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Intrapsychic features of adult children of alcoholics: A comparative study of differences between alcoholic and nonalcoholic adult children of alcoholics

Carlson, Stephanie, Ph.D.

City University of New York, 1988

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300 N. Zeeb Rd.
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Intrapsychic Features of Adult Children of Alcoholics:
A Comparative Study of Differences Between
Alcoholic and Non- alcoholic Adult
Children of Alcoholics
by
Stephanie Carlson

A dissertation submitted to the Graduate Faculty in
Psychology in partial fulfillment of the
requirements for the degree of Doctor of Philosophy,
The City University of New York.

1988

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

INTRAPSYCHIC FEATURES OF ADULT CHILDREN OF ALCOHOLICS:
A COMPARATIVE STUDY OF DIFFERENCES BETWEEN ALCOHOLIC
AND NON-ALCOHOLIC ADULT CHILDREN OF ALCOHOLICS

By

Stephanie Carlson

Advisor: Professor Vera S. Paster

The study sought to identify differences between the intrapsychic features of alcoholic female adult children of alcoholics (ACOA's) and non-alcoholic female ACOA's. Eighteen variables were investigated as possible discriminatory factors. The variables investigated were as follows: affectionate, ambitious, benevolent, cold-warm, constructive involvement, intellectual, judgemental, negative-positive ideal, nurturant, punitive, successful, weak-strong, ambivalence, length of description, conceptual level, self-criticism, dependency, and efficacy.

It was hypothesized that 1) alcoholic ACOA's in comparison to non-alcoholic ACOA's, would have an object world that is harsh and punitive with accompanying self-schemata characterized by a greater experience of (a) dependency on others, (b) greater self-criticism,

(c) a poorer sense of their own efficacy; 2) Alcoholic ACOA's in comparison to non-alcoholic ACOA's will function on a more concrete, less well developed conceptual level.

20 alcoholic female ACOA's and 21 non-alcoholic female ACOA's were matched for age and administered a total of five tests: 1) The Children of Alcoholics Screening Test to screen for the ACOA status of respondents, 2) The Michigan Alcoholic Screening Test- Revised to discriminate between alcoholic and non-alcoholic respondents, 3) a background and demographic data form, 4) The Depressive Experiences Questionnaire to measure amount of a) dependency on others, b) self-criticism, c) sense of efficacy, 5) The Assessment of Qualitative and Structural Dimensions of Object Representation to discriminate differences in respondents' intrapsychic representations of a) self, b) mother, c) father, d) parents. Blind independent raters were employed to rate the data obtained. The resulting scores were submitted to a series of t-test analyses to test the two hypotheses.

The results indicated that the non-alcoholic female ACOA's self representations were characterized by a significantly greater experience of dependency on others while no significant differences were found in the degree of self-criticism or sense of efficacy. There were no significant differences in conceptual level. Among the other variables tested, non-alcoholic female ACOA's were significantly different than alcoholic female ACOA's in that their self representations are characterized by a

greater degree of affection and benevolence. There were no significant differences in parental representations. These findings are discussed in terms of their relevance to current concepts of co-dependency and search for psychological markers for alcoholism and protective factors against alcoholism.

Additional t-test contrasts of a total sample of 64 respondents include alcoholic male ACOA's with alcoholic female ACOA's and non-alcoholic female ACOA's with a non-alcoholic, non-ACOA female reference group.

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Warm thanks to my friend and colleague, Frank Waters for introducing me to the world of ACCOA's and for tirelessly arguing with me enough to stimulate my interest in

understanding from an empirical perspective some of what we were seeing in our work together in groups and experiencing in our lives.

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CHAPTER I

INTRODUCTION

Statement of the Problem

The objective of this study is to identify differences in the inner- representational worlds of those adult children of alcoholics (ACOA's) who become alcoholic themselves and those who do not. A major purpose of the study is to assess the effects of ACOA's perception of their experiences, particularly their experience of their parents and of themselves, upon their adaptive strategies. It is hypothesized that the groups will differ in both the degree of maturity of their conceptualizations of self as well as in the nature and quality of their experiences of themselves and their parents. Precise identification of differences within these groups yields important information as to whether or not certain psychological markers for alcoholism can be said to exist. At the same time, from a primary prevention perspective, identification of differences among these groups leads to a more complete understanding of the nature of the adaptation of those adult children of alcoholics who do not become alcoholic themselves; those sometimes called the "invulnerable" or "competent" ACOA's.

Background of the Problem

It is a well documented and undisputed fact that alcoholism is a widespread social problem. Employing conservative baseline factors, the National Institute on Alcohol Abuse and Alcoholism (1974) reports a baseline estimate of 14,099,459 alcoholic persons in the United States.

There is a continually growing body of clinical and empirical research data which examines the impact that one individual's alcoholism may have upon others. The impact is especially profound for those who are in a close emotional relationship with the alcoholic individual, such as family members. The recognition of alcoholism as a family illness has led to the coining of the phrase, "co-dependent" personality syndrome. Although not yet recognized by the standard psychiatric nomenclature, it is an extensively written about topic; one that has become a standardly utilized clinical concept in alcoholism treatment facilities across the country and, one that attracts thousands of professionals, para-professionals, and others concerned with understanding the effects of alcoholism on family members to frequently hold professional conferences across the nation.

Wegscheider-Cruse (1985), defines co-dependency as follows: "Co-dependency refers to a specific condition that is characterized by preoccupation and extreme dependence (emotionally, socially, and sometimes physically), on a

person or object. Eventually, this dependence on another person becomes a pathological condition that affects the co-dependent in all other relationships. It is a specific set of patterns of relating to others and ways of interpreting experience which often has its beginnings in a person's relationship with an alcoholic parent or other family member" (p.2).

The children of alcoholics are an identified sub-group of the co-dependent population. They are a population at high risk of becoming alcoholic themselves. This is well documented in the literature, although there is limited agreement regarding the extent to which this risk exists beyond the fact that it is statistically significant (N.I.A.A.A., 1974).

The factor of 2.01 children per U.S. adult (U.S. Census Data), allows the N.I.A.A.A. to arrive at an estimate of approximately 28,339,914 children of alcoholic parents. These well recognized authorities report that they feel that this estimate is conservative, and makes allowances for those alcoholics who are not parents (N.I.A.A.A., 1974).

More recent statistics published by the Children of Alcoholics Foundation (1985) suggest an overall estimate of 28,600,000 Americans who are the children of problem drinkers (Russell, Henderson & Blume, 1985). These authors use the term children of problem drinkers in its broad sense to refer to any person, adult or child, who has had a parent identified in any way as having a significant problem related

to alcohol use. Thus, one out of every eight Americans is in some way affected by parental alcoholism.

Given the dimensions of the problem, it is clear that this is a population deserving, and truly in need of, further study.

Supporting Literature Review

Recently, there has been an increased effort in the field of mental health, to identify and study groups known to be at high risk for developing various psychopathological disorders. As reported above, there is little doubt that the offspring of alcoholics are at a high risk for developing alcoholism themselves. However, the means by which the transmission of parental alcoholism to offspring occurs is the subject of tremendous controversy.

In addition, there is evidence to suggest that this population's high risk status extends to other forms of psychopathology, as well as alcoholism. A large body of literature has been compiled over the last decade which cites various deleterious effects of parental alcoholism upon offspring.

In general, most studies in this area consistently bear witness to the fact that offspring of alcoholics are more prone than most children to develop any of a wide array of psychosocial illnesses. This is well documented (Aronson & Gilbert, 1963; Chafetz, Blane & Hill, 1971; Cork, 1969;

Ellwood, 1980; Fox, 1963; Hecht, 1973; Hindman, 1975; Kammeier, 1971; Mik, 1970; Miller & Jang, 1977; Newell, 1950; Richards, 1979, 1980; Rouse, Waller & Ewing, 1973; Triplett & Arneson, 1978; Woititz, 1978) although many studies have been criticized on methodological grounds for vague definitions of parental alcoholism, use of small samples and self-report data (Russell, Henderson & Blume, 1985).

Specific childhood disturbances associated with having an alcoholic parent include difficulties functioning in school (Chafetz, Blane & Hill, 1971; Richards, 1979); often times truancy and juvenile delinquency are present in these children (Richards, 1979). Both children and adults show impairments in self-concept, emotional maturity and interpersonal relationships (Cork, 1969; Hecht, 1973; Hindman, 1975; Booz-Allen; 1974).

Differential effects of gender of alcoholic parent upon offspring functioning has been assessed by Miller & Jang (1977) in a longitudinal study of 20 years' duration. The study concluded that the negative impact of an alcoholic mother was greater than that of an alcoholic father. Furthermore, when prepubertal children were exposed to maternal alcoholism the effects were especially damaging (Richards, 1979).

Richards (1979, 1980) describes young children of alcoholic mothers as manifesting impaired reality testing. She links this impairment to the alcoholic parents' denial of drinking and the occurrence of events that often follow a

drinking episode. Richards notes that although all children are by nature dependent upon parents to a greater or lesser degree depending upon the age of the child and other relevant factors that influence dependency, the above pattern typical of families in which alcoholism is present, is assumed to create an even more intense dependency in the child upon his/her alcoholic parents since the child learns that he/she cannot trust what he/she sees. Thus, rather than dependency needs lessening as would be part of the expectable course of development, the dependency needs of the child of an alcoholic grow. This results in the emotional immaturity these children as a group manifest. The emotional immaturity is reflected in their pervasive usage of primitive defense mechanisms which are often carried into adulthood.

Fox (1963) notes that as early as 1950, Newell discussed the deleterious impacts of the alcoholic father on his offspring. Emphasizing the inconsistency in his personality between drunken and sober periods, she cites the tendency for such a father to "inspire the natural love of his offspring who build therefrom an ideal father image of omnipotence and loving kindness. The disillusionment of a drunken episode is shattering to the frail superego structure of the child. He is forthwith subjected to alternating experiences of exalted hopes and blighted disappointments. He may be compared to the hungry experimental animal which is tempted with food and frustrated by sudden barriers. Such a process may produce convulsions or nervous breakdown in the animal. It is surely

dangerous to the highly organized human creature who, in the formative period of childhood, is just becoming aware of social and cultural standards, as well as of the interpersonal relationships of his home. It is not surprising that a child thus exposed presents a bewildering array of ambivalence, inconsistencies, antagonisms and touching overtures of affection." Fox also notes the tendency of an alcoholic parent to act as a role model of inappropriate behavior to offspring. The child is often exposed to an ego-centric adult who models denial of real problems, externalization of blame onto others, and irresponsible behavior.

Other negative effects of parental alcoholism on children cited by various authors include difficulties with authority figures (Fox, 1963) and intense feelings of distrust (Bosma, 1972; Fox, 1963).

The extent to which these negative impacts exist among this population is reflected in the findings of a behavioral study of 231 children (aged 9 to 11) of 90 psychiatric in-patients and their spouses. In this study, thirty were diagnosed as alcoholics, thirty as schizophrenics and thirty as depressives. There were equal numbers of men and women. The findings indicated that the children of alcoholic mothers showed greater impairments than the offspring of schizophrenic and depressive mothers (El-Guebaly, Sullivan & Lynch).

The above is by no means meant to be an exhaustive

presentation of the literature on the deleterious effects of parental alcoholism on children. It is merely a sample intended to introduce the reader to the thrust of most writings in this specialized field.

However, the authors of one critical review of the literature on the effects of parental alcoholism on the offspring of alcoholics (El-Guebaly and Offord, 1977), find it "fascinating that this huge literature on the offspring of alcoholics focuses on the casualties". El-Guebaly and Offord (1977) point out that, "Evaluation of the sources of strength of offspring of alcoholics is as important as an enumeration of their potential handicaps" (p.364). Similarly, Richards (1980) suggests that studying the degree of maturity in object relations of those children who "make it" compared with those children who do not may provide useful information.

Despite the vast literature which focuses on the negative effects of alcoholism on children, it is a common experience of most people, to have been acquainted with the offspring of an alcoholic. In many instances, these people are not seriously impaired socially and/ or psychologically. Experience tells us that many of those people are fully functional, competent adults.

This researcher shares the sentiment of fascination with El- Guebaly and Offord (1977). In addition to fascination however, it is also sad that such an investigation is lacking in the literature since it is clear that the entire field of

mental health could benefit from a better understanding of the roots of a healthy adaptation to life. Given our current understanding of the origins of psychopathology, it would seem that an important question to ask is, how is it that given exposure to a certain common psychosocial stressor some individuals manage to cope better than others? This study sought to determine how alcoholics differ from non-alcoholics among the population of adult children of alcoholics. To date, no other empirical study has compared adult children of alcoholics with one another in an effort to determine the origins of healthy adaptations, as well as those of psychopathology within this population. The following section provides the theoretical rationale for the study and provides amplification of the hypotheses tested.

Children who are raised in alcoholic households are faced with a dilemma akin to that of the fish that swim in our polluted waters. As a fish cannot live out of water, so too, a child cannot thrive without parental care. Both the children and the fish can survive only insofar as they manage to adapt to the noxious stimuli in their respective environments. The strategies children adopt in their attempts to cope with the events and experiences of their lives often have far reaching consequences for the rest of their lives.

There is a large body of literature on the population of offspring of alcoholics. However, much of the existing literature involves a subjective qualitative analysis of the psycho-social aspects of parental alcoholism derived from

the author's treatment experience (N.I.A.A.A.,1974). Other studies of this population have been criticized for utilizing biased samples and being methodologically weak (Watters & Thelmer, 1978, Wilson & Orford, 1978).

Despite some professional's attempts to characterize adult children of alcoholics in terms of a specific syndrome, it is difficult to state definitively what the impacts of parental alcoholism on children's development are. Although it can be stated that the effects are more detrimental at certain ages than at others and on certain children than on others, each child and each situation has it's own unique twist to it. Even under circumstances in which external and/or internal conditions are alike in many respects, the process of development may unfold differently for each individual child. Different children will internalize even the same experience in different ways. At the same time, there is little doubt that in many cases, alcoholism on the part of a parent does lead to severe emotional disturbance as psychological sequelae for a child.

Sifting through the morass of studies of the offspring of alcoholics, there appear to be only three which discuss in some detail the existence of persons who have experienced life as the offspring of an alcoholic and for whom development has been felicitous or, at least has seemed to have proceeded normally. These individuals have been referred to differently by various authors. They have been called; "the competent children" (El- Guobaly & Orford, 1977,1979),

"the invulnerable children" (Ackerman, 1984, El-Guebaly & Offord, 1979), individuals who have found "escape routes" (Miller & Jang, 1977) or, "over-achievers" (N.I.A.A.A., 1974). Each of these is interesting in its own right as reflective of their author's biases. Significantly more important though, are the indications for further research these researchers are making, some more overtly than others, that greater attention be paid in future studies to this particular finding.

The National Institute on Alcohol Abuse and Alcoholism's extensive research report by Booz-Allen & Hamilton, Inc. (1974) referred to several times above, assessed the needs of, and resources for, children of alcoholic parents. The report discusses the number, characteristics, life experiences, feelings, coping mechanisms, and problems of children of alcoholic parents. The methodological approach involved a variety of data sources within a sample locale (N.I.A.A.A., 1974). An interesting finding of this report was that only 16% of the respondent group were involved at some time in alcohol abuse and half of these were also drug users; while 28% of the same respondent group of adult children of alcoholics were identified as "overachievers". Some of these attributed their motivation and success to having had an alcoholic parent (N.I.A.A.A., 1974)! It is important to note here, as the N.I.A.A.A.'s 1974 report does, that, nearly all of the high achievers had poor personal relationships; some had repressed all emotions; some had had nervous breakdowns

(N.I.A.A.A., 1974) lest one be misled into thinking that alcoholic parents produce a hardier breed of children than most. Survival skills do not necessarily pay heed to social graces, nor for that matter do they necessarily conform to social order either. The high rates of juvenile delinquency and later, criminality among this population attest to this fact. Clearly, "over-achievement", "invulnerability", "competence", and "escape routes" are value-laden terms that require clear operational definitions if they are to be useful. This ratio of 28% identified as "overachievers" compared with 16% involved in alcohol and/ or drug abuse does lend itself as evidence in support of the need for further research to identify and examine differences between people within this still underserved population.

The N.I.A.A.A.'s (1974) report also provides empirical evidence in support of Ackerman's (1984) work which focuses on the developmental implications of being raised in an alcoholic home. Ackerman points to seven variables which he considers crucial to understanding why adult children of alcoholics are affected differently by parental alcoholism. Among these seven variables, he considers the "most critical" to be that of perception. That is, how the adult child of an alcoholic perceived having grown up in an alcoholic home and, how the same individual in the present, perceives the situation as having affected them. The N.I.A.A.A.'s (1974) report found that each child does develop his or her own unique strategy for handling the problem of an alcoholic

parent. Findings of personal interviews conducted as part of the study indicated that the type of coping mechanisms developed by each child appeared to be related primarily to the personality and perceptions of the child (N.I.A.A.A., 1974). A major purpose of this study is to assess through the integration of personality and perception of experiences as reflected in inner representations, ACOA's adaptive strategies and subsequent patterns of adjustment to life.

One point consistently made by clinicians and researchers alike, is, that the emotional effects of parental alcoholism are most commonly manifested in problems with relationships with other people. The N.I.A.A.A.'s (1974) report found that 64% of the total respondent group experience problems with the opposite sex; thirty-two percent have problems with people of the same sex. The researchers note that if they were to exclude from their sample those respondents under the age of 18 by reason of immaturity and lack of experience, the percentage of all those with inadequate interpersonal relationships approaches 87%. The research findings suggest that those problems were manifested in the following ways: Approximately half of those who married, married someone with a drinking problem; 88% of those who were married, married early to escape their homes; Many were overly demanding, promiscuous, or professionally and scholastically successful; Both men and women experience difficulty getting close to people; specifically, they cannot trust, risk rejection, make conversation, or express

vulnerability; they are afraid of being hurt again; Males with alcoholic fathers were occasionally more comfortable with women than with men; Two in the sample were homosexual; Many women were attracted to men who resembled their alcoholic fathers, either weak, passive and dependent types or brutal, abrasive authoritarian types. Some re-enacted the childhood relationship; others enacted what they wanted to have happened. The consistency of such findings in research endeavors combined with the reality of the above as representative of the psychopathology of everyday life as many adult children of alcoholics live it, are likely reasons for the widespread use of the term co-dependency, in replacement of the previously used term para-alcoholism. Here the emphasis is placed on the dilemmas inherent in interpersonal relationships for many of these people; not on the substance, alcohol.

Definition of Terms

For the purpose of this study, the following terms will be defined as indicated:

Adult Child of an Alcoholic - Subjects whose scores on The Children of Alcoholics Screening Test (C.A.S.T.) indicate that one of both of their parents are alcoholic.

Alcoholic - Subjects whose scores on the Michigan Alcoholism Screening Test (M.A.S.T.) indicate that they meet the criteria for the disorder of alcoholism, a chronic progressive syndrome characterized by excessive drinking. The nature and extent of the alcohol consumption on the part of these individuals frequently leads to various physical, psychological and legal difficulties.

Co-dependency - Subjects whose emotionally close relationship with an individual with the disorder of alcoholism such as a child, a parent, a grandparent, a spouse, a sibling or a close friend causes them to behave in ways which are potentially self-destructive. All members of alcoholic families may be considered co-dependents. Although it is recognized that there is a concomitant systems effect in co-dependent patterns of behavior, for the purposes of this study, the focus of inquiry is on identifying the intrapsychic aspects of co-dependent behavior.

Dependency - A pattern of relating in which the individual manifests need for emotional resources such as approval, attention, and affection from another individual. Dependency is an expectable, natural part of human relationships. Dependency needs are presumed to lessen as children grow to develop a sense of themselves as separate from the mother and become more or less able to fulfill their own needs. ACOA's may manifest exaggeratedly few (the

parentified child) or, on the other hand, an inordinate amount of dependency needs. For the purposes of this study, dependency is a dependent variable measured by the Depressive Experiences Questionnaire. Dependency is determined by subjects scores on the Dependency factor of the Depressive Experience Questionnaire (D.E.Q.). Subjects are considered to manifest a greater experience of dependency if their scores are statistically significantly higher ($p < .05$) than expected for their age and gender according to test norms.

Efficacy - A term which refers to individuals sense of themselves as capable of achievement or accomplishments. Efficacy will be determined by the subjects' scoring statistically significantly higher ($p < .05$) on the D.E.Q. factor of Efficacy than expected for their age and gender according to test norms.

Intrapsychic features - A term used to broadly characterize conscious and unconscious mental contents such as self and object representations and their specific attributes.

Non-Adult Child of an Alcoholic (Non-ACOA) - Subject whose scores on the Children of Alcoholics Screening Test (C.A.S.T.) indicate that neither of their parents are alcoholic.

Non- Alcoholic - Subject whose scores on the M.A.S.T.

indicate that drinking alcohol has not caused significant impairment in their lives.

Object Representation - A theoretical construct based upon studies of human emotional development and current psychoanalytic thought which refers to the mental image an individual has of another individual or, of themselves (Self Representation). Object representations are considered the result of early experience in relationships due to the human tendency to identify with and internalize aspects of those individuals with whom one relates. The terms, Maternal Representation, Paternal Representation and Parental Representation refer to individuals' internalized mental image of their mother, father, and parents in general.

Object World - A theoretical construct which follows from the above in that the object world refers to the collection of the various object representations taken together.

Self-Criticism - A dependent variable assessing subjects' tendency to judge themselves harshly. Self-Criticism will be determined by the subjects' scoring statistically significantly higher ($p < .05$) on the D.E.Q. factor of Self-Criticism than expected for their age and gender according to test norms.

Significance of the Study

The study provides the following information:

1. The study identifies those intrapsychic features which discriminate alcoholic from non- alcoholic female ACOA's and those intrapsychic features that do not discriminate between these groups.
2. The study identifies those intrapsychic features which discriminate non- alcoholic female ACOA's from non-alcoholic, non- ACOA females and those intrapsychic features that do not discriminate between these groups.
3. The study identifies those intrapsychic features which discriminate alcoholic male ACOA's from alcoholic female ACOA's and those intrapsychic features which do not discriminate between these groups.

This study provides empirical evidence regarding the impact of the experience of having an alcoholic parent upon the nature and quality of the ACOA's internalized images of their parents and of themselves, and the impact of these images upon their adaptation to life. The aspects of adaptation focused on include whether or not they become alcoholic themselves as well as characterizing types of depressive experiences manifested by each of the groups, and identification of differences in their conceptual ability to differentiate self from other. It identifies and contrasts the types of issues that each group appears to struggle with and discusses some of the implications for each of the

findings.

For a wider ranging examination of this population, the researcher has included additional contrasts of non-alcoholic, female ACDA's with non-alcoholic, non-ACDA females as well as contrasts of alcoholic male and alcoholic female ACDA's.

Practically, the study is of value to clinicians since it adds to the professional's understanding of the roots of health as well as those of psychopathology among this segment of the population; a segment which is documentedly, at-risk for various forms of psychopathology. Since this is also a patient population which is currently underserved, it is hoped that the findings of this study may serve to induce larger numbers of professionals to offer their services to such persons. In addition, it is hoped that the study may facilitate the process of self-understanding for those adult children of alcoholics who seek to further understand themselves and their behavior. A thorough understanding of their own sufferings at the hands of alcoholic parents may go a long way in preventing subsequent generations from manifesting as much psychopathology, especially alcoholism, as past and present generations have shown.

Finally, this line of inquiry appears directly in response to remarks by researchers Wilson & Orford (1978). Researchers Wilson & Orford (1978), in their comments on the literature on children of alcoholics, remark upon the failure of this specialized field to draw upon findings and concepts

from the wider literature on parental deviance and family life. The study is itself, a bridge between otherwise separate disciplines. It provides a necessary link between the "overspecialized" field of children of alcoholics with current concepts of the wider literature.

Summary

In summary, alcoholism is a widespread social problem. The children of alcoholics are documentedly at a high risk for becoming alcoholic themselves. However, despite the high rates of alcoholism among the ACOA population, many adult children of alcoholics are not and do not become alcoholic themselves. The term "co-dependency" has been coined to replace the previously used term, "para-alcoholism" to describe the behavior of those people who are affected by someone else's alcoholism as seen by clinicians working with this population. The reason for the change of terms is that research and clinical observation has shown that the focus of treatment needs to be on the dilemmas inherent in interpersonal relationships rather than on the substance, alcohol. Most studies in this area have focused on the deleterious effects of parental alcoholism on children or on comparing ACOA's with non-ACOA's. The authors in this field have suggested that research into differences among the ACOA population would be useful. Specifically, identification and examination of differences between those who do manifest

psychopathology (alcoholism being the most common form aside from difficulties in interpersonal relationships) and those who do not would fill a gap in our present knowledge of this population.

This study identifies differences in the intrapsychic features of female adult children of alcoholics who become alcoholic themselves and those who do not. It provides the information being called for by the researchers noted in this chapter with a focus on intrapsychic aspects of ACDA's in an effort to join the overspecialized literature on ACDA's with those current concepts of the wider literature which the researcher finds useful in further understanding this population.

Additional contrasts include contrasts of non-alcoholic ACDA females with non-alcoholic, non-ACDA females and alcoholic male ACDA's with alcoholic female ACDA's.

Given the assertions described in this chapter;

- (1) that adult children of alcoholics have often been exposed to noxious stimuli associated with their parent/s alcoholism during their processes of development and
- (2) that they tend to manifest emotional immaturity and enhanced, unmet dependency needs which lead to their commonly reported difficulties with interpersonal relationships, and
- (3) that despite their high-risk status many ACDA's appear to lead productive non-alcoholic lives, and
- (4) based upon the other considerations described herein, particularly the work of Richards (1980) and Ackerman (1984), the following hypotheses

were tested:

Statement of Hypotheses

Hypothesis 1) ACOA's who are alcoholic in comparison to ACOA's who are not alcoholic will have an object world that is harsh and punitive with accompanying self schemata characterized by a greater experience of dependency on others, higher self-criticism and a poorer sense of their own efficacy.

Hypothesis 2) ACOA's who are alcoholic in comparison to ACOA's who are not alcoholic will function on a more concrete, less well-developed conceptual level.

The theoretical frameworks used to conceptualize the study are those of Family Systems Theory and Object Relations Theory. The Family Systems perspective is derived from General Systems Theory. This perspective views the child as existing within the matrix of a family system. The emphasis is on interactions among family members with the explicit idea that what affects one member of the family also, in some way, will affect others within the family system.

The Object Relations perspective is a revised form of Psychoanalytic thought which provides a theoretical roadmap for tracing development to show how early experience impacts upon personality/ emotional development. It's use as a

conceptual instrument to facilitate the prediction of the course of later interpersonal relationships makes it particularly well-suited to this researcher's purposes.

Blatt & Lerner (1983) assert a basic assumption that early experience with significant others (parents) leads to the formation of internal maps (cognitive-affective schemata), or intrapsychic structures which are best understood in terms of the quality of the representational world. These authors suggest that the developmental level of the organization of concepts of self and others are measurable psychological structures that are the consequence of the internalization of formative interpersonal interactions with significant figures. These concepts or representations of self and others in turn direct and shape subsequent interpersonal relationships (Blatt & Lerner, 1983, p. 192). According to the theory, these early interactions become templates for later interpersonal relations; predictive of both, psychopathology in its various forms and, health or "competence" in its distinctive, but seemingly more elusive, varieties as well.

CHAPTER II

LITERATURE REVIEW

The existing literature contains a number of clinical and empirical research reports on adult children of alcoholics (ACOA's). This literature clearly indicates that alcoholism on the part of a parent or parents is associated with a greater than average probability of alcoholism on the part of the child later in life.

There is much controversy over the means by which alcoholism is transmitted to offspring. Some studies have found that there is a genetic basis for the etiology of alcoholism in children of alcoholics while other researchers favor a psychological, socio-cultural or environmental explanation. The first part of this review will look at this controversy.

The second part of this review will focus on developmental implications for children raised by at least one alcoholic parent; specifically, the role of the parents in shaping the emotional lives of offspring. It is the opinion of the researcher that emotional development is a reciprocal process. The human child is not born a tabula rasa upon which the outer world simply inscribes itself. Studies of the origins of personality have demonstrated the validity of this assertion (Thomas, Chess & Birch, 1968). Thus, what each individual adult or child does with the experience of

having an alcoholic parent is seen as crucial to how he or she eventually comes to manage his or her life.

The Nature vs. Nurture Controversy in the
Relationship of Parental Alcoholism
to Alcoholism in Offspring

The literature on transmission of parental alcoholism to subsequent generations may be categorized for purposes of review into two major categories. (1) studies which indicate a correlation between genetic factors and alcoholism in the offspring of alcoholics; and (2) studies which indicate a correlation between psychological, socio-cultural, or environmental factors and alcoholism in the offspring of alcoholics.

Genetics

Studies which indicate a correlation between genetic factors and alcoholism in the offspring of alcoholics are primarily of three types. These may be categorized as twin studies, adoption studies, and biochemical studies.

Twin Studies

There have been two major twin studies of alcoholism (Goodwin, 1985). Both of these have indicated a possible

genetic predisposition to alcoholism.

In Sweden, Kaij (1960) compared groups of identical and fraternal twins in an effort to determine whether or not the identical twins would be more concordant with respect to the development of alcoholism than the fraternal twins. Based on a total sample of 174, Kaij found that the identical twins were in fact, more concordant than fraternal twins at a ratio of 54 percent for the identical twins and 28 percent for the fraternal twins. This early research indicating a possible genetic factor in the etiology of alcoholism spurred further efforts by later researchers.

The next major twin study was done in Finland. The Finnish researchers found that identical twins were more concordant for quantity and frequency of drinking, but not for adverse consequences of drinking (Partanen, Bruun, Markkanen, 1966).

Adoption Studies

Adoption studies in alcoholism have a long history. In the 1940's, Roe compared information about 49 foster children aged 20 to 40. 22 of these had "normal" biological parents while 27 of these had a biological parent described as a heavy drinker. Roe found no evidence of hereditary influences on drinking behavior (Goodwin, 1985). This particular early study is atypical in its conclusions and it has been criticized on methodological grounds. Goodwin (1985)

questions Roe's conclusions based on inadequate sample size and inadequate operational definition of heavy drinking. It is not clear how many of those biological parents were alcoholic.

Shuckit, Goodwin & Winokur (1972) examined the differential effects of being reared apart from biological parents among individuals who had either a biological parent or a "surrogate" parent with a drinking problem. The subjects were significantly more likely to have a drinking problem if their biological parent was considered alcoholic than if their surrogate parent was alcoholic (Goodwin, 1985).

Goodwin (1973, 1974) studied the incidence of alcoholism among the children of alcoholic parents who were raised in adoptive homes. All adoptees were separated from their biological parents in the first few weeks of life. Goodwin compared the incidence of problem drinking and alcoholism among this group to the incidence among adopted children whose biological parents were not alcoholics. In one study he found a higher incidence of problem drinking and alcoholism among the COA adoptees. Therefore, Goodwin concluded that there may be a genetic predisposition to alcoholism. Tolor and Tamerin (1973) have criticized Goodwin's studies by arguing that the two samples were not matched, that the measure of psychopathology in the adoptive parents and in the adoptees was imprecise, that the measure of drinking behavior employed was imprecise and unreliable, and that the role of environmental factors such as stress was left unconsidered.

Goodwin's (1973) reply to this critique stressed that the groups were similar in SES and in rates of psychopathology, and that there was nothing to suggest any difference in environmental stress in the two groups. Goodwin further noted that the categorization of drinking behavior was done blindly and without observer bias.

Cadore and Gath (1978) found that among 84 adoptees, 18 years of age and older, separated from birth from their biological parents and without further contact with them, the incidence of alcoholism was higher in those whose relatives included an alcoholic individual than in those whose did not. No other biological parent diagnoses were found to correlate with adoptee alcoholism.

Swedish researchers Cloninger, Bohman, Sigvardsson & Knorrning (1985) studied the inheritance of alcohol abuse and other psychopathology. The sample consisted of 862 men and 913 women adopted by non-relatives at an early age. Cloninger, et al. (1985) found that both male and female adoptees had a greater risk of alcohol abuse if their biologic, but not adoptive, parents were alcoholic. The project, known as The Stockholm Adoption Study, distinguished two types of alcoholism that have distinct genetic and environmental causes and that differ in frequency of alcohol abuse and somatoform disorders in women. The results suggest that a combination of genetic and environmental risk factors may be required for development of the most common type of alcoholism. In contrast, with regard to the less common type

of susceptibility, alcohol abuse may be highly heritable in men, whereas women may manifest multiple somatic complaints and not abuse alcohol.

Biochemical Studies

An exciting new area in alcoholism studies that has gained much professional as well as public interest of late is that of medical research. Most recently, medical research teams have been attempting to identify biological markers for alcoholism through biochemical studies.

One research team has found that alcoholics and some young children of alcoholics often exhibit brain wave patterns and memory deficits which are different from those of young children of non-alcoholic parentage. This has been found to exist even in those cases in which the offspring may never have been exposed to alcohol (Franks, 1986). It is hoped that future studies may determine whether certain deficient brain waves may be used as a biological marker to identify one type of alcoholic (Franks, 1986).

Similarly, Gabrielli, Mednick & Volavka (1982) compared 13-year-old sons of alcoholic fathers with a matched control group of sons of non-alcoholic fathers. The findings showed that sons of alcoholic fathers had an excess of fast EEG activity (Woodside, 1983).

A controversial area of neurochemical research are experiments which have linked alcohol with the opiate system

in the central nervous system. Some animal experiments have suggested that alcohol is metabolized into opiate-like compounds, tetrahydroisoquinolines (TIQ's), which act on the same nerve receptors as do morphine and endorphins, the body's naturally produced opiates. The theory is that chronic heavy consumption of alcohol tricks the body into shutting down the natural production of endorphins because its TIQ metabolites mimic the action of opiates. When the effects of the alcohol wear off and the individual no longer experiences the "high", the endorphin levels have still not returned to their normal level. Thus, the individual does not immediately regain even a normal feeling of well-being for some time (Franks, 1986). Franks (1986) reports that Blum has bred mice through several generations to love alcohol though not yet exposed to it. These animals also show low endorphin levels. According to Franks (1986), Blum believes that alcoholics are born with such a deficiency. Environmental stress has also been shown to lower endorphin levels in rats and encourage them to drink. Blum's work has been replicated in humans in Italy and Sweden (Franks, 1986).

Franks (1986) has also reported on another hypothesis which involves the reinforcing qualities of alcohol in the reward system of the brain. Some alcoholics, particularly episodic drinkers who drink large amounts of alcohol in one sitting, talk of a rush of intense euphoria, of sudden cosmic understanding, of sensations of power, brilliance and absolutism. Experiments conducted on animals indicate that

some alcoholics may have a metabolic anomaly which causes alcohol to stimulate pleasure more than in normal people, thereby creating a dependency (Franks, 1986).

These studies suggest that there may be a biologic factor operative in the etiology of alcoholism. Clearly, further research is needed to determine the extent to which biologic factors may be predeterminants of specific abnormalities of offspring of alcoholics. The findings of genetic researchers suggest that certain individuals inherit a predisposition toward becoming alcoholic. Since, however, many children of alcoholics do not become alcoholic, further research should aim to identify those environmental factors that interact with innately determined vulnerabilities to influence the expression of such tendencies.

Environment

In this section, I will review the role of nurture in the transmission of parental alcoholism to offspring focussing on theories of personality development and the role of parents in shaping the psychological development of offspring, specifically, intrapsychic factors in development.

Cultural Factors

Clearly, culture and availability of alcohol play a role in any drinking behavior. One simply cannot drink alcohol

unless one is exposed to alcohol. Culture must allow for the individual's coming into contact with sufficient quantity of alcohol for a sufficient duration of time in order for the individual to develop alcoholism. American culture is pervaded by commercial advertising which has a vested interest in enticing individuals to drink alcohol. It is socially acceptable in our culture to medicate oneself with alcohol. Until recently, there were few, if any, warnings to the American public on the detrimental effects of alcohol and alcoholism. Very recently, in many states we have witnessed shifts in public policy on such issues as legal drinking age and, driving while intoxicated. As a result of political pressure from angry groups of people who may have lost their loved ones to drunken drivers, there has been an effort to increase public awareness in regards to driving while intoxicated. In addition, we now have warnings posted in all drinking establishments informing pregnant women that alcohol may damage their unborn child's life. Aside from these two drastic examples of the detrimental effects of alcohol and alcoholism, accidental deaths due to automobile accidents and Fetal Alcohol Syndrome causing birth defects, there are still few warnings to people to limit their alcohol intake. Some states have stepped up funding for public education on prevention and treatment of alcoholism.

Psychosocial Factors

Social and economic factors per se, do not appear to be among the most relevant factors influencing adjustment of children of alcoholics. Swedish researchers, Nylander & Rydelius (1982) in a 20 year longitudinal research project compared children of alcoholic fathers from excellent versus poor conditions. In one of their studies, they compared 85 children of alcoholic fathers from the highest social class with 100 children of alcoholic fathers from the lowest social class. They found that the former group was just as likely as the latter to develop social maladjustment problems, including abuse of alcohol and drugs. Next the researchers compared the groups for differences in how each managed their lives. No differences were found between the groups in rates of financial troubles, juvenile delinquency, criminality and addiction were no different between groups. The researchers argue that not only does alcoholism cut across all social classes but that it's effects do not seem to be mediated by economic solvency or high social status.

The results of this study are surprising since they seem to contradict common sense knowledge about the effects of economic deprivation upon children. Further research on this matter is indicated, particularly to see whether these findings can be replicated in the United States which has a different economic system than Sweden. In addition, the Swedish researchers limited their sample to children who

had experienced paternal alcoholism. A study of the effects of maternal alcoholism or a combination of maternal and paternal alcoholism might yield quite different findings than the above. Until these issues are addressed in further research, it is unlikely that social class will not be considered a relevant variable in assessing the effects of parental alcoholism upon offspring. Considered more relevant by many researchers are individual psychological differences which interact with social forces.

A Five Year Comprehensive Plan for Alcoholism Services in New York State 1984- 1989 (Shear, 1986) points to the fact that individual psychological differences may cause some people to consume more or less than the patterns encouraged by their social environment. Psychological differences may affect how individuals respond to influences within the culture that address alcohol use patterns. As a result of these influences a person may be more likely to adopt and maintain a pattern sufficient to cause addiction.

Family Factors

Family systems theory provides a promising theoretical framework for evaluating and understanding the impact of parental alcoholism on children. According to some theorists, alcoholism is an illness which effects the entire family (Ackerman, 1984; Black, 1982; Steinglass, Wainer & Mendelson, 1971; Wegscheider, 1981; Waititz, 1983). Other theorists

view alcoholism as a symptom of underlying family pathology rather than as a primary disease entity in itself (Bowen, 1974). Whichever perspective one subscribes to on this issue, numerous clinical and empirical studies have confirmed the damaging impacts of parental alcoholism on the children in the family.

Bowen (1974) takes the position that the symptom of excessive drinking occurs when family anxiety is high. The appearance of the drinking behavior results in even higher anxiety in those dependent on the one who drinks. The higher the anxiety, the more rigid and stereotyped become the reactions of family members to the alcoholic's drinking. In their efforts to decrease their own overt anxiety, they become more and more critical of the person who drinks. As family members redouble efforts to make the drinker stop drinking, the drinker responds by drinking even more. As anxiety increases all concerned become less and less able to perceive alternative solutions. The circular process of drinking to relieve anxiety and increased family anxiety in response to drinking can spiral into a functional collapse or the process can become a chronic pattern.

The Systems Model of Alcoholism (Steinglass, Wainer, & Mendelson, 1971) attempts to describe the relationship between a chronic disease process and the family system. The Systems Model of Alcoholism attempted to resolve the controversial issue of whether family factors consistently associated with a specific disease process contribute

etiologically to the onset and maintenance of the disease or whether they are the result of the common source of stress placed on families by the disease. First, Steinglass, et al. (1971) attempt to distinguish between those families in which abusive drinking serves the function of a signal or sign of stress within the family system and those families in which alcohol serves a significant role in systems maintenance. Second, they proposed that, if a family system remained structurally and economically intact in the face of abusive drinking behavior, it by definition had reached a dynamic state, and it could be assumed a priori that drinking behavior and the family's interactional behavior were structurally and functionally interrelated. Third, they propose that alcohol abuse, because of its profound behavioral, cultural, societal, and physical consequences, might assume such a central position in the life of some families as to become an organizing principle for interactional life within these families. Such families warranted the term "alcoholic system" (Steinglass, 1978). As it became clear that drinking behavior played a specific role in maintaining the homeostasis of a family, it became equally evident that children in such families had to adapt to the alcoholic behavior in order to maintain equilibrium within the family.

Ellwood (1980) looked at the effects of alcoholism as a family illness on child behavior and development. The study compared 260 "alcoholic parents" (alcoholics and spouses) in

therapy and 135 non-alcoholic parents (controls) on responses to a 40 item questionnaire which tapped the following areas: their own rearing experiences including parental relationship, self-image, available help; substance abuse by their parents or other family members and early drinking experiences; perception of their children and factors affecting perinatal bonding; and family crisis events. The responses of alcoholics and their spouses were found to be statistically similar. The study concluded that alcoholism is a family illness from which all members suffer in similar ways (Ellwood, 1980).

The consequences for the child who has to adapt to an alcoholic family system are written about extensively by various clinicians (Wegscheider-Cruse, 1981, 1985; Black, 1982) but there is little empirical research data to justify or disprove their observations. However, clinical, anecdotal evidence exists which suggests that COA's characteristically take on roles that become inflexible and thus, distortions occur in their natural developmental processes.

Wegscheider (1981) for instance, describes five roles commonly adopted by all family members in their efforts to adapt to a dysfunctional family system. She has labeled these as follows: The Enabler, The Hero, The Scapegoat, The Lost Child, and The Mascot. An individual may play more than one role, but someone always plays each of these, and all play roles. Who plays what role appears to be less dependent on personality traits than on birth order. Wegscheider (1981)

notes that these roles may be observed in all troubled families as well as in healthy families under stress. For the alcoholic family, however, these roles become fixed behavior patterns (Wegscheider, 1981).

Wegscheider's descriptions, at the risk of seeming caricaturized, are actually quite clear and illustrative of the ways in which she has observed these roles to be played out in her work with alcoholic families. The Enabler is played by almost everyone who is in any relationship with The Dependent (the alcoholic). Friends and family make excuses for The Dependent. They lie in order to protect the alcoholic from the consequences of his or her own actions. Although their intentions may be honorable, the result of their behavior is to prolong the difficulties being experienced.

Wegscheider (1981) describes the playing out of roles as follows: If the husband is the Dependent, the wife is usually the Chief Enabler. The situation is reversed where the wife is the Dependent. Where the Dependent is an adolescent, parents can be enablers. Most of the time, enablers are unable to perceive alternative solutions. They act as if they had no choice but to continue already failed attempts to change the Dependent's behavior. The spouse appears to be doing his or her best to discourage the Dependent's drinking. A wife may try different tactics from pleading to cutting off her dependent husband's supply. Often, she becomes "super-responsible", handling on her own what should be shared work. She, thereby, unwittingly allows her husband to continue

drinking since she prevents the situation from reaching a crisis which could be the family's chance for change.

According to Wegscheider (1981), the children are quick to fall into their respective roles once alcoholism has begun. The oldest child usually takes on the role of the Hero. To the untrained eye, this child seem to be very well adjusted. However, Wogschoider suggests that this is an illusory good adjustment. This child is able to maintain an exemplary facade. He or she is able to maintain an exemplary facade to hide tremendous distress. Socially, this child is often very successful. It is precisely because they are so socially successful that heroo's are less likely to receive treatment than other family members.

The Hero is in a unique position. Being the first born, this child usually receives more parental time and attention than his or her siblings. The caring and concerned nature of the maternal and paternal attention in the early years of this child's life is thought to provide the foundation for a sense of self-worth which makes it possible for the Hero, in his later years, to achieve so much. On the other hand, the Hero is also subjected to the most stress. The Hero dedicates his life to the impossible dream that he or she can correct everything that is wrong with the family and ameliorate everyone's suffering. Many heroes become psychologists, social workers, doctors or nurses.

The second child to enter the alcoholic family triangle is the Scapegoat. No matter how good this child is,

Wegscheider writes, he or she cannot compete with the Hero since the Hero is already the special child and has the parent's approval under wraps. The Scapegoat responds to the situation with withdrawal. A young child may hide whereas an older child may run away from home. Even if the child does not physically leave, he or she may withdraw emotionally from the family. This child is likely to turn to alcohol or drugs or to act out in other self-injurious ways. Because this child has difficulty expressing emotions, there is a greater tendency to act them out instead. The combination of chronic low self-worth and self-destructive tendencies in this child puts him at a high risk for a suicide attempt.

The Lost Child, like the Scapegoat, adapts by staying out of the way. The child makes few demands and tends to stay alone. More comfortable in retreat to fantasy, the child may choose imaginary friends over real ones. When older, this child is also at a high risk for substance abuse.

The Mascot is most often the youngest child and may be infantilized. This child's experience of the alcoholic family is that of sensing something is wrong but he is not allowed to know the secrets. The child may feel frightened but not know why. There is a tendency for family members to pamper and overprotect this child. In their efforts to shelter the child from life's harsh realities, they inadvertently worsen the child's anxiety. Intuitively, the child senses danger but is too young to make sense of it. The anxiety that builds in the child is expressed through the Mascot role, that of the

comedian, the life of the party, the class clown. The child commands people's attention through his or her role as a distraction and is able to hide fear (Wegscheider, 1981).

Black (1982) has applied Adler's birth order and family systems theory to identify specific role patterns commonly adopted by children raised in alcoholic households (Scavnicky-Myant, 1984). Black's typology has the eldest or first born child identified as the "responsible" one. This parallels Wegscheider's "Hero". This child has been referred to by others as "parentified" (Boszmoreny-Nagi, 1987) and "hypermature" (Ackerman, 1984). Winnicott's "false self" although a term encompassing many who have adopted inflexible role behaviors, certainly applies to many "responsible" ones, children often organize and run entire households, taking care of younger siblings.

A poignant example of this type of parent-child interaction can be found in Neil Simon's film, Only When I Laugh. The story is a realistic portrayal of an alcoholic mother and her teenage daughter in just such a relationship. The teenager hides her emotions and appears to manage her life so well that at one point in the film the mother breaks down in tears and cries out to her daughter, "When I grow up I want to be just like you!" Here, as is not infrequently the case, the "parentified" child is rewarded, even idealized for their "mature" behavior.

Black (1982) also describes the "adjustor" who follows directions easily and is so flexible as to be chameleonlike

in social situations and the "placater" whose primary goal is to smooth over conflicts. Black notes that the majority of COA's are socially adept so that their problems may go unrecognized until they reach adulthood. At this point many find that the coping mechanisms that have enabled them to survive as children have a strangulating effect on their living fully as adults. In particular, they have tremendous difficulty identifying and expressing feelings and relating to others emotionally.

Although Wegscheider and Black present competing typologies, overall their ideas and conclusions are not dissimilar. Scavnicky-Myant (1984) has reviewed non-empirical research findings and suggests that the work of Black and Wegscheider answer a demand of some researchers (particularly those noted earlier in this study) for the study of seemingly "invulnerable" children. Her point is that both of these typologies describe the majority of COA's as creating an illusion of "invulnerability."

This point speaks directly to the purpose of the present study which is to identify more clearly the characteristics of this segment of the ACOA population and to compare and contrast them with others within the same population. Here it becomes necessary to reiterate a statement made earlier in this study that what is needed is a clearer definition of "invulnerability". Surely, no human being is truly invulnerable. Thus, in a sense Scavnicky-Myant's point referred to above would seem to obscure itself. However,

given the ways in which these terms have been utilized within the COA literature, the same point is instead, well received. For purposes of this study, the "non-alcoholic" ACOA's may be considered "invulnerables" in that they have not manifested alcoholism.

In summary, the literature on the nature vs. nurture controversy in the etiology of alcoholism reflects the unresolved state of the field. Genetic studies have indicated that hereditary factors play an important role in the transmission of parental alcoholism to offspring. Environmental studies demonstrate the impact of environmental stressors within the family as well as those of the larger society upon the etiology of alcoholism in offspring of alcoholics.

The purpose of the present study is to narrow down the focus within the wide context of social transmission to those variables which this researcher and others (Scavnicky-Mylant, 1984; Wilson & Orford, 1978) consider most relevant to evaluating the effects of parental alcoholism on subsequent generations. Studying the processes of reciprocal interaction between alcoholic parents and their offspring will yield the most significant data possible to aid our understanding of the effects of parental alcoholism upon offspring. The child's perception and subjective experience of his/her interaction with their parent is viewed as crucial to his/her subsequent adjustment/ maladjustment to life. It is suspected that there may be certain aspects of experience

which when present serve as mediating variables to override the effects of trauma such as parental alcoholism. The following section presents the literature which focuses on the implications of parental alcoholism for child development.

The Effect of Parental Alcoholism on Offspring Development

Children raised in alcoholic families are often subject as well to physical and sexual abuse, including incest. These traumatic experiences may interact with the experience of having an alcoholic parent. Because of this, it is difficult for researchers to identify effects specific to the child whose parent's functioning is impaired by alcoholism alone. Some of this literature is therefore relevant to the proposed study and is reviewed briefly below.

The National Association for Children of Alcoholics (1983) estimates that in up to 90 percent of child abuse cases, alcohol is a significant factor. On the other hand, Orme and Rimmer (1981) found no empirical data to support an association between alcoholism and child abuse. Hindman (1977) suggests that abused and neglected children manifest self-destructive thoughts, anxiety, and impaired self-concepts which may be expected to be reflected in self-destructive actions such as alcoholism and drug abuse. The debate continues in the literature.

There is no doubt that many children growing up in both alcoholic and non-alcoholic homes are exposed to a number of variables that may have potentially negative effects upon their development. Psychosocial pathology to one degree or another has become so endemic to life as the majority of children experience it that it no longer makes sense to speak of these things as isolated pockets of social pathology. Instead of asking what are the impacts of parental alcoholism and other forms of psychosocial pathology on children, the more interesting question has become why are the effects of the above different from one child to another? This study seeks to find answers to this question.

In order to fully understand what the child of an alcoholic experiences that may be different from what another child growing up in home without parental alcoholism experiences, it is necessary to shift from an adultomorphic view of the situation to a more child-centered perspective. This entails an examination of developmental needs of children and a focus on how these may or may not be met when the child is a child of an alcoholic parent. This shift in perspective is conspicuously lacking in the specialized literature on adult children of alcoholics. The exception to this is the work of Ackerman (1984) whose work has been referred to in Chapter I of this study and will be reviewed in greater detail below.

Adopting Erickson's notion of development as a series of hierarchical stages through which each individual must

proceed, Ackerman has identified 7 variables which he considers crucial to understanding why adult children of alcoholics are affected differently by parental alcoholism.

These seven variables are:

1. The degree or severity of parental alcoholism will greatly influence the ability of the parents to function in a proper manner.
2. The ways in which alcohol affected the parent/s personality and the types of behaviors engaged in while drinking or while drunk.
3. How the individual perceived having grown up in an alcoholic home and how the individual presently perceives that has affected them.
4. How old the individual was when the parents began drinking and the individual experienced the impact.
The longer an individual is exposed to parental alcoholism, the higher the probability of negative effects.
5. Gender of alcoholic parent and how that interacts with gender of individual child/ adult affected.
6. Prevalence of "offsetting factors" such as significant others who provided care or treatment programs intervening.
7. Cultural factors in terms of what it means to be of a particular race, ethnic group or culture and have a parent or parents who are alcoholic.

Aside from Ackerman, whose work comes close to this, notably absent from the literature on adult children of alcoholics is the fact that it not the impact of any

particular trauma, per se, that effects a child's development. Perhaps the most important element for emotional development, is the way the child comes to integrate such as an aspect of his or her experience. Of these seven variables, Ackerman considers the most critical to be that of perception (number 3 above). How one perceives a situation determines to a large extent how one attempts to act in relation to it. Of course, personality style will also to a large extent influence what an individual does or does not do in a particular situation. One aim of the present study is to lend support for Ackerman's clinical observations by providing empirical evidence for the critical nature of personality, perception and coping styles of ACOA's on their subsequent adjustment to life.

Over the past decade, there has been data generated by infancy and early childhood researchers who explore the relationship between parent-child interaction and the origins of competence. These researchers (Sroufe, 1978; Waters, Matas & Sroufe, 1978) have provided dramatically convincing evidence that the quality of the interaction between the child and the child's primary caregiver (usually the mother) directly effects the child's emerging personality. The emphasis is on the interaction between parent and child with the recognition that both parent and child contribute to that interaction. This literature is directly relevant to the present study and is reviewed below.

Sroufe (1978) studied the effectiveness of the

attachment between the infant and his or her primary caregiver. Attachment was defined by Sroufe as the special intimacy and closeness that develop toward the end of the first year between the infant and his caregiver. By studying the way infants used the relationship with their mothers to support their exploration and play, Sroufe and his colleagues were able to capture the quality of their adaptation. These researchers found that the quality of attachment in mother-infant pairs either supported or retarded the latter's development of healthy independence and personal competence.

Waters, Matas and Sroufe (1978) demonstrated that the quality of an infant's attachment could predict the nature of his or her emerging personality. First, the researchers used a sample of 108 infants and demonstrated that the quality of attachment remained the same at 18 months as it had at 12 months. The researchers reasoned that if Ainsworth's (1978) measures of attachment were capturing something essential about the emerging personality of the child, then the differences in the quality of attachment should have clear consequences for autonomous functioning in the next developmental period. Next, the researcher's assessed the quality of the baby's adaptations at two years old by placing them in situations in which each toddler had to solve increasingly difficult problems. The researchers were interested in three aspects of competence: (1) emotional dimensions such as enthusiasm, positive feelings, and the ability to face challenges without becoming frustrated;

(2) motivation, reflected by the time spent away from the task (the inverse of persistence); and (3) the ability to use maternal assistance effectively, as shown by the child's compliance or attempted compliance, or by his ignoring suggestions, saying "no", acting aggressively, or throwing tantrums. The researchers also assessed the quality of the mother's assistance (the timing, pacing and clarity of her hints) and her degree of support (whether she encouraged, attended to, or was otherwise available to the child). Findings showed conclusively a strong positive correlation between the quality of a baby's attachment at 18 months and his adaptive functioning at two years. In addition, the researchers were able to conclude that the infant's attachment reflects the history of his interaction with his mother; and it is reasonable to expect that the caregiver of a securely- attached infant will be similarly responsive in the child's second year. In assessing infant behavior, the researchers point out, they had apparently assessed the quality of the mother- child relationship.

These infancy and early childhood researchers have found that the most crucial variable in a child's life influencing a developing sense of competence, or sense of self as a goal directed, purposeful being, is the mother's (or, primary caretaker's) sensitivity to their particular child's needs. Research has shown that babies vary in temperament, mood, and activity level from birth (Thomas, Chess, & Birch; 1968). As any mother of more than one child will attest, what

soothes one child may distress another and vice versa. The studies point to the importance of the particular interaction sequence between individual mother-child pairs in determining the direction of a child's emerging personality organization. In other words, an adequate mother is one who responds to her particular child's needs appropriately, that is, she takes her mothering cues from the child, not from her own needs. She protects her child against undue intrusion and over-stimulation, at the same time, fulfilling the child's innate need for a stimulating interaction with the environment when he or she can use it. Thus, normal or adaptation promoting parent-child interaction may be described as a reciprocal process in which the parent's attunedness to the particular child's needs is of primary importance in influencing the emerging personality, perceptions, and coping styles of the child.

Now that we have some conceptual framework in which to view normal parent-child interaction, it becomes easier to see how alcoholism in the parent might affect, indeed disrupt, the interactions between parent and child so crucial for the child's emerging personality.

Alcohol is a depressant drug which deleteriously effects the central nervous system. Although alcohol effects different people differently, increasing sociability of some while causing others to become belligerent and anti-social, one of it's effects appears to be universal, namely, the impairment of judgement and perception, especially dulling

perception to external cues. Thus, one likely effect of parental alcoholism on the parent-child interaction is the parent's reduced ability to sensitively respond to their child's cues.

As Ackerman (1984) has discussed, a number of variables such as duration of parental alcoholism, which parent is alcoholic, availability of substitute caregivers, etc. will likely have mitigating effects upon the extent of deprivation of consistent, adequate parental care the particular child of an alcoholic will have experienced.

CHAPTER III

METHOD

Target and Accessible Populations

The target population for the study was that of adult children of alcoholics (ACOA's). Subjects were screened with the CAST (Jones, 1982), an instrument used to identify children of alcoholics, described below.

Subjects were recruited from a number of sources in the community which serve the population of children of alcoholics. This means that the subjects already identify themselves and/ or their parents as having been affected by alcoholism and have sought treatment on this basis either through self-help groups such as Al-Anon and ACOA and /or through state or private agencies geared to the treatment of alcoholism and /or what has come to be called ACOA or co-dependency issues. It is recognized as a limitation of the study that the results may not be generalizable to the ACOA population at large due to the use of a specialized population: those who have consciously identified themselves as ACOA's and have in some way affiliated themselves with alcoholism treatment agencies.

In addition, a reference group characterized by the fact that the basis for recruiting them had nothing to do with the alcoholism service/ delivery system was utilized as a basis

for comparison. These persons were randomly selected.

The total sample population of adult children of alcoholics consists of two groups. One group is alcoholic. The other group is non-alcoholic. This was expected to occur naturally due to the high incidence of alcoholism among this population.

Sampling Procedures

The sample of adult children of alcoholics consists of persons between the ages of 21 and 62. An advertisement which requested volunteers was sent to each of these facilities with the request that it be posted where ACOA's could view it.

The alcoholic and non-alcoholic status of participants was determined with the use of a standard instrument used to discriminate alcoholics from non-alcoholics, the Revised Michigan Alcoholic Screening Test (to be described in detail below).

Instruments

The instruments employed were: (1) the Children of Alcoholics Screening Test (Jones, 1982); (2) the Michigan Alcoholism Screening Test (Solzer, 1971); (3) a self-report background and demographic data form developed for this study; (4) the Assessment of Qualitative and Structural

Dimensions of Object Representation (Blatt, Chevron, Quinlan, & Wein, 1981); (5) the Depressive Experiences Questionnaire (Blatt, D'Afflitti, & Quinlan, 1979). A description of each instrument follows:

The Children of Alcoholics Screening Test

The Children of Alcoholics Screening Test (CAST) is a 30 item true- false test developed by Jones (1982) specifically to identify latency age, adolescent, and adult children of alcoholics. The instrument focuses on the respondents' feelings, attitudes, perceptions, and experiences related to parental drinking behaviors and their sequelae (Pilat & Jones, 1984, 1985).

The authors of The Children of Alcoholics Screening Test indicate that the test measures the following: a) emotional distress associated with a parent's alcohol use/misuse; b) perception of drinking-related marital discord between their parents; c) attempts to control a parent's drinking; d) efforts to escape from alcoholism; e) exposure to drinking-related family violence; f) tendencies to perceive their parents as being alcoholic; and g) desire for help (Pilat & Jones, 1984,1985).

The following validity and reliability data have been reported for the instrument. 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 children in a control group. Using Chi-square analyses, it was found that all CAST items significantly discriminated children of alcoholics from control group children (Pilat & Jones, 1984,1985).

The authors found that the two groups of children of alcoholics (i.e. those clinically diagnosed and those who were self-reported) did not significantly differ in their total CAST scores. Because these two groups did not significantly differ in their total CAST scores, the authors combined the two groups to form an overall children of alcoholics group. The group scores were correlated with the total CAST scores and yielded a validity coefficient of .78 ($p < = .0001$) (Pilat & Jones, 1984,1985).

The authors report that a cutoff score of six or more reliably identified 100 percent of both the clinically diagnosed children of alcoholics and the self-reported children of alcoholics (Pilat & Jones, 1984,1985).

The results of a study involving the use of the CAST with adults (Pilat & Jones, 1984, 1985) reports similarly encouraging findings with regard to the instrument's validity. When the CAST was administered to 81 adults, five of whom reported that one or both of their parents received treatment for alcoholism, these five scored significantly higher on the CAST ($M = 12.8$, $SD = 9.7$) compared to the other 76 subjects ($M = 4.4$, $SD = 7.2$) $t(79) = 2.5$, $p < .01$ (Pilat & Jones, 1984,1985).

A Spearman- Brown split-half (odd vs. even) reliability

coefficient of .98 was obtained in both studies (Jones, 1981 a, Jones 1981 b, Jones, 1982 b) (Pilat & Jones, 1984,1985).

Since it's standardization, the CAST has become a widely used instrument for the purpose of screening children as well as adult children of alcoholics from offspring of non-alcoholic parentage.

For the purposes of this study the CAST was used as a screening instrument to provide a measure, in addition to self-report, of assessing each individual's ACOA status thereby making certain that each individual fit the criteria for inclusion in the study.

For a copy of the instrument, see Appendix B.

The Michigan Alcoholism Screening Test

The Michigan Alcoholism Screening Test is a 24-item true- false test developed by Selzer (1971) specifically to provide a consistent, quantifiable method of identifying alcoholics. The MAST is a widely used clinical tool for assessing whether an individual's drinking behavior may be called alcoholic, is suggestive of alcoholism or is not alcoholic. There are several versions of the MAST in use by clinicians and researchers today including, the original MAST (Selzer, 1968), the revised MAST (Selzer, 1971), and the SMAST; a briefer version of of the revised MAST (Selzer, Vinokur, & van Rooijen, 1975). The revised form of the MAST was employed in the present study because of it's

demonstrable reliability and validity. Selzer's original MAST reliability and validity studies will be presented followed by a description of the revisions made by Selzer to improve the instrument's discriminative ability.

The MAST was first used in a sample of 118 white, male, hospitalized alcoholics and on 104 University of Michigan employees presumed to be non-alcoholic. A more extensive study followed in which the MAST was administered to five groups: hospitalized alcoholics, a control group, persons convicted of drunk driving, persons convicted of drunk and disorderly behavior, and drivers whose licenses were under review. The validity of the MAST was assessed by searching the records of legal, social, and medical agencies and reviewing the subjects' driving and criminal records. Selzer, also, obtained information from other sources for independent validation of subjects' drinking behavior. All information obtained attested to the validity of the MAST.

Selzer, et al. (1975) present a summary of the reliability and validity of the revised MAST. These researchers report excellent internal consistency as determined by coefficient alpha (.95 for the sample), which provides an upper estimate of the stability of the test score with repeated administrations. A validity coefficient of $r = .79$ ($\gamma = .95$), indicated that the alcoholics scored higher than the others in their sample.

The revisions made from the original MAST to the revised MAST consisted of slight modifications of the wording of

several questions and the elimination of one question (Selzer, et al., 1975).

For the purpose of this study the MAST was utilized as an additional measure to verify the alcoholic status of the subjects. The instrument was utilized in its revised form because of its slightly improved accuracy (over the original MAST) in identifying alcoholics.

For a copy of the instrument, see Appendix C.

Background and Demographic Data Form

The background and demographic data form was designed by the researcher to obtain data on factors believed to interact with the effects of parental alcoholism on psychological development of offspring. Several variables are thought to influence the development of a child of an alcoholic, notably, the age of the child when the parent(s) began drinking, the age of the child when the parent(s) drinking was experienced as a disruptive force, whether one or both parents are alcoholic and which parent is alcoholic, whether or not another person was available to the child to provide substitute care, the types of behaviors the child perceived the alcoholic parent or parents as having engaged in while drunk, are all important factors to be considered in understanding how ACOA's are affected differently by parental alcoholism.

This form provided a structured way to collect

information concerning significant background forces in the family experiences of the subjects.

The background and demographic data form is presented in Appendix D.

The Assessment of Qualitative and Structural Dimensions of Object Representations

The Assessment of Qualitative and Structural Dimensions of Object Representations is an instrument developed by Blatt (1976) to assess the cognitive-affective schemata of object and self representations, which, according to Blatt & Lerner, refer to the "conscious and unconscious mental schemata (including cognitive, affective, and experiential components) of objects encountered in reality" (Blatt & Lerner, 1983 p.192). Blatt & Lerner (1983) have based their scale on psychoanalytic research and theory which has shown how early experience with others leads to individual differences in intrapsychic structure. These are expressed by the individual in spontaneous descriptions and when assessed can be understood in terms of their specific nature and quality. (Blatt & Lerner, 1983).

The scale employed in the present study was developed by Blatt, Chevron, Quinlan & Wein (1981).

For the purposes of this study, an important component of The Assessment of Qualitative and Structural Dimensions of Object Representations is the Conceptual Level Scale. The

Conceptual Level Scale provides a measure of self- other differentiation. The developmental level of the organization of concepts of self and other provides a measure of the individual's psychological structures in terms of conscious and unconscious mental schemata.

Procedurally, the instrument is utilized as follows: Subjects are given a blank page of paper with the instructions: "Describe your mother" on one page, followed by a request on the next page to "Describe your father" and then, a request to "Describe Yourself". Five minutes are allowed for each description.

Two graduate students in Psychology were employed as independent judges to blindly rate the descriptions. Utilizing instruction sheets and after training sessions with the researcher, the raters judged the respondent's view of the individual described to determine specific ratings. To establish interrater reliability, the first 15 subjects descriptions were rated by all three raters (the researcher and the two graduate students). Pre- test reliability data was obtained and raters were reinstructed on items of disagreement. The same procedure was utilized in scoring the next 15 subjects descriptions. Once post-test reliability of raters was established, each of the subjects descriptions were then rated by a single individual. Table 1 presents the post-test reliability for each of the items of the test.

The scale provides data for both the cognitive as well

Table 1

Intercorrelation of Alpha Coefficients for Independent Raters
 Ratings of Assessment of Qualitative and Structural
 Dimensions of Object Representation Parental
 and Self Description Items

Item	Alpha Coefficient	
	All	Raters
Affectionate	0.94	
Ambitious	0.97	
Benevolent	0.88	
Cold-Warm	0.96	
Constructive Involvement	0.88	
Intellectual	0.98	
Judgemental	0.88	
Negative-Positive Ideal	0.93	
Nurturant	0.90	
Punitive	0.78	
Successful	0.91	
Weak-Strong	0.87	
Ambivalence	0.92	
Length of Description	1.00	
Conceptual Level	0.96	

as the affective components of self and object representation. Each aspect of the scale is described briefly below.

The qualitative characteristics of the descriptions are rated on a seven-point scale for the degree to which each of the following characteristics are attributed to each of the individuals described: (1) Intellectual (2) Weak-Strong (3) Cold- Warm (4) Successful (5) Benevolent (6) Nurturant (7) Affectionate (8) Evaluative of Others (9) Negative-Positive Ideal (10) Punitive (11) Distant-Involved (12) Ambitious. Also scored are the Degree of Ambivalence toward the individual described and the Verbal Productivity of the subject, measured by the number of words used per description (Blatt, et al.,1981).

The conceptual level category is based upon developmental psychological concepts derived from Piaget, Werner and developmental psychoanalytic theory. Five levels of object representation have been defined. A nine- point scale is used to measure the respondents' descriptions along the following continuum: (1) Sensorimotor-Preoperational (Score 1); (2) Concrete-Perceptual (Score 3); (3) Iconic (Score 5 - 7) a. External Iconic (Score 5) b. Internal Iconic (Score 7); (4) Conceptual Representation (Score 9) (Blatt, et al.,1981).

A copy of the rating format as well as selected pages from the manual (Blatt, et al.,1981) are presented in Appendix E.

Depressive Experiences Questionnaire

The Depressive Experiences Questionnaire is a 100-item questionnaire utilizing a Likert Type Format developed by Blatt, D'Affilitti & Quinlan (1979) to identify the nature of an individual's depression, whether it is of the anaclitic or introjective type.

According to Blatt (1974), anaclitic depression is characterized by feelings of helplessness, weakness, and depletion. There are intense fears of abandonment and desperate struggles to maintain direct physical contact with the need-gratifying object. Introjective depression, in contrast, is characterized by feelings of worthlessness, guilt, and a sense of having failed to live up to expectations and standards. There are intense fears of loss of approval, recognition, and love from the object. In each of these types of depression, there are impairments in object representation and there are struggles to maintain contact with objects (p.107).

The Depressive Experiences Questionnaire was used to determine the nature of the object world especially in regard to the co-dependency status of the ACOA's as described in the introduction to this study. The Depressive Experiences Questionnaire has not been used with adult children of alcoholics before. However, the instrument has been utilized with similar populations, one of which was opiate abusers.

On the Depressive Experiences Questionnaire, opiate abusers were found to manifest introjective type depressions (Blatt, Rounsaville, Eyre & Wilbur, 1984) suggesting that their object representations are harsh and punitive leaving them with a sense of guilt, inadequacy and low self-esteem.

A copy of the instrument is presented in Appendix F.

Procedure

All subjects who responded to the requests for volunteers were given a package consisting of the five instruments described above. A cover letter with a brief self-introduction and instructions accompanied each package. For a copy of the cover letter, see Appendix A. Individual's who agreed to participate in the study were asked to fill out the questionnaires at a time when they were relatively free of distraction. They were, also, asked to return the packages to the researcher by mail in the stamped, self-addressed envelopes enclosed for this purpose.

Statistical Treatment of the Data

In order to test for differences among the groups: alcoholic and non-alcoholic ACOA's, and to obtain measures of how their obtained scores on the instruments utilized in the study relate to scores obtained by a reference group of non-alcoholic, non-ACOA's, a series of T-tests were

carried out. Due to our use of categories instead of exact number of years on certain demographic and background data, a series of Mann Whitney U- Wilcoxon Rank Sum W tests were performed.

CHAPTER IV

RESULTS

The results of the study are presented in this chapter. First, the reader is provided with a description of the obtained sample. Next, the results of the statistical analyses of the data are presented. These findings indicate the differences between alcoholic and non-alcoholic female ACOA's on the intrapsychic features measured utilizing a series of t-test analyses. Additional contrasts are then presented. These include t-test contrasts of alcoholic male ACOA's with alcoholic female ACOA's in addition to t-test contrasts of non-alcoholic female ACOA's with a non-alcoholic, non-ACOA female reference group.

Description of Sample

The population sampled as outlined in Chapter 3 included participants of alcoholism treatment facilities and a class of students preparing for certificates in alcoholism counseling. Respondents were recruited through notices asking for volunteers to participate in the study.

The obtained sample consisted of 64 subjects. It included 13 males and 41 females. The reference group consisted of 10 non-alcoholic, non-ACOA females. Of the 13 males who responded to the study, 12 were alcoholic according

to both their self-report and their scores on the MAST. 2 males obtained a MAST score indicative of alcoholism but denied considering themselves alcoholic. A total of 14 males had responded to the study. One male's scores, however, were eliminated from the statistics because he was the only non-alcoholic male found in the sample.

The females were more evenly distributed between alcoholic and non-alcoholic respondents. Among the females, 17 were non-alcoholic according to both MAST scores and self-report and 20 were alcoholic according to both MAST scores and self report. There were 4 females whose MAST scores indicated possible "problem drinkers". These 4 did not report considering themselves alcoholic. When the scores of these four were analyzed, they were found to be compatible with those of the non-alcoholics. Since they did not fit the criteria for alcoholism we combined them with the non-alcoholic female ACOA group.

The groups were originally intended to match in four areas: males and females, alcoholics and non-alcoholics. As it turned out and, as indicated above, among the male population we were only able to obtain one non-alcoholic. Given the extreme skewing of the male sample, the researcher utilized only the female ACOA's for the primary contrasts. These results will be presented first. Additional contrasts of alcoholic female ACOA's with alcoholic male ACOA's and non-alcoholic female ACOA's with non-alcoholic, non-ACOA females are also presented.

Both male and female respondents ranged in age from 21 to 62 years. Among the females the median age was 36. Table 2 indicates the frequency distribution of respondents' age. The majority of respondents (78%) indicated having had at least some college education and a large percentage (45%) indicated that they were college graduates or had obtained postgraduate degrees. Table 3 indicates the frequency distribution of respondents' level of education. As regards respondents' marital status, a large percentage of the female alcoholic ACOA's reported being divorced or separated (45%) while alcoholic male ACOA's most often (54%) reported never having married. A large percentage of non-alcoholic ACOA females (43%) indicated that they were currently married. Marital status was more evenly distributed among the non-alcoholic, non-ACOA females. Table 4 indicates the frequency distribution of respondents' marital status. With respect to occupation, the majority of ACOA respondents (93%) indicated that they were in the social sciences and mental health fields. This is a commonly noted phenomenon among this population (Wegscheider-Cruse, 1981, Waters, 1987). See also, the Appendices for further demographic information.

The following hypotheses were tested:

Hypothesis 1) ACOA's who are alcoholic, in comparison to ACOA's who are not alcoholic, will have an object world that is harsh and punitive with accompanying self schemata characterized by a greater experience of (a) dependency on

Table 2

Age Difference Between Alcoholic and Non- alcoholic Females

Variable	Alcoholic Female ACOA's n=20		Non- alcoholic Female ACOA's n=17		t-value	p*
	Mean	Standard Deviation	Mean	Standard Deviation		
Age	37.0	8.33	35.0	8.70	-0.76	0.50

*two tailed probability

Table 3

Respondents' Reported Level of Education

Highest Level of Education Completed	Alcoholic	Alcoholic	Non- alcoholic	Non-alcoholic.	Percent
	Male ACOA's	Female ACOA's	Female ACOA's	Non- ACOA Females	
	<u>N</u> =13	<u>N</u> =20	<u>N</u> =21	<u>N</u> =10	
Grade `school	3	1	0	0	6.3
High school	4	2	3	1	15.6
Some college	3	10	6	2	32.8
College graduate	2	4	8	2	25.0
Postgraduate degree	1	3	4	5	20.3
Total	13	20	21	10	100.0

Table 4

Respondents' Reported Marital Status

Marital Status	Alcoholic	Alcoholic	Non- alcoholic	Non-alcoholic,	
	Male ACOA's	Female ACOA's	Female ACOA's	Non- ACOA Females	Percent
	<u>N=13</u>	<u>N=20</u>	<u>N=21</u>	<u>N=10</u>	
Never married	7	5	5	3	31.3
Married	3	5	9	3	31.3
Living with mate	0	1	3	1	7.8
Separated or divorced	2	9	3	3	26.6
Widowed	1	0	1	0	3.1
Total	13	20	21	10	100.0

others, (b) greater self-criticism, and
(c) a poorer sense of their own efficacy.

The results of the study will be described below.

T- test contrasts of alcoholic with non-alcoholic ACOA females were performed on the data obtained with the Depressive Experiences Questionnaire. Hypothesis 1 was partially sustained when alcoholic female ACOA's were compared to non-alcoholic female ACOA's. Table 5 indicates these findings. T- test contrasts of the alcoholic female ACOA's with the non-alcoholic female ACOA's on The Depressive Experiences Questionnaire factor of dependency found a significant difference between the two groups. The non-alcoholic female ACOA's had significantly higher scores on the dependency factor than did the alcoholic female ACOA's. This difference was significant at the .05 level of probability. However, these two groups, alcoholic and non-alcoholic female ACOA's, did not significantly differ in their scores on the two other Depressive Experiences Questionnaire factors: self-criticism and efficacy.

On The Assessment of Qualitative and Structural Dimensions of Object Representation measures of self-affection and self-benevolence non-alcoholic female ACOA's were found to have higher scores than alcoholic female ACOA's indicating increased tendency to regard themselves as affectionate and benevolent. These findings are indicated in Table 6. These differences were found to be significant at the .05 level of probability. However, the part of the

Table 5

Depressive Experiences Questionnaire Factors: Dependency, Self-Criticism and Efficacy Among Alcoholic and Non-alcoholic Female ACDA's: Means, Standard Deviations, and T-Tests

Variable	n=20		n=21		t-Value	p*
	Alcoholic Female ACDA's		Non-alcoholic Female ACDA's			
	Mean	SD	Mean	SD		
Dependency	-0.44	0.93	0.20	0.87	2.32	0.03*
Self-Criticism	0.58	0.79	1.01	1.18	1.33	0.19
Efficacy	-0.27	1.43	0.06	0.96	0.88	0.38

* p < .05, two-tailed probability

hypothesis which indicates that alcoholic ACOA's, in contrast to non-alcoholic ACOA's, will have an object world that is harsh and punitive was not sustained. Overall, the alcoholic female ACOA's and the non-alcoholic female ACOA's were more alike than different on the variables tested. However, ACOA's, both alcoholic and non-alcoholic, were found to differ significantly on these same variables when further t-test contrasts were made with a female non-alcoholic, non-ACOA reference group.

Hypothesis 2) ACOA's who are alcoholic in comparison to ACOA's who are not alcoholic will function on a more concrete, less well developed conceptual level.

Hypothesis 2 was not sustained. As indicated in Table 6, there were no significant differences found on the Assessment of Qualitative and Structural Dimensions of Object Representation's Conceptual Level Scale scores of the two groups contrasted.

As an additional contrast, non-alcoholic female ACOA's were contrasted with a non-alcoholic, non-ACOA female reference group. We were interested in determining whether non-alcoholic female ACOA's differ significantly from non-alcoholic, non-ACOA females in order to examine more closely the impacts of parental alcoholism on offspring and to empirically test some of the anecdotal findings of various authors (Wegscheider-Cruse, 1981; Black, 1982) who have indicated that ACOA's are negatively affected by the

Table 6

The Assessment of Qualitative and Structural Dimensions of Object Representation Individual Test Items for the Variable Self of Alcoholic Female ACCA's and Non-alcoholic Female ACCA's: Mean Ranks, Z-scores, and T-Tests.

Item	n=20	n=21		
	Alcoholic Female ACCA's	Non-Alcoholic Female ACCA's	1	2
	Mean	Mean	Z	p
			u	
Affectionate	17.70	24.14	2.00	0.04*
Ambitious	20.40	21.57	0.33	0.73
Benevolent	17.27	24.55	2.26	0.02*
Cold- Warm	18.95	22.95	1.20	0.22
Constructive Involvement	22.63	19.45	0.87	0.37
Intellectual	22.67	19.40	1.01	0.30
Judgemental	20.00	21.95	1.01	0.31
Negative- Positive Ideal	23.30	18.81	1.22	0.22
Nurturant	19.70	22.24	0.84	0.39
Punitive	20.50	21.48	0.97	0.32
Successful	21.72	20.31	0.39	0.69
Weak- Strong	22.30	19.76	0.70	0.48
Ambivalence	19.27	22.64	0.96	0.33
Length of Description	19.80	22.14	0.63	0.52
Conceptual Level	17.32	24.50	1.94	0.05

* significance of $p < .05$

1

Mann-Whitney U Test, corrected for tied ranks and expressed as normal deviates.

2

two-tailed probability

experience of having grown up in a home in which one or both parents are alcoholic.

When we compared the non- alcoholic female ACQA's with a non- alcoholic, non- ACQA female reference group on The Depressive Experiences Questionnaire factors, the non- alcoholic female ACQA's were found to have significantly higher scores on the factors of dependency and self- criticism. These differences were significant at the .05 level of probability. There were no significant differences between the groups' scores on the efficacy factor. These findings appear in Table 7.

When the non- alcoholic female ACQA's were compared to a non- alcoholic, non- ACQA female reference group on The Assessment of Qualitative and Structural Dimensions of Object Representation factors, the reference group females were found to have significantly higher scores on the factors of Nurturance and Striving when Maternal representations were contrasted. Similarly, while the Nurturance score was higher on Paternal representations than on Maternal representations for the reference group females there were no significant differences on this factor or others between the non- alcoholic female ACQA's and the non- alcoholic, non- ACQA females Paternal representations on Striving. On the combined mother and father variables, Parents, the reference group females had significantly higher scores than did the ACQA females on both Nurturance and Striving. These differences were significant at the .05 level of probability as indicated

Table 7

Depressive Experiences Questionnaire Factors: Dependency, Self-Criticism and Efficacy Among Non-alcoholic Female ACOA's and Non-alcoholic, Non-ACOA Females: Means, Standard Deviations, and T-Tests

Variable	n=21		n=10		t-Value	p
	Non-alcoholic		Non-alcoholic			
	Female		Non-ACOA			
	ACOA's		Females			
	Mean	SD	Mean	SD		
Dependency	0.20	0.87	-1.65	0.83	5.60	0.00**
Self-Criticism	1.00	1.18	-0.88	0.92	4.43	0.00**
Efficacy	0.05	0.96	0.20	0.99	0.09	0.93

1

p < .05, two-tailed probability

** Significance of p < .01

in Table 8. Similarly, on individual items of the scale, the reference group females scored significantly higher on several variables. These scores were significant at the .05 level of probability. Table 9 indicates scores obtained on the variable of Maternal representations. The reference group females obtained higher scores indicating their internal representations of their mothers are significantly more affectionate, warmer, more constructively involved, more positively idealized and less ambivalent than the non-alcoholic female ACOA's. Similarly, as Table 10 indicates, their internal representations of their fathers were found to be significantly more benevolent, more constructively involved, more positively idealized, more successful and less ambivalent than those of the non-alcoholic female ACOA's. Table 11 indicates self-representations which were significantly different at the .05 level of probability on only one item: Positive Ideal was found to be higher in the reference group females as contrasted with the non-alcoholic ACOA females, indicating a greater degree of satisfaction with their own experience of themselves. This finding is not surprising given the low self-esteem commonly attributed to the ACOA population but it does provide some empirical evidence for the same.

We were interested in whether or not alcoholic male ACOA's could be significantly discriminated from alcoholic female ACOA's on the variables measured in this study. To test this, t- test contrasts of alcoholic male ACOA's with

Table 8

The Assessment of Qualitative and Structural Dimensions of Object Representation Factors of Nurturance and Striving for Mother, Father, Self, and Parents of Non-Alcoholic Female ACOA's and Non-Alcoholic, Non-ACOA Females: Means Standard Deviations, and T-Tests

Variable	n=21		n=10		t-value	p
	Mean	SD	Mean	SD		
	Non-Alcoholic Female ACOA's		Non-alcoholic Non-ACOA Females			
Nurturance						
Mother	29.04	7.20	36.80	4.67	-3.10	0.00**
Father	29.57	7.90	37.30	7.74	-2.56	0.01*
Self	34.42	8.03	38.60	5.52	-1.48	0.15
Parents	58.61	8.10	74.10	11.47	-4.34	0.00**
Striving						
Mother	19.19	1.86	17.20	1.31	3.03	0.00**
Father	18.71	2.75	18.50	2.22	0.21	0.83
Self	20.04	1.62	19.00	1.70	1.65	0.11
Parents	37.90	3.06	35.70	1.94	2.07	0.05*

1

two-tailed probability

* Significance of $p < .05$ ** Significance of $p < .01$

Table 9

The Assessment of Qualitative and Structural Dimensions of Object Representation Individual Test Items for the Variable Mother of Non-Alcoholic Female ACOA's and Non-alcoholic, Non-ACOA Females: Mean Ranks, Z-scores, and T-Tests.

Item	Non-Alcoholic Non-alcoholic			
	Female	Non-ACOA		
	ACOA's n=21	Females n=10	1	2
	Mean	Mean	Z	p
Affectionate	13.81	18.95	2.00	0.04*
Ambitious	16.14	15.70	0.18	0.85
Benevolent	14.48	19.20	1.41	0.15
Cold- Warm	12.81	22.70	2.88	0.00**
Constructive Involvement	13.12	22.05	2.65	0.00**
Intellectual	17.29	13.30	1.38	0.16
Judgemental	16.24	15.50	0.41	0.68
Negative- Positive Ideal	12.60	23.15	3.10	0.00**
Nurturant	15.29	17.50	0.66	0.50
Punitive	17.10	13.70	1.26	0.20
Successful	15.14	17.80	0.95	0.34
Weak- Strong	15.19	17.70	0.82	0.41
Ambivalence	19.05	9.60	2.89	0.00**
Length of Description	17.33	13.20	1.20	0.22
Conceptual Level	17.31	13.25	1.18	0.23

1

Mann-Whitney U Test, corrected for tied ranks and expressed as normal deviates.

2

two-tailed probability

* Significance of $p < .05$

** Significance of $p < .01$

Table 10

The Assessment of Qualitative and Structural Dimensions of Object Representation Individual Test Items for the Variable Father of Non-Alcoholic Female ACOA's and Non-alcoholic. Non-ACOA Females: Mean Ranks, Z-scores, and T-Tests.

Item	Non-Alcoholic Non-alcoholic		1	2
	Female ACOA's n=21	Non-ACOA Females n=10		
	Mean	Mean	Z	p
			U	
Affectionate	13.93	20.35	1.88	0.05
Ambitious	15.76	16.50	0.27	0.78
Benevolent	13.86	20.50	2.00	0.04*
Cold- Warm	14.62	18.90	1.28	0.20
Constructive Involvement	13.48	21.30	2.29	0.02*
Intellectual	16.43	15.10	0.49	0.62
Judgemental	15.76	16.50	0.41	0.68
Negative- Positive Ideal	13.12	22.05	2.61	0.00**
Nurturant	15.64	16.75	0.35	0.72
Punitive	15.57	16.90	0.47	0.63
Successful	14.12	19.95	2.08	0.03*
Weak- Strong	14.31	19.55	1.75	0.07
Ambivalence	18.26	11.25	2.20	0.02
Length of Description	17.02	13.85	0.92	0.35
Conceptual Level	15.69	16.65	0.28	0.77

1

Mann-Whitney U Test, corrected for tied ranks and expressed as normal deviates.

2

two-tailed probability

* Significance of $p < .05$

** Significance of $p < .01$

Table 11

The Assessment of Qualitative and Structural Dimensions of Object Representation Individual Test Items for the Variable Self of Non-Alcoholic Female ACDA's and Non-alcoholic, Non-ACDA Females: Mean Ranks, Z-scores, and T-Tests.

Item	Non-Alcoholic Non-alcoholic			
	Female ACDA's n=21	Non-ACDA Females n=10	1	2
	Mean	Mean	Z	p
			u	
Affectionate	15.62	16.80	0.35	0.72
Ambitious	16.12	15.75	0.11	0.90
Benevolent	15.93	16.15	0.06	0.94
Cold- Warm	14.60	18.95	1.32	0.18
Constructive Involvement	14.62	18.90	1.26	0.20
Intellectual	16.21	15.55	0.23	0.81
Judgemental	16.88	14.15	1.22	0.22
Negative- Positive Ideal	13.48	21.30	2.28	0.02*
Nurturant	14.69	18.75	1.28	0.19
Punitive	16.24	15.50	0.69	0.49
Successful	15.24	17.60	0.70	0.47
Weak- Strong	14.38	19.40	1.49	0.13
Ambivalence	17.86	12.10	1.76	0.07
Length of Description	17.33	13.20	1.20	0.23
Conceptual Level	17.14	13.60	1.03	1.30

1

Mann-Whitney U Test, corrected for tied ranks and expressed as normal deviates.

2

two-tailed probability

* Significance of $p < .05$

** Significance of $p < .01$

alcoholic female ACOA's were made. Males were found to score significantly higher on the Depressive Experiences Questionnaire factors of Self-Criticism and Efficacy. These findings appear in Table 12. This finding would appear to suggest that alcoholic male ACOA's as compared with alcoholic female ACOA's tend to manifest a greater experience of introjective type depressive experiences. Therefore, they are more self-critical, harsh and self-punitive rather than experiencing feelings of abandonment or loss of a need-gratifying object. This difference was significant at the .05 level of probability. There were no significant differences between males and females on the Dependency factor.

In contrasting male and female alcoholic ACOA's on The Assessment of Qualitative and Structural Dimensions of Object Representation, there were no significant differences found to exist between the two groups on either of the factors: Nurturance or Striving for any of the variables: Mother, Father, Self or Parents. As Table 13 indicates, on individual items, the females were found to obtain significantly higher scores on items indicating their self-representations were more ambitious, more constructively involved and stronger. These differences were significant at the .05 level of probability.

Table 12

Depressive Experiences Questionnaire Factors: Dependency, Self-Criticism and Efficacy Among Alcoholic Male ACOA's and Alcoholic Female ACOA's: Means, Standard Deviations, and T-Tests.

Variable	Alcoholic Male ACOA's n=13		Alcoholic Female ACOA's n=20		t-Value	1 p			
	X	SD	X	SD					
	Dependency	-0.53	0.87	-0.45			0.09	-0.28	0.78
	Self-Criticism	2.09	0.89	0.58			0.78	5.09	0.00**
Efficacy	1.68	1.00	-0.27	1.43	4.30	0.00**			

1

p two-tailed probability

* Significance of $p < .05$ ** Significance of $p < .01$

Table 13

The Assessment of Qualitative and Structural Dimensions of Object Representation Individual Test Items for the Variable Self of Alcoholic Male ACCOA's and Alcoholic Female ACCOA's: Means, Standard Deviations, and T- Tests.

Item	n=13		n=20		p*
	Alcoholic Male ACCOA's	Alcoholic Female ACCOA's	Mean	Z	
Affectionate	17.46	16.70	0.32	0.74	
Ambitious	12.88	19.67	2.15	0.03*	
Benevolent	16.35	17.42	0.55	0.58	
Cold- Warm	17.65	16.57	0.37	0.70	
Constructive Involvement	12.35	20.02	2.39	0.01*	
Intellectual	14.65	18.52	1.31	0.19	
Judgemental	17.00	17.00	0.0	1.00	
Negative- Positive Ideal	15.15	18.20	0.90	0.36	
Nurturant	16.69	17.20	0.21	0.82	
Punitive	17.00	17.00	0.0	1.00	
Successful	14.35	18.72	1.33	0.18	
Weak- Strong	12.19	20.13	2.40	0.01*	
Ambivalence	15.23	18.15	0.90	0.36	
Length of Description	14.00	18.95	1.48	0.13	
Conceptual Level	15.42	18.02	0.77	0.43	

* two- tailed probability

1

Mann- Whitney U Test, corrected for tied ranks and expressed as normal deviates.

* Significance of $p < .05$

** Significance of $p < .01$

CHAPTER V

DISCUSSION

This study sought to identify differences in the intrapsychic features of alcoholic and non-alcoholic adult children of alcoholics. The purpose of the study was to gain information as to whether or not certain psychological markers for alcoholism could be said to exist and to gain a better understanding of the nature of the adaptation of those ACQA's who, despite their high risk status, do not become alcoholic themselves. Although much of the literature on adult children of alcoholics has focused on the deleterious effects of being raised by one or two alcoholic parents, none of the studies, to date, have focused on within group differences and few have paid attention to intrapsychic aspects or inner processes (Lord, 1982).

The study compared non-alcoholic female ACQA's to alcoholic female ACQA's on several intrapsychic features. Additional comparisons were made between non-alcoholic female ACQA's and a non-alcoholic, non-ACQA female reference group as well as between alcoholic male ACQA's and alcoholic female ACQA's.

In contrasting non-alcoholic female ACQA's with alcoholic female ACQA's, it was expected that they would be found to differ in the types of depressive experiences they manifest. It was expected that alcoholic ACQA's would score

higher on measures of dependency, self-criticism and efficacy in comparison to non-alcoholic ACOA's.

In a previous study utilizing the Depressive Experiences Questionnaire with a population of opiate abusers, Blatt, Rounsaville, Eyre & Wilbur (1984) found that their subjects manifested introjective type depressive experiences. This suggested that their object representations are harsh and punitive leaving them with low self-esteem and a sense of guilt and inadequacy. On the basis of studies such as this one, it was expected that alcoholics might manifest similar intrapsychic features. This expectation was not confirmed. Instead, the non-alcoholic female ACOA's were found to have self-representations that are characterized by a significantly greater experience of dependency on others. They did not differ significantly in their degree of self-criticism or in their sense of their own efficacy.

The study also indicates that non-alcoholic female ACOA's regard themselves as significantly more affectionate and benevolent than do alcoholic female ACOA's. Additionally, the nature of the alcoholic female ACOA's object representational world was not found to be significantly more harsh and punitive than those of non-alcoholic female ACOA's.

Although we did not find the widespread differences in intrapsychic features between the alcoholic and non-alcoholic female ACOA's as we had hypothesized, a large number of intergroup differences were found. The alcoholic status of

our female ACOA respondents did not set them apart from those female ACOA respondents who were not alcoholic on the Depressive Experiences Questionnaire factors to suggest introjective type depressive experiences. Instead, we found that the non-alcoholic female ACOA's scored higher than the alcoholic female ACOA's on the dependency factor suggesting that they manifest anaclitic type depressive experiences. Additionally, intergroup differences were found when we compared the non-alcoholic female ACOA's to a non-alcoholic, non-ACOA female reference group. The non-alcoholic female ACOA's scored significantly higher than the non-alcoholic, non-ACOA females on both factors on the Depressive Experiences Questionnaire, Dependency and Self-Criticism. These findings are discussed later in this chapter.

Blatt (1974) describes anaclitic and introjective depression in the following manner: "Anaclitic depression is characterized by feelings of helplessness, weakness, and depletion. There are intense fears of abandonment and desperate struggles to maintain contact with the need-gratifying object. Introjective depression, in contrast, is characterized by feelings of worthlessness, guilt, and a sense of having failed to live up to expectations and standards. There are intense fears of loss of approval, recognition, and love from the object. In each of these types of depression, there are impairments in object representation and there are struggles to maintain contact with objects." (p.107)

The consistently higher scores on the Dependency and Self-criticism factors suggest that among the ACOA population sampled, depressive experiences of both an anaclitic and an introjective nature are present in large degree as compared with non-ACOA's. The non-alcoholic female ACOA's, however, manifest depression of the anaclitic type.

This finding, that non-alcoholic female ACOA's tend to manifest more anaclitic type depressive experiences than do alcoholic female ACOA's is consistent with and lends empirical support to the work of such researchers as Wegscheider-Cruse (1981, 1985) and Black (1982). In recording their clinical observations of this population, these authors have suggested that non-alcoholic ACOA's suffer from a recognizable and predictable personality syndrome which they have referred to as "co-dependency." Wegscheider-Cruse (1985) has defined co-dependency as, "...a specific condition that is characterized by preoccupation and extreme dependence (emotionally, socially, and sometimes physically), on a person or object. Eventually this dependence on another person becomes a pathological condition that affects the co-dependent in all other relationships. It is a specific set of patterns of relating to others and ways of interpreting experience which often has its beginnings in a person's relationship with an alcoholic parent or other family member." (p.2) These researchers do not differentiate between alcoholic and non-alcoholic ACOA's in terms of their co-dependent behavior patterns but they have been responsible

for the increased focus on the those effects of parental alcoholism which may be less obvious than the effects of intergenerational alcoholism, such as difficulties in interpersonal relationships.

Research within the domain of child development and psychopathology, has focused on the effects of early patterns of interaction as predictive of later adult disorders. It is clear that early patterns of adaptation influence later adaptation but not in a linear manner (Sroufe & Rutter, 1984). For example, avoidance of the caregiver in infancy predicts strong dependency on preschool teachers (Sroufe, Fox & Pancake, 1983). The emotional dynamic responsible for this seemingly paradoxical finding may be similar to that which operates for ACOA's. As stated in Chapter II, alcohol is a depressant drug which deleteriously effects the central nervous system. Although alcohol effects particular individuals differently, increasing sociability of some while causing others to become belligerent, one of it's effects appears to be universal, namely, it impairs judgement and perception, especially dulling perception to external cues. Thus, even under the best of circumstances, the addition of alcohol to the parent-child interaction disrupts the parents sensitivity to their child's cues. Thus, even the most well-intentioned parent, under the influence of alcohol has reduced their their capability to fulfill what has been found to be a crucial element in their child's emotional development. The child of an emotionally unavailable

alcoholic parent may avoid the caregiver as an adaptive and self-protective mechanism to avoid the pain of unmet dependency longings. As an adult, these dependency needs return with great intensity. Further empirical research on young children of alcoholics is needed to ascertain if there is in fact a period of emotional withdrawal which later gives way to the expression of intense dependency in adulthood. Certainly, clinical observations have borne this out. The "parentified" child (Boszmoreny-Nagy, 1987) commonly found in alcoholic families is a good example of the child who manifests few overt dependency needs of his or her own. Instead, these children reverse roles and become the caretakers of the adults.

As stated in Chapter II, Scavnicky- Mylant (1984) has suggested that the "invulnerable" ACOA's referred to in the literature are those ACOA's who are engaged in role behavior as described by the typologies of Wegscheider and Black. Thus, she would argue that truly "invulnerable" ACOA's do not exist but that the role behavior they are seen as manifesting creates an "illusion" of invulnerability. To briefly review, Wegscheider and Black focused on the more or less socially acceptable personality styles that ACOA's adopt in their efforts to adapt to the dysfunctional family system of a household headed by one or two alcoholic parents. Both of these researchers have described relatively stable, enduring personality styles that become characterological straitjackets that squelch the true individuality of the

ACOA. Our study explored the intrapsychic features of these personality styles. Our findings suggest a positive correlation between greater affectionate and benevolent self-images and decreased vulnerability to alcoholism.

The literature on gender differences in depression suggests that, in general, females tend to manifest more anaclitic depression than males and that males tend to manifest more introjective type depressions (Formanek & Gurian, 1987). This was partially borne out by our study which indicates that alcoholic males in comparison with alcoholic females tended to manifest significantly greater depressive experiences of an introjective nature. They were found to view themselves as more self-critical and more efficacious than did the alcoholic female ACOA's. Thus, for alcoholic male ACOA's, depressive experiences appear to be organized to a greater degree than for alcoholic female ACOA's around struggles in maintaining a positive sense of self. Since the males also view themselves as more efficacious, it may be that they experience themselves as better able to maintain a positive self-image at least in the arena of accomplishment, than the females.

It may be that these differences have more to do with differences in male and female development than with the experience of having an alcoholic parent. Males are socialized to value themselves in relation to their achievements while females do so in comparison to their social intimacy (Gilligan, 1982). However, since we did not

find the differences in the degree of anaclitic type depressive experiences between alcoholic male and female ACOA's which the literature suggests is found among the population at large, it raises a question as to whether the experience of having an alcoholic parent leads males to experience a similar type of developmental process which under more ordinary circumstances would be typical of the female. This is an area in need of further research.

Furthermore, in our comparisons of self and parental images of male and female alcoholic ACOA's, we found that females were significantly more ambitious, constructively involved and stronger. This finding is particularly curious in combination with two of our other findings: of greater anaclitic depression among female ACOA's and, greater sense of efficacy among male alcoholic ACOA's. One could speculate that the females may be overcompensating for their intense unmet dependency longings in other areas. This is consistent with research by Wilsnack (1973) which suggests that female alcoholics tend to struggle with sex role and gender identity conflicts and often cling to a traditionally masculine self-image in order to ward off feelings of vulnerability which are associated with being female. This is another area for further research. Additionally, future researchers might assess whether or not these individuals who we found to have self-representations characterized by being ambitious, constructively involved and strong are the "overachievers" written about in the literature.

As reported in the Results chapter, there were no significant intragroup differences found in the conceptual level scores of female alcoholic ACOA's when these were contrasted with female non-alcoholic ACOA's. This finding suggests that neither the alcoholics nor the non-alcoholics are impaired in their ability to differentiate self from other. Thus, we found that having an alcoholic parent per se does not appear to significantly affect this particular aspect of intrapsychic life.

Richards (1979, 1980) noted pervasive use of primitive defense mechanisms such as denial and splitting and immaturity in object relations of ACOA's. She suggested that a study of the levels of object relationship may yield important information about those ACOA's who "make it" as compared with those who do not. This study explored this by studying the level of maturity of the inner representations upon which the level of object relationship is assumed to be based. Since we did not find significant differences between female non-alcoholic ACOA's and alcoholic ACOA's, Richards' idea is not borne out by this part of our study. On the other hand, it may be that the instrument used to measure this factor was not sensitive enough to pick up subtle differences that may in fact exist. However, our study did find, as Richards had suggested, that ACOA's, in comparison to non-ACOA's did have significantly lower levels of maturity of inner representations.

Overall, non-alcoholic and alcoholic female ACOA's were

found to be more alike than different on the following aspects of their intrapsychic worlds: ambitious, cold-warm, constructive involvement, intellectual, judgemental negative-positive ideal, nurturant, punitive, successful, weak-strong, ambivalence, length of description, and conceptual level. The only two aspects which were found to differ significantly between non-alcoholic and alcoholic female ACOA's were benevolence and affection.

Our findings support the contention that some researchers (Waters & Twaite, 1986) have made that ACOA's as a group have certain personality traits in common and that these personality traits are significantly different than those of non-ACOA's. The present study lends further empirical support to this finding by confirming that there are significant differences in the intrapsychic features of ACOA's as compared with a non-ACOA reference group: although non-alcoholic ACOA's tend toward depression of an anaclitic nature, even though they are struggling with issues around loss of a significant nurturing person and ensuing feelings of abandonment, they also appear to have more affectionate and benevolent self images. Given this, it appears that they may possess a greater capacity to soothe themselves under stress and would, therefore, presumably have less need to turn to an external source such as alcohol for alleviation of uncomfortable inner states. An affectionate and benevolent self-image may be said to be a protective factor against alcoholism. Conversely, the relative lack of

affectionate and benevolent self-images may be a psychological marker for alcoholism.

It is also interesting to note that these two characteristics, affectionate and benevolent, are both ratings of other-directedness or how the individual views themselves as acting towards others. The implications of this finding are consistent with recorded clinical observations (Wegscheider-Cruse, 1981, 1985, Black, 1979, Waititz, 1983) which have noted that one of the most common characteristics of co-dependent behavior patterns is an inordinate tendency to do for and care for others often to the exclusion of caring for themselves. ACOA's are often accused of playing "martyr" roles. Whereas alcoholic ACOA's may use alcohol to obliterate their own needs, non-alcoholic ACOA's are more likely to use interpersonal relationships to do the same. In fact, one of the most common and effective treatment modalities for ACOA's, Al-Anon, stresses the idea that it is a "selfish program." The goal of treatment is to change the other-directed and self sacrificing behavior to an ability to recognize and to act upon one's own needs and wishes.

Since we found no significant differences in the parental representations of alcoholic and non-alcoholic ACOA's, this would appear to suggest that parental representations may be less important in predicting alcoholism in offspring of alcoholics than are the self-representations of the children. This finding is one which we had expected and one that supports Ackerman's (1984) clinical

observation that the child's perception was the most critical variable influencing the outcome of being raised by an alcoholic parent. This study's findings suggest that this can be taken a step further by suggesting that it is not just perception but more specifically, perception of self as affectionate and benevolent that makes a critical difference.

With regard to parental representations and consistent with the findings discussed above, our results also indicate that the maternal representations of non-alcoholic, non-ACOA females are characterized by significantly more nurturance and striving than those of non-alcoholic, ACOA females. Similarly, non-alcoholic, non-ACOA females demonstrated paternal representations characterized by significantly more nurturance than those of non-alcoholic, ACOA females. Parental representations (a combined variable of maternal and paternal representations) of the non-alcoholic, non-ACOA females were characterized by significantly more nurturance and striving. These results all support the contention that non-alcoholic, ACOA females differ from non-alcoholic, non-ACOA females in aspects of their intrapsychic experience known to be related to the development of effective coping strategies.

The only inconsistency in the above findings is that there were no significant differences between non-alcoholic, non-ACOA females and non-alcoholic, ACOA females in paternal representations characterized by striving. The reason for this discrepancy may be that even in those

instances in which the father is the alcoholic, his capacity to achieve career or job success may not have been seriously affected by his alcoholism. Thus, this particular finding may be the result of the commonly known fact that for most alcoholics, their work is usually the last area of their lives to be detrimentally impacted by their alcoholism. Alcoholics commonly lose their friends, their families, run into legal difficulties, and suffer physical deterioration before they come to the attention of their work associates as having an alcohol problem. Institutional denial operates to enable the alcoholic to continue in their career paths while they may or may not suffer with the disease in their personal lives. Since our findings so strongly suggest that their offspring suffer from a lack of nurturant paternal representations, this speaks to the paucity of their success in the emotional realm.

The study indicates the finding that non-alcoholic ACQA females have more negative representations of their parents than do non-ACQA females. Thus, given non-alcoholic female ACQA's relative lack of nurturing parental representations as compared with reference group females one may speculate that this may be a key factor influencing their much higher dependency scores. The relative lack of nurturing parental representations may also be related to or may even be the reason for their greater experience of anaclitic type depressive experiences and their co-dependent behavior. Anaclitic depression may be viewed as the inner state which

finds it's behavioral expression in "co-dependent" behavior patterns. Lacking nurturant parental representations, ACOA's seek out substitute persons who hold some promise of nurturance but can never fulfill the promise since it is an internal representation of a nurturing person which is lacking and not the other person onto whom they may externalize their inner struggles. Furthermore, one can speculate that given the relative lack of a nurturing parental representation, this in itself would likely generate tremendous rage and possibly feelings of deprivation creating more anger. This rage is likely to find expression in aggression in some form, passive or active, in relationships thus, making them particularly difficult for ACOA's. This may be the reason for the one point consistently made by clinicians and researchers alike, that the emotional effects of parental alcoholism are most commonly manifested in problems in relationships with other people. The N.I.A.A.A.'s (1974) report found that 64% of the total respondent group experience problems with the opposite sex; 32% have problems with people of the same sex. These researchers note that if they were to exclude from their sample those respondents under age 18 by reason of immaturity and lack of experience, the percentage of all those with inadequate interpersonal relationships approaches 87%.

The results of this study suggest that ACOA's as compared with non- ACOA's are in a sense people who are emotionally orphaned; that is, there is a relative lack of a

nurturant parent in their intrapsychic worlds. This is not to suggest that the parents of the ACOA's in our sample were, in fact, not at all nurturant but that the ACOA's adult experience of themselves is one of deprivation of parental nurturance. The literature on ACOA's (Fox, 1963, Richards, 1979,1980, Waititz, 1978) has pointed to the inappropriateness of the coping strategies that the alcoholic parent models, the inconsistency in behavior and in interaction with their children, and the self-absorption of the alcoholic parent. Often times, the non-alcoholic spouse may be just as preoccupied by the illness as the alcoholic parent is. On the basis of this literature and the findings of our study, we can speculate that these negative factors may have a cumulative effect which impedes the ACOA's internalization of a nurturant parent. Lacking this, the intrapsychic experience is one of anaclitic- type depression which finds it's interpersonal behavioral expression in co-dependent patterns of behaviors. Those ACOA's who manage to develop self- images which are more affectionate and benevolent are less likely to become alcoholic themselves.

CHAPTER VI

CONCLUSION

Summary of the Study

This study sought to identify differences in the inner representational worlds of alcoholic and non-alcoholic adult children of alcoholics. Because children of alcoholics are so at risk for becoming alcoholic themselves, the study sought to identify specific intrapsychic features which discriminate alcoholic from non-alcoholic ACOA's. The aim of the study was to identify whether or not certain psychological markers for alcoholism could be said to exist as well as to identify protective intrapsychic features which may be associated with better coping strategies. It was hoped that precise identification of intrapsychic differences within this population would yield a better understanding of the nature of the adaptation of those "invulnerable" ACOA's who do not become alcoholic as well as those who do.

Delimitations of the Study

The population of adult children of alcoholics who participated in this study may not be representative of adult children of alcoholics in general. These ACOA's were a self-selected sample by virtue of the fact that they had all

identified themselves as either being ACOA's or as having some alcohol related issues. Many had sought and received treatment for their alcohol related problems. In addition, most reported that they were currently involved in some type of self-help program such as Alcoholics Anonymous, Al-Anon, or ACOA groups. Given the fact that so many were in these programs, it may have been useful in interpreting the findings if we had inquired about the stages of recovery they were in and also, whether or not they had married alcoholics.

As indicated by Miller & Jang's (1977) longitudinal study, children of alcoholic mothers showed greater maladjustment than children of alcoholic fathers. West & Prinz (1987) note that severity and gender need to be examined more systematically in future studies. In addition, as West & Prinz note, the possibility of other high risk factors such as divorce impinging on ACOA's adaptation needs to be assessed. Our study did not focus on these factors which, if examined more closely, may shed further light on within-group differences among ACOA's.

Conclusions

Based on the findings of the study and taking into account the limitations of the study, the following conclusions are tenable:

- 1) Non- alcoholic female ACOA's are more dependent and more likely to evidence depression of an anaclitic nature than alcoholic female ACOA's. As a result, non-alcoholic female ACOA's are more likely to be found to struggle with issues around loss of a significant nurturing person and ensuing feelings of abandonment. This intrapsychic state may find behavioral expression in co- dependent patterns of interpersonal relationships.
- 2) Non- alcoholic female ACOA's have self- images that are more benevolent and affectionate than do alcoholic female ACOA's. These aspects of self-image, benevolence and affection, may serve as protective factors against the development of alcoholism in ACOA's.
- 3) Apart from the differences reported above, non- alcoholic and alcoholic female ACOA's tend to be more alike than different in the nature and quality of their intrapsychic experience. There are no differences in the following aspects of their inner representational worlds: ambition, tendency to be cold or warm, degree of constructive involvement in their

lives, proclivities towards being intellectual, judgemental, nurturant, punitive, or successful, or as embodying a negative versus a positive ideal or a weak versus a strong self- image. These indicate that ACOA's, whether alcoholic or non- alcoholic, tend to have many characteristics in common.

4) Additional contrasts presented throughout the study confirm the presence of significant differences between male and female alcoholic ACOA's and between female non- alcoholic ACOA's and a female non- alcoholic, non- ACOA reference group.

The results of our study, identifying differences between subgroups within the ACOA population sampled, point to the need for further research to continue to explore within group differences among ACOA's. Future studies in this area might include focus on those ACOA's who are not involved with alcoholism groups or agencies for a sample that might be more representative of the general ACOA population.

Appendix A

Cover Letter

Dear Participant;

I am a Doctoral candidate at City University's PhD Program in Clinical Psychology. I am gathering information to further clinician's understanding of the nature of the experiences that some people who are the offspring of alcoholic parent/s have had.

Enclosed in this package are five (5) separate questionnaires. Please fill these out at a time when you are alone and relatively free of distraction. You may use either pen or pencil. Please be sure to read the instructions for each individual instrument carefully. Where there is a time limit requested, please try limit yourself as indicated. Where there are no time limits, you may find that some items require you to think about your answers longer than others before responding. Please do not leave any items blank.

All the research data is completely anonymous. Do not put your name on the forms. If you would like to be informed of the results of this study when they become available, enclose (or send separately, if you wish) a note with your name and mailing address on it when you send back the package in the stamped, self-addressed envelope I've provided.

If you have questions, comments, or thoughts about anything that you wish to express feel free to send a note along and I will try to respond.

Thank- you very much for your cooperation. I appreciate your taking the time and effort to participate in the study.

Sincerely,

Stephanie Carlson, M.A.
PhD Candidate
City University of New York

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These consist of pages: 106-108

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Appendix D

Background and Demographic Data Sheet

Demographic Data Sheet

Instructions: The following set of questions ask about your background. Please place a check-mark () in the space provided next to the answer that best describes you.

Sex: male
 female

Age: years

Race: caucasian
 black
 hispanic
 other

Highest Level of Education Completed:

grade school
 high school
 some college
 college graduate
 post graduate degree

Marital Status:

never married
 married
 living with mate
 separated or divorced
 widowed

Employment Status:

employed full-time
 employed part-time
 unemployed
 full-time student
 part-time student

If employed, fill in your occupation:

If attending college or graduate school, fill in your major area of interest:

Did you have brothers and/ or sisters? yes
 no

Is your mother alive? _____ yes
 _____ no

Is your father alive? _____ yes
 _____ no

Which parent is/ was alcoholic? _____ mother
 _____ father
 _____ both

Has your alcoholic parent recovered? mother: _____ yes
 _____ no
 father: _____ yes
 _____ no

If yes, for either parent please indicate below approximately
 how long they have been sober: mother: _____ years
 father: _____ years

If your mother is/was alcoholic, how old were you when she
 began drinking alcoholically? _____ years

If your father is/was alcoholic, how old were you when he
 began drinking alcoholically? _____ years

Answer only for the alcoholic parent if only one parent is/
 was alcoholic. If both, answer for both.

When drunk, my father tended to become more:
 _____ affectionate, kind and giving
 _____ insensitive to my needs
 _____ harsh, cruel
 _____ violent

When drunk, my mother became more:
 _____ affectionate, kind and giving
 _____ insensitive to my needs
 _____ harsh, cruel
 _____ violent

While you were growing up, who was the person most
 responsible for seeing to it that your day to day needs were
 met? (check one) _____ mother
 _____ father
 _____ relative
 _____ hired household helper

Do you consider yourself an alcoholic? _____ yes
 _____ no

Are you a member of any of the following self- help
 fellowships? Please check all that apply.

A.A. _____
 Al- Anon _____

A.C.O.A. _____

If you do consider yourself an alcoholic, are you recovering?

_____ yes
 _____ no

If yes, how long have you been sober? _____ years

Have you ever received psychological treatment? _____ yes
 _____ no

If yes, please list in the grid below all types of treatment you have received. Please be as specific as you can (for example, Psychoanalytic psychotherapy, psychoanalysis, brief therapy, self-help groups such as A.A., Al-Anon, or ACOA; etc.) Please also be sure to fill in the number of sessions or meetings per week you attended and for how long you attended each.

Types of treatment	Number of sessions or meetings per week	Length of Stay

How long did you stay in treatment? _____ years _____ months

Are you currently in treatment? _____yes _____no

If yes, is your current treatment designed specifically for working on "ACOA" issues? (That is, either you or the therapist have stated this explicitly as part of your treatment.) _____ yes
 _____ no

Appendix E

The Assessment of Qualitative and Structural
Dimensions of Object Representation

Instructions: The following three (3) pages have an instruction at the top of each page. Please provide the information requested for each. Please do not spend longer than five (5) minutes on each page.
What time is it now? _____

Describe your mother

Describe your father

Describe yourself

What time is it now? _____

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These consist of pages:

116-125, Scoring of Qualitative Characteristics-Appendix F

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Appendix B

Table 14

	n=13 Alcoholic Male ACDA's	n=20 Alcoholic Female ACDA's	n=21 Non-Alcoholic Female ACDA's	n=10 Control Females
Agency ACDA Group	2	0	1	0
Certificate in Alcoholism Counseling Class	2	12	1	3
Agency ACDA Group	0	1	2	0
ACDA Workshop	2	1	8	0
Hospital ACDA Group	0	0	1	0
Agency ACDA Group	0	1	0	0
General Random Sample	0	0	5	7
Hospital Alcoholism Program	7	4	0	0
Agency General Patients	0	1	3	0

Appendix H

Table 15

Respondents' Reported Psychotherapy Experience

	n=13 Alcoholic Male ACOA's	n=20 Alcoholic Female ACOA's	n=21 Non-Alcoholic Female ACOA's	n=10 Control Females
No Treatment	0	1	1	4
Treatment	12	19	18	6
Missing Information	0	0	1	0

Number of missing observations: 1

Appendix I

Table 16

Respondents' Reported Membership in Alcoholics Anonymous

	n=13 Alcoholic Male ACOA's	n=20 Alcoholic Female ACOA's	n=21 Non-Alcoholic Female ACOA's	n=10 Control Females
Non-member	1	3	19	10
Member	11	17	0	0
Totals	12	20	19	10

Number of Missing Observations: 3

Appendix J

Table 17

Respondents' Reported Membership in Al-Anon

	n=13 Alcoholic Male ACOA's	n=20 Alcoholic Female ACOA's	n=21 Non-Alcoholic Female ACOA's	n=10 Control Females
Non-Member	12	14	11	10
Member	0	6	8	0
Totals	12	20	19	10

Number of Missing Observations: 3

Appendix K

Table 18

Respondents' Reported Membership in Adult

Children of Alcoholics

	n=13 Alcoholic Male ACOA's	n=20 Alcoholic Female ACOA's	n=21 Non-Alcoholic Female ACOA's	n=10 Control Females
Non-Member	11	14	4	10
Member	1	6	15	0
Totals	12	20	19	10

Number of Missing Observations: 3

Appendix L

Table 19

Respondents' Report of Which Parent Was Alcoholic

	n=13 Alcoholic Male ACQA's	n=20 Alcoholic Female ACQA's	n=21 Non-Alcoholic Female ACQA's	n=10 Control Females
Alcoholic Parent				
Missing Data	1	0	0	2
Mother Only	0	5	4	0
Father Only	9	7	11	0
Both Parents	3	8	6	0
Not Applicable	0	0	0	8

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