

Over the course of the past 20 years, a number of socio-economic forces have converged to make fathering one of the more prominent social issues of the new millennium. As industrialization, urbanization and technological advances have changed family life around the world, fathers have been identified as an important, but frequently absent, resource in the lives of children (for discussion, see [United Nations Children's Fund 1996, 1997](#); [Engle & Leonard 1995](#); [Golini & Silverstrini 1997](#); [Greene & Biddlecom 1997](#); [Engle & Breaux 1998](#); [Cabrera & Peters 2000](#)). Given research indicating that men can make a significant contribution to normative child development, traditional definitions of responsible fathering are being expanded in both industrialized and developing nations (e.g. see [United Nations Children's Fund 1997](#); [Engle & Leonard 1995](#); [Doherty, Kouneski & Ericsen 1998](#)). Moreover, as political interest in fathering has grown, there has been a dramatic increase in national and international programs designed to (a) increase awareness of the role fathers play in child development, (b) prevent unwanted pregnancy, (c) enhance the financial support of children and (d) build better father-child relationships (for examples, see [United Nations Children's Fund 1997](#); [Cabrera & Peters 2000](#); [1997](#); [Engle & Breaux 1998](#); [Bernard & Knitzer 1999](#)).

Ironically, although substance abuse is frequently, albeit briefly, mentioned as a critical factor in the neglect of children across cultures (e.g. see [Engle & Breaux 1998](#); [United Nations Children's Fund 1997](#)), the status of substance-abusing men as fathers is rarely acknowledged in the conceptualization of public policy, service delivery or research focusing on the adverse consequences of drug and alcohol abuse. Instead, deficit perspectives on the reproductive behavior of men based largely on secondary sources of information (for discussion, see [Greene & Biddlecom 1997](#); [Hawkins & Dollahite 1997](#); [Parke & Brott 1999](#)) reinforce untested assumptions that substance-abusing men are reproducing indiscriminately and ignoring the needs of their children. In the absence of empirical data, substance-abusing men remain one of the poorly understood, negatively stereotyped populations of fathers in many cultures. Consequently, in this essay we would like to add fathering to the substance abuse research agenda by identifying six issues we believe should be considered across nations from the perspective of developmental psychopathology (for reviews, see [Cicchetti & Rogosch 2000](#); [Cummings, Davies & Campbell 2000](#)).

## **PARENTING STATUS OF SUBSTANCE-ABUSING MEN**

 

In the context of ongoing concern about gender differences in the nature of drug and alcohol use, researchers have, with good reason, consistently defined parenting as an issue relevant in the assessment and treatment of substance-abusing women. However, emphasis on ways the treatment needs of women differ from those of men has created the illusion that there are no substance-abusing men with children, and there has been total neglect of parenting as a potentially important issue in the assessment and treatment of men. Consequently, although sometimes documented in substance abuse research completed with women, parenting status is rarely, if ever, noted in descriptions of substance-abusing men.

Surprisingly, in an investigation of parenting status within a local cohort of individuals seeking methadone maintenance treatment in the United States, McMahon *et al.* (unpublished) found that, although a greater proportion of women were the biological parent of at least one child, there were actually more fathers than mothers within the cohort because men outnumbered women approximately two to one. When status as a biological parent was examined by gender, men with children defined the largest group of individuals seeking treatment. Similarly, when residential status with children was examined by gender within the group of parents, non-resident fathers defined the largest group of parents seeking treatment. Although careful review of data collected from other cohorts (e.g. see Gerstein *et al.* 1997) suggests this pattern may characterize populations of substance-abusing individuals throughout North America, it is not clear at present how many substance-abusing fathers there are in many cultures, particularly when working definitions are expanded beyond biological father to include men who have assumed other parenting roles in the lives of children. Clearly, before researchers can begin to consider ways drug and alcohol abuse affects fathering, there must be an accurate accounting of substance-abusing fathers and father figures across nations.

## SUBSTANCE ABUSE AND MALE REPRODUCTIVE STRATEGY

 

Within policy statements that highlight fathering as a social issue (e.g. see [Greene & Biddlecom 1997](#); Federal Interagency Forum on Child and Family Statistics 1998), the need for additional information about male reproductive strategy has repeatedly been noted. Furthermore, in their provocative paper on attachment, psychosocial stress and developmental pathways to different patterns of reproduction, [Belsky, Steinberg & Draper \(1991\)](#) have argued that many of the developmental precursors for chronic substance abuse also represent risk for pursuit of a personally adaptive, but socially irresponsible, reproductive strategy characterized by early conception of multiple children with different partners in difficult social circumstances. However, just as there is very little information about the number of substance-abusing fathers across cultures, there is very little information about the reproductive strategy typically pursued by men abusing drugs and alcohol. Although developmental theory (e.g. see Belsky *et al.* 1991) and popular stereotype (e.g. see [Parke & Brott 1999](#)) suggest that substance-abusing men should be fathering children in a socially irresponsible manner, it is not clear at present to what extent this is true.

In a preliminary analysis of data drawn from a comparative study of drug-abusing fathers in the United States, [McMahon, Luthar & Rounsaville \(2001\)](#) did find that, when compared with men living in the same community with no history of drug or alcohol abuse, men enrolled in methadone maintenance treatment had, in fact, fathered significantly more children with significantly less human capital to support their development. Moreover, although there has been just concern about the consequences of substance use during pregnancy, there has been little concern about the impact of paternal substance abuse on the viability of the human fetus despite the fact that there is at least limited evidence that chronic drug and alcohol abuse can affect the integrity of human

sperm (for discussion, see [Daniels 1997](#); [Pollard 2000](#)). Data collected by McMahon *et al.* (2002a) also indicated that men may be more likely than women to first become a parent after the onset of their substance abuse problems. Clearly, once there is an accurate accounting of fathers abusing drug and alcohol across cultures, there is need for more information about patterns of reproduction within populations of substance-abusing men, and there is need for more information about ways male substance abuse affects the viability of the human fetus.

## SUBSTANCE ABUSE AND FATHERING

Similarly, as research being carried out both within (for reviews, see [Marsiglio 1995](#); [Lamb 1997, 2000](#); [Cabrera \*et al.\* 2000](#); [Marsiglio \*et al.\* 2000a](#); [Marsiglio, Day & Lamb 2000b](#); [Coley 2001](#)) and across (for reviews, see [Hewlett 1992](#); [Lamb 1987](#)) cultures confirms the importance of socially responsible fathering, there is need for greater understanding of any process that compromises ability to parent the next generation effectively. While there is relatively good understanding of ways divorce, early parenthood and poverty affect paternal involvement within specific cultures (e.g. see [Hetherington & Stanley-Morgan 1997](#); [Marsiglio & Cohan 1997](#); [Coley 2001](#)), the influence of substance abuse in this research has been of secondary concern. Given at least limited data reflecting a relationship between substance abuse and compromise of fathering (e.g. see [Eiden, Chavez & Leonard 1999](#); [Eiden & Leonard 2000](#); [McMahon \*et al.\* 2001](#)), there is a need to better understand that relationship by closely examining the lives of substance-abusing fathers across cultures.

Interestingly, research carried out with other marginalized groups of fathers indicates that they are often more concerned, more responsible and more involved than might otherwise be expected (for a review, see [Coley 2001](#)). Moreover, this research (e.g. see [Furstenberg 1995](#)) suggests that, even when not actively involved with their children, estranged fathers are often interested in being more effective parents but avoid making an effort to do so because of attitudes, stereotypes and systemic issues that actually discourage greater involvement. Consequently, while acknowledging that relatively little is known about compromise of fathering as an adverse consequence of drug and alcohol abuse, it is important to acknowledge that empirical study of substance-abusing fathers may produce findings that contradict popular stereotypes, highlight bias and identify systemic issues that discourage change in father-child relationships that may benefit fathers, mothers and children.

Furthermore, assuming significant variability in patterns of fathering within populations of substance-abusing men, there is virtually no information about ways other factors may mediate and moderate the impact of substance abuse on fathering. The relative absence of information about the influence of contextual factors within specific cultures is important because research (for reviews, see [Parke 1995](#); [Pleck 1997](#)) suggests that contextual factors exert a great deal of influence on paternal involvement. When fathers do not live with children, (a) geographic proximity, (b) employment status, (c) quality of the co-

parenting relationship and (d) the presence of another male in the household all seem to influence paternal involvement (for reviews, see [Hetherington & Stanley-Morgan 1997](#); [Pleck 1997](#)). Similarly, even when living in the same household, (a) quality of marital relationships, (b) employment status, (c) gender of the child and (d) age of the child also seem to influence paternal involvement (for a review, see [Pleck 1997](#)). Across cultures, socioeconomic status and public policy also repeatedly emerge as important contextual influences (e.g. see [Fox & Solis-Camara 1997](#); [Yang 1999](#); [Bernhardt & Goldscheider 2001](#)).

Moreover, research performed with substance-abusing mothers (e.g. see [Suchman & Luthar 2000, 2001](#)) suggests that compromise of parenting otherwise attributable to drug and alcohol abuse seems to be mediated and moderated by a number of other social, familial and individual factors. Consequently, to the extent that drug and alcohol abuse is associated with socially irresponsible parenting, there is a need to better understand how other factors influence, for better or worse, fathering as it occurs in the context of chronic substance abuse. Preliminary work carried out in the United States with men enrolled in methadone maintenance treatment (e.g. see [Giannini \*et al.\* 2001](#), [McMahon & Suchman 2000](#); [McMahon, Luthar & Rounsaville 2000](#)) suggests that (a) early relationships with parents, (b) gender role socialization, (c) psychological distress, (d) personality functioning, (e) coparenting relationships, (f) social support, (g) employment status, (h) legal history, (i) treatment history and (j) gender bias within social service systems may all interact in complex ways to influence the parenting of substance-abusing men.

## **SUBSTANCE ABUSE, FATHERING AND PSYCHOLOGICAL DISTRESS IN MEN**

 

When examined in a broader context, questions about fathering in the context of chronic substance abuse are also important because research indicates that paternal involvement seems to affect the well-being of men (for a review, see [Parke 1995](#)). Assuming that substance abuse and concurrent problems contribute to compromise of fathering, it is not clear to what extent failure to fulfill this important social obligation contributes to psychological distress that represents risk for continued substance abuse in men. Although women entering substance abuse treatment express more concern about parenting issues, some men do seek treatment concerned about their status as fathers ([Gerstein \*et al.\* 1997](#)), and as changing definitions of responsible fathering demand that men be more involved in the lives of their children, more and more men may present for treatment distressed about their inability to function as a parent.

Furthermore, for more than 25 years, researchers (e.g. [Woodhouse 1992](#); [Kearney, Murphy & Rosenbaum 1994](#); [Baker & Carson 1999](#)) have written about the affective distress mothers experience when drug and alcohol abuse compromises their ability to care for their children, and both qualitative (e.g. see [Kearney \*et al.\* 1994](#)) and quantitative (e.g. see [McMahon \*et al.\* 2002](#)) research has repeatedly highlighted complex, sometimes contradictory, relationships involving parenting issues, substance abuse and treatment-

seeking behavior in women. Undoubtedly, because of both gendered assumptions about parenting (for discussion, see [Phares 1996](#)) and overvalued assumptions about the degree of sociopathy among men (for discussion, see [Parke & Brott 1999](#)), the substance abuse research community does not acknowledge that men may experience similar feelings as fathers.

Again, preliminary findings from a study comparing fathers enrolled in methadone maintenance treatment with fathers living in the same community with no history of alcohol or drug abuse suggest that guilt and shame about failure to fulfill social obligations as a father may be one of the few differences in psychosocial adjustment as a parent directly linked with the substance abuse ([McMahon et al. 2001](#)). By not acknowledging that substance-abusing men may experience psychological distress concerning their inability to function as a parent, researchers may be ignoring an opportunity to better understand how shame associated with perceived failings might contribute to active avoidance of family problems. They may also be missing an opportunity to better understand how whatever guilt men do experience might be leveraged, as [Luthar & Suchman \(1999\)](#) have proposed in their work with substance-abusing mothers, to promote change of potential benefit to fathers and their children.

## **SUBSTANCE ABUSE, FATHERING AND DEVELOPMENTAL OUTCOMES FOR CHILDREN**

 

Conceptual links between substance abuse and fathering are also important because there is accumulating evidence both within (for reviews, see [Marsiglio 1995](#); [Lamb 1997, 2000](#); [Cabrera et al. 2000](#); [Marsiglio et al. 2000a, 2000b](#); [Coley 2001](#)) and across (for reviews, see [Hewlett 1992](#); [Lamb 1987](#)) cultures that fathers can have a significant impact on the psychosocial adjustment of children. At this time, there is substantial evidence (for a review, see [Phares 1996](#)) that paternal substance abuse represents global risk for poor developmental outcomes in children, particularly heightened risk for the transmission of drug and alcohol abuse across generations. However, researchers have not yet moved beyond thinking about paternal substance abuse as a global risk factor for intergenerational transmission of drug and alcohol use, and it is not clear at present how compromise of father–child relationships in the context of chronic substance abuse contributes directly and indirectly to all types of maladjustment in children.

When considering questions about the impact of paternal substance abuse on the developmental status of children, it is important to acknowledge that, even when not present in the lives of children, substance-abusing men may still be having a profound impact on the psychosocial development of their children. That is, while the daily presence of substance-abusing fathers may represent a threat to the well-being of children, the complete absence of substance-abusing fathers may have a different, but equally dramatic, impact on the psychosocial development of children. Moreover, because of clear bias for researchers to focus on parenting deficits and the maladjustment of children, it is important to acknowledge that there may be circumstances in which

relatively positive father–child relationships in the context of paternal substance abuse might still contribute to positive child development. Given the potential costs to the next generation, there is a clear need to sort out the relative risks and potential benefits associated with the presence versus absence of a substance-abusing father so that there are empirical data to inform decisions about circumstances under which it might be prudent to encourage paternal involvement and circumstances under which it might be better to invoke procedures designed to protect children from potential harm associated with the presence of a substance-abusing father.

## **SUBSTANCE ABUSE, FATHERING AND FAMILY-ORIENTED INTERVENTION**

 

Finally, as the technology of both preventive and clinical intervention becomes increasingly sophisticated, a thorough examination of fathering in the context of chronic substance abuse will undoubtedly document need for family-oriented interventions designed to minimize the harm to fathers, mothers and children. Assuming the limited data concerning reproductive strategy within populations of substance-abusing men accurately reflect broad trends present in different cultures, there is undoubtedly a need for the systematic development of interventions designed to decrease socially irresponsible conception of children in the context of ongoing substance abuse. Similarly, assuming there are circumstances where fathers, mothers and children stand to benefit from greater paternal involvement, there is a clear need to expand upon the work already being carried out to develop interventions designed to help substance-abusing men negotiate their role as fathers more effectively (for examples, see [Nye, Zucker & Fitzgerald 1995](#); McMahon *et al.* 1999). There is also undoubtedly need for creative interventions that support mothers affected by paternal substance abuse even if the fathers of their children do not participate (for an example, see Nye *et al.* 1995).

Similarly, although research (e.g. see Nye *et al.* 1995; [Luthar & Suchman 2000](#)) indicates that short-term parent intervention can improve the developmental status of children living with a substance-abusing adult, there is a clear need to develop interventions designed specifically for delivery to children affected by paternal substance abuse (for discussion, see [McMahon & Luthar 1998](#)). Even when circumstances indicate that substance-abusing fathers should not be present in the lives of their children, those children will remain at risk for poor developmental outcomes, and that risk must somehow be addressed. In addition to whatever clinical intervention might be pursued with fathers and the mothers of their children, there is a need for comprehensive, longer-term programs that can be delivered directly to children.

## **CONCLUSION**

 

In her seminal paper entitled *Where's Poppa?*, [Phares \(1992\)](#) highlighted the dramatic under-representation of fathers in research examining empirical links between disturbance in parent–child relationships and emotional–behavioral difficulty in children. Ten years later, her comments about the exclusion of fathers seem particularly relevant for the substance abuse research community. Clearly, the time has come to add fathers to the substance abuse research agenda. Building upon work done with substance-abusing mothers and other disenfranchised populations of fathers, the substance abuse research community needs to carefully consider a number of related issues so that there is an empirical database to inform public policy designed to minimize the harm associated with paternal substance abuse.

Firstly, substance abuse researchers must accurately document the number of substance-abusing fathers across cultures. Secondly, researchers need to better understand how common risk factors contribute to concurrent development of chronic substance abuse and pursuit of a socially irresponsible reproductive strategy. Next, researchers need to carefully consider ways contextual factors influence, for better and worse, the parenting of substance-abusing men, and they need to clarify the extent to which compromise of fathering associated with chronic substance abuse contributes to psychological distress in men that represents risk for ongoing use of drugs and alcohol.

When considering the impact of paternal substance abuse on child development, researchers need to move beyond concern about global risk for vertical transmission of substance abuse and document more clearly the ways in which fathering in the context of chronic drug and alcohol abuse directly and indirectly affects developmental outcomes for children. Moving beyond deficit perspectives on fathering, researchers must also acknowledge the potential for positive contributions despite the presence of substance abuse. Finally, building upon an expanded database, researchers must systematically develop an array of interventions designed to support fathers, mothers and children as they struggle to cope with the impact of paternal substance abuse on their family. As socioeconomic changes redefine responsible fathering within industrialized and developing cultures, substance-abusing men, their children and the mothers of their children can no longer afford to have fathering left off the research agenda.

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