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**A comparison of self-concept, therapeutic experiences and
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daughters of nonalcoholics**

Vail, Mary Orosz, M.S.

University of New Hampshire, 1990

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**300 N. Zeeb Rd.
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**A COMPARISON OF
SELF-CONCEPT, THERAPEUTIC EXPERIENCES AND
DISRUPTED RELATIONSHIPS OF
ADULT DAUGHTERS OF ALCOHOLICS AND ADULT DAUGHTERS
OF NONALCOHOLICS**

BY

**MARY OROSZ VAIL
Bachelor of Science, University of New Hampshire, 1973**

THESIS

**Submitted to the University of New Hampshire
in Partial Fulfillment of
the Requirements for the Degree of**

**Master of Science
in
Family Studies**

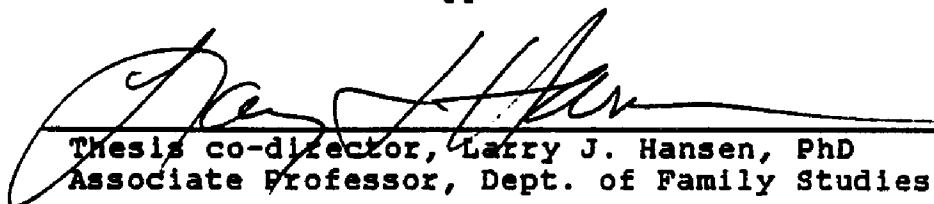
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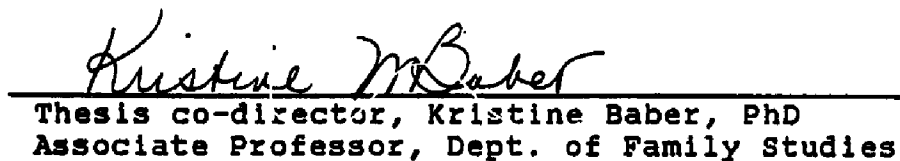
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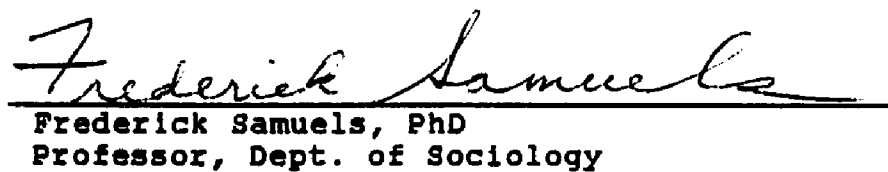
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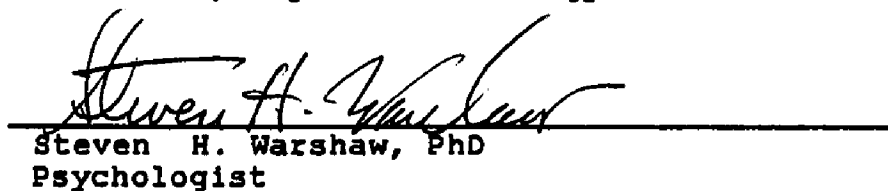
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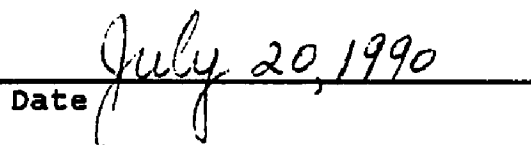
This thesis has been examined and approved.


Thesis co-director, Larry J. Hansen, PhD
Associate Professor, Dept. of Family Studies


Thesis co-director, Kristine Baber, PhD
Associate Professor, Dept. of Family Studies


Frederick Samuels, PhD
Professor, Dept. of Sociology


Steven H. Warshaw, PhD
Psychologist


Date July 20, 1990

DEDICATION

I dedicate my work with loving appreciation to my dearest Mamuka, Mary Augustin Orosz, and in memory of my dearest Apuka, Joseph Orosz.

Because of their personal sacrifices we have enjoyed the benefits of living in America, free from communism. They taught me the value of hard work, and, their specialness has enriched the lives of those they touched.

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I am indebted to the women who participated in this study. It was their willingness to participate that made it possible.

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Nashua High School colleagues helped with thesis work in many ways. Jan Donovan Lessard did early proofreading. Dave Alexander checked my scoring on T.S.C.S. answer sheets. Sue Burke, one of the few people I know who has

the patience, did the tedious work of helping to check coding. Don Provencher gave me helpful suggestions in designing the information sheet. Thanks for your creative input, Don. Sandy Herbert spent many hours at copying machines preparing the reams of papers needed for research packets. Tim Kelley verified my thinking about some statistical data. Dr. David Cote, "Doc", regularly checked on my progress, helped me to clarify text and empathized with my struggles to do the task well. Thanks, Doc, for your help and concern.

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Cay D'Agostino, Michelle A. Paradis and Gloria Paradis helped to code instruments and put research packets together. Gloria helped in distributing information sheets, too.

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My dearest friend, Gloria, encouraged me to accomplish the task, listened to complaints and restored my sanity on a daily basis, every step of the way. Thanks, dear friend, for your emotional support.

The thesis is not a product of my work, alone. Thank you all for your help. We did it!

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ABSTRACT

A COMPARISON OF SELF-CONCEPT, THERAPEUTIC EXPERIENCES AND DISRUPTED RELATIONSHIPS OF ADULT DAUGHTERS OF ALCOHOLICS AND ADULT DAUGHTERS OF NONALCOHOLICS

by

Mary Orosz Vail
University of New Hampshire, September, 1990

This descriptive study tested clinical reports of negative self-perceptions and troubled relationships among adult children of alcoholics. The sample (n = 114) was composed of three groups of women, aged 21 to 58, who had no significant differences in numerous demographic and background characteristics, including time ever spent in therapy. High scores were found on the Children of Alcoholics Screening Test among daughters of alcoholics. Self-concept, measured with the Tennessee Self-Concept Scale, was studied in context with life experiences.

Significant differences were found between daughters of alcoholics (n = 52) actively participating in therapeutic experiences and daughters of nonalcoholics (n = 33) on indicators of self-concept and stressful family relationships. Dissimilar findings are reported for daughters of alcoholics (n = 29) who were not actively participating in therapy or support groups.

INTRODUCTION

Alcoholism was identified as a disease in 1955 by the American Medical Association. During the 1960s and 1970s professionals became increasingly aware of the dynamics in family systems in which alcoholism is present. In the late 1970s and early 1980s attention was directed toward the effects of parental alcoholism on children.

There is abundant information which describes the relationship dynamics of the alcoholic family system and its effects on children. Numerous clinical reports have detailed emotional and psychological problems observed among children of alcoholics.

The family system and general atmosphere in a home with an alcoholic parent may chronically impair the development of children. Family members' anxiety reducing adaptations can result in a loss of personal boundaries. Under these conditions, children may have limited opportunities to form a positive sense of self and learn skills needed for satisfying intimate relationships in adulthood (Beletsis & Brown, 1981, p. 194; Lawson, Peterson & Lawson, 1983, p. 33-43).

El-Guebaly and Offord (1977) conducted a critical review of the literature representing 25 years of reported

research with children of alcoholic parents. Documentation was provided which suggested that parents who are alcoholic have children who are at increased risk for emotional disturbance. The professional literature is replete with systematic empirical studies identifying the effects of parental alcoholism on children, addressing the need for intervention, and clinical reports describing successful therapy.

However, most studies of children of alcoholics contained flaws in methodology. Barnes, Benson and Wilsnack (1978, p. 209) and Jacob and Leonard (1986, p. 373) described serious methodological problems which included absence of reliable and valid measures and studies being conducted with children from multiproblem families.

Other methodological issues cited were the failure of researchers to use objective criteria to operationalize parental alcoholism, lack of comparison groups or controls and sex bias. As noted by El-Guebaly and Offord (1977), for decades, females were not included in samples of children of alcoholics. Reporting this predominance of males in both studies of alcoholics and children of alcoholics, Barnes et al. (1978, p. 210) described existing "sex bias" as a methodological issue. Despite the fact that most problems in methodology are not being addressed, descriptions continue to be made regarding the effects of parental alcoholism on children, and now adult children.

As an outgrowth from the professional concern for the children of alcoholics, adult children of alcoholics are now recognized as a unique group. Recognition of their needs is coming primarily from those who work with adult children of alcoholics in therapy. Reports, in professional and non-professional circles, of emotional and behavioral problems characterizing adults raised by alcoholic parents deserve further study.

A limited number of descriptive clinical reports (Beletsis & Brown, 1981; Cermak, 1984a; Cermak & Brown, 1982; Gravitz & Bowden, 1984; Seixas & Levitan, 1984) are available. Existing knowledge about adult children of alcoholics is based primarily on this clinical literature, as well as popularized books written by clinicians and directed to the adult children of alcoholics population (Ackerman, 1986; Black, 1982; Gravitz & Bowden, 1985; Kritsberg, 1985; Seixas & Youcha, 1985; Woititz, 1983). Few systematic empirical studies have been done with affected adults; therefore, our knowledge lacks a strong base of research which describes adult children of alcoholics. As noted by Cermak (1984a, p. 40) there are few studies with limited definitive findings and there is a desperate need for more demographic and descriptive data (1984b, p. 31).

Since the mid-1980s, there has been an increase in research studies which test clinical descriptions of adult

children of alcoholics. Researchers are addressing the issue of gender variables (Ackerman, 1987a, 1989; Barnes, et al., 1978; Duprez, 1987; Ferril, 1986; Gennett, 1983; Jackson, 1984). But now, as was the case in earlier studies of children of alcoholics, there are observed methodological problems in studies of adult offspring.

Some of the problems are inadequate reporting of demographic data, possible inaccuracy in labeling subjects and the use of college student samples (Duprez, 1987; Ferril, 1986; Gennett, 1983). Also, there is a failure to report data needed for the comparison of studies (Duprez, 1987; Ferril, 1986).

Research studies do not show agreement in their ability to support the view that adult children of alcoholics are a unique population. Some research studies are supportive of clinical observations. Ackerman (1987a, 1989), Black, Bucky and Wilder-Padilla (1986) and Waters and Twaite (1985) reported findings in support of observations made by clinicians. Their research findings provided data showing significant differences between adult children of alcoholics and adults who are not children of alcoholics.

Other researchers found mixed results, with findings that supported and failed to support the claims that adult children of alcoholics can be differentiated from adult children of nonalcoholics. Such mixed findings appear in

studies conducted by Barnes et al. (1978), Duprez (1987), Ferril (1986), Gennett (1983), Jackson (1984) and Wilson (1987).

To increase the currently limited data base, much more systematic work is required. The chronic problems of alcoholic family systems deserve the continued scrutiny of researchers. And, the effects of alcoholism on family members, especially children, are in desperate need of more careful attention. This study attempted to address a few methodological issues while describing variables which have received minimal attention in the research literature.

The self-concept of adult daughters of alcoholics and a comparison group of adult daughters of nonalcoholics was tested. Observations are reported regarding the ability of self-concept indicators to differentiate between women who are daughters of alcoholics and women who are not.

Several variables were studied because of previous reports in the literature that they may influence self-concept. Among these variables are indicators of troubled families, such as, disrupted family relationships. Therefore, indicators of disrupted childhood and marital relationships were also compared in an effort to observe significant differences between groups.

Reports of clinicians describe that segment of the adult children of alcoholics population observed in therapy. In an attempt to describe a group which probably

represents the subset of the population described by clinicians, adult daughters of alcoholics were recruited from among those participating in therapeutic experiences.

I. LITERATURE REVIEW

Conceptualizations of Alcoholism

The disease, alcoholism, has been described by professionals in medicine and psychiatry for many decades. Alcoholism, a widely used term, is rarely defined. A few conceptualizations of alcoholism from authoritative sources are given below. Strict medical and psychiatric criteria which describe the disease are available in The Merck Manual (1982) and Diagnostic Criteria of the American Psychiatric Association (1987).

The Merck Manual of Diagnosis and Therapy (1982, p. 1415) describes alcoholism as an insidious, chronic disease of unknown causes which "needs two separate foci": (a) In alcoholism there is usually "significant clinical toxicity and tissue damage, the hazards of physical dependence, and a dangerous abstinence syndrome", and (b) alcoholism also refers to "social impairment occurring in the lives of addicted individuals and their families". The cumulative behavioral patterns and clinical signs, with specified symptomology, associated with alcoholism are detailed in the Manual.

The American Psychiatric Association (1987, p. 107-109) delineates distinct criteria to use in diagnosing alcoholism. Alcohol abuse and alcohol dependence are

identified with distinguishing characteristics. The criteria for both abuse and dependence include recurrent use of alcohol in spite of known deleterious effects.

Davis (1983) conceptualized alcoholism by using the World Health Organization definition: "Alcoholism is an illness characterized by loss of control over drinking which results in serious problems in any one of the following areas: job, school, or financial affairs; relationships with family and friends; or physical health" (p. 26).

Regardless of the cited authority or criteria specified in diagnosing the disease, alcoholics are known to suffer harmful psychological and physical effects from repeated substance abuse. All authorities acknowledge that individuals who are in social relationships with alcoholics also suffer from the effects of the disease. Family members are most vulnerable to the harmful interpersonal effects of alcoholism.

The sections which follow review theoretical, clinical and empirical works which describe the early family life typically experienced by adult children of alcoholics. A rationale for studying adult daughters of alcoholics depends upon a systematic exposition of childhood experiences which have been reportedly associated with unsatisfying lives in adulthood.

Most of our knowledge about children of alcoholics,

particularly adult offspring, is in the form of observational reports from clinicians. Confirmation of clinical observations through the collection of empirical data describing adults has begun only recently. Therefore, a review of the literature reflects the clinical base.

The literature review includes a description of the family dynamics and general atmosphere in an alcoholic home within the family systems conceptual framework. Following this, typical childhood experiences are reported, including the shaping of self-concept, leading to a description of how childhood experiences have been related to emotional and behavioral maladjustment in adulthood. A few empirical studies which have systematically obtained data descriptive of adult children of alcoholics will be reviewed.

General Atmosphere in the Home

Daily life experiences vary in every family with an alcoholic parent, however, the family system dynamics and adaptations by family members have typical patterns. Patterns of interaction and organization develop within the alcoholic family system, in spite of each family's unique experiences (Beletsis & Brown, 1981, p. 188; Black, 1982; Galvin & Brommel, 1982).

The interpersonal dynamics and issues described are prevalent in many dysfunctional families. Pathological, dysfunctional families are typified by a lack of generational boundaries and a lack of parental coalition.

Parents are inappropriate role models for children. Interaction is primarily based on reactivity which causes anxiety. Such families perceive a paucity of alternatives; they are rigid and inflexible and impair individual functioning through a heightened sense of interdependent unity (Walsh, 1982). Dysfunctional dynamics are particularly pronounced in the presence of alcoholism and its chronic impact on the family (Beletsis & Brown, 1981; Gravitz & Bowden, 1985; Lawson et al., 1983; Miller & Jang, 1977; Steinglass, 1978; Woititz, 1983).

Theoretical Perspective

Alcoholism and the Family System

Family systems theory provides a general framework within which the impact of alcoholism on family members may be understood. As a group of interrelated, interdependent individuals, the behaviors of each family member are related to and dependent upon the behaviors of all other family members. Changes in one affect the others, and the unit as a whole, in circular chains of influence as affected family members influence the individual who initially changed (Walsh, 1982; Galvin & Brommel, 1982).

In attempting to maintain overall system stability, the chronic psychopathology of alcoholism is supported by such circular chains of influence (Steinglass, 1978). The consumption of alcohol is gradually accepted, tolerated by

the family, and excessive drinking becomes a family norm.

Alcoholism begins subtly and typically progresses slowly for 10 to 15 years to it's most chronic stage (Straussner, Weinstein & Hernandez, 1979). Early in the course of alcoholism, family members make subtle adjustments and a new homeostatic balance is developed. Homeostasis, "a relative constancy of the internal family environment", (Broderick & Pulliam-Krager, 1982, p. 605), prevents the family from being overwhelmed by alcoholism to the point of disintegration.

Interdependent relationships in the alcoholic family system contribute, as well, to maintaining the functional purposes of alcoholism. As stated by Kaufman and Pattison (1981), alcohol consumption is itself "purposeful, adaptive, homeostatic and meaningful. The problem of alcoholism is not just the consequences of drinking, but the system functions that drinking fills in the psychodynamics of the family system" (p. 952).

Steinglass (1978) noted "most alcoholics establish relatively stable" drinking patterns that "are in turn associated with repetitive and relatively predictable behavior on the part of other family members" (p. 10). The rigidly patterned, predictable reactions and interactions of family members reduce the uncertainties of daily life. Thus, the homeostatic balance is maintained as family members adapt to the dysfunctional behavior of the

alcoholic. The alcoholic is protected at the expense of other family member's functioning.

Nonalcoholic members of the family learn defenses and coping behaviors and, manifest symptoms which parallel the alcoholic's behavior (Steinglass, 1978; Straussner et al., 1979; Wallace, 1978). Members are constantly reacting to each other in ways which promise stability and reduce anxiety. Distorted perceptions, unrealistic thinking and denial typify the rigidly protected homeostasis (Straussner et al., 1979). Negative affective states are reinforced as "shame, guilt, frustration, anger, resentment, anxiety, depression, fear and self-pity spread throughout the family and contribute to its growing sense of hopelessness, despair and isolation" (Wallace, 1978, p. 13).

Adaptive behaviors unconsciously provide support for the alcoholic within the family and result in a merging of personal boundaries, a loss of differentiation and individual autonomy (Cermak, 1984a; Lawson et al., 1983; Straussner et al., 1979; Wallace, 1978; Wegscheider, 1981; Whitfield, 1981). The interdependent relationships and adaptations to reduce anxiety and maintain homeostatic balance have a chronic impact on children.

The next section begins with brief reports regarding general knowledge about self-concept, how it is shaped, and how children's sense of self is affected by interactions and experiences in families with alcoholic parents. This

will be followed by a review of studies which looked at the self-concept of children of alcoholics. Then, clinical reports describing adult children of alcoholics' sense of self and systematic studies of their self-concepts will be reported. Finally, methodological issues observed in the self-concept literature, as well as the children of alcoholics and adult children of alcoholics literatures are noted.

Sense of Self

Self-Concept

Researchers in psychology and sociology use the terms self-concept and self-esteem interchangeably (Brennan, 1985, p. 446; Burns, 1979; Stanwyck, 1983, p. 11). Self-concept is the term of choice in this study. Self-esteem will be used only when referring to works in which it was used in the original source.

According to Burns (1979), contemporary thinking about the self-concept, an individual's conceptualization of his/her own person, is based on phenomenological theory. This perspective holds that each individual privately perceives, internalizes and interprets unique experiences from the external world. Phenomenal self is within a person's conscious awareness and unconscious, nonphenomenal self, is outside of awareness. The study of self-concept, especially it's measurement, has largely been of the

phenomenal self (Wyllie, 1974, p. 249-250).

Numerous factors have been repeatedly identified as having demonstrable effects in shaping self-concept. Persons who are most influential in shaping children's self-concept are parents, teachers and peers (Burns, 1979, p. 200; Stanwyck, 1983, p. 16-20).

Children's Self-Concept

In her review of the self-concept literature, Wyllie (1979, p. 331) noted familial factors which have been related to children's self-concept. Factors studied included race, sex, family size, socioeconomic status, birth order and parental characteristics. Among parental characteristics reportedly associated with children's self-concept are emotional support, acceptance or rejection, tension, control or permissiveness and loss by death or divorce (Wyllie, p. 335).

Interactions with parents are important influences in shaping a child's perceptions of self. A child internalizes his or her own self-perception from family members' attitudes toward and responses to him or her.

Reasoner (1983) notes three familial factors which have been identified as enhancing a child's self-concept: respectful treatment, acceptance and limit setting. Children also need to be in a predictable environment in which they can trust the adults who are responsible for them. Inconsistency causes anxiety and one's sense of

security is undermined.

Stanwyck (1983) indicates that the self-concept is relatively stable. Individuals are likely to disqualify experiences which are discrepant with their existing feelings of self-worth. He describes studies in which elementary school children with low self-esteem reject as "non-relevant" events which are potentially esteem enhancing.

Children in an Alcoholic Home

Children growing up with alcoholic parents in the midst of dysfunctional relationships have little chance of forming a positive sense of self. Nor, will they learn skills which are needed for satisfying, close, personal adult relationships.

Black (1982), Cermak and Brown (1982), Deutsch (1982), Gravitz and Bowden (1985), Seixas and Youcha (1985) and Woititz (1983) have vividly described the unpredictable, chaotic, inconsistent, fearful and lonely experiences of children who live with alcoholic parents. Parents negate their children's experiences and deny their children's perceptions. With alcoholic parents, children's realities are not validated and clarified (Black, 1982; Gravitz & Bowden, p. 19, p. 21).

Children living in an alcoholic family system are typically exposed to unpredictable, inconsistent behavior. They also frequently live in fear and with denial of their

perceptions of reality. In addition to experiences such as these, children are usually expected to take over many parental responsibilities.

Gravitz and Bowden (1985) and Nardi (1981, p. 239) described the typical role reversal of children and parents. Similar role expectations for children have been reported in other types of dysfunctional families, but in alcoholic families there is a rigidity about the roles. When the parent becomes helpless, parental responsibilities are taken on by the child. As reported by Hecht (in Nardi, 1981, p. 240), "children in the alcoholic family system are forced to play roles and meet parental needs that children in other families do not".

Wilson and Orford (1978) found that, in several families in which a parent was alcoholic, children had a large share of responsibility for household chores and the care of younger siblings. Girls were found to have more responsibilities than boys. In fact, alcoholism not only leads to increased responsibility due to role changes, but also there are inconsistencies and a confusion of roles for children.

Children's confusion over inconsistent parental expectations is often cited as characteristic of alcoholic family systems (Nardi, 1981). There is uncertainty concerning the parent's role and the child's role. The alcoholic parent is a poor role model who frequently

demonstrates irresponsible behavior. With many adult responsibilities and with no one to turn to, children of alcoholic parents learn to act like adults. Compensatory adaptations by the children cause them to project competence and strength while they experience psychic aloneness (Black, 1979, p. 24; Gravitz & Bowden, 1985, p. 18; Lawson et al., 1983, p. 180).

A more stable survival is made possible by the typical adaptations of children of alcoholics to their family environment. However, the combined, chronically experienced, factors have a negative effect on the children's sense of self.

Self-Concepts of Children of Alcoholics

Self-concept is shaped by similar dynamics whether children are raised in an alcoholic or a nonalcoholic family. However, the patterns of interaction in an alcoholic family system, as described earlier, do not provide an environment conducive to enhancing a child's self-concept. Even when such a child experiences events which could enhance self-concept, they may not be internalized in a positive manner.

A few researchers have studied the self-esteem or self-concept of children of alcoholics. Hughes (1977) measured the self-esteem of adolescents and reported lowest self-esteem scores for children of alcoholics who were not members of Alateen (Al-Anon Family Groups specifically

intended for adolescents). Woltitz (in Davis, 1983, p. 77-78) also found lower self-esteem scores among children of alcoholics. In contradiction to Hughes' findings, however, Woltitz reported lowest scores among Alateen members.

Davis (1983), reviewed the research on children of alcoholics self-concept and self-esteem and reported that self-concept or self-esteem scores have been found lower for children of alcoholics than for children of nonalcoholics. In her research, Davis (1983) studied adolescents from junior and senior high school populations. Again, the self-esteem of children of alcoholics was found to be lower than the self-esteem of children of nonalcoholics.

Thus, research evidence indicates that children of alcoholics are unable to form a positive sense of self. Eventually their negative self-perceptions will interfere with emotional stability in adulthood (Whitfield, 1981; Black, 1982).

Adult Children of Alcoholics' Sense of Self

Numerous reports have been made in the clinical literature regarding childhood experiences and how these experiences are associated with emotional problems among adult children of alcoholics. One aspect of adult experience which clinicians repeatedly describe as characteristic of adult children of alcoholics is a

troubled sense of self (Beletsis & Brown, 1981, p. 194-195; Cermak & Brown, 1982, p. 386; Deutsch, 1982, p. 5; Gravitz & Bowden, 1984, p. 26; Hunter & Kellogg, 1987, p. 27; Woititz, 1983, p. 47-48).

Harsh parental criticism and ridicule, as well as the lack of healthy, focused attention from parents continue to influence adult children of alcoholics feelings of self-worth (Black, 1982). Having internalized the constant criticisms from parents, merciless self-judgements continue in adulthood (Gravitz & Bowden, 1985, p. 53; Woititz, 1983).

Adult children of alcoholics suffer low self-esteem and insidious feelings of not appearing and behaving properly and appropriately. They "look good, dress well and are admired; many seem 'picture-book-perfect' (Gravitz & Bowden, 1985, p. 45). However, they are harsh judges of themselves; even achieved successes are "unwarranted" (Gravitz & Bowden, 1984, p. 26).

There are unmerciful comparisons made by adult children of alcoholics between their "insides and others' outsides". Projecting a confident image (the facade learned in childhood), inside "they think 'Oh my God, what am I doing here? I don't fit in; all these people are so together!'" (Gravitz & Bowden, 1985, p. 45). It is assumed that in a group of people "everyone else feels comfortable and they are the only ones who feel awkward" (Woititz,

1983, p. 48).

While projecting the facade of going through the "normal" motions, adult children of alcoholics never feel comfortable about their appearance and actions. Their "sense of self is distorted" (Woititz, 1983, p. 22). Adult children of alcoholics lacked appropriate role models and were so isolated and uncomfortable in childhood that many did not learn the skills to feel comfortable in social situations. Many aspects of growing up and appropriate ways of living were never learned. Parents were too absorbed in their own difficulties to properly socialize their children (Brown & Sunshine, 1982; Woititz, 1983).

There is an inability to see one's self as a valuable, worthwhile person who has a right to be treated well (Gravitz & Bowden, 1985). "Adult children of alcoholics constantly seek approval and affirmation", but when given, they have difficulty accepting positive indications of their worth (Woititz, 1983, p. 47-48). They learned as children "to believe that what is said is not necessarily what is meant" and therefore must be "bombarded with encouragement to such a degree that" it can no longer be denied (Woititz, p. 79).

Cermak and Brown (1982) emphasize that among adult children of alcoholics there is intense anxiety over feelings of self-worth and the issue of control. The child learned the contrast between the weakness of intoxication

(being out of control) and the strength of self-control in sobriety. "To ask the child of an alcoholic to relinquish control is to ask him or her to reject the family norm for attaining self-worth" (p. 386).

As a major source of anxiety, intrapsychic issues of control are pervasive in adult children of alcoholics (Gravitz & Bowden 1985). Since "a part of one's self attempts to control the whole", intrapsychic conflict results (Cermak & Brown, 1982, p. 379). "Denial, suppression, and repression are used in attempts to control the outward expression as well as inner awareness of thoughts, feelings and behaviors" (Gravitz & Bowden, p. 46). Adult children of alcoholics have an intense need to project "a facade of having themselves under control" (Cermak & Brown, p. 379). The "intense emphasis on control is a rigid defense to protect against acknowledging the overwhelming threat of underlying" insecurity and "neediness" (Cermak & Brown, p. 380).

Adult Children of Alcoholics' Self-Concept

Among the few systematic studies reporting findings on the self-concept of adult children of alcoholics, are those conducted by Duprez (1987), Ferril (1986) and Gennett (1983). Duprez (1987) and Ferril (1986) found limited support for clinical descriptions of negative self-concept among adult children of alcoholics. Reporting on "social self-esteem", Gennett (1983) found significant differences

between adult daughters of alcoholics and nonalcoholics.

Duprez (1987) studied the self-concept of a sample of graduate and undergraduate students, comparing adult children of alcoholics and adult children of nonalcoholics. Four sub-samples were formed on the basis of sex and adult children of alcoholics classification. Mean ages ranging in the 30s were reported for sub-samples (p. 64).

No significant differences were found on Tennessee Self-Concept Scale Total self-concept scores between groups of adult children of alcoholics and adult children of nonalcoholics (p. 66). Groups were compared on the sub-scales of Identity, Self-Satisfaction and Behavior. No significant differences were found on Self-Satisfaction or Behavior sub-scale scores between groups. A significant difference was found, however, on Identity sub-scale scores between adult children of alcoholics and nonalcoholics (p. 70, p. 73). Duprez did not report mean scores, nor did she indicate which group had the higher or lower mean score on Identity.

Ferril (1986, p. 60) studied 145 college students who had a mean age of 19 years. Discriminant function analyses were performed to see if selected characteristics from the clinical literature could predict classification of adult children of alcoholics. Tennessee Self-Concept Scale Total and sub-scale scores were among 22 variables included in the discriminant model. Ferril (p. 85) found 18 subjects

were correctly classified out of the 44 identified as adult children of alcoholics.

Correlations among discriminant variables were reported; however, Tennessee Self-Concept Scale mean scores were not. Findings were described as "ambiguous" (p. 98), with self-concept, anxiety and hostility supporting clinical characterizations of adult children of alcoholics (p. 86). Ferril (p. 98) suggested the respondent's young age might be a factor affecting the findings, and that, at a later age adult children of alcoholics characteristics might be observed.

Gennett (1983, p. 57-58) studied female college students ranging in age from 20 to 55, with sub-sample mean ages in the 30s and 40s. Comparisons were made between alcoholic and nonalcoholic daughters of alcoholic fathers and nonalcoholic fathers.

In order to operationalize "social self-esteem" and study self-concept, Gennett (p. 8,) used three scales from the California Psychological Inventory, Sociability, Self-Acceptance and Social Presence. Adult daughters of alcoholics scored significantly lower on the Sociability Scale than adult daughters of nonalcoholics (p. 141).

Gennett found both alcoholic and nonalcoholic daughters of alcoholic fathers "demonstrate similar self-concept deficiencies" (p. 157). Subjects in both groups perceived themselves as "socially awkward and detached".

Nonalcoholic daughters of alcoholic fathers, however, were found to have greater feelings of personal worth and greater capacity for independence than alcoholic daughters of alcoholic fathers (p. 157-58).

Methodological Concerns

Studies of Children of Alcoholics' Self-Concepts

Davis (1983) and O'Gorman (1981) reported numerous methodological concerns regarding research studies on the self-concept of children of alcoholics. Among these issues were concerns regarding research samples, such as, small numbers of subjects were studied and control groups might have contained unidentified children of alcoholics (Davis, 1983). Davis reported that the majority of subjects or subjects' parents had been in treatment for alcohol related problems.

McLachlan, Walderman and Thomas (in Davis, 1983, p. 75) compared the self-concepts of children of active alcoholics with those of children of recovered alcoholics and found the lowest self-concept scores among children of recovered alcoholics. In studying similar groups of adolescent children, O'Gorman (1981) found the lowest self-concept scores among children from active alcoholic homes. Contradictions between her findings and those of McLachlan et al. are attributed by O'Gorman (1981, p. 86) to

differences in research instruments and parental sobriety.

A Social Competence Scale, developed by McLachlan et al., was used to measure self-concept. It included ratings in comfort with others, sincerity, reliability, intelligence, prestige and activity. O'Gorman used the Piers-Harris Children's Self-Concept Scale, an instrument of known reliability and validity (in Davis). Another explanation given for the differences was the length of sobriety among subjects' parents (O'Gorman, 1981). Parents in the McLachlan et al. study had been sober for one to two and a half years (in Davis, 1983, p. 75); while, parents in the O'Gorman study were sober for a minimum of three years.

Because of these concerns, and others, there is an evident need for much more systematic study of children of alcoholics. In spite of noted methodological issues, however, studies of children's self-concept consistently report lower scores for those from alcoholic families as compared to children from nonalcoholic families. Similar findings, as noted earlier, have not been consistently reported in adult children of alcoholics studies. There are methodological concerns, also, regarding reports of research among adult children of alcoholics.

Studies of Adult Children of Alcoholics' Self-Concepts

In the course of reviewing the literature, concerns about methodology became apparent among the few

disertations reporting self-concept research with sub-samples of adult children of alcoholics. The research reports of Duprez (1987) and Ferril (1986), in particular, aroused concern.

Duprez (1987) and Ferril (1986) each used the Tennessee Self-Concept Scale (Roid & Fitts, 1988) as a research instrument. Neither reported descriptive statistics among their findings. The failure to report these data hampers interpretation of each study's findings and causes difficulties when comparing results of studies. Compounding this issue, as noted earlier, Duprez (p. 70) found a significant difference on Identity sub-scale mean scores between adult children of alcoholics and the comparison group, but, neglected to indicate which group was found to have the higher or lower mean score.

There are also concerns regarding whether or not the sub-samples were composed of offspring of alcoholics or adult children of problem drinkers. Ferrill (p. 61) changed the suggested criteria on the Children of Alcoholics Screening Test (Jones, 1987) for classifying children of alcoholics because the standard was judged to be "too stringent". Duprez (1987, p. 60) reported 50% of the college students sampled were adult children of alcoholics based on responses to a single item.

In these studies, it is valid to question whether accurate identification of adult children of alcoholics was

made and if findings accurately reflect suggested support or failure to support clinical descriptions of adult children of alcoholics. More attention will be directed toward problems in methodology in Statement of the Problem and Discussion Sections of this report.

Gender issues

Failure to study females in research on alcoholism and children of alcoholics was noted earlier (El-Guebaly, 1977; Barnes et al., 1978, p. 210). A similar failure to study females in the self-concept literature was observed by Sanford and Donovan (1985, p. xvii).

The issue regarding effects of gender variables on self-concept is on-going and unresolved. There are apparent contradictions in the literature. Wylie (1979) and Fitts (Roid & Fitts, 1988) reported that there was not enough evidence to conclude a relationship exists between self-concept and gender variables.

Wylie (1979, p. 273) reviewed studies reporting an association between gender and self-concept and concluded the evidence fails to support such a relationship. For the Tennessee Self-Concept Scale, Fitts (Roid & Fitts, 1988, p. 63) reported the effects of gender variables were associated with "little" variance in scores.

On the other side of the issue are authors like Miller (1986), Rubin (1983) and Sanford and Donovan (1985) who reported on differences in life experience between men

and women. Burns (1979) noted an existing stereotype of females containing "socially judged less positive items" (p. 195), such as, dependence, conformity, passivity and incompetence (p. 194-195). Freeman (in Rosenberg & Simmons, 1975, p. 148) indicated an association between low self-esteem and women's inferior social status.

Also, there is a body of research which indicates that determinants of self-concept are different for females and males, after "late primary school age" (Burns, 1979, p. 195). Most self-concept research has studied children and adolescents, as compared to adults, which is reflected by the cited reports.

Hoelter (1984) found sex differences in response to significant others (person's whose opinions of us become internalized). Among adolescents, female self-evaluations were found most dependent on peers and male self-esteem was most affected by parents. Standards of physical attractiveness affect self-esteem among both males and females. However, female adolescents have been found to be much more vulnerable to these effects than males (Coles & Stokes, 1985, see p. 53; Simmons, VanCleave, Blyth & Bush, 1979).

Harris and Howard (1984), who found lower self-esteem among youngsters who perceived undue parental criticisms, noted that lack of achievement drive was most criticized by parents of boys, while lack of compliance was most

unacceptable to parents of girls. Slater, Steward and Linn (1983) found adolescent female self-concept to be more vulnerable to the negative effects of family disruption.

Sharpley and Hattie (1983) studied the self-concepts of men and women, examining cross-cultural and sex differences on the Tennessee Self-Concept Scale. They found significant differences between males and females by analysis of sex differences through discriminant analysis (p. 720).

Despite the reports of Wylie (1979, p. 273) and Fitts (Roid & Fitts, 1988, p. 63), available evidence appears to indicate that the self-concept of females and males is influenced differently. Therefore, it is appropriate and necessary to study and report about the self-concept by gender, whether or not subjects are children of alcoholics. Researchers who studied the self-concept of children of alcoholics, however, have typically failed to report findings by gender.

Gender as a variable in the adult children of alcoholics literature. Among the few clinical reports available in the literature describing adult children of alcoholics, gender issues which may be relevant have been neglected. Except for recent works by Ackerman (1987b, 1989), others have omitted possible gender-related issues (Black, 1982; Gravitz & Bowden, 1985; Kritsberg, 1985; Woititz, 1983).

Cermak and Brown (1982), for example, do not report the genders of clients who participated in group therapy. Gravitz and Bowden (1984), who interacted with the largest number of adult children of alcoholics among the clinician reporters, neglect to specify the numbers of females or males with whom they have worked. They do not describe any possible gender associations in either their clinical report or "self-help" book (1985).

Seixas and Levitan (1984) describe, in general, their clinical observations of adult children of alcoholics clients. In actuality, the report is based on interaction with all female clients. Upon careful scrutiny, the reader discovers this fact. The all-female group is not mentioned in the body of the report.

In contrast to the reports of clinicians, a few empirical studies reported and published in the professional literature associated specific variables with gender. These were studies reported by Werner (1986), Miller and Jang (1977) and the Swedish study of Rydelius (reported in Werner). Each of these researchers reported findings which significantly differentiated between sons and daughters of alcoholics.

In dissertations, there are indications that more researchers than before are treating gender as a variable and studying the previously neglected female sub-set of this population. Duprez (1987) and Ferril (1986) reported

findings by gender. Gennett (1983) and Jackson (1984) studied adult daughters. The work of Gennett (1983) was reported in an earlier section. Jackson did not study self-concept. However, since it is one of the few studies to look at a female sample, it will be reviewed briefly.

Duprez (p. 71) found no significant differences on indicators of self-concept and levels of depression between males and females. Ferril (p. 88-89) reported findings which "strongly suggested" differences between sons and daughters of alcoholics, with sons showing greater indication of having been affected by parental alcoholism.

Jackson (1984) studied personality characteristics of 59 women who had alcoholic fathers and 64 women who did not have alcoholic fathers. The Sixteen Personality Factor Questionnaire was used to test for significant differences between the two groups of women (p. 11-12). Adult daughters of alcoholics scored significantly higher in self-blame, feeling responsible for others, assertiveness and need to control situations and relationships (p. 83-87). Jackson reported the findings supportive of the view that adult daughters of alcoholic fathers "have a unique personality profile that differentiates them from adult daughters of non-alcoholic fathers" (p. 98).

Ackerman (1987, 1989) has been one of the few to recognize and address the need to report variables by gender among adult children of alcoholics. Sex of

alcoholic parent and findings by gender were reported by Ackerman.

In a national survey, Ackerman (1987a, 1987b, p. 25) studied adults to observe indications of clinically described adult children of alcoholics characteristics. Comparing findings between adult children of alcoholics and nonalcoholics, Ackerman reported that "adults, in general, identify with these characteristics". However, Ackerman found differences between adult children of alcoholics and nonalcoholics, reporting the following observations.

Among adult children of alcoholics, Ackerman (1987 b, p. 24-25) found females identified most with adult children of alcoholics' characteristics if both parents were alcoholics. Sons identified most with the characteristics if the mother was alcoholic. If the same gender parent was the alcoholic, all offspring were found to identify less with adult children of alcoholics' characteristics. However, Ackerman (1987a) concluded it is "too early to be definitive" about adult children of alcoholics. This applies not only to gender issues.

Reports of research in the self-concept literature are massive in number when compared to the few studies which have looked at adult children of alcoholics. Yet, some individuals who review self-concept studies regard the evidence to be inconclusive in associating gender variables with self-concept (Roid & Fitts, 1988, p. 63; Wylie, 1979,

p. 273). Any reports associating gender variables with parental alcoholism can be regarded as even more inconclusive given the current meager data base.

The data base is meager, but there are indications that sons and daughters of alcoholic parents may be affected differently. Based on the currently available cited reports, evidence is inconclusive in associating gender variables with parental alcoholism. Inconclusive and inconsistent results are evident in the findings of the few studies which have attempted to test clinical reports, as well.

The existing base of knowledge in the clinical literature describes vividly, and reports emphatically, that there are associations between parental alcoholism and problems observed among adult children of alcoholics. Much more systematic data needs to be collected before any conclusions can be made in regard to the reports of clinicians describing adult children of alcoholics.

The section which follows reports clinical observations regarding intimate relationships of adult children of alcoholics' and how they are affected by childhood experiences. After a brief summary statement, reports describing adult children of alcoholics' therapeutic experiences will be reviewed.

Interpersonal Relationships

The most significant area of their lives in which adult children of alcoholics' issues are evident is in their intimate relationships; relationships requiring trust, sharing and spontaneity. Adult children of alcoholics, however, have been described as controlling and without spontaneity in close, interpersonal relationships (Woititz, 1983, p. 46). Their troubled adult relationships are based on childhood experiences.

There was no model of a healthy, intimate relationship in childhood (Woititz, 1983). Feelings were not shared, nor were they validated, and adult children of alcoholics do not trust that their feelings will be validated (Black, 1982). Other people were not seen as personal resources. "Being isolated with feelings of fear, worry, embarrassment, guilt, anger, loneliness, etc." caused children of alcoholics to "discount and repress feelings" (Black, 1982, p. 46).

During childhood, the alcoholic parent inflicted his/her way of life on the child and the child's survival depended on adapting behavioral patterns of internal and external control (Beletsis & Brown, 1981, p. 189, 192; Cermak & Brown, 1982, p. 381). Coping behaviors which were adaptive in childhood are no longer functionally efficient. After years of insidiously denying their emotions and being

unable to express feelings in a healthy manner, children of alcoholics have difficulty functioning in intimate relationships in adulthood. Lawson et al. (1983) explain the association between experiences in childhood and negative sense of self and troubled relationships in adulthood as follows.

Parents in an alcoholic family system are unpredictable and children can never be sure of how parents will react to them. Out of fear, children learn to rigidly hold in their feelings and avoid disturbing their parents. A positive self-image can be maintained by the children as long as there is "some secondary gain" for the behaviors. However, in intimate relationships in adulthood, it is not desirable to rigidly withhold expression of feelings. The foundation upon which self-esteem was learned in childhood is no longer functionally appropriate. But, there may be nothing to take its place (Lawson et al., 1983, p. 182).

Summary: From Childhood to Adulthood

The rigid, dysfunctional family system in which a parent is alcoholic was described as a framework for childhood experiences and adaptations which lead to unsatisfying lives in adulthood. Those behaviors which were adaptive in childhood have negative affects on the sense of self and intimate relationships in adulthood. Clinical and research evidence indicates that a negative

sense of self and troubled relationships can be expected among adults who experienced a childhood with alcoholic parents.

Among characteristic adult children of alcoholics' problems cited in the clinical literature, are issues of identity, expression of feelings, pervasive denial, shame, guilt, depression, anxiety, anger, as well as, issues of control. An intense sense of inadequacy is felt, although a facade of appropriate behavior is projected. Intrapsychic issues of control are inextricably associated with self-worth and interfere with the ability to maintain intimate relationships.

According to Deutsch (1982), "there are a great many adults...who could be healthier and happier if they saw the connection between their parent's alcoholism and their own adult difficulties" (p. 8). Troubled intimate relationships may be the precipitating factors which compel adult children of alcoholics to seek therapy (Black, 1982, p. 32; Gravitz & Bowden, 1985, p. 52).

Therapeutic Experiences of Adult Children of Alcoholics

The path to obtaining help is complicated. Adult children of alcoholics represent individuals whose early life experiences were not validated and they did not receive consistent parental support and encouragement. Upon leaving home, adult children of alcoholics do not want

to remember, or be reminded of what was painfully negated in childhood. Many emotions and obstacles confound the path to obtaining help. Yet, validation, support, and encouragement are desperately needed by most adult children of alcoholics.

Less than 5% of the estimated population of adult children of alcoholics are being appropriately treated (Whitfield in Cermak, 1984a, p. 40). "One of the things adult children of alcoholics desperately need to learn is to reach out and ask for help" (Gravitz & Bowden, 1985, p. 55). Reaching out for therapeutic help represents an enormous act of courage for adult children of alcoholics. There may be severe guilt, fear and shame involved in asking for help. In acknowledging the need for help, if the need is associated with childhood experiences, it is "equivalent to abandoning their alcoholic parents" (Cermak & Brown, 1982, p. 377) and being disloyal to the family of origin. In risking to be open about one's self, there is also fear of rejection.

There has been so much denial of and such a stigma attached to parental alcoholism and childhood experiences that shame is associated with one's revealing terrible "secrets". Also significantly complicating any efforts to get help, is the tendency for seeking approval and projecting a socially acceptable facade which prevent recognition of adult children of alcoholics distress

(Gravitz and Bowden, 1985, p. 46).

Group therapy is repeatedly cited by clinicians (Beletsis & Brown, 1981; Black, 1982; Cermak & Brown, 1982; Deutsch, 1982; Gravitz & Bowden, 1984 & 1985; Steinglass, 1978) as the most beneficial therapeutic experience for adult children of alcoholics. Participation in groups facilitates the breakdown of denial and allows adult children of alcoholics to validate past and present experiences and feelings.

According to Gravitz and Bowden (1984 & 1985), a remarkable, powerfully liberating experience is shared by adult children of alcoholics when given the opportunity to share with each other. All kinds of feelings follow the initial excitement and relief, and their release may be quite intense: guilt (associated with disloyalty to and betrayal of the family), grief, and anger over unmet needs and a lost childhood, "a rush of anxiety, sometimes bordering on terror" (p. 31), and fear.

A specific non-professional group experience which has been described as appropriate therapy for adult children of alcoholics is Al-Anon. Black (1982), Deutsch (1982), Gravitz and Bowden (1985) and Steinglass (1978) reported positive benefits to be gained by adult children of alcoholics who participate in Al-Anon Family Groups. Cutter and Cutter (1987) found that "Al-Anon meets many of the therapeutic needs of those suffering from parental

alcoholism" (p. 32).

Al-Anon groups are self-help therapeutic and educational groups. Group members are relatives and/or friends of alcoholics. Al-Anon groups which focus especially on adult children of alcoholics have been formed. No fees are required and anonymity of members is maintained. Principles guiding Al-Anon groups are adapted from those of Alcoholics Anonymous. There is no other affiliation with A. A.

Ablon (1974), who describes Al-Anon Family Groups, reports effective therapeutic dynamics among members in a nonthreatening atmosphere. The primary group process dynamics identified by Ablon are the learning and sharing of experiences among members and self-examination which leads individuals to new insights. Members of Al-Anon Family Groups are encouraged to think about their own needs and to re-establish self-esteem. Since alternative attitudes and behaviors are provided, members also learn coping skills.

Accuracy of Adult Retrospection

The present study used the Children of Alcoholics Screening Test (CAST) (Jones, 1987). CAST provided scores indicative of subjects' memories of parental drinking practices and childhood experiences associated with the drinking. Additional indicators of parental alcoholism were obtained by asking respondents to describe parents'

drinking practices. The retrospective nature of the inquiries may cause concern over accuracy in reporting real and valid indicators of parental consumption of alcohol and resulting problems.

An important peripheral issue, therefore, is the validity of adult children of alcoholics' recollections. Retrospections by adult children of alcoholics represent their retained memories of childhood perceptions and experiences.

In The Practice of Social Research, Babbie (1983, p. 85) cautions researchers about the accuracy of subjects' recollections. Individuals have faulty memories and some may lie. However, as noted by Miller and Jang (1977, p. 25), adult memories are at least as significant as the precise reality. Memories, whether real or distorted, represent the individual's reality and influence one's behavior and attitudes.

In order to study offspring recollections, O'Malley, Carey and Maisto (1986) tested the accuracy of young adults' (18-35 years of age) reports of alcohol consumption by their parents. Parental reports of frequency of drinking alcohol and quantity of alcohol consumed were compared to offspring reports. Correlations as high as .72 were found between parental drinking patterns and offspring reports. When there was disagreement between offspring and parent reports, the young adults tended to underestimate

the quantity and frequency of alcohol consumed by their parents. These results suggested that young adults' reports of parental alcohol consumption are reasonably accurate; however, when there is disagreement, it is due to underreporting.

There is evidence suggesting that, even at the time of consumption, actual amounts of alcohol ingested by individuals is underestimated. In a study conducted by Frankenstein, Hay and Nathan (1985), alcoholics were given known quantities of alcohol to consume. Both alcoholics and their spouses, who observed the alcohol consumption, estimated the amount consumed. The researchers reported, "Alcoholic subjects consumed an average of 7.5 oz. of 80-proof alcohol. Alcoholics and spouses estimated that the alcoholics had received an average of 5.8 oz. of 80-proof alcohol" (p. 3).

Also, it is more likely children of alcoholics will understate their experiences in view of the secrecy, denial, shame and memory loss associated with alcohol abuse by a member of one's family. Adult recollection of parental drinking practices and associated problems can, therefore, be accepted as valid memories for the individual and may even be regarded as understatements.

II. STATEMENT OF THE PROBLEM

According to clinicians, adult lives are profoundly affected by childhood experiences with alcoholic parents. Negative self-perceptions and troubled relationships are repeatedly cited as characteristic outcomes for adult children of alcoholics. However, clinical descriptions of adult children of alcoholics are based on observation with little supporting systematic empirical data.

Scientifically based conclusions can not yet be made about the adult children of alcoholics population. A wide base of findings from comparable research studies is needed. Among research studies which have been conducted, the failure of some results to support clinical findings may be attributable to methodological issues which need to be addressed. Because our knowledge about adult children of alcoholics lacks a strong empirical base, much more systematic research needs to be done which describes adult children of alcoholics' attributes and life experiences.

A small number of research studies have been conducted with adult children of alcoholics samples. Comparison with the few studies available, however, is hampered by problematic factors described herein. The ability to compare this study's findings with the results

of other studies is limited. As this study was designed, in part, to describe adult daughters of alcoholics actively participating in therapeutic experiences, this factor alone limits it's comparability with the works of others.

In the professional literature, there are few reports of adult children of alcoholics research studies. Known exceptions include the works of Barnes et al. (1978), Black et al. (1986) and Miller and Jang (1977). The few dissertations and one thesis known to report self-concept findings either looked at a specific dimension of self-concept, such as Gennett's (1983) "social self-esteem" or studied college student samples (Andrasi, 1986; Ferril, 1986; Goglia, 1986; Wilson, 1987) or researchers fail to report descriptive statistical data, such as, subjects' mean scores on the Tennessee Self-Concept Scale (Duprez, 1987; Ferril, 1986).

Thus, there is a lack of a comparable data base for this study. Comparisons will be made with the work of others when possible; otherwise, due to the limited data base in the literature with which to compare results, this study will focus on comparing findings among sub-samples.

Many variables which deserve systematic study have been neglected. There is a lack of statistical data which describe therapeutic experiences in spite of the fact that the current literature about the adult children of alcoholics population is primarily clinical. No research

findings have been reported which describe the self-concept of a sample of adult children of alcoholics actively participating in therapy and/or support groups. Very little research has been conducted to find indicators of the characteristically troubled relationships described by clinicians. Data are lacking about such important relevant variables as childhood years during which parents consumed alcohol and frequency of parental consumption of alcohol. The need to systematically look at gender variables, sex of alcoholic parent and sex of offspring, has recently been recognized and is being addressed. Much more empirical data needs to be collected about these and other variables.

This descriptive study attempts to determine if clinical observations are supported by data collected from active participants in therapy and/or support groups. It focuses on adult daughters of alcoholics because females have received a relative lack of attention. Gender needs to be treated as a variable. Research questions provide data descriptive of respondent's self-concept, disrupted relationships and therapeutic experiences. The ability to differentiate adult daughters of alcoholics from a comparison group of adult daughters of nonalcoholics received primary focus. Additional data describe attributes and experiences which are seldom reported in the clinical or research literature. The reserach questions were:

I. Will descriptive data generated from the administration of research instruments to women who participate in this study differentiate adult daughters of alcoholics from adult daughters of nonalcoholics?

Specifically:

1. Will obtained measures of self-concept differentiate adult daughters of alcoholics from adult daughters of nonalcoholics?
2. Did adult daughters of alcoholics have more disrupted relationships in childhood than adult daughters of nonalcoholics as evidenced by parental separations, divorces or deaths, as well as, sibling deaths prior to subjects' 18th birthday?
3. Do adult daughters of alcoholics have more disrupted marriages than adult daughters of nonalcoholics as evidenced by separations, divorces or deaths of spouses?
4. Have adult daughters of alcoholics experienced a greater total number of losses than adult daughters of nonalcoholics as evidenced by disrupted parental and sibling relationships in childhood and disrupted spousal relationships in adulthood?

II. What are the therapeutic experiences of adult daughters of alcoholics?

1. How much time have adult daughters of alcoholics

spent in individual therapy with a counselor, therapist, psychiatrist or psychologist?

2. How much time have adult daughters of alcoholics spent in group therapy with a counselor, therapist, psychiatrist or psychologist?

3. How much time have adult daughters of alcoholics spent in Al-Anon Family Groups?

4. How much time have adult daughters of alcoholics spent in Al-Anon/Adult Children of Alcoholics support groups?

III. What are the therapeutic experiences of adult daughters of nonalcoholics?

1. How much time have adult daughters of nonalcoholics spent in individual therapy with a counselor, therapist, psychiatrist or psychologist?

2. How much time have adult daughters of nonalcoholics spent in group therapy with a counselor, therapist, psychiatrist or psychologist?

Methodological Issues

It is difficult to determine if previous research findings supported or failed to support clinical descriptions of adult children of alcoholics because of methodological problems inherent in many studies. The methodological issues confound attempts to interpret findings and compare samples from the population

purportedly under study. There is a wide range of operational definitions of adult child of an alcoholic. Clinical reports have been tested in studies with college student samples which are loosely labeled children of alcoholics and assumed to not be participating in therapy. Essential demographic data and background information frequently have been omitted. Sometimes there has been a failure to report basic descriptive statistical findings.

The methodological problem of identifying who is a child of an alcoholic is a serious concern, as noted by Barnes et al. (1978) and Jacob and Leonard (1986). Some researchers (Ackerman, 1987; Davis, 1983; Duprez, 1987) have used an affirmative response to a single item as indicative of parental alcoholism and the item asked about a parental "drinking problem" not "alcoholism". Using responses to a single item, Duprez (1987) found approximately half (61 out of 123) of the adult college students sampled to be children of alcoholics. Duprez (p. 80-81) attributed the unusually high proportion of adult children of alcoholics found in the sample to the possibility that they are over-represented in psychology classes. The possible mis-labeling of subjects was not discussed.

Other researchers (Ferril, 1986; Gennett, 1983; Jackson, 1984; Wilson, 1987) used an existing instrument, such as the Children of Alcoholics Screening Test (CAST)

(Jones, 1987), or, an adapted version of the Michigan Alcoholism Screening Test. However, use of an existing instrument may not in itself assure a concise operational definition of child of an alcoholic.

The developer of the Children of Alcoholics Screening Test (Jones, 1987, p. 9), recommends using a CAST score of six as indicative of parental alcoholism and scores of two to five as indicative of a drinking problem. Ferril (1986) used CAST to operationalize subjects raised in alcoholic homes but she developed two sets of criteria for the operationalization. The criteria used initially was a score of "6 or more on the C.A.S.T. and/or a C.A.S.T. score of 4 or more and a positive response" (Ferril, 1986, p. 60) to the questionnaire item, "If you feel that your parent(s) have or had a problem with alcohol, please indicate which parent..." (p. 139). Discriminant analysis was performed, predicting group membership based on measures of several characteristic variables reported by clinicians. Forty-four subjects were identified as 'adult children of alcoholics'. One hundred three subjects were classified as non-ACA. During analysis Ferril judged the criteria to be "too stringent", "allowing for over classification into the non-ACA group" (p. 61-64) and revised the criteria.

She then used a second criteria of 2 or more "yes" answers on CAST and/or a positive response to the above question. Fifty-two subjects were then classified as

'adult children of alcoholics' (p.73). According to results of the discriminant analyses, Ferril (p. 63) reported 18 subjects were classified "correctly" with the first operationalization and 19 were correctly classified with the second (p. 73).

Subjects who's CAST scores were not indicative of parental alcoholism, but who responded positively to the single item, were described by Ferril as possibly being in denial (p. 84). Ferril also suggested the instrument may be "vulnerable to social desirability" (p. 85). Because CAST criteria were altered and CAST results were not reported, it is difficult to determine accuracy of subject labeling and to interpret Ferril's research findings.

Andrasi (1986), Duprez (1987), Ferril (1986), Goglia (1986) and Jackson (1984) reported disconfirmation of clinical observations with findings from samples of college students and questioned the generalizability of the clinical literature. Ferril reported on a 'non-clinical' college student sample, yet failed to ask, or, did not report asking, respondents about therapeutic experiences. Subjects recruited from college classrooms may or may not be concurrently participating in adult children of alcoholics support groups or therapy. The role of college student and participation in therapeutic experiences are not mutually exclusive activities.

Whether or not the reports of clinicians are valid

and generalizable to the population of adult children of alcoholics is a valid concern to researchers. However, the question of generalizability raises other methodological issues. When the test of clinical findings is an objective of research, statistical data should be collected from adult children of alcoholics who seek therapeutic help. First, confirmation of the clinical literature requires research samples of adult children of alcoholics who are active participants in therapy and/or support groups. The test of clinical observations with samples of adult children of alcoholics who are actively participating in therapeutic experiences should precede the questioning of whether or not the clinical literature is generalizable to adult children of alcoholics who have not sought therapeutic help. Statistical data from numerous studies conducted with comparable therapeutic samples are an essential prerequisite to making scientifically based conclusions about clinical observations. Such comparable statistical findings will either confirm or fail to confirm the reports of clinicians.

After a body of supporting empirical evidence confirms clinical observations with samples of adult children of alcoholics in therapy and/or support groups, it will then be appropriate to question whether or not the reports of clinicians are generalizable to the population of adult children of alcoholics. Otherwise, there is no

logical basis to conclude that clinical reports are generalizable.

The much needed collection of empirical evidence from comparable studies calls for a broad base of descriptive statistical data. Comparison of groups in one study, as well as, comparison of samples and results from numerous studies are impeded when limited data describing samples are presented. Kitson, Sussman, Williams, Zeehandelaar, Shickmanter and Steinberger (1982) noted that when two groups are compared on a limited number of attributes and other characteristics are not defined or measured, "differences between groups may be due to differences in sample characteristics" (p. 972). Interpretation and comparison of research findings are impeded due to a conspicuous lack of descriptive data about subjects in research studies with samples of adult children of alcoholics at the present time. This is the case for adult children of alcoholics studies which have reported self-concept findings and other attributes, as well.

Wyllie (1974, 1979) extensively reviewed the massive self-concept literature and reported methodological concerns. According to Wyllie (1979, p. 245), it is more difficult to assess self-concept findings when samples are "sketchily described". Pertinent variables such as social class and family relationships should be reported as they may be "empirically related to self-concept". Any

construct is more clearly defined when placed in context and background data describing subjects are provided (p.244-45). The lack of data descriptive of adult children of alcoholics samples makes it more difficult to interpret and compare research findings. Duprez (1987), Ferril (1986), Gennett (1983) and Jackson (1984), who reported results of studies of adult children of alcoholics, neglected to describe relevant variables.

Gennett (1983) studied self-concept (social self-esteem), sex role identity and gender identity, but failed to report the marital status or marital history of subjects. Duprez (1987) gave subject's current marital status, but did not describe past marital history. A subject who is reportedly married at the time of study may be in a second or third marriage. Jackson (1984) did not report marital status or marital disruption of subjects although she looked at "serious life events".

Some researchers fail to report important relevant statistical data which are essential for systematic comparison of research findings. Both Duprez (1987) and Ferril (1986) used the Tennessee Self-Concept Scale to measure self-concept. No descriptive statistics for subjects' Tennessee Self-Concept Scale findings are reported by either Duprez or Ferril.

Concerns regarding this specific methodological issue are not restricted to reports describing adult children of

alcoholics research. A similar failure to report mean scores for the Tennessee Self-Concept Scale was noted in the alcoholism literature by Carroll, Malloy, Roscioli, Pindjak & Clifford (1982, p. 726).

Addressing Methodological Problems

Methodological issues were addressed in the present study as follows. Child of an alcoholic was operationalized with a score of six or higher on the Children of Alcoholics Screening Test (CAST) (Jones, 1987) and an affirmative response to the questionnaire item, "I had (a) parent(s) while I was growing up who had a drinking problem". Answers to this question were compared with respondents' scores on CAST to see how successfully a single item can identify offspring of alcoholics. The same operationalization was used to screen comparison group subjects for possible non-self-identified adult daughters of alcoholics.

It was assumed that clinical findings should be tested with data collected from active participants in therapy and/or support groups. Support group members were included because they may not be willing or able to pay for private counseling on a regular basis. Therefore, adult daughters of alcoholics were sought who were currently participating in therapy and/or Al-Anon Family Groups and/or Al-Anon Adult Children of Alcoholics support groups.

Demographic and background data provide a broad, empirically based description of subjects and enable a systematic comparison of subject groups. Data were collected about subjects' ages, levels of education, employment, personal and household incomes, living arrangements, marital status, marital histories, numbers of children and years parents were married. Respondents reported other contextually relevant life experiences which provided more background information. Additional data described sex of alcoholic parent, parental drinking practices, reasons therapeutic help was sought, reasons marriages ended and life stressors at the time of study. The additional descriptive variables were included to permit a more knowledgeable interpretation of research question findings and to address methodological concerns.

III. METHODS

Sample

Because a true random sample of adult daughters of alcoholics cannot be obtained, it was necessary to use a special sample (Nardi, 1981). According to Kitson et al. (1982), purposive nonprobability sampling techniques "may be the most feasible approach" to "finding enough subjects with low-frequency characteristics" (p. 967). While noting the limitations of purposive samples, Kitson et al. (1982) stated "If the aim is simply to describe the group being studied, there is no need for more sophisticated sampling techniques" (p. 967).

One of the main objectives of this research was to describe a special sample of respondents. Therefore, the sampling procedures used ensured the likelihood of obtaining a group of self-identified, adult daughters of alcoholics who were participating in therapeutic experiences and a comparison group of adult daughters of nonalcoholics. Respondents were divided into groups, first, by the operationalization of child of an alcoholic (p. 53) and, second, according to their current therapeutic experiences.

In this study, the word 'therapy' refers to interacting with a professional helper who is a counselor,

therapist, psychiatrist or psychologist in individual or group settings. 'Therapeutic experiences' means participating in individual therapy or group therapy or attendance at support group meetings or any combination of these activities. Support groups were specified as Al-Anon Family Groups and Al-Anon Adult Children of Alcoholics groups.

Participants were female, aged 21 or older. The 114 subjects who fit research criteria included 52 adult daughters of alcoholics and a comparison group of 33 adult daughters of nonalcoholics. A second group of adult daughters of alcoholics was also formed. Among respondents for the comparison group were 29 adult daughters of alcoholics who were not in therapy and/or criterion support groups at the time of study. Because of this, the sample was divided into three groups. Each group is described below.

Adult Daughters of Alcoholics

Adult daughters of alcoholics were conceptualized as self-identified offspring of a parent or parents whose habitual consumption of alcohol was associated with problems during the subject's childhood as recollected and perceived by the offspring. Self-identified adult daughters of alcoholics were sought from among clients in therapy and members of Al-Anon Family Groups and Al-Anon Adult Children of Alcoholics groups in Southern New

Hampshire.

Group 1. The criteria for inclusion in the adult daughters of alcoholics, Group 1, included:

1. answered "yes" to "I had (a) parent(s) while I was growing up who had a drinking problem", item # 1, page 1 of the questionnaire.
2. obtained a score on CAST which was indicative of parental alcoholism (six or higher)
3. participant in therapy and/or Al-Anon Family Groups and/or Al-Anon Adult Children of Alcoholics Groups at the time of study.

Adult daughters of alcoholics who fit the research criteria numbered 52 and were placed in Group 1. Group 1 adult daughters of alcoholics had a mean age of 37.4 years ($SD = 7.9$), a mean of 14.7 years of education ($SD = 2.7$), a mean household income of \$46,111 ($SD = \$22,423$), and a mean CAST score of 22.19 ($SD = 4.96$).

Group 2. The second, unexpected, group was formed of adult daughters of alcoholics who were not in therapy and/or criterion support groups at the time of study. Respondents placed in the second group of adult daughters of alcoholics met the following criteria:

1. answered "yes" to "I had (a) parent(s) while I was growing up who had a drinking problem", item # 1, page 1 of the questionnaire
2. obtained a score on CAST which was indicative of

parental alcoholism (six or higher)

3. not in therapy and/or Al-Anon Family Groups and/or Al-Anon Adult Children of Alcoholics Groups at the time of study.

Twenty-nine adult daughters of alcoholics were placed in Group 2. Adult daughters of alcoholics, Group 2, had a mean age of 38.4 years ($SD = 9.1$), a mean of 14.9 years of education ($SD = 2.5$), a mean household income of \$49,385 ($SD = \$39,088$) and a mean CAST score of 20.10 ($SD = 5.02$).

Adult Daughters of Nonalcoholics

In order to screen for daughters of alcoholics among women sampled for inclusion in Group 3, all respondents were given the Children of Alcoholics Screening Test (CAST). Women who did not fit research criteria were excluded from the study.

Group 3. The comparison group contained 33 adult daughters of nonalcoholics. Adult daughter of nonalcoholics was operationalized by the following criteria:

1. answered "no" to "I had (a) parent(s) while I was growing up who had a drinking problem", item # 1, page 1 of the questionnaire
2. obtained a score on CAST which was indicative of no parental alcoholism (less than six).

Subjects in the comparison group had a mean age of

35.9 years (SD = 7.4), a mean of 15.2 years of education (SD = 3.2) and a mean household income of \$41,833 (SD = \$21,498). A mean CAST score of 0.52 (SD = 1.18) was found for adult daughters of nonalcoholics.

Instruments

Instruments used in the study were the Children of Alcoholics Screening Test (CAST) (Jones, 1987; Pilat & Jones, 1985) (Appendix E), Tennessee Self-Concept Scale (Roid & Fitts, 1988) and the questionnaire (Appendix D) developed for this research.

CAST

Women who are daughters of alcoholics were differentiated from women who are not by the use of the Children of Alcoholics Screening Test (Jones, 1987). CAST is designed to identify children of alcoholics aged nine through adults. It is a 30-item, self-administered inventory for which scores are obtained by adding the number of "yes" responses. Scores of six and higher are indicative of parental alcoholism. A split-half reliability coefficient of .98 and a criterion-referenced validity coefficient of .78 ($p < .0001$) are reported by Pilat and Jones (1985, p. 29).

Tennessee Self-Concept Scale

Self-concept was measured using the Tennessee Self-Concept Scale (T.S.C.S.). The Tennessee Self-Concept Scale is a 100-item, self-administered scale which yields scores indicative of the respondent's self-concept. Sub-scales indicate perceptions and behaviors along the following dimensions: Physical Self, Moral-Ethical Self, Personal Self, Family Self, Social Self, Self-Criticism, Identity, Self-Satisfaction and Behavior. Test-retest reliability measures range from .60 to .92 for it's various sub-scale scores. Results of extensive reliability and validity testing are available in Roid and Fitts (1988).

Established norms for the T.S.C.S. permit comparison of obtained scores with those reported in the Manual for the standardization group. That sample was composed of 626 subjects whose scores conformed "fairly closely" to the normal curve (p. 57). Scales were normalized based on raw score frequency distributions obtained from this sample. The Manual contains descriptive details of how the scores were normalized (Roid & Fitts, 1988, p. 16-17 & p. 53-58).

Questionnaire

A self-administered questionnaire developed for this research provided demographic data and information on childhood and adult life experiences. Questions about childhood experiences provided data describing parental

marital histories, parental alcohol consumption and disrupted relationships. Relationship disruption in childhood was determined by answers to questions about parental separation, divorce and death and also sibling death. Marital and therapeutic experiences were reported by subjects and they were asked to describe current life stressors.

Subjects who had parents with drinking problems estimated the number of times per week parents drank "heavily". They also reported the number of childhood years during which parents drank "excessively".

Procedure

Sampling Technique

Participants were recruited through display of two information sheets (Appendix A and B). One information sheet (Appendix A) was used in therapists' offices and at support group meetings. The second information sheet (Appendix B), designed to recruit adult daughters of nonalcoholics, was displayed in public places such as supermarkets and libraries. Information sheets were either mounted on cardboard for bulletin board display or loose sheets were left on a rack or table. Both displays permitted potential participants to take pertinent information with them.

Piloting

Research materials were piloted with 10 women. Among them were both adult daughters of alcoholics and nonalcoholics. Changes were made to clarify a few items in the questionnaire following piloting.

Data Collection

One hundred forty women contacted the researcher requesting packets of research materials. The research packet contained: 1. Instructions to Participants, 2. an Informed Consent Sheet, 3. a Tennessee Self-Concept Scale test booklet with Form C Answer Sheet, 4. a Children of Alcoholics Screening Test, 5. the questionnaire and 6. a stamped, pre-addressed manila return envelope (See Appendix D and E).

Eighty-nine percent of the distributed packets were returned. Blank packets were returned by two women who said they were unable to participate. Fourteen women did not return research packets. Of the 124 respondents, 10 were excluded from the study. Excluded respondents either returned incomplete research instruments or they did not fit research criteria.

Data Analysis

Data was analyzed using the Statistical Package for the Social Sciences (SPSS) (Nie, Hull, Jenkins,

Steinbrenner and Bent, 1975). One-way analysis of variance was used to test for group mean differences among the three groups. The Scheffé procedure was then used as a post hoc test of significance (Nie et al., p. B-134). Comparisons of two groups were done using t-tests. Chi-square analyses were performed using Yates' correction for continuity (Nie et al., p. B-77).

IV. FINDINGS

First, sample characteristics are reported. These attributes include subjects' ages, levels of education, personal and household incomes, employment, years of marriage, living arrangements, number of children and years parents married. Second, variables are reported describing parental consumption of alcohol and subjects' responses to the Children of Alcoholics Screening Test (CAST) (Jones, 1987) which also provide important background information. Third, data generated in response to research questions are presented. Finally, additional findings are reported.

Subjects

No significant differences were found among adult daughters of alcoholics, Group 1, adult daughters of alcoholics, Group 2, and the comparison group of adult daughters of nonalcoholics, Group 3, on the following variables: age, years of education, personal income, household income, time in job, years in marriage 1, years in marriage 2, number of children and years parents were married. Means and standard deviations for these variables are shown in Table 1. Also, the groups did not differ significantly with regard to levels of education attained, occupation, or living arrangements.

Table 1

Means and Standard Deviations for Demographic Variables

| | Group | | |
|---------------------|--------|--------|--------|
| | 1 | 2 | 3 |
| Age | | | |
| <u>M</u> | 37.4 | 38.4 | 35.9 |
| <u>SD</u> | 7.9 | 9.1 | 7.4 |
| <u>n</u> | (52) | (29) | (33) |
| Education, in years | | | |
| | 14.7 | 14.9 | 15.2 |
| | 2.7 | 2.5 | 3.2 |
| | (50) | (29) | (32) |
| Income, personal | | | |
| | 23,404 | 21,909 | 21,433 |
| | 11,412 | 10,465 | 10,947 |
| | (47) | (22) | (30) |
| Income, household | | | |
| | 46,111 | 49,385 | 41,833 |
| | 22,423 | 39,088 | 21,498 |
| | (45) | (26) | (30) |

(table continues)

| | Group | | |
|-----------------------|-------|------|------|
| | 1 | 2 | 3 |
| <hr/> | | | |
| Months in job | | | |
| M | 67.7 | 58.9 | 59.0 |
| SD | 71.4 | 58.3 | 62.7 |
| n | (47) | (21) | (29) |
| | | | |
| Years in marriage 1 | | | |
| | 11.1 | 13.3 | 10.0 |
| | 8.5 | 9.6 | 6.7 |
| | (39) | (26) | (22) |
| | | | |
| Years in marriage 2 | | | |
| | 7.7 | 4.4 | 8.3 |
| | 3.7 | 5.3 | 6.6 |
| | (14) | (7) | (4) |
| | | | |
| Number of children | | | |
| | 1.3 | 1.8 | 1.0 |
| | 1.4 | 1.5 | 1.2 |
| | (31) | (21) | (16) |
| | | | |
| Years parents married | | | |
| | 33.6 | 30.6 | 30.3 |
| | 10.6 | 11.4 | 13.6 |
| | (48) | (27) | (33) |

Note. No significant differences were found on any of these variables. n's vary due to unemployment and/or missing data and/or marital status.

Ages

A mean age of 37.3 (SD = 8.1) was found for the total sample (n = 114) with an age range of 21 to 58 years. Group 1 adult daughters of alcoholics (n = 52) ranged in age from 21 to 57. The age range for Group 2 adult daughters of alcoholics (n = 29) was 24 to 58. Adult daughters of nonalcoholics, Group 3 (n = 33) ranged in age from 22 to 51.

Education

Adult daughters of alcoholics, Group 1, had levels of education that ranged from grade school only through completion of graduate school. Adult daughters of alcoholics', Group 2, and adult daughters of nonalcoholics', Group 3, levels of education ranged from some high school through completion of graduate school. Chi-square analysis indicated no significant difference between adult daughters of alcoholics and adult daughters of nonalcoholics in the distribution of level of education attained.

Income

Personal incomes ranged from \$2,000. to \$60,000. and household incomes varied between \$10,000. and \$200,000.

Employment

Eighty-seven percent of the total sample were employed. Among these 99 subjects, 83 (84%) were employed full time and 16 (16%) were employed part time. Fifteen

subjects (13%) were unemployed at the time of study.

Sixty-five (57%) subjects in the total sample were employed in helping professions, business and office occupations and managerial positions. Frequency of reported occupation categories did not differ significantly between adult daughters of alcoholics and adult daughters of nonalcoholics. Job titles represented by occupation categories and a frequency distribution of reported occupation categories are shown in Appendix F.

Living Arrangements

Approximately half of the subjects in each group were married at the time of study. Means and standard deviations for years in marriage 1 and years in marriage 2 are shown in Table 1. Sixteen (20%) adult daughters of alcoholics ($n = 81$) and 11 (33%) adult daughters of nonalcoholics ($n = 33$) had never been married. See Research Question Findings and Additional Findings for more data describing marital histories.

Fifteen subjects, 13% of the total sample ($n = 114$), had other living arrangements. Examples included living with a female partner, never married but used to live with a male partner and living with (a) parent(s) or sibling. The majority of subjects with other living arrangements were never married. Based on chi-square analysis, adult daughters of alcoholics and adult daughters of nonalcoholics did not have significantly different living

arrangements.

Children

Sixty-eight subjects (60%) had children. Sixteen participants had preschool-aged children, 24 had children of school age, 27 were mothers of teenagers and 19 subjects had children 20 years of age or older. Three Group 1 adult daughters of alcoholics reported a deceased child. No deceased children were reported by Group 2 or Group 3 subjects.

Years Parents were Married

Biological parents of Group 1 adult daughters of alcoholics were married from 11 to 61 years. Group 2 adult daughters of alcoholics' biological parents' marriages ranged in years from 1 to 50. Adult daughters of nonalcoholics, Group 3, reported biological parents had been married from 0 to 56 years.

Summary of Demographic Findings

As reported in Table 1, no significant differences were found among groups of adult daughters of alcoholics and adult daughters of nonalcoholics on demographic variables. Subjects were mostly in their 30s. They had an average of 15 years of education. Most were employed, in their present jobs an average of five years, had personal incomes of about \$22,000 and household incomes in the 40 thousands. About half were married and more than half of

the subjects in the total sample had children. Parents of subjects were married an average of 30 years.

Indicators of Parental Alcoholism

Sex of Alcoholic Parent

Reported cases of maternal, paternal and both mother and father alcoholism are shown in Table 2. Chi-square analysis indicated that the distribution was significantly different than would be expected by chance, $\chi^2(1, n = 81) = 9.60, p = .0082$. Heavy drinking by both parents was reported by 40% of Group 1 subjects, compared to 14% of Group 2 subjects who reported alcoholism in both parents. Among Group 1 adult daughters of alcoholics, 81% had alcoholic fathers. Alcoholic fathers were reported by 90% of Group 2 subjects.

Sixty percent of Group 1 subjects reported maternal alcoholism. Of these, 10 were reported as maternal alcoholism only and 21 cases of both mother and father alcoholism were found. Three Group 2 (10%) daughters of alcoholics indicated mothers only were alcoholic.

Table 2

Sex of Alcoholic Parent

| | Group | |
|-------------|-----------|-----------|
| | 1 (52) | 2 (29) |
| Mother only | 10 | 3 |
| Father only | 21 | 22 |
| Both | 21 | 4 |

Black et al. (1986, p. 222) reported that, among the 409 adult children of alcoholics who participated in their study, 40 percent had alcoholic mothers. Eighty-five percent of the participants reported alcoholic fathers. Ackerman (1987b) found out of "approximately 500" (p. 2) adult children of alcoholics, 60% indicated fathers only were alcoholic (p. 28), "approximately 20%" reported mothers alcoholic (p. 26) and "approximately 20%" reported alcoholism in both parents (p. 30).

Parental Drinking Practices

Table 3 shows means and standard deviations for times per week mother drank heavily, times per week father drank heavily and subjects' childhood years during which parent(s) drank heavily. Modal number of childhood years during which parents drank heavily was 18 years, reported by 18 (35%) Group 1 subjects and 8 (28%) Group 2 subjects. Maternal binge or sporadic alcohol consumption was reported by three Group 1 subjects. Also, three Group 1 subjects reported paternal binge drinking. No Group 2 subjects reported binge or sporadic drinking by either parent.

In response to the question "Which of your parents was the heavy drinker?", seven Group 2 adult daughters of alcoholics checked mother. Four Group 2 subjects who only checked father in response to the same question reported number of times per week father and number of times per week mother drank heavily. The number of times per week mothers were reported to drink heavily was included in data coding and analyses for this variable even though the four subjects did not check mother in response to the question.

Table 3

Parental Drinking Practices

| | | Group | |
|--|--|-------|-------|
| | | 1 | 2 |
| <hr/> | | | |
| Times per week parent(s) drank heavily | | | |
| Mother | | | |
| M | | 5.48 | 4.18 |
| <u>SD</u> | | 2.06 | 2.04 |
| <u>n</u> | | (29) | (11) |
| Father | | | |
| | | 4.95 | 5.31 |
| | | 2.19 | 1.91 |
| | | (39) | (26) |
| Number of childhood years during which parent(s) drank heavily | | | |
| | | 12.02 | 12.32 |
| | | 5.86 | 4.75 |
| | | (52) | (28) |

Note. No significant differences were found on any of these variables.

Children of Alcoholics Screening Test

There was a significant difference between adult daughters of alcoholics and adult daughters of nonalcoholics in total number of "yes" responses on the Children of Alcoholics Screening Test (CAST). Table 4 shows means, standard deviations and ranges of CAST scores for subject groups.

Twenty-six (79%) Group 3 subjects obtained CAST scores of zero. Seven (21%) adult daughters of nonalcoholics scored less than five "yeses" on CAST. See Appendix E and Additional Findings for detailed description of CAST results.

In the Test Manual, Jones (1987, p. 10) reported children of alcoholics obtained mean CAST scores of 17.4 (SD = 5.7). Sampled adult children of alcoholics received mean CAST scores of 12.8 (SD = 9.7) (p. 13). "Significant positive correlations" were found by Jones (p. 13) between adults' total CAST scores and amount of alcohol reportedly consumed by parents, as well as, between total CAST scores and number of days per week parents consumed alcohol.

Table 4

Means, Standard Deviations and Ranges for
Children of Alcoholics Screening Test Scores

| | Group | | | F-Ratio |
|--------------|---------------------|--------------------|--------------------|---------|
| | 1 | 2 | 3 | |
| | (52) | (29) | (33) | |
| <u>M</u> | 22.19 ^{ab} | 20.10 ^b | 0.52 ^{ab} | 286.84* |
| <u>SD</u> | 4.96 | 5.02 | 1.18 | |
| <u>Range</u> | 7.00-29.00 | 7.00-28.00 | 0.00-4.00 | |

Note. Maximum score = 30.

^{ab} Groups significantly different at the .00001 level based on Scheffé test.

Research Questions

A number of research questions tested the ability of resulting data to differentiate adult daughters of alcoholics from adult daughters of nonalcoholics.

Indicators of self-concept and disrupted relationships are reported, followed by findings which describe therapeutic experiences.

I. Will descriptive data generated from the administration of research instruments to women who participate in this study differentiate adult daughters of alcoholics from adult daughters of nonalcoholics?

1. Will measures of self-concept differentiate adult daughters of alcoholics from adult daughters of nonalcoholics?

Mean scores and standard deviations on the Tennessee Self-Concept Scale (T.S.C.S) are reported in Table 5. A one-way analysis of variance indicated adult daughters of alcoholics and adult daughters of nonalcoholics differed significantly on Total self-concept score and several sub-scale scores. All mean scores found to differ significantly between Groups 1 and 3 are on scales having test-retest reliability coefficients ranging from .85 to .92 (Roid & Fitts, 1988, p. 69).

Group 1 adult daughters of alcoholics scored significantly lower than adult daughters of nonalcoholics, Group 3, in Total self-concept score. T.S.C.S. Total scores, derived from summation of sub-scale scores, reflect "a multifaceted set of perceptions and expectations concerning competencies, limitations, typical behavior, relationships with others, and feelings of personal worth" (p. 33).

Significantly lower mean scores on Identity, Self-Satisfaction, Behavior, Personal Self and Family Self

Table 5

Tennessee Self-Concept Scale Mean Scores and Standard Deviations

| | Group | | | F-Ratio |
|-----------------------|--------------------------------|-------------------|--------------------------------|---------|
| | 1 (52) | 2 (29) | 3 (33) | |
| Total Score | 321.37 ^a (38.39) | 335.83 (40.69) | 349.94 ^a (25.02) | 6.56** |
| Identity | 115.50 ^a (12.74) | 119.76 (10.64) | 126.00 ^a (8.86) | 8.85*** |
| Self- Satisfaction | 98.52 ^a (16.60) | 104.62 (19.31) | 109.88 ^a (10.57) | 5.27** |
| Behavior | 107.35 ^a (12.49) | 111.45 (13.14) | 114.06 ^a (9.15) | 3.44* |
| Physical Self | 62.77 (9.69) | 65.14 (8.69) | 66.00 (6.96) | 1.56 |
| Moral-Ethical Self | 71.54 (9.85) | 73.79 (9.90) | 75.73 (6.23) | 2.25 |
| Personal Self | 61.06 ^a (9.89) | 62.93 (10.41) | 67.03 ^a (7.30) | 4.13* |
| (table continues) | | | | |

| | Group | | | F-Ratio |
|-------------------|-------------------------------|--------------------------------|-------------------------------|----------|
| | 1 | 2 | 3 | |
| Family Self | 60.21 ⁼⁼ (9.81) | 65.69 ⁼⁼ (10.32) | 71.58 ⁼⁼ (6.95) | 15.47*** |
| Social Self | 65.81 (9.01) | 68.28 (10.51) | 69.61 (7.17) | 1.95 |
| Self-Criticism | 38.00 ⁼ (5.25) | 34.55 ⁼ (6.45) | 36.09 (5.97) | 3.47* |
| Total variability | 48.71 (14.25) | 45.79 (15.68) | 42.36 (9.83) | 2.23 |
| Net conflict | -4.71 (9.85) | -7.69 (15.72) | -5.12 (10.02) | 0.65 |
| Total conflict | 32.10 (7.72) | 32.21 (7.19) | 29.61 (8.52) | 1.22 |

⁼⁼ Groups significantly different based on the Scheffé test.

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

differentiated Group 1 from Group 3 subjects. These sub-scale scores represent (Roid & Fitts, p. 3):

Identity: self-perceived basic identity; this is what I am.

Self-Satisfaction: level of self-acceptance of perceived self.

Behavior: own actions as perceived by self.

Personal Self: assessment of personal adequacy separate from physical self and interactions with others.

Family Self: perceived adequacy of self in relation to family members.

Group 1 adult daughters of alcoholics scored significantly lower than adult daughters of nonalcoholics in all three dimensions of internal frame of reference: Identity, Self-Satisfaction and Behavior. Significantly lower scores also differentiated Group 1 from Group 3 subjects in two of the five external frame of reference dimensions: Personal Self and Family Self (Roid & Fitts, 1988, p. 33).

A significant difference was found on the Family Self sub-scale between Group 2 adult daughters of alcoholics and the comparison group of adult daughters of nonalcoholics. Family Self was the only T.S.C.S. scale on which a significant difference in mean scores was found between Groups 2 and 3.

Group mean scores were plotted graphically on the T.S.C.S. "Profile Sheet". The "Profile Sheet" is printed

on the reverse side of each answer sheet. It contains percentile and T-score scales representing the distribution of normative data obtained from the sample upon which the T.S.C.S. was standardized. Profile scales are centered and aligned at the 50th percentile with incremental norms and upper and lower normal limits depicted for each scale (Roid & Fitts, 1988, p. 13-21).

Profile patterns visually indicated daughters of nonalcoholics mean scores were closer than daughters of alcoholics' to the normative 50th percentile on all means, except Self-Satisfaction, Moral-Ethical Self and Physical Self (Roid & Fitts, p. 18-19). Among means for these three sub-scales only Self-Satisfaction significantly differentiated Group 1 adult daughters of alcoholics from adult daughters of nonalcoholics.

In Self-Satisfaction and Moral-Ethical Self, adult daughters of nonalcoholics' scores moved toward those of high-functioning, well-integrated individuals. Self-Satisfaction mean score was at the 50th percentile for Group 2 subjects. Moral-Ethical Self was closest to the normative 50th percentile mean score for Group 1. Physical Self mean scores for all three groups were close to the 20th percentile. Group 2 and 3 means were almost identically at the this level, while, the Group 1 mean was at the 10th percentile for Physical Self.

Among adult daughters of alcoholics, those currently

in therapy and/or support groups (Group 1) were significantly higher in Self-Criticism scores than Group 2 subjects. The Self-Criticism sub-scale (Roid & Fitts, 1988, p.3) measures a respondent's ability to recognize common human frailties in oneself. Higher scores, within norms, are indicative of a healthy ability to be self-critical. Each of the three group mean scores was within standardized normal limits for Self-Criticism. Roid & Fitts (p. 68) report a test-retest reliability coefficient of .75 on the Self-Criticism sub-scale.

Family Self sub-scale scores were significantly different between Groups 1 and 2, Groups 1 and 3, and also between Groups 2 and 3. Adult daughters of nonalcoholics scored significantly higher in Family Self than adult daughters of alcoholics. Group 2 daughters of alcoholics (those not currently in therapy and/or support groups) scored significantly higher than Group 1 subjects (currently in therapy and/or support groups). According to Roid and Fitts lower Family Self scores may be indicative of "a recent situational, or long-standing, disruption in family relationships that is affecting the individual's self-concept" (p. 17).

Some scores were found to be outside of established norms for the Tennessee Self-Concept Scale. Group 1 Family Self mean score and Identity mean score were below the 10th percentile of established normalized limits. All other

group means (total self-concept and sub-scale) were within normal limits.

An additional one-way analysis of variance was performed to test for significant differences in Tennessee Self-Concept Scale Total scores by sex of alcoholic parent. Adult daughters of alcoholics (n = 81) combined self-concept scores yielded no significant differences between those who had both parents alcoholic, mothers only alcoholic and fathers only alcoholic.

On indicators of internal conflict and variability in respondent's concept of self, no significant differences were found among groups. The Total Variability scale score indicates total amount of response variability on the T.S.C.S., that is, inconsistency in self-perception from one area to another. Scores on the Net Conflict scale are indicative of a relationship between respondents' positive and negative statements in areas of self-perception. Total Conflict score represents a sum of discrepancies which indicate total amount of conflict in self-concept (Roid & Fitts, 1988, p. 3-5).

No significant differences were found on Physical Self, Moral-Ethical Self and Social Self sub-scale mean scores between or among groups. The Physical Self scale is indicative of respondents' views of their state of health, attractiveness and sexuality. Moral-Ethical Self score represents feelings about self as a "good" or "bad" person

and one's relationship to God. Social Self sub-scale scores are indicative of respondents' perceptions of adequacy in interactions with people in a general social context (Roid & Fitts, 1988, p. 3).

In summary, analyses of self-concept measures indicated Tennessee Self-Concept Scale Total and sub-scale scores significantly differentiated Group 1 adult daughters of alcoholics from adult daughters of nonalcoholics in this sample. Among adult daughters of alcoholics, subjects currently in therapy and/or support groups differed significantly from those not participating in therapy and/or support groups at the time of study in Family Self and Self-Criticism scores. The Family Self sub-scale was the only T.S.C.S. scale on which a significant difference was found between Group 2 adult daughters of alcoholics and the comparison group, Group 3.

2. Did adult daughters of alcoholics have more disrupted relationships in childhood than adult daughters of nonalcoholics as evidenced by parental separations, divorces or deaths, as well as, sibling deaths prior to subjects' 18th birthday?

There were no significant differences between adult daughters of alcoholics and adult daughters of nonalcoholics in parental separations, parental divorces and deaths of fathers prior to subjects' 18th birthdays. ANOVAs could not be performed in other disrupted relationship categories due to the small numbers of subjects affected. Table 6 shows a summary of findings for disrupted relationships experienced by subjects in their childhoods. The numbers do not show multiple losses experienced by individual subjects.

Two subjects in Group 1 suffered the deaths of two family members prior to age 18. One lost her mother through death at age 10; her father remarried and he died when the subject was 15 years of age. A second Group 1 subject was aged 12 when a brother died and 15 years of age when her father died. Another subject in Group 1, whose father died when she was 14, lost her mother through death at 18 years of age; however, this mother's death was not counted in disrupted childhood relationships as it did not

Table 6

Number of Disrupted Relationships in Childhood

| | Group | | |
|---------------------|-------|------|------|
| | 1 | 2 | 3 |
| | (52) | (29) | (33) |
| Disruption: | | | |
| Parental separation | 8 | 8 | 6 |
| Parental divorce | 2 | 2 | 4 |
| Death of father | 3 | 2 | 6 |
| Death of mother | 1 | - | - |
| Death of brother | 2 | - | - |
| Death of sister | 1 | 1 | - |
| Total | 17 | 13 | 16 |

Note. All disruptions occurred prior to subject's 18th birthday.

occur "prior to" subject's age 18. No subjects in Group 2 or 3 experienced deaths of more than one family member prior to age 18.

In a study of 409 adult children of alcoholics and 179 adult children of nonalcoholics, Black et al. (1986, p. 221-222) reported cases of parental and sibling deaths before subjects age 18. Unlike results in this study, they found significant differences between groups in both

parental deaths and sibling deaths. Twenty-three percent of the adult children of alcoholics studied reported parent's death before age 18 as compared to 10% of the adult children of nonalcoholics. Alcohol related sibling deaths were found to be 13% among adult children of alcoholics and 2% for adult children of nonalcoholics.

In this study, fewer reports of parental deaths were given by adult daughters of alcoholics. Eight percent of the adult daughters of alcoholics and 18% of the adult daughters of nonalcoholics reported the death of a parent prior to age 18. It is not known if sibling deaths reported by subjects in this study were alcohol related. Five percent of the adult daughters of alcoholics reported sibling deaths, as compared to no reported sibling deaths among adult daughters of nonalcoholics.

Also reported in the same study by Black et al. (1986, p. 221), a significant difference was found in reported cases of parental divorce between adult children of alcoholics and nonalcoholics. Twenty-four percent of the parents of adult children of alcoholics had divorced prior to subject's age 18 as compared to six percent among the comparison group. Very few subjects in any group in this study indicated parents divorced prior to their 18th birthdays and no significant differences were found among groups on this variable.

3. Do adult daughters of alcoholics have more disrupted marriages than adult daughters of nonalcoholics as evidenced by separations, divorces or deaths of spouses?

Marital status is shown in Table 7. Proportionately more adult daughters of alcoholics were 'ever married' as compared to adult daughters of nonalcoholics. At the time of study, 41 adult daughters of alcoholics and 15 adult daughters of nonalcoholics were married. Ten (26%) Group 1 adult daughters of alcoholics, 7 (27%) Group 2 adult daughters of alcoholics, and 11 (50%) adult daughters of nonalcoholics were in marriage one at the time of study (percentages are based on numbers ever married).

Years in first marriage and years in second marriage are reported in Table 1. Groups did not differ significantly in years in marriage one and years in marriage two. First marriages ranged in years from 1 to 34 for Group 1 subjects, 2 to 34 for Group 2 subjects and 1 to 24 for Group 3 subjects. Second marriages ranged from 2 to 14 years for Group 1 subjects, 1 to 15 years for Group 2 subjects and 1 to 16 for Group 3 subjects.

Table 7

Marital Status

| | Group | | | |
|---------------------|-------|------|-------|------|
| | 1 | 2 | 1 & 2 | 3 |
| | (52) | (29) | (81) | (33) |
| Ever married | 75% | 90% | 80% | 67% |
| Presently married | 48 | 55 | 51 | 45 |
| Ever divorced | 64 | 69 | 66 | 50 |
| Presently separated | 12 | 13 | 6 | - |
| Never married | 25 | 10 | 20 | 33 |

No daughters of nonalcoholics had been married three or four times. One Group 1 and two Group 2 subjects were in their third marriages at the time of study. They were in third marriages a total of 6, 9 and 13 years, respectively. One Group 2 subject was divorced after four marriages. See Additional Findings for reasons marriages ended.

Adult daughters of alcoholics divorce rates were slightly higher than those of women in the comparison group as reported in Table 8. Chi-square analysis revealed the distribution of cases of divorce was not significantly different than would be expected by chance. When the figures for subjects who were separated at the time of study were added to divorce figures, a proportionately larger percentage of adult daughters of alcoholics had experienced disrupted marital relationships. The difference was significant, $\chi^2(2, n = 87) = 2.1, p < .05$. Remarriage rate was also slightly higher among adult daughters of alcoholics.

In addition to the reported marital disruptions due to divorce and separation, one adult daughter of alcoholics Group 1 subject had experienced the death of her husband. No subject in Group 2 or Group 3 reported death of husband.

Ackerman (1989) and Black et al. (1986) reported rates of divorce among subjects in each of their studies which were lower than the divorce rates of subjects in this sample. Among adult daughters of alcoholics, Ackerman (1989) reported 42% ($n = 624$) were divorced, and 32% ($n = 585$) of adult daughters of nonalcoholics were divorced. Black et al. (1986, p. 221-222) found 46% ($n = 409$) of the adult children of alcoholics, and 35% ($n = 179$) of the adult children of nonalcoholics in their sample were previously married.

Table 8

Disrupted Spousal Relationships

| | Group | | | |
|--|-------|----|-------|----|
| | 1 | 2 | 1 & 2 | 3 |
| # Ever married | 39 | 26 | 65 | 22 |
| Presently divorced and not married | 9 | 6 | 15 | 5 |
| Previously divorced, now living with male | 1 | 2 | 3 | 2 |
| Presently in marriage 2 | 14 | 7 | 21 | 4 |
| Presently in marriage 3 | 1 | 2 | 3 | - |
| Marriage 4 ended | - | 1 | 1 | - |
| Total | 25 | 18 | 43 | 11 |

(table continues)

| | Group | | | |
|--|-------|-----|-------|-----|
| | 1 | 2 | 1 & 2 | 3 |
| Ever divorced | 64% | 69% | 66% | 50% |
| Presently separated | 3 | 2 | 5 | - |
| Ever divorced + presently separated | 72% | 77% | 74% | 50% |

4. Have adult daughters of alcoholics experienced a greater total number of losses than adult daughters of nonalcoholics as evidenced by disrupted parental and sibling relationships in childhood and disrupted spousal relationships in adulthood?

No significant differences in number of childhood disrupted relationships prior to age 18 were found among groups. A greater number of adult daughters of alcoholics than expected had experienced marital disruption. However, for each group, 52% reported having ever experienced any disrupted relationship in childhood before age 18 and/or disrupted spousal relationship in adulthood. Therefore, subject groups did not differ in total number of losses as

operationally defined by research questions.

Six Group 1, one Group 2 and six Group 3 subjects experienced one disrupted relationship in childhood. Subjects who had no disrupted childhood relationships, but had disrupted marriages numbered 13 in Group 1, 7 in Group 2 and 7 in Group 3. Among all subjects who experienced any relationship disruption in childhood, seven were in first marriages. Of these, four were daughters of nonalcoholics. All other subjects who had disrupted childhood relationships also had disrupted marriages or were never married.

The following losses were reported by subjects but not included with disrupted childhood relationships because they did not occur prior to age 18. Five other daughters of alcoholics (four in Group 1 and one in Group 2) lost parents through death between the ages of 18 and 21. No Group 3 subject lost parents between ages 18 and 21.

II. What are the therapeutic experiences of adult daughters of alcoholics?

1. How much time have adult daughters of alcoholics spent in individual therapy with a counselor, therapist, psychiatrist or psychologist?

Fifty (96%) Group 1 adult daughters of alcoholics (n=52) responded "yes" to the question "Did you ever seek the help of a counselor, therapist, psychiatrist or psychologist?". Twenty-nine (56%) were participating in individual therapy at the time of study. These 29 subjects had currently spent a mean of 33.79 months in therapy (SD = 61.52) with a range of 2 months to 348 months (29 years).

No Group 2 adult daughters of alcoholics were actively participating in individual therapy at the time of study. Twenty-one (72%) Group 2 (n=29) subjects had past experiences in individual therapy and had spent a mean of 16.86 months in therapy (SD = 27.86) with a range of 1 month to 132 months (11 years).

2. How much time have adult daughters of alcoholics spent in group therapy with a counselor, therapist, psychiatrist or psychologist?

Twenty-seven (52%) Group 1 adult daughters of alcoholics had participated in group therapy for a range of 1 month to 84 months. Five (17%) Group 2 adult daughters of alcoholics were previously in group therapy for a mean of 4.80 months (SD = 4.44) with a range of 1 month to 12

months.

3. How much time have adult daughters of alcoholics spent in Al-Anon Family Groups?

Twenty-two (42%) adult daughters of alcoholics, Group 1 (n=52), were attending Al-Anon Family Group meetings at the time of study; they had been attending Al-Anon meetings a mean of 39.00 months (SD = 59.89). These subjects reported frequency of attending meetings in the last month as follows: 10 subjects reported attendance of less than once per week; 5 subjects attended one time per week; 5, two times per week; 1 subject each reported attending three times per week and more than three times per week.

Twelve (23%) Group 1 subjects reported having attended Al-Anon Family Group meetings in the past, but were no longer attending. They had attended a mean of 35.42 months (SD = 34.8). Seven (24%) Group 2 (n = 29) adult daughters of alcoholics had previously attended meetings in the past a mean of 8.29 months (SD = 9.76). No Group 2 adult daughters of alcoholics were attending Al-Anon Family Group meetings at the time of study.

4. How much time have adult daughters of alcoholics spent in Al-Anon Adult Children of Alcoholics support groups?

Thirty-one (53%) Group 1 (n = 52) adult daughters of alcoholics were attending Al-Anon Adult Children of Alcoholics (ACOA) support group meetings at the time of

study. They had participated in ACOA groups a mean of 11.70 months ($SD = 12.74$). Frequency of attendance in the last month was reported as follows: 10 subjects attended ACOA meetings less than once per week; 17 had attended one time per week; 3 subjects reported attendance of two times per week and one attended ACOA meetings three times per week. Among Group 2 adult daughters of alcoholics, 18 (62%) had attended ACOA meetings in the past and were no longer attending.

III. What are the therapeutic experiences of adult daughters of nonalcoholics?

1. How much time have adult daughters of nonalcoholics spent in individual therapy with a counselor, therapist, psychiatrist or psychologist?

Twenty (61%) Group 3 ($n = 33$) subjects responded "yes" to the question "Did you ever seek the help of a counselor, therapist, psychiatrist or psychologist?". Seven were actively participating in therapy at the time of study. Nineteen adult daughters of nonalcoholics had participated in individual therapy a mean of 16.37 months ($SD = 16.87$) with a range of 1 month to 60 months.

2. How much time have adult daughters of nonalcoholics spent in group therapy with a counselor, therapist, psychiatrist or psychologist?

Six (18%) adult daughters of nonalcoholics ($n = 33$) had experiences in group therapy a mean of 8.17 months (SD

= 13.67) with a range of 1 month to 36 months.

Comparison of Groups on Time Spent in Therapy Variables.

Because subjects in all three groups had spent time in therapy, additional analyses were performed to test for significant differences among groups. One-way analysis of variance indicated no significant differences among groups in time spent in individual therapy, as well as, group therapy.

Summary of Research Question Findings

The first research question yielded results which significantly differentiated adult daughters of alcoholics from adult daughters of nonalcoholics. Group 1 daughters of alcoholics scored significantly lower than comparison group subjects on several self-concept measures. Significant differences were obtained in Identity, Self-Satisfaction, Behavior, Personal Self, Family Self and Total self-concept scores.

Self-concept sub-scale measures also differed significantly between adult daughters of alcoholics who were currently in support groups and/or therapy and those who were not. The two groups of adult daughters of alcoholics studied had significantly different scores in Self-Criticism and Family Self by group.

Fifty-two percent of subjects in each group had

experienced disrupted relationships as operationalized in answer to research questions. The number of disrupted childhood relationships experienced by adult daughters of alcoholics and adult daughters of nonalcoholics were not significantly different. Adult daughters of alcoholics were found to have a slightly higher percentage of disrupted marital relationships than women in the comparison group. A difference which became statistically significant when number of separated subjects was added to the number divorced. The frequency of total disrupted relationships was not different among groups.

Ninety-six percent of Group 1 adult daughters of alcoholics had participated in individual therapy and over half had participated in group therapy. Twenty-nine had an average of 34 months in ongoing individual therapy. Twenty-two attended Al-Anon Family Group meetings an average of 39 months. Also, over half of the Group 1 subjects were actively participating in Al-Anon ACOA meetings.

Seventy-two percent of Group 2 adult daughters of alcoholics had previously spent an average of 17 months in individual therapy. Five Group 2 subjects had been in group therapy and 23% had previously attended Al-Anon Family Group meetings. Eighteen (62%) subjects in Group 2 had attended Al-Anon ACOA meetings in the past.

Sixty-one percent of adult daughters of nonalcoholics

had an average of 16 months in individual therapy with seven subjects actively participating. Six women in Group 3 had participated in group therapy. Time spent in individual therapy and time spent in group therapy were not significantly different among groups.

Additional Findings

Data regarding childhood and adult life experiences described additional indicators of troubled relationships, further differentiated adult daughters of alcoholics from adult daughters of nonalcoholics and provided more data with which to interpret self-concept test results. Results of the Children of Alcoholics Screening Test described subjects' childhood experiences with alcoholic parents. Questionnaire items provided descriptions of reasons marriages ended, stressors at the time of study and reasons for entering therapy.

Children of Alcoholics Screening Test (CAST)

CAST was used to operationalize adult daughters of alcoholics. Responses to CAST items also provided descriptive data about recollected childhood experiences associated with parental alcoholism. A frequency distribution of answers to CAST items is reported in Appendix E. As shown in Table 4, mean scores of 22 and 20 were found for adult daughters of alcoholics Groups 1 and 2, respectively. Results on specific CAST items are highlighted here.

Eighty percent, or greater, of adult daughters of alcoholics answered "yes" to the following questions on the CAST instrument:

1. Have you ever thought that one of your parents had a drinking problem? (98%)

2. Have you ever lost sleep because of a parent's drinking? (89%)
4. Did you ever feel alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking? (98%)
7. Has a parent ever yelled at or hit you or other family members when drinking? (83%)
8. Have you ever heard your parents fight when one of them was drunk? (90%)
12. Did you ever wish your parent would stop drinking? (98%)
16. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent? (82%)
19. Did you ever resent a parent's drinking? (95%)
23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem? (95%)
28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking? (82%)
29. Have you ever felt sick, cried, or had a 'knot' in your stomach after worrying about a parent's drinking? (88%)

CAST items which received the lowest frequency of "yes" responses were:

13. Did you ever feel responsible for and guilty about a parent's drinking? (46%)
17. Did you ever feel that you made a parent drink alcohol? (32%)
21. Have you ever been blamed for a parent's drinking? (32%)
27. Did you ever fight with your brothers and sisters about a parent's drinking? (40%) (Four had no siblings.)

Over half of the adult daughters of alcoholics in this study answered "no" to items # 13, 17 and 21, indicating they did not feel guilty about and were not blamed for parent's consumption of alcohol. Analyses performed to test for significant differences by birth order of adult daughters of alcoholics on CAST items # 13, 17 and 21 revealed responses did not differ significantly among first born, middle, youngest or only children.

Reasons Marriages Ended

Reports of reasons for ending marriages were obtained in order to observe possible trends indicated within groups and to observe any possible indication of a significantly different distribution among groups of reasons for ending marriages. The following categories represent reported reasons for ending marriages:

1. alcoholism or drinking problems,

2. drug abuse,
3. divorce (subject wrote "divorce" and gave no other reason),
4. infidelity (heterosexual or homosexual),
5. abuse or exploitation (other than substance abuse) ("beatings", "cruelty", "being used", etc.),
6. inability to adjust to differences,
7. immaturity,
8. emotional problems ("unhappiness", "boredom", "hate", etc.),
9. other (ex. death).

Reasons for ending first marriages were reported by 23 subjects in Group 1, 13 subjects in Group 2 and 9 subjects in Group 3. Group 1 subjects most often gave inability to adjust to differences (30%), infidelity (22%) and alcoholism (22%) as reasons first marriages ended. Group 2 subjects most often indicated first marriages ended because of alcoholism (31%) and emotional problems (31%). Among Group 3 subjects, three reported immaturity and two gave "divorce" as the reason. Infidelity, abuse or exploitation, inability to adjust to differences, emotional problems and other were each reported by one subject in Group 3 as a reason for ending first marriage. Alcoholism or drug abuse were not given as reasons for ending first marriages by Group 3 subjects.

However, only two Group 3 daughters of nonalcoholics

reported reasons second marriages ended and each gave "alcoholism" as the only reason. Three out of five daughters of alcoholics Group 1 subjects indicated second marriages ended because of "alcoholism". No Group 2 daughters of alcoholics reported alcoholism as a reason for ending second marriages.

Current Life Stressors

The open ended question, "What circumstances are adding stress to your life now? For example, are you or is a family member ill or unemployed?", provided data which described possible situational effects on self-concept scores. This information permitted a contextual interpretation of subjects' present self-concepts. Also, the stressors could be compared to clinically reported problems experienced in adulthood by children of alcoholics.

The number of current life stressors was not found to be significantly different among groups. Forty-nine Group 1 subjects reported a mean of 3.51 stressors ($SD = 2.14$). A mean of 3.21 stressors ($SD = 1.82$) were listed by 24 Group 2 subjects. Thirty-one adult daughters of nonalcoholics described a mean of 2.48 current life stressors ($SD = 1.46$). Ten subjects, three in Group 1, five in Group 2 and two in Group 3 did not respond to the question about present life stressors.

Current life stressors fit these categories:

1. stress from health problems of self or significant other,
2. stress from job,
3. financial stress,
4. stress due to family members (other than relationship with husband or problems related to substance abuse, loss or health),
5. stress from loss of significant other,
6. stress from self-analysis/self-searching,
7. stress caused from relationship with husband or male cohabitor (other than drinking alcohol),
8. stress caused by living arrangements,
9. stress caused by roles,
10. stress due to husband's alcoholism or recovery from alcohol abuse,
11. stress caused by abuse of or recovery from abuse of alcohol and/or drugs by self or significant other (other than husband),
12. other.

Examples of "other" stress included: vehicle problems, custody and court issues, play rehearsal, husband's jealous ex-wife and holidays.

In two stress categories the distribution of reported stressors among groups was significantly different than would be expected by chance. "Stress caused from substance abuse or recovery from substance abuse of self or

significant other (other than husband)" was reported by 18 Group 1 subjects (37%), 2 Group 2 subjects (8%) and 2 adult daughters of nonalcoholics (7%). Chi-square analysis revealed the difference in reporting this stressor was significant, $\chi^2(2, n = 104) = 13.51, p = .0012$. Specific stressors in this category included: teenage daughter recovering from alcohol and drug abuse, living with parents and active drinking, drug dependent son, and subject is recovering substance abuser.

"Stress due to family members" was the second category on which responses were distributed in a significantly different manner than would be expected by chance, $\chi^2(2, n = 104) = 9.01, p = .0111$. Twenty-four subjects in Group 1 (49%), eight Group 2 (33%) and five Group 3 (16%) subjects indicated stressors in this category. Examples of reported stress caused by family members were: "mother drives me crazy", child's unwanted pregnancy, pressure from family to marry, lack of contact with family, son quit high school and subjects' descriptions of being entangled in family problems - "counseling" family members. No significant differences were observed among groups in other reported stress categories.

Few subjects described stress due to husband's alcoholism or recovery from alcohol abuse. No daughters of nonalcoholics reported stress in this category. Three

Group 1 (6%) and two (8%) Group 2 daughters of alcoholics wrote about stress from husband's abuse of or recovery from abuse of alcohol.

Reasons for Entering Therapy

Subjects who sought therapy were asked to indicate which of the following reasons caused them to seek help: relationship problems, my own emotional problems (such as depression or anxiety), my own excessive drinking of alcohol, excessive drinking of alcohol by someone close to me, general feelings of unhappiness or uneasiness, or, other.

There was no significant difference among groups regarding reasons why therapy was sought. In each group, the most frequent responses were "relationship problems", "my own emotional problems" and "general feelings of unhappiness or uneasiness".

Among daughters of alcoholics, six in Group 1 (12%) and two in Group 2 (7%) indicated her own excessive drinking of alcohol as one of the reasons for seeking therapy. No daughter of nonalcoholics gave this reason for entering therapy.

V. DISCUSSION

The results of this study provide limited support for clinical descriptions of adult children of alcoholics' negative self-perceptions and troubled relationships. Data show that women who are daughters of alcoholics and who are participating in therapeutic experiences can be differentiated from women who are not daughters of alcoholics.

Indicators of negative self-concept and troubled sense of self are evident in self-concept scores and related findings. The "family self" component of self-concept, reported marital disruptions and current life stressors provide evidence of troubled relationships. Significant differences were found on these variables between daughters of alcoholics who are in therapy and/or support groups and the comparison group of daughters of nonalcoholics. Those daughters of alcoholics not actively participating in therapeutic experiences were not found to be similarly differentiated from comparison group subjects.

Self-concept and troubled relationship indicators need to be considered in context with other results found in this study. As noted when stating methodological issues earlier, measures of self-concept, or any other construct, need to be evaluated and interpreted in context with the

individual's past experiences and present life circumstances (Wyllie, 1979, p. 244-245). Both similarities and differences in subjects' characteristics, including their previous and current life experiences, are contextually relevant to self-concept and troubled relationship findings. Therefore, interpreting this study's findings will be done in context with data which describe similarities and differences.

The difference between having been or not having been raised with alcoholic parents was a criteria variable differentiating groups. Another distinguishing criteria was active participation in therapeutic experiences. Daughters of alcoholics actively participating in therapeutic experiences were studied because participants in therapy are described in the adult children of alcoholics clinical literature.

Contextual Considerations

One of the strengths of this study is that it includes more demographic data and background information than are found in previous studies of adult children of alcoholics. No significant differences were found among groups in any demographic characteristics. Groups are similar in age, education, income, employment, living arrangements, years married, number of children, reasons marriages ended, reasons for entering therapy, time in

therapy and number of current life stressors. Also, the groups do not differ significantly in years parents were married and number of disrupted childhood relationships, including parental separation, divorce and death.

Therefore, variance in self-concept scores and indicators of troubled relationships at the time of study cannot be attributed to demographic characteristics. Except for sex of alcoholic parent, marital disruptions and active participation in therapeutic experiences, all other data describing background characteristics show the groups do not differ significantly.

The distribution of cases of marital disruption in the total sample becomes statistically significant when cases of marital separation are added to cases of divorce. All marital separations at the time of study were among daughters of alcoholics.

Indicators of parental alcoholism do not differ significantly between the two groups of daughters of alcoholics. No significant differences were found in childhood years during which parents drank heavily, number of times per week parents drank excessively and total CAST scores.

Daughters of alcoholic mothers are probably over-represented in the Group 1 sub-sample. According to The Merck Manual (1982), among alcoholics, the "male:female ratio is approximately 4:1" (p. 1415). Sixty percent of

Group 1 subjects reported mothers were heavy drinkers, including the 40 percent who reported alcoholism in both parents.

However, analysis of variance performed to test for significant differences in Total self-concept scores by sex of alcoholic parent revealed scores did not differ significantly among daughters of alcoholic mothers, daughters of alcoholic fathers and daughters of both. Therefore, sex of alcoholic parent does not explain variation in self-concept scores. Although there is no apparent association on these two variables, reported cases of maternal or both parents' alcoholism among Group 1 subjects might be associated with their active involvement in therapeutic experiences.

Current participation in support groups and/or therapy, or, past participation, may be a variable which is affecting T.S.C.S. findings. Group 1 subjects' self-concept mean scores may be affected by their current therapeutic experiences. The majority of subjects in Groups 2 and 3 had past therapeutic experiences which might have had an effect on their self-concept mean scores, as well.

In order to avoid a clumsy combination of words, such as "current 'experiences' in therapeutic experiences", the same idea will be called "situational effects" of therapeutic experiences. The expression, situational

effects, will be used to convey the idea of present life experiences.

Situational effects of therapeutic experiences on participants' self-concept scores deserve consideration and must be recognized as a possibly important influence on self-concept scores. Among daughters of alcoholics, only Group 1 subjects were active participants in therapy and/or support groups at the time of study. Seven daughters of nonalcoholics were actively participating in therapy.

Mixed reports regarding the association between therapeutic experiences and indicators of self-concept are found in the self-concept literature. One view is that persons in therapy can be expected to emphasize shortcomings (Burns, 1979, p. 81).

Group 1 daughters of alcoholics who are participating in therapeutic experiences obtained significantly higher Self-Criticism mean scores on the Tennessee Self-Concept Scale (T.S.C.S) indicating they have a higher level of awareness of their frailties. This finding appears to support the view that emphasizing shortcomings can be expected among individuals who participate in therapeutic experiences. On the Self-Criticism sub-scale, a significant difference was found only between the groups of daughters of alcoholics. In addition to Self-Criticism scores, other T.S.C.S. findings might be supportive of the view that Group 1 subjects emphasize shortcomings more than

subjects in Groups 2 or 3.

The other view reported in the self-concept literature is that therapy influences self-concept measures in a positive direction (Roid & Fitts, 1988, p. 82). One anecdotal observation can be reported describing such an apparent positive effect among participants in this study. During data collection a respondent telephoned to ask the researcher's advice on the following matter. She noticed while answering questions on the Tennessee Self-Concept Scale that her answers would have been different one year ago and she attributed the differences to "growth in therapy". Her question was, "Should I answer the questions based on 'today'?".

A detailed discussion of psychotherapy outcome research is beyond the intended scope of this research. However, Dahlstrom (1975) suggested changes due to therapeutic experiences are not easily measured as they involve "simultaneous gains and losses in emotional comfort, security, or interpersonal effectiveness" (p. 22). Levant (1984, p. 190-194) reports evidence of diverse psychotherapy outcomes from improvement to no change to deterioration.

Regarding therapy for adult children of alcoholics, clinicians report in the literature that only a small minority are receiving appropriate treatment (Cermak, 1984a, p. 40). Also, Cermak and Brown (1982, p. 376)

report that many clients and their therapists do not associate current adult problems with parental alcoholism. Gravitz and Bowden (1985, p. 57) suggest that adult children of alcoholics who are receiving appropriate therapeutic intervention can expect the "recovery" process to span three to five years (Gravitz & Bowden, 1985, p. 57).

This study did not look at subjects' self-concepts before, during, and, after therapy. Therefore, there is no evidence among it's findings which could suggest levels of satisfaction with self as a result of therapy either among active or former participants in therapy. The same is true for the effects of participation in support groups. Findings show no significant differences in time spent in therapy among groups, but this finding alone does not indicate direction of possible changes in self-satisfaction.

Self-Concept Indicators

Total self-concept mean scores obtained on the Tennessee Self-Concept Scale (T.S.C.S.) show Group 1 daughters of alcoholics who are actively participating in therapeutic experiences have significantly lower self-concepts than women who are not daughters of alcoholics (Group 3). Significantly lower scores are shown for Group 1 subjects in the self-concept dimensions of Identity,

Self-Satisfaction, Behavior, Personal Self and Family Self. Mean scores on these T.S.C.S. sub-scales significantly differentiate Group 1 from Group 3 subjects and are the self-concept components upon which significantly lower Total self-concept scores are based.

The following section of the discussion will consider T.S.C.S. findings which significantly differentiated Group 1 daughters of alcoholics from daughters of nonalcoholics, Group 3. Those T.S.C.S. findings which appear to confirm clinical observations will be interpreted from the clinical perspective reported in the adult children of alcoholics literature. Then, T.S.C.S. findings for Group 2 will be discussed. A tentative discussion of the apparent association between therapeutic experiences and self-concept findings will be presented. Family Self sub-scale findings will be discussed separately, in the next section.

Group 1 daughters of alcoholics' significantly lower Total self-concept and sub-scale scores provide indicators of identity issues reported to be characteristic of adult children of alcoholics. Inability to see themselves as worthwhile is evident in Total mean score and T.S.C.S. sub-scales which represent all dimensions of internal frame of reference (Identity, Self-Satisfaction and Behavior scores) apparently supporting clinical reports of an intense sense of inadequacy and poor self-concept among this population (Cermak & Brown, 1982, p. 386; Deutsch, 1982, p. 5; Gravitz

& Bowden, 1985, p. 51; Woititz, 1983, p. 47-48).

Finding Behavior mean scores which are significantly lower among Group 1 subjects, while at the same time, obtaining no significant differences among groups on Social Self mean scores may appear contradictory. However, the Social Self mean scores of subjects in Group 1 may be indicative of the clinically reported facade presented by adult children of alcoholics. The facade of confidence and appropriate behavior projected in social situations outside the family has been described by Beletsis and Brown (1981, p. 193 & p. 195), Cermak and Brown (1982, 379-380), Gravitz and Bowden (1984, p. 26) (1985, p. 45) and Woititz (1983, p. 22 & p. 45). Kritsberg (1985, p. 43) also observed the incongruity between adult children of alcoholics "outside self" and "inside self".

Projecting a socially appropriate facade was learned in childhood when the stigma and shame associated with familial experiences and alcoholism were internalized and dared not be revealed or exposed to others (Black, 1982, p. 46; Gravitz & Bowden, 1985, p. 21). Adult daughters of alcoholics who participated in this study apparently perceive the socially projected self to be adequate based on the observation of no significant difference among groups on the Social Self sub-scale. Also note that Social Self mean scores represent a dimension of external frame of reference.

Behavior mean scores, however, are indicators of internal frame of reference. An apparent contradiction in these Social Self and Behavior sub-scale findings among Group 1 subjects might be associated with the confused sense of identity described by clinicians. The scores appear to show that, a social self is projected externally which is perceived to be adequate. While, internally an extreme discomfort with one's projected behavior is felt. The internal self is felt as inadequate.

Group 1 mean scores, among sub-scales representing external dimensions of self, show mixed results in significant differences relative to Groups 2 and 3. One external dimension, Social Self, was just discussed. In the other indicators of external self, two are significantly lower among Group 1 subjects, Personal Self and Family Self. The remaining two, Physical Self and Moral-Ethical Self, show no significant differences among groups. Family Self means scores will be discussed separately.

The personal self of Group 1 subjects is, in their own perception, inadequate. Significantly lower Personal Self scores are probably a reflection of their confused internal identity, the troubled sense of self, discussed earlier.

While not showing significant differences among groups, the Physical Self mean scores of all three groups

are extremely low in comparison to the standardized norms established for the T.S.C.S. Low mean scores on this subscale had a lowering effect on all group Total self-concept mean scores. Therefore, this finding deserves attention and a brief aside.

Roid and Fitts (1988) report the Physical Self subscale to be indicative of the respondent's "view of his or her body, state of health, physical appearance, skills, and sexuality" (p. 3). Low Physical Self mean scores found for all groups studied may be evidence of an effect of cultural standards on self-concept.

Females were described earlier in this study as more susceptible to cultural standards of attractiveness than males (Coles & Stokes, 1985, p. 53; Simmons et al., 1979). The prevalence of negative body images among most women and the cultural standards with which these negative images are associated were described by Sanford and Donovan (1985, p. 370-371). The T.S.C.S. Physical Self mean scores obtained by all groups of women who participated in this research provide strong evidence to support descriptions of the prevalence of a negative body image among women.

Unlike Group 1 daughters of alcoholics, Group 2 daughters of alcoholics obtained Total self-concept mean scores which are not significantly different than those of subjects in either Group 3 or Group 1. In all T.S.C.S. scales, except Self-Criticism, Group 2 mean scores fall

between the mean scores of Groups 1 and 3. Group 2 mean scores indicate that these subjects are the least self-critical in the sample.

Lowest Self-Criticism mean scores among the three groups were found for Group 2 subjects, with a significant difference between Group 2 and Group 1 daughters of alcoholics. No significant difference was found between daughters of alcoholics and nonalcoholics on the Self-Criticism sub-scale. The Family Self sub-scale is the only other T.S.C.S. scale on which mean scores differed significantly between the two groups of daughters of alcoholics. Family Self is also the only T.S.C.S. scale on which all three groups were found to be significantly different.

No significant differences were found between Groups 1 and 2, self-identified daughters of alcoholics, in demographic characteristics and indicators of parental alcoholism. Yet, the T.S.C.S. mean scores of those daughters of alcoholics actively participating in therapy and/or support groups (Group 1) appear to support the reports of clinicians. However, mean scores obtained by Group 2 adult daughters of alcoholics do not similarly support clinical observations. Daughters of alcoholics who are not actively participating in therapeutic experiences were significantly differentiated from the comparison group of daughters of nonalcoholics on only the Family Self scale.

In addition to T.S.C.S. variables, two other variables in this study distinguish Groups 1 and 2 daughters of alcoholics from each other. The variables are sex of alcoholic parent and active involvement in therapeutic experiences. As discussed earlier, sex of alcoholic parent varies significantly. However, analysis of variance indicated Total self-concept scores do not vary by sex of alcoholic parent. Therefore, there is an apparent association between present or past therapeutic experiences and T.S.C.S. findings since T.S.C.S. results differentiated Group 1 daughters of alcoholics from daughters of nonalcoholics (Group 3) without similar findings among Group 2 daughters of alcoholics.

In summary, comparison of T.S.C.S. findings reveals that:

- . The two groups of daughters of alcoholics differ significantly on Self-Criticism and Family Self mean scores.

- . Among daughters of alcoholics, Group 1 subjects were differentiated from daughters of nonalcoholics on all self-concept mean scores obtaining significant differences, with the exception of Family Self.

- . Family Self was the only T.S.C.S. scale on which mean scores differed significantly between Group 2 daughters of alcoholics and daughters of nonalcoholics.

Comparison of T.S.C.S. findings among sub-samples

provides strong evidence of the complex nature of associations among the variables isolated for study in this work and the results show a need for researchers to describe therapeutic experiences. The findings would suggest different associations if only one group of daughters of alcoholics had been studied.

Had this study included only daughters of alcoholics who fit Group 1 criteria and daughters of nonalcoholics who fit comparison group criteria (Group 3), T.S.C.S. indicators of self-concept would seem more strongly supportive of clinical reports of low self-concept among the population of adult children of alcoholics. The data appearing to lend greater support to clinical observations are those T.S.C.S. mean scores obtained from daughters of alcoholics actively participating in therapeutic experiences (Group 1).

Without Group 1 subjects, comparison of T.S.C.S. findings between Groups 2 and 3 in this study would suggest little support of the adult children of alcoholics clinical literature. It would have been reported that, with the exception of one sub-scale, daughters of alcoholics' T.S.C.S. scores appear no different than daughters of nonalcoholics'. Results would disconfirm the observations of clinicians because Group 2 daughters of alcoholics T.S.C.S. scores appear to show a minimal association between adult self-concept and parental alcoholism.

Because daughters of alcoholics were included who fit the Group 2 criteria, this Group functioned like a second comparison group. T.S.C.S. scores indicated Group 2 daughters of alcoholics, the majority of whom had therapeutic experiences in the past, can not be differentiated from daughters of nonalcoholics on the basis of Total self-concept and most sub-scale scores. Group 2 T.S.C.S. findings need to be considered in context with T.S.C.S. results which were significantly different between Groups 1 and 3, those findings which are apparently more supportive of the clinical literature.

The absence of significant differences on most T.S.C.S. scale scores between Groups 2 and 3 must be put in context with findings for Group 1. Lack of similarity among daughters of alcoholics' T.S.C.S. scores suggests that perhaps there may be an association between subjects' therapeutic experiences and self-concept scores. In view of all the other variables in this study which were found to be similar among daughters of alcoholics and the failure to associate variance in sex of alcoholic parent with variation in T.S.C.S. Total scores, a possible association between self-concept scores and therapeutic experiences could be one way of explaining the findings.

Many influences are described in the self-concept literature as being associated with self-concept. In this descriptive study, numerous similarities were found among

daughters of alcoholics on variables which reportedly influence self-concept.

Daughters of alcoholics in each group are similar in age, education, employment, income, marital history and indicators of parental alcoholism. Groups 1 and 2 daughters of alcoholics described similarity in severity of parental alcoholism and childhood experiences. Similar experiences with parental alcoholism were indicated on the Children of Alcoholics Screening Test. Times per week and number of childhood years during which parents consumed alcohol were similar for both groups of daughters of alcoholics. No significant differences were found between daughters of alcoholics in disrupted childhood and marital relationships. The groups did not differ significantly in time ever spent in therapy. Sex of alcoholic parent does not appear to be associated with T.S.C.S. findings. Despite finding lack of significant differences among daughters of alcoholics in this study, the T.S.C.S. findings are not similar.

This research was designed to be descriptive and did not intend to address the issue of the effect of therapeutic experiences on self-concept. However, some discussion and possible interpretation is warranted in view of the T.S.C.S. findings. These are very tentative interpretations and cannot be definitively explained based on the variables studied or data analyses which were

performed or research results.

In this study, the ability to use T.S.C.S. scores to document associations between parental alcoholism and adult self-concept appears confounded by unidentified factors and/or therapeutic experience. A possible association between self-concept and therapeutic experience appears to be supported by the literature and results of this research. T.S.C.S. findings which do or do not show statistically significant differences between the comparison group of daughters of nonalcoholics and each group of daughters of alcoholics could be used to support this explanation. Self-concept mean scores among daughters of alcoholics appear to vary according to whether or not these subjects are currently participating in therapeutic experiences. The discussion which follows is based on the reports of clinicians who interact with adult children of alcoholics.

Therapeutic Experiences and Self-Concept

There are probably many possible alternative explanations for these apparent associations. However, based on the data in this study there is no real evidence to support any of them. Various combinations of associations may be operating simultaneously. A few tentative interpretations of this study's results will be made referencing the literature. Due to observed patterns

in T.S.C.S. findings, it seems that the T.S.C.S. findings might be explained as follows.

First, it is possible that daughters of alcoholics (Group 1) were studied who had lower self-concepts when entering support groups and/or therapy. An unidentified factor, or factors, may be responsible for the negative self-concepts of Group 1 daughters of alcoholics and the more positive self-concepts of Group 2 daughters of alcoholics. There may have been intervening variables in the lives of the sampled daughters of alcoholics which have not been identified in this study. These unidentified intervening variables might be responsible for the absence of similar T.S.C.S. findings among Groups 1 and 2 daughters of alcoholics.

Group 2 self-concept scores appear to indicate that the effects of the alcoholic family system on adult's self-concept may not be as damaging as described in the clinical literature. Based on all the reported similarities in the backgrounds of Groups 1 and 2 daughters of alcoholics, this interpretation of little association with parental alcoholism does not explain the lower self-concept scores of Group 1 subjects. However, the variable of therapeutic experiences might help to explain the lack of similar self-concept scores among daughters of alcoholics in this study. Group 2 daughters of alcoholics were not participating in therapeutic experiences at the time of study and seven

Group 2 subjects never participated in support groups and/or therapy.

Therefore, another interpretation of T.S.C.S. findings is that both Group 1 and 2 daughters of alcoholics were affected by parental alcoholism in a similar manner. Group 2 daughters of alcoholics self-concept scores could reflect unidentified influences or improved levels of self-satisfaction after the majority of them participated in therapeutic experiences. Group 1 daughters of alcoholics self-concept scores might be a reflection of the influences of unidentified life circumstances or their active participation in therapeutic experiences.

Based on the data obtained in this study, the T.S.C.S. findings appear to indicate that, among Group 1 subjects, the impact of a childhood with alcoholic parents may be acutely felt during therapeutic experiences. If such an acute awareness of the effects of parental alcoholism is occurring during participation in therapeutic experiences, this might suggest an association with Group 1 subjects' lower T.S.C.S. scores.

Group 1 subjects' self-concepts were tested under the situational effects of therapeutic experiences. It is Group 1 T.S.C.S. scores which appear to support clinical observations and it is Group 1 subjects who were actively participating in therapy and/or support groups.

Group 2 subjects' self-concepts were not tested while

they were actively involved in therapeutic experiences. Those subjects in Group 2 who did participate in support groups and/or therapy did so prior to the study. Perhaps their self-concepts were never as negative as the self-concepts of Group 1 daughters of alcoholics. Or, maybe some Group 2 subjects experienced possible psychic readjustment, re-defining, of the self after therapeutic experiences.

Wylie (1979, p. 244) expressed the belief that the self-concept is not a "fixed entity", as is frequently assumed. Some Group 2 subjects may have had a re-defining of self after therapeutic experiences. Findings in this study suggest that current life experiences might be influencing obtained indicators of self-concept; such as, the situational effects of reported stressors and a possible association between therapeutic experiences and Group 1 subjects' self-concepts.

Group 2 T.S.C.S. mean scores may be indicative of improved feelings about the self as a result of therapeutic experiences. Their evident greater self-satisfaction, higher than Group 1 subjects', is indicated by the absence of similar significant differences between Groups 2 and 3 as were found between Group 1 and the comparison group (Group 3).

This interpretation of Group 2 self-concept scores is supportive of the view reported earlier (Rold and Fitts

1988, p. 82), that therapeutic experiences may have a positive effect on self-concept scores. However, if this did occur, note that Group 2 self-concept scores did not achieve the higher level of self-satisfaction found among Group 3 subjects, daughters of nonalcoholics.

As previously noted, seven Group 2 subjects had never participated in therapeutic experiences and, therefore, may have felt less need for therapy. T.S.C.S. Total self-concept scores for these seven respondents were combined to find a mean score. The mean score of 342.86 was compared with group mean scores on this scale (see Table 5). This mean score is higher than the Group 2 mean score on Total self-concept, but still lower than the mean score found for Group 3 subjects.

The higher mean score on Total self-concept for these seven Group 2 subjects can not possibly be associated with therapeutic experiences. Nor can any explanation be made for the differences based on any data in the study. A finding such as this provokes additional questions.

The data were studied for any indication of common experience shared by women in Group 2 who never participated in therapy. Characteristics such as age, CAST score and marital histories were observed for possible trends. This search led to the following observation.

Among Group 2 participants are seven women who were in first marriages. Of these, five never participated in

therapeutic experiences. Therefore, Group 2 subjects who were never involved in therapy include five women who were never divorced. Findings for Group 3 subjects were similarly scrutinized.

Fourteen subjects in Group 3 had never participated in therapy. A Total self-concept mean score of 339.93 was found for these 14 Group 3 subjects. This mean score is closer to the Group 2 Total self-concept mean score (335.83) as compared to the Total self-concept mean score found for Group 3 (349.94 - reported in Table 5). Among the 14 Group 3 subjects who were never involved in therapy, 8 were in first marriages, 5 were never married and one was divorced at the time of study. Questions arise, therefore, regarding possible associations between therapy, divorce and self-concept scores.

Such questions are well beyond the scope of this study and are reported as observations for the sake of discussion. Among this study's findings are, no significant differences among groups in rates of divorce, time ever spent in therapy and reasons for entering therapy. However, differences are reported in self-concept mean scores and active participation in therapy and/or support groups. If, as suggested, there may be an association between lower self-concept scores and daughters of alcoholics' active participation in therapeutic experiences, this interpretation has some basis in clinical

observations.

The apparent situational effects of therapeutic experiences on Group 1 self-concept scores might be evidence of clinical reports describing the acutely painful emotions felt by some adult children of alcoholics in therapeutic settings. If Group 1 daughters of alcoholics represent adult children of alcoholics as described in the clinical literature, and, evidence in this study suggests that they may be, then their experiences in therapy and support groups could fit clinical descriptions of emotional processes which occur among some adult children of alcoholics during therapy. Their self-concept scores are lower than daughters of alcoholics who are not feeling the situational effects of therapy. Therefore, Group 1 daughters of alcoholics T.S.C.S. scores may suggest the possible existence of processes experienced in therapeutic settings as observed and reported by clinicians.

Gravitz & Bowden (1985, p. 31) describe the acute emotional pain felt by adult children of alcoholics who are participating in therapeutic experiences. For adult children of alcoholics in therapy and/or support groups, a rigid defense system which protected the self from awareness of pain may be broken. If this occurs, it is accompanied by an intense release of painful emotions. Intense grief and anger are released with the realization of the effects of parental alcoholism and associated unmet

needs in childhood. Extreme shame and sadness are also felt. The internal self, the self of emotions and perceptions, was negated and denied in childhood and pushed out of awareness (Beletsis & Brown, 1981, p. 189, 194 & 200; Black, 1982; Gravitz & Bowden, 1985, p. 19 & p. 21; Whitfield, 1987a, p. 39-40).

If the internal, full of pain, self comes to the level of awareness in therapy and support groups, then, the self could be acutely perceived as deficient. Therefore, it would not be surprising to find significantly lower self-concept scores, indicators of a troubled sense of self, among adult daughters of alcoholics who are involved in therapeutic experiences. Studies among adults such as this one, which test the reported effects of parental alcoholism, will apparently be influenced by what has been called in the self-concept literature, the phenomenological nature of self.

The phenomenological nature of self could provide some basis for interpreting the T.S.C.S. findings obtained in this study. It is a perspective which bridges the thinking of self theorists, psychologists and the clinicians who describe adult children of alcoholics.

Instruments which measure self-concept yield indicators of the phenomenological self, those aspects of self that are within conscious awareness of respondents. There is no known reliable and valid way of obtaining

indicators of the nonphenomenal self, that part of self which is outside of conscious awareness (Wyllie, 1974, p. 8-12 & p. 249-250). Parts of self which are too painful to have in conscious awareness are disowned (split off).

Kaufman (1980, p. 103-115) describes the relationship between shame and disowning. Disowning is learned in childhood when parent's deny a child's perception of reality and model disowning of self. A part of the self is pushed out of awareness and "any degree of conscious awareness of what has been intentionally cast adrift brings on the most acute inner pain" (Kaufman, p. 109). The work of Harry Stack Sullivan laid the foundation for modern theorists who describe this process of screening out of conscious awareness (Coleman, Butcher & Carson, p. 80-81).

Whitfield (1987a, p. 43) noted a direct relationship between low self-esteem and shame, placing shame at the base of low self-esteem, and reported that individuals are usually unaware of these aspects of shame. Kritsberg (1985, p. 44) suggested that the emotional baseline for all adult children of alcoholics lies in internal, unconscious factors related to "fear, anger and hurt".

Gravitz and Bowden (1985, p. 74) report about children of alcoholics unconsciously training themselves not to feel their feelings. Rejection from parents resulted in children's learning to hold back their needs and feelings (p. 78). Because their needs were minimalized

or ignored by parents, adult children of alcoholics have low self-esteem (p. 51-52).

Many experiences and feelings described earlier as characteristic of alcoholic family systems, such as traumatic events, shame, anger and guilt, may have been disowned in childhood (Kritsberg, 1985, p. 37). Parents could have denied the child's reality and may not have allowed the expression of intense feelings (Beletsis & Brown, 1981, p. 189; Gravitz & Bowden, 1985, p. 47). The characteristic memory loss reported by adult children of alcoholics is another indication of such phenomenological processes. Adult children of alcoholics who do not have conscious awareness of the realities of their childhood and its effects on their adult lives have been described as being in "denial".

In the alcoholism and adult children of alcoholics literature the word "denial" is used. Psychologists also describe denial, suppression, repression and conscious and unconscious processes. Self theorists report about the "phenomenological self". Construct labels may be different, but the processes being described appear to be similar.

Taking a phenomenological perspective, the findings among adult daughters of alcoholics in this study could be interpreted as follows. Group 1 daughters of alcoholics obtained significantly lower T.S.C.S. scores because they

are in the midst of owning parts of the self which were denied in childhood. Their self-concept scores are indicative of a negative sense of self, a sense of self which may be in psychic pain.

In fact, several Group 1 daughters of alcoholics in this study reported that a current life stressor was "dealing with ACOA", or "childhood issues". One subject wrote that "dealing with all the issues I've stuffed" was causing her stress. Another reported stress due to "ACOA issues I have avoided all my life".

Therefore among adult children of alcoholics, as described in the clinical literature, the most negative indicators of an acutely pained self may be obtained during their acknowledging awareness of parts of the self (previously disowned parts), and experiences, which were denied awareness in childhood. This would be the awareness phase of therapeutic experience. Kritsberg (1985, p. 70), as well as other clinicians, have described the "purging" of repressed emotions which occurs among adult children of alcoholics in therapy and support groups.

Group 1 subjects have perhaps brought to their level of awareness, to the phenomenological self, the pain which was denied expression until they participated in therapeutic experiences. At the time of study, Group 1 subjects might be in a phase of painful awareness which would be reflected in their significantly lower T.S.C.S.

scores.

A relevant incident was described earlier in this report which occurred during data collection. A daughter of an alcoholic expressed awareness of her "growth" in therapy and indicated that her responses on the T.S.C.S. would have been different a year ago, with the implication that she was aware of a greater level of self-acceptance.

Some Group 2 daughters of alcoholics may have experienced painful reconciliation with disowned parts of the self in the past, prior to the time of study. Higher T.S.C.S. scores obtained by Group 2 subjects may reflect, not only a greater sense of self-satisfaction as a direct result of therapeutic experiences, but, a readjustment of the phenomenological self.

Kritsberg (1985, p. 59) describes such a resolution with self and Gravitz and Bowden (1985, p. 76) report that after adult children of alcoholics face painful reality, self-acceptance occurs. Once the disowned parts of the self have been painfully acknowledged, a conscious readjustment of the phenomenological self occurs. The self is re-defined at new levels of awareness and with this, there is a letting go of pain.

This process has also been labeled "cognitive reconstruction" and "integration" (Kritsberg, 1985, p. 59 & p. 71). Describing integration, Gravitz and Bowden (1985, p. 85) report it is a re-joining of parts of the self which

result in "a harmonious whole". There is a "legitimate self-acceptance" (Gravitz & Bowden, 1985, p. 86). Pain is not removed, however, it's meaning is transformed (p. 90). Beletsis and Brown (1981) described the "cognitive restructuring" they observed among members in group therapy and associated the psychic re-adjustment with validation of reality in a "reparative therapeutic setting" (p. 201-202).

Clinicians also describe phases of "rest" during adult children of alcoholics "recovery". During "rest" the conscious self pulls away from levels of acute pain.

Levels of pain may, also, remain disowned among both Group 1 and Group 2 daughters of alcoholics. Group 2 subjects may have again pushed out of awareness too painful aspects of experience. Those Group 2 subjects who reported never participating in therapeutic experiences may not have full awareness of disowned parts of self. Group 2 daughters of alcoholics self-concept scores, when actively participating in support groups and/or therapy, might have been similar to scores obtained for Group 1 subjects.

One last variable to be considered in regard to subjects' therapeutic experiences is the appropriateness of these experiences. Nothing is known about the quality of therapeutic experiences for any subjects in any group. Clinicians have reported that most adult children of alcoholics are not participating in appropriate therapy. However, the majority of daughters of alcoholics in this

study are participating, or did participate, in Al-Anon Family Groups and/or Al-Anon ACOA Groups. As reported in the literature review, these support groups are recommended as appropriate to meet the needs of adult children of alcoholics.

Besides participation in support group meetings and/or therapy, other situational effects may be affecting self-concept findings. For example, five daughters of alcoholics (three in Group 1) were separated from their husbands at the time of study. While representing only a small proportion of subjects, self-concept mean scores may be pulled in a negative direction by responses from subjects who might be in extreme stress or crisis. Such negative effects on group mean scores could also be occurring due to other situational effects. Therefore, responding to Wylie's (1979, p. 244-245) concern that subjects be looked at in context with present experiences, the possible situational effects of current life stressors on self-concept findings will be discussed in the next section.

Indicators of Family Self and Stressful Relationships

Indicators of troubled relationships were obtained from a few variables, CAST, T.S.C.S. Family Self mean scores and current life stressors. Descriptive indicators of childhood experiences in the family were obtained from

daughters of alcoholics' responses on CAST items. CAST items, however, provided indicators of the childhood family environments of Groups 1 and 2 subjects only. Other than obtaining data about disrupted childhood relationships, this study failed to look at additional indicators of childhood experiences of daughters of nonalcoholics. This is one of the study's weaknesses.

The only other possible indicator of the childhood family experiences of daughters of nonalcoholics might be found in their T.S.C.S. Family Self mean scores. However, this sub-scale represents feelings about self in relation to one's family at the time of study. It does not indicate quality of recalled childhood experiences in the family in a similar manner as CAST.

Other indicators of troubled relationships were obtained from responses to the open ended question about current life stress. Specific stressors reported by daughters of alcoholics provide indicators of typical relationship problems reported in the literature.

CAST. Daughters of alcoholics in this study obtained higher mean scores on CAST than Jones (1987) reports in the CAST Manual for adult children of alcoholics sampled. CAST items which received a high frequency of "yes" responses provided evidence of troubled childhood family environments.

Among childhood experiences associated with parental

alcoholism by subjects were, feeling alone, scared, nervous, angry or frustrated. Daughters of alcoholics also indicated that they observed family fights and felt caught in the middle of parental arguments. They felt sick, cried or had "knots" in their stomachs, believed the problem drinking parent didn't love them and they lost sleep because of parental drinking. For additional indicators of childhood experiences with alcoholic parents refer to Appendix (E-1), where the frequency distribution for all CAST items is reported.

T.S.C.S. Family Self Scores. Apparent support of the adult children of alcoholics and alcoholism literature was found in the T.S.C.S. Family Self mean scores which significantly differentiated between each group of daughters of alcoholics and the comparison group of daughters of nonalcoholics. It is the only T.S.C.S. finding to do so. Therefore, reports describing alcoholism's chronic effects on family members are supported by the T.S.C.S. findings in this study.

Roid and Fitts (1988, p. 3) report scores on the Family Self scale are indicative of feelings of worth as a member of the family. Lower scores indicate disruption in family relationships which are affecting respondent's self-esteem (p. 17).

Among groups studied, daughters of nonalcoholics, Group 3, obtained the highest mean score on Family Self.

Group 1 daughters of alcoholics mean score was the lowest. Group 1 subjects mean score, also, was below established lower limits of T.S.C.S. standardized norms. This is a strong indication that they perceive problems in family relationships and these problems are affecting their self-concepts negatively.

The ability of T.S.C.S. findings on the Family Self sub-scale to differentiate between Group 2 daughters of alcoholics and Group 3 daughters of nonalcoholics is noteworthy. Familial influences are apparently affecting Group 2 subjects self-concepts negatively, despite finding no significant differences in Total self-concept, or any other sub-scale, scores between Group 2 and Group 3.

If Group 2 daughters of alcoholics did achieve improved self-concept after therapeutic experiences, as was suggested earlier, evidently the possible improvement was not strong enough to overcome the negative effects of established familial influences. The family's apparent ability to affect self-concept negatively may be associated with childhood experiences, but current familial experiences also are exerting similar effects. Situational effects of specific current life stressors will be discussed shortly. These effects indicate negative influences on self-concept among both groups of daughters of alcoholics.

Regarding the failure to find similarity in Family

Self mean scores between daughters of alcoholics (both Groups 1 and 2) and daughters of nonalcoholics, Gravitz and Bowden (1985, p. 80) have an anecdotal explanation. The adult child of an alcoholics' attempts to "flourish" in the midst of existing relationships with family members was likened to "trying to get sober in a bar".

There are three other findings relevant to interpreting results on T.S.C.S. Family Self among groups. One of these was finding no significant differences between daughters of alcoholics, Groups 1 and 2, and daughters of nonalcoholics in disrupted childhood relationships. The second was finding no significant differences in cases of divorce among groups. And third, the distribution of reported reasons for entering therapy among groups was no different than would be expected by chance.

Daughters of alcoholics were not found to be significantly different from daughters of nonalcoholics on these three variables. Yet, in spite of the similar findings on these variables which may indicate stressful family relationships, mean scores found on the T.S.C.S. Family Self sub-scale significantly differentiated between daughters of alcoholics and daughters of nonalcoholics.

Also, subjects in all 3 groups had higher rates of divorce than were reported among samples studied by Ackerman (1989) and Black et al. (1986) as noted earlier. This is an indication that there may be a higher than

typical rate of divorce among the daughters of nonalcoholics sub-sample. However, the effects of divorce apparently do not affect daughters of nonalcoholics Family Self mean score. T.S.C.S. Family Self scores still differ significantly among groups studied.

Therefore, it appears that T.S.C.S. findings on the Family Self sub-scale are more strongly associated with experiences in the alcoholic family system than are specific experiences of disrupted childhood and spousal relationships. Apparent confirmation from T.S.C.S. findings for reports about the family, in both the adult children of alcoholics and alcoholism literature, is further supported by descriptive indicators of specific current stressful experiences.

Current life stress. An open ended question about current life stress was included on the questionnaire because it gave respondents an opportunity to report stressful life experiences which might not otherwise be identified in this study. In addition to data describing therapeutic experiences, information about stressors provided more data descriptive of situational effects on self-concept findings and permitted observation of possible trends in life experiences both within and among groups.

No significant differences were found among groups in number of reported stressors. However, the variable "number of stressors" gives no indication of severity of

stress. Several daughters of alcoholics indicated concurrent serious stressors. Examples included, deaths of more than one significant other, severe financial losses, serious illnesses of loved ones, confronting parents about incest, unwanted divorce and substance abuse of significant others.

Two categories of current stressors obtained distributions among groups significantly different than expected by chance. One of these categories was "stress caused by family".

There is an apparent association among groups between frequency of reporting stress caused by family and T.S.C.S. Family Self scores. This apparent association is based on the following observation. Among groups studied, mean scores on the T.S.C.S. Family Self sub-scale range from highest to lowest for Group 3 to Group 1. The distribution of reported cases of current life stress due to family was 49% among Group 1 subjects, 33% among Group 2 and 16% for Group 3 subjects.

Therefore, lowest T.S.C.S. Family Self mean scores and highest frequency of reported indicators of "stress due to family" were found among Group 1 daughters of alcoholics. Group 2 indicators of troubled family relationships fall in the middle of the three groups on both variables. Group 3 daughters of nonalcoholics obtained the highest mean score on the T.S.C.S. Family Self

sub-scale and reported the fewest indicators of current life stress caused by family. As previously noted in discussing T.S.C.S. Family Self findings, reports of "stress due to family" obtained from daughters of alcoholics also lend support to descriptions of the alcoholic family system in the literature.

Many daughters of alcoholics gave lengthy descriptions of specific stressors in the category "stress caused by family". Several specific stressors provided evidence in support of typical family problems described in clinical observations.

"Stress due to relationship with husband" was coded in a separate category and not part of reported cases of familial stress. However, examples of stress caused by marital relationship will be included in the discussion of familial stress. Husbands are generally considered members of wives families!

Daughters of alcoholics' reported stressors indicate characteristic family problems observed by clinicians. Among these problems are examples of lack of boundaries, rescuing, taking care of others, alienation from family, poor parental role models, lack of intimacy, inability to communicate about feelings and substance abuse. Specific examples are quoted from respondents. Also included, is one example of stress due to a family member which has an apparent direct negative affect on self-concept and one

example of feelings of fear which is relevant to family relationships.

Lack of boundaries, loss of differentiation of self, enmeshment and feeling overly responsible for other family members are similar themes which clinicians repeatedly cite as characterizing alcoholic family systems (Cermak, 1984; Lawson et al., 1983; Wallace, 1978). Daughters of alcoholics in this study reported the following indicators of these related themes: "Family members call me frequently to report another 'horror story'. I find it stressful to manage my own life worrying about my father...He still drinks actively". Another subject reported,

I tend to try and counsel my own family to uncover their own buried issues that (to me) are visibly messing up their lives. I guess to sum it up - my family still has a lot of the same problems interacting within and with others except nobody's drinking. A lot of people trying to control one another, and dominate. I sit there and try to share with them how much more work needs to be done (emotionally) to help dilute the anger we all still display inappropriately.

A subject who lives alone reported, "My father's a major couch potato, doesn't exercise, drinks still too much but not as bad as he once did. My mother tries to cling to us too much. We are all still the six little girls. I always want to run away".

Gravitz and Bowden (1985, p. 32) observed the need to take care of others and rescue. Indicators of rescuing and

taking care of others obtained in this study included,

My husband has lost two businesses and been bankrupt once and we lost our home. We have been in a destructive cycle all our married life. When my husband destructs I am there to pick him up. My husband happens to be excessive in all areas of his life, food, purchases, work. He struggles setting limits. I have been the limit setter causing great conflict in our marriage.

A daughter of an alcoholic, who was single at the time of study, expressed her awareness of a need to rescue and her attraction to men who are like her alcoholic father. She wrote, "Also scarey is my tendency to gravitate towards and choose men like my father, distant, cruel, rough and substance dependent and needy".

Alienation from family, also known as disengagement (Lawson et al., 1983, p. 42), was described as a cause of serious stress by several daughters of alcoholics. This is indicated by the following quotes. "My family has refused to speak to me for 2 years. I rarely see any family."

My father has refused to go to counseling after he stopped drinking. He is so screwed up that I can only handle a 'Hello, how are you?'. This has now gotten in the way of my relationship with my mother. She is a classic enabler, I have now told her she can't come visit my kids with my father, leave him home - so now she won't come alone rather than leave him for a while. My brother and sister won't allow them to visit their kids either. Only my mother, alone - This is causing high stress!!!

Perhaps the most severe indicator of alienation from family obtained from any daughter of an alcoholic in this study is the following:

I 'blew up' at my father six years ago and blamed him for everything from A to Z. We haven't spoken since. I was 22 at the time. Some of my brothers and sisters more or less sided with him. Some are not speaking to him either. Having this rift in the family has been very painful for me. My parents moved away without leaving an address and said if I cared enough I'd be able to find them.

Woltitz (1983, p. 41) reported adult children of alcoholics never saw a healthy intimate relationship between parents in childhood and have no frame of reference for one. Awareness of a lack of appropriate parental role models was expressed by one subject in the following manner, "I wish I had different parents. At times I wished that they would divorce because their relationship has not been a good example for me and my siblings. For this reason I feel that no one in my family (brothers and sisters) has married".

Among their current life stressors, several daughters of alcoholics reported a lack of intimacy and inability to communicate in their marriages.

. "My husband's lack of communication when it comes to feelings and reality."

. "Poor relationship with husband. Husband drinks too much. No sex life."

. "Feel a lack of intimacy in my marriage. I'm married to an adult child of an alcoholic. I feel alone and lonely at times because he has difficulty sharing feelings."

In just these past few weeks have decided I have no desire to continue living with a man

who is emotionally unavailable. Being in his presence, I feel lonelier than when I am alone and see no reason to continue subjecting myself to this torture. I am ready to make a move.

A subject who is over 50 and the daughter of an alcoholic mother wrote about a current life stressor which is indicative of a direct association between recurring themes in this study. She describes her relationship with her alcoholic mother and indicates how it's affects on her self-concept have evidently been felt her entire life. "My mother told me a few months ago that she doesn't know why I'm going to college. I'm stupid and always have been and won't learn a thing. I find myself under a lot of pressure with the feeling that I have to prove myself."

The following indicator of internal stress relevant to family relationships, which was coded in the category of "own stress", is included in this section of the discussion. It is evidence of a possible association between childhood familial experiences and a difficulty some daughters of alcoholics may have in maintaining an inner peace with self and family of procreation in adulthood, even when an inner peaceful feeling is warranted. The subject reported, "My husband and daughter are so precious to me. I can't believe I have them and this wonderful life after being raised in such unhappiness. I have a constant fear that they will die. I try not to think about it. But it is quite stressful".

Finally, indication of working on recovery from

alcoholism was also a reported source of stress, "My husband and I are recovering alcoholics. He also is a workaholic which leaves little time for AA meetings and socializing."

Not every statement made by a daughter of an alcoholic, by itself, may appear to indicate evidence of family dysfunction associated with alcoholism. However, when all the statements are: 1. considered together, and 2. placed in context with all the findings in this study, and 3. compared with the following indicators of family stress reported by daughters of nonalcoholics, together they provide evidence which appears to support observations of clinicians.

Group 3 subjects reported fewer cases of "stress caused by family"; however, in order to compare their current experiences with those of daughters of alcoholics in this stressor category, a few examples are given. Daughters of nonalcoholics wrote the following passages describing "stress caused by family" members.

. "Pressure from family to solidify long-term relationship (marry)."

. "My husband, at times, does not share our household chores adequately. He is an extreme procrastinator and after a while, it drives me nuts."

. "My husband recently graduated law school and is now looking for a permanent job."

. "Husband in mid-life crisis (transition)."

In addition to "stress caused by family", the only other stress category found to obtain a significantly different distribution than would be expected by chance was "stress due to substance abuse or recovery from substance abuse of self or significant other (other than husband)". Two subjects each in Groups 2 and 3 reported indicators of this stressor. Eighteen Group 1 subjects indicated stress in the category.

Among Group 1 subjects, a few reported several significant others were abusing drugs and/or alcohol. In view of Group 1 subjects' active participation in support groups, it is not surprising to find they more frequently report cases of this type of stress than subjects in the other groups. Other findings are also relevant to reports of this stressor.

Only two Group 2 subjects reported current stress from "substance abuse or recovery from substance abuse of self or significant other". Yet, 62% and 24% of Group 2 subjects previously attended ACOA and Al-Anon Family Group meetings, respectively. Among both groups of daughters of alcoholics, it appears that there may not be an association between current relationships with substance abusing significant others and participation in support groups. Perhaps among support group members, some subjects are dealing with issues associated with parental alcoholism in

the past.

This observation is apparently confirmed by reports of current stress from husband's alcoholism or recovery from alcoholism. Three Group 1 and two Group 2 daughters of alcoholics reported this stressor. There are few reported cases of current relationships with substance abusing significant others in relation to the number of active participants in support groups.

However, among reasons marriages ended, husband's alcoholism was given by several Group 1 and Group 2 subjects. As noted in Findings, two Group 3 daughters of nonalcoholics also reported alcoholism as a reason marriages ended.

Although the number of subjects is small, the findings in this study indicate that daughters of alcoholics as compared to daughters of nonalcoholics are more often involved in relationships with significant others who abuse substances. Therefore, this is one more indication of apparent support for clinical observations among this study's findings. In adulthood, children of alcoholics appear to have more close personal relationships with substance abusing significant others than children of nonalcoholics.

Before giving a summary and closing the discussion, one important issue addressed in this study remains. The discussion will now focus on the methodological problem of

operationalizing 'adult child of an alcoholic'.

The Methodological Issue of Identifying Adult Children of Alcoholics. The problem of operationalizing "adult child of an alcoholic" with reliable and valid criteria deserves further study. There is no agreement on which indicators give the clearest operational definition. It is difficult to determine accuracy in subject labeling and to interpret findings when researchers use the Children of Alcoholics Screening Test (CAST) (Jones, 1987), but, revise the Test criteria to lower scores (Ferrill, 1987), or, report using CAST, but fail to describe CAST findings (Ferrill, 1987; Wilson, 1987). Because of the failure of other researchers to report obtained CAST results, there is no basis for comparing CAST findings in this study with those of others. Some researchers (Ackerman, 1987; Davis, 1983; Duprez, 1987) use answers to one question to identify children of alcoholics.

Results from this research suggest that a single item may not be accurate in operationally defining "adult children of alcoholics". Nor does merely using a standardized instrument necessarily yield accurate identification. The fault may not be in the instrument, however, but in how it is interpreted and used. Difficulties in operationalizing are due mainly to subjective interpretation of criteria and terminology, as

well as, to respondents' perceptions of reality and levels of awareness.

In this study, two criteria were used to differentiate all participants as daughters of alcoholics or daughters of nonalcoholics. Using established CAST criteria was expected to more precisely classify subjects than the single item. All subjects included in the study clearly fit established sub-sample criteria.

Seven women who failed to meet operational criteria were not included. Six exclusions were due to scoring five or less on CAST while answering "yes" to the questionnaire item. The seventh woman excluded scored eight on CAST while answering "no" to "I had a parent while I was growing up who had a drinking problem". She is the only respondent who fit a "non-self-identified daughter of an alcoholic" category and was, therefore, excluded.

Scrutiny of responses of included subjects also revealed inconsistency and ambiguity which exemplify the complex issue of developing reliable operational criteria. Among daughters of alcoholics, one Group 1 and one Group 2 subject answering "yes" to "I had a parent while I was growing up who had a drinking problem" also answered "no" to CAST item # 1, "Have you ever thought that one of your parents had a drinking problem?". Their total CAST scores were 25 and 15, respectively. Because these subjects fit the two criteria used in this study, it is believed they

were correctly classified. Subjects such as these might answer "no" to a one item operational criterion and could, therefore, be mis-labeled offspring of nonalcoholics.

Similar response inconsistency is found among daughters of nonalcoholics. Two with CAST scores of four answering "no" to the item on the questionnaire and not responding to any parental drinking practices questions, both answered "yes" to CAST item # 1, "Have you ever thought that one of your parents had a drinking problem?".

In addition to such response inconsistencies, the problem of ambiguity in terminology further confuses the issue of criteria reliability. The use of ambiguous words is typically not discussed in the literature. An item such as "I had a parent while I was growing up who had a drinking problem", when used to operationalize child of an alcoholic assumes that the respondent has the cultural mind set to interpret "drinking problem" to mean a problem with drinking alcohol. And, some individuals accept "drinking problem" to mean not alcoholism. Persons using a single item, such as this, to classify children of alcoholics interpret an affirmative response to mean "alcoholism".

A Group 1 subject with a CAST score of 27, answered "yes" to both the research questionnaire item and question # 1 on CAST indicating a parental drinking problem. Yet, she answered "no" to CAST item # 22, "Did you ever think your father was an alcoholic?", and answered "no" to item #

25, "Did you ever think your mother was an alcoholic?". On the questionnaire she reported father and mother were heavy drinkers. Based on research criteria, she is a daughter of alcoholics. Her perception does not appear to be in agreement with this classification; however, she is an active participant in Al-Anon ACOA meetings.

Another assumption is that "drinking heavily" and "drinking excessively" are indicative of alcoholism. One respondent wrote about her objections to these "subjective" terms in questionnaire items which ask about parental drinking practices, and, rightly so. She reported parental alcohol consumption in number of ounces in order to provide indicators of alcoholism which she believed were more precise.

A statement/question which does not ask about, or use the word, "alcoholism" may be used intentionally to identify children of alcoholics who are not able to associate themselves as having an alcoholic parent due to social stigma, denial, or, some other reasons. However, an affirmative response to "I had a parent while I was growing up who had a drinking problem" also labels as "children of alcoholics" persons who observed parents as social drinkers with occasional intoxication.

Problems associated with alcohol consumption are not always indicative of alcoholism. The Merck Manual (1982) reports that about "75% of American adults drink alcoholic

beverages, and 1 in 10 will experience some problem with alcoholism" (p. 1415). A majority of children have probably observed parents drinking alcohol. An uninhibited "social drinker" might argue with a spouse. Children observing arguments, or any atypical behaviors occurring under these circumstances, may conclude that the arguing is related to alcohol consumption.

The problem of identifying who is an alcoholic has obviously been extended to the methodological issue of identifying a child of an alcoholic. Since the disease is a slowly progressive one, a "problem drinker" could be in the beginning stages of alcoholism. Diagnosticicians have been encouraged to "abandon the all-or-none concept" (Meyer 1989, p. 317) in labeling alcoholics. Degrees of dependence or severity of dependence, as described by DSM-III-R criteria, are recommended for classifying alcoholism. Meyer (p. 316) reports that recent findings in the alcoholism literature confirm the need to distinguish dependence on alcohol from abusive drinking which is not dependent.

Developing reliable and valid ways of identifying adult children of alcoholics requires methods of operationalizing that yield results which exclude offspring of nondependent occasional drinkers. If respondents are asked to describe parental drinking practices, resulting data could indicate "drinking problems" and "alcoholism".

As reported earlier, O'Malley et al. (1986) found that adult retrospection of parental alcohol consumption is accurate or underreported. Data indicative of parental alcohol consumption are rarely reported by clinicians and researchers in the adult children of alcoholics literature, however.

Observed parental behaviors, such as those reported by Ashley (1989) to be symptomatic of alcohol dependence, might be included in operational criteria used to identify adult children of alcoholics. The indicators listed by Ashley were: "skipped meals, loss of memory, inability to stop drinking until intoxicated, and binge drinking" (p. 307).

At the present time, an instrument is available (CAST) which yields indicators of children's experiences with parents who abuse alcohol. Persons with low scores on the Children of Alcoholics Screening Test report fewer problems associated with parents intake of alcohol. According to Jones (1987), low scores are indicative of parental drinking problems. Adults obtaining high CAST scores present a different profile of recollected childhood feelings and experiences than those with low scores. Both low and high scores may be indicative of dysfunctional families of origin. High scoring subjects, however, are describing dysfunction associated with alcoholism.

Further complicating the methodological problem, is

the "non-self-identified" child of an alcoholic who does not associate familial turmoil with alcohol consumption. One woman excluded from this study for this reason was discussed earlier. Such a person may respond negatively to a single item and obtain a low score or zero score on CAST. Perception of reality for the individual may be that parental alcohol consumption was not the problem.

A case like this is described by a subject who scored 26 on the Children of Alcoholics Screening Test. This participant wrote, "Drinking was never an issue - the issue was always the crazy behavior". She added,

I threatened to run away because of the arguing and fighting and personal verbal abuse that was a result of the drinking. (At the time, I did not associate alcohol with the crazy behavior)...it wasn't until 3 years ago I realized the problems were alcohol related.

The subject, in her forties, reported both parents drank heavily seven days a week. If asked five years ago to respond to "I had a parent with a drinking problem", she may have reacted with a negative response.

This quotation indicates one type of difficulty which may be encountered by those who hope to identify and study adult children of alcoholics. The discussion is also brought full circle with the statement from this Group 1 subject.

She gave a brief account of her chaotic family environment, including verbal abuse which probably had a negative affect on her sense of self in childhood.

Evidence was also given of conscious recognition many years into adulthood of the effects of parental alcoholism. Apparently, her statement of awareness may be associated with phenomenological processes discussed earlier. These associations appear to exist between childhood experiences in an alcoholic family system and therapeutic, as well as, phenomenological processes in adulthood.

Summary of Discussion

Daughters of alcoholics who were actively participating in support groups and/or therapy scored significantly lower than daughters of nonalcoholics on several T.S.C.S. scales. Daughters of alcoholics not actively involved in therapeutic experiences had a significantly lower mean score than daughters of nonalcoholics only on the Family Self sub-scale.

Given the numerous similarities found among daughters of alcoholics, as well as, among daughters of alcoholics and nonalcoholics, an apparent association between active participation in therapeutic experiences and self-concept findings was discussed. Clinicians' observations of adult children of alcoholics, as reported in the literature, provided some basis for interpreting this study's self-concept findings.

Group 1 T.S.C.S. mean scores appear to support descriptions in the clinical literature of adult children

of alcoholics who are actively participating in therapeutic experiences. The discussion of T.S.C.S. results suggested that it is possible Group 1 T.S.C.S. mean scores could be indicative of the psychic pain clinicians have reportedly observed among some adult children of alcoholics in therapeutic settings. In addition to active participation in support groups and/or therapy, other current life experiences appear to be associated with findings on the T.S.C.S.

Family Self sub-scale mean scores and indicators of current stress due to family are both apparently supportive of reports describing alcoholism's chronic effects on family members. Within each group of daughters of alcoholics, lower scores were found on the Family Self dimension of self-concept (which had a lowering effect on Total self-concept mean scores). Furthermore, these findings are apparently associated with subjects' reports of current familial stressors. Significant differences were found between each group of daughters of alcoholics and the comparison group of daughters of nonalcoholics on indicators of Family Self and "stress due to family". Therefore, these findings appear to support clinical descriptions of adult children of alcoholics.

Clinical reports of characteristically troubled relationships among members of alcoholic family systems are supported by significantly lower T.S.C.S. Family Self

scores found among daughters of alcoholics in this study. Specific family stressors reported by daughters of alcoholics provide evident support of clinical descriptions of typical family problems. Included among these are issues of intimacy, enmeshment, communication, harsh parental criticism, alienation and substance abuse.

VI. SIGNIFICANCE AND LIMITATIONS

This was a modest descriptive study of a small sample of women. However, it has contributed to existing knowledge regarding adult children of alcoholics and it addressed several methodological issues. Systematically obtained data which describe this population rarely appear in the literature.

One of the strengths of this study is that it provided a more comprehensive description of the sample than is typically reported in the literature. Also, a comparison group was included. These data will contribute to the sorely needed data base.

Similarity was found among the groups on all demographic and most background variables. Therefore, significant differences found between and among groups are less likely attributable to any of the numerous variables on which the sub-samples were found to be similar.

Daughters of alcoholics were studied in response to previous reports that females had been neglected in research describing members of alcoholic families. Gender of alcoholic parent was reported. Tennessee Self-Concept Scale Total mean scores were analyzed, testing for variance by sex of alcoholic parent. The issue of failure to report gender variables, therefore, was addressed.

Another strength of this study is operationalizing child of an alcoholic with an instrument of known validity and reliability. Data were reported on variables describing parental drinking practices indicative of alcohol abuse. These types of data are rarely reported in the literature. The methodological issue of classifying children of alcoholics was addressed by providing a concise operational definition of adult daughters of alcoholics. It is, therefore, unlikely that the comparison group of adult daughters of nonalcoholics contained unidentified offspring of alcoholics.

The issue of using a single item to identify children of alcoholics was discussed. Evidence in this study indicates that responses to a single item can not reliably classify children of alcoholics.

Sub-sample mean scores were reported on the Children of Alcoholics Screening Test and the Tennessee Self-Concept Scale. Failure of previous researchers to report similar data was thereby addressed. Future researchers have available to them a small data base for comparison with their findings on these instruments.

Another issue was addressed by studying a sub-sample that probably represents the population sub-group being described in the adult children of alcoholics clinical literature. The sample was not restricted, however, to adult daughters of alcoholics participating in therapeutic

experiences. A second group was formed of adult daughters of alcoholics who were not actively involved in therapy or support groups.

Rigorous attention to operationalizing daughters of alcoholics resulted in two groups of daughters of alcoholics with whom daughters of nonalcoholics could be compared. Comparison of findings between each group of daughters of alcoholics yielded observations regarding self-concept which otherwise could not have been reported.

Specifically, daughters of alcoholics participating in therapeutic experiences were shown to be significantly different on several T.S.C.S. scores than daughters of nonalcoholics. The T.S.C.S. Family Self sub-scale was the only T.S.C.S. scale on which a significant difference was found between daughters of nonalcoholics and daughters of alcoholics not actively involved in support groups and/or therapy. These observations led to tentatively suggesting that the phenomenological nature of self may possibly confound clinical and research attempts to generalize to the population of adult children of alcoholics.

Also significant was the reporting of current life experiences which may have been affecting T.S.C.S. self-concept scores. This is not usual practice in such studies and represents another strength of this study.

Limitations

Among the limitations of this study is the small sample size. It is not known how well or how poorly the population of adult children of alcoholics is represented by the small groups of daughters. Self-identified daughters of alcoholics were studied. Therefore, the sample does not represent non-self-identified daughters of alcoholics. The study looked at daughters of alcoholics only and can not purport to represent sons of alcoholics.

Because daughters of alcoholics participating in therapeutic experiences were described, findings may not be generalizable to the population of adult children of alcoholics. However, to those who may suggest a nonrandom sampling bias, consider that such a "sampling bias" exists in the clinical literature.

The observations made by clinicians, which are reported in the literature, describe adult children of alcoholics who are seen in therapy. Clinicians assert, both directly and indirectly, that this sub-set is representative of the adult children of alcoholics population.

This study was designed to test clinical descriptions and probably contains a more representative sub-sample of this segment of the population of adult children of alcoholics than are contained in nonrandom samples of college students. However, describing this sub-set of the

population without knowing how well it represents adult children of alcoholics limits the ability to generalize.

Unavoidably, the ability to interpret findings was limited by the absence of comparable findings in the literature. Comparability on childhood experiences among groups, while not a focus of study, represents a weakness because data were not gathered to describe adult daughters of nonalcoholics' childhood family experiences.

Regarding T.S.C.S. findings, there was a failure to check response validity. Techniques described in the Manual (Roid & Fitts, 1988) permit a tester to check if questions were answered in an atypical manner. Since this was not done, it is another of the study's weaknesses.

Subjects were not asked if they had a problem with alcohol abuse. As reported in Additional Findings, among reasons given for entering therapy, a few subjects indicated their own excessive drinking of alcohol was among their reasons. But, the sample may have contained alcoholic women. Since female alcoholics are reported to have more negative self-concepts than male alcoholics and women who are not alcoholics (Beckman & Amaro, 1985, p. 19; Coleman et al., 1984, p. 408-409), T.S.C.S. findings in each group might be effected by the possible unknown inclusion of alcoholic women.

Limitations are imposed on researchers who wish to study children of alcoholics because of lack of agreement

regarding definitively identifying alcoholics. When this methodological issue is addressed with clarity and reliability, it will be less difficult to operationalize children of problem drinkers and children of alcoholics.

VII. CONCLUSIONS AND RECOMMENDATIONS

Clinical reports describing the population "adult children of alcoholics" are based on observations among a sub-group of this population, that segment seen in therapeutic settings. Reports of clinicians regarding adult children of alcoholics who are participating in therapy are to be supported by findings in this study. Significant differences in self-concept scores were reported between adult daughters of alcoholics who are actively participating in therapeutic experiences and the comparison group.

Adult daughters of alcoholics not actively involved in therapeutic experiences, however, were not found to be similarly differentiated from adult daughters of nonalcoholics. Therefore, limited support for clinical observations was found among adult daughters of alcoholics who are not participating in therapeutic experiences.

Disimilarity in Tennessee Self-Concept Scale findings for the groups of adult daughters of alcoholics can not be attributed to any of the numerous demographic or background characteristics on which descriptive data are provided. Daughters of alcoholics are similar on these variables.

Only very tentative conclusions can be made regarding the results. The T.S.C.S. findings provoke more questions

than can be tentatively answered in this descriptive work. If any conclusions are to be made from this study's results, they include the need for researchers to inquire about and report on therapeutic experiences. In this study, apparently, different results on T.S.C.S. would have been found if daughters of alcoholics had been grouped together, or, if only one of the daughters of alcoholics' groups had been studied and compared with daughters of nonalcoholics.

T.S.C.S. Family Self sub-scale mean scores are negatively affecting the Total self-concept scores found for each group of daughters of alcoholics. Family experiences at the time of study were reported to be among current life stressors by daughters of alcoholics.

There is an apparent association between Family Self sub-scale scores and current life stressors. Among the family stressors reported by daughters of alcoholics are many examples of the types of characteristic relationship problems described in the clinical literature. The combination of T.S.C.S. Family Self findings and indicators of familial experiences are apparently more supportive of the reports of clinicians than are other findings in the study.

However, a direct causal link can not be made between the childhood experiences of daughters of alcoholics and the findings in this study. There appears to be a

connection between childhood experiences with alcoholic parents and experiences in adult life which supports clinical observations. If consistent results are similar among many more systematic studies, perhaps less tentative conclusions may be drawn in the future regarding adult children of alcoholics' sense of self and troubled relationships.

Recommendations

Future studies need to give careful attention to methodology. Inconsistent support of clinical observations among previous research reports may, in part, be attributable to methodological problems. Valid and reliable criteria must be used to identify adult children of alcoholics. Otherwise, researchers may be studying offspring of problem drinkers.

Researchers and clinicians need to determine how to distinguish problem drinkers from alcoholics. At the present time, researchers do not distinguish between adult children of problem drinkers and adult children of alcoholics. Does a "problem drinking" parent impact children in a manner similar to an alcoholic parent? Is there a continuum of severity of impact on children which coincides with severity of parental alcohol abuse?

Among adult children of alcoholics, it appears that some may be more sensitive to the childhood effects of

parental alcoholism. Some children of alcoholics appear to have coped well in adult life without the need for therapeutic intervention. Perhaps there are unidentified factors operating in the lives of some adult children of alcoholics which render them more resilient to the effects of parental alcoholism. The phenomenal nature of self could be protecting some individuals from painful reality while they project a facade of well-being. These are among the implications raised by this study that suggest much more work is needed to describe adult children of alcoholics.

Support group membership and participation in therapy may significantly influence findings in any research study of adult children of alcoholics. Much more study is needed regarding the possible influence of these and other intervening variables.

Descriptive data are desperately needed. Samples have been poorly described in the past. Inconsistency in research findings may be due, not only to failure to adhere to strict criteria in identifying adult children of alcoholics, but to characteristics within samples which were not identified, as well. If standardized instruments are used, descriptive statistics should be reported in order to broaden the meager data base and permit comparison among studies. Constructs need to be studied in context with background data and current life experiences of

participants. Unless methodological issues are addressed, research findings will probably continue to be inconclusive.

Researchers should continue to look at and report gender variables. There is a need to compare sons and daughters of alcoholics and study possible associations with sex of alcoholic parent. It could be asked if daughters of alcoholics are more likely to participate in therapeutic experiences than sons. If this is the case, why is it so? A study of the self-concept of adult sons of alcoholics participating in therapeutic experiences could be compared with the findings in this study.

Data are needed which compare adult children of alcoholics who have never participated in support groups and/or therapy with those who have participated. Longitudinal studies of adult children of alcoholics are needed before, during and after they participate in therapeutic experiences.

The impact of parental alcoholism on adult relationships and the family life of adult children of alcoholics need to be examined. At the present time, these constructs might be less difficult to operationalize than variables which may be confounded by aspects of nonphenomenal self. This researcher strongly recommends that data be gathered regarding family relationships of adult children of alcoholics, using comparison groups of

adult children of nonalcoholics. Findings in this study suggest this as an area in which adult children of alcoholics might be significantly differentiated from adult children of nonalcoholics.

Disrupted relationships, as operationalized in this study, did not provide indicators of the troubled relationships which appear to characterize adult children of alcoholics' experiences in intimate relationships. Indications of troubled relationships were more evident among current life stressors and the T.S.C.S. Family Self sub-scale than among indicators of marital disruption.

Perplexing inconsistency may occur in the findings of different studies and within sub-samples of one study due to the phenomenological nature of self. There is a need to study respondents' levels of awareness regarding the effects of parental alcoholism. Consideration should also be given to recent media descriptions of alcoholism's effects on family members and how this media coverage may be associated with levels of awareness among adult children of alcoholics.

Studies may continue to show apparent lack of support of clinical observations when findings are confounded by conscious and unconscious processes. It appears that the phenomenological nature of self, described in the discussion section, may confound attempts to differentiate between adult children of alcoholics and nonalcoholics.

Recent studies have looked at personality characteristics of adult children of alcoholics and reported inconsistent results. Apparently, due to possible phenomenological processes, the clinical literature may not be generalizable to adult children of alcoholics who are not participating in, or never participated in, therapeutic experiences.

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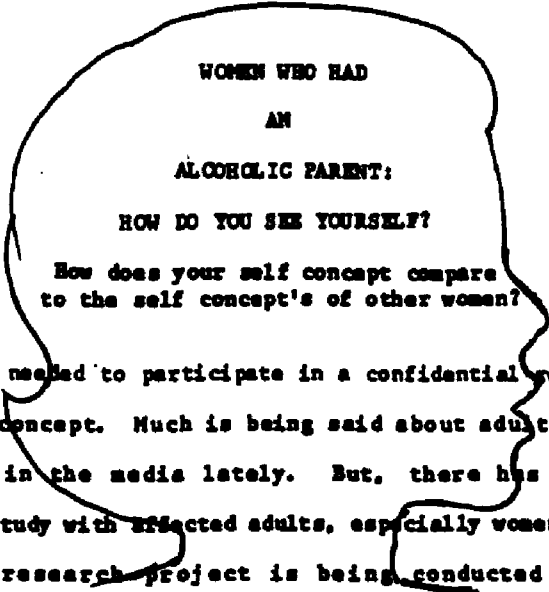
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APPENDIX A

INFORMATION SHEET TO ANNOUNCE RESEARCH

(Used to inform daughters of alcoholics about the study.)

W O M E N
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Women needed to participate in a confidential research study about self concept. Much is being said about adult children of alcoholics in the media lately. But, there has been little systematic study with affected adults, especially women.

This research project is being conducted through the Department of Family Studies, University of New Hampshire. The researcher is a graduate student who is also the daughter of an alcoholic and sensitive to adult children of alcoholics' issues.

If you participate in this research study:

1. your participation and responses are completely confidential (no names are used),
2. you will answer questions on a scale which describe yourself as you see yourself.
3. you will learn how your scores compare with those of other women.

You must be 21 years of age or older.

If you are interested in participating in the research study, please call THE WOMEN'S SELF CONCEPT PROJECT at

APPENDIX B

INFORMATION SHEET TO ANNOUNCE RESEARCH

(Used to inform daughters of nonalcoholics about the study.)

W O M E N

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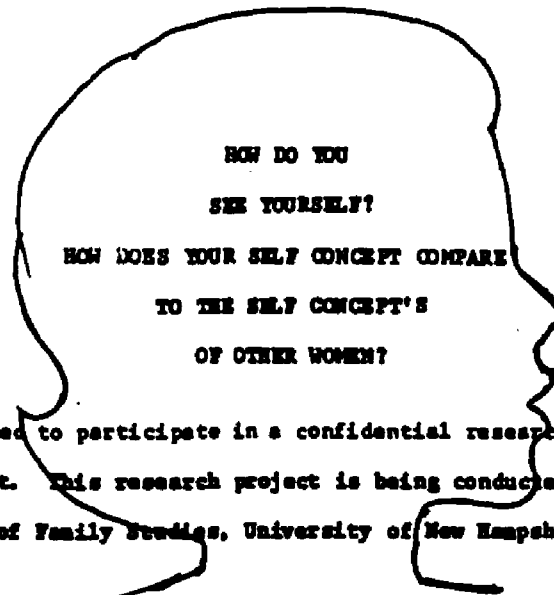
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HOW DO YOU
SEE YOURSELF?

HOW DOES YOUR SELF CONCEPT COMPARE
TO THE SELF CONCEPT'S
OF OTHER WOMEN?

Women needed to participate in a confidential research study about self concept. This research project is being conducted through the Department of Family Studies, University of New Hampshire.

We are interested in learning about women's self concept and how it relates to childhood and present family experiences. Different groups of women will be compared including women whose parent(s) had a drinking problem.

If you participate in this research study:

1. your participation and responses are completely confidential (no names are used).
2. you will answer questions on a scale which describe yourself as you see yourself.
3. you will learn how your scores compare with those of other women.

You must be 21 years of age or older.

If you are interested in participating in the research study, please call THE WOMEN'S SELF CONCEPT PROJECT at .

APPENDIX C

LETTERS TO CLINICIANS AND EMPLOYERS

(Announcing research and requesting assistance.)

UNIVERSITY OF NEW HAMPSHIRE

Department of Family Studies
School of Health Studies
Pettes Hall
Durham, New Hampshire 03824-3599
(603) 862-2146

Dear Colleague,

I am conducting thesis research about adult daughters of alcoholics in partial satisfaction of the requirements for my Master of Science degree in Family Studies. Your cooperation is being sought in the following matter.

May I provide you with Information Sheets about the study to be made available in your office for women who may be interested in participating in this research? A copy of the Information Sheet is enclosed.

Participants will be asked to complete the Children of Alcoholics Screening Test, the Tennessee Self Concept Scale and a questionnaire I have developed to obtain background and demographic data.

The study and all instruments to be used have been approved by the University of New Hampshire's Institutional Review Board for Human Subjects. Your client's identity will be protected. As a daughter of an alcoholic in recovery, I can assure you that every precaution will be taken to protect the women who participate in this research.

Please fill in the enclosed post card as an indication of your willingness to have information sheets in your office. I look forward to working with your clients. If you have any questions, please contact me at

Sincerely,

encs.

Mary A. Vail

PLEASE CHECK:

- ☐ I will display the Information Sheet which I received.
- ☐ I would like _____ (specify #) Information Sheets to distribute to potential participants.
- ☐ I would like more information about the research, please call me.
- ☐ I am not interested in informing my clients about the research.

Initials

UNIVERSITY OF NEW HAMPSHIRE

Department of Family Studies
School of Health Studies
Peterson Hall
Durham, New Hampshire 03824-3599
(603) 862-2146

Dear Employer:

I am conducting thesis research about women's self concept and family relationships in partial satisfaction of the requirements for my Master of Science degree in Family Studies.

May I ask your cooperation in helping me to inform women about the research? Would you please post the Information Sheet so that it is visible to potential participants?

Your willingness to cooperate is greatly appreciated.

Sincerely,

Mary A. Vail

Mary A. Vail

MAV

APPENDIX D

RESEARCH PACKET MATERIALS:

Instructions to Participants

Informed Consent Sheet

Questionnaire

WOMEN'S SELF CONCEPT RESEARCH PROJECT

**Department of Family Studies
University of New Hampshire**

Instructions to Participants

1. Enclosed are an Informed Consent Sheet and the 3 instruments you are being asked to complete.
2. Read and sign the Informed Consent Sheet. When the research materials are returned, the Informed Consent Sheet is immediately separated and placed in a separate file.
3. Do NOT write your name on any of the other materials. They are coded with numbers to protect your identity. Only the researcher has access to these code numbers.
4. Directions for completing each instrument appear on the instrument.

THANK YOU.

**INFORMED CONSENT FOR THE WOMEN'S SELF CONCEPT
RESEARCH PROJECT:**

The Women's Self Concept Research Project is a study which focuses on measuring how women see themselves and identifying possible connections between self concept and familial relationships. I am interested in finding if there is a relationship between family experiences and women's self concepts; especially, comparing women whose parent(s) did or did not have a drinking problem.

Each participant will be asked to complete the Tennessee Self Concept Scale, the Children of Alcoholics Screening Test and a questionnaire which asks background information.

All tests and the questionnaire will be coded with a number so that confidentiality can be assured. Numerical data will be analyzed by computer in order to get results. You will not be identified in any way. The results of this research study will be used to increase our understanding of women and may be published in a professional journal.

If you agree to participate, please read the following information and sign your name in the space provided. Thank you.

1. I understand that I will be asked to complete a self concept test, a Children of Alcoholics Screening Test and a questionnaire.
2. I understand that my identity will be kept confidential and protected within the extent of the law and that there are no known risks, discomforts, or deceptions involved with participating in this study.
3. I understand that having participated in this research study, I may obtain at my request, a report of this study when it is available. This is the only benefit I may receive as a result of my participation.
4. I understand that I am free to withdraw my consent and discontinue my participation in the project at any time.
5. I understand that if I have any questions regarding this project or my participation, I may contact Mary Vail, and discuss them in confidence.
6. I have read and fully understand this informed consent and the goals of this research project.

I AGREE to participate: _____,
Signature date

I do NOT agree to participate: _____,
Signature date

QUESTIONS ABOUT YOUR PARENTS AND YOU

1. I had (a) parent(s) while I was growing up who had a drinking problem.

() yes () no

IF YES, please go on to question # 2 below.

IF NO, please GO ON to question # 1 below.

2. Which of your parents was the heavy drinker? Please check all that apply:

() mother, step-mother or foster mother () father, step-father or foster father

() other guardian

3. How many times per week would you estimate that your parent(s) drank heavily?

_____times per week
mother, step-mother or foster mother

_____times per week
father, step-father or foster father

_____times per week (other guardian)

4. During which years of your childhood did your parent(s) drink excessively? Please circle the ages:

birth 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

5. How many years have your biological parents been, or were they, married?

6. a. Did your biological parents separate? () yes () no
b. If yes, how old were you at the time of your parents separation?

7. a. Did your biological parents divorce? () yes () no
 b. If yes, how old were you at the time of your parents divorce?

- c. Did the divorced parent with whom you were living re-marry?

() yes () no

IF YES, how old were you when s/he remarried? _____

8. a. Is your father deceased? () yes () no
 b. If he is deceased, how old were you when your father died?

9. a. Is your mother deceased? () yes () no
 b. If she is deceased, how old were you when your mother died?

QUESTIONS ABOUT YOU

1. What is your age? _____

2. a. What is your current living arrangement? Please check all that apply:

| | |
|---------------|---|
| () married | () never married and never lived with a male partner |
| () separated | () living with a male partner now |
| () divorced | () other: _____ |
| () widowed | _____ |

- b. If ever married, for how many years have you been, or, were you married?

first marriage: _____ years; ended because of _____

second marriage: _____ years; ended because of _____

third marriage: _____ years; ended because of _____

c. Have you had additional marriages?:

Number: _____ Years _____

3. Do you have any children? () yes () no

If yes, a. How many children do you have? _____

b. What are the ages of your children? _____

4. Were you (please check): () the first born (oldest child),
() a middle child, () the youngest child, () an only child?

If you are an ONLY child, please GO ON to question #7 below.

5. a. How many brothers do you, or did you, have? _____

b. If you have brothers, what are their ages? _____

c. Did any of your brothers die before you were aged 18?

() yes () no

IF YES, how old were you when he died? _____

6. a. How many sisters do you, or did you, have? _____

b. If you have sisters, what are their ages? _____

c. Did any of your sisters die before you were aged 18?

() yes () no

IF YES, how old were you when she died? _____

7. What is the highest level of education you have reached? Please check:

() some high school
(did not graduate)

() some college
(did not graduate)

() graduated from high
school

() graduated from college

() vocational training
after high school

() some post-grad work

() graduate school completed

8. Beginning with first grade, how many years of schooling have you completed?_____ years of schooling
9. a. Are you currently employed?
() yes, full time () yes, part time () no
IF YES, what is your job title?

- b. How long have you been employed at this job?
_____years
10. a. What is your present annual income?_____
- b. What is the total present income of the members of your household?
_____ total present income of household members(from all sources)
11. What circumstances are adding stress to your life now? For example, are you or is a family member ill or unemployed?
Would you please explain briefly:

QUESTIONS ABOUT THERAPY.

1. Did you ever seek the help of a counselor, therapist, psychiatrist or psychologist?

() yes () no

IF YES, please go on to question # 2 below.

IF NO, please go on to page 6.

2. How long were you, or have you been, in individual therapy?

_____months _____years

3. Are you participating in therapy/counseling at the present time?

() yes () no

4. Have you ever participated in group therapy with a counselor, therapist, psychiatrist or psychologist?

() yes () no

a. If yes, please name the type of group therapy in which you participated: _____

- b. How long were you, or have you been, in group therapy?

_____months _____years

5. Which reason(s) caused you to get help? Please circle the letter which represents any reason(s) which apply to you.

- a. relationship problems
- b. my own emotional problems, such as depression or anxiety
- c. my own excessive drinking of alcohol
- d. excessive drinking of alcohol by someone close to me
- e. general feelings of unhappiness or uneasiness
- f. other, Please explain on the back.

IF YOU CIRCLED d., please indicate whose excessive drinking was causing you problems:

() parent () husband () son

() daughter () other

Please tell his or her relationship to you: _____

QUESTIONS ABOUT SUPPORT GROUPS

1. Have you ever attended an Al-Anon or Adult Children of Alcoholics support group meeting? ☐ yes ☐ no

IF YES, please go on to question # 2 below.

IF NO, you are NOW FINISHED with the questionnaire. Thank you.

2. On the average, how many times per week have you attended Al-Anon meetings in the last month?

☐ less than once per week ☐ three times per week
☐ one time per week ☐ more than three times per week
☐ two times per week

3. About how long have you been attending Al-Anon meetings?

_____weeks _____months _____years

4. I did attend Al-Anon meetings for _____
 (please specify length of time), but no longer attend Al-Anon meetings.

5. Have you attended Adult Children of Alcoholics meetings?

☐ yes ☐ no

IF YES, please go on to question # 6 below.

IF NO, you are NOW FINISHED with the questionnaire. Thank you.

6. On the average, how many times per week have you attended Adult Children of Alcoholics meetings in the last month?

☐ less than once per week ☐ three times per week
☐ one time per week ☐ more than 3 times per week
☐ two times per week

7. About how long have you been attending Adult Children of Alcoholics meetings?

_____weeks _____months _____years

8. I did attend Adult Children of Alcoholics meetings for _____

_____ (please specify length of time), but no longer attend Adult Children of Alcoholics meetings.

YOU ARE NOW FINISHED WITH THE QUESTIONNAIRE. THANK YOU.

APPENDIX E

CHILDREN OF ALCOHOLICS SCREENING TEST

TABLE E-1: Frequency Distribution for CAST Items

C. A. S. T.

Please check the answers below that best describe your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Answer all 30 questions by checking either "Yes" or "No".

Sex: Male _____ Female _____ Age: _____

| Yes | No | Questions |
|-----|-----|--|
| ___ | ___ | 1. Have you ever thought that one of your parents had a drinking problem? |
| ___ | ___ | 2. Have you ever lost sleep because of a parent's drinking? |
| ___ | ___ | 3. Did you ever encourage one of your parents to quit drinking? |
| ___ | ___ | 4. Did you ever feel alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking? |
| ___ | ___ | 5. Did you ever argue or fight with a parent when he or she was drinking? |
| ___ | ___ | 6. Did you ever threaten to run away from home because of a parent's drinking? |
| ___ | ___ | 7. Has a parent ever yelled at or hit you or other family members when drinking? |
| ___ | ___ | 8. Have you ever heard your parents fight when one of them was drunk? |
| ___ | ___ | 9. Did you ever protect another family member from a parent who was drinking? |
| ___ | ___ | 10. Did you ever feel like hiding or emptying a parent's bottle of liquor? |
| ___ | ___ | 11. Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking? |
| ___ | ___ | 12. Did you ever wish your parent would stop drinking? |
| ___ | ___ | 13. Did you ever feel responsible for and guilty about a parent's drinking? |
| ___ | ___ | 14. Did you ever fear that your parents would get divorced due to alcohol misuse? |
| ___ | ___ | 15. Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem? |
| ___ | ___ | 16. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent? |
| ___ | ___ | 17. Did you ever feel that you made a parent drink alcohol? |
| ___ | ___ | 18. Have you ever felt that a problem drinking parent did not really love you? |
| ___ | ___ | 19. Did you ever resent a parent's drinking? |
| ___ | ___ | 20. Have you ever worried about a parent's health because of his or her alcohol use? |
| ___ | ___ | 21. Have you ever been blamed for a parent's drinking? |
| ___ | ___ | 22. Did you ever think your father was an alcoholic? |
| ___ | ___ | 23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem? |
| ___ | ___ | 24. Did a parent ever make promises to you that he or she did not keep because of drinking? |
| ___ | ___ | 25. Did you ever think your mother was an alcoholic? |
| ___ | ___ | 26. Did you ever wish you could talk to someone who could understand and help the alcohol related problems in your family? |
| ___ | ___ | 27. Did you ever fight with your brothers and sisters about a parent's drinking? |
| ___ | ___ | 28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking? |
| ___ | ___ | 29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking? |
| ___ | ___ | 30. Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem? |

TOTAL NUMBER OF "Yes" ANSWERS [C1: ___ C2: ___ C3: ___ C4: ___ C5: ___ C6: ___]

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CAMELOT UNLIMITED - 5 North Wabash Avenue
Suite 1409 - Dt 18C - Chicago, Illinois - 60602
Telephone: (312) 938 - 8861

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Table E-1

Frequency Distribution for CAST Items

| Item | Group | | |
|------|-------|-----------------|-----------------|
| | 1 | 2 | 1 & 2 |
| | (52) | (29) | (81) |
| | %Yes | %Yes | %Yes |
| 1. | 98 | 97 | 98 |
| 2. | 85 | 97 | 89 |
| 3. | 71 | 55 | 65 |
| 4. | 96 | 100 | 98 |
| 5. | 80 | 69 | 77 |
| 6. | 48 | 48 | 48 |
| 7. | 83 | 83 | 83 |
| 8. | 90 | 90 | 90 |
| 9. | 69 | 66 | 68 |
| 10. | 73 | 69 | 72 |
| 11. | 64 | 48 ^a | 58 ^a |

(table continues)

| | Group | | |
|------|-----------------|-----------------|-----------------|
| | 1 | 2 | 1 & 2 |
| Item | %Yes | %Yes | %Yes |
| 12. | 96 | 100 | 98 |
| 13. | 52 | 35 | 46 |
| 14. | 56 | 41 ^a | 51 ^a |
| 15. | 81 | 66 | 75 |
| 16. | 85 | 76 | 82 |
| 17. | 39 | 21 | 32 |
| 18. | 77 | 79 | 78 |
| 19. | 96 | 93 | 95 |
| 20. | 79 | 79 | 79 |
| 21. | 37 | 24 | 32 |
| 22. | 73 | 79 | 75 |
| 23. | 94 ^a | 97 ^a | 95 ^b |

(table continues)

| | Group | | |
|------|-----------------|-----------------|-----------------|
| | 1 | 2 | 1 & 2 |
| Item | %Yes | %Yes | %Yes |
| 24. | 69 | 59 | 65 |
| 25. | 56 ^a | 35 | 48 ^a |
| 26. | 85 | 69 | 79 |
| 27. | 52 | 17 | 40 |
| 28. | 89 | 69 ^a | 82 ^a |
| 29. | 87 | 90 | 88 |
| 30. | 58 | 59 | 58 |

^a Missing data from one respondent.

^b Missing data from two respondents.

APPENDIX F

TABLE F-1: Occupation Categories

TABLE F-2: Frequency Distribution of Occupation Categories

Table F-1

Occupation Categories with Representative Job Titles

| <u>Category</u> | <u>Job Titles</u> |
|--|---|
| Helping professions | nurse, teacher, social worker, dental hygienist, lawyer |
| Manufacturing | assembly, quality control, line supervisor |
| Business and office | accountant, secretary, insurance adjuster, receptionist |
| Marketing/sales | sales person, real estate agent, sales/service representative |
| Managerial | housing manager, store manager, director/division head, nursing administrator |
| Hospitality and personal services | waitress, cosmetologist, food service worker |
| Other | civil engineer, office technician, archivist |

Table F-2

Frequency Distribution of Occupation Categories

| | Group | | |
|------------------------------------|-------|-----|-----|
| | 1 | 2 | 3 |
| Helping | | | |
| Professions | 27% | 31% | 15% |
| Manufacturing | 10 | 10 | 3 |
| Business and office | 27 | 7 | 15 |
| Marketing and sales | 6 | 3 | 6 |
| Managerial | 10 | 14 | 21 |
| Hospitality & personal services | 4 | 7 | 12 |
| Other | 4 | 0 | 9 |
| Unemployed | 8 | 24 | 12 |
| Missing data | 6 | 3 | 6 |

Note. Percentages may not total 100% due to rounding.