Children of alcoholics: who's in control?

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children of alcoholics:
who's in control?

by

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Children of Alcoholics: Who's In Control?

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This study was aimed at uncovering some specific personality and behavioral determinants of individuals whose parent(s) has or had a drinking problem. The concept of control was examined in terms of the unique role it plays in the lives of individuals who have grown up in a home where a parent is perceived as being alcoholic. Questions addressed included: 1) Do children of alcoholics feel their lives are controlled by external factors such as chance or luck?, 2) How much control do these individuals perceive themselves as having in a learning task situation?, 3) Do these individuals exert a great deal of cross-situational control over their own behavior?, and 4) Do adult-aged children of alcoholics where the alcoholic is currently drinking differ on the above dimensions from those who come from homes where the alcoholic is currently recovering or abstaining from alcohol?

Three groups (Children of Currently Drinking Alcoholics, Children of Currently Recovering Alcoholics, and Children of Nonalcoholics) consisting of twenty-five subjects each were compared on a locus of control scale, the Self-Monitoring Scale, and the degree of expressed control in an experimental contingency problem. Data analysis yielded no statistically significant differences between the three groups.

The absence of statistically significant results was interpreted from methodological and conceptual points of view. The difficulty of reliably categorizing children of alcoholics (recovering or active) and operationalization were discussed. Finally, the construct of "children of alcoholics" was discussed in terms of possible weaknesses. Specifically, the symptom picture described in the literature as being typical of these individuals may in fact be more broadly determined than originally thought. In other words, parental inconsistency or untrustworthiness may be the actual source of the "Adult Child of Alcoholic" symptom picture.
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INTRODUCTION

It has recently been estimated that in the United States there are seven million children under the age of twenty whose parents are alcoholic and many more million adults who grew up in homes where alcoholism was present (National Institute on Alcohol Abuse and Alcoholism, 1984). As the body of research on alcoholism has developed and grown, so has interest in the effects of alcoholism on the family. Presently, the majority of literature that focuses specifically on children of alcoholics seems to have originated from the personal experience of professionals who work with this population. Personality features and treatment models have been proposed by a number of clinicians (Black, 1982, Cermak and Brown, 1982, Greenleaf, 1981, Wegscheider, 1982, Woititz, 1984). Research with this population, until quite recently, has been largely descriptive and correlational in nature. As with any developing area of interest, methodology has been varied and research conclusions have been mixed. Whereas some researchers have found children of alcoholics to have distinct characteristics when compared to populations of children without alcoholic parents (e.g., Chafetz et al., 1971, O'Gorman, 1975, Wilson and Orford, 1978), other studies have found negligible or no differences between children of alcoholics and children of nonalcoholics (e.g., Kammeier, 1971, McLachlan,
1973), while still others have been somewhat ambiguous (e.g., Hawkins, 1950). Research using experimental or quasi-experimental designs with this population is quite scarce. In 1978, Jacob et al. reviewed the literature and found only sixteen empirical studies aimed at examining the psychosocial status of children of alcoholics. The present study seeks to review the relevant literature and to examine a sample of children of alcoholics, using an experimental paradigm.

Individuals raised by parents with drinking problems are referred to with a number of terms. These include: children of alcoholics, offspring of alcoholics, adult children of alcoholics, para-alcoholics, and codependents. For the sake of clarity, the term "children of alcoholics" will be employed in this paper to refer to individuals regardless of age who view or have viewed a parent's drinking habits as excessive and problematic. Despite the widespread use of the term "adult children of alcoholics" to refer to adults whose parents have a history of alcoholism, it is felt that this term is unwieldy and somewhat confusing. It is hoped that the use of the term "children of alcoholics" will not be demeaning to adult individuals who have "survived" their parents' alcoholism.

Research on the effects of parental alcoholism has a surprisingly long history. As early as 1927, for instance, there was investigation of the relationship between paren-
tal alcoholism and juvenile delinquency (Channing, 1927, Young, 1938). These studies concluded that parental alcoholism was associated with juvenile delinquency, but conclusions were tentative as such studies lacked basic methodological requirements such as control groups.

An interesting study in 1944 compared biological children of alcoholics raised by (presumably nonalcoholic) foster parents, with children of nonalcoholic parents also raised by foster parents (Roe, 1944). The two groups were found to be similar in "general adjustment and overall personality adjustment" as adults. The author interpreted the absence of alcoholism (or inebriety as it was called at the time) among the children of alcoholics raised in foster homes as evidence for the environmental, rather than hereditary, determination of alcoholism. This particular study is cited as late as 1962 (Fox) as support for an environmental model of alcoholism.

In 1950, a study of 124 children in 25 families where alcoholism was present indicated "symptoms of anxiety. . . ambivalence toward the father, . . . hostility, aggression and neurotic traits. . ." as well as "satisfactory adjustments" (Hawkins, 1950). Ten years later, a comprehensive study by Nylander (1960) reported that children of alcoholics had elevated rates of conduct problems, truancy from school, and emotional problems such as anxiety and depression when compared with controls. However, he also
reported no difference in the rate of attendance at psychiatric clinics by children of alcoholic fathers. Finally, this study was important for "laying to rest the notion that prolonged alcohol problems in parents damage the offspring by genetic transmission" (Chafetz, Blane, and Hill, 1971).

In 1961, Day published an overview of literature on alcoholism and the family. In her discussion, she pointed out that most of the work in this area to date was of a psychoanalytic orientation. She suggested that researchers were in need of a "directing, family theory or conceptual framework." In addition, she pointed to the need for "sharpened research procedures...[including] adequate instruments of measurement...and control groups" (p. 257). A 1962 literature review (Fox, 1962) stated that "the child of an alcoholic enters life with a definite handicap" (p. 72). The author went on to assert that "the effect of an alcoholic father on young children may be more indirect than direct," while "the effects of an alcoholic mother can be disastrous" (p. 86). This article is largely based on conjecture as there was (and still is) too little research evidence to support statements such as the one just cited.

One of the earliest studies of children of alcoholics to employ experimental methodology was conducted by Aronson and Gilbert in 1963; they found that 41 sons of alcoholics
were rated by teachers as having many of the same personality traits generally attributed to chronic alcoholics.

In 1969, Margaret Cork published an oft-cited study entitled The Forgotten Children. Working at the Donwood Institute in Toronto, she was one of the first clinicians systematically to study a sample of 115 children of alcoholics through the use of semi-structured interviews. Hers was not an unbiased sample (all children had a parent attending an addiction clinic), but she was one of the first actually to talk to these children and to get a sense of their daily lives. She also pointed out the wide spectrum of patterns of parent-child relationships that exist in alcoholic families. By including such a wide scope of information in her book, she laid a foundation for much of the research that followed.

Chafetz, Blane, and Hill (1971) compared 100 children of alcoholics with 100 children of disturbed nonalcoholics and found a high degree of similarity between the groups. They concluded, however, that "there are distinct and deleterious social consequences to being the child of an alcoholic parent" (p. 696) that arise out of family disruption, economic marginality, separation, and neglect. Here again, the sample was limited to children of lower middle class socioeconomic status who were referred to a child guidance clinic because of a medical complaint.

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Unlike Chafetz, Blane, and Hill, a study by Kammeier (1971) found few significant differences between 6 children of alcoholics and 65 children of nonalcoholics attending a Catholic high school in the midwest. She compared the two groups on the Minnesota Counseling Inventory, the Personal Orientation Inventory, and the Iowa Tests of Educational Development and concluded that "the misuse of alcoholic beverages by parents in this study did not appear to be a direct cause of severe problems of maladjustment among some of the adolescent members of the family" (p. 369).

A 1973 study by McLachlan, Waldeman, and Thomas found few significant differences between a group of 54 teenagers of alcoholics and a group of 54 teenagers from nonalcoholic families when compared on the Wolfgang Social Distance Measure, McLachlan Social Competence Scale, and the MMPI. The teenagers of alcoholics did demonstrate significantly lower self-esteem than controls and were thought to have a higher degree of peer identification as a result of the distance they experienced in relation to their parents.

Since 1975, the literature on the effects of parental alcoholism can be characterized in three ways: anecdotal, descriptive literature usually concerned with treatment of children of alcoholics; quantified, descriptive literature focused on delineating specific characteristics of the population; and a small body of experimental and quasi-
experimental literature.*

Clinicians such as Janet Woititz (1984), Jael Greenleaf (1981), and Claudia Black (1982) have delineated personality characteristics of children of alcoholics, with a particular focus on these individuals as adults. Based on their experience with this population, they list common symptoms of their clients: difficulty in intimate relationships, difficulty with honesty, a tendency to inordinately seek approval, lack of trust, isolation, depression, lack of affect, etc. The list goes on. The authors then discuss these symptoms and problems areas in relation to treatment models for such clients. The problem with this sort of literature is that, as can be gleaned from the above list of symptoms, it lacks specificity. Problems of that sort are common to many clinical populations. The utility of this sort of literature lies in its appeal (and probable helpfulness) to the general public, and specifically to children of alcoholics who may be seeking self-help or an impetus to obtain group or individual treatment. Furthermore, it provides the beginning of a conceptual framework for researchers in the area.

*In addition, much research has been directed toward the genetic and biological factors of alcoholism, as manifested in the children of alcoholics. This research is beyond the scope of the present paper, but the reader is directed to Jacob (1980) for an introductory review of this material and a relevant bibliography.
A perusal of the descriptive, quantified work on children of alcoholics since 1975 still reveals a mixed bag of methodologies and results. A 1978 literature review that focuses on quasi-experimental and correlational research (Jacob, Favorini, Meisel, and Anderson, 1978) points out the lack of adequate control groups in investigation of children of alcoholics. The authors review sixteen studies that "proved modest-to moderate support for the view that children of alcoholics exhibit significant difficulties in psychological, social and family functioning" (p. 1242). Only one of the studies they reviewed relied on normal and disturbed controls as a means of differentiating specific effects of alcoholism on parent-child relationships. (This was the study by Chafetz, et al. (1971) previously discussed in this paper). Furthermore, conclusions regarding family relationships in all the studies were based on indirect, self-report measures.

Wilson and Orford (1978) studied a small group of eleven families with one alcoholic parent. Although theirs was a preliminary study and as such lacked random sampling and standardized procedures, they included a thorough review of the literature and comprehensive examination of important themes in the alcoholic family. These included: Drinking Behavior and Family Stress; Father-Mother Relationships; Violence; Parent-child Relationships; Family Atmosphere; Communication and Joint Activities; Family

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Roles and Tasks; Social Relationships; Children's Friends, Extended Family, Adult Friends and Neighbors; Effects on Children; Effects on Spouse; and Help for Nondrinking Family Members. Most noteworthy about their conceptualization of the alcoholic family is that they point out that "a variety of parent-child relationships can exist in [these] families" (p. 128). It is this sort of emergent understanding of the complexity of family interaction that is necessary for specifically focused research.

A correlational study by Hughes (1981) indicated that "adolescent children of alcoholic parents often suffer from negative emotional moods, low self-esteem, and poor social adjustment (whether at school or with the law), and that children of alcoholic parents who are members of Alateen are better off emotionally than those who are not" (p. 947). This study utilized the Profile of Mood States and the Rosenberg Self-Esteem Scale as the dependent measures. It is one of a very few studies that utilizes Alateen members as an additional comparison group. (Also see O'Gorman, 1975).

Despite the differences between children of alcoholics and children of nonalcoholics reported by Hughes, Rimmer (1982) uncovered few significant differences between groups of children of alcoholics, children of depressives, and children of normal controls. Examining health, school and behavior problems, children of alcoholics showed
significantly higher rates of behavior problems such as lying, stealing, fighting, and discipline problems at school, but no other differences.

It becomes clear in examining the contradictory research results that research regarding children of alcoholics is still lacking in specificity. Although personality features (e.g., mistrust and high need for approval) have been postulated as relevant treatment constructs, experimental research that would validate convincingly these ideas is sorely lacking.

One of the personality variables that has been examined in relation to children of alcoholics is locus of control. The locus of control construct was first postulated by Rotter in 1954 as an "integral unit of an elaborated [social learning] theory" (Lefcourt, 1966. p. 206). The construct was first conceptualized as a dimension on which individuals were distributed according to the degree to which they accept personal responsibility for the events in their lives. Specifically, individuals who were "internally controlled" were thought to "perceive positive and/or negative events as being a consequence of [their] own actions and thereby under personal control," whereas individuals who were "externally controlled" were thought to "perceive positive and/or negative events as being unrelated to [their] own behaviors in certain situations and therefore beyond personal control" (Lefcourt, p. 207). The
construct has been one of the most widely researched in the field of psychology; a perusal of the literature reveals literally thousands of studies that employ some measure of locus of control. These measures themselves are numerous, including the James-Phares scale (James, 1957), the Internal-External Control Scale (Rotter, 1966), the Locus of Control Scale for Children (Bialer, 1961), the Nowicki-Strickland Locus of Control Scale for Children (1973), the Levenson Internal-External Scale (1972), and the Internal Control Index (Duttweiler, 1984), to name only a few. Later work on locus of control has suggested that the Internal-External Scale (the most widely used) "is not unidimensional but can be separated into various factors: felt mastery over one's own personal life, expectancies of control over political institutions, and one's beliefs about the role of internal and external forces in the society in general (Levenson, 1974). Despite such factor analytic work, the Internal-External Scale has been employed "as is" with children of alcoholics with significant results.

Carman (1974) examined locus of control and alcohol use among rural high school students and reported more external locus of control among students using alcohol for reasons which implied less self-satisfaction. These "external" students also expressed the need to cope with higher levels of stress; the sources of stress were not
examined, but parental alcoholism may have played a role. O'Gorman (1975) and Kern et al. (1981) have examined children of alcoholics using the Nowicki-Strickland locus of control scale. Both studies found significantly more external orientation among children of alcoholics than among normal controls. In addition, O'Gorman compared adolescents from recovering-alcoholic homes with those from severe problem drinking homes and found that in homes where the parent was still drinking, adolescents were significantly more externally oriented.

The authors of the three aforementioned studies all theorized that children of alcoholics might feel a lessened sense of mastery over their environments due to parental inconsistency, when compared to children from nonalcoholic homes, where parents might be expected to provide consistent environments in which children could develop an internal locus of control. Kern et al. interpret the increased externality among children of alcoholics as a factor that places them at risk for mental health problems: "the tendency towards externality may be a core destructive attitude children of alcoholics learn at home which becomes the basis for their later inability to effectively cope with the environment " (p. 172).

Clinicians working with children of alcoholics in mental health settings do in fact point to the recurring therapeutic theme of control, in a slightly broader sense
than the locus of control construct (e.g., Woititz, 1984, Greenleaf, 1981). Cermak and Brown (1982) in conducting interactional group therapy with adults raised by alcoholic parents point out that for these individuals "intoxication is seen as weakness, as being out of control, and sobriety is framed as a matter of strength, willpower, and self control" (p. 386, emphasis mine). Much of the literature reviewed thus far has provided at least some support for the idea that children of alcoholics do in fact experience a variety of emotional, behavioral, and/or social problems as a result of their parents' drinking. What has not been clearly determined is how these problems differ from those of individuals whose parents were divorced or separated, psychiatrically disturbed, or economically unstable. What children of alcoholics have in common and what would appear to be unique to their family situations is that most of them probably periodically witness a parent behaving in an unusual, that is, out of control manner. Furthermore, a causal link is established in the child's mind between the act of drinking and subsequent unusual behavior, whether the behavior is odd speech, violence, inordinate "sleeping", or other manifestations of drunkenness. The validity and reliability of such questions as "do you ever wish that a parent would stop drinking?" in identifying children of alcoholics (Jones, 1982, Biek, 1984) lends support to the idea that children do make the connection
between drinking and unpredictable behavior.

As early as 1950, researchers pointed to the importance of parental inconsistency and children's feelings of helplessness in the alcoholic household: "children of alcoholics are placed in a situation very similar to that of experimental animals who are tempted toward rewards and then continually frustrated, whose environment changes constantly in a manner over which they have no control" (Newell, 1950, p. 92). This inconsistent parental behavior may result in feelings of anxiety in the child; due to the parent's inability to be in control, the child perceives his or her world as being out of control. (Consequently, the child is unable to have a sense of mastery over the environment and develops an external locus of control). As Wilson and Orford (1978) point out, "the family's anticipation of moods such as aggressiveness, irritability and depression [on the part of the alcoholic] appears to generate tension as the family waits for the alcoholic to return home from a drinking bout or as the parent drinks at home" (P. 130). Greenleaf (1981) expands on this by stating that paradoxical messages from both alcoholic and non-alcoholic parents (in the same family) "place the child in a 'no win' position." He states that behavior that is imitative of both parents is intermittently rewarded and that since these two types of behavior are widely different (e.g., the self-centered, uncooperative, destructive beha-
vior of the alcoholic versus the self-sacrificing, ingratiating, solicitous behavior of the nonalcoholic), the child is "subject to situational reinforcement" (p. 4). Hence, the child feels out of control and is vigilantly watching cues from both parents in order to behave in a manner that will result in the child's needs being met, or at least the avoidance of punishment.

In such an inconsistent setting, it is not surprising that children of alcoholics have reported significantly higher external locus of control than have children from nonalcoholic homes. There is little chance of these children to develop a sense of mastery over their environments. They are, in Greenleaf's words, "situationally helpless"; that is, they cannot choose to leave. The present study seeks to examine the notion of control and its role in the lives of children of alcoholics. In order to broaden the construct beyond the locus of control dimension just discussed, measures of self-monitoring and the "illusion of control" will be discussed and utilized in an experimental setting.

As a means for coping with such parental and environmental inconsistency as discussed above, children in alcoholic families may learn to pay special attention to the behavioral cues of others, particularly in interpersonal situations. In order to explore this possibility, the present study will employ Snyder's Self-Monitoring Scale
(1974). As Snyder hypothesized in developing his scale, "perhaps some individuals have learned that their affective experience and expression are either socially inappropriate or lacking. Such people may monitor (observe and control) their self-presentation and expressive behavior" (p. 527). Due to the erratic nature of the reinforcement given by alcoholic parents (and their spouses), children of alcoholics may indeed feel that their affective experience and expression are lacking. Wilson and Orford point out that "parent-child relationships may depend on the way the parent behaves when drinking or drunk" (1978, p. 128), indicating that children are in fact paying close attention to parental behavior and then responding accordingly. For example, "Children in the same family often reacted quite differently to the same events, and nonalcoholic family members not infrequently justified their own behavior, and were critical of the reactions of others, on the grounds that others were overtolerant or overreactive. For example, the eldest B boy was critical of mother's inconsistent behavior in the presence of his father (she was hostile when he drank but kept the peace when he was sober), and felt she was critical of the consistently cool reception he gave his father. The twin boys in the A family were careful not to annoy their father, but they told us their younger brother was different and could not control his anger. The younger brother admitted that there
were things he could not let pass without giving his father a piece of his mind" (Ibid., p. 128). Wilson and Orford have presented a picture of individuals who seem to be hypervigilant in their observation of the behavior of the other members of their families. Snyder (1974) states that "out of concern for social appropriateness, the self-monitoring individual is particularly sensitive to the expression and self-presentation of others in social situations and uses these cues as guidelines for monitoring and managing his own self-presentation and expressive behavior" (p. 536). According to this definition, it would seem quite likely that members of the alcoholic's family would be high self-monitors.

The final dimension of control in the present study is the so-called "illusion of control." This concept was first developed by Langer (1975) and is defined by her as "expectancy of a personal success probability inappropriately higher than objective probability would warrant" (p. 311). It has been found in several studies (e.g., Alloy and Abramson, 1979, Garber and Hollon, 1980, and Martin, Alloy, and Abramson, 1984) that normal individuals demonstrate the "illusion of control" when presented with experimental problems varying in their degree of contingency. That is, they report that they feel they control situations that are in fact randomly determined. This research has focused on comparisons between normal under-
graduates and depressed undergraduates; depressed subjects report less illusion of control. Rather, they more accurately estimate the amount of control they have in these experimental paradigms. (Related work by Naditch et al. (1975) has indicated an association between external locus of control and depression).

Because children of alcoholics are similar to depressives in certain respects, the illusion of control paradigm was employed in the present study as a way of measuring the subjects' current perceived control. Greenleaf (1981) describes three modes of depression seen in children of alcoholics: 1) depression that comes from deprivation, 2) depression that comes from forced assumption of either adult or parenting roles, and 3) depression that comes from imitating (depressed) parental behavior. Children of alcoholics, then, may very well behave like depressives in the experimental paradigm. Perhaps they lack the "illusion of control" that may be a necessary component of healthy functioning.
METHOD

It was hypothesized that the issue of control may be central to the specific condition of being the child of an alcoholic. "Control" was operationalized through the use of three measures in the current study: the Levenson Internal-External Scale, Snyder's Self-Monitoring Scale, and the Judgment of Control Scale, as developed by Abramson and Alloy in their experimental contingency problems. Three experimental groups were examined: Children of Currently Drinking Alcoholics, Children of Currently Recovering Alcoholics, and Children of Nonalcoholics. Children of Currently Drinking Alcoholics were expected to demonstrate high degrees of externality, be high self-monitors, and be relatively accurate judges of the amount of control they exerted in the experimental contingency problem. Children of Nonalcoholics were expected to demonstrate relatively high degrees of internal locus of control, be low self-monitors, and exhibit the "illusion of control" or be relatively poor judges of the amount of control they exerted in the experimental contingency problem. These two groups were expected to be statistically significantly different from one another. Children of Currently Recovering Alcoholics were expected to fall somewhere in between the two aforementioned groups and to show greater variability in their responses to all three measures. It was thought that children whose
alcoholic parents have stopped drinking may have received some form of treatment themselves, which could contribute to a changing locus of control or changes in judgment of control in the contingency problem. Self-monitoring seems to be somewhat stable over time and so may not show much fluctuation with treatment (Snyder, 1979). On the other hand, these subjects may not have received any treatment; the alcoholic may have stopped drinking after the subject left home, or these measures may be resistant to change over time, in which case some subjects may have scores similar to Children of Currently Drinking Alcoholics.

Subjects

Subjects were N=75 Introductory Psychology students at the University of Montana. Students enrolled in this course were first surveyed on the basis of the presence of "active alcoholism" in one or both parents, the presence of "recovering alcoholism" in one or both parents, and the absence of alcoholism in both parents. A modified version of Jones' (1982) Children of Alcoholics Screen Test was employed to determine the likelihood of parental alcoholism. (See Appendix A). Modifications of the questionnaire included the addition of three questions aimed at identifying the current status of the parent's drinking, involvement in treatment on the part of the problem drinker, and current marital status of the subject's
parents. (See Questions 31, 32, and 33 of Appendix A). This questionnaire is easily completed and has been shown to identify accurately children of various ages who have alcoholic parents (Jones, 1982, National Institute on Alcoholism and Alcohol Abuse, 1984). The questionnaire used for this survey also requested demographic information such as age, college class membership, and college major. From the information gleaned from this survey, it was possible to assign subjects to one of three groups: Children of Currently Drinking Alcoholics (COCDA), Children of Currently Recovering Alcoholics (COCRA), and Children of Nonalcoholics (control). There were 25 subjects in each group. Furthermore, groups were matched for sex and current parental marital status. Both Children of Alcoholic groups were matched on sex of alcoholic parent.

**Experimental Design**

The experiment was based on a between-group design, comparing the three groups on the degree of control they reported in a contingency problem paradigm, as developed by Martin, Abramson, and Alloy (1984). Additionally, the groups were compared on the Levenson Internal-External locus of control scale, and the Snyder Self-Monitoring Scale.

The contingency problem was constructed as follows. Subjects were presented with a starting message on a
computer screen (i.e., "Begin Trial #1) at which point they could choose either to press a specified key on the keyboard or not. Subsequently, the computer screen would light up. The subjects were told that they were to attempt to learn to light up the computer screen by pressing the key at the appropriate time. After forty trials, subjects were asked to rate the degree of control they felt they actually had over the lighting up of the screen. In actuality, the screen lit up 50% of the time, according to a random schedule determined by the computer.

**Apparatus and Materials**

The contingency problem was conducted in a small room at the Clinical Psychology Center at the University of Montana. The stimulus display panel was the screen of a personal computer. Responses were made by pressing a specified key on the keyboard.

The Levenson Internal-External Scale (1974) was utilized in order to determine the subjects' felt mastery over their own lives. (See Appendix B). This scale was chosen because it is a self-report, short (24 items), and has been shown to be more internally stable than previous measures of locus of control (Levenson, 1974, Blau, 1984). It contains three separate scales (Internal, Powerful Others, and Chance - I, P, C) that differentiate between people who believe the world is ordered but that powerful others are in control, implying that there is a potential
for control. Factor analytic work with this instrument has demonstrated high levels of stability in scale relationships and characteristics (Levenson, 1974, Walkey, 1982, Blau, 1984) and has lent support to the idea that the locus of control construct is multidimensional.

The Snyder Self-Monitoring Scale (Snyder, 1974) was administered to all subjects in order to measure the extent to which they regulate and monitor self-expression and self-presentation. This scale is comprised of twenty-five true-false self-descriptive statements. (See Appendix C). It is a self-report and has been demonstrated to have discriminant and construct validity. Peer rating of high self-monitors indicate that these individuals "are good at learning what is socially appropriate in new situations, have good self-control of their emotional expression, and can use this ability to effectively create the impressions they want" (Snyder, 1979, p. 90). Criterion groups such as professional stage actors and hospitalized psychiatric patients have differed from undergraduates on the scale (Snyder, 1974). Younger and Pliner (1976) demonstrated that obese people may be higher self-monitors than nonobese people, which is in keeping with the theory that obese individuals are hypersensitive to external cues. Comparisons between self-monitoring and need for approval (Snyder, 1974), extraversion (Lippa, 1976, 1978), and Machiavellianism (Jones and Baumeister, 1976) have demon-
strated discriminant validity for the self-monitoring construct. Finally, when the scale has been compared with other criterion measures (e.g., locus of control, neuroticism, and MMPI scales), no statistically significant correlations have been found, further indicating that the Self-Monitoring Scale is measuring an independent construct. On the basis of all the evidence just cited, Snyder has concluded that "self-monitoring exists as a social psychological construct that can be measured reliably and validly with the Self-Monitoring Scale" (1979, p. 93).

The Judgment of Control Scale was the same as that used by Martin, Abramson and Alloy (1984) and allowed subjects to rate the degree of control which they felt they had in the contingency problem. It was a simple rating scale marked off in units of five, with extreme values of 0 and 100. The two extreme values were labeled "No Control" and "Complete Control," and the midway point of the scale was marked "Intermediate Control" (see Appendix D).

Procedure

Subjects in all conditions were run individually. After assignment to groups on the basis of the Children of Alcoholics Screen Test, subjects were contacted by the experimenter who set up appointments for each subject to be run through the contingency problem. Each subject was
greeted by the experimenter, who presented him or her with a consent form to be read and signed. Each subject was then administered the Internal-External Scale and the Self-Monitoring Scale, during which the experimenter left the room in order to allow the subject privacy in completing the scales. Subjects were presented with the contingency problem after completing the scales. Each subject was asked to complete forty three-second trials; the onset of each trial was signalled by a starting message on the computer screen. Once the starting message was presented, the subject had the option of pressing or not pressing the response key. At the end of the trial, the screen lit up or did not light up, according to a 50% random schedule that was determined by the computer. In other words, the screen lit up 50% of the time, regardless of whether or not the subject pressed the response key. Subjects were read the following instructions (from Martin, Abramson, and Alloy, 1984, modified for a computer screen instead of a light switching panel):

In this study, it is your job to learn how to make the computer screen light up. There are two things you can do to try to control the lighting up of the screen: either press the space bar [indicate location of space bar] or not press the space bar. At the beginning of each trial, the computer screen will "say", "Begin Trial #1 or #2 or whichever number it's on." Each time
the computer tells you that a new trial has begun, it marks the chance to either press or not press the space bar. So each time that message appears on the screen, you will either press the space bar or not. You can only press the space bar once on any given trial, and if you decide to press the space bar, you must do so within three seconds after the starting message appears on the screen, otherwise that trial will be counted as a not-press trial. So, for each trial in this study, the basic sequence will be: A message appears on the screen informing you of the number of the trial, you either press or don't press the space bar, and finally, the screen lights up or it doesn't light up. Since it is your job to learn how to make the screen light up, it is to your advantage to press on some trials and not on others, so you know what happens when you don't press as well as when you do press. After you go through forty trials, I'll ask you to fill out a rating scale concerning what you just did. Any questions?

After the instructions were read, questions were answered regarding the instructions, and then the trials were begun. Upon their completion, the experimenter read the next set of directions:

Now I would like you to rate how much control you felt you actually had over the screen lighting up. If you
felt you had complete control over the screen, put an "X" at 100 on this scale. Now remember, complete control means you felt that your choice of responses completely determined whether or not the screen lit up. In other words, whether or not the screen lit up was totally due to your pressing or not pressing the space bar. On the other hand, if you thought you had no control over the screen lighting up, you would put an "X" at 0 on this scale. No control means that you found no way to make a response so as to influence in any way whether or not the screen lit up. In other words, whether or not the screen lit up had nothing to do with what you did or didn't do. Another way of looking at having no control is that whether or not the screen lit up on any given trial was totally determined by factors such as chance or luck rather than by your choice of pressing or not pressing. Finally, if you thought you had some, but not complete, control over the screen lighting up, this means that you had intermediate control. In this case, you would put an "X" somewhere between 0 and 100 on this scale. Intermediate control means that your choice of responses influenced the screen lighting up to some extent but did not completely determine it. In other words, one response, either pressing or not pressing, caused the screen to light up more often than did the
other response. It is important to keep in mind that
you could experience any of the possibilities we just
talked about. Any questions?

After the subject completed the Judgment of Control Scale,
he or she was debriefed, given his or her experimental
credits, and excused from the study. Debriefing included
an explanation of the hypotheses of the study and the
request that the subject not inform other students of the
content of the experimental problem.
RESULTS

A total of 372 subjects were initially screened for participation in the study. Of those subjects, 117 (32%) reported the presence of alcoholism in one or both parents. The remaining 255 (68%) reported no parental alcoholism. Parental marital status of these two groups is presented in Table 1. Divorce was approximately twice as common in families in which the subject reported parental alcoholism.

Table 1.

Parental Marital Status for Subjects Reporting Parental Alcoholism Versus Subjects Reporting No Parental Alcoholism.

<table>
<thead>
<tr>
<th>Presence of Alcoholism</th>
<th>%</th>
<th>No Alcoholism</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>45</td>
<td>177, 69</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>44</td>
<td>43, 17</td>
<td></td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
<td>5, 2</td>
<td></td>
</tr>
<tr>
<td>Deceased</td>
<td>9</td>
<td>9, 4</td>
<td></td>
</tr>
<tr>
<td>Not Reported</td>
<td>18</td>
<td>21, 8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>255</td>
<td></td>
</tr>
</tbody>
</table>

A breakdown of maternal versus paternal alcoholism and active versus recovering alcoholism is presented in Table 2. The presence of paternal alcoholism, either recovering or active was reported much more frequently than the presence of maternal alcoholism.
Table 2.

Status of Alcoholism Among Those Subjects Reporting Parental Alcoholism.

<table>
<thead>
<tr>
<th>Parent Reported</th>
<th>Active N</th>
<th>%</th>
<th>Recovering N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>41</td>
<td>35</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>Mother</td>
<td>13</td>
<td>11</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Both</td>
<td>11</td>
<td>10</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>56</td>
<td>32</td>
<td>27</td>
</tr>
</tbody>
</table>

Unclear responses = 17%

Note: "Unclear responses" refer to responses that were incomplete. That is, the subject reported parental alcoholism but failed to specify to which parent s/he was referring.

After all subjects participated in the contingency problem, the data were compiled and analyzed as follows. Subjects in each of the experimental conditions - Children of Currently Drinking Alcoholics, Children of Currently Recovering Alcoholics, and Children of Nonalcoholics - had scores on the following measures: The Levenson Internal-External Scale (possible range of 0-48 for each of the three subscales), the Snyder Self-Monitoring Scale (possible range of 0-25), and the Judgment of Control Scale (possible range of 0-100). Means and standard deviations were computed for all measures for each group and are presented in Table 3.

The data were then analyzed by a 3 X 2 analysis of variance (ANOVA) on the three dependent measures for the
three groups and for males and females. This analysis yielded no significant main effects or interactions on any of the three dependent measures. Additionally, the data were scrutinized to detect the presence of statistical trends, but none were found.

Table 3.

<table>
<thead>
<tr>
<th></th>
<th>NCOA M</th>
<th>SD</th>
<th>COCDA M</th>
<th>SD</th>
<th>COCRA M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Judgment of Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>34.38</td>
<td>20.0</td>
<td>27.08</td>
<td>18.92</td>
<td>42.92</td>
<td>26.41</td>
</tr>
<tr>
<td>Females</td>
<td>30.19</td>
<td>27.53</td>
<td>34.04</td>
<td>29.13</td>
<td>30.0</td>
<td>28.21</td>
</tr>
<tr>
<td><strong>Self-Monitoring</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>11.67</td>
<td>4.42</td>
<td>12.08</td>
<td>5.28</td>
<td>12.82</td>
<td>3.79</td>
</tr>
<tr>
<td>Females</td>
<td>10.92</td>
<td>5.56</td>
<td>10.0</td>
<td>3.29</td>
<td>11.85</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Internal-External Subscale &quot;P&quot;</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>23.58</td>
<td>6.17</td>
<td>20.92</td>
<td>7.45</td>
<td>20.46</td>
<td>3.43</td>
</tr>
<tr>
<td>Females</td>
<td>21.0</td>
<td>6.36</td>
<td>22.15</td>
<td>4.45</td>
<td>22.0</td>
<td>5.59</td>
</tr>
<tr>
<td><strong>Subscale &quot;I&quot;</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>37.5</td>
<td>2.54</td>
<td>35.58</td>
<td>5.76</td>
<td>36.29</td>
<td>5.79</td>
</tr>
<tr>
<td>Females</td>
<td>37.54</td>
<td>5.03</td>
<td>37.46</td>
<td>2.70</td>
<td>36.67</td>
<td>7.38</td>
</tr>
<tr>
<td><strong>Subscale &quot;C&quot;</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>24.5</td>
<td>5.92</td>
<td>23.58</td>
<td>5.93</td>
<td>21.42</td>
<td>5.87</td>
</tr>
<tr>
<td>Females</td>
<td>22.69</td>
<td>6.21</td>
<td>20.46</td>
<td>5.19</td>
<td>22.25</td>
<td>5.36</td>
</tr>
</tbody>
</table>

NCOA = Not Child of Alcoholic
COCDA = Child of Currently Drinking Alcoholic
COCRA = Child of Currently Recovering Alcoholic.
DISCUSSION

In this study, three experimental groups - Children of Nonalcoholics (NCOA), Children of Currently Drinking Alcoholics (COCDA), and Children of Currently Recovering Alcoholics (COCRA) were compared on three measures of control - the Judgment of Control Scale, the Snyder Self-Monitoring Scale, and the Levenson Internal-External Scale. It had been predicted that the groups would differ in the following ways. Children of Alcoholics Currently Drinking were expected to demonstrate high degrees of externality, be high self-monitors, and be relatively accurate judges of the amount of control they exerted in the experimental contingency problem. Children of Nonalcoholics were expected to demonstrate relatively high degrees of internal locus of control, be low self-monitors, and exhibit the "illusion of control" or be relatively poor judges of the amount of control they exerted in the experimental contingency problem. These two groups were expected to be statistically significantly different from one another. Children of Currently Recovering Alcoholics were expected to fall somewhere in between the two aforementioned groups and to show greater variability in their responses to all three measures. None of these hypotheses were statistically borne out. In fact, there were no detectable trends in any consistent direction.
The lack of statistically significant results reported herein has some methodological and conceptual implications for this study in particular and for the study of children of alcoholics in general. Methodological difficulties include problems with valid and reliable identification of appropriate experimental groups and operationalization of the concept of control. Conceptually, there may be some difficulties with the construct of "Children of Alcoholics," and there may be some confounding variables, such as competence, that interfere with the finding of significance in the present study.

The simplest and most straightforward explanation for the lack of statistically significant results would be that there is no relationship between parental alcoholism and control characteristics in their young adult offspring. Despite the emphasis that clinicians working with this population place on "control issues", it may be that they are not any more salient for this group of individuals than for other clinical populations.

Another possibility is that the measures employed are not related to the phenomena of interest and, as such, cannot differentiate between the experimental and control groups. In other words, these measures may not assess the concept of control with these subjects. This study was aimed at assessing, to some degree, the differences in inter- and intrapersonal control between children of alco-
holics and children of nonalcoholics. The illusion of control paradigm, as developed by Langer (1975) and as employed in later studies (Alloy and Abramson, 1979, Garber and Hollon, 1980, and Martin, Alloy, and Abramson, 1984) has lent support to the hypothesis that normal subjects report that they feel they control situations that are in fact controlled by the experimenter. Whether or not the pressing of a button and the rating of perceived control actually translates into some sort of estimate of subjects intra- and interpersonal experience has not been addressed. (It should be noted, however, that Martin, Abramson, and Alloy (1984) have begun to address this in their application of the paradigm in which conditions involving control of self and control of others were examined). To address the issue of operationalization is not to criticize the previous research in this area so much as it is to remind the reader that generalization from this paradigm to the non-test behavior in the subjects' environments requires empirical demonstration. New paradigms that are more externally valid may be necessary in order to "get at" the issues of inter- and intrapersonal control with children of alcoholics or other clinical populations.

Another point that relates to the measures used in the present study is that no significant differences were found between children of alcoholics and children of nonalcoholics on the locus of control measure. Carman (1974),
O'Gorman (1975), and Kern et al. (1981) have all reported more external locus of control among children of alcoholics when compared with children from homes where no alcoholism was present. The measures used in these studies were constructed by the author (Carman, 1974) and the Nowicki-Strickland locus of control scale (O'Gorman, 1975, and Kern et al., 1981). The lack of significant findings in the present study may be a reflection of Levenson's subscales. Each subscale consists of only eight items that, in the present research, produced a great amount of variance across groups. A more stable, unidimensional measure (such as that created by Nowicki-Strickland) may have produced significant results in the current study. It should also be noted that each of these subscales was analyzed separately in the present study in order to determine if any of the three - Internal, Powerful Others, and Chance - seemed to be particularly sensitive with children of alcoholics. However, no group differed significantly from the others on subscale scores.

There are also some methodological difficulties with this study in particular and with the study of children of alcoholics in general that warrant some discussion. Despite reports in the literature of the validity of Jones's Children of Alcoholics Screen Test (Jones, 1982, National Institute on Alcoholism and Alcohol Abuse, 1984), inconsistencies in its actual results were readily apparent in the
present research. For example, a score of six is necessary to be identified as a child of an alcoholic. However, a subject may have a score of three, but may still have responded positively to an item such as "Did you ever think your father/mother was an alcoholic?" In the case of such a clearly stated opinion of one's parental alcoholism, it would seem that responses to other items (that refer to the subject's reactions to a parent's drinking), would be of less importance. In other words, if a subject is clearly identifying the presence of parental alcoholism, but is not clearly identifying his or her own reaction to that alcoholism, the subject should still be classified as "Child of an Alcoholic." Similarly, a subject could have a great many positive responses and still respond negatively to "Did you ever think that your mother/father was an alcoholic?" In this case, it is impossible to identify which parent the subject has been referring to in his or her other answers.

Another methodological point that refers to the present study in particular has to do with the modifications of the C.A.S.T. In order to determine the present status of the alcoholic parent's drinking, this item was included: "Do you feel like drinking is still a problem for one of your parents? If so, please note mother____ or father____." Despite a positive answer to the first part of the question, many subjects failed to respond as to
which parent was being referred to. Such ambiguous re-
sponses could not be coded for presence of maternal or
paternal alcoholism. Additionally, there were occasional
cases in which the respondent noted the presence of a
stepparent or a deceased parent. This information was
provided spontaneously by some subjects, but had not been
formally included in the questionnaire. Thus, some sub-
jects may have been referring to stepparents or deceased
parents in their responses but did not think to note such
on their own initiative. A more formal collection of
background data would have been helpful in the identifica-
tion of experimental subjects.

On a conceptual level, another set of issues must be
addressed. First, it may be that the "Child of Alcoholic"
construct itself is empirically invalid. That is, while
identifying and treating individuals on the basis of their
parental alcoholism may be clinically useful, these indivi-
duals may not be all that different from the rest of the
clinical populations from which they have been drawn. As
noted in the Introduction, the symptoms and difficulties
that children of alcoholics are said to experience may not
be specific to children of alcoholics. Treatment stra-
tegies similar to those proposed for children of alcoholics
may then be useful for other individuals who report similar
symptoms without the presence of parental alcoholism.

Support would be lent to such a hypothesis if research
was conducted that focused on the relationship between parental inconsistency or parental untrustworthiness, for example, and subsequent symptomatology similar to that reported for children of alcoholics. In terms of the present research, it may be that a lack of "illusion of control" may be more broadly determined than was originally hypothesized. Consequently, if the three groups had been identified in terms of parental inconsistency — as defined by presence of alcoholism, mental illness, and abusiveness, for example — there might have been significant differences on the various measures.

Another interesting possible explanation for the lack of significant results in the study has to do with the fact that these particular children of alcoholics were drawn from a non-clinical population. As Heller, Sher, and Benson (1982) point out, most of the research conducted with children of alcoholics has been done with populations that were located by virtue of their involvement (or their parent's involvement) in treatment. Very little attention has been paid to the children of alcoholics who have not sought out treatment and are presumably well-adjusted or are unusually successfully adjusted.

Since the present sample of children of alcoholics was drawn from a college campus, it was more than likely comprised of children of alcoholics who are at least well-enough adjusted to be attending college. While there may
be a wide range of levels of adjustment within that group, it is possible that this group of children of alcoholics was significantly different from a group that might have been drawn from a hospital treatment program, a child guidance clinic, or the like. Calahan and Cisin (1976) have pointed out that "it is inevitable that the clinician's experience with alcoholics will give him a different perspective from that of the behavioral scientist who conducts surveys of the general population" (p. 528). The same may be true of alcoholics' children. It is interesting to note that Kammeier (1971) sampled children of alcoholics from a high school and found relatively few significant differences between those subjects and their peers of nonalcoholic parentage. She is one of the few researchers to have drawn a sample from a nonclinical population.

An interesting application of a hypothesis along these lines might be that well-adjusted children of alcoholics (much like "normal" subjects used in previous illusion of control research) would display the illusion of control, while maladjusted children of alcoholics would not.

Despite (or perhaps because of) the lack of statistically significant results in this particular study, there remain a multitude of unanswered questions regarding children of alcoholics and what might or might not distinguish them from children of nonalcoholics. Some of these ques-
tions have been alluded to in the tentative hypotheses described above. First and foremost, it would seem important to determine if children of alcoholics are really all that different from anyone else. This issue is one of clinical importance because it may be that some of the treatment models proposed for these individuals may be applicable and helpful to clients with different presenting backgrounds but with similar presenting symptoms. Furthermore, it may be that the sorts of problems described as being common to all children of alcoholics may be common only to those seen in clinical settings. In this case, we run the risk of describing a problem where none exists. In any event, it becomes clear from a perusal of the current literature and of the present investigation that there are still more questions than answers with regard to children of alcoholics.
REFERENCES


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family. *Currents in Alcoholism, 7*, 505-513.


Psychological Monographs, 80 (1, Whole No. 609).


APPENDIX A

Name: _________________________________________ Age_______
Class: (Circle one) Fr So Jr Sr Other___________
Major (if decided)___________________________ Sex_______

In this questionnaire, you will be asked to share some personal information about yourself. This information is to be used in a strictly confidential manner; names are requested only because you may be contacted at a later date for further research. Your honesty is vital to this sort of research and is very much appreciated. Thanks for your time.
Please check (✓) the answer below that best describes your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Answer all questions by checking either "yes" or "no."

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have you ever thought that one of your parents had a drinking problem?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Have you ever lost sleep because of a parent's drinking?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Did you ever encourage one of your parents to quit drinking?</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Did you ever feel alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking?</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Did you ever argue or fight with a parent when he or she was drinking?</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Did you ever threaten to run away from home because of a parent's drinking?</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Has a parent ever yelled at or hit you or other family members when drinking?</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Have you ever heard your parents fight when one of them was drunk?</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Did you ever protect another family member from a parent who was drinking?</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Did you ever feel like hiding or emptying a parent's bottle of liquor?</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking?</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Did you ever wish that a parent would stop drinking?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Questions</td>
</tr>
<tr>
<td>-----</td>
<td>----</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13. Did you ever feel responsible for and guilty about a parent's drinking?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14. Did you ever fear that your parents would get divorced due to alcohol misuse?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15. Have you ever withdrawn from and avoided outside activities because of embarrassment and shame over a parent's drinking?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16. Did you ever feel caught in the middle of an argument between a problem drinking parent and your other parent?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17. Did you ever feel that you made a parent drink alcohol?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18. Have you ever felt that a problem drinking parent did not really love you?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19. Did you ever resent a parent's drinking?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20. Have you ever worried about a parent's health because of his or her alcohol use?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21. Have you ever been blamed for a parent's drinking?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22. Did you ever think your father was an alcoholic?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24. Did a parent ever make promises to you that he or she did not keep because of drinking?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25. Did you ever think your mother was an alcoholic?</td>
</tr>
</tbody>
</table>
|     |    | 26. Did you ever wish that you could talk
Yes No Questions

to someone who could understand and help the alcohol-related problems in your family?

27. Did you ever fight with your brothers and sisters about a parent's drinking?

28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?

29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?

30. Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem?

31. Do you feel like drinking is still a problem for one of your parents? If so, please note mother or father.

32. Has either of your parents ever received treatment for a drinking problem? If so, please note mother or father.

33. Are your parents currently married, divorced, or separated?

ALL ANSWERS ARE STRICTLY CONFIDENTIAL. YOUR HONESTY IS GREATLY APPRECIATED. THANK YOU VERY MUCH.
APPENDIX B

LEVENSON SCALE

Please rate the following statements as follows. If you STRONGLY DISAGREE with a particular statement, place a check under "1" on the scale. If you STRONGLY AGREE, place a check under "6" on the scale. If you feel NEUTRAL about the statement, place a check under "3" or "4" on the scale. Please answer as honestly as you can. Your answers are confidential.

<table>
<thead>
<tr>
<th>STRONGLY DISAGREE</th>
<th>NEUTRAL</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

1. Whether or not I get to be a leader depends mostly on my own ability.

2. To a great extent my life is controlled by accidental happenings.

3. I feel like what happens in my life is mostly determined by powerful people.

4. Whether or not I get into a car accident depends mostly on how good a driver I am.

5. When I make plans, I am almost certain to make them work.

6. Often there is no chance of protecting my personal interest from bad luck happenings.

7. When I get what I want, it's usually because I'm lucky.

8. Although I might have good ability, I will not be
<table>
<thead>
<tr>
<th>STRONGLY DISAGREE</th>
<th>NEUTRAL</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

given leadership responsibility without appealing to those in positions of power.

9. How many friends I have depends on how nice a person I am.

10. I have often found that what is going to happen will happen.

11. My life is chiefly controlled by powerful others.

12. Whether or not I get into a car accident is mostly a matter of luck.

13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.

14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.

15. Getting what I want requires pleasing those people above me.

16. Whether or not I get to be a leader depends on whether or not I'm lucky enough to be in the right place at the right time.

17. If important people were to decide they didn't like me, I probably wouldn't
<table>
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<tr>
<th>STRONGLY DISAGREE</th>
<th>NEUTRAL</th>
<th>STRONGLY AGREE</th>
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<tr>
<td>1</td>
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18. I can pretty much determine what will happen in my life.

19. I am usually able to protect my personal interests.

20. Whether or not I get into a car accident depends mostly on the other driver.

21. When I get what I want, it's usually because I worked hard for it.

22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.

23. My life is determined by my own actions.

24. It's chiefly a matter of fate whether or not I have a few friends or many friends.
APPENDIX C

SELF-MONITORING SCALE

The statements on the following pages concern your personal reactions to a number of different situations. No two statements are exactly alike, so consider each statement carefully before answering. If a statement is TRUE or MOSTLY TRUE as applied to you, check ( ) the space under T. If a statement is FALSE or NOT USUALLY TRUE as applied to you, check ( ) the space under F. It is important to answer as frankly and as honestly as you can. Your answers will be kept in the strictest confidence.

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<thead>
<tr>
<th>T</th>
<th>F</th>
<th>Questions</th>
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<tr>
<td></td>
<td></td>
<td>1. I find it hard to imitate the behavior of other people.</td>
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<td>2. My behavior is usually an expression of my my true inner feelings, attitudes, and beliefs.</td>
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<td>3. At parties and social gatherings, I do not attempt to do or say things that others will like.</td>
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<td>4. I can only argue for ideas which I already believe.</td>
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<td>5. I can make impromptu speeches even on topics about which I have almost no information.</td>
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<td>6. I guess I put on a show to impress or entertain people.</td>
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<td>7. When I am uncertain how to act in a social situation, I look to the behavior of others for clues.</td>
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<td>8. I would probably make a good actor.</td>
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<td>9. I rarely need the advice of my friends to choose movies, books, or music.</td>
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<td>10. I sometimes appear to others to be experiencing deeper emotions than I actually am.</td>
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<tr>
<td><strong>11.</strong></td>
<td>I laugh more when I watch a comedy with others than when alone.</td>
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<td><strong>12.</strong></td>
<td>In a group of people I am rarely the center of attention.</td>
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<td><strong>13.</strong></td>
<td>In different situations and with different people, I often act like very different persons.</td>
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<td><strong>14.</strong></td>
<td>I am not particularly good at making other people like me.</td>
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<td><strong>15.</strong></td>
<td>Even if I am not enjoying myself, I often pretend to be having a good time.</td>
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<td><strong>16.</strong></td>
<td>I'm not always the person I appear to be.</td>
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<td><strong>17.</strong></td>
<td>I would not change my opinions (or the way I do things) in order to please someone else or win their favor.</td>
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<td><strong>18.</strong></td>
<td>I have considered being an entertainer.</td>
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<td><strong>19.</strong></td>
<td>In order to get along with and be liked, I tend to be what people expect me to be rather than anything else.</td>
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<td><strong>20.</strong></td>
<td>I have never been good at games like charades or improvisational acting.</td>
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<td><strong>21.</strong></td>
<td>I have trouble changing my behavior to suit different people and different situations.</td>
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<td><strong>22.</strong></td>
<td>At a party I let others keep the jokes and stories going.</td>
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<td><strong>23.</strong></td>
<td>I feel a bit awkward in company and do not show up quite so well as I could.</td>
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<td><strong>24.</strong></td>
<td>I can look anyone in the eye and tell a lie with a straight face (if for a right end).</td>
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<td><strong>25.</strong></td>
<td>I may deceive people by being friendly when I really dislike them.</td>
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APPENDIX D

Please put an "X" on the scale at the point that represents the amount of control you felt you had over the screen lighting up.

No Control | Intermediate Control | Complete Control |
---|---|---|
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

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