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PREVIEW

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**A comparative study of coping patterns in adolescent children of
alcoholics and nonalcoholics**

Colbert, Colleen S., Psy.D.

Pace University, 1990

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PREVIEW

***A COMPARATIVE STUDY OF COPING PATTERNS
IN ADOLESCENT CHILDREN OF ALCOHOLICS
AND NONALCOHOLICS***

COLLEEN S. COLBERT

**A Doctoral Project Submitted in Partial fulfillment of the
Requirements for the Degree of Doctor of Psychology in the
Department of Psychology at Pace University**

NEW YORK, NEW YORK

1990

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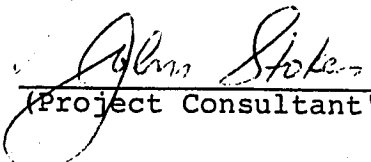
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ABSTRACT

Mental health professionals who work with children of alcoholics have observed that these children utilize rigid, maladaptive coping strategies which interfere with many aspects of their functioning and put them at risk for numerous personal and social difficulties. However, little research has been done to confirm that the coping strategies of children of alcoholics differ significantly from those of other children or to pinpoint specifically where those differences lie. In this study, coping patterns of children of alcoholics (COAs) have been examined and compared to those of children of nonalcoholics (CNAs) in an effort to further investigate COA coping behaviors and to more fully understand the programmatic needs of this population.

Subjects included 34 COAs and 39 CNAs, all adolescents 15 through 18 years of age who were recent enrollees in a high school program for students experiencing stress. Participants completed a battery of paper and pencil instruments which assessed aspects of coping including: alcohol involvement, defensive style, family-related coping patterns, quality of coping responses, and perceived social support from friends.

Hypothesized global differences between the coping patterns of COAs and CNAs were not found. Instead, overall differences were minimal. More significant differences were found to depend on gender. Female COAs

showed greater dysfunction than same-sex peers on family-related coping and perception of peer support variables, whereas male COAs differed from male peers on quality of coping response variables.

These findings challenge previous formulations of COAs which assume global coping dysfunction. Results also show that gender is a significant variable to address when developing COA programs. Further research regarding the role of gender in the coping patterns of COAs is suggested. In order to offer more effective, individualized treatment approaches, administration of a test battery comparable to that utilized in this study is recommended as an intake procedure for adolescent COA programs.

I - LITERATURE REVIEW

Introduction

It has been suggested that life with an alcoholic parent is one of the most widespread causes of severe stress for children and adolescents in the United States today (Brenner, 1984). Recent statistics indicate that one of every eight American children is a child of a parent who has a past or a present drinking problem (McDonald & Blum, 1986; Woodside, 1988 b). They also show that there are seven million children of alcoholics under age 18 in the United States today (Woodside, 1988a, National Institute on Alcohol Abuse and Alcoholism [NIAAA], 1985).

Research on children of alcoholics (COAs) commenced when the problem of being raised with familial alcoholism first gained attention 15 to 20 years ago. COAs were initially referred to as "the forgotten children" (Cork, 1969) due to the fact that alcohol rehabilitation programs had focused treatment on their alcoholic parents and had overlooked the effects that alcoholism had on family members. Since their identification as a group which evidences a myriad of emotional, social and learning difficulties and is at risk for the development of future psychopathology (Ackerman, 1983, Black, 1981; Cork, 1969), numerous studies have been conducted to assess symptomatology.

In general, this body of research has found COAs to be at risk for developing chronic patterns of emotional instability (Fine, Yudin, Holmes, & Heinemann, 1976; Kammier, 1971; O'Gorman, 1975), antisocial behavior (Herjanic, Herjanic, Penick, Tommelleri & Armbuster, 1977; Chafetz, Blane & Hill, 1971; Frances, Timm & Bucky, 1980), school-related problems (Bell & Cohen, 1981; Gabrielli & Mednick, 1983; Knop, Teasdale, Schulsinger & Goodwin, 1985), behavioral difficulties (Lund & Landesman - Dwyer, 1978; Stewart, deBlois & Singer, 1979; Rimmer, 1982), somatic and health concerns (Moos & Billings, 1981; Nylander, 1960; Putnam, 1985), and a tendency to either marry an alcoholic or become an alcoholic themselves (Nici, 1979; Penick, Read, Crowley & Powell, 1978; Rydelius, 1983). Additionally, mental health professionals who have worked with this population have noted that the feelings, personalities and behaviors of COAs are strongly influenced by their parents' drinking (Ackerman, 1983; Black, 1981; Deutsch, 1982; Wegscheider, 1981). Although this belief is widely espoused in COA clinical literature, research has not confirmed its generalizability to all COAs.

The issue of stress has also been alluded to in COA literature. However, research which examines the impact of stress on COAs is also lacking. One author (Brenner, 1984) has proposed a model of stress-related issues for COAs based on a compilation of available descriptive and empirical data. This model identifies four unreasonable demands made on COAs due to parental alcoholism which result in subjecting them to undue stress.

The first unreasonable demand which Brenner identifies is that of secrecy. Many professionals who work with COAs (Ackerman, 1983; Black, 1981; Deutsch, 1982; Wegscheider, 1981) have documented that alcoholism, which is often referred to as "the family secret", is never discussed within alcoholic homes. Despite difficulties that arise due to the alcoholic's behavior, family members are expected not to discuss the situation with one another. Rather, they make efforts to deny the problem.

The second unreasonable demand cited is that of over-responsibility. Due to family problems related to alcoholism, it has been observed that role reversals often occur, with COAs taking responsibility for many aspects of family functioning that are normally handled by adults (Ackerman, 1983; Black, 1981; Bosma, 1972; Deutsch, 1982; Wilson and Orford, 1978). Because COAs provide emotional support to other family members and hold responsibilities at an early age, they are often referred to as "parentified" children (Black, 1981).

The third unreasonable demand which is thought to place undue stress on COAs is that of suppression of feelings. Clinicians who work with COAs consistently find that children living within alcoholic homes are not given the opportunity to express their feelings (Ackerman, 1983; Black, 1981; Deutsch, 1982; Wegscheider, 1981). Black (1981) alludes to this in noting that COAs learn three essential rules to live by: "Don't talk, Don't trust, Don't feel".

The final demand identified as causing stress for COAs is that of guilt and self-blame. Descriptive data has revealed that COAs often feel that they

are at fault for their parents' alcoholism - that they have in some way caused it and/or contributed to its progression (Black, 1981; Cork, 1969; Deutsch, 1982; Morehouse, 1979). The child's tendency to accept this blame, coupled with the parent's tendency to deny responsibility, is thought to result in tremendous feelings of anger and guilt in the COA (Deutsch, 1982).

Several mental health professionals who have been influential in identifying the treatment needs of COAs have asserted that these children adopt specific strategies to help them cope with the significant stressors associated with parental alcoholism (Ackerman, 1983; Black, 1981; Wegscheider, 1981). They have suggested that while these coping patterns include both adaptive and maladaptive components, they are largely debilitating (Ackerman, 1983; Black, 1981; Deutsch, 1982; Wegscheider, 1981). Although this approach has been documented with clinical and anecdotal information, research has not been conducted which confirms that the coping strategies of COAs differ significantly from those of other children, or to pinpoint where the differences lie. Instead, clinicians who specialize in COA treatment have attempted to categorize observed coping patterns into distinct clusters or role-types (Ackerman, 1983; Black, 1981; Wegscheider, 1981), again without examining these constructs empirically.

Despite the lack of adequate empirical foundations, clinically-based formulations of COA coping patterns are frequently applied by the numerous treatment programs which have recently been developed nationally to help

COAs deal more effectively with their chaotic, unpredictable and difficult family situations (Ackerman, 1983; Black, 1981; Deutsch, 1982).

In an effort to clarify and expand upon existing research and clinical data, this study will compare adolescent children of alcoholics to adolescent children of nonalcoholics on an array of coping variables which have been consistently cited in the literature as differentiating the two groups. As the development of effective coping strategies is a major focus of many COA treatment programs (Deutsch, 1983; DiCicco, Davis, Hogan, MacLean & Orenstein, 1984; Morehouse, 1979, 1981), findings of this study can also be applied clinically.

A review of literature has identified five areas of concern regarding coping in adolescent COAs. These are:

- (1) Increased risk for alcohol involvement as a coping strategy.
- (2) Rigidity of defensive styles in COAs.
- (3) Dysfunctional coping techniques within the alcoholic family.
- (4) The quality of coping responses in COAs.
- (5) Social isolation and disengagement from friends.

Following a historical overview of COA research issues which pertain to coping, clinical and empirical data relevant to these five research areas will be reviewed. Subsequently, reasons for selection of adolescence as a target phase for this study will be discussed. Finally, factors which moderate outcome for COAs will be described. In particular, the mediating effect of gender and family variables will be highlighted.

Historical Overview of COA Research Pertaining to Coping

Many recent reviews of COA literature have noted that as a whole, this research evidences numerous conceptual and methodological biases. In part, these stem from problems with sample selection. Researchers have noted that it is difficult to obtain COA subjects without drawing predominantly from clinical populations due to confidentiality issues. The lack of awareness on the part of many COAs that their parents have problems with drinking also contributes to sample selection difficulties (NIAAA, 1985). Several reviewers (Burk & Sher, 1988; COA Foundation, 1984; Heller, Sher & Benson, 1982; Keane, 1983) have asserted that the level of psychopathology which has been found in COAs may be overestimated. It has been noted that COA samples are often skewed toward "inclusion of children whose parents' alcoholism was more severe and/or combined with other serious problems, or children already in treatment themselves." (COA Foundation, 1984, p. 13).

Other problems noted include: the absence of control groups or inappropriate selection of control subjects, the sparse number of longitudinal studies which could determine the extent to which symptoms are maintained over time, a lack of clear, consistent operational definitions for variables (particularly for parental alcoholism and aspects of child psychopathology), and an overabundance of male as opposed to female subjects (Burke & Sher, 1988; COA Foundation, 1984; El-Guebaly & Offord, 1977, 1979; Heller, Sher & Benson, 1982; Woodside, 1983). In addition, the existence of numerous

confounding variables which may also lead to problems in offspring, such as parent marital status, socio-economic factors and the existence of other areas of psychopathology in the parents, has been identified as problematic (Ackerman, 1987a; Burk & Sher, 1988; El-Guebaly & Offord, 1977, 1979; Tharinger & Koranek, 1988; Werner, 1986).

In view of these limitations, information regarding COA symptomatology must be carefully interpreted and, in many cases, findings cannot be generalized to the COA population as a whole.

The fact that early research focused primarily on identifying areas of psychopathology has also been criticized (Burk & Sher, 1988; Heller, Sher & Benson, 1982; Wilson & Orford, 1978). Current critics of COA literature contend that this emphasis on psychopathology has resulted in the over-labeling and stigmatization of COAs (Ackerman, 1987a; Burk & Sher, 1988). In reaction to this overemphasis on negative developmental consequences for COAs and also as a result of recent research which indicates that some offspring evidence resiliency and appear asymptomatic (Burk, 1985; Keane, 1983; Werner, 1986), it has generally been noted that research efforts need to shift from a focus on pathology to an examination of adaptive aspects of COA functioning. In particular, coping has been identified as an area which warrants considerable examination in future COA research.

Heller, Sher and Benson (1982), who have taken a strong stance on the importance of assessing coping skills in COAs, contend that the most important research issue is that of determining how well-adjusted COAs

differ in their coping strategies from poorly-adjusted COAs. They argue that this information would be directly applicable to COA treatment programs. In their view, with the development of research data which concerns effective coping, "future researchers could use this information to design programs to increase coping capacity and/or to provide environmental supports to reduce the risks associated with alcoholic parentage"(p.183). Wilson and Orford (1978) have also noted the need for research which focuses on coping behaviors in COAs. Clair and Genest (1987), who have done preliminary analyses on coping style as it affects the adjustment of COAs, emphasize that "coping is of particular interest in this population because ... it may be a moderator over which the individual has some control." (p. 346).

Aspects of Coping in COAs

The following sections will review clinical and empirical literature which pertains to each of the aspects of coping which have been selected for examination in this study. Subsequently, coping issues which are specific to *adolescent* COAs will be discussed.

Increased risk for alcohol involvement as a coping strategy.

Numerous studies have established that COAs are at greater risk for developing alcoholism. Although the figure varies depending on the population as well as the type of study conducted, empirical data suggest that COAs are two to nine times more likely to become alcoholic than CNAs (NIAAA,

1985; Pickens, 1981; Woodside, 1988a). According to studies of chemically dependent adolescents, 80% come from homes with at least one alcoholic parent (Nicholson, 1984).

Many alcohol involvement studies have been done retrospectively and often relied on clinical adult and adolescent populations which included alcoholics and nonalcoholics. Principally, studies of this nature (Alterman & Tarter, 1983; Hesselbrook, Stabenau, Hesselbrook, Meyer & Babor, 1982; McKenna & Pickens, 1981; Shuckit, 1983) found that a much greater percentage of alcoholics as compared to nonalcoholics had alcoholic parents.

Cotton (1979), who has reviewed the literature regarding prevalence of parental alcoholism for alcoholic as opposed to nonalcoholic populations, cites that approximately 31% of alcoholics had at least one parent who was alcoholic. In the nonalcoholic, nonpsychiatric populations studied, 4.7% reported parental alcoholism.

Regarding prevalence of alcoholism in COAs themselves, Miller and Jang (1977), who conducted a 20-year longitudinal study of a clinical child population, found that 36% of adult COAs as opposed to 16% of adult CNAs reported problem drinking. Another longitudinal study of males only (Nylander & Rydelius, 1982) showed significantly higher levels of alcohol use in COAs versus CNAs and found that these results were equally evident in high and low socioeconomic groups.

Research examining alcohol use in clinical as well as nonclinical populations reveals that COAs display greater tendencies to engage in