ADOLESCENT DEVELOPMENT AND PARENTAL ALCOHOL USE PATTERNS

by

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(ABSTRACT)

During the past decade increased attention has been directed toward alcoholism as a family system problem. Recent publications have identified characteristics of the "alcoholic family" system and a model of psychosocial development specific to children of alcoholics. Both theoretical frameworks proposed that family and individual growth and development were delayed or stagnated by the effects of parental alcoholism. This study explored possible effects of problem parental alcohol use or alcoholism on adolescent development. The variables studied were differentiation from family, identity achievement, and intimacy in close relationships.

Two data collection methods were used: a mailed questionnaire and an interview with a subgroup of respondents who returned the questionnaire. Respondents were classified as children of alcoholics (COAs) or children of nonalcoholics (NCOAs) based on answers to one of two questions posed in the demographics section. Questionnaires were distributed at a four-year college to
sophomores, juniors, and seniors residing on-campus. A total of 160 questionnaires were returned. Twenty-four percent of the respondents reported one or more problem drinking parents. Interviews were completed with ten students, four of whom were in the COA group.

Student’s t tests, analysis of variance and multiple regression tests were performed on the data between and within groups. Results from the between groups analyses indicated that differentiation from family was more developed for the NCOA group. Overall development did not appear affected by parental problem drinking. The within group analysis tested for differences based on gender of problem drinking parent. ANOVA results indicated no significant differences among mean scores on the measures of differentiation, identity, and intimacy. The results of multiple regression analyses indicated that differentiation and identity were statistically significant in the prediction of intimacy, although the model best explained intimacy for the COA group. Results suggested that development is most delayed for daughters of alcoholic mothers.
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CHAPTER I
INTRODUCTION

Many adults and children are affected by the alcoholism of a family member. Estimates of the prevalence of alcoholism indicate that there are approximately 10 million alcoholics, 73% of whom are married (Ackerman, 1986). Estimates from the Children of Alcoholics Foundation (1984) state that there are at least 28.6 million citizens who have at least one alcoholic parent. The rapid growth of the Children of Alcoholics movement has stimulated a parallel interest within the treatment community regarding the counseling needs of this population.

Clinical accounts have provided counselors with written materials that identify typical dysfunctional behaviors that adult children of alcoholics routinely address in therapy (Woititz, 1983). Popular books have identified roles, "survival skills", that children learned in order to cope and adjust to the alcoholism in the family (Ackerman, 1978; Black, 1982; Brenner, 1984; Wegscheider, 1980); and the problematic behavioral and emotional characteristics that these individuals present in therapy as adults (Beletsis & Brown, 1981; Cermak & Brown, 1982). "Codependency" has become a common label associated with the personal and the interpersonal problems experienced by anyone who has close emotional involvement with an alcoholic. Clinical interest in the manifestations of
codependency has provided the impetus for the publication of many books describing disparate viewpoints on the nature of the problem and how it should be treated (Ackerman, 1989; Beattie, 1987; Cermak, 1986; Friel & Friel, 1988; Scheaf, 1986; Wegscheider-Cruse, 1985). However, leaders in the field have identified the need to systematically define co-dependency through a process of scientific study similar to the standards used to describe and classify psychiatric disorders in the Diagnostic and Statistical Manual, Third Edition, Revised (DSM IIIR) (Cermak, 1986).

Research in the area of alcoholism and the family has focused on three major areas: 1) The family as the cause of alcoholism; 2) The family's role in the maintenance of alcoholism; and 3) The effects of alcoholism on children living in an alcoholic family system. No research appears to have been conducted to examine possible relationships between parental alcoholism and the identity and intimacy stages of individual psychosocial development.

El-Guelgaly and Offord (1977, 1979) published reviews of the literature on children of alcoholics. Most of the research addressed various adjustment problems in youth and adolescence as the dependent variables. The studies generally focused on single measures and failed to examine the permanancy of traits or how the developmental experiences affected adult adjustment. Operational
definitions were overlooked in the studies and no theoretical model was available for comparison purposes. A recommendation was made to encourage research that could provide an understanding of the special qualities among the children of alcoholics who seemed to effectively adjust to life despite the negative conditions prevalent in their home environments. Such children have been known as the "invulnerables" (Anthony, 1974). An additional literature review (Jacob, Favorini, Meisel, & Anderson, 1978) reported that studies tended to provide anecdotal reports and unjustified conclusions that supported cause and effect relationships between a child's personality characteristics, identity formation, role performance, ability to form close relationships, and the influence of familial alcoholism. A recommendation was further made to expand the quality of both individual and interactional research with this population.

Studies investigating childhood disturbances among children of alcoholics lack a theoretical model to explain the results and have failed to adequately utilize control groups (Kumpfer & DeMarsh, 1986; Nardi, 1981; Olson, 1983). A theoretical model of development of children of alcoholics has been identified in the literature (Brown, 1988). This model has resulted from clinical observation (Brown & Beletsis, 1986; Cermak & Brown, 1982). The present research will refer to this developmental model in an
attempt to conduct an examination of the relationship between an alcoholic family system and individual growth and development. Results are expected to influence future theoretical development and to improve clinical approaches and methods with adult children of alcoholics.

SPECIFIC AIMS

Until the past several decades, most alcoholism treatment focused on the abstinence and recovery needs of the chemically dependent individual. Family members were encouraged to participate in self-help and family education programs, but the emphasis continued to be on the abstinence of the primary client when determining successful treatment outcome. The merging of family therapy techniques and alcoholism treatment began in the past decade and appears to have taken a significant hold on the continuing professional development of both fields. Theories of individual development, family systems and alcoholism treatment and recovery have been cited to identify individual and family level circular processes that interact to transmit and maintain alcoholism within a family system (Brown, 1988, Elkin, 1984; Steinglass, Bennett, Wolin, & Reiss, 1987). There exists a lack of research into the effects of parental alcoholism on the psychosocial development of offspring. The present research was undertaken in an attempt to provide empirical information
regarding the relationship of parental alcoholism to selected aspects of individual and family development. Three constructs were examined: differentiation from family of origin, identity achievement, and ability to experience intimacy. It was anticipated that the study would provide results applicable to both clinical and research settings. The research problems were clustered into two types of measures: 1) Differences between a sample group of young adult children of alcoholics and a sample group of young adult children of nonalcoholics, and 2) Differences within the sample group of young adult children of alcoholics.

The Research Questions:

Part I:

1. Do adult children of alcoholics differ from adult children of nonalcoholics regarding identity achievement, the ability to experience intimate relationships, or differentiation from family of origin?

2. Are patterns of identity achievement, the ability to experience intimacy, and differentiation from family of origin distinguished by parental alcoholism?
Part II:

1. Do gender of alcoholic parent and gender of child affect differentiation, identity achievement, and intimacy for adult children of alcoholics?

2. Will the factors of gender, differentiation, intimacy, and identity achievement construct a useful model of individual development for adult children of alcoholics?
CHAPTER II
REVIEW OF THE LITERATURE

Studies on the effects of alcoholism on individual and family development have focused on three major areas: the family as the cause of alcoholism; the family's role in the maintenance of alcoholism; and the effects of alcoholism on children living in an alcoholic family system. This review will begin by summarizing research in each of these three areas.

Family Structures and Alcoholism

The first set of studies in this area attempted to identify common family experiences among alcoholics and focused on the exploration of birth order as a critical factor in the development of alcoholism. Most of these studies measured the incidence of alcoholism among last born siblings compared to first or middle born children. The theoretical model postulated that increased dependency conflicts resulted for last born children due to the tendency of caretakers to be overindulgent and protective (Blane & Barry, 1973). Last born children, due to strong dependency needs, are placed at greater jeopardy to develop a chemical dependency problem due to poor stress tolerance and low self esteem.

There exist a large number of published reports on birth order but the findings are inconsistent and difficult
to compare due to the lack of uniform sample selection criteria. The majority of reports identify an overrepresentation of last or later born siblings, particularly for males (Blane & Barry, 1973; Martensen-Larsen, 1956; Navratil, 1959). Other studies reported an overrepresentation of firstborns (Chen & Cobb, 1960; Moore & Ramseur, 1960); and others indicated no significant differences for the effect of birth order (Blane & Barry, 1975; Smart, 1963; Wahl, 1956). Schooler (1972) has criticized these studies on methodological grounds because they did not utilize control groups. He has suggested that factors such as family size, social class and cultural orientation might better explain the apparent relationship between birth order and alcoholism.

Studies of female alcoholics are much fewer in number and the findings are not supportive of birth order relationships to alcoholism (Blane & Barry, 1975; Koller & Castanos, 1969; Lisansky, 1957; Tillotson & Fleming, 1937). Smart (1963) reported an overrepresentation of last-borns but the findings have not been replicated. In a study where birth order effects were controlled by family size, no significant effects were discovered between this factor and female alcoholism (DeLint, 1964).

Schacter's (1959) theory of affiliation has also been utilized as a theoretical basis for birth order
investigations. The theory postulates that all later born siblings, not just the youngest, are at greater risk to develop alcoholism. Firstborns are assumed to be more affiliative and more likely to seek out other people when they are troubled. Later-borns have an increased probability to select a nonaffiliative way of coping with anxiety. They are, therefore, more likely to be vulnerable to the recurrent effects of alcohol. Schacter tested his theory by conducting a reanalysis of Bakan’s data (1949) collected on a sample of 1493 men arrested for public intoxication. These data supported the theory that all but firstborns were overrepresented in the alcoholic population. However, a later study was unable to replicate these findings when correcting for family size (Smart, 1963). This study also reflected a common sampling dilemma in that socioeconomic status was not held constant and possibly influenced the relationships between family size and alcoholism.

In addition to birth order, other family composition variables have been associated in the literature with the development of alcoholism. Studies have investigated the interaction between birth order and spacing between siblings (Zucker & VanHorn, 1972) and the effect of sex of siblings on the development of alcoholism (Blane & Barry, 1975). These studies all approached the development of alcoholism in a family member to linear relationships among
various factors present in the alcoholics history. One of the first studies to address intergenerational transmission of alcoholism investigated both biological characteristics and measures of the family's social and interactional dynamics.

The second set of studies in the area of linear causation of alcoholism utilized parental loss as the dependent variable in studies comparing alcoholics to nonalcoholics. Parental loss was found to be no more frequent among a population of hospitalized problem drinkers when compared to a group of schizophrenics (Holtzman & Friedman, 1953); nor was there a difference in this comparison when a study matched alcoholic patients and psychiatric patients for age and gender (Koller & Castanos, 1969). Other studies have identified parental absence as a factor contributing to alcoholism (Moore & Ramsay, 1960; Pittman & Gordon, 1958). Several early reports utilized case studies to describe parent-child dynamics between alcoholics and their respective parents. Knight (1937) published a classic paper that used a psychoanalytic approach to describe the structure of the alcoholic's family of origin. He hypothesized that the family structure was characterized by a domineering mother and a passive father. This viewpoint gained wide acceptance and the following year, Chassell (1938) published another case report where the presence of an abusive and domineering, although
somewhat capricious father, was identified as the key factor in the offspring’s alcoholism. In another early study, comparing the family histories of problem and nonproblem drinkers matched on age, education and nationality, the alcoholics reported that they received a disproportionate amount of love from mother compared to father (Whitman, 1939). These studies are significant historically due to their ability to highlight family dynamics that current research would consider supportive of a family systems approach toward the understanding of the transmission of alcoholism and codependency. However, interactional elements of family life (communication and functional components) were not considered necessary for the successful treatment of alcoholism. Alcoholics were treated through individual psychological approaches based on research that emphasized elements of family structure in the etiology of the problem. It is possible that these early studies retarded the entrance of family therapy into the alcoholism arena as it burgeoned in the 1950s and 1960s (Kaufman & Kaufman, 1979).

**Family Maintenance of Alcoholism**

The first set of studies to be reviewed actually described the wife of the alcoholic (few studies used female alcoholics as subjects) as the causative factor in the male spouse’s alcoholism. Her influence was a key factor in both
the development and maintenance of the spouse's problem drinking. Most studies attempted to identify a typology of the female spouse of an alcoholic husband, postulating that the wife possessed a severe pathology with dependency conflicts and needs that required her to choose a dysfunctional spouse. The spouse could either be alcoholic at the time of the marriage or in some way present characteristics indicative of the future development of alcoholism. The wife could successfully dominate and control the spouse when his alcoholism was active. Conversely, she would regress emotionally if the spouse would recover (Futterman, 1953; Lewis, 1954; Price, 1945, Whalen, 1953). However, studies have failed to identify a psychological profile of the female spouse of a male alcoholic using standardized tests (Edwards, Harvey & Whitehead, 1973; Kogen & Jackson, 1963). Several reports describing the behavior of male spouses of female alcoholics stated that men were more likely to leave female spouses (Fox, 1956), and that the psychological typology of a segment of male spouses was similar to that of the female spouse of the male alcoholic (Fox, 1962). Probably due to the greater freedom of men to leave the alcoholic spouse, they were considered to be less emotionally unstable than female spouses for having married an alcoholic.

Jackson (1954) was the first investigator to report a stage theory of the progression of alcoholism in the family.
Previously, the somewhat erratic and unpredictable behavior demonstrated by female spouses of alcoholics had been regarded as individual aberrations, rather than the result of prolonged exposure to a family in crisis. Through observations of Al-Anon meetings and interviews with wives of alcoholics, Jackson was able to conclude that the pathological behavior constellations reported by other researchers were the result of, as contrasted to the cause of, alcoholism in the family. Seven stages of adjustment were identified in the family's attempt to adjust to the influence of the progression of alcoholism in the male spouse: (1) attempts to deny the problem, (2) attempts to eliminate the problem, (3) disorganization, (4) attempts to reorganize in spite of the problem, (5) efforts to escape the problem, (6) reorganization, and (7) recovery and reorganization of the family. In this paradigm, the progression of the stages of the family’s adjustment parallel the stages of the progression of the alcoholism in the spouse. The responses of the wife and other family members were hypothesized to have a functional quality within the definition of the family’s crisis. Lemert (1960) conducted a study to follow-up on Jackson’s work. This study employed a methodology which attempted to identify socioeconomic dimensions related to the sequencing of family events. Up to this point little attention had been paid to cultural and demographic variables and their effect on
family perceptions of the alcohol problem. He postulated that the meaning and functions of various family concerns may be influenced by the family's larger cultural context. However, he could not predict specific responses based on socioeconomic backgrounds. Similar to Jackson, he was unable to identify a sequence of events common to the adjustments of the five families studied. He found events clustered into early, middle and late stages of adjustment. A later study, attempting to integrate Jackson's stages with five distinct and persistent styles of coping behavior identified by Oxford and Guthrie (1968), concluded that the wife's coping style may be caused by the stage of the spouse's alcoholism (James & Goldman, 1971).

In 1959, the results of several studies on family interaction and alcoholism appeared as part of a symposium published in the American Journal of Orthopsychiatry. These studies investigated the nature of marital relationships in the conflicted alcoholic family (the term "alcoholic family" was emerging in the literature). As contrasted with earlier research, these studies departed from the study of the pathology of the spouse to look at how these couples differed from nonalcoholic families in conflict, sometimes through the use of control groups. Bullock and Mudd (1959) observed a high degree of conflict in the alcoholic marriages they studied. The conflict was of long standing duration and was often reported to have existed before the
marriage. Wives blamed the husbands drinking for the conflict and husbands offered various complaints about their wives as justification for the marital discord. Both spouses were reported to have personality problems and difficult family backgrounds which contributed to the disharmony in the relationship. However, other studies have reported that scores on personality measures did not differentiate alcoholic families from nonalcoholic families (Ballard, 1959). In this study both the experimental and control groups were families in conflict. The alcoholic families appeared to have active interpersonal patterns distinguished by repetitive, circular exchanges that maintained the homostatic balance and appeared resistant to change. These circular patterns were considered to be functional for the family unit as a whole.

The studies that examined family interaction utilized a systems model approach to identify the role of interpersonal behavior in the maintenance of alcoholism. Although the majority of the early studies in this area did not attempt to test hypotheses or substantiate theoretical models, they usually referenced the General Systems Theory (von Bertalanffy, 1950, 1962) as the conceptual model used for examining interpersonal behavior in families. Fox and Ewing (1968) described the homeostatic influence of complementary communication between spouses in alcoholic marriages in one of the earliest reports on the interactions in alcoholic
families. Their data were gathered from clinical observations of alcoholics and their spouses as part of concurrent and joint group therapy. Spouses were regarded to have similar personalities and needs that were met through the role of alcohol in the family system. Wives were observed to cope with their unacceptable dependency conflicts by adopting a mastery over the family when the spouse's drinking rendered him irresponsible. The alcoholic would alternate between periods of dominance and control when sober to a state of dependency and immaturity when intoxicated. The alcohol was perceived as providing an adaptive function to the family homeostasis resulting in an "interpersonal bargain" that could only be maintained if its function was kept hidden from conscious awareness. This study was significant due to its clinical approach involving the treatment of both spouses and emphasis on the need for the entire family system to be involved in the change process. Other papers utilizing a systems framework followed this report and focused on the study of complementary roles (Meeks & Kelly, 1969; Steiner, 1971); communication styles (Gorad, 1971); the individual's differentiation of self (Bowen, 1974); the adaptive function of alcoholism in the family (Davis, Berenson, Steinglass, & Davis, 1974; Steinglass, Weiner, & Mendelson, 1971; and enmeshment-disengagement in alcoholic families (Davis, Stern, & Vandeusen, 1978).
Drinking behavior has been determined to be a stabilizing force in family systems. In a study where three pairs of alcoholic brothers were observed in a controlled setting under conditions that allowed for the consumption of alcohol (Steinglass, Weiner, & Mendelson, 1971), the researchers concluded that: 1) Alcohol consumption defined dyadic role relationships with the more intoxicated sibling in an inferior position to the one who was more sober, 2) Alcohol consumption was not necessarily related to an individual coping strategy for the subjects, and appeared to have a function in the maintenance of interpersonal stability among the brother dyads, and 3) Personalities varied among the subjects and did not appear to influence the interpersonal rules and resultant system stabilization that emerged from observation of the dyadic interactions. Each set of brothers had established a pattern of drinking despite great external chaos in their lives. The pattern involved negotiations regarding the procurement of alcohol and exclusion from the system of anyone, including spouses, who was unwilling to accept alcohol as an integral part of the system.

Drawing from the results of this study, the researchers concluded that the psychodynamic and sociological approaches to the treatment of alcoholism each described a different type of alcoholic family. In the psychodynamic model, the introduction of alcohol into a relatively stable
nonlycoholic system functioned as a stress reducer and as a symptom of an underlying problem. In the sociological model, family drinking was part of an ongoing pattern among family members that was necessary for the maintenance of family stability. Even though the drinking served different functions, the end result was still the same: The family organized around the effects of the drinking in order to maintain homeostasis and stabilization. With this common function in mind, Steinglass and his associates set the stage for future research by suggesting that alcoholic family systems differed on the parameter of how the alcoholism provided the family with a stabilizing mechanism. The probability of a "unideterministic" explanation of alcoholism was rejected as a result of this research. Instead, the need for research in the following areas was emphasized: 1) The use of direct observations of family systems operating in their natural habitat, 2) The identification of replicable hypotheses as an outgrowth of #1, and 3) The study of cultural factors that affect alcohol use, patterns of use and the function of alcohol use within the context of cultural values.

Through the use of direct observation of families in their home environments, Steinglass (1980a, 1981) has identified a theoretical model of the alcoholic family. The life history model (Steinglass, 1980b) is a developmental
conceptualization that describes the manner in which chronic alcoholism produces distortions in the normative family life cycle. The concepts of "alcoholic system," "family homeostasis," and the "family alcohol phase," are the building blocks of this theoretical model. Drawing from theory on individual psychosocial development (Erikson, 1963), this theory postulates that family development progresses through a sequential series of stages and that an inability to successfully master a previous stage will compromise the family's ability to master subsequent tasks. The theoretical model fits with other family life cycle models that identify predictable points of family transition involving the accommodation of family functioning to the addition and loss of family members (Carter & McGoldrick, 1980; Haley, 1980). However, families living with chronic alcoholism will alter their responses to normal developmental transitions due to distortions that occur in the life cycle as the system accommodates a chronic illness.

In the 1980 report Steinglass divided the family life history into five periods. During each period, the family makes choices regarding the future role of alcohol as a regulating principle in the system. The theoretical model has recently been tested and the results published (Steinglass, Bennett, Wolin, & Reiss, 1987). The resultant developmental model of the alcoholic family, termed the "life history model," is composed of three interrelated
phases, where one developmental task dominates in each phase.

The "life history model" identifies the mechanisms by which alcoholic families maintain homeostasis as well as how they grow and develop. A set of regulatory structures has been identified through research conducted on families in their own homes (Steinglass, 1979; Steinglass, 1981). The two major structures are those of family identity and family temperament. The former structure is cognitive in nature and the latter is biological. Family temperament is conceptualized as a combination of how the family functions in three dimensions: level of energy, preferred interactional distance, and range of acceptable behavior. Alcoholic families tend to limit the behavioral range of their members and threats to family homeostasis are experienced with great frequency and intensity. According to the model, observable family behaviors are also part of the family regulatory structure. Daily routines, family rituals, and short term problem solving are family activities that reflect the extent to which families are involved in the creation of an "alcoholic family" identity that will be the legacy passed to the succeeding generation.

As stated, these families operate within a developmental cycle that represents an alteration from most widely accepted approaches to the family life cycle. Instead of sequentially moving through seven or eight
stages, the alcoholic family concentrates on the completion of three developmental phases that are postulated to coexist, with emphasis on one task at each of the three phases. The three developmental phases, listed from early to late stage emphasis, are: establishment of boundaries and identity formation, commitment and stability, and clarification and transmitting of a family identity. Central to the successful completion of tasks, is the extent to which the progression of alcoholism in a family member advances at a faster pace than the family's developmental phase can tolerate. For example, a middle stage family may never proceed to the late stage if the family's reaction to chronic alcoholism in one member has restricted growth and change. In such a situation, family development is arrested and the boundary inflexibility prevents the family from incorporating any novel experiences into its internal environment. Individual development is adversely affected due to the emphasis on family survival as a key goal for individuals. Normal individual development is delayed or suppressed in order to stabilize the family homeostatic structure and prevent the family system from overload and potential breakdown.

From this theory it is possible to explore potential relationships between an alcoholic family structure and several aspects of individual development. Individual differentiation and intimacy development may be
significantly affected by the family's rigid, inflexible behavioral range and the lack of permeable boundaries established as part of the family temperament regulatory structure. Identity achievement may be affected by the nature of how the family masters the developmental phases, particularly the final outcome of late phase decisions regarding generational transmission of an alcoholic family identity.

Individual Development and Familial Alcoholism

Much of the research in this area has centered on establishing links between familial alcoholism and the generational transmission of the condition. Clear evidence exists to indicate that substance abuse is a multigenerational problem that appears to have both genetic and environmental family correlates (Goodwin, 1985). In a review of the correlates of adolescent substance abuse, Young and West (1985) concluded that the family has the greatest influence on substance use and abuse. Family influences were cited as correlates with alcohol abuse in 52% of the articles reviewed, 46% of the time in marijuana use, 60% of the time in illicit drug use, and in 59% of the studies on general substance abuse. As many as forty to sixty percent of children of alcoholics become alcoholics themselves (Hindman, 1975). Family disorganization, through separation or divorce, and economic instability seem related
to the incidence of alcoholism but causal relationships have not been determined due to questions regarding whether alcoholism is an antecedent of or a result of the other adjustment difficulties (Chafetz, Blane, & Hill, 1971). These factors may be more closely related to antisocial behavior than to the development of alcohol problems (Vaillant & Milofsky, 1982).

The exact prevalence of alcoholism in the offspring of alcoholics is unknown. However, one out of eight Americans was raised by a parent who was impaired by drug or alcohol abuse (Kumpfer & DeMarsh, 1986). The Children of Alcoholics Foundation (1984) has reported that there are an estimated 28.5 million Americans who have at least one alcoholic parent. Miller (1977) has reported that half of all alcoholics may be children of alcoholics themselves.

However, not all children adjust to the influence of family alcoholism by developing drug and alcohol problems themselves. While some adjustment strategies are antisocial, other childhood roles promote the development and reinforcement of coping skills that are admired by others (Black, 1982). Although empirical research has not verified these coping strategies, many authors have described roles, observed through clinical experience with both children and adult children of alcoholics, that children develop to effectively resolve, albeit temporarily, the personal and family problems posed by living in a family
organized around the demands of alcoholism (Ackerman, 1979; Black, 1982; Brenner, 1984; Wegscheider, 1981). These coping patterns represent "survival" skills and become a part of the child's enduring self image (Black, 1982). Later adjustment appears influenced by these coping patterns as witnessed by clinical observations of therapy groups composed of adult children of alcoholics and latency age children (Cermak & Brown, 1982; Morehouse & Richards, 1983). Many adult children repeat childhood interpersonal relationship patterns in their adult relationships (Woltitz, 1983, 1985).

Much of the literature on children of alcoholics reports the negative effects of living with an alcoholic parent. Black (1982) has observed that the roles children of alcoholics adopt to cope with their situations may include acting out, rebellious or delinquent behavior. Children of alcoholics, when compared to control groups, have been reported to have more neuropsychological deficits and less impulsivity (Tarter & Hegedus, 1971) and more school problems requiring counseling or expulsion (Becker & Miller, 1976). Increased levels of aggression have been reported among adolescent sons of alcoholics (Aronson & Gilbert, 1973). In a study comparing 100 children of alcoholics to a control group of 100 other children under treatment in a child guidance clinic, an association was discovered between family disruption in the alcoholic
families (described by the trend for children of alcoholics to have been separated for extended periods of time from their families by early adolescence) and antisocial attitudes in the children (Chafetz, Blane, & Kill, 1971). Higher levels of school problems and involvement with the courts were reported for the children of alcoholics. This trend was attributed to lack of proper parental modeling representing an antisocial attitude on the part of the parents. In these families, the major parental concerns were not reflective of the major concerns of society regarding acceptable behavior. On the other hand, Kammeier (1971) discovered no significant differences on measures of aggression and school problems among groups of adolescent children of alcoholics and nonalcoholics. This nonsignificant difference was attributed to the similarities in family integration. Few families in either group were disorganized through parental divorce or separation possibly due to religious beliefs (adolescents were attending a Catholic high school).

Another set of investigations into the impact of parental alcoholism on children have explored areas of self concept, sexual identity and personality characteristics. Several of these studies have been conducted on adult alcoholic children of alcoholics and have demonstrated increased psychopathology related to the number of alcoholic parents and no relationship between sex of child and sex of
alcoholic interaction (McKenna & Pickens, 1983). Contradictory results have been reported related to identity conflicts and female alcoholism among adult children of alcoholics. Gennett (1983) reported that nonalcoholic daughters of alcoholics were more self accepting and sociable than alcoholic daughters of alcoholics. The author concluded that the alcoholic group experienced a confusion in gender identity that was medicated through alcohol abuse. Another study produced results that concluded that there were no significant relationships between female alcoholism and sex role conflict (Noonan, 1981). This study also failed to produce any relationships between the incidence of alcoholism in offspring based on sex of alcoholic and sex of addicted child.

Goodwin, Schulsinger, Knop, Mednick and Guze (1977) compared three groups of adopted daughters to determine the differential impact of heredity and environment on the development of alcoholism and depression. All groups had higher rates of alcoholism than reported for the general population in Denmark. However, only the nonadopted daughters of alcoholics reported significantly more depression. This finding suggested a more pronounced effect of environmental influences compared to genetic factors. Other studies have reported relationships between self dissatisfaction among male adolescents and identification with an alcoholic father (Stevens, 1968). Elevated rates of
depression, dependency and emotional detachment have been reported for children of alcoholics or heavy drinkers (Jacob, Favorini, Meisel, & Anderson, 1978; Rouse, Waller, & Ewing, 1973). Dependency conflict was identified in a normal college age population of children of alcoholics and the specific qualities of the interpersonal difficulties encountered by this population were gender specific (Caplan, 1983). Overall, increased vulnerability to dependency conflict was related to maternal alcoholism. Other studies have reported cause and effect relationships between the influence of familial alcoholism and a child’s personality characteristics, identity formation, role performance, and the ability to form close relationships (Jacob, Favorini, Meisel, & Anderson, 1978).

Since alcoholic families are characterized by inconsistency and a resultant sense that what one does has no effect on others or the environment (Ackerman, 1979), the relationship between being the offspring of an alcoholic and perceived locus of control has been investigated (Hassett, 1981; Spence & Chaknis, 1981). Each study reported higher externality scores on the Nowicki-Strickland Locus of Control Measure for small samples (N=20 and N=15, respectively) of children raised with one or more alcoholics than for a control group, although levels of significance were not reported.
Impaired peer relationships have been reported for this population, possibly related to the greater tendency toward aggression (Wilson & Orford, 1978). Cork (1969) reported that these children, especially the older ones, were reluctant to maintain strong social ties or to bring friends into their homes. Children also reported performing family roles, more appropriate for a spouse or other adult, due to the alcoholism and the unavailability of the nonalcoholic parent (e.g., need to work, care for the alcoholic, lack of energy and emotional stamina). These children often expressed resentment for having to take on added responsibility due to the nondrinking parent's need to work as well as the feeling that they were neglected by that same parent. Children also reported feeling guilty and responsible for their parents drinking. A recent study (Kumpfer & DeMarsh, in press) determined that children of alcoholic and drug dependent parents had fewer opportunities to interact with other children, had fewer friends to whom they could tell secrets, and brought friends home less often. The children complained of being lonely and appeared to lack social skills and age appropriate behaviors.
Intimacy and Identity

Alcoholism: Identity and Intimacy Development

Intimacy dysfunction among adult children of alcoholics has been considered by clinicians to result from codependent behavior patterns established in response to the presence of chemical dependency in the family of origin (Coleman, 1987). In such circumstances, individuals act in a manner that will attempt to control the behavior of another, to the detriment of the individuals' growth and development (Beattie, 1987). Intimacy cannot be achieved because the codependent individual is involved in an addictive relationship that is characterized by lack of boundaries, impression management, lack of trusting personal perceptions, caretaking, self-centeredness, excessive control, distortion of feelings, dishonesty, and fear, rigidity and judgmentalism (Schaef, 1986).

Children raised in alcoholic family systems may experience poor self esteem and difficulty with intimacy and sexuality due to poor parental modeling and boundary inadequacy. The progression of chemical dependency and its effects on family members creates developmental delays in the earlier stages of normal psychosocial and psychosexual development and renders the adolescent unprepared to master the tasks of intimacy in adolescence and adulthood (Coleman, 1987). Chemical abuse may begin as the adolescent attempts to cope with failure at establishing intimate relationships.
The intergenerational transmission of both chemical dependency and intimacy dysfunction will occur if developmental deficits are not corrected.

Erikson (1968) postulates that identity achievement is the necessary precursor of one's ability to achieve intimate relationships with others, particularly in the instance of love relationships. The presence of alcohol as a central organizing principle in families appears to affect the individual development of children raised in such families due to the denial of alcoholism (Brown, 1989). The task of identity achievement for daughters of alcoholics is particularly difficult. Aspects of the traditional feminine gender role are intensified in alcoholic families and daughters are expected to disproportionately care for the needs of others. Daughters inevitably fail in attempts to both nurture others and meet individual developmental goals as they internalize a sense of blame for family events that are outside of their control (Ackerman, 1989). Personal identity, as described by Erikson (1968), for both daughters and sons in alcoholic families, may become overshadowed by a family identity characterized by family deviancy. Children who have been repeatedly told that they are failures enter the stage of identity development with a negative sense of who they are and an increased chance of engaging in rebellious actions or negative attitudes. The achievement of intimate relationships with others is difficult for
adolescents in alcoholic families because of a lack of adequate social and life skills. They may find themselves socially isolated and lonely because of an inability to establish primary relations with others; relationships that require the expression of inner feelings and satisfying communication with others. Difficulties that the adolescent encounters in the mastery of the Eriksonian stages of identity and intimacy, particularly the latter, will affect subsequent stages of development (Ackerman, 1979).

Codependency has been defined as a delayed identity syndrome wherein an individual is held back from self-actualization and is placed in a position of living out someone else’s life-script (Subby, 1989). Clinical evidence has been observed to note that many adult children of alcoholics are arrested at the adolescent stage of development (Brown & Baletsis, 1986). Other clinical observations of adult children of alcoholics include identity disorders based on over-identification with parent and under-differentiation of the self, distortions in one’s internal frame of reference resulting in an identity defined as defective, and poor differentiation (Coleman, 1987).

Brown (1988) has provided a developmental perspective on the treatment of adult children of alcoholics that incorporates theory from the fields of chemical dependency, family systems and cognitive-behaviorism. In this theory, denial of alcoholism is a central organizing principle that
structures family attachments, perceptions about reality and related affect, cognitive structures, and the development of the personal identities of family members. Alcoholism impairs developmental progression including basic trust, autonomy and self-control and mastery. The pre-adolescent cannot negotiate tasks of identification and separation. Children approaching adolescence are often not prepared to detach or separate-individuate (Beletsis & Brown, 1981).

The need for attachment is determined to override all other emotional concerns for children raised in alcoholic families (Brown, 1988). As such, attachment is central in understanding the effect of imitation and modeling on cognitive and affective development. The effects are mainly created by the demand for the denial of alcoholism and the significant role this shared perception has on the attachment between parent and child. Distorted beliefs about self and others must be held in order to deny alcoholism and maintain family homeostasis. The formation of a stable personal identity requires acquisition of knowledge about the self which is supported and maintained by interactions with others, particularly parental figures (Guidano & Liotti, 1983). Denial of alcoholism requires that the child exclude from self definition a wide range of emotional experiences. The child must adjust his or her
self image to fit with the image that parents prefer or that fit with the family’s story. Beliefs need to be consistent in order to maintain the attachment with parents that structures identity formation. In many situations, reality as explained does not match the child’s perception. When the child’s perception of reality differs from that of the parents, the child will alter his viewpoint to coincide with the parents (Rosen, 1985). Management of this conflict requires a narrowing of individual perceptions of reality. Individuals are likely to become rigid and defensive in behavioral choices and attitudes toward self and others. Interactions are stereotyped and repetitious. The assimilation of new experiences will be blocked as dysfunctional and maladaptive adjustment continues. In this circumstance, identity development will be affected by a loss of self created through the development of a false sense of self that is tied to the needs of a dependent person. Children of alcoholics also need to address the question of "being alcoholic" when involved in the process of identity development. In some circumstances, the child may develop a negative identity that is related to the assumption of responsibility by the child for the alcoholism problem that is denied by the parent.
Identity Theory and Research

Marcia (1980) refers to identity as an "existential position, to an inner organization of needs, abilities, and self-perceptions as well as to a sociopolitical stance" (p.159). It is also characterized as a self structure that possesses dynamic qualities while organizing around a flexible unity. Erikson (1959, 1963, 1968) places identity within the context of ego psychoanalytic theory, viewing it as the epigenetically based psychosocial task distinctive, but not exclusive, to adolescence. Identity development involves a structural synthesis and resynthesis of childhood identifications and experiences. During adolescence the crisis of identity is most acute due to the necessity of the individual to cope with physical and cognitive changes, genital maturity and acquisition of productive skills at the same time that the adolescent is faced with demands of approaching adulthood. The crisis of adolescence will be resolved if personal continuity is achieved between past and present. In the absence of such resolution the individual will experience identity confusion. Identity formation must be well in progress for an individual to experience psychosocial intimacy with another person as well as with his or her own inner resources. A deep sense of isolation will be the result of attempts at intimacy for the individual who has not successfully mastered the identity crisis.
Researches in the area of identity development have widely studied adolescence and have utilized measures of identity development based on Eriksonian theory. Marcia has developed one such identity measure (1966). In this schema, ego identity is defined as a stage of development where one has experienced a crisis (a period of decision-making during which time an individual selects among alternative occupations and beliefs) and has made commitments with respect to occupation, religion, and politics (an ideology). The presence or absence of crisis and commitment determine one's identity status as: achievement, moratorium, foreclosure, or diffusion. Identity achievement involves the experience of a crisis and the emergence of stable commitments. A moratorium indicates that the individual is currently in crisis; while the foreclosed individual is committed, but never went through a crisis. Identity diffused individuals are neither committed nor are they attempting to arrive at a commitment. The construct of ego identity status has been widely used in research and some results indicate that caution should be exercised when interpreting measures taken on female populations (Marcia, 1980).

Studies of the effects of child rearing practices on identity achievement have suggested that an adolescent's identity development is enhanced greatly when parenting styles are characterized by connectedness, warmth, feelings
of closeness and security, support, acceptance, and praise directed toward the adolescent (Adams & Jones, 1983; Allen, 1976; Conger, 1973; Donovan & Adelson, 1966; Grotevant, 1983; Grotevant & Cooper, 1985; Kamptner, 1988; LaVoie, 1976; Marcia, 1983; Matteson, 1974). Results of a study investigating identity development among a sample of college students, reported that higher identity scores were correlated with differentiation from the opposite-sexed parent (Bartle & Sabatelli, 1989). However, results of a study involving a measure of identity formation for both males and females, indicated a general trend for the same-sexed parent to be the most important one for determining identity development (Kirsch, Shore, & Kyle, 1978). Both boys and girls who endorsed equalitarian beliefs about sex role were more advanced in identity formation and this was especially true for girls. In another coed study, high identity males reported less parental control and more praise from their fathers than did low identity males. High identity females reported less restrictiveness and more freedom to discuss problems with parents compared to other groups (LaVoie, 1976). Studies designed to investigate the relationships between child rearing practices and male identity development have concluded that identity achievers had a positive relationship with both parents, though moderately ambivalent toward the father (Jordan, 1971); and that the most important influence on identity achievement
was the father’s style and amount of interaction with son if he was present in the home (Deldin, 1976). However, studies of male identity development have also reported that identity development was not related to the presence of the father in the home (Oshman & Manosevitz, 1974); and that identity status was not related to father’s identity status (Waterman & Waterman, 1975).

Other studies reported distinctively different child rearing practices among various identity statuses for males (Donovan, 1975), and for females (Josselson, 1973); less perceived acceptance by fathers and a lack of possessiveness on the part of their mothers for female identity achievers (Morse, 1973); differences in perceived affection between mother and daughters based on identity status (Allen, 1976); and enhanced self concept among children raised in conditions which fostered identity formation (Coopersmith, 1967).

Identity achievement has been studied in relationship to a number of social, emotional and cognitive variables. Identity achievers and those in moratorium have been reported to use a more reflective cognitive style. Those who were foreclosed or diffused were impulsive (Waterman & Waterman, 1974). Identity achievers have also been reported to have a more internal locus of self-definition than those in other identity statuses, but to not score higher on a measure of self esteem (Marcia, 1967). Another study
concluded that individuals high in ego identity development demonstrated higher levels of intrapersonal and interpersonal psychological adjustment than individuals low in ego identity (Neuber & Genthner, 1977).

Intimacy Theory and Research

During the past decade, a science of relationships has emerged from the studies of personal relationships conducted by researchers in the fields of social psychology, sociology, child development, communications, ethology, personality, marriage and family studies, and clinical psychology. The discipline has been organized and defined by published material in the field since 1970 and is most clearly represented by the monograph published by Kinde (1979). Growing concern with the life cycle stimulated much of the research interest conducted from the scientific perspectives of the many disciplines interested in understanding close relationships (Duck & Perlman, 1985). The study of intimacy falls under the discipline of personal relationships and is in the early stages of development as an area of empirical study (Perlman & Fehr, 1987).

Definitions and conceptualizations of intimacy vary among professionals and laypeople. In a review of the literature, Helgeson (1987) identified three general components of intimacy: self-disclosure, affection or sexuality, and expressiveness. Sex differences were also found for each of the three components and the magnitude of
the differences depended upon the gender composition of the relationship. Results of a survey of fifty adults living in a college community asked, "What does intimacy mean to you?" identified the following four themes: sharing private thoughts, dreams, and beliefs; the importance of sexuality; the exclusion of anger, resentment, and criticism; and the importance of having a stable sense of personal identity that would allow an individual to establish intimacy (Waring, Tillman, Frellick, Russell, & Weisz, 1980). In a study using a sample of late adolescents, intimacy was most often defined as sharing, physical/sexual interaction, trust/faih, and openness. Males most often mentioned sexual/physical interaction and females more often mentioned openness (Roscoe, Kennedy, & Pope, 1987). Results from a study of a sample of young adolescents provided support for the conceptualization of intimacy as emotional closeness. In conclusion, the authors discouraged suggestions that the construct be measured as a function of the pathways employed to achieve it (i.e. self-disclosure or shared experiences) (Camarena, Sarigiani, & Peterson, 1990).

Ten definitions of intimacy developed by various social scientists were reviewed by Perlman and Fehr (1987) and were determined to contain aspects of intimacy identified by laypeople and professionals. Three themes characterized the definitions: closeness and interdependence of partners, the
extent of self disclosure, and the warmth and affection expressed. The authors also identified variations in conceptualizations of intimacy in terms of: interdependence and behavior; cognitive, evaluative processes; and a relationship property rather than an individual capacity or motive. The developmental theories of Erikson (1959, 1968) and McAdams (1985a) represent the latter conceptualization of intimacy as it is regulated and experienced by an individual.

McAdams (1985a) utilized a structural approach to ego psychology in the development of a motivational theory of intimacy. According to this theory, individuals experience two basic tendencies regarding close relationships: to feel close to others and to have an impact on others (termed the intimacy motive and the power motive, respectively). A motive is defined as a "recurrent preference or readiness for a particular quality of experience. Motives are conceived as affectively-toned cognitive clusters which are centered on general experiential goals and which tend to energize, direct and select behavior in certain situations... Motives are understood as relatively enduring and stable personality dispositions, at least in late adolescence and adulthood" (McAdams, 1985b, p. 86).

This theory has been tested in two studies on college populations using a measure via content analysis of stories written by adolescents to the ambiguous pictures of the
Thematic Apperception Test (TAT), (McAdams, 1984; McAdams, Healy, & Krause, 1984). The results indicated that high levels of intimacy and power motivation, respectively, were associated with two distinct types of friendship experience among college students. Intimacy was associated with a friendship style described as "communal" and power was associated with an "agency" friendship style. Agency referred to the separation of the individual from others and from context; communion referred to the coming together of individuals and a merger of context (Bakan, 1966).

Erikson’s (1959, 1968) psychosocial model of individual development places intimacy as the sixth stage of development, immediately following identity. Isolation is the opposite pole of intimacy. Intimacy is viewed primarily as the ability to experience love in relationships, although sexuality is but one aspect of its manifestation. According to Erikson (1968), "it is only when identity formation is well on its way that true intimacy - which is really a counterpointing as well as a fusing of identities - is possible" (p. 135).

Interest in the theories of Erikson and the issues of identity development and intimacy during adolescence have produced a number of research efforts that have explored relationships between these two variables. Results of several studies have been interpreted as supporting a
relationship between favorable resolution of the intimacy-isolation crisis following successful resolution of the identity crisis (Kacerguis & Adams, 1980; Drlofsky, Marcia, & Lesser, 1973; Tesch & Whitbourne, 1982; Yufit, 1956). The results of a follow-up study of identity status scores determined that intimacy status was highest for identity achievers, particularly those whose status remained stable over the six year period between measures. Previous high identity status achievers who were in lower status categories at the time of follow-up also rated low in intimacy development (Marcia, 1976). However, results of other studies have concluded that quitters of marijuana had more often established specific identities, although they had increased problems with intimacy and a greater history of psychotherapy than never users or nonquitters (Pack, Brill, & Christie, 1975); and that identity achievers were not more intimate than other groups based on results from a self-disclosure task (Kinsler, 1972). Also, females have been reported to be further along than males in the achievement of intimacy independent of identity status measures (Geldin, 1976; Hodgson, 1977). This result is consistent with the proposition that Eriksonian stages of identity and intimacy are possibly merged for girls because it is difficult to determine beginning and end points for each stage (Josselson, Greenberger, & McConochie, 1977). Dyk and Adams (1990) have suggested that sex-role
orientation, rather than gender alone, plays an important role in determining and describing processes involved in the resolution of the identity and intimacy crises.

**Differentiation**

**Family Systems Theory**

From the perspective of the normal family developmental cycle, the period of late adolescence is the most crucial in determining the direction of future family and individual development. It is a challenging period for testing the flexibility of the family system as it adjusts to a major life cycle change (Carter & McGoldrick, 1980). The key issue to be resolved involves the extent to which the young person has established an age appropriate balance between separateness from and connectedness to the family (Allison & Sabatelli, 1980), which requires a balance between autonomy and interconnectedness (Meyer, 1980).

Bowen (1978) has labeled the process of integration of the self as "differentiation," and conceptualizes the construct on a continuum from well to poorly differentiated. The theory also involves postulates to explain family dysfunction related to how anxiety is expressed through family symptoms that are characterized by triangular relationships and multigenerational transmission of unresolved family problems. A person with a low level of differentiation experiences "fusion" between emotional and
intellectual functioning. The individual is in conflict between the real and the perceived pseudoself. Behavior is characterized by a lack of flexibility and an "other directed" decision making process that is determined by emotion rather than intellect. On the other end of the continuum is the well differentiated, solid self who has constructed a set of experience based life principles by a process of intellectual reasoning. This individual has made conscious choices about beliefs and has the capability to flexibly handle life's situations based on a personal framework of values. If this person has not established an emotional "cutoff," an avoidance of unresolved attachment issues from the past, he or she should lead a happy and independent life. A person who has cutoff from family issues is blocked from establishing true differentiation and may emotionally cutoff from family due to a triangulation process involving parents and child. Consequently, the nuclear family may develop an emotional system that facilitates the transmission of family dysfunction through a multigenerational projection process. Through this process, unresolved emotional attachment issues continue to pass themselves through generations of family relationships as young people marry others who are overinvolved with or disengaged from their respective families of origin. The partners are unable to establish functional attachment to each other. They are at risk to
continue the multigenerational transmission process of "intergenerational projection" as problems are focused on children. In some cases, alcoholism may present as a symptom of the lack of a complementary relationship between the couple (Bowen, 1974).

**Alcoholism and Differentiation**

Differentiation is reflected in the manner in which families regulate interpersonal distance and demonstrate tolerance for individuality and intimacy (Bowen, 1978; Farley, 1979; Kantor & Lehr, 1975). Poorly differentiated alcoholic family systems appear to influence individual differentiation. Clinical observations suggest that alcohol functions as a boundary through which distance can be regulated between systems; between individuals within the family system and between the family and outside systems (Bepko & Krestan, 1985; Elkin, 1984).

Research results indicate that alcohol functions as a component of patterned behavior within alcoholic family systems that is related to the family drinking pattern, patterns of distance regulation and the family's use of physical space (Steinglass, 1981, Steinglass, Bennett, Wolin, & Reiss, 1987). Families who were categorized as stable, wet, tended to disperse when together in the home. Alternator families, moving between drinking and nondrinking periods, were characterized by a "huddling" type of
interaction, regardless of whether the observation occurred during a dry or a wet period. Each of these patterns was consistently adhered to by the respective family type. The stable, dry families exhibited periods of both contact and dispersion, with much less patterning than in the other two family types. These families did not demonstrate autonomy or flexibility in their separateness or connectedness and interpersonal distance appeared connected to the current drinking pattern of the drinking family member. These findings support observations from clinical work regarding the difficulty that families with alcohol problems have in making the systemic shifts necessary to facilitate adolescent's individuation and identity development (Klagsburn & Davis, 1977; Levine, 1985; Stanton, Todd, Heard, Kirschner, Kleiman, Mowatt, Riley, Scott, & VanDeusen, 1978).

Alcohol use by adolescents allows for "pseudo-individuation," whereby the alcohol is a method for appearing separate from a poorly differentiated family while the individual remains paradoxically close to it (Stanton, et al., 1978). Individuals from alcoholic homes are at high risk to develop alcohol problems as they attempt to separate and at the same time remain connected to families that are operating within the rules of a rigid, highly patterned homeostatic system (Bartle & Sabatelli, 1989; Steinglass, Bennett, Wolin, & Reiss, 1987). In a study of male and
female college students, females who experienced negative consequences from drinking perceived their reciprocal relationships with mothers to be less differentiated. Identity development was related to a positively perceived reciprocal relationship between the student and the opposite-sexed parent (Bartle & Sabatelli, 1985).

**Summary**

The review of literature demonstrates that research in the area of alcoholism has been approached from the perspectives of both individual and family development. Early research attempted to identify linear relationships between individual development and factors believed to be related to the cause of alcoholism. These studies were characterized by poor design and results that tended to lack application to treatment settings and clinical issues. Jackson (1954) introduced an early systems model that considered individual and family development in relationship to alcoholism. This stage model considered the interrelationships between a chronic illness in one or more family members and the effect on the growth and development of the system as a whole. Recent advances in research have resulted in the development of theory describing the "alcoholic family" and how alcoholism is maintained and transmitted through developmental processes at the individual and the family levels (Steinglass, Bennett, Wolin, & Reiss, 1987).
Children who live with an alcoholic parent are exposed to a family life characterized by unpredictability, a lack of appropriate closeness, fighting and role inconsistency (Ackerman, 1983). Brown (1988) has identified a model of individual development for children raised in an alcoholic family system based on work with adult children of alcoholics. Central to this theory is the effect of the denial of alcoholism, denial of perception and denial of affect on the development of identity and intimacy for this population. Children of alcoholics learn to mistrust their own emotions and perceptions, resulting in a lack of consistency regarding self definition. Clinical evidence indicates that adult children of alcoholics are arrested at the stage of identity development (Brown & Beletsis, 1986).

Following from Eriksonian theory (1968), an individual who has not yet mastered identity cannot achieve true intimacy, resulting in a situation of isolation from others and self. Identity achievement for children of alcoholics is hampered by poor differentiation between family members (Bepko & Krestan, 1985). Clinical evidence from work with chemically dependent individuals and codependents demonstrates that identity and intimacy dysfunctions are common in this population and stem from difficulty with setting boundaries (Coleman, 1987). However, studies have not investigated possible relationships between parental
alcoholism and identity and intimacy development for adult children children of alcoholics.

As previously noted, inherent in the theory of the "alcoholic family," is the possibility that a family identity of "alcoholic" limits the identity development of individual members and may influence a premature adoption of the alcoholic identity by vulnerable family members (Brown, 1988; Steinglass, Bennett, Wolin, & Reiss, 1987). Theory also identifies family structures and methods for maintaining homeostasis that appear to limit the extent to which family members can build a successful balance between intimacy and autonomy as they attempt to differentiate from the family system. Adolescents may begin to use alcohol as an attempt to separate yet remain connected to a poorly differentiated family system and to regulate distance from peers (Bartle & Sabatelli, 1989). Alcoholic family systems have been observed to practice distance regulating behaviors in the home environment that are patterned, predictable and dependent on the current type of family drinking pattern (Steinglass, Bennett, Wolin, & Reiss, 1987). The family's poor level of differentiation will play a significant role in individual and family development as both systems attempt to flexibly adapt to the changes required for successful resolution of the adolescent, or unattached young adult, stage of development (Farley, 1979; Meyer, 1980).
Theoretical Rationale and Major Hypotheses

The three constructs measured in the present study, differentiation, identity achievement, and intimacy, are all interrelated and are related to existing theory. The major working hypothesis of the study contends that the ability of a child to differentiate from family, achieve an identity, and establish the capacity to experience intimacy with others is adversely affected by the presence of an alcohol problem in a parent or other primary caretaker. Parental alcoholism or problem drinking is also theorized to produce differential effects on children based on gender of child and gender of alcoholic parent, although available research does not support specific gender based conclusions.

The following hypotheses were tested:
Hypothesis A: Adult children of alcoholics will report lower total family differentiation scores on the Differentiation in the Family System Scale (DIFS) than scores reported by a comparison group, while controlling for gender. This relationship is thought to be expected due to the tendency for alcohol to function as a boundary or distance regulator in alcoholic family systems, thereby reducing the extent to which self regulated criteria for differentiation are identified and practiced (Bepko & Krestan, 1985; Bowen, 1984; Elkin, 1984; Steinglass, Bennett, Wolin, & Reiss, 1987). The possibility that differences may be affected by
gender for this population needs to be addressed to ensure that results are not skewed by the sexual characteristic of the respondent.

**Hypothesis B:** Adult children of alcoholics will report lower scores on the Objective Measure of Ego Identity Status (COMEIS-2) compared to scores reported by a comparison group, while controlling for gender. A developmental model of adult children of alcoholics postulates that identity development is delayed due to the effects of denial of alcoholism as a central organizing principle of the alcoholic family system (Brown, 1988). The establishment of "codependent" behavior patterns is also postulated to impair identity development for adult children of alcoholics (Ackerman, 1989; Coleman, 1987; Subby, 1989).

**Hypothesis C:** Adult children of alcoholics will report lower scores on the intimacy subscale of the Erikson Psychosocial Stage Inventory (EPSI), as compared to scores reported by a comparison group, while controlling for gender. Intimacy is postulated to be the stage of psychosocial development that follows identity achievement. Individuals who experience delayed identity development are expected to also exhibit delayed intimacy development (Erikson, 1968).

**Hypothesis D:** Identity achievement scores, intimacy scores, and differentiation from the family of origin scores will differentiate children of alcoholics from children of non-
alcoholics. Theoretical models of individual and family development propose that parental alcoholism may delay identity development and contribute to the transmission of an alcoholic identity to offspring (Brown, 1988; Steinglass, Bennett, Wolin, & Reiss, 1987). Parental alcoholism also fosters the development of codependent relationship patterns that distort the adolescent's perceptions of intimate behavior (Coleman, 1987) and, the inability to individuate from an emotionally immature parent (Brown, 1988). The results could support a theory of individual development for children reared in alcoholic family systems.

**Hypothesis E:** Total scores and reciprocal dyadic scores on the DIFS will not vary based on gender of alcoholic parent and gender of adult child. The literature describes differential effects of parental alcoholism based on gender with mixed results. Much of the research examines the effect of gender on transmission of alcoholism or other psychological dysfunctions. Research results also demonstrate that gender linked differences have been reported with measures of differentiation, identity achievement, and intimacy. However, none of this research has been conducted with a sample of adult children of alcoholics. The following two hypotheses will be tested with the same rationale cited above:
Hypothesis F: There will be no differences in EOMEIS-2 scores based on gender of alcoholic parent and gender of adult child.

Hypothesis G: There will be no differences in EPSI intimacy subscale scores based on gender of alcoholic parent and gender of adult child.

Hypothesis H: Identity achievement scores will be predicted by gender of alcoholic parent, gender of adult child, and differentiation scores. The literature reports that identity development of adult children of alcoholics may be affected by each of these variables (Ackerman, 1989; Brown, 1988; Elkin, 1984).

Hypothesis I: Intimacy scores will be predicted by gender of alcoholic parent, gender of adult child, identity achievement scores, and differentiation scores. Eriksonian psychosocial development theory postulates that intimacy is the stage that follows identity development (Erikson, 1968). This hypothesis will be tested to determine the extent to which an adolescent's ability to experience intimacy with others can be explained by the identified factors.

Research Definitions

Child of an alcoholic or COA is a respondent who answers "yes" to at least one of the questionnaire items that asks: Do you think one or both of your natural parents (or parent figures) have, or have had in the past, a problem with the use of alcohol?
Codependency is "an easily identifiable (overt) or carefully disguised (covert) learned pattern of exaggerated dependency and extreme and painful external validation, with resulting identity confusion" (Smalley & Coleman, 1987, p. 231).

Commitment refers to the degree of personal investment the individual expresses in a course of action or belief, particularly in the areas of occupation and ideology.

Crisis is the "presence of some period of rethinking, sorting through, trying out various role and life plans ... a time during adolescence when the individual seems to be actively involved in choosing among meaningful alternatives" (Erikson, 1956, p. 104).

Differentiation is "a family-level variable involving interactions which enable individuals to maintain both a sense of ongoing emotional connectedness (support, involvement, personal relationship) and a sense of separateness (autonomy, uniqueness, freedom of personal expression) within the context of their family of origin" (Sabatelli & Anderson, 1990, p. 1).

Ideological identity, according to Erikson (1968), refers to one's ego-identity, commitments to things such as occupational, religious, political and philosophical life-style values, goals, and standards.
Identity is a stage of psychosocial development that refers to "an existential position, to an inner organization of needs, abilities, and self-perceptions as well as to a sociopolitical stance" (Marcia, 1980, p. 159).

Identity achievement is the resolution of the identity stage of psychosocial development, requiring that the individual experience "crisis" and "commitment."

Intimacy is a qualitative description of a relationship characterized by openness of feeling, psychological well-being, boundary definition and commitment (Coleman, 1987). According to Erikson (1968), true and mutual psychosocial intimacy is often preceded by, but not limited to, sexual intimacy.

Interpersonal identity, according to Erikson (1968), refers to one's self-identity, incorporating aspects of friendship, dating, sex roles, and recreational choices.

Not a child of an alcoholic or NCOA refers to respondents who respond "no" to each of the questionnaire items that asks: Do you think one or both of your natural parents or parent figures have, or have had in the past, a problem with the use of alcohol? NCOA and comparison group will be used interchangeably.

Problem drinking parent is a natural parent or parent figure who is identified by respondents to have, or have had in the past, a problem with the use of alcohol. The terms problem
drinking parent and alcoholic parent will be used synonymously.

Reciprocal relationship is a relationship involving two people who have interdependent needs for closeness and distance with each other. The construct is measured as individual (one-way) and summed (reciprocal) scores on the Differentiation in the Family System Scale (DIFS) (Sabatelli & Anderson, 1990).
CHAPTER III
METHODOLOGY

Design: Two data collection methods were utilized: a mailed survey distributed to college students and face-to-face interviews with a subgroup of volunteers identified from the returned surveys. The survey was constructed based on guidelines outlined by Dillman (1978). The cover letter described the survey, follow-up interviews, and instructions regarding how to receive results or to indicate interest in the follow-up interviews. Students were provided with an insert on which to identify themselves if they were interested in receiving results or participating in the follow-up interview. Two envelopes were provided in order to allow the students to return the questionnaire separately from the insert and thereby prevent names from being placed on the questionnaire itself. The questionnaires and inserts were coded before distribution.

A pilot study of the questionnaire was conducted with a group of second year community college students (N=27) who did not participate in the final study. The majority of these students ranged in age from 18-22 (82%), were never married (85%), and reported parental marital status as "married" (60%). The high percentage of intact families met the researcher's intent to control for family stressors other than parental alcoholism that might affect adolescent development. Most of the students reported ethnic or racial
background as "white" (96%) and annual family incomes above $60,000 (40%). The pilot group was similar to the research group in all demographic areas, although they reported lower family incomes and fewer intact families. Twenty-six percent of the pilot subjects (N=7) reported a problem drinking parent. The present research was undertaken with the expectation that approximately 25% of respondents in a similar sample would report parental problem drinking. Due to limitations imposed by small sample sizes, statistical analysis of the data was limited to Student-t tests comparing the children of alcoholics group with the comparison group using pooled variance estimates for unequal sample sizes. Only the intimacy scores produced significant results \((t=2.71, df=25)\) at the .05 level. The result indicated potential usefulness of the intimacy measure as a method for discriminating between the two groups under study. Based on objective and subjective responses to the questionnaire provided by the pilot study group, several alterations were made. The identity scale was not felt to offer adequate forced-choice responses, and in some cases, students wrote in a response. Additional complaints were made regarding this scale and a decision was made to replace it with an existing scale that appeared to possess better validity and reliability in its measure of identity achievement (Adams, Bennion, & Huh, 1987). Overall, the students reported that the instructions included within the
questionnaire were clear. One screening question was reworded to accommodate answers from students who no longer lived with parents.

Although the questions included to identify parental problem drinking appeared to effectively select subjects, this item was ultimately altered. It was replaced with two questions that requested less specific information regarding parental drinking patterns, thereby providing greater privacy to students who volunteered to participate in the study.

For purposes of the actual study, institutional research personnel at the participating college distributed the questionnaire and collected the completed materials through campus mail. The researcher distributed the questionnaire to all sophomore, junior, and senior level college students residing on-campus during the 1991 Spring semester. In the fall of the 1990, the student population at this small, private college included slightly more females (58%) compared to males (42%). Students were predominately single. The racial background of most students was white (98%). Students were classified among the grades based on number of completed units, as follows: Freshmen (31%), Sophomores (24%), Juniors (21%), Seniors (20%), and other (4%). For comparison purposes, Table 1 contains class breakdown for the study sample.
A total of 550 questionnaires were distributed and 160 were returned, resulting in a response rate of 29%. Three of the questionnaires were eliminated due to missing data. Although the response rate was low, follow-up was not pursued. This choice was influenced by the following: 1) A decision by the dissertation supervisory committee to utilize a data collection methodology that anonymously sampled the target population, 2) Respondent fatigue due to frequent sampling of the population over the academic year, and 3) Time limits imposed by conducting the study at the end of the semester. Also, interview data were expected to provide qualitative insights into the major variables and assist in the interpretation of the quantitative results.

Twenty-four percent (N=38) of the respondents reported one or more problem drinking parents. A total of 39 (24%) respondents consented to be contacted for a follow-up interview. Of this number, eight reported parental problem drinking. The researcher contacted each student in the problem drinking parent group. One student expressed concerns that her time was limited due to exams and she was not scheduled for an interview. Of the seven interviews that were scheduled, an additional three students failed to keep the appointment or to respond to messages left with an offer to reschedule if the student so desired. A total of four interviews were conducted with the problem drinking parent group. All of these students were female. Three were
seniors and one was a sophomore. Seven interviews were also scheduled with students who failed to report parental problem drinking. Only one of these students failed to keep the scheduled appointment. Five of these students were female and one was male. Each student was sent a letter to confirm the time and meeting place for the interview. The interviews were held on-campus in a location that provided privacy. All participation was voluntary.

Table 1 (Column 1) contains demographic data for the entire sample. As a whole, respondents were more likely to be female (81%), never married (99%), and to be in their second year of college (46%). The sample, therefore, was overrepresented by females and sophomores compared to the characteristics of the entire population. The ethnic or racial background of the respondents, typical for this college, was predominately white (99%). Family characteristics included income greater than $60,000 (48%). Natural parents were most likely to be married (76%) and to have been the student’s primary caregiver (76%). Both mothers and fathers were more likely to hold a college or professional degree (65% and 74%, respectively). More students reported living in a suburban locality (56%), compared to either city (18%) or country (26%) environments. Table 1 (Columns 2 and 3) contains demographic data with listings for the children of alcoholics (CDA) and not children of alcoholics (NCOA) groups.
Table 1

Respondent Demographic Information

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<thead>
<tr>
<th></th>
<th>Total</th>
<th>COA</th>
<th>NCQA</th>
</tr>
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<tr>
<td></td>
<td>(N=157)</td>
<td>(N=38)</td>
<td>(N=119)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>29</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Females</td>
<td>128</td>
<td>34</td>
<td>94</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
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<td>20.47</td>
<td>20.05</td>
</tr>
<tr>
<td>Median</td>
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<td>20</td>
<td>20</td>
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<tr>
<td>Range</td>
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<td>19-22</td>
<td>19-22</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<td></td>
</tr>
<tr>
<td>Never Married</td>
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<td>37</td>
<td>119</td>
</tr>
<tr>
<td>Separated</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Race</strong></td>
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<td></td>
</tr>
<tr>
<td>White</td>
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<td>38</td>
<td>117</td>
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<tr>
<td>Other</td>
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<td>2</td>
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</tr>
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<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Junior</td>
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<td>57</td>
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<tr>
<td><strong>Income</strong></td>
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<tr>
<td>Less than $14,999</td>
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<td>2</td>
</tr>
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<td>2</td>
<td>9</td>
</tr>
<tr>
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<td>24</td>
</tr>
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<td>23</td>
</tr>
<tr>
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<td>25</td>
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<td>21</td>
</tr>
<tr>
<td>$75,000 and over</td>
<td>45</td>
<td>13</td>
<td>32</td>
</tr>
</tbody>
</table>

* 11 missing responses

Note: COA = Children of alcoholics  
NCOA = Not children of alcoholics
Procedure

Instruments

Three instruments: Erikson Objective Measure of Ego Identity Status (EOMEIS-2), (Adams, Bennion, & Huh, 1987); the Differentiation in the Family System Scale (DIFS), (Sabatelli & Anderson, 1990); and the intimacy subscale of the Erikson Psychosocial Stage Inventory (EPSI), (Rosenthal, Gurney, & Moore, 1981), and a demographics section were utilized in the questionnaire. Classification of a parental drinking problem was determined based upon responses to questions taken from a questionnaire previously used in a research study at the University of Virginia (Institute for Substance Abuse Studies). Respondents identified problem drinking for natural parents and/or primary caretakers. For purposes of the present study, the terms alcoholic and problem drinker were used synonymously. Researchers have been reported to use the term alcoholic when considering physical consequences of drinking and problem drinker when identifying interpersonal effects (Royce, 1981). In this study both consequences have been considered as criteria to consider when identifying a parent as a problem drinker. All returned, completed questionnaires were categorized based on responses to the two questions which addressed parental problem drinking. A total of 94 questions were included through the use of the standardized instruments. Each section contained 16, 12, and 66 items, respectively.
Demographics questions gathered information regarding individual and family level items. This section included 14 questions, two of which were included to identify parental problem drinking. Respondents were asked to respond either "YES," "NO," or "UNKNOWN" to the following question for natural parents or other primary caretaker: Do you think one or both of your natural parents have, or have had in the past, a problem with the use of alcohol? Researchers have reported adequate validity of self-report measures when used as indicators of drinking problems among family members and high test-retest reliability has been demonstrated through research (Mann, Sobell, Sobell, & Pavan, in press). Demographic items were collected regarding: age, gender, race, students' and parents' marital statuses, family income, students' and parents' academic levels, and location of primary residence. The latter data were collected to assist with addressing issues related to external validity. A total of 14 questions were included in this section (Appendix D).

An interview schedule was developed by the researcher and utilized during the follow-up interview, Part II of the study. The interview was implemented to achieve two goals: to provide qualitative insights into the study of identity, intimacy, and differentiation among groups of adult children of alcoholics and adult children of nonalcoholics; and to examine possible family and individual characteristics among
adult children of alcoholics that may have mitigated against possible negative consequences of parental alcoholism (e.g. maintenance of family rituals or daily routines despite the presence of a problem drinking parent, individual coping strategies).

Objective Measure of Ego Identity Status -2

The development of the Objective Measure of Ego Identity Status -2 (EOMEIS-2), (Adams, Bennion, & Huh, 1987), was based on Erikson's (1968) theory of identity formation. According to Erikson, ego identity is the result of a synthesizing process whereby the ego organizes a coherent personality with a sameness and continuity perceived by self and others. Operationalization of Erikson's theory for the EOMEIS-2 was based on Marcia's (1964) application of the theory. Within this model, Marcia incorporated two of the major dimensions of Eriksonian theory, crisis (or exploration, Matteson, 1977) and commitment, and conceptualized four types of identity formation. These four categories of identity development are: diffused, foreclosed, moratorium, and achieved. Classifications are made based on the presence or absence of a period of exploration and the development of a stable commitment to values, beliefs, and standards. The EOMEIS -2 may be used to determine the classification of an individual at a single point in time and or to explore developmental changes in identity over time.
The EOMEIS -2 is a 64 item self-report instrument which is ideally suited to single persons ages 14 to 30 years of age. The ideological identity subscales were written for use with any age range, single or married. The interpersonal identity subscales are written to be most appropriate for single persons. Each item is rated on a scale from 1 to 6 and the range of possible scores on either the ideological or interpersonal subscale is from 8 to 48. The instrument is suitable for use in a face-to-face interview, in a mailed questionnaire format, or in a large group or classroom setting. The test measures two distinct components of identity as recognized by Erikson (1968), ideological identity and interpersonal identity. Half of the questions address ideological identity (occupation, politics, religion, philosophy of living) and the other half address interpersonal identity (friendship, dating, sex roles, and recreational choices). Raw subscale scores may be used for analysis or a single identity status classification can be obtained. The authors recommend that ideological and interpersonal subscale scores be independently scored for classification purposes since the correlation between the subscales average in the range of r = .60. Cutoff scores for ideological identity, interpersonal identity, and total identity, and rules for determining appropriate identity status classification are provided in the instrument's manual.
The EOMEIS -2 is the third version of the test. The prototype was developed exclusively with measures of the ideological, or ego-identity, domain. The EOMEIS -1 extended the instrument to include the measure of interpersonal identity in order to address Erikson’s (1968) conceptualization of self-identity. Research findings also supported the inclusion of the measure of both ideological and interpersonal identity (Grotevant, Thorbecke, & Mayer, 1982). With this extended conceptualization of identity, the number of items was increased from 24 (prototype) to 64 (EOMEIS -1, EOMEIS -2).

Evidence regarding the reliability and validity of the EOMEIS was obtained from the results of eight psychometric studies conducted during the development of the test. The authors reported that the EOMEIS has been used in over 30 published studies, many of which further the availability of information on the reliability and validity of the instrument. Tests for internal consistency and split-half reliability indicate moderate to strong consistency between items and test-retest estimates of reliability provided evidence for consistency over time. The manual provides an in-depth discussion of the many studies that report reliability and validity estimates. Methods to measure validity included face, concurrent, predictive, and construct validity research designs (Adams, Bennlon, & Huh, 1987). The test is considered to be a useful identity
measure for both clinical and research purposes but must be utilized with the recognition that it is based on a normal population.

The Differentiation in the Family System Scale

The Differentiation in the Family System Scale (DIFS), (Sabatelli & Anderson, 1990) is a self-report measure that assesses family differentiation. Differentiation is conceptualized as "a family-level variable involving interactions which enable individuals to maintain both a sense of ongoing emotional connectedness (support, involvement, personal relationship) and a sense of separateness (autonomy, uniqueness, freedom of personal expression) within the context of their family of origin" (Sabatelli & Anderson, 1990, p.1). The instrument consists of 11 items that assess the characteristics of a reciprocal relationship from the perspective of one of the relationship participants. Each interaction item is rated on a 5-point Likert-type scale with responses ranging from never to always. A higher score indicates a greater level of differentiation. The unit of measurement is the score obtained by rating the reciprocal dyad on the 11 item measure. A whole family score may be obtained by adding the dyadic scores. Theoretically, emphasis is placed on the quality of reciprocal relationships in determining the quality of family differentiation. The authors propose that
measuring specific dyadic relationships reduces systematic error because family members do not answer questions about global family functioning. The questionnaire provides a useful alternative to a more expensive procedure involving direct observation and coding of reciprocal relationships.

The development of the DIFS was based on the following five assumptions: 1) The unit of analysis is the dyadic relationship, 2) Respondents are asked to provide information about each primary dyadic relationship in the family system, 3) Consistent with the conceptual definition of differentiation, all scale items must reflect respondents’ perceptions of others’ relationships-with-others, others’ relationship with the self and self’s relationships with others (representative of the clinical approach of circular questioning), 4) All scale items must be behaviorally focused so as to emphasize interactional patterns, and 5) Each scale item must assess behavioral patterns that on a meta level either confirm or disconfirm the individual. An initial pool of 26 items met the assumptions and were considered for inclusion in the scale. Content validity was initially addressed through a rank ordering of items based on how accurately they met the conceptual definition of differentiation. A pilot test was conducted on 278 college students to allow for factor and internal consistency analyses. The number of items was
reduced to 13 following this study.

The 13 item scale was administered in a study examining the family's differentiation in relation to levels of family conflict, adolescent psychosocial maturity, and attitudes toward the responsible use of alcohol (Bartle & Sabatelli, 1989). One of the relationships under study was the connection between identity development and family differentiation. The DIFS, and the other measures, were administered to 133 respondents, ranging in age from 17 to 24 years old. The reliabilities of the scale, examined for each of the dyadic relationships, ranged from .84 to .93. Intercorrelations of DIFS subscales ranged from .35 to .73, with an average among all scales equal to .59. These results indicated that the subscales tapped related but unique information about the family's relationship patterns. Correlations between the two dyad scores comprising each reciprocal score ranged from .70-.72. Results from the other measures indicated that: 1) The DIFS was a useful measure of reciprocal relationships and cross-generational coalitions; and 2) Construct validity was supported due to the presence of significant correlations between the total family differentiation scale score and adolescent identity levels, family conflict measures, and attitudes about and consequences from using alcohol (for females).

Construct validity of the DIFS was examined in relation to adolescent's scores on depression and anxiety scales
(Costello & Comrey, 1967), and scales that measured family and peer support (Procidano & Heller, 1983). The study also explored concurrent validity of the derived DIFS cross-generational coalition scores (Sabatelli & Anderson, 1990). Alpha coefficients ranged from .86 to .94 and correlations between the subscales ranged from .27 to .82, with the average correlation among all scales equal to .53. Pearson product moment correlation coefficients between the DIFS total score and the criterion measures produced significant results for two of the three relationships. Family differentiation was not found to be related to the respondent's social functioning with peers.

Multiple regression procedures were used to examine the relative effect of each reciprocal relationship and each dyadic score on the indicators of personal, peer, and family functioning. Tolerance levels ranged from .34 to .64 for the reciprocal relationship comparisons, and, from .23 to .40 for the dyadic score relationships with the criterion measures. These results supported this study's use of both types of scores as independent predictors.

**Erikson Psychosocial Stage Inventory**

The Erikson Psychosocial Stage Inventory (EPSI), (Rosenthal, Gurney, & Moore, 1981) is a self-report measure based on the first six stages of Erikson's (1968) theory of psychosocial development. The questionnaire is a 72 item instrument that yields six subscores, one for each of the
first six stages of development on the epigenetic scale. Each subscale consists of 12 independent items, half of which reflect successful resolution of the stage and half that demonstrate lack of success. Respondents are asked to choose one of five responses that are organized on a 5-point Likert scale. Responses range from "almost always true" (5) to "hardly ever true" (1). The questionnaire is appropriate for ages 13 and above and may be administered to individuals or groups. For the purposes of the present study, only the intimacy subscale was used. The identity subscale was not chosen from this instrument due to its focus on identity development rather than identity achievement. The authors state that the identity subscale was constructed to capture the full range of identity development and can be administered to young teenagers to assess progress in the identity stage of development.

The EPSI was constructed through a process that involved the identification of key words from Eriksonian theory to denote qualities of the six psychosocial stages. Items were added to and screened for face validity and clarity by the authors, resulting in a pool of 20 items for each stage. A pilot sample of 9th and 10th grade high school students were administered the test items. Included on the response scale was an item "I don't understand", to identify items that were difficult to comprehend. The Psychosocial Maturity Inventory (PSM), Form D (Greenberger &
Sorensen, 1974), was also administered to the sample to measure construct validity. The 12 items showing highest item-total correlations within each subscale were retained for inclusion on the modified questionnaire. This questionnaire was later administered to a test sample of 622 male and female adolescents ranging from grade 9 to grade 11.

Alpha coefficients for both administrations of the questionnaire demonstrated that the scales were consistent and conceptually reliable. Interscale correlations were expected to be moderate due to the theoretical relationship between developmental stages. All relationships were significant only for the larger sample. Construct validity was demonstrated through a calculation of intercorrelations between subscores on the EPSI and the PSM for four of the scales. The authors concluded that the two measures appeared to be measuring conceptually different constructs on the two subscales that failed to demonstrate statistically significant correlations.

Construct validity was also supported by the findings that 1) Scores on subscales increased as a function of age, and 2) Gender differences were identified among the subscale scores. These results supported previous findings suggesting that identity, autonomy, and initiative scores may be higher for males and that intimacy scores may be higher for females due to socialization factors.
CHAPTER IV
RESULTS & DISCUSSION

Part I: Between Groups Analysis

A review of literature indicated that offspring raised in a home where one or more parents is a problem drinker experience developmental delays. These delays may be related to poor differentiation among family members and resultant impairment in an individual's identity development and ultimate ability to develop intimate friendships and sexual relationships. Questionnaire results will be discussed in this section to compare the children of alcoholics (COA) group scores with scores of participants who were not children of alcoholics (NCOA).

Interview results will also be described in order to highlight differences in trends that became apparent through use of the interview format. The interview schedule was constructed to provide information related to the family environment, family and individual strengths, and identity. The literature indicated that differentiation, maintenance of family rituals, celebrations, and routines, and family identity may differentially affect individuals reared in an environment faced with the challenges created by the alcohol abuse of one or more parents. On an individual level, one's sense of identity, ability to have intimate relationships, and ability to overcome adverse situations
are influenced by family characteristics and individual temperament. The interview results will be discussed as related to the research hypotheses. The interview questions may be found in Appendix F. Questions 3, 4, 5, 6, and 7 relate to differentiation; questions 8, 9, and 10 address intimacy; and questions 11, 12, 13, 14, 15, 16, and 17 discuss identity.

Table 2 reports simple correlation coefficients among the following total population characteristics: sex, ideological identity scores, interpersonal identity scores, intimacy scores, differentiation from mother scores, differentiation from father scores, and age. Inspection of the table indicates low correlations among these factors, with the higher correlations appearing only as a result of internal consistency within the identity and differentiation instruments. Comparisons of results were planned with the intention of controlling for the results of gender. Research in the areas of intimacy and identity have cautioned about possible influences of gender on the independent variable due to instrument design (Kampfner, 1980); construct formulation (Hodgson & Fischer, 1979; Josselson, 1987; Marcia, 1980; Schiedel & Marcia, 1985; and gender based developmental differences (Deldin, 1976, Hodgson, 1977, Josselson, Greenberger, & McConochie, 1977). However, Table 2 demonstrates little relationship between sex and other factors. Due to this finding and the low
Table 2

Correlation Coefficients for Sex, Interpersonal Identity Scores, Ideological Identity Scores, Intimacy Scores, Differentiation from Father Scores, Differentiation from Mother Scores, and Age

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<tr>
<th></th>
<th>Sex</th>
<th>IDN</th>
<th>IDD</th>
<th>INT</th>
<th>DIFF</th>
<th>DIFM</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>-0.1068</td>
<td>-0.0444</td>
<td>-0.1042</td>
<td>1.000</td>
</tr>
</tbody>
</table>

Total (N=157)
number of male respondents, especially in the COA category (N=4), the results were not statistically analyzed through a 2 X 2 ANOVA design. The large discrepancies in cell sizes (N=4, N=25, N=34, N=94) appear to not allow for a meaningful application of the unweighted means solution to the problem of performing a factorial analysis of means from samples of unequal sizes. Also, it is not reasonable to assume that four responses provide sufficient data to be considered representative of a larger population. Student t-tests were run on means between groups based on parental status. Due to larger return rates among females in both parental status groups, statistical analysis was also performed on scores between the female parental status groups. Tests for equality of variance were conducted for each procedure that involved the comparison of mean scores.

**Hypothesis A:** Adult children of alcoholics will report lower total family differentiation scores on the Differentiation in the Family System Scale (DIFS) than scores reported by a comparison group, controlling for gender.

Research findings support the position that families with alcohol problems have difficulty making the systemic shifts necessary to facilitate an adolescent’s ability to individuate (Klagsburn & Davis, 1977; Levine, 1985; Stanton,
Todd, Heard, Kirschner, Kleinman, Mowatt, Riley, Scott. & VanDeusen, 1978). A comparison of scores on the DIFS, utilizing a two sample t test with a pooled variance estimate, produced significant differences between group means (t=2.18, df= 155) for total differentiation scores and differentiation from father scores (t=2.27, df= 155). Descriptive test statistics are located in Tables 3.a. and 3.b. Results comparing differentiation from mother scores did not result in significant differences, indicating the likelihood that poorer differentiation from father produced the lower scores for the COA group.

Differences between mean scores were also analyzed in the same manner as described above within groups for females. Results replicated the findings listed in Tables 3.a. and b. These results are listed in Tables 4.a. and 4.b.

Since previous research results suggest that alcohol functions as a distance regulator within families (Steinglass, 1981; Steinglass, Bennett, Wolin, & Reiss, 1987), it was postulated that adolescents from a family affected by problem drinking would have difficulty with individuation and differentiation. However, the maintenance of daily schedules, family rituals, and celebrations have been identified as characteristics of families that tend to break the transmission of alcoholism to the next generation (Steinglass, Bennett, Wolin, & Reiss,
Table 3.a.

**Student t-test for Total Differentiation Scores by Parental Drinking Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Mean</th>
<th>N</th>
<th>S.D.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>COA</td>
<td>177.1</td>
<td>38</td>
<td>24.11</td>
<td>109-200</td>
</tr>
<tr>
<td>NCOA</td>
<td>186.7</td>
<td>119</td>
<td>23.47</td>
<td>115-221</td>
</tr>
</tbody>
</table>

\[ t=2.18, \text{ df= 155, } p < .025 \]

Table 3.b.

**Student t-test for Differentiation from Father Scores by Parental Drinking Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Mean</th>
<th>N</th>
<th>S.D.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>COA</td>
<td>85.97</td>
<td>38</td>
<td>14.65</td>
<td>57-110</td>
</tr>
<tr>
<td>NCOA</td>
<td>92.01</td>
<td>119</td>
<td>14.14</td>
<td>43-110</td>
</tr>
</tbody>
</table>

\[ t= 2.27, \text{ df= 155, } p < .025 \]
Table 4.a.

**Student t-test for Total Differentiation Scores for Females Based on Parental Drinking Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Mean</th>
<th>N</th>
<th>S.D</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>COA</td>
<td>176.8</td>
<td>34</td>
<td>24.26</td>
<td>109-220</td>
</tr>
<tr>
<td>NCOA</td>
<td>187.4</td>
<td>94</td>
<td>23.44</td>
<td>115-221</td>
</tr>
</tbody>
</table>

\[ t=2.23, \ df= 126, \ p < .025 \]

Table 4.b.

**Student t-test for Differentiation from Father Scores for Females Based on Parental Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Mean</th>
<th>N</th>
<th>S.D</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>COA</td>
<td>85.59</td>
<td>34</td>
<td>14.99</td>
<td>57-110</td>
</tr>
<tr>
<td>NCOA</td>
<td>92.19</td>
<td>94</td>
<td>14.30</td>
<td>43-110</td>
</tr>
</tbody>
</table>

\[ t=2.28, \ df= 126, \ p < .025 \]
1987). When asked about closeness and distance among family members, all of the COA group interview participants stated that family members were in some way too distant. Two of the NCOA group students stated that family members were too distant and four stated that relationships were neither too close nor too distant. The COA group was unique in the identification of relationship triangles, alliances, and emotional cutoffs. Comparison group members were unique in identifying privacy, tolerance for personal preferences, feeling of closeness, and taking time to talk as examples of family differentiation. When asked about family vacations and celebrations, a variety of responses were given by both groups. However, the comparison group respondents were more likely to mention extended family visits and presented much more descriptiveness and variety of family activities. Also, the COA group talked about family arguments and disappointments related to the ritual involved with celebrating holidays or birthdays. Daily routines appeared to be more rigidly defined for the COA group. In one situation, the student stated that the older siblings prepared meals for the younger ones due to the employment demands of both parents. For most of the comparison group, mealtime rituals involved conversation, chores, and flexibility based on the schedules of individual members. Several members of this group described mealtime in a manner similar to the COA group. Relating to current expectations
of family members, COA group members were more likely to state that they were always expected to spend time with family members during holidays and family vacations. One student expressed frustration created by a dependent parent and another stated that boredom was her response to family gatherings. Comparison group members tended to make their own decisions, although sometimes encouraged, about attending family gatherings based on their needs and responsibilities.

**Hypothesis B:** Adult children of alcoholics will report lower scores on the Objective Measure of Ego Identity Status (OMEIS-2) achievement scale compared to scores reported by a comparison group, controlling for gender.

Familial alcoholism is expected to delay identity development (Brown, 1988) and influence the practice of "codependent" behavior patterns which are postulated to impair identity development (Ackerman, 1989; Coleman, 1987; Subby, 1989). Marcia (1966) has operationalized a measure of identity based on the presence or absence of crisis or commitment in the process of identity formation. Drawing on Eriksonian theory (Erikson, 1968), Adams, Bennion, and Kuh (1987) have described total identity development as two separate components, ego-identity and self-identity.
Identity is measured in terms of the experiencing of a crisis (a period of decision-making during which time an individual selects among alternatives) and has made commitments with respect to ego-identity and self-identity. Identity development may be directly related to the presence of familial alcoholism since each child will need to determine whether or not to adopt an "alcoholic" identity (Brown, 1988). This task will be further complicated and challenging if the family itself has developed an "alcoholic family" identity (Steinglass, Bennett, Wolin, & Reiss, 1987). Statistical analysis of total identity scores based on parental drinking status failed to produce significant results at the .05 level ($t = 1.41, df = 155$). A Student $t$ test was also conducted on scores for females and the results were not significant at the .05 level ($t = 1.32, df = 126$). Table 5 contains descriptive statistics comparing identity scores based on parental status. Comparison group mean scores are higher than those of the COA group, as predicted. Since the EDMEIS -2 allows for separate scoring and analysis of interpersonal and ideological subscales, tests were also run on the subscale scores based on parental status. The results of the subscale score tests were also not significant ($t = 1.37$, interpersonal identity; $t = 1.03$, ideological identity, $p > .05$).
Table 5

Descriptive Statistics for Identity Scores by Parental Drinking Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Mean</th>
<th>N</th>
<th>S.D.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>COA</td>
<td>66.97</td>
<td>38</td>
<td>9.45</td>
<td>39-86</td>
</tr>
<tr>
<td>NCOA</td>
<td>59.39</td>
<td>119</td>
<td>9.08</td>
<td>47-90</td>
</tr>
</tbody>
</table>

$t = 1.41$, df = 155, p = .16
Interview results indicated that both groups tended to identify choice of college and major as signs of an ability to answer the question "Who am I?" Some respondents were very confident about future plans while others felt that increasing independence would allow their identities to more clearly unfold. One respondent, a member of the comparison group, was the least able to respond positively to the idea of having a sense of one's identity. In response to a question about experiences that have required choice making (a crisis), all of the COA group students indicated that they had been faced with what they considered to be significant choices. One situation was a very personal one, while two others had to do with normal developmental concerns. In yet another situation, the student stated that she had to grow up too early and making difficult choices was a day to day demand. Within the comparison group, two respondents indicated that they had made clear choices among options. The other four, all female, stated that they had generally done what was expected rather than to make their own choices.

When asked about positive and negative aspects of a person's identity, the COA group tended to describe person-centered characteristics (e.g. good time management, determination, high expectations) rather than interpersonal qualities (e.g. good friend, good listener, frustrated with
people who don’t get things done, take interpersonal risks). The comparison group respondents tended to give a greater number of responses and they included many references to qualities or characteristics that involve interaction with others. The only characteristics of this nature reported by the COA group were the following: apologetic, good at making people laugh when they are in a bad mood, and needing external validation.

Respondents in both groups stated that they shared qualities with one or both parents and that there were ways in which they were motivated to be different. The responses in the COA group were represented by several sentiments that were more strongly expressed than the others in either group. The question about family identity was difficult for several respondents in each group. Within the COA group responses included drinking and fun as part of the family identity. Another student stated that this idea was difficult for her due to the contrasts presented by her parents and their value systems (one was a giver and the other a taker). For another student in this group, family identity was tied to outward social appearances and the ability to be humorous and outwardly caring towards others. Responses among the comparison group were less well developed and centered on family expectations.

All but one of the students was aware of the presence
of a family situation that required the development of special coping skills. The isolated case, one of the COA group respondents, stated that her mother had experienced stresses created by the demands of other family members. Although this student reported problem parental drinking, she initiated her response to this question by stating that there were not serious drinking problems in her immediate family. One of this student's uncles, however, was considered alcoholic because he lived the life of a bum. For other members of this group stressors were identified as: the covert nature of paternal drinking, problems in parents' relationship, father's need to travel, need to take on responsibility for self, need to fill in for parental responsibilities (parents were undependable), and need to internalize feelings. Coping methods of this group included: taking responsibility for self, learning self control, driving the car to experience a sense of freedom, and taking care of household chores. Among the comparison group, stressors were identified as the following: father's business failure, feeling unaccepted by father, weight problems, financial problems, pressure from father, and the early death of one of these student's mothers that presented ongoing adjustment problems for this student and her father. Within this group coping strategies included: internalizing feelings, accepting lack of control over another person,
learning how to become self sufficient, seeking love, and hoping for change in family relationships. In one case, the student stated that she discovered that her father was drinking a beer during a time of a business failure. She stated that she was shocked and extraordinarily concerned because alcohol was never seen in the home. The student shared these feelings with her mother and was told that it would not happen again. She stated that she knew that her father continued to drink but that he would always do so in his room.

There was variety within and between the groups in their descriptions of how well they overcome obstacles. All four of the COA group members gave responses that reflected attitudes that were related to parental behavior. Responses from the comparison group tended to reflect internalized beliefs about self and demonstrated a more well developed awareness regarding the personal process involved in overcoming obstacles.

**Hypothesis C:** Adult children of alcoholics will report lower scores on the intimacy subscale from the Erikson Psychosocial Stage Inventory (EPSI) compared to scores reported by a comparison group, controlling for gender.

The progression of chemical dependency and its effects
on family members creates developmental delays in the earlier stages of individual development and renders the adolescent unprepared to master the tasks of intimacy in adolescence and adulthood (Coleman, 1987). Also, individuals who experience delayed identity development are also expected to exhibit poor intimacy development (Erikson, 1968). Since the results of statistical analyses conducted on the identity scores failed to produce significant differences at the .05 level, it was not surprising that the same result was produced from an analysis of the between group intimacy scores (t=0.04, df= 155). Table 6 contains descriptive statistics for the intimacy scores. Inspection of the figures indicates that the two sets of group scores were very similar. The only remarkable difference is the 30 point discrepancy between the maximum scores for each group. Results from a t-test performed on the within female group mean scores also failed to achieve significance at the .05 level (t=0.37, df= 126).

Interview findings involving questions about intimacy indicated that respondents in the COA group experienced caring from family members through discipline, overprotection, talking, hugging, gifts, and joking. They wished that caring could be expressed differently in the following ways: more opportunity to make decisions, elimination of "pot shots" toward one another, mother to be
Table 6

Descriptive Statistics of Intimacy Scores by Parental Drinking Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Mean</th>
<th>N</th>
<th>S.D.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>COA</td>
<td>47.16</td>
<td>38</td>
<td>7.12</td>
<td>28-60</td>
</tr>
<tr>
<td>NCOA</td>
<td>47.21</td>
<td>119</td>
<td>7.57</td>
<td>47-90</td>
</tr>
</tbody>
</table>

$t= 0.04$, $df= 155$, $p = n.s.$
less dependent, and that father had been more involved during student's younger years. Among the comparison group caring was demonstrated through yelling, listening, emotional support, and remembering to do "little things" for each other. Several of these students wished that fathers had been more involved with them (other than financially), and had expressed more verbal and physical forms of expression. One student stated that hers was not a "touchy, feely" family and that she was okay with that.

When it comes to close friendships, several students in the COA interview group stated that they would tell a close friend secrets. All four stated that they would make efforts to let a friend know that he or she was important, either bluntly or through hugging, sending poems, notes, giving gifts or spending time with them. Respondents in the comparison group tended to be less likely to take overt risks in relationships, preferring to let relationships develop at their own speed over time. All of the students stated that each had close friendships, although the duration and quantity of friendships varied between the groups. Students in each group stated that they did not like college and preferred to establish short-term friendships while they were in residency.
Hypothesis D: Intimacy scores will be predicted by parental status, differentiation scores, and identity scores and parental status will distinguish children of alcoholics from children of nonalcoholics.

This result was predicted because parental alcoholism has been reported to interfere with differentiation (Brown, 1988) and to delay identity development (Subby, 1989). Children of alcoholics are at greater risk than other children to engage in behaviors that result in the development of an alcoholic identity (Brown, 1988) or codependent behavior patterns characterized by distortions in one's sense of intimate relationships (Coleman, 1987). The purpose of this test was to determine if problem parental drinking, differentiation, and identity were developmentally linked as predictors of intimacy.

The first step in the analysis was to determine the extent to which the criterion variable was explained by the predictor variables. A multiple regression analysis was performed with intimacy as the dependent variable in order to determine the effect parental status, differentiation, and identity played in predicting intimacy scores for the entire sample. The purpose of this test was threefold. First, it identified the extent to which intimacy development may be explained quantitatively by the presence
of parental problem drinking for this sample. Secondly, it provided information regarding the developmental relationship between differentiation, identity, and intimacy. Finally, it provided information regarding the statistical significance of the regression equation and the individual predictor variables.

Table 7 presents the regression results for the full model. Several equations were analyzed. The first included parental status, interpersonal identity, ideological identity, differentiation from father, and differentiation from mother regressed onto intimacy. Variables were eliminated from the equation in three ways: 1) if they decreased R-squared using a step-wise entry procedure; 2) for subscale scores, if the variable did not contribute to a significant increase to the adjusted R-squared; and 3) if the presence of multicollinearity prevented inclusion of a variable. Status was entered into the equation using a dummy variable procedure, creating the variables COA and NCOA. The variable COA decreased total R-squared when entered in a step-wise procedure. The COA regression coefficient was not significant indicating that, for this sample parental status could not be demonstrated to play a major part in the prediction of an adolescent’s ability to experience intimacy. The full model includes only differentiation from mother and interpersonal identity.
Table 7

**Multiple Regression Results for Total Sample for the Full Model with Intimacy as Dependent Variable**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal Identity</td>
<td>.249</td>
<td>2.29*</td>
</tr>
<tr>
<td>Differentiation from Mother</td>
<td>.150</td>
<td>3.39**</td>
</tr>
</tbody>
</table>

\[
R^2 = .10 \\
F(2, 154) = 10.00; p < .001
\]

* p < .025
** p < .001
Results demonstrate that interpersonal identity and differentiation from mother account for only 10% of the variance present in the intimacy scores. However, the results are statistically significant ($F = 10.0$, $p < .001$), indicating that the criterion variable is predicted at better than chance levels. T-tests run on the predictor variables produced significant results for each variable ($t = 3.39$, $p < .001$, differentiation from mother; $t = 2.29$, $p < .025$, interpersonal identity). Results indicated that differentiation and identity did not contribute much to the prediction of intimacy for the combined groups. The results also failed to support a different developmental outcome for the entire sample based on the presence or absence of problem parental drinking. Therefore, the theoretical foundations that originally led to the rationale for this test were not fully supported. A significant finding was the ability of identity and differentiation to predict intimacy at better than chance levels.

Part II: Within Group Analysis

This section of the analysis will report findings based on comparisons of scores within the children of alcoholics group. It was predicted that development will be differentially affected based on the mix between gender of child and gender of alcoholic parent. Identity development is affected by parental modeling and the quality of the parent-child interaction. Familial alcoholism often renders
parents incapable of meeting the physical and emotional needs of their children. Both parents repeatedly fall into relationship patterns that alter the family developmental cycle. In such families, children often reverse roles with parents and become family caretakers. This developmental roadblock is predicted to be even greater for adolescents who report the presence of problem drinking by both parents (Ackerman, 1979, 1989).

**Hypothesis F:** Total scores and reciprocal dyadic scores on the DIFS will not vary based on gender of alcoholic parent and gender of adult child.

The null hypothesis was tested due to directionally inconclusive research in the area of gender effects on the variables under study for this population. Statistical analysis was, again, limited due to the small number of males reporting problem drinking parents (N= 2 for mothers and fathers respectively). Analysis was restricted to the female population where parental problem drinking was identified for mothers (N= 6), fathers (N= 22), and both parents (N= 6).

Results for one-way ANOVAs conducted on the within group differentiation scores for females are listed in Table 8. Tests were conducted on the total differentiation scores and on each of the reciprocal relationship scores.
Table 8

Analysis of Variance Tests for Female COA Group

Differentiation Scores Based on Gender of Problem Drinking Parent

<table>
<thead>
<tr>
<th>Gender of Parent</th>
<th>Male</th>
<th>Female</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>22</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Total Scores</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>178.5</td>
<td>171.5</td>
<td>176.2</td>
</tr>
<tr>
<td>S.D.</td>
<td>26.7</td>
<td>24.9</td>
<td>15.1</td>
</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>86.6</td>
<td>84.2</td>
<td>83.2</td>
</tr>
<tr>
<td>S.D.</td>
<td>15.8</td>
<td>13.7</td>
<td>15.4</td>
</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>91.9</td>
<td>87.3</td>
<td>93.0</td>
</tr>
<tr>
<td>S.D.</td>
<td>16.1</td>
<td>16.1</td>
<td>11.2</td>
</tr>
</tbody>
</table>

Note: All F tests were nonsignificant
No results were significant (total differentiation $F = 0.19$, differentiation from father $F = 0.15$, differentiation from mother $F = 0.25$, $p > .05$). The COA groups are classified in the following manner: Group 1 = Problem drinking father; Group 2 = Problem drinking mother; and Group 3 = Both parents reported to be problem drinkers. A review of the table indicates that the means for differentiation from father scores do not differ greatly. However, mean total differentiation and differentiation from mother scores for females (Group 2) are lower than those for Groups 1 and 3, where the means are very close. Also, the standard deviation for Group 3 (both parents reported to be problem drinkers) appears to be lower compared to the standard deviation scores reported by the other two groups. All three of the parental gender groups were represented by the four COA group students who participated in the interviews. Their responses will be identified for purposes of this discussion as belonging to Group 1, 2, or 3. The results will be described in total as part of the discussion involved with addressing the developmental relationships present among the variables under study in Hypothesis I.

**Hypothesis F:** There will be no differences in EDMEIS -2 scores based on gender of alcoholic parent and gender of adult child.
Differences among identity achievement test scores based on gender of alcoholic parent and the number of alcoholic parents were expected due to the presence of inappropriate role modeling for females when the problem drinking parent is of the same sex. However, female children raised in an environment with an alcoholic mother may develop many competencies and strengths as well as run a greater risk than other adult children of eventually developing alcohol problems themselves (Ackerman, 1989).

Table 9 reports the results from ANOVAs performed on the total identity scores and the two subscale scores for female COAs based on the gender(s) of problem drinking parent. Results were not significant for the total scores \((F=0.60, \ df=2,31)\). Neither of the results obtained from the subscale tests was significant at the .05 level, although the F statistic for the interpersonal identity scores was much larger \((F=1.22)\) than the one calculated for the ideological identity scores \((F=0.13)\). Observation of the interpersonal identity mean scores indicates that Groups 1 and 3 are similar and that the mean score for Group 2 is comparatively lower. The mean score for Group 2 is also lower on the differentiation measure, indicating that total differentiation and identity development may be delayed for females who live only with a problem drinking mother (as opposed to subjects in Group 3). As with the differentiation scores, the standard deviation for the total identity scores
Table 9

**Analysis of Variance Tests for Female COA Group Identity**

**Scores Based on Gender of Problem Drinking Parent**

<table>
<thead>
<tr>
<th>Gender of Parent</th>
<th>Male</th>
<th>Female</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>22</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Total Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>67.4</td>
<td>62.7</td>
<td>67.8</td>
</tr>
<tr>
<td>S.D.</td>
<td>10.7</td>
<td>9.2</td>
<td>5.2</td>
</tr>
<tr>
<td>Ideological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identity Mean</td>
<td>32.6</td>
<td>31.3</td>
<td>32.0</td>
</tr>
<tr>
<td>S.D.</td>
<td>6.2</td>
<td>6.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Interpersonal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identity Mean</td>
<td>34.7</td>
<td>31.3</td>
<td>35.8</td>
</tr>
<tr>
<td>S.D.</td>
<td>5.9</td>
<td>5.0</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Note: All F tests were nonsignificant
for Group 3 was noticeably smaller than those reported for the other two groups.

**Hypothesis G:** There will be no differences in the Erikson Psychosocial Stage Inventory (EPSI) intimacy subscale scores based on gender of alcoholic parent and gender of adult child.

Ackerman (1989) has reported research results suggesting that intimacy issues exist for all daughters of alcoholics. For a sample of 624 daughters of alcoholics, intimacy problems were reported most often by daughters of alcoholic fathers and by daughters who had both an alcoholic mother and an alcoholic father. Concerns of those who had two alcoholic parents were specifically related to the inability of the parents to have provided role models for a healthy relationship. Daughters of alcoholic fathers felt that they could give concern and support in close relationships but that they experienced difficulty receiving nurturing from others.

Statistical results for Hypothesis G are somewhat different than for the two tests previously conducted within the female COA group. Although the F statistic is high, the ANOVA results were not significant at the .05 level (F = 2.64, df = 2,31). However, Bartlett's test of equal variances resulted in a significant difference among variances for this group (Chi-square = 2.64, p < .01). It
appears that differences among these groups is best explained as a function of the variability of scores present within the groups. Interpretation of the F statistic needs to be made with caution due to the apparent heterogeneity of the sample variances.

Table 10 provides descriptive statistics for the intimacy scores. Group 3 continued to demonstrate the smallest standard deviation. This group also reported the highest mean score, thus indicating that daughters of two alcoholic parents shared common views of themselves as experiencing greater intimacy in their relationships. Greatest variation among scores was demonstrated by the daughters of alcoholic mothers group. This group also reported the lowest mean score indicating that some scores were exceptionally low (minimum score was 28). This result may represent the tendency for daughters in this group to experience more anger toward the alcoholic parent compared to respondents in the other two groups (Ackerman, 1989).

**Hypothesis H:** Identity achievement scores will be predicted by gender of alcoholic parent, gender of adult child, and differentiation scores.

One of the purposes of this study was to test theoretical relationships among variables regarded to influence adolescent identity achievement and ability to
Table 10

**Analysis of Variance Test for Female COA Group Intimacy Scores Based on Gender of Problem Drinking Parent**

<table>
<thead>
<tr>
<th>Gender of Parent</th>
<th>Male</th>
<th>Female</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>22</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Mean</td>
<td>47.9</td>
<td>42.3</td>
<td>50.7</td>
</tr>
<tr>
<td>S.D.</td>
<td>6.0</td>
<td>10.3</td>
<td>2.1</td>
</tr>
</tbody>
</table>

F = 2.64, df = 2,31, p = n.s.

Note: Bartlett’s test on the mean scores yielded a Chi-square of 9.48 (p < .01) indicating non-homogeneity of variance.
experience intimacy in close relationships. Theoretical relationships have been tested for COAs and NCOAs in order to identify developmental differences between the two populations. Differences in scores have been examined and theoretically related to the effects of parental problem drinking or alcoholism.

Consequences of parental alcoholism on offspring reportedly vary based on a number of factors. Two of these factors involve the gender of the child and the gender of the parent, including whether or not both parents were alcoholic (Ackerman, 1979, 1989; Bepko, 1985). Differentiation may be difficult in alcoholic families due to the family denial process and the development of rigid, homeostatic regulating systems (Brown, 1988; Steinglass, Bennett, Wolin, & Reiss, 1987). Results from previous research have identified gender based correlations between differentiation and identity (Bartle & Sabatelli, 1989). The present findings indicate that differentiation from mother is a predictor of intimacy for both males and females, regardless of parental drinking status.

A multiple regression analysis was conducted using identity as the criterion variable and differentiation from father, differentiation from mother, and gender(s) of problem drinking parent as the predictors. Gender of child
was again removed from the analysis because of the low numbers of male respondents (N = 4). Results yielded an adjusted R-squared that was negative (-0.0234). A review of a stepwise regression entry procedure indicated that differentiation from mother was the only variable that contributed positively to the reported R-squared. The value of the beta weight attached to differentiation from mother was not significant (t = 1.45, p > .05). Results from the regression analysis do not indicate that gender of parent or the presence of two alcoholic parents differentially affects the identity scores for females. For comparison purposes, a multiple regression analysis was conducted for the NCOA group. Differentiation was regressed onto identity and an R-squared of .02 was calculated (F= 2.0, p > .05).

Hypothesis I: Intimacy scores will be predicted by gender of alcoholic parent, gender of adult child, differentiation scores, and identity achievement scores.

A multiple regression analysis was performed for females using intimacy as the criterion measure and gender of alcoholic parent, differentiation scores, and identity scores as the predictors. Subscores for both identity and intimacy were used in the initial equation. Identity and intimacy are theoretically related (Erikson, 1968) and
previous research has demonstrated developmental links between these variables.

Several models were tested to determine the equation that most efficiently predicted the criterion. Three models were tested and the final model consisted of three variables, differentiation from mother, interpersonal identity, and mother as the gender of the problem drinking parent. Variables were eliminated in the same manner as in the previous regression analyses. The parent classification "both" was dropped from the equation since it reportedly correlated too highly with other predictors. Male as gender of parent was dropped because it reduced R-squared when included in a step-wise entry procedure. The full model resulted in an adjusted R-squared of .31, indicating that 31% of the variance in intimacy scores for female COAs was explained by interpersonal identity scores, differentiation from mother scores, and maternal problem drinking. For comparison purposes, a multiple regression analysis was also conducted for the NCOA group with intimacy as the criterion measure. The full model included differentiation from mother and identity (R-squared = .06, F = 3.94, p < .025). Dropped from the initial equation were differentiation from father and identity subscale scores. Results demonstrated that intimacy was, comparatively, better explained for the COA group.
Table 11 lists the multiple regression results for the female COA group. Identity appears to have a greater influence on the dependent variable than does differentiation from mother. The direction of the regression coefficient for gender of problem drinking parent also indicates that intimacy scores are predicted to be lower for Group 2 (adolescent daughters of alcoholic mothers). This finding may be considered to support a theoretical link between differentiation from mother, identity, and intimacy for female children of alcoholics. The results also suggest that the ability to experience intimacy in relationships is most severely impaired for adolescent daughters of alcoholic mothers.

Interviews with the four students in the COA group provided additional information regarding the specific ways in which the major variables were affected based on gender(s) of alcoholic parent. Two students reported problem drinking fathers and are classified in Group 1. Both of these students thought that family relationships were too distant and both indicated that the main reason for the separateness was connected to the stress and demands of father’s employment. Vacations and daily routines also seemed determined by father’s employment. One student shared that the family moved around a lot and the other stated that father’s employment affected vacation
Table 11

Multiple Regression Results for Females Reporting Parental Problem Drinking for the Full Model with Intimacy as Dependent Variable

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal Identity</td>
<td>.456</td>
<td>2.31*</td>
</tr>
<tr>
<td>Differentiation From Mother</td>
<td>.124</td>
<td>1.80</td>
</tr>
<tr>
<td>Maternal Problem Drinking</td>
<td>-3.95</td>
<td>-1.49</td>
</tr>
</tbody>
</table>

R² = .31

F (df= 2, 31 = 5.97, p < .01

* p < .05
schedules. Holidays and special occasions were celebrated but they were also described in terms of disappointments (Dad forgot 16th birthday) or as "nothing special." Each reported that she was allowed to make her own choices regarding current family celebrations or vacations.

Each of these students identified an awareness of the need for external validation. Weaknesses were identified as being indecisive, self-critical, and experiencing low self-esteem. Neither could identify many strengths, with one reporting determination and the other good time management skills and personal depth. Each student wanted to be different from father in specific ways and like mother in other ways. It was difficult for each of these students to describe a family "identity." Both students discussed parental drinking and its effects on the family, although one requested information whereby she was apparently attempting to decide whether or not the parent was alcoholic. Most of the chronic family problems were experienced as related to parental relationships and the ways in which the student and siblings were modeling negative parental behaviors. One student shared that she and her sibling had assisted each other to stop substance abuse. Each student felt that she could overcome obstacles and cope with problems. One appeared to use more of an assertive, action oriented problem solving style, while the
other used more internal, cognitive approaches (e.g. changing attitudes). Both students described personal crises that had required individual decision making without much input from parents.

Regarding expressions of caring, responses from these students tended to demonstrate parental under-involvement on one hand and over-involvement on the other. One student stated that talking with her mother allowed her to feel caring. She wished that her father had spent more time talking with her in the past. He now wants to get to know her and the student feels that he is "pushy." The other student stated that family members demonstrated caring through discipline and overprotection. She wished that she had been given more of an opportunity to make her own decisions growing up. Each of these students felt that she had close friends. One told secrets to close friends and shared problems while the other student reported that one of her closest friendships was with her brother.

One of the other interview participants was classified in Group 2, having reported a female problem drinking parent. This student reported feeling isolated from her family and stated that family members did not take an interest in her. Although the family was reported to take vacations and participate in celebrations, family arguments and disagreements were reported as part of the normal routine. Older siblings were responsible for caring
for the younger ones (including this student), since mother was employed as a teacher and father was employed as a traveling salesman.

This student reported that she was unsure about her identity, although she knew her career direction and the fact that she wanted a large family and marriage in several years. In spite of her concerns that she did not know herself well, this student stated that she had to grow up early due to the large amount of responsibility that was placed on all of the children. She felt that her strengths were in her ability to make people laugh when in a bad mood, while her weaknesses included lack of assertiveness and apologizing. This student stated that both of her parents "blew up" and that she wanted to be different from them in all ways. She described the undependability and inconsistency of her parents as an ongoing stressor and included drinking and fun as part of the family identity. Although sometimes sidetracked, this student felt that she would cope with barriers to achieving goals by either altering her goal or developing new resources.

Regarding close relationships, this student talked a lot with her sister and stated that caring was demonstrated by her parents through physical expressions and the giving of gifts. She expressed friendship in all of the above mentioned ways and also tried to prevent herself from losing control and acting in a "hateful" manner. She
reported wishing that her family members would eliminate taking "pot shots" at each other and handle relationships in a more loving manner. Feeling that she is nervous meeting new people, this student is close to her sister, a girlfriend of three years, and a boyfriend of two years (whom she plans to marry).

One of the interview participants was classified in Group 3, females who reported that both mother and father were problem drinkers. This student was very open in discussing that her father, deceased at a young age several years ago from nonspecific causes, was an alcoholic. She also expressed current concerns about her mother's gradually increasing alcohol consumption. She was preparing to attend graduate school and was troubled by her mother's dependency on her. The youngest of two children, this student reported that her brother was not close to the family. This student was very positive in her descriptions of family vacations, celebrations, and holidays. The family did not have regular meals because father travelled often. Of greatest concern to this student was her mother's expectation that she should spend all of her free time, holidays and vacations, with her. She appeared disappointed with herself because she was frustrated by her mother's excessive demands and negative expectations.

This student stated that she was very satisfied with her sense of identity and felt that her ability to make
independent decisions was one reason for this response. She described choices involving sports activities, sorority, college major, and who to date as examples of exploring alternatives and making a commitment. As with the other students in the COA group, this student described only one positive personal quality by stating that she was a "nice girl." She described moodiness and high academic expectations as negative qualities. Also, the student felt that she tried hard not to copy her mother's propensity to expect the worst and that she emulated the relaxed quality remembered as part of father's style. Family identity was described by the phrase "damn good neighbors". Father's drinking was identified as an ongoing family stressor and this student learned to take responsibility for herself as a coping method. She stated that no one ever talked about drinking and that the humor was used as a method to overcome problems. This student felt that she was very good at risk taking. Joking and physical forms of affection were reported as the ways family members demonstrated caring for each other. This student stated that she enjoyed short-term friendships at school, based more on proximity than other standards for making friends. She considered herself to be a good judge of character and indicated that she would tell secrets and spend time with someone who was a close friend.
Summary

The first section of the analysis explored differences between children of alcoholics and children of nonalcoholics. Differentiation, identity, and intimacy were the variables under study. The between groups results indicated statistically different mean scores on the differentiation measure only. Further analysis indicated that the difference between groups for differentiation from father were also statistically significant, while the mean differences for differentiation from mother scores were not. Low return rates for males in the COA group prohibited analysis of data among males based on parent status. However, analysis of the data for females based on parental status resulted in significant differences for total differentiation scores and differentiation from father scores. The hypothesis concerning lower differentiation from family scores for children of alcoholics compared to children of nonalcoholics was statistically supported. Further, the results indicated that the main effect of this difference was due to "differentiation from father."

Interview results provide examples of how the process of differentiation may be affected by the presence of parental problem drinking. Members of the children of nonalcoholics group were more likely to state that family
relationships were neither too close nor too distant, while those in the COA group all reported that relationships were too distant. Reasons given for the distance involved the presence of relationship triangles, alliances, and emotional cutoffs. Bowen (1978, 1982) has described such relationship patterns as contributing to fusion and problems with individuation. Also, family structure in the COA group was reported to involve much more rigidity, control, and lack of involvement with extended family compared to the NCOA group. Characteristics of relationship cohesion for the NCOA group included flexibility, recognition of individual choice and preferences, and involvement with extended family. The presence of rigid family rules and impermeable boundaries is characteristic of alcoholic families as reported by Steinglass, Bennett, Wolin and Reiss (1987). Father was often discussed among the COA group participants as a central figure, whose presence determined family daily routines or activities. This observation may explain the lower differentiation-from-father scores due to emotional distance from father and rigidity in the family structure that prevented open discussion of feelings (Wegscheider, 1981).

Identity mean scores were analyzed and the results were not statistically significant, although the mean score for the NCOA group was higher than the mean score for the COA group, as predicted. The hypothesis concerning lower
identity scores for children of alcoholics was not statistically supported.

Interview results produced few differences between the groups regarding awareness of one's identity or having experienced a developmental crisis (making a choice among alternatives). Differences between groups appeared to be related to a tendency for the NCOA group to provide richer, more varied and introspective adjectives to describe themselves. Family identity was described more in terms of family expectations. For the COA group, greater depth and creativity was expressed in the process of describing family identity. The latter group also reported more reactivity and a tendency to reject the role models represented by their parents, although both groups reported tension and disappointment in relationships with fathers. The interview results suggest that differences between the two groups in the area of identity development could be related to poorer differentiation and parental role modeling for the COA group. Clinical observations of adult children of alcoholics have included identity disorders based on over-identification with parent and under-differentiation of the self (Coleman, 1987).

No significant differences were found between mean scores on the intimacy scale. Scores were very similar, although the mean score for the COA group was smaller, as predicted. The hypothesis concerning differences in
intimacy scores for this sample was not supported by the results.

Interview results supported the finding of little difference between the two groups regarding the expression of caring among family and friends. The main difference appeared in the tendency of COA group adolescents to take more overt risks in relationships, possibly to determine if the feelings were reciprocated. This finding may be explained by clinical observations of the tendency of children of alcoholics to experience boundary and control problems in close relationships (Woititz, 1983, 1985). A multiple regression analysis was conducted to test for a relationship among differentiation, identity, and intimacy based on parental status. Results failed to demonstrate that intimacy is substantially explained by the sequence of differentiation and identity, although the predictive quality of the regression equation was statistically significant. Two variables, differentiation from mother and interpersonal identity, explained 10% of the variance in intimacy for the total sample. Differentiation from mother was calculated as having greater statistical significance in the prediction of intimacy, compared to interpersonal identity. Parental status did not significantly affect the prediction of intimacy for this sample. Support was generated for theory and past researches that propose a sequential link between identity and intimacy in adolescent
development.

None of the t tests run on the within COA group scores were statistically significant for females based on gender of problem drinking parent. Trends did appear in two areas. For Group 2, differentiation, identity, and intimacy mean scores were consistently lower than for the other two groups. These results may indicate poorer developmental progress for daughters of alcoholic mothers compared to daughters of two alcoholic parents or daughters of alcoholic fathers. The second trend was observed in Group 3, where variance among scores was consistently less than for the other two groups. This result indicated that psychosocial development for Group 3 group may be more restricted and uniform than for the other two groups. The effect of two problem drinking parents may require within the home specialization for these adolescents, thus limiting opportunities for exposure to experiences that could stimulate personal development.

A test for homogeneity of variance yielded significant differences when run on the intimacy mean scores. The t test score calculated for this variable approached significance at the .05 level. However, differences among mean group intimacy scores need to be cautiously interpreted and considered to be partly a function of the range of scores present within each group. Observation of the mean scores indicates that Group 2 reported the greatest
variance. Results may be interpreted as indicating that the quality of close relationships for daughters of alcoholics cannot be easily predicted based on gender of alcoholic parent alone.

The last two hypotheses were identified with the purpose of testing how well the major variables in this part of the analysis predicted developmental milestones for children of alcoholics. Based on theories of individual and family development, two multiple regression tests were run. In the first test, identity was the dependent variable. Results were not significant and failed to demonstrate that differentiation and gender of alcoholic parent were efficient predictors of identity. The prediction of intimacy was demonstrated at a significant level using gender of parent, differentiation from mother, and interpersonal identity scores as predictors. Scores for daughters of alcoholics were lower than for the other two groups based on the regression equation. Identity was the best predictor of intimacy. The theoretical link between identity and intimacy appears to be supported by this result.

The quantitative results indicate that differences among the female groups based on gender(s) of alcoholic parent appears in the areas of differentiation from mother and interpersonal identity, with lower scores for daughters of problem drinking mothers. Interview results provide
possible explanations for this finding. Participants in Groups 1 and 3 reported intimate involvement with their mothers. They could also identify ways in which they wanted to emulate or be different from their mothers. The student who reported mother as the problem drinker was very isolated in her family and reported that she wished to be different from both of her parents in all ways. She did not have a close relationship with her father to possibly mitigate against the effects of maternal alcoholism. Reporting that parents were unpredictable and inconsistent, this student resented having to "grow up too fast." Such a comment indicates that role reversals were present in the home and that the student was poorly nurtured. This student expressed much more anger than the others over what appeared to be chronic family conflict void of any models for problem resolution. Also, she was the only member of the COA group who expressed imminent plans for marriage and childrearing, possibly indicating attempts to recreate her own upbringing with a more positive outcome.

Contrasted to the other students in this group, no mention was made during the interview of alcoholism. Drinking and "fun" were described as two family values. No mention of the negative effects of this behavior on the student or other family members was noted. Denial of alcoholism may be affecting this student's perceptual
abilities and, thereby, contributing to difficulties in the mastering of developmental tasks (Beletsis & Brown, 1981; Brown, 1988). In sum, interview results appear to suggest that possible reasons for lower intimacy scores are due to the lack of positive parental role models, poor parent-child relationships, and denial of alcoholism.
CHAPTER V
CONCLUSIONS

The results suggest that college students represented by the sample participating in this study are involved in mastering the developmental tasks of differentiation, identity, and intimacy. The ability to experience closeness and distance from mother appeared to play an important part in the ability to experience intimacy in relationships for the entire sample. For children of alcoholics, self-identity, the part of identity that focuses on friendship, sex roles, and recreational choices, was the best predictor of intimacy. Children of nonalcoholics appeared to have a more balanced sense of identity. For them, identity was related to intimacy in terms of a combination of occupational and religious choice and political ideology, in addition to the personal qualities represented by self-identity. Children of nonalcoholics tended to identify exposure to more opportunities and experiences that may have facilitated an awareness of resources and options, thereby enhancing the process of identity development.

Overall the groups appeared to be more alike than different regarding the connections that differentiation and identity have as developmental precursors of intimacy. However, intimacy was explained by identity and
differentiation five times better for the COA group. Explanations for this finding may be related to sample sizes and the instruments employed in this study. A recommendation is made for further examination of the major variables based on parental problem drinking in order to determine the replicability of the present results.

Differences between the COA and NCOA groups were demonstrated based on differentiation from family scores. It is possible that rigid family structures and impermeable boundaries restricted the process of psychosocial development for the COA group participants. Relationships with fathers, compared to relationships with mothers, appeared to be less differentiated for the COA group. These students reported family dynamics including too much distance among family members accompanied by rigid expectations for individual behavior. Expressions of feelings were fewer and less direct for the COA group members. It appears possible that the home life of these students was organized around the behaviors of an alcoholic, and in most cases in the present study the alcoholic was male. Father-child relationships may have developed in a manner that fostered codependency manifested by the child’s inability to separate his or her own identity from that of the alcoholic parent or the entire family system.

An analysis of the results suggests that a longitudinal approach to the study of these variables may be in order.
If differentiation, identity, and intimacy are related as developmental building blocks, identity and intimacy differences between the groups may not be apparent until individuals are further along in the developmental process. Significant differences in differentiation from family scores were reported in the present study. Perhaps identity achievement will be greater for one group compared to the other when further psychosocial development has occurred. Possibly, differences in intimacy scores may not be apparent until a future time when individuals are actually confronted with living in their families of procreation. Measuring variables over time, in the sequence of differentiation, identity, and intimacy, may produce developmental differences between the groups that could not be captured by the present study.

Research conclusions may be drawn based on gender of alcoholic parent for the female sample. It appears that development was most severely delayed for daughters of alcoholic mothers compared to those who have two alcoholic parents or an alcoholic father. These students appeared to have the most difficulty with intimate relationships, possibly due to the growth retarding effects of inadequate same-sexed role modeling and impaired parent-child relationships with the maternal caretaker. Since alcoholic women are far more likely to be left by their spouses than alcoholic men, it is quite possible that their daughters are
placed in an adult position within the family hierarchy. Early developmental needs and tasks may not have been mastered, leaving the young person without an adequate psychosocial foundation with which to address the identity and intimacy stages of development.

Contrary to clinical assumptions, the results did not demonstrate that developmental effects of problem parental drinking were most severe for the group with two problem drinking parents. Reasons for this finding may be related to the general tendency of this group to report little variation in their responses, making it difficult for quantitative differences to appear. It is also possible that members of this group were confronted with chronic family stressors. In the presence of such stressors, these students developed special coping skills that allowed them to break through denial about familial alcoholism. They were able to draw on personal and environmental resources to take responsibility for themselves in order to meet emotional and interpersonal needs.

Adult children of alcoholics possess many strengths and competencies. Some demonstrate an adjustment profile that has been coined by the term "invulnerable" (Garmezy 1976; Werner, 1986). Such individuals are able to develop the ability, either innately or through recovery efforts, to acknowledge vulnerability. Emotions, especially painful ones, are experienced and expressed. These individuals will
ask for and accept help thus avoiding the tendency to develop coping mechanisms that will provide short-term emotional relief and long-term adjustment problems.

It is possible that many of the COA participants in this study possessed personal and interpersonal qualities of the invulnerable (Ackerman, 1989). Intreview results indicated that students in both groups experienced chronic family stressors that required the development of special coping skills. Strategies used by both groups included a blend of self-reliance and interpersonal support. The finding of few differences between the two groups may be partially explained by the ability of three of the four members of the COA interview group, to accept, experience, and express personal vulnerability. They were seeking solutions to their problems and were able to attribute family and personal difficulties to parental alcoholism.

Due to the low return rate for males in the COA group, results between and within groups must be interpreted only for females. The small return rate for males may be related to gender-specific issues regarding the identification of problem parental drinking, especially for fathers. Denial of alcoholism and the effects of same-sexed role modeling, including the development of problem drinking behavior for the student, may partially explain this phenomenon. Generalizations from the current findings must also be limited based on the racial, economic, and family
structure characteristics reported for this sample.

Several aspects of the methodology employed in this study suggest caution in the data interpretation. The questionnaire response rate was 29% and no follow-up was conducted to attempt additional collection or determine differences between respondents and nonrespondents, for neither the survey nor the interviews. The low response rate may have influenced a Type I error in the conclusions and population mean differences may have been undetected.

Sampling bias may have affected results. Subjects were not randomly selected. Instead, questionnaires were distributed to all on-campus sophomores, juniors, and seniors and student participation was self-selected. The research definitions and the method for categorizing respondents were carefully outlined, but the parental drinking status for some respondents may not have been accurately classified. Questions were closed-ended and designed to require the student to respond based on a subjective interpretation of the phrase "problem with the use of alcohol." Denial, lack of information, or embarrassment may have contributed to validity threats in the area of subject classification. It is also possible that the instruments used in the questionnaire were not equally successful in accurately measuring the variables for the current sample. Combining interview and questionnaire data may have skewed results and decreased objectivity.
Clinical Implications

The results indicate that adolescents from families with problem drinking parents do not necessarily experience severe delays in psychosocial development, although problems do manifest themselves for some COA’s early in the developmental process. However, the children of alcoholic’s movement has motivated nonsymptomatic individuals to seek counseling to uncover "issues" popularized by the media and recovery-oriented publications. Quite often, families and individuals enter into a standardized series of lectures and other educational experiences with the goal of "receiving treatment." Problems and people may be stereotyped and little flexibility may enter the therapeutic regimen. The focus is on sickness rather than strengths or competencies.

Treatment is considered necessary because something has occurred in families with an alcoholic member that has disturbed normal development. This "something" is identified as parental alcoholism. Quite often a linear relationship is drawn between drinking and the COA’s adult problems. Treatment plans are seldom written with an understanding of how alcohol has functioned in a circular fashion within the family to alter normal growth and development.

Psychological distress or maladjustment may become apparent for children of alcoholics as they leave home and
attempt to negotiate relationships within and outside of the nuclear family. Leaving home issues are common for all types of families and should be regarded as part of a normal developmental crisis. If counseling is requested, it should be initiated with the perspective of assisting an individual (or family) through a normative process. Family therapists who work with alcoholism should understand the ways in which family development can be affected by the presence of an alcoholic in the system. The counselor would benefit from an understanding of the life history model of the alcoholic family (Steinglass, Bennett, Wolin, & Reiss, 1987).

Counselors working with adult children of alcoholics should approach client problems without stereotyping ACOA issues. Too often, therapy begins with the exploration of past issues before the client has been engaged in the therapeutic process as an active participant. It is important that counselors and clients understand the client’s strengths and assets. It is also important to identify the psychosocial stage that the client was attempting to master when he or she was most affected by parental alcoholism. The client may be developmentally "stuck" at that stage.

Treatment plans need to be slowly developed to facilitate an unfolding process that allows the client to utilize his or her competent adult to care for the emotional wounds of childhood. As in the case of other types of
childhood abuse or neglect addressed in therapy, care needs to be taken to not assume that the therapeutic process will be the same for all clients.

Theoretical Implications

Results provide support for the identity-intimacy connection postulated in Erikson's (1968) theory of adolescent development. Bowen (1974) has presented theory that described generational difficulties in the differentiation process for alcoholic families. A major finding of the current study supported Bowenian theory since differentiation from family was less developed for children of alcoholics compared to children of nonalcoholics.

Although not designed as developmental research, this study cited recent theories from the chemical dependency literature that identified family (Steinglass, Bennett, Wolin, & Reiss, 1987) and individual (Brown, 1988) models of development. The major variables in the present study were chosen in an attempt to draw together aspects of both family and individual development as described in these theories. Drawing from the theories cited above, several hypotheses were tested using differentiation and identity as developmental precursors of intimacy. Results suggest a trend for differentiation to influence intimacy but not identity. Future developmental research is encouraged to further examine existing theories in the field of chemical dependency and integrate family and individual models.
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APPENDIX A

Instructions for the Use of Objective Measure of Ego Identity

Status-2, Identity Achievement Scale Used in This Study

Read each item and indicate to what degree it reflects your own thoughts and feelings. If a statement has more than one part, please indicate your reaction to the statement, as a whole. Circle the number from 1 to 6 that best reflects your answer.

Strongly Disagree Moderately Disagree Moderately Agree Strongly Agree
1 2 3 4 5 6

1. Politics is something that I can never be too sure about because things change so fast. But I do think it's important to know what I can politically stand for and believe in.

2. There are many reasons for friendship, but I choose my close friends on the basis of certain values and similarities that I've personally decided on.

3. Based on past experiences, I've chosen the type of dating relationship I want now.

4. A person's faith is unique to each individual. I've considered and reconsidered it myself and know what I can believe.

5. After considerable thought I've developed my own individual viewpoint of what is for me an ideal "life style" and don't believe anyone will be likely to change my perspective.
6. I've chosen one or more recreational activities to engage in regularly from lots of things and I'm satisfied with but now I really know what I want for a career.

7. It took me a while to figure it out, but now I really know what I want for a career.

8. I've spent some time thinking about men's and women's roles in marriage and I've decided what will work best for me.

9. I've thought my political beliefs through and realize I can agree with some and not other aspects of what my parents believe.

10. I've gone through a period of serious questions about faith and can now say I understand what I believe in as an individual.

11. I've had many friendships and now I have a clear idea of what I look for in a friend.

12. After trying a lot of different recreational activities I've found one or more I really enjoy doing by myself or with friends.

13. It took me a long time to decide but now I know for sure what direction to move in for a career.
14. There are many ways that married couples can divide up family responsibilities. I've thought about lots of ways, and now I know exactly how I want it to happen for me.

15. I've dated different types of people and know exactly what my own "unwritten rules" for dating are and who I will date.

16. After a lot of self-examination I have established a very definite view on what my own life style will be.
APPENDIX B

Instructions for the Erikson

Psychosocial Stage Inventory Items Used in this Study

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>hardly</td>
<td>ever</td>
<td>true</td>
<td>almost</td>
<td>always</td>
</tr>
</tbody>
</table>

Circle the number that best reflects your response to the following questions:

1. I get embarrassed when someone begins to tell me personal things. 1 2 3 4 5
2. I’m ready to get involved with a special person. 1 2 3 4 5
3. I’m warm and friendly. 1 2 3 4 5
4. It’s important to me to be completely open with my friends. 1 2 3 4 5
5. I keep what I really think and feel to myself. 1 2 3 4 5
6. I think it’s crazy to get too involved with people. 1 2 3 4 5
7. I care deeply for others. 1 2 3 4 5
8. I’m basically a loner. 1 2 3 4 5
9. I have a close physical and emotional relationship with another person. 1 2 3 4 5
10. I prefer not to show too much of myself to others. 1 2 3 4 5
11. Being alone with other people makes me feel uncomfortable. 1 2 3 4 5
12. I find it easy to make close friends. 1 2 3 4 5

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APPENDIX C

Instructions for The Differentiation in the Family System Scale Inventory Used in this Study

Never    Almost Never    Sometimes    Almost Always    Always
1-----------2-----------3-----------4-----------5

The following section asks about your relationships with your parents. If you were raised by adoptive parents please answer based on those relationships. Directions for answers regarding step-parents will be given later in this section. Please answer each set of questions before moving to the next set: (Circle number)

1. MY (FATHER or MOTHER) or I:

.. shows respect for (my mother's, my father's, my) viewpoints even when they differ from (her, his, my) own. 1 2 3 4 5

.. responds to my ______'s feelings as if they have no value. 1 2 3 4 5

.. demonstrates respect for my ______'s privacy. 1 2 3 4 5

.. tells my _____ what she/he should be thinking. 1 2 3 4 5

.. responds to my _____'s feelings in an understanding way. 1 2 3 4 5

.. tells my _____ that she/he doesn't mean what she/he is saying. 1 2 3 4 5

.. shows a lack of concern for my _____'s feelings. 1 2 3 4 5

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encourages my _____ to express her/his feelings, good or bad. 1 2 3 4 5

discounts my _____’s thoughts and opinions. 1 2 3 4 5

shows understanding when my _____ doesn’t wish to share her/his feelings. 1 2 3 4 5

allows my _____ to speak for herself/himself. 1 2 3 4 5

5. Is your permanent residence now, or during the last time that you resided with your family, with a natural parent remarried to a step-parent? (Circle one)

YES (CONTINUE TO QUESTION 6)
NO (SKIP TO PART D)

6. CONTINUE WITH MY (STEP-PARENT) or I:

Scoring

A total score is obtained for each measured interaction. Reciprocal scores for a dyadic relationship are obtained by summing the two one-way scores. A higher score indicates more differentiation. A family differentiation score may be obtained by summing all of the interaction scores.

Scores for items 2, 4, 6, 7, 9 are reversed.
APPENDIX D

Individual and Family Information

as Collected in the Mailed Questionnaire

In this last section you are asked to provide some information about yourself and your family.

1. What is your present age? _____ YEARS

2. What is your sex? (Circle number of your answer)
   1 MALE
   2 FEMALE

3. Which of the following best describes your racial or ethnic identification? (Circle number)
   1 BLACK
   2 HISPANIC
   3 NATIVE AMERICAN
   4 WHITE
   5 ORIENTAL
   6 OTHER (PLEASE SPECIFY)__________

4. What is your current marital status? (Circle number)
   1 NEVER MARRIED
   2 MARRIED
   3 DIVORCED
   4 SEPARATED
   5 WIDOWED

5. What is your current academic level? (Circle number)
   1 SENIOR
   2 JUNIOR
   3 SOPHOMORE

6. What is the highest educational level achieved by your parents? (Circle number for each parent)

   MOTHER       FATHER
   1            1            LESS THAN HIGH SCHOOL
   2            2            HIGH SCHOOL
   3            3            COMPLETED COLLEGE
   4            4            MASTERS DEGREE
   5            5            DOCTORATE
   6            6            OTHER PROFESSIONAL DEGREE
                     (SPECIFY DEGREE)_______

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7. What was your family's approximate income for 1990? (Circle number)
   1 LESS THAN 14,999
   2 15,000 TO 29,999
   3 30,000 TO 44,999
   4 45,000 TO 59,999
   5 60,000 TO 74,999
   6 75,000 AND OVER

8. What is the marital status of your natural parents? (Circle number)
   1 MARRIED
   2 SEPARATED
   3 DIVORCED
   4 WIDOWED
   5 NEVER MARRIED

9. Who were the two primary parents or parent figures by whom you were reared? (Circle number)
   1 NATURAL MOTHER AND FATHER
   2 MOTHER AND FATHER BY LEGAL ADOPTION
   3 NATURAL MOTHER AND STEPFATHER
   4 NATURAL FATHER AND STEPMOTHER
   5 OTHER:
      (PLEASE SPECIFY)

10. Do you think one or both of your natural parents have, or have had in the past, a problem with the use of alcohol? (Circle number)
    1 YES
    2 NO
    3 UNKNOWN

11. If you were not reared by your natural parents, do you think one or both of the people who reared you have, or have had in the past, a problem with the use of alcohol? (Circle number)
    1 NOT APPLICABLE- REARED BY NATURAL PARENTS
    2 YES
    3 NO

12. What is the sex of the parent or parent figures identified in Questions 10 and 11 as having a problem with the use of alcohol? (Circle number)
    1 MALE
    2 FEMALE
    3 BOTH MALE AND FEMALE
    4 NONE IDENTIFIED
13. In what geographical state is your permanent residence?

14. What is the locality of your permanent residence? (Circle number)
   1 CITY
   2 RURAL
   3 SUBURB
APPENDIX E

Dear Student:

Many choices exist for today's student as he or she prepares for a future career and homelife. The choices that are made are influenced by a unique blend of individual characteristics and the special family qualities that have guided a young adult's development. I am asking for your participation in a study that will examine how individual preferences may be influenced by various family characteristics. The results of this study will assist family counselors and educators in improving their services to families and individuals.

Your participation is valued. You are the only individual who can honestly reflect your experiences and preferences. The success of this study depends on the interest that you and other students may share in contributing your experiences.

One of the main priorities in this study is to assure confidentiality to the students who choose to participate. Do not place your name anywhere on the questionnaire. At the end of the questionnaire you will be asked to decide if you would like to be contacted regarding participation in the second part of this study, an in-person interview. A form is provided at the end of the questionnaire for you to return if you would like to talk with this researcher about participation in an interview. This form may also be used to request a copy of the study's results. Please return the form in the smaller of the two enclosed envelopes. Return the questionnaire in the larger one. Both envelopes may be returned through campus mail.

Please accept my appreciation, in advance, for participating in this study. I encourage you to review the questionnaire. If you do complete it, please return it within a week of receipt. The results will be used as part of my research project for my doctoral program at Virginia Tech.

Best regards,

Kathleen M. Carroll
Licensed Professional Counselor
APPENDIX F

Interview Schedule

Subject Number

1. With whom do you live when not at college?

2. How do you feel about this situation?

3. Do you think that relationships among your family members are:
   a) too distant
   b) too close
   c) neither too close nor too distant

   What examples of family behaviors can you give to demonstrate your response?

4. Did your family regularly take vacations when you were growing up?
   a) If yes, what did you do and how did it go?
   b) If no, why do you think that vacations did not occur?

5. Did your family regularly celebrate holidays and special occasions (birthdays, special ceremonies).
   a) If yes, what would normally happen and who would be there?
   b) If no, why do you think there was no celebration?

6. When it comes to holidays and family vacations, does your family currently:
   a) Expect that you will always spend the time with them.
   b) Allow you to make your own choices.

   How do you feel about either response?

7. What is expected of each family member during mealtime?
8. How do your family members demonstrate caring for one another?  
Is there any way in which you wish that caring was expressed differently?

9. How do you let someone know that you consider he/she to be a close friend?

10. Do you have a close friend with whom you can share personal concerns, thoughts, and feelings?  
   a) If yes, how long a friendship. How did you meet and develop the friendship?  
   b) If no, have you ever had a relationship like this? What would you like to do about this now?

11. As each person grows up, he or she develops a sense of self, called an identity.  
   a) How satisfied are you with your ability to answer the question, "Who am I?"  
   What are reasons for any response?

12. Have you had experiences in your life that required you to make choices that have affected your sense of identity?  
   a) If yes, describe these experiences?  
   b) If no, do you think that such experiences might present themselves in the future? In what circumstances?

13. A person's identity will include both positive and negative qualities. What can you share about the things you like about yourself? About the things you don't like about yourself?

14. Do you share any of the qualities just described with your mother or father?  
   a) If yes, can you identify how parental behavior may have influenced development of these qualities in you?  
   b) If no, are you aware of any motivation that you may have had to be different from you parents? If yes, describe.
15. All families adopt special values, attitudes, and priorities that contribute to a family's sense of identity. How would you describe your family's identity or sense of "Who we are?"

16. Would you say that there was any situation present in your family when you were growing up that required you to develop special coping skills?

   a) If yes, how did you learn to deal with the problem?
   b) If no, was there for any other family member? If yes, how did this family member handle himself/herself?

17. Often in the course of achieving a goal, roadblocks are encountered along the way. Rate your perception of your ability to overcome obstacles that might develop as you reach for a special goal. (Rate as a personal strength or weakness).
APPENDIX G

Participant Consent Form-Interview

I willingly agree to participate in a face to face interview exploring how certain family influences may affect my adult choices and preferences. I understand that the results of this research will be presented as part of the interviewer’s dissertation project at Virginia Polytechnic Institute and State University in the area of Family Studies. I understand that the information I provide will be completely confidential and I maintain the right to refuse to participate at any time. I have been informed that each interview participant will be asked the same list of questions and that I may receive a summary of results if I request one.

--------------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>Participant</th>
<th>Date</th>
</tr>
</thead>
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| Researcher                         | Date |
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APPENDIX H

Return Insert-Questionnaire

(Name)

PLACE A CHECK IN EACH APPLICABLE BOX. PROVIDE YOUR TELEPHONE NUMBER AND ADDRESS ONLY IF YOU WOULD LIKE TO BE CONTACTED REGARDING AN INTERVIEW:

Please send me a copy of the study's results

Please contact me to discuss my interest in participating in a follow-up interview

On-campus telephone number

On-campus address
VIITA
KATHLEEN CARROLL

1013 Winona Avenue, S.W., Roanoke, Virginia 24015  324-7022

education
Enrolled in Family Studies Ph.D. program, Virginia Polytechnic Institute and State University, 1986 to present.
M.S., Management, Housing, and Family Development, Virginia Polytechnic Institute and State University, 1982.
B.A., Psychological Services, Hollins College, 1974.

employment
Conduct all activities related to program operations and clinical supervision in an outpatient substance abuse intervention center. The program is staffed by fourteen clinical personnel and serves approximately 400 clients per month. Provide individual, couples, and family counseling specializing in a family systems treatment model of addiction and related problems. (Division of Substance Abuse, Mental Health Services of the Roanoke Valley, 1985 to present).

As coordinator of an outpatient drug treatment program, supervised the administrative and clinical activities of seven clinical staff. Program services included intake and outreach for residential and outpatient programs, community education and substance abuse prevention, and outpatient counseling. (Mental Health Services, 1977-1985).

Foster care placement, supervision, and casework was provided to adolescents in the custody of the Roanoke City Department of Social Services. Custody investigations and shelter placements were conducted as assigned from the court services unit. (Social Worker, 1975-1977).
professional activities

Licensed Professional Counselor, State of Virginia, since 1987.
Certified Substance Abuse Counselor, State of Virginia, since 1981.
Certified Addictions Counselor, National Certification Reciprocity Consortium, since 1989.
Member, Board of Directors, Substance Abuse Certification Alliance of Virginia (SACAVA).
Member, Substance Abuse Certification Committee, Board of Professional Counselors, Virginia Board of Health Professions, 1983-1988.
Member, Executive Committee, Virginia Association of Drug and Alcohol Programs (VADAP), 1979-1983.

personal data

Born September, 14, 1951 in Hartford, Connecticut. . . married . . . enjoy raising cats, gardens, and human spirits.

[Signature]

Kathleen M. Carroll