

**ADULT OFFSPRING OF ALCOHOLIC PARENTS:  
DEVELOPMENT AND INVESTIGATION OF THE PSYCHOMETRIC  
PROPERTIES OF THE BEHAVIOR ROLE SCALE**

by

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## ABSTRACT

The primary objective of this study was the development and investigation of the psychometric properties of a measurement instrument based on the integrated model of behavior roles of offspring of alcoholic parents (Schneider, 1989, 1995). The Behavior Role Scale was developed utilizing Crocker and Algina's (1986) 10 step instrument development process and deals directly with the concepts of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). The first three steps of the instrument development were completed in an earlier investigation (Schneider, 1989). In this investigation, steps 4 - 8 were completed.

The following activities were undertaken: step 4, the construction of an initial pool of items; step 5, the review and revision of the items with the assistance of a panel of experts; step 6, a preliminary tryout of the items in a pilot test; step 7, a field test of the instrument with a nonclinical sample of offspring of alcoholic parents and offspring of nonalcoholic parents; and, step 8, initial investigation of the psychometric properties of the behavior role scale.

This investigation contributed the following findings. The field test yielded reliability estimates of .72 for the Caretaker, .67 for the Super Achiever, .86 for the Invisible One, .89 for the Jester, .78 for the Rebel, and an overall alpha of .88. Initial validity was indicated by the emergence of a five factor model as the most interpretable factor analysis solution. The performance of the Behavior Role Scale was also investigated using six validity issues identified in the literature. Offspring of alcoholic parents, offspring of nonalcoholic parents who had experienced a significant family disruption, and offspring of nonalcoholic parents who had not experienced a significant family disruption had significantly different scores with the Super Achiever, Invisible One, and Rebel roles. The three groups did not demonstrate significant differences with

the Caretaker or Jester roles. Additional significant differences were discovered with the Jester and Rebel roles among offspring of alcoholic fathers when they were compared according to their fathers' pattern of drinking.

The findings of this investigation add to the research evidence which suggests that refinements need to be made to improve the clinical and psycho-educational uses of the behavior roles of offspring of alcoholic parents. Recommendations for future research include submitting the Behavior Role Scale to construct validation studies in order to further refine its ability to measure behavior roles and to be of assistance to researchers seeking to unravel the complexities of life for more than 28 million offspring of alcoholic parents.

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## CHAPTER I

### INTRODUCTION AND RATIONALE

#### Background of the Study

Alcoholism research in the 1950's began to identify negative implications for children growing up in families with alcohol abusing parents (Bailey, 1961; Ewing, Long, and Wenzel, 1961; Gliedman, 1957; Gliedman, Rosenthal, Frank, and Nash, 1956; Jackson, 1954; Kaufman, 1984; Steinglass, 1976). However, until the 1980's these children remained the "forgotten children" (Cork, 1969) as prevention and intervention efforts continued to be directed primarily to the alcoholic person. The National Association for Children of Alcoholics was formed in the United States in 1983 to provide resources and support for the offspring of alcoholic parents of all ages and for those professionals in a position to help them. A Canadian Association was formed for similar reasons in 1986. The associations have been instrumental in keeping the needs of offspring of alcoholic parents in the public eye. There are now local, regional, national, and international Children of Alcoholics conferences; there are Children of Alcoholics support groups in many communities; publishers are specializing in Children of Alcoholics materials; bookstores have sections dedicated to Children of Alcoholics publications; and there are therapists with practices devoted to working with Children of Alcoholics/Adult Children of Alcoholics (COA/ACOA).

A review of the literature presents one with varying definitions of what constitutes parental alcoholism and parental alcohol abuse. The criteria for being identified as an offspring of an alcoholic parent will either include or exclude people from one study to the next depending on the definition employed. The lack of consistency with the definitions across studies makes it difficult to estimate the prevalence of offspring of alcoholic parents. An additional difficulty is that no studies

have been conducted with the objective of determining the prevalence of offspring of alcoholic parents (Roosa, Sandler, Gehring, Beals, and Cappo, 1988). Estimates of the number of offspring of alcoholic parents in the United States range from 28 to 34 million with at least 6.6 million being children under 18 years of age (Black, 1981, 1986; Goodman, 1987; Russell, Henderson, and Blume, 1985; Woodside, 1988; Woodside, Coughy & Cohen, 1993). People are in agreement however, that whatever the precise numbers, offspring of alcoholic parents make up a large proportion of the population (Ackerman, 1987a; Black, 1981; Booz-Allen and Hamilton, 1974; Gravitz and Bowden, 1987; Roosa et al., 1988; Sher, 1991a; Werner, 1986).

An additional concern is that researchers have yet to agree on a definition or description of what is an offspring of an alcoholic parent and how they as a group are uniquely different from offspring of nonalcoholic parents. "The characteristics that define the ACOA [adult child of an alcoholic] vary according to the particular author surveyed" (Sher, 1991a, p. 153). The definitions and characteristics of offspring of alcoholic parents cover a wide range and the terms "children of alcoholics" (COA) and "adult children of alcoholics" (ACOA) as well as the term "alcoholic" are often used so broadly that the terms have become confusing and misleading. For example, Cermak (1986) makes the case for a psychiatric diagnosis of codependency for children of alcoholics,

Co-dependence is a recognizable pattern of personality traits, predictably found within most members of chemically dependent families, which are capable of creating sufficient dysfunction to warrant the diagnosis of Mixed Personality Disorder as outlined in DSM III. (p. 1)

Cermak's (1984, 1986, 1988) position represents one extreme. It is a position supported by those who state that simply by virtue of being the offspring of an alcoholic parent one will experience significant psychological impairment (Black, 1981). On the other hand, Sher (1991a) contends that many of the characteristics proposed as being unique to

offspring of alcoholic parents are found with high frequency in the general population; particularly in those who have grown up in a stressful family environment. And according to Goodman (1987), describing the work of Woititz (1983) and Cermak and Brown (1982), "It seems to me, after considering these characteristics, that these authors have provided a checklist of mental health complaints" (p. 163).

Early research pointed to the negative implications of being raised as the offspring of an alcoholic parent. Families with an alcoholic member show more dysfunction and harmful interpersonal behavior than nonalcoholic families (Cermak & Brown, 1982; El-Guebaly & Offord, 1979; Elkin, 1984; Gravitz & Bowden, 1987; Jacob & Leonard, 1986; Kaufman, 1984). More recent studies are presenting conflicting findings. Two studies found no significant differences between offspring of alcoholic parents and offspring of nonalcoholic parents (Churchill, Broida, & Nicholson, 1990; Seefeldt & Lyon, 1992). Other studies of characteristics of offspring of alcoholic parents found adult offspring of alcoholic parents to be similar to adults from families characterized by a dysfunctional history (Fisher, Jenkins, Harrison, & Jesch, 1992, 1993). Other researchers are examining moderator variables which contribute to an individual being less susceptible to the stresses of living in a troubled family environment (Beardslee & Podorefsky, 1988; Garnezy, 1985; Masten, Pellegrini, & Tellegen, 1990; Werner, 1986).

A major influence upon alcoholism research is that "there is no single alcoholic profile type" (Graham & Stenger, 1988, p. 202). In addition, alcoholism research has yet to find a typical family pattern of how alcohol impacts the family. Yet, according to the offspring of alcoholic parents literature, one could conclude that all alcoholics and all families with an alcoholic member are similar. The research with offspring of alcoholic parents has tended to ignore the alcohol research which proposes different theories of alcoholism and different types of alcoholics (Babor, Hofmann, et al., 1992; Cloninger, 1987; Jellinek, 1960a, 1960b; Kaufman and Pattison, 1981; Steinglass, Bennett, Wolin,

and Reiss, 1987; Zucker, 1987). The literature dealing with offspring of alcoholic parents also fails to distinguish between alcohol abuse and alcohol dependence and instead often treats them as one category (Sher, 1991a). These omissions may have contributed to some of the mixed results found with the research.

One of the difficulties of continued research with the offspring of alcoholic parents is the lack of a comprehensive theory to guide the research (Brown, 1988). The clinical literature and research literature seem to be guided by different agendas.

According to Sher (1991b),

Although gulfs between researchers and clinicians are common in the study of addictions, the study of COAs appears to represent an extreme case of this. The two literatures share few commonalities, with very little cross-referencing of published articles. (p. 302)

The research literature is more focused on etiological issues and the quest for genetic markers of predisposition for alcoholism and is characterized by comparisons between high-risk offspring of alcoholic parents and offspring of nonalcoholic parents. The research literature contributes little to clinicians in terms of theory building or recommendations for prevention and intervention with the offspring of alcoholic parents. The clinical literature is highlighted by descriptive studies containing theoretical formulations developed by clinicians relying heavily on anecdotal evidence. These concepts developed by clinicians, which describe the implications of living in an alcoholic environment, are rarely subject to the kind of empirical validation that would enable the results to be communicated in the research literature (Schneider, 1989; Tweed and Ryff, 1991).

The clinical literature dealing with offspring of alcoholic parents identifies five models of children's behavior roles. The models (Black, 1981; Booz-Allen and Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981), summarized in Table 1, consist of behaviors children assume to cope with the crises and tensions of

living in an alcoholic environment. Four of the models (Black, 1981; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) were developed by the authors based on their clinical experiences with adults and children who had grown up with an alcoholic parent. The fifth model (Booz-Allen & Hamilton, 1974) was developed as the result of interviews conducted with 50 children of alcoholics. Several clinicians in the field contend that children of alcoholics tend to carry the characteristics of their behavior roles with them into adulthood (Ackerman, 1987b; Black, 1981; Brown, 1985; Cermak & Brown, 1982; Wegscheider, 1981). Characteristics that were beneficial and helpful for them as children become the source of confusion and problems for offspring of alcoholic parents as adults.

**Table 1**  
**Models of Behavior Roles of Children of Alcoholics**  
**Author of Model/Behavior Roles of Model**

<b>Booz-Allen &amp; Hamilton</b>	<b>Black</b>	<b>Deutsch</b>
Super-Coper Perfect Child Fight Flight	Responsible One Placater Acting Out Child Adjuster	Hero Manager Scapegoat
<b>Kritzberg</b>	<b>Wegscheider</b>	
Hero Lost One Scapegoat Clown Placater	Family Hero Lost Child Scapegoat Mascot	

The organizational structure underlying the models of behavior roles (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) was investigated by the author in an earlier study (Schneider, 1989). An integrated model of the behavior roles of offspring of alcoholic parents was developed and verified by clinicians working with adult offspring of alcoholic parents. The development of the integrated model enabled the use of the overlapping constructs of the five models while at the same time retaining their unique constructs.

Schneider (1989) used a categorization methodology in the earlier study to analyze how therapists sorted characteristics of the roles of five models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen and Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). Therapists working with adult offspring of alcoholic parents were free to use as many categories as they thought existed to sort the characteristics. Five behavior roles emerged from the analysis of the therapists' sorting of the characteristics (see Table 2). The Caretaker contains characteristics of Black's Responsible One, Black's Placater, and Wegscheider's Family Hero. The Super Achiever contains characteristics of Black's Responsible One and Wegscheider's Family Hero. The Black Sheep contains characteristics from Black's Acting Out Child and Wegscheider's Scapegoat. The Invisible Child contains characteristics from Wegscheider's Lost Child and the Jester contains characteristics from Wegscheider's Mascot. The therapists discarded the characteristics of Black's Adjuster saying those qualities do not exist in the adult offspring of alcoholic parents that they have seen in treatment (see Appendix A for a summary of the development of the integrated model).

The items of the integrated model were used in the present study to develop the Behavior Role Scale, a measurement instrument of the behavior roles of offspring of alcoholic parents (see Appendix B for the items of the integrated model). The development of a reliable and valid instrument based on the models of behavior roles

**Table 2**  
**Integrated Model of Behavior Roles of Offspring of Alcoholic Parents**  
**(Author of Original Model/Role in Original Model)**

<b>Caretaker</b>	<b>Super Achiever</b>
Black/Responsible One Black/Placater Booz-Allen & Hamilton/Super-Coper Wegscheider/Family Hero	Black/Responsible One Deutsch/Hero Kritzberg/Hero Wegscheider/Family Hero
<b>Invisible One</b>	<b>Black Sheep</b>
Booz-Allen & Hamilton/Flight Kritzberg/Lost One Wegscheider/Lost Child	Black/Acting Out Child Booz-Allen & Hamilton/Fight Deutsch/Scapegoat Kritzberg/Scapegoat Wegscheider/Scapegoat
<b>Jester</b>	
Kritzberg/Clown Wegscheider/Mascot	
<b>Unused/Discarded Roles</b>	<b>Other Anomalies</b>
Black/Adjuster Booz-Allen & Hamilton/Perfect Child Deutsch/Manager Kritzberg/Placater	Black/Responsible One -divided between Caretaker & Super Achiever Wegscheider/Family Hero -divided between Caretaker & Super Achiever

currently in use within the ACOA/COA movement could provide empirical evidence of the strengths and shortcomings of those popular concepts. The development of such an instrument could also contribute to the ongoing research efforts exploring the similarities and differences among offspring of alcoholic parents.

### **Objective of the Study**

The primary objective of this study was the development and investigation of the psychometric properties of a measurement instrument based on the integrated model of behavior roles of offspring of alcoholic parents (Schneider, 1989, 1995). The development of a measurement instrument continues the empirical investigations of the behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). It is critical that the empirical investigations proceed as the behavior roles continue to be widely used by support groups and by clinicians working with offspring of alcoholic parents. C. Black (personal communication, June, 1988) claims that as one of the original authors it was never her intention of doing any ongoing development with her model. She said that was work she was happy to leave to the research community.

The integrated model of the behavior roles of adult offspring of alcoholic parents provides an empirically derived model which was verified by clinicians working with adults who had grown up in families with an alcoholic parent. Three of the behavior roles of the integrated model, Invisible Child, Black Sheep, and Jester, are similar to roles found in the models proposed by Black (1981), Booz-Allen & Hamilton (1974), Deutsch (1983), Kritzberg (1985), and Wegscheider (1981). Two roles, Caretaker and Super Achiever, appear for the first time and represent a new dimension of the behavior roles. Responsibility is a high priority for the Caretaker with the person filling this role

often taking care of siblings and sometimes even the parents. Caretakers use giving as a way of coping with their family situation. The Super Achiever uses achievement as the preferred way of coping. People in the Super Achiever role are characterized by high-achievement. They tend to be fully involved in their activities and hope that their successes will stop the parent's drinking. Super Achievers are often left feeling that they haven't done enough when they are not able to fully stop the parents' drinking. The Caretaker and the Super Achiever appear as two distinct roles in the integrated model; whereas in the original models, the attributes of these two roles were considered to represent only one role, the responsible one/hero.

Research to date with the models of behavior roles of offspring of alcoholic parents has produced unpersuasive results. Eight studies have been identified that address the behavior roles of offspring of alcoholic parents (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Jenkins, Fisher, & Harrison, 1993; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987; Schneider, 1989; Verdiano, Peterson, & Hicks, 1990). However, it is difficult to compare results from the eight studies because of their methodological differences. Devine and Braithwaite (1993) state support for the models of Black and Wegscheider; although they qualify their support by stating that "the roles for which scales were ultimately developed were more focused than those described by these authors" (p. 75). Potter and Williams (1991) and Mucowski and Hayden (1992) also claim that their results support the existence of the models developed by Black (1981) and Wegscheider (1981). Dickey and Rosenberg (1990) claim that their study supports the ideas put forth by Black (1981) and Woititz (1983); while Rhodes and Blackham (1987) say that their results offer evidence of the validity of Black's (1981) model of behavior roles for children of alcoholics. And Verdiano et al. (1990) offer support for the roles of Wegscheider's model. On the other hand, Jenkins et al. (1993) provide results which are inconsistent with Wegscheider's

model. And, Schneider's (1989) results question the accuracy of the classifications presented by Black and Wegscheider.

Devine and Braithwaite (1993), Mucowski and Hayden (1992), Potter and Williams (1991), Rhodes and Blackham (1987), and Verdiano et al. (1990) may have developed instruments of child behavior roles for alcoholic families but their studies have not dealt directly with the models of behavior roles postulated by Black and Wegscheider. One study, Jenkins et al. (1993), dealt directly with the model put forth by Wegscheider and produced results which challenge her model. Black's and Wegscheider's models of behavior roles of offspring of alcoholic parents continue to be popular with both offspring of alcoholic parents and with therapists working with offspring of alcoholic parents. The construction of a measurement instrument for the behavior roles of offspring of alcoholic parents is based on the integrated model of behavior roles (Schneider, 1989) and deals directly with the concepts of Booz-Allen & Hamilton (1974), Black (1981), Deutsch (1983), Kritzberg (1985) and Wegscheider (1981) (see Appendix C for the unabbreviated attributes of the integrated model of behavior roles and the descriptions upon which they are based from the five original models of behavior roles of offspring of alcoholic parents).

### **Definition of Terms**

#### **Adult Offspring of Alcoholic Parents**

Adults, 18 years of age and older, who grew up in a family with one or both parents identified as meeting the criteria of alcoholic.

**Adult Offspring of Nonalcoholic Parents Who Experienced a Family Disruption**

Adults, 18 years of age and older, who grew up in a family identified as having experienced one or more disruptions (divorce, death of a parent or sibling, parent or sibling requiring the care of a psychiatrist, parent or sibling with a chronic physical illness, parent or sibling with physical disability, anyone in the family experiencing physical or sexual abuse).

**Alcoholic**

An alcoholic as determined by the DSM-IV (American Psychiatric Association, 1994) criteria for psychoactive substance use disorders:

**Diagnostic Criteria for Substance Dependence**

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by (three or more) of the following, occurring at any time in the same 12-month period:

- (1) tolerance, as defined by either of the following:
  - (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
  - (b) markedly diminished effect with continued use of the same amount of the substance
- (2) withdrawal, as manifested by either of the following:
  - (a) the characteristic withdrawal syndrome for the substance
  - (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- (3) the substance is often taken in larger amounts or over a longer period than was intended

- (4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- (5) a great deal of time spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects
- (6) important social, occupational, or recreational activities are given up or reduced because of substance use
- (7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

Specify if:

With Physiological Dependence: evidence of tolerance or withdrawal (i.e., either item 1 or 2 is present)

Without Physiological Dependence: no evidence of tolerance or withdrawal (i.e., neither Item 1 nor 2 is present)

### **Criteria for Substance Abuse**

A. A maladaptive pattern of psychoactive substance use indicated by at least one of the following:

- (1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)

- (2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- (3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
- (4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

B. The symptoms have never met the criteria for Substance Dependence for this class of substance.

(American Psychiatric Association, 1994, pp. 181-183)

For the purposes of this study, an alcoholic will be defined as someone scoring 3 or more on the Short Michigan Alcoholism Screening Test, or someone scoring 5 or more on the Father's Short Michigan Alcoholism Screening Test, or the Mother's Short Michigan Alcoholism Screening Test. A score of 3 on the Short Michigan Alcoholism Screening Test and a score of 5 on the Father's Short Michigan Alcoholism Screening Test and the Mother's Short Michigan Alcoholism Screening Test are the recommended cut scores indicating alcoholism (see Chapter III, Methodology, for a further discussion of the three instruments).

### **Alcoholic family**

A family where alcohol is an inseparable component of family life. Alcohol has become the central organizing principle around which the family is structured (Steinglass et al., 1987). "Alcoholic families must contend with a condition that (1) is chronic; (2) entails the use of a psychobiologically active drug; (3) is cyclical in nature; (4) produces

predictable behavioral responses; and (5) has a definable course of development" (Steinglass et al., 1987, p. 10).

### **Children of alcoholics (COA)**

Children, 17 years of age and younger, who are living or have lived with an alcoholic parent (s).

### **Offspring of alcoholic parent**

Someone who has lived or is living with a parent or parents identified as meeting the criteria of alcoholic.

### **Role (behavior role)**

"A social role is a comprehensive pattern of behavior and attitudes, constituting a strategy for coping with a recurrent set of situations " (Turner, 1990, p. 87). There are two primary role theories with something to contribute to our understanding of the behavior roles of offspring of alcoholic parents: structural role theory and interactional role theory. According to structural role theory, roles are considered to be the patterns of behaviors that are characteristic of people occupying similar positions; the role belongs to the position not the individual occupying the position. "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" (Nardi, 1981, p. 239). According to interactional role theory, roles are considered to evolve as the result of ongoing interactions between individuals. "Society doesn't exist; it is continuously created and recreated as persons act with reference to one another" (Stryker & Statham, 1985, p. 314).

### **Justification of the Study**

This study is a response to the need for further empirical investigations of the models of behavior roles of offspring of alcoholic parents. The items of the measurement instrument, the Behavior Role Scale, are based on the attributes of the integrated model of behavior roles of offspring of alcoholic parents (Schneider, 1989, 1995) and can be directly traced to the characteristics of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). This project represents a continuation of the empirical validation process of the integrated model of the behavior roles.

According to Sher (1991a), "As with any area of inquiry in the social and behavioral sciences, the validity of the concepts put forth by a host of clinical writers will depend upon the extent they hold up to empirical scrutiny" (p. 150-151). The models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen and Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) continue to be used by individuals and by self-help support groups for adult offspring of alcoholic parents. The models of behavior roles are also used by clinicians in the counselling process with offspring of alcoholic parents of all ages. There exists a need for further empirical investigations of the models as the empirical evidence which exists is in its infancy and the research efforts have not kept pace with the popularity and the usage of the behavior roles. In addition, no empirical evaluations of the intervention and prevention programs that have been developed based on the behavior role models were found in the literature (Blane, 1988; Jenkins et al., 1993; Windle and Searles, 1990b; Woodside, 1988).

One of the criticisms of the research with offspring of alcoholic parents is that efforts have been focused on similarities among children of alcoholics (Brown, 1987). The clinicians working with offspring of alcoholic parents have tended to generalize their

observations and make statements about all offspring of alcoholic parents. They are staking their claims on the assumptions that all offspring of alcoholic parents form a homogeneous group when little is known about offspring of alcoholic parents in the general population (Windle and Searles, 1990b). As well, claims that all offspring of alcoholic parents are in need of special treatment has yet to be supported by the research literature (D'Andrea, Fisher, & Harrison, 1994). Some are warning that the continued use of this information could prove harmful to offspring of alcoholic parents, particularly those who are doing well (Burk and Sher, 1990; Kashubeck and Christensen, 1992; Woodside, 1988). As a result, the label COA or ACOA carries a certain negative stigma and presents the individual or individuals so labeled with potential difficulties. "...the popular generalizations that COAs are likely to have significant emotional problems and/or be in need of psychotherapy may be pernicious, providing the context for a negative labeling effect" (Sher, 1991a, p. 168).

The study of differences among offspring of alcoholic parents is warranted for several reasons. The alcoholism literature has demonstrated that steady, chronic drinkers are different than irregular binge drinkers and that their family members are impacted in different ways. Bate (1993), in the only study exploring the differences among children according to the patterns of drinking of the alcoholic parent known to the author, found significant differences with the perceptions of family functioning between children of irregular drinking fathers and children of steady drinking fathers. The literature indicates that offspring of alcoholic parents are at risk for developing a range of problems but the research does not help one to be able to identify individuals who may be more at risk (Roosa et al., 1988; Woodside et al., 1993). It would increase our understanding of the effects of living with alcoholic parents if we could learn more about why some offspring of alcoholic parents develop problems requiring professional intervention and others do not (Kashubeck and Christensen, 1992). Recent studies are demonstrating that not all offspring of alcoholic parents can be characterized as developing personal and

psychological problems as a result of growing up with an alcoholic parent (D'Andrea et al., 1994; Segrin & Menees, 1996; Tweed and Ryff, 1991; West and Prinz, 1987). More needs to be known about offspring of alcoholic parents in the general population. Some offspring of alcoholic parents "may be quite healthy, content, and productive without needing a recovery program" (Goodman, 1987, p. 163).

Descriptions of roles, common personality characteristics, common problems, and shared experiences have helped establish an identity for this relatively new population. The search now is to begin to discover the significant differences among children of alcoholics and to examine the factors which distinguish one from another. (Schneider, 1989, p. 70)

The concept of behavior roles of offspring of alcoholic parents presents researchers with an opportunity to further understand some of the differences among offspring of alcoholic parents. Though there appears to be strong anecdotal evidence for the existence of the behavior roles, Sher (1991a) reminds us, "Acceptance of personality descriptions, in and of itself, does not provide strong evidence for the validity of these descriptions" (p. 167). Woodside (1988) warns that the behavior roles should be used with caution and she calls for more research with the roles. Manning, Balson, and Xenakis (1986) are also interested in the behavior roles and call for further research with offspring of alcoholic parents according to subgroups based on their behavior role characteristics. Berkowitz and Perkins (1988) voice concern with a potential impact of the behavior roles,

...the different roles adopted by COAs in response to family disorganization and confusion may encourage some children to acquire a greater degree of responsibility and to exercise greater decision-making than that generally found in children from nonalcoholic families. (p. 209)

The development of a measurement instrument of behavior roles represents one step in the process of being able to respond to the call for more specific research with offspring of alcoholic parents.

Sample selection is a critical component of ongoing research with offspring of alcoholic parents (Kashubeck and Christensen, 1992; Perkins & Berkowitz, 1991). The research has been criticized for relying on clinical samples and generating results with questionable generalizability. "The accuracy of generalizations from a self-identified help-seeking group to those not seeking help is unknown" (Windle and Searles, 1990b, p. 209). The development of the Behavior Role Scale involved a non-clinical sample of offspring of alcoholic parents and offspring of nonalcoholic parents as a way of responding to the sample criticism (Tweed & Ryff, 1991; Woodside, 1988). In addition to exploring the differences in the behavior roles between offspring of nonalcoholic parents and offspring of alcoholic parents; differences in the behavior roles of offspring of alcoholic parents were investigated according to the pattern of drinking, steady versus irregular, exhibited by the alcoholic parent.

Although much work remains to be done in this area, it seems clear that family influences relevant to the maintenance and course of alcoholism must be qualified in terms of the specific patterns of the alcohol abuse, the individual characteristics of the alcoholic, and the nature of the family system within which relationship events transpire. (Jacob, 1992, p. 333)

Blane (1988) in a presentation to a Children of Alcoholics symposium sponsored by the National Institute on Alcohol Abuse and Alcoholism and the American Research Society on Alcoholism criticized researchers for not being more in touch with the clinical issues of offspring of alcoholic parents, "...research relevant to COAs has for the most part isolated itself from the clinical observations and conceptualizations that emanate from the movement" (p. 794). The clinical work of the "movement," on the other hand, is in danger of creating untestable hypotheses.

What is unscientific about clinical data is not that they are subjective or idiosyncratic, but rather, that it is often unclear what, if anything, would count as evidence against them. The flexibility of the clinician's observational framework can allow the process of hypothesis making and information gathering to become an enclosed self-justifying system which cannot be refuted. (Eisler, Dare, and Szmuckler, 1988, p. 56-57)

The present study represents an attempt to bridge the gap between clinicians and researchers working with offspring of alcoholic parents by submitting clinical concepts to an empirical process. The development of a reliable and valid measurement instrument for assessing the behavior roles of offspring of alcoholic parents is one way research can contribute to our further understanding of what it means to grow up as an offspring of an alcoholic. A reliable and valid instrument that is based on the concepts currently in use within the ACOA/COA movement would also either lend empirical credibility to those models or would provide empirical evidence of the shortcomings of those same models. The instrument, the Behavior Role Scale, could also be used to explore the similarities and differences between offspring of alcoholic parents and offspring of nonalcoholic parents. Whatever the eventual uses of the Behavior Role Scale; the results of this instrument development process will contribute to the ongoing efforts of researchers and clinicians to unravel some of the complexities faced by more than 28 million offspring of alcoholic parents as they continue to deal with the personal impact of parental alcoholism.

### **Organization of the Study**

The primary purpose of this research study, the development of a measurement instrument of the behavior roles of offspring of alcoholic parents has been introduced in

Chapter I. The introduction included a presentation of the historical context of the behavior roles of offspring of alcoholic parents and the justification for investing the time and energy into the development of a measurement instrument. Four areas of the literature relevant to the development of a measurement instrument of the behavior roles of offspring of alcoholic parents will be reviewed in Chapter II. The areas, alcohol and the family, offspring of alcoholic parents, behavior roles of offspring of alcoholic parents, and social role theory, will be explored for their potential contributions to understanding more of the dynamics of the behavior roles of offspring of alcoholic parents. Next, in Chapter III, the research methodology employed in this study will be described. Following this, in Chapter IV, the results of the item review and revision steps will be summarized and the results of the pilot test of the Behavior Role Scale and the field test of the instrument will be presented. This study concludes with Chapter V, in which the implications of the results are reviewed. Chapter V also includes a discussion of the limitations of the study and recommendations for future research with the Behavior Role Scale.

## **CHAPTER II**

### **REVIEW OF THE RELATED LITERATURE**

#### **Introduction**

In this chapter, four interrelated areas of research will be reviewed. These areas include: alcohol and the family, offspring of alcoholic parents, the behavior roles of offspring of alcoholic parents, and social role theory. This review of the literature goes beyond what is needed for the primary objective of this research, the development of a measurement instrument based on the integrated model of behavior roles of offspring of alcoholic parents. Because a great deal of research and writing has occurred in the offspring of alcoholic parents field, it was considered important to introduce the reader to the broad range of relevant issues. In addition, I'm critical of previous models that describe the dynamics of children of alcoholics; therefore, I have made considerable effort to review the relevant literature and research surrounding a contemporary understanding of the behavior roles of offspring of alcoholic parents. It is my hope that this expansive literature will not divert the reader from recognizing the focus of this inquiry which centers on the creation of an instrument designed to measure the behavior roles of offspring of alcoholic parents.

The review begins with a section exploring the dynamics of alcohol and the family. The impact on the family and individuals within families with an alcoholic parent of the different types of parental alcoholism and patterns of drinking has been of interest to researchers for some time. However, the original models of behavior roles of alcoholic parents did not have the benefit of this research at the time they were developed (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). The different types of parental alcoholism continue to be virtually ignored by clinicians working with offspring of alcoholic parents. Ignored at a time

when alcoholism researchers are discussing differences in the characteristics and behaviors between steady, daily drinkers and irregular, binge drinkers (Babor, Hofmann, et al., 1992; Cloninger, 1987; Kaufman and Pattison, 1981; Steinglass et al., 1987; Zucker, 1987). The different types and patterns of alcoholism are reviewed here in order to explore their potential contributions to explaining the dynamics surrounding the use of behavior roles by offspring of alcoholic parents. Dynamics that the present research seeks to be able to capture with the development of a measurement instrument of the behavior roles of offspring of alcoholic parents.

A general review of the offspring of alcoholic parents literature is presented next. The literature reveals an area that is in its infancy and characterized by conflicting perspectives. Early research focused on the problems and negative influences of growing up in a home environment characterized by parental alcoholism and painted offspring of alcoholic parents as significantly different than offspring of nonalcoholic parents. However, more recent studies are finding that offspring of alcoholic parents are not significantly different than offspring of nonalcoholic parents. In addition, some researchers claim that not all offspring of alcoholic parents are impacted in a negative manner. It is essential for the reader to have an exposure to the varying perspectives presented by the offspring of alcoholic parents literature in order to more fully understand the potential results of the measurement instrument being developed in this study.

The review of the behavior roles of offspring of alcoholic parents is of particular importance to the primary objective of this study, the development of a measurement instrument. The review of the behavior roles is divided into three parts: an overview of the five original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981), a review of the research conducted with the original models of behavior roles (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Jenkins et al., 1993; Mucowski &

Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987; Verdiano et al., 1990), and a review of the integrated model of behavior roles developed by the author as a precursor to the development of the Behavior Role Scale (Schneider, 1989, 1995). The review of the original models presents a historical context for the behavior roles of offspring of alcoholic parents. The empirical research conducted with the original models of behavior roles of offspring of alcoholic parents presents several different findings. The results range from stating unqualified support of the original models to asking serious questions about the models. The integrated model of behavior roles of offspring of alcoholic parents is important because it provides the foundation for the measurement instrument being developed in the present study. The integrated model of behavior roles of offspring of alcoholic parents was developed as a way of utilizing the overlapping constructs of the original models while at the same time retaining constructs that were unique to each of the five models. The integrated model also provides a view of the organizational structure underlying the original models of behavior roles of offspring of alcoholic parents.

Social role theory completes the review of the relevant literature. The authors of the original models of behavior roles (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) have thus far not elaborated on the theoretical underpinnings of the formation and maintenance of the behavior roles by offspring of alcoholic parents. What is notable in their writings is the lack of references to the social role literature. Wegscheider (1981), the only author of a model to give credit to a theoretical perspective, traces her model of behavior roles to Virginia Satir's communication stances (Satir, 1973). While Satir may have presented a family systems perspective for viewing some of the dynamics in families it is not a role theory. The seven empirical studies conducted with the different models of behavior roles of offspring of alcoholic parents contain only two references to the social role theory literature (Rhodes & Blackham, 1987; Verdiano et al., 1990). Social role theory is

reviewed here for its theoretical perspectives that could be used in evaluating the results obtained with the Behavior Role Scale. Social role theory is also reviewed for its potential contributions to theory development with the behavior roles of offspring of alcoholic parents.

This chapter concludes with a section identifying six validity issues in constructing a measurement instrument of the behavior roles of offspring of alcoholic parents arising from the review of the literature. The six validity issues were used to provide additional validity information for the field test version of the measurement instrument, the Behavior Role Scale.

### **Alcohol and the Family**

Historically, alcoholism researchers have been primarily interested in the person of the alcoholic (Jacob, Seilhamer, & Rushe, 1989). Only recently has that interest spread to include the alcoholic's spouse and family; but even then, the focus has often been with alcoholics as individuals and not with their interactions as a family (Erekson & Perkins, 1989; Jacob, et al., 1989; Seilhamer, Jacob, & Dunn, 1993). Alcoholism researchers are now increasingly viewing alcohol and its effects on the family from a more systemic perspective. The emphasis is shifting from individual personality characteristics to an exploration of the patterns of interactions among family members (Jacob, 1987a).

...alcoholism is a major stress on individual members and the family system. Alcoholism is an economic drain on family resources, threatens job security, demands adjustive and adoptive responses from family members who do not know how to appropriately respond, and may interrupt normal family tasks, and cause conflict. (Kaufman & Pattison, 1982, p. 663).

Whether one subscribes to an individual perspective or a systemic perspective of alcohol and its impact on the families of alcoholics, one fact is certain, there is not a definitive model of a family affected by the alcoholism of one of its members (Jacob, 1992; Kaufman, 1984). This new emphasis on the patterns of interactions among family members has largely taken place since the development of the models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). Researchers and clinicians working with offspring of alcoholic parents have not kept up with the more systemic perspectives now advocated by alcoholism researchers.

A number of researchers have developed classification systems or typologies for classifying alcoholics according to common characteristics (Babor, Hofmann et al., 1992; Cloninger, 1987; Jacob, 1987a; Jacob, et al., 1989; Jellinek, 1960a, 1960b; Kaufman & Pattison, 1981; Morey, Skinner, & Blashfield, 1984; Steinglass et al., 1987; Zucker, 1987). The classification systems or typologies help to demonstrate both the heterogeneity and the multiple factors and complexities involved with alcohol abuse and alcoholism (Babor, Dolinsky, et al., 1992; Bate, 1993; Finney & Moos, 1979; Jacob, 1992; Litt, Babor, DelBoca, Kadden, & Cooney, 1992; Meyer, Babor, & Mirkin, 1983).

The evidence from medical/clinical, epidemiological, genetic, and longitudinal studies is of such weight for the operation of multiple processes in the development of severe and chronic alcohol problems (what we have come to call alcoholism) that the notion of one final common pathway of outcome is no longer workable. (Zucker, 1987, p. 59)

The classification systems are useful in highlighting the differences that exist among alcoholics and their families.

...typologies seem increasingly critical in this area of research. Without question, there is great within-subject variance on many of the observation measures as well as report procedures used during this investigation, and it seems essential to

identify subgroups that are associated with different family patterns and that exhibit different styles of interchange during periods of drinking. (Jacob, 1987a, p. 183)

The classification schemes are also of value in the development of effective prevention and intervention programs for alcoholics and their family members as both risk and protective factors can be identified. The literature dealing with the offspring of alcoholic parents has not yet incorporated the work of the classification systems and what they might contribute to our understanding of the dynamics and experiences of living in a family characterized by parental alcoholism. The present section continues with reviews of individual typologies developed by Babor, Hofmann, et al. (1992), Cloninger (1987), Morey et al. (1984), and Zucker (1987) and of family system typologies offered by Jacob et al. (1989), by Kaufman and Pattison (1981), and by Steinglass et al. (1987).

### **Individual Typologies**

Morey et al. (1984) propose a hybrid model consisting of three types of drinkers. Type A or early-stage problem drinkers are considered to be encountering some difficulties and problems due to their drinking but they have not developed physical dependence on alcohol. On the other hand, both Type B and Type C drinkers exhibit alcohol dependence. Type B, affiliative drinkers, prefer beer, are more social, and tend to drink continuously. Type C, schizoid drinkers, are binge drinkers preferring wine and liquor. They tend to be more socially withdrawn and exhibited the most severe alcoholic symptoms. According to Morey et al.,

The three types may be differentiated on personality, psychopathology, intellectual functioning, and demographic background, as well as on measures related to alcohol use.

However, our study also found that the three types may be ordered along a dimension best characterized as the global severity of the symptoms of alcohol dependence. (1984, p. 414)

Cloninger (1987) offers a two type classification scheme to group the characteristics of alcoholism. According to Cloninger (1987), the two types represent opposite ends of a continuum and alcoholics can possess characteristics from anywhere on the continuum. Type 1 alcoholism is characterized by a loss of control or an inability to quit drinking once drinking has begun. Cloninger contends that the personality characteristics of Type 1 alcoholics resemble a passive dependent or an anxious personality. Type 1 alcoholics are considered to possess high harm avoidance, high reward dependence, and low novelty seeking personality traits (Cloninger, 1987).

Type 2 alcoholism is characterized by an inability to abstain from alcohol. A Type 2 alcoholic will frequently be found involved in "alcohol seeking behaviors." Type 2 alcoholics are the polar opposite of Type 1 alcoholics and according to Cloninger (1987) their personality profile looks like someone with antisocial personality. In contrast to Type 1 alcoholics, Type 2 alcoholics possess low harm avoidance, low reward dependence, and high novelty seeking personality traits. Type 2 alcoholism is typical of most men who are subjects in studies using hospitalized treatment samples.

Exploring family histories of alcoholics, Cloninger (1987) contends that Type 1 alcoholism is typical of male relatives of alcoholic women and Type 2 alcoholism is representative of male relatives of alcoholic men. Men can be found as both Type 1 and Type 2 alcoholics while women alcoholics are mainly Type 1. In addition to personality characteristics distinguishing Type 1 and Type 2 alcoholism, Cloninger (1987) also examines the differences between the two types on neurophysiological and neurochemical characteristics.

Type I and Type II alcoholics have been found to differ significantly on several variables including misuse of illegal drugs, illegal use of legal drugs, and criminality (von

Knorrning, Palm, & Andersson, 1985) and on several personality traits measured by the Karolinska Scales of Personality (von Knorrning, von Knorrning, Smigan, Lindberg, and Edholm, 1987).

Glenn and Nixon (1991) challenge Cloninger's classifying alcoholics according to the presence of certain symptoms. While their findings support the existence of two types of alcoholics, they found it difficult to accurately classify female alcoholics according to type of symptoms. They found that female alcoholics could be classified as both Type I and Type II if they were classified according to the age at which a majority of the symptoms were exhibited.

Zucker (1987) offers a classification system consisting of "four alcoholisms" to explain the four different processes he contends are involved with the development of problems with alcohol abuse and dependence. The first alcoholism, Type 1, is called antisocial alcoholism. Antisocial alcoholism is considered to be the alcoholism we know the most about because it is the most frequently studied of the four alcoholisms. "This is the subtype most often being tracked in high-risk studies that use offspring of alcoholic parents" (Zucker, 1987, p. 66). According to Zucker (1987) one of the distinctive factors of antisocial alcoholism is the emphasis on aggressive and antisocial behavior from a young age. Alcohol related problems develop early and continue through adulthood. Antisocial alcoholism is considered to be the most deleterious to the individual's developmental process of the four alcoholisms.

Developmentally cumulative alcoholism, Type 2, is also referred to as primary alcoholism. Primary refers to the first diagnoses attributed to an individual and here means that the problems with alcohol predate other psychiatric diagnoses. The alcoholism is considered to be developmentally cumulative because,

...the notion of developmental cumulation implies that risk is more closely tied to normal, culturally prescribed processes of drinking and problem drinking than in antisocial alcoholism but that the additive process has, over the life course,

become sufficiently cumulative so that thereafter it has a different trajectory than if it were simply regulated by normative developmental trends in the culture.

(Zucker, 1987, p. 67)

Alcohol will have been seen as a normal and appropriate way of coping with stress.

Type 3 alcoholism is known as developmentally limited alcoholism. It is also referred to as frequent heavy drinking. Developmentally limited alcoholism is characterized by the consumption of large amounts of alcohol and a range of alcohol related problems associated with the high levels of consumption. It is noticeable that individuals who fit this classification will begin drinking less as they approach their middle 20s. It is thought that decisions related to career and social roles move them in the direction of personal responsibility and accountability and away from frequent heavy drinking.

The fourth alcoholism, negative affect alcoholism, is more common with women. It is characterized by a family history of unipolar affective disorder and of drinking for the effect of feeling good. It is named negative affect alcoholism because it is thought that the negative affect contributes to the development of alcoholism.

Zucker (1987) summarizes his model of the etiological processes of four alcoholisms,

The evidence presented also has argued the case that these different alcoholisms are best regarded as problems that display in a matrix, one that is limited or encouraged by the major parameters of the culture and the individual's biological apparatus. Within these limits, the process of becoming alcoholic or not, or changing from that adaptation after having entered it, is conceived to be a summative result of events that cumulate or subtract across life stages. (p. 73)

Babor and his associates (Babor, Hofmann, et al., 1992) developed an empirically derived alcoholism typology,

Using the cumulative alcoholism typology literature as a basis for postulating defining characteristics, this study employed a biopsychosocial approach to subtyping that assumes that the heterogeneity among alcoholics is attributable to a complex interaction among genetic, biological, psychological, and sociocultural factors. Such a theory postulates that no single characteristic will differentiate alcoholics from nonalcoholics, nor will single defining characteristics separate homogeneous subtypes. (p. 599)

The two types, Type A and Type B, are considered to represent two distinct patterns of alcoholism. Type A alcoholics are similar to affiliative drinkers (Morey et al., 1984), developmentally cumulative alcoholics (Zucker, 1987), and Type I alcoholics (Cloninger, 1987) and have a continuous pattern of drinking. Type B alcoholics resemble schizoid drinkers (Morey et al., 1984), antisocial alcoholics (Zucker, 1987), and Type II alcoholics (Cloninger, 1987) and are characterized as exhibiting a binge pattern of drinking.

Male alcoholics differed on all 17 characteristics and female alcoholics differed on 13 of the 17 characteristics used to define the typology. Type A is characterized by later onset of problem drinking, less severe dependence, and less distress with their work and families. Type B is characterized by earlier onset, more severe problems, and more life stress.

Seilhamer, et al. (1993), in a study investigating the impact of alcohol consumption on the relationships between sons and their alcoholic fathers, found that the "effect of father's drinking was not consistently positive or negative across families" (p. 194). They also found that the fathers' drinking levels were a more accurate predictor of their sons satisfaction with the relationships than any assessment of the relationship by the sons.

Three patterns of drinking emerge from the review of the individual typologies of alcoholism (Babor, Hofmann, et al., 1992; Cloninger, 1987; Morey et al., 1984; Zucker, 1987). Two patterns represent opposite ends of a continuum of alcohol abuse and

dependence, the episodic, binge drinker and the steady, chronic drinker. The third pattern represents the drinker that possesses traits of both the episodic drinker and the steady drinker. The authors of the various individual typologies describe how their patterns of drinking differentiate individuals on a variety of personality characteristics. Other researchers have also demonstrated that the patterns of drinking lead to differences in interactions with others (Litt et al., 1992; Seilhamer et al., 1993). The individual typologies are summarized in Table 3.

**Table 3**  
**Individual Typologies of Alcoholism**  
 (Organized according to similarity of types across models)

<b>MOREY ET AL. (1984)</b>	<b>CLONINGER (1987)</b>	<b>ZUCKER (1987)</b>	<b>BABOR ET AL. (1992)</b>
Type A -early stage drinker			
Type B -affiliative drinker	Type I -loss of control	Type 2 -developmentally cumulative	Type A -continuous pattern
Type C -schizoid drinker	Type II -inability to abstain	Type 1 -antisocial	Type B -binge pattern
		Type 3 -developmentally limited	
		Type 4 -negative affect	

### Family System Typologies

The definition of the typical family impacted by the abuse of alcohol by one of its members has thus far eluded alcoholism researchers as families are found to organize their interactions around alcohol in a myriad of different ways (Ackerman, 1986; Jacob,

1987a; Jacob et al., 1989; Kaufman, 1984; Steinglass, 1980; Steinglass et al., 1987). Kaufman and Pattison (1981) offer a descriptive model of families involved with an alcoholic member. Steinglass and his associates (Steinglass et al., 1987) describe three patterns of drinking and propose a developmental model to explain the dynamics of how a family system becomes organized around alcohol. And Jacob and his associates (Jacob, 1987a; Jacob et al., 1989) contribute a model based on the differences in the marital interactions between couples with an episodic or binge drinker and couples with a steady or chronic drinker. The family system typologies are summarized in Table 4.

Kaufman and Pattison (1981) have constructed a typology of four types of alcoholic family systems: functional, neurotic enmeshed, disintegrated, and absent. The families in the functional family system appear to function well. They manage to get along with a minimum of conflict as they are able to isolate the alcoholic behavior from their daily lives. The drinking behavior is more of a personal issue of the drinker than it is a response to family stress and generally takes place outside of the home. Functional families are concerned with helping the alcoholic once they become aware of the problems associated with alcoholism. If they end up in treatment, functional families will work to keep the alcoholic as a member of their family.

The neurotic enmeshed family system is the characteristic family system represented in the literature (Kaufman, 1984). Drinking behavior in the neurotic enmeshed family system interferes with the day to day life of the family and forces family members to respond to the drinking. Conflict and stress in any one member has the potential of impacting the entire family. There is frequently fighting between the spouses as each blames the other for the family's problems. This is also the family where the parents become so involved with each other that they neglect some of their parental responsibilities.

**Table 4**  
**Family System Typologies**  
**(Family Patterns & Drinking Patterns)**

**FAMILY PATTERNS**

<b>KAUFMAN &amp; PATTISON (1981)</b>	<b>STEINGLASS ET AL. (1987)</b>
<ol style="list-style-type: none"> <li>1. Functional</li> <li>2. Neurotic Enmeshed</li> <li>3. Disintegrated</li> <li>4. Absent</li> </ol>	<ol style="list-style-type: none"> <li>1. Early Phase</li> <li>2. Middle Phase</li> <li>3. Late Phase</li> </ol>

**DRINKING PATTERNS**

<b>STEINGLASS ET AL. (1987)</b>	<b>JACOB (1987, 1992)</b>
<ol style="list-style-type: none"> <li>1. Stable Wet</li> <li>2. Alternator</li> <li>3. Stable Dry</li> </ol>	<ol style="list-style-type: none"> <li>1. Binge Episodic</li> <li>2. Steady in Home</li> <li>3. Steady out of Home</li> </ol>

In the disintegrated family system the drinking behavior has led to a progressive deterioration of what once was a reasonably functional family. The alcoholic has separated from the family and has usually lost employment and self-respect in the process. The family and the alcoholic member are totally alienated and often are not even in contact with each other.

The fourth system, the absent family system, "is marked by total loss of family of origin early in the drinking career [of the alcoholic]" (Kaufman, 1984, p. 5). The alcoholic is often younger, unmarried, and lacking in social skills and work experience due to the consequences of the early onset of serious drinking and alcoholism.

Steinglass and his associates (Steinglass et al., 1987) describe three patterns of drinking: stable wet, alternator, and stable dry. The family involved with the stable wet pattern of drinking know with a high degree of certainty that the alcoholic member is actively involved drinking. If the person is a daily drinker, than they know the drinker has had a drink or will have a drink that day. If the person is a weekend drinker, than they know, that come the weekend, the person will be drinking. The stable wet family is able to predict when the drinking will occur and when the drinking will cease. The family is able to count on the pattern of drinking and are able to predict its occurrence.

The family engaged with the alternator pattern is not able to predict or count on the pattern of drinking. They experience the drinking member going for intermittent periods of sobriety followed by periods of intoxication. The period of time between drinking periods is unknown and unpredictable, as is the length of the drinking bout. What they can count on is that there will be switches back and forth between intoxication and sobriety. The alternator pattern contributes to families living with uncertainty.

The stable dry pattern is indicative of the family who knows that the member who has difficulties with alcohol is not drinking and will, in all likelihood, remain in a state of sobriety. The family has come to count on the alcoholic member not taking up old patterns of drinking and intoxication. Steinglass states that "even if occasional 'slips' occur, they will be aberrant periods in an overall pattern in which sobriety is the stable and fundamental alcohol state of the family" (Steinglass et al., 1987, p. 185).

The patterns are considered to be family patterns which organize the family's interactions. Steinglass and his associates (Steinglass et al., 1987) describe the family's organization around alcohol using a developmental model. The consumption of alcohol by the alcoholic is seen as having an adaptive function for the family.

The family is presumed to have a life cycle or life history that can be divided into a series of recognizable stages, each stage in turn associated with a series of developmental tasks. (Steinglass, et al., 1987, p. 212)

Growth and development of the family is accomplished by moving through a series of phases or stages, each with its own set of tasks. Successful completion of the tasks at an earlier stage provides the family with the resources to deal with the tasks of later stages. The implications of alcohol on the family's progression from one stage to the next stage of development will vary from one family to the next as there is no simple explanation or formula for determining the effects of alcohol on family development.

The early phase (Steinglass et al., 1987) is the time for establishing boundaries and forming an identity for the new family. It is a time of newness and excitement as individuals from two different families of origin come together and begin to establish shared norms and belief systems. A basic tension with early phase families is balancing the need to form an independent family and yet remain connected to their families of origin. If alcoholism is part of one of their families of origin or if one of them is experiencing difficulties with alcohol, they must decide as a new family during the early phase whether they will confront alcohol or accommodate to it.

The struggles that go on in early-phase families around alcohol often have well antedated the actual formation of the new family. Many children growing up in alcoholic families come to their own marriages with firm ideas about whether or not alcoholism will be tolerated in them. A major factor in mate selection may well be whether or not there is evidence of alcoholism in the intended spouse (alcoholism here may mean either active drinking on the spouse's part or a history of alcoholism in the spouse's family of origin). On the other hand, many children of alcoholics seem totally obtuse regarding early signs of alcoholism in an intended spouse. (Steinglass et al., 1987, p. 88)

The early phase represents an opportunity for the new family to rid themselves of unhealthy legacies from their families of origin. On the other hand, as they deal with the tension of establishing their own boundaries, they are particularly vulnerable to influences from their families of origin. Once the new family identity is established,

however, it becomes increasingly more difficult to change as the family enters the middle and late phases of family development.

The middle phase (Steinglass et al., 1987), a time of commitment and stability, is characteristically the longest phase and consists of three features. First, it is the time the family makes a commitment to a purpose or sense of direction as a family. The exploration of the early phase is replaced by organizational behavior which provides for regularity of family life. The second feature is the establishment of rules for family roles and relationships.

Consistency here does not necessarily mean rigidity. The family may decide that flexible role performance regarding work, child rearing, responsibility for social relationships, and so forth, is preferable to stereotyped and inflexible role assignments. But the key, once again, is that a commitment has been made; the family has made a choice. (Steinglass et al., 1987, p. 89)

And the third feature is the emergence of regulatory behaviors. Daily routines, special events, and the family's method of problem solving are the regulatory behaviors which support and maintain the family's choices and commitments.

Alcohol impacts the middle phase family by invading the regulatory behaviors. For example, alcohol becomes a part of the family's short term problem-solving process. If the family accommodates the alcohol, the middle phase can become developmentally more rigid. As a result any issues of individual development tend to be stifled or ignored.

Thus for each type of regulatory behavior, invasion by alcohol takes a somewhat different form. But in each case, the regulatory behavior has been modified. And the direction of this modification is one that makes it more, rather than less, likely that alcoholism will continue to thrive. Hence the family system has been modified in a direction supportive of chronic alcoholism, and is now a system organized to maintain the constancy of its internal environment in the face of

what was previously a destabilizing force-chronic alcoholism. (Steinglass et al., p. 73)

During the late phase (Steinglass et al., 1987) the family shifts its focus from the present to the future. The late phase is the time for clarification and legacy. The family focus is on the future as they decide what is important for them as a family, what is the essence of their family and what do they want to pass on to the next generation. The family must also deal with the additions and losses of family members: grandparents dying, boy-friends, girl-friends, marriages, grandchildren. The tendency of the family is to fight against any change, to preserve life as it is which, in turn, can lead to the family remaining stuck in the mid phase. But the family can also adapt to the changes and continue development. The goal of the late phase is to gather together the essence of who they are as family and transmit that essence to the next generation. It is a matter of taking their family legacy and putting it into a time capsule so that their family identity will be preserved for future generations.

Alcoholic families must ask themselves if their alcoholic identity will be a part of their legacy. Will it be put into their time capsule? Confronting the alcohol question in the late phase with its accompanying additions and losses of family members carries a greater impact than in the middle phase. There is increased pressure for the family to make a decision about whether or not the alcoholism will be carried into future generations.

Jacob (1987a, 1992) is interested in the impact of alcohol on the relationships with alcoholics, their spouses and their families. He offers an adaptive hypothesis to explain results in a study of marital satisfaction of alcoholics and their spouses. According to Jacob (1987a), marital and family relationships were found to be more satisfying during times of high consumption. The drinking was a vehicle to reduce stress and eventually became incorporated into the family life. Jacob (1987a) categorizes drinkers as episodic or binge drinkers, as steady in home drinkers and as steady out of

home drinkers. Steady in home drinkers appear to enjoy relatively satisfying marriages and they seem to experience the least disruption in their personal lives as a result of the drinking, "the steady alcohol consumption pattern may be more easily adapted to and incorporated into the family life than episodic drinking patterns" (Jacob, 1992, p. 330). Steady in home drinkers also indicate that there are positive benefits to their drinking as they have been found to engage in more problem-solving behaviors when drinking than when not drinking. The drinking is seen as contributing to family stability (Jacob et al., 1989).

For steady-drinking alcoholics, periods of drinking may actually encourage and/or facilitate the couple's engagement in problem-solving efforts and when associated with increased satisfaction, may be reinforced within the family context... (Jacob, 1992, p. 332)

Steady out of home drinkers fall somewhere in between the steady in home drinkers and the episodic drinkers.

Episodic drinkers are more disturbed than steady drinkers. They are more disruptive and experience lower levels of marital satisfaction. Their interactions with their spouses are more negative than steady drinkers and they engage in less problem solving with their spouses. They become more negative when drinking while their wives become less negative during drinking (Jacob et al., 1989). According to Jacob (1987a) there is no adaptive benefit for the families of episodic drinkers.

Specifically, alcohol consumption and the alcoholic's negativity may serve to discourage his wife from attempts at direct problem solving. That is, it seems likely that angry-hostile behavior expressed by the husband during periods of drinking might prevent active consideration of conflictual issues - a process that comes to be characterized by coercive control features whereby he avoids dealing with conflictual issues by expressing high levels of negativity while drinking. To the extent that such interchanges become embedded in family life, the alcoholic's

drinking can be seen as preventing him from acknowledging and dealing with a range of marital and family problems. (Jacob, 1992, p. 332)

### **Summary**

This is by no means an exhaustive review of the classification systems used to categorize alcoholics and their families. However, it is an example of some of the classification systems and highlights three important factors about alcoholics and their families: (a) alcoholics are not a homogeneous group of individuals, (b) the impact of the presence of alcohol for families with an alcoholic parent is a multifaceted and diverse process that is not easy to categorize, and (c) what can be categorized are the alcoholic parents' drinking patterns as either episodic, irregular, binge drinkers; steady, chronic drinkers; combined episodic/steady drinkers; or steady dry, no longer drinking. The research with offspring of alcoholic parents has only begun to acknowledge the heterogeneity of families with an alcoholic member and how the drinking patterns of an alcoholic parent can impact families in different ways (Bate, 1993). The research with offspring of alcoholic parents has instead considered such families to be more similar than different. The present study, the development of the Behavior Role Scale, represents an attempt to shift research efforts from exploring the similarities among offspring of alcoholic parents to exploring their differences. According to the literature reviewed in this section, one would expect to find differences with the behavior roles measured by the Behavior Role Scale among offspring of alcoholic parents according to the type and pattern of drinking exhibited by the alcoholic parent.

## **Offspring of Alcoholic Parents**

A variety of studies and accompanying results were identified in the literature. There are studies contributing to a long list of problems and psychological concerns experienced by offspring of alcoholic parents; studies describing the long-term negative impact of parental alcoholism; and studies claiming that not all offspring of alcoholic parents are considered to be at high risk for developing significant health and behavioral problems. The section continues with a description of the problems and concerns confronting offspring of alcoholic parents, a description of potential long-term effects, and a description of moderator factors that are believed to mitigate the potential long-term effects of being an offspring of alcoholic parents.

### **Problems and Concerns Confronting Offspring of Alcoholic Parents**

According to Black (1981, 1990) and Woititz (1983), everyone who interacts with an alcoholic is affected in some way. Wilson and Orford (1978) point to the family atmosphere as a central theme in understanding children's experience in a home with an alcoholic parent. The significant cost of alcoholism is its detrimental effect on the children of involved families as the non-alcoholic members often suffer more psychological and behavioral impact than the alcoholic (Steinglass et al., 1987). As shown in Table 5, families with an alcoholic member show more dysfunction and harmful interpersonal behavior than families without alcoholic members (Bennet, Wolin, & Reiss, 1988a; Cermak, 1988; Cermak & Brown, 1982; El-Guelbaly, 1983; El-Guebaly and Offord, 1977, 1979; Elkin, 1984; Haberman, 1966; Jacob and Leonard, 1986; Kaufman, 1984; Moos and Billings, 1982). "The alcoholic home is viewed as being destructive to a child's well-being and contributing to the development of a wide variety of problems" (Potter & Williams, 1991). The family life of a child with one or both parents an alcoholic is characterized by being chaotic, inconsistent, unpredictable,

**Table 5**  
**Disruptions to Family Characteristics Caused by Parental Alcoholism**

<b>Characteristics of Healthy Families</b>	<b>Disruptions Caused by Parental Alcoholism</b>
Safety	Emotional unavailability of parent Loss of control in a parent Failure to protect children from hazards Direct physical abuse
Open Communication	Secrets kept to keep the peace Facade of normality maintained Feelings hidden Children made into confidants
Self-Care	“Scarcity” economy Alcoholic’s needs come first Feeling responsible for other people’s problems
Individualized Roles	Family’s needs dictate roles Roles become rigid, especially during times of stress
Continuity	Chaos Arbitrariness Dissolution of the family
Respect for Privacy	Parents become intrusive Secrets confused with privacy No respect for individual differences
Focused Attention Schedule	Determined by the alcoholism, not the child’s needs
Emotional Quality	Restricted range of emotions available Alcohol-affected emotions never reach resolution

(Cermak, 1988, p. 57)

arbitrary, argumentative, violent, and having unclear roles (Black, 1981; Black, Bucky, & Wilder-Padilla, 1986; Brown, 1988; Cork, 1969; Gravitz and Bowden, 1987). As the alcoholism progresses the alcoholic becomes increasingly wrapped up in their addiction. Often the nonalcoholic parent becomes more and more preoccupied with the behavior of their alcoholic partner (Black, 1981; Brown, 1985; Clinebell, 1968; Hecht, 1973). Morehouse and Richards (1983) suggest that important parent functions-providing role stability, environmental consistency, dependability, and emotional availability-are subject to impairment in both the alcoholic and nonalcoholic parent. The child's responses to the impaired parental functions could include over dependence, selfish behaviors, clinging, exaggerating, lying, stealing, manipulating, demanding, withdrawing, and/or fantasizing (Morehouse and Richards, 1983). Cork (1969) suggests while parents in alcoholic families are able to provide for the physical needs of their children, they are not able to meet the children's emotional needs. And, according to Wolin and Wolin,

Damaged and suffering themselves, troubled parents are consumed by the task of getting from one day to the next. They have little energy left for anything else, not even their children - often, especially their children. Rather than matching their children's needs, they act like children themselves, turning family life upside down. (1993b, p. 27)

Several studies have added to the list of problems confronting children of alcoholics. These problems include: low self-esteem, negative emotional moods, learning disabilities, anxiety, poor social adjustment, delinquency, suicide, excessive feelings of responsibility (Callan & Jackson, 1986; Cutter and Cutter, 1987; El-Guebaly and Offord, 1977, 1979; Gravitz and Bowden, 1987; Hughes, 1977; Johnson, Boney, & Brown, 1990-1991), poor school performance (Gabrielli and Mednick, 1983; Haberman, 1966; Johnson et al., 1990-1991; Robins, West, Ratcliff, and Herjanic, 1978), more external locus of control than children of nonalcoholics (Prewett, Spence, & Chaknis, 1981), more neuropsychological deficits (Tarter, Hegedus, Goldstein, Shelly, and

Alterman, 1984), more family disruptions characterized by a higher divorce rate (Black et al., 1986; Clair & Genest, 1987), higher rates of psychiatric disorders (Lynskey, Fergusson, & Horwood, 1994), and higher rates of hospitalization and incidence of specific illnesses (Woodside et al., 1993).

### **Potential Long-Term Effects of Being the Offspring of an Alcoholic Parent**

For some adult offspring of alcoholic parents, the uncertainty which was a factor in shaping their lives as children extends its influence into their adult lives (Cotton, 1979; Giglio & Kaufman, 1990; West & Prinz, 1987). Searles, Alterman, and Miller (1993), in a survey of college students, found that parental alcoholism was a contributing factor in the problems confronting over one third of the students. Many adult offspring of alcoholic parents do not realize the extent the alcoholic environment has influenced their lives until they are helped to see how this occurred (Woititz, 1983), "For them, there exists no clear perspective of reality, no clear role model, no pattern of appropriate behavior, and no consistent basis for developing self-esteem or respect for others" (p. 175).

Difficulties with interpersonal relationships are seen as one of the results of living in a family with an alcoholic parent (Chafetz, Blane, and Hill, 1971; Kammeier, 1971; Morehouse and Richards, 1983). Adult offspring of alcoholic parents have been found to experience difficulties with control, trust, acknowledging personal needs, and identifying and expressing feelings in their relationships with other adults (Beletis & Brown, 1981; Black, et al., 1986; Cermak & Brown, 1982). According to Beletis and Brown (1981), adult offspring of alcoholic parents have problems emotionally separating from their families and with taking on more than their share of responsibility in their new families. Parker and Harford (1988) claim that sons of alcoholic parents will experience more problem drinking and more marital disruptions than sons of nonalcoholic parents; and that daughters of alcoholic parents will experience more episodes of depression and more

marital disruptions than daughters of nonalcoholic parents. The death of a grandparent has also been found to be a significant experience for offspring of alcoholic parents (Brabent & Martof, 1993).

Several researchers and clinicians have sought to identify the personality characteristics which differentiate offspring of alcoholic parents as a group from offspring of nonalcoholic parents (Ackerman, 1987b; Barnes, Benson, & Wilsnack, 1979; Berkowitz & Perkins, 1988; Cumes-Rayner et al., 1992; Fisher et al., 1992, 1993; Seelfeldt & Lyon, 1992; Sher, 1991b; Whipple & Noble, 1991; Woititz, 1983). One of the models was developed by Woititz (1983). Based on her clinical impressions, she lists 13 statements or perceptions of adult offspring of alcoholic parents.

Adult children of alcoholics:

1. Guess at what normal is.
2. Have difficulty following a project through from beginning to end.
3. Lie when it would be just as easy to tell the truth.
4. Judge themselves without mercy.
5. Have difficulty having fun.
6. Take themselves very seriously.
7. Have difficulty with intimate relationships.
8. Overreact to changes over which they have no control.
9. Constantly seek approval and affirmation.
10. Feel they are different from other people.
11. Are either super responsible or super irresponsible.
12. Are extremely loyal, even in the face of evidence that the loyalty is undeserved.
13. Are impulsive. (Woititz, 1983, p. 4-5)

Woititz (1983) suggests her perceptions are general and are not necessarily true for every adult offspring of an alcoholic parent. However, the statements are often used

as part of the program of support groups for offspring alcoholic parents to represent the characteristics of being an offspring of an alcoholic parent (Greater Vancouver Adult Children of Alcoholics, 1987). Ackerman (1987b) labeled Woititz's statements personality characteristics in a national study of adult offspring of alcoholic parents in the United States. The study compared adult offspring of alcoholic parents and adult offspring of non-alcoholic parents on the personality characteristics. Adult offspring of alcoholics scored higher on every one of Woititz's (1983) 13 characteristics; though levels of significance were not reported. Fisher et al. (1992) used the characteristics from the Ackerman study (1987b) and compared adult offspring of alcoholic parents (ACOAs) with adults who had experienced the death of a parent, divorce, physical or sexual abuse in their families of origin (A-D+) and adults from families without a reported experience of parental alcoholism, death of a parent divorce, physical or sexual abuse (A-D-). They found the adult offspring of alcoholic parents to be similar to the adults with what they described as "dysfunctional family histories" (Fisher et al., 1992. p. 27).

The results of the current study provide evidence that ACOAs report a greater frequency of certain adult characteristics attributed to them by clinicians than do other adults. This was particularly apparent when comparing ACOAs to adults who reported no parental alcoholism, death, divorce, or physical or sexual abuse (A-D- group). Although the trend of the results indicated differences between ACOAs and adults who experienced an event such as parental death, divorce, or physical or sexual abuse (A-D+ group), these differences were usually not significant. (Fisher et al., 1992, p. 32)

Another approach to describing the characteristics of offspring of alcoholic parents is represented by the different models of behavior roles (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). The behavior roles are seen as a means of coping with the stress and tensions associated with living in a family with an alcoholic parent. According to the authors of the models of behavior

roles, offspring of alcoholic parents will carry the characteristics of their behavior roles with them into adulthood where the roles, which were helpful for them as children, become a source of confusion and problems for them as adults. The behavior roles will be addressed in a separate section of the literature review.

The question of their own personal vulnerability to alcoholism is another issue confronting offspring of alcoholic parents. There is an ongoing debate in the literature over the source of alcoholism, particularly between genetic versus environmental influences (El-Guebaly and Offord, 1979). Cloninger, Bohman, and Sigvardson (1981) concluded

The susceptibility to alcoholism is neither entirely genetic nor entirely environmental, nor simply the sum of separate genetic and environmental contributions. Rather, specific combinations of predisposing genetic factors and environmental stress appear to interact before alcoholism develops in most persons. (p. 861).

Pandina and Johnson (1990) believe that offspring of alcoholic parents are at a heightened risk for developing problems with alcohol and other drugs. Cotton (1979) concluded, in a study of 6251 alcoholics, that alcoholic parents produce alcoholic children. The conclusions are supported by Valliant (1983) who found 20-25% of the sons of alcoholics in North America and Western Europe became alcoholic, while 5-10% of daughters became alcoholic. Goodwin (1985) found in a study of twins that alcoholism runs in families even when the children of alcoholic parents are raised by nonalcoholic adoptive parents; however, only 1/2 of the alcoholics he studied had a history of alcoholism in their families. Wampler, Fischer, Thomas, and Lyness (1993) discovered that addictions in families contribute to addictions in offspring both by their actual presence in the families and by the dysfunctional family style created by the addiction. Perkins and Berkowitz (1995), in a study of university students, found that those with parents or grandparents who were alcoholic were more likely to develop

problems with their own drinking. Ohannessian and Hesselbrock (1995), in a study of temperament and personality typologies in adult offspring of alcoholic parents, found that antisocial behavior may be a key in the relationship between a family history of alcoholism and developing one's own drinking problems. Wolin (1992) reminds us that 75% of offspring of alcoholic parents do not develop problems with alcohol abuse or dependence.

Marriage has also been found to present difficulties for offspring of alcoholic parents. Thayne and Larson (1995) found offspring of alcoholic parent status significantly related to feelings about marriage. They found that offspring of alcoholic parents were more negative towards marriage and wanted to wait longer before getting married than offspring of nonalcoholic parents. Parker and Harford (1988) determined that male offspring of alcoholic parents are 40% more likely to divorce and female offspring of alcoholic parents are 30% more likely to divorce than their offspring of nonalcoholic parent counterparts. Offspring of alcoholic parents are considered to be at high risk for marrying someone who is or who will become alcoholic (Black, 1986; Gravitz & Bowden, 1987). According to Gravitz and Bowden (1987), based on their clinical experience, offspring of alcoholic parents may repeat the alcoholic marriage cycle three or four times. And if offspring of alcoholic parents seek help for their own alcoholism, they are considered to have a poorer prognosis for successful alcoholism treatment (Frances, Bucky, & Alexopoulos, 1984).

### **Resilience or the Moderator Factors Ameliorating the Impact of Being the Offspring of an Alcoholic Parent**

The picture of offspring of alcoholic parents portrayed by the literature is one of the offspring suffering from a variety of problems and psychological concerns as a result of growing up in an environment characterized by parental alcoholism. Some of the arguments raised in the literature seem to indicate it is impossible to escape the

deleterious effects of parental alcoholism (Black, 1979, 1981, 1990; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). In fact, we hear that even those who appear to be coping well are actually in trouble,

Children in chemically dependent families do whatever they can to withstand the losses they are experiencing in the family environment. Surprisingly, most children from troubled families have the ability to look good to outsiders despite what may be happening in the home. Unfortunately, for the most part looking good is based on survivorship and denial. (Black, 1990, p. 13)

However, the results of recent studies are challenging the exactitude of those negative predictions of life with an alcoholic parent. Churchill et al. (1990) found no significant differences between offspring of alcoholic parents and offspring of nonalcoholic parents on measures of self-esteem and locus of control. A study of personality characteristics found there were no differences between offspring of alcoholic parents and offspring of nonalcoholic parents (Seefeldt & Lyon, 1992). Other studies of characteristics of offspring of alcoholic parents found adult offspring of alcoholic parents to be similar to adults from families characterized by a dysfunctional history (Fisher et al., 1992, 1993). Whipple and Noble (1991) report that what differences do exist between offspring of alcoholic subjects and offspring of nonalcoholic subjects are not meaningful differences as the scores usually fall within the normal limits of the instruments being used.

In addition, only 5-10% of adult offspring of alcoholic parents are seen in any form of treatment (Brown, 1985). One reason given for the low numbers seeking treatment is that not all offspring of alcoholic parents demonstrate significant problems or psychopathology as children, adolescents, or as adults (Black et al., 1986; Booz-Allen & Hamilton, 1974; Burk & Sher, 1990; Cartwright, McKay, & Stader, 1990; D'Andrea et al., 1994; El-Guebaly & Offord, 1979; Jacob & Leonard, 1986; Jones & Houts, 1992; Kashubeck & Christensen, 1992; Pandina & Johnson, 1990; West & Prinz, 1987; Wilson,

1982). The children who are able to cope with their alcoholic family without visible signs of problems could be in the majority (Black et al., 1986). Jacob and Leonard (1986) suggest,

Severe problems are not characteristic of most of the children [of alcoholics].

Instead, significant levels of impairment occur in only a minority of these families and in an even smaller minority of these children. This impairment occurs in the presence of a variety of other parental problems. (p. 379)

Miller and Jang (1977) claim that "although alcoholism of the parent significantly lessens the likelihood of the child achieving a trouble-free adulthood, a true predictive course of intergenerational transmission of alcoholism cannot be traced" (p. 29). Some researchers consider that those who appear to be doing well are in fact successfully coping with their difficult family situations. "What, if anything sets them apart is that despite enormous odds, their lives reveal a clear pattern of recovery, restoration, and gradual mastery" (Felsman & Vaillant, 1987, p. 311). The successful coping behavior is explained in terms of invulnerability, resilience, and protective factors (Anthony, 1987; Felsman & Vaillant, 1987, Garmezy, 1985; Rutter, 1990; Werner, 1986, 1992; Wolin, 1991, 1992; Wolin & Wolin, 1993b).

According to Werner (1986), the literature and the research has tended to focus on the casualties of parental alcoholism. Felsman and Vaillant (1987) claim that the tendency to ignore the success stories is due to the limits of language and the focus of the research.

Indeed clinical language is severely limited and oriented to encompass only what is most immediate and pressing in the realm of psychopathology. Clinical language rarely includes the process of healthy adaptation. What is healthy and going well is often overlooked and obscured in the shadow of illness. Thus, there is a failure to respond to the duality of tension that is illness - a tendency to focus only on one dimension of the disequilibrium that fuels struggle. Clinically, this

orientation has biased the approach to the individual patient and has overweighted attention to weakness and pathology, at the expense of attention to strength and resiliency. (Felsman & Vaillant, 1987, p. 302)

Researchers studying the impact of stressful life events on the lives of children noticed that not all of the children in their studies were adversely affected by their difficult life experiences (Beardslee & Podorefsky, 1988; Miller & Jang, 1977; Rutter, 1990; Werner, 1986, 1989, 1992). The children who were found to be thriving in situations that didn't have much to offer them were described as being resilient (Anthony, 1987; Werner, 1992; Wolin, 1991, 1992; Wolin & Wolin, 1993a, 1993b). Werner (1992) describes her discoveries following a cohort of children from a Hawaiian Island from birth to age 32,

We designated about one-third of the surviving boys and girls in this cohort as "high-risk" children (n=201) because they were born into poverty; they had experienced moderate-to-severe degrees of perinatal stress; and they lived in a family environment troubled by discord, divorce, parental alcoholism, or mental illness.... Yet 1 of 3 of these high-risk children (n=72) grew into competent young adults who loved well, worked well, played well, and expected well...

With only two exceptions, these resilient children grew into competent, confident, and caring adults whose educational and vocational accomplishments were equal to or exceeded those of the low-risk children in the cohort who had grown up in more affluent, secure and stable homes. (p. 263-264)

The researchers began to ask why these children were able to cope with their situations while other children, in similar situations, suffered long-term effects? Cohler (1987) states that we know more about what leads to psychopathology than we know about what contributes to psychological resilience and yet "even in the presence of both adverse life circumstances and some increased constitutional vulnerability, most persons are able to

function effectively, finding ways of buffering the effects of unpleasant life experiences" (p. 363).

Werner (1989) defines resilience as "successful adaptation following exposure to stressful life events" and compares this to vulnerability which she defines as "susceptibility to negative developmental outcomes under high risk conditions" (p. 72). Resilience has also been defined as "the capacity to maintain feelings of personal integration and sense of competence when confronted by particular adversity" (Cohler, 1987, p. 389). And according to Anthony (1987),

The resilient child is characterized by sound normal defenses, a wide range of coping skills, many available competences - constructive and even creative capacities that provide imaginative ways of dealing with frightening realities - and an inherent robustness that enables him to generate a psychoimmunity. (p. 148)

Wolin and Wolin define resilience as "the capacity to rebound from hardship inflicted early in life" (1993b, p. vii). They emphasize that there is an interplay between damage and strengths and that resilience enables individuals to transform their experiences of family troubles into personal strengths. According to Wolin (1992), children can still be hurt and suffer pain as a result of living with troubled parents; but they are also challenged and they can respond actively and creatively. The responses become clustered as strengths that are known as resiliencies. Wolin and Wolin (1993b) have identified seven resiliencies: insight, independence, relationships, initiative, creativity, humor, and morality.

Research has uncovered a variety of variables, called protective factors, which are thought to contribute to resilience. The protective factors that differentiate resilient offspring from those who are not doing well fall into three broad categories: (1) personal characteristics of the individual, (2) a supportive family, and (3) a support network extending beyond the family (Garmezy, 1985; Werner, 1989). The personal

characteristics or attributes include: age of child (Masten, 1985; Radke-Yarrow & Sherman, 1990), gender of child (Masten, 1985; Miller & Jang, 1977; Radke-Yarrow & Sherman, 1990; Rutter, 1990; Werner, 1986), gender of alcoholic parent (Miller & Jang, 1977; Werner, 1986), at least average intelligence (Pianta, Egeland, & Stroufe, 1990; Radke-Yarrow & Sherman, 1990; Werner, 1986), temperament (Rutter, 1990), self-understanding (Beardslee & Podorefsky, 1988), self-esteem (Radke-Yarrow & Sherman, 1990), more reflective cognitive style (Masten, et al., 1990), sense of purpose or direction in life (Bleuler, 1984; Garnezy, 1985; Warner, 1986); active problem-solvers (Beardslee & Podorefsky, 1988), more internal locus of control (Werner, 1986), ability to understand parent's problems and remain separate from the problems (Anthony, 1987; Beardslee & Podorefsky, 1988; Fisher, Kokes, Cole, Perkins, & Wynne, 1987), and being involved in domestic chores and caretaking of siblings and if necessary the parents (Beardslee & Podorefsky, 1988; Rutter, 1990). The variety of personal attributes and resources that have been found to differentiate resilient responses from vulnerable responses also serve to highlight the fact that in any one family, characterized as a risk environment, not all of the offspring will experience the same degree of risk (Rutter, 1990).

A second category that differentiates resilient offspring of alcoholic parents from those offspring who are more vulnerable to the impact of parental alcoholism is the family unit itself. Baldwin, Baldwin, and Cole (1990) state that high risk families who are able to maintain a degree of structure and require strict adherence to the family rules by the children are more likely to be stress resistant families. Patterson (1991) describes resilient families as those who are able to re-organize by adapting to change. Families who are able to be deliberate and consistent in their practice of family rituals have been found to be more favorable environments for offspring to grow and develop independent of the parental alcoholism (Bennett, Wolin, & Reiss, 1988b; Bennett, Wolin, Reiss, & Teitelbaum, 1987).

Individuals have also been found to do better if there is at least one parent who is able to remain supportive and provide the necessary caretaking (Beardslee & Podorefsky, 1988; Fisher et al., 1987; Pianta, et al., 1990; Rutter, 1990). Werner (1986) found that consistent attention and caretaking during the first two years of life is a differentiating factor. The absence of parental conflicts and of other births during that time period is also helpful. Miller and Jang (1977) state that the severity of the crisis is another differentiating factor. They wonder how long an individual can remain resilient if the crisis is severe and long lasting.

Another category concerns the individual's ability to reach out beyond the family to others, especially adults, for support. Wolin and Wolin (1993a, 1993b) describe resilient young people as being able to elicit caretaking behaviors from other adults when their own parents are unavailable or incapable of providing the support they need. Others have identified the value of having a job or of being involved and doing well in school as contributing to individuals being more resilient (Masten et al., 1990; Rutter, 1990). And according to Werner,

To the extent that the boys and girls in this study were able to elicit predominantly positive responses from their caregiving environment, they were found to be stress-resistant despite parental alcoholism and chronic poverty. (1986, p. 39).

### **Summary**

Researchers urge caution when making generalizations concerning offspring of alcoholic parents. "It is inappropriate to assume that growing up in an alcoholic family has comprehensive and maladaptive outcomes for the young adult children" (Jones & Houts, 1992, p. 55). West and Prinz (1987), in a review of 46 studies spanning 1975-1985, conclude that "neither all nor a major portion of the population of children from alcoholic homes are inevitably doomed to childhood psychological disorder" (p. 215).

According to Burk and Sher (1990), "It seems that the mental health profession has not attended to the potential harm for those labeled COA (especially for those who are functioning adaptively)" (p. 162). And Kashubeck and Christensen (1992) remind us that "Making blanket statements about distress in ACA individuals is not accurate and indeed could be harmful to those ACAs who are functioning well" (p. 360). And D'Andrea et al. warn,

It is clear that there is a danger in assuming homogeneity in this population or assuming that growing up in an alcoholic home inevitably leads to dysfunction in adulthood. Helping professionals who make diagnostic and treatment decisions solely on the basis of alcoholism in the client's family of origin may be simplifying a complex clinical picture. (1994, p. 580)

The above statements do not deny the pain and hardship endured by many offspring of alcoholic parents but rather they highlight the fact that offspring of alcoholic parents are a heterogeneous population and should be approached as such by both researchers and clinicians. Burk and Sher (1990) ask that we focus on the actual behaviors of offspring of alcoholic parents rather than on the expected behaviors. Several researchers and clinicians (Brown, 1988; Dobkin, Tremblay, Desmarais-Gervais & Depelteau, 1994; Fisher et al., 1992, 1993; Seefeldt & Lyon, 1992; West & Prinz, 1987; Woodside, 1988; Wright & Heppner, 1993) are asking that ongoing research with offspring of alcoholic parents expand the range of variables explored in order to begin helping us to understand more about the differences among offspring of alcoholic parents. The development of the Behavior Role Scale, the primary objective of this study, was a response to the requests to explore more of the differences among offspring of alcoholic parents by focusing on their actual behaviors.

## **Behavior Roles of Offspring of Alcoholic Parents**

The introduction of the behavior roles as a coping mechanism for offspring of alcoholic parents provided a newly identified population with a vehicle for understanding some of the dynamics they experience with their families (Brown, 1988). The roles are seen as the behaviors children of alcoholic parents assume as a means of dealing with the stress and crises of living in an alcoholic environment. The models of behavior roles (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) became popular with offspring of alcoholics as a way of understanding some of the adaptations they have made in coping with the impact of their parents' problems with alcohol. Clinicians also use the concepts of the behavior roles to guide their treatment and interventions with offspring of alcoholics of all ages. The behavior roles, which are considered to be adaptive mechanisms for children, are believed to be a source of problems for them as adults. The use of the models of behavior roles continues though the models and the effectiveness of therapeutic approaches based on the models have yet to be adequately empirically validated (Blane, 1988; Windle & Searles, 1990b; Woodside, 1988).

### **Five Models of Behavior Roles of Offspring of Alcoholic Parents**

Booz-Allen and Hamilton (1974) were the first to propose a model of behavior roles to explain the actions children take to deal with living in families characterized by parental alcoholism. They developed their model as a result of interviews with 50 children and young adults who were offspring of alcoholic parents in Pennsylvania. The interviews were part of a larger research project they were conducting for the National Institute on Alcohol Abuse and Alcoholism. They found that emotional neglect and family conflict are the most frequently experienced problems for children with alcoholic parents. They also found that each child develops his or her own strategy to cope with

the emotional neglect and family conflict. The strategies become the means of the children's survival and though they are unique for each child, the strategies are the foundation for their model of behavior roles. According to Booz-Allen and Hamilton (1974) some children are able to successfully survive their family situations but there are also those children who are unable to cope and "they may survive but in such a damaged, brutalized state, that they are rarely able to become more than victims" (p. 42).

The model of Booz-Allen and Hamilton (1974) consists of four behavior roles: Perfect Child, Super-Coper, Fight, and Flight. The Perfect Child and Super-Coper are "mirror images of goodness" (p. 38). The Perfect Child is a child who never gets into any trouble and manages to be successful in school. The Super-Coper often feels responsible for other family members and seems to always be able to do everything right. Super-Copers often do things more for other people than they do for themselves. The child who takes on the role of Fight is characterized by acting out in ways that are not socially acceptable. The Fight role is potentially dangerous and the child who adopts the Fight role can sometimes end up in trouble with the law or kicked out of the family. Booz-Allen and Hamilton's Flight role is the escape role. Flight involves avoiding the alcoholic and the other family members by hiding, running away, becoming very involved in school or athletic activities, or emotionally withdrawing or dissociating from the family.

According to Booz-Allen and Hamilton (1974), the particular role assumed by a child is dependent on the child's unique personality and perceptions of what needs to be done. Children in the same family can develop either similar or quite different forms of coping with the same experience.

Wegscheider (1981) suggests a model of behavior roles that is based on birth order rather than personality factors. Wegscheider's model is based on her ten years of clinical work with families of alcoholics. According to Wegscheider (1981) family members respond to the chaos and confusion of the alcoholic family system by preserving the status quo. They usually choose not to confront the alcoholic but rather

choose to maintain the family system as it currently exists. Wegscheider has categorized the behaviors children use to cope with the stresses of living in a family organized around alcohol into four roles: the Family Hero, the Scapegoat, the Lost Child, and the Mascot. Each role has its own characteristics and carries a particular risk for personality development and psychopathology.

Wegscheider (1981) claims that all of the roles will be played by someone in the family and everyone has a role to play. In smaller families there may be more than one role per person and in larger families there may be more than one person per role. The family provides individuals with no choice but to adhere rigidly to their particular roles. One of the results is that they become trapped by the role and over time it becomes more and more difficult to separate the person from the role. "One might say that family members eventually become addicted to their roles" (Wegscheider, 1981, p. 88).

The oldest child is the Family Hero. The Family Hero is characterized by overachievement, receiving praise for taking care of others, being a leader among their peers, and for having their accomplishments provide worth for their families. Inadequacy and guilt shadow the Family Hero as they never seem to be able to do enough to bring about the changes they desire for their families. They will often not be identified by their teachers as needing help because they appear to function unusually well. One of the manifestations of the Family Hero as an adult is a difficulty setting limits with their own children.

The second born child usually takes on the role of Scapegoat. In contrast to the achievements and responsibility of the Family Hero, Wegscheider (1981) characterizes the Scapegoat as being a troublemaker or misfit. They rely on peers for their identity and may end up being in trouble with the law. The Scapegoat is the target of the family's blame for their problems and misfortunes. The Scapegoat is described as being defiant, hostile, and consumed by anger. A Scapegoat is the most likely of Wegscheider's roles to attract the attention of community or school counselors.

Wegscheider's Lost Child and Mascot are the roles for later born children. The Lost Child withdraws from the family and contributes to the family by not being a problem. The Lost Child is characterized by sadness, independence, keeping a low profile, and feeling responsible for not fitting in with the family. They often build and live in a fantasy world. The Mascot, usually the youngest child, uses clowning or annoying behavior to attract attention and to distract the family from their current distress. Mascots are often lonely even though they are known for being the center of attention.

Black (1981) developed a third model of behavior roles for children of alcoholic parents. The model, based on her clinical work with young children from alcoholic families, consists of four roles: the Responsible One, the Adjuster, the Placater, and the Acting Out Child. According to Black (1981) children in most families have the opportunity to choose from a variety of roles depending on the situation. They learn in their families how to be autonomous and at the same time how to belong to a group. Children of alcoholic parents don't have the same opportunity to choose roles. They live in an atmosphere characterized by inconsistency and unpredictability and they assume certain behavior roles as a means of coping with the alcoholic environment.

Children growing up in alcoholic homes seldom learn the combination of roles which mold healthy personalities. Instead, they become locked into roles based on their perception of what they need to do to survive and to bring some stability to their lives. (Black, 1981, p. 14)

The Responsible One, usually the oldest or an only child, assumes a great deal of responsibility as a way of providing some structure and stability for the family. They tend to rely on themselves, are good leaders and organizers, and like to be in positions where they have control. Some children choose to become the responsible one; while others are chosen by their families to take on the role. Responsible Ones are given a lot of credit by their parents because they make life easier for the parents. With the

Responsible One looking after other family matters, the alcoholic can worry about drinking while the nonalcoholic partner can spend time looking after the alcoholic.

Black (1981, 1990) considers the Adjuster to be the lost child who spends their time being less visible. Black characterizes the Adjuster as being flexible, spontaneous, and able to adapt to any situation. Adjusters are followers and feel that they can handle any situation; however, they will avoid situations where they may need to take control. Adjusters tend to be middle or younger siblings and it is not necessary for them to worry about being responsible for themselves as that is part of someone else's role. The children who use the Adjuster role seem detached from their family.

The Placater is the family comforter or "household social worker" (Black, 1990, p. 15). They are often perceived as the most sensitive children in their families and are rewarded for helping others. Placaters like to make life easier for others and do so by doing whatever they feel will please other people. They are accountable for meeting the emotional needs of their families in the same way that responsible ones are responsible for household functions. They pay the price for caring for others by not having their own needs met.

The Acting Out Child is the assumed stereotype of the child coping with parental alcoholism (Black, 1981, 1990). They disrupt their own lives and the lives of their families with negative or socially unacceptable behavior. By calling attention to themselves children in the role of the Acting Out Child try to distract their families from their alcohol related problems. They are most likely to come into contact with school or community officials as their behavior sends the message that something is wrong.

Black (1981) contends that most offspring of alcoholic parents do not call attention to themselves; they appear to live normal, well functioning lives. But she also claims that they are in need of special help to deal with the impact of living in an alcoholic environment.

All of these characteristics are ones we can easily find value in and, typically don't see as destructive. In fact, labeling children with words such as, "responsible", "caring", "ability to adjust to crisis;" allows them, as adults, to pat themselves on the back for having been such good "survivors." But, in adulthood, these ways of surviving often lead to unhealthy extremes. Such unusual development of coping behavior often results in emotional and psychological deficits. (Black, 1981, p. 17)

According to Black (1981) there is not a definite pattern to the behavior roles, they are the result of the evolution of the family system. Whatever the role or roles a child takes on, these children will suffer gaps in growth and development as a result. "ALL CHILDREN RAISED IN ALCOHOLIC HOMES NEED TO BE ADDRESSED. ALL CHILDREN ARE AFFECTED" (Black, 1981, p. 27).

Deutsch (1983) contends that the real damage to children of alcoholic parents comes from the ways the children interpret the events they experience with their families: Children interpret these experiences, construct images of self, family, and world, and act upon those images. They simply adapt to survive, to get at least minimal needs met. Most often, they form narrow and rigid role structures, patterns of behavior consistent with their unconscious and unarticulated view of who they are, what they must do to contribute to the family, and win the family's love and protection in return. (p. 4)

Deutsch (1982, 1983) offers two models of behavior roles for children of alcoholic parents. His first model (Deutsch, 1982) is virtually the same as Wegscheider's model (1981) with four roles: Family Hero, Scapegoat, Lost Child, and Mascot. Deutsch (1982) says that it is an oversimplification to say that the roles are dependent on birth order but he does not explain the other influences he says contribute to the division of the roles within a family.

Deutsch's (1983) second model consists of three roles: Hero, Manager, and Scapegoat. The Hero appears exemplary and is always striving to please. The Hero is seen as using achievement to stop the parent's drinking. The Manager is responsible for the family's affairs, though usually at the expense of their own needs. The Scapegoat is the family troublemaker. The family believes that the Scapegoat is bad and often blames the Scapegoat for the family's problems.

Deutsch (1983) believes that the behavior roles are dysfunctional because they are crucial for children of alcoholic parents' survival and yet the roles can never attain their ultimate goal of helping children of alcoholic parents stop the parental drinking. The behavior roles also place the children at risk for arrested development. Deutsch (1983) does not describe them; but he says that there are other roles that people can use to cope with living in families in addition to the roles of his model.

Kritzberg (1985) claims that children take on various roles as a means of responding to the rules of the alcoholic family. The four rules of the alcoholic family are rigidity, silence, denial, and isolation. The roles serve the purpose of providing some stability in an alcoholic family system that is characterized by chaos and unpredictability.

Kritzberg's (1985) model consists of five roles: Hero, Scapegoat, Lost One, Clown, and Placater. The Hero is the achiever in the family and uses success in school or work as a means of making the family look good. The Scapegoat is the troublemaker who uses acting out behavior to distract the family from their problems. The Lost One is not visually a member of the family as they withdraw and help out the family by their non-presence. The Clown lessens tension by being funny and cute. The Placater is the family peace-maker.

Kritzberg (1985) says that the roles are not limited to the five he has outlined in his model as families are free to create different roles to meet the particular demands of their families. Individuals are assigned roles by their families based on the needs of the

family. There is some flexibility with the behavior roles as individuals can play various roles or aspects of various roles at different times.

The models of behavior roles of offspring of alcoholic parents identified in the literature (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) contain overlapping constructs and are seen as being closely related (Schneider, 1989). The five models are used interchangeably by self-help groups and clinicians working with offspring of alcoholics of all ages. All of the models contain roles with both functional and dysfunctional behaviors that children use to cope with the crises and tensions of living in a family organized around alcohol. The models imply that by using the behavior roles children will be able to gain some sense of control and personal worth in a family system that does not have much to offer them. Some children are even able to use their behavior roles to gain personal rewards as they are praised for their accomplishments and appreciated for their help.

Although the use of the behavior roles enables children of alcoholic parents to be able to survive and even to be successful; they pay a price in not having their own needs met (Lawson, Peterson, & Lawson, 1983). Another risk of the models of behavior roles of offspring of alcoholic parents is that while the roles provide stability and security in childhood, the attributes of the behavior roles cause difficulties for offspring of alcoholic parents in adulthood. Black (1981, 1990) claims that the behaviors will escalate, becoming more extreme as the individual grows older; and that there is no escaping the negative impact of the behavior roles. "If children do not resolve the problems created by parental alcoholism, they will carry them the rest of their lives" (Booz-Allen & Hamilton, 1974, p. 73). According to Wegscheider (1981), children eventually will become addicted to their behavior role. Once addicted to a behavior role, they are more likely to carry those coping behaviors with them into adulthood (Ackerman, 1987b; Black, 1981; Booz-Allen & Hamilton, 1974; Brown, 1988; Cermak & Brown, 1982; Deutsch, 1982, 1983; Kritzberg, 1985; Wegscheider, 1981). The situation does not change when the

alcoholic achieves sobriety if the children or family have not participated in treatment. It is believed that the children will continue to experience difficulties when only the alcoholic parent is treated (Black, 1981; Booz-Allen & Hamilton, 1974; Cork, 1969; Deutsch, 1983; Lawson et al., 1983).

The allocation of the behavior roles is one of the differences of the five models (Black, 1981; Booz-Allen and Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). Booz-Allen and Hamilton (1974) claim that each child develops his or her own strategies for coping with the family situation. The strategies used by a particular child are dependent on the child's personality and perceptions of what needs to be done. The strategies used by children are clustered into the four behavior roles of their model. Wegscheider (1981) contends that the roles are assigned according to the birth order of the children. The first born child will be the Family Hero, the second born will be the Scapegoat, and later born children will be Lost Children or Mascots. Larger families may have more than one person per role while in smaller families there may be more than one role per person. Each of the four roles will be played by someone in the family and everyone will have a role (Wegscheider, 1981). Black (1981, 1990) says that there is no pattern to the allocation of the behavior roles of her model, children assume a role or roles in order to deal with their particular family situation. According to Black (1990), 60% of children of alcoholics assume the Family Hero role, 63% assume the Placater role, 40% assume the Adjuster role, and 20% assume the Acting Out role. Only the Acting Out role does not combine with any of the other roles (Black, 1981). Deutsch believes that the roles children use to cope with their family experiences are dependent on children's interpretation of their experience. Kritzberg says that the roles are assigned by the families and are based on meeting the needs of the family. According to Kritzberg there is some flexibility with the behavior roles as children may play various roles or combination of the roles depending on the needs of the family. However as the

alcoholism of a parent progresses "the rules and roles become more and more fixed and rigid" (Kritzberg, 1985, p. 25).

The development of a valid and reliable measurement instrument based on the behavior roles of offspring of alcoholic parents is necessary to continue the empirical validation of the behavior roles. Research that can contribute to the ongoing process of empirically validating the behavior roles of offspring of alcoholic parents is important for two reasons. First, the behavior roles are used by a large number of offspring of alcoholic parents as one way of understanding their experiences of growing up with an alcoholic parent. The models of behavior roles provide offspring of alcoholic parents a vocabulary for describing their experiences.

These descriptions have been extremely valuable for adult children of alcoholics in two ways: they serve as powerful windows for seeing the underlying realities of living in an alcoholic home, and they help adult children of alcoholics to accurately connect their childhood experiences with what they are like as adults. (Cermak, 1988, p. 66)

Second, further research of the behavior roles examining individual differences according to the type of alcoholism exhibited by their parents could contribute to our understanding of the dynamics of life in a family with an alcoholic parent and could contribute to more effective prevention and intervention efforts with offspring of alcoholic parents of all ages.

### **Empirical Research Conducted with the Five Models of Behavior Roles of Offspring of Alcoholic Parents**

The effects of parental alcoholism on children have only recently begun to be addressed in a manner consonant with a problem of such large dimensions (Ackerman, 1987b). Research efforts with offspring of alcoholic parents have been characterized by

a lack of consistent findings and sound research methodologies, subjects with identified social problems, tremendous variability in the definitions and concepts used from one study to the next rendering comparison of findings virtually impossible, and little effort to relate findings to previous work (Bennett et al., 1988a; Berkowitz & Perkins, 1988; Black et al., 1986; Jacob, Favorini, Meisel, & Anderson, 1978; Jacob & Seilhamer, 1987; Jones & Houts, 1992; Kashubeck & Christensen, 1992; Sher, 1991a, 1991b; West & Prinz, 1987; Wilson & Orford, 1978). The lack of unifying theoretical foundations to guide the research with the offspring of alcoholics is an additional problem identified in the literature (Brown, 1988; Jacobs, 1991; Sher, 1991a).

Research efforts in the field of offspring of alcoholic parents has focused primarily on their similarities. Descriptions of roles, common personality characteristics, common problems, and shared experiences have helped establish an identity for this relatively new population (Brown, 1988). However, closer inspection of the literature points to variability among offspring of alcoholic parents. The variability manifests itself in the different ways alcohol impacts offspring of alcoholic parents; even though those offspring may share common experiences of parental alcoholism. Researchers are beginning to explore the presence and influence of moderator variables and resiliencies and the role of family interaction patterns as possible contributors to the differences among offspring of alcoholic parents. The search now is to begin to discover the significant differences among offspring of alcoholic parents and to examine the factors and experiences which distinguish one from another (Brown, 1988).

A major criticism of the models of behavior roles of offspring of alcoholic parents is that the empirical investigations of the models has not kept pace with their usage by both the public and clinicians (Blane, 1988; Burk & Sher, 1990; Schneider, 1989; Sher, 1991a; Windle & Searles, 1990b; Woodside, 1988). "The popularity of these models has not been matched by research efforts to either test the typology or demonstrate the detrimental effects such roles may have" (Devine and Braithwaite, 1993, p. 70). Eight

studies (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Jenkins et al., 1993; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987; Schneider, 1989; Verdiano et al., 1990) investigating the models of behavior roles of offspring of alcoholic parents have been identified. Three of the studies, Devine and Braithwaite (1993), Mucowski and Hayden (1992), and Potter and Williams (1991), address the models developed by Black (1981) and Wegscheider (1981). Two studies, Dickey and Rosenberg (1990) and Rhodes and Blackham (1987), investigate the validity of Black's model and two studies, Jenkins et al. (1993) and Verdiano et al. (1990) explore Wegscheider's model. The eighth study, Schneider's (1989) development of an integrated model of behavior roles of offspring of alcoholic parents, addresses the models developed by Black (1981), Booz-Allen and Hamilton (1974), Deutsch (1983), Kritzberg (1985), and Wegscheider (1981). This section continues with a review of the seven studies examining the models of behavior roles developed by Black (1981) and Wegscheider (1981). A review of the development of the integrated model of behavior roles of offspring of alcoholic parents will follow in a separate section.

The first study to examine the validity of the behavior roles of offspring of alcoholic parents was conducted with high school students in Phoenix, Arizona by Rhodes and Blackham (1987). Rhodes and Blackham (1987) developed the Children of Alcoholics Family Role Instrument (CAFRI), based on the model of behavior roles developed by Black (1981), and used their instrument to investigate differences between children of alcoholic parents and children of nonalcoholic parents. "Specifically, the study investigated whether the individual mean ratings for the four roles were higher for adolescents from alcoholic families than for adolescents from nonalcoholic families" (Rhodes & Blackham, 1987, p. 146). They involved Black in the early stages of development as a way of insuring that their instrument was an accurate reflection of her model of behavior roles. They defined children of alcoholic parents as those children who scored 6 or more on the Children of Alcoholics Screening Test (CAST) (Jones,

1981) and children of nonalcoholic parents as those children who scored 0 on the CAST. The study involved a sample of 64 students from one high school; 32 children of alcoholic parents and 32 children of nonalcoholic parents. The children of alcoholic parents group consisted of 15 males and 17 females with a mean age of 15.86 years. The children of nonalcoholic parents group consisted of 11 males and 21 females with a mean age of 16.59 years.

Initial statistical analysis was conducted on the results obtained by administering the Children of Alcoholic Family Role Instrument (CAFRI) to 11 children between the ages of 13 and 17 recruited from the Alcohol and Drug Dependency Department of a health insurance plan. The subjects for the pilot test were either in treatment as children of alcoholics or had at least one parent who was or had been in treatment for alcoholism.

The Children of Alcoholics Family Role Instrument consists of four subscales measuring the roles of Responsible Child, Placater, Adjuster, and Acting-Out Child. Reliability estimates range from .94 for the Responsible Child to .47 for the Adjuster. A two week test-retest reliability for the CAFRI was obtained,  $r = .83$ . Internal consistencies for the CAFRI were obtained by computing Cronbach's Alpha; .71 for the total scale, .73 for the Responsible Child, .69 for the Placater, .59 for the Adjuster, and .79 for the Acting-Out Child.

Only the Acting-Out Child role was found to be significantly different for the two groups. The Responsible Child role was the most similar between the two groups. The Placater role and the Adjuster role approached significance with women scoring higher on the Placater role than men.

The lack of significant differences between groups on the other three roles may reflect the invalidity of Black's typology. At least in its current stage of development, the theory may lack the specificity required for rigorous empirical investigation. (Rhodes & Blackham, 1987, p. 153)

According to the results of a factor analysis the instrument does not possess four independent factors or roles. The Acting-Out Child role had ten of its 11 items load highest on the first factor. The Responsible Child role had eight of its 11 items load highest on the second factor. The third factor contained six of the Placater role items with their highest loadings. The fourth factor contained five items from the different roles. And the items of the Adjuster role loaded on all four factors. In addition no significant differences in age or birth order were found between the two groups.

The results do not permit one to conclude that the differences in perceived role performance between the two groups are due to parental alcoholism (Rhodes and Blackham, 1987). The differences, only the Acting-Out Child role is significantly different, could be due to other stresses or dysfunction at work within the families involved in the study. However, Rhodes and Blackham (1987) claim that because the results are in the expected direction their study demonstrates support for the theoretical concepts of Black's (1981) model of behavior roles of offspring of alcoholic parents.

Devine and Braithwaite (1993) also used a sample of high school students to examine the models of behavior roles of offspring of alcoholic parents. Aware of the difficulties interpreting the results encountered by Rhodes and Blackham (1987), Devine and Braithwaite investigated the models developed by both Black (1981) and Wegscheider (1981) while controlling for family disorganization. Devine and Braithwaite (1993) included the concept of family disorganization as a way of exploring an influence that could be confounding differences between families with an alcoholic parent and families without an alcoholic parent.

Devine and Braithwaite (1993) developed their survival role scales by taking the behavior role descriptions provided by Black (1981) and Wegscheider (1981) and changing them into statements that could be used for self-evaluation by subjects. Their scales involve five constructs: (a) the Responsible Child made up of five descriptors from Black's Responsible Child role and Wegscheider's Hero role; (b) the Lost Child made up

of six descriptors from Black's Adjuster role and Wegscheider's Lost Child role; (c) the Acting-Out Child made up of five descriptors from Black's Acting-Out Child role and Wegscheider's Scapegoat role; (d) the Placater made up of six descriptors from Black's Placater role; and (e) the Mascot made up of five descriptors from Wegscheider's Mascot role.

Family disorganization was defined as consisting of the concepts of deliberateness, cohesiveness, and intimacy. Family deliberateness is concerned with setting goals, making plans, and enacting the plans. Family cohesion is concerned with the amount of conflict or division in a family. Intimacy within the family is concerned with the parent-child bond. Family cohesion was measured by using the pictorial representation index (Cooper, Holman, & Braithwaite, 1983), family deliberateness was measured by four questions created for the study, and intimacy with a parent was measured by two questions created for the study. The subjects were also asked if they wished that either one of their parents would drink less.

The subjects were 112 adolescents, 59 males and 53 females, with a mean age of 16.62 years. The subjects were selected from two high schools (one private and one public), youth drop-in centres and youth refuges, and a support group for children of alcoholics in Canberra, Australia. The subjects identified themselves as being in school (70%), unemployed (23%), and in the workforce (7%). The Children of Alcoholics Screening Test (Jones, 1981) was used to screen for parental alcoholism. The children of nonalcoholic parents consisted of the 69% of the subjects who scored as children of nonalcoholic parents (0-1). The children of alcoholic parents group was made up of the 29% of the subjects who scored as children of alcoholic parents (6 or more) and the 9% of the subjects who scored as children of problem drinking parents (2-5).

The scales have alpha reliability coefficients ranging from .57 for the Mascot role to .77 for the Lost Child role. Several of the scales have significant intercorrelations. The Responsible Child role is related with the Lost Child role, the Acting-Out Child role,

the Placater role, and the Mascot role. The Acting-Out Child role is related to the Lost Child role and the Mascot role in addition to the Responsible Child role. And the Mascot role is related to the Lost Child role in addition to the Responsible Child role. The important outcome is the intercorrelation of the Acting-Out Child role with the Responsible Child role, the Lost Child role, and the Mascot role. These intercorrelations support the earlier findings of Rhodes and Blackham (1987) and raise questions with Black's (1981) claims that the Acting-Out Child role is not used in combination with the other roles of her model. According to Devine and Braithwaite (1993) it is the Placater role that is least likely to be used in combination with any of the other roles.

Women subjects scored higher on the Placater role. Older subjects were less likely to score as using the Responsible Child role and were more likely to score as using the Mascot role. Unemployed subjects scored higher as using both the Acting-Out Child and the Mascot roles. The results of hierarchical regression analysis indicate that more adolescents using the Lost Child and Mascot roles can be found in families with low cohesion. The regression analysis also found that parental drinking is the primary determinant of adolescents choosing the Responsible Child role.

Devine and Braithwaite (1993) claim that their results support the models of behavior roles developed by Black and Wegscheider. Devine and Braithwaite (1993) also contend that the survival roles of their instrument do discriminate between offspring of alcoholic parents and offspring of nonalcoholic parents. They go on to say that family disruption may be a more powerful predictor than the drinking status of their parents for the roles chosen by adolescents. Devine and Braithwaite comment that "the roles for which scales were ultimately developed were far more focused than those described [by Black and Wegscheider]. Support could be found for the five core constructs, but not for all the behaviours that have been linked with them" (1993, p. 75).

Verdiano et al. (1990) explored Wegscheider's model of behavior roles in the third study identified in the literature. They used factor analysis with the results of a 93

item instrument given to 224 grade 9 through grade 12 students. Verdiano et al. (1990) found a five factor result to be the most interpretable. The five factors and their corresponding behavior roles include: achievement factor/hero role, entertainment factor/mascot role, nonconformity factor/scapegoat role; emotional sensitivity factor/lost child role, and domesticity factor/enabler role.

Mucowski and Hayden (1992) investigated the Mucowski Typology Inventory in the fourth study investigating the behavior roles of offspring of alcoholic parents. They used 55 subjects, 35 students entering a four year liberal arts college in the United States and 20 volunteers who responded to an advertisement in an ACOA newsletter, to validate the inventory. The subjects needed to score six or more points on the Children of Alcoholics Screening Test (CAST) (Jones, 1982) to be considered children of alcoholic parents.

The Mucowski Typology Inventory was developed to test Black's (1981) model of behavior roles of offspring of alcoholic parents. The inventory was developed by generating 6 items for each of Black's four roles: the Responsible One, the Acting Out Child, the Placater, and the Adjuster. The 24 items were presented to seven raters who were supplied with definitions of the roles and asked to assign each item to one of the four roles. Mucowski and Hayden (1992) set four as the minimum level of agreement among the raters for an item to be retained. All 24 items met the criteria and were retained in the inventory.

Cronbach's alpha for the typology varied from a low of .27 for the Responsible Child role subscale to a high of .68 for the Placater role. Factor analysis of the results produced nine factors with loadings. According to Mucowski and Hayden (1992), the factors are similar to the roles offered by Black (1981) and Wegscheider (1981) and serve as proof that the behavior roles as developed by Black (1981) and Wegscheider (1981) actually do exist. They add that while their results support the work of Black (1981) and Wegscheider (1981), it is qualified support.

This research shows that the hypothesized role types which Black (1981) and Wegscheider (1981) wrote about actually do exist, but not necessarily in the form that they described them. Other types, in addition to their hypothesized types, appear to exist and are motivated by different dynamics than theoreticians might have initially imagined. This research suggests that there are other types of ACOAs who have yet to be discovered. (Mucowski & Hayden, 1992)

Potter and Williams (1991), in the fifth study, utilized Black's (1981) and Wegscheider's (1981) models of behavior roles of offspring of alcoholic parents to develop the Children's Roles Inventory (CRI). Potter and Williams combined Black's Responsible Child and Wegscheider's Hero, Black's Acting-Out Child and Wegscheider's Scapegoat, Black's Adjuster and Wegscheider's Lost Child, and Black's Placater and Wegscheider's Mascot. The Children's Roles Inventory consists of 60 items and four roles: the Hero, the Scapegoat, the Lost Child, and the Mascot.

Potter and Williams (1991) used the Children's Roles Inventory to compare the childhood roles of adult offspring of alcoholic parents and adult offspring of nonalcoholic parents. Offspring of alcoholic parents were recruited from Adult Children of Alcoholics (ACA) groups, social service agencies who provide services for adults who have grown up in families with an alcoholic parent, and newspaper ads in Lincoln and Omaha, Nebraska and Council Bluffs, Iowa. The adult offspring of nonalcoholic parents were recruited from church groups in Omaha, Nebraska and introductory psychology classes at the University of Nebraska, Lincoln. The Children of Alcoholics Screening Test (CAST) with a cutoff score of six indicating offspring of an alcoholic parent status was used to screen for parental alcoholism. The offspring of alcoholic parents group consisted of 27 men and 111 women (138 subjects) with a mean age of 34 years. The comparison group consisted of 24 men and 81 women (105 subjects) with a mean age of 29 years.

A number of measures were used in addition to the Children's Roles Inventory in order to achieve the goals of the study,

Specifically, the goals of this study were (1) compare children's roles in alcoholic and nonalcoholic families; (2) correlate the CRI with self-esteem, perceptions of social support, and self-reported problems; and (3) compare self-esteem, social support variables and self-reported problems in adults from alcoholic and functional families. (Potter & Williams, 1991, p. 73)

The Children's Roles Inventory shows adequate reliability with internal consistency estimates ranging from .89 to .95. Significant negative intercorrelations were found for the Hero role and the Scapegoat role and for the Mascot role and the Lost Child role. Women were found to score higher on the Hero role than men and men were found to score higher on the Mascot role and the Scapegoat role than women. Two roles showed significant differences between the two groups. The Lost Child role scores were significantly higher for the offspring of alcoholic parents group and the Mascot role scores were significantly higher for the offspring of nonalcoholic parents. Potter and Williams (1991) also found that the offspring of alcoholic parents demonstrated significantly lower self esteem scores, significantly smaller social supports, more self-reported problems, and more experience with counselling and treatment in comparison with offspring of nonalcoholic parents.

Potter and Williams (1991) claim that the results of their work with the Children's Roles Inventory supports the basic structure of the models of behavior roles of offspring of alcoholic parents developed by Black (1981) and Wegscheider (1981). However, the results of a clinical study using the CRI demonstrates that these roles are to be found in all families, not just in families identified with an alcoholic parent.

Jenkins et al. (1993), in the sixth study, investigated Wegscheider's (1981) model of behavior roles. The purpose of the study was to investigate whether adult offspring of alcoholic parents adopted the behavior roles significantly more than other adults. Jenkins

et al. (1993) developed 12 items to measure Wegscheider's four behavior roles. The items were based on Wegscheider's (1981) descriptions of the roles. They verified the accuracy of their 12 items by submitting the items to a panel of clinicians who specialized in the treatment of adult offspring of alcoholic parents. There was 100% agreement among the four panel members concerning the relationship between item and role. They report internal consistencies (Cronbach's Alpha) for each of the four roles: .67 for Hero, .80 for Scapegoat, .61 for Mascot, and .63 for the Lost Child. Test-retest reliabilities, using 45 graduate students with a five week interval, range from .70 for the Mascot role to .59 for the Lost Child role.

The sample consisted of three groups of adults recruited through announcements in community centers, shopping malls, schools, churches, and newspapers. The first group consisted of adults who identified that they had grown up with a parent that they considered to be alcoholic (ACOA). The second group consisted of adults who did not have a parent that they considered to be alcoholic but who had experienced divorce, death of a parent, physical or sexual abuse as a child (A-D+). And the third group consisted of adults who did not have a parent that they considered to be alcoholic and they had not experienced divorce, death of a parent, physical or sexual abuse as a child (A-D-). Subjects were asked to respond how often they exhibited each of the 12 characteristics (items). The subjects were then grouped according to the number of roles they indicated that they exhibited. A subject needed to respond "always," "often," or "sometimes" on all three items belonging to a particular role to be considered as exhibiting that particular role.

A statistically significant difference exists between the ACOA group (23%) and the A-D- group (70%) with the proportion of individuals indicating no role. The A-D- group (20%) had a significantly lower proportion choosing one role and significantly more ACOAs (28%) indicated two roles when compared with the other two groups. "Chi-square analysis indicated that the ACOA, A-D-, A-D+ subjects did not differ significantly

from one another on the proportion who were categorized as hero, lost child, scapegoat, or mascot roles" (Jenkins et al., 1993, p. 315).

The results of Jenkins et al. (1993) challenge some of the assumptions of the original models of offspring of alcoholic parents. According to Jenkins et al. (1993), adult offspring of alcoholic parents took on the characteristics of more than one role more often than the offspring of nonalcoholic parents. In other words, the offspring of alcoholic parents in their study did not demonstrate rigid adherence to the characteristics of only one role as claimed by Black (1981) and Wegscheider (1981). Jenkins et al. (1993) found offspring of alcoholic parents more similar to offspring from families who had experienced other kinds of dysfunction or disruptions.

Clearly, there is some evidence to suggest that the adults who were raised in dysfunctional families report adopting specific dysfunctional roles as children more frequently than adults with no reported traumatic events in childhood. The adoption of these roles does not appear to be unique to adults who were raised in alcoholic families. Furthermore, ACOAs seem to be more, rather than less, likely to report adopting more than one dysfunctional role as children. (Jenkins et al., 1993, p. 317)

The seventh study, Dickey and Rosenberg (1990), is an examination of the model of behavior roles developed by Black (1981) and the characteristics of children of alcoholics offered by Woititz (1983). The sample consisted of 58 women, 31 of whom had an alcoholic parent. They describe their subjects as primarily middle and upper middle class Caucasian women with a mean age of 39.9 years. The Children of Alcoholics Screening Test (CAST) was used to differentiate daughters of alcoholic parents and daughters of nonalcoholic parents but they do not provide the cutoff scores that were used. Dickey and Rosenberg (1990) claim that their goal was to operationalize and test the ideas of Black and Woititz. Instead of working directly with the concepts from the models of the behavior roles of offspring of alcoholic parents similar to the

other six studies (Devine & Braithwaite, 1993; Jenkins et al., 1993; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987; Verdiano et al., 1990), they identified a number of instruments which they claim are able to measure the constructs represented by Black's model of behavior roles and Woititz's characteristics of children of alcoholic parents. However, they do not provide any rationale concerning how they decided which instruments to use in the study nor do they provide any information concerning the validity and reliability of the instruments ability to measure the concepts of Black and Woititz. Some of the instruments used include: Family Environment Scale (Moos & Moos, 1981), Family Adaptability and Cohesion Evaluation Scales III (Olson et al., 1985), MMPI, and three scales developed for the study.

The instruments were presented to the subjects and analyzed for between groups differences. One group consisted of daughters of alcoholic parents and the second group consisted of daughters of nonalcoholic parents. The variables of interest included six family variables: control, expressiveness, cohesion, rigidity, abandonment, and inconsistency, and six personality variables: mistrust, locus of control, anxiety, defensiveness, rigidity, and expressiveness. The authors of the study do not provide any definitions for the variables. The results show that by using the family variables 90% of each group could be correctly classified and by using the personality variables 80% of each group could be correctly classified.

Dickey and Rosenberg (1990) suggest that the findings of significant differences between the two groups is evidence of support for the concepts put forth by Black and Woititz, "the popular models of ACOA personality types and family-of-origin appear to be clinically adequate pictures of the situation" (p. 6). They qualify their results by stating that not all ACOAs are the same and that the concepts of Black and Woititz do not fit for every offspring of an alcoholic parent. They suggest that the role of the nonalcoholic parent, the gender of child and gender of alcoholic parent, and the drinking habits of offspring of alcoholics may have influenced the between groups differences of

adult offspring of alcoholic parents and adult offspring of nonalcoholic parents (Dickey & Rosenberg, 1990).

The four studies which involved the development of measurement instruments of the behavior roles of offspring of alcoholic parents based on the models of Black and Wegscheider are summarized in Table 6 (Jenkins et al., 1993; Mucowski & Hayden, 1992; Rhodes & Blackham, 1987; Verdiano et al., 1990). The two studies investigating combinations of Black and Wegscheider's models are summarized in Table 7 (Devine & Braithwaite, 1993; Potter & Williams, 1991) and the seventh study (Dickey & Rosenberg, 1990) is summarized in Table 8. One of the common links between the seven studies (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Jenkins et al., 1993; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987; Verdiano et al., 1990) is that they deal with either the model of behavior roles developed by Black (1981), or the model developed by Wegscheider (1981), or with both models. Five of the studies claim that their results demonstrate support for the basic structure of Black's (1981) model of behavior roles of offspring of alcoholic parents. The four studies conducted by Devine and Braithwaite (1993), Mucowski and Hayden (1992), Potter and Williams (1990), and Verdiano et al. (1990) also claim support for Wegscheider's (1981) model of behavior roles. One study (Jenkins et al., 1993) challenges the claims by Wegscheider that adult offspring of alcoholic parents are unique in their adherence to their behavior roles. They found that adults who had experienced some kind of stressful event (divorce, death of a parent, physical or sexual abuse) in their family as a child were similar to adult offspring of alcoholic parents. Five of the seven studies reviewed used the Children of Alcoholics Screening Test (CAST) to screen for parental alcoholism (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987).

**Table 6**  
**Summary of Empirical Studies Investigating the Behavior Roles of Offspring of**  
**Alcoholic Parents Developed by Black and Wegscheider**  
**(Studies involve measurement instruments based on the two models)**

<b>Study</b>	Rhodes & Blackham, 1987	Mucowski & Hayden, 1992	Verdiano et al., 1990	Jenkins et al., 1993
<b>Models Tested</b>	Black	Black	Wegscheider	Wegscheider
<b>Subjects</b>	Adolescents	Adults	Adolescents	Adults
<b>Screening/ Cut Scores</b>	CAST/ 0 nonACOA ≥6 ACOA	Cast/ ≤5 did not use ≥6 = ACOA	No screening for parental alcoholism	Single item (question)
<b># of Subjects</b>	64	55	224	174
<b>Comparison Groups</b>	32 ACOA; 32 nonACOA	55 ACOA; no comparison group used.	All subjects were placed in a single group; no comparison group.	97 ACOA; 36 non ACOA, with stressful event (A-D+), 41 non ACOA, no stressful event (A-D-).
<b>Significant Results</b>	1. Acting Out role significantly different between the two groups. 2. Women scored higher than men on the Placater role.	1. Factor analysis produced nine factors which they interpret as being similar to the roles in the models developed by Black and Wegscheider.	1. Five factor result most interpretable (achievement, entertainment, non- conformity, emotional sensitivity, domesticity/ hero, mascot, scapegoat, lost child, and enabler roles)	1. Significantly higher % of ACOA's chose two roles. 2. Significantly lower % of A- D- chose one role. 3. ACOA seen more similar than different to A-D+
<b>Support for Models</b>	Yes	Qualified Yes for Black & Wegscheider	Yes, although they qualified that the enabler role did not show up with their adolescent sample.	No

**Table 7**  
**Summary of Empirical Studies Investigating the Behavior Roles of Offspring of**  
**Alcoholic Parents Developed by Black and Wegscheider**  
**(Studies involve measurement instruments**  
**based on a combination of the two models)**

<b>Study</b>	Potter & Williams, 1991	Devine & Braithwaite, 1993
<b>Models Tested</b>	Black & Wegscheider	Black & Wegscheider
<b>Subjects</b>	Adults	Adolescents
<b>Screening/ Cut Scores</b>	CAST/ ≤5 nonACOA ≥6 ACOA	CAST/ ≤1 nonACOA ≥2 ACOA
<b># of Subjects</b>	243	112
<b>Comparison Groups</b>	138 ACOA; 105 non ACOA	35 ACOA; 77 nonACOA
<b>Significant Results</b>	1. Lost Child scores significantly higher for ACOAs. 2. Mascot scores significantly higher for nonACOAs. 3. Significant inter-correlations between Hero & Scapegoat and between Mascot & Lost Child.	1. Acting Out role significantly correlated with other roles. 2. Women scored higher than men on the Placater role.
<b>Support for Models</b>	Yes	Yes

However, each study uses the CAST in a different manner which contributes to difficulties in comparing the results. Rhodes and Blackham (1987) used a score of 0 to indicate the offspring of nonalcoholic parents and a score of 6 or more to indicate the offspring of alcoholic parents. Devine and Braithwaite (1993) used a cutoff score of 2 to indicate the offspring of alcoholic parents while Potter and Williams (1991) used a cutoff score of 6. What this means is that Rhodes and Blackham (1987) removed offspring of

problem drinking parents from their study while Devine and Braithwaite (1993) included the offspring of problem drinking parents with the offspring of alcoholic parents and Potter and Williams (1991) included the offspring of problem drinking parents with the offspring of nonalcoholic parents. Mucowski and Hayden (1992) used a cutoff score of 6, but only used subjects scoring 6 or more on the CAST as they did not have a comparison group. Dickey and Rosenberg (1990) also used the CAST to screen for parental alcoholism but they do not provide any information concerning how they determined the cut scores for their groups. Jenkins et al. (1993) used a single question to ask subjects if they were the son or daughter of an alcoholic parent and Verdiano et al. (1990) did not distinguish between offspring of alcoholic parents and offspring of nonalcoholic parents.

**Table 8**  
**Summary of Empirical Study Investigating the Behavior Roles of Offspring of Alcoholic Parents Developed by Black and the Personality Characteristics of Offspring of Alcoholic Parents Developed by Woititz**

<b>Study</b>	Dickey & Rosenberg, 1990
<b>Models Tested</b>	Black & Woititz
<b>Subjects</b>	Adults
<b>Screening/ Cut Scores</b>	CAST/ not provided
<b># of Subjects</b>	58 Women
<b>Comparison Groups</b>	31 ACOA; 27 nonACOA
<b>Significant Results</b>	Found significant differences between the groups on a number of measures.
<b>Support for Models</b>	Yes (though they did not test the models directly)

Six of the seven studies reviewed involve the development of measurement instruments as a means of empirically investigating the models of behavior roles of offspring of alcoholic parents (Devine & Braithwaite, 1993; Jenkins et al., 1993; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987; Verdiano et al., 1990). Devine and Braithwaite (1993) and Rhodes and Blackham (1987) used adolescents in testing the instruments they developed for use with children and adolescents and asked them to respond in terms of their current family experiences. Mucowski and Hayden (1992) used a combination of students entering college and adults of unspecified ages to reply to statements concerning present experiences; only four of 24 statements referred directly to the subjects' families. Potter and Williams (1991) used adults in their study asking them to reflect on their childhood family experiences. Jenkins et al. (1993) also used adult subjects and asked them to respond in terms of their current functioning. Verdiano et al. (1990) also asked their subjects, grade 9 - grade 12 students, to respond in terms of their current experiences.

Four of the studies (Devine & Braithwaite, 1993; Jenkins et al., 1993; Potter & Williams, 1991; Rhodes & Blackham, 1987) were interested in exploring the differences in the use of the behavior roles between offspring of alcoholic parents and offspring of nonalcoholic parents. One of the significant departures from Black and Wegscheider is the notion of extending the concept of behavior roles to fit all families (Jenkins et al., 1993; Potter & Williams, 1991). Jenkins et al. (1993) divided their offspring of nonalcoholic parents into two groups; one group consisted of those who had experienced a stressful event in their families (divorce, death of a parent, physical or sexual abuse) and the second group consisted of those who had not experienced a stressful event in their families. The four studies (Devine & Braithwaite, 1993; Jenkins et al., 1993; Potter & Williams, 1991; Rhodes & Blackham, 1987) provide preliminary evidence of how some of the behavior roles may be used in combination with other behavior roles. According to Rhodes and Blackham (1987) only the Acting-Out role was found to be

significantly different between the two groups. Potter and Williams (1991) state that offspring of alcoholic parents scored significantly higher on the Lost Child role and offspring of nonalcoholic parents scored significantly higher on the Mascot role. Jenkins et al. (1993) found that adult offspring of alcoholic parents were more likely to choose two roles while the offspring of families without an alcoholic parent and without any other disruption were more likely to adopt only one role. Both Rhodes and Blackham (1987) and Devine and Braithwaite (1993) found women scoring higher than men on the Placater role. Devine and Braithwaite (1993) found that the Acting-Out role was intercorrelated with other roles raising questions with Black's (1981) claim that her Acting-Out role is not used in combination with the other behavior roles. Not one of the seven studies reviewed in this section (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Jenkins et al., 1993; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987; Verdiano et al., 1990) addressed the impact of different patterns of parental drinking on the behavior roles of offspring of alcoholic parents.

### **Integrated Model of Behavior Roles of Offspring of Alcoholic Parents**

The three instruments, Devine and Braithwaite (1993), Potter and Williams (1991), and Rhodes and Blackham (1987), developed to investigate the models of behavior roles offered by Black (1981) and Wegscheider (1981) begin with the premise that the groupings of behavior characteristics into four roles by Black and four slightly different roles by Wegscheider are valid categorizations of the behavior roles of offspring of alcoholic parents. Studies using the three instruments (Devine & Braithwaite, 1993; Potter & Williams, 1991; Rhodes and Blackham, 1987) have investigated differences between offspring of alcoholic parents and offspring of nonalcoholic parents. The results of those studies have been used as the basis for stating preliminary support for the models developed by Black and Wegscheider even though the studies do not show significant

differences between the two groups. Furthermore, the assumptions underlying the grouping of particular attributes to form the individual roles of the models have not been investigated.

The author (Schneider, 1989), in an earlier study, investigated the organizational structure underlying the models of behavior roles (Black, 1981; Booz-Allen and Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) as part of the process of developing an integrated model of the behavior roles of offspring of alcoholic parents (see Appendix A for a summary of the development of the integrated model of behavior roles of offspring of alcoholic parents). Schneider (1989) developed the integrated model of behavior roles as a way of utilizing the overlapping constructs of the five models while at the same time retaining the constructs unique to each of the five models (Black, 1981; Booz-Allen and Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981).

Attributes from the original models of behavior roles of offspring of alcoholic parents were used to develop the integrated model. A categorization methodology or sorting procedure was used to verify the integrated model. Clinicians in Canada and the United States working with adult offspring of alcoholic parents were asked to sort the attributes of the integrated model into categories according to similarities which they perceived among the items. The categorizations were analyzed using Latent Partition Analysis, an analysis designed to explore the relationships between two or more categorizations of the same set of items (Wiley, 1967). The results of the Latent Partition Analysis were used to revise the integrated model. Attributes were selected for the final model on the basis of their ability to reference only one role of the integrated model.

The integrated model of behavior roles of offspring of alcoholic parents consists of five roles: Caretaker, Super Achiever, Invisible Child, Black Sheep, and Jester (see Table 2). The Caretaker is the responsible role with the person occupying this role often taking care of siblings and sometimes even the parents. Caretakers feel responsible and

cope by giving to others. The Super Achiever copes by getting involved in activities where there is some measure of success such as academics, athletics, or clubs. They hope that their successes will stop their parents drinking. The successes of the Super Achiever provide some sense of worth for their families. The Invisible Child copes by avoiding the alcoholic parent. They are characterized by withdrawing and keeping a low profile. The Black Sheep is the trouble maker or rebel who handles the family situation by getting into trouble. They are frequently blamed for the family's difficulties. Black Sheep are characterized as being verbally and sometimes physically aggressive. The Jester is the family entertainer and copes by distracting the family from their problems. The Jester will use humor, teasing, and what ever is needed to ease the tensions in the family.

Three of the behavior roles from the integrated model, Invisible Child, Black Sheep, and Jester, are similar to roles found in the original models proposed by Black (1981), Booz-Allen & Hamilton (1974), Deutsch (1983), Kritzberg (1985), and Wegscheider (1981). Two roles, Caretaker and Super Achiever, appear as two distinct roles in the integrated model. The verification of their presence by clinicians working with adult offspring of alcoholic parents represents a significant contribution of the integrated model. The attributes from the Caretaker and Super Achiever roles are grouped into one role in the original models. Four roles from the original models, Deutsch's Manager, Booz-Allen & Hamilton's Perfect Child, Black's Adjuster, and Kritzberg's Placater, were rejected by the clinicians in the verification process. And one role, Black's Placater was identified by the clinicians as being part of the Caretaker role.

The cohesiveness of the categories or behavior roles is summarized in the Omega Matrix (see Table 9). The diagonal of the Omega Matrix represents the probability that the items of the role have been sorted together. The cohesiveness of the integrated model ranges from .64 for the Caretaker role to .82 for the Black Sheep role and the Jester role. The off-diagonal numbers reflect the probability that attributes from two different roles

will be sorted together. The Caretaker and Super Achiever have a probability of .39 that the attributes of the two roles will be sorted together. "As the descriptors making up the two categories are often considered to be taken from synonymous roles in the literature; it follows that the two categories could be confused" (Schneider, 1989, p. 54). The other roles have a probability of .17 or less of having their attributes sorted together.

**Table 9**  
**Omega Matrix (5 Categories/48 Content Units)**  
**Probability of Latent Category Combination**

	1	2	3	4	5
1 Caretaker	<b>0.64</b>				
2 Super Achiever	0.39	<b>0.73</b>			
3 Black Sheep	0.02	0.02	<b>0.82</b>		
4 Invisible Child	0.05	0.03	0.07	<b>0.79</b>	
5 Jester	0.07	0.03	0.17	0.08	<b>0.82</b>

The integrated model of behavior roles of offspring of alcoholic parents raises questions with some of the assumptions that have been used to develop measurement instruments of the behavior roles of offspring of alcoholic parents. For example, Potter and Williams (1991) and Devine and Braithwaite (1993) combined Black's Adjuster role and Wegscheider's Lost Child role into one role. According to Schneider (1989), the items from Black's Adjuster role were rejected as items that do not describe offspring of alcoholic parents. Potter and Williams (1991) and Devine and Braithwaite (1993) also combined Black's Responsible Child role and Wegscheider's Family Hero role into one behavior role. The categorization methodology used by Schneider (1989) shows that those items reflect two distinct roles. Potter and Williams (1991) also combined Black's Placater role with Wegscheider's Lost Child role. According to Schneider (1989), the

items from Black's Placater role fit with the Caretaker role of the integrated model while the items from Wegscheider's Lost Child role belong with the Invisible Child role of the integrated model.

The development of an integrated model of behavior roles of offspring of alcoholic parents and its subsequent verification by clinicians provides initial clarification of the similarities and differences of the models of behavior roles identified in the literature. Rather than adding to the confusion by contributing yet another conceptual model, Schneider provides a meta-model, synthesizing the roles already developed in those earlier models and integrating them into an empirically derived model. The items from the integrated model served as prototypes for the development of the Behavior Role Scale, a measurement instrument of the behavior roles of offspring of alcoholic parents.

### **Summary**

The behavior roles of offspring of alcoholic parents are a popular concept among offspring of alcoholic parents and clinicians working with this population. Efforts to empirically validate the original models of the behavior roles (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) have generated mixed results. Several studies support the models as presented by Black and Wegscheider (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987; Verdiano et al., 1990). However, Jenkins et al. (1993) challenges two of the claims of the original models. They found a higher percentage of offspring of alcoholic parents choose two or more roles; while the original models claim a person will usually take only one role. They also found similarities with the behavior roles of offspring of alcoholic parents and offspring of families with a dysfunctional history. The original models claim that the behavior roles of offspring of alcoholic parents are significantly different than the

behavior roles of offspring of nonalcoholic parents. Schneider's (1989) development of the integrated model of behavior roles of offspring of alcoholic parents also challenges the original models of behavior roles. The integrated model raises questions with the structure underlying the original models of behavior roles. In particular, the integrated model divides the hero/responsible one role into two roles; a caretaker role and a super achiever role.

Several questions concerning the behavior roles of offspring of alcoholic parents have yet to be adequately addressed. Some of these questions include: How are the behavior roles affected by the gender of the alcoholic and the gender of the offspring? How are the behavior roles impacted by the presence of siblings? Does the number of siblings make a difference with the allocation of the behavior roles? How does the severity of the alcoholism and the age of the offspring at the onset of alcoholism affect the behavior roles? How are the behavior roles affected by the stress a family experiences? Are the attributes of the behavior roles positive or negative characteristics?

The development of a measurement instrument based on the integrated model of behavior roles of offspring of alcoholic parents presents researchers with an opportunity to begin to answer some of the questions being asked about the behavior roles. The development of a measurement instrument also presents opportunities for researchers to further understand some of the differences among offspring of alcoholic parents. The items from the integrated model served as the prototypes for the development of the Behavior Role Scale, a measurement instrument of the behavior roles of offspring of alcoholic parents. The development of a reliable and valid measurement instrument that is based on the concepts currently in use within the ACOA/ACA movement would either lend empirical credibility to those models or would provide empirical evidence of the shortcomings of those same models.

## Social Role Theory

### Introduction

The authors of the original models of behavior roles of offspring of alcoholic parents developed the basic concepts of their models without reference to the social role theory literature (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). Researchers and writers who have criticized the models have also failed to utilize the social role theory literature in developing their critiques (Berkowitz & Perkins, 1988; Jenkins et al., 1993; Sher, 1991a; Woodside, 1988). The area was reviewed in order to provide theoretical perspectives to be used in exploring the results of the field test of the Behavior Role Scale, the instrument being developed as the primary objective of this study. The social role theory literature was also reviewed for its potential contributions to theory development with offspring of alcoholic parents.

Social psychologists and sociologists propose a variety of definitions and functions of role theory (Biddle, 1979, 1986; Hayes, 1993; Jackson, 1988; Joas, 1985; Stryker & Statham, 1985; Turner, 1962). Role has been used variously (a) to describe characteristic behaviors of people, (b) to designate the social parts to be played by people, (c) to indicate scripts for social conduct, and (d) to designate a particular social position and the position's accompanying norms, beliefs, and attitudes (Biddle, 1986). Perlman (1968) talks in terms of role suggesting that "human behavior is socially patterned" (p. 41). According to Deutsch and Krauss (1965) role connotes a range of behaviors and roles may be more or less structured or patterned. They speak of three different kinds of roles: (a) prescribed role, the expectations that exist concerning how a person in a position is to behave relative to others in different positions, (b) subjective role, the expectations that one feels is applicable to one's self when interacting with others in different positions, and (c) enacted role, the behaviors of one interacting with others in different positions (Deutsch & Krauss (1965). According to Biddle,

Role theory concerns one of the most important features of social life, characteristic behavior patterns or roles. It explains roles by presuming that persons are members of social positions and hold expectations for their own behaviors and those of other persons. (1986, p. 67)

Another perspective of role places the emphasis on the relationships between people rather than the positions they hold. Lindesmith, Strauss, and Denzin (1975) contend that role "is not a neat package of behavior wrapped up in a set of rules but rather a relationship between what we do and what others do" (p. 395). Similarly, Turner (1985) proposes that role behavior has to do with people constructing meaningful relationships. Hayes (1993) also believes in the relationship component of role, "Social roles are always reciprocal - they come in pairs, because the role is always held in relationship to another person" (p. 2). Positions become broad categories of actors, not a specific or patterned set of behaviors (Stryker & Statham, 1985).

A theater metaphor is useful in understanding the various approaches to role theory. Social life is seen as a stage and people are actors with scripts detailing how to play different roles (Fleming, 1994; Hayes, 1993). Applying social psychological terms, Biddle (1986) refers to the characteristic behaviors as roles, the parts to be played as positions, and the expectations for behavior as scripts. The roles provide information for people concerning how an individual actor should relate to other people and in turn how the other people should relate to the actor. Some of the differences among the role theory perspectives become more distinct when one observes the interaction between actor and script. One of the principle role theories, structural role theory, holds that actors adhere to the scripts as written (Biddle, 1986; Stryker & Statham, 1985). On the other hand, interactional role theory leaves the actors free to ad-lib, if necessary, in order to play their roles (Sears, Peplau, & Taylor, 1991; Stryker & Statham, 1985).

### **Principle Role Theories**

Stryker and Statham (1985) remind us that not one of the role perspectives, called role theories in the literature, has been developed and tested to the point of being able to be labeled a true theory. According to Joas (1985),

Role theory should not be interpreted as a theory in the sense of a systematic body of hypotheses on empirical regularities; it therefore does not contain ready answers on the processes of socialization. Rather, it should be regarded as a metatheoretical scheme for the conceptual structuring of an area of study within the social sciences. (p. 43)

The various approaches to role theory may be grouped into four perspectives: (a) structural, comprising structural and functional role theory, it can trace its roots to social anthropology, (b) interactional or process role theory, with primary contributions from symbolic interactionism, (c) organizational role theory, which deals with the roles of formal organizations, and (d) psychiatric role theory and the contributions of Moreno and his application of role theory to treatment known as psychodrama. Structural role theory and interactional role theory are the principle perspectives that have something to offer to our understanding of the dynamics of role behaviors used by families.

### **Structural Role Theory**

One of the earliest formulations of role theory is the structural/functional perspective with its roots in sociology and anthropology. Linton (Biddle, 1986; Stryker & Statham, 1985), a social anthropologist, is credited with beginning the development of a structural/functional approach to roles and society. Structural/functional role theory concepts were extended to families through the work of Parsons (Kingsbury & Scanzoni, 1993), a sociologist, and a major contributor to the structural/functional perspective. The structural perspective is based on the concept that there exists stable groups of persons

who share similar patterned behaviors or roles due to their occupying the same positions in the system.

Implicit in structural role theory is a consensual model of society, organized and stable; and a passive-receptive model of a person, socialized by and conforming to the prevalent cultural system... (Jackson, 1988, p. 124)

According to structural role theory, society consists of structured groups whose interactions are tightly controlled. Structural role theory begins with the premise that social systems are stable systems and addresses the behaviors of persons in different social positions within the stable systems. Role is used to describe the expectations that explain the patterns of characteristic behaviors of the persons occupying the different positions in the social system. The expectations are considered to be normative in that persons know the expected behaviors for the positions they occupy and they can be counted on to carry-out their behaviors. At the same time, other members of the social system will see to it that they are carrying out their own behaviors while also assuring others' behaviors are in keeping with the established norms for the system.

Roles are what actors in positions do, as constrained by normative expectations; they are institutionally defined and regulated parts of relationships; that is, they are shaped by shared values and norms internalized by actors and made parts of their personalities. Conformity to role expectations is a reward; failure to conform is met with sanctions; hence the equilibrium of interpersonal interactions is maintained...roles are major mechanisms linking persons to social structure, and persons are under heavy pressure both inside and outside themselves to conform to expectations. (Stryker & Statham, 1985, p. 333)

Structural role theory explains the stability of a social system by describing a process of how conformity of expectations and behaviors are produced in the members. It is interested in maintaining the stable structure.

The structural approach sees social interaction as an orderly and structured process. The norms of behavior have been established by the culture and have been institutionalized in order to guarantee the stability of the system. If someone deviates from the cultural script of the position they occupy, the rest of the social system will see to it that they return to the norms of the position. The roles are seen to correspond and go with positions; the roles do not belong to the individuals. People learn the roles of the positions they occupy through the socialization process where they are presented with the knowledge and skills necessary to effectively meet the expectations of their various roles.

...role expectations are located in the culture of the larger society within which interaction takes place. Persons, in general, simply act out scripts written by the culture. Role expectations are grounded in societal values that tend to be shared widely throughout a society; they are givens of interaction, institutionalized prior to interaction. Persons learn through socialization, the process through which norms are transmitted, to hold expectations of themselves and others as a consequence of the positions they occupy in organized social structures. These expectations tend to become moral imperatives. (Stryker & Statham, 1985, p. 331)

The socialization process begins with childhood when children begin practicing various roles through play and games. As roles exist in complementary pairs; children are able to practice not only their own roles but they also have opportunities to learn the expectations that go with the complementary roles.

Structural role theory was the dominant theory until the mid 1970's. It has been criticized for relying on the functional qualities of roles and some social psychologists question the existence of the stable social systems upon which structural role theory is based. The perspective is also criticized for its reliance on roles being identified with a social position when it is considered possible to have roles which are not part of a social position. Structural role theory is limited to dealing with shared norms and is not able to

address norms or expectations that may not be shared by all the members of a social system and therefore "may or may not lead to conformity or sanctioning" (Biddle, 1986, p. 71). Structural role theory has also been criticized for its emphasis on social structure at the expense of not being able to account for the individual actions of members (Stryker & Statham, 1985). The structural/functional perspective of role theory is unable to address the interpersonal struggles that result from differences in gender and the coalitions which form as a natural part of interactions (Kingsbury & Scanzoni, 1993).

### **Interactional Role Theory**

Interactional role theory has been heavily influenced by symbolic interactionism with its roots in American pragmatic philosophy and sociology (Collier, Minton, & Reynolds, 1991; Stryker & Statham, 1985).

As the name suggests, "symbolic interactionism" focuses on the connection between symbols (i.e., share meanings) and interactions (i.e., verbal and nonverbal actions and communications). It essentially is a frame of reference for understanding how humans, in concert with one another, create symbolic worlds and how these worlds, in turn, shape human behavior. (LaRossa & Reitzes, 1993, p. 136)

There is some argument in the literature concerning where to locate symbolic interactionism. There are those who say that symbolic interactionism is not a role theory; others who say it has something to contribute to role theory; and still others who consider symbolic interactionism and role theory to overlap (Biddle, 1979, 1986; Biddle & Thomas, 1966; Stryker & Statham, 1985). For the purposes of this review, symbolic interactionism will be considered a primary contributor to interactional role theory.

The use of communication to negotiate interaction is one of the principle concepts of symbolic interactionism. Society is seen as a constantly evolving interaction involving the symbols of language. "Persons act with reference to one another in terms

of the symbols developed through their interaction, and they act through the communication of these symbols (Stryker & Statham, 1985, p. 314).

Symbolic interactionism is considered to have several early influences including William James, John Dewey, and Charles H. Cooley (LaRossa & Reitzes, 1993) but it was the publishing of George Herbert Mead's Mind, Self, and Society in 1934 that established Mead as the principle developer of the symbolic interactionist perspective (Biddle, 1986; Collier et al., 1991; LaRossa & Reitzes, 1993; Rose, 1962a; Stryker & Statham, 1985; Turner, 1985). Mead believed that in order to understand another person one must first understand one's personal role or self (Stryker & Statham, 1985). According to Mead (Collier et al., 1991; Stryker & Statham, 1985), the process of acquiring roles begins in early childhood when children imitate the behavior of others without understanding what they are doing. The process continues with play, where there is now a more conscious effort involved with imitating a role. As play continues it eventually leads to the game stage where,

They learn to adopt several perspectives at the same time and begin to understand how roles interlock to form coordinated activities...During the game stage, the child acquires the ability to see behavior simultaneously from several viewpoints and gradually builds up a knowledge about how to behave in groups. (Collier et al., 1991, p. 216)

Interactional role theory stresses the meaning of roles as determined by the interactions between two or more people.

...the scripts are not detailed directives to be played as given but are constructed in the course of the play itself and are constrained only in outline form by the culture and social organization within which the play takes place. (Stryker & Statham, 1985, p. 312.)

The emphasis is placed on the active involvement of individuals in the design of their own roles. Roles are considered to evolve through the process of interaction between

people or actors. The script provides a beginning point or an outline for the interaction. While in structural role theory the actors are seen as passive actors with assigned roles; interactional role theory considers the actors to be actively involved in "defining their own character" (Sears et al., 1991, p. 15) "Society doesn't exist; it is continuously created and recreated as persons act with reference to one another" (Stryker & Statham, 1985, p. 314). The interactions are an ongoing process of negotiation involving the interpretation and understanding of actions by the actors. "Actual roles, then, are thought to reflect norms, attitudes, contextual demands, negotiations, and the evolving definition of the situation as understood by the actors" (Biddle, 1986, p. 71).

Humans live in symbolic environments, environments whose features are named and placed in categories indicating their generalized meanings for behavior.

When persons enter a situation in which behavior is problematic, in the sense that habit is insufficient to guide behavior, that situation must be represented in symbolic terms if behavior from the full repertoire of possible actions is not to be selected arbitrarily or randomly. In brief, the situation must be defined and the resultant definition of the situation serves to orient and to organize behavior.

(Stryker & Statham, 1985, p. 322)

Interactional role theory is criticized for the lack of clarity in its definitions and basic concepts (Biddle, 1986; Stryker & Statham, 1985). Structural role theorists criticize the interactional perspective for the lack of attention given to the concept of expectations, both of self and others (Biddle, 1986). And others criticize the interactional perspective for neglecting the presence of power differences between individuals and groups (Rose, 1962a). It is also criticized for minimizing the role of social structure in providing a framework for individual and social behavior (Stryker & Statham, 1985).

### **Organizational Role Theory**

Organizational role theory begins with the premise that roles arise from the common or normative expectations of the formal organization. Formal organizations are defined as those organizations which have an identified task or purpose and a hierarchical structure (Biddle, 1986).

Roles in such organizations are assumed to be associated with identified social positions and to be generated by normative expectations, but norms may vary among individuals and may reflect both the official demands of the organizations and the pressures of informal groups. Given multiple sources for norms, individuals are often subjected to role conflicts in which they must contend with antithetical norms for their behavior. Such role conflicts produce strain and must be resolved if the individual is to be happy and the organization is to prosper. (Biddle, 1986, p. 73)

The main criticism of organizational role theory concerns its treatment of role conflict. According to organizational role theory, all conflict in an organization is role conflict and the resolution of role conflicts will mean the end of all problems. What happens to individuals who do not share the norms or expectations of the organization? What happens when nonnormative expectations are introduced into the organization? Organizational role theory has made its primary contributions in the area of industrial/organizational psychology and sociology and with business schools.

### **Psychiatric Role Theory**

Moreno (Fox, 1987) and Landy (1993) contend that the notions of role can be traced to the theaters of ancient Greece and Rome and therefore role is not a sociological concept but rather a theatrical concept. Moreno defines role as "the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved" (Fox, 1987, p. 62). Moreno, trained as a psychiatrist,

developed a form of therapy based on his psychiatric concepts of role. His model of therapy, known as psychodrama or sociodrama, is primarily a form of group therapy.

According to Moreno,

The concept underlying this approach is the recognition that man is a role player, that every individual is characterized by a certain range of roles which dominate his behavior, and that every culture is characterized by a certain set of roles which it imposes with varying degrees of success upon its membership.

In contrast to the theories presented by psychologists and sociologists, "psychiatric role theory" developed largely out of clinical contexts, of methods of prevention, of treatment of psychoses and neuroses, of marriage and family groups, of interpersonal relations, of problems of industrial adjustment, of the fields of mental hygiene and education. (Fox, 1987, p. 65)

Moreno (Fox, 1987) criticizes Linton and Mead for limiting their role theories to addressing only social roles. Moreno considers role to be involved in all dimensions of a person's life and therefore includes social roles, which involve the social dimension; psychosomatic roles, which deal with the physiological dimension; and, psychodramatic roles, which include the psychological dimension.

Another model of therapy based on the concepts of psychiatric role theory is proposed by Landy (1993). He offers an eight step drama therapy role method as a form of treatment,

1. Invoking the role.
2. Naming the role.
3. Playing out/working through the role.
4. Exploring alternative qualities in subroles.
5. Reflecting upon the role play: discovering role qualities, functions, and styles inherent in the role.
6. Relating the fictional role to everyday life.

7. Integrating roles to create a functional role system.
8. Social modeling: discovering ways that clients' behavior in role affects others in their social environments. (Landy, 1993, p. 46)

Landy (1993) cautions that his role method is not a linear treatment model but rather a set of guidelines to inform the therapist in assisting an individual to reconfigure their role systems.

The use of role theory as a basis for therapeutic interventions receives only a passing mention in the role theory literature (Biddle, 1986; Thomas & Biddle, 1966; Turner, 1985). "Sociodrama has remained separate because of its largely therapeutic and utilitarian uses and a lack of interest on the part of its practitioners in formulating a coherent theoretical account of the processes involved" (Turner, 1985, p. 23).

### **Principle Concepts of Role Theory**

Two of the principle concepts directly addressed by both structural and interactional role theory are role conflict and role-taking. Role conflict and role-taking are useful concepts in furthering our understanding of the differences between the two role perspectives.

#### **Role Conflict**

There are a number of issues that are seen as causing problems with role behavior in social systems. Role conflict is one of those problem issues and is "normally defined as the concurrent appearance of two or more incompatible expectations for the behavior of a person" (Biddle, 1986, p. 82) or "occupying two or more incompatible roles" (Deutsch & Krauss, 1965, p. 177). Role conflict can also arise when people with whom one interacts make demands which are incompatible to the individual. Expectations from other systems which do not fit with one's own expectations can also impinge on the individual resulting in another example of role conflict (Biddle, 1986; Deutsch & Krauss,

1965). The most common source of role conflict is when an individual has to deal with multiple roles. Role conflicts can be a source of stress and if not resolved there is the possibility that the individual and the system will experience some degree of disruption.

Role conflict can be handled in different ways. From a structural perspective, Gross, Mason, and McEachern (1958) suggest that the individual choose from among the conflicting norms or expectations and that the choice will be dependent on the individual's weighing of the legitimacy of the conflicting norms and the potential sanctions associated with the different norms. The individual is considered to have a moral orientation to expectations if the individual is oriented to make decisions based on the issue of the legitimacy of the expectations. On the other hand, if the individual makes decisions based on the sanctions that might be applied by others, the individual is considered to operate from an expedient orientation to expectations. And the individual who takes both the legitimacy of the expectations and the potential sanctions into account is considered to have a moral-expedient orientation to expectations (Gross et al., 1958).

Van de Vliert (1981), modifying the work of Gross et al. (1958), offers a three step process for dealing with conflicting norms or expectations.

First, the actor tries to decide which of the two prescriptions is preferable by judging their relative legitimacy and predicting sanctions (step 1). If he cannot make up his mind, he subsequently looks at the possibility and desirability of resolving his conflict by changing A or B, or both (step 2). When the resolution strategies are rejected or have failed, he can then reconsider a compromise (step 3). Only when compromise is rejected will avoidance result. (Van de Vliert, 1981, p. 78)

According to Van de Vliert (1981) the three step theory is supported by the results of a reanalysis of some role conflict data. The reanalysis, using 1115 role conflict situations, supports the hypothesis that choice is the most frequently utilized method of resolving

role conflict. The data point to the fact that most of the role conflict situations involved situations where a difference existed in the degree of legitimacy or the level of anticipated sanctions.

The interactional perspective highlights the individual's ability to be creative and design their own method of dealing with role conflict. "A role theory informed by the interactionist's idea that self-definitions guide behavior helps to account for the individual's ability to handle effectively a situation that seems on the surface to be filled with frustration and structurally imposed conflict" (Stryker & Statham, 1985, p. 350). Hall (1972) proposes a model for coping with role conflict that addresses resolving the conflict at three different levels:

Type I coping, structural role redefinition, involves altering external, structurally imposed expectations relative to a person's position. Type II coping is personal role redefinition, changing one's expectations and perception of one's own behavior in a given position. Type III coping, reactive role behavior, entails attempting to find ways to meet all role expectations, assuming that demands are unchangeable and must be met. (p. 471)

Hall's (1972) model was developed with college educated women and the results indicate that the act of coping in some way with role conflict is more important than the level at which the coping occurs or the specific strategy employed.

It is widely held that individuals who have learned multiple roles will have more of a repertoire of both knowledge and skill for dealing with role conflict (Sarbin, 1966). Role competence and the relative incompatibility of expectations contribute to a wider range of behaviors being available than might be normally thought possible in dealing with role conflict. Role competence also contributes to the individual skills of a person to meet the expectations of different roles as well as the freedom of different individuals to meet the same expectations in different ways. Though there are times an individual will not be able to meet the expectations of a role due to the incompatibility of the

expectations with one's personal needs (Deutsch & Krauss, 1965). According to Deutsch and Krauss (1965), people are generally able to handle multiple roles even with the demands presented by the different expectations of the roles.

### **Role-Taking**

One of the essential ingredients of social interaction is the concept of role-taking (Lindesmith et al., 1975). Role-taking is the name of the process whereby individuals acquire the skills and knowledge essential for the effective performance of their social roles. Structural role theory stresses the part played by society in passing on the required information to individuals occupying new social positions. On the other hand, interactional role theory places emphasis on the individuals themselves learning what is necessary for them to be effective. Sears et al. (1991) describe the structural perspective as role-taking, where "people act out conventional cultural roles," while describing the interactional perspective as role-making, where "people develop their own shared norms for social interaction" (p. 227). LaRossa and Reitzes (1993) claim that a unique contribution of the interactional role theory perspective is that both role-taking and role-making are utilized simultaneously in the socialization process. According to Turner (1962),

The idea of role-making shifts emphasis from the simple process of enacting a prescribed role to devising a performance on the basis of an imputed other-role. The actor is not the occupant of a position for which there is a neat set of rules - a culture or set of norms - but a person who must act in the perspective supplied in part by his relationship to others whose actions reflect roles that he must identify. (p. 23)

Mead (Biddle, 1986) is considered to have been the first to address the issue of role-taking and its importance to the development of the self and the ability to interact socially. "Mead suggests that adequate development of the self and participation in

social interaction both require that the person take the role of the other" (Biddle, 1986, p. 84). Mead used the metaphor of a baseball game to describe what is involved in taking the role of the other (Thomas & Biddle, 1966; Stryker & Statham, 1985). In order to play baseball successfully, one must be able to anticipate the actions of the other players, both teammates and opponents, while also knowing how to play one's own position.

Role-taking from an interactional perspective is considered an ongoing process, one takes the role of others by using language to put oneself in the place of others and to see the world as they do. Using previous experience, familiarity with comparable others, and symbolic cues available in the situation, one formulates a definition of others' attitudes that is then validated or reshaped in ongoing interaction. Actors take roles in order to anticipate the consequences of their own and others' projected patterns of action, and they take roles to monitor the results of actual patterns of action. They sustain, modify or redirect their own behavior, using the product of their role-taking. (Stryker & Statham, 1985, p. 324)

Role playing is another approach to learning social roles. The approach is presented by Moreno (Fox, 1987), who describes role playing as the process whereby someone learns how to perform various roles. Moreno contrasts role playing with role-taking which he describes as "an attitude already frozen in the behavior of the person" (Biddle & Thomas, 1966).

Thornton and Nardi (1975) lay out a four stage developmental model of the role taking process which emphasizes the interactions between individuals and roles. At each stage of the model there is an interplay between individuals and role expectations. The expectations come from society in general, from the family, from others occupying the same role, from those who may benefit from the role, and from the individuals themselves. The four stages include: the anticipatory stage, the formal stage, the informal stage, and the personal stage. LaRossa and Reitzes (1993) point out that both

role-taking and role-making are represented with the four stage process of Thornton and Nardi (1975).

The relative importance of role taking and role making generally shifts across these four stages, with role taking being prominent during the anticipatory and formal stages and role making being prominent during the informal and personal stages. (LaRossa & Reitzes, 1993, p. 149)

The role acquisition process begins with the anticipatory stage. Individuals begin gathering information about the roles or positions they are about to assume or would like to assume. They may observe others in the positions, they may hear stories about the positions, or they may do their own research concerning the positions. As a result of what they are discovering about the positions they begin to adopt the values and expectations of the anticipated roles or positions. The individuals formulate their own idea of what the roles will be like as they hear expectations from general sources. Their actual experience of the roles may be quite different from what they anticipated as idealized expectations tend to be emphasized in the anticipatory stage.

Individuals enter the formal stage as they take on their new roles and can begin to view the roles from the inside. Usually, there are expectations regarding behavior and abilities and individuals generally respond by conforming to the expectations. The attitudes of the individuals regarding their roles and expectations are not considered to be important in the formal stage. The individuals are in the process of getting used to their new roles and they adjust by meeting the requirements rather than modifying the roles to fit themselves.

The personal expectations of individuals occupying new roles are taken into consideration in the informal stage. An interaction begins between the personal expectations and the institutional expectations during the informal stage. The shift is from one of "must" to one of "may." The informal stage allows individuals to begin to mold the roles to fit themselves as there is more flexibility within roles at this stage.

The individual modification and revision of the roles continues during the personal stage. This is the fourth and final stage of Thornton and Nardi's (1975) model of role acquisition. Because of the interaction between individuals and their roles, people may perform similar roles in quite different ways. The interactional role perspective allows for this person-role interaction. Individuals now respond to expectations by modifying their roles rather than conforming to the roles as they did in earlier stages.

According to Thornton and Nardi (1975) an individual's role performance is generally more effective in the later stages, with completion of the personal stage a requirement to be truly effective.

It is not really until the formal and informal expectations have been encountered that the final processes of adjustment begin. It is then that individuals, now familiar with new positions and their requirements, modify and mold roles around personality characteristics and the demands of other roles and achieve some balance among conflicting expectations. (Thornton and Nardi, 1975, p. 882)

The individual derives satisfaction from the role when they have been able to modify the role to fit their unique personality; which is possible only in the personal stage. Problems in social and psychological adjustment surface when there is an incongruence between self and role (Thornton and Nardi, 1975). Such incongruence also leads to a perfunctory style of role performance.

### **Family Roles**

Formal roles, such as mother, father, wife, husband, son, daughter, stepmother, uncle, grandmother and, grandfather, are built into the structure of a family (Hartman and Laird, 1983). The family also makes use of informal roles in its daily functioning. The informal roles can become patterned ways of interacting and are often passed on

intergenerationally (Hartman and Laird, 1983; Steinglass et al., 1987; Thornton and Nardi, 1975).

The tasks and identities of family life are divided up and grouped into roles, and each family member is cast in a particular set of roles. Each family member then depends on the others playing their roles to make it possible for him to play his role, or else he must induce others to change their roles so that he can change his. (Turner, 1970, p. 185)

According to Hartman and Laird (1983), several aspects of the family's roles need to be considered in assessing a family's role structure: role congruity, role continuity, role conflict, role ambiguity, role complementarity, role competence, and role flexibility.

**Role congruity:** Are the family's role prescriptions for a person congruent with the picture of the role held by that person? If there are major differences between the family's expectations and an individual's expectations of their particular role it can lead to problems in role performance and could also contribute to role conflict. When family members fail to live up to our expectations of them there exists the possibility of role incongruence.

**Role continuity:** Do preceding roles prepare a person for successive roles? Problems emerge with role performance in new roles when one is not able to draw upon the knowledge and skills of previous roles to fulfill the requirements of the new role. Roles are said to be continuous when an earlier role prepares one for roles ascribed later in life.

**Role conflict:** Does the family have incompatible roles which are contributing to family conflict?

**Role ambiguity:** Are there problems created by a lack of clarity of expectations concerning the prescriptions for a particular role? Role ambiguity becomes especially important as families change and new roles emerge as a result of the changes. The changes may occur as the family reorganizes because of

participating in family therapy or the changes may occur as the family deals with additions and losses of family members.

**Role complementarity:** Do reciprocal roles, such as mother/father, husband/wife, parent/child, fit with each other? Do the reciprocal roles exist in a balance that is mutual to both parties? If the reciprocal roles are not complementary it does not indicate that the family is in trouble but it is an indication that the family must involve some of its energy in dealing with their differences.

**Role competence:** Have people had the opportunity to master social role behaviors? It is important for individuals to be able to learn role competencies as it is a necessary component of the socialization process.

**Role flexibility:** How flexible are the roles? Can role responsibility be shifted as a way of coping with family stress or a family crisis? Can family members assume roles normally carried by another? "The family with a rigidly fixed role structure will have less ability to adapt or to change" (Hartman and Laird, 1983, p. 292).

Hartman and Laird (1983) caution against the application of a rigid assessment of a family's role structure according to some predetermined norms of family roles. They suggest that it is also important to understand how a particular family functions and experiences their unique role structure. In addition, Hartman and Laird (1983) suggest that it is important to know how an individual defines his or her family role as well as how other members of the family define that particular role and how it should be performed.

Turner (1970) states that role strain in families is most often brought on by role inadequacy and role dissensus. Role inadequacy occurs when an individual's role playing either falls short or exceeds the family's normative expectations for the performance of that role. Role dissensus is the result of family members employing different bases of comparison for judging the role adequacy of other family members. Role dissensus

makes it difficult for family members to be able to work together or to make decisions and adjustments as a way of dealing with conflict "because it means that family members are operating under different sets of rules" (Turner, 1970, p. 215).

In a healthy family, the child's unique strengths and needs are considered before ascribing roles (Cermak, 1988). The parents are responsible for establishing boundaries and maintaining clarity among the various formal family roles. For example, the parents would be responsible for discipline of the children in a family with clear boundaries. If a clear boundary is not maintained one could have a family with a child acting like a parent and disciplining their siblings.

A natural part of growing up occurs when the children push the boundaries established by the parents. The boundaries and role expectations of a healthy family are flexible and open to change as children grow and develop. Confusion results when parents are not able to establish boundaries and maintain role clarity. The consequences for the child are to postpone or abandon childhood as they devote all of their energy to surviving the family situation (Brown, 1985, 1987; Cermak, 1988).

The informal family roles are not as clearly defined since sometimes family members are not even aware of their informal roles. According to Hartman and Laird (1983), it is only after careful observation of a family over a period of time that one is able to begin to describe the informal roles of a family. They provide a series of questions to assist in identifying the informal roles of a family:

What is happening in the family during the periods before, during, and after Julia refuses to eat? Or David goes on a drinking binge? Or Pamela makes another suicide threat? Or Bobby shoplifts? Or in the session, when Susan starts noisily banging on the Lego blocks? Or Missy kicks her sister? Or Peter starts acting silly? In the history of this family, who is the one who typically called upon when someone needs to be picked up at the airport, is ill, or needs a loan? Who is

blamed for the family misfortunes? Who has been defined as "no good," "crazy," the "freeloader," or the "bad seed"? (Hartman & Laird, 1983, p. 293)

A prime source of difficulties for families and their role structures is the conflict that can arise when an informal role and the other roles of an individual have incompatible expectations. Role flexibility is the key component for families and individuals to be able to deal effectively with the role conflicts that may arise from the various expectations of family members (Cermak, 1988; Hartman & Laird, 1983).

### **Summary**

A review of the role theory literature generated two role theory perspectives, structural role theory and interactional role theory, which can be used to highlight some of the differences between the authors of the five original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) and the offspring of alcoholic parents research community. Both structural role theory and interactional role theory have the potential of contributing to the development of a theoretical perspective to explain the models of behavior roles of offspring of alcoholic parents identified in the literature (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). Role theory can also add to our understanding of the behavior role dynamics experienced by offspring of alcoholic parents.

Structural role theory begins with the premise that social groups are stable organizations. Roles are considered to be the patterns of behaviors which are characteristic of people occupying similar social positions (Biddle, 1986). Since the roles are considered necessary to maintain the social order they are ascribed without regard for individual differences (Stryker & Statham, 1985).

Structural role theory seems to have something in common with the models of behavior roles developed by Black (1981), Booz-Allen & Hamilton (1974), Deutsch

(1983), Kritzberg (1985), and Wegscheider (1981). They maintain that their behavior roles fit for all families with an alcoholic parent and the behavior roles function to provide some sense of safety and stability for family members in what is otherwise a chaotic environment. Wegscheider (1981) claims that the roles of her model are ascribed on the basis of birth order; from a structural role perspective it could be said that she believes that the behavior roles come with characteristics dependent on the offspring's position within the family. The authors of the models and their supporters claim that the patterns of behaviors in families identified with an alcoholic parent become less and less flexible over time. There is an emphasis on homogeneity in the original models of behavior roles with little opportunity for an individual to act on behalf of himself or herself.

Critics of the original models of behavior roles of offspring of alcoholic parents point to the fact that a typical pattern of a family affected by parental alcoholism has yet to be identified as an indication that such families are characterized by variability and are therefore more heterogeneous. Individuals and families are seen as being different and as possessing some degree of autonomy and freedom of choice in coping with the tensions and stresses of living with an alcoholic parent. The critics seem to have more in common with an interactional role perspective where roles are seen as the "evolving coping strategies that are adopted by the person" (Biddle, 1986, p. 86).

A model of role acquisition (Thornton & Nardi, 1975) is also outlined in the review. The four stage model could serve as a beginning point in our understanding of the formation and maintenance of behavior roles in families characterized by parental alcoholism. If the behavior roles are different, how are they different? Are the behavior roles different for families with a binge drinking parent than for families with a daily drinking parent? Are the behavior roles different for offspring of alcoholic parents and offspring of nonalcoholic parents? According to the authors of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton,

1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981), the behavior roles will be more rigidly adhered to in families with an alcoholic parent.

The models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) have ignored the role theory literature in the development of their models, instead choosing to base their models primarily on their clinical experiences. The research community, concerned about the lack of empirical validity of the models, has also ignored the role theory literature in their critiques of the models of behavior roles. The five models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) fit most closely with a structural role theory perspective. On the other hand, the models are often critiqued from the perspective of interactional role theory (Berkowitz & Perkins, 1988; Jenkins et al., 1993; Sher, 1991a; Woodside, 1988). It is important that the questions regarding the theoretical foundations for the models of behavior roles of offspring of alcoholic parents be given the attention that they deserve. The answer or answers -- whether structural, interactional, or some combination of the two -- could provide clues to assist in the ongoing research and development of prevention and intervention efforts with this population. The development of a valid and reliable measurement instrument of the behavior roles of offspring of alcoholic parents is one way of exploring the potential contributions of role theory to the ongoing theory development with offspring of alcoholic parents.

### **Behavior Role Scale Validity Issues**

The primary objective of this study was the development of a measurement instrument based on the integrated model of behavior roles of offspring of alcoholic

parents (Schneider, 1989, 1995). One of the challenges of instrument development is assessing the validity of the instrument; does the instrument measure what it was intended to measure? Construct validation of the Behavior Role Scale, the instrument developed in this study, was beyond the scope of the present research project. However, an initial psychometric investigation of the validity of the instrument was a required step of the instrument development process. One way of evaluating the validity of an instrument is to employ that instrument in a posteriori investigation of differences among groups hypothesized to differ on some predetermined issues. The review of the relevant literature presents the researcher with a number of theoretical issues that must be considered in evaluating the validity of a measurement instrument of the behavior roles of offspring of alcoholic parents. The six validity issues identified here are offered as a beginning point in assessing the validity of the instrument and in exploring in a posteriori investigation whether or not the instrument performs as theoretically expected. The six issues are also identified here as a means of establishing a bridge between the development of the instrument and the ongoing construct validity investigations of the Behavior Role Scale. The six validity issues are not intended to be an exhaustive list of the issues arising from the literature.

1. The authors of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) contend that the behavior roles of offspring of alcoholic parents are significantly different from the behavior roles of offspring of nonalcoholic parents. Five studies found differences with the behavior roles between offspring of alcoholic parents and offspring of nonalcoholic parents (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987). On the other hand, Jenkins et al. (1993) found that the behavior roles are more similar than different between the two groups, particularly when offspring of

alcoholic parents are compared with offspring who experienced divorce, death of a parent, physical abuse, or sexual abuse in their families of origin. Can the behavior roles, measured by the Behavior Role Scale, discriminate between offspring of alcoholic parents and offspring of nonalcoholic parents?

2. The authors of the original models of behavior roles of offspring of alcoholic parents also believe that families with an alcoholic member are more similar than they are different (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). However, the clinical research exploring the impact of alcoholism, has demonstrated that there are significant differences among alcoholics who are steady drinkers and those who are episodic drinkers (Babor, Hofmann, et al., 1992; Cloninger, 1987; Morey et al., 1984; Zucker, 1987). Other researchers, using similar concepts, have discovered that the differences according to patterns of drinking extend to the family members of alcoholics (Bate, 1993; Jacob et al., 1989). How do the alcoholic parents' patterns of drinking impact their offspring's behavior roles as measured by the Behavior Role Scale?

3. The authors of the original models of behavior roles of offspring of alcoholic parents offer different perspectives on the process of allocating the behavior roles within a family (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). One of the assumptions is that the behavior roles are allocated according to the birth order of the offspring (Wegscheider, 1981). What part is played by birth order in the allocation of the behavior roles as measured by the Behavior Role Scale?

4. There are conflicting viewpoints concerning the appropriate social role theory to apply to the behavior roles of offspring of alcoholic parents. According to the authors of

the models upon which the Behavior Role Scale is based (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) one would expect to obtain a single or unitary role for each individual. This perspective is related to the structural role theory perspective. Critics of the original models argue from an interactional perspective (Berkowitz & Perkins, 1988; Jenkins et al., 1993; Sher, 1991a; Woodside, 1988). According to the interactional perspective, one would expect to obtain a multiple-role profile for each individual. What social role theory would be most appropriate to explain the behavior roles as measured by the Behavior Role Scale?

5. The authors of the five original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) indicate that the behavior roles may be impacted by the presence of alcohol related problems in the offspring generation. What differences exist in the behavior roles, measured by the Behavior Role Scale, of offspring of alcoholic parents defined as alcoholic compared with the behavior roles of offspring of alcoholic parents defined as nonalcoholic?

6. Due to the use of clinical populations in the development of the original models of behavior roles, the models may represent behavior roles that are the result of the functioning of extreme family types rather than merely the functioning of families with an alcoholic parent. Using a measure of family functioning (FACES III), what is the relationship between family functioning and the behavior roles as measured by the Behavior Role Scale?

## CHAPTER III METHODOLOGY

### Design of the Study

The development of a measurement instrument based on Schneider's (1989) integrated model of behavior roles of offspring of alcoholic parents called the Behavior Role Scale and initial investigation of the instrument's psychometric properties comprised the study. Several models of test development were identified in the psychometric literature (Allen & Yen, 1979; Barclay, 1991; Cohen, Swerdlik, & Smith, 1992; Crocker & Algina, 1986; Gable & Wolf, 1993; Ghiselli, Campbell, & Zedeck, 1981; Kline, 1986; Thorndike, 1982; Walsh & Betz, 1985). The instrument development processes are organized according to a series of steps involving conceptualization, development or construction, trial, item analysis, and revision of the instrument. Allen and Yen (1979) and Cohen et al. (1992) utilize five steps; Walsh and Best (1985) use six steps; Crocker and Algina (1986) and Thorndike (1982) employ 10 steps; and Gable & Wolf apply 15 steps to describe the instrument development process. Barclay (1991), Ghiselli et al. (1981), and Kline (1986) present the instrument development process in a narrative format. Crocker and Algina's (1986) test development process, organized into 10 steps, was chosen as an appropriate design for the development of both the integrated model of behavior roles and the development of a measurement instrument. Each of the 10 steps represents a separate and specific component of the instrument development process. Crocker and Algina's process consists of the following steps:

1. Identify the primary purpose(s) for which the test scores will be used
2. Identify behaviors that represent the construct or define the domain
3. Prepare a set of test specifications, delineating the proportion of items that should focus on each type of behavior identified in step 2

4. Construct an initial pool of items
5. Have items reviewed (and revise as necessary)
6. Hold preliminary item tryouts (and revise as necessary)
7. Field-test the items on a large sample representative of the examinee population for whom the test is intended
8. Determine statistical properties of item scores and, when appropriate, eliminate items that do not meet preestablished criteria
9. Design and conduct reliability and validity studies for the final form of the test
10. Develop guidelines for administration, scoring, and interpretation of the test scores (e.g., prepare norm tables, suggest recommended cutting scores or standards for performance, etc.) (1986, p. 66)

Steps 1 - 3 were completed in an earlier study (Schneider, 1989), the development of the integrated model of behavior roles of offspring of alcoholic parents, and are explained in Appendices A and B. The primary purpose for developing the Behavior Role Scale, step 1, is to assist in conducting research exploring differences in the behavior roles among offspring of alcoholic parents. A secondary purpose for developing the Behavior Role Scale is to assist in the evaluation of clinical applications of the behavior roles with offspring of alcoholic parents (see Appendix A).

The five behavior roles of the integrated model of behavior roles of offspring of alcoholic parents were identified as the behaviors that represent the construct. The five behavior roles represent step 2 of the instrument development process and include: Caretaker, Super Achiever, Invisible Child, Jester, and Black Sheep (see Appendix A). The test specifications or the delineation of the attributes that focus on each of the five behavior roles, step 3, were determined by a categorization methodology involving 45 clinicians from the United States and Canada (see Appendix B). The clinicians'

categorizations were analyzed with Latent Partition Analysis and the results were used to revise the integrated model (Schneider, 1989).

The present study began with step 4, the construction of an initial pool of items for the Behavior Role Scale. This study continued with step 5, the review and revision of the items of the measurement instrument. A panel of clinicians with expertise with offspring of alcoholic parents was assembled and reviewed the items on two separate occasions; once prior to the pilot test and once prior to the field test. The performance of the Behavior Role Scale was investigated with a pilot test and a field test of the instrument, steps 6 and 7. The study concluded with step 8, the initial investigation of the reliability and validity of the Behavior Role Scale.

Chapter III, Methodology, is divided into two sections: the design of the study and a discussion of the instrumentation used in data collection. The design of the study is presented according to the steps of the instrument development process: step 4, the development of the items of the Behavior Role Scale; step 5, the review of the items of the instrument; step 6, the pilot test of the Behavior Role Scale; and step 7, the field test of the instrument. Step 8, the initial investigation of the reliability and validity of the Behavior Role Scale was conducted with both steps 6 and 7 and therefore does not appear in this chapter as a separate section. The data analysis aspects of step 8 that were appropriate for step 6, the pilot test are presented in the pilot test section and the data analysis aspects of step 8 that were appropriate for the field test are presented in the field test section. Likewise the population and sampling procedures utilized with the pilot test and field test of the Behavior Role Scale are presented in the respective sections. The chapter concludes with a discussion of the instruments used in the study to gather data for both the pilot test and field test of the instrument.

## **Development of a Measurement Instrument of the Behavior Roles of Adult Offspring of Alcoholic Parents**

### **Step 4. Constructing Initial Pool of Items**

An initial pool of items was constructed by rewriting the 48 attributes of the Integrated Model of Behavior Roles of Adult Offspring of Alcoholic Parents in item format (Schneider, 1989, 1995). The 48 attributes consisted of those attributes with primary loadings, as determined by Latent Partition Analysis, on only one of the five roles of the Integrated Model (see Appendix B). The items were written according to the following guidelines: (a) each item refers to only one characteristic or attribute, (b) each item refers to an adult characteristic or attribute, (c) each item is written in clear and precise language without the use of jargon; (d) each item is written using positive language. The 48 items included seven Caretaker items, 14 Super Achiever items, 10 Invisible Child items, 3 Jester items, and 14 Black Sheep items.

An additional 21 items were constructed by the author for the five roles of the Behavior Role Scale in order to enlarge the item pool for the review process. The number of items generated by the use of the attributes of the Integrated Model of Behavior Roles of Adult Offspring of Alcoholic Parents ranged from three to 14. A goal of the measurement instrument was to have an equal number of items for each of the five subscales (roles). Therefore more items needed to be created in order to have an adequate pool of items to facilitate an item review and revision process. The objective of the item construction was to keep the quality of the new items as close as possible to the attributes of the integrated model. The initial item pool consisted of 69 items: Caretaker, 16 items; Super Achiever, 16 items; Invisible Child, 12 items; Jester, 10 items, and Black Sheep, 15 items. A table of random numbers was used to insure a random presentation of the 69 items of the scale (see Appendix D).

A preliminary review of the 69 items was conducted by a panel of four counselling professionals; two Ph.D. registered psychologists in full-time practice and two Counselling Psychology doctoral students. One of the primary objectives of this study was to develop a measurement instrument based upon the integrated model of behavior roles of offspring of alcoholics and in so doing to lend empirical support to the concepts of the original models (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). It is therefore important that the items constructed for the measurement instrument remain linked to the attributes of the original models. The panel was asked to complete three tasks for the review of the items. First, they were asked to rate the extent each attribute in rewritten item format still belonged to its particular role; second, the panel was asked to indicate the role of best fit for the newly developed items, and third, the panel was asked to make any grammatical corrections or comments.

The criteria for retaining one of the original 48 items was set at 75% agreement among the panel members that the item was considered central to its role category. The 21 newly created items required 100% agreement from the review panel as to its role of best fit. The items were revised based on the input of the review panel (see Appendix E for the results of the review panel). Five of the Caretaker items were deleted from the scale (my family counts on me to help manage family affairs; I discount my own needs; my family depends on me to help manage family problems; I feel the needs of my family are more important than my own personal needs; and, I act as the family savior), four of the items were rewritten, and seven of the items were unchanged. The Super Achiever Role was revised by deleting five items (if/when in university/college I am doing/did well scholastically; I focus on pleasing others through my performances outside of the family; I appear exemplary; I am successful in athletics; and, I have trouble setting limits on how much I'm responsible for), rewriting three items, and keeping eight items unchanged. Two Invisible One items were discarded (I feel I live in a fantasy world; and, I escape by

hiding), two items were rewritten, and the remaining eight items were unchanged. All 10 of the Jester items were retained; two of the items were rewritten. The reviewers deleted four of the Black Sheep items (I get into trouble; I feel I lack an education; I feel I lack learned skills; and, I act defiant or hostile). Three items were rewritten and eight items were unchanged.

A table of random numbers was used for a second time in order to arrange the presentation order of the 53 items (see Appendix F). The revised items were then presented to the students of a graduate level Test Construction course for their review. Three additional items (I do not believe I deserve to have my own needs met; I try to stop my parent's drinking by achieving success; I draw attention by my non-presence) were discarded and 11 items were rewritten as a result of the class review. The revisions were once again presented to the panel for a final review. No further changes were recommended. The initial item pool for a measurement instrument of the behavior roles of offspring of alcoholic parents consists of 50 items: 10 Caretaker, 10 Super Achiever, 9 Invisible Child, 10 Jester, and 11 Black Sheep (see Appendix G).

#### **Step 5. Item Review and Revision**

A panel of experts was convened to review the Behavior Role Scale as part of the instrument development process (Crocker & Algina, 1986). The panel of experts consisted of six professional counsellors who, as part of their clinical practice, work with offspring of alcoholic parents. Two of the counsellors possessed Ph.D. degrees in Counselling Psychology and were registered psychologists. The remaining four counsellors had completed master's degrees. The panel of experts conducted two reviews of the Behavior Role Scale; the first review was conducted prior to the pilot study, and the second review was conducted after the pilot test and prior to the field test of the Behavior Role Scale.

### **First Review by the Panel of Experts**

The panel of experts was asked to complete three tasks as part of the process of preparing the Behavior Role Scale for the pilot test: (a) a content rating of each item, (b) a technical review of each item, and (c) an evaluation of the fit of each item with a role or subscale. Two changes were made by the author between the construction phase and the review by the panel of experts. The Invisible Child role was renamed the Invisible One to reflect the fact that the instrument was designed for adults. And an additional item (I imagine myself living in a kind of fantasy world as a way of coping with people) was created for the Invisible One role bringing the total items for the Invisible One role to ten.

The first task undertaken by the panel was the rating of each of the 51 items of the Behavior Role Scale. The panel was asked to rate each item on the basis of its content and the content as defined by the behavior role description that the item was prepared to measure. The items were rated on a five point scale ranging from 1 (poor) to 5 (excellent). A judge's item rating form was created for the review (see Appendix H).

The second task involved a technical review of each of the 51 items of the Behavior Role Scale. The technical review examined the readability level of the items; the grammatical structure of the items; the inoffensiveness of the items; the ability of the items to refer to adult behaviors; and a rating of the overall technical quality of the items. A yes/no checklist was used for the questions and a five point rating system (1 - poor to 5 - excellent) was used to rate the overall technical quality of the items. An item technical review form was created for the review of the Behavior Role Scale (see Appendix I). It was determined prior to the review that a score of 24 out of a possible 30 points (80%) on both the item rating and the technical quality rating was necessary in order for an item to be retained.

The third task of the reviewers was to evaluate whether or not each item was a measure of one of the five behavior roles. Reviewers were informed that an item was

considered to be a fit with a behavior role if they thought examinee performance on the test item would provide an indication of an examinee's level of performance in pool of items measuring the behavior role. At least five of the six experts (83.3%) needed to correctly match an item with its behavior role for that item to be retained. A behavior role/items matching task form was created to facilitate the review (see Appendix J).

### **Second Review by the Panel of Experts**

The second review of the items of the Behavior Role Scale by the panel of experts was conducted with the 45 items of the Behavior Role Scale following the pilot test. The panel of experts conducted an item review and the item/behavior role matching task following the same procedures as they did in the first review.

### **Step 6. Pilot Test of the Behavior Role Scale**

A pilot test of the Behavior Role Scale was designed as a preliminary tryout of the items of the instrument. The pilot test also was designed to examine the procedures that would be used in a field test of the Behavior Role Scale. The results of the pilot test of the instrument provided the data for an initial analysis of the reliability and validity of the Behavior Role Scale.

The pilot test was conducted with students attending The University of British Columbia. The students participated in the pilot test over a two day period in the fall of 1995 during an Alcohol and Drug Awareness Education Fair. The fair, sponsored by UBC's Health Outreach Program of The Student Resources Centre, took place in the main concourse of the Student Union Building. Information concerning the integrated model of behavior roles of offspring of alcoholic parents was on display (Schneider, 1995) and a poster, explaining the pilot test, invited students to participate. The students were eligible to register for a \$25.00 gift certificate to a local restaurant after completing a questionnaire.

The subjects were placed into one of three groups based on their scores on the Father's Short Michigan Alcoholism Screening Test (F-SMAST), the Mother's Short Michigan Alcoholism Screening Test (M-SMAST), and their responses to the items of the demographic questionnaire asking whether they had experienced parental alcoholism, divorce, death of a parent or sibling, a parent or sibling with a psychiatric diagnosis, a parent or sibling with a physical disability, a parent or sibling with a chronic illness, or physical or sexual abuse (see Appendix K). The three groups consisted of: an offspring of alcoholic parents group (A+), an offspring of nonalcoholic parents who had experienced one of the above listed family disruptions group (A-D+), and an offspring of nonalcoholic parents who had not experienced any of the above listed family disruptions group (A-D-). The subjects placed in the A+ group responded with a 1 - 5 on questions 13 and 14 of the demographic questionnaire and scored five or more points on either the F-SMAST or the M-SMAST. The second group, the A-D+ group, were those subjects who responded with a 0 to questions 13 and 14 and a 1 - 5 on at least one of questions 15 - 23 of the demographic questionnaire and who scored less than five points on the F-SMAST and M-SMAST. The third group, were identified as offspring from families without an alcoholic parent who had not experienced a family disruption (A-D-). They responded with 0's on questions 13 - 23 of the demographic questionnaire and scored less than five points on both the F-SMAST and the M-SMAST.

The data analysis for the pilot test of the Behavior Role Scale was conducted in two phases. Phase one, the descriptive analysis, presented the demographic information provided by the subjects involved with the study and was used as an aid in determining the equivalency of the groups. Comparisons were conducted between the offspring of alcoholic parents group (A+), the offspring of nonalcoholic parents who had experienced a family disruption group (A-D+), and the of offspring of nonalcoholic parents who had not experienced a family disruption group (A-D-).

Phase two, initial analysis of the measurement instrument, was conducted using LERTAP (Galan & Nelson, 1986) and the Statistical Package for the Social Sciences (SPSS for MS WINDOWS Release 6.0). Phases one and two are a required component of the instrument development process, the primary objective of this study.

#### **Step 7. Field Test of the Behavior Role Scale**

A primary objective of the field test was to explore the performance of the Behavior Role Scale using a community sample of adult offspring of alcoholic parents and adult offspring of nonalcoholic parents. The field test used the father referenced short form Michigan Alcoholism Screening Test (F-SMAST) and the mother referenced short form Michigan Alcoholism Screening Test (M-SMAST) (Sher & Descutner, 1986) to screen for offspring of alcoholic parents and an offspring version of the Binge Chronic Differentiation Scale (Bate, 1993; Olson, 1993) to assess the parents' drinking patterns. Subjects were assigned to one of three groups based on their scores on the F-SMAST, the M-SMAST, and their responses to the items of the demographic questionnaire asking whether they had experienced parental alcoholism, divorce, death of a parent or sibling, a parent or sibling abusing drugs, a parent or sibling with a psychiatric diagnosis, a parent or sibling with a physical disability, a parent or sibling with a chronic illness, or physical or sexual abuse.

Subjects were recruited with the intent of obtaining a non-clinical sample of adult offspring of alcoholic parents for the field test of the Behavior Role Scale. The primary source of subjects for the field test of the instrument was the Student Health Services walk-in clinic located on the campus of the University of British Columbia. Approximately 200 students per day use the services of the clinic. A poster in the waiting room explained the study and invited students to participate while they were waiting to see a doctor or nurse. The Student Health Services was chosen because of the range of students presenting at that location for assistance with issues other than parental

alcoholism. Subjects were also recruited from a church associated with the Baptist Union of Western Canada and from a church paraprofessional youth ministry organization. The church organizations represented another community source of subjects. Subjects were informed that the study was investigating the behavior roles of offspring of alcoholic parents and that subjects were needed no matter what their experience with parental alcoholism. Subjects were asked to give their informed consent before being allowed to participate (see Appendix L).

Subjects were screened for the presence of parental alcoholism and the experience of a disruptive event during the time they were living with their family of origin. Subjects were placed into one of three groups: an offspring of alcoholic parents group (A+), an offspring of nonalcoholic parents who had experienced a family disruption group (A-D+), and an offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-). Subjects were assigned to one of the three groups according to the same criteria utilized in the pilot test of the instrument.

The data analysis of the field test of the Behavior Role Scale involved three phases. Phase one involved descriptive analysis of the subjects and phase two involved item and subscale analysis of the measurement instrument, the Behavior Role Scale. Phase one and two are similar to the analysis conducted with the pilot test data. While the investigation of the reliability of the field test of the Behavior Role Scale was similar to the pilot test, the investigation of the validity of the instrument was more involved.

According to Messick (1989),

Validity is an integrated evaluative judgment of the degree to which empirical evidence and theoretical rationales support the adequacy and appropriateness of inferences and actions based on test scores or other modes of assessment...validity is a matter of degree...over time, the existing validity evidence becomes enhanced (or contravened) by new findings... (p.13)

Traditionally, there have been three forms of validity to be considered by instrument developers: content, criterion, and construct. Messick (1989) presents a unified approach to validity and considers that "construct validity embraces almost all forms of validity evidence" (p. 17). For the purposes of this project, the development of a measurement instrument of the behavior roles of offspring of alcoholic parents, content validity and construct validity were investigated. According to Crocker and Algina (1986), "The purpose of a content validation study is to assess whether the items adequately represent a performance domain or construct of specific interest" (p. 218). Construct validity is defined as "the ability of the test itself to measure the individual trait or characteristic of interest" (Ghiselli et al., 1981, p. 280).

In the case of the Behavior Role Scale, one of the indications of content validity is how close the items of the instrument reflect the items of the original models identified in the literature (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). The categorization methodology and the use of clinicians working with adult offspring of alcoholic parents in the development of the integrated model of behavior roles of offspring of alcoholic parents (Schneider, 1989) has contributed to the content validity of the measurement instrument. According to Gable and Wolf, "The beauty of this approach is that the "judgmentally" derived content categories of the content experts can then be compared to the "empirically" derived constructs of the respondents" (1993, p. 100). The item construction phase involved the assistance of two different panels of experts to insure the content validity of the instrument (Gable & Wolf, 1993). The use of the panel of experts, in addition to guarantying that the conceptual and operational definitions of the affective characteristics come from the models of the behavior roles of offspring of alcoholic parents, helped in the process of insuring that the items of the Behavior Role Scale remained true to the attributes of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen and Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985;

Wegscheider, 1981). According to Messick (1989), the combination of items having been chosen for the item pool on the basis of an empirical process and experts' judgment, goes beyond content validation and is a form of construct validation.

Exploratory factor analysis, another means of gathering construct validation evidence, was also conducted. "Exploratory factor analysis attempts to derive from intercorrelations among items or tests a limited number of underlying component variables, that in weighted combination, would account for the observed covariation" (Messick, 1989, p. 52). Factor analysis provides the pattern of how the items cluster together. For the purpose of construct validation we are interested in whether or not the items cluster in a way that is predictable or interpretable. To be evidence in support of the construct validation of the Behavior Role Scale, the items must cluster in ways that can be interpreted as representing the five roles (subscales) of the instrument.

An additional analysis was conducted with the field test data, phase three, which involved exploration of the subjects' Behavior Role Scale results. Phase three was conducted using SPSS and involved comparisons of the three groups of subjects on the five subscales of the Behavior Role Scale. The phase three analysis addressed the six validity issues raised in Chapter II, the Review of the Literature, and was conducted in order to provide additional validity information for the field test version of the Behavior Role Scale. The phase three analysis was also designed to serve as a bridge between the initial psychometric investigation of the Behavior Role Scale and the designing and conducting of construct validation studies, step 9 of the instrument development process. The level of statistical significance was set at  $p \leq .05$  for all phases of the data analysis.

## **Instrumentation**

This chapter concludes with a review of the instruments used in the pilot test and field test of the instrument (Steps 6 and 7). The instruments were utilized to describe and differentiate the sample groups in order to investigate the performance of the Behavior Role Scale. The results of the pilot test and field test of the instrument provided the data for an initial investigation of the reliability and validity of the Behavior Role Scale.

### **Demographic Information Questionnaire.**

The demographic information questionnaire was constructed specifically for this study. The primary purpose of the questionnaire is to provide additional information to assist with the data analysis. Participants were asked to respond to questions assessing their family experiences with parental alcoholism, parental or sibling drug abuse, parental divorce, the death of a parent or sibling, mental illness of a parent or sibling, chronic physical illness or disability of a parent or sibling, physical or sexual abuse of a parent or sibling. Additional information obtained includes: age of participant, gender of participant, ethnicity of participant, annual income range of participant, a listing of the participant's siblings according to birth order and their current ages, participant's age at the onset of specific stressor related problems in the family, participant's rating of the severity of the family stressor, participant's description of the current relationship with the participant's family of origin, the participant's history of counselling and support group participation, and an evaluation of the participant's knowledge of the ACOA/ACA literature (see Appendix K).

### **Short Michigan Alcoholism Screening Test (SMAST).**

The 13-item Short MAST (Selzer, Vinokur, & Van Rooijen, 1975) was used to screen participant's drinking behavior. The SMAST is a shortened version of the

Michigan Alcoholism Screening Test (MAST) and is a self-report instrument that assesses the consequences of alcohol abuse. The consequences are assessed from a variety of perspectives including medical, interpersonal, and legal. The 24-item MAST was originally developed by Selzer (1971) and revised in 1975 (Selzer et al., 1975). The MAST is one of the most widely used screening instruments in alcoholism research (Mischke & Venneri, 1987). It is important to note that the MAST is a screening device designed to be used in research and treatment contexts, it is not designed to be a diagnostic instrument (Selzer et al., 1975). Studies using the MAST have demonstrated that it possesses adequate reliability and validity (Martin, Liepman, & Young, 1990; Mischke & Venneri, 1987; Selzer et al., 1975; Zung, 1978; Zung & Charalampous, 1975). Selzer et al. (1975) found a coefficient alpha of .83 for a group of male drivers and .87 for a group of alcoholics attesting to the high internal consistency of the MAST. The same sample yielded a validity coefficient of  $r=.79$ . Mischke and Venneri (1987) found reliability to be .84 and validity to be .65 in a study of driving while intoxicated offenders.

The literature indicates that there is a concern with the specificity of the MAST. The wording and scoring of some of the items could contribute to a number of false positives, that is people who are nonalcoholic scoring in the alcoholic range on the MAST (Levenson, Oyama, & Meek, 1987; Martin et al., 1990; Selzer et al., 1975). Selzer (1971) suggests a cut score of 5 for the indication of alcoholism. However the scoring of the MAST was later revised to reduce the number of false positives to 0-4 points indicating nonalcoholic, 5-6 points being considered suggestive of alcoholism and 7 or more points indicating the presence of alcoholism (Selzer et al., 1975). Levenson et al. (1987) propose raising the cut score to 9 to indicate alcoholism and a score of 3 or less to indicate the absence of alcoholism as another approach to deal with the possibility of false positives. Ross, Gavin, and Skinner (1990) suggest the best cut score is 13 for the

MAST and that the cut score needs to be raised to 18 to be able to fulfill all of the DSM-III criteria for alcoholism.

In a study of college students, Martin et al. (1990) evaluated the effects of changing the wording on one item of the MAST. They added a 25th item, "Have you ever attended a meeting of Alcoholics Anonymous because of your own drinking?" and compared the results using the new item with the results using the original item #8, "Have you ever attended a meeting of Alcoholics Anonymous (AA)?" According to their results changing the wording of item #8 to indicate one's personal drinking improved the specificity (the number of nonalcoholics who are correctly classified) of the MAST from 69.5% to 75.5 % with a cut score of 5 while retaining 100% sensitivity (the number of alcoholics who are correctly classified) (Martin et al., 1990).

The 13-item Short Michigan Alcoholism Screening Test (SMAST) was developed by choosing 12 items from the 24-item MAST according to regression analysis. A 13th item, "Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?" was also included because of its appearance in public driving records and its value in treatment contexts. The purpose of developing the SMAST was to have a screening instrument that was shorter and more easily scored than the original MAST but which also retained adequate reliability and validity. Selzer et al. (1975) found a reliability coefficient alpha of .93 and validity coefficients of .83 and .94. They also found the SMAST to be highly correlated with the 24-item MAST ( $r=.97$ ). The scoring was changed to one point per item from the weighted scoring of the MAST with a score of 0-1 indicating nonalcoholic, a score of 2 indicating possibly alcoholic, and a score of 3 or more being an indication of alcoholic. In addition three of the questions (#6, #10, and #11) are considered diagnostic and indicative of the presence of alcoholism. They propose that their results indicate that "the SMAST may be as effective as the MAST in screening for alcoholism" (Selzer et al., 1975, p. 125).

The screening of participant's drinking behavior is an important methodological consideration. The literature indicates that offspring of alcoholics are more likely to become alcoholic themselves than are offspring of nonalcoholics. The presence of a significant number of alcoholics in any of the groups could create difficulties in interpreting the results. The difficulty with the development of the measurement instrument of behavior roles of offspring of alcoholic parents is that it would be impossible with the design of this study to differentiate between the effects of personal alcoholism and parental alcoholism. The MAST and SMAST are proven instruments for discriminating between alcoholics and nonalcoholics (Zung & Charalampous, 1975).

**Father's/Mother's Short Michigan Alcoholism Screening Test (F-SMAST/M-SMAST).**

The assessment of offspring of alcoholic status is one of the methodological concerns voiced in the literature (Barnes et al., 1979; Sher, 1991a, 1991b; Windle & Searles, 1990; Woodside, 1988). The study utilized a combination of methods to assess the presence of alcoholism among the subjects' parents. Participants were asked to respond to two global questions designed to check their perspectives concerning their parents potential alcoholism and participants completed a special parent referenced version of the Michigan Alcohol Screening Test for each biological parent.

The global question, "do you think your father (mother) is (was) an alcoholic?" (Crews & Sher, 1992; Sher & Descutner, 1986) has been shown to produce results that are as accurate in determining parental alcoholism as using the F-SMAST with a cut score of 5. Crews and Sher (1992) found the single global item to demonstrate acceptable levels of test-retest reliability, inter-sibling agreement, and agreement with the parent's self-assessment of their drinking problem. Hodgins and Shimp (1995), in a study comparing several methods of identifying offspring of alcoholic parents, found the single

question method of screening for parental alcoholism to perform as well as longer more complex screening instruments.

Modified versions of the MAST have been used by researchers to screen for parental alcoholism (Barnes et al., 1979; Benson & Heller, 1987; Levenson et al., 1987). The wording of the items is changed to reflect the behaviors of the fathers and mothers of the subjects. Levenson et al. (1987) assessed the level of agreement between offspring's scores on the modified versions of the MAST with parents' scores on the MAST and found significant correlations for the offspring with both their fathers and mothers.

Modified versions of the SMAST have also been used by researchers to screen for parental alcoholism (Crews & Sher, 1992; Sher & Descutner, 1986). Again the items are modified to reflect the father's drinking (F-SMAST) and the mother's drinking (M-SMAST) (Sher & Descutner, 1986). The clinical and research literature of offspring of alcoholics relies heavily on self-reports of offspring assessment of parental alcoholism. Sher and Descutner (1986), in a study of young adult siblings reliability of assessment of paternal alcoholism, found:

relatively low agreement on items requiring inference (e.g., the presence or absence of guilt in father, what others thought of father) and relatively high agreement on items referring to specific behavioral acts or consequences (e.g., seeking help, being arrested, driving under the influence). (p. 27)

Overall they found an intraclass correlation coefficient of .85 indicating good inter-sibling reliability. They claim that their results provide justification for researchers to trust offspring's assessment of parental alcohol problems (Sher & Descutner, 1986). Additional support for the validity of offspring reports of parental alcoholism and parental alcohol abuse problems is provided by Rhea, Nagoshi, and Wilson (1993) who report more agreement among siblings on objective statements and questions than on subjective statements and questions.

Crews and Sher (1992) conducted several studies to assess the reliability and validity of the F-SMAST and the M-SMAST. Though they found what they considered to be evidence of good reliability and validity they remind researchers that the scales do not address the issue of just how much offspring know about the non-behavioral aspects of their parents alcoholism.

The F-MAST demonstrated high reliability (from the standpoint of internal consistency, temporal stability, and reliability across siblings) as well as validity (both in respect to convergence with an interview measure and with father's own report on a parallel instrument). Furthermore, shortening both of these instruments to nine-item versions appears to improve their reliability and validity. For researchers and clinicians interested in assessing parental history of alcoholism, the F-MAST and M-MAST would appear to be a reliable and valid paper-and-pencil measure. (Crews & Sher, 1992, p. 576)

### **Parental Binge Chronic Differentiation Scale**

The Binge Chronic Differentiation Scale was developed to screen for drinking patterns in a major research project entitled The Alcohol Recovery Project (TARP) (Bate, 1993; Olson, 1993). The scale is based on the Marlatt Drinking Profile (Marlatt, 1976). The items of the Binge Chronic Differentiation Scale were rewritten for the present study to enable offspring to respond in reference to their parents' drinking patterns. Support for the use of self-report of offspring assessment of parental alcoholism has been provided by Sher and Descutner (1986) and Rhea et al. (1993). The two studies found high agreement among siblings on objective statements and descriptions of actual behaviors. There was less agreement among siblings on items requiring inference. The Parental Binge Chronic Differentiation Scale consists of 16 items assessing drinking behaviors or patterns of subjects' parents (see Appendix M). The responses of subjects to the Parental Binge Chronic Differentiation Scale were judged by three raters to insure placement of

the alcoholic parents in the appropriate category of drinking pattern. There are three possible patterns: (a) episodic or irregular, binge drinking, (b) steady, chronic drinking, and (c) a combination of episodic, binge and steady, chronic drinking.

The Parental Binge Chronic Differentiation Scale was revised following the pilot study. Subjects were unable to describe the number, location and timing of their parents drinking bouts occurring within the last year. The section was deleted from the form used in the field test of the Behavior Role Scale. In addition, the form used in the pilot study did not have drinking habit responses for subjects with parents who were steady drinkers but who also occasionally drink heavily on a binge every so often or for subjects with parents who do not drink. Two new response options were created for the parents' drinking habits section of the Parental Binge Chronic Differentiation Scale.

### **Behavior Role Scale.**

The Behavior Role Scale was designed to assess the behavioral characteristics of the roles of Caretaker, Super Achiever, Invisible Child, Jester, and Black Sheep as the roles are experienced by adults. The Behavior Role Scale (see Appendix N) is based on Schneider's (1989) integrated model of behavior roles of offspring of alcoholic parents (see Table 2). The degree of interrelatedness of the various roles is a key aspect of the study as the authors of the original models of behavior roles of offspring of alcoholics (Black, 1981; Booz-Allen and Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) have not adequately addressed the inter-role relationship of their various models. The following predictions are based on a systemic understanding of family dynamics and social roles and suggests that subjects will possess a multiple role profile versus a uni-role identity. It is predicted that the roles of Caretaker and Super Achiever will be positively related as they both contain items reflecting an active and positive involvement with life. The role of Rebel will be negatively related to the other roles because of its deleterious focus but will have its strongest relationship with the role

of Jester as they both deal with distracting behaviors. The Invisible One role will be negatively related to the other roles because of its withdrawn and passive nature. The literature does not provide a clear picture of what to expect when comparing the behavior role profiles of offspring of alcoholic parents according to the pattern of drinking exhibited by the parents. On the one hand, the authors of the five original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) claim that the behavior roles of offspring of alcoholic parents are significantly different than the behavior roles of offspring of nonalcoholic parents. On the other hand, critics of the models (Sher, 1991a) suggest that the models of behavior roles could be appropriate for offspring of any family experiencing considerable levels of stress.

#### **Behavior Role Descriptions.**

Paragraph descriptions were created for each of the five roles of the integrated model of behavior roles of offspring of alcoholic parents (Schneider, 1989) as a means of measuring convergent validity of the Behavior Role Scale. Subjects were asked to rank the descriptions on the basis of how they see the particular roles describing them both as a child and now as an adult. The subjects in the pilot test had difficulty completing the two rankings of their behavior roles. The Behavior Role Descriptions Form used in the pilot test asked subjects to rank their child and adult roles based only on a description of the role for an adult. The form was revised with the ranking of the child behavior roles placed on one side and the ranking of the adult behavior roles placed on the other side of the form (see Appendix O). It is predicted that subjects' ranking of the descriptions will be positively correlated with their behavior role profiles from the Behavior Role Scale.

### **Family Adaptability and Cohesion Evaluation Scales III (FACES III).**

The FACES III scales represent the third version of two scales designed to measure the levels of cohesion and adaptability in families. Olson, Sprenkle and Russell developed the 111 item FACES in 1979 to assess their circumplex model of marital and family systems (Green, Harris, Forte, & Robinson, 1991a). In 1982 FACES II, consisting of 30-items, was introduced (Olson et al., 1985). A 20 item revision, FACES III, became available in 1985 (Olson et al., 1985). The two scales are based on the circumplex model of family functioning and are designed to measure the degree of cohesion and adaptability (change) in a family. Each item has a five point response option.

According to the circumplex model there are three dimensions of family functioning: cohesion, the degree of closeness among family members; adaptability or change, the degree to which family members are able to change to meet differing situations and demands; and communication, the process used by the family to facilitate the other two dimensions. FACES III deals with the dimensions of cohesion and adaptability. "Adaptability items measure leadership, discipline, child control, roles, and rules. Cohesion items measure emotional bonding, supportiveness, family boundaries, shared time and friends, and shared activities" (Fredman & Sherman, 1987, p. 180).

The dimensions each span four levels which creates the possibility of 16 family types. Adaptability consists of, from low to high, rigid, structured, flexible, and chaotic. Cohesion consists of, from low to high, disengaged, separated, connected, and enmeshed.

The four levels are categorized according to three general types of families: balanced, mid-range, and extreme. Balanced families are those who score balanced on both dimensions; mid-range families are those who score balanced on one dimension and extreme on the other dimension; and extreme families score in the extreme range on both dimensions. A primary hypothesis of the circumplex model is the curvilinear relationship between the dimensions of adaptability and cohesion and family functioning; that is, very high or very low scores are indicative of dysfunctional families while scores

indicating balance are characteristic of functional families (Olson, 1986). According to Olson (1986), "Balanced families will function more adequately than extreme families" (p. 86).

The curvilinear relationship hypothesis of the circumplex model has generated considerable debate in the family therapy literature (Green et al., 1991a). Several studies, specifically designed to assess the curvilinear hypothesis have produced conflicting results (Anderson & Gavazzi, 1990; Green et al., 1991a, 1991b; Lee, 1988). Green et al. (1991a) have reviewed some of the studies producing the different findings and have concluded:

The studies that have produced these conflicting results have relied on a variety of different measures, methods of data collection, techniques of data analysis, and sampling strategies. It is possible that these different methods may have influenced the different findings that have been achieved. (p. 58)

One explanation is that the curvilinear relationship holds for problem families but that among functional families there is a linear relationship between the dimensions of adaptability and cohesion and family functioning. The research evidence points to a linear hypothesis being a better fit for FACES III and family functioning than the curvilinear hypothesis (Beavers, Hampson, & Hulgus, 1985; Green et al., 1991a, 1991b; Miller, Epstein, Bishop, & Keitner, 1985; Pratt & Hansen, 1987). In response to the evidence that FACES III is a linear measure, Olson states, "High scores on cohesion and adaptability are reconceptualized as measuring Balanced family types, and low scores on the two dimensions as measuring Extreme family types" (1991, p. 74). Olson (1991) has recently suggested that FACES III is a better measure of a three dimensional model than the original circumplex model.

Olson (1986) reports that the internal consistencies for FACES III are .77 for the ten item cohesion scale, .62 for the ten item adaptability scale, and .68 for the total test. Test-retest scores for the 50 item FACES II with a four-five week interval are .83 for the

cohesion scale and .80 for the adaptability scale (Olson, 1986). Test-retest scores for FACES III are not reported.

The reliabilities for the 20-item FACES III are lower than they were with the 30-item FACES II. However FACES III has demonstrated improved validity over its predecessor FACES II. An indication of the improved validity is with the weak correlation between the two scales ( $r=.03$ ). The adaptability scale is no longer correlated with social desirability ( $r=.00$ ) while some correlation still remains between the cohesion scale and social desirability ( $r=.39$ ).

The FACES instruments have been involved in hundreds of studies (Green et al., 1991a; Olson, 1986; Fredman & Sherman, 1987) and have been successfully used to discriminate functional and dysfunctional family types. Olson (1986) highlights some of the studies used to demonstrate the validity of the FACES instruments. Clarke (cited in Olson, 1986) found a high level of extreme families among schizophrenics and neurotics when compared with families that had not been in therapy and found more balanced families in the no therapy group compared to the other groups. Olson and Killorin (cited in Olson, 1986) found significant differences among families with one of the parents identified as an alcoholic and families without a parent identified as an alcoholic. The alcoholic families had a higher level of extreme families while the nonalcoholic families had a higher level of balanced families. Carnes (cited in Olson, 1986) found high levels of extreme family types in families of sex offenders when compared to families of nonoffenders. Bate (1993) reported that children and adolescents from families in treatment with an irregular drinking father demonstrated higher levels of flexibility compared with children and adolescents of steady drinking fathers. And on the cohesion scale, she found the subjects of irregular drinking fathers scored their families as more disengaged while the subjects of steady drinking fathers scored as separated. She also compared her subjects' scores with the FACES III norms (Olson et al., 1985) and found that subjects with steady drinking fathers rated their families similar to the norm group in

terms of flexibility but less similar on the cohesion scale. Garbarino, Sebes, and Schellenbach (1985) explored the family types of high risk families as compared to low risk families. The results support their hypothesis that the high risk families would show up significantly more often as extreme family types and the low risk families would show up significantly more often as balanced family types. In a study of mothers with sons who were juvenile delinquents and mothers and sons without a history of juvenile offenses, the delinquents were more often classified as mid-range or extreme family types while the non-delinquents were more often classified as balanced family types (Rodick, Henggeler, & Hanson, 1986). Olson (1989) states that these studies demonstrate the validity of the model:

In summary, these studies of clinical samples clearly demonstrate the discriminant power of the Circumplex Model in distinguishing between problem families and nonsymptomatic families. There is strong empirical support for the hypothesis that balanced types of families are more functional than extreme family types. (p. 28-29)

FACES III was used to obtain a measure of family functioning from the subjects' perspective. Subjects were asked to respond to the FACES items as they pertain to their current experiences with their families. An assessment of family functioning is one way of exploring the impact of the experiences of parental alcoholism on the subjects' behavior roles. According to the authors of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981), it is the presence of parental alcoholism, not the level of family functioning, that determines the presence of the behavior roles. Critics of the original models (Sher, 1991a) suggest that similar behavioral roles will be found in all families experiencing a disruption of family functioning due to stress.

## **CHAPTER IV**

### **RESULTS**

#### **Introduction**

The primary objective of this study was the development and initial investigation of the psychometric properties of the Behavior Role Scale, a measurement instrument of the behavior roles of offspring of alcoholic parents. The Behavior Role Scale was developed following Crocker and Algina's (1986) instrument development process (see Chapter III, Methodology, for a detailed explanation of the process). The results are presented according to the steps used in the development of the Behavior Role Scale. The construction of an initial pool of items for the instrument, step 4, was presented in Chapter III, Methodology. This chapter begins with the results of step 5, the review and revision of the items of the instrument. The chapter continues with a presentation of the results of step 6, the pilot test of the instrument and step 7, the field test of the instrument. The results of step 8, the initial psychometric investigation of the instrument are presented in both steps 6 and 7. Analysis of the reliability and validity appropriate for the pilot test are presented in step 6, the pilot test of the Behavior Role Scale. And the analysis of the reliability and validity appropriate for the field test is presented in step 7, the field test of the Behavior Role Scale. The chapter concludes with a section presenting the results of the investigation of the Behavior Role Scale and the six validity issues identified in Chapter II, Review of the Related Literature.

## **Step 5. Item Review and Revision**

### **First Review by the Panel of Experts**

The panel of six experts assembled to review the items of the Behavior Role Scale completed three tasks as part of the process of preparing the Behavior Role Scale for the pilot test. The panel's first two tasks consisted of rating the quality of the content of each item and conducting a technical review of each item. The results of the rating of the quality of the items and the technical review of each of the items are summarized in Table 10. The third task of the panel of experts was to match each item with the behavior role they considered to be the role of best fit for the item. The behavior role/items matching task for the items failing to meet the 80% agreement rate are summarized in Table 11 (see Appendix P for the full results of the behavior role/items matching task).

The rating of the content of the items, the technical quality of the items, and the item/behavior role matching by the panel of experts led to a number of revisions to the Behavior Role Scale. Two of the Caretaker items were rewritten and one item (#7, I receive praise for taking care of others) was deleted. The item failed to meet the 80% rating criteria needed to be retained. One additional item (#6, I feel if I don't take care of others, something terrible might happen to them) achieved an item rating of 86.7% and a technical rating of 76.7%. The item was retained due to its overall rating of 81.7%.

Two Super Achiever items were rewritten and one item (#6, I feel successful in my work) was deleted. The item failed to meet the 80% item and technical ratings needed to be retained. The panel of experts also failed to match the item with the appropriate role for which it was designed. One other Super Achiever item (#4, I tend to find satisfaction in my career/school successes) was retained for use in the pilot test of the Behavior Role Scale even though it only achieved a 73.3% item rating, a 63.3% technical rating, and a 50.0% match with the Super Achiever role. The item, according

**Table 10**  
**Experts' Item Content and Technical Ratings of the Items of the Behavior Role Scale**  
**Phase I**

<b>Caretaker</b>	<b>Item Rating</b>		<b>Technical Rating</b>		<b>Comments</b>
<b>Item #</b>	<b>Score</b>	<b>%</b>	<b>Score</b>	<b>%</b>	
1.	28	93.3	29	96.7	Item retained
2.	25	83.3	27	90.0	Item retained
3.	27	90.0	27	90.0	Item retained
4.	27	90.0	29	96.7	Item retained
5.	27	90.0	29	96.7	Item retained
6.	26	86.7	23	76.7	Item retained*
7.	21	70.0	19	63.3	Item deleted
8.	24	80.0	24	80.0	Item retained
9.	28	93.3	28	93.3	Item retained
10.	28	93.3	27	90.0	Item retained
<b>Super Achiever</b>					
<b>Item #</b>					
1.	28	93.3	28	93.3	Item retained
2.	29	96.7	28	93.3	Item retained
3.	29	96.7	29	96.7	Item retained
4.	22	73.3	18	63.3	Item retained*
5.	26	86.7	26	86.7	Item retained
6.	19	63.3	21	70.0	Item deleted
7.	28	93.3	26	86.7	Item retained
8.	27	90.0	27	90.0	Item retained
9.	28	93.3	28	93.3	Item retained
10.	29	96.7	29	96.7	Item retained
<b>Invisible One</b>					
<b>Item #</b>					
1.	27	90.0	27	90.0	Item retained
2.	24	80.0	25	83.3	Item retained
3.	14	46.7	16	53.3	Item deleted
4.	23	76.7	23	76.7	Item retained*
5.	28	93.3	28	93.3	Item retained
6.	27	90.0	28	93.3	Item retained
7.	29	96.7	28	93.3	Item retained
8.	29	96.7	29	96.7	Item retained
9.	27	90.0	26	86.7	Item retained
10.	29	96.7	29	96.7	Item retained

(table continues)

<b>Jester</b>	<b>Item Rating</b>		<b>Technical Rating</b>		<b>Comments</b>
<b>Item #</b>	<b>Score</b>	<b>%</b>	<b>Score</b>	<b>%</b>	
1.	25	83.3	28	96.7	Item retained
2.	30	100	30	100	Item retained
3.	29	96.7	30	100	Item retained
4.	27	90.0	28	93.3	Item retained
5.	28	93.3	29	96.7	Item retained
6.	24	80.0	23	76.7	Item retained*
7.	29	96.7	30	100	Item retained
8.	20	66.7	17	56.7	Item deleted
9.	27	90.0	28	93.3	Item retained
10.	29	96.7	29	96.7	Item retained
<b>Black Sheep</b>					
<b>Item #</b>					
1.	17	56.7	18	60.0	Item retained*
2.	28	93.3	30	100	Item retained
3.	27	90.0	26	86.7	Item retained
4.	24	80.0	27	90.0	Item retained
5.	29	96.7	30	100	Item retained
6.	25	83.3	28	93.3	Item retained
7.	25	83.3	26	86.7	Item retained
8.	25	83.3	23	76.7	Item deleted
9.	28	93.3	28	93.3	Item retained
10.	24	80.0	25	83.3	Item deleted
11.	26	86.7	29	96.7	Item retained

\* Item retained even though criteria to be retained not met, rationale for retaining the item is explained in the text.

to the Latent Partition Analysis, possesses one of the strongest primary loadings of the Super Achiever attributes (Schneider, 1989). The item was rescaled to reflect the reviewers belief that Super Achievers would tend to not be satisfied with their career/school successes.

Two Invisible One items failed to meet the 80% item rating and technical rating criteria. One item (#3, it is easy for me to make friends among my peer group) was

**Table 11**  
**Behavior Role/Items Matching Task**  
**Summary of Items Failing to Achieve 80% Agreement**

ITEM #	% AGREEMENT	COMMENTS
1. I am able to control my anger.	33.3 Caretaker 16.7 Invisible One 16.7 Black Sheep 16.7 No Match	Designed for Black Sheep role. The item is a characteristic of both Black's (1983) and Wegscheider's (1983) models. <b>Item retained.</b>
4. I try to be cheerful.	50.0 Jester 16.7 Invisible One 33.3 No Match	Designed for Jester role. Reviewers felt the item was not explicitly stated in role description. <b>Item retained.</b>
11. It is easy for me to make friends among my peer group.	16.7 Jester 66.7 No Match	Designed for Invisible Child role. <b>Item deleted.</b>
20. I tend to find satisfaction in my career/school successes.	16.7 Caretaker 50.0 Super Achiever 33.3 No Match	Designed for Super Achiever role. Item had one of the strongest LPA loadings (Schneider, 1989). <b>Item retained.</b>
26. I feel successful in my work.	33.3 Super Achiever 66.7 No Match	Designed for Super Achiever role. <b>Item deleted.</b>
36. I use annoying behavior to attract attention.	50.0 Black Sheep 50.0 No Match	Designed for Jester role. <b>Item deleted.</b>

deleted. The item was inaccurately matched with its behavior role by the entire panel of experts. The second Invisible One item (#4, I try to avoid being around other people) was retained. The item was correctly matched by the panel of experts and possessed a strong primary loading on the Invisible One role (Schneider, 1989). One Invisible One item was rewritten.

One Jester item was deleted after it failed to meet the 80% criteria for both the item rating and the technical rating. One Jester item (# 8, I use annoying behavior to attract attention) was deleted because not one of the panel of experts correctly matched the item with the Jester role. A second Jester item (# 1, I try to be cheerful) also failed to meet the criteria to be retained on the behavior role/item matching task. The item was retained in its original form as the reviewers reported that the item had not been

explicitly stated in the behavior role description. Jester item #6 (I use clowning behavior to attract attention) achieved an item rating of 80.0% but only 76.7% on the technical rating; however, the item was retained in order to explore its performance in the pilot test. Wegscheider (1981) states that the use of clowning behavior to attract attention is one of the primary characteristics of her mascot role. The mascot role was one of the roles contributing items to the Jester role of the Integrated Model of Behavior Roles of Offspring of Alcoholic Parents.

Two Black Sheep items were rewritten and the two items with the lowest average on the item and technical ratings were deleted. The two items (# 8, I act verbally aggressive and #10, I act physically aggressive) were deleted in order that the number of items for each of the five roles be consistent. One item (#1, I am able to control my anger) was retained even though it failed to meet the 80% rating criteria and the item was only correctly matched with its behavior role by 33.3% of the panel of experts. The negative scaling of the item was not adequately explained to the panel of experts. The item was designed to be stated in a positive direction but to be scored negatively or as being unable to control one's anger. The item reflects a key attribute of the roles from the original models of behavior roles contributing to the Black Sheep role (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). The panel of experts also suggested that the Black Sheep role be renamed. The items of the role reflect an individual who will go his or her own way to cope with stress; it was renamed the Rebel role.

The revised Behavior Role Scale consists of five behavior roles and 45 items. The five behavior roles are Caretaker, Super Achiever, Invisible One, Jester, and Rebel. Each role is made up of nine items (see Appendix Q). The Flesch-Kincaid Grade Level, a measure of readability, for the 45 item Behavior Role Scale is 6.7.

### **Second Review by the Panel of Experts**

The second review of the items of the Behavior Role Scale by the panel of experts was conducted following the pilot test. Only one item (Rebel #1, I am able to control my anger) failed to meet the 80% rating required to be retained. The item was correctly matched with its behavior role by 83.3% of the panel of experts. One additional item (Super Achiever #4, I tend to find satisfaction in my career/school successes) met the 80% rating criteria with a 90.0% rating but was only accurately matched with its behavior role by 50.0% of the panel of experts. Both items were retained for the final form of the instrument in order to investigate their performance with a different sample. The expert's review of the items is summarized in Table 12.

### **Step 6: Pilot Test of the Behavior Role Scale (Preliminary Item Tryouts)**

The pilot test was conducted in the fall of 1995 and was designed as a preliminary tryout of the 45 item Behavior Role Scale. The pilot test also provided an opportunity to try out the questionnaire format that was being planned for the field test version of the study. The results are presented according to the two phases of data analysis conducted with the pilot test data: the descriptive analysis or characteristics of the pilot test sample and the initial analysis of the measurement instrument (reliability and validity). The pilot test section concludes with a review of the performance of the pilot test questionnaire and recommendations for improving the questionnaire for the field test.

**Table 12**  
**Experts' Item Content Ratings of the Items of the Behavior Role Scale**  
**Phase II**

<b>Caretaker</b>			<b>Super Achiever</b>		
<b>Item #</b>	<b>Item Rating</b>		<b>Item #</b>	<b>Item Rating</b>	
	<b>Score</b>	<b>%</b>		<b>Score</b>	<b>%</b>
1.	28	93.3	1.	28	93.3
2.	24	80.0	2.	28	93.3
3.	30	100	3.	29	96.7
4.	30	100	4.	27	90.0
5.	29	96.7	5.	27	90.0
6.	26	86.7	6.	28	93.3
7.	25	83.3	7.	30	100
8.	29	96.7	8.	28	93.3
9.	26	86.7	9.	30	100

  

<b>Invisible One</b>			<b>Jester</b>		
<b>Item #</b>	<b>Item Rating</b>		<b>Item #</b>	<b>Item Rating</b>	
	<b>Score</b>	<b>%</b>		<b>Score</b>	<b>%</b>
1.	30	100	1.	25	83.3
2.	30	100	2.	30	100
3.	28	93.3	3.	30	100
4.	29	96.7	4.	28	93.3
5.	27	90.0	5.	30	100
6.	30	100	6.	26	86.7
7.	30	100	7.	30	100
8.	30	100	8.	27	90.0
9.	30	100	9.	30	100

  

<b>Rebel</b>		
<b>Item #</b>	<b>Item Rating</b>	
	<b>Score</b>	<b>%</b>
1.	19	63.3
2.	30	100
3.	30	100
4.	26	86.7
5.	30	100
6.	26	86.7
7.	30	100
8.	30	100
9.	30	100

### **Descriptive Analysis: Characteristics of the Sample**

Usable responses were obtained from 144 of the 162 student participants for a return rate of 88.9%. Two students filled in the first page of the demographic section and then decided to not continue with the research. The remaining 16 unusable questionnaires were missing significant portions of their responses to the Behavior Role Scale and to the child and adult rankings of the descriptions of their behavior roles.

The 144 subjects were placed into one of three groups based on their scores on the F-SMAST, the M-SMAST, and their responses to the items of the demographic questionnaire asking whether they had experienced parental alcoholism, divorce, death of a parent or sibling, a parent or sibling with a psychiatric diagnosis, a parent or sibling with a physical disability, a parent or sibling with a chronic illness, or physical or sexual abuse (see Appendix K). The offspring of alcoholic parents group (A+) consisted of 37 subjects or 25.7% of the pilot test sample. The offspring of nonalcoholic parents who had experienced a family disruption group (A-D+) consisted of 60 subjects or 41.7% of the sample. The third group, 47 subjects or 32.6% of the sample were identified as offspring from families without an alcoholic parent who had not experienced a family disruption group (A-D-). The demographic information for the pilot test is summarized in Table 13.

The offspring of alcoholic parents group (A+) was by an insignificant margin the oldest of the three groups ( $M = 23.45$ ,  $SD = 6.99$ ) and the offspring of nonalcoholic parents who had not experienced a family disruption group (A-D-) were the youngest ( $M = 22.02$ ,  $SD = 5.10$ ). No significant differences were found among the ages of the three groups,  $F(2,141) = 2.24$ ,  $p = .110$ . The offspring of alcoholic parents group (A+) averaged more siblings than the other two groups; however the differences were not statistically significant,  $F(8, 135) = 1.62$ ,  $p = .126$ . The subjects for the pilot test were all university students with a median income level of \$0 - 10,000.

**Table 13**  
**Summary of the Demographic Information**  
**Pilot Test**

Demographic Information	Total Sample N=144 (100%)		A+ n=37 (25.7%)		A-D+ n=60 (41.7%)		A-D- n=47 (32.6%)	
	N	%	n	%	n	%	n	%
<b>Gender</b>								
-Female	90	62.5	23	62.2	40	66.7	27	57.4
-Male	54	37.5	14	37.8	20	33.3	20	42.6
<b>Birth Order</b>								
-Only Child	7	4.9	0	00.0	1	1.7	6	12.8
-First Born	64	44.4	18	48.6	29	48.3	17	36.2
-Later Born	73	50.7	19	51.9	30	50.0	24	51.1
	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>
<b># of Siblings</b>	1.83	1.27	2.00	1.60	1.92	1.124	1.57	1.14
<b>Age</b>	23.45	6.41	24.95	6.99	23.65	6.82	22.02	5.10

A+, subjects reporting at least one alcoholic parent;

A-D+, subjects reporting no alcoholic parent but experience with at least one of the following disruptive events in their family of origin: divorce of parents, death of a parent or sibling, psychiatric diagnosis of a family member, physical disability of a family member, chronic illness of a family member, physical or sexual abuse of a family member;

A-D-, subjects reporting no alcoholic parent and no experience with any of the above listed disruptive family events.

The two groups experiencing family disruptions, the offspring of alcoholic parents group (A+) and the offspring of nonalcoholic parents who had experienced a family disruption (A-D+), were examined for differences in their rating of the severity or personal impact of their experiences (see Table 14).

Subjects in the offspring of alcoholic parents group (A+) rated the severity of the disruptive experiences of abuse, disability, divorce, illness, and psychiatric help as more severe than the offspring of nonalcoholic parents who had experienced a family disruption (A-D+). The A-D+ group rated their experience of divorce as more severe

than the A+ group. The differences between the ratings of severity of the two groups measured by t-tests were not found to be statistically significant.

**Table 14**  
**Subject's Rating of the Severity of Experience of Family Disruption**  
**Pilot Test**  
**(Self rated on a 5 point scale)**

Family Disruption	A+ (n = 37)				A-D+ (n = 60)			
	n	%	Mean Severity	SD	n	%	Mean Severity	SD
<b>Father Alcoholic</b>	31	83.8	2.90	1.49	N/A	N/A		
<b>Mother Alcoholic</b>	10	27.0	3.20	1.69	N/A	N/A		
<b>Abuse</b>	17	45.9	3.59	1.42	23	38.3	3.09	1.41
<b>Death</b>	3	8.1	2.67	1.53	8	13.3	3.38	.92
<b>Disability</b>	3	8.1	3.33	2.08	9	15.0	1.78	.67
<b>Divorce</b>	20	54.1	2.60	1.14	14	23.3	2.57	1.16
<b>Illness</b>	12	32.4	3.00	1.28	23	38.3	2.22	1.20
<b>Psychiatric Help</b>	18	48.6	2.69	1.35	24	40.0	2.67	1.20

- 1 = Yes, I did experience the event, but it caused me little or no personal difficulty.  
 2 = Yes, I did experience the event, but it caused me only limited personal difficulty.  
 3 = Yes, I did experience the event, and it caused me a great deal of difficulty.  
 4 = Yes, I did experience the event, and it caused me extreme difficulty.  
 5 = Yes, I did experience the event, and it continues to cause difficulties in my life.

The ages of the subjects at the time of their first awareness of the family disruption were also explored for differences (see Table 15). Subjects in the offspring of alcoholic parents group (A+) were younger at the time of their first experiences and awareness of abuse and divorce. Subjects in the offspring of nonalcoholic parents who had experienced a family disruption (A-D+) were younger with their first experiences and awareness of death, disability, illness, and psychiatric help. No significant statistical

differences were found with the t-tests exploring the age of the initial experience or awareness of the disruptions between the A+ and the A-D+ groups.

**Table 15**  
**Subject's Age at First Experience or Awareness of Family Disruption**  
**Pilot Test**

Family Disruption	A+ (n = 37)				A-D+ (n = 60)			
	n	%	Age Mean	SD	n	%	Age Mean	SD
Father								
Alcoholic	30	81.1	11.43	4.70	N/A	N/A		
Mother								
Alcoholic	10	27.0	11.70	5.06	N/A	N/A		
Abuse	15	40.5	9.47	4.91	24	38.3	11.33	5.60
Death	3	8.1	14.67	11.85	8	13.3	12.00	4.34
Disability	3	8.1	11.67	0.58	8	13.3	10.50	4.81
Divorce	19	51.3	8.05	4.16	14	23.3	12.50	4.94
Illness	12	32.4	12.92	5.16	22	36.7	11.36	6.30
Psychiatric Help	17	45.9	15.88	4.72	24	40.0	14.88	3.88

1 = Yes, I did experience the event or circumstance, but it caused me little or no personal difficulty.

2 = Yes, I did experience the event or circumstance, but it caused me only limited personal difficulty.

3 = Yes, I did experience the event or circumstance, and it caused me a great deal of difficulty.

4 = Yes, I did experience the event or circumstance, and it caused me extreme difficulty.

5 = Yes, I did experience the event or circumstance, and it continues to cause difficulties in my life.

#### **Initial Analysis of the Measurement Instrument:**

#### **Psychometric Properties of the Behavior Role Scale (Pilot Test)**

The initial analysis of the pilot test of the Behavior Role Scale is divided into two sections: analysis of reliability of the instrument and analysis of the validity of the instrument. The analysis of the reliability of the Behavior Role scale and its items was

the focus of the pilot test instrument analysis. Only a brief analysis of the validity of the pilot test of the Behavior Role Scale was conducted. A more detailed examination of the validity of the instrument will be addressed in the field test section of this chapter.

### **Reliability**

Reliability is “an indication of the proportion of variation in test scores, which could be considered true variance as opposed to error variance” (Gable & Wolf, 1993, p. 218). Cronbach's alpha provides an indication of the internal consistency of a scale, the amount of variance that can be considered true variance (see Table 16). The descriptive statistics, item intercorrelations, and item scale statistics were estimated by SPSS Reliability (see Table 17). The pilot test produced an overall alpha of .89 for the Behavior Role Scale. The five behavior roles or subscales had reliabilities of .82 for the Caretaker role, .73 for the Super Achiever role, .85 for the Invisible One role, .91 for the Jester role, and .77 for the Rebel role. According to Wolf and Gable (1993), one should strive for an overall alpha greater than .80. However, with an affective instrument, an alpha of at least .70 is considered acceptable. The alphas for the five behavior roles of the Behavior Role Scale range from .73 to .91, acceptable alpha reliabilities for the pilot test given the small number of items.

**Table 16**  
**Behavior Role Scale Internal Consistency Alpha's**  
**Pilot Test**

<b>Behavior Roles (Subscales)</b>	<b>Cronbach's Alpha</b>
Caretaker	.82
Super Achiever	.73
Invisible One	.85
Jester	.91
Rebel	.77
Total	.89

**Table 17**  
**Descriptive Statistics and Item Correlations**  
**Pilot Test Item Analysis**

<b>Item</b>	<b>Mean</b>	<b>SD</b>	<b>Item-Total Correlation</b>
<b>Caretaker #1</b>	3.73	1.05	.248
<b>Caretaker #2</b>	3.92	1.15	.505
<b>Caretaker #3</b>	2.22	1.23	.422
<b>Caretaker #4</b>	2.90	1.43	.501
<b>Caretaker #5</b>	2.68	1.30	.661
<b>Caretaker #6</b>	1.31	1.34	.537
<b>Caretaker #7</b>	3.72	1.20	.499
<b>Caretaker #8</b>	2.48	1.37	.648
<b>Caretaker #9</b>	3.41	1.11	.606
<b>Super Ach. #1</b>	3.08	1.38	.510
<b>Super Ach. #2</b>	2.93	1.43	.313
<b>Super Ach. #3</b>	3.14	1.26	.402
<b>Super Ach. #4</b>	3.59	1.20	.240
<b>Super Ach. #5</b>	1.76	1.48	.252
<b>Super Ach. #6</b>	2.72	1.55	.372
<b>Super Ach. #7</b>	2.54	1.47	.676
<b>Super Ach. #8</b>	2.73	1.29	.397
<b>Super Ach. #9</b>	3.19	1.35	.468
<b>Invis. One #1</b>	1.81	1.66	.465
<b>Invis. One #2</b>	2.01	1.34	.518
<b>Invis. One #3</b>	1.20	1.14	.535
<b>Invis. One #4</b>	1.85	1.50	.639
<b>Invis. One #5</b>	1.23	1.24	.713
<b>Invis. One #6</b>	1.88	1.33	.559
<b>Invis. One #7</b>	1.48	1.54	.507
<b>Invis. One #8</b>	1.83	1.31	.686
<b>Invis. One #9</b>	.94	1.40	.512
<b>Jester #1</b>	3.81	1.06	.226
<b>Jester #2</b>	2.85	1.60	.683
<b>Jester #3</b>	1.94	1.57	.811
<b>Jester #4</b>	1.56	1.40	.682
<b>Jester #5</b>	2.61	1.44	.733
<b>Jester #6</b>	1.09	1.34	.607
<b>Jester #7</b>	1.51	1.50	.860
<b>Jester #8</b>	2.96	1.54	.669
<b>Jester #9</b>	1.74	1.58	.831

(table continues)

Item	Mean	SD	Item-Total Correlation
<b>Rebel #1</b>	0.98	0.82	.207
<b>Rebel #2</b>	0.76	1.02	.683
<b>Rebel #3</b>	0.65	1.13	.501
<b>Rebel #4</b>	1.45	1.38	.393
<b>Rebel #5</b>	0.70	1.18	.386
<b>Rebel #6</b>	0.42	0.87	.574
<b>Rebel #7</b>	1.37	1.74	.602
<b>Rebel #8</b>	1.10	1.33	.731
<b>Rebel #9</b>	0.78	1.17	.178

The item-total correlations were examined for their contribution to the reliability of their respective subscales. Correlations in the .30 - .50 range are necessary for instruments measuring the affective domain to insure an adequate alpha (Gable & Wolf, 1993). Six items failed to achieve an item correlation with the other items of their subscale of at least .30. The items, Caretaker #1 (I smooth over conflicts), Super Achiever #4 (I tend to find satisfaction in my career (school) successes), Super Achiever #5 (Even when I experience success, I have trouble feeling good about myself), Jester #1 (I try to be cheerful), Rebel #1 (I am able to control my anger), and Rebel #9 (I have difficulty interacting with others in acceptable ways), were reviewed as a means of preparing the Behavior Role Scale for the field test.

The six items were examined for the effect on the alpha of their respective subscales if that item were to be deleted. The alpha level of the behavior roles associated with three of the items (Caretaker #1, Super Achiever #4 and #5) would have been unchanged if the items were deleted. The deletion of two of the items (Jester #1 and Rebel #1) would have contributed an increase of .01 to their respective alpha levels. And one item (Rebel #9) would have contributed an increase of .02 to its subscale alpha level. The decision was made by the researcher to retain the six the items for the field test in order to examine their performance with a larger sample. The items were also retained

due to decisions made during the item review process with the panel of experts. The six items in question can be directly traced to the original models of behavior roles of offspring of alcoholic parents and were items with high primary loadings on their primary roles in an earlier study (Schneider, 1989).

A correlation matrix of the subtests, or the behavior roles of the Behavior Role Scale, was computed using LERTAP (see Table 18). The Caretaker role had a significant correlation with both the Super Achiever role and the Jester Role. The Super Achiever Role had significant correlations with the Invisible One and the Jester roles in addition to the Caretaker role. The Invisible One role correlated significantly with both the Jester role and the Rebel role in addition to the Super Achiever role. The Jester role had significant correlations with each of the other four behavior roles. The relationships between the Invisible One role and the Super Achiever role and the Jester role were not predicted. It was expected that the Rebel role would have a negative relationship with the other four roles; it has a weak negative association with only the Caretaker role.

**Table 18**  
**Behavior Role Scale Subtest Correlation Matrix**  
**Pilot Test**

Subtest (Behavior Role)	1	2	3	4	5
1. Caretaker	1.000				
2. Super Achiever	<b>0.451</b>	1.000			
3. Invisible One	0.147	<b>0.254</b>	1.000		
4. Jester	<b>0.373</b>	<b>0.182</b>	<b>0.200</b>	1.000	
5. Rebel	-.039	0.138	<b>0.469</b>	<b>0.312</b>	1.000

Bold correlation coefficients indicate statistical significance of  $p \leq .05$ .

### **Validity**

"The investigation of validity is an ongoing process" (Gable & Wolf, 1993). Only a preliminary investigation of the validity of the Behavior Role Scale was conducted with the pilot test data. A more complete investigation of validity was conducted with the field test data of the Behavior Role Scale and is presented in the field test section of this chapter. The use of an empirical process in an earlier study to identify the five behavior roles of the integrated model of behavior roles of offspring of alcoholic parents and delineate the items belonging to each role enhances the content validity of the instrument. The panels of experts also contribute to the overall content validity of the instrument.

An initial validity check built into the design of the pilot test was the exploration of subjects' ranking of the descriptions of their behavior roles. The subjects ranked descriptions of the five behavior roles according to how they perceived the behavior roles fit for them. The ranking was from, 1, this role is most like me to, 5, this role is least like me. They ranked the descriptions twice, the first time for how they perceived the descriptions of the roles fit for them when they were children, and the second time according to how they perceived the descriptions fit for them now as adults (see Table 19). Statistically significant correlations were obtained from the rankings of the descriptions of their child roles and the rankings of the Behavior Role Scale results for the total sample, for the offspring of nonalcoholic parents who had experienced a family disruption group (A-D+) and the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-). The offspring of alcoholic parents group (A+) was the only one of the three groups for whom there was not a significant correlation between the child roles and the results of the Behavior Role Scale. The total sample and the offspring of nonalcoholic parents who had experienced a family disruption (A-D+) had significant correlations with their rankings of the descriptions of their adult roles and the rankings of their results of the Behavior Role Scale. All three

groups had significant correlations between their rankings of the descriptions of their child roles and the descriptions of their adult roles.

**Table 19**  
**Rank Correlations Between Behavior Role Descriptions and Behavior Role Scale Pilot Test**

	<b>Child and Adult Role Descriptions</b>	<b>Child Role Descriptions and Behavior Role Scale</b>	<b>Adult Role Descriptions and Behavior Role Scale</b>
<b>Groups</b>	<b>Spearman Rank Correlation</b>	<b>Spearman Rank Correlation</b>	<b>Spearman Rank Correlation</b>
A+	<b>.580</b>	.261	.204
A-D+	<b>.560</b>	<b>.402</b>	<b>.354</b>
A-D-	<b>.675</b>	<b>.431</b>	.192
<b>Combined Groups</b>	<b>.607</b>	<b>.357</b>	<b>.257</b>

Bold correlation coefficients indicate statistical significance of  $p \leq .05$ .

### Questionnaire Performance

The pilot test provided an opportunity to check how subjects would complete the questionnaire. Subjects, in the pilot test took less time to complete the questionnaire, approximately 10 - 15 minutes, than originally anticipated. Two sections, the Parental Binge Chronic Differentiation Scale and the ranking of the behavior role descriptions, were problematic for the subjects. The Parental Binge Chronic Differentiation Scale asked the subjects to assess the drinking patterns and habits of their parents. The subjects were able to complete the section asking general questions about their parents' drinking patterns and habits. But they were unable to complete the section asking for more specific information concerning the days of drinking and the length and timing of drinking bouts. Some sections of the form of the scale used in the pilot test assumed that the parents were drinkers which created difficulties for subjects with nondrinking or no

longer drinking parents. The Parental Binge Chronic Differentiation Scale was revised for the field test of the Behavior Role Scale.

The rankings of the descriptions of their child and adult behavior roles also created some difficulties for the subjects of the pilot test. They were asked to rank descriptions of the five behavior roles of the Behavior Role Scale from 1, most like me, to 5, least like me. They were asked to assign one ranking for when they were a child and to assign a second ranking for their behavior roles as an adult. The difficulty was created in asking the subjects to assign the two rankings to the same present tense descriptions of the behavior roles. The rankings were revised for the field test of the Behavior Role Scale by creating two forms, one for ranking the descriptions of their child behavior roles and one for ranking the descriptions of their adult behavior roles.

Some minor formatting changes were also made to the demographic questionnaire to aid in data entry and data analysis with the field test. And, at the recommendation of several subjects in the pilot test, the printing of the final form of the questionnaire used in the field test was double-sided.

### **Step 7: Field Test of the Behavior Role Scale**

The field test was conducted in the spring of 1996 in order to try out the Behavior Role Scale with a community sample of offspring of alcoholic parents and offspring of nonalcoholic parents. The results are presented according to the three phases of data analysis conducted with the field test data. Phase one provided the descriptive analysis or characteristics of the field test sample. Phase two presented the item and scale analysis of the instrument. And phase three, the exploration of the subjects' Behavior Role Scale results, addressed the six validity issues raised in Chapter II, the Review of the Literature. The phase three analysis was conducted to provide additional validity data

for the initial psychometric investigation of the instrument. The phase three analysis is presented in a separate section of this chapter: Behavior Role Scale Validity Issues.

### **Descriptive Analysis: Characteristics of the Sample**

Responses were obtained from 296 volunteer subjects who completed 288 usable questionnaires for a 97.2% return rate. The unusable questionnaires were returned by eight subjects who decided after beginning the questionnaires to withdraw from the study. The largest number of subjects ( $n = 222$ , 77.0%) were recruited from the walk-in medical clinic of The University of British Columbia's Student Health Services. Subjects were also recruited from a church associated with the Baptist Union of Western Canada ( $n = 35$ , 12.2%) and from a church paraprofessional youth ministry organization ( $n = 31$ , 10.8%).

The offspring of alcoholic parents group (A+) consisted of 76 subjects or 26.4% of the field test sample. The second group, offspring of nonalcoholic parents who had experienced a family disruption (A-D+) included 139 subjects or 48.3% of the sample. The offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) contained 73 subjects or 25.3% of the sample. The demographics of the field test sample are summarized in Table 20.

The offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) was the oldest of the three groups ( $M = 31.71$ ,  $SD = 13.57$ ). The difference is statistically significant with both of the other two groups,  $F(2, 285) = 6.38$ ,  $p = .002$ . The offspring of nonalcoholic parents who had not experienced a significant family disruption (A-D-) averaged more siblings than the other two groups; the difference was not statistically significant. The median income level for all three of the groups was \$0 -10,000. And the median educational level for all three groups was that of attending some college or university.

**Table 20**  
**Summary of the Subjects' Demographic Information**  
**Field Test**

Demographic Information	Total Sample N=288 (100%)		A+ n=76 (26.4%)		A-D+ n=139 (48.3%)		A-D- n=73 (25.3%)	
	N	%	n	%	n	%	n	%
<b>Gender</b>								
-Female	187	64.9	58	76.3	85	61.2	44	60.3
-Male	101	35.1	18	23.7	54	38.8	29	39.7
<b>Birth Order</b>								
-Only Child	9	3.1	2	2.6	6	4.3	1	1.4
-First Born	130	45.1	37	48.7	59	42.4	34	46.6
-Later Born	149	51.7	37	48.7	74	53.3	38	52.0
	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>
<b># of Siblings</b>	2.15	1.43	2.21	1.43	2.07	1.30	2.24	1.66
<b>Age</b>	28.12	10.15	27.04	9.05	26.82	8.02	31.71	13.57

A+, subjects reporting at least one alcoholic parent;

A-D+, subjects reporting no alcoholic parent but experience with at least one of the following disruptive events in their family of origin: divorce of parents, death of a parent or sibling, psychiatric diagnosis of a family member, physical disability of a family member, chronic illness of a family member, physical or sexual abuse of a family member;

A-D-, subjects reporting no alcoholic parent and no experience with any of the above listed disruptive family events.

The two groups experiencing a family disruption, offspring of alcoholic parents group (A+) and offspring of nonalcoholic parents who had experienced a family disruption (A-D+), were compared on their ratings of the severity of the disruptions and on their age of the first experience or awareness of the family disruption (see Table 21 and Table 22). The comparisons involve only those members of the two groups who indicated that they had experienced the particular disruption.

The offspring of alcoholic parents group (A+) rated all of their experiences with a family disruption, except the divorce of their parents, as more severe than the offspring of nonalcoholic parents who had experienced a family disruption (A-D+). Statistically

**Table 21**  
**Subject's Rating of the Severity of Experience of Family Disruption**  
**Field Test**  
**(Self rated on a 5 point scale)**

Family Disruption	n	A+ (n = 76)		A-D+ (n = 139)			
		%	Severity Mean SD	n	%	Severity Mean SD	
<b>Father Alcoholic</b>	67	88.2	2.96	1.38	N/A	N/A	
<b>Mother Alcoholic</b>	23	30.3	2.87	1.46	N/A	N/A	
<b>Abuse</b>	39	51.3	3.26	1.35	40	28.8	2.52 1.43
<b>Death</b>	10	13.2	3.80	0.92	18	12.9	2.94 1.30
<b>Disability</b>	4	5.3	3.25	1.26	24	17.3	2.79 1.62
<b>Divorce</b>	18	23.7	2.67	1.33	28	20.1	3.68 1.29
<b>Drugs/Father</b>	8	10.5	2.62	1.77	8	5.8	1.00 0.00
<b>Drugs/Mother</b>	11	14.4	2.73	1.68	3	2.2	1.67 1.16
<b>Drugs/Siblings</b>	31	40.8	1.87	1.15	57	41.0	1.56 0.91
<b>Illness</b>	28	36.8	3.14	1.48	43	30.9	2.84 1.46
<b>Psychiatric Help</b>	37	48.7	3.14	1.34	73	52.5	2.42 1.37

1 = Yes, I did experience the event or circumstance, but it caused me little or no personal difficulty.

2 = Yes, I did experience the event or circumstance, but it caused me only limited personal difficulty.

3 = Yes, I did experience the event or circumstance, and it caused me a great deal of difficulty.

4 = Yes, I did experience the event or circumstance, and it caused me extreme difficulty.

5 = Yes, I did experience the event or circumstance, and it continues to cause difficulties in my life.

significant differences were found between the two groups on the ratings of their experiences with four of the family disruptions. The offspring of alcoholic parents group (A+) rated their experience with physical or sexual abuse in their families as more severe than the offspring of nonalcoholic parents who had experienced a family disruption (A-D+),  $t(77) = 2.33, p = .022$ . The offspring of alcoholic parents group (A+) rated their experience with their fathers' use of drugs as more severe than the offspring of nonalcoholic parents who had experienced a family disruption (A-D+),  $t(7) = 2.60, p = .035$ . The offspring of alcoholic parents group (A+) also rated their experience with their

family requiring the services of a psychiatrist significantly more severe than the offspring of nonalcoholic parents who had experienced a family disruption (A-D+),  $t(108) = 2.59$ ,  $p = .011$ . The offspring of nonalcoholic parents who had experienced a family disruption (A-D+) rated their experiences with divorce as more severe than the offspring of alcoholic parents group (A+),  $t(44) = -2.58$ ,  $p = .013$ .

**Table 22**  
**Subject's Age at First Experience or Awareness of Family Disruption**  
**Field Test**

Family Disruption	A+ (n = 76)				A-D+ (n = 139)			
	n	%	Age Mean	SD	n	%	Age Mean	SD
Father Alcoholic	66	86.8	10.50	4.96	N/A	N/A		
Mother Alcoholic	22	28.9	11.77	5.65	N/A	N/A		
Abuse	38	50.0	11.05	5.90	34	24.4	12.62	5.84
Death	10	13.2	14.40	3.86	15	10.8	12.53	7.44
Disability	4	5.3	17.50	6.86	23	16.5	11.26	7.94
Divorce	17	22.4	7.94	3.77	28	20.1	11.36	5.64
Drugs/Father	8	10.5	6.88	4.82	8	5.8	10.88	5.59
Drugs/Mother	11	14.4	8.64	3.98	3	2.2	14.00	3.61
Drugs/Siblings	30	39.4	14.57	4.19	52	37.4	16.56	4.01
Illness	28	36.8	13.43	7.10	36	25.9	11.69	4.71
Psychiatric Help	36	47.3	18.61	6.79	66	47.5	15.91	5.44

1 = Yes, I did experience the event or circumstance, but it caused me little or no personal difficulty.

2 = Yes, I did experience the event or circumstance, but it caused me only limited personal difficulty.

3 = Yes, I did experience the event or circumstance, and it caused me a great deal of difficulty.

4 = Yes, I did experience the event or circumstance, and it caused me extreme difficulty.

5 = Yes, I did experience the event or circumstance, and it continues to cause difficulties in my life.

The offspring of alcoholic parents group (A+) were significantly younger than the offspring of nonalcoholic parents who had experienced a family disruption (A-D+) with

their first awareness or experience of the divorce of their parents,  $t(43) = -2.21, p = .033$ . They were also younger than the offspring from families experiencing a disruption but without an alcoholic parent group (A-D+) with the first experience or awareness of a sibling's use of drugs,  $t(80) = -2.13, p = .036$ . The offspring of alcoholic parents group (A+) was older with their first experience or awareness of the need for someone in their family to require the services of a psychiatrist,  $t(100) = 2.19, p = .031$ .

### **Psychometric Properties of the Behavior Role Scale (Field Test)**

The analysis of the psychometric properties of the field test of the Behavior Role Scale is divided into two sections: analysis of the reliability of the instrument and analysis of the validity of the instrument. The analysis of the reliability of the Behavior Role scale involved a detailed item analysis. The analysis of the validity of the Behavior Role Scale involved a discussion of the steps taken to insure the content validity of the instrument and an initial examination of construct validity. The section concludes with a review of the results of the item analysis and recommendations for the revision of the Behavior Role Scale.

#### **Reliability**

The reliability of the Behavior Role Scale was explored using the item analysis provided by SPSS Reliability. The reliabilities of the five roles or subscales of the Behavior Role Scale range from a high of .89 for the Jester role to a low of .67 for the Super Achiever role. The overall alpha for the Behavior Role Scale = .88. According to Gable and Wolf (1993), the reliabilities of the Jester role (.89), the Invisible One role (.86), and the Rebel role (.78) are adequate for an affective instrument. The Caretaker role (.72) and the Super Achiever role (.67) have slightly lower reliabilities (see Table 23).

**Table 23**  
**Behavior Role Internal Consistency Alpha's: Field Test**

<b>Behavior Roles (Subscales)</b>	<b>Cronbach's Alpha</b>
Caretaker	.72
Super Achiever	.67
Invisible One	.86
Jester	.89
Rebel	.78
Total	.88

Table 24 includes the item means and standard deviations, and the item correlations with the rest of the items of its subscale. Items #1 and #2 of the Caretaker role have the two highest means and the two lowest standard deviations among the nine items of the subscale. The combination of a high mean and a low standard deviation indicates the need for further review of the item. The two items also fail to reach the .30 correlation cut score indicating that they are not contributing as much as the other items in the scale to the overall internal consistency of the subscale. Item #1 has the lowest correlations with other individual Caretaker items.

Item #5 of the Super Achiever role (Even when I experience success, I have trouble feeling good about myself) has a low mean and only a .108 correlation with the rest of the its subscale. The alpha for the Super Achiever subscale would increase to .70 if item #5 would be deleted.

The items of the Invisible One role each have correlations with the rest of their subscale greater than .30. Item #9 appears to be the weakest of the Invisible One items. The items of the Jester role correlate with the rest of the items of the subscale in excess of .50 except for item #1 which has a correlation of only .198. It also has a mean of 3.90 indicating that most subjects scored themselves as exhibiting the characteristic close to 80% of the time. The item (I try to be cheerful) was questioned by the panel of experts

**Table 24**  
**Descriptive Statistics and Item Correlations**  
**Field Test Item Analysis**  
**(N = 288)**

<b>Item</b>	<b>Mean</b>	<b>SD</b>	<b>Item-Total Correlation</b>
<b>Caretaker #1</b>	3.76	.97	.099
<b>Caretaker #2</b>	3.97	.97	.279
<b>Caretaker #3</b>	2.45	1.32	.479
<b>Caretaker #4</b>	2.80	1.42	.452
<b>Caretaker #5</b>	2.85	1.29	.532
<b>Caretaker #6</b>	1.34	1.29	.388
<b>Caretaker #7</b>	3.64	1.18	.404
<b>Caretaker #8</b>	2.88	1.34	.421
<b>Caretaker #9</b>	3.33	1.17	.478
<b>Super Ach. #1</b>	3.34	1.23	.425
<b>Super Ach. #2</b>	2.73	1.53	.299
<b>Super Ach. #3</b>	3.32	1.22	.334
<b>Super Ach. #4</b>	3.64	1.13	.284
<b>Super Ach. #5</b>	1.68	1.48	.108
<b>Super Ach. #6</b>	2.59	1.49	.320
<b>Super Ach. #7</b>	2.78	1.55	.612
<b>Super Ach. #8</b>	3.02	1.32	.456
<b>Super Ach. #9</b>	3.38	1.17	.306
<b>Invis. One #1</b>	1.77	1.59	.564
<b>Invis. One #2</b>	1.81	1.30	.505
<b>Invis. One #3</b>	1.10	1.09	.647
<b>Invis. One #4</b>	1.66	1.39	.730
<b>Invis. One #5</b>	1.08	1.21	.602
<b>Invis. One #6</b>	1.60	1.20	.584
<b>Invis. One #7</b>	1.50	1.45	.513
<b>Invis. One #8</b>	1.47	1.27	.728
<b>Invis. One #9</b>	.77	1.23	.457
<b>Jester #1</b>	3.90	.94	.198
<b>Jester #2</b>	2.73	1.48	.692
<b>Jester #3</b>	1.92	1.57	.758
<b>Jester #4</b>	1.57	1.33	.502
<b>Jester #5</b>	2.58	1.49	.694
<b>Jester #6</b>	1.14	1.33	.574
<b>Jester #7</b>	1.51	1.43	.827
<b>Jester #8</b>	2.84	1.49	.658
<b>Jester #9</b>	1.73	1.43	.764

(table continues)

<b>Item</b>	<b>Mean</b>	<b>SD</b>	<b>Item-Total Correlation</b>
<b>Rebel #1</b>	1.02	.93	.184
<b>Rebel #2</b>	.65	.85	.471
<b>Rebel #3</b>	.54	.92	.494
<b>Rebel #4</b>	1.21	1.30	.537
<b>Rebel #5.</b>	.77	1.18	.481
<b>Rebel #6</b>	.35	.78	.486
<b>Rebel #7</b>	1.03	1.52	.578
<b>Rebel #8</b>	1.00	1.29	.646
<b>Rebel #9</b>	.71	1.12	.333

and was retained for the field test because of its connection with the original models of behavior roles of offspring of alcoholic parents.

The nine items of the Rebel role possess the lowest means and standard deviations of the five behavior roles or subscales of the Behavior Role Scale. Item #1 also fails to meet the .30 correlation criteria. The item, I am able to control my anger (scored negatively), is another item that was retained from the pilot test because of its direct connection to the original models.

Several items emerge from the item analysis as candidates to be reviewed as a means of improving the overall reliability of the Behavior Role Scale. The deletion of Caretaker #1, Super Achiever #5, Invisible One #9, Jester #1, and Rebel #1 would improve internal consistency for each of the five subscales of the Behavior Role Scale. The higher internal consistency of the subscales would contribute to a higher overall reliability estimate for the instrument.

The correlations of the five subscales or behavior roles of the Behavior Role Scale are presented in Table 25. The Caretaker role is correlated with the Super Achiever role and the Jester role as it was in the pilot test. In the field test the Caretaker also has a significant correlation with the Invisible One role. The Super Achiever role is correlated with both the Jester and the Rebel roles. The Rebel role is correlated with the Invisible One role and the Jester role in addition to the Super Achiever role.

**Table 25**  
**Behavior Role Scale Subtest Correlation Matrix**  
**Field Test**

Subtest	1	2	3	4	5
1. Caretaker	1.000				
2. Super Achiever	<b>.480</b>	1.000			
3. Invisible One	<b>.118</b>	.102	1.000		
4. Jester	<b>.435</b>	<b>.330</b>	.110	1.000	
5. Rebel	.046	<b>.153</b>	<b>.473</b>	<b>.254</b>	1.000

Bold correlation coefficients indicate statistical significance of  $p \leq .05$ .

### Validity

Construct validation is an ongoing process (Allen & Yen, 1979) and is not a primary objective of this study. However, some initial examinations of construct validity were conducted. One measure of construct validity in this study are the correlations between subjects' Behavior Role Scale results and the rankings the descriptions of the their child and adult behavior roles (see Table 26).

The correlations between the subjects rankings of the descriptions of their adult behavior roles and the rankings of their Behavior Role Scale results were all statistically significant. The offspring of alcoholic parents and the offspring of nonalcoholic parents who had not experienced a family disruption did not have significant correlations between the descriptions of their childhood behavior roles and the rankings of their Behavior Role Scale results. All of the correlations between the descriptions of their child behavior roles and the descriptions of their adult behavior roles were significant.

Factor analysis was conducted with a principal components analysis of the 45 items of the Behavior Role Scale. The unrotated analysis produced 11 factors with eigen values greater than 1.0; the 11 factors accounted for 65.3% of the variance. The 11

**Table 26**  
**Rank Correlations Between Behavior Role Descriptions and Behavior Role Scale Field Test**

	<b>Child and Adult Role Descriptions</b>	<b>Child Role Descriptions and Behavior Role Scale</b>	<b>Adult Role Descriptions and Behavior Role Scale</b>
<b>Groups</b>	<b>Spearman Rank Correlation</b>	<b>Spearman Rank Correlation</b>	<b>Spearman Rank Correlation</b>
A+	<b>.461</b>	.156	<b>.366</b>
A-D+	<b>.560</b>	<b>.328</b>	<b>.423</b>
A-D-	<b>.612</b>	.182	<b>.267</b>
<b>Combined Groups</b>	<b>.576</b>	<b>.252</b>	<b>.376</b>

Bold correlation coefficients indicate statistical significance of  $p \leq .05$ .

factors were not interpretable. However, the 11 factors began to be interpretable when varimax rotation was added to the analysis. Principle components analysis with varimax rotation was then performed with the items of the Behavior Role Scale with the number of factors set at 4, 5, 6, 8, and 10 in order to be able to explore other possible solutions. The five factor model was the most interpretable solution (see Table 27). The five factors are solitude, entertainment, defiance, achievement, and responsibility.

The Super Achiever, Invisible One, Jester, and Rebel roles emerged as clear roles in the five factor model. Seven of the nine Super Achiever items had their primary loading on the achievement factor. Super Achiever #2, I am convinced that however much I may accomplish it is not enough, and Super Achiever #5, even when I experience success, I have trouble feeling good about myself, had their primary loadings on the solitude factor. All nine of the Invisible One items have a primary loading on the same factor. However, two of the items (#7, I cope with family pressures by avoiding other

**Table 27**  
**Primary Factor Analysis Loadings of the Items of the Behavior Role Scale**  
**Five Factor Model**

Item	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Caretaker #1*					
Caretaker #2				.485	
Caretaker #3					.703
Caretaker #4					.771
Caretaker #5					.715
Caretaker #6					.620
Caretaker #7				.566	
Caretaker #8				.506	
Caretaker #9				.577	
Super Achiever #1				.474	
Super Achiever #2	.434				
Super Achiever #3				.525	
Super Achiever #4				.450	
Super Achiever #5	.441				
Super Achiever #6				.419	
Super Achiever #7				.666	
Super Achiever #8				.644	
Super Achiever #9				.516	
Invisible One #1	.566				
Invisible One #2	.689				
Invisible One #3	.727				
Invisible One #4	.728				
Invisible One #5	.705				
Invisible One #6	.709				
Invisible One #7**	.486		.452		
Invisible One #8	.779				
Invisible One #9**	.420		.424		
Jester #1 *					
Jester #2		.738			
Jester #3		.814			
Jester #4		.534			
Jester #5		.758			
Jester #6		.647			
Jester #7		.851			
Jester #8		.700			
Jester #9		.797			

Item	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Rebel #1*					
Rebel #2			.523		
Rebel #3			.579		
Rebel #4			.545		
Rebel #5			.601		
Rebel #6			.574		
Rebel #7			.699		
Rebel #8			.740		
Rebel #9	.481				

\* = no primary factor loading  $\geq .400$

\*\* = primary factor loading  $\geq .400$  on two factors

family members and #9, I imagine myself living in a kind of fantasy world as a way of coping with other people) also load on a second factor, the defiance factor. Eight of the nine Jester items have their primary loading on the entertainment factor. The ninth Jester item, #1, I try to be cheerful, does not have a primary loading on any one of the five factors. Seven of the Rebel items have their primary loading on the defiance factor. Rebel #1, I am unable to control my anger, does not have a primary loading and Rebel #9, I have difficulty interacting with others in acceptable ways, has its primary loading on the solitude factor.

The items of the Caretaker role were split between two factors. Caretaker items 3, 4, 5, and 6 had their primary loading on the responsibility factor. Caretaker items 2, 7, 8, and 9 had their primary loadings on the achievement factor. The ninth Caretaker item, #1, I smooth over conflicts did not have a primary loading of .400 or greater. In the 11 factor model, Caretaker #1 and Rebel #1 have their primary loadings on a factor that contains only the two items.

### **Review of the Item Analysis**

The 45 items of the Behavior Role Scale were reviewed as part of the initial investigation of the psychometric properties of the instrument. The goal was to have inter-item correlations in the .30 - .40 range; as eight to 10 such items will generate alpha reliabilities in the .80 vicinity (Gable & Wolf, 1993). Seven items failed to meet the .300 level of correlation with the rest of the items of their subscales set by the researcher as the criteria to be retained as items. The seven items will be reviewed one at a time. The first item, Caretaker #1 (I smooth over conflicts) is taken from Black's (1981) model. The original characteristic was "smoothes over conflicts" (Black, 1981). The item had a mean of 3.73 with a standard deviation of 1.05 on the pilot test and a mean of 3.76 and a standard deviation of .97 on the field test. The relatively high means (5 point scale) and low corresponding standard deviations indicate an item that is not discriminating among the subjects (Gable & Wolf, 1993). Caretaker #1 had item-total correlations of .248 and .099. The item had its primary loading on defiance factor of the five factor model factor analysis matrix which is the factor associated with the Rebel role. Caretaker #1 was rated as 93.3, 96.7 and 93.3 by the panel of experts. The item received a positive review by the panel but it did not perform as a good item and it is recommended that Caretaker #1 be deleted from the Behavior Role Scale.

Caretaker #2 (I feel good about myself when I give my time and energy to others) is taken from Black's (1981) "survival equals giving to others (time, energy, empathy)." The item possessed high means (3.92, 3.97) and low standard deviations (1.05, .97) on the two tests of the instrument. The item-total correlations were .505 on the pilot test and .279 on field test. It was rated 83.3, 90.0, and 80.0 by the panel of experts. The item's primary loading was on Factor 4, the achievement factor. The item may be picking up a degree of social desirability which limits its ability to discriminate among respondents. In addition, there is confusion as to whether or not the giving of time and energy to others

is part of caretaker or a part of super achiever. It is recommended that Caretaker #2 be deleted from the Behavior Role Scale.

Super Achiever #2 (I am convinced that however much I may accomplish it is not enough) from Deutsch's (1983), "convinced that however much they may be accomplishing it is seldom, if ever, enough." The item means (2.93 and 2.73) and standard deviations (1.43 and 1.53) seem okay when they are compared with the item means and standard deviations of the rest of the Super Achiever items. The pilot test item-total correlation was an acceptable .313 and the field test item-total correlation was .299, just below the .300 criteria to be retained as an item. The panel ratings for the item are an acceptable 96.7, 93.3, and 93.3. The main problem with the item is that its primary factor analysis loading is with the factor interpreted as the solitude factor, the factor associated with the Invisible One behavior role. It seems to be measuring an achiever quality of a person who perceives himself or herself as being more in the background. The Super Achiever role has traditionally been described as fitting a more outgoing type of personality. It is recommended that Super Achiever #2 be rewritten with more of a focus on achievement.

Super Achiever #4 (I tend to find satisfaction in my career (school) successes) from Deutsch's (1983), "repeated career successes rarely bring satisfaction." Item means (3.59, 3.64) were the highest of the nine Super Achiever items and its standard deviations (1.20, 1.13) were the lowest of the nine items. Its item-total correlations were .240 and .284. The item was retained for the pilot test and the final test of the Behavior Role Scale because of its high primary loading with Latent Partition Analysis and because it is a core concept of the original models of the behavior roles of offspring of alcoholic parents. The panel of experts rated the item with a 73.3, 63.3, and a 90.0. Only 50% of the panel correctly matched the item with its behavior role in both phase I and phase II. The item's primary loading was with the achievement factor on the factor analysis;

however, the item did not perform as expected and it is recommended that Super Achiever #4 be deleted.

Super Achiever #5 (even when I experience success, I have trouble feeling good about myself) is based on Wegscheider's (1981) "as adults have trouble feeling good about themselves no matter how successful they become." The item means (1.76, 1.68) were the lowest and its standard deviations (1.48, 1.48) were among the highest of the Super Achiever items. Item-total correlations are .252 for the pilot test and .108 for the field test. The panel considered the item to be a good item with ratings of 86.7, 86.7, and 90.0. According to factor analysis its primary loading was with the solitude factor. An examination of its correlations with the other items of the instrument reveals that its highest correlations are with items from the Invisible One role. Super Achiever #5 cannot be considered a good measure of an attribute of the Super Achiever role and it is recommended that it be deleted from the Behavior Role Scale.

Jester #1 (I try to be cheerful) is derived from Kritzberg's (1985) "I try to be cute." The item had the highest means (3.81, 3.90) and lowest standard deviations (1.06, .94) of the nine Jester items. The high means and low standard deviations indicate that the item has little ability to discriminate differences among respondents. The item-total correlations were .226 for the pilot test and .198 for the field test. The panel of experts assigned ratings of 83.3, 96.7, and 83.3 to the item indicating that they thought it was an acceptable item. However, the item was only correctly matched with its behavior role by 50% of the panel during phase I and it did not have a factor analysis loading on the five factor model greater than .400. It is recommended that Jester #1 be deleted from the Behavior Role Scale.

Rebel #1 (I am unable to control my anger) from Black's (1981) "as adults experience inability to control anger" had a mean of .98 and a standard deviation of .82 on the pilot test and a mean of 1.02 and a standard deviation of .93 on the field test. Its item-total correlations are .207 for the pilot test and .184 for the field test; well below the

.300 criteria to be retained as an item. The panel gave the item ratings of 56.7, 60.0, 83.3 and the item was only correctly matched with its role by one of the members of the review panel at phase I. The item did not have a primary factor analysis loading greater than .400 on the five factor model. The item was retained by the researcher for both the pilot test and the field test because the inability to control anger is considered a primary characteristic of the Acting Out Child (Black, 1981) and Scapegoat (Wegscheider, 1981) roles of the original models of behavior roles of offspring of alcoholic parents. The item also possessed a strong primary loading on the Latent Partition Analysis (Schneider, 1989). It is recommended that Rebel #1 be deleted from the Behavior Role Scale.

Rebel #9 (I have difficulty interacting with others in acceptable ways) from Black's (1981) "they have difficulty interacting with others in acceptable ways." had means of .78 and .71 and standard deviations of 1.17 and 1.12. The item had item-total correlations of .178 on the pilot test and .333 on the field test. The pilot test item-total correlation is below the .300 criteria for an item to be retained and the field test correlation is just above the minimum criteria. The panel considered it to be a good item assigning ratings of 86.7, 96.7, and 100. The item had its primary factor analysis loading on the solitude factor interpreted as the Invisible One role. It is recommended that Rebel #9 be deleted from the Behavior Role Scale.

Additional items were deleted in order to keep the number of items consistent across the five behavior roles of the revised Behavior Role Scale. Invisible One #9 (I imagine myself living in a kind of fantasy world as a way of coping with people) was deleted as it was the weakest of the items belonging to that role. Invisible One #7 (I cope with family pressures by avoiding other family members) was also deleted in order to reduce the number of items for the behavior role to seven. Invisible One #7 was chosen because it had two primary factor loadings of greater than .400. And Jester #4 (I feel it is up to me to keep my family entertained) was also deleted in order that there would be seven items in the Jester role. Jester #4 was chosen because its deletion would contribute

the most increase to the alpha of the Jester role. The revised Behavior Role Scale consists of five behavior roles and 35 items (see Table 28).

**Table 28**  
**Items of the Revised Behavior Role Scale**  
**(35 Items)**

### **CARETAKER**

1. The needs of others in my family are more important than my own needs.
2. I feel responsible for the members of my family.
3. I feel responsible for the people in my life.
4. I feel if I don't take care of others, something terrible might happen to them.
5. I am willing to lend an ear and to serve as a mediator in stressful situations.
6. Helping people is a focus of my involvement with others.
7. I help people when they find themselves in a difficult situation.

### **SUPER ACHIEVER**

1. I appear to others to be a perfectionist.
2. I am convinced that however much I accomplish it is not enough.
3. I often assume leadership roles.
4. I believe that my successes provide a sense of well-being for my family.
5. I am considered to be a super-achiever.
6. I am a leader among my peers.
7. I appear to others to function unusually well.

### **INVISIBLE ONE**

1. I emotionally escape by separating from my family.
2. I am in the background when I am with other people.
3. I try to avoid being around other people.
4. I emotionally escape by withdrawing into myself.
5. I am easily lost in the shuffle.
6. I keep a low profile.
7. I keep to myself.

### **JESTER**

1. I use humor as a way of helping other members of my family avoid tension.
2. My jokes are a way of reducing tension in my family.
3. I try to be funny.
4. I use clowning behavior to attract attention.
5. Comedy is my way of bringing a sense of relief to my family.
6. I feel better when I can make other people laugh.
7. Humor is my way of coping with the stresses and tensions of life with my family.

**REBEL**

1. I am a troublemaker.
2. I act out by being involved in behavior that others consider to be bad or dangerous.
3. I have trouble with authority.
4. My family blames me for family problems and mishaps.
5. My acting out behavior is potentially dangerous.
6. My family believes me to be the family rebel.
7. I am considered to be rebellious.

**Behavior Role Scale Validity Issues**

Six validity issues concerning the behavior roles of offspring of alcoholic parents were identified in Chapter II, Review of the Literature. The six validity issues were briefly explored as one way of providing further validity data for the Behavior Role Scale. The exploration is necessary to investigate whether or not the Behavior Role Scale performs as theoretically expected.

The first validity issue addressed whether or not the behavior roles, as measured by the Behavior Role Scale, can discriminate between offspring of alcoholic parents and offspring of nonalcoholic parents. The offspring of alcoholic parents group (A+) scored higher on four of the five behavior roles than the other two groups (see Table 29). They scored the highest average on the Caretaker, Super Achiever, Invisible One, and Rebel roles. The offspring of nonalcoholic parents who had experienced a family disruption (A-D+) scored the highest on the fifth role, Jester. The differences on three of the behavior roles between the three groups were found to be statistically significant. The Super Achiever scores for the offspring of alcoholic parents group (A+) were significantly higher than the offspring of nonalcoholic parents who had experienced a family disruption (A-D+),  $F(2, 285) = 4.79, p = .009$ . The offspring of alcoholic parents group (A+) scored higher Invisible One scores than both of the other two groups,  $F(2, 285) = 5.77, p = .004$ . The offspring of alcoholic parents group (A+) also had significantly different Rebel scores. Their Rebel scores were higher than the Rebel

**Table 29**  
**Behavior Role Scale Results by Group**  
**Field Test**

Behavior Role	A+ (n = 76)		A-D+ (n = 139)		A-D- (n = 73)		Significant Differences
	Mean	SD	Mean	SD	Mean	SD	
Caretaker	27.38	6.32	26.70	6.14	27.29	6.08	A+ vs A-D+ A+ vs A-D+ A+ vs A-D-
Super Ach.	28.37	5.81	25.64	6.67	26.08	6.05	
Invis. One	15.43	9.12	11.82	7.33	11.79	7.88	
Jester	20.09	9.44	20.11	8.82	19.41	9.36	A+ vs A-D-
Rebel	9.03	7.26	7.27	5.56	5.53	5.18	

scores of the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-),  $F(2, 285) = 6.38, p = .002$ .

Significant gender differences were discovered with the Jester and Rebel roles. Men ( $M = 22.27, SD = 9.03$ ) in the total sample scored higher on the Jester role than women ( $M = 18.66, SD = 8.91$ ),  $t(286) = 3.26, p = .001$ . Men ( $M = 23.03, SD = 9.34$ ) in the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) also scored higher than women ( $M = 17.02, SD = 8.67$ ) on the Jester role,  $t(71) = 2.81, p = .006$ . Men in the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) scored higher ( $M = 7.17, SD = 5.54$ ) on the Rebel role than the women ( $M = 4.45, SD = 4.70$ ) in that group,  $t(71) = 2.25, p = .027$ .

The second validity issue was concerned with the impact of the drinking patterns and habits of the alcoholic parents on offspring's behavior roles. The subjects were asked to respond to a series of questions concerning the drinking patterns and habits of their parents. The subjects in the offspring of alcoholic parents group (A+) were placed into

one of five groups based on their responses to the Binge Chronic Differentiation Scale (see Table 30).

**Table 30**  
**Drinking Habits of the Alcoholic Parents**

Drinking Habits	Father		Mother	
	N	%	N	%
1. Irregular, binge drinker	18	23.6	1	1.3
2. Steady, regular drinker	12	15.8	14	18.4
3. Combination drinker	11	14.5	4	5.2
4. Occasionally drinks/never drinks	25	32.9	50	65.8
5. Cannot say	10	13.2	7	9.2
<b>Total</b>	<b>76</b>	<b>100</b>	<b>76</b>	<b>99.9</b>

The behavior roles were compared according to the drinking habits of the parents of the offspring of alcoholic parents group (A+) (see Table 31). Offspring of fathers who are steady regular drinkers ( $M = 23.33$ ,  $SD = 6.98$ ) scored higher on the Jester role than offspring of fathers who are combination irregular, regular drinkers ( $M = 14.64$ ,  $SD = 8.33$ ),  $F(2, 38) = 3.66$ ,  $p = .035$ . Offspring of fathers who are irregular, binge drinkers ( $M = 11.83$ ,  $SD = 7.79$ ) and offspring of fathers who are steady, regular drinkers ( $M = 11.42$ ,  $SD = 7.74$ ) scored significantly higher on the Rebel role than offspring of fathers who are combination irregular, regular drinkers ( $M = 5.09$ ,  $SD = 4.91$ ),  $F(2, 38) = 3.43$ ,  $p = .043$ . There were no statistically significant differences among the mothers' drinking habits. However, it should be noted that as the sample of interest was a non-clinical offspring of alcoholic parents sample, there is a large group of parents in the "occasionally drinks/never drinks/no longer drinks" category. As it was not possible to know what patterns may have been part of their parents' drinking for those indicating categories 4, occasionally drinks/never drinks, and 5, can't say, they were not included in the analysis of parent's drinking patterns.

**Table 31**  
**Offspring of Alcoholic Fathers Behavior Role Scale Results**  
**According to the Father's Drinking Habits**  
**Field Test**

Behavior Role	Irregular, Binge		Regular, Steady		Combination		Significant Differences
	Mean	SD	Mean	SD	Mean	SD	
Caretaker	26.50	6.25	26.58	4.32	24.18	8.22	Reg vs Comb Irreg vs Comb, Reg vs Comb
Super Ach.	29.22	5.81	27.92	3.55	25.18	6.75	
Invis. One	19.67	9.89	17.33	8.79	14.73	8.56	
Jester	20.61	8.16	23.33	6.98	14.64	8.33	
Rebel	11.83	7.79	11.42	7.74	5.09	4.91	

The allocation of the behavior roles was the third validity issue identified in the literature. Statistically significant differences were found for two of the behavior roles and the birth order of the subjects. In the total sample, those who were only children ( $M = 31.11$ ,  $SD = 6.51$ ) scored higher than those who were later born ( $M = 25.85$ ,  $p = 6.03$ ) on the Super Achiever role,  $F(2, 285) = 3.37$ ,  $p = .036$ . Those who were later born in the total sample ( $M = 21.94$ ,  $SD = 9.23$ ) scored higher than first born ( $M = 17.65$ ,  $SD = 8.49$ ) on the Jester role,  $F(2, 285) = 8.10$ ,  $p = .000$ . And with the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-), those who were later born ( $M = 22.16$ ,  $SD = 9.35$ ) scored higher than those who were first born ( $M = 16.29$ ,  $SD = 8.62$ ) on the Jester role,  $F(2, 70) = 3.81$ ,  $p = .027$ . However, birth order did not significantly correlate with the scores of the Behavior Role Scale.

The conflicting viewpoints concerning the appropriate social role theory to apply to the behavior roles of offspring of alcoholic parents was the fourth validity issue identified in the review of the literature. The authors of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) indicate that a person will usually

adopt or will be ascribed one role; a structural role theory perspective. The critics of the models of behavior roles of offspring of alcoholic parents argue from a more interactional role theory perspective (Berkowitz & Perkins, 1988; Jenkins et al., 1993; Sher, 1991a; Woodside, 1988). According to an interactional perspective, one would expect the offspring to have a multiple role profile. The number of roles adopted by the subjects was explored as one way of addressing the issue of the appropriate social role theory to apply in furthering our understanding of the behavior roles of offspring of alcoholic parents.

Two separate explorations of the number of roles adopted by individual subjects was conducted. The first exploration set the average score at 20% for the nine items of the behavior role as an indication that a person had adopted the role (see Table 32). Four roles were adopted more often than any other combination by the total sample as well as each of the three groups. No one adopted only one role or no roles at the 20% level. There were no statistically significant differences between the three groups with the number of subjects adopting the different number of roles. In addition no statistically significant differences were found within the groups as to the number of roles adopted by its members.

**Table 32**  
**Number of Roles**  
**Average Score of 20% on the Nine Items of the Role**  
**Field Test**

# of Roles	Total		A+		A-D+		A-D-	
	N	%	N	%	N	%	N	%
5	80	27.8	25	32.9	39	28.0	16	21.9
4	113	39.2	32	42.1	52	37.4	29	39.7
3	84	29.2	18	23.7	44	31.6	22	30.1
2	11	3.8	1	1.3	4	2.9	6	8.2
1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
<b>Total</b>	288	99.9	76	100	139	99.9	73	100

The second exploration set the average score at 60% to indicate that a role had been adopted (see Table 33). The offspring of alcoholic parents group (A+) adopted two roles more than any other combination. The largest number of members of the offspring of nonalcoholic parents who had experienced a family disruption group (A-D+) adopted no roles at the 60% level. The offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) adopted one role most often.

**Table 33**  
**Number of Roles**  
**Average Score of 60% on the Nine Items of the Role**  
**Field Test**

# of Roles	Total		A+		A-D+		A-D-	
	N	%	N	%	N	%	N	%
5	0	0	0	0	0	0	0	0
4	5	1.7	1	1.3	4	2.9	0	0
3	40	13.9	16	21.0	18	12.9	6	8.2
2	83	28.8	29	38.2	31	22.3	23	31.5
1	83	28.8	17	22.4	38	27.3	28	38.4
0	77	26.7	13	17.1	48	34.5	16	21.9
<b>Total</b>	288	99.9	76	100	139	99.9	73	100

Statistically significant differences were found between the three groups on the number of roles adopted at the 60% level. The offspring of nonalcoholic parents who had experienced a family disruption (A-D+) adopted 0 roles significantly more often than the offspring of alcoholic parents group (A+),  $\chi^2(1, N = 61) = 5.30, p < .05$ . The offspring of alcoholic parents group (A+) adopted two roles significantly more often than the offspring of nonalcoholic parents who had experienced a family disruption (A-D+),  $\chi^2(1, N = 60) = 4.44, p < .05$ . The offspring of alcoholic parents group (A+) adopted three roles significantly more often than the offspring of nonalcoholic parents who had

not experienced a significant family disruption group (A-D-),  $\chi^2(1, N = 22) = 4.19, p < .05$ .

The impact of personal alcoholism on the behavior roles was the fifth validity issue identified in the literature. The Short Michigan Alcoholism Screening Test (SMAST) was used to screen for alcoholism among the subjects of the field test. Subjects in the offspring of alcoholic parents group (A+) had significantly higher SMAST scores ( $M = 1.32, SD = 1.99$ ) than the subjects of the offspring of nonalcoholic parents who had experienced a family disruption (A-D+) ( $M = .71, SD = 1.32$ ) and of the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) ( $M = .30, SD = .76$ ),  $F(2, 285) = 9.61, p = .000$ . Ten subjects, six in the offspring of alcoholic parents group (A+), three in the offspring of nonalcoholic parents who had experienced a family disruption group (A-D+), and one subject in the offspring of nonalcoholic parents who had not experienced a family disruption, scored five or more points on the SMAST, indicating problems with their use of alcohol. There were no statistically significant differences with the Behavior Role Scale results between those subjects scoring five or more points on the SMAST and those subjects scoring less than five points on the SMAST.

The sixth validity issue asked about the relationship between family functioning and the behavior roles. There were no significant differences when the FACES III adaptability results were compared with the three groups. Significant differences were found with the cohesion scale of FACES III. The offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) were more cohesive ( $M = 37.63, SD = 6.49$ ) than both the offspring of alcoholic parents group (A+) ( $M = 32.76, SD = 9.93$ ) and the offspring of nonalcoholic parents who had experienced a family disruption (A-D+) ( $M = 34.10, SD = 8.38$ ),  $F(2, 277) = 6.55, p = .002$ .

## Summary

This chapter contains the results of steps 5, 6, 7, and 8 of Crocker and Algina's (1986) instrument development process. The results of the item review and revision process for the instrument were presented (step 5). Descriptive analysis of the pilot test sample and an initial item and scale analysis were presented for the pilot test of the Behavior Role Scale (steps 6 and 8). The questionnaire used to gather the data was revised following the pilot test incorporating changes recommended by the pilot test subjects. Descriptive analysis, item and scale analysis including factor analysis, and a brief exploration of the Behavior Role Scale and the validity issues identified in Chapter II, The Review of the Literature were presented for the field test (steps 7 and 8). The statistical results presented in this chapter indicate that the Behavior Role Scale possesses adequate reliability and validity. In addition, the Behavior Role Scale was able to discriminate differences between offspring of alcoholic parents (A+), offspring of nonalcoholic parents who had experienced a family disruption (A-D+), and offspring of nonalcoholic parents who had not experienced a significant family disruption (A-D-).

The results presented in this chapter will now be discussed from the perspective of their contribution to the development of the Behavior Role Scale, the primary objective of this study. Recommendations for improving the Behavior Role Scale, a discussion of six validity issues and the performance of the Behavior Role Scale, a discussion of the implications of the results of the pilot test and field test, a discussion of the limitations of this study, and recommendations for future research will be presented in Chapter V, Discussion.

## **CHAPTER V**

### **DISCUSSION**

#### **Introduction**

The primary objective of this study was the development and initial psychometric investigation of the Behavior Role Scale, a measurement instrument based on the integrated model of behavior roles of offspring of alcoholic parents (Schneider, 1989). The Behavior Role Scale was developed according to Crocker and Algina's (1986) ten step instrument development process. The first three steps of the process (identifying the purpose for the instrument, identifying the behavior roles that represent the construct, and delineating the attributes or items that should focus on each of the behavior roles) were completed as part of an earlier study (Schneider, 1989) and are summarized in Chapter III, Methodology. This study began with steps 4 and 5, construction and review of an initial pool of items. The study continued with the initial tryout of the items or pilot test of the Behavior Role Scale, the field test of the instrument, and a determination of the statistical properties of the items and the scale, steps 6 - 8. An additional section of analysis, exploring the performance of the Behavior Role Scale according to six validity issues identified in Chapter II, Review of the Literature, was added to the field test. The results of the validity investigation were designed to provide additional psychometric evidence for the Behavior Role Scale and to serve as a bridge between the field test of the instrument and ongoing construct validation studies.

This chapter is divided into a summary of the results of the study, a review of the limitations of the study, a discussion of the implications of the study for theory building, education, and counselling, and recommendations for future research. The chapter continues with the summary of the results of the study. The results are summarized

according to steps 4 - 8, the five steps of Crocker and Algina's (1985) instrument development process which made up this study.

## **Summary of the Results**

### **Step 4. Constructing Initial Pool of Items**

The 48 attributes of the integrated model of behavior roles of offspring of alcoholic parents served as the foundation for the construction of the items for the Behavior Role Scale. Maintaining a clear link with the attributes of the original models of behavior roles while constructing the items of the measurement instrument was one of the challenges of the item construction process. To begin with, the 48 attributes were not evenly spread across the five behavior roles of the integrated model. There were seven attributes for the Caretaker role, 14 attributes for the Super Achiever role, 10 attributes for the Invisible One role, three attributes for the Jester role, and 14 attributes for the Rebel role. New items were created for each of the five behavior roles so that there would be an adequate pool of items for the item review and revision step of the instrument development process. The use of two panels in the item construction phase helped insure the connection between the items and the original models was maintained.

The number of items ranged from a high of 69 to a low of 50 during the item construction phase. An important implication of the item construction phase concerns the items that were deleted because they either failed to maintain an adequate link with the original models or were felt by the panel to not be good items for a measurement instrument. Five Caretaker items were deleted during this step of the instrument construction process. Two of the items (my family counts on me to help manage family affairs and my family depends on me to help manage family problems) can be traced to Deutsch's (1983) model. Two of the items (I discount my own needs and I feel the needs

of my family are more important than my own personal needs) can be traced to Black's (1981) model. And one Caretaker item that was deleted (I act as the family savior) can be traced to Booz-Allen & Hamilton's (1974) model. The end result is that the Caretaker role now consists of items that can be directly traced only to the models of Black (1981) and Wegscheider (1981).

There were five Super Achiever items deleted during this step. Two items are from Wegscheider's (1981) model (if/when in university/college I am doing/did well scholastically and I am successful in athletics) and one item (I appear exemplary) is from Deutsch's (1983) model. The remaining two Super Achiever items (I focus on pleasing others through my performances outside of the family and I have trouble setting limits on how much I'm responsible for) were created during this step and were deleted because they did not meet the 100% agreement as the role of best fit.

Two items from the Invisible One were deleted. One item (I escape by hiding) was taken from the model of Booz-Allen & Hamilton (1974) and the other item (I feel I live in a fantasy world) was taken from Wegscheider's (1981) model. The Wegscheider item was later rewritten and added back to the Invisible One behavior role. The item was eventually recommended to be deleted in the revised 35 item Behavior Role Scale because it was the weakest Invisible One item.

The Jester items, including seven newly created items, were all retained during the item construction step. The item construction step led to four Rebel items being deleted. Two of the items (I feel I lack an education and I feel I lack learned skills) were based on attributes from Black's (1981) model. One item (I get into trouble) was based on an attribute from Kritzberg's (1985) model and one item (I act defiant or hostile) was taken from Wegscheider's (1981) model.

The item construction step, in addition to the deletion of 16 items, led to a number of revisions to improve the language and grammatical structure of the items. Step 4 continued the process of evaluating and refining the contributions of the original

models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). The instrument development process utilized an empirical process to evaluate the items. It is important to note that because the instrument development was based on the integrated model of behavior roles of offspring of alcoholic parents, each step of the instrument development process became a further evaluation and validation not only of the integrated model of behavior roles of offspring of alcoholic parents but also of the original models (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981).

#### **Step 5. Item Review and Revision**

The item review and revision continued the evaluation and validation process of the integrated model of behavior roles of offspring of alcoholic parents begun in Step 4, Constructing an Initial Pool of Items. A panel of six counsellors with experience working with adult offspring of alcoholic parents assisted with the review process. The item review and revision process led to the deletion of six items of the Behavior Role Scale. Two of the deleted items (I act verbally aggressive and I act physically aggressive) were from Booz-Allen & Hamilton's (1974) model and were part of the Rebel role. Three items were from Wegscheider's (1981) model; a Caretaker item (I receive praise for taking care of others), a Super Achiever item (I feel successful in my work), and a Jester item (I use annoying behavior to attract attention). The sixth item (it is easy for me to make friends among my peer group) was a newly created Invisible One item. The six deleted items were deleted because the items either failed to meet the rating criteria necessary to be retained or the items were not accurately matched with their appropriate behavior role. The deletions offer a further refinement of the models of behavior roles of offspring of alcoholic parents.

Four additional items were judged by the panel of experts to be items that should be deleted in order to improve the overall quality of the Behavior Role Scale. The researcher decided to retain the four items because the items had possessed strong primary loadings on the appropriate behavior role in an earlier study (Schneider, 1989). The items were also considered key attributes in the original models of behavior roles (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). The items were retained in order to investigate their performance in the pilot test and field test of the instrument. Two of the items (I tend to find satisfaction in my career/school successes and I am unable to control my anger) were deleted as a result of their performances on the pilot test and field test of the Behavior Role Scale. The other two items (I try to avoid being around other people and I use clowning behavior to attract attention) performed adequately as items of the Behavior Role Scale.

The mixed results concerning the items of the integrated model of behavior roles that can be traced directly to the original models raises serious questions with the characteristics of those models (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). The validation evidence provided by the development of the Behavior Role Scale contributes to a clarification process of the items or attributes that are able to discriminate among the different behavior roles.

#### **Step 6. Pilot Test of the Behavior Role Scale**

The pilot test of the Behavior Role Scale provided an opportunity to test the performance of the instrument with a nonclinical sample of university students. The analysis of the pilot test data demonstrated that the five behavior roles of the Behavior Role Scale possessed reliability estimates ranging from .73 to .91 with an overall alpha of .89. Gable and Wolf (1993) state that an overall alpha of .80 is desirable and that with affective instruments an overall alpha of .70 is considered acceptable.

One result of the pilot test was the discovery that offspring of alcoholic parents were not able to provide clear details concerning the drinking habits of their parents. The offspring of alcoholic parents were able to describe the drinking patterns of their parents in general terms (i.e., regular, daily, or irregular, binge). The Parental Binge Chronic Differentiation Scale was revised for the field test of the Behavior Role Scale. It points out potential shortcomings in using offspring of alcoholic parents as the sole informants in research with the drinking patterns and habits of their parents.

### **Step 7. Field Test of the Behavior Role Scale**

The field test provided a second opportunity to test the performance of the Behavior Role Scale with a nonclinical sample of adult offspring of alcoholic parents and adult offspring of nonalcoholic parents. The analysis of the field test data demonstrated that the Behavior Role Scale possesses adequate reliability and validity (Gable & Wolf, 1993). The reliability estimates for the Behavior Role Scale range from .67 to .89 with an overall alpha of .88. One source of validity evidence was factor analysis where a five factor model, corresponding to the five behavior roles of the integrated model, was the most interpretable solution. The field test built on the pilot test of the instrument by providing more validity evidence for the Behavior Role Scale.

### **Step 8. Investigation of the Psychometric Properties of the Instrument**

This section is devoted to a more detailed review and discussion of the behavior roles and items of the instrument. Recommendations are offered for improving the psychometric properties of the Behavior Role Scale.

The Caretaker and Super Achiever roles appeared for the first time as two separate roles in the integrated model of behavior roles of offspring of alcoholic parents (Schneider, 1989, 1995). The attributes of the two roles were part of one role in the original models of behavior roles of offspring of alcoholic parents (i.e., Responsible One

role in Black's model; Wegscheider's Family Hero role). The Caretaker and Super Achiever roles continue to demonstrate a relationship as they correlated the strongest (.480) with one another of the five behavior roles in the present study. The items from the Caretaker role also demonstrate the most overlap of any of the roles of the Behavior Role Scale. Four of the nine caretaker items had their primary loadings on the achievement factor in the five factor model. The Caretaker role (.72) and the Super Achiever role (.67) also had the weakest reliabilities of the five roles. The Caretaker role and the Super Achiever role are the least focused; that is, their items are attempting to measure more than one facet of responsibility and achievement. The focus of the two roles needs to be narrower; stronger inter-item correlations are necessary to increase the reliabilities of the two roles. The four Caretaker items which had their primary loading on the responsibility factor (#3, #4, #5, and #6) each deal directly with feelings of responsibility. On the other hand, the Caretaker items which had their primary loadings on the achievement factor (#2, #7, #8, and #9), deal with the actions of helping and giving. The one Caretaker item without a primary loading (#1) dealt with resolving conflicts. Three themes or facets of a role and only nine items attempting to measure those three dimensions will not generate a scale with a high reliability. The inter-item correlations of the items of the Caretaker scale range from -.048 to .508; but only eight of the 36 inter-item correlations are greater than .300 (see Appendix R for the inter-item correlations of the Behavior Role Scale). According to Gable and Wolf, "For affective instruments, you are hoping for correlations in the .30 - .50 range, since about eight of these items will yield a very high alpha" (1993, p. 226). The deletion of Caretaker items #1 and #2, as described in Chapter IV, will slightly improve the reliability of the Caretaker role. However, the behavior role would be most enhanced by a rewriting of the three remaining items (#7, #8, and #9) which loaded on the achievement factor to reflect more responsibility for others.

The Super Achiever items exhibit problems similar to the Caretaker items with their low average inter-item correlations. Three Super Achiever items were targeted for review in Chapter IV, Results. The three items, #2, #4, and #5 all deal with aspects of personal feelings concerned with success. The remaining six Super Achiever items appear to deal with more of the actual behaviors or self perceptions connected with achievement. Like the Caretaker items, the Super Achiever items are addressing more than one dimension of achievement. For example, Super Achiever #4 (I tend to find satisfaction in my career/school successes) deals with the integration of career success and feelings of satisfaction associated with that success. The item had the highest mean and the lowest standard deviation of the nine Super Achiever items. The combination of a high mean and a low standard deviation indicates that the item was not able to discriminate among the subjects. In terms of the Behavior Role Scale, it indicates that the integration of career success and the feelings of satisfaction associated with that success was a common experience of the subjects of the field test. Not a surprising finding given the number of university students in the sample. Two of the Super Achiever items under review had significant primary loadings on the solitude factor. A factor that has more in common with self-reflection than the achievement factor.

The Invisible One behavior role had the best inter-item correlations of the five behavior roles of the Behavior Role Scale. Every item had at least one inter-item correlation greater than .300. The strong inter-item correlations are reflected in the .86 overall alpha for the role. Only two of the nine items had more than two inter-item correlations less than .300. Those two items, #7 and #8, also had primary loadings on a second factor, the defiance factor. The Jester role also had strong inter-item correlations and the role had the highest overall alpha, .89. If one deletes Jester #1, I try to be cheerful, only one of the inter-item correlations is below .300. Jester #1 was one of the poorest items of the Behavior Role Scale. Jester #1 did not have a primary loading on any one of the five factors, not one of the item's inter-item correlations was greater than

.300, its item-total correlation was below the .300 criteria to be retained as an item, and the item had a high mean and a low standard deviation. Jester #1 was therefore an item that the majority of the subjects identified as one of their characteristics. In other words, the attribute of cheerfulness did not discriminate amongst the subjects.

Once Rebel items #1 and #9 were deleted, as recommended in Chapter IV, Results, the majority of the remaining Rebel role inter-item correlations were greater than .300. However, the inter-item correlations were not as strong as the inter-item correlations of the Invisible One and Jester items. In addition, the item means and standard deviations were the lowest of the five roles of the Behavior Role Scale. The items of the Rebel role were not characteristics that the majority of subjects of the pilot test or the field test identified as describing them. The Rebel has traditionally been described as one lacking educational and learned skills and engaging in delinquent behavior (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981); not characteristics one would expect to find among university students. According to Black,

Instead of behaving in a manner which actually brings greater stability into their lives, or at least one which does not add to the turmoil, "acting out children" often display delinquent problematic behavior which more adequately typifies the state of the family. (1981, p. 26)

The language used to describe the attributes of the Rebel role is more negatively focused than the other four roles. The language could be contributing a social desirability factor leading people to not respond to the items. Another dimension of the Rebel role is someone who does not uphold the dominant values of a group or family. But the Rebel role of the Behavior Role Scale did not capture this dimension of being a Rebel. The Rebel role could be improved by creating items that reflect some this dimension as well as some of the positive aspects of being a Rebel. However, it should be noted that in doing so, the role will be taken beyond the delinquent, troublemaker role advocated by

the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981).

The authors of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) based their models on their clinical experiences. The research evidence is now growing which suggests that refinements need to be made to improve the clinical and psycho-educational uses of the behavior roles of offspring of alcoholic parents (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Jenkins et al., 1993; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987; Verdiano et al., 1990). This study has added to the list of refinements that can be made by using items from the integrated model of offspring of alcoholic parents; items which can be traced directly to the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981).

### **Behavior Role Scale Validity Issues**

The following six issues were identified in Chapter II, Review of the Literature, to be used as a way of assessing the validity of the Behavior Role Scale. The six issues are discussed here as one way of linking the instrument development process with the ongoing process of construct validation.

#### **1. Can the five behavior roles, measured by the Behavior Role Scale, discriminate between offspring of alcoholic parents and offspring of nonalcoholic parents?**

The authors of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) contend that the behavior roles of offspring of alcoholic parents are significantly different from the behavior roles of offspring of nonalcoholic parents. Five

studies found differences with the behavior roles between offspring of alcoholic parents and offspring of nonalcoholic parents (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987). On the other hand, Jenkins et al. (1993) found that the behavior roles are more similar than different between the two groups, particularly when offspring of alcoholic parents are compared with offspring who experienced divorce, death of a parent, physical abuse, or sexual abuse in their families of origin.

Statistically significant differences were found among the 288 subjects of the field test of the Behavior Role Scale. The subjects were placed into one of three groups: the offspring of alcoholic parents (A+), the offspring of nonalcoholic parents who had experienced a significant family disruption (A-D+), and the offspring of nonalcoholic parents who had not experienced a significant family disruption (A-D-). The offspring of alcoholic parents group (A+) scored higher than the other two groups on four of the five roles of the Behavior Role Scale. Statistically significant differences were found between the offspring of alcoholic parents group (A+) and the offspring of nonalcoholic parents who had experienced a significant family disruption group (A-D+) with the Super Achiever role and the Invisible One role; and with the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) with the Invisible One role and the Rebel role. There were no statistically significant differences found between the three groups with the Caretaker and Jester roles.

The results of this study challenge some of the findings of earlier empirical studies of the behavior roles of offspring of alcoholic parents. Rhodes and Blackham found their Acting Out role, similar to Rebel, to be significantly different for offspring of alcoholic parents when compared with offspring of nonalcoholic parents. The present results also found significant differences with the Rebel role, but only when the offspring of alcoholic parents group (A+) is compared with the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-). When compared

with the offspring of nonalcoholic parents who had experienced a family disruption group (A-D+), the offspring of alcoholic parents group (A+) is more similar than different with the Rebel role. The present study found significant differences between the offspring of alcoholic parents group (A+) and the other two groups with the Invisible One role. Potter and Williams (1991) found similar results with their Lost Child role. However, Potter and Williams (1991) also found the Mascot role to be significantly different for offspring of alcoholic parents compared with offspring of nonalcoholic parents; there were no significant differences with the Jester role and the three groups in the present study. On the other hand, the results of this study demonstrating similarity between offspring of alcoholic parents and offspring of nonalcoholic parents with some of the behavior roles support the findings of Jenkins et al. (1993).

The items deleted from the Behavior Role Scale due to their poor performance as items challenge some of the notions of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). The two Caretaker items deleted (#1 and #2) come from Black's (1981) model, the Super Achiever items deleted (#4 and #5) are based on Deutsch's (1983) and Wegscheider's (1981) models respectively, the Jester item deleted (#1) is taken from Kritzberg's (1985) model, and the two Rebel items deleted (#1 and #9) are from Black's (1981) model. They are items that failed to discriminate among respondents. The deleted items are the type of items that generated criticism in the literature that the characteristics of the behavior roles of offspring of alcoholic parents are merely lists of general complaints of anyone dealing with some sort of family stress (Goodman, 1987; Sher, 1991a). On the other hand, 38 of the 45 items of the Behavior Role Scale performed adequately as items of a measurement instrument and some of those items played a part in the roles which were able to discriminate among the three groups of subjects in the field test of the instrument.

A clarification process is at work with the empirical research that has been conducted with the behavior roles of offspring of alcoholic parents. The results point to items that empirically are not valid characteristics of particular roles. The results suggest that more research is called for investigating the similarities and differences between offspring of alcoholic parents, offspring of nonalcoholic parents who have experienced a significant family disruption, and offspring of nonalcoholic parents who have not experienced a significant family disruption.

## **2. How do the alcoholic parents' patterns of drinking impact their offspring's behavior roles as measured by the Behavior Role Scale?**

The authors of the original models of behavior roles of offspring of alcoholic parents believe that families with an alcoholic member are more similar than they are different (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). However, the clinical research exploring the impact of alcoholism, has demonstrated that there are significant differences among alcoholics who are steady drinkers and those who are episodic drinkers (Babor, Hofmann, et al., 1992; Cloninger, 1987; Morey et al., 1984; Zucker, 1987). Other researchers, using similar concepts, have discovered that the differences according to patterns of drinking extend to the family members of alcoholics (Bate, 1993; Jacob et al., 1989).

Significant differences were found in the present study with the Jester and Rebel behavior roles of the offspring of alcoholic parents group (A+). The offspring of fathers who were regular drinkers had significantly higher Jester scores than offspring of combination regular/irregular drinkers. And the offspring of fathers who were irregular, binge drinkers and the offspring of fathers who are regular, steady, drinkers scored significantly higher on the Rebel role than offspring of fathers who are combination irregular, regular drinkers. The largest number of fathers categorized as alcoholic were placed in the seldom drink or never drink category (32.9%). It is impossible to assess the

drinking pattern of those fathers when they were drinking given the design of the present study. There was also a large number of parents' drinking habits described as "can't say" (22.4%).

### **3. What part is played by birth order in the allocation of the behavior roles as measured by the Behavior Role Scale?**

The authors of the original models of behavior roles of offspring of alcoholic parents offer different perspectives on the process of allocating the behavior roles within a family (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). One of the assumptions is that the behavior roles are allocated according to the birth order of the offspring (Black, 1981; Wegscheider, 1981).

According to Wegscheider (1981, p. 87), "...the oldest child, the Hero; the second child, the Scapegoat; the youngest child, the Lost Child, Mascot, or both." And according to Black, "An only, or oldest, child, is most likely to be a very responsible child" (1981, p. 16).

There were two situations where the birth order of subjects was found to be statistically significant. Adults in the total population, who were only children, scored higher Super Achiever scores than later born offspring. And later born offspring in the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) scored higher on the Jester role than the first born offspring of their group.

It is of interest that no statistically significant results were found between the behavior roles and the birth order of the offspring of alcoholic parents group (A+); the statistically significant differences were with the total sample and the offspring of nonalcoholic parents. The results of the present study do not support Wegscheider's theory that the birth order of offspring of alcoholic parents determines the allocation of their behavior roles. The results also challenge the findings of Devine and Braithwaite

(1993) who found that older subjects were more likely to score as Mascots, attributes of which contributed to the items of the Jester role in the Behavior Role Scale.

#### **4. What social role theory would be most appropriate to explain the behavior roles as measured by the Behavior Role Scale?**

There are conflicting viewpoints concerning the appropriate social role theory to apply to the behavior roles of offspring of alcoholic parents. According to the authors of the models upon which the Behavior Role Scale is based (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) one would expect to obtain a single role for each individual. This perspective is related to the structural role theory perspective.

Children growing up in alcoholic homes seldom learn the combinations of roles which mold healthy personalities. Instead, they become locked into roles based on their perception of what they need to do to "survive" and to bring some stability to their lives. (Black, 1981, p. 14)

Critics of the original models argue from an interactional perspective (Berkowitz & Perkins, 1988; Jenkins et al., 1993; Sher, 1991a; Woodside, 1988). According to the interactional perspective, one would expect subjects to obtain a profile with scores on more than one of the behavior role.

The presence of several significant correlations among the behavior roles raises serious questions with the authors of the original models of behavior roles of offspring of alcoholic parents belief in a more structured role theory. The significant correlations include the Caretaker role with the Super Achiever, Invisible One and Jester roles; the Super Achiever with the Jester and Rebel roles; the Invisible One with the Rebel role; and the Jester role with the Rebel role. It was predicted that the Caretaker and Super Achiever would be positively correlated because of the emphasis of the two roles on an active and positive involvement with life. It was expected that the Rebel would be

negatively related to the other roles and that it would have its strongest relationship with the Jester role. The Rebel role is positively related to the other roles and has its strongest relationship with the Invisible One role. The Invisible One role was predicted to have a negative relationship with the other roles because of its withdrawn and passive nature; its correlations with the other roles are all positive.

The interactional perspective of the critics of the original models of behavior roles of offspring of alcoholic parents is further supported when one explores the number of roles adopted by the subjects. When the level is set at 20% average across the nine items of a behavior role to indicate adopting a role, 39.2% of the field test subjects adopted four roles. The offspring of alcoholic parents group (A+) had no subjects adopting only one role; the entire group adopted two or more roles at the 20% level. When the level is raised to a 60% average, 60.5% of the offspring of alcoholic parents group (A+) adopted two or roles; 38.1% of the offspring of nonalcoholic parents who had experienced a family disruption group (A-D+) adopted two or more roles; and 39.7% of the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) adopted two or more roles.

Jenkins et al. (1993) found the number of roles adopted by offspring of alcoholic parents to be more similar than different from offspring from families with a dysfunctional history. Other studies of the behavior roles have also found significant correlations among the behavior roles (Devine & Braithwaite, 1993; Potter & Williams, 1991). The results of the present study combined with the results of Devine and Braithwaite, 1993, Jenkins et al. (1993), and Potter and Williams (1991) lay a solid grounding for a more interactional perspective to explain the formation and maintenance of the behavior roles used by individuals in all types of families to cope with demands of family life.

**5. What differences exist in the behavior roles, measured by the Behavior Role Scale, of offspring of alcoholic parents defined as alcoholic compared with the behavior roles of offspring of alcoholic parents defined as nonalcoholic?**

The authors of the five original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) indicate that the behavior roles may be impacted by the presence of alcohol related problems in the offspring generation.

Acting out children often begin using and abusing alcohol and other drugs at an early age. Alcohol and drugs are the typical trademarks of rebellious acts for many problematic children. Alcohol provides an avenue which allows them to feel better about themselves, and gives them a false sense of confidence in their abilities. While most acting out children experiment with alcohol, some quickly become abusers, and soon become alcoholic. (Black, 1981, p. 63)

The Behavior Role Scale was able to distinguish between alcoholic and nonalcoholic subjects on only one role, the Rebel role. Four subjects in the pilot test scored more than 5 points on the SMAST indicating that they are probably alcoholics. The four subjects, all from the offspring of alcoholic parents group (A+), scored significantly higher on the Rebel role than those scoring less than five points on the SMAST. The field test had 10 subjects scoring more than 5 points; six in the offspring of alcoholic parents group (A+), three in the offspring of nonalcoholic parents who had experienced a family disruption group (A-D+), and one in the offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-). As in the pilot test, those scoring five or more points on the SMAST scored higher on the Rebel role. The subjects scoring 5 or more points on the SMAST also scored higher than the other subjects on the Invisible One and Jester roles and lower than the other subjects on the Caretaker and Super Achiever roles but the differences were not statistically significant.

**6. Using a measure of family functioning (FACES III), what is the relationship between family functioning and the behavior roles as measured by the Behavior Role Scale?**

Due to the use of clinical populations in the development of the original models of behavior roles, the models may represent behavior roles that are the result of the functioning of extreme family types rather than merely the functioning of families with an alcoholic parent.

The present study used a non-clinical population to test the Behavior Role Scale. There were no significant differences when the three groups were compared on the adaptability component of FACES III. Statistically significant differences were found with the cohesion component. The offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) scored significantly higher on cohesion than either the offspring of alcoholic parents group (A+) or the offspring of nonalcoholic parents who had experienced a family disruption group (A-D+). The offspring of nonalcoholic parents who had not experienced a significant family disruption group (A-D-) score as flexibly separated while the other two groups, the offspring of alcoholic parents group (A+) and the offspring from nonalcoholic parents who had experienced a family disruption group (A-D+) score as flexibly disengaged. According to the authors of the original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981), one would expect the offspring of alcoholic parents group (A+) to score as more rigid than flexible and more enmeshed than disengaged. A difference in the present study is that the subjects are adults and are perhaps more able to see themselves separate from their families. On the other hand, it is a non-clinical sample so it is also possible that the families are more disengaged and flexible than families of alcoholics studied in clinical settings.

### **Limitations of the Study**

The primary objective of this study was the development of the Behavior Role Scale, a measurement instrument of the behavior roles of offspring of alcoholic parents. The Behavior Role Scale was developed using attributes of the integrated model of behavior roles of offspring of alcoholic parents (Schneider, 1989, 1995) which in turn is based on five original models of behavior roles of offspring of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981). A goal of the study was to maintain the items of the Behavior Role Scale as accurate reflections of the characteristics of those original models. The development of the Behavior Role Scale was therefore limited to the attributes of the integrated model of behavior roles of offspring of alcoholic parents. There is no guarantee that those attributes accurately represent all of the characteristics of offspring of alcoholic parents. There may in fact be other roles used by people to cope with the challenges of growing up in a family with an alcoholic parent. However, the items of the integrated model of behavior roles offspring of alcoholic parents did represent a place to begin the development of a measurement instrument which was based on popular concepts used by people who describe themselves as children of alcoholics or adult children of alcoholics (ACA/ACOA).

The present study sought to use a non-clinical community sample of offspring of alcoholic parents and offspring of nonalcoholic parents for the pilot test and field test of the Behavior Role Scale. The pilot and field tests of the study relied on self-selected university students and members of an Evangelical church to meet the sampling criteria. An improvement in the design would be to recruit a random non-university community sample.

The field study step of the development of the Behavior Role Scale did not control for the potential influence of the religiosity of the church subsample of the field

test. It is not known how the religiosity factor influenced the current study or how the church subsample differed from the university students on this factor. The impact of the subjects' cultural background on their responses to the Behavior Role Scale is also an unknown with the present design.

The lack of test-retest reliability estimate is a noticeable weakness of the psychometric investigation of the reliability of the Behavior Role Scale. It is a necessary piece of the development process of a measurement instrument and should be completed before further work is conducted with the instrument.

### **Implications of the Study**

#### **Theory Building**

The offspring of alcoholic parents field has been plagued by a lack of comprehensive theory building (Brown, 1988; Sher, 1991b). The concepts of the behavior roles enjoy wide spread support among offspring of alcoholic parents and among clinicians working with this population. Four of the original models of behavior roles of offspring of alcoholic parents are based on their authors' clinical experience (Black, 1981; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) and the fifth model (Booz-Allen & Hamilton, 1974) is based on 50 interviews with children. The instrument development process provided an opportunity to further clarify the integrated model of behavior roles of offspring of alcoholic parents; a model that is an empirically validated integration of the original models. The instrument development process led to the deletion of items that did not discriminate among the subjects of the pilot test and the field test. It should also be noted that the 35 items of the revised Behavior Role Scale have survived a rigorous multi-step validation process.

This study also supports the research findings that the behavior roles of offspring of alcoholic parents also fit the experiences of offspring of nonalcoholic parents (Jenkins et al., 1993). In particular, this study supports the need for more research exploring the connections between other family disruptions and parental alcoholism.

Theory building is also impacted by the use of a nonclinical sample in the development of the Behavior Role Scale. Recent studies are demonstrating that not all offspring of alcoholic parents develop significant personal and psychological problems as a result of living with parental alcoholism (D'Andrea et al., 1994; Segrin & Menees, 1996; Tweed & Ryff, 1991; West & Prinz, 1987). Subjects in the pilot test and the field test of the Behavior Role Scale reported a mean of less than 3.00 rating the severity of their experiences with parental alcoholism. Therefore the mean rating of severity was between "limited personal difficulty" and "a great deal of difficulty." Their rating of the severity of their experiences of parental alcoholism did not, on average, reach the "extreme difficulty" or "it continues to cause me difficulties" range that might be expected according to some writers in the offspring of alcoholic parents field (Black, 1981; Cermak, 1984, 1986, 1988).

### **Education**

Not all offspring of alcoholic parents are impacted in the same way by the presence of parental alcoholism. The research, including the development of the Behavior Role Scale, is beginning to mount on the side of individual differences among offspring of alcoholic parents (Churchill et al., 1990; Fisher et al., 1992, 1993; Seefeldt & Lyon, 1992). Not all offspring of alcoholic parents are impacted by parental alcoholism in the same way (Burk & Sher, 1990; D'Andrea et al., 1994; Russel et al., 1985; Sher, 1991a; West & Prinz, 1987). The nonclinical sample used in this study also demonstrates that not all offspring of alcoholic parents are impacted in a negative way.

Education efforts must keep this in mind and not add to the hardships some offspring of alcoholic parents experience by negatively classifying or labeling them.

Education and prevention efforts would also be enhanced by collaborative efforts with those working with individuals and families impacted by other kinds of significant family disruptions. School programs would reach more of those who could benefit from their efforts by creating programs designed to help students deal with family stress, no matter what the particular source of the stress.

### **Counselling**

The development of the Behavior Role Scale joins other research findings urging caution in describing offspring of alcoholic parents as a homogenous population (Windle & Searles, 1990b) and as a group that is unique and different from other groups who have experienced significant family disruptions (Fisher et al., 1992, 1993; Jenkins et al., 1993). It is important for counsellors to be cautious in forming hypotheses about their clients and instead to explore with clients their personal experiences of growing up with alcoholic parents. The research is only beginning to clarify how offspring of alcoholic parents differ from each other. The behavior roles are one way of exploring those differences.

The work of researchers and clinicians working with the impact of other family disruptions can also inform the clinical practice of counsellors working with offspring of alcoholic parents. The resilience literature, in particular the work of Wolin and Wolin (1993a, 1993b), is another valuable resource for clinicians working with offspring of alcoholic parents. It is important to note that the field test of the Behavior Role Scale demonstrates that, while there may be unique behavior role characteristics of offspring of alcoholic parents, there are also similarities with offspring of nonalcoholic parents. And those similarities extend to offspring of nonalcoholic parents who had not experienced a family disruption.

### **Recommendations for Future Research**

Given the results of the present study and the conflicting findings among the few studies of the behavior roles of offspring of alcoholic parents, more research is certainly called for with this population (Devine & Braithwaite, 1993; Dickey & Rosenberg, 1990; Jenkins et al., 1993; Mucowski & Hayden, 1992; Potter & Williams, 1991; Rhodes & Blackham, 1987; Verdiano et al., 1990). The design of the field study portion of the present study can be improved by utilizing a random community sample and by adding a fourth comparison group, a clinical offspring of alcoholic parents group.

Statistically significant differences were found between the three groups of the field test of the instrument on three of the five behavior roles. An important next step in the continuing exploration of the differences among offspring of alcoholic parents is to know what the various behavior role profiles mean in day to day life. A qualitative investigation of the various behavior roles would add to our understanding of what it means to be the son or daughter of an alcoholic parent. A further investigation of the differences among offspring of alcoholic parents would be facilitated by studying entire families. How are siblings from the same family similar on the Behavior Role Scale? How are they different? What can we learn about how the same experience can impact people in different ways? What can we learn about how the behavior roles are allocated and maintained?

Another area important area of research with the offspring of alcoholic parents is the role of individual and family support, individual and family networks, connections with others, and the religiosity of individuals and families. Wolin and Wolin (1993) present a model of resiliency to explain individuals who have survived difficult family experiences. The seven resiliencies (insight, independence, relationships, initiative, creativity, humor, and morality) could form the basis for additional scales that would present researchers with a broader based measurement instrument of behavior roles.

The age of children at the onset of parental alcoholism and the severity of the parental alcoholism are two additional factors calling for more research. This study gathered some of that information for the purpose of being able to describe the sample. Several questions remain to be addressed by future research. How are the behavior roles, measured by the Behavior Role Scale impacted by the age of offspring at the onset of parental alcoholism? How are the behavior roles, measured by the Behavior Role Scale, impacted by the severity of the parental alcoholism?

Critics of the behavior roles of offspring of alcoholic parents raise the issue of the lack of outcome studies with interventions based on the concepts of the models of behavior roles of offspring of alcoholic parents. The Behavior Role Scale can also be used as a tool in the evaluation of programs, therapy groups, and individual therapies based on the behavior roles of offspring of alcoholic parents.

The study began the process of exploring the behavior roles of offspring of alcoholic parents according to the patterns of drinking of their alcoholic parents. The present study had small numbers in the irregular, binge; the regular, steady; and the combination groups. Future research needs to focus on this important aspect of family life with an alcoholic - the differences due to the patterns of parental drinking.

### **Summary**

The present research accomplished its primary objective; the development of a reliable and valid measurement instrument of the behavior roles of offspring of alcoholic parents. The Behavior Role Scale was able to demonstrate adequate reliability and validity in both a pilot test and field test of the instrument with a nonclinical sample of offspring of alcoholic parents and offspring of nonalcoholic parents.

The Behavior Role Scale was also able to demonstrate similarities with the Caretaker and Jester roles and differences with the Super Achiever, Invisible One, and Rebel roles between offspring of alcoholic parents and offspring of nonalcoholic parents who had experienced a family disruption and offspring of nonalcoholic parents who had not experienced a significant family disruption. The Behavior Role Scale also illustrated some of the questions and concerns with the behavior roles in an exploration of six validity issues undertaken as part of the process of gathering additional psychometric data for the instrument.

The development of a measurement instrument is an ongoing task and it is important to remember that significant steps remain in the development process. The Behavior Role Scale must now be submitted to construct validation studies to further refine its ability to measure behavior roles and to be of assistance in aiding researchers unravel the complexities of life for the more than 28 million offspring of alcoholic parents.

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**APPENDIX A:  
THE DEVELOPMENT OF THE INTEGRATED MODEL OF BEHAVIOR  
ROLES OF OFFSPRING OF ALCOHOLIC PARENTS**

## **The Development of the Integrated Model of Behavior Roles of Offspring of Alcoholic Parents**

The development of the integrated model of behavior roles of offspring of alcoholic parents consisted of the first three steps of Crocker and Algina's (1986) 10 step instrument development process.

### **Step 1. Identifying Primary Purposes of the Measurement Instrument**

The offspring of alcoholic parents movement has helped to foster the popularity of the behavior roles among those who identify themselves as offspring of alcoholics. The number of offspring of alcoholics is estimated to range from 28 to 34 million with at least 6.6 million children and adolescents (Black, 1981, 1986; Goodman, 1987; Russell et al., 1985; Woodside, 1988). Proponents of the behavior roles claim that the behavior roles are a way of understanding and explaining the experiences of living with parental alcoholism. It is critical, because of the widespread use of the behavior roles in prevention and intervention programs, that research be undertaken to further evaluate the validity of the behavior roles of offspring of alcoholics. A reliable and valid measurement instrument of the behavior roles of offspring of alcoholics could contribute to the evaluation process. A reliable and valid measurement instrument could also be used as an assessment tool which would enable further empirical investigations of the behavior roles of both offspring of alcoholics and offspring of nonalcoholics. Further investigations of the behavior roles would contribute to our understanding of the differences among offspring of alcoholic parents.

A secondary purpose for developing a measurement instrument is the potential clinical applications of the behavior roles for working with offspring of alcoholics in treatment. The clinical application could lead to more effective prevention and intervention efforts with both children and adults who have experienced living with an

alcoholic parent (Schneider, 1989). A reliable and valid behavior role instrument could also be used to evaluate the outcomes of various treatments that are based on the models of behavior roles of offspring of alcoholic parents (Black, 1981; Blane, 1988; Schneider, 1990; Windle & Searles, 1990b; Woodside, 1988).

## **Step 2. Identifying Behaviors to Represent the Construct**

A logical process led to the decision to develop an integrated model of the behavior roles as opposed to developing an entirely new model (Schneider, 1989). Five models of behavior roles of children of alcoholic parents (Black, 1981; Booz-Allen & Hamilton, 1974; Deutsch, 1983; Kritzberg, 1985; Wegscheider, 1981) were identified in the literature. The models are closely related and contain overlapping constructs. No empirical evidence was found to indicate that one model was considered superior to the other four and no one model was identified as being more popular than the other models. An integrated model was chosen because it would facilitate the use of the overlapping constructs while retaining the constructs unique to each of the five original models of behavior roles of offspring of alcoholic parents.

A five stage process was utilized in the development of the integrated model: (a) collecting all the attributes of the different roles of the models; (b) forming an integrated model on the basis of the attributes; (c) selecting the attributes to represent the integrated model; (d) verification of the integrated model by clinicians working with adult offspring of alcoholics; and, (e) revision of the integrated model.

Three steps were involved in the process of gathering the attributes from the five models of behavior roles. First, hypothesized attributes were gathered from the authors' descriptions of their models; second, attributes were gathered from other literature references to the models; and third, each role was examined and duplicate attributes were removed. A total of 220 attributes were gathered from the literature for the 20 roles contained in the five models.

The integrated model was then formed by the researcher using a categorization methodology. The 220 attributes which remained were organized according to the 20 roles with one role per form. The forms were coded by number and then shuffled to guarantee a random order of the forms. The researcher then sorted the forms (roles) according to the similarities of the attributes. The forms were sorted according to the following sorting cue:

1. Take a quick look through the forms to become acquainted with the variety of roles to be sorted.
2. Beginning with the first form, think of what kind of role the attributes refer to with respect to behavior roles of children of alcoholics.
3. Take the next form and think of what role the attributes are characteristic of. If you think it should be grouped with the first then put the two together. Otherwise, begin a second group by placing the new form apart from the first one. If you have a doubt as to its similarity keep it separate.
4. Continue picking up one form at a time and thinking what behavior role the attributes are characteristic of; then either put it in one of the groups already in front of you or start a new group.
5. When you are finished with all the forms, go through your groups and review each group with concern for whether the attributes in it are characteristic of the same behavior role. There can be as few as one form in a group or as many as you wish.
6. Record the form numbers according to the groups. (Schneider, 1989, pp. 34-35)

The sorting procedure led to the 20 roles being integrated into a model consisting of six roles. The new model was named the Integrated Model of Behavior Roles of Children of Alcoholics.

**Integrated Model of Behavior Roles of Children of Alcoholics**  
 New Behavior Roles with Behavior Roles from Original Models  
 Prior to Verification by Clinicians

<b>Family Director</b> Black/Responsible One Booz-Allen & Hamilton/Super-Coper Deutsch/Manager	<b>Premier Child</b> Booz-Allen & Hamilton/Perfect Child Deutsch/Hero Kritzberg/Hero Wegscheider/Family Hero
<b>Black Sheep</b> Black/Acting Out Booz-Allen & Hamilton/Fight Deutsch/Scapegoat Kritzberg/Scapegoat Wegscheider/Scapegoat	<b>Invisible Child</b> Booz-Allen & Hamilton/Flight Kritzberg/Lost One Wegscheider/Lost Child
<b>Jester</b> Kritzberg/Clown Wegscheider/Mascot	<b>Harmonizer</b> Black/Adjuster Black/Placater Kritzberg/Placater

Attributes were selected for the integrated model based on their uniqueness, ability to reference only one role and their ability to reference adult behaviors. An integrated model of six behavior roles and 68 attributes of adult children of alcoholics was presented for verification to 45 clinicians working with adults who grew up in a home with at least one alcoholic parent. The clinicians used a categorization methodology to sort the attributes into categories based on their experiences of the behaviors of adult offspring of alcoholic parents. The sorting data was analyzed by Latent Partition Analysis and the results were used to revise and refine the integrated model. The integrated model of behavior roles of offspring of alcoholic parents as verified by clinicians working with adults who have grown up in families with at least

one parent considered an alcoholic consists of five roles and 48 attributes. The five roles: Caretaker, Super Achiever, Invisible Child, Jester, and Black Sheep, are summarized in Table 2. The five roles represent the construct which is the second step in Crocker and Algina's (1986) test development process.

### **Step 3. Delineation of the Attributes That Focus on Each of the Five Behavior Roles**

The 48 attributes of the five behavior roles were selected on the basis of their ability to reference one of the roles of the model as indicated by having only a primary loading on the latent partition analysis. An attribute was considered to possess only a primary loading if its secondary loading was less than .20. The attributes with their latent partition loadings are summarized in Appendix B (see Appendix C for the unabbreviated attributes and the descriptions upon which they are based from the five original models of behavior roles of offspring of alcoholic parents). The 48 attributes are divided among the five behavior roles of the integrated model of offspring of alcoholic parents. There are 7 Caretaker attributes, 14 Super Achiever attributes, 14 Black Sheep attributes, Invisible Child 7 attributes, and 3 Jester attributes.

**APPENDIX B:  
LATENT PARTITION ANALYSIS LOADINGS OF THE ATTRIBUTES OF THE  
INTEGRATED MODEL OF BEHAVIOR ROLES  
OF OFFSPRING OF ALCOHOLIC PARENTS**

**Latent Partition Analysis Loadings of the Attributes of the Integrated Model of  
Behavior Roles of Offspring of Alcoholic Parents**

#	Behavior Role	Latent Partition Analysis Loadings				
		1	2	3	4	5
<b>1. CARETAKER</b>						
1.	Discounts own needs	<b>0.775</b>	-0.061	0.017	0.134	0.025
2.	Acts as family savior	<b>0.910</b>	0.194	-0.023	-0.023	0.002
3.	Smooths over conflict	<b>0.935</b>	-0.097	-0.051	0.037	0.139
4.	Praise for caring	<b>0.994</b>	0.172	-0.022	-0.029	-0.028
5.	Feels responsible	<b>0.946</b>	0.138	-0.001	-0.037	-0.036
6.	Willing to lend ear	<b>1.116</b>	-0.068	0.019	0.008	-0.059
7.	Survival equals giving	<b>1.203</b>	-0.151	0.009	-0.038	-0.014
<b>2. SUPER ACHIEVER</b>						
1.	Trouble feeling good	0.015	<b>0.813</b>	0.042	0.107	0.016
2.	Does well athletically	-0.097	<b>0.817</b>	0.106	0.029	0.019
3.	Never do enough	-0.014	<b>0.887</b>	0.068	0.060	0.008
4.	Often assumes leadership	0.119	<b>0.912</b>	0.014	-0.020	-0.007
5.	Appears exemplary	0.105	<b>0.958</b>	-0.015	-0.010	-0.024
6.	Appears to function well	0.014	<b>0.959</b>	-0.032	0.011	0.058
7.	Does well scholastically	0.063	<b>0.979</b>	-0.022	-0.002	-0.020
8.	Success/no satisfaction	-0.094	<b>0.990</b>	0.003	0.064	0.007
9.	Leader among peers	-0.026	<b>1.014</b>	-0.008	-0.027	0.008
10.	Provide worth by success	0.078	<b>1.083</b>	-0.009	-0.037	-0.034
11.	Appears perfect	-0.016	<b>1.048</b>	-0.023	-0.001	-0.008
12.	Success in work	-0.098	<b>1.119</b>	-0.017	-0.003	0.029
13.	Success to stop parent drinking	-0.037	<b>1.125</b>	-0.015	-0.030	-0.004
14.	Super achiever (tries)	-0.055	<b>1.143</b>	-0.015	-0.032	-0.017
<b>3. BLACK SHEEP</b>						
1.	Often lack skills	0.043	-0.008	<b>0.581</b>	0.197	0.125
2.	Problems interacting	0.054	-0.027	<b>0.791</b>	0.121	0.063
3.	Often lack education	0.073	-0.023	<b>0.825</b>	-0.015	0.102
4.	Potentially dangerous	0.048	-0.007	<b>0.850</b>	0.054	0.024
5.	Unable to control anger	0.082	-0.025	<b>0.919</b>	0.054	0.025
6.	Acts physically aggressive	0.008	0.027	<b>1.011</b>	-0.035	-0.030
7.	Family blames them	-0.041	0.012	<b>1.027</b>	-0.026	-0.008
8.	Acts verbally aggressive	-0.011	0.004	<b>1.046</b>	-0.022	0.007
9.	Rebels	-0.040	0.016	<b>1.068</b>	-0.032	-0.027
10.	Family says person is bad	-0.035	0.006	<b>1.071</b>	-0.031	-0.025
11.	Acts out	-0.028	-0.004	<b>1.091</b>	-0.033	-0.030
12.	Often getting in trouble	-0.028	-0.004	<b>1.091</b>	-0.033	-0.030
13.	Causes trouble	-0.003	-0.017	<b>1.097</b>	-0.033	-0.031
14.	Acts defiant / hostile	-0.003	-0.017	<b>1.097</b>	-0.033	-0.031

(table continues)

#	Behavior Role	1	2	3	4	5
<b>4. INVISIBLE CHILD</b>						
1.	Disassociates	-0.027	0.002	0.158	<b>0.877</b>	-0.067
2.	Lives in fantasy	0.086	-0.044	-0.017	<b>0.892</b>	-0.067
3.	Non-presence	0.030	-0.018	0.048	<b>0.912</b>	0.013
4.	Avoids other people	0.004	-0.004	-0.011	<b>0.981</b>	0.006
5.	Withdraws into self	0.012	0.010	-0.015	<b>1.023</b>	-0.011
6.	Keeps to self (loner)	-0.045	0.016	-0.022	<b>1.059</b>	-0.003
7.	Lost in the shuffle	-0.000	-0.001	-0.039	<b>1.073</b>	0.006
8.	Keeps a low profile	0.001	-0.006	-0.045	<b>1.081</b>	-0.004
9.	Withdraws	-0.015	-0.000	-0.043	<b>1.085</b>	-0.012
10.	Escapes by hiding	-0.050	0.015	-0.042	<b>1.100</b>	-0.013
<b>5. JESTER</b>						
1.	Clowning or annoying	-0.078	0.022	0.074	0.009	<b>0.985</b>
2.	Tries to be cute	0.006	-0.003	-0.034	0.003	<b>0.992</b>
3.	Tries to be funny	0.040	-0.013	-0.052	-0.020	<b>1.079</b>

(Schneider, 1989, p. 55-56)

**APPENDIX C:  
48 ATTRIBUTES OF INTEGRATED MODEL OF BEHAVIOR ROLES OF  
OFFSPRING OF ALCOHOLIC PARENTS AND THE SOURCE OF THE  
ATTRIBUTES**

**ATTRIBUTES OF THE INTEGRATED MODEL OF BEHAVIOR ROLES OF  
OFFSPRING OF ALCOHOLIC PARENTS**

Attribute	Source Model of Attribute	Original Statement
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**Caretaker Role**

1. Discounts own needs, believe they do not deserve to have their own needs met	Black	Unchanged
2. Sometimes acts as family savior (guardian or caretaker)	Booz-Allen and Hamilton	Sometimes family savior (oldest child may become family's guardian and caretaker)
3. Smooths over conflicts	Black	Unchanged
4. Receives praise for taking care of others	Wegscheider	Unchanged
5. Feels responsible for everyone	Black	Unchanged
6. Always willing to lend an ear and to serve as a mediator in stressful situations	Black	Unchanged
7. Survival equals giving to others (time, energy, empathy)	Black	Unchanged

**Super Achiever Role**

1. Have trouble feeling good about themselves no matter how successful they become	Wegscheider	As adults have trouble feeling good about themselves no matter how successful they become
2. Does well athletically	Wegscheider	Does well scholastically and often athletically
3. Convinced that however much they may be accomplishing it is seldom, if ever, enough	Deutsch	Unchanged

Attribute	Source Model of Attribute	Original Statement
4. Often assumes leadership roles	Black	Unchanged
5. Appears exemplary	Deutsch	Unchanged
6. Appears to function unusually well	Wegscheider	Unchanged
7. If in university/college does well scholastically	Wegscheider	Does well scholastically and often athletically
8. Repeated career successes rarely bring satisfaction	Deutsch	Unchanged
9. Leader among their peers	Wegscheider	Unchanged
10. Provides self-worth for the family by their successes	Wegscheider	Their successes provide self-worth for their family
11. Appears perfectionistic	Deutsch	Perfectionistic
12. Achieves success in school or work	Kritzberg	Unchanged
13. Tries to stop parent's drinking by achieving success	Deutsch	Achievement is looked at as a means of stopping the parent's drinking
14. Tries to be a super-achiever	Deutsch	Super-achiever
<b>Invisible Child Role</b>		
1. Emotionally escapes by disassociating from the family	Booz-Allen & Hamilton	Unchanged
2. Often builds and lives in a fantasy world	Wegscheider	Often build and live in a fantasy world
3. Draws attention by non-presence	Kritzberg	Unchanged

Attribute	Source Model of Attribute	Original Statement
4. Avoids other people	Wegscheider	Isolated
5. Emotionally escapes by withdrawing into self	Booz-Allen & Hamilton	Unchanged
6. Keeps to self (loner)	Wegscheider	Loner
7. Easily lost in the shuffle	Wegscheider	Unchanged
8. Keeps a low profile	Wegscheider	Low profile
9. Withdraws (always in the background)	Wegscheider	Unchanged
10. Escapes by hiding	Booz-Allen & Hamilton	Child escapes by hiding
<b>Jester Role</b>		
1. Uses clowning or annoying behavior to attract attention	Wegscheider	Clowning or annoying behavior to attract attention; serves to bring relief to the family (distraction and avoidance)
2. Tries to be cute	Kritzberg	Unchanged
3. Tries to be funny	Kritzberg	Funny
<b>Black Sheep Role</b>		
1. They often lack learned skills	Black	As adults often lack learned skills
2. Difficulty interacting with others in acceptable ways	Black	Unchanged
3. They often lack education	Black	As adults often lack education
4. Potentially dangerous	Booz-Allen & Hamilton	Unchanged

Attribute	Source Model of Attribute	Original Statement
5. They experience an inability to control anger	Black	As adults experience inability to control anger
6. Acts physically aggressive	Booz-Allen & Hamilton	Physical and verbal aggression
7. Family blames them for most of family problems and mishaps	Deutsch	Child blamed for family's problems
8. Acts verbally aggressive	Booz-Allen & Hamilton	Physical and verbal aggression
9. Rebels	Booz-Allen & Hamilton	Involves rebellion
10. Family believes the person is bad	Deutsch	Family believes the child is bad
11. Acts out (nearly always involved in some kind of socially unacceptable behavior)	Booz-Allen & Hamilton	Socially unacceptable behavior
12. Often getting into trouble	Kritzberg	Unchanged
13. Causes trouble (troublemaker)	Wegscheider	Troublemaker
14. Acts defiant/hostile	Wegscheider	Defiance, hostility

**APPENDIX D: POOL OF 69 ITEMS FOR THE BEHAVIOR ROLE SCALE**

**BEHAVIOR ROLE SCALE  
POOL OF 69 ITEMS  
(Random Order)**

1. I experience an inability to control my anger.
2. I smooth over conflicts.
3. I get into trouble.
4. My family counts on me to help manage family affairs.
5. I appear perfectionistic.
6. I try to be cute.
7. I feel I live in a fantasy world.
8. I have trouble with authority.
9. I feel I lack education.
10. Humor is my way of coping with the stresses and tensions of life with my family.
11. I am always in the background (withdraws).
12. I use humor as a way of helping my family avoid tension.
13. If/when in university/college I am doing/did well scholastically.
14. I believe that my survival equals giving to others my time, energy, and/or empathy.
15. I keep to myself (loner).
16. I have few friends among my peer group.
17. I am aware of the personal needs of my family and close friends.
18. I try to stop my parent's drinking by achieving success.
19. I try to avoid other people.
20. I draw attention by my non-presence.
21. I discount my own needs.
22. I act out by being involved in some kind of socially unacceptable behavior.
23. My jokes are a way of reducing the tension in my family.

24. I emotionally escape by withdrawing into myself.
25. I am easily lost in the shuffle.
26. I try to be a super-achiever.
27. I feel responsible for the members of my family.
28. My career successes rarely bring me satisfaction.
29. I am convinced that however much I may be accomplishing it is not enough.
30. I feel it is up to me to keep the family entertained.
31. I do not believe I deserve to have my own needs met.
32. No matter how successful I become, I experience trouble feeling good about myself.
33. My family blames me for most of the family problems and mishaps.
34. I focus on pleasing others through performances outside of the family.
35. I feel if I don't take care of others something terrible might happen to them.
36. I achieve success in my work.
37. My family depends on me to help manage family problems.
38. I feel responsible for many of the people in my life.
39. I keep a low profile.
40. I use clowning behavior to attract attention.
41. My behavior (acting out) is potentially dangerous.
42. I feel I lack learned skills.
43. I feel the needs of my family are more important than my own personal needs.
44. I try to be funny.
45. Comedy is my way of bringing a sense of relief to my family.
46. I feel better when I can make other people laugh.
47. I believe that my successes provide self-worth for my family.
48. I act defiant or hostile.
49. I appear exemplary.

50. I often assume leadership roles.
51. I use annoying behavior to attract attention.
52. I am successful in athletics.
53. I escape by hiding.
54. I act verbally aggressive.
55. I receive praise for taking care of others.
56. I have trouble setting limits on how much I'm responsible for.
57. I am willing to lend an ear and to serve as a mediator in stressful situations.
58. I am considered a rebel.
59. I am a leader among my peers.
60. Helping others is a focus of my involvement with other people.
61. I appear to others to function unusually well.
62. I cope with family pressures by avoiding other family members.
63. I act physically aggressive.
64. My family believes that I am bad.
65. I am a troublemaker.
66. I experience difficulty interacting with others in acceptable ways.
67. I emotionally escape by disassociating from my family.
68. I rescue people when they find themselves in a difficult situation.
69. I act as the family savior (guardian or caretaker).

**BEHAVIOR ROLE SCALE  
POOL OF 69 ITEMS  
(According to Behavior Role)**

**CARETAKER ITEMS**

1. (2) I smooth over conflicts.
2. (4) My family counts on me to help manage family affairs.
3. (14) I believe that my survival equals giving to others my time, energy, and/or empathy.
4. (17) I am aware of the personal needs of my family and close friends.
5. (21) I discount my own needs.
6. (27) I feel responsible for the members of my family.
7. (31) I do not believe I deserve to have my own needs met.
8. (35) I feel if I don't take care of others something terrible might happen to them.
9. (37) My family depends on me to help manage family problems.
10. (38) I feel responsible for many of the people in my life.
11. (43) I feel the needs of my family are more important than my own personal needs.
12. (55) I receive praise for taking care of others.
13. (57) I am willing to lend an ear and to serve as a mediator in stressful situations.
14. (60) Helping others is a focus of my involvement with other people.
15. (68) I rescue people when they find themselves in a difficult situation.
16. (69) I act as the family savior (guardian or caretaker).

**SUPER ACHIEVER**

1. (5) I appear perfectionistic.
2. (13) If/when in university/college I am doing/did well scholastically.
3. (18) I try to stop my parent's drinking by achieving success.
4. (26) I try to be a super-achiever.
5. (28) My career successes rarely bring me satisfaction.
6. (29) I am convinced that however much I may be accomplishing it is not enough.
7. (32) No matter how successful I become, I experience trouble feeling good about myself.
8. (34) I focus on pleasing others through performances outside of the family.
9. (36) I achieve success in my work.
10. (47) I believe that my successes provide self-worth for my family.
11. (49) I appear exemplary.
12. (50) I often assume leadership roles.
13. (52) I am successful in athletics.
14. (56) I have trouble setting limits on how much I'm responsible for.
15. (59) I am a leader among my peers.

16. (61) I appear to others to function unusually well.

### **INVISIBLE ONE**

1. (7) I feel I live in a fantasy world.
2. (11) I am always in the background (withdraws).
3. (15) I keep to myself (loner).
4. (16) I have few friends among my peer group.
5. (19) I try to avoid other people.
6. (20) I draw attention by my non-presence.
7. (24) I emotionally escape by withdrawing into myself.
8. (25) I am easily lost in the shuffle.
9. (39) I keep a low profile.
10. (53) I escape by hiding.
11. (62) I cope with family pressures by avoiding other family members.
12. (67) I emotionally escape by disassociating from my family.

### **JESTER**

1. (6) I try to be cute.
2. (10) Humor is my way of coping with the stresses and tensions of life with my family.
3. (12) I use humor as a way of helping my family avoid tension.
4. (23) My jokes are a way of reducing the tension in my family.
5. (30) I feel it is up to me to keep the family entertained.
6. (40) I use clowning behavior to attract attention.
7. (44) I try to be funny.
8. (45) Comedy is my way of bringing a sense of relief to my family.
9. (46) I feel better when I can make other people laugh.
10. (51) I use annoying behavior to attract attention.

**BLACK SHEEP**

1. (1) I experience an inability to control my anger.
2. (3) I get into trouble.
3. (8) I have trouble with authority.
4. (9) I feel I lack education.
5. (22) I act out by being involved in some kind of socially unacceptable behavior.
6. (33) My family blames me for most of the family problems and mishaps.
7. (41) My behavior (acting out) is potentially dangerous.
8. (42) I feel I lack learned skills.
9. (48) I act defiant or hostile.
10. (54) I act verbally aggressive.
11. (58) I am considered a rebel.
12. (63) I act physically aggressive.
13. (64) My family believes that I am bad.
14. (65) I am a troublemaker.
15. (66) I experience difficulty interacting with others in acceptable ways.

**APPENDIX E:  
RESULTS OF REVIEW PANEL, ITEM CONSTRUCTION PHASE**

**Panel Review of the Pool of 69 Items for the Behavior Role Scale  
Item Construction Phase**

<b>Caretaker</b>	<b>Extent Original Item Still Belongs to Role</b>		<b>Role of Best Fit for New Item</b>	<b>Comments</b>
	<b>Central</b>	<b>Minor</b>		
<b>Item #</b>				
1. I smooth over conflicts.	100%	0%	N/A	
2. My family counts on me to help manage family affairs.	N/A	N/A	Caretaker & Super Achiever	Item deleted
3. I believe that my survival equals giving to others my time, energy, and/or empathy.	100%	0%	N/A	Item rewritten
4. I am aware of the personal needs of my family and close friends.	N/A	N/A	Caretaker	Item rewritten
5. I discount my own needs.	100%	0%	N/A	Item deleted (not concrete)
6. I feel responsible for the members of my family.	100%	0%	N/A	Item rewritten
7. I do not believe I deserve to have my own needs met.	N/A	N/A	Caretaker	
8. I feel if I don't take care of others something terrible might happen to them.	N/A	N/A	Caretaker	
9. My family depends on me to help manage family problems.	N/A	N/A	Caretaker & Super Achiever	Item deleted
10. I feel responsible for many of the people in my life.	N/A	N/A	Caretaker	
11. I feel the needs of my family are more important than my own personal needs.	N/A	N/A	Caretaker	Item deleted (considered too similar to #7)
12. I receive praise for taking care of others.	100%	0%	N/A	
13. I am willing to lend an ear and to serve as a mediator in stressful situations.	100%	0%	N/A	
14. Helping others is a focus of my involvement with other people.	N/A	N/A	Caretaker	Item rewritten
15. I rescue people when they find themselves in a difficult situation.	N/A	N/A	Caretaker	
16. I act as the family savior (guardian or caretaker).	50%	50%	N/A	Item deleted

<b>Super Achiever</b>	<b>Extent Original Item Still Belongs to Role</b>		<b>Role of Best Fit for New Items</b>	<b>Comments</b>
	<b>Central</b>	<b>Minor</b>		
1. I appear perfectionistic.	100%	0%	N/A	
2. If/when in university/college I am doing/did well scholastically.	100%	0%	N/A	Item deleted (poor grammar)
3. I try to stop my parent's drinking by achieving success.	100%	0%	N/A	
4. I try to be a super-achiever.	100%	0%	N/A	
5. My career successes rarely bring me satisfaction.	100%	0%	N/A	
6. I am convinced that however much I may be accomplishing it is not enough.	100%	0%	N/A	Item rewritten
7. No matter how successful I become, I experience trouble feeling good about myself.	100%	0%	N/A	Item rewritten
8. I focus on pleasing others through performances outside of the family.	N/A	N/A	Super Achiever & unsure	Item deleted
9. I achieve success in my work.	100%	0%	N/A	
10. I believe that my successes provide self-worth for my family.	100%	0%	N/A	Item rewritten
11. I appear exemplary.	50%	50%	N/A	Item deleted
12. I often assume leadership roles.	100%	0%	N/A	
13. I am successful in athletics.	25%	75%	N/A	Item deleted
14. I have trouble setting limits on how much I'm responsible for.	N/A	N/A	Super Achiever & Caretaker	Item deleted
15. I am a leader among my peers.	100%	0%	N/A	
16. I appear to others to function unusually well.	100%	0%	N/A	

<b>Invisible Child</b>	<b>Extent Original Item Still Belongs to Role</b>		<b>Role of Best Fit for New Items</b>	<b>Comments</b>
<b>Item #</b>	<b>Central</b>	<b>Minor</b>		
1. I feel I live in a fantasy world.	50%	50%	N/A	Item deleted
2. I am always in the background (withdraws).	75%	25%	N/A	Item rewritten
3. I keep to myself (loner).	100%	0%	N/A	Item rewritten
4. I have few friends among my peer group.	N/A	N/A	Invisible Child	
5. I try to avoid other people.	75%	25%	N/A	
6. I draw attention by my non-presence.	75%	25%	N/A	
7. I emotionally escape by withdrawing into myself.	100%	0%	N/A	
8. I am easily lost in the shuffle.	75%	25%	N/A	
9. I keep a low profile.	100%	0%	N/A	
10. I escape by hiding.	50%	50%	N/A	Item deleted
11. I cope with family pressures by avoiding other family members.	N/A	N/A	Invisible Child	
12. I emotionally escape by disassociating from my family.	100%	0%	N/A	

<b>Jester</b>	<b>Extent Original Item Still Belongs to Role</b>		<b>Role of Best Fit for New Items</b>	<b>Comments</b>
	<b>Central</b>	<b>Minor</b>		
<b>Item #</b>				
1. I try to be cute.	100%	0%	N/A	
2. Humor is my way of coping with the stresses and tensions of life with my family.	N/A	N/A	Jester	
3. I use humor as a way of helping my family avoid tension.	N/A	N/A	Jester	
4. My jokes are a way of reducing the tension in my family.	N/A	N/A	Jester	Item rewritten
5. I feel it is up to me to keep the family entertained.	N/A	N/A	Jester	Item rewritten
6. I use clowning behavior to attract attention.	100%	0%	N/A	
7. I try to be funny.	100%	0%	N/A	
8. Comedy is my way of bringing a sense of relief to my family.	N/A	N/A	Jester	
9. I feel better when I can make other people laugh.	N/A	N/A	Jester	
10. I use annoying behavior to attract attention.	100%	0%	N/A	

<b>Black Sheep</b>	<b>Extent Original Item Still Belongs to Role</b>		<b>Role of Best Fit for New Item</b>	<b>Comments</b>
<b>Item #</b>	<b>Central</b>	<b>Minor</b>		
1. I experience an inability to control my anger.	75%	25%	Black Sheep	Item rewritten
2. I get into trouble.	25%	75%		Item deleted
3. I have trouble with authority.	N/A	N/A		Item deleted
4. I feel I lack education.	25%	75%		
5. I act out by being involved in some kind of socially unacceptable behavior.	100%	0%		
6. My family blames me for most of the family problems and mishaps.	100%	0%		
7. My behavior (acting out) is potentially dangerous.	75%	25%		Item rewritten
8. I feel I lack learned skills.	50%	50%		Item deleted
9. I act defiant or hostile.	50%	50%		Item deleted
10. I act verbally aggressive.	100%	0%		
11. I am considered a rebel.	100%			
12. I act physically aggressive.	75%	25%		
13. My family believes that I am bad.	75%	25%		
14. I am a troublemaker.	100%	0%		
15. I experience difficulty interacting with others in acceptable ways.	75%	25%		Item rewritten

**APPENDIX F: POOL OF 53 ITEMS FOR THE BEHAVIOR ROLE SCALE**

**BEHAVIOR ROLE SCALE  
POOL OF 53 ITEMS  
(Random Order)**

1. I am unable to control my anger.
2. I smooth over conflicts.
3. I appear perfectionistic.
4. I try to be cute.
5. I have trouble with authority.
6. Humor is my way of coping with the stresses and tensions of life with my family.
7. I am always in the background.
8. I use humor as a way of helping my family avoid tension.
9. I believe that my identity depends on giving my time, energy, and/or empathy to others.
10. I keep to myself.
11. I have few friends among my peer group.
12. I try to stop my parent's drinking by achieving success.
13. I try to avoid other people.
14. I draw attention by my non-presence.
15. The needs of others in my family are more important than my own.
16. I act out by being involved in some kind of socially unacceptable behavior.
17. My jokes are a way of reducing tension in my family.
18. I emotionally escape by withdrawing into myself.
19. I am easily lost in the shuffle.
20. I try to be a super-achiever.
21. I feel responsible for the members of my family.
22. My career successes rarely bring me satisfaction.
23. I am convinced that however much I accomplish it is not enough.

24. I feel it is up to me to keep my family entertained.
25. I do not believe I deserve to have my own needs met.
26. No matter how successful I become, I have trouble feeling good about myself.
27. My family blames me for most of the family problems and mishaps.
28. I feel if I don't take care of others something terrible might happen to them.
29. I achieve success in my work.
30. I feel responsible for the people in my life.
31. I keep a low profile.
32. I use clowning behavior to attract attention.
33. My acting out behavior is potentially dangerous.
34. I try to be funny.
35. Comedy is my way of bringing a sense of relief to my family.
36. I feel better when I can make other people laugh.
37. I believe that my successes provide a sense of well-being for my family.
38. I often assume leadership roles.
39. I use annoying behavior to attract attention.
40. I act verbally aggressive.
41. I receive praise for taking care of others.
42. I am willing to lend an ear and to serve as a mediator in stressful situations.
43. I am considered a rebel.
44. I am a leader among my peers.
45. Helping people is my focus of involvement with others.
46. I appear to others to function unusually well.
47. I cope with family pressures by avoiding other family members.
48. I act physically aggressive.
49. My family believes that I am bad.
50. I am a troublemaker.

51. I have difficulty interacting with others in acceptable ways.
52. I emotionally escape by disassociating from my family.
53. I rescue people when they find themselves in a difficult situation.

**BEHAVIOR ROLE SCALE  
POOL OF 53 ITEMS  
(According to Behavior Role)**

**CARETAKER ITEMS**

1. (2) I smooth over conflicts.
2. (9) I believe that my identity depends on giving my time, energy, and/or empathy to others.
3. (15) The needs of others in my family are more important than my own.
4. (21) I feel responsible for the members of my family.
5. (25) I do not believe I deserve to have my own needs met.
6. (28) I feel if I don't take care of others something terrible might happen to them.
7. (30) I feel responsible for the people in my life.
8. (41) I receive praise for taking care of others.
9. (42) I am willing to lend an ear and to serve as a mediator in stressful situations.
10. (45) Helping people is my focus of involvement with others.
11. (53) I rescue people when they find themselves in a difficult situation.

**SUPER ACHIEVER**

1. (3) I appear perfectionistic.
2. (12) I try to stop my parent's drinking by achieving success.
3. (20) I try to be a super-achiever.
4. (22) My career successes rarely bring me satisfaction.
5. (23) I am convinced that however much I accomplish it is not enough.
6. (26) No matter how successful I become, I have trouble feeling good about myself.
7. (29) I achieve success in my work.
8. (37) I believe that my successes provide a sense of well-being for my family.
9. (38) I often assume leadership roles.
10. (44) I am a leader among my peers.
11. (46) I appear to others to function unusually well.

### INVISIBLE ONE

1. (7) I am always in the background.
2. (10) I keep to myself.
3. (11) I have few friends among my peer group.
4. (13) I try to avoid other people.
5. (14) I draw attention by my non-presence.
6. (18) I emotionally escape by withdrawing into myself.
7. (19) I am easily lost in the shuffle.
8. (31) I keep a low profile.
9. (47) I cope with family pressures by avoiding other family members.
10. (52) I emotionally escape by disassociating from my family.

### JESTER

1. (4) I try to be cute.
2. (6) Humor is my way of coping with the stresses and tensions of life with my family.
3. (8) I use humor as a way of helping my family avoid tension.
4. (17) My jokes are a way of reducing tension in my family.
5. (24) I feel it is up to me to keep my family entertained.
6. (32) I use clowning behavior to attract attention.
7. (34) I try to be funny.
8. (35) Comedy is my way of bringing a sense of relief to my family.
9. (36) I feel better when I can make other people laugh.
10. (39) I use annoying behavior to attract attention.

### BLACK SHEEP

1. (1) I am unable to control my anger.
2. (5) I have trouble with authority.
3. (16) I act out by being involved in some kind of socially unacceptable behavior.
4. (27) My family blames me for most of the family problems and mishaps.
5. (33) My acting out behavior is potentially dangerous.
6. (40) I act verbally aggressive.
7. (43) I am considered a rebel.
8. (48) I act physically aggressive.
9. (49) My family believes that I am bad.
10. (50) I am a troublemaker.
11. (51) I have difficulty interacting with others in acceptable ways.

**APPENDIX G: POOL OF 50 ITEMS FOR THE BEHAVIOR ROLE SCALE**

**BEHAVIOR ROLE SCALE  
POOL OF 50 ITEMS  
(Random Order)**

1. I am able to control my anger.
2. I smooth over conflicts.
3. I appear to others to be a perfectionist.
4. I try to be cute.
5. I am convinced that however much I accomplish it is not enough.
6. I emotionally escape by disassociating from my family.
7. Feeling good about myself depends on giving my time and energy to others.
8. I use humor as a way of helping other members of my family avoid tension.
9. I am in the background.
10. I am a troublemaker.
11. It is easy for me to make friends among my peer group.
12. I try to avoid other people.
13. The needs of others in my family are more important than my own.
14. I act out by being involved in some kind of socially unacceptable behavior.
15. My jokes are a way of reducing tension in my family.
16. I emotionally escape by withdrawing into myself.
17. I am easily lost in the shuffle.
18. I often assume leadership roles.
19. I feel responsible for the members of my family.
20. I tend to find satisfaction in my career successes.
21. I feel it is up to me to keep my family entertained.
22. I have trouble with authority.
23. Even when I experience success, I have trouble feeling good about myself.
24. My family blames me for family problems and mishaps.

25. I try to be funny.
26. I feel successful in my work.
27. I feel responsible for the people in my life.
28. I keep a low profile.
29. I use clowning behavior to attract attention.
30. My acting out behavior is potentially dangerous.
31. I feel if I don't take care of others something terrible might happen to them.
32. Comedy is my way of bringing a sense of relief to my family.
33. My family believes that I am bad.
34. I believe that my successes provide a sense of well-being for my family.
35. I try to be a super-achiever.
36. I use annoying behavior to attract attention.
37. I act verbally aggressive.
38. I receive praise for taking care of others.
39. I am willing to lend an ear and to serve as a mediator in stressful situations.
40. I am considered a rebel.
41. I am a leader among my peers.
42. Helping people is my focus of my involvement with others.
43. I appear to others to function unusually well.
44. I cope with family pressures by avoiding other family members.
45. I act physically aggressive.
46. I feel better when I can make other people laugh.
47. I keep to myself.
48. I have difficulty interacting with others in acceptable ways.
49. Humor is my way of coping with the stresses and tensions of life with my family.

50. I rescue people when they find themselves in a difficult situation.

**BEHAVIOR ROLE SCALE  
POOL OF 50 ITEMS  
(According to Behavior Role)**

**CARETAKER**

1. (2) I smooth over conflicts.
2. (7) Feeling good about myself depends on giving my time and energy to others.
3. (13) The needs of others in my family are more important than my own.
4. (19) I feel responsible for the members of my family.
5. (27) I feel responsible for the people in my life.
6. (31) I feel if I don't take care of others something terrible might happen to them.
7. (38) I receive praise for taking care of others.
8. (39) I am willing to lend an ear and to serve as a mediator in stressful situations.
9. (42) Helping people is my focus of my involvement with others.
10. (50) I rescue people when they find themselves in a difficult situation.

**SUPER ACHIEVER**

1. (3) I appear to others to be a perfectionist.
2. (5) I am convinced that however much I accomplish it is not enough.
3. (18) I often assume leadership roles.
4. (20) I tend to find satisfaction in my career successes.
5. (23) Even when I experience success, I have trouble feeling good about myself.
6. (26) I feel successful in my work.
7. (34) I believe that my successes provide a sense of well-being for my family.
8. (35) I try to be a super-achiever.
9. (41) I am a leader among my peers.
10. (43) I appear to others to function unusually well.

**INVISIBLE ONE**

1. (6) I emotionally escape by disassociating from my family.
2. (9) I am in the background.
3. (11) It is easy for me to make friends among my peer group.
4. (12) I try to avoid other people.
5. (16) I emotionally escape by withdrawing into myself.
6. (17) I am easily lost in the shuffle.
7. (28) I keep a low profile.
8. (44) I cope with family pressures by avoiding other family members.
9. (47) I keep to myself.

**JESTER**

1. (4) I try to be cute.
2. (8) I use humor as a way of helping other members of my family avoid tension.
3. (15) My jokes are a way of reducing tension in my family.
4. (21) I feel it is up to me to keep my family entertained.
5. (25) I try to be funny.
6. (29) I use clowning behavior to attract attention.
7. (32) Comedy is my way of bringing a sense of relief to my family.
8. (36) I use annoying behavior to attract attention.
9. (46) I feel better when I can make other people laugh.
10. (49) Humor is my way of coping with the stresses and tensions of life with my family.

**BLACK SHEEP**

1. (1) I am able to control my anger.
2. (10) I am a troublemaker.
3. (14) I act out by being involved in some kind of socially unacceptable behavior.
4. (22) I have trouble with authority.
5. (24) My family blames me for family problems and mishaps.
6. (30) My acting out behavior is potentially dangerous.
7. (33) My family believes that I am bad.
8. (37) I act verbally aggressive.
9. (40) I am considered a rebel.
10. (45) I act physically aggressive.
11. (48) I have difficulty interacting with others in acceptable ways.

**APPENDIX H: ITEM RATING FORM**

**BEHAVIOR ROLE SCALE  
JUDGE'S ITEM RATING FORM**

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

First, please read carefully through the descriptions of the behavior roles and the corresponding test items. Next, please indicate how well you feel each item reflects the behavior role it was written to measure. Judge a test item solely on the basis of the match between its content and the content defined by the behavior role description that the test item was prepared to measure. Please use the five-point rating scale shown below:

<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
1	2	3	4	5

Circle the number corresponding to your rating beside the test item.

<i><b>BEHAVIOR ROLE</b></i>	<i><b>TEST ITEM</b></i>	<i><b>ITEM RATINGS</b></i>					<i><b>COMMENTS</b></i>
<b>CARETAKER</b>  <b>Caretakers are seen as the responsible ones. Caretakers will often take care of siblings and sometimes even their parents. Caretakers do not like conflict and will discount their own needs for the sake of helping their family. They feel responsible and giving to others is one of their ways of coping.</b>	1. I smooth over conflicts.	1	2	3	4	5	
	2. Feeling good about myself depends on giving my time and energy to others.	1	2	3	4	5	
	3. The needs of others in my family are more important than my own needs.	1	2	3	4	5	
	4. I feel responsible for the members of my family.	1	2	3	4	5	
	5. I feel responsible for the people in my life.	1	2	3	4	5	
	6. I feel it I don't take care of others, something terrible might happen to them.	1	2	3	4	5	
	7. I receive praise for taking care of others.	1	2	3	4	5	
	8. I am willing to lend an ear and to serve as a mediator in stressful situations.	1	2	3	4	5	
	9. Helping people is a focus of my involvement with others.	1	2	3	4	5	
	10. I rescue people when they find themselves in a difficult situation.	1	2	3	4	5	

<i>BEHAVIOR ROLE</i>	<i>TEST ITEM</i>	<i>ITEM RATINGS</i>					<i>COMMENTS</i>
<b>SUPER ACHIEVER</b>  <b>Super Achievers</b> are considered model persons and can be characterized as being achievement oriented. Their successes are a source of pride for their families. If their family is experiencing some kind of ongoing stress, they will find themselves hoping that their successes will be able to put an end to the stressor. If their successes are not able to stop the stressor, they may feel that they haven't done enough. They are found in leadership roles and are usually successful in whatever they attempt.	1. I appear to others to be a perfectionist.	1	2	3	4	5	
	2. I am convinced that however much I accomplish it is not enough.	1	2	3	4	5	
	3. I often assume leadership roles.	1	2	3	4	5	
	4. I tend to find satisfaction in my career (school) successes.	1	2	3	4	5	
	5. Even when I experience success, I have trouble feeling good about myself.	1	2	3	4	5	
	6. I feel successful in my work.	1	2	3	4	5	
	7. I believe that my successes provide a sense of well-being for my family.	1	2	3	4	5	
	8. I try to be a super-achiever.	1	2	3	4	5	
	9. I am a leader among my peers.	1	2	3	4	5	
	10. Other people think that I am doing unusually well.	1	2	3	4	5	

<i>BEHAVIOR ROLE</i>	<i>TEST ITEM</i>	<i>ITEM RATINGS</i>					<i>COMMENTS</i>
<b>INVISIBLE ONE</b>  <b>Invisible ones</b> cope with any problems or tensions in their families by avoiding the problem person and often avoiding the rest of the family as well. They keep a low profile and they may withdraw from family activities. Sometimes they create and live in their own fantasy world.	1. I emotionally escape by withdrawing from my family.	1	2	3	4	5	
	2. I am in the background.	1	2	3	4	5	
	3. It is easy for me to make friends among my peer group.	1	2	3	4	5	
	4. I try to avoid being around other people.	1	2	3	4	5	
	5. I emotionally escape by withdrawing into myself.	1	2	3	4	5	
	6. I am easily lost in the shuffle.	1	2	3	4	5	
	7. I keep a low profile.	1	2	3	4	5	
	8. I cope with family pressures by avoiding other family members.	1	2	3	4	5	
	9. I keep to my self.	1	2	3	4	5	
	10. I imagine myself living in a kind of fantasy world as a way of coping with people.	1	2	3	4	5	

<i>BEHAVIOR ROLE</i>	<i>TEST ITEM</i>	<i>ITEM RATINGS</i>					<i>COMMENTS</i>
<b>JESTER</b>  <b>Jesters</b> are considered the family clowns or mascots. They use humor or other entertaining behaviors to ease tensions in their families. The behaviors of Jesters are sometimes considered by others to be annoying.	1. I try to be cheerful.	1	2	3	4	5	
	2. I use humor as a way of helping other members of my family avoid tension.	1	2	3	4	5	
	3. My jokes are a way of reducing tension in my family.	1	2	3	4	5	
	4. I feel it is up to me to keep my family entertained.	1	2	3	4	5	
	5. I try to be funny.	1	2	3	4	5	
	6. I use clowning behavior to attract attention.	1	2	3	4	5	
	7. Comedy is my way of bringing a sense of relief to my family.	1	2	3	4	5	
	8. I use annoying behavior to attract attention.	1	2	3	4	5	
	9. I feel better when I can make other people laugh.	1	2	3	4	5	
	10. Humor is my way of coping with the stresses and tensions of life with my family.	1	2	3	4	5	

<i>BEHAVIOR ROLE</i>	<i>TEST ITEM</i>	<i>ITEM RATINGS</i>					<i>COMMENTS</i>
<b>BLACK SHEEP</b> <b>Black Sheep</b> are considered the family rebels. They act out and are often getting in trouble as a means of distracting the family from the problems they may be experiencing. <b>Black Sheep</b> are frequently blamed for their families' problems. They may also have difficulties interacting with people in acceptable ways as they are sometimes perceived as being verbally and physically aggressive.	1. I am able to control my anger.	1	2	3	4	5	
	2. I am a troublemaker.	1	2	3	4	5	
	3. I act out by being involved in behavior that others consider to be bad or dangerous.	1	2	3	4	5	
	4. I have trouble with authority.	1	2	3	4	5	
	5. My family blames me for family problems and mishaps.	1	2	3	4	5	
	6. My acting out behavior is potentially dangerous.	1	2	3	4	5	
	7. My family believes that I am bad.	1	2	3	4	5	
	8. I act verbally aggressive.	1	2	3	4	5	
	9. I am considered a rebel.	1	2	3	4	5	
	10. I act physically aggressive.	1	2	3	4	5	
	11. I have difficulty interacting with others in acceptable ways.	1	2	3	4	5	

**APPENDIX I: ITEM TECHNICAL REVIEW FORM**











**APPENDIX J: ITEM/BEHAVIOR ROLE MATCHING TASK FORM**

**BEHAVIOR ROLE SCALE**  
**BEHAVIOR ROLES/ITEMS MATCHING TASK**

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

First, read carefully through the Behavior Role Descriptions and the Behavior Role Scale List of Items (Random Order). Your task is to indicate whether or not you feel each test item is a measure of one of the five behavior roles. It is, if you feel examinee performance on the test item would provide an indication of an examinee's level of performance in a pool of test items measuring the behavior role. Beside each behavior role, write the numbers of test items corresponding to the test items that you feel measure the behavior role. In some instances, you may feel that items do not measure any of the five behavior roles. Write these test item numbers in the space provided at the bottom of the rating form.

<b>BEHAVIOR ROLE</b>	<b>NUMBERS OF MATCHING TEST ITEMS</b>
CARETAKER	
SUPER ACHIEVER	
INVISIBLE ONE	
JESTER	
BLACK SHEEP	
NO MATCHES	

**APPENDIX K: DEMOGRAPHIC INFORMATION QUESTIONNAIRE**

**BEHAVIOR ROLE SCALE PROJECT  
DEMOGRAPHIC QUESTIONNAIRE**

Please answer the following questions:

1. What is your age? \_\_\_\_\_ 2. What is your gender? Male \_\_\_\_\_ Female \_\_\_\_\_

3. Check the item (items) that best describes your ethnic background?

01 _____ African	05 _____ North American	08 _____ Central American
02 _____ Asian	06 _____ -Canadian	09 _____ South American
03 _____ Australasian	07 _____ -American	10 _____ Other _____
04 _____ European	08 _____ -First Nations	

4. Check the item that describes the highest level of education that you have completed.

1 \_\_\_\_\_ Elementary School  
 2 \_\_\_\_\_ Secondary School  
 3 \_\_\_\_\_ College (2 year)  
 4 \_\_\_\_\_ CEGEP/Trade School/Technical Institute  
 5 \_\_\_\_\_ Some College or University  
 6 \_\_\_\_\_ University (undergraduate degree)  
 7 \_\_\_\_\_ University (graduate degree)  
 8 \_\_\_\_\_ Other. Please describe: \_\_\_\_\_

5. Check the item that describes your income during the past year.

0 _____ 0 - \$10,000	5 _____ \$50,000 - \$59,999
1 _____ \$10,000 - \$19,999	6 _____ \$60,000 - \$69,999
2 _____ \$20,000 - \$29,999	7 _____ \$70,000 - \$79,999
3 _____ \$30,000 - \$39,999	8 _____ \$80,000 - \$99,999
4 _____ \$40,000 - \$49,000	9 _____ \$100,000+

6. Check the item that describes your principle source of income?

01 _____ Employed full-time	05 _____ Investments/Pension	09 _____ Student Loans
02 _____ Employed part-time	06 _____ Social Assistance	10 _____ Savings
03 _____ Self-employed	07 _____ Parents/Family	11 _____ Retirement
04 _____ Unemployed	08 _____ Child Support	12 _____ Other

7. Check the item (or items) that best describes your present living situation:

1.  I live in the family home with my parent(s)  
 2.  I live on my own or with roommates  
 3.  I live with a spouse or partner in a committed relationship  
 4.  I live Separated or Divorced from my partner or spouse  
 5.  I live with my children  
 6.  My partner or spouse has died

8. Who did you live with for the major part of the years between your birth and age 18?

1.  Parents (Biological)    4.  Mother & Partner    7.  Boarding School  
 2.  Mother    5.  Father & Partner    8.  Group Home  
 3.  Father    6.  Grandparents    9.  Other \_\_\_\_\_

9. How would you rate the relationship you have today with your biological parents?

	Father	Mother	Comments:
1. Excellent (no tension/conflict)	_____	_____	
2. Good (some tension/conflict)	_____	_____	
3. Poor (lots of tension/conflict)	_____	_____	
4. Non-existent (little or no contact)	_____	_____	
5. Parent is deceased	_____	_____	

10. Please list your brothers and sisters and their current ages. For example: A brother age 33, a brother age 29, and a sister age 30.

11. If you have brothers and sisters, how would you rate the relationships you have today with them?

	Brother(s)	Sister(s)	Comments:
1. Excellent (no tension/conflict)	_____	_____	
2. Good (some tension/conflict)	_____	_____	
3. Poor (lots of tension/conflict)	_____	_____	
4. Non-existent (little or no contact)	_____	_____	
5. Sibling is deceased	_____	_____	

12. Do you have any children? \_\_\_\_\_ If yes, how many children? \_\_\_\_\_

What are the ages of your children?

The following events or circumstances have been identified as having the potential to cause difficulties or problems for individuals and families. Please place the number on the line that corresponds to your experience of the event or circumstance while you were living at home.

0 = No, I did not experience the event or circumstance.

1 = Yes, I did experience the event or circumstance, but it caused me little or no personal difficulty.

2 = Yes, I did experience the event or circumstance, but it caused me only limited personal difficulty.

3 = Yes, I did experience the event or circumstance, and it caused me a great deal of difficulty.

4 = Yes, I did experience the event or circumstance, and it caused me extreme difficulty.

5 = Yes, I did experience the event or circumstance, and it continues to cause difficulties in my life.

- \_\_\_\_\_ 13. Do you think your biological father is (was) an alcoholic?
- \_\_\_\_\_ 14. Do you think your biological mother is (was) an alcoholic?
- \_\_\_\_\_ 15. Did your father use drugs?
- \_\_\_\_\_ 16. Did your mother use drugs?
- \_\_\_\_\_ 17. Did one of your siblings use drugs?
- \_\_\_\_\_ 18. Did one of your parents or a sibling die while you were living with them?
- \_\_\_\_\_ 19. Did your parents get a divorce while you were living with them?
- \_\_\_\_\_ 20. Did you or one of your parents or siblings have emotional difficulties requiring the care of a psychiatrist?
- \_\_\_\_\_ 21. Did you or one of your parents or siblings have a chronic physical illness?
- \_\_\_\_\_ 22. Did you or one of your parents or siblings have a physical disability?
- \_\_\_\_\_ 23. Did you or one of your parents or siblings experience physical or sexual abuse?

21. If you responded with a 1-5 on any of questions 13-23, please write your age when you first noticed or experienced the event or circumstance?

13. \_\_\_\_ 14. \_\_\_\_ 15. \_\_\_\_ 16. \_\_\_\_ 17. \_\_\_\_ 18. \_\_\_\_ 19. \_\_\_\_ 20. \_\_\_\_ 21. \_\_\_\_ 22. \_\_\_\_ 23. \_\_\_\_

22. While growing up did anyone inside or outside your family help you with your feelings regarding what was going on within your family? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who helped you?

01 ___ Mother	05 ___ Family friend	09 ___ Minister/Priest/Rabbi
02 ___ Father	06 ___ Personal friend	10 ___ Social Worker/Counsellor
03 ___ Sibling	07 ___ Neighbour	11 ___ Baby-sitter
04 ___ Relative	08 ___ Teacher/Coach	12 ___ Other _____

23. Have you ever attended a support group designed to assist you with issues with your family?

Yes \_\_\_ No \_\_\_

24. Have you ever sought treatment (counselling) because of the problems you experienced while growing up with your family?

Yes \_\_\_ No \_\_\_

If yes, approximately how many counselling sessions have you received? \_\_\_\_\_

25. How much have you read/heard about adult children of alcoholics (ACOA/ACA)?  
Check all that apply:

Nothing \_\_\_ Newspaper articles \_\_\_ TV programs \_\_\_\_\_

1 book \_\_\_ 2-5 books \_\_\_ more than 5 books \_\_\_\_\_

26. Have you ever attended an Adult Children of Alcoholics (ACOA/ACA) support group?

Yes \_\_\_ No \_\_\_

If yes, approximately how many times have you attended? \_\_\_\_\_

**APPENDIX L: INFORMED CONSENT FORM**

**APPENDIX M: PARENTAL BINGE CHRONIC DIFFERENTIATION SCALE**

### PARENTAL BINGE CHRONIC DIFFERENTIATION SCALE

1. Check the pattern that best describes your parents' drinking over the last year?

Father	Mother	
_____	_____	[1] Drinks heavily (6 or more drinks) every day
_____	_____	[2] Drinks moderately (3 to 5 drinks) every day
_____	_____	[3] Drinks a little (less than 3 drinks) every day
_____	_____	[4] One day binges
_____	_____	[5] Weekend/several day binges
_____	_____	[6] Drinks heavily (6 or more drinks) a couple times a week
_____	_____	[7] Drinks moderately (3 to 5) a couple times a week
_____	_____	[8] Drinks a little (less than 3 drinks) a couple of times a week
_____	_____	[9] Occasionally drinks but rarely or never gets drunk
_____	_____	[10] Never drinks
_____	_____	[11] No longer drinks
		How old were you when your parent(s) stopped drinking? ____

2. Which statement best describes your parents' drinking habits over the last year?

(Circle A, B, C, D, or E):

Father	Mother	
A	A	A periodic, intermittent drinker (one who drinks heavily on a binge or drinking bout every so often, with periods of little or no drinking between binges)
B	B	A steady, regular drinker (one who continuously drinks more or less the same amount on a day-to-day basis)
C	C	A steady, regular drinker who also drinks heavily on a binge or drinking bout every so often.
D	D	Occasionally drinks but never gets drunk or never drinks
E	E	Cannot say

Based on the Binge/Chronic Differentiation Form, The Alcohol Recovery Project, The University of British Columbia.

**APPENDIX N: 45 ITEM BEHAVIOR ROLE SCALE**

### BEHAVIOR ROLE SCALE

**DIRECTIONS:** A number of statements people use to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate the percentage of the time that statement describes you.

		<b>PERCENT OF TIME:</b>					
		0	20	40	60	80	100
1.	I am able to control my anger.	0	20	40	60	80	100
2.	I smooth over conflicts.	0	20	40	60	80	100
3.	I appear to others to be a perfectionist.	0	20	40	60	80	100
4.	I try to be cheerful.	0	20	40	60	80	100
5.	I am convinced that however much I accomplish it is not enough.	0	20	40	60	80	100
6.	I emotionally escape by separating from my family.	0	20	40	60	80	100
7.	I feel good about myself when I give my time and energy to others.	0	20	40	60	80	100
8.	I use humor as a way of helping other members of my family avoid tension.	0	20	40	60	80	100
9.	I am in the background when I am with other people.	0	20	40	60	80	100
10.	I am a troublemaker.	0	20	40	60	80	100
11.	I try to avoid being around other people.	0	20	40	60	80	100
12.	The needs of others in my family are more important than my own needs.	0	20	40	60	80	100
13.	I act out by being involved in behavior that others consider to be bad or dangerous.	0	20	40	60	80	100
14.	My jokes are a way of reducing tension in my family.	0	20	40	60	80	100
15.	I emotionally escape by withdrawing into myself.	0	20	40	60	80	100
16.	I am easily lost in the shuffle.	0	20	40	60	80	100
17.	I often assume leadership roles.	0	20	40	60	80	100

## PERCENT OF TIME:

18.	I feel responsible for the members of my family.	0	20	40	60	80	100
19.	I tend to find satisfaction in my career (school) successes.	0	20	40	60	80	100
20.	I feel it is up to me to keep my family entertained.	0	20	40	60	80	100
21.	I have trouble with authority.	0	20	40	60	80	100
22.	Even when I experience success, I have trouble feeling good about myself.	0	20	40	60	80	100
23.	My family blames me for family problems and mishaps.	0	20	40	60	80	100
24.	I try to be funny.	0	20	40	60	80	100
25.	I feel responsible for the people in my life.	0	20	40	60	80	100
26.	I keep a low profile.	0	20	40	60	80	100
27.	I use clowning behavior to attract attention.	0	20	40	60	80	100
28.	My acting out behavior is potentially dangerous.	0	20	40	60	80	100
29.	I feel if I don't take care of others, something terrible might happen to them.	0	20	40	60	80	100
30.	Comedy is my way of bringing a sense of relief to my family.	0	20	40	60	80	100
31.	My family believes me to be the family rebel.	0	20	40	60	80	100
32.	I believe that my successes provide a sense of well-being for my family.	0	20	40	60	80	100
33.	I am considered to be a super-achiever.	0	20	40	60	80	100
34.	I am willing to lend an ear and to serve as a mediator in stressful situations.	0	20	40	60	80	100
35.	I am considered to be rebellious.	0	20	40	60	80	100
36.	I am a leader among my peers.	0	20	40	60	80	100
37.	Helping people is the focus of my involvement with others.	0	20	40	60	80	100
38.	I appear to others to function unusually well.	0	20	40	60	80	100

**PERCENT OF TIME:**

39.	I cope with family pressures by avoiding other family members.	0	20	40	60	80	100
40.	I feel better when I can make other people laugh.	0	20	40	60	80	100
41.	I keep to myself.	0	20	40	60	80	100
42.	I have difficulty interacting with others in acceptable ways.	0	20	40	60	80	100
43.	Humor is my way of coping with the stresses and tensions of life with my family.	0	20	40	60	80	100
44.	I help people when they find themselves in a difficult situation.	0	20	40	60	80	100
45.	I imagine myself living in a kind of fantasy world as a way of coping with people.	0	20	40	60	80	100

**APPENDIX O: BEHAVIOR ROLE DESCRIPTIONS**

## BEHAVIOR ROLE DESCRIPTIONS

Rank order the following descriptions of behavior roles according to how they best describe you as a child growing up in your family.

1. This is the best description of the five descriptions presented here of my role in my family.
2. This is the second best description of the five descriptions presented here of my role in my family.
3. This is the third best description of the five descriptions presented here of my role in my family.
4. This is the fourth best description of the five descriptions presented here of my role in my family.
5. This is the fifth best description or the role least like my role in my family.

### CHILD

#### — CARETAKER

As a caretaker you were seen as the responsible one and often took care of siblings and sometimes even your parents. Caretakers do not like conflict and you discounted your own needs for the sake of helping your family. You felt responsible and giving to others was one of your ways of coping.

#### — SUPER ACHIEVER

You were considered a model person and could have been characterized by being achievement oriented. Your successes were a source of pride for your family. If your family experienced some kind of ongoing stress, you may have found yourself hoping that your successes would be able to put an end to the stressor. If your successes were not able to stop the stressor, you may have felt that you hadn't done enough. You were found in leadership roles and were usually successful in whatever you attempted.

#### — JESTER

You were considered the family clown or mascot. You used humor or other entertaining behaviors to ease tensions in your family.

#### — INVISIBLE ONE

You coped with any problems or tensions in your family by avoiding the problem person and often avoiding the rest of your family as well. You kept a low profile, you may have withdrawn from family activities, and sometimes you created and lived in your own fantasy world.

#### — REBEL

You were considered the family rebel. You were frequently blamed for your family's problems. You acted out and were often getting in trouble as a means of distracting your family from the problems they may have been experiencing. And you may have had difficulties interacting with people in acceptable ways as you were sometimes perceived as being verbally and physically aggressive.

## BEHAVIOR ROLE DESCRIPTIONS

Rank order the following descriptions of behavior roles according to how they best describe you now:

1. This is the best description of the five descriptions presented here of my role in my family.
2. This is the second best description of the five descriptions presented here of my role in my family.
3. This is the third best description of the five descriptions presented here of my role in my family.
4. This is the fourth best description of the five descriptions presented here of my role in my family.
5. This is the fifth best description or the role least like my role in my family.

### NOW (ADULT)

#### — CARETAKER

As a caretaker you are seen as the responsible one and you will often take care of siblings and sometimes even your parents. Caretakers do not like conflict and you will discount your own needs for the sake of helping your family. You feel responsible and giving to others is one of your ways of coping.

#### — SUPER ACHIEVER

You are considered a model person and can be characterized by being achievement oriented. Your successes are a source of pride for your family. If your family is experiencing some kind of ongoing stress, you may find yourself hoping that your successes will be able to put an end to the stressor. If your successes are not able to stop the stressor, you may feel that you haven't done enough. You are found in leadership roles and are usually successful in whatever you attempt.

#### — JESTER

You are considered the family clown or mascot. You use humor or other entertaining behaviors to ease tensions in your family.

#### — INVISIBLE ONE

You cope with any problems or tensions in your family by avoiding the problem person and often avoiding the rest of your family as well. You keep a low profile, you may withdraw from family activities, and sometimes you create and live in your own fantasy world.

#### — REBEL

You are considered the family rebel. You act out and are often getting in trouble as a means of distracting the family from the problems they may be experiencing. You are frequently blamed for your family's problems. And you may have difficulties interacting with people in acceptable ways as you are sometimes perceived as being verbally and physically aggressive.

**APPENDIX P:  
RESULTS OF ITEM/BEHAVIOR ROLE MATCHING TASK, PHASE I**

**Summary of Experts' Behavior Role/Items Matching Task  
Phase I**

<b>Care-taker</b>	<b>%</b>	<b>Super Achiever</b>	<b>%</b>	<b>Invisible One</b>	<b>%</b>
1.	83.3	1.	83.3	1.	100
2.	100	2.	100	2.	83.3
3.	100	3.	100	3.	*00.0
4.	100	4.	50.0	4.	83.3
5.	100	5.	100	5.	100
6.	100	6.	*33.3	6.	100
7.	*83.3	7.	100	7.	100
8.	100	8.	83.3	8.	83.3
9.	100	9.	100	9.	100
10.	100	10.	100	10.	100
<b>Jester</b>	<b>%</b>	<b>Black Sheep</b>	<b>%</b>		
1.	50.0	1.	16.7		
2.	100	2.	100		
3.	100	3.	100		
4.	100	4.	83.3		
5.	100	5.	100		
6.	100	6.	100		
7.	100	7.	100		
8.	*16.7	8.	*83.3		
9.	100	9.	100		
10.	100	10.	*83.3		
		11.	100		

Note. \* indicates that the item was deleted.

**APPENDIX Q: POOL OF 45 ITEMS FOR THE BEHAVIOR ROLE SCALE**

**BEHAVIOR ROLE SCALE  
POOL OF 45 ITEMS  
(Random Order)**

1. I am able to control my anger. (scored negatively - I am not able to control my anger)
2. I smooth over conflicts.
3. I appear to others to be a perfectionist.
4. I try to be cheerful.
5. I am convinced that however much I accomplish it is not enough.
6. I emotionally escape by separating from my family.
7. I feel good about myself when I give my time and energy to others.
8. I use humor as a way of helping other members of my family avoid tension.
9. I am in the background when I am with other people.
10. I am a troublemaker.
11. I try to avoid being around other people.
12. The needs of others in my family are more important than my own needs.
13. I act out by being involved in behavior that others consider to be bad or dangerous.
14. My jokes are a way of reducing tension in my family.
15. I emotionally escape by withdrawing into myself.
16. I am easily lost in the shuffle.
17. I often assume leadership roles.
18. I feel responsible for the members of my family.
19. I tend to find satisfaction in my career (school) successes.
20. I feel it is up to me to keep my family entertained.
21. I have trouble with authority.
22. Even when I experience success, I have trouble feeling good about myself.
23. My family blames me for family problems and mishaps.
24. I try to be funny.

25. I feel responsible for the people in my life.
26. I keep a low profile.
27. I use clowning behavior to attract attention.
28. My acting out behavior is potentially dangerous.
29. I feel if I don't take care of others, something terrible might happen to them.
30. Comedy is my way of bringing a sense of relief to my family.
31. My family believes me to be the family rebel.
32. I believe that my successes provide a sense of well-being for my family.
33. I am considered to be a super-achiever.
34. I am willing to lend an ear and to serve as a mediator in stressful situations.
35. I am considered to be rebellious.
36. I am a leader among my peers.
37. Helping people is the focus of my involvement with others.
38. I appear to others to function unusually well.
39. I cope with family pressures by avoiding other family members.
40. I feel better when I can make other people laugh.
41. I keep to myself.
42. I have difficulty interacting with others in acceptable ways.
43. Humor is my way of coping with the stresses and tensions of life with my family.
44. I help people when they find themselves in a difficult situation.
45. I imagine myself living in a kind of fantasy world as a way of coping with people.

**BEHAVIOR ROLE SCALE  
POOL OF 45 ITEMS  
(According to Behavior Role)**

**CARETAKER**

1. (2) I smooth over conflicts.
2. (7) I feel good about myself when I give my time and energy to others.
3. (12) The needs of others in my family are more important than my own needs.
4. (18) I feel responsible for the members of my family.
5. (25) I feel responsible for the people in my life.
6. (29) I feel if I don't take care of others, something terrible might happen to them.
7. (34) I am willing to lend an ear and to serve as a mediator in stressful situations.
8. (37) Helping people is a focus of my involvement with others.
9. (44) I help people when they find themselves in a difficult situation.

**SUPER ACHIEVER**

1. (3) I appear to others to be a perfectionist.
2. (5) I am convinced that however much I accomplish it is not enough.
3. (17) I often assume leadership roles.
4. (19) I tend to find satisfaction in my career (school) successes.
5. (22) Even when I experience success, I have trouble feeling good about myself.
6. (32) I believe that my successes provide a sense of well-being for my family.
7. (33) I am considered to be a super-achiever.
8. (36) I am a leader among my peers.
9. (38) I appear to others to function unusually well.

**INVISIBLE ONE**

1. (6) I emotionally escape by separating from my family.
2. (9) I am in the background when I am with other people.
3. (11) I try to avoid being around other people.
4. (15) I emotionally escape by withdrawing into myself.
5. (16) I am easily lost in the shuffle.
6. (26) I keep a low profile.
7. (39) I cope with family pressures by avoiding other family members.
8. (41) I keep to myself.
9. (45) I imagine myself living in a kind of fantasy world as a way of coping with people.

**JESTER**

1. (4) I try to be cheerful.
2. (8) I use humor as a way of helping other members of my family avoid tension.
3. (14) My jokes are a way of reducing tension in my family.
4. (20) I feel it is up to me to keep my family entertained.
5. (24) I try to be funny.
6. (27) I use clowning behavior to attract attention.
7. (30) Comedy is my way of bringing a sense of relief to my family.
8. (40) I feel better when I can make other people laugh.
9. (43) Humor is my way of coping with the stresses and tensions of life with my family.

**REBEL**

1. (1) I am able to control my anger.
2. (10) I am a troublemaker.
3. (13) I act out by being involved in behavior that others consider to be bad or dangerous.
4. (21) I have trouble with authority.
5. (23) My family blames me for family problems and mishaps.
6. (28) My acting out behavior is potentially dangerous.
7. (31) My family believes me to be the family rebel.
8. (35) I am considered to be rebellious.
9. (42) I have difficulty interacting with others in acceptable ways.

**APPENDIX R:  
THE INTER-ITEM CORRELATIONS OF THE BEHAVIOR ROLE SCALE**

**Inter-Item Correlations of the Behavior Role Scale**  
**Field Test Item Analysis**  
(N = 288)

**Caretaker Role**

	#1	#2	#3	#4	#5	#6	#7	#8	#9
#1	1.000								
#2	.246	1.000							
#3	.104	.160	1.000						
#4	.024	.031	.508	1.000					
#5	-.017	.079	.422	.568	1.000				
#6	-.048	-.002	.343	.367	.516	1.000			
#7	.143	.220	.085	.174	.169	.120	1.000		
#8	-.008	.301	.221	.132	.224	.154	.393	1.000	
#9	.094	.315	.194	.097	.224	.178	.551	.201	1.000

**Super Achiever Role**

	#1	#2	#3	#4	#5	#6	#7	#8	#9
#1	1.000								
#2	.351	1.000							
#3	.105	-.061	1.000						
#4	.139	-.065	.219	1.000					
#5	.175	.589	-.180	-.125	1.000				
#6	.111	.099	.175	.303	-.026	1.000			
#7	.437	.235	.255	.385	.120	.362	1.000		
#8	.239	-.012	.752	.220	-.146	.236	.414	1.000	
#9	.180	.061	.252	.169	-.049	.137	.298	.309	1.000

**Invisible One Role**

	#1	#2	#3	#4	#5	#6	#7	#8	#9
#1	1.000								
#2	.237	1.000							
#3	.352	.463	1.000						
#4	.531	.355	.542	1.000					
#5	.346	.519	.491	.529	1.000				
#6	.265	.611	.504	.431	.505	1.000			
#7	.602	.191	.318	.454	.249	.197	1.000		
#8	.433	.437	.612	.653	.486	.539	.442	1.000	
#9	.389	.124	.336	.480	.264	.280	.358	.396	1.000

**Jester Role**

	#1	#2	#3	#4	#5	#6	#7	#8	#9
#1	1.000								
#2	.259	1.000							
#3	.155	.731	1.000						
#4	.089	.410	.440	1.000					
#5	.188	.493	.549	.317	1.000				
#6	.089	.327	.378	.385	.544	1.000			
#7	.107	.637	.748	.574	.590	.554	1.000		
#8	.216	.453	.508	.276	.683	.499	.545	1.000	
#9	.097	.598	.696	.422	.549	.516	.779	.564	1.000

**Rebel Role**

	#1	#2	#3	#4	#5	#6	#7	#8	#9
#1	1.000								
#2	.117	1.000							
#3	.017	.422	1.000						
#4	.126	.369	.353	1.000					
#5	.172	.173	.215	.338	1.000				
#6	.094	.300	.580	.300	.255	1.000			
#7	.100	.268	.322	.339	.469	.314	1.000		
#8	.124	.399	.397	.419	.387	.300	.740	1.000	
#9	.184	.281	.187	.354	.223	.283	.112	.135	1.000