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ABSTRACT

The majority of the studies that have investigated the relationship between an alcoholic family of origin and personality variables have concluded that certain negative personality characteristics are present in adult children of alcoholics. In order to fully explore the consequences of being a child of an alcoholic, it is first necessary to examine the alcoholic family system. This study investigated whether a sample of college students who were adult children of alcoholics (ACOAs) did exhibit greater levels of these negative personality characteristics than did their non-ACOA peers. The relationship between parental alcohol use and the respondents' alcohol use was also of interest. Subjects (N=103) were college students in an introductory psychology course who completed a questionnaire in which they reported how well they could see themselves in the negative personality characteristics, their parents' drinking behavior, and their own drinking behavior. Scores on the ACOA characteristics were not correlated with the overall measure of parental alcoholism, ACOA self-identification, nor the respondents' alcohol use. These findings raise important questions about the accuracy of the common portrayal of ACOAs in the literature. Perhaps the characteristics associated with ACOAs in the literature are relatively common in all people, regardless of their parents' drinking behavior. The survey instrument is appended. (Author/ABL)

# The Effect of Parental Alcoholism on the Personality Characteristics of College Students

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Abstract

The majority of studies that investigate the relationship between an alcoholic family of origin and personality variables conclude that certain negative personality characteristics are present in adult children of alcoholics. This study was done in order to see if a college sample of ACOAs did exhibit greater levels of these negative personality characteristics than did their nonACOA peers. The relationship between parental alcohol use and the respondents' alcohol use was also of interest. One hundred and three students in two sections of an introductory psychology course completed a questionnaire in which they reported how well they could see themselves in the negative personality characteristics, their parents' drinking behavior, and their own drinking behavior. Scores on the ACOA characteristics were not correlated with the overall measure of parental alcoholism, ACOA self identification, nor the respondents' alcohol use.

## Introduction

There is an abundance of literature that investigates the effects of growing up in an alcoholic family system. While much of the evidence supports the idea that an alcoholic family of origin contributes to some dysfunctional characteritics in an individual, other sources do not support this hypothesis. In order to fully explore the consequences of being a child of an alcoholic, it is first necessary to examine the alcoholic family system.

The alcoholic family system can take many different forms, all of which are dysfunctional. Kristberg (1985) distinguishes the following four types of alcoholic families. In type one, there is an active alcoholic in every generation of the family. In this system, most of the focus is on the alcoholic's behavior and little attention is paid to the non-alcoholic members. In type two, the actively drinking member has stopped drinking. If the family does not get treatment at this point, it will continue to act in a way described as alcoholic. In the third type of alcoholic family system, active drinking has been removed from the family for one or more generations. However, the family dynamics continue in a way that is still characteristric of alcoholic parents. In the fourth type of alcoholic family, although there is no previous history of alcoholism, a member of the current generation has become alcoholic.

The effects of alcoholism on the family system occur even when active drinking is not present. This dysfunctional system will continue to recreate itself generation after generation if it is not treated. While an alcoholic family system is always dysfunctional, there is a wide variation of dysfunction among different families. It is probably best to think of there being a continuum of functional to dysfunctional family systems, with the alcoholic family system being at the dysfunctional end. While some alcoholic families are less dysfunctional than others, they all are believed to inhibit the development of healthy human beings by operating in a way that limits and controls the actions and emotions of family members.

The use of systematic denial is generally prevalent in an alcoholic family system. The entire system denies that there is an alcohol problem in their family. Denial also occurs at the societal level. Although alcoholism is generally accepted as a disease, many people still attach a moral stigma to the alcoholic. This denial prevents the family from getting help, for it is necessary to overcome anonymity to overcome denial.

Ackerman (1986) has identified four phases that family members go through in their responses to alcoholism. In phase one, the reactive phase, family members become extremely cautious in their behavior as they adapt to the behavior of the alcoholic in order to survive. This adaptation indirectly allows and supports the continuing alcoholism. This phase is associated with family denial,

coping strategies, and social disengagement.

In phase two, the active phase, the alcoholic continues to drink, but members begin to react differently to this behavior. As members begin to take interest in themselves, family denial weakens. In some cases, members may break anonymity and seek help. There is a different state of awareness as members come to realize that they did not cause the alcoholism.

In phase three, the alternative phase, members question whether or not to separate from the alcoholic. During this phase, there may be a total reorganization of the family.

Ackerman refers to stage four as the family unity phase. Not all families go through this phase, for it is contingent on the sobriety of the alcoholic member. However, if the alcoholic gets sober, the family must adapt to this change. Problems must be solved or the system will remain dysfunctional.

The alcoholic family abides by certain rules which develop in response to having an alcoholic as part of the family. These rules are an attempt to bring order and stability to a chaotic and unstable situation. Since these rules develop into an unconscious code of conduct, when children of alcoholics (COAs) grow up, they tend to search out people who follow these same rules. Many adult children of alcoholics (ACOAs) become involved with active alcoholics or drug users, or with people who also come from alcoholic homes.

Kristberg (1985) distinguishes the following rules of the alcoholic family.The rule of denial in the family can be very confusing for a child. The child is told what he or she sees and hears is not true. Not surprisingly, these children learn not to trust themselves or others. ACOAs often have trouble recognizing and expressing their emotions. The related rule of silence refers to the fact that members can not talk about what is happening in the family. Not only are they unable to talk about behaviors, but emotions and feelings are also taboo subjects. The rule of isolation develops because the family cannot afford to let people outside the family know what is happening. Not only is the alcoholic family isolated from the community, but individual members are isolated from each other.

The rule of rigidity refers to the inflexibility of the family system. The alcoholic family system has greater trouble adapting to change than a nonalcoholic family system since the dynamics of the family are allowing for a member to continue drinking. Since the family cannot adapt to change, it does not willingly let members change As the alcoholic's behavior becomes more and more unpredictable, the family becomes increasingly rigid. Children are unable to grow emotionally in such a rigid system. As adults, COAs feel the need to control all aspects of life, even other people. This need to be in control prohibits spontaneity. As a result, ACOAs are often very serious individuals.

Since commonalities in a dysfunctional style have been observed across alcoholic families, many have assumed that

these shared family dynamics give rise to a consistent matrix of personality characteristics among ACOAs. Various early sources have attempted to describe a set of problematic attitudes that commonly characterize members of the ACOA population (Woititz, 1985; Cermak, 1988; Kristberg, 1985). However, while alcoholic families share common threads of dysfunction, it would be a mistake to assume that everyone who grew up in an alcoholic home was affected in the same way. When considering the situation, one must take into account differences in perceptions, for our perceptions dictate our reactions. One should also consider the degree of alcoholism and the developmental stage of the child during which alcohol related problems became most acute or disruptive. Surely physical abandonment by an alcoholic parent in the advanced stages of alcoholism would have a different effect on a one year old than it would on a teenager. Also of importance is the type of alcoholic and the child's perception of potential harm. Again, one can imagine the difference that a violent and abusive drunk would have on the child's perception of harm and resulting fear and insecurity as compared to a silly, happy drunk.

Several recent empirical studies have attempted to verify hypothesized relationships between personality variables and ACOA status.

Knoblauch and Bowers (1989) were interested in whether college student ACOAs exhibited an elevated need to control and a higher incidence of problem drinking behaviors than nonACOA college students. They gave 655 freshmen students three inventories to complete. The Michigan Alcohol Screening Test (MAST) was used to measure student problem drinking. The Ego Grasping Orientation (EGO) was used to assess an elevated need to control. The subjects were also given a measurement that asked about their parents' drinking behavior. The results of this study showed that college student ACOAs differ from nonACOAs in terms of having an elevated need to control and a higher incidence of problem drinking.

While a similiar study (Rearden and Markwell, 1989) failed to find a relationship between growing up in an alcoholic home and problem drinking, it did find that children of alcoholics have a poorer self concept than nonACOAs. Rearden and Markwell (1989) administered the following paper and pencil tests to 48 college students: The Children of Alcoholics Screening Test (CAST), the Michigan Alcohol Screening Test (MAST), and the Tennessee Self Concept Scale. The results showed that the children of alcoholics had poorer self concepts than their nonACOA peers. While there was no significant correlation between CAST and MAST scores, it was noted that 31 percent of the subjects scored in the problematic area of the MAST. Of the students who filled out the CAST, 23 percent were classified as children of alcoholics.

Bernard and Spoentgen (1986) conducted a study in order to assess differences between ACOAs seeking treatment and those not seeking treatment. They also examined the

differences between the treatment and non-treatment seeking groups with a control group of non-ACOAs.

The results of this study show that the non-treatment seeking ACOAs were very similiar in personality orientation to the group of non-ACOAs. Also, the treatment seeking ACOAs showed a lower level of psychological functioning than the non-treatment seeking ACOAs. The investigators concluded that adult children of alcoholics are not a homogeneous group. They found that the more severe the alcoholism, the greater the destructive impact on the child. They also found that greater parental loss and lower family income were characteristic of those ACOAs seeking treatment.

In a similar study, investigators studied differences in personality characteristics of a nonclinical sample of self identified COAs and their peers from nonalcoholic homes (Berkowitz, Perkins, & Wesley, 1988). This study also investigated gender differences in personality characteristics of COAs, and differences in the impact of parental alcoholism depending on which parent was the alcoholic.

The results of this study showed that COAs were similiar to peers on most personality characteristics but that the COAs were more likely to report self-depreciation. They also found that self-depreciation of COAs was greater for women than men. Furthermore, women with an alcoholic father reported greater self-depreciation than women with an alcoholic mother.

In explaining why ACOAs may not be significantly different from their nonACOA peers, Goodman (1987) points to the fact that parental inconsistencies are experienced in nonalcoholic families as well as in alcoholic families. He contends that characteristics associated with ACOAs are common in non-ACOAs, since families can be dysfunctional in many ways for many reasons. While he points out some positive aspects of the recognition of the ACOA phenomenon, Goodman worries that the ACOA label will allow clients to blame the past for their problems and as a result will fail to work to change and grow.

While not everyone who grew up with an alcoholic parent was affected in the same way, an important subgroup of COAs seem to have been affected quite negatively. This is the group of COAs that typically seek treatment. It is on this population that much of the popular literature is based, since these are the people with whom clinicians have contact. Among those ACOAs seeking treatment, many seem to share common characteristics that probably developed as a way to respond to and survive the family situation.

Woititz (1985) composed the following list of characteristics based on her work with ACOA clients.

1. ACOAs guess at what normal behavior is.

Since these children did not have good role models, they got their ideas of what normal behavior was through the media. Most people would agree that the media portrays an unrealistic, stereotypical world.

2. ACOAs have difficulty following a project through from

beginning to end.

This behavior is not surprising when one considers the numerous broken promises these children grew up with.

3. ACOAs lie when it would be just as easy to tell the truth.

This characteristic most likely stems from the child always having to cover up for the parental drinking rather than some moral deficit.

4. ACOAs judge themselves without mercy.

This characteristic may be due to the unrealistic expectations of drunk parents. Often COAs believe that they are responsible for their parent's drinking behavior. They grow up believing that if only they were better, then their parent(s) would not drink. Perhaps feeling responsible for the drinking is comforting to the child since it means he or she has some control over the situation. This false belief may be more functionally adaptive than feelings of total helplessness when the child is young, however, this belief is maladaptive for adult children of alcoholics. ACOAs often find themselves drawn to partners who are extremely dependent and highly critical.

5. ACOAs have difficulty having fun.

ACOAs learned that it was necessary to always be in control since they could not take it for granted that any one else would be. This need to be in control, coupled with the longing for predictability, inhibits spontaneous behavior.

6. ACOAs take themselves very seriously.

7. ACOAs have difficulty with intimate relationships.

Sometimes the child's parent was loving, other times rejecting and hostile. COAs grew up with little consistency in their relationship with their parent. ACOAs often equate love with rejection. An inability to trust and an unwillingness to depend on others also interferes with the development of intimacy .

8. ACOAs overreact to situations over which they have no control.

This characteristic no doubt has to do with the ACOAs longing for predictability. There may also be some irrational beliefs about what they can and cannot control stemming from the parental alcoholism.

9. ACOAs constantly seek approval and affirmation.

As children, these people did not have their feelings validated, so as adults they constantly check with others to see if their feelings are appropriate.

10. ACOAs feel different from other people.

While growing up, COAs knew that their family was different from other people's families. When ACOAs begin group therapy they express surprise and relief when they realize that they are not alone.

11. ACOAs are extremely loyal, even in the face of evidence that their loyalty is undeserving.

Perhaps this comes from the fact that ACOAs have a high tolerance for inappropriate behavior.

12. ACOAs are either super responsible or super

irresponsible.

It seems that within this population, the person responds by either striving to be in control of everything, or by giving up completely.

13. ACOAs are impulsive, they tend to lock themselves into a course of action without considering the possible consequences.

ACOAs alsc show high rates of compulsive and addictive behaviors. In fact, 40 to 60 percent of ACOAs become alcoholics. (Ackerman, 1986)

Claydon (1987) conducted a study in which he looked at the relationship between family alcoholism and alcohol, drug, and eating disorders among college freshmen. He found that college aged ACOAs reported higher levels of all of these problems than non-ACOAs.

Cermak and Timmen (1987) consider Post-Traumatic Stress Disorder (PTSD) to be a useful model for understanding the characteristics of ACOAs. "Post-Traumatic Stress Disorder develops when a person's normal coping mechanisms are confronted with abnormal levels of stress, overwhelming that person's ability to break the stress down into digestible bites." (Cermak, 1988)

A prolonged series of traumatic events is more likely to produce PTSD symptoms than a single event. Stresses that are perceived to be of human origin produce more symptoms. If the trauma is experienced while the person is living in a closed social system, the person is likely to develop symptoms, especially if the system is one in which reacting to the stress is seen as a weakness by others.

Children of alcoholics live with trauma on a daily basis. Their pain is inflicted by other people, and they are often labeled as weak if they cannot take the stress.

The following are the four major symptoms of PTSD. (Cermak, 1988)

1. Reexperiencing the trauma.
2. Psychic numbing
3. Hypervigilance
4. Survival Guilt

These symptoms can occur at any age, they do not necessarily occur when the stress is present. They are long term effects of the coping strategies required to survive the stress; and they continue to exist until an active process of healing occurs.

For an ACOA, reexperiencing the trauma can occur in many different ways. Some common ways are; intense emotions when around someone who is drunk, fear response to someone's anger or at the prospect of losing a relationship, and the reemergence of survival behavior in the face of events that resemble the original trauma.

Psychic numbing, having no feelings during times of stress, is commonly reported among ACOAs. Also common is the fear that if feelings were allowed to surface they would overwhelm and the person would not be able to control them.

Hypervigilance can be seen in ACOAs by their frequent startle responses, chronic anxiety, and panic attacks. As

children, ACOAs needed to be aware of the first signs of danger in order to survive. In their home, moods changed rapidly and without explanation. Behavioral scientists have demonstrated that the most effective way to produce anxiety is to reward and punish an animal arbitrarily (Cermak, 1988). Since COAs are unable to predict on the basis of previous events how their parents are going to react to them, they often give up trying to learn the rules of relationships. COAs learn to react to the world rather than interact with it.

Survival guilt is often displayed as chronic depression or a sourceless sense of guilt. ACOAs often find ways to be responsible for other people's unhappiness. They may even refuse to leave unhappy relationships in order to avoid feeling guilty.

After reviewing the difficulties that many ACOAs experience as a result of growing up in an alcoholic environment, the need for effective treatment for this population is obvious.

One study strongly suggests that the Al-anon program meets many of the therapeutic needs of ACOAs. (Cutter & Cutter, 1987) These investigators found that, for those attending, Al-anon was a major factor in member's perception of improvement in themselves. Within the Al-anon group, the rule of silence was broken and members formed a bond with other people with similar experiences. This bond is important for the process of having feelings validated. Within the group, members could begin a process of resocialization by learning to trust others and opening themselves to feelings. Al-anon encourages detachment from the alcoholic and a focus on the self.

While acknowledging the values of group therapy for ACOAs, Corazzini (1987) argues for the use of heterogenous therapy groups as opposed to groups made up entirely of ACOAs. The investigator points out that the use of heterogenous groups will teach ACOAs that they are not alone in their problems, and that painful childhoods and adjustment problems are not unique to ACOAs. Perhaps more importantly, ACOAs are less likely to just feel sorry for themselves and blame the past for their problems when they are in heterogeneous groups. Change is more likely to occur in a group consisting of members with varying backgrounds, conflicts, and interpersonal styles.

Balis (1986) points to some characteristics of ACOAs that may interfere with treatment procedures. The appearance of maturity and independence, for example, often prohibits both client and therapist from dealing with the feelings of inadequacy that gave rise to such an outward appearance. Another problem is that since ACOAs learn to tolerate intolerable situations by repressing or denying emotional pain, they often appear to have a high tolerance for pain. However, it may be that ACOAs have no tolerance for pain, just some internal mechanism that allows them to shut down emotionally when faced with a painful situation. This would be a dangerous situation for the ACOA since pain

would not push them towards resolution of the problems causing the pain. Finally, growing up with the rule of silence makes it extremely difficult for the client to talk about the things he or she most needs to discuss.

The present study was done in order to see if a nonclinical college sample of ACOAs would have higher scores than nonACOAs on a new measure based on the characteristics proposed by Woititz. The effect of parental alcoholism on the subjects' own drinking behaviors was also of interest.

## Methods

### Subjects

The subjects were 103 students in two sections of an introduction to Psychology class in a small liberal arts college in Southeastern Pennsylvania.

### Measure

The first 13 items of the questionnaire were derived from clinical descriptions of 13 characteristics commonly associated with ACOAs (Woititz, 1986). Subjects rated the following characteristics on a Likert scale ranging from strongly agree (4) to strongly disagree (1) (e.g., I often wonder if what I'm feeling is normal; I often wonder if my behavior is normal; I judge myself without mercy; see Appendix A for the entire questionnaire). In scoring, the sum of these 13 items was added to the score obtained on three additional items created by the authors in order to assess attitudes about the family atmosphere. These items were derived from the general literature on dysfunctional alcoholic families. The sum of these 16 items comprised the summary Adult Children of Alcoholic Characteristics Test (ACOAT) score for each subject.

Items seventeen and eighteen were created by the authors in order to assess the subjects' feelings about their parents' drinking behavior. These items were also answered on the Likert scale. The sum of these two items made up the summary parental alcoholism score.

Items 19-32 were developed by the authors in order to assess separately the subjects' perception of both their mothers' and fathers' drinking behavior while they were young and now. These items include questions about incidence of consumption, drinking binges, and trouble cutting back on consumption for both the subjects' mother and father. Items 19-25 were totalled to obtain a summary measure of father alcoholism. Items 26-32 collectively made up a summary measure of mother alcoholism.

Items 33-41 ask for information about the respondents' drinking behavior. Items 33-36 were taken from a questionnaire developed by the alcohol committee of Ursinus College. Items 37-41 were derived from a PICA survey of college students. The sum of items 33-41 comprised the

summary alcohol use score for each subject.

Item 42 asked if respondents had ever heard of the term ACOA. Item 43 asked the respondents if they considered themselves to be ACOAs. While the answers ranged from yes to definitely no, the authors decided to consider all responses other than "definitely no" affirmative.

Procedure

Subjects were asked to fill out the questionnaire during class time. They were instructed not to discuss their responses with others as they were completing the questionnaires. No information about the study was given prior to the day the questionnaire was administered.

Results

Of the one hundred and three subjects, nine identified themselves as ACOAs. Four of the nine self identified ACOAs met the criteria for paternal alcoholism, and seven met the criteria for maternal alcoholism.

Summary scores on the ACOAT were not correlated with the overall measure of parental alcoholism, ACOA self identification, nor the respondent's alcohol use. Of the sixteen separate ACOAT items, two were significantly associated with overall parental alcoholism, two were significantly related to ACOA self identification, and one was significantly related to the respondents' self reported alcohol use. See Table 1 for the correlations between the 16 separate ACOAT items and the summary scores for parental alcoholism, ACOA self-identification, and the respondents' self reported alcohol use. Table 2 consists of the means and standard deviations on all the ACOAT items for the total sample.

Counter to expectations, there was a negative correlation ($r=-.32; p<.01$) between the respondent's loyalty and whether they thought their parents cared more about alcohol than they did about them. When the loyalty item was eliminated from the acoatest, there was a significant correlation ($r=.26; p<.01$) between ACOAT scores and the items assessing paternal alcoholism.

There was a positive correlation ($r=.75; p<.001$) between parental alcoholism and whether the respondent defined him or herself as an ACOA. There was a significant correlation ($r=.91; p<.001$) between the two items used to assess parental alcoholism and the ACOAT item which assessed the amount the respondent thought alcohol had interfered with the family's happiness. There was a negative correlation between the summary measure of parental alcoholism ($r=-30; p<.01$) and between the summary measure of maternal alcoholism ($r=-.36; p<.001$) and whether the respondent lived with his or her mother as a child. While respondents were less likely to live with their mothers if she drank excessively, there was no significant correlation between residence and paternal alcoholism.

## Discussion

Items on the original ACOAT did not discriminate between ACOAs and non ACOAs, regardless of whether ACOA status was determined by the recollection of parental alcohol use or ACOA self labeling. This indicates that those individuals who consider themselves to be ACOAs or who meet the historical criteria for ACOA status, did not endorse the ACOA clinical self descriptions more so than nonACOA participants, presumably because they either do not recognize or experience in themselves the characteristics commonly associated with ACOAs in the literature. These findings raise important questions about the accuracy of the common portrayal of ACOAs in the clinical literature. Perhaps the characteristics associated with ACOAs in the literature are relatively common in all people, regardless of their parents' drinking behavior

Inspection of Table 2 reveals that the base rates for the entire sample were quite high for the means of the sixteen ACOAT items. The majority of the participants agreed that they take themselves very seriously, constantly seek approval and affirmation, often feel different from other people, are "super responsible", and are extremely loyal, even in the face of evidence that their loyalty is undeserved. These findings may be supportive of Goodman's (1987) point that families can be dysfunctional in many ways, for many reasons. While there were not many ACOAs in the present sample, there may have been subjects who came from families that were dysfunctional in ways that did not include alcohol abuse.

The prevalence of the characteristics offered by

Woititz and others as sequelae to an alcoholic family of origin is disturbingly high in the general adult population. This creates the possibility that many people might "see themselves" in the clinical descriptions of ACOAs, and therefore conclude that they have an abnormal status connected with their parents' alcoholism, when in fact these people might not experience any of the described problems more so than is average in the nonclinical population as a whole. This erroneous self identification could produce destructive labeling and externalization which could actually exacerbate functional problems.

While an obvious limitation to this study is the small number of subjects, it may also be that the sensitivity of the ACOAT instrument is not adequate enough to distinguish between a nonclinical sample of ACOAs and nonACOAs. There may be differences between these two groups, but the differences may be below the threshold of the ACOAT items.

The findings of Bernard and Spoentgen (1986) show that nontreatment seeking ACOAs are very similiar in personality orientation to nonACOAs. The fact that Woititz's list of characteristics is based on a clinical population of ACOAs may account for the ACOAT's lack of sensitivity to a nontreatment seeking population.

Another possibility is that ACOAs may have more self presentational concerns than nonACOAs. This is consistent with the notion that COAs are indoctrinated to withhold information from those outside the family and are rewarded for silence and secrecy (Kristberg,1985). This might be expected to lead to greater guardedness in responding to the ACOAT among those in thje ACOA group than the nonACOA group.

Another possibility is that the ACOA self definiton is not an accurate measure of actual ACOA status in this sample. Akerman (1989) has found that the typical ACOA does not realize their membership in this group until age thirty. Perhaps the relatively young age of this college sample contributed to the failure to observe the expected relationships.

In light of the unexpected negative correlation between part of the measure of parental alcoholism and the respondent's loyalty, a revised ACOAT which excluded the loyalty item was created. This revised ACOAT showed the expected positive relationship with paternal alcoholism, however,it was not correlated with maternal alcoholism. Perhaps those respondents who labeled their fathers as drinking alcoholically showed greater long term psychological effects than those who so labeled their mothers. Perhaps children of alcoholic fathers were more affected by their fathers' drinking due to the fact that their fathers' drinking exceeded an already high standard of culturally acceptable alcohol use for males. It is also possible that paternal alcoholism has more adverse long term consequences because it is more commonly associated with violence toward the children.

Another possibility is that the effect of parental alcoholism differs according to both the gender of the child

and the parent. While some studies in the literature explore these gender differences, this study did not address this issue.

The high correlation between parental alcoholism and whether or not the respondent defined him or herself as an ACOA suggests that ACOA self definition is based on recollection of parents' drinking behavior. However, recollection of parents' alcohol consumption is not necessarily an accurate measure of actual parental behavior. It could be that once a person defines him or herself as an ACOA, they then view their parents' drinking as alcoholic whether it was or not.

The exceedingly high correlation between parental alcoholism and the degree to which the respondent thought alcohol interfered with the family's happiness seems to suggest that ACOAs viewed their parents' alcohol consumption as disruptive. This is consistent with the literature on the impact of parental drinking on children.

The negative correlation between parental/maternal alcoholism and the respondent living with the mother as a child suggests that the mother's drinking behavior was viewed as incompatable with her parenting role. There was no correlation between the father's alcoholism and the child's residence. Perhaps a mother's alcoholism is viewed as more disruptive to a family system than a father's alcoholism. It may be that a wife is more likely to compensate for and tolerate a husband's alcoholism than vice versa, thus allowing the family unit to remain intact when only the father is an alcoholic.

Table 1: Correlations between ACOAT items, parental alcoholism, self identification, and respondent alcohol use summary scores.

| ACOAT items | Parental alcoholism | ACOA self identification | Respondent alcohol use |
|---|---|---|---|
| 1. wonder if what I'm feeling is "normal". | .02 | -.11 | .10 |
| 2. wonder if my behavior is "normal". | .00 | -.08 | .08 |
| 3.judge myself without mercy. | .01 | .02 | -.10 |
| 4.have difficulty having fun. | .20 | .10 | .09 |
| 5.take myself very seriously. | .05 | .09 | .15 |
| 6. have difficulty with intimate relationships. | .12 | .09 | .10 |
| 7. overreact to changes over which I have no control. | .02 | .03 | .21 |
| 8. constantly seek approval and affirmation. | .12 | .05 | .17 |
| 9.usually feel that I am different than other people. | .04 | .02 | .00 |
| 10.am super responsible. | .06 | -.08 | .03 |
| 11.am super irresponsible. | -.07 | -.13 | .03 |
| 12.am extremely loyal, even in the face of evidence that the loyality is undeserved. | -.18 | -.19 | .03 |
| 13.behave without considering alternatives or consequences. | .03 | -.15 | .27* |
| 14.my parents often failed to keep promises. | .37** | .29* | .08 |
| 15.I was never really sure who was in charge of my family. | .18 | .13 | .18 |
| 16. I was reluctant to invite friends over to my house. | .42** | .27* | .03 |

1-tailed Signif: * p< - .01 ** p< - .001

Table 2: Means and Standard Deviation on all ACOAT items for the total sample (N=88).

| ACOAT items | Mean | Std.Dev. |
|---|---|---|
| 1. wonder if what I'm feeling is "normal". | 2.25 | .95 |
| 2. wonder if my behavior is "normal". | 2.18 | .95 |
| 3. judge myself without mercy. | 2.31 | .84 |
| 4. have difficulty having fun | 1.56 | .88 |
| 5. take myself very seriously | 2.82 | .98 |
| 6. have difficulty with intimate relationships. | 1.91 | .89 |
| 7. overreact to changes over which I have no control. | 2.33 | .96 |
| 8. constantly seek approval and affirmation. | 2.59 | .84 |
| 9. usually feel that I am different than other people. | 2.55 | .95 |
| 10.am super responsible. | 2.93 | .88 |
| 11.am super irresponsible. | 1.39 | .56 |
| 12.am extremely loyal, even in the face of evidence that the loyality is undeserved. | 2.88 | .80 |
| 13.behave without considering alternatives or consequences | 2.08 | .79 |
| 14. my parents often failed to keep promises. | 1.36 | .66 |
| 15. I was never really sure who was in charge of my family. | 1.39 | .76 |
| 16. I was reluctant to invite friends over to my house. | 1.41 | .72 |

For all items, 1= strongly disagree, 2= somewhat disagree, 3= somewhat agree, 4= strongly agree

# APPENDIX A

The following questions ask for information about consumption of alcohol. The information you provide will be used only for purposes of statistical analysis and will be held in strict confidence. Completely darken the bubble on the scan tron sheet corresponding to your response to each question. Please number and write the answers to numbers 24 and 31 on the back of the scan tron sheet if your answer is yes.

Thank you !

Please circle the letter of your response.

1. I often wonder if what I'm feeling is "normal".

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

2. I often wonder if my behavior is "normal".

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

3. I judge myself without mercy.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

4. I have difficulty having fun.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

5. I take myself very seriously.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

6. I have difficulty with intimate relationships.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

7. I overreact to changes over which I have no control.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

8. I constantly seek approval and affirmation.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

9. I usually feel that I am different than other people.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

10. I am super responsible.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

11. I am super irresponsible.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

12. I am extremely loyal, even in the face of evidence that the loyality is undeserved.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

13. I tend to lock myself into a course of action without giving serious consideration to alternate behaviors or possible consequences.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

14. When I was young, my parents often failed to keep promises.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

15. I was never really sure who was in charge in my family.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

16. I was reluctant to invite friends over to my house.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

17. I often felt that my parent(s) cared more about alcohol than about me.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

18. My parent(s)' drinking interfered with our family's happiness.

| Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|---|---|---|
| A | B | C | D |

19. To the best of your knowledge, how often did your father consume alcohol when you were growing up?
   A. Once a month or less
   B. One to three times per week
   C. Five times a week or more
   D. Daily
   E. More than once a day

20. To your knowledge ,did your father used to have heavy drinking binges?
   A. Yes
   B. No

21. Did your father seem to need alcohol in order to function?
   A. Yes
   B. No

22. Do you recall your father having trouble cutting down on his alcohol consumption?
   A. Yes
   B. No

23. Did you reside with your father throughout most of your childhood?
   A. Yes
   B. No

24. Do you believe that your father was an alcoholic at any time during your childhood?
   A. Yes
   B. No
   If yes, approximately how many years during your childhood did your father drink alcoholically?_____
   (please write this answer on the back of the scan tron)

25. Do you consider your father to be an alcoholic now?
   A. Definitely yes
   B. Probably yes
   C. Probably no
   D. Definitely no

26. To the best of your knowledge, how often did your mother consume alcohol while you were growing up?
   A. Once a month or less
   B. One to three times a week.
   C. Five times a week or more
   D. Daily
   E. More than once a day

27. To your knowledge, did your mother used to have heavy drinking binges?
   A. Yes
   B. No

28. Did your mother seem to need alcohol in order to function?
   A. Yes
   B. No

29. Do you recall your mother having trouble cutting down on her alcohol consumption?
   A. Yes
   B. No

30. Did you reside with your mother throughout most of your childhood?
   A. Yes
   B. No

31. Do you believe that your mother was an alcoholic at any time during your childhood?
   A. Yes
   B. No
   If yes, approximately how many years during your childhood did your mother drink alcoholically? ___
(please write this answer on the back of the scan tron)

32. Do you consider your mother to be an alcoholic now?
  A. Definitely yes
  B. Probably yes
  C. Probably no
  D. Definitely no

33. Do you currently drink alcoholic beverages?
   A. Yes
   B. No

If you answered No to question 33 skip to question 42.

34. How long is the typical drinking occasion for you?
  A. One hour or less
  B. Two hours
  C. Three hours
  D. Four hours
  E. Five hours or more

35. How often do you usually drink?
  A. Once a month or less
  B. Once a week
  C. Three times a week
  D. Five times a week or more

36. Do you drink alone?
A. Never
B. Sometimes
C. Frequently

37. Have you ever had conflicts with a significant other (boyfriend/girlfriend, family member, friend) as a result of your alcohol use?
A. Never
B. Yes, only once
C. Yes, two or three times
D. Yes, four or more times

38. Have you ever experienced legal difficulties as a result of alcohol use?
A. Never
B. Yes, only once
C. Yes, two or three times
D. Yes, four or more times

39. Do you consider or expect alcohol to be damaging to your health?
A. No
B. Yes, in the long run
C. Yes, I have already experienced some effects

40. Would you like to consume less alcohol than you are currently using?
A. Yes
B. No

41. Have you ever attempted to stop consuming alcohol?
A. Yes
B. No

42. Have you ever heard of the term ACOA (adult children of alcoholic)?
A. Ye
B. No

43. Do you consider yourself to be an ACOA?
A. Definitely yes
B. Probably yes
C. Probably no
D. Definitely no

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