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A comparison of resiliency in adult children of alcoholics versus adult children of non-alcoholics

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## Abstract

Alcoholism is a common occurrence. According to the National Association for Children of Alcoholics (1998), there are approximately 76 million Americans who have had a family member with an alcohol problem. Adult children of alcoholics (ACoAs) were studied to compare the differences between resiliency scores with adult children of non-alcoholics (NACoAs). We found that  $p = .022$ , indicating there was a significant difference among ACoAs and NACoAs. We found that NCoAs had a higher resiliency score than NACoAs. We also looked at differences in resiliency scores among the ACoAs who had a same gendered alcoholic parent and an opposite gendered alcoholic parent. We found no difference among resiliency scores and gender of the parent,  $p = .796$ , indicating that gender of the parent does not have an effect upon resiliency scores for this group.

*Keywords:* alcoholism, resiliency, alcoholics

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Research suggests around 28 million individuals have grown up in a home with an alcoholic family member (Brown, 1988). Parker and Schepp (2014) found that children can be directly affected by a parent's alcohol use and abuse. Alcohol abuse is the third leading cause of death, in regards to choice, in the U.S. (Parker & Schepp, 2014). According to Haverfield and Theiss (2016) a large percentage of the population believe that alcohol-dependent individuals are to blame for their own problems. People outside of the home may distance themselves from those who are alcohol dependent due to social perceptions concerning alcoholics (Haverfield & Theiss, 2016). This distance can create stigma, which can then create secrecy or avoidance of what is going on within the family unit (Haverfield & Theiss, 2016). In return, the stigma surrounding an alcoholic could cause children to struggle in coping with their surroundings or addressing concerns in their daily life (Haverfield & Theiss, 2016).

According to Haverfield and Theiss (2017) responsive parenting can both enhance and hinder resiliency in adolescence with an alcoholic family member, primarily if the parenting is not consistent. Within the family, the level of communication can be influential in the child's development of resiliency. In addition, the way parents engage with their children can have an impact on the individuals behavioral and emotional well-being (Haverfield & Theiss, 2017). Often, children of alcoholics may experience a variety of situational events, which can include: drunkenness, dealing with an irate parent, problems with friends coming over, causing a scene and embarrassment (Reich, Earls, & Powell, 1988). Research notes that adult children of alcoholics (ACoA) who take their parents alcoholism to be damaging, embarrassing or taboo, often struggle to overcome difficult situations and association with alcohol dependency (Haverfield & Theiss, 2016). Children of alcoholics often show an inability to form trustworthy

and intimate relationships, inability to express what one is feeling or needs, a tendency to engage in self-blame and denial, and a tendency to become controlling in future relationships (Walker & Lee, 1998).

Resiliency can be identified as a personality trait that helps one regulate the negative effects that stress might bring out, and can promote a stronger adaptation for a positive lifestyle (Wagnild & Young, 1993). Resiliency in children can take form as the child who not only survives the difficult circumstance, but goes on to achieve beyond what was expected or anticipated (Reich, Earls, & Powell, 1988). Helping ACoAs overcome their feelings associated with alcoholism in their house such as shame, discrimination, or prejudice, may help these individuals improve their physical and mental health (Haverfield & Theiss, 2016). Resiliency among ACoAs may develop as a child takes on the responsibility that the parent has been unable to manage.

Resiliency and research about well-adjusted ACoAs can help health professionals uncover strengths that are beneficial for the treatment of problems that may not entirely be related to substance abuse (Walker & Lee, 1998). ACoAs can show signs of lower self-esteem related to circumstances of growing up in a chaotic and unstable home environment (Park & Scheep, 2015). However, well-adjusted ACoAs that have higher self-esteem are similar to NACoAs. Giffin and Amodeo (1998) state that positive outcomes are related to the alcoholic's tendencies, personality of the child, the home life, and the presence of others in the child's life (p. 154). Kelley, Pearson, Trinh, Klostermann, and Krakowski (2011) noted that parental alcoholism is often related with an increase in conflict levels among children and their parents. A possible protective factor for a child of an alcoholic deals with resiliency that is associated with strong, positive parent-child relationship (Kelley, et al., 2011). If a child has one parent that can

provide that stable relationship, then it might be possible to develop resiliency as an ACoA.

Parker & Scheep (2015) suggest that a deeper look at gender in order to investigate the differences in resiliency among males and females should be an area of study. Research indicates that children who have an alcoholic father report less psychological, social and academic problems than children with an alcoholic mother (Hinz,1990).

There are numerous studies related to gender and alcoholism, but primarily, they consist of differences between the physical and emotional aspects of male and female alcoholics. Children of alcoholics are often exposed to the parents maladaptive affect, cognitions, and behaviors over the course of a lifetime (Connell & Goodman, 2002). In a longitudinal study, Long, Lonn, Sundquist and Kendler (2018) suggested that further research is needed regarding differences in paternal or maternal gender effects. There is a need to understand if externalizing behaviors related to the gender of the parent, or offspring is crucial for improving intervention methods (Long et al., 2018). Werner (1986) indicated that females, who had an alcoholic mother, showed higher levels of disturbances and lower coping skills than females with an alcoholic father. One possible explanation is associated with the fact that same sex parent may have more influence on a child of the same gender (Connell et al., 2002). A social-learning perspective indicates that children are strongly influenced by parental models that share more similarities with the child (Connell et al., 2002). Specifically, we hypothesized that having a parent of the same gender who was an alcoholic would result in lower resiliency scores compared to those who had a parent of the opposite gender.

For the purposes of this study, we wanted to address whether adult children of alcoholics are more likely to show qualities of resiliency over adult children of non-alcoholic parents. The aftermath of having an alcoholic parent can be a long-term struggle, and for that reason, we

looked at adults over the age of 18. Our first hypothesis was that ACoAs would report higher levels of resiliency than NACoAs. There is little research concerning the positive outcomes related to children of alcoholics (Moe et al., 2007). We wanted to address the possibility of resiliency development related to being an ACoA. This is primarily due to the fact that children of alcoholics have to overcome significant challenges in their daily lives. Resiliency in general could develop more quickly in some ACoAs due to the circumstance they are placed in. Moe et al., (2007) stated that there were 66 million children who had at least one parent that was classified as dependent upon alcohol. However, not all of those children have negative outcomes as adults.

Moe et al., (2007) references the path to resiliency is centered on the intangibles. It was found that children of alcoholics (COAs) were more likely to report ways to improve their lives in regards to intangible items compared to non-COAs. Moe et al. (2007) identified three areas that children of alcoholic parents indicated as helping the individual discover resilience. These include a venue to express feelings, education, and by showing the COAs that there are other ways to live life (Moe et al., 2007). Based on the research conducted, resilient COAs demonstrate an understanding that even though their parents are alcoholics they have the potential for a good life, and a life to live beyond what they currently know and experience (Moe et al., 2007).

## **Methods**

### **Participants**

Two hundred ninety-seven individuals participated in this study. A total of 239 females, 56 males and two identified as other. Of the 297 participants, 193 of them recorded their age ( $M=31.51$ ,  $SD=14.31$ ). The minimum age recorded was 18 and the maximum age was 71. Of the

297 participants, 147 met the required score to identify as a child of an alcoholic and 149 of them did not meet the required score to identify as a child of an alcoholic. Among the 147 ACoAs, 53 individuals had a parent with the same gender that was the alcoholic and 70 had a parent who was an alcoholic with a different gender from the participant.

### **Materials**

This was a three-part survey. The first section consisted of demographic questions including, age, career identification and gender. The next section included the Children of Alcoholics Screening Test (CAST) developed by Jones (1983). Charland and Cote (1998) had a high reliability and a almost perfect test-retest agreement ( $k = .83$ ) and a high external validity ( $k = .78$ ). This study used the shortened CAST, which consisted of six questions used to assess whether the participant was a child of an alcoholic (ACoA) or a child of a non-alcoholic (NACoA). Each question was answered with either a yes (1 point) or a no (0 points). A score from 0 – 2 indicated the participant was a NACoA and a score of three or higher indicated that the participant was an ACoA. The final section of the survey consisted of the shortened Resilience Scale by Wagnild and Young (1993). This scale consisted of 15 questions that were each scored on a 7-point Likert scale from 1, strongly disagree, to 7, strongly agree. Participants could score from a 15 up to a 105. Participants with higher scores indicated higher resiliency and lower scores indicated lower resiliency.

### **Procedure**

The participants were recruited through social media and school wide emails. Upon the start of the study, the participants were all given an informed consent, which detailed the purpose of the study and what they would be taking part of. The participants then began by answering a series of demographic questions, followed by the CAST, and the resiliency scale. Scores were



then analyzed using a Kruskal-Wallis, a non-parametric ANOVA, to assess individual differences between resiliency among ACoAs and NACoAs, as well as, each question related to the resiliency scale.

### **Results**

A Kruskal-Wallis test was conducted to determine if there was a difference between being a child of an alcoholic or a child of a non-alcoholic and resiliency scores. Participants were given the CAST and based on their scores were separated into two subgroups: A child of an alcoholic (indicated by a score of 3 or higher) or a child of a non-alcoholic (indicated by a score of 0 – 2). A Kruskal-Wallis was conducted to determine differences between specific questions in the resiliency scale, and being a child of an alcoholic or a child of a non-alcoholic. The results indicated that there was a significant difference between children of alcoholics and children of non-alcoholics and resiliency of  $p = .022$ .

There was a significant difference between resiliency scores on ACoAs and NACoAs, (see Appendix 1, p. 15), there was also a significant difference between the mean scores of individual questions on the resiliency scale. These questions included items such as: I am friends with myself, I have self-discipline, I keep interested in things, I can usually look at a situation in a number of ways, I have enough energy to do what I have to do. Across the board, these five questions showed a significant difference between individuals that were classified as NACoAs and ACoAs (See Appendix 1, p. 15), This difference in scores indicates that overall, children of non-alcoholics parents scored higher on resiliency, both across the board and within these individual questions, than children of alcoholics (See Appendix 2, p. 16).

A Kruskal-Wallis was conducted to determine the difference between having a parent who was an alcoholic and the gender of the parent and participant. We specifically looked at the

gender of the participant and the gender of the parents to determine if there was a difference between same gendered parent and child and resiliency. There was no statistically significant difference between having a parent of the same gender who was an alcoholic and a parent of a different gender who was an alcoholic  $p = .796$ .

### **Discussion**

The present study considered resiliency and how being a child of an alcoholic may have an effect on resiliency. We also examined the differences between having a parent who was an alcoholic and whether or not being the same gender of the child had an effect on resiliency. Our initial hypothesis that adult children of alcoholics are more likely to show qualities of resiliency over adult children of non-alcoholic parents, was opposite of our initial hypothesis. The study identified that individuals who were a child of an alcoholic, on average scored lower on resiliency ( $M = 86.14$ ) than individuals who identified as a child of a non-alcoholic ( $M = 89.31$ ). However, the data indicated that there was a significant difference between resiliency of ACoAs and NACoAs ( $p = .022$ ). The second hypothesis, was whether having an alcoholic parent of the same gender could have an effect on resiliency. The results of this study indicated that there was no significant difference ( $p = .796$ ) between having a parent of the same gender ( $M = 86.1$ ) and having a parent of a different gender ( $M = 85.6$ ) who was an alcoholic.

Future research into the parent and child relationship and an examination on how it effects resiliency is needed. Kelley, et al. (2011) mentions that males who abuse alcohol, tend to display less warmth and affection and are more irritable than females. They also reported that alcohol-abusing fathers were stricter, less consistent, and engaged in harsher punishments (Kelley, et al., 2011). Research indicates that mothers, even alcohol abusing, tend to be the primary caregiver of the child (Kelley, et al., 2011). In the future, a more in depth look at the

relationship between a mother or father who is an alcoholic should be researched. We would specifically like Walker and Lee (1998) state that a common risk associated with having a parent who is an alcoholic is the risk that the ACoA will develop problems with alcohol or drugs later in their own life. Around 30% of the individuals who identified as ACoA, also identified as having a problem with alcohol themselves (Walker & Lee, 1998). The present study did not ask the individual participants to identify whether they too had a problem with alcohol or were indeed alcoholics. This is something that might be beneficial to address in regards to their own identification purposes. More research is needed to investigate the additional aspects of being a child of an alcoholic and how parental alcoholism effects resiliency.

Future research should look into the positive outcomes of having a parent who was an alcoholic. It would be beneficial to address those who had one parent who was an alcoholic. One positive relationship can make the difference for the COA. Moe et al., (2007), stated that well-adjusted COAs are those that were more likely to see out multiple relationships to compensate for their parents lack of functioning. Therefore, future studies should address the seeking behaviors of the COAs.

Overall, this study yielded some interesting and beneficial results. We were able to identify a significant difference among ACoAs and NACoAs concerning resiliency. This is important when looking at coping mechanisms, potential treatment options and possibly in educational settings. In regards to gender, we found no significant differences related to the gender of the parent and the ACoAs resiliency scores, which are somewhat different than expected. Specifically, there were not a lot of studies related to gender and resiliency, so this was an area that contributed to the field of study. One interesting find, was that even though gender did not affect resiliency scores in this study, we were able to add to the literature related to

gender and the social learning theory. The same gendered parent is very important in development, but, there was no significant difference in gender and resiliency related to children of alcoholics.

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## Appendix 1

**Table 1.***ACoA and NACoA Differences on Resiliency*

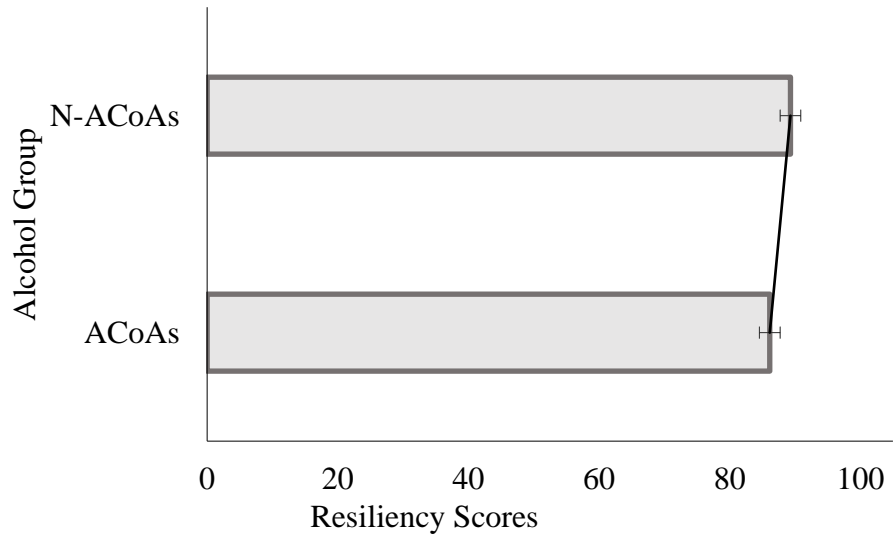
|   | $\chi^2$ | df | p     |
|---|----------|----|-------|
| I am friends with myself.                             | 6.44     | 1  | 0.011 |
| I have self-discipline.                               | 4.63     | 1  | 0.031 |
| I keep interested in things.                          | 8.78     | 1  | 0.003 |
| I can usually look at a situation in a number of way. | 8.18     | 1  | 0.004 |
| I have enough energy to do what I have to do.         | 6.79     | 1  | 0.009 |
| Overall Resiliency Score                              | 5.25     | 1  | 0.022 |

*Note: This was based upon a 95% confidence interval, were  $P < .05$*



Appendix 2

ACoA and NACoA Resiliency Score Comparison



*Figure 1.* Resiliency score differences among adult children of alcoholics and adult children of non-alcoholics.