

RESEARCH REPORT

The survival roles of children of alcoholics: their measurement and validity

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Abstract

Scales to measure five survival roles proposed by Black (1979) and Wegscheider (1976) as characteristic of children of alcoholics were developed and tested among a sample of 112 adolescents. Scales representing the lost child, the acting out child, and the mascot were highly intercorrelated, but use of the placater role was relatively unrelated to the other roles. The relationship between parental drinking and role use was examined using hierarchical multiple regressions which controlled for sex, age and three family variables, intimacy, deliberateness and cohesiveness. Parental alcoholism contributed to children adopting the acting out role, did not contribute to explaining variation in the lost child and mascot roles, but was the sole predictor of the adoption of the responsible child role. In the case of the placater role, controlling family deliberateness led to the emergence of a previously masked relationship with parental alcoholism. The survival roles appear to be as much a response to family disorganization as to parental alcoholism.

Introduction

The risks to well-being experienced by children of alcoholics have come under critical scrutiny in recent reviews (Blane, 1988; Cermak, 1985; Hetherington, 1988; Russell, Henderson, & Blume, 1985; West & Prinz, 1987; Woodside, 1988). All reviews support the proposition that parental alcoholism is associated with behavioural, emotional and psychosomatic complaints in their offspring. At the same time, critics have focused on the methodological problems that plague research in this field, and the difficulty in determining the process by which children of alcoholics are affected. Alcoholism is often associated with other stressors such as

family disorganization (e.g. conflict, divorce, and blended families) and the challenge of disentangling these multiple risk factors has yet to be addressed. Furthermore, the observation that some children are protected from any adverse effects of parental alcoholism has aroused interest in hypotheses about buffering and vulnerability factors. Such formulations do not always sit comfortably with some of the popular models that guide intervention and treatment programmes for children of alcoholics (COAs). According to Black (1979), all children are adversely affected by alcoholism. The roles which they adopt to protect themselves constitute rigid sets of defences and compulsive behaviours that have survival value in the short term, but are dysfunctional when the child matures and leaves home. The popularity of these models, however, has not been matched by research efforts to

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either test the typology or demonstrate the detrimental effects such roles may have. This gap between clinical practice and scientific research has not escaped the notice of reviewers. Some have chosen to ignore the typologies of Black (1979) and Wegscheider (1976) completely (Alder & Raphael, 1983; West & Prinz, 1987), while others have called for research to evaluate their scientific merit (Blane, 1988; Burk & Sher, 1988; Woodside, 1988).

The purpose of this study was to investigate the validity of the typologies proposed by Black (1979, 1981) and Wegscheider (1976). In an earlier study, Rhodes & Blackham (1987) developed scales with reasonable internal consistency to represent Black's four roles of responsible child, adjuster, acting out child and placater. When they compared children from alcoholic homes with those from non-alcoholic homes, significant differences only emerged on the acting out scale. Non-significant trends were reported for the placater and adjuster roles. Rhodes & Blackham concluded that the types needed to be defined more specifically. Before proliferating typologies, however, the validity of Black & Wegscheider's roles should be examined in a different context, with different measuring instruments, and with a methodology which controls for one confounding risk factor identified by Rhodes & Blackham, family disorganization.

Survival roles

The notion of survival roles or coping roles for COAs has emerged from a Satirian (1967) systems perspective on family dysfunction. Wegscheider (1976) postulated that parental alcohol dependency creates disequilibrium and stress. Family members subsequently develop patterns of responding to accommodate the alcohol dependent parent. These patterns of responding develop into roles which enable family members to minimize the personal stress they are experiencing in the family, and thereby survive. Over time, these survival roles, encompassing thoughts, feelings, behaviours and patterns of interaction, become firmly entrenched and rigidly adhered to, maintaining the dysfunctional nature of the family and inhibiting each person's capacity to change and develop.

The research strategy adopted to examine the validity of the typologies delineated by Black (1979) and Wegscheider (1976) involved con-

verting the clinical descriptions of the thoughts, feelings and behaviour of each role type into a series of statements which respondents could then use to evaluate themselves. In extracting specific patterns of responding from the descriptions provided by Black and Wegscheider, the responsible child (Black) and the hero (Wegscheider) were treated as one type, as were the adjuster (Black) and the lost child (Wegscheider), and the acting out child (Black) and the scapegoat (Wegscheider). The fourth role in Black's typology, the placater, was differentiated from its counterpart in Wegscheider's model, the mascot or family clown.

The responsible child is one who takes on an adult role long before it is due. Such children adopt a protective stance towards their parent and believe that they can reduce the drinking through being everything a parent could want their child to be. The responsible child has an overdeveloped sense of accomplishment, responsibility, and perfectionism. In contrast, the lost child or the adjuster ignores the problems at home and becomes detached. Such children not only dissociate from their family but from other people in general. They are likely to be loners. The third role, the acting out child or scapegoat, is a child who engages in delinquent or anti-social behaviour. Because delinquency has been a popular outcome variable when examining the effects of alcoholism on children, this role has attracted most research attention (el Guebaly & Offord, 1977; West & Prinz, 1987). The remaining roles, the placater (Black) and the mascot (Wegscheider), involve COAs in acting as 'a go-between' and diffusing tension in the home. The methods of placaters and mascots for achieving this end, however, differ in their emphasis. Placaters were defined as being more overtly empathic and willing to deal with the distress of others through being caring and supportive. Mascots were defined as being likely to use distraction and humour to deal with their unease in a stressful situation. The typology tested, therefore, postulated five constructs: the responsible child, the lost child, the acting out child, the placater and the mascot. Wegscheider (1976) and Black (1979) have claimed that these roles can coexist, the exception being the acting out child. According to Black, this role is adopted singularly. Unlike the others, acting out does not bring greater stability in the lives of its exponents, but instead adds to the turmoil of

life. Acting out children cause disruption which, in effect, distracts attention away from the alcoholic parent.

Uniqueness of survival roles to COAs

Apart from measuring types of roles, assessing their cohesiveness and interrelationships, the question of the uniqueness of such behaviour patterns to children of alcoholics needs to be addressed. In their study of the validity of the survival roles, Rhodes & Blackham (1987) compared children from alcoholic and nonalcoholic families. As they and others have pointed out, these groups are likely to differ on a range of characteristics, so that it is impossible to conclude that parental drinking itself is responsible for outcome differences (West & Prinz, 1987). Differences in the drinking context may play a major role in determining favoured modes of adaptation for children. Among the most widely discussed context variables are those concerned with family dynamics. A substantial literature documents the increased family disruption and conflict which is likely to accompany parental drinking and the harmful effects this may have on children's development (Moos & Billings, 1982; Moos & Moos, 1984; Reich, Earls & Powell, 1988; West & Prinz, 1987; Werner, 1984; Woodside, 1988). Thus, if support is to be found for the proposition that Black (1979) and Wegscheider's (1976) roles are responses to having an alcohol dependent parent, the relative effects of alcoholism and family disorganization must be disentangled.

Family disorganization was represented by three concepts: family cohesiveness, intimacy, and deliberateness. These variables have been cited in the literature as buffers (Bennett, Woling & Reiss, 1988; Reich *et al.*, 1988; Werner, 1984; Woodside, 1988) or risk factors in their own right (Rhodes & Blackham, 1987; West & Prinz, 1987). Family cohesiveness was defined as the extent to which children saw their families as divided and in conflict. Marital and family conflict has been associated with poor emotional adjustment in children from both alcoholic and nonalcoholic families (Cooper, Holman & Braithwaite, 1983; Moos & Billings, 1982). Intimacy was defined as the closeness and supportiveness of the parent-child bond. Some studies have suggested that a good relationship with the nonalcoholic parent may serve as a

protective mechanism (Clair & Genest, 1987; Moos & Billings, 1982; Reich *et al.*, 1988; Rutter, 1985). Deliberateness refers to the practice of parents making plans, setting goals, and following through with their implementation (Bennett, Woling & Reiss, 1988). The concept extended Wolin & Bennett's (Wolin *et al.*, 1980) earlier work on the protective nature of maintaining family rituals such as regular mealtimes and family celebrations.

Research design

In order to disentangle family disorganization and parental drinking variables, a sample of adolescents was sought from the general population. The goal was to capture the full range of variability on level of parental drinking and level of family disorganization in the community and avoid truncating distributions on the key variables. Recent reviews (West & Prinz, 1987; Woodside, 1988) have highlighted the biases associated with drawing samples from clinical populations where parental drinking and family stress are likely to be highly confounded. Using a community sample of adolescents, the research goals were (a) to evaluate the conceptual viability of the survival roles proposed by Black (1979) and Wegscheider (1976) and (b) to determine, through hierarchical regression analysis, whether these survival roles were peculiar to COAs or whether they were modes of adaptation chosen by children experiencing other kinds of family stress as well.

Method

Participants

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

Although more than half of the students participated in the study, the sampling strategy was biased toward regular school attenders who were willing to participate and whose parents agreed to their participation. To offset these biases, a

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

Questionnaire

A self-completion questionnaire was administered to the student sample in a group setting and to the other participants individually. Included in the questionnaire were the following measures:

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

between the original CAST scores and the collapsed CAST scores was 0.86. The measure was validated in this particular study against the CAF item (DiCicco, Davis & Orenstein, 1984) which simply asks children if they wished either parent would drink less. The CAF item correlated 0.63 with the collapsed CAST and 0.71 with the original CAST.

Family disorganization. Family cohesion was assessed using the Cooper *et al.* (1983) pictorial representation index. Respondents were presented with 13 diagrams depicting different family configurations. Family members were depicted as small circles within the larger family circle, with mother and/or father defined. The spacing of the smaller circles reflected the distance or closeness of family members to each other. Respondents were required to choose a diagram which best represented their family situation and identify themselves in that family structure. In this way, two parent cohesive families, one parent cohesive families, parent coalition families, divided families, and isolated child families could be identified (see Cooper *et al.*, 1983, for a detailed description). Because this age group was older than those who took part in the Cooper *et al.* study, a diagram representing the splintered family was also included. This family was one in which all members were at a distance from each other. Cooper *et al.* found that cohesive one and two parent families experienced less conflict than other family types and that children from these families were more likely to report having fun with their family most of the time. Consequently, respondents were scored as seeing themselves as part of a cohesive or noncohesive family. Of those who participated in the study, 45% considered their family cohesive. Noncohesive families were primarily divided families or families where the respondent was isolated from other members.

Four questions were developed for this study to measure family deliberateness. Respondents used the categories 'rarely' (1), 'sometimes' (2) and 'often' (3) to indicate how frequently (a) their family got together for special occasions such as birthdays and Christmas, (b) their family plans for holidays and special celebrations were followed through, (c) their family got together at mealtimes, and (d) family get-togethers were enjoyable. Responses to these items were added to obtain a family deliberateness score for each

participant. Scores ranged from 4 to 12 with a mean of 8.86 and standard deviation of 2.41. The alpha reliability coefficient for the scale was 0.76.

Intimacy with a parent was assessed through two further questions which respondents answered on the rating scale "rarely" (1), "sometimes" (2) and "often" (3): How often do you feel close to one or both of your parents, and how often are you comforted by one or both of your parents. The items correlated 0.54. The intimacy scores ranged from 2 to 6 ($M = 3.98$, $SD = 1.41$).

As expected, the family disorganization scales were intercorrelated. Cohesiveness and deliberateness both correlated 0.53 with intimacy. Deliberateness correlated 0.38 with cohesiveness.

Survival roles. Forty-one questions which mapped the thoughts, feelings and behaviours which Black (1979) and Wegscheider (1976) ascribed to the responsible child, the lost child, the acting out child, the placater and the mascot were presented to respondents for self-evaluation. They indicated how frequently they had had each experience using the categories 'rarely' (1), 'sometimes' (2) and 'often' (3).

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

Results

As a first step in examining the validity of the survival roles, alpha reliability coefficients for the items hypothesized as representing each type were calculated along with scale intercorrelations. The goal was to establish high internal consistency of patterns of responding within types, but at the same time adequate discriminant validity across types. An underlying assumption was that the survival roles were meaningful and cohesive for children from non-alcoholic families, even though they were less likely to have reason to use them. To ensure that the concepts were meaningful for children from

both alcoholic and nonalcoholic families, analyses were replicated on the subsample of children with high CAST scores (greater than or equal to 2 by the original score) and those with low CAST scores (less than 2). The interrelatedness of items and scales was consistently higher in the alcohol using group. Nevertheless, the pattern of scale reliabilities and intercorrelations was comparable and satisfactory in both groups, and justified analysing data for the group as a whole.

This preliminary analysis produced three findings which had consequences for subsequent analyses. The correlations between items and the associated alpha reliability coefficients for each type provided basic support for the cohesiveness of the roles. Alpha reliability coefficients ranged from 0.60 for an 8 item scale to 0.81 for an 11 item scale. These findings were encouraging for a priori scales with relatively small numbers of items. Less encouraging, however, were the relatively strong correlations between the scales. Seven of the 10 intercorrelations were significant at the 0.001 level, the highest being 0.60 between the acting out role and the lost child role.

In order to improve the discriminant validity of the five survival role scales, a principal components analysis with varimax rotation was used on these data to identify more discrete clusters of coping responses. Rotating five components resulted in a structure which provided basic support for the five types proposed by Black (1979) and Wegscheider (1976). The analysis also highlighted the large number of multifaceted items, items that shared common variance with more than one of the role types. On the basis of this analysis and the earlier reliability analysis, the items which were the best representatives of each type were selected to form new scales. The alpha reliability coefficients for the new scales together with intercorrelations, means and standard deviations appear in Table 1. The scales are provided in Appendix I.

The alpha reliability coefficients for the new mascot and acting out scales were slightly lower than those found previously, but this was not surprising given that they had considerably fewer items. Cronbach's alpha is known to increase as the number of items in the scale increases, regardless of change in item homogeneity (Scott, 1968). The relatively high correlations of 0.8 and 0.9 with the original scales support the conclusion that the new scales are still measuring the coping styles which Black and Wegscheider have

Table 1. Means, standard deviations, alpha reliability coefficients and intercorrelations for the revised survival role scales

| Survival role | 1 | 2 | 3 | 4 | 5 |
|------------------|------------|-------------|------------|-------------|------------|
| 1 Responsible | 0.73 | | | | |
| 2 Lost | 0.30*** | 0.77 | | | |
| 3 Acting out | 0.25** | 0.45*** | 0.72 | | |
| 4 Placater | 0.18* | 0.07 | -0.03 | 0.64 | |
| 5 Mascot | 0.29*** | 0.40*** | 0.41*** | 0.10 | 0.57 |
| M (SD) | 6.70(2.09) | 11.09(3.09) | 9.94(2.83) | 12.98(2.49) | 9.90(2.24) |
| No. of items | 5 | 6 | 5 | 6 | 5 |
| r with old scale | 0.81 | 0.92 | 0.88 | 0.97 | 0.79 |

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

described on the basis of clinical observation. Advantageously, the removal of items which appeared to be tapping more than one role reduced the strength of the correlations between the survival role scales, producing more discrete measures of the concepts of interest. Of note are the relationships among the three role types, the lost child, the acting out child and the mascot. These results refute Black's contention that the acting out role is not used in conjunction with other roles.

Demographic correlates of the coping roles

Female respondents were more likely to adopt the placater role ($r = 0.28$, $n = 108$, $p < 0.001$), a finding also reported by Rhodes & Blackham (1987). Older respondents were less likely to use the responsible child role ($r = -0.23$, $n = 109$, $p < 0.05$) and more likely to use the mascot role ($r = 0.20$, $n = 109$, $p < 0.05$). Respondents who were unemployed had higher scores on the acting out ($r = 0.40$, $n = 109$, $p < 0.001$) and mascot roles ($r = 0.25$, $n = 108$, $p < 0.01$).

Predicting role type from family characteristics and parental drinking

The extent to which the roles could be linked with parental drinking was investigated through a series of multiple hierarchical regression analyses. The goal was to ascertain the effect of parental drinking after factors associated with family disorganization had been controlled. Family disorganization was defined by low scores on three attributes: intimacy between a parent and child, the cohesiveness of the family unit and deliberateness. Parental drinking was represented by collapsed CAST scores. Parental

alcoholism correlated -0.28 with intimacy, -0.52 with deliberateness, and -0.34 with cohesiveness.

The Pearson product-moment correlation coefficients between the four predictors and the five survival role scales are given in Table 2. With the exception of the placater, all role types could be linked with family disorganization and parental drinking.

Age and sex were entered as control variables in the regression analyses, but employment status was not included. Unemployment was higher in cases where family cohesiveness was low ($r = -0.31$, $p < 0.001$), deliberateness was low ($r = -0.40$, $p < 0.001$) and intimacy was low ($r = -0.20$, $p < 0.05$). While causality cannot be inferred from these data, we regard the more plausible explanation as being that youth unemployment is a likely consequence of family disorganization, rather than a cause of it. If this is the case, controlling for unemployment was equivalent to taking a considerable amount of the relevant variance out of the major predictors, thereby complicating the interpretation of the beta coefficients in the final regression equation.

The results of the regression analyses are summarized in Tables 3 and 4. In the case of the lost child and the mascot, the extent to which children saw themselves as part of a close knit family group was the major determinant of role use. Both lost children and mascots were more common in families which were divided and fragmented. Parental drinking did not have an adverse effect beyond that associated with family disunity. This is not to discount the role of alcoholism, however, in bringing about family disorganization in the first place. The model predicting use of the lost child role accounted for

Table 2. *The correlations of the family disorganization and parental drinking variables with the survival role scales*

| | Responsible | Lost | Acting out | Placater | Mascot |
|-------------------|-------------|----------|------------|----------|----------|
| Intimacy | -0.23* | -0.40*** | -0.54*** | 0.28** | -0.32** |
| Cohesiveness | -0.23* | -0.48*** | -0.55*** | 0.17 | -0.36*** |
| Deliberateness | -0.22* | -0.25* | -0.55*** | 0.28** | -0.20* |
| Parental drinking | 0.37*** | 0.26** | 0.50*** | 0.02 | 0.20* |

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

30% of the variance. The percentage dropped to 19% in the case of the mascot.

In contrast, parental drinking had an independent contribution to make to whether a child adopted a responsible role, an acting out role or a placater role. For the responsible child, perceiving a problem of alcoholism was the major predictor; a result which may be explained, in part, by references to a parent's drinking behaviour in the role scale itself. Much of the variance in the adoption of the responsible child role remained unexplained, however. Only 17% was accounted for by the model.

In the case of the acting out child, parental drinking added to the problems posed by family disorganization. A high 54% of the variance in the use of this role was explained by low family cohesiveness, low deliberateness, and perceptions of parental drinking as a problem.

Regressing the placater role on the family disorganization and parental drinking variables produced some unanticipated findings. The placater role was more likely to be adopted in situations where a parent was drinking, but this was not apparent from the zero order correlation coefficients. The relationship only emerged after the family variables had been controlled. Family deliberateness was the major predictor for adopting the placater role after gender. Placaters were most likely to be found among female participants who belonged to families which got together and enjoyed being together, yet had a parent who was alcoholic.

Discussion

This paper provides qualified support for the five types of coping roles described by Black (1979)

and Wegscheider (1976). The roles for which scales were ultimately developed were more focused than those described by these authors. Support could be found for the five core constructs, but not for all the behaviours that have been linked with them.

The acting out role correlated positively and strongly with the lost child role and the mascot role, and it was not incompatible with the responsible child role. The findings from this study suggest that 'acting out' is not a response style which is as distinct and as rigidly adhered to as Black (1981) has suggested. Indeed, the pattern of intercorrelations suggests that if children use one type they are also likely to use other types. The exception is the placater role. Its separateness, however, is likely to be a function of its association with family deliberateness and emotional support from within the family. These qualities were less likely to be found in homes where children adopted the lost child, mascot, acting out and responsible roles.

This study represents an early attempt to operationalize and systematically measure the profiles of COAs that Black (1979) and Wegscheider (1976) have compiled through clinical observation. Unlike Rhodes & Blackham (1987), we have been able to show that these types do discriminate children from alcoholic homes and nonalcoholic homes, although in some cases, family disruption is a far more potent predictor of their use than parental drinking. While we have shown that Black and Wegscheider's types fare reasonably well under a scientific microscope, a number of issues of measurement have yet to be resolved. The inclusion of more items in the scales (they vary between 5 and 6 at the

Table 3. R^2 and ΔR^2 for hierarchical regression models predicting survival roles

| Regression models | | | Dependent variable | | | | |
|-------------------|----------|--------------|--------------------|---------|------------|----------|--------|
| | | | Responsible | Lost | Acting out | Placater | Mascot |
| Step 1 | Controls | R^2 | 0.02 | 0.02 | 0.02 | 0.11** | 0.02 |
| Step 2 | Family | R^2 | 0.09 | 0.27*** | 0.48*** | 0.22*** | 0.17** |
| | | ΔR^2 | 0.07 | 0.25*** | 0.46*** | 0.11** | 0.15** |
| Step 3 | Drinking | R^2 | 0.17** | 0.30*** | 0.54*** | 0.26*** | 0.19** |
| | | ΔR^2 | 0.08** | 0.03 | 0.06** | 0.04* | 0.02 |

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

moment) would improve their reliability. The responsible child scale, in particular, requires revision. This role has been defined, in part, by actions which children can take to prevent their parent from drinking. This study, however, suggests that these survival roles may extend beyond the parental drinking context, in which case a more generalized form of the scale is desirable. Furthermore, the potential problem of respondents answering in a socially desirable way needs to be addressed. Developing checklists which teachers and friends can answer in relation to COAs would provide important validation of the self-report measures. Rigid adherence to these roles, a central feature of these typologies, also needs to be examined through monitoring COAs patterns of coping across time and across contexts. Last, but not least, the findings from the present study need to be replicated in a random community sample. The sample used in the present study satisfied the criterion of heterogeneity on the key variables, but could not be regarded as representative of the adolescent population. The relatively low proportion of adolescents reporting a cohesive family and the relatively high proportion reporting a problem drinking parent suggest that our final sample may have been biased toward homes in which there were difficulties of one kind or another.

The finding that the five survival roles cannot be linked exclusively with parental alcoholism is consistent with much current thinking in the field (Roosa *et al.*, 1988). The coping roles adopted in response to alcoholism must be studied in relation to other stressors so commonly found in alcoholic homes (Miller & Jang, 1977; Moos & Billings, 1982; Schuckit & Chiles, 1978). The family variables played a highly significant role, sometimes contributing to the effect of parental drinking (acting out child), sometimes accounting for this effect entirely (lost

child, mascot), and sometimes masking the effect (placater). While family cohesion dominated the regression analyses, more fine grained analyses are required to ascertain the ways in which the highly related variables of cohesion, intimacy and deliberateness influence each other.

By the same token, much of the variance in the survival role scales could not be explained by either family or parental drinking variables. The most satisfactory regression model was that which predicted the acting out role. In this instance, both family disorganization and parental alcoholism contributed significantly to the variation in the use of this role. The finding contradicts one of the hypotheses offered by West & Prinz (1987) that alcoholism gives rise to family disorganization which, in turn, drives children outside the family to seek other sources of support. The present results show drinking behaviour itself having an effect above and beyond that of the family. Perhaps acting out is an attempt to compete for attention with the alcoholic parent as Black (1981) has suggested, or perhaps such children are modelling behaviours which are considered normal within the family, but deviant in the wider community.

In the case of the remaining roles, the question of unexplained variation warrants attention. Both Black (1979) and Wegscheider (1976) regard their roles as responses to family stress. The influence of individual temperaments and preferences in determining reactions to family stress, however, cannot be overlooked. The extrovert may be more likely to take on the mascot role, while the introvert may be more likely to become the lost child.

At this stage, there is no reason to assume that the roles described and measured here are peculiar to the children of alcoholics. Researchers and practitioners alike should regard them as coping responses of children who are threatened by their

Table 4. Beta coefficients for regression models predicting survival roles

| Predictors | Dependent variable | | | | |
|-------------------|--------------------|---------|------------|----------|--------|
| | Responsible | Lost | Acting out | Placater | Mascot |
| Sex | -0.06 | -0.01 | 0.07 | 0.35*** | 0.01 |
| Age | -0.07 | 0.15 | -0.08 | 0.15 | 0.16 |
| Intimacy | -0.08 | -0.20 | -0.18 | 0.11 | -0.18 |
| Cohesiveness | -0.13 | -0.34** | -0.33*** | 0.05 | -0.24* |
| Deliberateness | 0.02 | 0.07 | 0.20* | 0.34** | 0.04 |
| Parental drinking | 0.32** | 0.19 | 0.27** | 0.23* | 0.14 |

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

family situation. The circumstances in which the roles are adopted is a priority question for empirical investigation. So too is the issue of whether these roles are functional or dysfunctional in the lives of children under stress. As Black (1979, 1981) has suggested, the roles may be an effective response to minimizing trauma within the alcoholic or stress-ridden family. The effects of such patterns of coping on later development, however, may be longlasting and considerably more detrimental to social functioning and well-being.

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References

- ALDER, R. & RAPHAEL, B. (1983) Children of alcoholics: review, *Australian and New Zealand Journal of Psychiatry*, 17, 3-8.
- ANDREWS, F. M. & WITHEY, S. B. (1976) *Social Indicators of Well-being* (New York, Plenum Press).
- BENNETT, L. A., WOLING, S. J. & REISS, D. (1988) Deliberate family process: a strategy for protecting COAs, *British Journal of Addiction*, 83, 821-829.
- BLACK, C. (1979) Children of alcoholics, *Alcohol, Health and Research World*, 4, pp. 23-27.
- BLACK, C. (1981) *It Will Never Happen to Me!* (Denver, CO, MAC).
- BLANE, H. T. (1988) Prevention issues with children of alcoholics, *British Journal of Addiction*, 83, pp. 793-798.
- BURK, J. P. & SHER, K. J. (1988) The "forgotten children" revisited: neglected areas of COA research, *Clinical Psychology Review*, 8, pp. 285-302.
- CERMAK, T. L. (1985) *A Primer on Adult Children of Alcoholics* (Pompano Beach, FL, Health Communications).
- CLAIR, D. & GENEST, M. (1987) Variables associated with the adjustment of offspring of alcoholic fathers, *Journal of Studies on Alcohol*, 48, pp. 345-355.
- COOPER, J. E., HOLMAN, J. & BRAITHWAITE, V. A. (1983) Self-esteem and family cohesion: the child's perspective and adjustment, *Journal of Marriage and the Family*, 45, pp. 153-160.
- DI CICCIO, L., DAVIS, R. & ORENSTEIN, A. (1984) Identifying the children of alcoholic parents, *Journal of Alcohol and Drug Education*, 30, pp. 1-17.
- EL GUEBALY, N. & OFFORD, J. R. (1977) The offspring of alcoholics: a critical review, *American Journal of Psychiatry*, 134, pp. 357-365.
- GOLDBERG, D. P. (1972) *The Detection of Psychiatric Illness by Questionnaire* (London, Oxford University Press).
- HETHERINGTON, S. E. (1988) Children of alcoholics: an emerging mental health issue, *Archives of Psychiatric Nursing*, 2, pp. 251-255.
- JONES, J. W. (1982) *Preliminary Test Manual: The Children of Alcoholics Screening Test* (Chicago, Family Recovery Press).
- JONES, J. W. (1983) *The Children of Alcoholics Screening Test and Test Manual* (Chicago, Camelot Unlimited).
- MILLER, D. & JANG, M. (1977) Children of alcoholics: a 20-year longitudinal study, *Social Work Research and Abstracts*, 13, 23-29.
- MOOS, R. & BILLINGS, A. (1982) Children of alcoholics during recovery process: alcoholics and matched control families, *Addictive Behaviors*, 7, pp. 155-163.
- MOOS, R. & MOOS, B. (1984) The process of recovery from alcoholism: III. Comparing functioning in families of alcoholics and matched control families, *Journal of Studies on Alcohol*, 45, pp. 111-118.
- PILAT, J. M. & JONES, J. W. (1985) Identification of children of alcoholics: two empirical studies, *Alcohol, Health and Research World*, 9, pp. 27-33.
- REICH, W., EARLS, F. & POWELL, J. (1988) A comparison of the home and social environments of children of alcoholic and non-alcoholic parents, *British Journal of Addiction*, 83, pp. 831-839.
- RHODES, J. & BLACKHAM, G. J. (1987) Differences in character roles between adolescents from alcoholic and nonalcoholic homes, *American Journal of Drug and Alcohol Abuse*, 13, pp. 145-155.
- ROOSA, M. W., SANDLER, I. N., GEHRING, M., BEALS, J. & CAPO, L. (1988) The children of alcoholics life-events schedule: a stress scale for children of alcohol-abusing parents, *Journal of Studies on Alcohol*, 49, pp. 422-429.
- RUSSELL, M., HENDERSON, C. & BLUME, S. B. (1985)

- Children of Alcoholics: A Review of the Literature* (New York, Children of Alcoholics Foundation).
- RUTTER, M. (1985) Resilience in the face of adversity: protective factors and resistance to psychiatric disorder, *British Journal of Psychiatry*, 147, pp. 598-611.
- SATIR, V. (1967) *Conjoint Family Therapy*, rev. edn (Palo Alto, CA, Science and Behavior Books).
- SCHUCKIT, M. & CHILES, J. (1978) Family history as a diagnostic aid in two samples of adolescents, *Journal of Nervous and Mental Disease*, 166, pp. 165-176.
- SCOTT, W. A. (1968) Attitude measurement, in: LINDZEY, G. & ARONSON, E. (Eds) *The Handbook of Social Psychology*, 2nd edn, Vol. 2, pp. 204-273 (Reading, MA, Addison-Wesley).
- WEGSCHEIDER, S. (1976) *The Family Trap... No one escapes from a Chemically Dependent Family*. (Minneapolis, MN, Johnson Institute).
- WERNER, E. E. (1984) Resilient children, *Young Children*, 40, pp. 68-72.
- WEST, M. O. & PRINZ, R. J. (1987) Parental alcoholism and childhood psychopathology, *Psychological Bulletin*, 102 pp. 204-218.
- WOLIN, S. J., BENNETT, L. A., NOOHAN, D. I. & TRITELBAUM, M. A. (1980) Disrupted family rituals: a factor in the intergeneration transmission of alcoholism, *Journal of Studies on Alcohol*, 41, pp. 199-214.
- WOODSIDE, M. (1988) Research on children of alcoholics: past and future, *British Journal of Addiction*, 83, pp. 785-792.

Appendix I

The responsible child

How often do you feel that by doing well (at school, sport, music or other activity) you will help stop your parent's drinking?

How often have you tried to change a family outing so that your parents would drink less?

How often have you tried to get your parents to drink less?

Do you feel that you are always trying to prove yourself to others?

How often do you try to stop family conflict by telling a joke?

The lost child

How often do you day dream?

How often do you feel distant from others?

Do you have difficulty making friends?

How often do you feel as if you don't belong?

How often do you feel that you have little control over the things you do?

Do you find it hard to open up and get close to others?

The acting out child

Have you ever felt angry enough to do something against the law?

How often would you say you were rebellious?

Would you say you respect people in authority? (reverse score)

How often do your friends get into trouble at school or with police?

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

The placater

How often have you comforted a distressed friend?

How often do you notice the moods of others?

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

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

How often do you put yourself out to help others?

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

The clown

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

How often do you clown around?

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

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

How often do you seek companionship outside your home?