

The Differential Effects of Parental Alcoholism and
Mental Illness on Their Adult Children

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Running Head: RESPONSE TO PARENTAL ALCOHOLISM AND MENTAL
ILLNESS

Abstract

Growing up in a household with alcoholic or mentally ill parents is more likely to produce lower self-esteem, greater dysphoria, and more anxiety in adulthood. To test this hypothesis, 139 undergraduate and graduate students completed measures of anxiety, depression, social avoidance, self-esteem, and social support. Results showed that adult children of alcoholics, adult children of mentally ill, and adult children of substance abusing mentally ill had lower self-esteem and were more socially anxious than normal controls. Adult children of mentally ill parents were more depressed and showed greater trait anxiety than adult children of alcoholics and controls. The impact of parental pathology is diminished if the adult child has a large and/or satisfactory social support network.

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Growing up in a home where parents are mentally ill (i.e., suffer from chronic disorders like schizophrenia, affective disorder, or severe anxiety) or alcoholic causes severe problems for the children. Specifically, children of alcoholic parents have shown greater rates of hyperactivity and conduct disorder (Stewart, deBlois, & Cummings, 1980); substance abuse, delinquency, and truancy (Fine, Yudin, Holmes, & Heinemann, 1976); cognitive dysfunctioning (Tarter, Hegedus, Goldstein, Shelly, & Alterman, 1984); social inadequacy (Black, 1979), and anxiety and depression (Fine et al, 1976; Moos & Billings, 1982; Tarter et al, 1984). Children of severely mentally ill parents show similar problems. Young children of schizophrenic patients (ages 2-4) were more likely to be diagnosed as depressed (Sameroff, Siefer, & Zax, 1982) or severely withdrawn (Hanson, Gottesman, & Heston, 1976) compared to control groups. Older children and adolescents of severely mentally ill parents have been found to be more socially dysfunctional than children of normal parents (Asarnow, 1984; Parnas, Schulsinger, Schulsinger, Mednick, & Teasdale, 1982).

Some children of alcoholic or mentally ill parents do not resolve the effects of growing up in a troubled household and develop pathological behaviors as adults (Black, 1979; Parker & Harford, 1987); these problems included dysfunctional coping styles like inappropriate emotional expression, dependency, or manipulation (Plescia-Pikus, Long-Suter, & Wilson, 1988), and greater frequency of personality disorders (Glenn and Parsons, 1989). Other studies have shown that adult children of alcoholics show greater rates of anxiety, poor self-esteem, and depression (Glenn and Parsons, 1989; McKenna & Pickens, 1983; West & Prinz, 1987; Whitfield, 1987; Woititz, 1983). Similarly, adult children of severely mentally ill parents show significant life problems as young adults (Asarnow, 1988).

Does growing up in a family with mentally ill parents produce a more deleterious impact than being raised by parents that suffered from alcoholism? Fine and his associates (1976) addressed this question by examining differences in psychopathology between children of alcoholic parents and children of parents "in whom some psychiatric disorder had been identified". Parents and children in these groups were solicited to participate in this study while seeking treatment at two

community mental health centers. Results showed that children of alcoholic parents and of parents with psychiatric disorders were more anxious than children from a normal control group. Moreover, children of alcoholics showed more social aggression and delinquency than children of parents with mental disorders. Similarly, children of alcoholic parents had more emotional detachment than children of psychologically disturbed parents.

These results suggested that growing up in an alcoholic family had a more detrimental impact on the children than growing up in a family with a mentally ill parent. However, the depth and nature of parental problems in the psychiatrically disordered parent group was not reported in the study by Fine and his colleagues. Unfortunately, differences in young or adult children of alcoholics or mentally ill have not been examined in any other studies.

In our study differences in level of self-esteem, depression, and anxiety of adult children of alcoholics, mentally ill, and dual diagnosed (mentally ill substance abusers) parents will be tested. Contrary to the results of Fine et al, we predict that being raised by severely mentally ill parents will cause greater diminutions in

self-esteem and greater anxiety and depression. Severely mentally ill parents have limited social and coping skills that often prevent holding down a job and sustaining close family ties. Moreover, these patients suffer frequent exacerbation of bizarre and asocial behaviors and may have a poor support network (Goldstein, 1987; Liberman, Massel, Mosk, & Wong, 1985). Children are not well raised in these families such that maladaptive development is likely to result (Downey & Walker, 1989; Kendler, 1988; Walker, Downey, & Bergman, 1989). The relative severity of mental illness versus alcoholism will be transposed to their parenting style and to the disabilities of their children.

Most research on the effects of poor parenting resulting from mental illness or alcoholism has been conducted with clinical populations of disturbed children or parents in treatment (Plescia-Pikus et al., 1988; West & Prinz, 1987). Interviewing subjects in treatment settings may confound findings by yielding samples that comprise prediagnosed children or parents who have been sensitized to life's problems. Many of the perceptions of childhood function have been gathered secondarily from parents, from clinicians who suspect psychopathology, or retrospectively, from the children. To circumvent these

confounds, subjects in this study were adults who had not previously participated in extensive clinical treatment.

The mitigating effects of social support on depression and anxiety were examined in this study as well. Previous research showed that an individual's level of coping skills and self-esteem was correlated with the size of and satisfaction with his/her support network (Hoffman, Ushpiz, & Levy-Shiff, 1988; Sarason & Sarason, 1986; Sarason, Sarason, & Shearin, 1986). Similarly, individuals without good social support are likely to be more depressed and anxious (Hirsch & Reischl, 1985; Sarason et al, 1986). Hence, we predicted that adult children of alcoholic or severely mentally ill parents were less likely to demonstrate diminished self-esteem or greater depression and anxiety if they had a good support network.

Method

Subjects

Undergraduate and graduate students from psychology and sociology classes at a private sectarian university in Southern California were asked to participate in this study during class time (N=178). Of this group, 139 agreed to participate and completed an hour-long battery of self-report measures. To understand the rationale for

the study, subjects were told that "questions you are about to answer probe into memories and feelings associated with parental drinking behavior and parental emotional adjustment." Family history was determined after subjects completed the Children of Alcoholics Screening Test (CAST) (Jones, 1985) and the Relative Psychiatric History Questionnaire (RPHQ) (Nuechterlein, Miller, Fogelson, & Asarnow, 1985).

The CAST has been used extensively as a survey to identify children of alcoholics (Claydon, 1987; Jones, 1983a; Roosa, Sandler, Beals, & Short, 1988). Test-retest reliability has been found to be consistent (Robinson, Post, Webb, & Smith, 1990). Validity studies (Jones, 1982; Jones, 1983b) found that a conservative score of six or more on the CAST identified all subjects of a known "children of alcoholics" group. However, the same cut-off score also identified 23% of the subjects in a randomly selected control group. This finding would raise suspicions of false positives were it not for prevalence studies which estimate five to seven percent of men in North America exhibit major symptoms of alcohol dependence, and nondependent alcohol abuse has been estimated at between 15 and 35% of the adult male population (Polich, 1982). Hence, it seems reasonable

that either parent identified as alcoholic by the CAST could be alcoholic. Items in the measure included perceptions of drinking-related marital discord between parents, past attempts to control a parent's drinking, efforts to escape from drinking, and tendencies to perceive the parent(s) as alcoholic. In accordance with past research, subjects who endorsed six or more of the test's thirty items were classified as adult children of alcoholics (ACOA).

The RPHQ was a measure that had been used to identify severely mentally ill parents in studies of disease vulnerability in children of schizophrenic and manic-depressive parents (Nuechterlein et al, 1985). The RPHQ was administered as a paper and pencil measure for this study and included 16 items answered yes or no. Items included: "Did either of your parents suffer from depression, i.e., has s/he felt so low for a period of weeks or months that s/he hardly ate or couldn't work or do whatever s/he usually does? Did either parent ever have an illness when s/he saw visions or heard voices that weren't really there or thought people were spying on him/her or plotting against him/her?" Subjects who endorsed three or more items on the RPHQ were included in the adult children of mentally ill (ACMI) group.

Subjects who met criteria on both the CAST and RPHQ comprised the adult children of alcoholic and mentally ill parents group (ACOA&ACMI).

Dependent Measures

Self-esteem was measured using the Coopersmith Self-Esteem Inventory (SEI) for adults (Coopersmith, 1967). The instrument comprised 25 items and has been shown to correlate with both the Rosenberg Scale for Self-Esteem and the Tennessee Self-Concept Scale. Depression was measured using the Beck Depression Inventory (BDI) (Beck, 1967). Both the SEI and BDI have been used to measure the severity of effects in adult children of alcoholics (Glenn & Parsons, 1989; Woititz, 1977).

Trait anxiety was determined using the trait version of the State-Trait Anxiety Inventory (STAI) (Spielberger, 1983). The measure included 20 items and total anxiety scores range from 20 to 80. Anxiety was alternately measured using the 28-item Social Avoidance and Distress Scale (SADS) (Watson & Friend, 1969). This measure was included to assess interpersonal discomfort and the deliberate avoidance of social situations. Validity studies confirmed that individuals who score higher on the SADS demonstrated a greater preference for being

alone and had more discomfort in social situations (Corcoran & Fischer, 1987).

To measure social support, the 12 item short form of the Social Support Questionnaire (SSQ) (Sarason, Levine, Basham, & Sarason, 1983) was used. The SSQ yields two scores, the number of persons listed as available social support (SSQN) and the respondent's satisfaction with available social support (SSQS). Subjects in this study also reported demographic information including gender, age, race, education level, and months spent in therapy.

Results

Of the 139 subjects who completed the questionnaires, findings from the CAST and RPHQ suggested that 45% were adult children of alcoholics (n=20), adult children of mentally ill (n=21), or both (n=22). Of the remaining 76 "normal" subjects, 22 were randomly selected to comprise a comparison group. Demographic characteristics across family groups were summarized in Table 1. Subsequent ANOVAs for age and years of education, as well as chi-square tests for gender and ethnicity showed no significant difference ($p > .40$) across family groups for any variable. Hence, results are not likely to be confounded by demographic characteristics of the groups. Similarly, subjects in the study who were

raised in households with an alcoholic or severely mentally ill parent did not have many years of previous treatment.

--Insert Table 1 about here.--

Means and standard deviations of SEI, SADS, BDI, STAI, SSQN, and SSQS across family groups are summarized in Table 2. A multivariate analysis of variance revealed a highly significant difference in measures of self-esteem, depression, social avoidance and distress, and trait anxiety across family group categories ($F(4,80)=2051, P<.0001$). Post hoc one-way ANOVAs showed significant differences (with Bonferroni adjustments, $p<.01$) across family groups for SEI, SADS, BDI, and STAI as well. Using a Pearson Product Moment Correlation, we found that these four variables were highly intercorrelated (range was 0.40 to 0.77). Moreover, results of a one-way ANOVA showed that SSQN significantly differed across family groups while SSQS did not.

--Insert Table 2 about here.--

Post hoc Tukey Tests showed that subjects who were reared in normal families had significantly ($p<.01$) higher self-esteem than individuals from the other family groups. Furthermore, normals were significantly lower in measures of social avoidance than ACOAs, ACMIs, and

ACOA&ACMIs. Normals showed significantly less depression and trait anxiety than ACMIs, while differences between ACOAs and normals were not significant across these measures. Moreover, less significant trends ($p < .05$) suggested that ACOAs had less severe scores than ACMIs on BDI and STAI.

The relationship of perceived severity of parental alcoholism and parental mental illness with self-esteem, depression, and anxiety was further investigated in subsequent analyses. Neither parametric nor nonparametric correlations between number of items on the RPHQ and scores on the SEI, BDI, STAI, and SADS was significant for the ACMI or ACMI&ACOA groups. Similarly, number of items on the CAST was not correlated with self-esteem, depression, or anxiety for the ACOA group. Alternately, differences in self-esteem, depression, and anxiety were examined between subjects who endorsed one of four items about parental psychosis (e.g. Did either parent ever have an illness when s/he saw visions or heard voices that weren't really there or thought people were spying on him/her or plotting against him/her) and subjects who did not. About fifty percent of subjects in the ACMI group ($n=10$) and in the ACMI&ACOA ($n=11$) endorsed psychotic items. However, results of subsequent

t-tests were nonsignificant for the four psychopathology variables. Hence depth of parental psychopathology was not correlated with level of difficulties in their adult children.

A post hoc Tukey Test showed that normals and ACOAs scored significantly higher than ACMIs and ACOA&ACMIs on the SSQN scale (See Table 2). These results suggested that growing up in an alcoholic family did not seem to significantly diminish social support. However, growing up in a mentally distressed family may diminish the size of the support network. Results of a Pearson Product Moment Correlation for the entire sample found significant relationships between SSQS, SSQN, and the psychopathology measures: SEI, SADS, STAI, and BDI. Absolute values of correlation coefficients ranged from 0.26 to 0.50.

The relationship between measures of social support and measures of SEI, SADS, STAI, and BDI suggested that subjects who had a large and satisfying support network may have had diminished social avoidance, anxiety, and depression. Hence, adjusting the pathology indices by social support may diminish differences across family groups. To test this hypothesis, means and standard deviations of the four dependent variables were adjusted

by SSQS and SSQN (See Table 3). Differences in adjusted variables were then tested in subsequent ANCOVAs; findings were mixed. Difference across groups continued to be significant for SEI and SADS, though the strength of the effect had diminished considerably. However, differences in depression and trait anxiety across family groups were no longer significant after adjusting for social support. In fact, differences for trait anxiety were minimal. These results suggested that social support had moderating effects on the dependent variables, although it did not seem to totally diminish differences in social anxiety, depression, and low self-esteem.

--Insert Table 3 about here.--

Discussion

Findings from this study showed that, on average, subjects who had no significant prior history of psychiatric treatment but believed they were raised in dysfunctional families had lower self-esteem, greater depression, and more social anxiety than peers from perceived "normal" families. The psychopathological effects of developing in families with alcoholic or severely mentally ill parents that had been demonstrated in young children had been replicated and remained large

in adults. Interestingly, although subjects from the dysfunctional family groups earned depression and anxiety scores above everyday norms, their scores did not fall into the clinically diagnosable range (Beck, 1967; Spielberger, 1983). These subjects were reporting subclinical dysphoria, anhedonia, worry, or nervousness which may have diminished their quality of life. Over a prolonged period of time however, some adult children of alcoholic or mentally ill parents who had not exhibited marked dysfunction as children, may meet DSM criteria for a depressive or other psychopathological episode and require significant clinical intervention.

Despite using a nonclinical sample, results from this study showed that 45% of subjects were adult children of alcoholic and/or mentally ill parents. This frequency apparently exceeds reported base rates for alcoholism and severe mental illness in the general population, suggesting that items on the CAST and RPHQ may be worded such that some false positives were produced. However, other research suggests that epidemiological studies of psychopathology might underrepresent the base rates of disorders. For example, one of every eight Americans may be children of parents with alcohol-related problems (Russell, et al., 1985) and

15 to 35% of adult males in North America exhibit symptoms of nondependent alcohol abuse (Polich, 1982). Add these findings to the incidence of mental illness and the 45% figure is possible. Alternately, an adult child's recollection and perception of problems experienced in childhood may alter perception of the actual severity of parental symptoms. Either way, these findings suggest that children who perceived their parents as having significant problems with alcohol use or having demonstrated "mentally ill" behaviors have greater adjustment problems in young adulthood.

Perhaps the most significant findings of this study were the differential effects of parent's perceived psychopathology on the emotional status of their adult children. Contrary to the results of Fine et al., (1976), subjects in this study who had mentally ill parents (ACMI or ACMI&ACOA) exhibited more anxiety and depression than adult children of alcoholics; these differences approached statistical significance for depression and trait anxiety. That our findings varied from results by Fine and his colleagues may have stemmed from the age of the subjects in each study. Perhaps being a child of an alcoholic has more immediate and severe impact. As these children reach young adulthood,

the impact is muted while the effects of growing up in a home with a severely mentally ill parent is exacerbated. More likely however, differential findings resulted from the severity of the parents' psychopathology in the ACMI groups. ACMI and ACMI&ACOA subjects reported severe parental behaviors; more than half of the sample endorsed psychotic items on the RPHQ.

Results of this study suggest the effects of social support mediate parental alcoholism or mental illness. The depression and anxiety of subjects in this study were significantly related to the size of the subject's support network and to their satisfaction with the network. Subjects in families with severely mentally ill parents showed smaller support networks, though no less satisfaction. Differences in depression and trait anxiety were diminished greatly when the mean of each measure was adjusted by social scores. Hence, the dysfunctional impact of being an adult child of psychopathological parents will be diminished when the individual has a large and satisfactory support system. However, significant differences in self-esteem and social anxiety still existed suggesting other factors mitigate the effects of poor parental upbringing as well. Future research should investigate four additional

factors that may interact with parenting to produce these results: the ACOA's or ACMI's developmental stage(s) at which parental psychopathology is experienced, the type of psychopathology plaguing the parent, the size and form of the individual's coping repertoire, and the genetic endowment of the individual.

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