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Perspectives on familial and social adjustment of children of alcoholics

Laura Marie Troyer

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PERSPECTIVES ON FAMILIAL AND SOCIAL
ADJUSTMENT OF CHILDREN OF ALCOHOLICS

A Thesis
Presented to the
Faculty of
California State
University, San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Psychology

by
Laura Marie Troyer
April 1987
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Approved by:

Chair

Date: June 15, 1987
ABSTRACT

The problem under investigation concerned the familial and social growth and adjustment of adult children of alcoholics. Participants ranging in age from 13 to 55 were involved in a 2 (children of alcoholics, yes or no) x 2 (in treatment, yes or no) factorial design. Participants were instructed to complete three self-report questionnaires which included a behavioral/demographic questionnaire, The Family Environment Scale (FES) regarding the person's family of origin, and the Fundamental Interpersonal Relations Orientation - Behavioral Scale (FIRO-B) which pertained to social needs.

Demographic variables revealed that no significant differences were found for education but differences were found for age and socioeconomics status. There also appeared to be several significant differences among the familial and social variables for the two groups. Children from alcoholic homes stated that their families were less cohesive, less organized, and had less opportunity to express themselves than their counterparts from non-alcoholic families had reported. No differences were indicated on the FIRO-B. Finally, one behavioral variable indicated that children of alcoholics were more likely to have dated someone they perceived as having a serious drinking problem.

Implications for this study present a reinforced advocation for professional counseling for the child and his/her family.
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INTRODUCTION

While numerous studies (Cohen 1983, Drews 1980, Filstead 1976, Gross 1983, Keller and Rossi 1976) have focused on the personality characteristics associated with those who are alcoholics, there has been relatively little study of children of alcoholics. The present study is an attempt to look at these children of alcoholics, their personality characteristics, their roles in the family, and specifically, their relationship with their alcoholic parent. In addition, the study will focus on a specific subset, daughters of alcoholic fathers. It has been found that children are and can be adversely affected by a parent's drinking behavior (Anderson 1977, Favorini, Jacob and Mersel 1977). In order to understand this relationship between the development of a child's personality and emotional stability, and how parental drinking may affect this development, numerous questions can be asked. First, what are the specific personality characteristics of a child of an alcoholic parent? Second, what are the effects of parental drinking not only on the family structures as a whole but on each child? Third, what is the alcoholic parent-child relationship like and does it affect the child's other significant relationships? Fourth, what are the implications for a daughter of an alcoholic father, and in what ways will she develop her personality and relate to others socially? Finally, what implications does the lack of professional counseling incur for the child of an alcoholic or is treatment truly effective? In the United States in 1977, there were approximately ten million alcoholics and problem drinkers (Sandmeier, 1978). In addition to these ten million there is estimated to be another ten million or
more persons who are indirectly affected by the alcoholic's drinking. Although there is probably no such thing as "The Alcoholic Environment" (Woititz, 1978), there are certain criteria and patterns which tend to predominate. Certain characteristics are often found in the alcoholic individual and manifest themselves in the familial environment. These characteristics typically 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 (Catanzaro and Thomas, 1986; Woititz, 1978).

A child who is exposed to a parent with these personality characteristics, in addition to the parent drinking heavily, faces confusion and frustration with this parent. The parent is an effective role model and the traits the parent displays are integrated by the child into his/her own personality (Woititz, 1978). The child comes to believe that extreme grandiosity or perfectionism is a normal aspect of one's personality when in reality it may not be at all.

**Personality Characteristics of Children of Alcoholics**

Because of the general agreement of professionals that children of alcoholics are likely to develop a variety of emotional and behavioral disturbances (Black, 1978) and be at high risk for alcoholism themselves, it is imperative to examine the available data on the psychosocial status; and parent-child relationship of chil-
dren of alcoholics. Compared to children who have not had alcoholic problems in their families, children who have been members of alcoholic families have been found to have significantly greater records of truancy from school, more difficulty with familial and social relationships, emotional stability, adjustment to reality, lower self-regard and self acceptance, more difficulty in accepting their own feelings of anger and hostility, and a greater need for support from others (McKenna and Pickens 1983; Weiss and Kammeier, 1971; Wilson and Orford, 1978).

Aronson and Gilbert's study (1963) of 41 boys of alcoholics supports these conclusions. The boys were rated by their teachers against a control group of boys from non-alcoholic homes. The alcoholics' sons were rated as less personable than the control group of boys and were more likely to express overt and directed aggression. In a similar study (Cork, 1969) 115 children from alcoholic homes were asked to rate what they believed were the most pervasive effects of having an alcoholic parent. Although the findings were based on one interview with no control group for comparison, it does describe some notion of these children's perceptions. Specifically, 98% of these children concluded that relationships within and outside the family were adversely affected, and that they felt unwanted or unloved by one or both of the parents. Approximately two-thirds felt anxious and afraid about their futures, worried about being different from their peers, felt constant anger or hostility toward the alcoholic parent, displayed a lack of confidence or self assurance and felt constantly ashamed, hurt, or readily able to get upset or cry. Using a similar design of interviewing children
Becker (1971) concluded that children of alcoholics were more likely to be expelled from school, to leave high school prior to graduation and to receive school counseling for psychological problems. Impaired peer relationships were frequently reported in the children of alcoholics and there was consistent evidence for a lack of close friendships.

Most reports have suggested that children of alcoholics reflect problems in identity formation, personality development, role performance, and the ability to form relationships (Donovan, 1983). At a general level of functioning the greater inconsistency and unpredictability of parental support and expectation in alcoholic versus non-alcoholic families is thought to affect the children's sense of trust, security, self-esteem, and confidence in others (Albon, 1976; Fox, 1962). Specifically, the role model provided by the alcoholic parent may distort the child's socialization process. Three studies have compared alcoholics' children with psychologically disturbed children or children of disturbed but non-alcoholic parents. These studies compared demographic and clinical data on 100 children of alcoholics and 100 children of disturbed non-alcoholics. The alcoholic families has significantly higher rates of instability of dimensions of parental control and family organization (Chafetz, 1971; Mik, 1970). In another study including a psychiatric control group, Fine compared 9 children of alcoholics in treatments with a control group of 39 children of parents treated in a counseling center. The groups were matched for gender, age, race, socioeconomic status, and family size. Data from the Devereux Behavior Scales were used to compare children aged 8-12 years
and children over 12 years. Significantly higher pathology in use of senses, emotional detachment, dependency, and social aggression were reported for the children of alcoholics versus non-alcoholics.

**Effects of Parental Drinking on Family Structure**

In an attempt to develop a model based on birth order and the child's role Wegscheider (1978) has suggested different personality types. When a parent drinks in excess, the balance of the family structure is disturbed. The parent is dependent upon a chemical substance which leads to psychological symptoms in the other members of the family in addition to his/her own. By trying to maintain a semblance of balance, each member of the immediate family will take on a role and try to adjust to the chemically dependent parent. Most children in alcoholic homes may not exhibit their roles independent of other roles but may share aspects of all the roles with their siblings.

The Hero is often the oldest child and serves as caretaker or mother's helper. This child is successful and ambitious outside the family, providing the family with a sense of pride. This person learns to follow rules and keep any negative feelings from public view. The Hero always seems happy and content with life but collapse is often inevitable (Wegscheider, 1978). The scapegoat is usually the middle child, often engaging in self-destructive acts and may follow in his/her parent's alcoholic pattern. The person is withdrawn and may get into serious trouble outside the family. The Lost Child is treated as if he/she did not exist. The child stays out of everyone's way and keeps to him/herself.
The Mascot is often the youngest child in the family and everyone's favorite. This child often reasons that he/she may be the problem for his/her parent's drinking behavior and feels terrible guilt (Wegscheider, 1978).

As these children of alcoholics grow to become adults, several more characteristics become apparent. Without help and guidance, children of alcoholics continue to have difficulty with others and to portray characteristics in their personalities that can be potentially harmful to themselves (Whitfield, 1980).

Most of the behaviors of an adult-child of an alcoholic (ACA) can be recognized in all individuals but not often with the intensity that a child of an alcoholic displays (Weigscheider, 1978; Woititz, 1979). The ACA is often managing and martyring or mothering. The individual will inappropriately mother and care for significant others who may not need or ask for such attention. Therefore, ACA's tend to be controlling individuals. They are obsessive and compulsive as a means of keeping scary feelings at bay. Hence, they are usually over-achievers and workaholics. Their relationships are often tenuous at best. The ACA may not have the ability to form intimate relationships with independent, healthy adults out of not feeling "good enough" to be associated with them. Those who are able to form an intimate bond with others will do just about anything to hold on to that relationship rather than letting it go and risk losing it.

The alcoholic household is characterized as one in which the alcoholic parent is inconsistent and unpredictable (Baiby, 1969). The alcoholic may be companionable and indulgent when sober, and
brutal when inebriated, so that children have alternating experiences of hope and fear. Living in an alcoholic home cannot help but have an impact on the children in the household. From this standpoint comes the feeling of having to control someone or something. Children in alcoholic homes feel they have no control in their own families. Newell's description of the alcoholic father depicts quite clearly the general situation in most alcoholic homes:

In his period of sobriety, the alcoholic father is frequently charming, affectionate, understanding, and penitent. He inspires the natural love of his offspring who build from there an ideal father image of omnipotence and loving kindness. The disillusionment of a drunken episode is shattering to the frail super-ego structure of the child. The child is forthwith subjected to alternating experiences of exalted hopes and blighted disappointments, (Newell, 1960, p. 92).

In the alcoholic home the non-alcoholic parent's protection of the children leads to half truths and white lies. The behavior of an alcoholic is perceived largely in terms of broken promises. Arguing is precipitated on grounds that are rarely ever really apparent. These inconsistencies lead the child to see that parents do not always mean what they say nor do they say what they mean (Fox, 1962). Such contradictory behavior displayed by the alcoholic parent sets the tone for the familial atmosphere. Children are lead to believe that confusion is normal until they are exposed to friends' families. In comparing the atmosphere of silence and tension in their own families that of laughter and joking in their friends' families, children of alcoholic parents discovered that their families were not what "real families" should be like (Cork, 1969).

These children complained of this lack of laughter and contrasted their own families unfavorably with those of their friends.
Reporting similar findings, MacLachlan (1977) conducted interviews and tested 54 children of alcoholics and 54 normative controls utilizing the MMPI, Wolfgang Social Distance Measure and McLachlan Social Competence Scale. The groups were equal according to gender, age, education, and father's occupation. The major difference between the groups was in family relationships. Children of alcoholics compared with children of non-alcoholics rated their families significantly lower in the family harmony.

In a study of 65 untreated alcoholics and 65 normative controls Kammeier (1971) reported a significantly higher rate of separation and divorce in the families with problem drinkers. However, Kammeier found no significant differences in emotional characteristics, social relationships, or school performance of the children from alcoholic homes in relation to the normative sample. Several other studies have examined alcoholic families although usually without employing controls. Separation and divorce have been found to occur frequently in the families of alcoholics (McKenna and Pickens, 1981). Compared with families of psychiatrically disturbed controls, the families with alcoholics exhibited higher rates of marital problems, separation, and financial difficulties. High rates of parental arguing in alcoholic families were also more significant to that of controls (Kammeier, 1971; Świecicki, 1969).

Families being the integrative system that they are, can adjust to the alcoholism of a parent. This adjustment however, is costly and unhealthy. The adjustment of family life can be categorized into six stages (Wegscheider, 1979) which start with denial or minimizing of the problem. The second stage of tension and isola-
tion begins when the family experiences social isolation because of the drinker's drunken behavior at public functions. The third stage is one of frustration and disorganization. The children are increasingly torn in their loyalties between their parents. Fear is the major characteristic of this stage. The fourth stage is characterized by attempts by the family to reorganize and change roles. The children become more settled and depend more on the non-alcoholic parent, isolating the other. The fifth and sixth stages are similar in that a decision needs to be made to dissolve the family, remain in an "as is" state which worsens or encourage the drinker to seek help in addition to getting professional help for themselves.

Parent Child Relationships

The disrupted family structure directly affects the parent-child relationship. In a series of interviews (Wilson and Orford, 1977) several children were angry when their parents were aggressively drunk, but felt sad for them when the parents' drinking made them depressed. Many children who felt close to their drinking parent when the latter was sober would ignore this parent, withdraw to another part of the house, leave the house, become angry and hostile toward the parent, or take out their aggression toward their parent on another person such as a sibling. For some children, attitudes of hostility, distance, and rejection were permanent and common feelings whether or not the parent was drinking (Wilson, Orford, 1977). Especially when the parent was acting in an aggressive or destructive manner, a coalition would exist be-
tween the non-drinking parent and the children. The family would exhibit an "us against the alcoholic" home life. In most cases this coalition would weaken during abstinence and then disappear altogether during a successful recovery (Wilson and Orford, 1977). Some children demonstrated fairly consistent attitudes toward their parents while others were ambivalent (Thomas and Walderman, 1977). Children in the same family often reach quite different conclusions to the same incident and non-alcoholic family members frequently justified their own behaviors and were overly critical of those of others on the grounds that they should know better (Wilson and Orford, 1977).

Implications for Daughters of Alcoholics

In order to address the issue of the relationship between the drinking parent and his/her children, it would be beneficial to examine more specifically the effects of a drinking parent's relationship with a particular subset of his/her family—the daughter. Based on interviews, Wilson and Orford (1977) concluded in their findings that the effect of parental alcoholism on the child's normal processes of forming friendships was particularly important and may indeed set the tone for an alcoholic father's influence on not only the daughter's choice of friends, but also her choice of dating partners and eventual mate (Wilson and Orford, 1977).

In another study it was found that more neurotic daughters come from high conflict homes with dominant fathers (Getter, 1980). In a study of undergraduates using a questionnaire, it was found that a dominant father in a conflict-ridden marriage was likely to
have had a stable son and daughter who was anxious, unsure of herself, and conflicted in her self-identification (Getter, 1980). In a previous study using a similar method, Klein, Plutchik, and Conte (1973) found that daughters had fewer emotional problems when their mothers were the dominant figure, but they had difficulties when their father was the dominant figure and also had a drinking problem.

Very little research has been done specifically on the effects of a father's drinking behavior on his daughter's personality and social development. Benson (1980) looked primarily at coping strategies among daughters of alcoholics and discovered that these daughters were more neurotic in their methods of coping and that these methods tended to be acting-out behavior such as promiscuity, truancy, and behavioral and academic problems. As measured by the Michigan Alcoholism Screening Test, these daughters of alcoholic fathers were also more likely to be alcoholic themselves rather than daughters of non-alcoholic fathers. Benson did not arrive at any definite conclusions and could only state that family climate and social support also greatly influenced the daughters' personal adjustment. Barnes' (1976) study on depression indicated that daughters of alcoholic fathers did not differ from daughters of non-alcoholic fathers on measures of depression as tested by the MMPI.

The way a daughter perceives her father is very important to her personal and social adjustment. Through personal interviews, Cork, (1969) found that because of the distorted role model presented by an alcoholic father, the daughter may equate masculinity and independence with drinking. In such an instance the daughter
may in fact be much more likely to marry active or potential alcoholics than those of non-alcoholics.

**Treatment Issues**

In a survey conducted by Whitfield (1980), it was found that less than five percent of the children of alcoholics are being appropriately treated. Despite frequent recommendation for preventive and therapeutic measures, however relatively few treatment approaches have been designed, few are in any significant use (Weir, 1970). Kern (1977) developed a program involving participation of both children and non-alcoholic parents in a communication workshop. The course of the workshop consisted of eight structured meetings held once a week for two hours each. The workshop has the characteristics of a therapy group in which children and parents were taught adaptive communication skills. Results were meager with no substantial improvement, particularly with the children (Kern, 1977).

The major problem with treatment of children of alcoholics is that most caregivers themselves may not be appropriately trained to deal with parental alcoholism and its effects on children (Whitfield, 1980). Whitfield offers what he considers to be eight solutions that better enable the caregiver to deal with these children. (a) being a role model by treating children of alcoholics as normal and competent individuals; their parents' disease is not their disease, (b) educating ourselves and others to the role that alcoholism of a parent plays in a child's life, (c) in practice, one should not ignore the possibility of alcoholism playing a very active role in family conflict, (d) confronting enabling
behavior, (e) offer a sense of hope, (f) offer empathy and support, 
(g) use employee assistance programs when appropriate to get the 
parent into treatment, (h) as professional, we need to publish ob-
servations, techniques, and results (Whitfield, 1980).

**Present Study**

Given that there is a general consensus among professionals 
that children of alcoholics are often overlooked and may also ex-
perience emotional problems due to parental alcoholism, the present 
study intends to examine (a) children's perceptions of living with 
an alcoholic parent, (b) how this may affect social adjustment, 
(c) the patterns of adjustment within and outside the family, and 
(d) the relationship of treatment to these perceptions. Several 
studies have been previously cited (Benson, 1980; Getter, 1980; 
Whitfield, 1980; Wilson and Orford, 1977) which also consider this 
relationship between children and their alcoholic parent. From 
the results of these studies three points are clear. First, there 
appears to be a detrimental effect on children of alcoholic's 
social growth regardless of the intensity or length of time of 
parental drinking (Anderson, Favorini, Jacob and Meisel, 1977). 
Second, the structure of an alcoholic family including its cohe-
siveness, amount of time spent together in recreation as a family, 
degree of spontaneity and warmth and ability to relate feelings 
openly to other family members has been rated below the norm of 
non-alcoholic families. There is also a higher rate of intra-
family conflict among alcoholic family members (Cork, 1969; 
Kammeier, 1971; Wegscheider, 1979). Third, children from alco-
holic families have a more difficult time relating not only to
authority figures but also to their peer group. They are much
more apt to have trouble in school, to find themselves in so-
cially and legally unacceptable circumstances and to de-value
themselves as worthy and competent individuals (Cork, 1961; Dono-
van, 1983; McKenna and Pickens, 1971).

In the present study it was predicted that, compared to children
of non-alcoholic families, children from alcoholic families will
be reported as lower on levels of cohesion, expressiveness, and
independence and higher on levels of conflict and control. Simi-
larly, the social adjustment of children of alcoholics is also being
examined. Children from alcoholic families do have a more difficult
time relating to peers and forming lasting relationships as com-
pared to those children from non-alcoholic homes (Cork, 1969). It
was expected that children of alcoholics would profess to shorter
and more intense relationships without any of their needs being met
in the relationship. The children of alcoholics would confess to
a dissatisfaction in their personal relationships.

Finally, differences were expected among those participants
who had no experiences with psychological treatment versus those
treated for familial alcohol problems and related emotional issues.
Those children in treatment for alcohol-related problems would, as
a result of therapy, be more able to identify the relationship be-
tween their parent's drinking and their personal issues. These
children would identify a related source of their distress and
behavior as being parental alcoholism. Those children not in
therapy, would not associate their parent's drinking to any per-
sonal issues they may have.
Method

Subjects. The sample of children of alcoholics consisted of 50 individuals who were recruited through various sources in the community. Half of this sample reported being presently involved in psychological treatment due to emotional difficulties related to parental alcoholism. The other 25 had received no professional counseling services either related to alcoholism or otherwise but did have an alcoholic parent. Control groups of 25 and 26 participants, respectively, were also employed. The first 25 were recruited from treatment and social services facilities. These persons reported receiving professional counseling for emotional difficulties unrelated to alcoholism and did not identify either parent as having a drinking problem. The second 26 had received no professional counseling services and also did not report having an alcoholic parent. Both these groups consisted of college students and additional individuals within the community. Participants ranged in age from 13 to 55. In each group ther were 20 females and five males except for the non-alcoholic parent, no treatment group which had 16 females and 10 males.

Instruments. All subjects completed a questionnaire (see Appendix A) consisting of the following three sections. First, there was a demographic assessment in which subjects provided information concerning their age, gender, marital status, socioeconomic status, individual education level, parents' occupations and education levels, duration, frequency, and intensity of parental drinking, personal effects due to a parent's drinking and relationships involving others who may
have a drinking problem. Second was the Family Environment Scale which Moos has developed. The FES comprises 10 subscales that measure the social-environmental characteristics of families. The 10 FES subscales assess three underlying dimensions: (a) the Relationship Dimension, (b) the Personal Growth Dimension and (c) the System Maintenance Dimension. The Relationship Dimension is measured by the Cohesion, Expressiveness, and Conflict subscales. These subscales assess the degree of commitment, help and support family members give to one another, the extent to which they are encouraged to act openly and to express their feelings directly and the amount of openly expressed anger, aggression, and conflict among family members. The Personal Growth Dimension is measured by the Independence, Achievement, Intellectual/Cultural, Active/Recreational and Moral/Religious subscales. These scales assess the extent to which family members are assertive, self-sufficient, and can make their own decisions; the extent to which activities are cast into an achievement orientation, the degree of interest in political, social, and intellectual/cultural activities. It also assess's the extent of participation in social and recreational activities and the degree of emphasis on ethical and religious issues and values. The System Maintenance Dimension is measured by the Organization and Control subscales. These subscales assess the degree of importance of clear organization and structure and planning family activities and responsibilities and the extent to which rules and procedures are used to run the family. The internal consistency for the FES ranges from moderate .61 for the Independence subscales to substantial .78 for the Cohesion, Organization, Intellectual/Cultural, and
Moral/Religious subscales. Test-retest reliability ranges from .73 for the Expressiveness subscales to .86 for the Cohesion subscale. Not only are individual subscales stable over time but the FES profile is also stable over time intervals as long as one year with most values above .71. Content validity and concurrent validity are also shown to be appropriate for the profile, ranging from .70 to .80. Third is the Fundamental Interpersonal Relations Orientation-Behavior Scale (FIRO-B) (Schutz, 1958). This is a scale derived from the theory developed by Schutz which presents a set of dimensions and a series of hypotheses based on these dimensions. The FIRO-B is a measure of a person's characteristic behavior toward other people in the area of Inclusion, Control, and Affection. It is designed not only to measure individual characteristic, but also to assess relationships between people. The primary purpose of the FIRO-B are (a) to measure what an individual needs out of an interpersonal relationship, and (b) to provide an instrument that will facilitate the prediction of interaction between people. Internal consistency of the FIRO-B remains at .94 for all three scales. The test-retest reliability criterion is that 90% of all responses are predictable from knowledge developed from approximately 1000 subjects. The scores for test-retest reliability ranges from .71 to .82. Content and concurrent validity have been established as scores on the FIRO-B were correlated with personal needs and how these reflect behavior and any changes in one's behavioral pattern.

Procedure. The questionnaires were administered to participants individually and in groups following counseling sessions or scheduled appointments other than counseling.
Results

Overview

Results consisted of three sets of analyses. First, analyses of variance were utilized to compare the different groups on age, education, and socioeconomic status, indicating any possible differences among the groups. Any reliable differences could then be used as covariates in subsequent analyses. Second, analyses of covariance were utilized to compare the four groups on the various Family Environmental Scale (FES) and Fundamental Interpersonal Relations Orientation—Behavior Scale (FIRO-B) subscales. These analyses indicated in what ways the adult children of alcoholics may differ from the control groups and what effects may be associated with being in treatment. Finally, analyses of covariance were conducted on behavior variables of the four groups in an attempt to ascertain whether having an alcoholic parent was associated with an adult child's behavior, either in the past or in the present.

Demographic Variable

In order to assess any differences between groups in age, education, and socioeconomic status, 2 (child of an alcoholic, yes or no) x 2 (in treatment, yes or no) factorial analyses of variance were employed. While no significant differences were found for education, differences were found for age and socioeconomic status. In age $F (1,97)=2.94$, $p=.09$, children of alcoholics ($M=29.4$ years) tended to be older than children of non-alcoholics ($M=26.2$ years). For socioeconomic status, $F (1,97)=7.32$, $p=.008$, individuals in treatment ($M=35.74$) were of higher socioeconomic status than in-
dividuals not in treatment ($M = 29.06$). This was qualified by an interaction that approached significance, $F(1, 97) = 3.92$, $p < .06$, indicating that non-treatment children of groups ($M's = 33.36$, $35.15$, and $36.32$ for the no-treatment/non-alcoholic, treatment/non-alcoholic, and treatment/alcoholic groups respectively).

The Tukey HSD Pairwise Multiple Comparison Procedure (Jaccard, J.; Becker, N.; and Wood, G.: 1984) was used for this and all other posthoc analyses.

**Familial and Social Adjustment**

In order to more clearly understand the differences that group membership had for an individual's familial and social adjustment, a $2 \times 2$ (children of an alcoholic, yes or no) x (in treatment, yes or no) multivariate factorial analysis of covariance was performed on the set of FES subscales and then on the set of FIRO-B subscales. Age and socioeconomic status were used as covariates in each analysis. A significant child of an alcoholic effect was found for the FES subscales, $F(10, 86) = 3.04$, $p = .002$. Subsequent univariate analyses indicated that, among the ten subscales of the FES, main effects were found on five of these scales, evidencing important differences between children of alcoholics and non-alcoholics (see Table 1). First, the FES Cohesion scale, indicated that adult children of alcoholic parents perceive their families as being less cohesive than those of non-alcoholic families. Second, on Organization, children of alcoholic parents reported their families to be more disorganized and chaotic than did children of non-alcoholics. Third, on measures of Conflict, children of alcoholics reported more conflict and discord in their families than did children of non-alcoholics. Fourth, on Intellectual/Cultural orientation,
children of alcoholics reported fewer opportunities with their families to participate in intellectual and/or cultural endeavors as a family unit than children of non-alcoholics. Finally, on Expressiveness, children of alcoholics reported lower levels of permissiveness to express themselves emotionally within the family unit than children of non-alcoholics. On the contrary, alcoholic families were prone to advocate secrecy of one's feelings.

In contrast to these main effects due to parental alcoholism, there was not a significant multivariate effect for treatment, $F(10,86) = 1.16$, $p=.33$. However, the multivariate effect for the interaction was significant, $F(10,86)=2.60$, $p=.008$, with two significant univariate effects. The first significant effect, on Expressiveness, qualified the significant main effect noted previously. This interaction indicated that children of alcoholics in treatment reported significantly lower levels of expressiveness in their families of origin than did either children of non-alcoholics not in treatment or, more importantly, children of non-alcoholics who were in treatment. In addition, children of alcoholics who were not in treatment were significantly lower than the children of non-alcoholics in treatment but were not significantly different than the other two groups. The second significant interaction, on Moral/Religious, indicated that non-treated children of alcoholics had lower scores than treated children of alcoholics with no other differences between groups. Children of alcoholics in treatment reported that their families had stronger and more restricted beliefs and value systems than did those non-treated children of alcoholics.

In contrast to the numerous effects found using the FES, none
of the multivariate effects for the FIRO-B scales were found to be significant: child of an alcoholic parent, $F(6,90) < 1$; treatment, $F(6,90) = 1.54$, $p = .17$; and the interaction, $F(6,90) < 1$.

**Behavioral Variable**

In addition to the FES and FIRO-B scales, three behavioral variables were also examined: (a) how many friends of the subject were perceived as having drinking problems (FRDDRK), (b) whether the subject had previously dated someone with a serious drinking problem (DATDRK), and (c) whether the subject was now in a relationship with someone with a serious drinking problem (RELDRK). As in previous analyses, 2 (child of an alcoholic) x 2 (treatment, yes or no) univariate analyses of variance were utilized. While no significant effects were found for treatment, one significant effect DATDRK, $F(1,95) = 10.58$, $p = .002$, was found for children of alcoholics. This indicated that children of alcoholics ($M = 1.36$) were more likely to have dated someone whom they perceived as having a serious drinking problem than were those of non-alcoholics ($M = 1.71$). This was qualified by a significant interaction, $F(1,95) = 4.94$, $p = .03$, which indicated that treated children of non-alcoholics ($M = 1.85$) reported having dated someone with a serious drinking problem significantly less than did the other three groups ($M's = 1.56, 1.40, and 1.32$ for treatment/children of non-alcoholics, no treatment/children of alcoholics, and treated children of alcoholics).
Table 1

Family Environment Scale Differences

Children of Alcoholics Main Effects

<table>
<thead>
<tr>
<th>Scale</th>
<th>F Value</th>
<th>Child of Alc.</th>
<th>Not Child of Alc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion</td>
<td>18.39***</td>
<td>34.46</td>
<td>51.66</td>
</tr>
<tr>
<td>Organization</td>
<td>3.64*</td>
<td>47.80</td>
<td>52.38</td>
</tr>
<tr>
<td>Conflict</td>
<td>5.28**</td>
<td>56.38</td>
<td>49.74</td>
</tr>
<tr>
<td>Intellect/Cult.</td>
<td>3.84*</td>
<td>41.50</td>
<td>46.78</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>16.43***</td>
<td>37.94</td>
<td>48.24</td>
</tr>
</tbody>
</table>

Interactions between Family Environment Scale and Treatment

<table>
<thead>
<tr>
<th>Scale</th>
<th>F</th>
<th>CA/Treat</th>
<th>CA/No Treat</th>
<th>NCA Treat</th>
<th>NCA/No Treat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express.</td>
<td>7.07***</td>
<td>34.16a</td>
<td>41.72ab</td>
<td>51.88c</td>
<td>44.56bc</td>
</tr>
<tr>
<td>Moral/Rel.</td>
<td>4.95**</td>
<td>56.44a</td>
<td>50.00b</td>
<td>54.80ab</td>
<td></td>
</tr>
</tbody>
</table>

Note. df=1,95. Abbreviations for Headings: Alc. = alcoholics
CA = Children of Alcoholic; NCA = Not Child of an Alcoholic;
Treat = Treatment;
Fore each dependent variable, different subscripts for two conditions indicate that those two conditions were reliably different at the .05 level using Tukey.
*p.< .10  **p.< .05.  ***p.< .01.
Discussion

The findings of this study supported all of the hypotheses with the exception of the FIRO-B which did not show significant support for ACA's social adjustment and needs differing from children of non-alcoholics. The FIRO-B did not show in what specific social situation ACA's have difficulty.

However, the findings do support the hypothesis that children in alcoholic families perceive themselves as somehow being different from children in non-alcoholic families on levels of familial and social growth and adjustment. Wegscheider (1979) and Woititz (1978) have written extensively of the intensity of an ACA's behavior as a result of being a member of an alcoholic family. Wegscheider states that children of alcoholics may have a tendency toward a managing and martyring personality style. They may also be controlling and overbearing toward others. Wegscheider continues to add that the child becomes this way possibly as a result of feeling as if he/she has no control within his/her alcoholic family. The FES was selected to measure whether children of alcoholics do in fact feel as if their families are out of control due to the alcoholism of one or both parents.

Of the ten FES subscales tested, five of these subscales supported the above hypothesis. ACAs reported their families as being higher on the measure of Conflict than those children of non-alcoholics. In addition, ACAs scored lower on expressiveness allowed in the home, lower on Intellectual/Cultural Orientation, lower on Cohesion, lower on Organization and an interaction occurred on the Moral/Religious Orientation. Three of these subscales, Cohesion, Expressiveness, and Conflict comprise the Relationship
Dimension of the FES supporting the statements that alcoholic families (a) have a lower degree of commitment and support for one another than non-alcoholic families, (b) alcoholic family members are rarely encouraged to act openly or express their feelings directly and (c) alcoholic families experience a higher degree of open anger, aggression, conflict and passive-aggressive behavior than non-alcoholic families.

The remaining two dimensions of the FES, Personal Growth and Systems Maintenance were each supported by one subscale. Alcoholic families have a lower degree of interest in political, social, intellectual and cultural activities than non-alcoholic families. This may be due largely to the fact that family members are devoting all their energies into the family member with the drinking problem rather than separating themselves from the situation and taking care of themselves. Alcoholic families were much less organized and more chaotic than non-alcoholic families.

The fact that there was also a significant interaction for the Moral/Religious subscale for alcoholic families may lead one to argue that some of the measures on these subscales reflect the desire of the family to present itself as normal to society despite the inclusion of an alcoholic family member. However, those families which were reported lower or average on what was considered a negative subscale, (i.e., Conflict) presented as being more at ease with themselves and their families. There was no perception of having anything to hide.

Findings did not support Wegscheider's hypothesis that children in alcoholic homes do not have their own sense of autonomy but in-
instead that they are being controlled by their alcoholic family circumstances. On the contrary, the findings do say that alcoholic families have more chaos and a high degree of stress and intensity, and less support which may lead the child in the home to break away from the environment and be more likely to go it alone.

While these differences were on FES scores pertaining to family, there appeared to be no major differences on the FIRO-B scores. Subjects all scored relatively alike on their needs for affection, inclusion, and control. This differs dramatically from the FES scores and the Behavioral Variable scores. The FIRO-B was designed to measure the behavior that the respondents expressed toward other people and the behavior that they want other people to express toward them. Gard (1964) hypothesized that "interpersonal relationships are fundamental factors in the development of personality and that the basic expression of personality takes place in relation to interpersonal situations past, present, and future" (p. 516). Gard's results showed that schizophrenics scored differently from anxiety hysterics and normals on the subscale Expressed and Wanted Inclusion (Gard, 1964). When children of alcoholics were compared with children of non-alcoholics no differences were reported and would not support Gard's hypothesis that interpersonal relationships resulted in different needs as expressed with these samples on a self-report inventory. It may be that the FIRO-B would have shown more significant results if alcoholics themselves had been examined rather than their children.

However, when measured on behavioral variables, children of alcoholics did differ in their socially expressed behavior as compared to children of non-alcoholics. Although, the needs expressed
on the FIRO-B by children of alcoholics were not different from children of non-alcoholics, how they proceeded to fulfill those needs was related to familial history of alcoholism. Approximately 62% of the children of alcoholics had dated a problem drinker at one time or another. In contrast, most non-ACAs had no experience dating a problem drinker. This finding for children of alcoholics dating an individual with a drinking problem was also qualified by a significant interaction which indicated that treated ACAs reported having dated someone with a drinking problem less often than the other three groups in the study. Those treated ACAs reported that they had dated a problem drinker and were that they had. What this indicates is that the idea that children of alcoholics date other alcoholics can be supported up until and to the point that an ACA gets professional help. It then appears that a treated ACA is less likely to date an alcoholic. It appears clear from the data that the treatment is beneficial for the child of an alcoholic as we see that dating other alcoholics drops after being in treatment.

Treated children of alcoholics appear to have acquired a distinct advantage over those children of alcoholics not in treatment. Children of alcoholics in therapy reported significantly lower levels of expressiveness in their families than did those not in therapy. Secondly, treated children of alcoholics reported that their families had stronger and more restricted beliefs and value systems than those non-treated children of alcoholics. Treated children of alcoholics seem to have developed a stronger and more defined sense of what their families are really like. In therapy,
they were probably stripped of old stereotypes that they had supported, allowing them some measure of security that there was really nothing at all that wrong with their family. Treated children of alcoholics begin to discover in therapy the various exchanges in their household and how they work to keep the parent drinking rather than getting him/her to stop. This may be due in part to what therapy aims to do for the patient. In these instances as previously stated, it appears that treated ACAs have become more insightful of their familial environment. They may have learned more information concerning alcoholism and how it affects family members and how one may be able to recover from these adverse effects. They also discover the role that alcoholism in an individual plays in distorting everyone's views of their family, including the drinking member, in order to retain a sense of feeling normal and like other families they have seen and know are not like their own. This is the point at which denial becomes such an important aspect for the alcoholic and his/her family.

A treated ACA has resolved this denial or is at least aware of its presence in the family. This is the major difference between the treated ACA and the non-treated ACA. The treated ACA does not just instinctively know that something is not right in his/her family and that it has to do with a parent drinking. The treated ACA can verbally explain what family members are doing and how they are behaving and he/she can usually say why also. The treated child more clearly understands the intricacies associated with alcoholism and learns to understand, control, and resolve those misconceived beliefs about him/herself and their associ-

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ated behaviors. Those not treated do not develop this understanding and therefore, do not develop the necessary abilities to stay away from or competently handle those situations (such as dating an alcoholic) that would be potentially harmful to the ACA.

The FES, FIRO-B, and Behavioral Variables all interacted to provide information regarding children from an alcoholic family. These tests measured how children experience their families and friends, what they desire and need from those families and friends and how they go about expressing their own behavior in order to fulfill their needs.
APPENDIX
Informed Consent Statement

The Department of Psychology at California State University, San Bernardino, supports the practice of protection for human subjects participating in research. The following information is provided so that you can decide whether you wish to participate in the present study.

The study is concerned with your familial history of alcoholism, your feelings about any potential abuse of the drug in your family and how this abuse may be affecting you. You will be given three questionnaires which require you to answer questions regarding demographic information, ways in which your family members interact with each other, and how personal and social needs are met within and outside of your family.

Your participation is greatly encouraged but is strictly voluntary. Be assured that your name will not be associated in any way with the research findings. Your cooperation is greatly appreciated.

Sincerely,

Laura Marie Troyer

Signature of person agreeing to participate
Demographic Questionnaire

1. Age_________

2. Gender: Male_________ Female________

3. Marital status: Never married_____ Separated_____ Married_____ Divorced_____ Widowed____ Married together_____

4. How many years of education have you completed?

   6th-12th grade______ College graduate______
   High school graduate______ Some graduate school______
   Some college 1-4yrs______ Professional degree______
   Vocational training______

5. What is your occupation?____________________________________

6. How many years of education did your parents complete?

   6th-12th grade__________
   High School graduate____
   Vocational training____
   Some college 1-4yrs____
   College graduate____
   Some graduate school____
   Professional degree____

7a. What is (was) your mother's occupation?____________________

7b. What is (was) your father's occupation?___________________

8. Marital status of your parents:

   Never married_____ Separated_____ Divorced_____ Widowed____
   Married_____ Remarried____

9a. Were (are) both parents in the home during your childhood?

   Yes______ No______

9b. If answer above is no, which parent was not in the home?

   Mother______ Father______

10. How many of each, brothers and sisters do you have?

    Brothers______ Sisters______

Questions 11 through 16 concern parental drinking habits. If these questions pertain to either parent, please answer the question. If they do not, please continue with questions 17 through 22.
11. Which one of your parents do you feel has (had) a drinking problem?

Mother _ Father _ Stepmother _ Stepfather _

12. How many years ago do you think your parent's drinking began? _________________

13. For how many years do you think this drinking has been a problem for him/her and the family? _________________

14. How bad do you think your parent's drinking problem is?

Very serious _ Serious _ Upsetting _ Mild _
No concern _

15. How has your parent's drinking affected you personally?

Very seriously _ Seriously _ Moderately _
Only mildly _ Not at all _

16. How have you personally dealt with the problem?

Sought professional _
Denied the problem existed _
Talked to friends/family _
Took alcohol/drugs yourself _
Other (please explain) _

17. Within your present circle of friends how many do you think drink too much or could have a problem with drinking as you define it?

None _ 1-5 _ 6-10 _ 10 or more _

18. To your knowledge have you ever dated, gone steady with, or married someone who, you felt drank too much or had a drinking problem?

Yes _ No _ Uncertain if he/she had a drinking problem _

19. If above answer is yes, how long did this relationship last?

20. Does it still exist presently?

Yes _ No _

21. If relationship is not intact at this time, what was the cause of dissolving it?

Alcohol related issues _ Other problems unrelated to alcohol _
22. Are you presently involved in a romantic relationship or friendship outside of your family that shows the possibility for alcohol-related problems?

Yes_____No_____Uncertain at this time_______
REFERENCES


