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Attributional Style, Depressive Features, and Self-Esteem: Adult Children of Alcoholic and Nonalcoholic Parents

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ABSTRACT

Undergraduate adult children of alcoholics (ACOAs; N = 57) were compared to children of nonalcoholic parents (CONAs; N = 100) on measures of the Beck Depression Inventory (BDI), self-esteem, and attributional style. ACOA status was determined using the Children of Alcoholics Screening Test (Jones, 1981). ACOAs were found to have significantly higher scores on the BDI and to have significantly lower self-esteem, as measured by the Index of Self-Esteem, than CONAs. ACOAs were also more likely to have a depressive attributional style, in that they perceived failure as more internal, stable, and global than CONAs. Further, females had significantly higher BDI scores than males.

INTRODUCTION

Alcoholism is a substantive health and social problem. The impact of this problem extends beyond those who abuse the drug to affect those whose lives they touch. Children of alcoholic parents (COAs) are at risk for negative developmental outcomes, including insecure parent-child relationships, mistrust in relationships, antisocial behaviors, hyperactivity, low self-esteem, and depression (e.g., Ballard, 1993; Calder and Kostyniuk, 1989; Roosa *et al.*, 1988; Tweed and Ryff, 1991).

Several factors common to alcoholic homes are related to increased risk for emotional and behavioral problems among COAs, including inconsistency in routines, parental behavior and discipline (Edwards and Zander, 1985), conflict (Ballard and Cummings, 1990), and neglect (Cork, 1969). A lack of predictability and control in the home environment may be related to the development of an overconcern with control (Cutter and Cutter, 1987) and exaggerated feelings of responsibility for others (Wilson, 1989). COAs often take on adult responsibilities in the home and may attempt to control the environment by rescuing the alcoholic, removing the need to drink, or intervening in conflict situations (Ballard and Cummings, 1990; Cermak and Brown, 1982; Cork, 1969).

Likewise, a chronic lack of control and predictability over the environment during childhood may be related to differences in attributional style between adult COAs (ACOAs) and children of nonalcoholic parents (CONAs). In explaining negative events, an internal, stable, and global attributional style has been associated with low self-esteem, depression, and feelings of lack of control over the environment (Beckham and Leber, 1985; Abramson *et al.*, 1978). Subsequently, COAs may be at increased risk for the development of a depressive attributional style.

This study examined depressive features, attributional styles, and self-esteem among undergraduate ACOAs, and CONAs. We expected that ACOAs would have *higher* Beck Depression Inventory (BDI) scores and *lower* self-esteem than CONAs, consistent with previous research. In addition, we hypothesized that ACOAs would be more likely to attribute negative events to causes that are internal, stable, and global, the depressive attribution style described by Seligman and colleagues (Abramson *et al.*, 1978; Overmier and Seligman, 1967; Seligman *et al.*, 1979). The relation between depressive features, self-esteem, and attributional style had not been specifically examined among ACOAs.

METHOD

Subjects

The participants included 57 ACOAs (41 females and 16 males) and 100 CONAs (46 females and 54 males), aged 18-24 years ($M = 20.40$). Subjects were recruited from the undergraduate population at West Virginia

University. The Children of Alcoholics Screening Test (CAST; Jones, 1981) was used to classify subjects as ACOAs and CONAs. Of the ACOAs, the father *only* was alcoholic in 36 cases, the mother *only* was alcoholic in 14 cases, and both parents were alcoholic in 7 cases.[4] The subjects were predominantly middle and upper middle class. There were no differences in socioeconomic status as a function of ACOA status or sex. Most ($N = 142$) of the subjects were non-Hispanic-Caucasian Americans, 6 were African Americans, and 9 were Asian-Americans.

Measures

Children of Alcoholics Screening Test

The CAST (Jones, 1981) measures subjects' perceptions about parental drinking and is used to identify COAs from childhood through adulthood. The CAST has a Spearman-Brown split-half reliability coefficient of .98 and a validity coefficient of .78 (Jones, 1983; Pilat and Jones, 1984). CAST scores are interpreted as follows: (a) 0-1, CONA; (b) 2-5, children of problem drinkers; and (c) 6 or above, ACOA (Jones, 1983; Pilat and Jones, 1984). Subjects were screened for inclusion in the study; only those scoring 0-1 (nonalcoholic parent[s] or 6 or higher (at least one alcoholic parent) on the CAST were included. Children of problem drinkers (CAST scores of 2-5; $N = 21$) were excluded from data analysis.

Beck Depression Inventory (BDI)

The BDI (Beck *et al.*, 1961) is a self-report method of assessing depression. It has adequate psychometric properties (Beckham and Leber, 1985).

The Attributional Style Questionnaire (ASQ)

On the ASQ (Peterson *et al.*, 1982), subjects place themselves in 12 hypothetical situations (6 with unsuccessful outcomes and 6 with successful outcomes) and rate the cause of each event as (a) internal or external, (b) stable or unstable, and (c) global or specific. The attributional components are crossed with the two types of outcomes for a total of six subscales. The ASQ has adequate internal consistency and test-retest reliability (Beckham and Leber, 1985).

Index of Self-Esteem (ISE)

Higher scores on the ISE are indicative of lower self-esteem and are interpreted as follows: (a) 40-100, clinically significant problems with self-esteem; (b) 30-40, marginal problems with self-esteem; and (c) 0-30, adequate self-esteem. The ISE has good internal consistency (mean alpha = .93), good test-retest reliability ($r = .92$; Hudson, 1982), and adequate discriminant validity ($r = .78$; Abell *et al.*, 1984).

Procedures

Written informed consent was obtained before the subjects completed a general demographic sheet and the questionnaires (in random order). Following the procedure, all students were given a referral sheet containing local resources for ACOAs.

RESULTS

Analysis Plan

A 2 x 2 (family history of alcoholism by sex) analysis of variance was used to examine each dependent measure (BDI, ASQ subscales, ASQ composite scores, and ISE). Group means and standard deviations by family history of alcoholism, for each dependent measure, are presented in Table I.

Beck Depression Inventory

There was a significant main effect for family history of alcoholism on the BDI, $F(1, 153) = 5.4, p < .05$. ACOAs had significantly higher BDI scores than CONAs. There was also a significant sex effect on the BDI, $F(1, 153) = 8.7, p < .05$. Females ($M = 9.82; SD = 8.36$) had higher BDI scores than males ($M = 6.71; SD = 5.61$). There were no significant interactions.

Table I. Mean BDI, ISE, and ASQ Scores by Family History of Alcoholism^a

	ACOA		CONA	
BDI	10.65	(7.61)	7.17	(7.02) ^b
ISE	55.46	(15.90)	47.37	(15.30) ^c
ASQ Failure				
Internal/external	4.52	(0.83)	4.21	(0.90) ^b
Global/specific	4.23	(0.78)	3.97	(0.74) ^b
Stable/unstable	4.06	(1.07)	3.76	(1.01) ^b
Composite	12.80	(2.20)	11.93	(1.96) ^c
ASQ Success				
Internal/external	5.34	(0.91)	5.32	(0.77)
Global/specific	5.25	(0.79)	5.23	(0.70)
Stable/unstable	5.42	(0.93)	5.08	(0.85) ^b
Composite	16.01	(2.32)	15.63	(1.90)

^a Standard deviations are presented in parentheses.

^b $p < .05$.

^c $p < .01$.

Index of Self-Esteem

As expected, there was a main effect for family history of alcoholism on the ISE, $F(1, 153) = 8.7, p < .01$. ACOAs had scores indicating significantly more problems with self-esteem than CONAs. There were no significant sex differences or interactions. Interestingly, both ACOAs and CONAs had means above 40 on the ISE. A majority of the sample (75%), including CONAs, had poor self-esteem, according to Hudson's (1982) criteria.

Attributional Style Questionnaire

Consistent with the hypothesis, there were several significant main effects for family history of alcoholism on the ASQ subscales. However, the only significant effect for the successful outcome subscales or composite score was on the stable/unstable measure. ACOAs perceived success to be more stable than did CONAs, $F(1, 153) = 4.4, p < .05$.

There were significant main effects for family history of alcoholism on all of the ASQ failure subscales. ACOAs internalized failure more than CONAs, $F(1, 153) = 5.0, p < .05$, and perceived failure to be both more global, $F(1, 153) = 4.1, p < .05$, and more stable than did CONAs, $F(1, 153) = 4.1, p < .05$. There was also a main effect for family history of alcoholism on the composite failure score, $F(1, 153) = 7.6, p < .01$.

There were no significant main effects for sex on any of the ASQ subscales. However, there was a significant family history of alcoholism by sex interaction for the failure-stable/unstable measure, $F(1, 153) = 4.56, p < .05$. Male ACOAs ($M = 4.60$; $SD = .68$) perceived failure as more stable than female ACOAs ($M = 3.84$; $SD = 1.13$), female CONAs ($M = 3.77$; $SD = 1.06$), or male CONAs ($M = 3.75$; $SD = .98$).

Correlations Between Measures

As can be seen from the correlations presented in Table II, ISE scores and BDI scores were significantly related. In addition, ISE scores were significantly, albeit weakly, related to several ASQ subscores, while scores on the BDI were significantly related only to the composite ASQ failure score. Thus, ISE scores may serve as a slightly better predictor of some components of attributional style than does the BDI.

DISCUSSION

The hypotheses that ACOAs would have higher levels of depressive features, lower self-esteem, and a depressive attributional style were supported. Although these features have been linked in other populations, the current evidence not only indicates that these characteristics cooccur in ACOAs, but that they also tend to be more prevalent among ACOAs.

ACOs had significantly higher scores on the BDI than CONAs, although neither group was clinically depressed. In addition, females were found to have higher BDI scores than males. This is not unusual; females often have significantly higher scores on the BDI than males (Baron and Perron, 1986; Dion and Giordano, 1990).

As expected, analysis of the ISE revealed that ACOs had significantly lower self-esteem than do CONAs. The findings that ACOs were more depressed and had lower self-esteem than CONAs are consistent with other research in this area (e.g., Berkowitz and Perkins, 1988; Roosa *et al.*, 1988; Wilson, 1989). Surprisingly, a majority of the sample (75%) had low self-esteem, according to Hudson's (1982) criteria. Even among CONAs, low self-esteem was the rule. The fact that these students, overall, had low self-esteem may be a function of their developmental level and the stress of the academic and social rigors that they encounter on a daily basis. There is evidence that self-esteem decreases in preadolescence and gradually increases throughout late adolescence and early adulthood (e.g., Cairns *et al.*, 1990). On the other hand, these findings could be evidence of a cohort effect indicating that low self-esteem among our youth is a pervasive problem. Clearly, more cross-sectional and prospective research using much broader populations and other measures of self-esteem is needed to answer this question.

Table II. Correlations Between BDI, ISE, and ASQ Scores

	BDI	ISE
ISE	.59 ^a	—
ASQ Failure		
Internal/external	.16	.16
Global/specific	.11	.22 ^a
Stable/unstable	.15	.22 ^a
Composite	.18 ^b	.25 ^b
ASQ Success		
Internal/external	-.17	-.29 ^b
Global/specific	-.08	-.29 ^b
Stable/unstable	-.03	-.05
Composite	-.08	-.24 ^b

^a $p < .01$.

^b $p < .001$.

ACOs also differed significantly from CONAs on the ASQ, particularly in regard to attributions for failure. ACOs had significantly higher internalization scores than CONAs and were significantly more likely to perceive failure as a stable, pervasive part of their lives. Male ACOs were especially likely to attribute failure to enduring circumstances. So, in accordance

with the hypothesis. ACOAs were more likely to demonstrate the internal, stable, global attributional style that Seligman and colleagues (Overmier and Seligman, 1967; Abramson *et al.*, 1978) have denoted as a depressive attributional style.

The lower self-esteem and higher BDI scores found among ACOAs are likely the result of a combination of factors, not the least of which may be the chaotic environment that they are reared in. Likewise, a depressive attributional style is theoretically more likely to result given an uncontrollable environment (Overmier and Seligman, 1967), particularly when the ACOA attempts to take responsibility for this environment and fails. Failure is likely to exacerbate feelings of depression and to lower self-esteem, creating a cycle of depression and negative attributional style (e.g., Lewinsohn *et al.*, 1985).

There are a few limitations to this study that should be addressed. First, the subjects who participated in this study were all college students and are clearly not a random sample of ACOAs. Therefore the results may not be representative of ACOAs who do not attend college or who achieve success in some other domain. In addition, the results may not easily generalize to other age, cohort, or ethnic groups. The study was conducted at a primarily white, rural university. Thus, while the sample was representative of the university community, it is not representative of more diverse populations.

Perhaps the biggest limitation of the study is that relatively few males, and especially few male ACOAs, took part in this study. The reasons for this are unclear, but, anecdotally, many researchers find that females are more willing to participate in experiments than are males. Male ACOAs may simply be less likely to volunteer to participate in research than others, including other males or female ACOAs. On the other hand, male ACOAs may be less likely to enter college than female ACOAs, although more research must be performed with noncollegiate ACOAs to clarify this issue.

In sum, ACOAs were found to have higher levels of depressive features, lower self-esteem, and a more depressive attributional style than CONAs. The chaotic home environment of the ACOA, coupled with failed attempts at control and an exaggerated sense of responsibility, is thought to contribute to the development of the depressive attributional style. This, plus parental neglect, denial of the alcoholic's problem and/or placing responsibility for the parents drinking on the child (Cermak and Brown, 1982; Wilson, 1989), insecure or disturbed parent-child relationships (Ballard, 1995), and a subsequent inability to trust (Cermak and Brown, 1982; Wilson, 1989) are all thought to contribute to the lowered self-esteem and increased depressive features found among ACOAs.

NOTES

4. Children of alcoholic fathers ($N = 36$) were compared to children of alcoholic mothers ($N = 14$) on all of the dependent measures. There were no significant differences between the groups on any of the measures.

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