Can Parents Create Alcoholics? A Literature Review on How Parenting Styles Potentially Activate Alcoholic Tendencies

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For many, drinking alcohol is a social activity. Most individuals drink with friends and their coworkers rather than drink alone. They also learn to drink (and how to drink) alcohol socially. Very few individuals enjoy the taste of beer or liquor the first time they consume it, but they continue to do so because they observe their friends drinking it and having a good time while doing it. What many don’t see when learning to drink alcohol are the downsides. According to the National Institute of Alcohol Abuse and Alcoholism (NIAAA), the abuse of alcohol cost the United States an estimated $184 billion in 1998 through health care costs, losses in productivity, and other societal impacts (n.d.). Like many human traits, there can also be a biological component in a person becoming an alcoholic. Substantial research has shown how genetics can play a role in determining whether an individual becomes an alcoholic or not (Nauert, 2009), with offspring of alcoholics being significantly more likely to become an alcoholic themselves than offspring of non-alcoholics (Barnow, Schuckit, Lucht, John, & Freyberger, 2002). Just because a person has one or more alcoholic parents does not guarantee them of becoming an alcoholic themselves, however. So, the question must be asked: Is there something being done on the nurture side of the nature-versus-nurture debate that is causing individuals to overcome their genetic predisposition to becoming an alcoholic? This paper will explore how parenting styles can both directly influence a child’s alcohol consumption habits as well as indirectly impacting a child’s chances of abusing alcohol.

**Review of Literature**

Before exploring how parenting affects decision making in children, one must first define different parenting styles. According to Berk (2007), there are four different
parenting styles: authoritative, authoritarian, permissive, and uninvolved. Authoritative parents are often “controlling and demanding” (Kusmierski, Nichols, & McDonnell, 2001), but at the same time are “warm, attentive, and sensitive to their child’s needs” (Berk, 2007). While authoritarian parents are also controlling and demanding, they are seen as more detached, colder, and more disciplinarian than authoritative parents (Patock-Peckham & Morgan-Lopez, 2007). Permissive parents are seen as warm and caring, but tend to treat their children more as friends than as children, letting them make their own decisions regardless of the child’s ability to accurately process either the choice or the potential outcome of the choice for themselves (Berk, 2007; Patock-Peckham & Morgan-Lopez, 2007). The final parenting style, uninvolved (also called neglecting), is characterized by being unsupportive, undemanding, unresponsive, and unstructured (Kusmierski, Nichols, & McDonnell, 2001). Since the different parenting styles have been defined, one can begin to explore their affect on children and their alcohol usage.

There is reason to hypothesize that parents play a larger role in their child’s drinking habits beyond telling them not to drink when they’re in high school. Social learning theory states that we learn not only from being specifically taught things, but also from observing those around us, and that no single group has as much influence on our learning as our immediate family (Berk, 2007). Research has shown how a parent raises their offspring is directly related to the child’s drinking habits. For example, a study done by Kusmierski, Nichols, and McDonnell found that children who said their parents used an authoritative parenting style drank during high school at a rate four times lower than children whose parents used a permissive style, and almost five times lower than children of uninvolved parents (2001). This same study found that children of
authorize parents drank approximately half as much as their uninvolved- and permissive-parented peers, and binge drank three to four times less frequently (Kusmierski, Nichols, & McDonnell, 2001). Another study found that a child’s alcohol use, likelihood of having drinking problems, and ability to self-regulate were all impacted by parenting styles, with children of authoritative parents having higher abilities of self-regulation and control over drinking while also having lower incidences of both alcohol use and problems, while the converse was found in children of permissive parents (Patock-Peckham, Cheong, Balhorn, & Nagoshi, 2001). These findings were also replicated in research done by van der Vorst, Engels, Meeus, and Dekovic on a sample of Dutch children (2006), showing that these findings are not culture-specific. Barnow et al. found that a sense of rejection and a perceived lack of emotional warmth were positively correlated with juvenile aggression and delinquency, resulting in increased substance use in a child’s peer group, which in turn resulted in increased alcohol problems (2002). These findings again suggest that the warmth and caring style of authoritarian parents is a protective factor in preventing a child from becoming an alcoholic.

Along with directly influencing how much their child drinks, parenting styles can indirectly influence drinking patterns by fostering other personality characteristics. While there are a variety of mental disorders that are comorbid with substance abuse ranging from schizophrenia to personality disorders, this paper will focus on depression. Research has shown that a sizeable number of alcoholics meet the criteria for major depression and that reported levels of depression are often higher in children of alcoholics (Patock-Peckham & Morgan-Lopez, 2007). This same study by Patock-Peckham and Morgan-Lopez showed that depression is positively correlated with both alcohol use and alcohol
problems, that a child experiencing a positive bond with their parents was negatively correlated to developing depression, and that a parent’s parenting style directly influenced the type of bond experienced by their children, with authoritative parents experiencing a positive correlation with a positive bond with their children, while authoritarian parents see a positive correlation with having a perceived negative bond with their children (2007). In a different study by Patock-Peckham and Morgan-Lopez, several things were discovered: 1) a sense of being rejected by the child’s father shared a positive correlation with the appearance of pathological reasons for drinking (such as depression) in the child, 2) being neglected by the same-sex parent showed a positive correlation with the child having alcohol-related problems, 3) antisocial feelings were positively correlated to increased alcohol use, and in turn, alcohol related problems, and 4) a sense of caring in the relationship with a child’s same-sex parent had a negative correlation with antisocial feelings (2010). It thereby follows that authoritative parents discourage growth of both adverse personality traits as well as depressive symptoms, which then results in lower rates of alcohol use and abuse in children.

While drawing conclusions based on the current research appears to be a foregone conclusion, there are potential weaknesses in the data upon which it is based lurking just beneath the surface. All of these surveys and statistical analysis are done based on self report data which has often been gathered from children and college students who are not of legal drinking age. One must be careful when considering this data for two reasons: 1) the child may not have accurately reported events as they actually occurred because they believe that that is what the researcher wanted to hear, and 2) the child may have under-reported their own alcohol use for fear of retribution, either from their parents or from the
law. Another point to consider is the fact that due to the illicit nature of underage drinking, it is highly unlikely that the children surveyed in this study have been drinking either long enough, or in quantities large enough, to fully form alcoholic tendencies. Due to these potential problems, this research cannot be considered definitive proof on any potential link between parenting styles and alcoholism.

Analysis of the Literature

The overall pattern of the literature reflects the significance parental contribution has in the potential outcome of the child. The influential arms of parental oversight encompass both the development of social behavior as well as the child’s relationship with alcohol. The differing independent and dependent variables that have been utilized to further understand the nature of alcohol use in the context of the parent-child dynamic aids in the understanding of the reasons behind alcohol usage in individuals. The findings of the rate of drinking in high school students with a particular parenting style are indicative of how the boundaries enforced upon a child reflect the expectations and responses of the parent, either directly or indirectly. The formative years during the early stages of childhood are where individuals begin to form learned behaviors and schemata that create this back-and-forth interplay in which new experiences are either assimilated or accommodated. Parental upbringing is vital in determining what types of experiences are confronted as well as the interpretations given to them. While the authoritative parent is clear in his or her expectations and defines the boundaries of the child in a manner where both sides recognize the parameters of the relationship, the permissive or uninvolved parent has limited and vague guidelines, which allows for the child to be more susceptible in defining his or her domain of acceptable behavior or affect from
other entities in the environment. Given the amount of time spent in school, it is understandable that the child’s peers are highly influential. This is where the norms of the social group generate the likelihood of alcohol consumption while underage, regardless of whether the child is in middle school or just starting college. The parent that lacks the initiative and proactive drive in creating firm boundaries for the child will lose their child to the boundaries created by their peers.

Research in this area also found how parental styles form self-regulation attributes in the child, which would then be associated with alcohol consumption. Self-regulation espouses the benefits of critical thinking, denounces the dangers of impulsiveness, and allows for the individual to be more autonomous. Self-regulation is an important factor in reducing vulnerability to addictive behaviors, as dependency often stems from an emotional stance rather than a cognitive component. It is a highly developed sense of self-regulation that will allow an individual to delineate between healthy and unhealthy long-term hedonistic objectives rather than simply seeking short-term gratification. Thus, self-regulation is an expression of a mindset that seeks pleasure only when it does not stunt the growth of the whole person rather than indulging in the fleeting and often deceptively damaging pleasure of drinking alcohol.

The role of depression as a significant catalyst for one to drink alcohol has been covered extensively in this paper. A person suffering from depression may seek to alleviate the symptoms of the disorder through any means they can think of, even if those means are as potentially destructive as alcohol. When one becomes an individual with a healthy sense of well-being, one of the potential attractions to alcohol is removed. Parents lay the groundwork for instilling in their child a healthy well-being by
demonstrating love and empathy. In the absence of these traits, antisocial personality
traits and symptoms of depression may instead emerge as a result. While parents may not
have the final say concerning their child’s mood disposition, their approach to raising
their child can assist in determining the appearance and intensity of various pathological
symptoms or disorders. By creating a secure base in which the child can explore and
return to, it allows for positive and negative experiences to not be detrimental in the
child’s growth and development.

**Suggestions for the Future**

One of the difficulties in trying to predict, and subsequently influence, human
behavior is due to the wide variance in potential reactions to the same stimuli. While two
people may outwardly display the same reaction, the reasons each person has for
displaying that reaction can never be exactly the same due to their different life
experiences. How then, exactly, can one hope to design a research study that will produce
reliable, repeatable results in a system as complex as a human being? A potential solution
lies in twin studies. Since twins share more DNA than other types of siblings and tend to
have similar personalities even if separated, conducting a twin study regarding parenting
styles could provide an illuminating look on just how influential how a parent chooses to
raise their child can be. However, like all research, this would not be so cut and dried.
One of the major issues would be finding valid participants. One can imagine that finding
a set of twins - identical preferred, but really any set of twins - that was born to parents
(at least one of which is an alcoholic) willing to give at least one of the children up for
adoption, and then having the twins raised individually by two separate sets of parents
utilizing two separate parenting styles would be extremely difficult. Another issue arises
when one considers the concept of telling parents how to raise their child. What if, due to his or her own background, the parent is unable to raise their child in a specific manner, even if given coaching on how to go about parenting in say, an authoritarian style? Also, is it ethically permissible to coach a parent in a way of raising a child that has been shown to have such detrimental effects on human personality development? As a result of these logistical and ethical challenges, it is highly unlikely that any truly definitive research on how parenting styles affect alcoholism will ever be conducted.

What then can be done with this information? Several courses of action can be suggested. First would be to attempt to educate new parents on the benefits of employing an authoritative parenting style (better sense of self, higher levels of autonomy, lower occurrences of mental health symptoms) and provide role-play situations on how authoritative parenting appears in a real world situation. Second, since the symptoms of depression often present differently in children and teenagers than they do in adults, another point would be to educate parents on these outward signifiers of depression. Hopefully, if parents are able to recognize depression in their children, they can take steps to assist the child in receiving some counseling or guidance. By preventing mental health symptoms from existing long enough for maladaptive coping mechanisms to form (such as self-medicating with alcohol), this can help to delay potential patterns of alcohol abuse and fight the genetic component of alcoholism. While it is impossible to guarantee that the implementation of these suggestions would lower the appearance of alcoholism in an individual’s offspring, if nothing else it would allow children to develop into self-sufficient, autonomous people with a decreased likelihood of suffering from depression and other mental health disorders, which is a benefit in and of itself.
References


