CHILDREN OF ALCOHOLICS: A ROLE-THEORETICAL PERSPECTIVE*1

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SUMMARY

A review of the literature on children of alcoholics demonstrates a need for a social-psychological study assessing the processes and outcomes of growing up in an alcoholic family. A research strategy was developed using the concepts of role theory and focusing on role conflict, sex-role development, and the acquisition of coping roles. It is believed that viewing the issue from this perspective leads to a sharper analysis of the dynamics of growing up in an alcoholic family than is currently available. It also presents a clearer perspective as to how many children of alcoholics become alcoholic themselves and suggests strategies for research, treatment, and prevention.

A. INTRODUCTION

Despite the recognition of alcoholism as a "family disease," most research in the area focuses, with good reason, on the alcoholic. Studies that do go beyond the alcoholic concentrate predominantly on the spouse; relatively few study the children of alcoholics, virtually none from a sociological approach or a cross-cultural perspective (9, 22, 24, 31). A review of the research conducted with children and families from Western cultures demonstrates an emphasis on genetic issues (13, 14, 32), a dependency on standardized personality measures and psychological inventories administered to limited samples of children (2, 18, 28), and clinical-intuitive

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articles based on client samples without any systematic check against comparable control populations (1, 30, 35). Several sociologically oriented articles can be located (5, 16, 23), but none of these considered such variables as ethnicity, religion, social class, sex roles, cross-cultural variations, family structure, and child's age at onset of parental alcoholism. The impact of severe parental disturbance on children is often mediated by these social and cultural factors. How they work in an alcoholic situation has yet to be explored.

In many of these studies, selective sampling makes the results problematic and often limits their generalizability. Both Cork (8) and Nylander (27) studied children who had a parent attending an addiction clinic; Kammeier (23) sampled Catholic high school students; Booz-Allen and Hamilton, Inc. (5) interviewed some Ss who volunteered in response to a newspaper ad requesting offspring of alcoholics; O'Gorman (28) and Hughes (21) used Alateen members; Chafetz et al. (7) focused on children in a psychiatric clinic; Wilson and Orford (36) studied the entire family unit; Miller (26) conducted one of the only longitudinal studies, using poor, multiproblem urban families; and Krimmel and Spears (25) obtained children from Alateen, children whose parents were in an alcohol clinic, children on probation in juvenile court, and delinquent children in state institutions. However, using special samples is usually necessary, since a true random sample of alcoholics cannot be obtained. The central problem is the absence of adequate control groups in many of these studies.

Data collection techniques differ widely in format and variables studied with no concentrated attention on any single variable, thus limiting the reliability of the findings. Chafetz et al. (7) analyzed case records; Aronson and Gilbert (2) used teacher assessments of the children's personality traits; Fine et al. (11) interviewed mothers of the children whose fathers were alcoholic using a standardized questionnaire; Cork (8) used an informal, fairly unstructured interview schedule; Booz-Allen and Hamilton, Inc. (5) relied on adult recollections of childhood conditions; and Black (4) evaluated children's drawings.

Finally, the lack of any theoretical foundation underlying most of this research is a major shortcoming. Data collection without a conceptual scheme yields few applications for intervention and prevention situations. Yet, much of the research on children of alcoholics proceeds without such formulations. This paper offers a research strategy using the concepts of role theory and focusing on role conflict, sex-role development, and the
acquisition of coping roles. It is believed that viewing the issue from a social-psychological theoretical framework can lead to a sharper understanding of the dynamics of growing up in an alcoholic family than is currently possible.

B. ROLE THEORY

It is clear that not every child is affected by the alcoholic parent in the same way. Mediating forces come into play and these interacting forces are social and psychological in nature. Furthermore, focusing either on the alcoholic or the child does not take into account the transactional aspects of the family system. Viewing the family as a system of interacting roles which change as alcoholism becomes an issue is a more realistic conception of the social situation.

Each member in the family has a set of duties and rights she or he is expected to enact on the basis of her or his position in the system. These expectations are related to gender, age, birth order, ethnic customs, and social class. Although generally set, these roles are often altered as definitions of the situation change during family interactions. The introduction of alcoholism usually acts as one major cause in modifying the traditional role definitions of a family system. Several concepts central to role theory can be assessed in such situations: role conflict, sex-role development, and role acquisition.

1. Role Conflict

Role conflict may manifest itself in several ways: conflict within a person over differing expectations as the incumbent of two or more roles (interrole conflict); and conflict over incompatible expectations concerning a single role [intrarole conflict (15)]. Thus, a primary question is the degree to which children of alcoholics experience conflict over role reversals and the resultant conflicting, inconsistent demands of the parents concerning the child's behavior from day to day.

A central finding that emerges in the studies on children of alcoholics is the child's perception of confused and inconsistent expectations. This operates in two ways: confusion and uncertainty concerning both the role the parent is playing (drunk or sober, angry or happy, passive or violent) and the role the child is enacting (surrogate parent or child, independent or dependent). The child finds it difficult to anticipate or discern conditions and to play the role the situation demands.
Atkins (3), Seixas (31), and Woititz (37) describe both role confusion and role reversal in these families. Confusion results when children’s roles are constantly changing; behavior acceptable one day may be punished the next. Role reversal occurs when the parent becomes the helpless one and the child takes on parental responsibilities. Hecht (17, p. 1767) feels that “children in the alcoholic family system are forced to play roles and meet parental needs that children in other families do not.” He describes one situation where a male alcoholic’s child is called on to be the surrogate spouse of his mother and one where a child substitutes in the parental role for the mother alcoholic.

Fine (10) believes that the “alcoholic family is a classic situation of role changes” where the husband alcoholic gradually becomes dependent, taking on a child-like role, and the child becomes the “man of the house.” Booz-Allen and Hamilton, Inc. (5) similarly discovered a role reversal component in which adult functioning is thrust on the child. Several cases are described, one in which a seven-year-old boy, whose mother was alcoholic, was found cooking, cleaning, and keeping house for four younger children; and one where the children were maintaining household budgets, buying food, and paying bills.

It is also important to assess role-conflict issues at differing ages. For the very young child, the development of trust is crucial. What impact might role confusion have on such development? For the young adolescent, learning autonomy and independence may be affected by role-reversal situations. The analysis of role reversal and role confusion on children of alcoholics at different ages, of different gender, from different social backgrounds has yet to be done systematically.

2. Sex Role Development

There has also been speculation concerning the impact of role conflict on gender identity and parental modeling. Problems in identifying with an alcoholic parent when roles are sometimes reversed were noted by Kimmel and Spears (25) and Richards (29). The alcoholic as a role model demonstrates little adult behavior (6). Since childhood and adolescence are periods of learning the norms, values, beliefs, and gender roles appropriate for survival in the social system (i.e., process of socialization), research on the children of alcoholics must study this process. As Richards (29, p. 20) writes, “Ambivalence toward the parental role model may be the key issue that needs to be identified, addressed and worked through if alcoholism is to be prevented.”
An investigation of sex-typed behaviors and perceptions is central to a role-based study. Not one study was located that investigated empirically the interaction between alcoholic parent and child from a sex-role perspective. Both the socialization process and the modeling process must be considered in the differing effects on male and female children of alcoholic mothers or fathers. For example, what does the male child model when he sees his father enacting child-like dependent roles and the mother is dominant in the socialization process? Or how does the female child learn role behavior when she views her nonalcoholic mother's antagonism to the male alcoholic spouse? Many studies allude to the inadequacies of sex-role modeling and the problem of alcoholics' children in developing positive interpersonal relationships in adolescence and adulthood (5, 7, 8, 12). Sex-role socialization and modeling may be critical to the development of self-esteem, identity, locus of control, and sexual orientation.

Fox (12) and Wilson and Orford (36) both argue a case for distinguishing the learning of sex-appropriate roles based on the sex of the alcoholic and the sex of the child. Hecht (17, pp. 1765-1766) also makes a similar distinction: "For the boy who needs to identify with a masculine personality, there are difficulties if the father is alcoholic . . . There are similar hazards for the girl whose mother is an alcoholic, but the problem is somewhat different from the boy's." However, exact definition of the sex-role problems and difficulties encountered by the children of alcoholics is not offered and needs careful delineation.

Sex-role learning must also be studied in the context of siblings and the nonalcoholic parent. While Cork (8) found that children of alcoholics often perceive the nonalcoholic as causing the family problems and alcoholism, what implications are there for sex-role development in the interaction of the child's gender with both parents' genders? Booz-Allen and Hamilton, Inc. (5) have found that the degree of supportiveness by the nonalcoholic parent and other siblings (depending on birth order and family size) has strong mediating effects on the child's socialization and handling of the family problems. Any systematic social psychological study must consider these factors and related family demographics (social class, religion, ethnicity) when assessing the outcomes of growing up as an alcoholic's child (36).

3. Role Acquisition

Role-acquisition hypothesizes a series of stages in learning a new role: anticipatory, formal, informal, and personal (34). These stages involve the changing nature of the expectations and their sources as one goes through a
process of adjusting to a new role. By carefully analyzing this on-going process, one can more easily assess critical periods and salient changing social factors. For many children of alcoholics, taking on new roles is necessary to cope with the family's problems. Some turn to a delinquent role, others flee (mentally, physically, or emotionally), some take on the "perfect child" role (never does anything wrong), others become the "super-coper" (does everything right, usually for others and not necessarily for himself), and some cannot cope at all (5). The selection and learning of these coping and noncoping roles are related to a variety of social and psychological factors. Understanding the way in which a child copes with the family situation and how each family member takes on new roles can be enlightened by applying a role-acquisition model.

It is also important to consider the positive outcomes of growing up in an alcoholic family. Some of the roles a child acquires to cope with the family problems may lead to important skills useful in later work or personal situations. Few have considered the potential strengths resulting from major task and role rearrangements during socialization in an alcoholic family (36).

Black (4) has found that children often acquire roles which allow them to cope successfully with the family alcoholism problems while destructively concealing the scars that result. Some become "the responsible one"; that is, the only child or eldest child who becomes responsible for the other family members. This person often excels in school, learns to manipulate others to get done what is necessary, develops leadership traits, and becomes goal-oriented.

Another role that children can learn, according to Black (4), is "the adjuster." This child follows directions well, is flexible, and is able to adapt to a variety of situations. He or she fears rocking the boat and will do whatever is necessary to maintain order. Finally, "the placater" is the child who smooths over conflicts, helps others feel good, and is very sociable. This child is always willing to lend an ear and to serve as a mediator in stressful situations. These roles can also be adopted simultaneously.

Contrary to the more popular notion that most children of alcoholics consistently display behavioral problems, Black (4) suggests that the majority of these children have adjusted to family disorder by adopting roles which help maintain peace. However, in so doing, these children have built up defenses which block expression of their true feelings. It is when they become adults that they realize these coping roles no longer function efficiently. Years of not expressing feelings like anger or sadness create a
vulnerability that may be conducive to a repetition of the parent's problem dependence on alcohol.

An example of a formally organized role acquisition process is Alateen, the only national program for adolescents of alcoholics (20). One of its goals is to get the adolescent to be responsible for his/her own feelings and behavior. The transition from a home life where concern is for the parents to a peer environment which encourages a redefinition of responsibility and self can be assessed with the use of role-acquisition concepts.

C. IMPLICATIONS

Prevention strategies, treatment programs, and research are best developed when guided by a theoretical framework. Role concepts can serve this function through their relationship with social psychological formulations of personality development and socialization. In addition, role concepts fit well with a systems perspective of family structure and dynamics.

Role-theory concepts can be used in programs which focus on family treatment by encouraging each member to articulate his or her roles and how they conflict or have altered as a result of the alcoholism. Some counselors believe in treating the family members separately and design treatment strategies for the children organized by age (33). These groups usually stress the communication of feelings, alcohol education, and role-playing (19, 33). Learning to express feelings and acquiring positive coping roles are important components in prevention and treatment programs.

Another important component of treatment programs is alcohol education. For many families, lack of information on alcohol and alcoholism is common. Programs could prepare family members for coping with role changes and confusion which result from drinking. Teenage groups especially need to focus on adolescent role confusion and the teenagers' drinking patterns, knowledge, and attitudes.

A counseling technique most dependent on role-theory concepts is role-playing. Getting children to see the family dynamics by enacting various roles is an important step in treatment and prevention programs. Depending on age, some groups have used puppets, art therapy, collages, and poetry to get children to describe the family role structure and to express their feelings (4, 19, 24, 33). Through role-playing, children learn to see the situation from several perspectives and to develop empathy and autonomy, necessary traits for adopting successful coping roles.

In sum, role theory can form an important structure on which treatment,
prevention, and research programs can be developed. It can serve as a means of focusing on specific issues and aspects of the family role system which might otherwise go unnoticed. Emphasizing the “family disease” notion of alcoholism leads to an expression and analysis of the roles acquired and enacted in the family at different stages of alcoholism by the alcoholic, as well as the children and the spouse. In so doing, the inheritance of alcoholism by many children of alcoholics may perhaps be halted.

REFERENCES


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