

## Life satisfaction and adjustment of children of alcoholics: The effects of parental drinking, family disorganization and survival roles

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The stress paradigm was used to investigate the extent to which parental alcohol dependency, family disorganization and Black's (1979) and Wegscheider's (1976) survival roles affected the adjustment of children of alcoholics (COAs). The study was cross-sectional based on the responses of a non-random community sample of 112 adolescents. The predictors of life satisfaction differed from the predictors of minor psychiatric symptoms. Parental alcohol dependency had no direct effect on minor psychiatric symptoms, with low family cohesiveness and intimacy being the major determinants of psychopathology. In contrast, parental alcohol dependency and family disharmony had an additive effect on level of life satisfaction. Family variables did not buffer children from the effects of alcohol once they recognized parental drinking as a problem. Nor did the survival roles protect children in any way. Indeed, the roles of the 'lost' child, the 'acting-out' child, and the 'clown' were detrimental to well-being.

Parental alcohol dependency poses a risk to children's physical, cognitive, emotional and social development (West & Prinz, 1987). Black (1981) maintains that all children are adversely affected by having a parent who is an alcoholic. Others have pointed to the large number of children who emerge from such homes apparently unscathed and have called for research to identify the factors that protect some children while others remain vulnerable (Burk & Sher, 1988; Clair & Genest, 1987; Rutter, 1985; West & Prinz, 1987; Woodside, 1988).

In Werner's (1986) study of children of alcoholics (COAs), 59 per cent were found to be coping well at 18 years of age. A comparison of this group with those who were not functioning satisfactorily revealed several differences. Those who were coping had been affectionate children, they were at least of average intelligence with good expressive skills, they had an internal locus of control, high self-esteem, a desire for achievement, and were responsible and empathic. Their early lives were marked by high levels of attention from their caretaker and no major parental disagreements.

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Family characteristics have featured significantly in other accounts of why some children are more resilient than others. Keané (1983) found that adjustment to parental alcohol abuse was higher among those with an internal locus of control and a positive perception of their family. In Reich, Earls & Powell's (1988) study of the home environments of COAs with and without psychiatric diagnosis, the level of parent-child interaction, parent-child conflict and exposure to parental drinking were important factors differentiating the groups.

Another family variable, deliberateness, has appeared in the literature, not so much as a factor reducing the risk of minor psychiatric symptoms but as a protector against the emergence of alcoholism in COAs. On the basis of a study of alcoholic families (Wolin, Bennett, Noonan & Teitelbaum, 1980), Bennett (1987) assigned a protective role to the practice of parents consistently making plans, setting goals and following through on their plans.

Hypotheses identifying protectors give rise to methodologies which test variables for their capacity to alter the relationship between parental alcohol dependency and children's adjustment. Negative consequences of having an alcoholic parent, however, may in part result from a combination of alcoholism with other environmental, social or psychological stressors; that is, the effect may be additive rather than interactive. Family characteristics also have been discussed in the COA literature as additional sources of stress. The reviews of both Woodside (1988) and West & Prinz (1987) document the link between alcoholism and family conflict. The variables, however, do not appear to be interchangeable in relation to children's well-being. Moos & Billings (1982) were able to demonstrate that a family environment characterized by division and conflict increased the likelihood of anxiety and depression beyond that predicted by parental alcohol dependency.

As well as moderators and additional risk factors, the COA literature refers to mediators or behaviours that children engage in to avoid or minimize the adverse consequences of a parent drinking. Black's (1979) and Wegscheider's (1976) coping or survival roles fall into this category. Both clinicians approach the alcoholic family as a system in which family members are striving to accommodate the drinking parent and restore balance through modifying their own behaviour. Playing out certain roles, it is argued, makes life in the alcoholic home more bearable, but it may have a detrimental effect on the overall well-being of the child. The typologies put forward by Black and Wegscheider have been developed through clinical observation and provide remarkably similar descriptions of three of the four roles. The responsible child (Black) or the hero (Wegscheider) is one who takes on an adult role long before it is due. Such children adopt a protective stance toward their parent and believe that they can reduce the drinking through being everything a parent could want their child to be. The responsible child has an overdeveloped sense of accomplishment, responsibility, and perfectionism. In contrast, the lost child (Wegscheider) or the adjuster (Black) ignores the problems at home and becomes detached. Such children not only dissociate from their family but from other people in general. They are likely to be loners. The third role, the acting-out child (Black) or scapegoat (Wegscheider), is a child who engages in delinquent or antisocial behaviour. The fourth role in each typology, Black's placater and Wegscheider's mascot, have the common goal of acting as 'a go-between' and diffusing tension in

the home. Their methods for achieving this end, however, differ. Placaters are more overtly empathic and willing to deal with the distress of others through being caring and supportive. Mascots are likely to use distraction and humour to deal with their unease in a stressful situation.

In a recent study, Devine & Braithwaite (1992) found that children from alcoholic homes or homes in which there were divisions and conflict were particularly likely to adopt the coping responses described by Black (1979) and Wegscheider (1976). On the basis of clinical experience, Black has argued that playing these roles is detrimental to children in the long term. Others remain uncommitted. Researchers such as Blane (1988) have called for empirical data to clarify the clinical significance of the roles. Queries about Black's model have also been raised by Burk & Sher (1988). In particular, Burk & Sher contrast Black's portrait of the maladjusted responsible child with Werner's (1986) finding that being responsible was a quality observed in those who were well adjusted. Similarly, Devine & Braithwaite (1992) have shown that placaters are more likely to be found in cohesive and supportive families, the kind of environment which Keane (1983) has linked with better adjustment to parental alcohol dependency.

The purpose of this paper was to explore family relationships and survival roles as moderators, mediators and main effects in the prediction of child adjustment from parental alcohol dependency. In order to disentangle family disorganization and parental drinking variables, a sample of adolescents was sought from the general population. The goal was to capture the full range of variability on level of parental drinking and level of family disorganization in the community and avoid truncating distributions on the key variables. Recent reviews (West & Prinz, 1987; Woodside, 1988) have highlighted the biases associated with drawing samples from clinical populations where parental drinking and family stress are likely to be highly confounded.

Measures of adjustment have varied enormously in the COA literature (West & Prinz, 1987). This study is restricted to two outcome measures, minor psychiatric symptoms as assessed by Goldberg's (1972) General Health Questionnaire and life satisfaction, measured by Andrews & Withey's (1976) Life 3 Scale. Specifically, the goals of the research were to:

(a) Explain the contribution of parental drinking and family relationship variables to children's well-being in terms of significant or non-significant main effects. Three family variables were assessed: family cohesion, parent-child intimacy, and deliberateness.

(b) Identify which, if any, of the family variables protect children from alcoholic homes; that is, test for interactions between parental alcohol use and family cohesion, intimacy, and deliberateness.

(c) Explore the extent to which Black's (1979) and Wegscheider's (1976) survival roles lessen the likelihood of minor psychiatric symptoms and low life satisfaction in a threatening home environment.

## Method

### Participants

Fifty-nine students were recruited from classes in two schools in Canberra in the Australian Capital Territory. One school was from the private sector (fee paying), the other was from the public sector (non-fee paying). Students participated on a voluntary basis with the consent of their parents. Participants were told that the study was concerned with alcohol use, family stress and coping strategies, and were assured that questionnaires were to be answered anonymously.

Although more than half of the students participated in the study, the sampling strategy was biased toward regular school attenders who were willing to participate and whose parents agreed to their participation. To offset these biases, a supplementary sample was sought through supervisors of youth drop-in centres and youth refuges in Canberra. These institutions catered for youth who were having difficulties at home or at school, who had dropped out of school, or who were unemployed. The supervisors gave permission for us to approach these clients directly and seek their participation on a voluntary basis. A further 48 participants were contacted in this way. An additional five volunteers belonged to a self-help group for children of alcoholics. Given our goal of achieving a broad cross-section of the community, this small group was included in the study, giving a total sample of 112 participants. Of the total, 53 per cent were male. The mean age was 16.62 years ( $SD = 1.91$ ), with two participants being over 21. The family circumstances and responses of the older participants (the oldest was 25 years) were not noticeably different from others in the group. They were included, therefore, in the data analyses.

### Questionnaire

A self-completion questionnaire was administered to the student sample in a group setting and to the other participants individually. The study was cross-sectional with all of the measures being relevant to events experienced at the present time. Yet the wording of many questions (e.g. in the parental alcoholism, family disorganization and survival role indices) required respondents to take into account their personal histories through asking, 'have you ever...' and 'how often have you...'. The only variables which were explicitly restricted to the present time were the mental health and the life satisfaction measures. Specific details relating to the measurement of the major concepts are given below.

*Parental alcoholism.* Respondents were asked to complete the Children of Alcoholics Screening Test (CAST) (Jones, 1982; Pilat & Jones, 1985), an instrument used to define homes in which parental alcoholism is a problem (Rhodes & Blackham, 1987). The 30-item test assesses children's perceptions of how they are affected by and respond to a parent's drinking. According to Jones (1983), the summed total CAST scores can be interpreted as follows: 0 and 1 indicate the children who are from non-alcoholic families, 2 to 5 indicate a problem drinking parent, and 6 or more reflects parental alcoholism. On this basis, CAST scores which ranged from 0 to 27 ( $M = 5.18$ ,  $SD = 8.30$ ) were collapsed into a three-point scale. Sixty-two per cent of participants scored 1, 9 per cent scored 2, and 29 per cent scored 3. The original CAST scores were not used for the purposes of data analysis because the distribution was highly skewed and because items incorporated coping strategies which we wished to measure independently. The correlation between the original CAST scores and the collapsed CAST scores was  $+ .86$ . The measure was validated in this particular study against the CAF item (DiCicco, Davis & Orenstein, 1984) which simply asks children if they wished either parent would drink less. The CAF item correlated  $+ .63$  with the collapsed CAST and  $+ .71$  with the original CAST.

*Family disorganization.* Family cohesion was assessed using Cooper, Holman & Braithwaite's (1983) pictorial representation index. Respondents were presented with 13 diagrams depicting different family configurations. Family members were depicted as small circles within the larger family circle, with mother and/or father defined. The spacing of the smaller circles reflected the distance or closeness of family members to each other. Respondents were required to choose a diagram which best represented their family situation and identify themselves in that family structure. In this way, two-parent cohesive families, one-parent cohesive families, parent coalition families, divided families, and isolated child families could be identified (see Cooper *et al.* for a detailed description). Because this age group was older than those who took part in the Cooper *et al.* study, a diagram representing the splintered family

was also included. This family was one in which all members were at a distance from each other. Cooper *et al.* found that cohesive one- and two-parent families experienced less conflict than other family types and that children from these families were more likely to report having fun with their family most of the time. Consequently, respondents were scored as seeing themselves as part of a cohesive or non-cohesive family. Of those who participated in the study, 45 per cent considered their family cohesive. Non-cohesive families were primarily divided families or families where the respondent was isolated from other members.

Four questions were developed for this study to measure family deliberateness. Respondents used the categories 'rarely' (1), 'sometimes' (2) and 'often' (3) to indicate how frequently (a) their family got together for special occasions such as birthdays and Christmas, (b) their family plans for holidays and special celebrations were followed through, (c) their family got together at mealtimes, and (d) family get-togethers were enjoyable. Responses to these items were added to obtain a family deliberateness score for each participant. Scores ranged from 4 to 12 with a mean of 8.86 and standard deviation of 2.41. The alpha reliability coefficient for the scale was .76.

Intimacy with a parent was assessed through two further questions which respondents answered on the rating scale 'rarely' (1), 'sometimes' (2) and 'often' (3): How often do you feel close to one or both of your parents, and how often are you comforted by one or both of your parents. The items correlated +.54. The intimacy scores ranged from 2 to 6 ( $M = 3.98$ ,  $SD = 1.41$ ).

*Survival roles.* Forty-one questions which mapped the thoughts, feelings and behaviours which Black (1979) and Wegscheider (1976) ascribed to the responsible child, the acting-out child, the lost child, the placater and the mascot were presented to respondents for self-evaluation. They indicated how frequently they had had each experience using the categories 'rarely' (1), 'sometimes' (2) and 'often' (3). From these responses, five role scales were developed. Items were excluded if they correlated strongly with more than one scale. The goal was to develop scales which were as distinct as possible, while preserving the theoretical content articulated by Black and Wegscheider. The items belonging to each role scale and their descriptive statistics are presented in Appendix I. Although the alpha reliability coefficients for two of the scales, the placater and the clown, are lower than desired, both scales have been linked successfully with family disorganization and parental alcohol dependency. In view of their meaningful pattern of correlations with other variables and in view of the correlations among the small number of items within the scales, both were considered satisfactory for use in the present study (Nunnally, 1978; Robinson, Shaver & Wrightsman, 1991).

*Adolescent adjustment.* Respondents completed the 12-item General Health Questionnaire (GHQ) which was scored in the manner outlined by Goldberg (1972). The GHQ measures general mental well-being over the past few weeks. This scale had been used successfully in Canberra community samples comprising adolescents and young adults (Groube, 1987; Rickwood & Braithwaite, 1993). In this study, the alpha reliability coefficient was .92, the mean 13.59, and standard deviation 7.77.

Respondents were also asked to indicate their level of life satisfaction using the Life 3 Scale developed by Andrews & Withey (1976) (see Andrews & Robinson, 1991, pp. 88-90 for a review of this measure). This index requires respondents to think about their life at this point in time, taking into account what has happened in the past year and what they expect to happen in the near future. Twice in the course of completing the questionnaire respondents were presented with the following question: 'How do you feel about your life as a whole?' Answers were given on a 1-7 (terrible-delighted) response scale. The Life 3 Scale consists of the sum of responses given on the first occasion the question is asked and on the second occasion. Scores for the two items correlated +.91 in this sample. The mean was 8.88 ( $SD = 3.25$ ).

Finally, demographic information on age, sex and employment status was collected. Seventy per cent of the sample were enrolled at school, 23 per cent were unemployed and 7 per cent were in the workforce. Because of the nature of the sample, work status was scored dichotomously depending on whether the participant was at school/work (1) or occupied in neither sphere (2).

## Results

All analyses were carried out using the Statistical Package for the Social Sciences (SPSSx, Version 4). Zero order correlations among the family support variables, parental alcoholism, life satisfaction, GHQ scores, age and sex are presented in Table

1. These results show both parental drinking and family support as being related to GHQ scores and life satisfaction. Furthermore, parental drinking and family support are negatively correlated.

**Table 1.** Intercorrelations for parental alcoholism, family support, adjustment, age and sex

Variables	1	2	3	4	5	6	7	8
1 Cohesion		.53***	.38***	-.34***	.60***	-.38***	.08	-.04
2 Intimacy			.53***	-.28**	.49***	-.30**	.00	.09
3 Deliberateness				-.52***	.33***	-.25*	.09	-.06
4 Alcoholism					-.43***	.22*	-.22*	.04
5 Life satisfaction						-.64***	.12	.06
6 GHQ							-.07	.03
7 Age								-.12
8 Sex								

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

In order to disentangle the effects of parental drinking and family support, hierarchical multiple regression analyses were used to test the importance of one variable type net of the other. As can be seen from Table 1, neither sex nor age correlated with the dependent variables. To maximize the degrees of freedom in view of the relatively small sample size, sex and age were not entered as control variables in the following analyses. In the first regression analysis (Model A), the question asked was whether parental drinking explained variation in either GHQ scores or life satisfaction when family support was controlled. The family support variables (cohesion, parent-child intimacy, and deliberateness) were entered into the regression analysis first as a block. In the second regression analysis (Model B), parental drinking was entered prior to the family support block. As can be seen from Table 2, the change in  $R^2$  was greatest when the family support variables were added. Parental alcoholism did not add anything above and beyond family support in the prediction of GHQ scores. Alcoholism did make a small, but significant contribution to life satisfaction, net of family support.

The beta coefficients for the final regression equations in which both family support variables (cohesion, parent-child intimacy, and deliberateness) and parental alcohol dependency are entered appear in Table 3. The beta coefficients confirm the importance of both family support and parental alcoholism in predicting life satisfaction. The non-significant coefficient for family deliberateness is likely to be due to the dominance of the family cohesion and intimacy variables. Deliberateness correlated  $r = .53$  with intimacy and  $r = .38$  with cohesion.

This problem of multicollinearity was particularly pronounced in the prediction of GHQ scores. No variables emerged with significant beta coefficients, in spite of the finding in Table 2 that the family support variables, as a group, contributed significantly to variation in these scores. As a consequence, cohesion, parent-child intimacy, and deliberateness were standardized and summed to form a family support

**Table 2.**  $R^2$  and changes in  $R^2$  for two hierarchical regression models (A and B) predicting GHQ scores and life satisfaction

Model	Predictors	GHQ		Life satisfaction	
		$R^2$	Change in $R^2$	$R^2$	Change in $R^2$
A	alcoholism	.05*	.05*	.21***	.21***
	alcoholism + family support	.16**	.11**	.47***	.26***
B	family support	.15**	.15**	.40***	.40***
	family support + alcoholism	.16**	.01	.47***	.07***

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

**Table 3.** Beta coefficients for the regression of GHQ scores and life satisfaction on family support and parental alcoholism

Predictors	GHQ	Life satisfaction
Cohesion	-.21	.38***
Parent-child intimacy	-.22	.30**
Deliberateness	.03	-.14
Parental alcoholism	.11	-.31***

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

scale, which was then substituted in the earlier regression models. In the prediction of GHQ scores, the beta coefficients were  $-.34$  ( $p < .01$ ) for family support and  $+.07$  (n.s.) for parental alcoholism. The corresponding coefficients in predicting life satisfaction were  $+.48$  ( $p < .001$ ) and  $-.23$  ( $p < .01$ ) respectively. Any effect that alcoholism may have on GHQ scores appears to work through the family variables, with low family support being associated with high minor psychiatric symptoms. When predicting life satisfaction, alcoholism and family support contributed independently to the outcome variable. In other words, having an alcoholic parent added to the stress of having little family support, and together these variables were associated with children being less satisfied with their lives.

To assess the buffering or protective hypothesis, hierarchical multiple regression analyses were used to find out if an interaction term (parental alcohol dependency  $\times$  family support) added significantly to the variance which could be accounted for in the outcome variables by parental alcohol dependency and family support as independent predictors. The interaction term failed to contribute significantly, the change in  $R^2$  being .00 when the criterion was the GHQ and  $+.01$  in the case of life satisfaction. Family variables served the function of additional stressors in the lives of children of alcoholics, rather than protectors of children at risk.

The third goal of this study was to assess the clinical significance of the survival roles proposed by Black (1979) and Wegscheider (1976). A series of hierarchical regression analyses were conducted to find out if each of the role scales accounted for variation in the dependent variables after the family and the parental alcohol dependency variables were controlled. Again problems of multicollinearity were encountered, this time in relation to the survival role scales (the lost child, acting-out child and clown intercorrelated +.45, +.40, +.41). Because of the absence of scientific data on the survival roles proposed by Black (1979) and Wegscheider (1976), separate regression analyses were conducted for each of the roles, in preference to using a composite measure as had been done earlier.

In Table 4, the survival roles are added individually (Models 2-6) to a regression equation in which alcoholism and family support are used to predict GHQ scores (Model 1). Table 5 shows the results from comparable regression models predicting life satisfaction. From Tables 4 and 5, the survival roles did not reduce symptoms or increase well-being. To the contrary, three roles, that of the lost child, the acting-out child and the clown, were linked with symptoms and dissatisfaction. Too much significance should not be attached to the absence of a significant negative beta weight for the clown role in predicting life satisfaction. Describing one's life on a scale from terrible to delighted is probably insufficient probing for a child who uses the clown role to hide feelings and fears. The remaining two roles of placater and responsible child neither worsened nor improved children's chances of adjustment when family and alcohol variables were controlled.

**Table 4.** Correlations and beta coefficients for hierarchical regression models in which GHQ scores are predicted from the composite family support measure and parental alcoholism (step 1) and individual survival roles (step 2)

Variables	<i>r</i>	Model <sup>a</sup>					
		1	2	3	4	5	6
Alcoholism	.20	.07	.08	.06	.05	-.04	.06
Family support	-.34***	-.31**	-.32**	-.34**	-.16	-.08	-.23*
Responsible	.07		-.05				
Placater	-.02			.10			
Lost	.45***				.37**		
Acting out	.46***					.42**	
Clown	.33**						.24*
R <sup>2</sup>		.12**	.12**	.13**	.23***	.21***	.17***
Change in R <sup>2</sup>			.00	.01	.11***	.10**	.05*

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

<sup>a</sup>Model 1 = alcoholism + family support. Model 2 = Model 1 + responsible survival role. Model 3 = Model 1 + placater survival role. Model 4 = Model 1 + lost survival role. Model 5 = Model 1 + acting-out survival role. Model 6 = Model 1 + clown survival role.



**Table 5.** Correlations and beta coefficients for hierarchical regression models in which life satisfaction scores are predicted from the composite family support measure and parental alcoholism (step 1) and individual survival roles (step 2)

Variables	Model <sup>a</sup>						
	<i>r</i>	1	2	3	4	5	6
Alcoholism	-.41***	-.21*	-.22*	-.20*	-.19*	-.14	-.21*
Family support	.55***	.46***	.46***	.50***	.28**	.30**	.42***
Responsible	-.20		.01				
Placater	.07			-.10			
Lost	-.61***				-.45***		
Acting out	-.56***					-.31**	
Clown	-.29**						-.12
R <sup>2</sup>		.34***	.34***	.35***	.51***	.39***	.35***
Change in R <sup>2</sup>			.00	.01	.16***	.05**	.01

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

<sup>a</sup>Model 1 = alcoholism + family support. Model 2 = Model 1 + responsible survival role. Model 3 = Model 1 + placater survival role. Model 4 = Model 1 + lost survival role. Model 5 = Model 1 + acting-out survival role. Model 6 = Model 1 + clown survival role.

Finally, the placater and responsible child roles were examined as possible buffers, protecting children who used the roles from the distress experienced as parental drinking increased. Hierarchical regression models were examined with an alcoholism  $\times$  survival role interaction term entered after the main effects of family support, alcoholism and survival role. No evidence was found to support the notion of buffering for either the responsible child or the placater in relation to either life satisfaction or GHQ scores.

### Discussion

This study sought to clarify the contribution of family factors and survival roles to the well-being of children of alcoholics. Overall the findings suggest that a divided family where children lack an intimate relationship with at least one parent is a far more powerful predictor of serious maladjustment than alcoholism *per se*. This is not to deny the important role alcoholism may play in causing family problems. These data are consistent with the causal pathway outlined by West & Prinz (1987) that an alcoholic parent severely disrupts family interaction which, in turn, causes child psychopathology. Indeed, the results may be used to hypothesize an extension to this model: parental alcohol dependency leads to family disruption, and this disruption leads to children distancing themselves from the family physically (lost child), psychologically (clown) and/or socially (the acting-out child). Such coping strategies, however, are maladaptive as children sever their bonds with their major source of nurturance and support in our society, the family. The resulting insecurity and lack of 'psychological safety', in turn, gives rise to symptoms of anxiety and depression in children of alcoholics.

This model needs to be tested through a prospective research design. The present study is limited by the cross-sectional nature of the data. The temporal relationships between having, currently or in the past, an alcohol dependent parent, having an enduring pattern of family support, having an enduring pattern of coping strategies, and having current minor psychiatric symptoms or low life satisfaction cannot be adequately understood without the collection of data across time. A further limitation is the nature of the sample. The sampling strategy ensured that a broad cross-section of adolescents took part in the study, but the sample is not truly representative. The high percentage of children with a problem drinking parent (38 per cent) and with non-cohesive families (55 per cent) suggests that we may have sampled a disproportionately large number of adolescents experiencing difficulties.

Explaining life satisfaction was a different story and demonstrated the importance of not generalizing from one outcome measure to another. Parental alcohol dependency, lack of family support and coping styles which distanced children from their families all contributed independently to children being dissatisfied with their lives. Family support, however, remained the centrally important factor in these analyses.

Of the family support variables, family cohesion and an intimate bond between the child and a parent were more important predictors of well-being than deliberateness. This finding was particularly interesting because deliberateness is the family variable most strongly related to parental alcohol dependency. As Bennett (1987) has argued, deliberateness has an important role to play in understanding the dynamics of life in an alcoholic family. Its effects, however, do not appear to extend directly into the domain of psychological well-being.

Data analyses also confirmed the maladaptive consequences of three of Black (1979) and Wegscheider's (1976) survival roles. Playing the lost child, acting out or being the clown did not prove to be effective in increasing the likelihood of either life satisfaction or mental health. This is not to rule out the possibility that adopting these roles is an effective way of achieving other personal or collective (family) goals. Further interviews with children of alcoholics should contribute to understanding the function that such roles play in their lives in the short term and the long term, within the family and outside.

The final major conclusion to be drawn from this study is that family support variables did not buffer or protect children who perceived parental alcohol dependency as a threat to their well-being. Once children recognized a problem, we could find no evidence of this effect being moderated. Instead tensions in the family and the alienation of the child from the family exacerbated problems substantially.

These results suggest that the only way the buffering hypothesis can remain plausible is if a cohesive family acts to protect children from knowledge of alcohol dependency in a parent. In this study, problem drinking was defined through the perceptions of the children. We had neither parental data nor clinical data on the extent of parental alcohol dependency. Further research should use data from offspring and from the non-drinking parent to determine whether family cohesiveness can shield children from recognizing a parental drinking problem. Keeping children away from the drinking parent at critical times, promoting an atmosphere of normality, and offering emotional support are strategies which may protect children

through preventing their awareness of the seriousness of the problem. Such strategies may be in the interest of the well-being of children (Reich *et al.*, 1988), although costs may be borne by the non-drinking parent.

The conclusions of this study are congruent with those which have emerged from the stress literature over the past decade. The effects of environmental stressors are shaped by how individuals perceive them, the context in which they are encountered, and by the ways in which individuals respond to them. The drinking behaviour of parents adversely affected their offspring's well-being to a degree. The more important determinants, however, were children's perceptions of the supportiveness of their home environment and of their relationship with their families, particularly when the outcome variable was anxiety and depression. Where children's perceptions of family disunity led to the adoption of survival roles which distanced them from parents and siblings, children were likely to report poor mental health.

Finally, the results of this study are a reminder of the complexity of the outcome variable, psychological adjustment. These data reinforce West & Prinz' (1987) observation that the outcome variables differ enormously in COA research and these differences greatly affect the conclusions drawn when trying to identify the process by which parental alcohol dependency affects children. Interventions to reduce parental alcohol dependency are likely to have a positive effect on children's happiness, but will only reduce anxiety and depression if families can recapture an atmosphere of cohesion and support. A central challenge for researchers is to clarify, rationalize and prioritize the numerous outcome variables of adjustment and to plan intervention strategies accordingly.

### Appendix I

#### *The responsible child (alpha = .73, mean = 6.70, SD = 2.09)*

- How often do you feel that by doing well (at school, sport, music or other activity) you will help stop your parents' drinking?
- How often have you tried to change a family outing so that your parents would drink less?
- How often have you tried to get your parents to drink less?
- Do you feel that you are always trying to prove yourself to others?
- How often do you try to stop family conflict by telling a joke?

#### *The lost child (alpha = .77, mean = 11.09, SD = 3.09)*

- How often do you day dream?
- How often do you feel distant from others?
- Do you have difficulty making friends?
- How often do you feel as if you don't belong?
- How often do you feel that you have little control over the things you do?
- Do you find it hard to open up and get close to others?

#### *The acting-out child (alpha = .72, mean = 9.94, SD = 2.83)*

- Have you ever felt angry enough to do something against the law?
- How often would you say you were rebellious?
- Would you say you respect people in authority? (reverse score)
- How often do your friends get into trouble at school or with police?

How often do you feel you are blamed for most things?

*The placater* ( $\alpha = .64$ ,  $mean = 12.98$ ,  $SD = 2.49$ )

How often have you comforted a distressed friend?

How often do you notice the moods of others?

How often have you comforted a member of your family when they were distressed?

How often do you feel upset when another family member is upset?

How often do you put yourself out to help others?

How often have you felt it was up to you to make a family member feel better?

*The clown* ( $\alpha = .57$ ,  $mean = 9.90$ ,  $SD = 2.24$ )

Would you say you would do almost anything for a laugh?

How often do you clown around?

How often do you laugh on serious or scary occasions (such as while parents are arguing) when you really feel upset?

How often do people take you seriously? (reverse score)

How often do you seek companionship outside your home?

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