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Personality Characteristics and Personality Styles of Adult Children of Alcoholics as Compared with Adult Children of Nonalcoholics

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PERSONALITY CHARACTERISTICS AND PERSONALITY STYLES OF ADULT CHILDREN OF ALCOHOLICS AS COMPARED WITH ADULT CHILDREN OF NONALCOHOLICS

by

George David Thomson

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PERSONALITY CHARACTERISTICS AND PERSONALITY STYLES OF ADULT CHILDREN OF ALCOHOLICS AS COMPARED WITH ADULT CHILDREN OF NONALCOHOLICS

George David Thomson, Ed.D.
Western Michigan University, 1989

The focus of this study was to explore the impact of parental alcoholism on personalities of college students who identify themselves as adult children of alcoholics. There were two main areas of research. One explored the degree of difference between adult children of alcoholics and adult children of nonalcoholics on personality characteristics identified by the literature to be dominant traits of adult children of alcoholics. These traits were: (a) dominance, (b) serious-mindedness, (c) social recognition, (d) abasement, (e) autonomy, and (f) defendence. The second explored the possibility that adult children of alcoholics are prone to certain personality styles. These personality styles were: Millon’s (1981) ambivalent personality styles and Holland’s (1973) artistic personality type.

The randomly selected subjects were 160 college students, male and female, ranging in age from 18 years to 55 years. All information was gathered by examining subjects’ files at a university counseling center. The subjects were divided into the adult children of alcoholic group and the adult children of nonalcoholic group based on a self-identification by each subject that one or more parent was or was not an alcoholic. The results from the Personality Research Form, Strong-Campbell Interest Inventory, Problem Checklist (Counseling Center’s), and Personal Fact Sheet were compared for significant differences between each group. Statistics utilized to analyze the data were: Hotelling’s t-test, Pearson Product Correlations, t-test,
and z-test. There were 14 hypotheses tested using a .05 level of significance.

The results show that adult children of alcoholics do not have personality traits that differ significantly from adult children of nonalcoholics. However, adult children of alcoholics were found to be significantly more conflict-laden and more prone to Millon's (1981) active-ambivalent personality style than adult children of non alcoholics.

This study lays the ground work for further exploration of the relationship between being an adult child of an alcoholic and Millon's (1981) active-ambivalent personality style. This link helps place what has been personal accounts and general clinical observations into a theoretical framework that can be used by psychologists.
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Western Michigan University, 1989

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George David Thomson
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CHAPTER I

INTRODUCTION

Background of the Problem

Children of alcoholic parents are becoming recognized as a high risk population with the potential for developing a wide range of psychological disturbances (el-Guebaly & Offord, 1977; Nylander, 1960). Estimates have put the number of people in the United States who have at least one alcoholic parent at 28 million (Children of Alcoholics Foundation, 1983; National Association for Children of Alcoholics, (NACOA), 1983). One out of eight Americans is a child of an alcoholic. el-Guebaly (1982), in his review of the literature on children of alcoholics, expressed the need for well-designed studies that use objective and empirically adequate measures to examine the results of growing up in an alcoholic family. The literature on children of alcoholics is relatively small and is based on clinical observations (Wilson & Orford, 1978). Studies on psychosocial characteristics of adult offspring of alcoholics are rare (Benson, 1980).

Interest in studying children of alcoholics stems from two major bodies of research. The first area of research indicated that children of alcoholics may experience a significantly higher rate of alcoholism than the general population (Hawley & Brown, 1981). Fox (1968), in his study, concluded that 52% of alcoholics came from homes in which one or both parents had a drinking problem. Woodside (1982) stated that children of alcoholics are four times more likely to become alcoholics than other children. In a study of personality factors of alcoholics, Aronson and Gilbert (1963) surveyed data from a large number of studies and found that 55%
of the alcoholics studied reported parental alcoholism. It is apparent from the cited literature that children of alcoholics compose a large group of potential alcoholics. Expanding the knowledge of this group's psychological characteristics would help in effective treatment of the children of alcoholics, along with the possible prevention of the late onset of alcoholism in these children.

A second body of research focused on psychological disturbances other than alcoholism to which the children of alcoholics may be prone. Many people with various psychological concerns who present themselves at outpatient clinics and counseling centers have at least one parent who is an alcoholic (National Association of Children of Alcoholics (NACOA), 1983; Woititz, 1983). Research has shown that children of alcoholics are prone to low self-esteem, depression, and isolation (Black, 1982; Chafetz, 1979; Cork, 1969; Greenleaf, 1981). Other studies have attempted to delineate unique personality characteristics which set children of alcoholics apart from other children (Donovan, 1981; Jackson, J. 1984). It is this area of knowledge that was the focus of this study. A clearer understanding of the psychological characteristics of those clients who are children of alcoholics will help build relationships between therapist and that group of clients and allow for more effective treatment.

**Adult Children of Alcoholics**

Some children experience the effects of living with an alcoholic parent early in their lives. These children may abuse drugs and alcohol, become delinquent, have trouble in school, or have other social or psychological problems (Hawley & Brown, 1981). Yet, there is a large group of individuals, according to Woodside (1982), who do not experience until midlife the pain, hurtfulness, and anger that is associated with parental alcoholism. These adult children of alcoholics are survivors...
of an extremely difficult and chaotic family life. In order to survive this chaotic family life, children of alcoholics, like other children from dysfunctional families, depend heavily on defense mechanisms, especially denial (Cermak, 1984; Gennett, 1983; Gravitz & Bowden, 1984). These defense mechanisms prove to be valuable strengths in adapting to an erratic, confusing environment as a child. Many of these individuals make it through their childhood utilizing this adaptive ability and become highly functional in many aspects of their lives educationally or professionally (Woititz, 1983). Yet, the very same defense mechanisms that served them so well in childhood are no longer functional in adulthood. The use of these primary defenses becomes dysfunctional in relationships outside of the alcoholic home. Continued use of defense mechanisms in a rigid, inflexible manner causes these individuals to remain unaware of their feelings and needs. Fulfilling relationships become extremely difficult for these people as they have minimal ability to feel close or intimate with other individuals (Gravitz & Bowden, 1984; Woititz, 1985).

Millon (1981) defined personality as a group of traits that are "'ingrained and habitual ways of psychological functioning that emerge from the individual's entire developmental history’" (p.4). These traits are shaped by individuals’ interactions with their world. Gradually, individuals acquire a pattern of relating to others and coping with their world.

Growing up in a home with an alcoholic parent exposes children to common behaviors and familiar interactions that might affect their development and distinguish most of them from other children who have not been raised in a dysfunctional home (Black, 1982). There is clinical evidence to date that adult children of alcoholics demonstrate a commonality of personality characteristics that differ from those adult children of nonalcoholics (Jackson, J. 1984; Woititz, 1985).

Adult children of alcoholics share five central issues or characteristics with other troubled adults:
1. Conflicts involving issues of control—control of self, others, and environment.

2. Inability to trust.

3. Denial of their own needs and feelings.

4. Excessive sense of responsibility.

5. Compulsive need for approval.

(Cermak & Brown, 1982; Jackson, J. 1984; Woititz, 1983). The main issue that overshadowed the other four characteristics was that of control, according to Cermak and Brown (1982). These five issues are elaborated on in greater detail in Chapter II.

Children of alcoholics, as adults, have an extreme need to control situations, relationships, emotions, environment, and others (Jackson, J. 1984). Cermak and Brown (1982) stated that adult children of alcoholics believe feelings are expressed for the specific effect that they have on others. They become fearful of the repercussions of expressing negative, hurtful, or erratic feelings. They continually question the validity of their own feelings. In an alcoholic family as well as in other pathogenic family environments, the feelings of children are not validated (Woititz, 1985). In fact, the children are constantly told that what they are perceiving or feeling is wrong. As these children grow up, they have difficulty recognizing and expressing feelings or emotions because they will suffer negative consequences (Black, 1982).

What do adult children of alcoholics do when they experience psychologically disturbing feelings or cognitions? According to the literature, they deny, or otherwise distort, and tend to express these feelings or cognitions indirectly (Cermak & Brown, 1982; Jackson, J. 1984; Woititz, 1985).

An artistic personality type as defined by Holland (1973) is an individual who prefers free, unstructured situations, with maximum opportunities for self expression.
Artistic personality types approach the world from an introspective, asocial position. No research has been found in the review of the literature which explored this relationship of being an adult child of an alcoholic and being an artistic personality type. Studies have shown that children of alcoholics use indirect methods of expressing feelings, such as acting out (Lund & Landesman-Dwyer, 1978), and Mooney & Razik (1967) found that a large portion of creative/artistic individuals reported dysfunctional family lives which, at times, included alcoholic parents.

Millon (1981), incorporating many personality theories, developed his own bio-social-learning theory. Out of this theory, he developed personality "coping patterns" which he viewed as complex forms of instrumental behavior. Individuals adapt these coping patterns to achieve positive reinforcements and avoid negative reinforcement. According to Millon (1981), these patterns "reflect what kinds of reinforcements individuals have learned to seek or avoid (pleasure—pain), where individuals look to obtain them (self—others), and how individuals have learned to behave in order to elicit or escape them (active—passive)" (p. 59). Using these polarities, Millon produced eight basic personality patterns. These patterns are: (1) Passive-dependent, (2) active-dependent, (3) passive-independent, (4) active-independent, (5) passive-ambivalent, (6) active-ambivalent, (7) passive-detached, and (8) active-detached. These patterns expand and broaden the information contained in Diagnostic and Statistical Manual of Mental Disorders Third Edition Revised (American Psychiatric Association, 1983). Each pattern can be viewed as existing on a continuum. According to Millon, each individual, depending on their biogenic make-up and early sociolearning experiences acquires a style of relating to self and others. These styles form the very core of the individual's personality, although very few individuals fall exclusively into one pattern. Most individuals will find themselves in one or more of Millon's personality patterns.
As individuals are exposed to psychopathogenic factors, their personality styles may extend into certain kinds of psychopathology and personality disturbances. Pathogenic learnings usually come from three different sources: (1) events that produce intense anxieties, (2) imitation of maladaptive behaviors, and (3) lack of skills and competencies in coping with one's world. When exposed to these psychopathogenic factors, the individual's style may become inflexible, produce vicious self-defeating circles, and become unstable under conditions of stress.

Millon has speculated that there are certain predisposing factors that contribute to the formation or preference towards personality patterns. Millon outlines both biogenic and experiential factors that might predispose an individual to acquire a certain personality pattern.

The literature indicates that adult children of alcoholics have a cluster of similar personality traits (Cermak & Brown, 1982; Jackson, J. 1984; Woodside, 1982). Upon examining the research on children of alcoholics' interpersonal coping style, personality characteristics, and family history as well as looking at Millon's personality patterns, there appears to be a possibility that adult children of alcoholics may display certain coping patterns more frequently than others. Does being an adult child of an alcoholic lead to the utilization of certain coping patterns over others? The significance of examining this question is that the descriptive data on the characteristics of adult children of alcoholics could be integrated into a well-documented, well-accepted theory of personality classification. If this is possible, then therapists/counselors could have a framework for diagnosing and treating adult children of alcoholics.

If there can be one word that summarizes the adult child of an alcoholic's life, according to the it would be conflict—conflict involving control; trust vs. mistrust; responsible vs. irresponsible; dependency vs. independent; and selfish vs. unselfish...
The child of an alcoholic is brought up in an environment that provides inconsistent modeling, full of approach-avoidance conflicts (Black, 1983; Moorehouse, 1979; Woititz, 1983).

According to Millon (1981), normal individuals learn to feel comfortable with themselves and with others. They seek rewards and satisfactions from both sources. The personality patterns of passive-dependent, active-dependent, passive-independent, active-independent all have consciously and unconsciously been learned through attending to available reinforcement contingencies to rely primarily on self or others. There is little discomfort with their choice and very little conflict. The passive- and active-dependent types have learned to obtain their rewards from outside themselves. The active- and passive-independents have learned to obtain their satisfactions from themselves. However, the ambivalent personality patterns that Millon describes have not resolved the decision to move towards others or self. In fact, it is this conflict of whether to choose self vs. others that distinguishes the ambivalent personality patterns from the other personality patterns. This struggle between looking to oneself for reinforcement or looking to others for reinforcement produces major conflicts in ambivalent personality types. The types of parenting talked about by Millon in both the passive-ambivalent (over-controlling parenting) and the active-ambivalent (extremely inconsistent parenting) are frequently mentioned in the literature of adult children of alcoholics (Ablon, 1976; Al-Anon, 1969; Berenson, 1976; Bowen, 1974; Filstead, 1977; Steinglass, 1976).

Purposes of the Study

There were two purposes of this research. The first purpose was to measure and compare the personality characteristics of the adult children of alcoholics with other individuals who did not grow up with a parent who was an alcoholic. The
second purpose of this study was to examine the relationship that exists, if any, between being an adult child of an alcoholic and having certain personality patterns described by Holland (1973) and Millon (1981). This study specifically examined whether there was any significant correlation between being an adult child of an alcoholic and being an artistic personality type, as described by Holland. The study also examined the relationship that exists, if any, between being an adult child of an alcoholic and the ambivalent personality patterns that Millon (1981) describes.

Research Questions

Most researchers assume that growing up in a home with at least one parent who is an alcoholic will produce permanent effects in the individual’s adjustments or coping abilities. Personality characteristics peculiar to adult children of alcoholics have been mainly speculative until recently. J. Jackson (1984) found that adult children of alcoholics exhibit characteristics that are different from those not raised in an alcoholic family. Those characteristics include: a tendency to be more guilt-prone, self-blaming, hypersensitive to others, and more dominant in relationships than those not raised in alcoholic families.

This study examined the personality characteristics of adult children of alcoholics and adult children of nonalcoholics to determine whether there were any significant differences with regard to characteristics that the literature reveals to be more prevalent in the adult children of alcoholic group. This study also explored the possibility that because of exposure to certain learning patterns and behavioral models, adult children of alcoholics may acquire certain personality patterns over others. It was hypothesized that adult children of alcoholics may acquire ambivalent personality patterns more than other personality patterns. The ambivalent personality patterns, according to Millon (1981), are the most conflicted of the personality
patterns. Research has suggested that adult children of alcoholics experience a great deal of conflict (Woititz, 1983). The degree of interpersonal and intrapersonal conflict experienced by adult children of alcoholics will be measured by examining results of the Personality Research Form (PRF) (Jackson, D. 1984) and a self-reported checklist.

In addition, this study also examined the correlation between being an adult child of an alcoholic and being an artistic personality type. Artistic personality type is a personality style composed of many personality traits or characteristics defined by Holland (1978). This trait was measured using the Artistic scale of the general occupational themes of the Strong-Campbell Interest Inventory (Campbell & Hansen, 1985).

The general hypothesis of this study was that adult children of alcoholics have significantly different personality characteristics from adult children of nonalcoholics. These characteristics were measured by the Personality Research Form (P.R.F.) and the Artistic scale of the general occupational theme of the Strong-Campbell Interest Inventory.

Fourteen hypotheses were developed for testing:

Hypothesis 1. The personality trait of dominance, controlling and domineering as measured by the dominance scale of the P.R.F. will be significantly greater for college students who reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Hypothesis 2. The personality trait of seriousness, not fun-loving and not pleasure-seeking, as measured by the play scale of the P.R.F. will be significantly lower for college students who reported having one or two alcoholic parents and who were considered for the purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.
Hypothesis 3. The personality trait of approval-seeking and people-pleasing as measured by the social recognition scale of the P.R.F. will be significantly greater for college students who reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Hypothesis 4. The personality trait of self-blaming and a tendency to feel responsible for the behavior of others, as measured by the abasement scale of the P.R.F., will be significantly greater for college students who reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Hypothesis 5. The personality trait of isolationistic, independent, rebellious, and individualistic as measured by the autonomy scale of the P.R.F. will be significantly greater for college students who are reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Hypothesis 6. The personality trait of an inability to trust others as measured by the defendence scale of the P.R.F. will be significantly greater for college students who reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Hypothesis 7. The correlation between the Impulsivity and Change scales and the Harm-voidance, Order, and Cognitive Structure scales of the P.R.F. will be significantly smaller for college students who reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children
of alcoholics than for college students who are not children of alcoholics.

Hypothesis 8. The correlation between the Achievement, Endurance, and Play scales of the P.R.F. will be significantly smaller for college students who reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Hypothesis 9. The correlation between the Succorance scale and the Autonomy scale of the P.R.F. will be significantly smaller for college students who reported having one or two alcoholic parents and who are considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Hypothesis 10. The correlation between the Dominance scale and the Abasement scale of the P.R.F. will be significantly smaller for college students who reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Hypothesis 11. The correlation between the Affiliation, Nurturance, Exhibition and Social Recognition scales and the Aggression and Defendence scales of the P.R.F. will be significantly smaller for college students who reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Hypothesis 12. There will be a significantly larger number of problem areas indicated on the problem checklist for college students who reported having one or two alcoholic parents and who are considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.
Hypothesis 13. There will be a significantly larger number of problem areas on the problem checklist marked as in need of immediate attention for college students who reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Hypothesis 14. The artistic theme as measured by the Strong-Campbell Interest Inventory will be significantly greater for college students who reported having one or two alcoholic parents and who were considered for purposes of this study to be adult children of alcoholics than for college students who are not children of alcoholics.

Significance of the Study

The results of the study are intended to increase the understanding of the adult child of an alcoholic, a large group of individuals who seek counseling and psychotherapy. An understanding of the personality characteristics and dynamics of adult children of alcoholics can help counselors and psychologists develop effective methods of treating clients.

Crawford and Phyfer (1988) suggest that, for many adult children of alcoholics, college represents their first experience in the adult world and the negative repercussions of adhering to negative behavioral patterns learned in a dysfunctional family can be severe and lasting. College counselors, researchers, and psychologists working in university counseling centers have a unique opportunity to impact this largely neglected population. Crawford and Phyfer go on to suggest that developing a profile of adults in alcoholic families would illuminate the nature of the effects.

If there is a relationship between being an adult child of an alcoholic and being an artistic/personality type, counseling psychologists might utilize this relationship
in therapy by encouraging adult children of alcoholics to express their feelings through drawings or visualizations rather than just verbal expression. Counseling psychologists can gently lead the adult children of alcoholics towards the full exploration of their feelings. Counseling psychologists can also demonstrate that this personality style may keep adult children of alcoholics in the already learned state of social isolation, restlessness, and hypersensitivity (Cermak & Brown, 1982; Hawley & Brown, 1981; Jackson, J. 1984; Woititz, 1983). These traits have also been found in artists and creative individuals (Cross, Cattell & Butcher, 1967; Domino, 1970).

In addition, the literature has indicated the need to emphasize the adult children of alcoholics’ strengths rather than constantly examining the pathology developed by living in an alcoholic family (Baines & Benson, 1979). If a relationship is found between being an adult child of an alcoholic and being an artistic personality type, counseling psychologists can encourage these clients to use their talents wisely and help them see this gift as a strength rather than a weakness.

As noted previously, although there is increasing interest in studying children of alcoholics, the literature is relatively small and speculative (Wilson & Orford, 1978). Well-designed studies of psychosocial characteristics of adult children of alcoholics are rare (Benson, 1980). Obtaining descriptive data that would help place adult children into a larger theoretical framework has not been attempted. If adult children of alcoholics are found to have a high degree of conflict centered around whether they turn primarily to themselves or to others to find rewards and security, then they might be ambivalent personalities (Millon, 1981). By placing adult children into Millon’s framework, counseling psychologists would have a strong theoretical base from which to make clinical hypotheses. For example, if a client presents himself or herself outwardly as strong passive compliant personality type, yet the counselor knew the client to be an adult child of an alcoholic, the counselor might
hypothesize that the client had conflicts when turning to people or self, although at first observation, the client seems to be very much dependent on others.

By examining adult children of alcoholics' conflictual areas, such as measures of orientation towards direction from other people, degree of ascendancy, and measures of impulse expression and control, this study adds descriptive data that will help counselors identify therapeutic conflicts and issues. One of these struggles includes the adult child of an alcoholic's seemingly strong need for the counselor's affections; yet, when the counseling psychologist expresses these, they are discounted or rejected. Another might be the issue of trust vs. mistrust in which the adult child of an alcoholic might be in constant conflict as to which direction to turn.

Finally, obtaining demographic data on a non-clinical population of adult children of alcoholics adds to the knowledge of a large population of individuals who are seeking treatment. Many clinical observations have been made concerning these individuals; however, very little researched data has been obtained. This study on adult children of alcoholics provides data such as birth order, age, sex, number of presenting problems, college major, results from an interest inventory, and personality characteristics for a selected population.

Overview of the Study

This study examined the personality characteristics of adult children of alcoholics to look at any commonality among characteristics and to explore the differences, if any, between adult children of alcoholics and those not raised in a family where an alcoholic parent was present.

One personality trait of adult children of alcoholics, according to the literature, is the denial of their own needs or feelings (Cermak & Brown, 1982; Jackson, J. 1984). The adult children of alcoholics suppress, deny, and express indirectly
their feelings. Art has long been known as an indirect way of expressing one's feelings. This study explored the relationship, if any, between being an adult child of an alcoholic and being an artistic personality type.

This study also examined the relationship which exists, if any, between being an adult child of an alcoholic and having an ambivalent personality pattern as described by Millon (1981).

In Chapter II, the current literature surrounding the following topics is reviewed: alcoholism—description, causes, and effects, alcoholic family environment, effects of being a child of an alcoholic, personality characteristics of adult children of alcoholics, the artistic personality style, and the ambivalent personality style.

In Chapter III, the design and methodology of the study is outlined. Briefly, the study entailed a comparison of two groups of college students, using demographic data, the Personality Research Form, and the Strong-Campbell Interest Inventory. One group consisted of college students seeking career counseling who are adult children of alcoholics. The other group consisted of college students seeking career counseling, but who were adult children of alcoholics.

Chapter III also includes a description of the population and sample, methods of data collection, and methods of data analysis.

Chapter IV includes the results from the data analysis and Chapter V includes the discussion and conclusion.

Definitions of the Terms

Key terms and concepts used in the study are defined as follows:

Although there is no single, agreed upon definition of alcoholism in the current literature, there are some generalizations which were used in this study. Alcoholism is an addiction to alcohol characterized by the insatiable desire to have the grati-
fication of alcohol or to avoid mental or physical distress, and by the loss of control over one's drinking. Alcoholism is a form of dependence. An alcoholic cannot consistently choose whether he/she will drink or will not drink (Levine, 1978).

An **Alcoholic** is an individual who suffers from chronic alcoholism or is excessively addicted to alcoholic liquor. A chronic alcoholic is an individual who uses alcohol to such an extent that it interferes with successful physical, personal, and social functioning. The alcoholic cannot or is unwilling to identify the serious effects of his/her habit or, if the alcoholic recognizes them, he/she is unable or unwilling to stop alcohol consumption (Jackson, J. 1984).

The **Adult Child of an Alcoholic**, for the purpose of this study, is a college-aged or older individual who identifies at least one parent or step-parent as being an alcoholic.

The **Adult Child of a Nonalcoholic** is any college-aged or older individual who does not identify at least one parent or step-parent as being an alcoholic.

The **Ambivalent Personality Patterns** are personality styles acquired by individuals who are exposed to certain early learning patterns and models. Like other patterns developed by Millon (1981), these patterns function on a continuum from normal to psychopathological personality disturbances. The more psychopathogenic factors individuals are exposed to, the more likely that their personality pattern will become more pathological. Individuals who acquire ambivalent personality patterns are so beset with internal conflicts that they have difficulty escaping from since the conflicts are so much a part of their personality. Individuals who have ambivalent personality patterns--passive and active--have as a major conflict their failure to resolve satisfactorily whether they will primarily turn to themselves or people for security and rewards. These individuals struggle between obedience and defiance.

The **Artistic Personality Type** is a personality type which prefers free, unstruc-
tured situations, with maximum opportunities for self-expression. These individu-
als are introspective, somewhat asocial, have a great need for individual expression,
and strong tendency for impulsive behavior. They are creative, especially in artistic
media and musical media. The artistic individuals describe themselves as expressive,
original, intuitive, creative, non-conforming, introspective, and independent
(Holland, 1973).

**Personality** is a tightly knit organization of attitudes, habits, traits, and char-
acteristics that make up a person’s way of coping with day-to-day living (Millon,
1981). An individual’s personality is made up of traits that are ingrained and habitual
ways of psychological functioning. These characteristics or traits are learned over
time and during normal conditions relatively stable and predictable. Although the
individual’s personality is shaped over his or her entire developmental history, the
childhood experience has a profound effect on personality development (Millon,

**Personality Characteristic(s)** are an individual’s preferred way or relating to
others and coping with this world. They are gradually shaped behavior-response
patterns developed over time. Personality characteristics are repetitively reinforced
by a limited social environment and are persistent over time (Millon, 1981).

**Limitations of the Study**

Determining who was considered as an adult child of an alcoholic was accom-
plished by answering a simple questionnaire. This self-report limited generaliza-
tions from this study.

Since all subjects were obtained from a large, metropolitan, southern commuter
university, geographical and population limitations occurred.
CHAPTER II

REVIEW OF THE LITERATURE

The literature reviewed included studies on the causes of alcoholism, the effects of having an alcoholic parent, the character and behavior of alcoholics, personality characteristics of adult children of alcoholics, family environment and its effects on children, and the artistic personality type-traits and characteristics and ambivalent personality styles. Thus, this chapter is divided into the following major sub-divisions:

1. **Alcoholism: Its Causes, Effects, and Definition.** The causes and definitions of alcoholism are reviewed. Overall effects of alcoholism on our society are discussed.

2. **The Alcoholic Family and Environment.** The studies revolving around the effects of having an alcoholic in one's family are reviewed. A brief discussion on family theory and how alcoholism fits into that theory are also included.

3. **Effects of Being a Child of an Alcoholic.** Special attention is given to studies that specifically explored the relationship between being a child of an alcoholic and its effect on emotional stability.

4. **Characteristics of Adult Children of Alcoholics.** The major characteristics are reviewed along with the effects on the adult children and their world. Although the literature is minimal, there appeared to be support for a consistent profile of children of alcoholics.

5. **The Artistic Personality Style: Traits and Characteristics.** The research on the artistic personality style is explored with special attention to the artistic in-
individual’s family environment, unique traits, and characteristics.

6. The Ambivalent Personality Styles: Traits and Characteristics. The development of these personality styles is reviewed. The characteristics and clinical features of these personality styles are highlighted paying special attention to how these characteristics relate to adult children of alcoholics.

Alcoholism: Its Causes, Effects, and Definition.

Alcoholism can affect people at every age and in every walk of life. It is a chronic psychological and physiological condition. Chafetz (1979) defined alcoholism as an obsessive preoccupation with alcohol to the detriment of one's physical and mental health, by one's loss of control when drinking has begun, and by a propensity to self-destruct when dealing in interpersonal relationships. One out of three Americans said that some degree of drinking behavior is a cause of trouble in his or her family (Miller, 1983). Nine million Americans are addicted to alcohol. It is the number-one drug problem in the United States, and recent figures indicate that at least 10 million adult workers are alcohol abusers (Miller, 1984).

Alcoholism is characterized by the insatiable desire to have the gratification of alcohol intoxication, to avoid mental or physical distress, and by the loss of control over one’s drinking. Loss of control is an essential part of alcoholism. An alcoholic cannot consistently choose whether he or she will drink or will not drink. Alcoholics come to a point where they are powerless and cannot help drinking (Levine, 1978).

The Diagnostic and Statistical Manual of Mental Disorders Revised Edition (American Psychiatric Association, 1983) outlines two criteria for a diagnosis of alcohol dependence (or alcoholism). The first is either a pattern of pathological alcohol use or impairment in social or occupational functioning due to alcohol use.
Pathological use was defined as a strong need for daily use of alcohol for adequate functioning, inability to control that drinking, repeated efforts to control or restrict drinking, regular occurrences of binges or black-outs, and the continued use of alcohol despite a serious illness that the individual knows is made worse by alcohol use. The second is either tolerance or withdrawal. Tolerance means the need for larger amounts of alcohol to achieve the desired amount of alcohol intoxicification, and withdrawal means the development of withdrawal symptoms such as shakes and depression after nonalcohol use.

An alcoholic is obsessed with alcohol and feels compelled to use it. Obsession and compulsion are psychological symptoms of alcoholism and, more generally, of passive-ambivalent personalities. Physically, alcoholics become addicted to alcohol as shown by the actual withdrawal symptoms when alcoholics attempt to abstain.

Many theories have been proposed for the cause of alcoholism. The nature versus nurture (el-Guebaly, 1982) debate regarding the etiology of alcoholism is ongoing.

Alcoholism in both adult males and females is probably related to a variety of physiological, psychological, and sociological variables (Corrigan, 1980). There is clear evidence that there is a genetic component, but how this predisposition to alcoholism interacts with the environment to produce alcoholism is still not clear. Alcohol temporarily cuts off feelings of anger and disappointment and is a symbolic substitute for affection. In the Western World, alcohol is the drug most utilized to relieve the discomfort of stress-filled lives.

The Alcoholic Family Environment

The importance of childhood experiences on personality development has been confirmed by numerous researchers and theorists (Campbell, 1971; Hall & Lindsey,
1970; Staub, 1980). Socialization by parents has traditionally been regarded as the dominant influence on children’s personalities (Staub, 1980). Psychoanalytic and psychosocial theorists have repeatedly exposed that personality patterns as well as psychological disturbances in these patterns are a result of faulty parent-child relations (Campbell, 1971; Erickson, 1978; Miller, 1981; Millon, 1981). Freud stressed the concepts of the child’s identification with socializing agents—primarily parents and the internalization of beliefs, values, and behaviors that result from identification with parents (Staub, 1980).

Behavioral learning theory stressed the individual’s need of positive reflections of the self from the social environment. Identification of stimuli that maintain behavior or behavior problems is the main target of behaviorists. Children’s lives then are formed by the personalities of their parents and events in their lives. The behavior repertoire of children is developed in the social context of the family. Behavioral problems are a result of previous and current reinforcing stimuli (Erickson, 1978; Jackson, J. 1984; Mead, 1934).

Millon (1981) described children as entering into the world with their own constitutional disposition and interacting with their environment in a largely unpredictable, changeable fashion. As children try out various behaviors trying to cope with their environment, they start to discriminate which actions enable them to obtain their goals and desires and avoid discomforts. Through this gradual shaping process at the hands of significant others, children form preferred ways of relating to others and coping with the world. These learned behaviors move into acquired pattern of traits which compose their personality.

Millon (1981) defined personality as a tightly knit organization of attitudes, habits, and emotions. This learned way of relating will determine whether individuals will master or succumb to their psychosocial environment. As children grow up
in a dysfunctional family environment such as the alcoholic family, they learn maladaptive patterns of coping that perpetuate their pathological way of relating to their environment and to others. Millon (1969) described three maladaptive patterns: adaptive inflexibility, a tendency to foster vicious or self-defeating circles, and a tenuous emotional stability under conditions of stress. According to the literature, the alcoholic family environment appears to foster development of these maladaptive behavior patterns in their children (Black, 1982; Woititz, 1985). Children of alcoholics maintain rigid use of defense mechanisms even though they deprive themselves of close, intimate relationships (Woititz, 1985). By ending up in relationships with other alcoholics or becoming one themselves, adult children of alcoholics continue the self-defeating patterns established by their alcoholic parents (Seixas & Youcha, 1985).

Greenleaf (1981) stated that the personality patterns and behaviors of adult children of alcoholics represent distinct coping adaptations that originate out of the dynamics of the parent-child relationship. These patterns learned in a dysfunctional alcoholic family lay the foundation for future relationships in adulthood.

Steinglass (1976) proposed that alcoholism not only becomes enmeshed in family functioning, but also can develop into an adaptive organizing mechanism for the family. He stated that:

Alcohol by dint of its profound behavioral, cultural, societal, and physical consequences, might assume such a central position in the life of some families as to become an organizing principle for interactional life. In such a system the presence or absence of alcohol becomes the single most important variable determining the interactional behavior. (p. 106)

Alcoholism has a negative and often destructive impact on family life. Alcoholics generally represent highly undesirable parental models. This has an effect on patterns of communication, interpersonal relationships, personal growth, and struc-
tural arrangements in the family (Ablon, 1976; Al-Anon, 1969; Berenson, 1976; Bowen, 1974; Filstead, 1977; Steinglass, 1976, 1980). The child of an alcoholic may not be exposed to many of the socialization experiences necessary for healthy psychological development. Alcoholism-involved families have been found to have more conflict, have poorer communication processes, tend to be noncohesive, impede and/or prevent the participation of family members in personal growth activities, and are more disorganized and controlling than normal families (Kogan & Jackson, 1965; Wilson & Oxford, 1978). Filstead (1977) found that alcoholic families differed from normal families on variables such as cohesion, expressiveness, conflict, independence, and organization. These results were consistent with earlier findings.

Prewett, Spence, and Chakins (1981) have explored the impact that this family environment has on a child's perception of causality. They found that children of alcoholics have significantly more external attributions than children with non-alcoholic parents. They hypothesized that alcoholic parents provide inconsistent role models for proper development of competencies required to interact effectively with their environment. Consequently, the child of an alcoholic becomes response independent. Seligman (1975) described this as a person who views consequences in life as being unrelated to his or her behavior. An individual’s behavior or action has little or no effect on the outcome he or she receives.

Hecht (1973) stated that children learn through identification which takes place unconsciously and consciously through communication and role playing. In an alcoholic family, there is role confusion. The alcoholic becomes childlike while the children take on the responsibilities of the absent parent. Alcoholism itself becomes a role model. The children experience inconsistent limit setting—at times extremely severe limits while at other times, none at all. In this atmosphere of inconsistency, words lose meaning, and, following the model of the alcoholic parent,
children begin to act out (Nylander, 1963).

Frequently, a common thread in alcoholic homes is the presence of physical abuse. Children in alcoholic families are many times targets of this physical and/or mental abuse (National Association of Children of Alcoholics, NACOA, 1983). If they are not the actual targets, they end up being caught in the middle in marital conflicts that are marked by lowered inhibitions and loss of control. The children learn that they cannot rely on their parents for reasonable protection and limit setting (Mayer & Black, 1977).

This volatile atmosphere creates a stranglehold on the family’s communication pattern. Family members learn to “walk on egg shells,” being careful not to say something that will set off the alcoholic. Eventually, the children learn either to hold things in because it will cause havoc or because it is useless to express oneself since it will not be heard. Therefore, children do not have a real chance to learn to express themselves directly. Revealing any intimate feelings is extremely difficult and uncomfortable (Wegscheider, 1981). Indirect methods of expressing emotions such as acting out behavior, use of alcohol or drugs, and running away have long been observed with children in an alcoholic family (Jackson, J. 1984).

**Effects of Being a Child of an Alcoholic**

Based on clinical samples, adoption studies, and retrospective surveys, the offspring of alcoholics compared to those of nonalcoholics appear at substantially higher risk for a variety of behavioral and psychological disturbances—most notably hyperactivity and antisocial behavior (el-Guebaly, 1982).

Clinebell (1968) proposed four reasons why emotional damage occurs in children of alcoholics: (a) the shift or reversal of the parents’ roles causes confusion and inhibits the task of achieving a strong sense of sexual identity, (b) an inconsistent,
unpredictable relationship with the alcoholic parent is emotionally depriving, (c) the nonalcoholic parent is inadequate in the parental role, and (d) the increased social isolation prohibits good peer relationships and emotional support from the extended family (Donovan, 1981). Fox (1962) stated that:

The deep anguish of the alcoholic as he/she struggles with his/her addiction is bound to influence every member of his/her family. In the alcoholic's desperate effort to endure his/her misery, he/she engages in certain defense mechanisms to ward off his/her intolerable anxiety. Those most commonly used are denial that he/she is an alcoholic, projection of the blame for his/her plight onto others, and an intricate system of rationales of why he/she is in trouble, or why he/she needs to drink. (p. 78)

Since children do not understand the alcoholic's behavior, they readily accept the blame that is projected onto them. The experience of growing up in an alcoholic home is a disruptive experience that severely interferes with a child's normal development. Such children lack a consistent, stable environment in which to learn to trust, separate, and develop the sense of identity that one needs in order to mature successfully and master life's tasks (Barnes & Benson, 1979). Children witness that their parents do not live by society's rules. Discipline is often inconsistent so that children do not know what is expected of them (Gravitz & Bowden, 1984). The alcoholic parent, and often the nonalcoholic parent, is not emotionally and/or physically available to his or her children (Black, 1982). Many children, especially those who are the eldest child, are forced into roles of caretakers and providers for the family. These children are deprived of their period of dependency and parental care. These serious deficits, unexpected losses, and frustrations experienced in childhood by children in alcoholic families often lead to pathological habits and ways of living that do not enable them to develop successful interpersonal relationships in adult life (Chafetz, 1979).
Characteristics of Adult Children of Alcoholics

Children of alcoholics learn to model behavior from a disruptive environment. They learn to survive by using many of the same defense mechanisms that the alcoholic uses such as denial, repression, and projection. Vaillant (1977), in his hierarchy of adaptive ego defense mechanisms, described these defense mechanisms as immature, adaptive mechanisms. These defenses are more normal for adolescents. Cermak (1984) suggested that family members adopt these immature defense mechanisms for three reasons: (a) it is a universal human characteristic to react personally when being confronted by the immature defense mechanisms of the alcoholic, (b) by using these immature defense mechanisms, the family member makes a truce with the alcoholic whom the family member can neither live with nor without, and (c) by using these defense mechanisms, the family members permit an illusion of constancy in their relationships with the alcoholic, who is too important for them to acknowledge the truth about his or her behavior. When the child of an alcoholic becomes an adult, he or she holds onto these defenses for protection. However, the use of these primary defenses becomes dysfunctional in relationships outside of the alcoholic home. The utilization of these defenses creates in the adult child of an alcoholic a wide variety of behaviors that are destructive. Some of those behaviors include grandiosity, manipulation or control of others, lack of trust, feelings of guilt, and denial of drinking (Greenleaf, 1981).

Other researchers have discovered various other traits that can be organized into groups of personality characteristics of the adult child of an alcoholic. Cermak and Brown (1982) and Greenleaf (1981) identified adult children of alcoholics as individuals who have an extreme need to control situations, people, and themselves. They live in fear of being abandoned by others and want to control these relation-
ships to protect themselves from being abandoned. Woititz (1983) stated that adult children of alcoholics lack trust both in others and in themselves. J. Jackson (1984) and Chafetz (1979) found that adult children of alcoholics are extremely guilt-prone and feel responsible for situations beyond their control. Seixas and Levitan (1984) contended that adult children of alcoholics live life from the viewpoint of victim and are attracted by that weakness in their love, friendship, and career relationships. They have difficulty dealing with relationships and often play out the supportive role they knew so well in their alcoholic family. They have stifled their feelings from their destructive childhoods and have lost touch with their feelings (Cork, 1969; Usher, Jay, & Glass, 1982). Chafetz (1979) found that they withdraw into states of emotional isolation or look to drugs or drinking to relieve the pain. Since the alcoholic in the family was unavailable for them emotionally, adult children of alcoholics have large, unfulfilled, dependency needs. The adult child of an alcoholic may often marry or befriend people seeking dependence, such as other alcoholics or other compulsive personalities, such as workaholics (Seixas & Youcha, 1985).

Adult children of alcoholics have low self-esteem, according to studies by Woititz (1983), Jackson, J. (1984), and Cermak and Brown (1982). Children of alcoholics have a confused sense of self. In the alcoholic family, the child had difficulty determining reality. What he or she felt, observed, and thought was at times denied to the point that he or she had difficulty knowing what was normal. The child of an alcoholic would hear constant double messages: "I love you, go away; You can't do anything right, I need you" (Gravitz & Bowden, 1984; Woititz, 1983).

In the review of the literature, there appear to be five major characteristics of adult children of alcoholics. These are: (a) the issue of control--control of self, environment and others, (b) acknowledgement of personal needs, (c) the inability to define or limit responsibility, (d) the inability to trust others, and (e) the denial
of needs and feelings. These five characteristics will now be discussed.

1. **The Issue of Control.** Adult children of alcoholics try to maintain a rigid sense of control both on an intrapsychic and interpersonal level. On an interpersonal level, the adult children of alcoholics may lock themselves in well-defined roles such as caretaker. They fear that others will take over control or that they may lose control. On an intrapsychic level, adult children attempt to maintain a tight reign on their affect. As children, they were forced to limit their emotional expression for fear of the effect it would have on their volatile alcoholic parent. Adult children of alcoholics equate the ability to control one’s affect as being in control. There is a strong “all or nothing” flavor in the adult children of alcoholics. They fear that letting go of partial control will end up in losing total control (Black, 1982; Cermak & Brown, 1982; Gravitz & Bowden, 1984).

2. **Acknowledgement of Personal Needs.** Adult children of alcoholics have extreme difficulty acknowledging their personal needs. They see this as losing control, being overly vulnerable, and as a source of guilt. As children, they learn to take care of their own needs because their parents are unavailable to them. They have to solve their own problems because their parents’ own needs were so great. Adult children of alcoholics are faced with the dilemma—they need to make others feel important and needed as they did for their parents. Still, at the same time, they must not demand or take anything from them (Cermak & Brown, 1982; Gravitz & Bowden, 1984; Greenleaf, 1981; Lund & Landesman-Dwyer, 1978).

3. **Being Unable to Define or Limit Responsibility.** Adult children continually overassume responsibility for the feelings and actions of others. They tend to be guilt-prone, overreact, and overrespond to others behavior. They have modeled the alcoholic’s disowning of responsibility. As children they acquire a blurring of boundaries between themselves and their parents where there is no separate sense
of self, and roles are confused and reversed. Adult children of alcoholics had no model for intimacy and separateness. Caretaking and pity get confused with loving (Cermak & Brown, 1982; Greenleaf, 1981). They feel overly responsible for their parents' drinking and, therefore, try to eliminate friction by holding onto any feelings of sadness, anger, or criticism. The experience of the adult children of alcoholics becomes one of loneliness, personal isolation, and abandonment (Black, 1983; Moorehouse, 1979; Woititz, 1983).

4. **Inability to Trust Others.** A general distrust of others and self has been described by Woititz (1983), Black (1982), and Greenleaf (1981). The children of alcoholics grow up in unpredictable, inconsistent environments where broken promises and lying are the norms. Trust is not modeled, nor do the children feel safe to trust others (Seixas & Youcha, 1985). By trusting others, they are giving control to someone other than themselves which, to the adult children of alcoholics, means giving up themselves totally (Gravitz & Bowden, 1984). They do not trust their feelings or perceptions. They attempt to maintain the facade of the status quo and ignore their experience (Cermak & Brown, 1982).

5. **Denial of Needs and Feelings.** Feelings are seen as bad. They are to be denied or suppressed. Living in an alcoholic family produces strong feelings of anger, abandonment, loss, sadness, and rejection. To allow those feelings to enter into the children's reality would be overwhelming, so the children deny, repress, project, and otherwise deal with these feelings indirectly. As adults, these "survival" mechanisms prohibit them from feeling close to another person or engaging in mutually beneficial relationships (Black, 1983; Seixas & Youcha, 1985; Wegscheider, 1981). Adult children of alcoholics will hold on desperately to relationships even if they are not mutually beneficial relationships. Fear of abandonment makes them conclude that having something is better than having nothing at all (Seixas & Youcha, 1985; Woititz, 1983).
The alcoholic family has poor communication between its members. The children have never learned to express their feelings directly. Making statements of a personal nature is extremely uncomfortable, and exposing inner feelings is unusually hard (Wegscheider, 1981).

These personality characteristics quite frequently result in low self-esteem, depression, and isolation.

1. **Low Self-esteem.** Adult children of alcoholics manifest low self-esteem originating from childhood perceptions that parental alcoholism was a reflection of their own self-worth (Ackerman, 1986). Self-esteem is based, most importantly, on the amount of unconditional acceptance of, and concerned treatment from, significant others. The inconsistency of the presence of these conditions in an alcoholic home negatively influences one’s ability to feel good about oneself (Woititz, 1983).

2. **Depression.** Children who grow up in alcoholic families are very likely to struggle with depression in adulthood (Cork, 1969; Chafetz, 1979; Greenleaf, 1981). The high occurrence of depression in adult children of alcoholics has been established in the studies done by Wennokur, Goodwin, and Schuckit (Corrigan, 1980).

The alcoholic family exists in a high degree of stress (Wegscheider, 1981). Stress has been found to be a large source of childhood depression (McKnew, Cytyrn, & Yahraes, 1983). There appear to be several factors that are found in the background of children of alcoholics that are similar to those experienced by depressed children. These include depressed parents, rejection, poor sense of self-worth, and early loss of a significant other. This loss of a significant other could occur when a parent dies, when parents become divorced or separated or, as in many cases, when the alcoholic parent is emotionally separated from the child (McKnew, Cytyrn & Yahraes, 1983; Greenleaf, 1981). Hopelessness and helplessness pervade the atmosphere of
the alcoholic family. J. Jackson (1984) has found that depression can be imitative. The avoidance and denial of the actual issue of alcoholism in one’s family encourage the depression to continue into adulthood (Greenleaf, 1981).

3. Isolation. Children who grow up in alcoholic families, as well as other dysfunctional families, feel left out of the mainstream of their world. They become embarrassed to bring friends to their house and feel estranged from others which leads to feelings of isolation (Jackson, J. 1984). Children of alcoholics have no model for intimacy or separateness (Greenleaf, 1981). Not knowing how to establish intimate relationships, they refuse help, support, or friendship from those around them. Personal isolation and feelings of loneliness and abandonment are the by-products of their experiences (Black, 1983; Woititz, 1983).

Artistic Personality Type

The caricature of the artistic individual is that of a person who is somewhat a recluse, eccentric, very individualistic, nonconforming, imaginative, and creative. Upon reviewing the literature, the term creative was used almost interchangeably with the term artistic. While not all creative individuals are artistic, almost all artistic individuals are creative. In this section, artistic/creative will be used when describing this personality type.

A review of the literature on the traits of artistic/creative individuals and their family environments revealed two very different family backgrounds (Mooney & Razik, 1967). Characteristics of one group include “expressiveness without domination, acceptance of regression, and a lack of dependency of each parent on the other, or on the marriage or family as a means of reinforcing their own individual status” (Mooney & Razik, 1967, p. 133). The other group which Mooney and Razik (1967) found in their research answered “yes” to the item: “As a child,
my home life was not as happy as that of most others” and “no” to items such as: “As a child, I was able to go to my parents with my problems, My home life was always happy, My father was a good man, and I love my mother.” It was apparent that this group did not experience the encouragement and “good enough” parenting that the other group did. Yet, the individuals in the latter group were no less artistic/creative than the first group. The only difference was that the latter group was not as effective or successful in their professions (Mooney & Razik, 1967).

The artistic personality types prefer free, unstructured situations with maximum opportunity for self-expression. They are introspective and asocial; have relatively low ego-strength, a large need for individual expression, and a tendency to impulsive behavior (Holland, 1973). The artistic/creative person is able to adapt to many situations and may become restless and discontent with the status quo (Domino, 1970). Artistic/creative students described themselves as absent-minded, careless, and distractible on the Adjective Check List (Domino, 1970). Artistic undergraduates and creative student writers described themselves as moody or temperamental (Domino, 1970). Cross, Catell and Butcher (1967) and Domino (1970) discussed the low emotional stability and emotional turmoil experienced by the artistic personality type. Creative individuals strongly resist domination (Davis, 1983), and the difficulties that they encounter in conforming to certain rules and regulations cause them considerable discomfort (Torrance, 1965).

Artistic/creative individuals are alert, well-informed, sharp observers (MacKinnon, 1962; Maddi, 1965; Taylor, 1975). The flexibility of artistic/creative individuals can be seen in their versatility, adaptability, resourcefulness, and ingenuity (Domino, 1970; MacKinnon, 1962).

Artistic personalities are open to experience and strive for independence. They
are unconventional and think in unusual ways. Because the unconventionality often leads one outside the bounds of socially acceptable behavior, artistic people may find themselves estranged or disliked by their superiors and peers (Domino, 1970; MacKinnon, 1962; Parloff, Datta, Klernan, & Handlon, 1968). Artistic/creative individuals appear to be self-confident and autonomous. Smith (1966), however, hypothesized that this self-confidence may be masked as resistance to domination, uncooopertiveness, and questioning authority.

Ambivalent Personality Styles

Using three basic human polarities found in personality literature ranging from the works of Freud to Jung to Adler, Millon (1981) has developed a biosocial-learning theory. The polarities are: active versus passive, subject versus object, and pleasure versus pain. The active/passive polarity describes whether individuals take the initiative or are reactive in their range of behaviors. The subject/object polarity describes whether individuals look to themselves or to others for reinforcement. The pleasure/pain polarity describes what kinds of reinforcements individuals seek or avoid. Based on these polarities, Millon hypothesizes that individuals develop coping patterns or complex forms of instrumental behaviors. Millon developed eight basic personality styles to which three severe disorders were added. These personality styles parallel DSM III-R Axis II classifications; however, Millon views them as coping patterns that are more broadly defined rather than the disorders described in the DSM III. These patterns are:

1. Passive-dependent pattern (Millon’s Submissive personality).
2. Active-dependent pattern (Millon’s Gregarious personality; DSM III Histrionic disorder).
3. Passive-independent pattern (Millon’s Narcissistic personality; DSM III
Narcissistic disorder).

4. Active-independent pattern (Millon's Aggressive personality; DSM III Antisocial disorder).

5. Passive-ambivalent pattern (Millon's Conforming personality; DSM III Compulsive disorder).

6. Active-ambivalent pattern (Millon’s Negativistic personality; DSM III Passive-aggressive disorder).

7. Passive-detached pattern (Millon’s Asocial personality; DSM III Schizoid disorder).

8. Active-detached pattern (Millon’s Avoidant personality; DSM III Avoidant disorder).

The three severe disorders are: cyclothymid personality, paranoid personality, and schizoid personality.

Each of Millon’s patterns exists on a continuum with the normal patterns on one end and the personality disorders described in the DSM III-R on the other. As each of Millon’s patterns are exposed to pathogenic factors and become disturbed, it becomes likely that they will develop into the more pathological extensions of their patterns.

The purpose of this study is to examine and delineate, if possible, common characteristics and personality patterns of adults who have grown up with at least one alcoholic parent. This study hypothesizes, based on review or research on adult children of alcoholics and review of Millon’s biosocial learning theory, that adult children of alcoholics may be prone to certain of Millon’s personality styles over others. After examining Millon’s eight personality patterns with regards for coping patterns, behavioral features, self-descriptions, intrapsychic dynamics, and experiential history; and comparing them with the literature on adult children of
alcoholics; it appears that adult children of alcoholics closely resemble individuals described by Millon as having ambivalent personality patterns, both active and passive (Cermak & Brown, 1982; Jackson, J. 1984; Millon, 1969; Woodside, 1982).

An extremely important dynamic to Millon in determining personality types is whether individuals turn to self or look to others as their primary source of reinforcement for behavior. The first four coping patterns (passive-dependent, active-dependent, passive-independent, and active-independent) have a strong unconscious push towards others or themselves for reinforcement of their behavior. Both dependent styles look to others for reinforcement. Both independent personality styles look to themselves for reinforcement of their behavior. For the most part, these individuals are comfortable with their acquired style and their style does not produce a great deal of conflict. For certain individuals, who Millon calls ambivalent personality types, this choice of whom to turn to for primary reinforcement has not been made. In fact, it is this dynamic that distinguishes these individuals from other patterns. This ambivalence produces a great deal of inter- and intra-personal conflict for these individuals.

Ambivalent personality types have coping patterns that are not focused of coherent. Their feelings about themselves and others are split and divided. For these individuals, most relationships with others are personally unsatisfying. Even when their surroundings are accepting and relatively stress free, these individuals undo their chances for experiencing contentment and satisfaction. Rado (1959) categorizes this internal and external conflict of looking to others or self as a struggle between obedience versus defiance. Millon has developed two styles of ambivalent personalities—the passive ambivalent or conforming personality style and the active ambivalent or negativistic personality style. Both personality styles suffer from strong ambivalent feelings concerning themselves and others. The major difference between the two
styles is in their outward presentation to the world. The passive-ambivalent individual has an outward appearance of compliance and dependence; yet, beneath this facade lie strong desires to assert independent and hostile feelings. The active-ambivalent individuals act out their ambivalence and, to the outside world, they are seen as indecisive, oppositional, erratic, and unpredictable (Millon, 1981). The remainder of this section will examine these two personality styles, integrating when appropriate parallel findings from adult children of alcoholic research.

The passive-ambivalent or conforming personality type has its origins in the writings of Freud (1908), Abraham (1921), Fromm (1947), and Rado (1959). Millon bases his theoretical development on these writers and in this study Millon's personality theory will be the main source of information.

Millon describes passive-ambivalent personality types as grim, cheerless, and serious. They present themselves as polite, organized, and formal. To the outside world, they appear rigid and single-minded. Adult children of alcoholics have been described as serious-minded, grim, and not able to have fun (Black, 1982; Greenleaf, 1981). Passive-ambivalent individuals strive to impress their superiors. They are "organizational people." They are, however, harsh and critical of both themselves and colleagues. They demand perfection of both themselves and subordinates. Woititz (1983) in her study of adult children in the workplace found that adult children of alcoholics have strong tendencies towards workaholism and demand a great deal of themselves. She also found that the adult children of alcoholics' strongest feeling in the workplace is that of inadequacy.

Millon (1981) states that passive-ambivalent individuals' main intrapsychic dynamic is that of control. Passive-ambivalent types attempt to control others, their own feelings and emotions, and their environment. These individuals take very few risks out of fear of losing control. Adult children of alcoholics also try to
maintain a rigid sense of control both on an intrapsychic and interpersonal level according to the literature (Cermak & Brown, 1982; Gravitz & Bowden, 1984). As children, adult children of alcoholics were forced to limit their behavior and emotional expression out of fear of the effect it might have on their volatile alcoholic parent. In the passive-ambivalent as with the adult child of an alcoholic, there are strong perfectionism tendencies. Passive-ambivalent individuals strive for perfection to avoid the anticipated harsh criticism they expect and to defend against the strong feelings of anger and defiance that the anticipated criticism will produce. Adult children of alcoholics fear that if they let go of partial control, they will end up losing total control (Woititz, 1983).

Passive-ambivalent individuals conform to what is expected out of fear of disapproval. This conformity, however, is just a false front behind which lies deeply repressed urges towards defiance and self-assertion. The pathological extension of the passive-ambivalent personality style is the obsessive-compulsive pattern. Obsession and compulsion are strong psychological symptoms of alcoholism. As further psychological breakdown occurs, the obsessive-compulsive pattern may show paranoid patterns. As alcoholism progresses into its latter stages, signs of paranoia begin to surface (Chafetz, 1979).

Although Millon allows for some biogenic factors that may predispose individuals to acquire passive-ambivalent coping patterns, he proposes that the main factors that contribute to individuals’ acquiring this style are rooted in interpersonal experience, especially in early learning patterns. According to Millon, passive-ambivalent individuals were exposed early on to the concept of overcontrol. Parents of passive-ambivalent individuals practiced overcontrol. Overcontrol parenting can be described as repressive and punitive. The message given to the child is “don’t cause any trouble for us and for you.” There is overt punishment for bad behavior.
that is seen as negative and no reinforcement for positive behavior. Unlike hostile parenting, overcontrolling parents are punishing only when bad behavior exists. Hostile parents are punitive no matter what the child does.

The results of this restrictive parenting style are individuals who model this behavior both internal (harshly critical of self) and external (critical of others and affectively rigid). Passive-ambivalent individuals grow up knowing full well what they cannot do, but are totally unaware of what they can do. This restrictive method of child rearing, where punitive measures are used to set strict limits on the child’s behavior, expose children to conditions that teach responsibility to others and strong feelings of guilt when these responsibilities have not been met (Millon, 1969). These children learn not to be spontaneous. They withdraw from new situations and submerge their impulse towards independence and autonomy. These children accept dependency, "not for its comforts, love and affection, but from guilt, shame, punishment, and the fear of rejection" (Millon, 1981, pp. 239).

This issue of control, or overcontrol, has permeated most alcoholic and adult children of alcoholic literature and research (Fox, 1962; Donovan, 1981; Woititz, 1983). Children of alcoholics grow up walking on eggshells, controlling their behavior and feelings lest they disturb the delicate balance in their family. The spouse of the alcoholic seeks to control the children’s behavior out of fear of how the alcoholic spouse will respond. The issue of feeling overly responsible towards others and guilty when these responsibilities are not met has been described by various researchers when examining adult children of alcoholics (Cermak & Brown, 1982; Greenleaf, 1981; Moorehouse, 1979; Woititz, 1983).

The other ambivalent personality type that Millon describes is the active-ambivalent or negativistic personality. Menninger (1940), Reich (1949), Horney (1939), Abraham (1924), and Klein and Davis (1969) have contributed to the theoretical
foundation of this personality style. The active-ambivalent personality pattern has been seen in what some theorists call the passive-aggressive personality and the masochistic personality. Millon (1969) incorporates these theories and expands them to develop the active-ambivalent personality style. Unlike the passive-ambivalent personality where their ambivalence is deep seated, the active-ambivalent individual is described as erratic, indecisive, sullen, and will shift from agreeableness to negativism with very little provocation. These individuals are restless, unstable, excitable, impulsive, and have a low tolerance for frustration. Active-ambivalent individuals are pre-occupied with personal inadequacies. They experience guilt feelings on one hand and frustration and disillusionment on the other. Millon states that the active-ambivalent individual vacillates between the defense mechanisms of introjection and projection. In other words, they accept all of the blame or none of it. Whatever happens to them in the world is either all their fault or all other people's fault.

Adult children of alcoholics have been described in the literature as having strong masochistic tendencies, punishing super-egos, and at times present themselves as victims, where they are at fault totally or all the fault is with others (Cork, 1969; Fox, 1962; Gravitz & Bowden, 1984; and Jackson, J. 1984).

The major experiential history that would predispose individuals to acquiring active-ambivalent personality patterns centers on extremely contradictory parental attitudes and inconsistent training. These parents are deeply conflicted about having children and present a multitude of double messages that produce in the children a great number of approach-avoidance conflicts. The parents of the active-ambivalent individuals interact with their children in a seemingly random manner, not based on the child's behavior. For an example, if a child is rewarded for a behavior he or she has done, the child could be punished for the same behavior the very
next time he or she exhibited it. What this produces in these future active-ambivalent children is an inability to know what is expected of them. They become externally on edge or hypersensitive, poised to expect hostility when others would expect rewards.

Millon (1981) outlines four ways this type of parenting predisposes these individuals to acquire active-ambivalent personality patterns: (a) these individuals learn vicariously and unconsciously to imitate their parents’ erratic behavior, (b) they fail to learn what behaviors will get them rewards, (c) they internalize conflicting attitudes towards themselves, and (d) these individuals are unable to anticipate the consequences of their actions and end up full of anxiety.

The research on adult children of alcoholics indicates that children of alcoholics face approach-avoidance conflicts constantly (Jackson, J. 1984). The alcoholic parent acts and interacts in an erratic, inconsistent manner depending on whether he or she is drinking. The alcoholic may be loving at one part of the day and hateful and demeaning at another part of the day. The adult child of an alcoholic has been described as hypersensitive and erratic (Cermak & Brown, 1982). Many adult children of alcoholics consciously state that they themselves will not end up like their alcoholic parents; yet, research shows that a large percentage of children of alcoholics become alcoholics, marry alcoholics, or end up in another compulsive addictive pattern (el-Guebaly, 1982). Perhaps they have learned vicariously and unconsciously to imitate their parents’ erratic behavior and have failed to learn what normal is. They have internalized conflicting attitudes about themselves, and although they would not consciously choose to pattern their parents’ behavior, they are unable to anticipate the consequences of their actions.

Depending on their genetic make-up, the role they play in the family, the type of alcoholic present in their family, and the extent of alcoholism in their family,
individuals may interact uniquely to being raised in an alcoholic family. The one common theme that runs through the literature, however, is that children of alcoholics will experience a large amount of intra- and interpersonal conflict, both as children and later as adults. Those conflicts center on responsible vs. irresponsible, dependence vs. independence, competence vs. doubt, initiative vs. guilt and fear, and seeing oneself as bad vs. seeing oneself as good.

These conflictual areas are not unique to adult children of alcoholics as all humans struggle in these areas. However, the amount and extent of these conflicts appear to be greater for the adult child of an alcoholic, along with other individuals raised in dysfunctional families. While many of these conflicts are resolved by individuals early on in their developmental history, adult children of alcoholics seem to be entrenched in these conflicts and are unable to get beyond them.

In Millon’s personality theory, the most intra- and interpersonally conflicted individuals appear to fall into ambivalent personality patterns. Although intra- and interpersonal conflicts do occur in Millon’s other personality styles, the extent of the conflict and how firmly entrenched these conflicts are set the ambivalent personality patterns apart from the other patterns.

Conclusion

Alcoholism has a devastating effect on American society. Not only has it destroyed millions of individuals who become alcoholics, but it affects a much larger population—those who are members of an alcoholic family. The children in these families suffer psychological and sometimes physical damage. The effects of having an alcoholic as a parent vary, depending on the onset of the alcoholism, the number of parents who are alcoholics, and the child’s personality type. Research indicates that the emotional fall-out of living in a home with an alcoholic can be extensive.
Children, in order to survive the chaotic family environment of living with an alcoholic, adapt certain personality characteristics and defense mechanisms. These characteristics and defense mechanisms serve to protect children from the emotionally deprived, chaotic, inconsistent family atmosphere that is present in an alcoholic family.

These children face certain kinds of problems in their adult years stemming from their childhood experiences. Many become alcoholics themselves or marry alcoholics, or both, or find other compulsive personalities to fulfill their abandonment needs. While many adult children of alcoholics do not marry alcoholics or become alcoholics, research indicates that they have developed emotional and psychological patterns which affect and influence their behavior (Black, 1982).

This study examined the possibility that adult children of alcoholics adopt certain personality patterns over others in order to cope with their dysfunctional family and their distorted, troubled, or conflicted view of self. Two of the personality patterns or styles that appear to be acquired by adult children of alcoholics are Millon's (1981) ambivalent personality styles. A major theme that runs through the research and literature on adult children of alcoholics and Millon's ambivalent personality patterns is the acquiring of self-defeating cyclical behaviors based on strong conflictual feelings and thoughts. The main conflict seems to center on whether adult children of alcoholics look to themselves or others for reinforcement of their behaviors. This is also the prevalent conflict found in what Millon calls the ambivalent personality patterns.

Another personality style described by Holland (1973) as the artistic personality type is also examined in relationship to adult children of alcoholics. The question being raised is whether adult children of alcoholics adopt this vocational personality type over Holland's other types and, if this is true, is their choice of
the artistic personality type a strong vocational preference rather than an adaptation to a dysfunctional family?

The characteristics of artistic personality types and adult children of alcoholics bear a striking resemblance. Both have tendencies to become isolated and have conflicts with authority figures (Seixas & Youcha, 1985; Smith, 1966). Both adult children of alcoholics and artistic individuals feel estranged from the mainstream of society although for different reasons (Woititz, 1983). Cross, Cattell, and Butcher (1967) found creative types to have a high degree of anxiety and self-doubt. One of the adult children of alcoholic’s main issues centers on self-doubt (Woititz, 1983). Cross, Cattell, and Butcher (1967) found the trait of a high degree of sensitivity in creative artists. Adult children of alcoholics have been described as hypervigilant and as very high approval seekers (Jackson, J. 1984; Woititz, 1983). The creative individual has been described as versatile, adaptable, resourceful, and ingenious (MacKinnon, 1962). Adult children of alcoholics have been labeled as survivors; they have had to adapt to unusually damaging family lives.
CHAPTER III

DESIGN AND METHODOLOGY

Population and Sample

Subjects were selected from students at an urban university counseling center who presented themselves for career counseling between September 1985 and June, 1987. The university is a nonresidential, state-supported institution with an enrollment of over 20,000 full-time and part-time students. The majority of the student body (78%) works while pursuing an academic program. The average age of undergraduates and graduate students is 25 and 31 years, respectively. The average age for all students is 27 years of age. Women constitute the majority (57%) of the enrollees. Twenty-two percent of the students identify themselves as ethnic minorities.

Subject Selection

The sample consisted of sets of data obtained from two groups of subjects drawn from all career counseling clients, graduate and undergraduate, who came to the counseling center from September, 1985 to June, 1987. One group of subjects, not to exceed 80, was randomly selected from the male and female college students who came to the counseling center for career counseling and had indicated that at least one parent was or is an alcoholic. The other group of subjects, not to exceed 80, met the same requirements with the exception that they responded “no” when asked if either one of their parents was or is an alcoholic. This group was randomly selected and was of equal number (N=80) as the first group.

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Subjects entered the counseling center system as any other student does who is seeking career counseling. They filled out a fact sheet, which included an indicator of the type of counseling they requested, a problem checklist, and responded to the question, “Is either one of your parents and/or grandparents an alcoholic? If so, who?” After filling out the appropriate paperwork, subjects were assigned to an intake session with a staff member. After receiving permission from the counseling center staff counselor, subjects took the Strong-Campbell Interest Inventory (Campbell & Hansen, 1985) and the Personality Research Form (Jackson, D. 1984).

Data Collection

Each subject completed a Personal Fact Sheet, a problem checklist, answered the question posed concerning whether their parent or parents were alcoholics or not, took the Strong-Campbell Interest Inventory and the Personality Research Form. No subjects were used unless all of these data were recorded in their file.

Data were collected by first examining all files of the subjects who came to the counseling center seeking career counseling during a 21-month period, and pulling the files of the individuals who responded “yes” to the question of whether at least one parent was or is an alcoholic. For the purpose of this study, only subjects who indicated that at least one parent was an alcoholic were used. Those who indicated that their parents were not, but other relatives, for instance their grandparents, were alcoholics were not used. Ten percent, not to exceed 80 subjects, were randomly selected from this pool and placed in group A, the adult children of alcoholics group. Group B was selected at random from the remaining pool of subjects who had complete files and had answered “no” to either parent being an alcoholic.

The data from all subjects were gathered by examining the subjects’ files and recorded on the data collection sheet (Appendix A). The information that was
collected was data from the problem checklist (Appendix B), age, sex, major type, number of brothers and sisters, birth order, the answer to the question whether their parent or parents is an alcoholic, scores from all six General Occupational Themes on the Strong-Campbell, and scores from all 22 scales of the Personality Research Form. This procedure was cleared through the University Counseling Center’s Research and Ethics Committee (Appendix C) and Western Michigan University’s Human Subjects Institutional Review Board (Appendix D).

Personality Research Form

The main instrument chosen for this study was the Personality Research Form (P.R.F.). The P.R.F. is a self-report personality scale. It is primarily focused upon areas of normal functioning, rather than psychopathology. The Personality Research Form is available in five formats. Form AA, with 440 items, was the format used in this research. The P.R.F. is used mainly in examining personality traits in settings such as schools, college, clinics, and guidance centers, and business and industry. The P.R.F. has also been widely used in conjunction with the Strong-Campbell Interest Inventory (Jackson, D. 1984).

Seiss and Jackson (1970), in an attempt to demonstrate convergent and discriminant validity of the P.R.F., determined correlations with the Strong Vocational Interest Blank. These correlations ranged from -.51 when comparing the occupation of banker and the trait of Understanding to .00 when comparing pharmacist and the trait of abasement. Additional correlation data can be found in the P.R.F. Manual (Jackson, D. 1984, p.14).

Description of the Test

The P.R.F. form AA consists of 22 scales, 20 personality scales, and 2
validity scales. The 20 personality scales were based on Henry Murray’s (1938) works on personality in the Harvard Psychological Clinic. Douglas Jackson (1984), using Murray’s works as a base and adding updated personality research, created the 20 scales. The P.R.F. is an objective test producing bipolar measures of personality characteristics. Both ends of the scale are interpretable. The 20 personality scales of the P.R.F. are: Achievement (Ac), Affiliation (Af), Aggression (Ag), Autonomy (Au), Dominance (Do), Endurance (En), Exhibition (Ex), Harmavoidance (Ha), Impulsivity (Im), Nurturance (Nu), Order (Or), Play (Pl), Social Recognition (Sr), Understanding (Un), Abasement (Ab), Change (Ch), Cognitive Structure (Cs), Defendence (De), Sentience (Se), and Succorance (Su). The two validity scales are Infrequency (In) and Desirability (Dy).

Form AA was used in this study as it was the format used at the university counseling center. It consists of 440 true and false items and takes 40 to 70 minutes to complete.

Validity of the Test

Validity of the P.R.F. is reported extensively in a series of tables in the handbook (Jackson, D. 1984). Both covergent and discriminant validity were tested for on 20 of the P.R.F.’s scales. In most cases, there were significant correlations. Testing for covergent validity, three separate studies were conducted with median correlations of the three tests ranging from .47 to .56 (Jackson, D. 1984).

Normative data from the P.R.F./A.A. form on college students are reported in the P.R.F. Manual in Table 4. (Jackson, D. 1984, p.14). Subjects were drawn randomly from 31 United States colleges. There were 1,029 males and 1,002 females used. There were no significant differences between males and females except in the traits of Succorance and Dominance. Females scored higher in the trait

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of succorance and lower in the trait of dominance.

Intercorrelational studies were conducted on all 20 P.R.F. factors. It was found that there were significant negative correlations between certain P.R.F. traits. Impulsivity and Change were found to be significantly negatively correlated with Harmavoidance, Order, and Cognitive Structure. Achievement and Endurance were found to be significantly negatively correlated to Play. Succorance and Autonomy were significantly negatively correlated. Dominance and Abasement were also found to be significantly negatively correlated. Affiliation, Nurturance, Exhibition, and Social Recognition were found to be significantly negatively correlated with Aggression and Defendence (Jackson, D. 1984).

Strong-Campbell Interest Inventory

Another instrument used in this research was the Strong-Campbell Interest Inventory (Campbell & Hansen, 1985). The Strong-Campbell Interest Inventory (S.C.I.I.) is an interest inventory that has the longest history of any psychological test in widespread use today. It is chiefly used as an aid in making occupational choices and in planning career options. However, it also has been used in examining interpersonal relationships, studying characteristic interests of particular groups, and identifying homogeneous types on which to do further research.

Description of the Test

The Strong-Campbell Interest Inventory consists of a set of General Occupational Themes, Basic Interest Scales, Occupational Scales, and Special Scales. For the purpose of this study, the results of General Occupational Themes were the only data collected.

The General Occupational Themes are six categories based on research and
theory developed by John Holland (1973). Holland proposed six personality types into which most people fit. Those categories are Artistic, Social, Realistic, Investigative, Enterprising, and Conventional. Holland based his theory on other personality type research conducted by Adler, Fromm, Jung, Sheldon, and others. According to Holland, most individuals will fit into one or a combination of these six types (Holland, 1973).

Validity and Reliability of the Test

Validity for the Strong-Campbell Interest Inventory is reported extensively in a series of tables in the handbook (Campbell & Hansen, 1985). In three separate studies that explored the reliability of the General Occupational Themes of the Strong-Campbell Interest Inventory, the median test-retest correlation over the three-year period was .81, a figure high enough to indicate that the Theme scores were stable (Campbell & Hansen, 1985). The 1985 revised and expanded editions of the Strong-Campbell Interest Inventory was used. This edition incorporates the latest sex-equalization processes.

Data Analysis

The Hotelling’s t-test was used to determine differences between means for the first six hypotheses. Hotelling’s t-test was chosen because it is a more powerful test than the t-test when two groups with multiple factors are compared (Huck, 1974). The z-test, although more sensitive than the t-test, cannot be used since the normal distribution of adult children of alcoholics in the population is not known; therefore, the Hotelling’s t-test was the statistic of choice. The .05 level was used to establish significance.

Two statistics were chosen for testing Hypothesis 7 through 11. First, Pear-
son product-moment correlations were obtained on the P.R.F. comparisons. Then, in order to determine if there were significant differences between the Pearson Product-moment correlations obtained on the adult children of alcoholic group and the adult children of non-alcoholic group, a \( z \)-test was conducted. Fisher \( Z \) scores were obtained and the .05 level of significance or \( Z>1.96 \) was used.

The \( t \)-test was chosen for testing Hypothesis 12 and 13. The \( t \)-test was used to determine the difference between means of the adult children of alcoholic group and the adult children of non-alcoholic group on the number and severity of items checked on the problem checklist. Hotelling's \( t \)-test was used to analyze the data obtained in Hypothesis 14.
CHAPTER IV

RESULTS

This chapter presents the analysis of the research data. Included are the results of analyses of data from: The Personal Fact Sheet demographic data, the Problem Checklist data, the Strong-Campbell Interest Inventory, and the Personality Research Form. Secondary findings are also reported.

Demographic Data

The demographic data obtained for the research sample are presented below:

Age

Table 1 describes the subjects' ages by category. In Group A, the adult children of alcoholics, there were 80 subjects. The ages of those subjects ranged from 18 to 47 years. The mean age was 27.8 years, while the mode and median ages of Group A were 22 years and 27 years, respectively.

In Group B, the adult children of nonalcoholics, there were also 80 subjects. The ages ranged from 18 to 55 years. The mean age was 25.3 years, while the mode and the median ages of Group B were 22 years and 24 years, respectively.
Table 1

Age Categories of Adult Children of Alcoholics and Adult Children of Nonalcoholics

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Adult Children of Alcoholic (Group A)</th>
<th>Adult Children of Nonalcoholic (Group B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-22 years</td>
<td>24</td>
<td>32</td>
</tr>
<tr>
<td>23-27 years</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>28-32 years</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>33-37 years</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>38-43 years</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>44-48 years</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>49-57 years</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

N=80 N=80

Sex

The adult children of alcoholic group included 51 females and 29 males. The adult children of nonalcoholic group included 50 females and 30 males. Subjects for both groups were randomly selected regardless of sex.

Position in the Family

Table 2 presents the results of the analysis of the subjects' birth order positions in the family. There was little difference between the make-up of the adult children of alcoholic group and the adult children of nonalcoholic group with regard to order of birth within the family.
Table 2
Position in Family of Adult Children of Alcoholics and Adult Children of Nonalcoholics

<table>
<thead>
<tr>
<th>Position in Family</th>
<th>Adult Children of Alcoholics (N=80)</th>
<th>Adult Children of Nonalcoholics (N=80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st born</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>2nd born</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>3rd born</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>4th born</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>5th born</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>6th born</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>7th born</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Type of Alcoholic Family

Table 3 describes who was designated by the subjects in the adult children of alcoholic group as the alcoholic in his or her family. In the majority of cases, the father was designated as the alcoholic.

Table 3
Parent Who Was Designated as Alcoholic in the Adult Children of Alcoholic Group

<table>
<thead>
<tr>
<th>Subjects in Group A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Father/alcoholic</td>
<td>58</td>
</tr>
<tr>
<td>Mother/alcoholic</td>
<td>14</td>
</tr>
<tr>
<td>Both Father and Mother/Alcoholic</td>
<td>8</td>
</tr>
</tbody>
</table>
Data Related to the Hypotheses

General hypothesis: Significant differences exist between certain personality traits of adult children of alcoholics (Group A) and adult children of nonalcoholics (Group B), as measured by the P.R.F. (Jackson, D. 1984), the Strong-Campbell Interest Inventory (Campbell & Hansen, 1985), and the Problem Checklist.

Table 4 presents the statistical analysis of the six selected PRF traits predicted to be significantly different for adult children of alcoholics and adult children of nonalcoholics. Means and standard deviations were computed for each scale. Hotelling’s t-test was used to test for significant differences between score means of each trait. The analysis shows that there were no significant differences on any traits at the .05 level of significance.

Table 4
Mean Score Differences of Adult Children of Alcoholics and Adult Children of Nonalcoholics on Six Traits of the PRF

<table>
<thead>
<tr>
<th>PRF Traits</th>
<th>Adult Children of Alcoholics (Group A)</th>
<th>Adult Children of Nonalcoholics (Group B)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do. Dominance</td>
<td>52.6 10.0</td>
<td>55.4 9.8</td>
<td>-1.78</td>
<td>0.07</td>
</tr>
<tr>
<td>Pl. Play</td>
<td>49.2 9.4</td>
<td>49.3 10.7</td>
<td>-0.06</td>
<td>0.95</td>
</tr>
<tr>
<td>Sr. Social Recognition</td>
<td>50.7 9.2</td>
<td>48.1 10.2</td>
<td>1.69</td>
<td>0.09</td>
</tr>
<tr>
<td>Ab. Abasement</td>
<td>49.9 9.2</td>
<td>47.6 10.4</td>
<td>1.37</td>
<td>0.17</td>
</tr>
<tr>
<td>Au. Autonomy</td>
<td>52.9 10.0</td>
<td>54.3 8.3</td>
<td>-0.89</td>
<td>0.37</td>
</tr>
<tr>
<td>De. Defendence</td>
<td>51.9 10.2</td>
<td>52.5 9.5</td>
<td>-0.41</td>
<td>0.68</td>
</tr>
</tbody>
</table>

*p<.05
Further analysis was conducted to determine if there was a significant difference between the research groups on PRF traits if genders of the subjects were taken into account.

Table 5 presents the statistical analysis of the six selected PRF traits found in female adult children of alcoholics (from Group A) and female adult children of nonalcoholics (from Group B). Hotelling's t-test was utilized. Significance was found on the trait of dominance when comparing female adult children of alcoholics and female adult children of nonalcoholics.

**Table 5**

<table>
<thead>
<tr>
<th>PRF Traits</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>T</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do. Dominance</td>
<td>52.2</td>
<td>10.5</td>
<td>56.0</td>
<td>9.0</td>
<td>-1.95</td>
<td>0.05*</td>
</tr>
<tr>
<td>PL Play</td>
<td>49.3</td>
<td>9.4</td>
<td>48.5</td>
<td>10.4</td>
<td>0.39</td>
<td>0.70</td>
</tr>
<tr>
<td>Sr. Social Recognition</td>
<td>50.7</td>
<td>9.5</td>
<td>47.3</td>
<td>10.3</td>
<td>1.73</td>
<td>0.08</td>
</tr>
<tr>
<td>Ab. Abasement</td>
<td>47.5</td>
<td>10.8</td>
<td>45.4</td>
<td>11.5</td>
<td>0.97</td>
<td>0.34</td>
</tr>
<tr>
<td>Au. Autonomy</td>
<td>53.9</td>
<td>8.1</td>
<td>55.7</td>
<td>8.0</td>
<td>-1.10</td>
<td>0.27</td>
</tr>
<tr>
<td>De. Defendence</td>
<td>53.6</td>
<td>10.6</td>
<td>54.2</td>
<td>10.8</td>
<td>-0.24</td>
<td>0.84</td>
</tr>
</tbody>
</table>

*p<.05
Table 6 presents the statistical analysis of the six selected PRF traits found in male adult children of alcoholics (from Group A) and male adult children of non-alcoholics (from Group B). There were no significant differences found between Groups A and B on any of the six traits at .05 level of significance. Hotelling's t-test was utilized.

Table 6
Mean Score Differences of Adult Children of Alcoholics and Adult Children of Nonalcoholics on Six Traits of the PRF

<table>
<thead>
<tr>
<th>PRF Traits</th>
<th>Adult Children of Alcoholics (Group A)</th>
<th>Adult Children of Nonalcoholics (Group B)</th>
<th>T</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do. Dominance</td>
<td>53.2, 9.2</td>
<td>54.4, 11.1</td>
<td>-0.44</td>
<td>0.66</td>
</tr>
<tr>
<td>Pl. Play</td>
<td>49.1, 9.4</td>
<td>50.7, 11.4</td>
<td>-0.60</td>
<td>0.55</td>
</tr>
<tr>
<td>Sr. Social Recognition</td>
<td>53.9, 8.8</td>
<td>49.4, 10.1</td>
<td>0.48</td>
<td>0.63</td>
</tr>
<tr>
<td>Ab. Abasement</td>
<td>51.4, 9.3</td>
<td>51.6, 6.6</td>
<td>1.10</td>
<td>0.27</td>
</tr>
<tr>
<td>Au. Autonomy</td>
<td>53.9, 12.6</td>
<td>51.8, 8.6</td>
<td>-0.14</td>
<td>0.88</td>
</tr>
<tr>
<td>De. Defendence</td>
<td>49.0, 9.0</td>
<td>49.7, 5.7</td>
<td>-0.35</td>
<td>0.72</td>
</tr>
</tbody>
</table>

*p<.05

Hypothesis 1

Hypothesis 1 predicted that adult children of alcoholics would be more dominating than adult children of nonalcoholics. As presented in Table 4, there was no significant difference when subjects from both groups were compared on the trait of dominance.

Table 6 presents the results of that analysis showing no significant difference on the trait of dominance between males from the adult children of alcoholic group and males from the adult children of nonalcoholic group.
However, Hotelling's t-test yielded a statistically significant difference between mean scores of females from the two groups on the trait of dominance. The direction of the means was not as predicted. That is, the female adult children of nonalcoholics were found to be more dominant, assertive, and controlling than female adult children of alcoholics. Table 5 presents the mean score of female adult children of nonalcoholics on dominance was 56.0 and the mean score of female adult children of alcoholics was 52.2. A statistically significant difference at the .05 level exists between the two groups' scores.

Hypothesis 2

Hypothesis 2 predicted that college students who identified themselves as adult children of alcoholics would be more serious and less fun-loving than college students who were not adult children of alcoholics. The Hotelling's t-test yielded no statistically significant differences between the two groups, nor for males (Table 6) of females (Table 5) between the two groups. The need for play, as determined by the Play score on the PRF, was not significantly different; therefore, Hypothesis 2 was rejected.

Hypothesis 3

Hypothesis 3 concerned the level of approval-seeking and people-pleasing found in adult children of alcoholics and adult children of nonalcoholics. It was predicted that adult children of alcoholics would be more approval-seeking or people-pleasing than adult children of nonalcoholics. The Hotelling's t-test yielded no statistically significant difference between the groups. That is, adult children of alcoholics did not have any statistically significant need for social recognition than adult children of nonalcoholics. This was true regardless of sex. Means for both groups are displayed on Table 4, 5, and 6. Hypothesis 3 was rejected.
Hypothesis 4

Hypothesis 4 concerned the level of self-blaming and self-abased behavior displayed by adult children of alcoholics compared to adult children of nonalcoholics. The Hotelling's t-test yielded no significant difference between the groups on the PRF trait of abasement between adult children of alcoholics and adult children of nonalcoholics; therefore, Hypothesis 4 was rejected. This was the case regardless of sex. Tables 4, 5, and 6 display these findings.

Hypothesis 5

Hypothesis 5 predicted that adult children of alcoholics would be more independent, autonomous, and individualistic than adult children of nonalcoholics. The Hotelling's t-test yielded no statistically significant differences between groups. Adult children of alcoholics were not more autonomous or individualistic than adult children of nonalcoholics; therefore, Hypothesis 5 was rejected. These results are recorded in Tables 4, 5, and 6.

Hypothesis 6

Hypothesis 6 stated that adult children of alcoholics were more defensive and less trusting than adult children of nonalcoholics. The application of the Hotelling's t-test to data collected from the Defendence scale of the PRF, yielded no statistically significant results. Therefore, adult children of alcoholics were not found to be more defensive or less trusting than adult children of nonalcoholics, and Hypothesis 6 was rejected. The results of the analysis are displayed on Tables 4, 5, and 6.

Hypotheses 7 through 11

Hypotheses 7 through 11 were developed to predict the nature and severity
of psychological conflict found in adult children of alcoholics. The PRF is arranged in six groups. Within five of these groups, there are sub-groups that are negatively correlated (Jackson, D. 1984). The supposition behind Hypotheses 7 through 11 is that the more similar one scores on these opposing needs, the more conflicted the individual is in that area. For example, one group of needs in the P.R.F. is called work/play. In a normative study, these needs were found to be negatively correlated (Jackson, D. 1984). That is, as one’s need for play increased, one’s need for achievement decreased. This result is what was predicted in the adult children of nonalcoholic group, while the adult children of alcoholic group was predicted to have a significantly smaller negative correlation between needs, hence producing more conflict.

Table 7 presents the statistical analysis related to hypotheses 7 through 11. Included are the Pearson Product Correlation Coefficients for all of the needs explored in Hypotheses 7 through 11. The PRF needs analyzed and displayed in Table 7 are: Impulsivity (IM), Harmavoidance (HA), Order (Or), Cognitive Structure (CS), Change (CH), Achievement (AC), Play (PL), Endurance (EN), Succorance (SU), Autonomy (AU), Dominance (DO), Abasement (AB), Affiliation (AF), Aggression (AG), Defendence (DE), Nurturance (NU), Exhibition (EX), and Social Recognition (SR).
Table 7
Pearson Product Correlation Coefficients for the PRF Needs in Hypotheses 7-11

<table>
<thead>
<tr>
<th>PRF Traits</th>
<th>Group A Pearson r</th>
<th>p</th>
<th>Group B Pearson r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>IM/HA</td>
<td>-0.5103</td>
<td>0.000</td>
<td>-0.3584</td>
<td>0.001</td>
</tr>
<tr>
<td>IM/OR</td>
<td>-0.5285</td>
<td>0.000</td>
<td>-0.5096</td>
<td>0.000</td>
</tr>
<tr>
<td>IM/CS</td>
<td>-0.5419</td>
<td>0.000</td>
<td>-0.6647</td>
<td>0.000</td>
</tr>
<tr>
<td>CH/HA</td>
<td>-0.5003</td>
<td>0.000</td>
<td>-0.3272</td>
<td>0.002</td>
</tr>
<tr>
<td>CH/OR</td>
<td>-0.2008</td>
<td>0.037</td>
<td>-0.1475</td>
<td>0.096</td>
</tr>
<tr>
<td>CH/CS</td>
<td>-0.3626</td>
<td>0.000</td>
<td>-0.3367</td>
<td>0.001</td>
</tr>
<tr>
<td>AC/PL</td>
<td>-0.1527</td>
<td>0.088</td>
<td>-0.1120</td>
<td>0.161</td>
</tr>
<tr>
<td>EN/PL</td>
<td>-0.1506</td>
<td>0.091</td>
<td>-0.0468</td>
<td>0.340</td>
</tr>
<tr>
<td>SU/AU</td>
<td>-0.5861</td>
<td>0.000</td>
<td>-0.3318</td>
<td>0.001</td>
</tr>
<tr>
<td>DO/AB</td>
<td>-0.1691</td>
<td>0.067</td>
<td>-0.2232</td>
<td>0.023</td>
</tr>
<tr>
<td>AF/AG</td>
<td>-0.0447</td>
<td>0.347</td>
<td>-0.3879</td>
<td>0.000</td>
</tr>
<tr>
<td>AF/DE</td>
<td>-0.1179</td>
<td>0.149</td>
<td>-0.3226</td>
<td>0.002</td>
</tr>
<tr>
<td>NUR/AG</td>
<td>-0.2560</td>
<td>0.010</td>
<td>-0.4576</td>
<td>0.000</td>
</tr>
<tr>
<td>NUR/DE</td>
<td>-0.3032</td>
<td>0.003</td>
<td>-0.1830</td>
<td>0.050</td>
</tr>
<tr>
<td>EX/AG</td>
<td>0.2372</td>
<td>0.017</td>
<td>0.1246</td>
<td>0.135</td>
</tr>
<tr>
<td>EX/DE</td>
<td>0.0603</td>
<td>0.298</td>
<td>0.1378</td>
<td>0.111</td>
</tr>
<tr>
<td>SR/AG</td>
<td>0.3910</td>
<td>0.000</td>
<td>-0.0644</td>
<td>0.285</td>
</tr>
<tr>
<td>SR/DE</td>
<td>0.2765</td>
<td>0.007</td>
<td>0.0806</td>
<td>0.239</td>
</tr>
</tbody>
</table>

*p<.05

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The Pearson Correlation Coefficients Displayed in Table 7 were then statistically analyzed, with differences compared between these independent correlation coefficients at a .05 level of significance. Table 8 outlines the results of this analysis in which the z-test was used, and Fisher Z's were reported. The .05 level of significance or \( Z > 1.96 \) was used in determining significant difference between Z-scores.

There were no significant differences found in 15 of the 18 Z scores when comparing correlations obtained from the adult children of alcoholic group and the adult children of nonalcoholic group. That is, the correlations obtained on the PRF scores described in Table 7 when compared between groups were not significantly different at a .05 significance level in all but three cases.

Table 8 reveals significant Z scores for the Succorance/Autonomy, Affiliation/Aggression, and Social Recognition/Aggression difference scores. That is, when comparing the within group correlations on these factors in the adult children of alcoholic group to the within group correlations on these factors in the adult children of nonalcoholic group, there were significant differences found in these three comparison.

**Hypothesis 7**

Hypothesis 7 predicted that the within group correlation between the PRF factors of Impulsivity and Change and Harmavoidance, Order, and Cognitive Structure would be significantly smaller for the adult children of alcoholic group than for adult children of nonalcoholic group. Table 8 presents the difference between within group correlations for Impulsivity/Harmavoidance, Impulsivity/Order, Impulsivity/Cognitive Structure, Change/Order, Change/ Harmavoidance, and Change/Cognitive Structure. The z-test on all six comparisons yielded no significant differences at correlation .05 significant level between within group correlations of the adult children of alcoholic group and the adult children of nonalcoholic group. Hypothesis 7 was rejected.
<table>
<thead>
<tr>
<th>PRF Traits</th>
<th>Difference between r obtained from Group A and Group B</th>
<th>Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>IM/HA</td>
<td>0.1526</td>
<td>1.167</td>
</tr>
<tr>
<td>IM/OR</td>
<td>-0.0189</td>
<td>0.161</td>
</tr>
<tr>
<td>IM/CS</td>
<td>-0.0189</td>
<td>1.206</td>
</tr>
<tr>
<td>CH/HA</td>
<td>-0.1228</td>
<td>1.303</td>
</tr>
<tr>
<td>CH/OR</td>
<td>-0.1731</td>
<td>0.341</td>
</tr>
<tr>
<td>CH/CS</td>
<td>0.0259</td>
<td>0.183</td>
</tr>
<tr>
<td>AC/PI</td>
<td>0.047</td>
<td>0.257</td>
</tr>
<tr>
<td>EN/PL</td>
<td>0.1038</td>
<td>0.651</td>
</tr>
<tr>
<td>SU/AU</td>
<td>-0.2543</td>
<td>2.028*</td>
</tr>
<tr>
<td>DO/AB</td>
<td>0.0541</td>
<td>0.349</td>
</tr>
<tr>
<td>AF/AG</td>
<td>-0.3432</td>
<td>2.262*</td>
</tr>
<tr>
<td>AF/DE</td>
<td>0.2047</td>
<td>1.34</td>
</tr>
<tr>
<td>NUR/AG</td>
<td>0.2016</td>
<td>1.442</td>
</tr>
<tr>
<td>NUR/DE</td>
<td>0.1202</td>
<td>-0.794</td>
</tr>
<tr>
<td>EX/AG</td>
<td>0.1126</td>
<td>0.723</td>
</tr>
<tr>
<td>EX/DE</td>
<td>0.0775</td>
<td>0.486</td>
</tr>
<tr>
<td>SR/AG</td>
<td>0.3266</td>
<td>2.963*</td>
</tr>
<tr>
<td>SR/DE</td>
<td>0.1959</td>
<td>1.26</td>
</tr>
</tbody>
</table>

*p<.05  *Z>1.96
Hypothesis 8

Hypothesis 8 concerned the difference between the within group correlations of Achievement, Endurance, and Play scales of the PRF for adult children of alcoholics and the within group correlations on the same scales for adult children of nonalcoholics. Hypothesis 8 predicted that the within group correlations on the above PRF scales would be smaller for the adult children of alcoholics. The z-test yielded no statistically significant correlations between groups. It was therefore concluded that the correlation between endurance and play, and achievement and play were similar between both groups. Therefore, Hypothesis 8 was rejected. Table 7 displays the within groups correlation coefficients on these factors. Table 8 shows the differences found between these correlations and the results of the z-test.

Hypothesis 9

Hypothesis 9 predicted that the within group correlation between Succorance and Autonomy scales of the PRF for adult children of alcoholics would be significantly smaller than the within group correlation for adult children of nonalcoholics. The z-test yielded a statistically significant difference between correlations of adult children of alcoholics and adult children of nonalcoholics. The difference, however, was opposite than was predicted. That is, the within group correlation between the Succorance and Autonomy scales of the PRF for the adult children of alcoholics was significantly larger than the within group correlation on the same scales for the adult children of nonalcoholics. The correlation between Succorance and Autonomy in the adult children of alcoholic group was significantly negatively correlated. The higher an individual scored in Succorance, the lower they scored in autonomy. That is, the higher the expressed need to be autonomous, the lower the adult children
of alcoholic group expressed need for succorance became. Although a negative correlation was found in the adult children of nonalcoholic group, it was statistically significantly smaller than the adult children of alcoholic group.

Hypothesis 9 was rejected. The within group correlation scores for both groups appear in Table 7 while the difference between these correlations and the results of the $z$-test appear in Table 8.

Hypothesis 10

Hypothesis 10 predicted that the within group correlation between the Dominance scale and the Abasement scale of the PRF would be smaller for the adult children of alcoholic group than the adult children of nonalcoholic group. The $z$-test yielded no significant difference. Therefore, Hypothesis 10 was rejected. Table 7 presents the within correlation scores for Dominance and Abasement and Table 8 displays the results of the $z$-test on the difference between within group correlations.

Hypothesis 11

Hypothesis 11 predicted that the within group correlations between Affiliation, Nurturance, Exhibition, and Social Recognition scales and the Aggression and Defendence scales of the PRF for the adult children of alcoholic group would be significantly smaller than for the adult children of non-alcoholic group. The $z$-test yielded, two comparisons of correlations at the level of statistical significance. That is, on all but two comparisons, the adult children of alcoholic group within group correlations were not significantly different than the within group correlations of the adult children of nonalcoholic group.

Significant Z scores were found on two sets of comparisons: Social Recog-
nition and Aggression, and Affiliation and Aggression. The within group correlation between Affiliation and Aggression for the adult children of alcoholic group was significantly smaller than the within group correlation for the adult children of nonalcoholic group. The Affiliation and Aggression scales for the adult children of nonalcoholic group were negatively correlated at a significant level, but were not significantly correlated for the adult children of alcoholic group. The adult children of alcoholic group indicated the same amount of need for affiliation as it does for aggression. In this one case, Hypothesis 11 was accepted.

It was also found that there was a significant difference between within group correlations of both groups on Social Recognition and Aggression scales. The adult children of nonalcoholic group within group correlations on those scales were not significantly correlated. The within group correlations of the adult children of alcoholic group on these scales were significantly correlated. Within the adult children of alcoholic group it appears that when one has the need for social recognition, an individual’s need for aggression follows respectively. Hypotheses 11 was rejected for all but one of the comparisons.

Table 7 displays the within group correlations for all eight comparisons. Table 8 shows the results of analysis between the two groups of correlations on all eight factors.

**Hypotheses 12 and 13**

Hypotheses 12 and 13 were developed to test for significant differences between the adult children of alcoholic group and the adult children of nonalcoholic group on a problem check list filled out by subjects applying for counseling at the counseling center. All subjects in both groups came to the counseling center for career counseling.
Hypothesis 12 predicted that the adult children of alcoholics group would check more problem areas on the list than the group who were children of nonalcoholics. In other words, the adult children of alcoholic group was hypothesized to be more problem prone and possibly conflicted, even though they were seeking career counseling just like those subjects in the adult children of nonalcoholic group.

Hypothesis 13 concerned itself with the severity of the problem areas or concerns that the subjects identify. Subjects, when filling out the problem checklist, were directed to indicate which problem area or areas were of most concern to them. Hypothesis 13 predicted that the adult children of alcoholics group would identify more problem areas as more severe than the adult children of nonalcoholic group.

**Hypothesis 12**

Hypothesis 12 predicted that the adult children of alcoholics group would indicate a significantly larger number of problem areas on the problem checklist than the adult children of nonalcoholic group. The t-test yielded a statistically significant difference between mean scores of the college students from the two groups. Therefore, the adult children of alcoholic group identified more problems than the adult children of nonalcoholic group, although both were coming to counseling for the same reason: career counseling.

Table 9 shows the mean number of problem areas indicated by the adult children of alcoholic group was 9.9 out of 52 possible areas, and the mean number of problem areas indicated by the adult children of nonalcoholics was 7.6 out of 52. A statistically significant difference exists between the two groups at a .05 level of significance.
Table 9
Mean Score Differences of Adult Children of Alcoholics and Adult Children of Nonalcoholics on Number of Problem areas checked.

<table>
<thead>
<tr>
<th>Adult Children of Alcoholics</th>
<th>Adult Children of Nonalcoholics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>Std. Dev.</td>
</tr>
<tr>
<td>9.9875</td>
<td>9.028</td>
</tr>
</tbody>
</table>

*p<.05

Hypothesis 13

Hypothesis 13 predicted that the adult children of alcoholics would identify more problem areas as in need of immediate concern than the adult children of nonalcoholics. The t-test yielded a statistically significant difference between mean scores of the groups. Therefore, the adult children of alcoholic group indicated more areas of concern than the adult children of nonalcoholic group. In other words, the adult children of alcoholic group not only identified more problem areas, but also indicated more areas as severe or of immediate concern. Hypothesis 13 was accepted.

Table 10 displays the mean number of problem areas, that were identified as severe or most pressing for both groups. Adult children of alcoholics had a mean of 3.7 out of 52 possible areas. The adult children of nonalcoholic group had a mean of 2.6. A statistically significant difference exists between the two groups at a .05 level of significance.
Hypothesis 14

Hypothesis 14 predicted that the adult children of alcoholic group would score statistically significantly higher than on the Artistic Theme of the Strong-Campbell Interest Inventory than the adult children of nonalcoholic group. That is, the adult children of alcoholic group was predicted to have more similar interest patterns to those working in artistic professions than the adult children of nonalcoholics. The Hotelling's T-test yielded no significant difference between the groups. Although the probability value was smaller than any other theme on the Strong-Campbell, it was not significant at a .05 level. Therefore, Hypothesis 14 was rejected.

Table 11 displays all mean scores standard deviations and p values for all themes of the Strong-Campbell from both groups.
Table 11

Mean Score Differences of Adult Children of Alcoholics and Adult Children of Nonalcoholics on the Six Themes of the Strong-Campbell.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Adult Children of Alcoholics</th>
<th>Adult Children of Nonalcoholics</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Stand.Dev.</td>
<td>Mean</td>
<td>Stand.Dev.</td>
</tr>
<tr>
<td>Realistic</td>
<td>45.63</td>
<td>9.15</td>
<td>45.43</td>
<td>10.05</td>
</tr>
<tr>
<td>Investigative</td>
<td>46.78</td>
<td>8.80</td>
<td>45.71</td>
<td>9.30</td>
</tr>
<tr>
<td>Artistic</td>
<td>53.6</td>
<td>8.89</td>
<td>51.9</td>
<td>9.24</td>
</tr>
<tr>
<td>Social</td>
<td>47.61</td>
<td>9.80</td>
<td>47.95</td>
<td>9.57</td>
</tr>
<tr>
<td>Enterprising</td>
<td>51.26</td>
<td>8.14</td>
<td>51.18</td>
<td>9.57</td>
</tr>
<tr>
<td>Conventional</td>
<td>47.75</td>
<td>8.41</td>
<td>48.40</td>
<td>10.16</td>
</tr>
</tbody>
</table>

*p<.05  Df=158

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CHAPTER V

DISCUSSION AND CONCLUSION

Summary

The focus of this study was on the influence of parental alcoholism on personalities of college students who identified themselves as children of an alcoholic. There were two major research objectives. One objective was to provide empirical data comparing personality characteristics of adult children of alcoholics with adult children of nonalcoholics. The study investigated the degree of difference between the two groups on personality characteristics identified to be dominant traits in adult children of alcoholics. Six hypotheses were developed for testing.

The second objective was to provide empirical data showing adult children of alcoholics to be prone to certain personality styles or types. The personality styles were Millon’s (1981) ambivalent personality styles and Holland’s (1973) artistic personality type. Hypotheses 7 through 13 were formulated to test the extent of psychological conflict in adult children of alcoholics and whether adult children of alcoholics are more prone to the conflict-laden ambivalent personality styles. Hypothesis 14 was developed to test whether adult children of alcoholics were identified as artistic personality types.

A review of the literature examined the influence of the alcoholic family and the environment on children as well as the adult years of children of alcoholics and the characteristics ascribed to them. Literature on the personality characteristics of adult children of alcoholics was examined and those characteristics showed a marked similarity to artistic and ambivalent personality styles.
The subjects selected were 160 college students ranging in age from 18 years to 55 years. The majority of the subjects were in the 18 to 27 year range. All information was gathered by examining the subjects' files at a university counseling center. All of the subjects had come voluntarily seeking career counseling. The results from the PRF (Jackson, D. 1984), Strong-Campbell Interest Inventory (Campbell & Hansen, 1985), Problem Checklist, and Personal Fact Sheet were examined.

The complete files of 80 subjects were randomly chosen based on their indication that they had at least one parent who was an alcoholic. The complete files of an additional 80 subjects were chosen using the same selection method except that they indicated that they did not have a parent who was an alcoholic. Fifty-eight subjects in the adult children of alcoholic group indicated that their father was an alcoholic, 14 subjects indicated that their mother was an alcoholic, and 8 subjects indicated that both parents were alcoholics.

Out of the 160 subjects, 58 indicated that they were first born in the family, and 54 indicated that they were the second born in the family.

Hotelling's t-test, Pearson Product Correlations, t-test, and z-test were used to test for any significant differences on traits and areas obtained from the Personality Research Form, Strong-Campbell Interest Inventory, and the Problem Checklist.

Results

Fourteen hypotheses were developed to test for significant differences between the adult children of alcoholic group and the adult children of nonalcoholic group with regard to specific personality characteristics and personality styles.

Hypotheses 1 through 6 were developed to test for specific characteristics which have been attributed to adult children of alcoholics throughout the literature. Contrary to the literature reviewed, this study did not find that adult children of alcoholics
were significantly different from adult children of non-alcoholic parents in the personality traits of dominance, serious-mindedness, social recognition, abasement, autonomy, and defendence. This study did, however, find a significant difference in the personality trait of dominance for adult children of alcoholic females, who were less dominating than the adult children of nonalcoholic females.

Hypotheses 7 through 11 were formulated to test the amount and intensity of conflict found within adult children of alcoholics. It was hypothesized that adult children of alcoholics would be significantly conflicted on various issues and needs. Statistically significant results were found in two of the five hypotheses tested. In Hypothesis 9, the correlation between autonomy and succorance in the adult children of alcoholic group was significantly different than the correlation obtained when examining the same variables for the adult children of nonalcoholic group. Both correlations were negative. That is, the more adult children of alcoholics indicated a strong need for autonomy, the less they indicated a need for succorance or advice seeking. The reverse was also true. The correlation between autonomy and succorance in the adult children of alcoholic group was statistically larger than the correlation on the same variables in the adult children of nonalcoholic group.

In Hypothesis 11, there were significant results on two sets of comparisons: social recognition and aggression, and affiliation and aggression. The correlation between affiliation and aggression for the adult children of alcoholic group was significantly smaller than the correlation between the same variables for the adult children of nonalcoholic group. Both correlations were negative, but the correlation between affiliation and aggression for the adult children of nonalcoholics was significantly negative, which was not the case with the adult children of alcoholic group.

The correlation between social recognition and aggression in the adult children
of alcoholic group was significantly different than the correlation obtained on the same two variables in the adult children of nonalcoholic group. In the adult children of alcoholic group, social recognition and aggression were significantly positively correlated while in the adult children of nonalcoholic group, the correlation between those variables was negative and not significant.

Hypotheses 12 and 13 both produced significant results. Both hypotheses concerned information obtained from the Problem Checklist. In the comparison of the adult children of alcoholic group and the adult children of nonalcoholic group for testing Hypothesis 12, it was found that adult children of alcoholics indicated that they have significantly more problem areas than the adult children of nonalcoholics.

Testing Hypothesis 13, it was found that adult children of alcoholics reported their problems and concerns to be of a higher degree of intensity than adult children of nonalcoholics.

Hypothesis 14 compared the score from the Strong-Campbell Interest Inventory on the artistic theme between adult children of alcoholics and adult children of nonalcoholics. There were no significant results found when comparing the scores between the two groups.

Discussion of Findings

Differences found between the two groups studied do not support the general hypothesis that adult children of alcoholics have unique personality traits that distinguish them from individuals who are not adult children of alcoholics.

It was determined, however, that there was a significant difference on one trait—dominance. The difference was not as predicted. That is, female adult children of alcoholics appear to express less need to direct other people, express opinions forcefully, and assume leadership roles than female adult children of nonalcoholics.
Female adult children of alcoholics appear to express less need to dominate or control others directly. The literature suggested that female adult children of alcoholics would be more controlling and have a higher need to dominate than would female adult children of nonalcoholics (Black, 1982; Cermak & Brown, 1982; Gravitz & Bowden, 1984; Jackson, J. 1984). Results of this study show the opposite to be the case.

The other hypothesized traits of adult children of alcoholics yielded no significant results upon analysis. Adult children of alcoholics were not more serious, approval-seeking, autonomous, defensive, or self-abasing.

The findings based on testing Hypotheses 7-11 appear to suggest that adult children of alcoholics are more conflicted in one area than adult children of nonalcoholics. The conflict area seems to center around the degree and quality of their interpersonal orientations.

The within group correlations of adult children of alcoholics and adult children of nonalcoholics on affiliation and aggression showed a significant difference. The adult children of alcoholic group had a significantly smaller negative correlation between affiliation and aggression. Adult children of alcoholics appear to have an equal need to affiliate and to be aggressive. Having a need to affiliate or win friendships, yet at the same time displaying argumentative and quarrelsome behavior, could maintain adult children of alcoholics in a state of interpersonal conflict. Millon (1981) describes active-ambivalent or passive-aggressive personalities as individuals that vacillate from agreeableness to negativism. These personalities have an intense and deeply rooted ambivalence about themselves, others and relating. This ambivalence invades their relationships as they display oppositional behaviors and emotions. Adult children of alcoholics appear to be displaying this same kind of erraticism and oppositional behavior.
Passive-aggressive personalities mirror inconsistent parental models. Children of alcoholics are brought up in an atmosphere of inconsistency. Millon (1981) states that active-ambivalent personalities are referred to as emotionally immature in adulthood and display a childlike randomness in their behaviors and emotions. Alcoholics are consistently referred to in the literature as childish or erratic (Cermak, 1984).

Another comparison within the area of interpersonal orientation, that of social recognition and aggression, showed significant results. The findings, however, were in the opposite direction than was predicted. The correlation between social recognition and aggression in the adult children of alcoholic group was predicted to be significantly smaller than the correlation of the same traits in the adult children of nonalcoholic group. It was found, however, that the correlation between social recognition and aggression was significantly positive for the adult children of alcoholic group, while the adult children of nonalcoholic group correlation was non-significantly negative.

This seems to indicate that adult children of alcoholics may utilize aggressive and quarrelsome behavior to obtain social recognition. The higher the need for social recognition, the more aggressive adult children of alcoholics may become.

Active-ambivalent personalities are capable of giving and receiving affection. They seek out relationships with people. However, they display frequent outbursts of anger and engage in verbal battles trying to influence and coerce these same people. These personalities envy and resent the easy life or recognition others receive. Passive-aggressive (active-ambivalent) personalities are critical about what others have obtained, yet feel cheated because they have not made these achievements (Millon, 1981).

As adult children of alcoholics’ need for social recognition or approval-seeking
rises, their argumentative, irritable behavior also increases. Perhaps like passive-aggressive personality types, the more adult children of alcoholics seek the approval or admiration of others, the more they become critical, envious, and resentful of what others have. Becoming more keenly aware of what they do not have may produce irritable, attacking, and contrary behavior.

This type of "hot and cold" behavior is counter-productive in that the adult children of alcoholics may push people away, making it difficult for others to develop enduring relationships with them. They may end up blaming themselves exclusively, producing immobilizing guilt and harboring deep resentment towards others who are avoiding them. Millon (1981) stated that this struggle between feeling guilt and feeling resentment invades every part of the passive-aggressive's behavior and thought.

In the category of orientation toward other people found in Hypothesis 9, there were significant results found. The correlation between autonomy and succorance in the adult children of alcoholic group was significantly different from the correlation obtained when examining the same variables for the adult children of nonalcoholic group. Although both correlations were negative, the correlation between autonomy and succorance was significantly larger for the adult children of alcoholic group than the correlation in the adult children of nonalcoholic group. This seems to indicate that adult children of alcoholics have difficulty integrating the need for advice or reassurance from other people and the need to be attached to others.

Adult children of alcoholics appear to be "black and white" on the needs of autonomy and advice-seeking. There does not seem to be a middle ground. Passive-aggressive (active-ambivalent) personality types, as described by Millon (1981), have a variety of deeply ingrained conflicts such as trust vs. mistrust, competence vs. doubt, and initiative vs. guilt and fear. They internalize opposing sets of attitudes,
emotions, and behaviors. The severe splitting on the needs of autonomy and succorance that adult children of alcoholics appear to exhibit, seems to fit the passive-aggressive personality style of either being obediently dependent on others or defiantly independent of them.

Depending on the type of dysfunctional family environment and temperament of the individuals, adult children of alcoholics either seek out substitutes to fill the void of nurturance and care that they did not receive in the family or remain detached and aloof, being fearful that they will obtain the same hurt and rejection felt in childhood. In the passive-aggressive personality, this vacillation is constant and fluid between two opposite behaviors stemming from the same defeat; i.e., lack of positive, consistent, and emotionally present parenting.

The clearest and most significant results obtained in this study came from Hypotheses 12 and 13. These hypotheses were based on data obtained from a Problem Checklist in which adult children of alcoholics perceived themselves as having significantly more problems and viewed more of these problems as needing immediate attention. Although all 160 subjects came to the counseling center expressing clarification of their career direction as their main desire, the adult children of alcoholic group identified statistically significant more problem areas than the adult children of nonalcoholic group. Adult children of alcoholics demonstrate more stress, pressure, and conflict.

The problem areas identified by adult children of alcoholics more frequently than by adult children of nonalcoholics were: lack of ease in social affairs, too much or too little social life, inferiority feelings, lack of understanding by others, unhappiness, disappointment in relationships, thoughts of suicide, troubles in relationships, lack of concentration, and inability to express themselves.

These problem areas can be placed in two general categories: problems of
self-worth and relationship problems. Millon (1981) claims that one of the main features of active-ambivalent types is their inability to develop personally satisfying relationships. It does appear that adult children of alcoholics have numerous perceived relationship problems and conflicts which may show that they are more likely to display active-ambivalent personality traits.

Active ambivalent personalities seek the love and consistency missed in childhood. They at times enter into relationships blind to the struggles that may occur, feeling that this time it may be different. They test their new partners because of past fears and mistrusts reflecting inconsistent treatment by significant others in their relational history. Passive-aggressive individuals initiate, frustrate, annoy, and move away from people to test the loyalty of their newly found relationships which they desperately seek. Eventually, active-ambivalent personalities produce these same behaviors in those around them. Soon exasperated by these ambivalent individuals, these newly acquired individuals move away physically and/or emotionally, reinforcing the passive-aggressive's pessimistic outlook, and continuing the vicious circle. Adult children of alcoholics seem to perceive themselves as being conflicted in these same areas that typically trouble passive aggressive personalities (Millon, 1981).

Adult children of alcoholics, when compared to adult children of nonalcoholics, also indicated a significantly greater number of problem areas as “primary concern” to them. Adult children of alcoholics perceived a greater number of problem areas as being severe. The problems that were designated as severe by adult children of alcoholics were: life transition/change causing me stress; wondering if I will find a suitable mate; and dating relationships. This corroborates other research findings that adult children of alcoholics do not perceive themselves as “normal” (Woititz, 1983). They have more difficulty with minor things in life, such as day-
Children raised in an alcoholic family do not have effective role models. Like other dysfunctional families, these children can grow up unequipped to handle conflicts and relationships later in life (Cermak and Brown, 1982).

This study seems to further establish that adult children of alcoholics have more perceived difficulties in their lives, and the impact of those difficulties is felt more severely. The deficit of flexible coping mechanisms acquired in early childhood appears to leave adult children of alcoholics more vulnerable to inter- and interpersonal problems. Issues that are small to individuals with appropriate coping mechanisms are quite large to adult children of alcoholics who can be inadequately equipped to handle these issues.

Rejected Hypotheses

Hypotheses 1-6 were rejected. Although there was significance found when analyzing the data in Hypothesis 1, it was in the opposite direction of the predicted outcome. This contradicts earlier research (Jackson, J. 1984) that hypothesizes that adult children of alcoholics have unique personality characteristics. On closer examination of the results, the analysis reveals that half of the six comparisons were in the direction of the predicted hypotheses; however, the differences between groups were not statistically significant. Perhaps, if a larger, more heterogeneous population were used as subjects, the predicted hypotheses might have been found to be true.

Hypotheses 7-10 were rejected. There was no clear conclusion derived from these hypotheses. The adult children of alcoholic group produced approximately the same negative correlations on these PRF scales as would be expected from the general population. The only area to deviate from that pattern occurred when
the adult children of the alcoholic group was compared to the adult children of the nonalcoholic group on degree and quality of interpersonal orientation and direction from others. In these areas, significant correlational differences were found. It may be concluded from this finding that adult children of alcoholics may not be more conflicted in all areas of life than adult children of nonalcoholics. However, in areas that involve relationships and interaction with others, there appears to be evidence that adult children of alcoholics are more conflicted.

Hypothesis 14 was also rejected. Adult children of alcoholics do not seem to prefer artistic personality styles more significantly than adult children of non-alcoholics. However, the probability value obtained in this analysis on the Artistic theme was much smaller than any other probability value obtained when comparing the two groups on the other Strong-Campbell themes. If this comparison were duplicated with a larger and more heterogeneous population, significant results might be found.

Secondary Findings

A secondary finding of this study was the fact that the most significant differences found when comparing adult children of alcoholics and adult children of nonalcoholics on personality traits were in females.

Although not examined formally by hypotheses, the PRF trait of achievement, along with all other PRF traits, were statistically analyzed using Hotelling’s t-test comparing the adult children of alcoholic group and the adult children of nonalcoholic group. There was a significant difference on the trait of achievement when comparing female adult children of alcoholics and female adult children of nonalcoholics.

Adult children of alcoholics were found to be less achievement oriented. Combining this with the finding in Hypothesis 1 that female adult children of alcoholics
were less directive or dominating, one obtains a picture of a relatively passive, low-achieving college female when compared to her peers. This could be the product of a lack of appropriate role models who themselves were high achievers and leaders, or it might indicate the lack of self-esteem which researchers claim adult children of alcoholics acquire (Woititz, 1984). Further research may help to clarify this point.

Recommendations for Future Research

Earlier research and clinical observations have suggested that adult children of alcoholics have unique personality characteristics. This study did not verify or disprove those observations. Further research utilizing a larger, more heterogeneous sample population might provide further clarification on these mixed results.

The personality trait of dominance needs to be examined closer as this study shows female adult children of alcoholics to be less dominating or controlling while J. Jackson, (1984) found female adult children of alcoholics to be more dominating and controlling. The difference might be explained in the test instruments used to measure this trait. Jackson used the 16 PF while the Personality Research Form was used in this study. This could also be explained by viewing adult children of alcoholics as active-ambivalent personality types. Active-ambivalent personalities suffer from strong opposing needs. One of these needs is to control or dominate, while at the same time seeking a consistent relationship with another. Passive-aggressive (active-ambivalent) personality types, which would seem to include many adult children of alcoholics, may have strong feelings on either side of the issue of dominance. That is, they vacillate between strong feelings of dependency and self-assertion on dominance. Further research would help clarify this issue.

This study did provide enough evidence to warrant further exploration to determine
if adult children of alcoholics are more prone to active-ambivalent personality patterns. A study using a larger sample population and comparing them with a control group on Millon’s Clinical Multiaxial Inventory could serve to verify these preliminary findings.

Since the most significant findings of this study centered on adult children of alcoholics and their interaction with others, and adult children of alcoholics’ larger number of problem areas, these issues should be explored in more detail. Further research could elaborate on the type of problem areas about which adult children of alcoholics feel most conflicted.

Although there was no statistically significant result produced by analyzing the data obtained from the six themes of the Strong-Campbell, the artistic theme mean score for adult children of alcoholics was the highest mean score obtained from all themes in all groups. This result deserves to be further explored with a larger, more heterogeneous sample population.

Recommendations for Psychologists and Clinicians

Certain recommendations may be made for psychologists and for clinicians working with adult children of alcoholics, especially those seeking career counseling at university counseling centers.

Based on the significant findings from the Problem Checklist, when assessing new clients who come into counseling centers, questions concerning parental alcoholism should be included. The possibility that the the adult children of alcoholic client is going to bring a wide range of interpersonal difficulties is likely.

This study confirmed that even adult children of alcoholic clients who came to the counseling center for career counseling exclusively brought many other concerns with them. Their career indecisions could be a product of larger issues such
as an overall pattern of ambivalent behavior, learned self-defeating behavior patterns, and low self-esteem. Psychologists will have to deal with these larger issues along with career development issues when counseling adult children of alcoholics.

Psychologists, when counseling clients with career concerns, especially adult children of alcoholics, need to work on these self-defeating patterns before utilizing traditional vocational indicators. Staying in or beginning new careers that for adult children of alcoholics might serve to perpetuate ambivalent behavioral patterns could result in their continued struggle with low self-esteem, depression, and isolation.

Although this study did provide data that indicated that adult children are more conflicted, hence more likely to fit active-ambivalent personality patterns than adult children of nonalcoholics, the evidence was not overwhelming. Yet, psychologists, when they know that their clients are adult children of alcoholics, must at least consider the strong probability that their clients may be struggling with issues found in passive-aggressive personalities. This is especially the case when adult children of alcoholics are dealing with interpersonal relationships.

Conclusions

It was the intention of this researcher to generate interest and future research in a group of individuals that are becoming more frequent users of counseling and therapy—adult children of alcoholics. This study did not confirm the hypothesis that adult children of alcoholics have a unique pattern of personality traits. However, the study did establish that adult children of alcoholics, who from outward appearances appear to be functioning well, inwardly are experiencing a great deal of turmoil and conflict. Where these conflicts originate is still mostly speculative. However, this study lays the groundwork for further exploration of the relationship between being an adult child of an alcoholic and Millon's (1981) active-ambivalent personality
styles. By making this link to a major personality theory, it helps place what has mainly been personal accounts and general clinical observations in a framework that can be used by psychologists.
APPENDICES
Appendix A

Data Collection Sheet
Aga____ Sex____ Major____ No. of Bro. & Sis.____

Position in family____ No. of items checked____

Alcoholic: Father____ Mother____ Both____

Strong Campbell Results

R____ I____ A____ S____ I____ O____ I/E____

PQF Results

Im____ Ch____ VA____ OR____ CD____ AC____ EN____

Pl____ Su____ Au____ Un____ Se____ Do____ Ab____

Atr____ Nu____ Ex____ Sr____ AG____ DE____ DY____ IN____

CHECK LIST

1.____ 15.____ 29.____ 43.____

2.____ 16.____ 30.____ 44.____

3.____ 17.____ 31.____ 45.____

4.____ 18.____ 32.____ 46.____

5.____ 19.____ 33.____ 47.____

6.____ 20.____ 34.____ 48.____

7.____ 21.____ 35.____ 49.____

8.____ 22.____ 36.____ 50.____

9.____ 23.____ 37.____ 51.____

10.____ 24.____ 38.____ 52.____

11.____ 25.____ 39.____

12.____ 26.____ 40.____

13.____ 27.____ 41.____

14.____ 28.____ 42.____
Appendix B

Problem Checklist
Please read this checklist. Check once the items of concern to you. Check twice those items which are of most concern to you and which you would like to discuss with a counselor.

1. Not knowing how to study effectively.
2. Fearing failure in college.
3. Absent from classes too often.
4. Worrying about examination.
5. Afraid of making mistakes.
7. Not knowing what I really want.
8. Needing to clarify my vocational direction.
9. Not getting along with professor.
10. Not being the kind of person I should be.
11. Not being physically attractive.
13. Concerned about physical health.
14. I often have critical thoughts about my body.
15. I frequently go on or think about going on a diet.
16. I am concerned about my eating habits.
17. Use of drugs or alcohol.
18. Being ill at ease at social affairs.
19. Too little or too much social life.
20. Feelings too easily hurt.
22. Being talked about.
24. Being left out of things.
25. Getting into arguments.
26. Too easily led by other people.
27. Feeling that nobody understands me.
29. Life transition/change causing me stress.
30. Unhappy too much of the time.
31. Worrying about unimportant things.
32. Daydreaming.
33. Wondering if I will find a suitable mate.
34. Dating relationship.
35. Marital (or living together) relationship.
36. Disappointment in love.
37. Wanting love and affection.
38. Being criticized by parents.
40. Clash of opinions between me and parents.
41. Being treated like a child at home.
42. Belonging to a minority religious or racial group.
43. Confused in my religious beliefs.
44. Rejecting earlier religious beliefs.
45. Thoughts of suicide.
46. Not mixing well with the opposite sex.
47. Sexual worries.
48. Insufficient knowledge about sex matters.
49. Unable to concentrate well.
50. Unable to express myself in words.
51. Feeling uncomfortable when alone.
52. Feel that I'm a complete blank; don't know what to do.
Appendix C

University Counseling Center's Research and Ethics Committee Approval Form

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July 21, 1987

George Thomson

Dear George:

Your request to use data from the Counseling Center files in your dissertation has been approved.

I will be happy to help you in any way I can.

Morgan Worthy Ph.D.
Professor & Counselor
Chairman, Research Committee
Appendix D

Western Michigan University's Human Subjects Institutional Review Board Approval Form
TO: George D. Thomson
FROM: Ellen Page-Robin, Chair
RE: Research Protocol
DATE: June 1, 1988

This letter will serve as confirmation that your research protocol, "Adult Children of Alcoholics: Personality Characteristics and Relationship with Personality Styles," has been approved as exempt by the HSIRB.

If you have any questions, please contact me at 387-2647.
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