



Regulation strategies mediate associations between heavy drinking and relationship outcomes in married couples



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HIGHLIGHTS

- Examined how partner drinking is associated with satisfaction in marriage
- Punishment and reward were evaluated as mediators of this association.
- Married couples with one undergraduate completed surveys over six months.
- Partners were punished and rewarded in response to their spouse's heavy drinking.
- Drinking predicted lower satisfaction through punishment and higher through reward.

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ABSTRACT

Heavy drinking patterns during marriage can be problematic for both spouses and the relationship. Moreover, spouses use different strategies in an attempt to change their partner's drinking behavior, which can impact the relationship in different ways. The current research examined whether associations between heavy drinking and marital adjustment are mediated by partner regulation strategies (i.e., punishment and reward). Married couples ($N = 123$ dyads) with at least one spouse who consumed alcohol regularly and at least one undergraduate spouse completed web-based assessments at baseline and three and six months later. Mediation hypotheses were tested using a repeated-measures version of the Actor–Partner Interdependence Model. As predicted, a significant partner effect emerged suggesting that heavy drinking was associated with greater use of punishment strategies, which were in turn associated with diminished satisfaction. Another significant partner effect revealed that heavy drinking also predicted greater use of reward strategies, which were positively associated with satisfaction. However, the magnitude of the indirect effects via punishment was more than twice as large as the mediated effect via reward. Results underscore the importance of an interdependent, dyadic perspective in understanding associations between heavy drinking and marital outcomes as well as differences between punishing and rewarding regulation strategies in these associations.

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1. Introduction

Romantic partners are among the first to observe the consequences related to heavy drinking and may use regulation strategies in an attempt to limit or restrict their partner's drinking. The purpose of this study is to examine the direct and indirect effects of alcohol use on marital quality through partner regulation strategies.

1.1. Alcohol and the marital relationship

Heavy drinking is often recognized as a source of problems in romantic relationships (Leonard & Eiden, 2007; Marshal, 2003). Studies using cross-sectional and longitudinal designs have demonstrated that spouses having a partner with alcohol problems experience higher levels of marital distress, physical and emotional abuse, separation, and divorce (Homish, Leonard, & Kearns-Bodkin, 2006; Leonard & Jacob, 1988; Leonard & Senchak, 1993, 1996; Maisto, McKay, & O'Farrell, 1998; Marshal, 2003; McCrady, 2012). Generally, research has shown the association between heavy drinking and marital discord to be bidirectional (Levitt & Cooper, 2010; Marshal, 2003). The current

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research focuses on better understanding the interpersonal processes that explain the association between one person's heavy drinking and his or her spouse's relationship functioning. Specifically, we examined drinking-specific regulation strategies as mediators of this association.

1.2. Partner regulation strategies

Literature from both social psychological and clinical fields has shown that partners in close relationships sometimes try to regulate each other's healthy (or unhealthy) behavior, ranging from dietary habits and exercise to household chores and tasks. Moreover, because attempts to change a partner can potentially be perceived as dissatisfaction, they can result in poorer relationship outcomes (Overall & Fletcher, 2010; Overall, Fletcher, & Simpson, 2006). Regulation strategies have often been distinguished based on their positive (e.g., positive reinforcement, encouragement, modeling) and negative (e.g., pressuring, punishing) dimensionality, with positive attempts being more strongly associated with beneficial change and functioning, and negative attempts more strongly associated with deleterious outcomes (Fekete, Stephens, Druley, & Greene, 2006; Okun, Huff, August, & Rook, 2007; Tucker & Anders, 2001).

1.2.1. Partner regulation and alcohol use

Family members, particularly spouses, are often the first to try to manage an individual's alcohol use (Raitasalo & Holmila, 2005). Spouses may try to reduce the drinking with a variety of direct and indirect regulation attempt strategies, such as persuasion, ignoring the drinker when drunk, pouring out drinks, criticizing, nagging, threatening, and turning to clinicians for help (for review, see Rotunda & Doman, 2001; Thomas & Ager, 1993). These attempts are sometimes ineffective and may elicit more problems if followed by increased conflict and confrontation (Thomas & Ager, 1993). Rodríguez and colleagues (2013a) found that the association between perception of partner drinking problem and relationship functioning was mediated by punishing, not rewarding, strategies. The current work provides an extension by examining actual partner-reported drinking in married couples over time.

1.3. Current study

When individuals perceive that their spouse's drinking is creating problems within the relationship, they may engage in various behaviors to reduce consumption. If partners are effortfully attempting to change their spouse's drinking, they may experience greater levels of distress when their partner drinks heavily. Thus, we expected that individuals with a heavy drinking partner would display increased attempts to regulate the partner's behavior. We also expected that regulation attempts would be differentially associated with marital adjustment (i.e., punishment with lower adjustment and reward with higher adjustment). Thus, we hypothesized that the association between partner heavy drinking and marital adjustment would be mediated by both punishing and rewarding strategies, in opposing directions. In other words, we expected partner heavy drinking to be associated with lower satisfaction through punishment, and with higher satisfaction through reward.

2. Materials and methods

2.1. Participants

2.1.1. Inclusion criteria and sample characteristics

Inclusion criteria for participation in the study included that couples must have been heterosexual, married, and 18–50 years old. Additionally, it was required that at least one spouse report consuming alcohol at least once per week, and that at least one spouse be an undergraduate student. Finally, in order for Actor–Partner Interdependence Models to test

moderation of actor and partner paths by gender, dyads were required to be heterosexual.

Participants were, on average, 29.76 ($SD = 6.14$) years old. The majority (69.6%) classified themselves as Caucasian, with 9.2% African American, 7.7% Asian, 12.3% Other or Multi-ethnic, .8% Native American/American Indian, and .4% Native Hawaiian/Pacific Islander. About a quarter of the sample (26.5%) identified as Hispanic/Latino. Couples reported having been married, on average, for 4.26 ($SD = 5.08$) years. Approximately half (52.0%) of the participants reported being undergraduate students. More than half of the participants (58.9%) worked full-time, with 20.4% working part-time and 20.8% not working at all. With regard to education status, the sample was relatively evenly divided among high school education (24.2%), Associate's degree (26.5%), Bachelor's degree (27.7%), and Master's or doctorate (19.2%).

Almost all spouses (93.3% of husbands; 90.2% of wives) reported meeting the drinking inclusion criteria. AUDIT scores were examined to identify hazardous drinkers (AUDIT scores of 8+ for males, 7+ for females): 17.1% of husbands and 14.6% of wives met AUDIT hazardous drinking criteria. Of the heavy drinking husbands ($n = 21$), six (28.6%) were undergraduates (five full-time, one part-time). Of the heavy drinking wives ($n = 18$), 12 (66.6%) were undergraduates (two full-time, ten part-time). This is consistent with the student status rates across the entire sample (37.3% of husbands and 63% of wives were undergraduates). Although undergraduates typically report much higher drinking rates compared to the rest of the population, the campus at which this data was collected is considered more of a commuter than a traditional campus (i.e., its students are typically older, tend to have full-time jobs, do not live on campus). Additionally, implementing the marital status inclusion requirement further restricted the sample away from traditional undergraduates.

2.1.2. Recruitment and attrition

Individuals and their spouses were invited to participate via flyers, classroom recruitment, and department listserv emails. The baseline assessment was completed by 133 dyads ($N = 266$). Three check questions were placed at various places in each survey to assess whether participants were paying attention. Couples in which one or both partners answered two or more check questions incorrectly were removed from the analyses. Ten couples were dropped; thus, the final dataset was comprised 123 couples ($N = 246$). This study was funded by a graduate student training grant which did not provide funding for participant payment. Of the individuals who completed baseline, 200 (81%) completed the three-month follow-up and 159 (65%) completed the six-month follow-up. Those who dropped participation were more likely to be male (41.4% women and 58.6% men were non-completers, $p < .05$). Individuals who did not complete the follow-ups did not differ from completers in their age, alcohol use, or marital satisfaction (all $ps > .20$).

2.2. Procedure

Participants determined whether they met the inclusion criteria and contacted the researcher via email to indicate their interest in participating in the study. Spouses were asked to complete the web-based survey at a time and place where they were alone. Follow-ups, identical to baseline, were collected three and six months later. Couples were compensated \$15 in gift cards (and extra credit if desired) for each assessment.

2.3. Measures

2.3.1. Alcohol use and problems

The Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, de la Fuente, & Grant, 1993) is a brief measure of hazardous drinking developed by the World Health Organization (Allen, Litten, Fertig, & Babor, 1997). The AUDIT consists of 10 items

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