 6 on the early parental support scales are defined as having *little or no deficiency in parental support*, while individuals with scores between 7 and 12 are defined as having a *small or moderate deficiency* in parental support, and individuals with scores greater than 13 are defined as having a *large deficiency* in parental support. The distribution of the sample across these categories for both maternal and paternal support appears in Table 1. Dummy variables representing the latter two categories are entered into a logistic regression model (the *little or no deficiency* groups serve as the references) in order to test whether the associations between lacking early parental support and adult alcohol abuse vary according to the level of deficiency in early parental support. If only a coefficient associated with a *large deficiency* is significant, then it can be concluded that the risk of alcohol abuse associated with lacking early parental support is confined mainly to those with large deficiencies. On the other hand, if coefficients for both dummy variables are significant and of relatively equal value, then it can be concluded that any deficiency in parental support is associated with an increased risk for adult alcohol abuse. Finally, if a coefficient representing *large deficiency* is larger than the corresponding coefficient representing *small or moderate deficiency*, then it can be concluded that the level of risk for alcohol abuse is related to the amount of deficiency in parental support. In order to help "eyeball" the degree of linearity in the associations between early parental support and risk of adult alcohol abuse, the odds ratios associated with each of the dummy variables are plotted against the corresponding levels of deficiency in early maternal and paternal support (see Hosmer & Lemeshow, 1989, p. 90, for a complete description of this technique).

Next, two interaction terms (Lacking Early Maternal Support \times Age; Lacking Early Paternal Support \times Age) are entered into the basic model that

Table 1. Descriptive Statistics for Major Study Variables ($N = 2,514$)

Variable	Range	Mean (SD) %
Control variables		
Age	25-74	44.47 (13.26)
Gender (Male)	0-1	44.90%
Race (White)	0-1	84.90%
Parents' education	1-12	4.59 (2.89)
Recent parental alcohol problem	0-1	4.90%
Mother's health	1-6	4.42 (1.23)
Father's health	1-6	4.28 (1.35)
Independent variables		
Lack of early maternal/paternal support	0-18	4.97 (4.25)/7.55 (5.13)
– Little or no deficiency (0-6)	0-1	62.00%/40.20%
– Small or moderate deficiency (7-12)	0-1	28.00%/36.10%
– Large deficiency (13-18)	0-1	10.00%/23.70%
Dependent variable		
Adult alcohol abuse	0-1	14.60%
Mediating variables		
Early initiation of alcohol use	0-1	36.90%
Depressive symptoms	6-30	9.47 (3.84)

estimates the main effects of lacking early parental support on risk for adult alcohol abuse. The purpose of including these interaction terms is to estimate the degree to which the associations between lack of early parental support and risk for adult alcohol abuse vary at different ages. If either of the interaction terms are significant, this means that the association between early maternal or paternal support and adult alcohol abuse either diminishes or grows with increasing age.

Finally, the degree to which the associations between lack of early parental support and adult alcohol abuse are mediated by the early initiation of alcohol use and current psychological distress is tested. This is done by first including the variable representing early initiation of alcohol use in the basic model that estimates the main associations between lack of early maternal and paternal support and risk for adult alcohol abuse. If early initiation of alcohol use is an important mediator of either of these relationships, the coefficient representing

the association between lack of early parental support and the odds of alcohol abuse should decline when this variable is added to the model. Next, the variable representing psychological distress is added to the model in order to determine if it further reduces, or explains, the associations between lacking early parental support and adult alcohol abuse.

RESULTS

The findings for this study are presented in three main sections. The magnitude and pattern of associations between lacking early parental support and the odds of adult alcohol abuse are presented first. Next, estimates of the modifying effects of age on the associations between early parental support and adult alcohol abuse are reported. Finally, the degree to which these associations are explained by the early initiation of alcohol use and current psychological distress is assessed.

Lacking Early Parental Support and Adult Alcohol Abuse

Findings from the logistics regression model designed to test the relationship between lacking early parental support and the odds of adult alcohol abuse are presented in Table 2. The bottom two rows of this table indicate differing results with respect to the effects of poor maternal and paternal support on adult alcohol abuse. While the association between lacking early maternal support and risk for alcohol abuse in adulthood is statistically significant, the association between paternal support and adult alcohol abuse is not. With respect to maternal support, this table shows that each unit of deficiency in support received during childhood is associated with an approximately 5% increase in the odds of having an alcohol problem in adulthood (odds ratio = 1.052; $p \leq .01$). The odds ratio associated with additional units of deficiency in early maternal support can also be calculated with the following formula (see Hosmer & Lemeshow, 1989, p. 56):

$$\exp(c \times b),$$

where c is the number of units and b is the unstandardized logistic regression coefficient associated with lack of early maternal support. Using this formula, the data suggest that a deficiency of one-standard deviation in early maternal support ($SD = 4.25$) is associated with a more than 23% increase in the odds of having an alcohol problem as an adult (odds ratio = 1.237).

As discussed in the data analysis plan, the next step is to assess the linearity, or functional form, of the associations between lacking early parental support

Table 2. Lack of Early Parental Support and Adult Alcohol Abuse
(*N* = 2,514)^a

Independent variables	<i>b</i> ^b	β ^c	Odds ratio	95% Confidence Interval
Age	-.056***	-.743	.946	(.935, .957)
Sex (1 = Male)	1.121***	.558	3.068	(2.398, 3.924)
Race (1 = White)	.295	.106	1.344	(.959, 1.883)
Parents' education	.078***	.225	1.081	(1.038, 1.127)
Recent parental alcohol problem	.284	.061	1.329	(.836, 2.112)
Mother's health	-.009	-.011	.991	(.894, 1.099)
Father's health	-.103*	-.139	.902	(.822, .989)
Availability of parental support data (1 = Original data for two parents)	.302	.053	1.352	(.674, 2.710)
Lack of early maternal support	.050**	.213	1.052	(1.019, 1.085)
Lack of early paternal support	.015	.077	1.016	(.988, 1.044)

^aHosmer-Lemeshow Goodness of Fit Chi-Square = 1.889 with 8 degrees of freedom; *p* = .984.

^bUnstandardized logistic regression coefficient.

^cStandardized logistic regression coefficient computed by multiplying the unstandardized coefficient by the standard deviation of the independent variable.

p* ≤ .05; *p* ≤ .01; ****p* ≤ .001.

and the odds of alcohol abuse in adulthood. The findings from this set of analysis are presented in Table 3. The bottom three rows of this table reinforce the findings from Table 2 showing a lack of association between paternal support and adult alcohol abuse. Specifically, these results show that neither a moderate nor a large deficiency in paternal support early in life is associated with increased odds for alcohol problems later in life.

In contrast, the second row of Table 3 shows that, compared to individuals who report having received abundant maternal support early in life, those who report small-to-moderate deficiencies in maternal support have approximately 30% greater odds of having alcohol problems in adulthood (odds ratio = 1.338; *p* ≤ .05). Furthermore, the third row of this table indicates that those reporting a large deficiency in early maternal support are approximately two-thirds more likely than those reporting abundant maternal support to have adult alcohol problems (odds ratio = 1.678; *p* ≤ .01). This combination of findings suggests that even a small deficiency in maternal support during childhood is associated

Table 3. Level of Deficiency in Early Parental Support and Adult Alcohol Abuse (*N* = 2,567)^a

Independent variables ^b	<i>b</i> ^c	β ^d	Odds ratio	95% Confidence Interval
Early maternal support				
– Little or no deficiency (reference)	—	—	—	—
– Small or moderate deficiency	.291*	.131	1.338	(1.014, 1.766)
– Large deficiency	.518**	.156	1.678	(1.120, 2.514)
Early paternal support				
– Little or no deficiency (reference)	—	—	—	—
– Small or moderate deficiency	.179	.086	1.196	(.950, 1.581)
– Large deficiency	.053	.023	1.054	(.744, 1.494)

^aHosmer-Lemeshow Goodness of Fit Chi-Square = 4.367 with 8 degrees of freedom; *p* = .823.

^bModel estimated after controlling for the effects of age, sex, race, parent's education, recent parental alcohol problems, parent's health, and availability of parental support data.

^cUnstandardized logistic regression coefficient.

^dStandardized logistic regression coefficient computed by multiplying the unstandardized coefficient by the standard deviation of the independent variable.

p* ≤ .05; *p* ≤ .01; ****p* ≤ .001.

with an increased risk for alcohol abuse later in life, and that the risk increases in a relatively linear fashion as deficiency in maternal support increases. This approximately linear pattern of the association between level of deficiency in early maternal support and the odds of adult alcohol abuse is depicted in Figure 1.

Lacking Early Parental Support, Current Age, and Adult Alcohol Abuse

The top portion of Table 4 presents findings from a test of current age as a moderator of the associations between lacking early parental support and adult alcohol abuse. As rows 3 and 4 of this table show, both multiplicative terms—*Lack of Early Maternal Support* × *Age* and *Lack of Early Paternal Support* × *Age*—are nonsignificant. This is an indication that the associations between lacking early parental support and the odds of having an alcohol problem as an adult do not vary according to the current age of respondents. In other words, these nonsignificant multiplicative terms suggests that both the lack of association between paternal support and adult alcohol abuse, and the significant association between lacking maternal support during childhood and adult alcohol abuse, endure at least into early old-age.

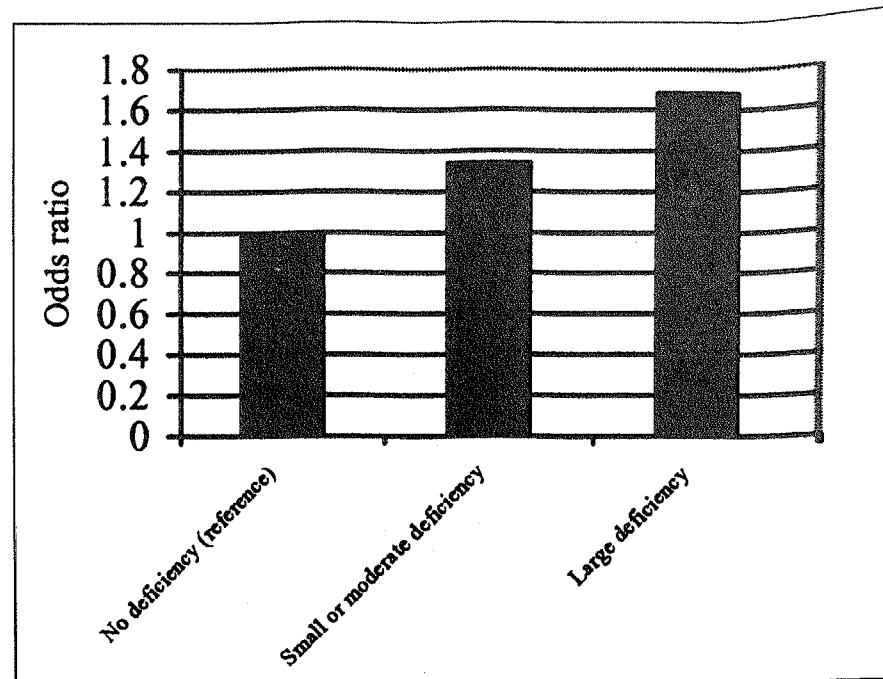


Figure 1. Odds ratios for adult alcohol abuse corresponding to different levels of deficiency in early maternal support.

The Mediating Effects of Early Initiation of Alcohol Use and Adult Psychological Distress

Findings regarding the contribution of early initiation of alcohol use as a mediator of the association between lacking early parental support and adult alcohol abuse are presented in the middle panel of Table 4. Given the lack of association between paternal support and adult alcohol abuse, this portion of the analyses focuses only on the effects of maternal support. The second row of this panel shows that early initiation of alcohol use is significantly associated with the odds of having alcohol problems as an adult. More specifically, those who reported first using alcohol before age 16 are approximately 80% more likely to have alcohol problems in adulthood than those who did not use alcohol at such an early age (odds ratio = 1.810; $p \leq .001$). Further examination of this table, however, shows that early initiation of alcohol use explains, or accounts for, very little of the association between lacking early maternal support and

Table 4. Lack of Early Parental Support and Adult Alcohol Abuse: Expanded Models

Independent variables ^a	b^b	β^c	Odds ratio	95% Confidence Interval
Interaction model ($N = 2,567$)				
Lack of early maternal support	.055**	.234	1.056	(1.020, 1.094)
Lack of early paternal support	.018	.092	1.018	(.987, 1.051)
Lack of early maternal support \times Age	.001	—	1.001	(.998, 1.003)
Lack of early paternal support \times Age	.001	—	1.001	(.998, 1.003)
Hosmer-Lemeshow goodness of fit		3.055 ^d		
Mediator models ($N = 2,514$)				
Lack of early maternal support	.048**	.204	1.049	(1.017, 1.083)
Early initiation of alcohol use	.593***	.286	1.810	(1.417, 2.312)
Hosmer-Lemeshow goodness of fit		8.004 ^d		
Lack of early parental support	.036*	.153	1.037	(1.004, 1.070)
Early initiation of alcohol use	.578***	.279	1.783	(1.394, 2.280)
Current psychological distress	.061***	.234	1.063	(1.032, 1.095)
Hosmer-Lemeshow goodness of fit		5.027 ^d		

^aAll three models are estimated after controlling for the effects of age, sex, race, parent's education, recent parental alcohol problems, parent's health, and availability of parental support data.

^bUnstandardized logistic regression coefficient.

^cStandardized logistic regression coefficient computed by multiplying the unstandardized coefficient by the standard deviation of the independent variable.

^dChi-square (with 8 dfs) is not significant at the .05 level.

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

adult alcohol abuse. As the first row of this panel shows, even after controlling for the effects of early initiation of alcohol use, lacking early maternal support is still significantly associated with adult alcohol abuse (odds ratio = 1.049; $p \leq .01$). In fact, by comparing the unstandardized logistic regression coefficient associated with lacking early maternal support in the middle panel of Table 4 with the equivalent coefficient from Table 2, it becomes clear that controlling for early initiation of alcohol use reduces the association between lacking early maternal support and adult alcohol abuse by only about 4% (from .050 to .048). Thus, most of the association between lacking early maternal support and adult alcohol abuse is explained by factors other than the early initiation of alcohol use.

The bottom panel of Table 4 presents findings estimating the degree to which psychological distress during adulthood accounts for the association

between lack of early maternal support and adult alcohol abuse. The bottom row of this panel shows that current psychological distress is significantly associated with risk for alcohol abuse (odds ratio = 1.063; $p \leq .001$). Moreover, accounting for the effects of psychological distress reduces the association between lacking early maternal support and the odds of adult alcohol abuse from $b = .048$ to $b = .036$. This means that about 25% of the risk for alcohol abuse associated with lacking early maternal support can be explained by current psychological distress.

DISCUSSION

The findings from this study help to advance our understanding of the life course origins of adult alcohol problems. At the most basic level, these findings provide evidence supporting the idea that lacking parental support during childhood is a risk factor for adult alcohol abuse. These findings are consistent with at least one previous study that was based on a nationally representative sample of adults (Enns et al., 2002).

The unique contribution of the current study, however, concerns what its findings suggest about the specific details of the association between lacking early parental support and risk for adult alcohol abuse. First, the finding that early support from mothers, but not fathers, is associated with adult alcohol abuse, is particularly noteworthy. This finding may indicate that women are more adept than men at providing the type of emotional support that is needed by children in order to develop strong psychosocial resources that promote healthy coping. Thus, any deficiency in support from mothers is likely to result in a significant detriment in psychosocial resources throughout the life course, which may lead to alcohol abuse. In addition, this difference in the effects of maternal and paternal support may reflect the tendency for mothers to be more involved than fathers in the health socialization of families. Specifically, work in this area suggests that mothers are the primary familial influence on children's health (Tinsley, 1997). Thus, the support provided from mother to child is likely to result in the transmission of health-related behaviors and attitudes—including those related to alcohol—that persist over time.

The results of this study also provide insight into the functional form of the association between early parental support and adult alcohol abuse. The results suggest that even a small deficiency in maternal support during childhood is associated with an increased risk for adult alcohol abuse. Furthermore, the study's results suggest that larger deficits in early maternal support are associated with greater odds of having alcohol problems as an adult. The linear pattern of association between lacking early maternal support and the odds of having an alcohol problem in adulthood that emerged is an indication that the

long-term risk for alcohol abuse that originates in childhood is not confined only to traumatic experiences or severe neglect. While these severe childhood adversities may be associated with the greatest risk for alcohol abuse later in life, even much smaller deficiencies in maternal support appear to be associated with some degree of increased risk for adult alcohol abuse. This is particularly significant from a public health standpoint given that close to 40% of this study's nationwide sample of adults reported at least small-to-moderate deficiencies in early maternal support.

Additionally, the current research extends previous findings in this area by suggesting that the relationships between lacking early parental support and risk for adult alcohol abuse are invariant across much of the adult life span, at least into early old age. Individuals who report a deficiency in maternal support during childhood have an increased risk for alcohol problems throughout adulthood. The fact that the association between lacking early maternal support and alcohol abuse is evident in adulthood, and does not appear to diminish with advancing age, underscores the importance of assuming a life course perspective when studying the determinants of alcohol problems among adults, and even older adults.

Finally, the current findings help to rule out one potential explanation for the link between lacking early parental support and adult alcohol abuse, and provide support for another. In particular, the hypothesis that the association between lacking early parental support and adult alcohol abuse is at least partially due to the early initiation of alcohol use among those with poor parental support, which in turn gives rise to an increased risk for alcohol abuse in adulthood, was not supported by the current findings. In this study, the relationship between lacking early maternal support and adult alcohol abuse remained strong after accounting for the effects of maternal support on the initiation of alcohol use, and the connection between early initiation of alcohol use and later alcohol abuse.

Conversely, the findings from this study indicate that the current psychological well-being of adults does account for a substantial proportion of the association between lacking early maternal support and adult alcohol abuse. This would seem to suggest that a major explanation for the association between early maternal support and adult alcohol abuse is that the experience of lacking maternal support during childhood—as well as, the memory of this experience—has long-lasting, negative, psychological effects that can lead to alcohol abuse. This is consistent with previous findings from the same MIDUS data showing that adults who report having received poor parental support during childhood tend to experience elevated levels of psychological distress throughout adulthood (Shaw et al., 2004). The lasting psychological damage associated with poor early parental support is a clear indication

of the need for interventions that aim to relieve psychological distress among adults with a history of insufficient parental support, perhaps by bolstering psychosocial resources that can be used in place of alcohol to manage and control stress.

Although the results of this study are intriguing, they should be evaluated in light of several limitations. First, data about parental support received during childhood were collected from adults at one point in time. Therefore, given the age range in our sample (25-74), some study subjects were asked to recall events that may have occurred up to a half century ago. Simply due to the passage of time between childhood and adulthood, some adults may have trouble remembering events or conditions from their childhood.

Despite these concerns about the accuracy of self-reported long-term recall of childhood experiences, there is mounting evidence that bias in recalling experiences from childhood may not be as great as some fear (e.g., Bernstein et al., 1994). In fact, after reviewing the literature, Brewin, Andrews, and Gotlib (1993) conclude that claims about the unreliability of retrospective reports of adverse childhood experiences are "exaggerated" (p. 82). Other findings in the literature provide evidence for the accuracy of retrospective reports of early parental support, in particular. For example, using the Parental Bonding Instrument (Parker, Tupling, & Brown, 1979), Parker (1983) has shown that retrospective ratings of early parental support made by adult children are corroborated by separate reports from their parents.

The study's findings regarding age associations are also limited due to the cross-sectional nature of the data. In particular, as noted above, all data for this study were collected at one point in time, from respondents of various ages. Therefore, conclusions about how age may have modified the association between lacking early parental support and adult alcohol abuse have been made by evaluating across, rather than within individuals. It is impossible with this type of study to distinguish between true age effects and those that are due to cohort or period differences across the sample. For this reason, caution should be used in applying findings from these data to the experiences of individuals as they progress through adulthood.

An additional study limitation pertains to the potential confounding effects of parental alcoholism. Although the models tested in this study controlled for recent parental alcohol problems and parental health status during childhood, they did not control for parental alcoholism during childhood, specifically. This is potentially problematic because parental alcoholism is likely to be associated with reduced levels of parental support, and is also a well-known risk factor for the development of alcoholism (Johnson & Leff, 1999). Unfortunately, complete data regarding parental alcoholism during childhood was simply not available.

Nevertheless, while the current study does not allow for an empirical examination of the role of parental alcoholism, from a theoretical standpoint, it seems unlikely that accounting for parental alcoholism would fundamentally change the substantive findings regarding the link between poor early parental support and adult alcohol abuse. This is because the intergenerational transmission of alcohol problems is thought to be a biopsychosocial process, involving both genetic and psychosocial factors (NIAAA, 2000). In this light, the effects of poor parental support on the development of alcohol problems can be thought of as being part of the psychosocial pathway linking parental alcoholism to the development of alcohol problems among offspring. In other words, the major independent variable in the current study, lack of parental support, can also be thought of as a mediator of the development of alcohol problems among those with a family history of alcoholism. Moreover, lack of parental support is also likely to explain risk for the development of alcohol problems among those without a family history of alcoholism. Thus, if poor parental support plays a role in the development of alcohol problems both for those with and without a family history of alcoholism, the consequences of failing to control for the effects of parental alcoholism should be relatively modest.

And finally, the scope of the current study did not allow for the examination of other closely related and important research questions. For example, the degree to which the effects of support from a non-parental source compare with the effects of parental support was not assessed in the current study. In order to understand more completely the influences of social support received during childhood, the impact of support from various sources should be examined. Also, investigators interested in pursuing this area should explore other potential mediating and moderating processes of the association between early parental support and adult alcohol problems. For instance, an examination of resilience factors that enable people who were exposed to inadequate early parental support to avoid negative consequences should be carried out in the future.

Even in the face of these limitations, the current study makes important contributions to our understanding of both the long-term effects of poor parental support, and the life course development of alcohol problems. The findings from this study should add to the growing body of research suggesting that the current well-being of adults and older adults is not just a function of their contemporaneous environments, but is also the embodiment of earlier life conditions dating as far back as childhood. As findings like these accumulate, the need for addressing problems such as adult alcohol abuse using life course approaches that acknowledge the influential role of childhood adversities, including poor parental support, is becoming increasingly clear.

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SPILLING OVER STRAIN BETWEEN ELDERS AND THEIR CAREGIVERS IN HONG KONG*

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ABSTRACT

According to the dialectical model, the well-being of the older care recipient, the informal caregiver, and the professional care provider mutually affect each other. Particularly, the caregiver's strain can affect the care recipient's well-being both positively and negatively. Moreover, the task-specific model suggests that as social workers are responsible for maintaining elders' well-being, the workers' strain would be particularly influential on the elders' well-being. To clarify these dialectic relationships, the present study surveyed the three parties involved in home help or home care services in Hong Kong over two successive waves using a panel design. This study reveals the significant negative effect the professional care provider's earlier strain has on the elder's later well-being. Moreover, the social worker's earlier strain was particularly detrimental to the elder's later well-being. In contrast, the effect of the informal caregiver's earlier strain was not significant. Additionally, the elder's well-being had no significant impact on the strain of either the professional care provider or the informal caregiver. Findings of this study support the qualification of the dialectical model by the task-specific model to yield a model of channeled spillover. Accordingly, dialectical influence requires a channel to materialize the spillover effect.

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