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## Potential differences in self-concept among adult children of problem drinkers

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**Wilson, Thomine Sue, M.A.**

**University of Northern Iowa, 1987**

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POTENTIAL DIFFERENCES IN SELF-CONCEPT  
AMONG ADULT CHILDREN OF  
PROBLEM DRINKERS

A Thesis  
Submitted  
In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts

Thomine Sue Wilson  
University of Northern Iowa  
May 1987

This Study by: Thomine Sue Wilson  
Entitled: Potential Differences in Self-Concept  
Among Adult Children  
of Problem Drinkers

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POTENTIAL DIFFERENCES IN SELF-CONCEPT  
AMONG ADULT CHILDREN OF  
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## ABSTRACT

Prior research has indicated that the alcoholic home environment is destructive to a child's emotional well-being, and that the conditions necessary to the development of high self-esteem are not consistently present. A large segment of previous research about children of alcoholics has not been tested with rigorous research techniques and often reflects the product of personal observations, results of extensive interviews, or case studies while working with these children. Moreover, there has been a tendency to focus on clinical populations of the young and adolescent offspring of alcoholics, with few studies being conducted in which adults were used as subjects. One purpose of the present study was to empirically examine potential differences in self-concept among adult children of problem drinkers. A second purpose was to focus on The Children of Alcoholics Screening Test (CAST) and other variables such as sex of subject, birth order, and number of siblings, and the possible role these factors may play in predicting self-concept scores. Based on previous research, it was hypothesized that: (a) adult children from households in which at least one parent has been identified as being a problem drinker would register lower self-concept scores than adult children of moderate drinkers or abstainers; this would be true for the Total Positive + Negative (P + N) score and the six empirical scales on the Tennessee Self Concept Scale (TSCS); (b) adult children of problem drinkers would register self-concept scores similar to those of an established psychiatric patient group; (c) female adult children of problem drinkers would exhibit lower scores than male adult children of problem



drinkers on the Total P + N score and the six empirical scales on the TSCS, and (d) sex of the adult child, birth order, number of siblings, and total score on the CAST would be significant predictors of the Total P + N scores on the TSCS. A preliminary screening and a principal study were conducted. In the preliminary screening, subjects were 357 (113 males and 244 females) introductory psychology students. Each subject completed a survey entitled, "Problems in Personal Living" which the author designed to assess both personal and parental attitudes and behaviors in the following areas: cigarette use, alcohol use, and weight control. Subjects for the principal study were selected on the basis of the "use of alcohol" section of this screening instrument with an attempt to differentiate parental drinking patterns into the following three conditions: One or both parents abuse, both parents drink moderately, and both parents abstain. In the principal study, the TSCS and the CAST were administered to 103 subjects (30 males and 73 females) from intact families who met any one of the three parental drinking conditions as established in the preliminary screening. A 2 x 3 Analysis of Variance Design (Sex x Parental Drinking Condition) was used to examine the Total P + N scores and each of the six empirical scale scores on the TSCS. A Stepwise Multiple Regression was also utilized. This analysis had as its dependent criterion variable the Total P + N scores on the TSCS for the 103 subjects from the principal study. The predictor variables of sex of subject, birth order, and number of siblings, derived from the "Problems in Personal Living" screening instrument, and the total score on the CAST were included in the Multiple Regression to determine the

amount of variance accounted for by each in predicting self-concept scores. The results of the present study at least partially support previous findings regarding the effects of parental alcoholism on children's self-concept. The first hypothesis, that adult children of problem drinkers would register lower self-concept scores than children of moderate drinkers or abstainers received mixed support, as did the second hypothesis regarding similarities of adult children of problem drinkers to an established psychiatric patient group. Results indicated that adult children of problem drinkers tended to be more maladjusted and may have a greater propensity toward the development of personality problems and neuroses. The third hypothesis regarding sex differences between children of problem drinkers was not supported. The fourth hypothesis was partially supported, indicating that the CAST was the best predictor of self-concept. Thus, exposure to parental alcohol abuse in the home appeared to be significantly related to self-concept. Limitations of the study were discussed. Implications for future research were presented.

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## CHAPTER ONE

### Introduction

#### Research Implications

Human beings have been consuming alcoholic beverages for many centuries, and reports of the consequences surrounding those who indulge in alcohol date back at least as far as the ancient world (McCarthy, 1959; Warner & Rosett, 1975). Thus, the progressive physical and emotional deterioration of alcoholics and people identified as having a significant problem related to alcohol use is well documented. However, much as these individuals must continuously live with their problem, their children must also continuously live with their own history and vulnerability. Research regarding the association between parental alcohol abuse and the adjustment of offspring is receiving increasing attention in the scientific literature. Today, there is a growing professional awareness that there is a substantial number of children and adults, both in and out of treatment, who have been deeply affected by the drinking behavior of one or both of their parents (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 1985). Researchers are seeking to broaden society's knowledge of the needs of these children by examining such questions as the link between drinking and child abuse, the intergenerational transmission of alcoholism, and the broad social and psychological effects of parental alcoholism on children while they are living in the home as well as when they enter adulthood.

The importance of this topic has prompted the present attempt to focus on the self-concept of adult children, who have identified one or

both parents as having a significant problem related to alcohol use. It has been suggested that for many, perhaps most of this population, the experience of living in such an environment has left a lasting imprint. With an estimated 20 million Americans aged 18 or more having been reared in homes where one or both parents were alcoholics (Children of Alcoholics Foundation, Incorporated, 1984), it becomes necessary to raise awareness of the nature of the problems facing these sons and daughters, and to develop appropriate prevention, intervention, and treatment strategies for adult children of problem drinkers.

The following literature review will begin by examining self-concept and its relationship to health and adjustment. The context surrounding the development of self-concept will also be explored, with a special emphasis on measurement and evaluation, focusing specifically on the Tennessee Self Concept Scale. Next, theoretical perspectives regarding the alcoholic home environment will be described, alluding to various theories of family adjustment and role development. Finally, a review of the literature pertaining to children of problem drinkers will be presented, highlighting case studies and interviews as well as control group comparisons.

### Self-Concept

#### Definition

Crouch (1983) defined self-concept as what an individual thinks of him or herself. In his view, the basic foundation in forming one's self-concept and building one's self-esteem is laid during early life experiences, usually within the family. He believed the self-concept

further stemmed from an ongoing evaluation of interactions with other people and things, with perceived successes, failures, and stress playing an integral part in its development.

#### Self-Concept: Health and Adjustment

According to Fitts (1965), an individual's concept of himself has been demonstrated to be highly influential in much of his behavior and has also been shown to be directly related to his general personality and state of mental health. Fitts maintained that those people who see themselves as undesirable, worthless, or "bad" tend to act accordingly. Those who have a highly unrealistic concept of self tend to approach life and other people in unrealistic ways. Those who have very deviant self-concepts tend to behave in deviant ways. Thus, a knowledge of how an individual perceives himself is useful in attempting to help that individual, or in making evaluations of him.

The significance of a favorable self-concept for mental and physical health, academic achievement, job satisfaction, and success in life is becoming increasingly evident. In an extensive review of the literature on self-concept, Gilberts (1983) concluded that people who have relatively high self-regard tend to be better students, are bothered less by anxiety, are less depressed, display better physical health, and enjoy better social relationships. In their jobs, they tend to value independence, welcome competition, and expect more success. People who possess a strong sense of self-worth appear to be adjusted, happy, and competent. Thus, it is apparent that a good self-concept is a basic personality prerequisite not only for academic achievement and creative output, but also for productive behavior in general.

### Development of Self-Concept

In examining the literature on children's self-concept, Reasoner (1983) concluded that although a child's self-concept is affected by his or her peers and teachers, for most children, the way in which they interact with and are treated by their parents is of overriding importance in determining their self-concept. From the research done on parent-child relationships and self-concept, Reasoner has isolated a number of parental characteristics and behaviors that contribute to high and low self-concept in children. In a warm and empathetic environment, for example, children are likely to develop positive feelings of personal worth and to learn self-acceptance. The parents in this type of environment offer their children clear definitions in areas of authority and responsibility and adhere to them with accuracy and consistency. However, in a home environment lacking in empathy or communication, because of parental inadequacies or family conflicts, children are apt to develop feelings of insignificance by being deprived of their basic source of positive feedback. In this situation, parents are often inconsistent in relations with their children, both emotionally and physically. As such, is it not possible that inconsistency, a prime characteristic in homes where there is a significant problem related to alcohol use, may be contributing to the disorganizations of children raised in such an environment?

Coopersmith (1967), noted for his work on the significance of the home environment in building one's self-concept, maintained that some time before middle childhood an individual arrives at a general appraisal of his or her worth that remains fairly stable into adulthood.

Once more, Coopersmith believed that parents have a significant impact on the development of this self-concept throughout adolescence. Thus, it appears that many of the current feelings faced by adults may be associated with childhood experiences many years ago.

#### Self-Concept: Methodological Considerations

According to Gilberts (1983), effective research into the evaluation of self-esteem is an initial step toward better understanding human motivation. This effort demands the use of valid and reliable instruments and appropriate research techniques. In a critical review of the literature pertaining to self-concept, Gilberts suggested that researchers are interested in measuring self-concept from a theoretical stance, by focusing on such issues as improving definitions, identifying causal and concurrent relationships between self-esteem and behaviors, and obtaining evaluative information for use in policy formulations and program development. In Gilberts' view, building better psychological climates for individuals and groups is a worthwhile goal that can be attained through improved understanding of self-esteem and its evaluation.

Gilberts (1983) alluded to the problems inherent in evaluating self-concept and stressed that perhaps the most prevalent issue is one of construct validity. Current research efforts are attempting to improve self-concept test validity on both recent and established scales to provide users with more options. However, Gilberts emphasized that validity problems will continue to plague the field because of the abstract nature of the self-concept. Despite this contention, authors of self-concept tests appear to agree that common ingredients of self-

concept include physical, social, personal, family, school, peer, and behavioral aspects. Self-concept is considered to be best measured by statements that reflect the self-worth, personal competence, and achievement ideals or aspirations of people.

Gilberts surveyed in detail a variety of specific measures of self-concept and noted that the Tennessee Self Concept Scale (TSCS) by William Fitts (1965), has received perhaps the most research attention of all the self-concept scales, with 597 citations noted in Buros' Eighth Mental Measurements Yearbook (1978). The TSCS appears to have the most clinical application because of efforts to discriminate between psychological disorders. For the research setting, the TSCS offers a wealth of internal comparison possibilities as well as promising fields for hypothesis testing.

#### Tennessee Self Concept Scale: Reliability and Validity

The TSCS is available in two forms, a Counseling Form, with 15 profiled scores, and a Clinical and Research Form, a more psychometrically elaborate scale, with 30 profiled scores. Both forms use the same test booklet and test items. Published normative data for all major scores as well as reliability data on these scores are available for both forms (Fitts, 1965). Original norms for the TSCS were established on 626 people selected from various parts of the country. However, the test group has been said to be unrepresentative of the national population, overrepresenting college students, whites, and persons 12 to 30 years of age (cited in Gilberts, 1983). In light of this finding, one may question attempts at generalization. However, it appears that samples from other populations do not differ appreciably

from the norms, provided they are large enough samples (75 or more). Further, the effects of such demographic variables as sex, age, race, education, and intelligence on the norms of this scale have been found to be quite negligible (Fitts, 1965).

Gilberts (1983) has examined a number of reliability and validity issues regarding the TSCS. Reliability data reported were test-retest estimates and were in the .80s, which is sufficiently large to warrant confidence in discriminating among individuals; however, no internal consistency information was reported. Intercorrelations of subscale scores were reported, yet they were not factor analyzed for internal structure. Validating data showed evidence for discriminating between patients and nonpatients, delinquents and nondelinquents, first-time and repeat juvenile offenders, and alcoholics and nonalcoholics. A correlation matrix with the Minnesota Multiphasic Personality Inventory (MMPI) scales indicated complex relationships. Gilberts further suggested that a factor analysis of the data would be helpful. The TSCS correlated  $-.70$  with anxiety, and moderate relationships were shown with the Cornell Medical Index ( $-.56$  with the total scale) and with The Inventory of Feelings ( $.64$ ), an unpublished instrument developed to measure positive-negative feeling states. Although it is apparent that the TSCS does have its limitations, Gilberts found the scale to be an accessible and practical instrument worthy of use in adult self-concept research.

## Research on Children of Problem Drinkers

### Methodological Problems

Although there has been an increasing number of studies during the last decade, the literature on children of problem drinkers is still relatively small and methodologically weak. There have been surprisingly few well controlled studies, and research on this group has employed a variety of samples and methods to examine a large range of dependent variables (El-Guebaly & Offord, 1977, 1979; Nardi, 1981). Many studies have relied on individual interviews, case histories, or reports of children or parents. As such, much of the data acquired thus far has been based on clinical impressions, rather than experimental results. One common methodological problem inherent in many of the studies reviewed involved varying terminologies (e.g., terms like "alcoholism," "alcohol abuse," and "problem drinking" have been defined and used in different ways by clinicians, researchers, and policy makers (El-Guebaly & Offord, 1977, 1979; Goodwin, Schulsinger, Hermansen, Guze, & Winokur, 1973; Morehouse cited in Roy, 1984; Scavnicky-Mylant, 1984). A second problem centered around biases in sampling procedures (e.g., samples have generally been obtained from clinical populations and are thus skewed toward inclusion of children whose parent's alcoholism was more severe and/or combined with other serious problems, or included children already in treatment themselves) (Chafetz, Blane, & Hill, 1971; Cork, 1969; Hughs, 1977; Jackson, 1956; O'Gorman, 1975/1976). As a result, they cannot be applied to general populations of children of alcoholics/problem drinkers. A third problem involved variations in control groups (Jacob, Favorini, Meisel, & Anderson, 1978), and no



control groups (Cork, 1969). This problem denies opportunities for accurate comparative evaluations which seem essential for an adequate understanding of the specific effects of alcoholism on parent-child relationships, and on children's psychosocial development.

El-Guebaly and Offord (1977) reported that the lack of standard definitions for determining abuse and alcoholism, and failure to quantify results has made it difficult to compare findings across studies. Nardi (1981) and Wilson and Orford (1978) suggested that it has been almost impossible to compare findings from existing studies, and that little attempt has been made to relate new research to previous work, perhaps because of the lack of unifying theoretical or conceptual frameworks to guide research in this area. Nardi (1981) stated that, "Data collection without a conceptual scheme yields few applications for intervention and prevention situations" (p. 238). Wilson and Orford (1978) maintained that a theoretical framework would help "to clarify the processes of family life which mediate between parental alcoholism and its potentially damaging effects on children" (p. 140).

#### Alcoholism and the Family: Theoretical Perspectives

The existing studies relating to the effect of alcoholic parents on their children stem from the belief that alcoholism is a family problem, and every member of the family is in some way affected by it, either emotionally, socially, or physically (Steinglass, 1976). A treatment modality known as the family systems theory has increasingly been applied to the treatment of the alcoholic family (NIAAA, 1985). This perspective suggests that the family functions like a system, with the goal of that system being the ability to maintain stability and

organization. Each member acquires certain responsibilities which in effect, maintain the system. Thus, the predictability of events and their consequences via built-in feedback mechanisms within the family is crucial. However, when the family is dysfunctional, the needs of the family members are not met, thereby creating an imbalance in the system.

Straussner, Weinstein, and Hernandez (1979) believed that the family adapts and learns to live with an alcoholic to maintain the family system's balance. This in turn creates certain defenses and symptoms in each family member, thus making it a "family disease" (p. 114). According to Wilson and Orford (1978), resistance to change and upheaval is a major tenet of family systems theory. They asserted that the alcoholic family is characterized by a network of interrelationships which may actually serve to support the alcohol problem in an attempt to maintain homeostasis. They further suggested that family process is strongly influenced by the pattern of parental drinking, and that knowledge of this pattern may be essential to an understanding of the situation of family members. Jacob et al. (1978) contended that family breakdown and disorganization caused by alcoholism create a void in the family structure. Specifically, children may attempt to meet the needs of their parents or siblings, thus encountering demands and stresses that are inappropriate for anyone of their age.

It is therefore conceivable, that a child in the prime developmental years who is living in an alcoholic environment, may be adversely affected to some degree. Further, a problem worthy of much

greater attention in the literature, is the long-range developmental implications for adults, who learned at a young age how to cope in the alcoholic family of origin.

#### Jackson's Stage Theory of Family Adjustment to an Alcoholic

A frequently referenced source considering family dynamics and patterns of interrelationships in alcoholic families has been research conducted by Jackson (1956). Over a three year period, Jackson worked with a group of 100 Al-Anon wives, including wives whose husbands were members of Alcoholics Anonymous and wives whose husbands were excessive drinkers but had never agreed to seek help. Data were derived from verbatim recordings of Al-Anon meetings during the three year period, as well as from personal interviews and informal contacts with wives and families of the alcoholic. From this data, Jackson arranged narrative histories according to a time sequence patterned after the progression of alcoholism in each family. She then discerned seven identifiable stages during active drinking and recovery periods which may describe behavior changes in family members as they attempt to reduce tension and stabilize their situation.

Initially, in the first stage, the family copes with the developing alcoholism by denying or minimizing the problem. In this stage, the alcoholic repents his actions and the nonalcoholic spouse apologizes for his or her reactions. The alcoholic at this time resents any attempts to control his or her drinking.

As drinking episodes increase in the second stage, an effort may be made to hide the problem. The drinking behavior becomes the focus of family anxiety, and all family problems are attributed to it. Alternate

times of drinking and nondrinking impose inflicting requirements on the children, and forced to show obedience and respect, they often become confused, frightened, and embarrassed. Marital relations deteriorate, and the nonalcoholic spouse may be in conflict about whether to protect the children from the reality of drinking, or to depend on them for everything and confide in them.

In the third stage, the family abandons their attempt to control the drinking, resulting in complete disorganization. This is a time of chaos, and fear becomes the characteristic mood. Children get no help or understanding from either parent about changing their family situation, thus the fear of psychological damage to them intensifies during this stage.

In the fourth stage, the family begins to separate. Either the parents physically and legally separate, or the nonalcoholic spouse takes control and reorganizes the life of everyone, leaving out the alcoholic. In the latter case, the nonalcoholic assumes both mother and father roles and the relationship with the alcoholic becomes more like a parent-child interaction. Children also react to the alcoholic as a child, and often, sensing their diminishing role and status in the family, the alcoholic will retaliate against the children either verbally or physically.

Hindman (1977) noted that, "a connection between alcoholism and physical abuse of children appears repeatedly in reports by protective service and social workers, as well as in research reports on abused children" (p. 3). Henry Kempe (cited in Hindman, 1977), the first to describe the "battered child syndrome," maintained that alcohol plays a

part in approximately one-third of child abuse cases. He added that in many more cases, alcohol can be related in some way to the family problem that led to the abuse. While the direct correlation between alcoholism and physical and/or sexual abuse has not been clearly delineated, it is evident that the number of reports of an association between the role of alcohol abuse in family violence has certainly been frequent enough to warrant acknowledgment of the problem. Clearly, alcoholism treatment facilities must increase their awareness of the potential for child abuse by alcoholic parents and strive to incorporate a similar awareness among agencies working with abused children.

The fifth of Jackson's stages is characterized by either desertion by the alcoholic spouse or a decision to separate by the nonalcoholic spouse. If the nonalcoholic parent decides to separate, the children are left with ambivalent feelings. They may respect the nonalcoholic parent for his or her courageous initiative, and at the same time resent them for their failure to help the alcoholic recover.

Separated from the alcoholic, the family tries to establish a new life in stage six. The children may be caught in the middle however, for the alcoholic may contact them to regain their loyalty, attempt violence against family members, or work on the nonalcoholic spouse to try and influence a reconciliation.

In stage seven, if the alcoholic spouse is later able to achieve sobriety, whether or not there has been a separation, the family may again reorganize to include the alcoholic and attempt to reinstate former roles. Unfortunately, Jackson (1956) suggested that reintegration of the family with a now-abstinent parent does not

guarantee immediate adjustment and family harmony. In Jackson's opinion, abstinence may be a major change which family members resist as they attempt to relinquish the adult roles they have acquired in order to survive and avoid the consequences of alcoholism. In short, the nonalcoholic spouse may have difficulties sharing control, and the children may resent demands to obey and respect the newly established authority of the now-abstinent parent.

#### Support for Jackson's Theory

More recently, in support of Jackson (1956), some researchers have concluded that recovery of the alcoholic parent may not be as great a benefit to his or her children as once believed. Booz-Allen and Hamilton (cited in Children of Alcoholics Foundation, Incorporated, 1985) hypothesized that a failure to benefit may be due to the fact that in most cases, parental recovery occurs late in the child's life, after the critical developmental years. They further noted that relapses, which often occur during the recovery process, may make it difficult for children to develop trust in and reliance on their parents.

Jackson's stages indicated that the family of an alcoholic is engendered in a disruptive and disorganized environment where anxiety prevails. Thus, given the disorganization that occurs within the family structure, it appears that being raised in an alcoholic family may give rise to a greater likelihood of maladaptive development in a child.

#### The Alcoholic Home Environment

In a survey of the literature on the relationship between alcoholism and the family, Woltitz (1978) described the characteristic climate which tends to predominate the alcoholic home environment. She

began by noting certain characteristics which may be related to the alcoholic personality. These include: (a) excessive dependency, (b) emotional immaturity, (c) low frustration tolerance, (d) inability to express emotions, (e) high level of anxiety in interpersonal relationships, (f) low self-esteem, (g) feelings of isolation, (h) perfectionism, (i) guilt, (j) ambivalence toward authority, (k) compulsiveness, (l) grandiosity, and (m) sex-role confusion (p. 18). Woltitz (1983) maintained that these characteristics manifest themselves behaviorally, and not only harm the alcoholic, but may profoundly affect those with whom he or she comes in contact.

The alcoholic home has been described throughout the literature, according to Woltitz (1978), as inconsistent and unpredictable. It is not uncommon for children to have alternating experiences of hope and fear, exposed to an alcoholic who may be companionable and indulgent when sober and brutal when drunk. Children may also experience distorted role models and confusion in sexual identity as the alcoholic sinks deeper into dependency on the non-alcoholic spouse, and acquires an almost childlike preoccupation with self (Cork, 1969). Jackson (1956) believed that when one sober parent tries to take control of the family in efforts to move toward stability, youngsters often perceive the alcoholic parent as infantile and dependent and the sober parent as rigid and overly controlled. Alcoholism itself may become a role model, and as Woltitz and others (Bowen & Gravitz cited in Roy, 1984; Cermak & Brown, 1982; Cork, 1969; Deutsch, 1983; Hindman, 1975/1976; Jaworski, 1986; Morehouse cited in Roy, 1984; Nardi, 1981; NIAAA, 1984; Strong, 1986; Woodside, 1983) have pointed out, children of alcoholics are at a

particularly high risk for developing alcohol problems of their own as they become adults. According to estimates, as many as 60% of alcoholics in treatment were raised in a home where at least one parent was alcoholic (NIAAA, 1984). It has also been claimed that daughters of alcoholics are much more likely to marry active or potential alcoholics than daughters of non-alcoholics (Black, 1981; Morehouse cited in Roy, 1984; Strong, 1986; Woodside, 1983) due perhaps to a distorted role model which equates masculinity and independence with alcoholism. Woltitz's findings indicated that the alcoholic family environment has a significant impact on the individual family members and may play a major role in the development and maintenance of alcoholism. In Woltitz's words, "The alcoholic home environment is destructive to a child's emotional well-being. The research shows that the conditions essential to the development of high self-esteem are not consistently present" (p. 21).

#### Role Theories

Nardi (1981) acknowledged that not every child is affected by the alcoholic parent in the same way. He also viewed the family as a system, with interacting roles which change as alcoholism becomes an issue. Nardi offered a research strategy using the concepts of role theory (focusing on role conflict, sex-role development, and the acquisition of coping roles) to better understand the dynamics of growing up in an alcoholic family.

#### Role Conflict

Nardi (1981) believed that each member in a family has a set of rights and duties he or she is expected to maintain based on gender,



age, birth order, ethnic customs, and social class. He reasoned that, "The introduction of alcoholism usually acts as one major cause in modifying the traditional role definitions of a family system" (p. 239). The inconsistency of an alcoholic parent's behavior, according to Nardi, impairs role learning in children. He observed that children of alcoholics are confused not only about the role the parent is playing, but also by the role they are forced to enact. This works in two ways: (a) confusion about the parents' role (drunk or sober, angry or happy, passive or violent); and (b) the child's role (surrogate parent or child, independent or dependent). Thus, the child finds it difficult to anticipate conditions and discovers that behaviors which are acceptable one day are punishable the next.

#### Sex Role Development

In regard to sex role development, Nardi (1981) felt that childhood and adolescence were periods in which an individual learns norms, values, beliefs, and gender roles appropriate for survival in the social system. In essence, he saw this experience as a process of socialization. Thus, he maintained that both the socialization process and the modeling process must be considered when examining the differing effects alcoholic mothers and fathers have on the perceptions of their male and female children. In Nardi's view, "Sex-role socialization and modeling may be critical to the development of self-esteem, identity, locus of control, and sexual orientation" (p. 241).

#### Acquisition of Coping Roles

Nardi (1981) suggested that for many children, taking on new roles is often necessary to cope with alcoholism in the family. He emphasized

that understanding the selection of these coping roles, their potential shortcomings, and their resulting outcomes in childhood and in adulthood, is related to a variety of social and psychological factors. These factors, he maintained, can be enlightened by applying a role-acquisition model. However, Nardi does allude to the problem of applying the survival roles learned in an alcoholic home environment to other relationships. He believed that these roles are specifically related to a condition of alcoholism where there is denial of reality and repression of feelings. As a result, these roles are likely to conflict with the more traditional roles of children and spouse expected in other relationships. Nardi reasoned that skills developed for a particular situation should be reexamined as to the function they now serve. He stressed that adult children of alcoholics need to recognize attitudes and behaviors that are no longer needed or useful once they are outside the alcoholic family life.

Campidilli (1985) suggested that children of alcoholics adopt certain "roles" which serve to bring some structure and consistency to their family. She noted that these roles help children control situations of instability, aggression, and humiliation that seem to pervade alcoholic households, and allow them an attempt at overriding their feelings of helplessness. Playing a role also provides a source of comfort as children try to move attention away from the alcoholic so no one will discover the problem. Another purpose, according to Campidilli, is that roles provide children with a way of coping successfully with the family alcoholism in a variety of situations. The portrayal makes sense to the child and positive feedback is often

received, thus the child continues to play the role, while internally concealing his or her true feelings. Lastly, playing a role masks emotional pain and confusion which, if openly expressed, may damage a child's self-esteem as well as his or her delicate family structure. In effect, the roles act like defense mechanisms that keep painful feeling out in an effort to maintain the "facade" that all is well and under control (p. 3).

#### Black's Four Coping Roles

Black (1979, 1981) has applied Adler's birth order and family systems theory to identify specific role patterns derived from her extensive therapy experiences with children of alcoholics.

The responsible one. The first of these role patterns she identified as "the responsible one." This is most typically the oldest or only child who not only assumes a great deal of responsibility for himself or herself, but does so for other family members as well, helping to maintain stability in an inconsistent home. Individuals who assume this role are very organized, often excel in school, learn to manipulate others, develop leadership qualities, and become very adept at setting tangible goals. Most adults perceive "responsible" children as mature, dependable, and serious. These children are often viewed unfavorably by peers however, and do not have significant social lives. As adults, "responsible ones" become very rigid goal attaining individuals who have confidence in their ability to accomplish a great deal. These adult children feel a need to take charge of all situations, and obtain absolute control. Outwardly, they appear to be very accomplished and successful individuals, yet inwardly, they cannot

bring themselves to trust others, or express their feelings. Intimate relationships are difficult for "responsible" children, and they often align themselves with people who allow them to continue to be rigid, serious, and unfeeling. Either that, or they pursue isolated lifestyles. Should these persons drink at all, noted Black (1981), it becomes evident that alcohol helps them to relax and become less rigid. They become more open with their feelings, and discover that other people respond to their behavior more positively, thus reinforcing their need to drink. According to Black, this could quite possibly lead to dependency in some cases.

The adjuster. Another role that children can learn, according to Black (1981), is "the adjuster." This child learns the best way to keep peace in the family is to respond to instructions without question, and not draw attention to themselves. They are flexible and able to adapt to a variety of situations. They fear rocking the boat and will do whatever is necessary to maintain order. Academically, this child is average, and as a result, does not draw any negative or positive attention through school work. The "adjuster" associates with other children, but doesn't take any leadership roles. Rather, this child remains somewhat detached from social circles as well as from the family. As adults, "adjusters" find it easier to avoid positions where they need to take control. They often have neither a sense of direction, nor do they have a sense of taking responsibility for their own lives. No other options exist for adult "adjusters." They never learned that choices and alternatives were available to them, so as adults, they don't discuss real issues in their lives or seriously

examine their own feelings. Because they learned to adapt to an inconsistent home environment, "the adjuster," as an adult, also learns to adapt to or "adjust" to agitated relationships. Using alcohol often enables "the adjuster" to become aware of previously undiscovered options and alternatives. Decisions become easier, and feelings can be expressed which can't seem to be experienced except by the use of alcohol.

The placater. A third role a child may adopt is "the placater." This is the child who smooths over conflicts, helps others feel good, and is very well liked both at home and at school. This child is very warm, caring, and sensitive, and doesn't appear to get upset over anything. "The placater" is always willing to lend an ear and to serve as a mediator in stressful situations. Black (1981) noted that this role is often assumed by children to decrease any guilt feelings that they have about being responsible for their parent's drinking. In adulthood, "the placater" becomes very skilled at listening and demonstrating empathy, and is well liked for these attributes. He or she may even become involved in the helping professions (Campidilli, 1985; Pilat & Jones, 1984/1985). However, these individuals never seriously consider what they want and are continually discounting their own needs. In relationships, "placaters" seek out people who are takers and who don't want any personal sharing from a friend or loved one, thus they may develop depression and feelings of loneliness. For "placaters," alcohol allows assertiveness, as well as an avenue for expressing feelings of selfishness and anger which have been withheld over the years. For many, alcohol becomes a problem solver.

The acting out child. Finally, Black (1981) mentioned "the acting out child" who displays delinquent problematic behavior, thus causing disruption in their own lives as well as in the lives of other family members. In doing so, noted Black, they will often provide distraction from the issue of alcoholism. These children may be found in correctional facilities, mental hospitals, or other institutions during sometime in their lives. "Acting out" children are the ones most likely to be addressed and receive help from health care professionals. Unfortunately however, for those who do receive help, the focus is only on their problematic behavior, not for being part of an alcoholic family system, which according to Black is the basis for their behavior. As children and as adults, these persons are not capable of feeling good about themselves. Often, alcohol or other drugs may provide them with a false sense of confidence, allowing them to feel better about themselves. Regretfully, the possibility of alcohol dependence may complicate their lives even further.

Black (cited in Scavnicky-Myant, 1984, p. 59) proposed that, "the child with behavioral problems in the alcoholic home is in the minority." However, researchers tend to focus only on this population. She maintained that the majority of children of alcoholics have assumed roles like "the responsible one," "the adjuster," and "the placater," or a combination of the three, changing and adopting different roles as they grow older. According to Black, most of these children appear to be coping well in childhood, yet in adulthood, when they become aware of the expression of needs within such roles, many realize the negative aspects of these coping skills. As adults, they may feel depressed,

lonely, unable to maintain intimate relationships, feel trapped in an alcoholic or otherwise dysfunctional marriage, or become a victim of their own alcoholism.

#### Wegscheider's Survival Roles

Black's work has reflected much of Wegscheider's beliefs regarding survival roles displayed by members of an alcoholic family. Wegscheider also alluded to the family systems theory to explain the development of these roles. She emphasized that every family member adapts to the alcoholic by assuming a role that will create the least amount of stress. She stated however, that these roles are not static, for "in a family where there is stress, the whole organism shifts to bring balance, stability or survival" (cited in Scavnicky-Mylant, 1984, p. 60). Wegscheider suggested that the most common survival roles include that of the "chief enabler," the "family hero" (the caretaker), the "scapegoat" (the problem child), the "lost child" (the forgotten child), and the "mascot" (the family pet).

The chief enabler. The chemically dependent person relies most upon the "chief enabler" (often the spouse or parent) who represses all feelings in order to fulfill the dependent's responsibilities and keep the family together. As the enabler, he or she tries to lessen the consequences for the alcoholic at their own expense, often experiencing emotional turmoil and developing physical problems. Enablers feel trapped and helpless, yet try to maintain a facade of normality.

The family hero. The "family hero" is often played by the oldest or an only child. He or she feels responsible for the entire family and tries to relieve the pain by being as perfect as possible and by

assuming adult responsibilities. This child is described as a high achiever both at home and in school. The hero often feels like a failure for not being able to change his or her family situation and is continually haunted by the sense that nothing he or she has accomplished is truly satisfying or good. As adults, heroes have difficulty surrendering some of the control they possess and usually assume positions of high responsibility. They have problems learning how to relax and are often overcome by extreme stress and anxiety. They may also have problems with self-esteem. Heroes may soon discover that drinking can medicate their problems, enabling them to relax and become less rigid.

The scapegoat. The second child in the family often plays the role of the "scapegoat." The "scapegoat" reacts to family alcoholism by rebelling and rejecting authority, thus taking the focus away from the alcoholic by drawing attention to him or herself. As a result, this child is often blamed for many negative events that occur in the family and at school. This child looks to a peer group for support, and often becomes involved with alcohol or other drugs. As adults, "scapegoats" are very angry and feel powerless to change their situations. They see themselves as victims of circumstances. Alcohol often gives these adult children a false sense of confidence in their abilities, and helps them feel more secure.

The lost child. The "lost child" never develops close ties with the family. He or she becomes withdrawn and isolated, and while not showing obvious conduct disturbances, such a child may be deeply disturbed. This child has few friends and fails to develop healthy



social skills. Most who play this role try to keep others happy, and as a result, deny their own needs and feelings. Decisions are usually made by others, and decision making is a skill that is never learned. As adults, "lost children" have trouble developing healthy relationships and establishing trust in relationships. They choose mates who are inconsistent in their behaviors because to them, inconsistency is the norm. Many see no alternatives and feel isolated and lonely. Thus, many may turn to alcohol to achieve self-confidence and an ability to express their feelings, which in turn, gives them a sense of strength.

The mascot. The "mascot" is often the youngest in the family. As a child, the "mascot" provides relief and humor for the family by being charming and funny during stressful times. However, although this behavior relieves the pain of some family members, it does not help the "mascot" deal with personal pain and loneliness. This child has a compulsion for attention and may be diagnosed as hyperactive (Campidilli, 1985). In adulthood, "mascots" continue to take care of others and disregard their own feelings and desires. "Mascots" are often taken advantage of in relationships, and have difficulty being understood when they attempt to be serious. Using alcohol allows "mascots" to talk freely about themselves and works as an outlet for the anger they have felt throughout their lives.

Survival roles, Wegschelder believed, are carried by the individual from the family system to other relationships, therefore affecting not only family interactions, but also relationships with peers and other adults. She asserted that the roles and skills adopted by children of

alcoholics may appear functional in childhood, however, when these children reach adulthood, the previously adapted roles are no longer sufficient. According to Wegscheider:

For the thousands of adults who were young children in alcoholic homes, the emotional hangover in adulthood includes a difficulty in establishing intimate relationships, a fear of expressing emotions and feelings, as well as compulsive habits such as rigid overachievement or eating disorders, and general low self-worth. (cited in Strong, 1986, p. 84)

#### Adult Children of Alcoholics: Theoretical Impressions

Brooks (1983) examined the psychosocial development of adult children of chemically dependent systems by drawing heavily on E. H. Erikson's 8 stage model of the individual life cycle. She emphasized two important factors regarding Erikson's 8 stages of development. First, Brooks noted that in each of the stages, there are critical periods through which an individual must pass, and success or failure at these critical points produces differing impacts on an individual's personality. Further, failure at any one of these stages jeopardizes full development at the later stages. Secondly, she stressed that the personality is in a constant state of flux, thus, successful progression through the stages, once secured, is not always a given state. In effect, an inability to cope with certain circumstances can result in regression to a previous stage. In reviewing the terms characteristic of failure in Erikson's stages (mistrust, shame and doubt, guilt, inferiority, role confusion, isolation, stagnation, and despair), it can readily be seen, according to Brooks, that an adult child born into a

chemically dependent family must begin again the passage through the stages of successful personality development, beginning with the trust issues.

Cermak (1983) has examined parallels in the recovery process for alcoholics and adult children of alcoholics. He proposed that adult children of alcoholics are suffering from the same disorder as are alcoholics and "In both instances, recovery becomes a possibility only after denial is relinquished sufficiently to permit acknowledgement of the reality of one's vulnerabilities" (p. 1). Cermak asserted that the psychological addiction to alcohol not only exists in active and recovering alcoholics, but is also present in those people who knowingly or unknowingly cooperate in an alcoholic's denial. Such people have been variously labeled co-dependents, co-alcoholics, and para-alcoholics.

The psychological aspects of addiction can be described in terms of Vaillant's hierarchy of adaptive ego mechanisms (cited in Cermak, 1983). In his investigation of adaptive styles, Vaillant found that among nonpsychotic adults, denial of external reality is most often encountered in addiction. Specifically, projection, fantasy, hypochondriasis, passive-aggressive behavior, and acting out are noted to be the adaptive mechanisms that underlie clinical addiction. Vaillant chose to call these "immature mechanisms," which represent efforts to cope with unbearable interpersonal events.

The term co-alcoholism has been defined by Whitfield (cited in Cermak, 1983, p. 4) as "ill health, or maladaptive problematic behavior that is associated with living, working with or otherwise being close to

a person with alcoholism." The National Association for Children of Alcoholics defines it in their charter statement as "an adjustment reaction to another's alcoholism, and therefore a recognizable, diagnosable, and treatable condition with a spectrum of signs, symptoms, and problems" (cited in Cermak, 1983, p. 4). According to Cermak, co-alcoholism can exist independently of the alcoholic's drinking behavior. He emphasized that many spouses and children continue to suffer from co-alcoholism for decades after an alcoholic's death or recovery. In Cermak's terms (cited in Roy, 1984, p. 39), "Co-dependency exists independently within individual members of a system, and each is responsible for his or her own recovery." Cermak further proposed that, as individuals mature, a "single process of distortion may underlie all of the co-dependent's relationships, both those with other people and those among the parts of the self" (p. 39). In essence, immature adaptive mechanisms, as alluded to by Valliant, may come to be perceived as normal adult behavior, and the standard with which to measure interpersonal reality.

In interactional group therapy experiences with adult children of alcoholics, Cermak and Brown (1982) reported that conflicts involving issues of control were often the most significant sources of anxiety. Issues such as difficulty trusting, unclear boundaries of responsibility, inability to acknowledge personal needs, and suppressed emotional spontaneity were all accompanied by a preoccupation with control. According to Cermak (cited in Roy, 1984, p. 39), "Issues of control are at the core of co-dependency. People who exhibit co-dependent personality disorders share an overwhelming devotion to

willpower as the preferable avenue for achieving self-worth." Unfortunately, it may be only a matter of time before the survival skills of childhood, maintained through sheer willpower, no longer make sense in the lives of adult children of alcoholics.

#### Competent Children of Alcoholics: Theoretical Views

The studies reviewed thus far, utilizing the family systems theory and role theory as theoretical frameworks, have emphasized negative aspects of role acquisition in children of alcoholics, such as denial and concealment of true feelings and needs. However, these works have also identified a variety of coping mechanisms which suggest that some children of alcoholics may also become very responsible and high-achieving adults. One especially promising area of research involves this vulnerability factor.

Black (1979) and Wegscheider (cited in Wood, 1984) seem to have answered a demand of some researchers for the study of seemingly "invulnerable" children. Wilson and Orford (1978) have questioned the adaptive functions that some roles may serve, and suggested the need to examine alcoholic families which are not disrupted by alcoholism. They considered the possibility that having an alcoholic parent could, in some respects, confer advantages on a child. Nardi (1981) suggested that some of the roles a child acquires to cope with familial alcoholism may lead to important skills such as a sense of responsibility, initiative, independence, and insight into people's problems, which may be useful to them in their later careers and personal lives. El-Guebaly and Offord (1979) have criticized the narrow focus for research on

children of alcoholics, studying only their dysfunction, and believed that much could be gained from examining those children who do not seem to be at risk for psychosocial illnesses.

Black (1979) maintained that a cautious approach should be taken in making such interpretations. She asserted that the roles and skills adopted by children of alcoholics may, in fact, assist them in developing competencies essential to professional and personal accomplishments, allowing them to appear functional or be perceived as "invulnerable." In actuality however, she stressed that these roles may serve only to cover up problems which emerge later when previously adaptive roles are no longer sufficient. She noted sudden breakdowns reported by clinicians working with highly successful professionals. She further emphasized the fact that children of alcoholics who were previously nondrinkers, may become alcoholics and/or choose alcoholic mates, thereby recreating the effects of familial alcoholism.

Moos and Billings, when alluding to their negligible findings that alcoholic families will continue to have a negative effect on family members after abuse is controlled, noted that, "Some children of alcoholics will remain symptom-free until they encounter adult stresses that touch on latent areas of vulnerability" (cited in Scavnicky-Myant, 1984, p. 61).

Research must address why some children of alcoholics emerge or appear to emerge unscathed, or even in a superior functioning position, while many other children of alcoholics develop dysfunctional problems in adulthood. At any rate, the aforementioned theorists do attempt to understand the functional relationships among the many variables

involved in the alcoholic parent-child situation. As a result, these studies can aid helping professionals in gaining an understanding of the processes involved within the alcoholic home environment. However, what is lacking is hard statistical data on what percentage of families fit the descriptive role patterns, and whether they could be used to describe some nonalcoholic families as well. In essence, what is needed is a statistical framework by which to examine descriptive role patterns which may complement the existing qualitative data, and yield a better understanding of the outcomes of parental alcoholism on children and adults.

#### Case Studies and Interviews With Children of Alcoholics

It is true that a large segment of information about children of alcoholics has not been based on empirical research. However, case studies and other reports do provide a vivid description of the actual processes occurring within an alcoholic parent-child situation. Further, the majority of these case studies, employing a number of different samples and a wide variety of demographic characteristics, have reported similar findings.

Cork (1969) interviewed 115 children (ages 10 to 16) of alcoholic patients attending an addiction clinic, questioning them about their family life and the way they felt about their parent's drinking. The children were from intact middle and upper class families. Cork relied solely on a single interview with each child, therefore data reflect the perceptions of the respondents only. Almost all the youngsters (over 90%) stated their relationships both at home and outside had been influenced, and expressed feelings of being unloved or rejected by one

or both of their parents. Over half the children reported disrespect for the alcoholic parent, and resentment toward the nonalcoholic parent, whom they perceived as being responsible for the other parent's drinking and as neglectful of their own needs. Over half further reported being "constantly" angry with their parents, were defiant toward authority, and expressed a lack of ability to have comfortable relationships with peers. Almost 90% of the youngsters described as their main concern the continual anger and tension in the household, with much of their parents' relationship characterized by fighting and quarreling. Notably, only five percent of the children reported drunkenness or drinking as their main concern.

In a study by Wilson and Orford (1978), children from alcoholic families also reported an atmosphere of extreme tension and argumentativeness to be more upsetting than the drinking per se. The authors looked at familial relationships in 11 families, 5 of which were intact, where one parent was in treatment for alcoholism. The aim was to obtain at least one interview with the whole family, joint interviews with groups of family members, and individual interviews with the husband, wife, and all children who could manage an individual interview. Resulting interviews revealed that certain parental drinking patterns coincided with certain parental behaviors which had noticeable effects on the children. Once more, these patterns seemed to differ according to the sex of the alcoholic parent. For example, the majority of fathers drank outside the home, and children reported them returning in an incapable, depressed, or aggressive state creating fear and apprehension in the household. In contrast, the mothers tended to drink



mainly at home and show more variability with respect to drinking occasions. Children tended to be less upset by mothers' than fathers' drinking, but the authors suggested this may have been due to the lesser severity of maternal alcoholism (e.g., reports of "only rarely becoming intoxicated to the point of losing control or the ability to do their work" (p. 123), or the fact that drinking was not as apt to cause aggressive moods in the mothers). Brooks (1983) has noted, however, that child born into an alcoholic family system often experiences neglect, especially if the mother is chemically dependent.

According to Wilson and Orford (1978):

There is no agreement in the literature as to whether an alcoholic mother or alcoholic father is more damaging for children, but differences in impact of drinking by mothers and fathers may be a function of sex differences in drinking patterns. (p. 123)

Wilson and Orford (1978) further suggested that several children compared the atmosphere of silence and tension in their families with the laughter, joking, and talking together that characterized "a real family" (p. 130). Cork (1969) also found that children complained of a lack of fun and laughter, and contrasted their own families unfavorably with those of their friends.

#### Children's Awareness of the Stigma Related to Alcoholism

It has been demonstrated that children of alcoholics often admit to being aware of the social stigma of their parent's alcoholism (DiCicco, Davis, Travis, & Orenstein, 1983/1984; Hindman, 1975/1976; NIAAA, 1985). Further, the unpredictability and shame that frequently accompany alcoholism has been shown to result in the avoidance of outside

activities by family members in an attempt to hide the "family secret" (Campidilli, 1985, p. 3). Ruth Fox (cited in Hindman, 1975/1976) noted that:

When children become aware of the social stigma surrounding alcoholism, they feel different, estranged, isolated, and ashamed, and often do not wish to go out as a family. This isolation further intensifies their already low self-esteem, confirming their inner sense of worthlessness. (p. 3)

A poor self-concept, which some authorities have agreed characterizes alcoholic persons as well as their children (Cermak, 1983; Woltitz, 1978), is considered to be a primary trait of persons who engage in self-destructive behavior (Hindman, 1975/1976).

The humiliation related to a parent's drinking may further cause a reluctance on the part of a child to establish close friendships or to confide in others. Cork (1969) found that children of alcoholics experience considerable shame and fear of not being liked. She pointed out that at a period in their lives when most youngsters are forming friendships, children of alcoholics seem to have relationships limited by "insecurity, fear, and a lack of trust" (p. 24). Wilson and Orford (1978) also noted that many of the children they interviewed felt that their freedom to meet friends or to reciprocate friendships was restricted. Thus, it is not hard to fathom that children who learn to be wary of others and to hold back normal expressions of affection, may have difficulty in forming healthy and secure relationships later in life.

Jesse (cited in Woodside, 1983) observed that during the period when socialization and peer relationships are particularly important

(ages 7-12), children who live with an alcoholic parent often deprive themselves of normal friendships. They may withdraw inside themselves, becoming passive and dependent, or project their frustration and anger outward, resulting in aggressive, antisocial acts which may only serve to isolate them further. By adolescence, Jesse emphasized that children of alcoholic parents may well abuse alcohol themselves.

#### Parental Alcoholism and Role Modeling

As alluded to previously, a central theme in the anecdotal literature on children of alcoholics is the atmosphere of inconsistency and unpredictability found in the alcoholic home. It has been suggested that the inconsistent and unpredictable behavior of the alcoholic, and in some cases the nonalcoholic spouse, presents children with deficient or distorted parental role models, and that children may be unable to develop a stable sex role or a firm self-concept. Jacob et al. (1978) stressed that the greater inconsistency and unpredictability of parental support and expectations in alcoholic versus nonalcoholic families is thought to affect the children's "sense of trust, security, self-esteem and confidence in others" (p. 1235). Specifically, the role model provided by the alcoholic parent may distort the child's socialization process. Woodside (1983) also believed that children of alcoholics have problems in acquiring appropriate roles because they imitate and learn from inappropriate role models. Jackson (1956) reported that in some families, children of alcoholics assume pseudo-adult roles, becoming the caretaker or parent's parent when the adult is drunk, ill, or unable to take care of the child. Cork (1969) reported that children of alcoholics may take responsibility for many household tasks,

particularly caring for younger siblings. She also reported that children may feel neglected by the nondrinking parent who is too busy managing the household to give time to the children, and that many children express resentment when their mother has to work outside the home in order to support the family. Woititz (cited in Musello, 1984) reported that children of alcoholics have never had proper role models, and don't have "normal" standards to which they can compare themselves. In essence, they "develop no data base," and are denied the input other children get in developing a "sense of self" (p. 9). In terms of inconsistency, Woititz stressed that children growing up in an alcoholic family system receive a steady stream of "double messages" (p. 9). The most important is a mixed message of love and rejection. She believed children tend to blame themselves for their parents' drinking, equating the drinking problem with their being unloved.

#### Control Group Comparisons With Children of Alcoholics

The empirical literature to date which has examined the effects of parental alcoholism on children, focuses primarily on the negative aspects incurred by this population. As was true among the case studies and interviews, methodological problems such as vague definitions of alcoholism, poorly controlled studies, self-report data, the use of selective sampling, and small sample sizes make interpretation and generalization difficult. Nonetheless, the bulk of the literature has demonstrated that children of alcoholics are at a particularly high risk for a number of emotional and behavioral problems, as well as difficulties with social adjustment and substance abuse. Further, efforts in mental health research have indicated the offspring of

alcoholics as being at high risk for psychosocial illnesses in adulthood (El-Guebaly & Offord, 1979). The remainder of this literature review contains a variety of controlled studies which attempt to delineate the specific effects of parental alcoholism on parent-child relationships and on children's psychosocial development.

#### Children From Alcoholic Families and Nonalcoholic Controls

Social maladjustment. Haberman (1966) compared mother's reports of 89 children of alcoholics, and 92 normal controls consisting of a general comparison group of children, and children of parents with stomach trouble. He reported more childhood symptomatology related to social maladjustment in children of alcoholics than in controls whose parents had either chronic stomach trouble or no identifiable pathology. The 89 children of alcoholics evidenced a more frequent occurrence of all the eight symptoms measured, including stuttering, fears, staying alone, bed wetting, temper tantrums, fighting with peers, trouble in school, and being well known to correctional facilities or school authorities for behavior problems. Unfortunately, Haberman used no objective assessment to corroborate the interview reports, and he provided no information on the statistical significance of group differences.

Emotional manifestations. Nylander (1960) published an extensive study of 229 Swedish children aged 4-12 of male alcoholic patients attending an outpatient clinic. These children were compared with a control group of 163 children matched for age, sex, and father's occupation. Nylander found a significant number of psychosomatic complaints among his alcoholic sample. Compared to controls with

nonalcoholic parents, children of alcoholics were often neglected and more likely to visit hospitals for somatic complaints such as headaches, tiredness, and stomachaches. According to direct observations, mothers' reports, and teachers' judgments, emotional disturbance (termed "mental insufficiency" by the author), was significantly more common in the experimental group than in the controls (29% versus 5%). Emotional instability and anxiety were manifested as abdominal pains and sleep deficits in girls, and as hyperactivity and attention deficits in boys. According to Nylander, these symptoms may have contributed to the greater frequency of school difficulties in this group. Teachers assessed the children of alcoholics as significantly more likely to be "problem children" than those in the control group (42% versus 10%). It has been suggested however, that Nylander's findings should be interpreted cautiously since interviewing and testing of the children were not "blind."

Controlling for socioeconomic status. Since most of the children of alcoholics in the aforementioned study were of low socioeconomic status, Nylander and Rydelius (1982) later attempted to control for socioeconomic status by comparing 85 children of alcoholic fathers from the highest social class to 100 children of low socioeconomic status with alcoholic fathers. The former group was found to be just as likely to develop social maladjustment problems including substance abuse, while they were growing up, as the latter group of children. Thus, according to Nylander, children of alcoholic fathers appear to be at high risk regardless of their socioeconomic status.

Personality characteristics. Aronson and Gilbert (1963) demonstrated the presence of a "passive-aggressive" personality in preadolescent sons of alcoholics. They compared personality characteristics derived from teacher's blind ratings of 41 boys of grade school age who had alcoholic fathers with a control group of 3 male classmates closest in age to each experimental subject. To obtain ratings, teachers used a 36-item questionnaire, constructed to assess the presence of characteristics commonly found in alcoholics. Relevant traits that were found to be predominant in sons of alcoholics included acquisitiveness, inappropriate emotional expression, dependence, evasion of unpleasantness, and self-dissatisfaction. Twenty-one out of 36 items reflecting these categories significantly differentiated the two groups of boys.

Self-Esteem and family relationships. McLachlan, Walderman, and Thomas (1973) conducted interviews and tested 54 teenagers of treated alcoholics (most of whom were from intact families) and 54 normal controls with the Wolfgang Social Distance Measure, the McLachlan Social Competence Scale, and the MMPI. The groups were matched according to sex, age, education, and father's occupation. There were no significant intergroup differences in school performance, alcohol and drug use, or on any measure of personality disturbance, although the children of alcoholics had significantly lower self-esteem than did the controls. The major differences between groups was in family relationships. Children of alcoholics compared with children of nonalcoholics, rated their families significantly lower in family harmony and reported a significantly more disturbed relationship with the alcoholic parent.

Self-Concept. Baraga (1978) compared self-concept scores in 40 children of alcoholics (22 girls, 18 boys, aged 9-12) to 109 control children of nonalcoholics (40 were matched according to age, sex, birth order, and number of siblings). Results reported lower scores for children of alcoholics on the Piers-Harris Children's Self-Concept Scale, and a regression analysis demonstrated parental alcoholism to be predictive of low self-concept in children. Years of separation from the alcoholic parent, larger number of siblings, and membership in Alateen tended to improve the children's self-concepts. However, the total years of parental alcoholism did not add to lower self-concept, nor did the parent's total years of recent sobriety tend to restore poor self-concept in their children.

Children From Alcoholic Families and Psychiatrically Disturbed Controls

Behavior problems. Chafetz and associates (1971) compared case records of 100 children of alcoholics (aged 2-19 years, 60 boys and 40 girls) seen in a child psychiatric clinic with 100 children of the same sex, whose parents had no alcohol problem. Children of alcoholics were significantly more likely to have serious illnesses or accidents, school problems, and problems involving the police or courts. The authors cited "distinct and deleterious social consequences" to being the child of an alcoholic (p. 696).

In another study, Fine, Yudin, Holmes, and Heinemann (1976) examined behavior disorders in 39 children of alcoholics (alcoholics were almost all fathers) aged 8-18 years, compared to an unmatched control group of children with normal parents, a group of control children of parents with other psychiatric disturbances (matched on age,



sex, race, socioeconomic status, and family size), and a third unmatched group of children institutionalized for psychiatric disorders. Data from the Devereux Child and Adolescent Behavior Rating Scale and Symptom Rating Scale, completed by the mothers, were used to compare children aged 8 to 12 and children over 12. Differences between groups were especially dramatic in children 8 to 12 years old. Children of alcoholics were significantly more disturbed than normal children on 12 out of 17 behavior variables. For example, they were less able to maintain attention, less responsive to environmental stimulation, and much more prone to emotional upset. They also tended to be anxious and fearful, aggressive, socially isolated, and had a difficulty with mood regulation. Compared to their matched controls, children of alcoholics were also significantly more disturbed with regard to pathologic use of their senses, emotional detachment, dependency, and aggression. In fact, young children of alcoholics appeared as disturbed as the institutionalized children on 10 out of 17 items measured. The adolescent children of alcoholics showed more unethical behavior and paranoid thinking than their matched controls as well as more hyperactivity, schizoid withdrawal and poorer emotional control than normals, although by adolescence there was considerably less overall difference in the groups studied. It has been suggested that the older children may have learned more socially acceptable coping patterns over the years (cited in Scavnicky-Mylant, 1984).

#### Studies Examining Variations in Parental Drinking Patterns

Self-Concept and locus of control. O'Gorman (1975/1976) used the Piers-Harris Self-Concept Scale, the Roe and Siegelman Parent-Child

Relations Questionnaire, and the Nowicki and Strickland Personal Reaction Survey for Children to assess 29 adolescent children (aged 12 to 18) of unrecovered alcoholics (from Alateen), 23 children of recovering alcoholics (from Alateen), and 27 children of parents without drinking problems (from Catholic parochial schools). The adolescent children of both unrecovered and recovered alcoholics showed significantly lower self-concept than the children of nonalcoholics. Children of unrecovered alcoholics also demonstrated a more external locus of control, and appeared to experience less love and attention. External locus of control, denoting a perceived lack of control over personal outcomes, and noted in previous research to be correlated with feelings of anxiety and depression (Calhoun, Cheney, & Davis, 1974), has been found by other investigators to characterize children of alcoholics (Prewett, Spence, & Chaknis, 1981; Kern, Hassett, & Collipp, 1981). However, issues of self-control, alluding perhaps to a more internal locus of control have been reported in both children of alcoholics (Black, 1981; Campidilli, 1985; Wegscheider cited in Wood, 1984), and adult children of alcoholics (Cermak cited in Roy, 1984; Cermak & Brown, 1982).

Stress levels and coping strategies. Rouse, Waller, and Ewing (1973) attempted to assess the impact of paternal drinking on adolescent stress levels. The investigators interviewed 186 randomly selected adolescents (aged 15 to 21 years) stratified by race, about background characteristics, drinking patterns, attitudes about alcohol, and perception of drinking by significant others. The Health Opinions Survey and the Coping Activities List were used to assess levels of

stress and methods used to relieve depression and anxiety. Based on information obtained from the children and their fathers, the fathers were classified as heavy drinkers, moderate drinkers, or abstainers. Results indicated significantly higher rates of depression, insomnia, and broken homes in children of heavy drinkers than in those of moderate drinkers or abstainers. In Black adolescents, there was a significant positive correlation between severity of father's drinking and the child's stress, while in White adolescents the correlation, also significant, was negative. There were no significant intergroup differences in the children's coping styles or the quantity and frequency of their drinking. However, it was shown that methods of coping with stress were considered to be nonadaptive, for example, children of moderate and heavy drinkers relied on social isolation, smoking, and trying to forget to relieve feelings of depression.

#### Membership in Alateen and Nonalcoholic Comparisons

Self-Esteem. Woititz (1976/1977) utilized the Coopersmith Self-Esteem Inventory to determine whether significant differences exist between children who live in alcoholic homes and those who do not. Three groups of fifty each were selected and matched according to age, sex, and with which parents they live. The first group consisted of fifty sixth through twelfth grade children who did not attend Alateen but had at least one parent who was a member either of Al-Anon or Alcoholics Anonymous. The second group consisted of fifty sixth through twelfth grade children who did attend Alateen and who had at least one parent who was a member of either Al-Anon or Alcoholics Anonymous. The third group consisted of a control of fifty children who were matched as

closely as possible to the other two groups, except that in their homes there was no reported "excess" drinking. A T-test analysis of total scores indicated that children from alcoholic homes had lower self-esteem scores than children from non-alcoholic homes. Children from alcoholic homes who had joined Alateen had significantly lower scores than either of the other two groups, and children from alcoholic homes without Alateen had significantly higher scores than those who belonged to Alateen. Further, children from alcoholic homes had significantly higher lie subscale scores than the control group. Woltitz suggested that the total self-esteem score differences may be an artifact of the lie score differences. She postulated that if "lying" was actually present, it may have been that the study children were not consciously lying but instead denying.

#### Suicide and Children of Alcoholics

Two studies have recently looked at self-destruction and suicidal tendencies in adolescent children of alcoholics. Tishler and McHenry (1982) compared self-image and use of alcohol in parents of 46 adolescent suicide attempters with self-image and drinking in parents of 46 adolescent nonattempters. Fathers of the attempters were found to be significantly more alcoholic than did the fathers of nonattempters. Mothers were also significantly greater consumers of alcohol and displayed more anxiety and suicidal ideation.

Garfinkel, Froese, and Hood (1982) reviewed pediatric hospital emergency room admissions over a seven year span. Five hundred five children and adolescents who had attempted suicide were distinguished

from matched controls on a number of variables, including significant abuse of alcohol both personally and by their parents and siblings.

#### Comparisons Between Alcoholics and Children of Alcoholics

Self-Concept. Blanchard (1983/1984) administered the Tennessee Self Concept Scale and A Study of Leisure to a sample of 108 children (aged 12 to 29) of alcoholic parents. T-tests revealed that this sample demonstrated significantly lower means than the standardization (norm) group on the self-concept factors of identity, behavior, physical self, and family self. The children of alcoholic means were also significantly closer to alcoholic means than to norm means on identity, behavior, and physical self. The sample manifested a pattern on the internal factors of self-concept of low scores on identity and behavior combined with a high score on self-acceptance. This "tolerance for deviance" may contribute to the tendency toward becoming and or marrying alcoholics according to Blanchard. Results from A Study of Leisure showed that the sample perceived themselves as having too much leisure time to a significantly greater degree than did the norm. Again, the children of alcoholics mean was significantly closer to the alcoholic mean than to the norm mean. Blanchard noted that the predictors used in this study could be useful as identifiers of children of alcoholics as well as predictors of problem drinking.

#### Adult Children of Alcoholics

Studies dealing strictly with adults are scant in the literature concerning children of alcoholics. The existing research on the adult psychosocial adjustment of the offspring of alcoholics focuses mainly on attempts to tease apart genetic and environmental influences on

subsequent behavior. However, research has indicated that both nature (heredity) and nurture (environment) simultaneously influence the transmission of alcohol problems from alcoholic parents to their children (Bohman, Sigvardsson, & Cloninger, 1981). Specifically, "Combinations of predisposing genetic factors and environmental stressors appear to interact before alcoholism develops in most persons" (Cloninger, Bohman, & Sigvardsson, 1981, p. 861).

One empirical study involving only adult children of alcoholics utilized a cognitive phenomenological method to analyze the data from 17 adult children. This analysis resulted in a grounded theory about the psychology of adult children of alcoholics' vulnerable self and its origins. Seabaugh (1983/1984) theorized that adult children of alcoholics have experienced certain developmental failures typical to the alcoholic family, and this has resulted in a vulnerable adult self. In Seabaugh's view, exposure of the vulnerable self creates emotional distress. Moreover, the vulnerable self cannot easily withstand narcissistic injuries which may, in effect, hinder self-esteem. Because childhood for these individuals was chaotic in terms of need fulfillment, they are in conflict over meeting the needs of others in adulthood. Issues of concern for the adult child of an alcoholic include power, anger, and abandonment. Of particular importance to this population, noted Seabaugh, is the issue of control which helps to maintain a facade of invulnerability.

Jackson (1984/1985) examined possible differences in the personality characteristics of adult daughters of alcoholic fathers as compared with adult daughters of non-alcoholic fathers. Data were

collected from 123 adult women aged 21 to 50 years. Fifty-nine were classified as adult daughters of alcoholic fathers; sixty-four were classified as adult daughters of non-alcoholic fathers. All subjects completed the Sixteen Personality Factor Questionnaire to measure personality characteristics, the Parental Drinking Questionnaire (a one page adaptation of the Michigan Alcoholism Screening Test) for their fathers, and a Personal Data Sheet. Results indicated that daughters of alcoholic fathers are more guilt-prone and more inclined to feel responsible for the behavior of others. They also appear to be more dominant and have a strong need to control relationships and situations. The author concluded that daughters who grew up in families with an alcoholic father tend to develop specific personality traits, and that paternal alcoholism has long-term effects on the personality development of daughters.

#### Difficulties in Identifying Children of Alcoholics

Professionals in the alcoholism field are recognizing the importance of their skills in working with children of alcoholics. However, the U.S. Department of Health and Human Services estimates that only five percent of the school-age children of alcoholics in the United States are identified and receive treatment (Children of Alcoholics Foundation, Incorporated, 1985). This finding clearly suggests a need for screening tests with sound psychometric properties to aid in identifying children of alcoholics. Cork's declaration of the "forgotten children," Black's plea for identifying "at risk" children, and Scavnicky-Mylant's assertion that children of alcoholics are

"children in need" all indicate that crucial steps must be taken by all helping professionals to aid in this identification process.

#### The Children of Alcoholics Screening Test

Jones (1983) has developed The Children of Alcoholics Screening Test (CAST) to aid in the identification of children of alcoholics. This screening instrument can be used to psychometrically identify children who are living with, or have lived with, alcoholic parents. The CAST is a 30-item inventory that measures children's attitudes, feelings, perceptions, and experiences related to their parents drinking behavior. The test items were developed from the author's therapy experiences with children of clinically-diagnosed alcoholics and from published case studies on children of alcoholics. All items were judged to be face valid by a number of alcoholism counselors and adult children of alcoholics (Lavelli, 1987). The CAST can be verbally administered or self-administered in individual or group settings, and can be used as a clinical counseling tool or research instrument with latency age, adolescent, and adult children of alcoholics. The scoring procedure involves tabulating all "yes" answers to yield one total score. The total score can range from zero (no experience with parental alcohol misuse) to 30 (multiple experiences with parental alcohol abuse). Normative data (Jones, 1983) indicate that a cutoff score of six or more "yes" answers reliably identifies children who are living with, or have lived with, alcoholic parents.

Pilat and Jones (1984/1985) have noted the results of two research studies using the CAST. In the first study, the CAST was administered to 82 clinically diagnosed children of alcoholics, 15 self-reported



children of alcoholics, and 118 randomly selected latency-age and adolescent control group children. Chi Square analyses demonstrated that all 30 CAST items significantly discriminated children of alcoholics from control group children. In addition, children of alcoholics scored significantly higher on the CAST compared to control group children. The two children of alcoholics groups did not significantly differ in their total CAST scores, thus these two criterion groups were combined forming an overall children of alcoholics group. The 97 children of alcoholics were scored 2, and the 118 control group children were scored 1. These group scores were correlated with the total CAST scores and yielded a validity coefficient of .78 ( $p \leq .0001$ ). It was further found that a cutoff score of six or more reliably identified 100 percent of the clinically diagnosed children of alcoholics and 100 percent of the self-reported children of alcoholics. Finally, a Spearman-Brown split-half (odd versus even) reliability coefficient equal to .98 was obtained in this study.

In the second study, the CAST was administered to 81 adults ranging in age from 18 to 37 years. Five subjects in this sample anonymously reported that one or both of their parents received treatment for alcoholism. These five subjects scored significantly higher on the CAST ( $M = 12.8$ ,  $SD = 9.7$ ) compared to the other 76 subjects ( $M = 4.4$ ,  $SD = 7.2$ ;  $t(79) = 2.5$ ,  $p < .01$ ). A Spearman-Brown split-half (odd versus even) reliability coefficient equal to .98 was also obtained with this adult sample.

Hence, statistical findings have indicated that the CAST is a valid and reliable screening instrument which can aid helping professionals and researchers in identifying latency-age, adolescent, and adult children of alcoholics.

#### Summary of Literature Review

The development of the self-concept is guided by an intricate process of interactions, especially within the family. These interactions not only serve to guide the development of self-concept, but also play an important role in the development of one's personality and state of mental health. The abstract nature of the self-concept makes measurement difficult, however a variety of specific instruments have been utilized, with much research attention being focused on the Tennessee Self Concept Scale.

The research regarding the effects of parental alcoholism on children has yielded a variety of results. Theories pertaining to family adjustment, survival roles, and coping strategies have been formulated based on case studies and interviews with children of alcoholics. The majority of these theories suggest that a whole system of behaviors, many of which may be maladaptive, are developed to handle the alcoholic family member and maintain the family's survival. Experimentally controlled studies have also indicated a number of associations between parental alcoholism and its effects on children. Among these include physical abuse, poor school performance, emotional disturbance, low self-concept, depression, suicide, and transmission of alcoholism. It is apparent that what is reported most frequently are the negative effects of those living in an alcoholic environment.

Findings such as these have led to the assumption that an alcoholic environment may not provide the appropriate emotional base from which a child may develop. Moreover, it has been suggested that being raised in an alcoholic family may leave a lasting imprint on children as they enter adulthood and form relationships of their own. The purpose of the present study was to examine the self-concept of adult children of problem drinkers. An effort was made to identify these children, and to focus on such variables as sex of subject, birth order, and family size in an attempt to delineate the role these factors may play in the development of self-concept. Based on previous research it was hypothesized that: (a) adult children from households in which at least one parent has been identified as being a problem drinker would register lower self-concept scores than adult children of moderate drinkers or abstainers; this would be true for the Total Positive + Negative (P + N) score and the six empirical scales on the Tennessee Self Concept Scale (TSCS); (b) adult children of problem drinkers would register self-concept scores similar to those of an established psychiatric patient group; (c) female adult children of problem drinkers would exhibit lower scores than male adult children of problem drinkers on the Total P + N score and the six empirical scales on the TSCS, and (d) sex of the adult child, birth order, number of siblings, and total score on the CAST would be significant predictors of the Total P + N scores on the TSCS.

## CHAPTER TWO

### Preliminary Screening

#### Method

##### Selection of Experimenters

Four individuals recruited from upper level psychology majors at the University of Northern Iowa served as experimenters. Their role in the present study was to administer statements of informed consent, supply directions to subjects during a preliminary screening and during principal experimental sessions, record specified dependent measures, and provide subjects with a short debriefing. The experimenters' participation fulfilled a research experience requirement for an undergraduate degree in psychology.

##### Subjects

Subjects' were 113 male and 244 female (N = 357) University of Northern Iowa undergraduates recruited from introductory psychology classes. Subjects mean age was 20.1 years with a range of 18 to 46 years. Subjects received one of three required experimental research credits for their participation in the project.

##### Materials

"Problems in Personal Living" was a screening instrument designed by the author to assess both personal and parental attitudes and behaviors in the following areas: cigarette use, alcohol use, and weight control. The presentation of these three areas was counterbalanced to avoid confounding. Directions in each of the three areas involved indicating which statements were true regarding the presence of certain behaviors or problems (both past and present), for

the subjects' parents as well as for the subject. Subjective multiple choice questions were also used to assess attitudes in the three areas. It was the author's intention to mask the variable of interest (parental alcohol use) within this screening instrument. Thus, other than background information, the "use of alcohol" section was the only section relevant to the present study. The marital status of each subject's parents was delineated from this screening instrument as were other variables of interest to be examined following the principal study. These included sex of subject, birth order, and number of siblings.

#### Procedure

Subjects were contacted during class, provided with sign-up sheets, and were asked to arrange a time for an experimental session. Subjects were tested as a group to minimize time constraints. Subjects reported to a large classroom, were greeted by two upper level psychology majors serving as experimenters, and were asked to be seated. One experimenter explained that the purpose of the study was to assess attitudes and behaviors concerning certain problems in personal living. Statements of informed consent (Appendix A) were given to all students and they were asked to read and sign it if they wished to participate. Those students willing to give consent were asked to stay while those not wishing to participate were able to leave the classroom. To the subjects remaining, the experimenter emphasized that the knowledge gained from the screening instrument about to be presented to them would depend entirely on their willingness to be thoughtful and honest in their answers. Further, they were told that all information would be

kept completely confidential and would be used for research purposes only. The subjects were then asked to complete the questionnaire entitled "Problems in Personal Living." A copy of this screening instrument can be found in Appendix B. Following collection of the questionnaires at the end of all experimental sessions, subjects were informed that a debriefing would be provided upon completion of the study.

#### Selection Criteria for Principal Study

The "use of alcohol" section in "Problems in Personal Living" was an attempt to differentiate parental drinking patterns into the following three categories: problem drinking, currently drink in moderation, and do not drink now and never drank before. Whether or not a parental drinking pattern was perceived as a problem was further determined by responses to the subjective multiple choice questions numbered 4, 5, and 6 in the "use of alcohol" section. Subjects who checked a column identifying their mother and/or father as having a drinking problem or as being treated for a drinking problem either presently or in the past, and responded "yes" to at least one of the multiple choice questions were selected for the problem drinking condition. Subjects who checked the column "currently drink in moderation" for both mother and father, and responded "no" to all of the multiple choice questions constituted the moderate drinking condition. Subjects who checked the column "do not drink now and never drank before" for both mother and father, and responded "no" to all of the multiple choice questions were included in the third condition.

Subjects from intact families who met any of the three aforementioned parental drinking conditions were considered for the principal study.

#### Principal Study--Method

##### Subjects

Subjects were 30 male and 73 female University of Northern Iowa undergraduates. Subjects were drawn from a larger sample of introductory psychology students (N = 357) who had previously completed the screening instrument entitled "Problems In Personal Living." Subjects from intact families who met any of the three parental drinking conditions as determined by the "use of alcohol" section in the "Problems In Personal Living" questionnaire were considered for this phase of research. Subjects' mean age was 19.5 years with a range of 18 to 34 years. Subjects received an additional experimental research credit for their participation in the principal study.

##### Measures

The Tennessee Self Concept Scale. The Clinical and Research Form of The Tennessee Self Concept Scale (TSCS) was used in the present study. The TSCS consists of 100 self-descriptive statements which a subject uses to portray his own picture of himself on a scale from 1 (completely false) to 5 (completely true). The Scale is self-administering for either individuals or groups and can be used with subjects age 12 or older, having at least a sixth grade reading level. It is also applicable to the whole range of psychological adjustment from healthy, well adjusted people to psychotic patients.

According to Fitts (1965), the Total Positive + Negative (P + N) score (referred to as the Total Positive (P) score on the Counseling

Form), is the most important single score on the Clinical and Research Form. It reflects the overall level of self-esteem. Persons with high scores tend to like themselves, feel that they are persons of value and worth, have confidence in themselves, and act accordingly. People with low scores are doubtful about their own worth, see themselves as undesirable, often feel anxious, depressed, unhappy, and have little faith or confidence in themselves. The Clinical and Research form of the Tennessee Self Concept Scale also provides six scales, empirically derived from the 100 test items. Fitts has noted that these empirical scales differentiate among various groups often encountered in clinical settings. The six scales are as follows: Defensive Positive (DP), General Maladjustment (GM), Psychosis (Psy), Personality Disorder (PD), Neuroses (N), and Personality Integration (PI). Appendix C presents an overview of the classification systems involved in originating the Total P + N score and the six empirical scales. Normative data and test-retest reliability coefficients for the Total P + N score and the six empirical scales of the TSCS are reported in Table D1 of Appendix D. Table D2 of Appendix D presents a comparison of means and standard deviations for the Total P + N score and the six empirical scales among patients and non-patients along a mental health continuum.

The Children of Alcoholics Screening Test. The Children of Alcoholics Screening Test (CAST) (Jones, 1983) is a screening instrument which can be used to psychometrically identify latency-age, adolescent, and adult children of alcoholics. The CAST is a 30-item inventory with



a yes/no response pattern that describes feelings, behaviors, and experiences related to a parent's alcohol use. A copy of the CAST can be found in Appendix E.

The instrument measures children's: (a) psychological distress associated with a parent's drinking (e.g., questions 2, 18, 29); (b) perceptions of drinking-related marital discord between their parents (e.g., questions 8, 14); (c) attempts to control a parent's drinking (e.g., question 3); (d) efforts to escape from the alcoholism (e.g., question 28); (e) exposure to drinking-related family violence (e.g., question 7); (f) tendencies to perceive their parents as being alcoholic (e.g., question 22); and (g) desire for professional counseling (e.g., question 26) (Lavelli, 1987, p. 5).

In the present study, the CAST was used as a research instrument, utilizing the self-administration process with an adult sample of children of alcoholics. Three questions from this screening instrument were used in the "Problems in Personal Living Survey" to aid in the identification of the parental drinking conditions. These questions included question 11, question 15, and question 20, corresponding respectively to questions 4, 5, and 6 in the "Problems in Personal Living Survey."

#### Procedure

Subjects were contacted by phone and asked to arrange a time for an experimental session. Subjects were tested as a group to minimize time constraints. Subjects reported to a large classroom, were greeted by two upper level psychology majors serving as experimenters, and were asked to be seated. One experimenter explained that the purpose of the

study was to help the subjects express how they felt about themselves and to give them an opportunity to think in terms of several "self" areas. Statements of informed consent (Appendix F) were given to all students and they were asked to read and sign it if they wished to participate. Those students willing to give their consent were asked to stay while those not wishing to participate were able to leave the classroom. The subjects remaining were asked to read the instructions on the cover of the TSCS booklet, and were encouraged to give honest answers to the questions. Subjects were allowed as much time as needed for completion of the Scale. After individually completing the TSCS, a copy of the CAST was given to each subject and each was asked to read the directions to him or herself before beginning. Following collection of both measures at the end of all experimental sessions, subjects were informed that a debriefing would be provided upon completion of the study.

## CHAPTER THREE

### Results of Principal Study

A 2 x 3 Analysis of Variance Design (Sex x Parental Drinking Condition) was used to examine the Total Positive + Negative (P + N) scores on the Tennessee Self Concept Scale (TSCS). A 2 x 3 Analysis of Variance Design (Sex x Parental Drinking Condition) was also used to examine each of the six empirical scale scores on the TSCS: Defensive Positive (DP), General Maladjustment (GM), Psychosis (Psy), Personality Disorder (PD), Neurosis (N), and Personality Integration (PI). Newman-Keuls tests (Howell, 1982) were used to examine multiple comparisons of means for significant main effects and for significant interactions.

A Stepwise Multiple Regression Analysis was also utilized. This Analysis had as its dependent criterion variable the Total P + N scores on the TSCS. The predictor variables were sex of subject, birth order, number of siblings, and total score on the Children of Alcoholics Screening Test (CAST). These variables were included in the multiple regression to determine the amount of variance accounted for by each in predicting self-concept scores.

In the following summary, "significant" refers to a probability level of less than 5%. The means and standard deviations of the significant main effects and significant interactions among the empirical scales GM, Psy, PD, and N are summarized in Table 1. The means and standard deviations for the nonsignificant effects among the remaining scores are presented in Table 2. A correlation matrix for the predictor variables and the dependent criterion variable of the Stepwise Multiple Regression is presented in Table 3.

Table 1  
Means and Standard Deviations for Significant Main Effects and  
Interactions on TSCS Empirical Scales

Empirical scale	Significant effect	M	SD	n		
GM	Main effect:	Abstain	97.6875	11.5685	16	
		Moderate	92.9692	8.4298	65	
		Problem	89.9091	10.4422	22	
	Interaction: Males	Abstain	100.3333	11.0151	3	
		Moderate	91.5556	10.2797	18	
		Problem	96.0000	7.4498	9	
	Interaction: Females	Abstain	97.0769	12.0379	13	
		Moderate	93.5106	7.6638	47	
		Problem	85.6923	10.3311	13	
	Psy	Main effect:	Males	49.8667	5.5319	30
			Females	46.6164	5.5443	73
	PD	Main effect:	Abstain	80.2500	11.4920	16
Moderate			75.1231	9.4381	65	
Problem			70.9091	12.8948	22	
N	Main effect:	Abstain	86.8750	12.5160	16	
		Moderate	83.9385	9.9387	65	
		Problem	77.9091	13.5327	22	

Note. N = 103.

\*p < .05.

Table 2

Means and Standard Deviations for Nonsignificant Effects on the TSCS

Score	<u>M</u>	<u>SD</u>	<u>n</u>
Total P + N	353.3750	42.4309	16
	340.8769	29.7860	65
	328.7273	41.5729	22
DP	57.6875	12.7892	16
	54.0308	8.7517	65
	51.2273	13.4516	22
Psy	48.2500	5.5917	16
	47.3538	5.4441	65
	47.6818	6.7216	22
PI	10.2500	3.3764	16
	11.2462	3.8203	65
	9.1364	3.2115	22

Note. N = 103.

\*p < .05.

Table 3

Correlation Matrix for the Variables in the Stepwise Multiple Regression

Variable	1	2	3	4	5
1. Sex	-	-	-	-	-
2. Birth order	-0.00635	-	-	-	-
3. Siblings	-0.00735	0.79830*	-	-	-
4. CAST	-0.12628	0.09018	0.12503	-	-
5. Total P + N	-0.06622	-0.01262	-0.06653	-0.23804*	-

Note. Siblings refers to number of siblings. CAST refers to the total score on the Children of Alcoholics Screening Test. Total P + N refers to the Total Positive + Negative score on the Tennessee Self Concept Scale.

N = 103.

\*p < .05.

Total P + N Scores

No significant main effects or interactions were obtained for the Total P + N scores on the TSCS.

Six Empirical Scales

Defensive Positive (DP)

No significant main effects or interactions were obtained for the DP Scale.

### General Maladjustment (GM)

A significant main effect was obtained for the parental drinking condition,  $F(2,97) = 3.59$ ,  $p < .05$ . As appears evident from Table 1, the mean scores for the GM Scale decreased respectively between the abstain, moderate, and problem drinking conditions. However, multiple comparisons of means failed to yield any significant differences. A significant 2-way interaction was found for Sex x Parental Drinking Condition,  $F(2,97) = 3.39$ ,  $p < .05$ . For males, the mean GM score for the abstain condition was highest, followed by the mean scores for the problem and moderate conditions respectively. However, multiple comparisons of means for males failed to yield any significant differences. For females, multiple comparisons of means indicated that individuals in the abstain condition ( $M = 97.0769$ ) significantly differed from those in the problem condition ( $d = 3.66$ ,  $p < .05$ ;  $M = 85.6923$ ) in their scores on the GM Scale. Therefore, the only significant difference based on the Newman-Keuls tests indicated that the mean score for females in the problem drinking condition was significantly lower than that of females in the abstain condition.

### Psychosis (Psy)

A significant main effect was obtained for the sex of subject condition,  $F(1,97) = 7.38$ ,  $p < .05$ . Male subjects' scores ( $M = 49.8667$ ) significantly differed from female subjects' scores ( $M = 46.6164$ ). No significant interactions were obtained for the Psy Scale.

### Personality Disorder (PD)

A significant main effect was obtained for the parental drinking condition,  $F(2,97) = 3.45$ ,  $p < .05$ . As indicated in Table 1, the mean

scores decreased respectively between the abstain, moderate, and problem drinking conditions. However, multiple comparisons of means failed to yield any significant differences. No significant interactions were obtained for the PD Scale.

#### Neurosis (N)

A significant main effect was obtained for the parental drinking condition,  $F(2,97) = 3.82, p < .05$ . Table 1 again suggests that mean scores decreased respectively between the abstain, moderate, and problem drinking conditions. Once more however, multiple comparisons of means failed to yield any significant differences. No significant interactions were obtained for the N Scale.

#### Personality Integration (PI)

No significant main effects or interactions were obtained for the PI Scale.

#### Stepwise Multiple Regression

As indicated in Table 3, the CAST was the best predictor of the Total P + N scores on the TSCS:  $F(1,101) = 6.07, p < .05$ ; Multiple  $R = .23804$ . Adding the variables of sex of subject, birth order, and number of siblings did not improve the accuracy of the single predictor significantly, and therefore the best prediction equation was: Total P + N Score =  $-1.114984 \times$  total score on the CAST + 344.7915.



## CHAPTER FOUR

### Discussion

#### Evaluation of Experimental Hypotheses

The first hypothesis, that adult children of problem drinkers would register lower self-concept scores than adult children of moderate drinkers or abstainers received mixed support. Children of problem drinkers showed significantly lower scores on the General Maladjustment Scale (GM), Personality Disorder Scale (PD), and the Neurosis Scale (N). However, no significant differences were found between the parental drinking conditions among the remaining empirical scales of Defensive Positive (DP), Psychosis (Psy), and Personality Integration (PI), or on the Total P + N score of the Tennessee Self Concept Scale (TSCS).

The second hypothesis, that children of problem drinkers would register self-concept scores similar to that of an established psychiatric patient group received partial support. Children of problem drinkers showed evidence of greater maladjustment as suggested by their mean score of 89.9091 on the GM Scale. This score was comparable to the mean obtained by clinically maladjusted patients indicated in Table D2 of Appendix D. Thus, in terms of adjustment, the effects of problem drinking on adult children appear to have clinical significance. Children of problem drinkers also tended to show more evidence of personality problems. Again, inspection of Table D2 of Appendix D indicates that the mean score of 70.9091 obtained by children of problem drinkers in the present study, falls in between the mean scores for the patient group and the norm group on the PD Scale. This finding suggests a possibility for the development of personality problems in adult

children of problem drinkers. It is also possible that children of problem drinkers have a tendency to show evidence of neuroses, at least as measured by the N Scale of the TSCS. Table D2 of Appendix D indicates that the mean score of 77.9091 obtained by children of problem drinkers falls in between the mean scores for the patient group and the norm group. Thus, it would appear that adult children of problem drinkers tend to be more maladjusted and may have a greater propensity toward the development of personality problems and neuroses.

The third hypothesis, that female children of problem drinkers would exhibit lower scores than male children of problem drinkers was not supported.

The fourth hypothesis, that sex of the adult child, birth order, number of siblings, and total score on The Children of Alcoholics Screening Test (CAST) would be significant predictors of self-concept scores was partially supported. The CAST was the only significant predictor of the Total P + N scores on the TSCS. Thus, exposure to parental alcohol abuse in the home, independent of sex of child, birth order, and number of siblings, appears to be significantly related to self-concept.

#### Comparison of the Findings of the Present Study With Previous Research

The results of the present study at least partially support previous findings regarding the effects of parental alcohol abuse on children's self-concept. Case studies and interviews as well as many experimentally controlled studies have specifically identified self-concept or self-esteem as being a major problem among children of

alcoholics. Still other researchers have alluded to the conditions present in an alcoholic environment, focusing on a number of mental and emotional problems exhibited by these children.

It should be noted that the reference group comparisons in the present study were based on those available for the Tennessee Self Concept Scale. Thus, the generality of this investigation is limited. However, the findings on the General Maladjustment Scale, the Personality Disorder Scale, and the Neuroses Scale may be placed in a broader context in an attempt to delineate the implications of these results. The lower scores on the three scales point to a pattern of problems which could be unique to children of alcoholics. Individuals with such scores may be described as having difficulty adjusting to demands and stresses in their environment, and may possibly possess certain personality problems or weaknesses in identity formation. In effect, the alcoholic environment, which has frequently been described as inconsistent and unpredictable, may make the task of adapting and adjusting very difficult, thus contributing to such problems. Further, it is possible that being raised in a family disrupted by alcohol abuse may not provide the necessary base for the optimal development of self-concept. The findings of the present study are acknowledged, however, it is apparent that future research is needed to verify these relationships.

### Possible Limitations of the Present Study

#### Representativeness

Problems with alcohol use are so widespread in the general population, that the findings in a study of the offspring of any selected group may not necessarily be representative of other groups.

#### Extraneous Variables

It is very difficult to isolate the effects of having an alcoholic parent as opposed to the effects of variables which may exist independently or coexist with parental alcoholism. The present study, for example, did not assess child abuse which often coexists with parental alcohol abuse. In future research it would be desirable to assess the impact of such variables as well as parental alcohol abuse.

#### Sample Size and Matching

One problem encountered in the present study was the fact that the abuse category included subjects whose mother or father abused alcohol as well as subjects from households in which both parents abused alcohol. The small sample size did not permit comparisons such as alcohol abuse by the mother versus alcohol abuse by the father, or one parent's abuse versus both parent's abuse. Further research should address itself to the problem of obtaining larger or perhaps matched samples for comparative purposes.

#### Self-Report and Lack of Anonymity

This investigation was based on indirect, self-report procedures. Given our present knowledge of the lack of association between reported and actual behavior, as well as the contention that knowledge of an individual may not accurately predict that individual's behavior, one

has to be cautious in applying these findings to adult children of problem drinkers. Further, the present study required each subject to indicate their name on all of the screening instruments. Thus, it is possible that individuals may have been reluctant to admit to attitudes or behaviors in sensitive areas.

#### Implications for Future Research

1. Future research should examine variations in parental drinking patterns and drinking-related behaviors between families and over time.
2. Researchers should examine the possible differential effects of an alcoholic father as opposed to an alcoholic mother on the self-concept of male versus female offspring.
3. Investigations into the effects of the duration of active alcoholism in relation to children's age, sex, and self-concept are warranted.
4. Steps must be taken to examine the possible effects of parental alcohol abuse on the self-concept of children at various life stages.
5. Research regarding single parent families is warranted, as well as investigations examining the possibility that alcoholism may precipitate divorce.
6. More research is needed concerning the effects of parental alcohol abuse on the drinking patterns of their children, as well as the potential relationship between alcohol abuse and self-concept.

## Bibliography

- Aronson, H., & Gilbert, A. (1963). Preadolescent sons of male alcoholics. Archives of General Psychiatry, 8, 235-241.
- Baraga, D. J. (1978). Self-concept in children of alcoholics. Dissertation Abstracts International, 39, 368B (University Microfilms No. 78-10, 312).
- Black, C. (1979, Fall). Children of alcoholics. Alcohol Health and Research World, 4(1), 23-27.
- Black, C. (1981). It will never happen to me. Denver, CO: M.A.C. Printing.
- Blanchard, J. M. (1984). Psychological profiles of children of alcoholics: Self-concept and leisure attitude. (Doctoral dissertation, University of Colorado, 1983). Dissertation Abstracts International, 45, 961A.
- Bohman, M., Sigvardsson, S., & Cloninger, C. R. (1981). Maternal inheritance of alcohol abuse: Cross-fostering analysis of adopted women. Archives of General Psychiatry, 38(9), 965-969.
- Brooks, K. F. (1983). Adult children of alcoholics: Psychosocial stages of development. Focus on Family and Chemical Dependency, 6(5), 34-36.
- Buros, O. K. (Ed.). (1978). Eighth mental measurements yearbook. Highland Park, NJ: Gryphon Press.
- Calhoun, L. G., Cheney, T., & Davis, A. S. (1974). Locus of control, self-reported depression and perceived causes of depression. Journal of Consulting and Clinical Psychology, 42, 736.
- Campidilli, P. (1985). Children from alcoholic families: A resource and curriculum guide. Des Moines, IA: Iowa Department of Substance Abuse.
- Cermak, T. L. (1983). Parallels in the recovery process for alcoholics and adult children of alcoholics. Paper presented at the National Council on Alcoholism Forum, Houston TX.
- Cermak, T. L., & Brown, S. (1982). Interactional group therapy with the adult children of alcoholics. International Journal of Group Psycho-Therapy, 32, 375-389.
- Chafetz, M. E., Blane, H. T., & Hill, M. J. (1971). Children of alcoholics: Observations in a child guidance clinic. Quarterly Journal of Studies on Alcohol, 32, 687-698.

- Children of Alcoholics Foundation, Incorporated. (1985, February). Children of alcoholics: A review of the literature. New York, NY: Author.
- Children of Alcoholics Foundation, Incorporated. (1984, April 18). Report of the conference on research needs and opportunities for children of alcoholics. New York, NY: Author.
- Cloninger, C. R., Bohman, M., & Sigvardsson, S. (1981). Inheritance of alcohol abuse: Cross-fostering analysis of adopted men. Archives of General Psychiatry, 38(8), 861-868.
- Coopersmith, S. (1967). The antecedents of self-esteem. San Francisco: W.H. Freeman & Company.
- Cork, R. M. (1969). The forgotten children: A study of children with alcoholic parents. Toronto: Paperjacks, in association with Addiction Research Foundation.
- Crouch, M. A. (1983, August). Enhancement of self-esteem in adults. Family and Community Health, 6(2), 65-78.
- Deutsch, C. (1983). Children of alcoholics: Understanding and helping. Hollywood, FL: Health Communications, Incorporated.
- DiCicco, L., Davis, R., Travis, J., & Orenstein, A. (1983/1984, Winter). Recruiting children from alcoholic families into a peer education program. Alcohol Health and Research World, 8(2), 28-34.
- El-Guebaly, N., & Offord, D. R. (1977). The offspring of alcoholics: A critical review. American Journal of Psychiatry, 145(4), 357-365.
- El-Guebaly, N., & Offord, D. R. (1979). On being the offspring of an alcoholic: An update. Clinical and Experimental Research, 3(2), 148-157.
- Fine, E. W., Yudin, L. W., Holmes, J., & Heinemann, S. (1976). Behavioral disorders in children with parental alcoholism. Annals of the New York Academy of Sciences, 273, 507-517.
- Fitts, W. H. (1965). Tennessee self concept scale manual. Nashville, TN: Counselor Recordings and Tests.
- Garfinkel, B. D., Froese, A., & Hood, J. (1982). Suicide attempts in children and adolescents. American Journal of Psychiatry, 139(10), 1257-1261.
- Gilberts, R. (1983, August). The evaluation of self-esteem. Family and Community Health, 6(2), 29-50.

- Goodwin, D. W., Schulsinger, F., Hermansen, L., Guze, S. B., & Winokur, G. (1973). Adoptees raised apart from alcoholic biologic parents. Archives of General Psychiatry, 28, 238-243.
- Haberman, P. W. (1966). Childhood symptoms in children of alcoholics and comparison group parents. Journal of Marriage and the Family, 28, 152-154.
- Hindman, M. (1977, Spring). Child abuse and neglect: The alcohol connection. Alcohol Health and Research World, 1(3), 2-7.
- Hindman, M. (1975/1976, Winter). Children of alcoholic parents. Alcohol Health and Research World, pp. 2-6.
- Howell, D. C. (1982). Statistical methods for psychology. Boston, MA: PWS Publishers.
- Hughs, J. (1977). Adolescent children of alcoholic parents and the relationship of Alateen to these children. Journal of Consulting and Clinical Psychology, 45(5), 946-947.
- Jackson, J. G. (1985). The personality characteristics of adult daughters of alcoholic fathers as compared with adult daughters of non-alcoholic fathers. (Doctoral dissertation, United States International University, 1984). Dissertation Abstracts International, 46, 338B.
- Jackson, J. (1956). The adjustment of the family to alcoholism. Marriage and Family Living, 18(4), 361-369.
- Jacob, T., Favorini, A., Meisel, S., & Anderson, C. (1978). The alcoholic's spouse, children, and family interactions. Journal of Studies on Alcohol, 39(7), 1231-1251.
- Jaworski, M. (1986, April 15). Bitter legacy: Growing up with alcoholism. Family Circle, pp. 18-20.
- Jones, J. W. (1983). The children of alcoholics screening test. Chicago, IL: Camelot Unlimited.
- Kern, J. C., Hassett, C. A., & Collipp, P. J. (1981). Children of alcoholics: Locus of control, mental age, and zinc level. Journal of Psychiatric Treatment and Evaluation, 3, 169-173.
- Lavell, M. A. (Ed). (1987). The children of alcoholics screening test test manual. Chicago, IL: Camelot Unlimited.
- McCarthy, R. G. (Ed.). (1959). Drinking and intoxication. New Haven, CT: College and University Press.



- McLachlan, J. F. C., Walderman, R. L., & Thomas, S. (1973). A study of teenagers with alcoholic parents. (Research Monograph No. 3) Toronto: Dogwood Institute.
- Musello, D. (1984). Steady streams of double messages: Adult children of alcoholics. Focus on Family and Chemical Dependency, 7(4), 9,11.
- National Institute on Alcohol Abuse and Alcoholism. (1984). Children of alcoholics: A special report. (DHHS Publication No. RPO-459). Washington, D.C.: U.S. Government Printing Office.
- National Institute on Alcohol Abuse and Alcoholism. (1985). A growing concern: How to provide services for children from alcoholic families. (DHHS Publication No. ADM 85-1257). Washington, D.C.: U.S. Government Printing Office.
- Nardi, P. M. (1981). Children of alcoholics: A role theoretical perspective. Journal of Social Psychology, 115, 237-245.
- Nylander, I. (1960). Children of alcoholic fathers. Acta Paediatrica, 49(1), 9-27.
- Nylander, I., & Rydellus, P. A. (1982). A comparison between children of alcoholic fathers from excellent versus poor social conditions. Acta Paediatrica Scandinavica, 71, 809-813.
- O'Gorman, P. (1976). Self-concept, locus of control, and perception of father in adolescents from homes with and without severe drinking problems. (Doctoral dissertation, Fordham University, New York, 1975). Dissertation Abstracts International, 36, 5156A.
- Pilat, J. M., & Jones, J. W. (1984/1985, Winter). Identification of children of alcoholics: Two empirical studies. Alcohol Health and Research World, 9(2), 26-33.
- Prewett, M. J., Spence, R., & Chaknis, M. (1981). Attribution of causality by children with alcoholic parents. The International Journal of Addictions, 16(2), 367-370.
- Reasoner, R. W. (1983, August). Enhancement of self-esteem in children and adolescents. Family and Community Health, 6(2), 51-64.
- Rouse, B. A., Waller, P. F., & Ewing J. A. (1973). Adolescents' stress levels, coping activities, and father's drinking behavior. Proceedings of the 81st Annual Convention of the American Psychological Association, pp. 681-682.
- Roy, S. A. (Ed.). (1984, Summer). Children of alcoholics [Special Issue]. Alcohol Health and Research World, 8(4).

- Scavnicky-Mylant, M. (1984, August). Children of alcoholics: Children in need. Family and Community Health, 7(2), 51-62.
- Seabaugh, M. (1984). The vulnerable self of the adult child of an alcoholic: A phenomenologically derived theory. (Doctoral dissertation, University of Southern California, 1983). Dissertation Abstracts International, 45, 686B.
- Steinglass, P. (1976). Experimenting with family treatment approaches to alcoholism: 1950-1975. A review. Family Process, 15, 97-123.
- Straussner, S. L., Weinstein, D., & Hernandez, R. (1979). Effects of alcoholism on the family system. Health Social Work, 4(4), 112-127.
- Strong, M. (1986, March). Children of the bottle. Glamour, pp. 84-87.
- Tishler, C. L., & McHenry, P. C. (1982). Parent negative self adolescent suicide attempts. Journal of the American Academy of Child Psychiatry, 21(4), 404-408.
- Warner, R. H., & Rosett, H. L. (1975). The effects of drinking on offspring. Journal of Studies on Alcohol, 36, 1395-1420.
- Wilson, C., & Orford, J. (1978). Children of alcoholics: Report of a preliminary study and comments on the literature. Journal of Studies on Alcohol, 39(1), 121-142.
- Woititz, J. G. (1983). Adult children of alcoholics: Common characteristics. Hollywood, FL: Health Communications, Incorporated.
- Woititz, J. G. (1978, Winter). Alcoholism and the family: A survey of the literature. Journal of Alcohol and Drug Education, 23(2), 18-23.
- Woititz, J. G. (1977). A study of self-esteem in children of alcoholics. (Doctoral dissertation, Rutgers University, 1976). Dissertation Abstracts International, 37, 7554A.
- Wood, B. L. (1984, August). Children of alcoholics: Patterns of dysfunction in adult life. Paper presented at the 92nd Annual Convention of The American Psychological Association, Toronto, Canada.
- Woodside, M. (1983). Children of alcoholic parents: Inherited and psycho-social influences. Journal of Psychiatric Treatment and Evaluation, 5, 531-537.

**Appendix A**  
**Informed Consent Used In the Preliminary Screening**

Statement of Informed Consent for Participation in Research (Return)

The purpose of this study is to assess certain attitudes and behaviors concerning problems in personal living. The knowledge we gain depends entirely on your willingness to be frank and honest in your answers to the attached questionnaire. All information is kept completely confidential. This phase of the research will be used to select subjects for a second project to be conducted later. Participation in this project is voluntary and you may withdraw your participation at any time without penalty.

This research is being conducted by Thomine S. Wilson under the supervision of Dr. John W. Somerville. If you have any questions concerning this study or the rights of research subjects, please contact the Psychology Dept. (273-2302); Dr. John W. Somerville (Baker 440, 273-2419); or The Graduate College, University of Northern Iowa (273-2748).

Statement of Informed Consent:

I am fully aware of the nature and extent of my participation in this project. I hereby agree to participate in this project. I acknowledge that I have received a copy of this consent statement.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Subject

\_\_\_\_\_  
Student ID Number

*Thomine S. Wilson*  
Signature of Investigator

Check your Intro Psych Instructor

\_\_\_ Somerville      \_\_\_ Giplin

\_\_\_ Walsh            \_\_\_ Ribich

\_\_\_ Wallace

Statement of Informed Consent for Participation in Research (Keep)

The purpose of this study is to assess certain attitudes and behaviors concerning problems in personal living. The knowledge we gain depends entirely on your willingness to be frank and honest in your answers to the attached questionnaire. All information is kept completely confidential. This phase of the research will be used to select subjects for a second project to be conducted later. Participation in this project is voluntary and you may withdraw your participation at any time without penalty.

This research is being conducted by Thomine S. Wilson under the supervision of Dr. John W. Somerville. If you have any questions concerning this study or the rights of research subjects, please contact the Psychology Dept. (273-2302); Dr. John W. Somerville (Baker 440, 273-2419); or The Graduate College, University of Northern Iowa (273-2748).

Statement of Informed Consent:

I am fully aware of the nature and extent of my participation in this project. I hereby agree to participate in this project. I acknowledge that I have received a copy of this consent statement.

**Appendix B**

**Problems In Personal Living Survey**

PROBLEMS IN PERSONAL LIVING SURVEY

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Age \_\_\_\_\_

Sex: Female \_\_\_  
Male \_\_\_Instructions: Answer questions on marital status for your mother,  
father, and yourself.

	<u>MOTHER</u>	<u>FATHER</u>	<u>YOURSELF</u>
Marital Status: Single	___	___	___
Married	___	___	___
Separated	___	___	___
Divorced	___	___	___
Remarried	___	___	___
Widowed	___	___	___
OTHER	___	___	___

If you checked "OTHER" for any of the above items  
on marital status, please explain below:

Mother \_\_\_\_\_

Father \_\_\_\_\_

Yourself \_\_\_\_\_

Instructions: Answer the information below for yourself only:

Number and Sex of Siblings: Only Child \_\_\_\_\_  
 Number of Older Brothers \_\_\_\_\_  
 Number of Younger Brothers \_\_\_\_\_  
 Number of Older Sisters \_\_\_\_\_  
 Number of Younger Sisters \_\_\_\_\_

USE OF ALCOHOL

Instructions: Check each column that is true for your mother, father, and yourself. For these questions use the following definitions as guidelines for your answers:

- (1) MODERATE DRINKING: No more than two drinks a day or rarely if ever drink to the point of intoxication
- (2) DRINKING PROBLEM: Drinking has been a recurring problem characterized by frequent drinking to the point of intoxication, inability to control the frequency of drinking and the amount consumed, and frequent unpredictable or inappropriate behavior which is related to the consumption of alcohol

	<u>Mother</u>	<u>Father</u>	<u>Yourself</u>
1. Do not drink now and never drank before	_____	_____	_____
2. Do not drink now but use to drink in moderation	_____	_____	_____
3. Currently drink in moderation	_____	_____	_____
4. Presently have a drinking problem	_____	_____	_____
5. Presently being treated for a drinking problem	_____	_____	_____
6. Ever had a drinking problem in the past	_____	_____	_____
7. Ever been treated for a drinking problem in the past	_____	_____	_____
1. How old were you when you took your first drink?			
a) I have never taken a drink of alcohol			
b) 14 years or younger			
c) 15 to 18 years			
d) 19 to 21 years			
e) 21 or older			

2. What do you think is the most probable reason for drinking alcohol?
  - a) to relieve tension or anxiety
  - b) to become intoxicated
  - c) to have fun
  - d) enjoy the taste
  - e) because it is socially expected
  
3. Answer this question only if you do not currently drink alcohol. What is the most important reason for you to not drink alcohol?
  - a) I have no desire to drink or do not enjoy the taste
  - b) it causes me to experience negative mental or physical effects
  - c) because I am afraid that I will develop a drinking problem
  - d) I consider it wrong because of my religious beliefs
  - e) because one or both of my parents have a drinking problem
  
4. Have many of your thoughts revolved around a drinking parent or difficulties that arose because of his or her drinking?
  - a) yes
  - b) no
  
5. Have you ever withdrawn from or avoided outside activities and or friends because of embarrassment or shame related to a parent's drinking problem?
  - a) yes
  - b) no
  
6. Have you ever worried about a parent's health because of his or her consumption of alcohol?
  - a) yes
  - b) no



WEIGHT CONTROL

Instructions: Check each column that is true for your mother, father, and yourself. For these questions use the following chart as a guideline for your answers. The first chart is for men and the second is for women:

WEIGHT CHART FOR MEN

Height Feet In.	Small Frame	Medium Frame	Large Frame
5 2	128-134	131-141	138-150
5 3	130-136	133-143	140-153
5 4	132-138	135-145	142-156
5 5	134-140	137-148	144-160
5 6	136-142	138-151	146-164
5 7	138-145	142-154	149-168
5 8	140-148	145-157	152-172
5 9	142-151	148-160	155-176
5 10	144-154	151-163	158-180
5 11	146-157	154-166	161-184
6 0	149-160	157-170	164-188
6 1	152-164	160-174	168-192
6 2	155-168	164-178	172-197
6 3	158-172	167-182	176-202
6 4	162-176	171-187	181-207

WEIGHT CHART FOR WOMEN

Height Feet In.	Small Frame	Medium Frame	Large Frame
4 10	102-111	108-121	118-131
4 11	103-113	111-123	120-134
5 0	104-115	113-126	122-137
5 1	106-118	115-129	125-140
5 2	108-121	118-132	128-143
5 3	111-124	121-135	131-147
5 4	114-127	124-138	134-151
5 5	117-130	127-141	137-155
5 6	120-133	130-144	140-159
5 7	123-136	133-147	143-163
5 8	126-139	136-150	146-167
5 9	129-142	139-153	148-170
5 10	132-145	142-156	152-173
5 11	135-148	145-159	155-176
6 0	138-151	148-162	158-179

OVERWEIGHT:

	<u>Mother</u>	<u>Father</u>	<u>Yourself</u>
1. Do not have an overweight problem now and never have	_____	_____	_____
2. Do not have an overweight problem now but have had in the past	_____	_____	_____
3. Currently have a problem with being overweight	_____	_____	_____
4. Currently in a weight control program to lose weight	_____	_____	_____
5. Ever been in a weight control program to lose weight in the past	_____	_____	_____

1. Answer only if you have had a problem with being overweight. At what age did your problem with being overweight begin?
  - a) 14 years or younger
  - b) 15 to 18 years
  - c) 19 to 21 years
  - d) 21 or older
2. What do you think is the most important reason for gaining too much weight?
  - a) metabolic factors
  - b) a diet high in calories
  - c) a general tendency to eat excessively
  - d) an inherited tendency to be overweight
3. Have you ever told someone outside of your family that they needed to lose weight?
  - a) yes
  - b) no
4. Have you ever avoided introducing a parent to friends because of embarrassment or shame related to his or her being overweight?
  - a) yes
  - b) no
5. Answer only if you have had a problem with being overweight. Have you ever avoided certain social situations because of being overweight?
  - a) yes
  - b) no
6. Have you ever worried about a parent's health because of his or her being overweight?
  - a) yes
  - b) no

USE OF CIGARETTES

Instructions: Check each column that is true for your mother, father, and yourself.

	<u>Mother</u>	<u>Father</u>	<u>Yourself</u>
1. Do not smoke now and never have before	_____	_____	_____
2. Do not smoke now but use to smoke	_____	_____	_____
3. Currently smoke	_____	_____	_____
4. Wants to quit smoking	_____	_____	_____
5. Presently in a smoke stoppers program/clinic	_____	_____	_____
6. Ever smoked in the past	_____	_____	_____
7. Ever been in a smoke stoppers program/clinic in the past	_____	_____	_____
1. How old were you when you smoked your first cigarette?			
a) I have never smoked a cigarette			
b) 14 years or younger			
c) 15 to 18 years			
d) 19 to 21 years			
e) 21 or older			
2. What do you think is <u>the most probable reason</u> for smoking?			
a) boredom			
b) relieves nervous tension or anxiety			
c) enjoy the taste			
d) because friends smoke			
e) I only smoke when I drink alcohol			
3. (Answer this question only if you do not currently smoke.) What is <u>the most important reason</u> for your decision <u>not to smoke</u> ?			
a) I have no desire to smoke or do not enjoy the taste			
b) it causes me to experience negative mental or physical effects			
c) because I am afraid that I would be unable to quit smoking			
d) I consider it wrong because of my religious beliefs			
e) because one or both of my parents smoke			

4. (Answer this question only if you have ever smoked.)  
Have you ever hidden the fact that you smoke from other people?  
a) yes  
b) no
5. Have you ever requested that someone stop smoking because it bothered you?  
a) yes  
b) no
6. Have you ever worried about a parent's health because of his or her smoking?  
a) yes  
b) no

**Appendix C**  
**Scoring Classification Systems on the Tennessee Self Concept Scale**

The items on the Tennessee Self Concept Scale are organized into a 3 x 5 two-dimensional phenomenological system and are equally divided according to their Positive (P) and Negative (N) content. The first dimension consists of the classification of items according to their descriptions of identity, feelings, and behavior. The second dimension consists of five self-esteem categories: physical, moral, personal, family, and social. Thus, in terms of scoring, the whole set of items is divided two ways: horizontally into 3 Rows (Internal frame of reference) and vertically into 5 Columns (external frame of reference), with each item and each cell contributing to two different scores. The Row Scores comprise three sub-scores which, when added, constitute the Total Positive + Negative or Total P + N score, clarifying the computations involved.

The six empirical scales of the TSCS were all derived by item analysis, with a resulting selection of those items which differentiated one group of subjects from all other groups. The scores on these scales are purely empirical, and cut across the basic classification scheme of the Scale. These scales were derived from an analysis of item responses with the following groups:

<u>Group</u>	<u>Size of Group</u>
Norm Group	626
Psychotic (Psy)	100
Neurotic Group (N)	100
Personality Disorder Group (PD)	100
Defensive Positive Group (DP)	100
Personality Integration Group (PI)	75

The comparative item responses for these groups were studied and analyzed by Chi Square tests. Those items which differentiated one group from all other groups were then used to compose a specific scale for that group. There is some overlapping of items, since a number of items are used on more than one scale.

The six empirical scales derived by this method are as follows:

1. The Defensive Positive Scale (DP). This is a subtle measure of defensiveness. The DP Score stems from a basic hypothesis of self theory: That individuals with established psychiatric difficulties do have negative self-concepts at some level of awareness, regardless of how positively they describe themselves on an instrument of this type. With this basic assumption, the author collected data on 100 Psychiatric inpatients and outpatients whose Total P Scores were above the mean for the Norm Group. The item analysis then identified 29 items which differentiated this DP group from the other groups. The DP Score has significance at both extremes. A high DP Score indicates a positive self description stemming from defensive distortion. A significantly low DP Score means that the person is lacking in the usual defenses for maintaining even minimal self-esteem. Items used in formulating this Scale include statements such as: 51. I take the blame for things without getting mad. 68. I do my share of work at home. 80. I am satisfied with the way I treat other people.

2. The General Maladjustment Scale (GM). This scale is composed of 24 items which differentiate psychiatric inpatients and outpatients from non-patients but do not differentiate one patient group from another. Thus it serves as a general index of adjustment-maladjustment,

but provides no clues as to the nature of the pathology. Higher scores on this Scale signify "better" adjustment. Item samples include: 24. I am a morally weak person. 53. I do things without thinking about them first. 89. I do not forgive others easily.

3. The Psychosis Scale (Psy). The Psy Scale is based on 23 items which best differentiate psychotic patients from other groups. Item samples include: 5. I consider myself a sloppy person. 58. I am not loved by my family. 93. I get angry sometimes.

4. The Personality Disorder Scale (PD). The 27 items of this scale are those that differentiate this broad diagnostic category from the other groups. This category pertains to people with basic personality defects and weaknesses in contrast to psychotic states or the various neurotic reactions. Item samples include: 30. I shouldn't tell so many lies. 35. I sometimes do very bad things. 72. I do not act like my family thinks I do.

5. The Neurosis Scale (N). The N Scale is based on 27 items which best differentiate neurotic patients from other groups. Item samples include: 2. I like to look nice and neat all the time. 7. I am neither too fat nor too thin. 57. I am a member of a happy family.

6. The Personality Integration Scale (PI). This scale consists of 25 items that differentiate the PI Group from other groups. This group was composed of 75 people who, by a variety of criteria, were judged as average or better in terms of level of adjustment or degree of personality integration. Item samples include: 12. I should have more sex appeal. 48. I wish I didn't give up as easily as I do. 79. I am as sociable as I want to be.



**Appendix D**

**Means, Standard Deviations, and Reliability Coefficients  
Tennessee Self Concept Scale**

**Means and Standard Deviations on TSCS Scores for Three Groups  
Along the Mental Health Continuum**

Table D1

Means, Standard Deviations, and Reliability Coefficients  
Tennessee Self Concept Scale

Score	M	SD	Reliability*
Total P + N	345.57	30.70	.92
DP	54.40	12.38	.90
GM	98.80	9.15	.87
Psy	46.10	6.49	.92
PD	76.39	11.72	.89
N	84.31	11.10	.91
PI	10.42	3.88	.90

\*Reliability data based on test-retest with 60 college students over a two-week period.

Note. From The Tennessee Self Concept Scale Manual (p. 14) by W. H. Fitts, 1965, Nashville TN: Counselor Recordings and Tests. Copyright 1965 by William H. Fitts. Adapted by permission.

Table D2

Means and Standard Deviations on TSCS Scores for Three Groups Along the Mental Health Continuum

Score	Patient Group (363)		Norm Group (626)		PI Group (75)	
	M	SD	M	SD	M	SD
Total P + N	323.0	44.5	345.57	30.70	376.01	25.46
DP	51.2	14.6	54.40	12.38	58.70	8.61
GM	89.2	13.4	98.80	9.15	104.04	7.05
Psy	49.7	8.4	46.10	6.49	42.28	6.02
PD	65.6	13.9	76.39	11.72	82.12	8.75
N	73.2	16.1	84.31	11.10	91.72	7.14
PI	6.74	4.17	10.42	3.88	15.0	3.22

Note. Total P + N refers to the Total Positive + Negative score on the Tennessee Self Concept Scale (TSCS). PI Group refers to Personality Integrated Group.

Note. From the Tennessee Self Concept Scale Manual (p. 19) by W. H. Fitts, 1965, Nashville TN: Counselor Recordings and Tests. Copyright 1965 by William H. Fitts. Adapted by permission.

Appendix E  
The Children of Alcoholics Screening Test

Name \_\_\_\_\_

## C.A.S.T.

Please check (✓) the answer below that best describes your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Answer all 30 questions by checking either "yes" or "no."

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_

- | Yes | No  | Questions  |
|-----|-----|--|
| ___ | ___ | 1. Have you ever thought that one of your parents had a drinking problem?  |
| ___ | ___ | 2. Have you ever lost sleep because of a parent's drinking?  |
| ___ | ___ | 3. Did you ever encourage one of your parents to quit drinking?  |
| ___ | ___ | 4. Did you ever feel alone, scared, nervous, angry, or frustrated because a parent was not able to stop drinking?                |
| ___ | ___ | 5. Did you ever argue or fight with a parent when he or she was drinking?  |
| ___ | ___ | 6. Did you ever threaten to run away from home because of a parent's drinking?   |
| ___ | ___ | 7. Has a parent ever yelled at or hit you or other family members when drinking?   |
| ___ | ___ | 8. Have you ever heard your parents fight when one of them was drunk?  |
| ___ | ___ | 9. Did you ever protect another family member from a parent who was drinking?  |
| ___ | ___ | 10. Did you ever feel like hiding or emptying a parent's bottle of liquor?   |
| ___ | ___ | 11. Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking? |
| ___ | ___ | 12. Did you ever wish that a parent would stop drinking?   |

- \_\_\_ \_\_\_ 13. Did you ever feel responsible for and guilty about a parent's drinking?
- \_\_\_ \_\_\_ 14. Did you ever fear that your parents would get divorced due to alcohol misuses?
- \_\_\_ \_\_\_ 15. Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem?
- \_\_\_ \_\_\_ 16. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent?
- \_\_\_ \_\_\_ 17. Did you ever feel that you made a parent drink alcohol?
- \_\_\_ \_\_\_ 18. Have you ever felt that a problem drinking parent did not really love you?
- \_\_\_ \_\_\_ 19. Did you ever resent a parent's drinking?
- \_\_\_ \_\_\_ 20. Have you ever worried about a parent's health because of his or her alcohol use?
- \_\_\_ \_\_\_ 21. Have you ever been blamed for a parent's drinking?
- \_\_\_ \_\_\_ 22. Did you ever think your father was an alcoholic?
- \_\_\_ \_\_\_ 23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?
- \_\_\_ \_\_\_ 24. Did a parent ever make promises to you that he or she did not keep because of drinking?
- \_\_\_ \_\_\_ 25. Did you ever think your mother was an alcoholic?
- \_\_\_ \_\_\_ 26. Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems in your family?
- \_\_\_ \_\_\_ 27. Did you ever fight with your brothers and sisters about a parent's drinking?
- \_\_\_ \_\_\_ 28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?
- \_\_\_ \_\_\_ 29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?

- — 30. Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem?

Appendix F  
Informed Consent Used In the Principal Study



