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Culture and the Intergenerational Transmission of Substance Abuse, Woman Abuse, and Child Abuse: A Diathesis-Stress Perspective

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This manuscript focuses on culture as moderating the transmission of substance abuse and spouse abuse to impact child well-being in families across generations. Within the context of a diathesis-stress model, the authors propose that it is the interaction between particular internal factors, such as biochemical, genetic, and/or psychosocial factors, and external factors that is critical in understanding intergenerational transmission. Based on a review of related literature, the authors suggest a nonlinear dynamic perspective on intergenerational transmission that maintains a presumption of cultural and ethnic "environment" distinctly interacting with genetics and physiology to produce self-reinforcing behaviors that may be passed from one generation to another.

Social workers and other helping professionals are challenged to understand the causes of child maltreatment. As Karger and Stoez (1997) noted, almost 2,000 children are abused and neglected every day. Given the evidence that substance abuse, woman abuse, and child abuse (SAWACA) are related in many families, it is heuristic to explore how these behaviors are transmitted across generations in particular cultures. Within the context of the diathesis-stress view of intergenerational transmission, the authors of this paper posit that the interaction between internal/intraindividual factors and external factors in particular cultures moderates the impact of examines substance abuse and spouse abuse on the welfare of children across generations.

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Culture and Acculturation

Kitayama, Markus, and Matsumoto (1997) broadly defined "culture" as the set of attitudes, values, beliefs, and behaviors shared by a group of people, communicated from one generation to the next. These beliefs and norms determine the social acceptability of behavior and relationships that are likely to occur or that are permitted by a group (Rubin, 1998). Despite the continued push for acculturation in American society, it may be ecological fallacy to assume that members of different cultural and ethnic groups who have immigrated to the same geographic area will ultimately adopt the practices of the dominant culture. Therefore, cultural influences may play an important role in moderating the effects of intergenerational transmission.

It is clear that differences among and between groups must be considered with great care when attempting to understand the complex biologic and environmental interactions that determine behavioral traits. Hines, Garcia-Preto, McGoldrick, Almeida, and Weltman (1993) pointed out that culture influences how we solve problems, how we communicate, and what kinds of solutions we prefer to utilize in different situations. It defines the rules of intergenerational relationships, responsibilities, and obligations and dictates how we view the world and our collective place in it. Yet it is common practice to assume that similarities exist across individuals and groups in order to produce some sort of consensus for research ideology and diagnostic purposes. Unfortunately, such generalizations often lead to negative stereotyping that is predicated on racial and ethnic prejudice rather than substantive comprehension of cultural nuances.

Furthermore, learning about just a few characteristics of minority group members does not lead to competent practice within the context of cultural variation in relation to other important indicators such as age, gender, mental/physical health, education, socioeconomic status (SES), and genetic composition. This ethnocentric approach has led to the assumption that the dominant Anglo-American cultural parameters are ideal for defining the behavior of all citizens and can be used to explain the behavior in a systematic, formulaic fashion. The attempt to establish behavioral norms for all minority cultures, based on the assimilation myth of a "melting pot," disallows new learning and social evolution and/or reorganization in favor of mislabeling diversity as individual defect or deficiency.

As such, it is much more beneficial to assess the intergenerational transmission of child well-being from a more dynamic perspective, considering how variations in culture may affect behavior. Using this

alternative paradigm, it is conceivable that differences in and among minorities may serve to moderate or, alternatively, accentuate the transmission of substance abuse and domestic violence across generations. Before we question how culture might influence intergenerational transmission, we propose that a diathesis-stress model has salience in explaining cross-generational patterns in families.

Intergenerational Transmission

Intergenerational transmission is the notion that there is a cross-generational pattern or "cycle" of family dysfunctions, such as family violence and/or substance abuse (see Alexander, Moore, & Alexander, 1991; Bennett, 1995; Buerkel-Rothfus, Fink, & Buerkel, 1995; Zuravin, McMillen, DePanfilis, & Risley-Curtiss, 1996; Widom, 1989). Research also suggests that child maltreatment frequently occurs in patterns or cycles across family generations (see Gelles, 1990). Moreover, the literature links substance abuse, spouse abuse, and child maltreatment in families across generations (Belsky, 1993; Bennett 1995, Bittner & Newberger, 1981; Famularo, Kinscherff, & Fenton, 1992; Finkelhor, Gelles, Hotaling, & Strauss, 1983; Hamilton & Collins, 1981; Murphy, Jellinek, Quinn, Smith, Poitrast, & Gosko, 1991; Salzinger, Feldman, Hammer, & Rosario, 1991; Sheridan, 1995).

Although many theories/models have utility in explaining the transmission of family violence across generations, Wolfner and Gelles (1993) endorsed a psychosocial diathesis-stress model of violence toward children, given its parsimonious fit to the data in their study of family violence. The authors propose that violence is:

> Socially learned and/or otherwise constitutional predispositions for violence, in combination with adverse or stressful conditions, leads to the display of violent behavior. . . our conception of a psychosocial diathesis-stress model grows out of the more traditional use of diathesis-stress models for physical and mental dysfunction; in which diathesis is any constitutional predisposition, such as a trait, for a condition, the signs of which only appear for that individual in the presence of an environmental stressor. . . Since we know that violence, as a response to conflict, can be socially learned, as well as unlearned, we regard the predisposition to stress with violence as a diathesis-like phenomenon . . . (Wolfner & Gelles, 1993, pp. 210-211).

With this premise in mind, a conceptual point must be made. It is critical to distinguish that the "weight" in this model is given to internal rather than

external causation. Unlike social learning theory, the diathesis-stress premise presumes the existence of some constitutional, internal vulnerability that is a stable, traitlike cognitive-behavioral tendency likely learned in the social environment (see DiLalla & Gottesman, 1991). Thus, a diathesis-stress model of family violence conceptually gives more weight to the intraindividual causation than to external causation (see Huesmann, Eron, Lefkovitz, & Walder, 1984).

We propose in this paper that internal causation can be biogenetic, as well as psychosocial. We posit that it is the interaction between particular internal factors, including both psychological processes and biogenetic traits, and external factors, that is critical in understanding intergenerational transmission. Although the strengths in many cultures play a positive role in moderating intergenerational transmission for the most part, we believe the interaction of both internal and external factors must be examined within cultures to more fully understand how particular phenomena are transmitted across generations. In drawing upon several key findings related to intergenerational transmission, we raise questions about the transmission of substance abuse and spouse abuse across generations as it impacts the welfare of children.

Biogenetic Internal Factors. Botsis, Plutchik, Kotler, and van Praag (1995) examined the correlations between both suicidal risk and violence risk and early parental loss, exposure to family violence, and behavioral problems in themselves, as well as first-degree relatives. Although suicidal risk significantly correlated with all factors, violence risk correlated with behavioral problems both in oneself and in one's first degree relatives. Interestingly, both suicidal and violent patients had experienced maternal loss significantly more often than nonsuicidal and nonviolent patients. Moreover, family violence correlated with behavioral problems in self and in first-degree relatives.

Clearly, this finding suggests that environment influences violent behavior. There is no question that kinship and/or extended family relationships allow for others in the family system to act in place of a parent, such as a mother who might be out of the home due to drug use or rehabilitation (see Scannapieco & Jackson, 1996). These relationships have taken on special salience in the African American community, for example, as out-of-home placements have increased for a variety of reasons, including drug/alcohol abuse and violence (Scannapieco & Jackson, 1996; Edelman, 1987). By comparison, maternal loss may be a factor in violence risk within traditional nuclear families as well.

One might also question, for example, the lack of kinship relationships in the traditional nuclear family and the influence of that autonomous unit on the SAWACA relationship, especially with respect to emotional abuse. In particular, the secrecy regarding the emotional absence of an enabling mother in a traditional nuclear family may very well moderate the effects of substance abuse on children in closed family systems. Relative to caregiving, more research is needed to determine under what circumstances and in what situations, if any, maternal loss in particular cultures perpetuates violence risk in children.

Likewise, Paris (1998) examined the relationship between trauma in childhood and personality disorders in adulthood. The researcher noted that the association between trauma and personality pathology was illuminated by several findings: personality is heritable; only a minority of patients with severe personality disorders report childhood trauma; and children are generally resilient, and traumatic experiences do not consistently lead to psychopathology. Thus, Paris concluded that the role of trauma in personality disorders might best be understood in the context of gene-environment interactions. In this regard, the presence of numerous adults in the family system can ease or confound the effects of family violence for children who experience trauma.

In particular, the extended family influence often helps children thrive in environments with many "mine fields" (Hines et al., 1993, p. 375). Although this influence can be positive in many cultures, the notion that "it takes a whole village to raise a child" works well *if* roles are defined, rules are consistent, and authority is establish (Hines et al., 1993) and *if* the child is amenable to guidance" (p. 373). Thus, one might speculate that the interaction of the resilience in children and chaos, or lack thereof, in kinship relationships can moderate the effects of trauma on children.

In addition, it is of use to speculate and analyze the specific biologic traits—across ethnicities—that govern temperamental characteristics in conjunction with familial and cultural practices. For example, Siegel and Driscoll (1996) found a biological marker—cortical visual evoked potential (VEP) augmenting/reducing—for sensation-seeking behavior in rats and humans. This is an important discovery when one views substance abuse, and by some accounts, spouse abuse as manifestations of what have been commonly denoted "sensation-seeking drives." Relative to this finding, the researchers caution that "approximately 40% of the variance is a function of environmental factors (and unreliability of assessment methods)" (p. 132). Moreover, Siegel and Driscoll contend that much more research is needed to

understand the connection between the area of the brain that provokes sensation-seeking and the area that controls it. This brings into question whether or not particular individuals have a biological predisposition toward sensation-seeking behaviors, such as substance abuse, and if so, whether or not particular environmental factors can substantially moderate those behaviors along acceptable cultural/social parameters.

Along these same epigenetic lines, catecholamines are known to act in a variety of physiologic systems, and comprehensive examination of their interactive pharmacologic properties and genes may reveal how these substances influence novelty/sensation seeking and other behavioral traits. For example, dopamine has been studied extensively by a variety of groups to determine how its genetic and biochemical substrates may be related to psychosocial dynamics. Cloninger et al. (1996; 1993) designed the Tridimensional Personality Questionnaire (TPQ), a rating scale that measures four distinct domains of temperament—novelty-seeking, harm avoidance, reward dependence, and resistance—to reliably assess personality traits. With this instrument, the authors hypothesized that individual differences in novelty-seeking could be reconciled by an underlying genetic variability in dopamine transmission. Similar to other psychometric instruments of its nature, individuals who score higher than average on the TPQ are "impulsive, fickle, excitable, quick-tempered, and extravagant," while those who score lower than average are "reflective, rigid, loyal, stoic, slow-tempered, and frugal."

In a highly publicized report, Ebstein et al. (1996) appeared to have offered substantial support for the hypothesis of Cloninger and colleagues. Among 124 Israelis, they found higher than average TPQ scores to be correlated with the presence of a long form of the dopamine receptor D4 (DRD4) gene. These findings were independent of age, sex, and ethnicity. Benjamin et al. (1996) also investigated the relationship between the same gene and Revised NEO Personality Inventory (NEO-PI-R) test scores among 315 male siblings, family members, and subjects from the general population. They, too, found an association between higher than average scores for novelty-seeking and the long form of the DRD4 allele. However, Vandenbergh et al. (1997) failed to repeat these results in a study of volunteers from the Baltimore Longitudinal Study on Aging (BLSA). They found no significant association between long forms of the allele and high scores on the NEO-PI-R. In addition, Pogue-Geile et al. (1998) studied 306 male and female young adult twins from the general population. They

genotyped 281 for the DRD4 allele and found no association between gene lengths and elevated test scores.

Taken together, the latter two studies and more recent work have certainly reduced the excitement resulting from the initial studies of DRD4. Yet they by no means prove that a relationship of some sort is *not* present. Therefore, it is still quite possible that dopamine and other genes—and their transmission in families from generation to generation—are involved in alcohol abuse and violence due to their broad range of function in the human brain and documented relation to rewarding effects of drugs like amphetamine and cocaine (Benjamin et al., 1996).

In addition, low levels of serotonin in the brain have been related to increased susceptibility to a variety of related pathological behavior, including impulsivity, overeating, aggression, depression, alcohol abuse, and violent suicide (Borne, 1994). Associations between low levels of serotonin and increased aggression, risk-taking, and lower social competence have been observed in recent studies of non-human primates and also among animals on diets low in tryptophan, the serotonin biosynthetic precursor (Higley et al., 1996; Mehlman et al., 1995). Further, human beings appear to be affected in a similar fashion, as researchers at the University of Texas at Houston Health Science Center observed increased aggressive tendencies among men who had consumed a 24-hour diet low in tryptophan (Collins et al., 1996).

Regarding alcohol, aggression, and serotonin, the relationship between the three has been well-documented over the last two decades, as many suicide victims and violent perpetrators are often found to be intoxicated and low in serotonin (Murdoch et al., 1990). Also, certain drugs that lower serotonin levels in the bloodstream tend to elevated alcohol consumption and increased aggression in animal studies (Pihl & Peterson, 1993). Pihl and Peterson (1993) of McGill University propose that serotonin is likely the main biochemical that inhibits aggressive responses to anxiety, the emotional response to threatening environmental stimuli. For example, they hypothesize that among individuals with depleted serotonin levels, anxiety does not possess the same inhibitory effects that would naturally serve to nullify fear of penal repercussions for socially repudiated behaviors. Indeed, the authors note that such individuals.

> Appear depressed and aggressive, more driven by appetites (more motivated by food, water, sex, and drugs of abuse), and more impulsive (less able to control behavior) in the face of threat. (as cited in Pihl & Peterson, 1993, p. 115)

As these authors and other scientists have proposed, the propensity to utilize aggression to achieve rewards, the desire to avoid consequences of such behavior, and the possible inability to control alcohol intake in an effort to relieve feelings of anxiety may, in itself, lead to heightened aggressive behavior, thrill-seeking, and violence in both the community and individual households.

Integrated with information regarding more traditional family history and social assessment modalities, it is possible that succinct, multicultural models of behavior may be built in order to design and direct efficient programs for intervention and/or prevention. For example, if certain idividuals are predisposed to be aggressive and seek sensation via alcohol use, it seems that the dominant Anglo culture contributes to substance abuse in terms of marketing strategies. Business owners, who are for the most part white males, market alcohol heavily to particular groups of individuals. In this regard, some experts suggest that such marketing practices in the African and Native American communities contribute to the destruction of families, despite the strengths in those systems, thereby catalyzing complications associated with increased substance abuse, such as spouse and child abuse. By comparison, many white parents have ignored for years the reality that distributors market alcohol to college students, many of whom may be predisposed to sensation-seeking. This brings into question how a predisposition toward sensation-seeking and the use of substances as a means of coping are related to the availability of both legal and illegal substances in particular communities and the prevalence of domestic violence.

Psychosocial Internal Factors. In 1985, Stern raised the question of how the repeated, invariant features of experience that have been identified become integrated into organizing perspectives that are characterized as the sense of self and complementarily, of others (see p. 149). More recently, Stern and colleagues (1998) identified the need for the "moment of meeting" in psychoanalysis, which is based on research that comes from work with infants. In this regard, Sander and Goldberg (1988) contended that a parent provides a behavior that is specifically fitted to permit and catalyze a shift in the infant's state (p. 305). As such, the researchers noted the importance of an "open space" after the "moment of meeting" so both parent and infant can assimilate what occurred into a "now moment."

These concepts are important in intergenerational support for several reasons. First, the "now moment" is the moment in which a "moment of meeting" can be missed. Second, there can be a failed "now moment" in which a "moment of meeting" is not established; in the case of a parent and

child, the child either basically says, "we cannot go there" or refuses to relate with the parent again. Third, "now moments" can be repaired, if taken up again. Fourth, some "now moments" endure and stay charged over time [in therapy and in families], although they may "wax and wane." Last, an interpretation of the "moment of meeting" is the act that alters the intrapsychic landscape of the patient's explicit knowledge, including an emotional effect or a relational knowing that goes beyond "sterile application of technique" (refer to Stern, pp. 306-307). In particular families, interpretation may not occur.

Bucci (1997, 1994) proposed the notion that individuals often do not verbalize emotional experience. In psychotherapy, this difficulty in verbalizing emotional experience has traditionally been understood as resistance and perceived as pathology. She argues that:

> . . Language frequently does not work for the sharing of emotional meanings. . . While language provides a vast new universe in which to relate to others, it also provides an equally vast and fundamentally uncharted universe in which to be alone, *by default or by intent*. As the child will learn, there are many representations of crucial importance in mental, and particularly in emotional, life for which words cannot be found. However, it is not only failure by default. . . But also failure by intent , which interferes with verbal communication of emotion. Language is the medium that humans invented and over which we have the most intentional control; it is also the medium most vulnerable to intentional misuse. Language can be used to disguise and distort feelings as well as to communicate them. No other species has developed a communicative mode that can be used in the service of deliberate obfuscation and dissociation in this way. (Bucci, 1997, p. 322).

Thus, Bucci (1997) suggests that individuals must own the emotional meaning they attach to experiences, and in aiding patients to do this, therapists foster patients' separation, connectedness, and growth. The referential process that occurs when the listener and the teller reshape experiences together provides patients with emotional insight they never had before; even though they may have known it all along but only in the nonverbal system. Through this process, patients are able to structure emotions into symbols, and symbols are what humans can control and direct. Hence, Bucci contends that if individuals are able to "own" their emotions, it is likely that they will become optimally autonomous, and therefore, empowered (see also Robinson & Ward, 1991).

Bucci and Stern remind us that language—both verbal and nonverbal, spoken and unspoken—may be an important internal factor in intergenerational transmission. Due to powerlessness and joblessness, some displace anger at society onto spouse and partners. In response to this behavior, women in some cultures/subcultures who appear to be strong and expressive may not openly express feeling about the abuse, in an effort to minimize intergenerational conflicts that might threaten ethnic and/or racial unity (see Davis, 1997; Hines et al., 1993; McLean, 1997). In certain cultural contexts, women may be unable to engage in the referential process to which Bucci refers. In the absence of being able to attach meaning to traumas, such as childhood sexual abuse and spousal assaults, women in some cultures may be ultimately disempowered. Moreover, this may impact how they interpret "moments of meeting" with their own children, and more important, over time it may influence how children integrate those interpretations into their own sense of self and others. In some sense, the inability on the part of mothers and/or primary caregivers to attach meaning to emotions can result in a form of maternal loss as well.

Conclusions

In the future, it seems necessary to determine how the behaviors of interest—substance abuse, domestic violence, and child abuse—are moving, if at all, between and among generations. As a diathesis-stress model postulates, it certainly appears that patterns of abuse may come from "within" individuals, as several researchers have suggested (Bucci, 1997; Siegel, 1996; Stern, 1998), contingent on experiences in the environment. However, researchers in the future are challenged to consider the complex nature of the bio-psycho-social chain of events that works to form the human psyche and sensation-seeking drives.

Put simply, habitual violent acts could be a result of longitudinal environmental stimuli—both physical and emotional—that interact with genes to encode biochemical processes that are insufficient to cope with modern social parameters. In turn, this may result in a susceptibility to quick violence or rage as a means to resolve disputes and substance abuse to cope with adverse conditions, such as poverty, malnutrition, and racism. However, it is especially pertinent to note that, despite possible genetic and/or familial transmission, certain aspects of culture, such as family structure, may modify effects to a great extent.

This deviates significantly from a simple Pavlovian or genetic determinist stance whereby simple repeated experiences or genetic predisposition will lead to programmed psychopathology across generations. Instead, we suggest a nonlinear dynamic perspective that maintains a presumption of cultural and ethnic "environment" distinctly interacting with genetics and physiology to produce self-reinforcing behaviors that may be passed from one generation to the next. As such, any one culture may be a corporeal example of how to discern the confluent influence of cultural factors and how they may modify or accentuate the relationship between domestic violence, alcohol abuse, and child maltreatment across generations.

Implications for Social Work

Clearly, social work researchers must conduct investigations that determine more specifically just how the interaction of internal and external factors in particular cultures moderate substance abuse-women abuse in the best interests of children. In the meantime, practice seems needed that relies on social histories, genograms, and ecomaps as means of assessing intergenerational transmission of substance abuse, spouse abuse, and child maltreatment. Contingent on thorough assessment, practitioners may need to use different interventions with individuals relative to their early life traumas within the context of cultural/ethnic practices. Moreover, family policy seems warranted that establishes funding for comprehensive assessment and treatment of substance abuse and domestic violence.

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