AFFILIATIVE TENDENCY AND SENSITIVITY TO REJECTION AMONG ADULTS FROM ALCOHOLIC AND NONALCOHOLIC FAMILIES

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CHAPTER I

INTRODUCTION

In recent years, there has been an increasing interest in studying individuals whose parents are alcoholics. A comprehensive review of the literature by Black, Bucky, and Wilder-Padilla (1986) indicates that adults from alcoholic families have been found to have recognizable patterns of interpersonal discomfort and intrapsychic conflicts. Woititz (1983) observes similar characteristics, such as a lowering of self-esteem, a constant need for approval and affirmation, problems with intimacy, and difficulty in understanding what transpires in normal human relationships.

Although there are an estimated 28 to 32 million individuals who have grown up in families where one or both parents are alcoholics (Gravitz & Bowden, 1986), only recently have the college age and adult populations gained a more broad-based recognition. The reason may rest on how alcoholism has been conceptualized. Throughout the literature, the definition of alcoholism, held by both clients and caregivers, affects the type of services offered, as well as the use of these services (Waite & Ludwig, 1985).

For many years, alcoholics were viewed as having a character or moral flaw, lacking willpower (Ohlms, 1983). This attitude, along with severe moral condemnation, helped make alcoholism a hidden illness,

as well as the family secret (Seixas & Youcha, 1985). When treatment was sought, the focus of attention, traditionally, was on the alcoholic, who often found professional help ineffectual (Elkin, 1984). Out of this need for more effective treatment, Alcoholics Anonymous was founded (Berenson, 1987). Later, the American Medical Association officially recognized alcoholism as a disease, not a symptom of some other disease (Ohlms, 1983). In addition, the findings of Jellinek (1960) have been instrumental in helping conceptualize alcoholism, not as a character weakness, but as a multifaceted illness which can be treated. Despite more successful treatment methods and years of scientific research, alcoholism is still poorly understood. However, recent findings seem to indicate that susceptibility to alcoholism cannot be entirely genetic nor environmental (Cloninger, Bohman, & Sigvardsson, 1981). "Rather," they point out, "specific combinations of predisposing genetic factors and environmental stressors appear to interact before alcoholism develops in most persons" (p. 861).

Alcoholism has come to be viewed in terms of its origins, symptoms, and consequences, rather than in terms of individual characteristics (Kinney & Leaton, 1978). Within this framework, it became apparent the extent to which alcoholism affects more than the chemically dependent person (Chafetz, 1979; El-Guebaly & Offord, 1977; Woititz, 1983). When alcoholism advances, the alcoholic becomes not only a disturbed individual, but also effects other family members. Steinglass (1976) found that a relationship exists between alcoholism and the quality of family life. The impact upon the family system was found to be so profound that alcoholism also became known as a family disease (Fox, 1963).

As a result, family systems theory has increasingly been utilized in the conceptualization and treatment of the alcoholic family. From this viewpoint, the family functions like a system, trying to maintain stability. Change in the functioning of one family member is automatically followed by a parallel change by another family member (Bowen, 1973). In a healthy family system, these changes are acknowledged and negotiated and there is a sense of balance. However, a dysfunctional family does not meet the needs of its members (Woititz, 1983). Although numerous circumstances contribute to a family operating in a dysfunctional manner, alcoholism creates a disruptive atmosphere where an imbalance takes place and unspoken family rules emerge: Don't talk, don't trust, don't feel (Black, 1981). There is a growing professional awareness that the alcoholic family environment fails to provide the genuine interest, warmth and consistency necessary for the development of high self-esteem and healthy interpersonal relationships. (Nardi, 1981; Wood, 1984).

Mehrabian and Ksionzky (1974) also emphasize the critical nature of early childhood experiences in the family setting, as it relates to social interaction. They believe that affiliation, which is generally operationalized as the willingness to become involved in social situations, is one of the most important aspects of social interaction. Mehrabian proposes that if children's early experiences are primarily gratifying, they generally expect interactions with others to be positively reinforcing (affiliative tendency). That is, they perceive others in a more positive light and are more positive to strangers. As a result, this positiveness toward others is reciprocated and a positive cycle of interchanges results (Mehrabian & Ksionzky, 1974). On the

other hand, if children's early experiences are primarily negative, they generally expect interactions with others to be negatively reinforcing (sensitivity to rejection). That is, they tend to be less confident, more tense and anxious, which seems to elicit discomfort and tension from others. Thus, according to Mehrabian and Ksionzky (1974), there is a tendency to engage in a cycle of exchanges ". . . which perpetuate feelings of inadequacy and inability to cope with interpersonal relationships" (p. 143).

It is clear that not every child is affected by the alcoholic family in the same way. From the perspective of family systems theory, when alcoholism is present, it often acts to modify the traditional role definitions of a family system (Nardi, 1981). The disease of alcoholism is shared, with each family member taking on a specific role (Bowen, 1973; Steinglass, 1980). For example, Wegscheider (1981) observes that every family member takes on a role in order to deal with the alcoholic behavior. These roles function to reduce stress and maintain the balance in the family. The playing out of these roles often gives the illusion that the children are growing up successfully and are as healthy as anyone else. Unfortunately, the survival roles are specifically related to a dysfunctional environment where there is denial of reality and repression of feelings. Nardi (1981) points out that these roles are likely to conflict with the more traditional ones which are expected in adult relationships.

The characteristics enumerated by Woititz (1983) come largely from case studies and provide a topographic model of the problems faced by this population. However, further research is required to establish the presence of these common characteristics.

In summary, attention has long been focused on the alcoholic. However, the most recent conceptualization views alcoholism as a combination of genetic factors and environmental stressors with expected symptoms and prescribed treatment. Since the habitual abuse of alcohol also affects the family, the spouse and children become the focus of attention. Clinical observation, as well as research, indicate that predictable behaviors and strategies develop as coping mechanisms and serve to maintain some semblance of family cohesiveness. More recently, the literature focuses on the common characteristics that develop when the child in an alcoholic family remains untreated into adulthood. These characteristics often impair the individual in forming stable, meaningful, adult relationships.

Statement of the Problem

Black (1979) and Woititz (1983) observe that there is evidence that adults who have grown up in families where at least one member is alcoholic constitute a high risk of their developing physical or emotional problems. However, there has been little research on the personal, interpersonal and emotional consequences of this environmental influence. Therefore, this study attempts to answer the following question: Are there differences between adults from alcoholic and nonalcoholic families relative to their affiliative tendency and sensitivity to rejection?

Significance of the Study

This study contributes to the theoretical and research base of information regarding the impact of early childhood experiences in

alcoholic families on later interpersonal relationships. These early childhood experiences, such as family interactions, are thought to contribute to how individuals, as adults, perceive others. If a relationship is found between adults from alcoholic families and a higher level of sensitivity to rejection, then these individuals may need to consider their early family life when trying to understand why some experience greater difficulty in expressing interpersonal intimacy and forming close, trusting relationships. If a relationship is found between adults from nonalcoholic families and a higher level of affiliative tendency, then it may be helpful to consider variables in their early family life that may have contributed to developing healthy adult relationships. At this time, there is a significant gap in the research and a need exists to tie clinical observations to an existing body of literature concerning early childhood experiences in an alcoholic family and adult interpersonal relationships.

Definition of Terms

Affiliative Tendency

Affiliative tendency is a person's tendency to perceive others as, and expect them to be sources of positive reinforcement (Mehrabian & Ksionzky, 1974). For purposes of this study, affiliative tendency is operationally defined as the score received on the Measure of Affiliative Tendency (Mehrabian, 1976). High scores indicate that the individual has a high level of confidence and friendliness in interpersonal interactions.

Sensitivity to Rejection

Sensitivity to rejection is a person's tendency to perceive others as, and expect them to be, sources of negative reinforcement (Mehrabian & Ksionzky, 1974). For purposes of this study, sensitivity to rejection is operationally defined as the score received on the Measure of Sensitivity to Rejection (Mehrabian, 1976). High scores indicate that the individual has a high level of feelings of inadequacy and is less confident in dealing with others.

Adults from Alcoholic Families

Adults from alcoholic families are defined as individuals over 18 years of age who have grown up in homes where one or both parents were alcoholics. These individuals have left their families of origin and have begun forming adult relationships. For the purposes of this study, these adults are defined as college students over 18 years of age, scoring 6 or more on the Children of Alcoholics Screening Test (C.A.S.T) (Pilat & Jones, 1984/85).

Research Questions

Research Question Number One

> Is there a significant difference between adults raised in alcoholic families and nonalcoholic families (i.e., the independent variable) in terms of their average scores on the Measure of Affiliative Tendency (i.e., the dependent variable).

Research Question Number Two

Is there a significant difference between adults raised in alcoholic families and nonalcoholic families in terms of their average scores on the Measure of Sensitivity to Rejection.

Limitations

The following factors should be considered when analyzing and generalizing the results of this study.

1. Due to the fact that all the instruments used in this research required self report, the validity of the results was dependent upon the subjects' willingness to respond honestly.

2. The sample for this study was limited to undergraduate students enrolled at a Southwestern university during the Spring, 1988, school year.

3. The subjects were volunteers. Volunteer subjects may have different characteristics than those in the population as a whole.

Organization of the Study

Chapter I presents an introduction to the problem, a statement of the problem, the significance of the study, definition of terms, research questions, and limitations of the study. Chapter II includes a review of the related literature. Chapter III presents information about the subjects, instrumentation, procedures, the statistical methods which were used to analyze the results, and the hypotheses. Chapter IV presents the results of the study, with an explanation of the statistical techniques and procedures. Chapter V includes the summary, conclusions, and recommendations.

CHAPTER II

REVIEW OF LITERATURE

A major problem encountered by individuals whose parents are alcoholics is difficulty with interpersonal relationships (Kendall, 1987; Woititz, 1983). This deficit has been related to patterns which were formed during childhood to cope with growing up in an alcoholic family (Black et al., 1986; Clair & Genest, 1984). Although these patterns were developed to assist the individual in coping with a dysfunctional environment, many of these behaviors and emotions are no longer appropriate and often conflict with more traditional roles which are expected in adult relationships (Gravitz & Bowden, 1985; Nardi, 1981).

Research on interpersonal problems of these adults indicates that many of the difficulties are related to growing up in a dysfunctional family system, which in turn can be related to the abuse of alcohol by one or both of the parents. The following review presents findings related to alcoholism and its impact on the family. Findings relating the problems and needs of children living in an alcoholic family are reported. Also, the development of interpersonal problems of adults from alcoholic families is discussed.

Alcoholism and the Family

There are an estimated 10 million alcoholics in the United States (Chafetz, 1979). Alcohol has been called this country's most abused drug (Hecht, 1977) and has been ranked fourth among health problems (Fox, 1967). If the secondary effects are considered, alcoholism may be the number one health problem due to the number of individuals it effects. Yet, despite many years of scientific research, alcoholism is still a complex and controversial problem. This lack of understanding is unfortunate since the literature reflects that both the client's and caregiver's definition of alcoholism affects the type of services offered, as well as the use of those services (Waite & Ludwig, 1985). A brief review of how alcoholism has been conceptualized in this century will bear this out.

For many years, alcoholism was regarded as a character weakness, a sin, or simply a lack of will power (Jellinek, 1960). Alcoholics who sought treatment became more discouraged when they discovered that professional treatment was often ineffective (Elkin, 1984; Ohlms, 1983). In the 1930's, a group of alcoholics formed an organization called Alcoholics Anonymous (AA) (Berenson, 1987). The members were not physicians nor research scientists but were individuals from a variety of occupations who had successfully stopped drinking. Their success was so phenomenal that it attracted the attention of medical science (Ohlms, 1983). AA conceptualized alcoholism as a primary disease; i.e., its own disease and not a symptom of some other disease (Ohlms, 1983). In 1956, the American Medical Association recognized alcoholism as a primary disease. According to the National Council on Alcoholism/American

Medical Society on Alcoholism Committee on Definition (Waite & Ludwig, 1985):

> Alcoholism is a chronic, progressive and potentially fatal disease. It is characterized by tolerance and physical dependency or pathologic organ changes, or, both-all the direct or indirect consequences of the alcohol ingested (p. 3).

Research by Jellinek (1960) and the (NCA), have added credence to viewing alcoholism, not as a character weakness but as a multifaceted illness that can be treated with an encouraging level of success. Other findings are helping to reconcile the nature/nurture controversy by showing that alcoholism is not entirely genetic nor environmental (Cloninger, Bohman, & Sigvardsson, 1981). After studying 862 males and 913 females born and/or adopted between 1930 and 1949, researchers concluded that ". . . specific combinations of predisposing genetic factors and environmental stressors appear to interact before alcoholism develops in most persons" (p. 861).

As researchers further observed the complexities of the disease, they found that all alcoholics are not alike (Kinney & Leaton, 1978). As a result, alcoholism came to be viewed, not in terms of individual characteristics, but in terms of its origins, symptoms and consequences. While for many years the alcoholic was the focus of intervention and treatment, researchers and clinicians began looking at how alcoholism affected the family (Nardi, 1981). However, a review of the literature reveals few well-controlled studies of the effects of alcoholic parents on their families. Steinglass (1976) reports that a relationship exists between alcoholism and the quality of family life. Fox (1963) reports

that every member in such a family seems to be so profoundly affected that alcoholism has been called the family disease.

From a family systems viewpoint, the family is one of the most powerful emotional systems to which an individual ever belongs (Carter & Orfanidis, 1976). The direction and outcome of lives are strongly influenced by the interactions which take place within the system (Nichols & Everett, 1986). As the family operates, it functions like a system, trying to maintain stability. When one family member changes, a parallel change automatically follows in another family member (Bowen, 1974).

Although the perfect family does not exist, there are healthy family systems that acknowledge and negotiate changes (Woititz, 1985). As a result, a sense of balance exists. Many parents successfully provide a relatively consistent, predictable atmosphere where feelings and experiences can be openly discussed (Gravitz & Bowden, 1985). In these families, the ground rules are known, flexible and realistic. A sense of trust develops. In such a family there may be anger, hurt and tension at times, but it is not the norm (Gravitz & Bowden, 1985).

On the other hand, there are family systems which do not meet the needs of their members and operate in a dysfunctional manner (L'Abate, Ganahl, & Hansen, 1986). In many of these families one or both parents are preoccupied with a substance or behavior. This preoccupation can lead to a lack of responsiveness to the child (Black, 1981). Woititz (1983) points out that such compulsive behaviors as gambling, overeating, drug abuse and alcoholism are found in dysfunctional families. Among these elements, alcoholism appears to rank extremely high in its destructiveness.

During the 1960's, much attention was given to the spouse of the alcoholic and how the spouse could become a part of the disease process (Steinglass, 1976). Wegscheider (1981) theorizes that being closely involved with the alcoholic in a family setting could produce a parallel disease. This was later referred to as co-alcoholism or co-dependency. These terms are generally applied to spouses who consciously or subconsciously cooperate in an alcoholic's denial (Cermak, 1984). Those who demonstrate co-dependent characteristics depend heavily upon willpower as a means of achieving self-worth (Cermak, 1984). Their self-worth is tied with how those close to them behave and they become invested in controlling others to make their lives more secure. Kendall (1987) points out that when one is in a co-dependent relationship, the cost of building one's self-worth increases. Because of the tremendous responsibility taken on for each other's security and happiness, both spouses experience an inability to tolerate rejection, which locks them into the co-dependent relationship (Cermak, 1984). Wegscheider (1981) describes delusions, compulsions, frozen feelings and low self-worth to be signs of co-dependency.

In summary, the alcoholic, traditionally, was the focus of intervention and treatment. However, research indicates that a relationship exists between alcoholism and family interaction. The concept of alcoholism as a family disease gained acceptance and family systems theories are now applied to the treatment of many alcoholic families. From this perspective, each family member plays a specific role in the dysfunctioning family. The spouse becomes particularly susceptible to taking on a co-dependent relationship with the alcoholic, which tends to perpetuate the dysfunctional system.

Early Childhood Experiences

During the 1970s and 1980s, researchers and professionals turned their attention to other family members who also were affected by the alcoholic (Gravitz & Bowden, 1985). Ackerman (1983) states that, ". . . along with the existence of generations of alcoholism we have also had generations of children of alcoholics" (p. 3).

A review of the literature regarding the effect of alcoholic parents on children indicates that there are few direct or well controlled studies. According to Nardi (1981), the research provides information with limited reliability and generalizability. However, clinical observation consistently indicates that there is a damaging affect among children of alcoholic parents (Ackerman, 1983; Seixas & Youcha, 1985). Growing up in a dysfunctional family where tension and anxiety is ever present, children learn certain coping strategies to survive (Black, 1979).

Although there is no typical alcoholic family, certain patterns and characteristics can be observed in this type of family (Gravitz & Bowden, 1984). According to Black (1981), family life is inconsistent due to the stresses of alcoholism and the preoccupation of the nonalcoholic parent with the alcoholic spouse. As a result, children are deprived of the attention which is vital at this critical developmental stage in their lives. These experiences in the environment, particularly in the nuclear family, influence the child's perspective of the world.

Mehrabian and Ksionzky (1974) emphasize the importance of these early experiences.

> . . . a person has generalized expectations about other's positively or negatively reinforcing qualities for himself. These generalized expectations are based on his actual experiences with others, especially those occurring during early childhood in the family setting (p. 123).

In their findings, Mehrabian and Ksionzky (1974) indicate that a positive cycle of interchanges results when an individual expects others to be positively reinforcing. Interactions of a positive quality are thus initiated and reciprocated in turn. Mehrabian (1976) calls this positive expectation, Affiliative Tendency. On the other hand, a person's behaviors toward strangers are likely to be reserved, withdrawn or even negative in quality, when the child has learned through actual experiences that others are generally negatively reinforcing. The potential exists for a negative cycle of neutral or negative interpersonal exchanges as negative reactions are elicited from others. This negative expectation is called Sensitivity to Rejection.

Environment has a powerful influence on the emotional and personality development of children (Yussen & Santrock, 1982). The family is the primary avenue through which children learn attitudes, feelings, roles and interpersonal relationship skills (Hecht, 1977). Within this structure, the importance of social reinforcement in establishing, maintaining, and modifying children's behavior is widely recognized. Parents are models and children learn from a daily give-and-take with their parents and significant others (Cork, 1969).

According to family systems theories, children's behavior is typically in response to the family; i.e., the children adjust their behavior to adapt to the family system. In an alcoholic family, children

often face the task of making sense of a chaotic and irrational environment (Gravitz & Bowden, 1985). The responses by the children are "compensatory reactions" which allows them to maintain a sense of balance necessary for survival (Edwards & Zander, 1985, p. 122).

Black (1981) identified four patterns that children of alcoholics may adopt as a means of coping with the environment. These four patterns are briefly described.

The Responsible One

Responsibility for the care of self, siblings, and even parents is usually assumed by the eldest child. These children gain a sense of control through achievement and often excel in school. They become serious, rigid, and often do not learn how to play or interact socially.

The Adjuster

Being extremely flexible, this child can adjust to a variety of circumstances. Adjusters often are described as easygoing and relaxed and do not realize their power to make choices about themselves and their activities. They react to the world instead of acting on it.

The Placater

This child avoids conflict and seeks to please others. By adopting this role, the child is relieved from the guilt of feeling responsible for parental drinking. The placater acts on what is best for the family.

The Acting-Out Child

These children, although a minority, are most likely to receive early professional help. They display delinquent and problematic behavior which is a reflection of the family condition.

Wegscheider (1981) also describes similar roles that each of the family members acquire to cope with the alcoholic behavior. These roles are briefly discussed.

The Chief Enabler

Often the spouse or parent assumes this role and is usually the one the alcoholic depends on the most. The more the alcoholic loses control, the more the chief enabler becomes responsible for the family.

The Family Hero

The family hero feels responsible for the pain of the family members and attempts to improve the situation. This is accomplished by trying to be very successful at work or school in order to provide positive recognition for the family. This does not change the alcoholic's behavior and the family hero feels like a failure.

The Scapegoat

The scapegoat does not work as hard as the hero to achieve recognition. He/she may pull away, bringing negative attention to the family by withdrawing or by getting into trouble.

The Lost Child

The lost child is ignored by the family as a result of avoiding trouble and taking care of personal problems. Although this brings relief to the family, this strategy results in loneliness and alienation.

The Mascot

The mascot can be charming and funny during stressful times, providing relief and humor for the family. The mascot also is left to deal with personal pain and loneliness.

These roles from alcoholic families often are carried by individuals to relationships outside the family. Since they were adopted specifically to deal with alcoholism where there is denial of reality and repression of feelings, these roles invariably conflict with the more traditional roles of individuals from non-dysfunctional families (Nardi, 1981).

As children from dysfunctional families grow up, they carry many of the same survival strategies, which served them so well, into adulthood. They find that what once worked for them in their dysfunctional family does not produce the same result in adult life (Nardi, 1981). As adults, they demonstrate clearly identifiable patterns of behavior and feelings which no longer work in interpersonal relationships (Woititz, 1985).

Adults from Alcoholic Families

Adults from alcoholic families are those individuals who have been reared in a family in which one or both parents are alcoholics (Gravitz & Bowden, 1984; Woititz, 1983). They have lived in an environment where

inconsistency is the rule. Exposed on a daily basis to denial, broken promises and distorted perceptions, they learn to survive chaos (Black, et al., 1986).

During the late 1970s and early 1980s, specific attention was given to adults who had grown up in the presence of alcoholism (Black, 1981; Woititz, 1983). In 1983, the National Association for Children of Alcoholics was formed to recognize the needs and problems of the estimated 28 to 34 million children and adults from alcoholic families (Gravitz & Bowden, 1985).

These adults, who had left their families of origin and had begun forming their own families were being treated in mental health agencies (Gravitz & Bowden, 1986). They reported a myriad of problems related to their self-images and interpersonal relationships. For many years the importance of their parent's alcoholism was overlooked and they were misdiagnosed and inappropriately treated (Gravitz & Bowden, 1985). As alcoholism became increasingly recognized as a family disease, a pattern of feelings and behaviors emerged. Woititz (1983) and Perrin (1983) list emotional and behavioral characteristics which are commonly found among adults from alcoholic families. They include a lowering of self-esteem, a lack of knowledge regarding what is normal in adult relationships, a tendency to be self-critical, difficulty having fun, a constant need for approval and affirmations, denial of feelings and difficulty in identifying feelings, and a tremendous need for maintaining control of situations and relationships.

Cermak and Brown (1982) report clinical impressions derived from an initial group of nine women and four men, ranging in age from 28 to 55. Each member was screened for appropriateness to participate in the group.

The group met weekly for three years, with each session lasting one and a half hours. Based on clinical observations, their conclusion of the issues and dynamics that characterized meetings was control. They reported that ". . . the concern for control was often the most significant source of anxiety" (p. 378). Since family life was often chaotic and unpredictable, they learned, not to try and predict others' reactions but, instead, how to control their own feelings. In this manner, feeling in control seemed to enhance their perception of self-worth.

In a recent study (Black et al., 1986), a total of 588 adults, 409 from alcoholic families and 179 from nonalcoholic families were compared on their perception of interpersonal differences experienced as adults. The subjects were asked to complete a questionnaire that focused on their perceptions about; (a) family history, (b) past and present drug and alcohol use, (c) problems growing up in an alcoholic family, (d) communication with significant others, and (e) physical and sexual abuse. Adults who were raised in alcoholic families reported more emotional and psychological problems in adulthood than adults raised in nonalcoholic families. The adults from alcoholic families report that they ". . . have had significantly greater difficulty with trust, identifying and expressing feelings, and difficulty with dependency than the comparison group" (p. 224). Children raised in alcoholic families also describe themselves as having greater difficulty with intimacy.

According to Gravitz and Bowden (1985), most adults from alcoholic families appear to function and relate to others in a positive manner. They look good, dress well, appear successful, and are admired. Many appear so well adjusted that they do not seem to need help. But they are

from families where there appear to be no unaffected bystanders. As El-Guebaly and Offord (1977) explain, "The offspring of alcoholics appear to be at increased risk for the serious psychosocial illnesses of adulthood" (p. 364).

Summary

A review of the literature indicates that the first and most central issue of adults from alcoholic families is the issue of control. Control is the one word that most characterizes their interactions. A major source of anxiety, conflicts over control are pervasive. Denial, suppression, and repression are used in attempts to control the outward expression as well as inner awareness of thoughts, feelings and behaviors.

The second issue is one of trust or, more precisely, distrust--a distrust of others as well as of self. This distrust arising out of repeatedly being told to ignore the obvious, they begin to distrust what their own senses tell them.

A third issue is one of avoidance of feelings and the belief that feelings are wrong, bad and scary. In the alcoholic family, the children's expression of feelings is typically met with disapproval, anger and rejection. They either learn to deny feelings or learn to repress, or minimize them.

From clinical observation, researchers indicate that there are certain types of situations which trigger these issues. The most frequent situation requiring trust, warmth, and sharing is intimate relationships. Adults from alcoholic families repeatedly experience conflict regarding feelings or behavior patterns that do not work in the

adult world. These conflicts can be traced back to childhood experiences in an alcoholic family.

Many of these feeling of being insecure, of having difficulty in trusting, and fear of being hurt are not exclusive to this population. These are problems many people experience. It is a matter of degree. Growing up in an alcoholic family seems to increase the likelihood that ordinary difficulties will become severe.

For many years, attention was focused on the alcoholic, the spouse or the children from alcoholic families. More recently, clinical observation and research, which considers adults from alcoholic families reveals that this population does indeed experience interpersonal discomfort and intrapsychic conflicts to a greater degree than those from non-dysfunctional families (Cermak & Brown, 1982).

At this time there is a significant gap in the research of adults from alcoholic families and a need exists to tie clinical observations to an existing body of literature concerning adult interpersonal relationships. This study will contribute to the theoretical and research base of information regarding the adjustment of adults who have grown up in alcoholic family environments.

CHAPTER III

METHODOLOGY

This chapter includes a presentation and description of the procedures and methods used in this study. Descriptions of the instruments are given and their construction is explained. The method of selecting subjects is specified and methods of data collection and analysis are detailed.

Subject Selection

The sample for this study was composed of a total of 144 subjects. The subjects were student volunteers enrolled in undergraduate courses at a land grant university in the Southwest. These volunteer subjects could be interpreted as being different from those subjects who did not choose to participate. College students were chosen as subjects for this study because they have left their families of origin and have begun forming adult relationships. It is during this time that interpersonal problems begin to manifest themselves (Cermak & Brown, 1982). These problems stem from coping behaviors learned at a young age in the alcoholic family of origin (Woititz, 1985; Wood, 1984). In a typical adult relationship, these behaviors can become inappropriate and self-destructive (Black, 1979).

Table 1 gives a description of the 144 subjects used in this study. Under the age category, 107 were between 19-24 years of age, 14 were between 25-30 years of age, 11 were between 31-36, 8 were between 37-42 years of age, and 4 were over 42. This shows a large representation of individuals (74.3%) in their early 20's responding to the questionnaire who were beginning to form adult relationships outside the family environment. A large number of the subjects were females (73.6%) and most of the subjects were either the youngest (38.9%) or oldest (31.3%). This particular sample was highly represented by subjects who lived with both parents during their elementary and middle/junior high school years (81.9%). Of the 26 subjects whose parents' divorced, 13 were from alcoholic families.

Most of the subjects were from nonalcoholic family environments (74.3%). Only 4.9% of the respondents reported receiving therapy to help them deal with their parents' alcohol abuse and only 5.6% of the subjects reported joining a support group, such as Alanon, Alateen or Alcoholics Anonymous. All of the subjects who reported receiving therapy and/or joined a support group were from alcoholic families. Results of the Michigan Alcoholism Screening Test identified 32 (22.2%) of the 144 subjects to be alcoholics, themselves. Almost half of these subjects (43.8%) had at least one parent who was identified as being alcoholic.

Instrumentation

Children of Alcoholics Screening Test

The Children of Alcoholics Screening Test (CAST) (Pilat & Jones, 1984/85) was administered to aid in the identification of adult children

Table 1

Descriptive Data for the Total Group

Variables	Alcoholic (n = 37) f	%	Nonalcoholic (n = 107) f	%	Total Group (n = 144) f	%
Age:						
19-24	25	67.6	82	76.0	107	74.3
25-30	6	16.2	8	7.5	14	9.7
31-36	2	5.4	9	8.4	11	7.6
37-42	3	8.1	5	4.7	8	5.6
Over 42	1	2.1	3	2.8	4	2.8
Gender:						
Male	8	21.6	30	28.0	38	26.4
Female	29	78.4	77	72.0	106	73.6
Marital Status:						
Single	28	75.7	72	67.3	100	69.4
Married	3	8.1	30	28.0	33	23.0
Divorced	5	13.5	5	4.7	10	6.9
Widowed	1	2.7	0	0.0	1	0.7
Birth Order:						
Youngest	9	24.3	47	43.9	56	38.9
Middle	8	21.6	23	21.5	31	21.5
Oldest	17	46.0	28	26.2	45	31.3
Only Child	3	8.1	7	6.5	10	6.9
Other	0	0.0	2	1.9	2	1.4
Home Environment:						
Intact	24	64.9	94	87.9	118	81.9
Single Parent	13	35.1	13	12.1	26	18.1
Individual Therapy:						
Yes	7	18.9	0	0.0	7	4.9
No	30	81.1	107	100.0	137	95.1
Support Group:						
Yes	8	21.6	0	0.0	8	5.6
No	29	78.4	107	100.0	136	94.4
Subjects Drinking Status:						
Alcoholic	14	37.8	18	16.8	32	22.2
Nonalcoholic	23	62.2	89	83.2	112	77.8

of alcoholics. The CAST is a self-report inventory, consisting of 30 items, which takes approximately 5 minutes to administer. Jones (1983) formulated most of the test items from the real-life experiences shared with him by children of clinically diagnosed alcoholics who were in treatment at a Chicago-based family alcoholism treatment center. Other items were developed from published case studies on children of alcoholics.

Validity. The CAST was administered to 82 clinically diagnosed children of alcoholics, 15 self-reported children of alcoholics and 118 randomly selected control group children, latency-age and adolescent (Pilat & Jones, 1984/85). Using Chi-square analyses, it was found that all 30 items significantly discriminated children of alcoholics from control group children. In addition, children of alcoholics scored significantly higher on the CAST compared to control group children. Correlating group scores (children of alcoholics) with the total CAST scores yielded a validity coefficient of .78 ($p < .0001$). A cutoff score of six or more identified 100 percent of the clinically diagnosed children of alcoholics and 100 percent of the self-reported children of alcoholics.

In another study (Pilat & Jones, 1984/85), 81 adults ranging in age from 18 to 37 years were administered the CAST. Five subjects in this sample anonymously reported that one or both of their parents received treatment for alcoholism. These five subjects scored significantly higher on the CAST compared to the other 76 subjects. Thus, the CAST also appears to be valid with adults from alcoholic families. A cutoff

score of six was used in identifying subjects from alcoholic families in this study.

Reliability. A Spearman-Brown split-half (odd vs. even) reliability coefficient of .98 was computed with both a sample of 82 latency-age and adolescent children of alcoholics and with a sample of 133 latency-age and adolescent children randomly sampled from the Chicago school system (Pilat & Jones, 1984/85). The CAST also was administered to 81 adults ranging in age from 18 to 37 years. A Spearman-Brown split-half (odd vs. even) reliability coefficient equal to .98 also was computed with this random sample of adults (Pilat & Jones, 1984).

The Michigan Alcoholism Screening Test

The Michigan Alcoholism Screening Test (MAST) (Selzer, 1971) was administered to aid in the detection of alcoholism. The MAST is a widely-used, 25-item screening device with a weighted scoring system and a score range of 0 - 53. The MAST is a self-report inventory which takes approximately 5 minutes to administer.

The MAST includes questions assessing drinking behavior, negative consequences of drinking, such as interpersonal, physical, legal, and psychological difficulties. Selzer (1971) drew items from various survey studies on alcoholism, as well as developing some of the items himself (Connors & Tarbox, 1985).

Reliability. Internal consistency, measured by coefficient alpha, which provides an upper estimate of the stability of the test score with repeated administration, has been reported to range from .83 to .97 (Selzer, Vinokur, & Rooijen, 1975).

Validity. The MAST was validated by comparing the test responses of institutionalized and noninstitutionalized alcoholics and nonalcoholics with corresponding records of the subjects' problems due to alcohol from hospitals and social-service and enforcement agencies. Selzer (1971) found that the MAST discriminates satisfactorily between alcoholics and nonalcoholics. Selzer also found that 55% of persons arrested for driving while intoxicated and 59% arrested for public drunkenness had MAST scores in the alcoholism range. According to Selzer et al., (1975), response-set bias is minimal using a cutting score of 6 or more as diagnostic of alcoholism.

Measure of Affiliative Tendency

The Measure of Affiliative Tendency was designed by Mehrabian (1970) to assess the social skills conducive to positive and comfortable social exchanges. It seeks to identify people who enjoy and are confident and relaxed in social situations.

The instrument consists of 26 different alternately-weighted statements and takes approximately 10 minutes to administer. Subjects provide self-report responses using a 9-point Likert scale. Scores are obtained by first reversing the sign of responses to negatively weighted items, then computing the algebraic sum of the items for each measure. Possible scores range from -104 to 104.

According to Mehrabian (1976), the scales were devised to meet four requirements. These requirements are; (a) satisfactory test-retest reliability, (b) independence from a social desirability bias, (c) independence from each other, and (d) theoretically significant

differences in their relations to affiliation, conformity, and dependency.

Norms. Normative data were collected on the Measure of Affiliative Tendency based on 916 undergraduate students. A sample yielded a mean of 28 and standard deviation of 22 for total scale scores on the Measure of Affiliative Tendency.

Reliability. The Measures of Affiliative Tendency appears internally consistent, reflecting a Kuder-Richardson coefficient of .80. It also appears stable over time in that a four-week test-retest of one sample of 108 subjects yielded a product-moment correlation coefficients of 0.89.

Validity. The instrument purports to measure a representative sample of behaviors associated with affiliation. This is due to the rational, content-validational approach used in the development of items. Additionally, Mehrabian (1976) has demonstrated, using factor analysis, that items on this measure form factors representative of a number of affiliative behaviors, including preference for group activities and overt expression of affection toward others.

There also is evidence to support the criterion-related validity of this measure. High scorers on this measure prefer more intimate seating arrangements (Mehrabian & Diamond, 1971), are more self-disclosing (Ksionzky & Mehrabian, 1980) and are more interactive with strangers (Crouse & Mehrabian, 1977). High scorers also anticipate positive consequences from social interactions (Mehrabian & Ksionzky, 1974).

Measure of Sensitivity to Rejection

The Measure of Sensitivity to Rejection was designed by Mehrabian (1970), to assess weaknesses in social skills and to predict conformity behavior. It seeks to identify persons who are ". . . submissive and tense in social situations, create discomfort in those with whom they interact, and have fewer friends" (Ksionzky & Mehrabian, 1980, p. 145-146). The Measure of Sensitivity to Rejection consists of 24 different alternately-weighted statements and takes approximately 10 minutes to administer. Some items in the initial pool were gathered from other measures of sensitivity to rejection. People provide self-report responses using a 9-point Likert scale. Scores are obtained by first reversing the sign of responses to negatively weighted items, then computing the algebraic sum of the items for each measure. Possible scores range from -96 to 96.

Norms. Normative data were collected on the Measure of Sensitivity to Rejection from 916 undergraduate students. The sample yielded a mean of 1 and a standard deviation of 23 for the Measure of Sensitivity to Rejection.

Reliability. Measure of internal consistency utilizing Kuder-Richardson yielded a coefficient of .83. Following a 4 week interval, a test-retest of one sample of 108 subjects yielded a product-moment correlation coefficient of .92.

Validity. The measure appears to cover a representative sample of behaviors associated with sensitivity to rejection. This is due to the rational, content-validational approach used in the development of items.

There is evidence to support the criterion-related validity for the measure of Sensitivity to Rejection. High scorers on this measure are more vigilant, tense, and anxious when interacting with strangers (Crouse & Mehrabian, 1977), less self-disclosing (Ksionzky & Mehrabian, 1980), and anticipate more negative consequences from social interactions than low scorers (Mehrabian & Ksionzky, 1974). Mehrabian (1976) suggests mixing the items from the Measures of Affiliative Tendency and Sensitivity to Rejection together in random order so as to minimize a subjects awareness of the attributes being measured.

Data analyses for this study on the Affiliative Tendency scores revealed a mean of 45.03 and a standard deviation of 20.73 for the alcoholic group. A mean of 39.31 and a standard deviation of 19.84 were found for the nonalcoholic group. The Sensitivity to Rejection scores revealed a mean of 7.05 and a standard deviation of 17.66 for the alcoholic group. A mean of 7.81 and a standard deviation of 19.24 were found for the nonalcoholic group. These means and standard deviations for the social interaction scales are presented in Table 2.

Procedures

Data were collected for this study in the Spring of 1988 at a land grant university in the Southwest. The 144 subjects were obtained by asking undergraduate students taking classes in educational psychology to voluntarily complete the questionnaires. The potential participants were informed that; (a) this study was dissertation research, (b) the confidentiality of their responses would be carefully observed, (c) participation was voluntary, and (d) feedback on the results of the

Table 2

Means and Standard Deviations for the Measure of Affiliative Tendency and the Measure of Sensitivity to Rejection

Instrument	Mean	S.D.
Alcoholic Groups (n = 37)		
The Measure of Affiliative Tendency	45.03	20.73
The Measure of Sensitivity to Rejection	7.05	17.66
Nonalcoholic Group (n = 107)		
The Measure of Affiliative Tendency	39.31	19.84
The Measure of Sensitivity to Rejection	7.81	19.24

study was available after the study was completed. Of the original group of 159 students, 15 students decided not to participate and handed in blank packets.

After the introductory statements, the packets, which were divided into 5 sections, were distributed. The first page provided information regarding informed consent. The participants were asked to sign, date, and hand in the Informed Consent sheet before completing the questionnaires (Appendix A).

The second part of the packet, the Respondent Information Sheet, gathered demographic data about each participant (Appendix B). Participants were asked their age, gender, marital status, number of siblings, sibling position, and the marital status of their parents during the subjects' elementary and middle/junior high school years (K-8), if they had ever sought counseling to help them deal with abuse of alcohol or chemicals by their parents, and if they ever joined a support group, such as Alanon, Alateen, or Alcoholics Anonymous.

Participants then completed the "Respondent Information Sheet," the MAST, the CAST, and the Measures of Affiliative Tendency and Sensitivity to Rejection. The Measures of Affiliative Tendency and Sensitivity to Rejection, the MAST, and the CAST were placed in the packets in random order. Directions for completion of the instruments were included and the subjects were allowed to proceed at their own pace.

All instruments were hand-scored. One score was derived from the CAST, which distinguished individuals from alcoholic and nonalcoholic families. A score was derived from the MAST, which aided in the detection of subjects' alcoholism. All subjects were used in this study, regardless of being identified as alcoholics or nonalcoholics. A score

from the Measure of Affiliative Tendency and one score from the Measure of Sensitivity to Rejection were both used in the analyses of the data.

Hypotheses

The following hypotheses were tested using an alpha level of .05.

1. There is a significant difference between adults raised in alcoholic families and nonalcoholic families in terms of their average scores on the Measure of Affiliative Tendency.

2. There is a significant difference between adults raised in alcoholic families and nonalcoholic families in terms of their average scores on the Measure of Sensitivity to Rejection.

Analysis of Data

The data analyses were conducted using the computer program available on the Statistical Analysis System (SAS) (SAS Institute, 1985). SAS was used to analyze the descriptive data from the information subjects provided on the questionnaire. The frequency, as well as percentage of responses for each question of the descriptive data were listed by the analysis.

Since there were multiple dependent variables involved, a multivariate analysis of variance (MANOVA) was then employed. The use of the MANOVA statistical test allows the researcher to test for significant differences between groups on multiple dependent variables simultaneously. Correlations among variables are corrected for, and because only one over-all test for significance is made initially, the probability of making a Type I error is lowered. This statistical test also lowers the risk of finding a significant difference by chance alone

as the number of dependent variables increases substantially from one. Assumptions relevant to the MANOVA are normality, homogeneity of variance-covariance matrices, linearity, and multicollinearity (Tabachnick & Fidell, 1983).

MANOVA statistical techniques also require that two basic rules are followed. There should not be fewer dependent variables than there are treatment groups (independent variables) being compared, and the total number of subjects in the study must be at least twice as large as the number of dependent variables (Huck, Cormier, & Bounds, 1974).

In order to determine statistical differences on social interaction between the adults from the alcoholic families group and adults from the nonalcoholic families group, the scores of the Measures of Affiliative Tendency and Sensitivity to Rejection were compared. These scores were discussed as to their importance in relation to family environments.

CHAPTER IV

RESULTS

This chapter presents the results of the study. A brief explanation of the statistical techniques and procedures are presented as well. The two hypotheses are presented with their corresponding results and detailed tables are presented to facilitate a conceptualization for the results.

A stem-and-leaf plot and box plot illustrate that no aberrations, such as the appearance of outliers or a severely skewed distribution of raw scores, were detected (see Appendix C and D). Thus, the assumptions were met and it was not necessary to alter the data in any way.

The assumption that the population from which the sample data were drawn must have equal dispersion matrices (Huck et. al., 1974) was tested using the TTest Procedure for homogeneity of variance. Results from these tests reveal that there was no significant difference between the variance on measures of affiliative tendency [F, (3, 106) = 1.09, $p > .05$] and Sensitivity to Rejection [F, (3, 106) = 1.19, $p > .05$] for the two groups respectively. Thus, the assumption of homogeneity of variance was met in this study.

To test the two hypotheses, the multivariate analysis of variance (MANOVA) statistical procedure was used. One variable is the independent variable (i.e., family environment) and the other is the dependent variable (i.e., social interaction). For this analysis, the variables which comprise the independent variable were operationally defined as individuals who were raised in alcoholic families, and individuals who were raised in nonalcoholic families. The group from alcoholic families was determined by a cutoff score of six on the Children of Alcoholics Screening Test (CAST). The variables which comprise the dependent variable were operationally defined as affiliative tendency (AT) and sensitivity to rejection (SR).

A one-way between subjects MANOVA, using Wilks' Lambda Criterion, produced a nonsignificant multivariate main effect [F, (2, 141) = 1.12, $p > .05$] (see Table 3). This means that measures of the dependent variables did not form a construct, therefore supporting the need to use univariate statistics to examine the relationship between group membership and the dependent variables, separately.

Table 3

Multivariate Test of Significance

Source	Test Name	Approximate F	Degrees of Freedom	Significance
Family Environment	Wilkes	1.12	2, 141	.328

Hypothesis 1

There is a significant difference between adults raised in alcoholic and nonalcoholic families in terms of their scores on the Measure of Affiliative Tendency.

Examination of the univariate analysis revealed no significant difference [F, (1, 142) = 2.23, $p > .05$] between the two groups with regard to the Affiliative Tendency variable. See Table 4 for the results of this analysis.

Hypothesis 2

There is a significant difference between adults raised in alcoholic families in terms of their average scores on the Measure of Sensitivity to Rejection.

Examination of the univariate analysis revealed no significant difference [F, (1, 142) = 0.04, $p > .05$] between the two groups with regard to the Sensitivity to Rejection variable. See Table 4 for the results of this analysis.

Table 4

Summary of Univariate Analysis of Variance on the Two Dependent Variables

Source of Variance	Anova SS	df	Mean Square	F
The Measure of Affiliative Tendency				
Model	899.09	1	899.09	2.23
Error	57177.79	142	402.66	
Corrected Total	58076.89	143		

$p > .05$

The Measure of Sensitivity to Rejection				
Model	15.84	1	15.84	0.04
Error	50484.15	142	355.52	
Corrected Total	50499.99	143		

$p > .05$

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Alcoholism has been recognized as a significant health problem in the United States (Fox, 1967). Alcohol has been called this country's most abused drug (Hecht, 1977). For many years, the alcoholic was the focus of intervention and treatment (Ohlms, 1983). During the 1960's attention was given to the spouse of the alcoholic and how the spouse became a part of the disease process (Steinglass, 1976). This parallel disease was referred to as co-alcoholism or co-dependency (Cermak, 1984). Later, alcoholism was conceptualized as a family disease (Gravitz & Bowden, 1985) and specific attention was given to the children of alcoholics (Ackerman, 1983).

During the late 1970's and early 1980's, specific attention was given to adults who had grown up in the presence of alcoholism (Black, 1981). These adults, who had left their families of origin, reported a myriad of problems related to their self-image and interpersonal relationships (Gravitz & Bowden, 1986).

More recently in the literature, some studies have examined the possible relationship between family environment and interpersonal relationships. However, there has been little research on the personal,

interpersonal and emotional consequences of the environmental influence of alcoholism after these children reach adulthood.

This study was designed to examine the differences between adults who grew up in alcoholic and nonalcoholic families relative to their social interaction in later adulthood. The question this study was designed to address is: Are there differences between adults from alcoholic families and nonalcoholic families relative to their affiliative tendency and sensitivity to rejection.

The sample for this study was composed of a total of 144 volunteer subjects, who were undergraduate students enrolled in educational psychology courses at a land grant university in the Southwest. Volunteer subjects limit somewhat the external validity of the results of the study. The possibility exists that volunteer subjects may have different characteristics than those in the population as a whole.

This study utilized the multivariate procedure known as multivariate analysis of variance (MANOVA) to determine statistical differences on social interactions between the alcoholic and nonalcoholic family groups. This procedure allows multiple independent and dependent variables to be simultaneously analyzed.

This study examined the relationship between social interaction and family environment. It was hypothesized that a significant difference would be found between the social interactions of alcoholic and nonalcoholic family groups, when the constructs of social interactions are defined as those measured by the scales of Affiliative Tendency and Sensitivity to Rejection.

The alcoholic and nonalcoholic family groups were determined by administering the Children of Alcoholics Screening Test (CAST) to all the subjects, then assigning individuals to one of the two groups based on the results of the test. A total of 37 subjects were determined to be from alcoholic families and 107 were determined to be from nonalcoholic families.

The MANOVA was utilized to first confirm whether or not the two dependent measures formed a construct of social interaction. The results of the analysis revealed that the two variables did not warrant the need to address each independent of the other. Therefore, univariate F-tests were utilized to determine if the dependent variables, Affiliative Tendency and Sensitivity to Rejection were significantly different. The statistical analysis indicated that there were no differences between the social interaction scores of individuals who were raised in alcoholic families and those raised in nonalcoholic families in terms of their affiliative tendency and sensitivity to rejection.

Conclusion

Based on the results of this study, the following conclusions are drawn. A review of the literature suggests that environment has a powerful influence on the emotional and personality development of children (Corks, 1969; Yussen & Santrock). Hecht (1977) indicated that the family is the primary avenue through which children learn attitudes, feelings, roles, and interpersonal relationship skills. When viewed from this perspective, one might expect children growing up in an alcoholic environment to be more impaired in their social functioning than those growing up in nonalcoholic families.

However, this was not found to be the case in this study. A possible explanation for this is that children who grew up in an alcoholic environment often find their family life chaotic and unpredictable. Because their experience at home was unpleasant they may be motivated to leave this dysfunctional family system. In doing so, they may develop affiliative tendencies because they are compelled to seek interpersonal relationships outside the home. Therefore, what one may find, regardless of the early home environment, is a desire to affiliate with others. In fact, individuals from dysfunctional family systems may be slightly more motivated to remove themselves from their unpleasant home environment and seek social interaction than those from a nonalcoholic home. If this is the case, some codependency issues may be overstated in the literature.

Although alcoholism appears to rank extremely high in its destructiveness on family life (Black, 1981; Steinglass, 1976), Woititz (1983) points out other types of compulsive behaviors which may contribute to a dysfunctional family system. Results in this study may be confounded by other dysfunctional elements in families represented.

Another possible explanation centers around a frequently reported clinical observation. Adults, who have grown up in alcoholic families, report having difficulty in expressing and identifying their feelings (Black et al., 1986). The practice of numbing themselves to survive the unpleasant realities of their childhood environment, may carry over into their adult years. Cermak (Cermak, et al., 1982) indicates that many children of alcoholics continue to deny the existence of parental alcoholism, even after having left their family of origin. This form of denial may carry over and result in the distortion of perception,

preventing these individuals from either being aware or acknowledging their own difficulties with social interactions or interpersonal relationships.

Recommendations

The following recommendations for future research are presented.

1. The area of family environment needs more research, and the area of interpersonal relationship issues of adults who have been raised in alcoholic environments needs to be examined more closely. Perhaps research of a qualitative nature, such as interviews or case studies, may provide needed base-line information relative to the family environment in alcoholic and nonalcoholic families.

2. Further research should be conducted which more clearly delineates the quality of family environment, rather than merely looking at either the presence or absence of alcoholism in the family.

3. Since volunteer subjects limit somewhat the external validity of the results of this study, it is recommended that future research utilize different sampling procedures, such as group or individual interviews. Longitudinal studies might be helpful in understanding possible differences in the developmental stages that take place among individuals from alcoholic families.

4. Denial seems to be central to the alcoholic and the defensive system of the alcoholic family. Many adults from alcoholic families report difficulty in identifying their feelings or develop a denial system similar to that of an alcoholic (Black et al., 1986). As a results, these adults may not be able to accurately report problems.

Research is needed to investigate the role of denial among adults from alcoholic families.

5. There has been a substantial amount of clinical observation done on the impact of the alcoholic family environment upon children. Additional research in this area is needed to further identify variables which are related to the interpersonal difficulties that adults from alcoholic families experience.

6. Further research is needed to go beyond the scope of the measures used in this study. It is recommended future research explore an individuals effectiveness in social interactions, as well as the likelihood of engaging in positive affiliative behavior.

This study represents one attempt toward understanding the adjustment of adults who have grown up in alcoholic family environments. From a family systems perspective, it appears that alcoholism has far reaching effects, which can place the entire family at risk. However, not every family member is affected in the same way. Thus, it is important that effective methods of addressing these issues continue to be studied and implemented so that these adults may better understand the impact of their family environment.

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APPENDIXES

APPENDIX A

INFORMED CONSENT

INFORMED CONSENT

I voluntarily agree to participate in this study sponsored by Phil Johnson. I this study, I understand that I may withdraw from participation at any time for any reason whatsoever.

All information will be gathered in conformance with APA guidelines for human subjects participation. Your responses will be completely anonymous; no attempt will be made to attach your name to your responses and your individual responses will not be shared with anyone. Instead, the results of this study will only be reported as group data. If you should have any questions about this study, please contact Dr. Judy Dobson, Applied Behavioral Studies, OSU at (405) 744-6036. We appreciate your cooperation and efforts.

I have read these instructions and understand my rights. I further understand that this sheet will be immediately removed from the rest of the packet.

_____ _____

Signature of Research Subject Date

_____ Check here if you want feedback regarding the results of the study when they are available. Include your mailing address only if you want this feedback. This page will be immediately detached from your responses.

APPENDIX B

RESPONDENT INFORMATION SHEET

OKLAHOMA STATE UNIVERSITY
ABSED Graduate Study

Thank you for agreeing to participate in this study. Please complete the following questionnaire and follow the directions on each page. If you are not sure about the answer to a question, choose the answer you think is best, and go on to the next question. As soon as you finish one page, go to the next, until all parts have been completed. If you have any questions, you may ask them now.

1. Age as of last birthday: _____ years

2. Gender: _____ Male _____ Female

3. Marital Status:

   a. _____ Single
   b. _____ Married
   c. _____ Separated
   d. _____ Divorced
   e. _____ Widowed

4. Number of Siblings:

   a. _____ brother(s)
   #

   b. _____ sisters
   #

5. Sibling Position:

   a. _____ Youngest
   b. _____ Oldest
   c. _____ Middle
   d. _____ Only child
   e. _____ _____ (Other)

6. During your elementary and middle/junior high school years (K-8), did you live with both your parents? _____ Yes _____ No

   If no, what was the marital status of your parents during your elementary and middle/junior high school years (K-8)?

   Divorced:
   1. _____ Neither remarried

   Divorced:
   2. _____ Father remarried
   3. _____ Mother remarried
   4. _____ Both remarried

   5. _____ Separated
   6. _____ Widowed

7. Have you ever sought counseling to help you deal with abuse of alcohol or chemicals by your parents? _____ Yes _____ No

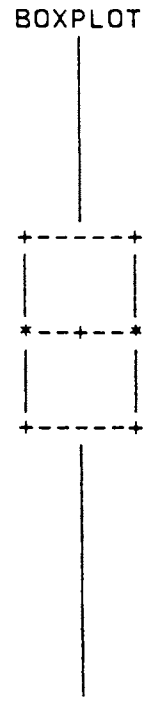
8. Have you ever joined a support group such as Alanon, Alateen, Alcoholics Anonymous? _____ Yes _____ No

APPENDIX C

STEM-AND-LEAF AND BOX PLOT FOR THE MEASURE OF AFFILIATIVE TENDENCY

Stem-and-Leaf Plot and Box Plot for the Measure of Affiliative Tendency

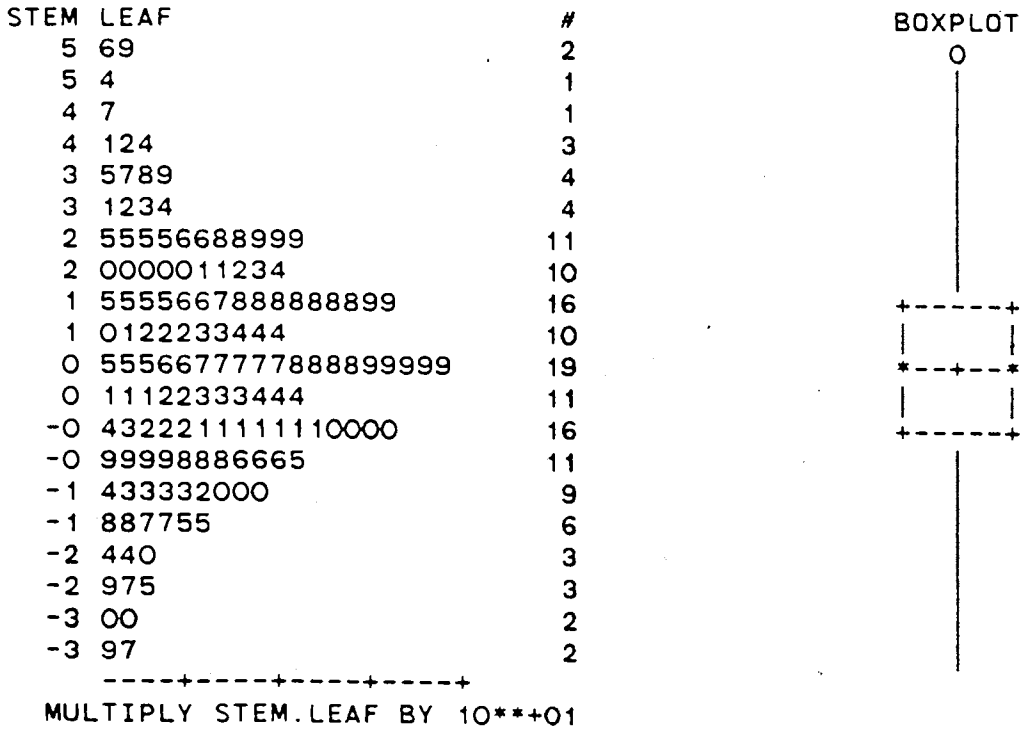
```
STEM  LEAF                          #
   8  5                             1
   8  1                             1
   7  66                            2
   7  001123334                     9
   6  67889                         5
   6  0334444                       7
   5  55666667778899                14
   5  000002222233444               14
   4  555677889999                  12
   4  0112234444                    10
   3  566777788889                  12
   3  0011122344                    10
   2  5566667779999                 13
   2  01112223444444                14
   1  56677999                       8
   1  1223                           4
   0  5589                           4
   0
  -0  0                             1
  -0  7                             1
  -1  41                            2
      ----+----+----+----+
  MULTIPLY STEM.LEAF BY 10**+01
```



APPENDIX D

STEM-AND-LEAF PLOT AND BOX PLOT FOR THE MEASURE OF SENSITIVITY TO REJECTION

Stem-and-Leaf Plot and Box Plot for the Measure of Sensitivity to Rejection



```
 STEM  LEAF                 #
    5  69                   2
    5  4                    1
    4  7                    1
    4  124                  3
    3  5789                 4
    3  1234                 4
    2  55556688999          11
    2  0000011234           10
    1  5555667888888899     16
    1  0122233444           10
    0  5556677777888899999  19
    0  11122333444          11
   -0  4322211111110000     16
   -0  99998886665          11
   -1  433332000             9
   -1  887755                6
   -2  440                   3
   -2  975                   3
   -3  00                    2
   -3  97                    2
       ----+----+----+----+
  MULTIPLY STEM.LEAF BY 10**+01
```

BOXPLOT

0

VITA

Philip Duane Johnson

Candidate for the Degree of

Doctor of Philosophy

Thesis: AFFILIATIVE TENDENCY AND SENSITIVITY TO REJECTION AMONG ADULTS FROM ALCOHOLIC AND NONALCOHOLIC FAMILIES

Major Field: Applied Behavioral Studies

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