

AN EXPLORATORY STUDY OF FAMILY OF ORIGIN
FACTORS, PSYCHOSOCIAL DEVELOPMENT, AND
PREALCOHOLISM

By

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CHAPTER I

INTRODUCTION

Alcoholism and alcohol-related problems continue to plague humankind causing distress and misfortune for chemically dependent persons, their families, and society. Alcoholism ranks among heart disease, cancer, and mental illness as a major health problem in this country as well as contributing to many human difficulties (U.S. Department of Health and Human Services, 1981). Closely associated alcohol-related problems are emotional and/or physical abuse, incest, divorce, lost productivity, high health care costs, and fatal highway accidents (National Council on Alcoholism, Inc., 1986). Figures vary, but Johnson (1986) stated there were over 20 million alcoholics in the United States. This number represents numerous possibilities for substance abusers and their associates to experience many alcohol-related forms of human suffering and monetary loss.

Innumerable challenges have arisen as theorists, researchers, and clinicians have attempted to understand or diminish this personal and social problem. In literature reviews, different theories have been proposed for the etiology or nature of alcoholism (Blum, 1966; Wallace, 1985; Zucker & Gomberg, 1986). The explanations have ranged from

psychosocial to genetic-biochemical and socio-cultural perspectives. In studies of this complex social problem, recent theorists have cited alcoholism as a multi-dimensional and multi-determined phenomena (Jacob, in press; Zucker & Gomberg, 1986).

Recently, increased emphasis has been placed on the socio-cultural aspects of alcoholism and psychosocial influences on the development of alcohol-prone personalities (Hoffman, Loper, & Kammeier, 1974). Social networks such as the individual family system or the transgenerational patterns of family dynamics are being viewed as contributing to the transmission of addiction (Hesselbrock, Hesselbrock, & Stabenau, 1985; Rekers & Hipple, 1986) and to the formation of prealcoholic personality characteristics (Jones, 1968). Researchers have not been able to identify which specific childhood variables play the predominant roles in the development of alcohol-prone personalities or problem-drinking behavior, but there has been agreement on adult behavioral patterns being affected by the childhood home environment. "...Alcoholic behavior cannot be understood except with reference to the basic pattern of personality developed in early familial interaction" (Mower, 1940, p. 547).

This personality development takes place because the "...family acts as the initial and primary socialization agent and delivers the primary self/other/and world definition to the child" (Norton, 1986, p. 10). To

conceptualize the family and how it acts upon the formation of self, psychoanalytic and social psychology views are merged. The two constructs, the self as a structure or organization referred to as the ego or ego identity and the formation of self as a social process, are combined in one theory. This interactionist perspective insists on the mutually interchangeable aspects of the relationship between person and environment. There is a blending of the individual and society (Allen, Guy, & Edgley, 1980).

Theoretical Foundation of Study

Psychological Theories of Alcoholism

The theories and research designs of early studies on alcoholism were based primarily on psychological frameworks (Cox, 1987) with the concept of an alcoholic personality dominating the research field in the 1940's (Hewitt, 1943). The theories conceptualized the alcoholic as having distinctive personality characteristics which could be identified by psychological tests (Hewitt, 1943; Machover & Puzzo, 1959), but subsequent studies failed to identify particular alcoholic personality factors (Syme, 1957).

The principle areas studied for these personality factors focused on self-concept, dependency needs, locus of control and characteristics measured by personality inventories (Blane & Leonard, 1987; Blum, 1966; Jones, 1968; Sanford, 1968). Recent reviews and studies designed to test these associations have failed to support these variables as

predisposing traits in alcoholism (Tarter, Jacob, Hill, Hegedus, & Carra, 1986; Weissbach, Vogler, & Compton, 1976).

In a review by Cox (1987), anxiety, depression, and low self-esteem were examined as personality characteristics believed to precede alcohol problems. The results indicated these qualities followed the development of alcoholism instead of being present before. In a study by Vaillant (1980), 26 problem-drinkers were examined for symptoms of depression. The results suggested that within this identified group, depression was a consequence of the problem-drinking behavior, not the cause. Vaillant and Milofsky (1982) posed the question, "...Could alcoholism also be the cause, not the result of unhappy childhood, broken families, and personality disorder?" (p. 494).

Hesselbrock, Hesselbrock, and Workman-Daniels (1986) studied the effects of major depression and antisocial personality on the motivation for drinking and the course of alcoholism. Their results indicated antisocial personality traits in both men and women as an important etiological factor in the development of alcoholism, but excluded depression as a predisposing factor.

Three basic changes concerning the conceptualization of alcoholism have been reported by Cox (1983, 1985, 1987). Within these changes, the concept of a unique, definable alcoholic personality is no longer considered acceptable. The personality factors found to be present in alcoholism have been identified as associated with other addictive

behaviors and alcohol problems have been redefined as the result of multiple influences, not one single cause. From this perspective, the development of alcoholism is viewed as resulting from the interaction of biological, psychological, and socio-cultural factors (Jacob, Favorini, Meisel, & Anderson, 1978; Jessor & Jessor, 1975; Zucker, in press).

Interactional Theories

The interactional theorists perceive alcoholic behavior as resulting from a dynamic interaction among the variables of behavior, environment, and person. Rogalski (1987) stated "...substance abuse is embedded within an individual's personality structure as well as within his culture" (p. 110).

Researchers have proposed various theories in an attempt to understand the dynamic interaction of the person and social environment (Jessor & Jessor, 1977; Zucker, in press). Currently, though, there is no one, widely accepted interactionist theory of alcohol use (Sadava, 1987) as there is no single definable alcoholic personality type (Syme, 1957).

The interactionist models developed in the 1970's to study the person and environmental influences on the development of alcoholic behavior focused on developmental aspects of the human personality and used longitudinal designs for their studies (Donovan, Jessor, & Jessor, 1983; Jessor & Jessor, 1975; Zucker, in press). These studies have established a connection between the influence of

parental characteristics or practices and an explanation of personality development or behavior.

Other longitudinal studies have examined familial and personal variables in an attempt to predict future alcohol problems (Jones, 1968; Vicary & Lerner, 1983). Jones (1968) suggested "...alcohol-related behavior is to some extent an expression of pervasive personality tendencies which are exhibited before drinking patterns have been established" (p. 11). Preaddictive personality characteristics with tendencies toward assertiveness, rebelliousness, undercontrol, and hostility were identified as existing prior to the development of alcohol-related behavior.

In a study of preaddictive Minnesota Multiphasic Personality Inventory (MMPI) (Dahlstrom & Welsh, 1960) profiles of college-entrance students, a combination of elevated scales was identified for those who were later treated for alcoholism. These elevated scales described a neurotic pattern indicating a "...self-centered, immature, dependent, resentful kind of person" who might have difficulties facing reality (Kammeier, Hoffman, & Loper, 1973, p. 396).

Studies designed by the interactional theorists have indicated a continual, connected process between childhood factors and adult alcoholism (Zucker & Gomberg, 1986). The factors consistently related to the development of a tendency towards alcoholism have been listed as childhood antisocial behavior, hyperactivity, achievement

difficulties, and interpersonal problems in forming close relationships.

The most common family of origin factors connected with the development of alcoholism have been identified as marital conflict, inadequate parenting, and alcoholic, antisocial, or sexually deviant parental figures. These parents act as inadequate role models for the developing child (Zucker & Gomberg, 1986). Kellam, Brown, Rubin, and Emsminger (1983) indicate three areas of difficulty associated with the development of alcoholism. These are parental antisocial or deviant behavior (often alcohol abuse), parental disinterest or lack of involvement with the child, and lack of affection or support in the parent/child interaction. A failure to assume mature social roles also has been found in alcoholics resulting in a lack of ego strength development (Fuller, 1966).

The failure to assume mature social roles is linked to the socialization process. In this process, a sociocultural system is conveyed by the parents through teaching or modeling and becomes incorporated within a child or adolescent as a system of personality. The "...social-structural variables and society" are considered as "...antecedent and background to psychosocial problem patterns" (Sadava, 1987, p. 98).

The basic factor underlying the interactionist model is the idea of a dynamic relationship of personality, perceived environment, and behavior as contributing variables in the

development of problem-drinking behavior (Sadava, 1987). The basis of the interactionist theories and the focus of the present study are the influences of family of origin factors on psychosocial development and alcohol-prone personality development.

General Theories of Development

Social scientists generally agree that the childhood home environment can enhance or hinder the development of an individual personality (Barnhill, 1979; Bell & Bell, 1982). The development of a personality or ego identity leading to either psychosocial effectiveness or problem behavior is seen as evolving within the social network or family of origin, "...the family in which a person has his/her beginnings--physiologically, psychically and emotionally" (Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985, p. 287).

In an attempt to define the skills and personality structures which enable people to cope effectively with their lives, the influence of family of origin on adolescent functioning has been investigated (Bell & Bell, 1982). This social network or family of origin may be viewed as a healthy or unhealthy atmosphere for the developing ego (Barnhill, 1979).

In a discussion of maturity and psychological health, Heath (1977) referred to a healthy personality as "maturing" and an unhealthy one as "immaturing" (p. 28). In this

concept, the mature person has a stable sense of identity, an ego identity which enables autonomous self-regulation.

A successfully developed ego identity has been proposed by Erikson as an essential component for enabling people to cope effectively with their social environments. Without a successfully developed ego identity, ego diffusion occurs. This diffusion will cause people to fail to make a successful psychosocial adjustment or to meet the demands and responsibilities placed upon them by the culture (Erikson, 1950, 1956).

Erikson's personality development is composed of a "Gestalt-like" integration of the ego and self (Rasmussen, 1964, p. 816). In this formulation, ego identity is composed of two separate conceptualizations of the self, the interactionist self-concept of Mead (1934) and the self-system of Sullivan (1953). There is a social aspect which includes a dimension of personal interaction with the self and an interaction with the social environment (Elkind, 1982).

Statement of the Problem

Much of the research on alcoholism and family variables before the 1970's was limited in conceptualization, methodology, and social systems assessed (Orford, 1975). The design inadequacies reported by Nathan and Lansky (1978), discussed the limitations in theoretical concepts and experimental strategies used in studying relationships between alcoholism and family variables.

Both the research theories and methods of study have changed in the field of alcoholism during the past ten years with research increasingly following a clinical, trial-model design (Jacob, in press; Sanchez-Craig, Annis, Bornet, & MacDonald, 1984). This perspective has provided a model for attempting to identify interdependent variables or interrelated systems associated with alcoholic behavior (Jacob, 1975).

In interrelated systems, if childhood family backgrounds are likely to lead to poor psychosocial development and alcohol-prone personalities, then research is needed to establish these linkages between family of origin variables and adult behavior. The question raised was: If family environment influences psychosocial personality development and if the psychosocial development affects alcohol-prone personality development, does a relationship exist between family of origin variables, psychosocial development, and prealcoholism? The problem addressed in this study was stated as follows: Is there a relationship among the variables of psychosocial personality development, health in family of origin, alcoholism in family of origin, and prealcoholic personality development?

Significance of the Study

Few studies have been conducted on the alcoholic's family environment even though a literature review shows family environment is directly associated with alcoholism (Jacob, in press). Even fewer studies have focused on the

personality correlates and antecedents of future problem-drinking behavior, but recent theorists have identified individuals who may be predisposed to the development of alcoholism (Hoffman, Loper, Kammeier, 1974; Jones, 1968).

Recent theoretical models of alcoholism have recognized the importance of developing research designs linking the psychosocial influences prevalent in the development of alcoholism. Particular attention is being given to the role of personality and of childhood influences on future alcoholic behavior (Zucker & Gomberg, 1986).

By investigating variables in the family of origin and psychosocial development, the present study attempts to validate the theoretical linkages between the person and the environment, thereby, offering an opportunity to form a field theory of problem drinking. This field theory could strengthen the perception of alcoholism as a disorder whose preceding circumstances include personality and early environmental factors (Zucker & Gomberg, 1986).

Establishing a link between these two factors could provide a stronger knowledge base for future research. Evidence of a relationship among adult psychosocial development, family variables, and prealcoholism could lead to a new conceptual methodological perspective of this multifaceted problem.

In spite of the influence of alcoholism on many aspects of people's lives, there is little education on this subject in general psychology or family therapy programs (Silvia, 1985). This is a serious deficiency since 50% of all

clients who seek mental health treatment have an alcohol-related problem (Willoughby, 1979).

The present investigation may suggest preventive strategies for individual and family interaction patterns. Early intervention and family life education regarding alcoholism and prealcoholism could be included in educational and treatment programs.

Definition of Terms

The following terms were pertinent to this study.

1. Alcoholism in family of origin was determined by the administration of the Children of Alcoholics Screening Test (CAST)(Jones, 1982). A score of 6 or more indicated an alcoholic family of origin.

2. Family health was described as the family unit functioning which promotes individual psychosocial development in the areas of autonomy (Boszormengi-Nagy & Spark, 1973) and intimacy (Erikson, 1950; Framo, 1976; Schaefer & Olson, 1981). Autonomy was defined in this study as the ability of the family to "...emphasize clarity of expression, personal responsibility, respect for other family members, openness to others in the family, and by dealing openly with separation and loss" (Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985, p. 290). Intimacy was defined as the ability of the family to "...encourage the expression of a wide range of feelings, creating a warm atmosphere in the home, dealing with conflicts without undue stress, promoting sensitivity in the family members, and

trusting in the goodness of human nature" (Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985, p. 290).

The two concepts, autonomy and intimacy, were viewed as fundamental dimensions of adult personality development (Lewis, Beavers, Gossett, & Phillips, 1976) and were measured by the derived score on the Family of Origin Scale (FOS)(Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985). A score of 160 and above indicated a healthy family of origin and a score of 134 and below indicated an unhealthy family of origin.

3. Psychosocial development was described as the personality development or ego identity formation which leads to an ability to cope successfully with the social environment (Rasmussen, 1964). Ego identity was defined by the successful resolution of Erikson's (1950, 1959) first six psychosocial developmental tasks. These are described as trust vs. mistrust, autonomy vs. doubt, initiative vs. guilt, industry vs. inferiority, identity vs. role confusion, and intimacy vs. isolation.

In this study, ego identity was measured by scores on the Inventory of Psychosocial Development (IPD) (Constantinople, 1969). A full scale measure of level of psychosocial development was determined. A score of 285 and below indicated a low measure of psychosocial development with 310 and above representing a high measure (Waterman & Whitbourne, 1981).

4. Prealcoholic personality development was determined by a score on the MacAndrew Alcoholism Scale (MacAndrew, 1965) developed from the MMPI scales. A score of 24 or above was indicative of a future alcohol problem.

Statement of the Hypotheses

The alpha level selected to test the following null hypotheses was set at .05.

1. Measures of psychosocial development, levels of self-perceived health in family of origin, and alcoholism in family of origin are not significant predictors of prealcoholism in male and female college students.

In addition to the primary hypothesis, three additional hypotheses were tested. These secondary hypotheses examined the statistical significance of the unique contribution of each of the independent variables in this study in relation to the dependent variable.

2. There is no significant relationship between prealcoholism and self-reported level of psychosocial development when the effects of level of health in family of origin and alcoholism in family of origin are controlled.

3. There is no significant relationship between prealcoholism and self-reported level of health in family of origin when the effects of level of psychosocial development and alcoholism in family of origin are controlled.

4. There is no significant relationship between prealcoholism and alcoholism in the family of origin when

the effects of level of psychosocial development and level of health in family of origin are controlled.

Limitations

The results of this study may not be representative of all populations of undergraduate university students. The population was limited by the characteristics of the sample composed of students attending psychology classes at a large, land-grant state university in the southwest.

The results of this investigation may indicate relationships between aspects of person and environment in the development of prealcoholism, but cannot be interpreted as establishing direct causality for later drinking behavior. The generally accepted criteria for the concept of interactionism has been described by Endler (1983) as a framework or model for studying alcoholism, but not an established theory. The present study represents a framework which includes factors of both person and environment as a basis for future inquiries into the complex, multi-dimensional phenomena of alcoholism.

The inventories used to collect data for this study required the participants to reflect on family of origin factors and may not be accurate perceptions of the past.

Summary

Chapter I has presented an introduction to the research. The theoretical foundation of the study, statement of the problem, statement of the hypothesis, significance, definition of terms, and limitations were

included. Chapter II contains a review of theoretical and research literature relevant to this study. Chapter III describes the selection of subjects, treatment procedures, instrumentation, and the method of collection and analysis of the data. Chapter IV presents the results of the study with the summary, conclusions, and recommendations reported in Chapter V.

CHAPTER II

REVIEW OF RELATED LITERATURE

This chapter includes a review of the literature with discussions on the theoretical foundations used in this study and the research based on these constructs. Research theories on the etiology of alcoholism and antecedent characteristics of future problem-drinking behavior are examined with emphasis on recent studies by the interactional theorists. The theoretical constructs of health in family of origin, alcoholism in family of origin, and the possible relationship of these factors to the resolution of Erikson's psychosocial developmental issues also are cited.

Theories of Alcoholism

Much of the early work on alcoholism lacked a theoretical basis and developed from either psychoanalytic or learning theories. The models were based on psychodynamic studies of personality or laboratory studies focusing on the learning theorist's proposals. Social learning and interactional approaches were added to the theoretical studies of alcoholism in the 1960's, but did not replace the original theoretical models. The four approaches continue to provide a basis for much of the research on alcoholism. The emerging contemporary models

for alcoholism studies are based on these early constructs (Blane & Leonard, 1987).

Personality Theory

Interest has been generated among researchers endeavoring to identify personality predecessors of alcohol problems. More than 1000 entries relating to personality and alcoholism have been listed in the PsychINFO database (Cox, 1987). In the earlier entries, clinical case studies were used by the theorists in an attempt to identify the distinctive personality characteristics of the alcoholic. Later studies used psychological tests in an effort to identify specific personality traits characteristic of this population (Hewitt, 1943; Machover & Puzzo, 1959).

Currently, longitudinal studies are being conducted in an attempt to define personality predecessors to alcoholism (Zucker & Gomberg, 1986). Certain personality characteristics have been identified in adolescents who later develop alcohol problems. These qualities are antisocial behavior, rejection of societal values, non-conformity, impulsivity, aggressiveness, independence, and hyperactivity (Jessor, 1983; Jessor & Jessor, 1977; Zucker, 1976; Zucker & Gomberg, 1986; Zucker & Noll, 1982).

Similar results were found in studies conducted using data collected from routine MMPI tests given from 1947 to 1961 to incoming freshman at the University of Minnesota. Loper, Kammeier, and Hoffman (1973) identified 38 patients in alcohol treatment centers in Minnesota as earlier

University of Minnesota students. The patients' college profiles were compared with a randomly chosen sample of their nonalcoholic classmates revealing significantly higher scores on three standard scales and on the MacAndrew Alcoholism Scale. The differences suggested prealcoholics were more impulsive, nonconforming, and gregarious than their nonalcoholic counterparts.

In reviews of the Minnesota study of male alcoholics, Cox, Lun, and Loper (1983) found male alcoholics to be rebellious, independent, aggressive, impulsive, nonconforming, and undercontrolled. Other studies have substantiated these findings with male alcoholics reporting having been aggressive, masculine, impulsive, hyperactive, and antisocial prior to alcohol abuse (Goodwin, Schulsinger, Hermansen, Guze, & Winokur, 1975; Tarter, McBride, Buonpane, & Schneider, 1977).

A longitudinal study by Jones (1968) examined the personality characteristics evident prior to the establishment of drinking behavior in participants of the Oakland Growth Study. The data indicated "...pervasive personality tendencies" (p. 11) present in individuals before the drinking patterns were established. The problem drinkers were rated as having been "...undercontrolled, assertive, rebellious, pushing the limits, and overtly hostile" (p. 10) during adolescence.

Although some studies have indicated certain personality characteristics as preceding male alcoholism,

these traits "...cannot be viewed as pathologic or even necessarily as undesirable" (Cox, 1987, p. 68). Researchers focusing on the social psychological perspective view male alcoholism as a response of the person to the societal demand to be assertive and powerful, but lacking a ritualistic way to transform assertive behavior into socially acceptable norms (McClelland, Wanner, & Vanneman, 1972; Saleebey, 1985). Alcoholism, in this sense, is being described as a maladaptive attempt to conform to societies' demands to be interpersonally potent.

Other studies attempting to examine personality characteristics of alcoholics have revealed conflicting results. English and Curtin (1975) tested 75 men from three alcoholism programs using the MMPI to assess personality differences of patients in various settings. All three groups showed similarities by having an elevated depression scale and an elevated psychopathic deviate score indicating poor self-control or antisocial behavior. Another trend ($p < .10$) was indicated with the alcoholism patients scoring low on the ego strength scale. Significant differences also were found among the groups on the other scales of the MMPI.

In a comparison of 60 alcoholic outpatients and 60 matched nonalcoholic outpatients, Calaycay and Altman (1986) used a personality inventory and an anxiety scale to identify differences in personality characteristics in the two groups. Compared to the nonalcoholic outpatients, the alcoholic group showed an elevation in anxiety scores,

insecurity, guilt, frustration, ego weakness, and a lack of self-sentiment. Alcoholic outpatients revealed a higher amount of neuroticism, but no significant difference from the comparison group in extroversion-introversion.

Using the MMPI, Kline and Snyder (1985) attempted to identify subtypes within the alcoholic population using male and female inpatient alcoholics as subjects. Four samples composed of 300 subjects were used for experimental and replication studies. The results failed to identify any clear-cut neurotic profiles in the alcoholic samples. Both samples of men and women failed to differentiate among the derived MMPI subtypes.

Studying the hypothesis of perceived locus of control and experienced control as having a positive relationship with adaptive psychosocial adjustment and personality functioning, O'Leary, Donovan, Freeman, and Chaney (1976) chose a sample of 68 male, inpatient alcoholics for testing with locus of control scales and MMPI administration. Two subtypes emerged from this study. In one, alcoholics who perceived and experienced themselves as having control over life events and their consequences (high internal control) had mean MMPI scores with no elevated scales. In the other group, the alcoholics who perceived themselves as having a high external control had elevations on the depression and psychopathic scales of the MMPI. The authors concluded the highest rates of alcohol abuse were associated with neurotic

and depressive personality patterns and minimally associated with psychopathic personality patterns.

Since attempts to define a specific alcoholic personality have failed (Armstrong, 1958), theorists have begun looking at the sociocultural aspects of psychological development. Multi-dimensional concepts including early life influences on social psychological development are being studied in an effort to understand the complex problem of alcoholism (Pandina, Labouvie, & White, 1984; Syme, 1957; Zucker, 1976).

Social Psychological Perspective

Studies have indicated psychological crises or stressors in early life to be catalysts for beginning problem drinking. "...Both alcoholic men and alcoholic women report high rates of disruption early in life" (Benson & Wilsnack, 1983, p. 57). This disruption was often cited as parental absence or unavailability. Emotional deprivation in the alcoholic population's childhood home environments was reported more often than in nonalcoholic populations. This finding may account for the high correlation found between alcoholism and dependency or evidence of familial rejection (McCord & McCord, 1962).

In a study of family backgrounds by Adams (1982), alcoholics were found to have a higher incidence of parental loss or absence during childhood and excessive drinking in the family of origin. Other relevant factors suggested were poor parental modeling of personality adjustment, gender

orientation, achievement motivation, and role interdependence. Restrictive, controlling, and protective child-rearing practices were cited as encouraging dependence and passivity.

The effect of the alcoholic and nonalcoholic family of origin on present coping styles was presented by Pringle (1976). Results similar to those of Adams (1982) were cited. Testing 43 fathers in therapy for alcohol-related problems, Pringle found MMPI responses reflected a predominantly passive-aggressive personality orientation with dependency characteristics. The family of origin was viewed by the sample of alcoholic males as having been controlling and restrictive of open self-expression or autonomy.

Other studies have reported similar results when examining the family backgrounds of alcoholics. Garrett and Bahr (1976) interviewed 52 women and 199 men referred from two shelters for alcoholism. Of those interviewed, over half the women and one-third the men stated they had been raised in families where one or both parents were absent from the home. The shelter clients' home environments were characterized by either child neglect and parental irresponsibility or involved having domineering parental practices and strict discipline.

In a study of parental deprivation among Australians, Koller and Castanos (1969) examined the hypothesis of early adverse experiences affecting later development of

alcoholism. A comparison was made between a group of alcoholics being treated at a clinic for alcoholism and a control group consisting of a pool of 586 persons derived from the population at large. In the alcoholic group, 44% had suffered the loss of their parents before age 15 compared with 25.5% in the control group.

Kraft (1977) investigated the psychosocial environment of 100 families with an alcoholic member studying various dimensions of the family environment. The results showed alcoholic families ranking lower than a normative sample on cultural and recreational activities, conflict, and expressiveness. These findings seem to substantiate the hypothesis of McCord (1972) that an alcohol-prone personality may result from differences in nurturance during the developmental life span.

Other studies on the variables contributing to the development of alcoholism have revealed conflicting results. Family history of alcoholism has been cited as an important etiological factor in this behavioral problem, but identifying the underlying variables has been difficult. Even though well-defined and harmful effects have been reported as accruing to children of alcoholics (Woititz, 1983), theorists have been uncertain if these consequences were the result of the alcoholism itself or the increased incidence of family instability which often accompanied the drinking behavior. Studies of familial and nonfamilial alcoholism have pointed to a possible group of individuals

who might be of high risk for development of alcoholism, but results have not revealed the exact causal variables (Frances, Timm, Bucky, 1980; Hesselbrock, Hesselbrock, & Stabenau, 1985; Schuckit, Gunderson, Heckman & Kolb, 1976).

Penick, Read, Crowley, and Powell (1978) tested 155 alcoholic male veterans in an attempt to differentiate alcoholics by family history. The results indicated alcoholics with a family history of alcoholism tended to drink at a younger age and to have more social and personal drinking-related problems than those with no family history of alcoholism. There also were more serious problems with anger and hostility in the alcoholic with alcoholism in the family of origin.

In an attempt to identify the behavioral correlates which correspond to a family history of alcoholism, Frances, Timm, and Bucky (1980) compared the results of 7,064 enlisted Navy men being treated for alcohol abuse on characteristics of familial and nonfamilial alcoholism. Of those tested, 3,634 reported no history of family problems with alcoholism and 3,430 reported at least one immediate family member with a possible drinking problem. The results indicated a significant difference in the two groups ($p < .001$) with the familial alcoholism group generally experiencing less consistent and more unstable family environments. These family environments included broken homes, larger families, emotional problems in family

members, poor academic and social performance in school, and more prior antisocial behavior.

Antisocial behavior prior to the development of alcoholism was cited to affect the "...course of alcoholism to a greater extent than having a positive pedigree for alcoholism" (Hesselbrock, Hesselbrock, & Stabenau, 1985, p. 59). When controlling for antisocial personality characteristics, the course of alcoholism in 169 male alcoholics being treated in an inpatient facility was similar whether there was a family history of alcoholism or not.

Schuckit, Gunderson, Heckman, and Kolb (1976) studied 1,983 reenlisting Navy men for family history variables as a predictor of alcoholism. A comparison was made on social history, drinking behavior, and alcohol-related problems of the subject. A total of nine percent of the sample (N = 102) met the established alcoholism criteria. Of the total sample, 204 subjects reported having an alcoholic family member with 893 indicating no familial alcoholism. The results indicated a higher rate of familial alcoholism in the nonalcoholic group than in the alcoholic group. The researchers concluded, "...nonalcoholic men with family histories of alcoholism are different from men without such histories" (p. 1684).

Despite the notion children of alcoholics may be a high risk group for becoming alcoholic later in life, fewer than 50 percent of the children of alcoholic parents develop

alcohol problems as adults. An even smaller number actually become alcoholic (Zucker, in press). Many children of alcoholics do not experience significant problems during childhood nor become alcoholic during adulthood. Therefore, Zucker (in press) suggests there must be certain factors that produce risk and those that protect against becoming alcoholic. Underlying variables may be superceding family history of alcoholism as important etiological factors in the development of alcoholism (Hesselbrock, Hesselbrock, & Stabenau, 1985).

Using data from 134 families (43 alcoholic fathers, 46 controls, and 45 depressed fathers) Jacob and Leonard (1986) examined psychosocial functioning in children of alcoholic fathers. Though the results indicated children of alcoholic and depressed fathers reported more behavior problems, significant levels of impairment in psychosocial functioning did not occur within the families nor in the children tested. Impaired psychosocial functioning occurred when a variety of other parental problems were present.

In a longitudinal study of male and female children of alcoholics (Werner, 1986), children who developed serious coping problems by age 18 differed in characteristics of temperament, communication skills, self-concept, and locus of control from the children who did not experience extreme psychosocial problems. The children who were able to cope more effectively had also experienced fewer stressful life events disrupting their family unit during the first two

years of life. The results indicated risks associated with parental alcoholism were highly dependent on the constitutional characteristics of the child and the qualities of early caregiving in the environment.

Interactional Theories

The source of alcoholism has been sought in personality characteristics, cognitive structures, situational factors, sociocultural influences, psychopharmacology, and genetic predispositions (Lettieri, Sayers, & Pearson, 1980). Since none of these factors has provided a complete picture of problem drinking, recent theories have tended to integrate the various concepts into one framework (Jessor, Graves, Hanson, & Jessor, 1968; Zucker, 1976; Zucker & Gomberg, 1986).

Jessor and associates studies. In a 1968 study, Jessor, Graves, Hanson, and Jessor examined alcoholic behavior by combining the concepts of person and environment into an integrated theoretical framework. Differences in rates of alcoholism among ethnic groups were studied in terms of the socialization process of the individual within the family system. The influence of parental behavior on the adolescent personality was assessed in terms of affection and rewarding good behavior during the socialization process. Linkages between these concepts and problem drinking were established.

Jessor and Jessor (1977) formed a problem behavior theory for predicting future difficulties with problem

drinking. Data from two parallel studies of junior high students followed by a longitudinal study into young adulthood were used to test the idea of an underlying variable of unconventionality in problem behavior. Included within this syndrome of problem behaviors were problem drinking, marijuana use, delinquent behavior, and sexual intercourse.

In the study, a variety of analyses were used to explore the theoretical link between adolescent personality development, social environment, and behavior as antecedent factors for future adult problem-drinking. Multiple regression coefficients ranging from .57 on individual variables to .77 overall were obtained on high school students tested on 14 person, environment, and behavior variables. The results indicated problem behavior reflecting unconventionality in personality and social environment was positively associated with adult problem drinking. Jessor & Jessor (1977) suggested that a tendency toward problem behavior was a function of normal psychosocial development and that coming to terms with the use of alcohol was a part of the developmental task of adolescence. This has been substantiated in data collected 10 years after adolescence with a movement away from problem behavior towards conventionality (Donovan & Jessor, 1985; Donovan, Jessor, & Jessor, 1983).

A prediction of group differences was obtained from two national surveys (1974 and 1978 National Study of Adolescent

Drinking)(N = 13,122 and 839) using problem behavior variables and alcohol criterion measures (Donovan & Jessor, 1978; Jessor, Chase, & Donovan, 1980; Jessor, Donovan, & Widner, 1980). A four year follow-up on one subsample failed to differentiate between the groups on a variety of predicted variables. The variables which did not predict alcoholism were feelings of alienation, valuing independence, amount of religiosity, peer drinking models, parental controls, and approval of drinking behavior.

Zucker and associates studies. Utilizing the concept of symptomatic co-occurrence, Zucker (in press) developed a model of alcoholism based on the repeated occurrence of certain factors in the development of alcoholism. The most common problem co-existing with alcoholism was a diagnosis of antisocial personality (Boyd, Burke, Gruenberg, Holzer, Rae, George, Karno, Stoltzman, McEnvoy, & Nestadt, 1984). These researchers suggested that alcohol use in adolescence could be classified under the label of antisocial behavior. Alcoholism and antisocial behavior were then viewed as being regulated by a combination of personality, familial, and biological processes (Zucker & Fillmore, 1968; Zucker & Barron, 1973; Zucker & DeVoe, 1975).

In an effort to understand how family environment of the child influences later drinking behavior, Zucker (1976), and Zucker and Noll (1982) designed longitudinal, developmental models to study the relationships among parental influences, personal, and social factors. The

basis for these studies was a belief in the continuity of developmental process in the etiology of alcoholism, continuing from early childhood to adulthood (Zucker, in press).

The influence of the family environment and the characteristics or behaviors of the parents were examined from data collected from both the adolescents and their parents. The results indicated the family environments of adolescent problem drinkers tended to be harsher and more negative in affect. The interactions between adolescent problem drinkers and their parents were described as tense and the home environments were characterized by parental detachment (Zucker & Barron, 1973; Zucker & DeVoe, 1975).

These findings were consistent with Donovan, Jessor and Jessor (1983) and with those of Kellam, Brown, Rubin, and Emsminger (1983). Recommendations have been made by Zucker and Noll (1982) suggesting that early intervention should be made regarding family interaction patterns, especially in high risk families with parental alcoholism.

Family Health

Family interaction patterns form the social system in which a child develops the skills and knowledge "beneficial or detrimental", to successful functioning in the world (Bell & Bell, 1982, p. 521). This social network can be described as a healthy or unhealthy system for the developing individual.

The concept of family health developed in the 1950's from clinical experiences and research with disturbed or distressed families (Bowen, 1978; Hoffman, 1981). Healthy family functioning was assumed to be those behaviors rarely present in families seeking treatment (Hansen, 1981). As the field of family therapy became more rigorous, the models of family health expanded and became more sophisticated leading to specific definitions of family health (Barnhill, 1979; Lewis, Beavers, Gossett, & Phillips, 1976; Olson, Sprenkle, & Russell, 1979; Reiss, 1981).

Lewis, Beavers, Gossett, and Phillips (1976) conducted an extensive research project to investigate the systemic nature of healthy family functioning. The Family Health-Pathology Rating Scale (FHPRS) was developed from these evaluations. They concluded that members of healthy families displayed certain characteristics within the family environment. These included a warm and trusting attitude, open and honest communication, negotiation in problem solving, personal initiative and responsibility, flexible family structure, emotional maturity and autonomy, social and community congruence, and other signs of well-being.

Barnhill (1979) defined eight dimensions of healthy family functioning from reviews of theoretical concepts of healthy family systems. The basic dimensions were individuation, mutuality, flexibility, stability, clear perception, clear communication, role reciprocity, and clear generational boundaries.

Barnhill provided the following definitions for these eight basic dimensions. Individuation was described as a sense of autonomy, identity, personal responsibility, and established boundaries of the self. Mutuality referred to the ability to be intimate, to join and experience emotional closeness with others. Flexibility was identified as the capacity to adjust and change with stability being referred to as consistency and responsibility in family interactions. Clear perception was described as an undistorted awareness of self and others with clear communication defined as a clear exchange of information between family members. Clear generational boundaries were described as specific differences between marital, parent-child, and sibling relationships.

Olson, Sprenkle, and Russell (1979) incorporated two basic dimensions of family interaction into a circumplex model for identification of healthy family functioning. The dimensions were family cohesion or emotional bonding and family adaptability or reaction to stress. They suggested that a low level of family cohesion would be emotionally isolating while a high level of family cohesion would produce dependency problems. Families with a low level of adaptability would be rigid while those with extremely high adaptability would be unpredictable. Healthy family functioning, therefore, would occur between these extremes.

Recently, theorists have designed research measures to test the theoretical models developed on dimensions of

family health. In a research project by Russell (1979), the constructs of the circumplex model were applied to a sample of 31 family groups consisting of a mother, father, and adolescent daughter. A structured family interaction game (SIMFAM) was played to investigate family interactions. The results revealed families with moderate levels of adaptability and cohesion functioned at a significantly higher level than those with high or low extremes on the SIMFAM dimensions.

Using self-report data from 78 families, measures of marital quality and parent-child relationships were found to be more powerful predictors of family health than either individual measures of emotional maturity, anxiety, self-esteem, locus of control, or measures of hierarchal family alignments (Green & Kolevzon, 1986). The family member's perceptions of health were measured by the Beaver's-Timberlane Family Evaluation Scale (BTFES) (Lewis, Beavers, Gossett, & Phillips, 1976). The reflected dimensions of family life represented on this scale were the nature of the power structure, the amount of goal-directed negotiation, the autonomy of family members, and the type of family affect or affective expression.

Psychosocial Issues

Many writers have focused on autonomy and intimacy as two important aspects of personality development (Boszormenyi-Nagy & Spark, 1973; Bowen, 1978; Framo, 1976; Satir, 1972; Schaefer & Olson, 1981; Whitaker & Keith,

1981). Much of personality development involves the person's relationship with the family of origin and with resolving specific developmental tasks within the family framework (Erikson, 1959; Hovestadt, Anderson, Piercy, Cochran, Fine, 1985).

Bowen (1978) formulated a family system theory of human development based on a biological approach which viewed behavior as resulting from patterned processes occurring over many generations of family interaction. Within the family system, two opposing forces have impacted the developing individual; one for individuality and another for togetherness. Differentiating the self from the family of origin and becoming autonomous was viewed as an important task for the emerging adult personality. In Bowen's theory, the development of a mature, healthy personality can be incapacitated by an unresolved emotional attachment to the parental family.

Framo (1976) stated that relationship problems adults experience with their spouses and children are re-enactments of earlier conflicts from the family of origin. Unresolved problems experienced in the parental family are reconstructed and elaborated on in other intimate relationships. Resolution of the current problems and development of autonomy and intimacy involves an emotional separation from the family of origin and a re-establishment of closeness based on peerhood with the parental figures. This process

was described as the ability to claim one's own identity without engendering a feeling of isolation.

Other theorists have focused on the concepts of autonomy and intimacy as important aspects in human development. Schaefer & Olson (1981) view establishing a degree of intimacy as a necessary ingredient for developing a healthy personality. Fogarty (1976) describes marital relationships as having an emotional pursuer and an emotional distancer. In healthy systems these roles are viewed as interchangeable with both parties pursuing at times and achieving intimacy. If mutual distancing remains over a prolonged period of time, a fixed distance occurs.

Emotional distancing has frequently been observed between every member of an alcoholic family (Lawson, Peterson, & Lawson, 1983). Hoffman (1979) states self-destructive problems of adulthood (such as alcoholism) are tracable to feelings of rebellion toward the parental figures for failing to have provided the individual with the love they wanted or needed during childhood. This inability to experience intimacy, to love or show love, becomes a multigenerational problem. The avoidance of intimacy in the alcoholic family becomes chronic and predictable.

In the preceding studies, the developmental issues of identity and intimacy were based on Erikson's (1950) psychosocial stages. Erikson theorized the developmental tasks of intimacy and identity were based on earlier personality developments of trust and autonomy established

within a social framework which originated in the family of origin. The successfully developed adult has resolved these developmental tasks and has achieved a dimension of autonomy and intimacy in their lives.

Psychosocial stages. The development of Erikson's (1950) psychosocial stages included a psychological and a social component. Erikson conceptualized the developmental sequence as taking place within a social context with a critical dimension of social interaction established during each stage. The first psychosocial stage, which corresponded to the oral stage in classical psychoanalytic theory, set the critical dimension as a degree of trust. This trust ranged on a continuum from basic trust at one extreme to mistrust at the other. The degree to which a person learned to trust the world, other people, and himself depended to a considerable extent upon the quality of care received during this period.

Stage two was defined by Erikson as a period for the resolution of autonomy and self-doubt issues. A sense of self-doubt developed if the caretakers were overprotective or critical. Erikson believed the degree of resolution established between the opposing forces of autonomy and self-doubt could be changed by later events in the individual's life, but frequently was reinforced by the social environment and continued into adulthood (Elkind, 1982).

Stage three of Erikson's psychosocial developmental tasks involved the ability of the child to initiate activities. Unless the child's self-initiated activities were reinforced by the parents, guilt developed and persisted through later life stages.

Erikson defined the psychosocial dimension which emerged during the fourth stage as a resolution which existed between a sense of industry at one extreme and a sense of inferiority at the other. During this time span, the resolution of the developmental process depended on social interactions with other adults as well as with the parents as caretakers (Elkind, 1982).

The fifth stage of Erikson's developmental issues involved integrating the abilities developed from these former tasks into a psychosocial identity, a sense of who a person is, where he/she has been, and where he/she is going. Without this integration, role confusion developed.

Erikson's stage six defined intimacy as the ability to share with and care about another person without fear of losing oneself in the process. Failure to achieve this dimension resulted in a sense of isolation. Although the individual may not have depended entirely on the parent's influence for successful accomplishment of this developmental task, the parents have contributed to the resolution through their influence at earlier stages (Elkind, 1982).

Erikson's (1950, 1959) developmental tasks have been used in a variety of studies to conceptualize human growth and adult capacity to function effectively. Hamachek (1985) conceptualized the self's development using Erikson's psychosocial stages as a framework within which self-concept, self-esteem, and ego boundaries were viewed as components of the self's growth. The first five psychosocial stages were described as key periods through which the self's development passed. These stages were termed as fundamental to "...all that happens subsequently in one's life" (Hamacheck, 1985, p. 139).

An exploration of the relationship between Erikson's concept of psychosocial development and vocational behavior or development was conducted by Munley (1975). The subjects were 123 male college students ranging from 18 to 21 years of age. Two ego identity scales and three vocational instruments were employed in the study. The findings showed a strong linear relationship among the developmental stages, their resolution, and vocational development. This indicated vocational development as taking place within a broader framework of overall psychosocial development.

Using the concept of psychosocial development, Rosenman (1955) described the alcoholic as an individual whose behavior and life decisions are controlled by a negative ego identity. This negative identity guides the alcoholic's life course and minimizes or destroys potential.

McFarland (1978) used an Eriksonian framework to examine ego processes of recovering alcoholics in an on-going treatment program. Noting similarities in studies regarding ego changes in alcoholic recovery and Erikson's (1959, 1963) theories regarding ego identity resolution in adolescence, McFarland (1978) examined ego conflict and resolution at the level of identity as a crucial factor in alcoholic recovery. The two basic hypotheses postulated in the study were not supported by the data, but pretest levels of ego resolution were found to be positively related to recovery.

Utilizing Loevinger's (1966) theories of ego development, a study by Rios (1979) indicated that levels of ego development were predictors of rehabilitation in male alcoholics. Of the 126 male, inpatient alcoholics tested when entering treatment, 71.6% were correctly classified as to expectancy of completion of treatment and ability to remain abstinent.

In Loevinger's (1966) studies of the meaning and measurement of ego development, the concept of ego identity was presented as the "master trait", not as one personality trait among many (p. 205). Ego development is "...second only to intelligence in accounting for human variability" (Loevinger, 1966, p. 205).

Loevinger (1976) described the ego as a process or structure which is social in origin, functions as a whole, and is guided by purpose and meaning. Ego development is

defined as a "...series of qualitative stage changes" taking place during the period of development (p. 136).

In conceptualizing adult development, Levinson (1986) has attempted to incorporate the developmental and socialization perspective involved in human growth into one structural framework. Utilizing the structural stage theories of many of the developmental theorists such as Kohlberg (1969), Loevinger (1976), Piaget (1970), and Erikson (1950), Levinson has created an integrated system for studying human development. From this perspective, the "...nature and patterning of an adult's relationships with all significant others and the evolution of these relationships over the years" (Levinson, 1986, p. 6) are deemed crucial to development.

Summary

The literature related to a study of the relationship of family of origin factors, psychosocial development and alcoholism in adults was reviewed in this chapter. Recent trends towards viewing alcoholism as a complex, multi-dimensional behavior problem were presented as well as antecedent characteristics for future problem drinking behavior.

Interactionist developmental models were examined as theoretical bases for the study. Literature pertaining to the correlates of health in the family of origin were reviewed as supportive evidence for the relationship between family environment and psychosocial development. Barnhill's

(1979) model was presented to define the basic dimensions of a healthy family as defined by major writers in family therapy. Erikson's (1950) psychosocial developmental stages were outlined with supportive evidence given for a relationship between the aspects of autonomy and intimacy in both personal development (Boszormenyi-Nagy & Spark, 1973; Bowen, 1978; Framo, 1976; Satir, 1972; Schaefer & Olson, 1981; Whitaker & Keith, 1981) and family health (Lewis, Beavers, Gossett, & Phillips, 1976).

CHAPTER III

METHOD

This chapter describes the specific manner in which this study was conducted. Included is a description of the procedures used in the selection of subjects and the sample size. A description of the instruments used in the measurement of the variables and the specific design used in determining if there was a significant relationship between the variables is presented. The procedures used in administering the instruments to the subjects and the manner in which the collected data were analyzed is discussed.

Subjects

The subjects for this study were 206 male and female students enrolled in nine undergraduate child and adolescent psychology courses offered by the College of Education at a large, land-grant university in the southwestern United States. The use of these students as subjects was approved by the administration of the university and the university human subjects review committee. Permission to test the student population was obtained from the instructors of the psychology courses prior to the testing date and students were asked to complete only one set of testing materials if

they were enrolled in more than one course involved in this research.

The sample for this study was comprised of 86 males and 120 females ranging in age from 18 to 30 years. The demographic variables of (a) age, (b) gender, (c) race, (d) emotional status of parental marriage, (e) parental child-rearing practices, and (f) family stability were tabulated and are presented in Table 1 as a summary of demographic data.

The mean age of the sample was 21.2 years with 81.2 percent of the students found to be 19 to 22 years of age. The largest percentage (86.9%) were classified as white with the remaining 13.1 percent classified as American Indian, Black, Asian, and other. Of the 206 students tested, 75.2 percent (155) perceived their parent's marriage as harmonious; 69.9 percent (144) reported democratic child-rearing practices in their family of origin; 75.2 percent (155) were raised in an intact home.

A total of 236 students were tested for this study. The resulting sample of 206 (30 participant's scores were excluded because of age restrictions) was derived from completed forms collected from students ranging in age from 18 to 30. The number of subjects chosen agreed with the recommendation of Kerlinger and Pedhazzer (1973) of a minimum of 100 subjects for a multiple regression analysis with a preference of 200 or more. This number of subjects was above the recommended number for a multiple regression

Table 1
Summary of Frequency and Percent
For Demographic Variables

Variables	Frequency	Percent
Age		
18-19	28	13.6
20-21	114	55.4
22-23	43	20.9
24-26	11	5.4
27-30	10	4.9
Gender		
Male	86	41.7
Female	120	58.3
Race		
White	179	86.9
American Indian	6	2.9
Black	14	6.8
Asian	2	1.0
Other	5	2.4
Perceptions of Parental Marriage		
Harmonious	155	75.2
Discordant	51	24.8

Table 1 (Continued)

Perceptions of Parental Child-Rearing Practices		
Democratic	144	69.9
Authoritarian	62	30.1
Family Stability		
Intact Home	155	75.2
Broken Home	51	24.8

analysis of data determined by Cohen and Cohen (1983). The sample chosen followed Cohen and Cohen's (1983) procedure for a multiple regression analysis with a small effect size (R^2) of .04. The power established was .81 for a significance criterion of $\alpha = .05$. The sample number also is adequate for a partial regression analysis of coefficients as determined by Tabachnick and Fidell (1983) who suggest 4 to 5 times more subjects than independent variables with 20 times the number of independent variables being preferred.

Instrumentation

Four instruments were utilized to measure the variables in this study. The MacAndrew Alcoholism Scale (MAC) (MacAndrew, 1965) was used to differentiate the prealcoholic from the non-prealcoholic population. The

Inventory of Psychosocial Development (IPD)(Constantinople, 1969) was chosen to measure the level of resolution of Eriksonian psychosocial developmental issues. The Family of Origin Scale (FOS)(Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985) was used to assess the level of perceived health in the family of origin. The Children of Alcoholics Screening Test (CAST)(Jones, 1983) was used to measure the perceptions of familial alcoholism in the sample.

MacAndrew Alcoholism Scale

The MacAndrew Scale (MAC) developed by MacAndrew (1965) was derived from MMPI items and was designed to differentiate male outpatient alcoholics from nonalcoholic male psychiatric outpatients. Excluding the items directly related to alcohol consumption, the MMPI items endorsed by 300 male outpatient alcoholics were contrasted with those of 300 male psychiatric outpatients. The 49 items chosen for the scale correctly classified 81.5% of the subjects in a cross-validation of the population samples (Sutker & Archer, 1979).

In a study of the various MMPI alcoholism scales by Hoffmann, Loper, and Kammeier (1974), the Mac showed significant differences between the scores of prealcoholics and their peers. In a comparison of mean scores of prealcoholic freshmen and a control group of classmates on 9 MMPI alcoholism scales, only the MAC ($t(1,179) = 2.44$, $p < .05$) and the Rosenberg Composite scale ($t(1,179) = 2.23$, $p < .05$) resulted in significant differences between

the two groups. These results indicate an ability of the two scales to identify people who are predisposed to develop alcoholism (Sutker & Archer, 1979).

Reliability. Replication of the discrimination between alcoholic and nonalcoholic populations were achieved through standardization and cross-validation studies of the MAC scores obtained from 600 subjects tested by MacAndrew (1965). The means, standard deviations, t values, and point-biserial correlation coefficients were determined between the two patient groups for standardization and cross-validation. A comparison of the scores of alcoholic outpatient and nonalcoholic psychiatric outpatient groups revealed a statistically significant difference between the two groups. The t value for the standardization sample was $t(1,199) = 18.62, p < .000000001$ with a point-biserial correlation coefficient of .68. In the cross-validation sample, the 49-item scale yielded a point-biserial correlation of .64 and a $t(1,99) = 11.81, p < .000000001$.

Validity. Validity for the MacAndrew Scale was derived from chi-square computations on each of the 566 MMPI items by comparing the responses of two groups selected from a population of alcoholic and psychiatric outpatients. A standardization group of 200 and a validation group of 100 individuals were selected from the patient population of 600 subjects for the initial computations. The 51 items for which the chi-square values were significant at an alpha level of .01 on the chi-square tests were selected for the

alcoholism scale. Excluding the two items which asked specifically about alcohol consumption, 49 items were chosen for the final scale.

A replication study of MacAndrew's (1965) research was conducted by Rhodes (1969). Subjects were selected to approximate the type of patient and agency reported by MacAndrew. The sample consisted of 200 outpatients from an alcoholic clinic and 200 university outpatient psychiatric clients. The MAC continued to yield a highly significant difference ($p < .001$) when comparing the mean scores of the two groups.

Validity studies of the MAC have illustrated the instruments ability to differentiate alcoholic from nonalcoholic inpatients (Uecker, 1970) and outpatients (Rhodes, 1969). Other studies have shown prealcoholic college students (Loper, Kammeier, & Hoffman, 1973) and adult problem drinkers (Williams, McCourt, & Schneider, 1971) as scoring in the higher ranges of the scale.

Svanum, Levitt, and McAdoo (1982) investigated the concurrent validity of the MAC and the Rosenberg Alcoholism Scale (RAS) to discriminate alcoholic patients from nonalcoholic psychiatric patients. In the age-matched sample of 190 male and female patients, only the MAC discriminated significantly between the alcoholic and psychiatric patients. The MAC scores of the male and female alcoholics were significantly higher than the psychiatric patients.

In a study of concurrent and construct validity of the MAC, Moore (1984) compared the classification patterns from the scores of 160 white, male adolescent offenders who were administered the MAC, Firo-B, a psychological test, an intelligence test, and an alcohol use inventory. A comparison of classification patterns with classification rates on the MAC supported the concurrent validity of the MAC as a measure of alcohol abuse among young at-risk males (reported 75% correct).

Inventory of Psychosocial Development

The Inventory of Psychosocial Development (IPD) was devised by Constantinople (1969) to measure levels of psychosocial maturity based on Erikson's (1963, 1968) principles. The scale was derived from a Q-sort measure originated by Wessman and Ricks (1966) to reflect the successful or unsuccessful resolution of Erikson's first six stages of development.

The IPD consists of 60 seven-point scale items, 10 each reflecting successful and unsuccessful resolution of the first six Eriksonian stages (Trust vs. Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, Industry vs. Inferiority, Identity vs. Diffusion, Intimacy vs. Isolation). A total psychosocial maturity score was derived by summing the six successful resolution category scores and deducting the sum of the six unsuccessful resolution category scores (Bach & Verdile, 1975). Goldman and Olczak

(1976) and Munley (1975) also derived a full-scale score for psychosocial maturity by summing across the stage scales.

The resulting overall measure of psychosocial maturity scores obtained from the category summations range from 60 to 420 with a criterion selection of below 285 for low psychosocial maturity and a IPD score of 310 or above for high psychosocial subjects. The higher the score, the greater the adjustment (Glazer & Dusek, 1985).

Reliability. Constantinople (1969) reported a median test-retest reliability coefficient of .70 on a sample of 150 undergraduate students tested on the six subscales of the IPD with six weeks between administrations. Waterman and Whitbourne (1981) achieved a full-scale reliability correlation coefficient of .88 with a one-week test-retest of 73 university undergraduate students administered the IPD.

Internal consistency estimates of reliability were reported by Waterman and Whitbourne (1981) on data collected by administering the IPD to 266 undergraduate students and 138 university alumni. A median of .72 on the stage scales was reported for Cronbach's (1951) alpha coefficients.

Validity. The validity of the full-scale IPD to reflect personality components associated with a wide range of adaptive qualities has been demonstrated. Included in these are the IPD's relationships to "... positive mood states, adaptive personality traits, successful social functioning, and positive academic attitudes and behaviors"

(Waterman & Whitbourne, 1981, p. 14). Significant positive correlations of .68 to .97 have been shown between the IPD scales and positive mood states (Wessman & Ricks, 1966; Constantinople, 1970).

Significant positive correlations have been demonstrated between the IPD scores and various personality traits. Bach and Verdile's (1975) study of adolescents ($n = 86$) revealed a total identity score ($r = .45, p < .01$) between the IPD and the Ego Identity Scale (EIS) (Rasmussen, 1964). In a study of 150 undergraduate students, Olczak and Goldman (1975) reported a significant positive correlation ($p < .001$) between the overall scores for psychosocial maturity measured by the IPD and the scale scores of the Personal Orientation Inventory (POI) (Shostrom, 1965). Full-scale validity of the IPD also was demonstrated in a study of 123 male college students (Munley, 1975) assessed on vocational maturity. A significant relationship ($p < .01$) was obtained between psychosocial maturity and vocational maturity.

In an assessment of relationships of the IPD with other scales, LaVoie (1976) found people who scored high as having a strong sense of identity also had higher scores on the IPD. Orlofsky (1978) found college males characterized as intimate or preintimate scored highest across stage scales on the IPD with social isolates scoring lowest. The correlations found in studies of the full-scale IPD scores indicate the IPD is measuring attributes which may be

labeled "psychological health", "personal effectiveness", or "competence" (Waterman & Whitbourne, 1981).

In longitudinal studies assessing college students, significant changes have been recorded across time (Constantinople, 1969, 1970; Fry, 1974). Greater social maturity has been reported on IPD scores as individuals move from adolescence to adulthood (LaVoie, 1976; Whitbourne & Waterman, 1979).

Family of Origin Scale

The Family of Origin Scale (FOS), developed by Hovestadt, Anderson, Piercy, Cochran, and Fine (1985), measures self-perceived levels of health in one's family of origin. The items used in the construction of this scale were based on autonomy and intimacy as two basic concepts in the life of a healthy family. The instrument renders a total score based on these two concepts indicating the degree of perceived health in the family of origin. The highest possible score is 200 with the lowest possible score being 40.

The items generated for the FOS were based on 10 constructs of family health developed from the work of Lewis, Beavers, Gossett, and Phillips (1976). Of the 89 original items generated by the authors, graduate faculty, and students in a university family therapy program, 60 were eventually rated by a panel of six nationally recognized authorities in family therapy. The two positive and two negative items with the highest ratings for each of the

constructs were used in developing a 40 item, 5-point Likert-type scale to measure level of family health.

The normative sample for the FOS was 278 students (39 Black, 239 White) attending a university in Texas. In a comparison of the means of the total scores, no significant differences were obtained between the two groups. However, the instrument was able to discriminate across the subjects with the top third scoring between 160-198, the middle third scoring between 135-159, and the bottom third scoring between 63-134.

Reliability. Hovestadt, Anderson, Piercy, Cochran, and Fine (1985) reported a test-retest reliability coefficient of .97 obtained from total scores of 41 graduate psychology students tested with the FOS over an interval of two weeks. Test-retest coefficients for the concept of autonomy items had a median of .77; test-retest coefficients for the concept of intimacy items had a median of .73. Using the FOS scores of 116 undergraduate students, a Cronbach's (1951) alpha of .75 and a standardized item alpha of .97 were obtained in an independent study conducted by Hovestadt, Anderson, Piercy, Cochran and Fine (1985).

Validity. Empirical validation has been achieved on the FOS through a number of studies. Perceived health in the family of origin was assessed using 25 males in alcohol-distressed marriages and 25 males in nonalcohol-distressed marriages (Holter, 1982). A significant difference

($t(1,49) = 3.20, p < .01$) was revealed in the level of perceived health between the two groups.

Fine and Hovestadt (1984) found significant differences in perceptions of marriage among 184 subjects administered the FOS, the Rational Behavior Inventory (Shorkey & Whiteman, 1977), and a semantic differential perception of marriage scale. Subjects with high, medium, and low scores on the FOS had significantly different perceptions of marriage ($F(2,181) = 14.056, p < .01$). The data suggested that subjects perceiving a higher level of health in the family of origin had a more positive perception of marriage.

Utilizing 171 volunteer subjects selected through a search-and-referral format, Canfield (1983) studied perceived health in the family of origin (using the FOS), perceived health in the current family (using the Healthy Family Functioning Scale)(HFFS)(Sennett, 1981), and the Personal Information Form. The subjects for the study were ages 24 to 58, married, and had at least one child under age eighteen. Results of the study indicated a significant correlation ($r = .48, p < .01$) between FOS scores and HFFS scores in the subjects' current family.

Children of Alcoholics Screening Test

The Children of Alcoholics Screening Test was developed by Jones (1982) to identify children who live with at least one alcoholic parent. The 30-item inventory measures children's attitudes, feelings, perceptions, and experiences concerning their parent's drinking behavior. A score of 0-1

indicates nonalcoholic parents, a score of 2-5 indicates problem drinking by the parent, and a score of 6 or higher is indicative of parental alcoholism. All items were assigned face validity by judgment of three alcoholism counselors and four adult children of alcoholics.

Reliability. Reliability was established on the CAST through computation of a split-half (odd vs. even) reliability coefficient corrected with the Spearman-Brown. Using the scores of 82 clinically-diagnosed alcoholics and 133 children from the surrounding schools as well as these two groups combined, reliability coefficients of .98 were obtained in all three cases (Jones, 1982).

Validity. Validity for the CAST was obtained through contrasting the scores received on the test items of three different groups of children ($n = 215$). The groups were composed of 82 children of clinically diagnosed alcoholics, 15 self-reported children of alcoholics, and 118 randomly selected children whose parents were not described as alcoholic.

All 30 CAST items were reported to be able to discriminate between children of alcoholics and children of nonalcoholic parents ($p < .05$) when subjected to a chi-square analyses. Scores on the CAST were significantly higher for children of alcoholics than children of nonalcoholics ($F(2,212) = 166.4, p < .0001$) (Jones, 1983).

Procedure

The volunteer subjects were requested during nine separate university class periods to complete a demographic questionnaire and the following four instruments (MAC, IPD, FOS, and CAST) were administered to measure the variables of interest. The instruments were given in the preceding stated order with data collected within a one-week period of time. Each student was requested to participate only once in the test-taking procedure. Instructions for the tests and assurances of anonymity (no names required on the forms) were provided by the researcher or the instructor who volunteered to assist in the data collection.

The procedure followed was for the administrator to enter the room, distribute the instruments, and give directions for the test taking. The directions needed for completion of the demographic questionnaire and four instruments were provided on each inventory. Completion of the test-taking task required approximately one hour. The completed instruments were collected by the administrator as the students finished the tests.

The MAC was used to differentiate the prealcoholic from the non-prealcoholic with a score of 24 and above as indicative of alcoholism or prealcoholism (MacAndrew, 1965). The IPD was scored by combining the successful and unsuccessful resolution scales for each issue and summing them to arrive at one full-scale score indicating level of psychosocial development (Munley, 1975). The FOS was scored

by summing the test items for one level of health score (Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985). The score obtained by summing the CAST responses measured the perceptions, feelings, and experiences of the respondents related to their parent's drinking behavior. A sum of 6 or higher was indicative of familial alcoholism (Jones, 1983).

Statistical Analysis

A multiple regression analysis (Kerlinger & Pedhazzer, 1973) was used to test the hypothesis of no relationships among the set of variables of psychosocial development measured by responses on the IPD, level of health in the family of origin measured by responses on the FOS, presence of alcoholism in the family of origin measured by responses on the CAST, and prealcoholism determined by scores on the MAC. This procedure enabled the researcher to determine if measures of psychosocial development, levels of self-perceived health in family of origin, and alcoholism in family of origin were statistically significant predictors of prealcoholism in male and female college students. The alpha level used was .05. Variables controlled for in the study were age and educational level. The sample was derived from students ranging in age from 18 to 30 and enrolled in nine undergraduate level child and adolescent psychology courses.

An examination of the regression output was used to determine the relative importance of the relationship of each independent variable to the criterion variable. To

test the three secondary hypotheses of no significant relationships between each of the independent variables and prealcoholism, three significance tests of partial regression coefficients were performed. An F test derived from the multiple regression analysis was used to determine the statistical significance of the departure from zero of the obtained value of each independent variable's unique contribution to the dependent variable, prealcoholism (Cohen & Cohen, 1983).

An additional examination of the demographic characteristics and their influence on the criterion variable, prealcoholism, was conducted through an analysis of variance procedure. The variables used to determine these unhypothesized results were age, gender, perceived emotional status of parental marriage, parental child-rearing practices, and family stability.

The basic assumptions and limitations of regression analyses were considered before the data was analyzed in this study. Assumptions of normality, linearity, and homoscedasticity were investigated and met. The choice of hierarchical regression for the order in which the variables were entered was based on the principles established by Cohen and Cohen (1983). The variables were entered according to their research relevance. The independent variable of primary importance to the researcher was entered first after having been previously established as having a relationship to the dependent variable.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

The statistical analyses of the hypotheses formulated, as well as supplemental unhypothesized results, are presented in this chapter. The major purpose of the study was to determine if measures of psychosocial development and specific family of origin factors were significant predictors of prealcoholism in male and female college students. The results provided information regarding the joint and unique contributions of the independent variables in relationship to the dependent variable, prealcoholism.

A multiple regression analysis was used to determine the relationship among the independent variables (psychosocial development, level of health in family of origin, and alcoholism in family of origin) and the criterion variable (prealcoholism). The unique contributions of the independent variables were tested by examining the standardized partial regression coefficients for statistical significance.

Statistical Analysis of the Data

Hypothesis 1

Hypothesis 1 states that measures of psychosocial development, levels of self-perceived health in family of origin, and alcoholism in family of origin are not significant predictors of prealcoholism in male and female college students. Retention of the null hypothesis was supported as no significant multiple correlation was found.

An examination of the multiple regression analysis of the scores from the IPD, FOS, and CAST in predicting MAC scores is shown in Table 2. The analysis failed to yield a significant multiple correlation, $F(3,205) = 0.36, p > .05$. These results suggest level of psychosocial development, level of self-perceived health in family of origin, and alcoholism in family of origin as measured by the instruments are not significant predictors of prealcoholism in college male and female students.

Hypothesis 2

Hypothesis 2 states there is no significant relationship between prealcoholism and self-reported level of psychosocial development when the effects of level of health in family of origin and alcoholism in family of origin are controlled. A statistical analysis of the partial regression coefficient measuring the relative importance of the IPD scores in relation to the MAC scores

Table 2

Summary of Multiple Regression Analysis of Prealcoholism
on the Independent Variables for 206 Subjects

Dependent Variable: MAC		Multiple R	.07253	
		R-Square	.00526	
Analysis of Variance				
	DF	Sum of Squares	F	Sig. F
Regression	3	21.01525	0.36	0.7848
Residual	202	3974.30999		

Variables in the Equation				
	DF	Sum of Squares	F	Sig. F
IPD	1	.97519	0.05	0.8240
FOS	1	5.35570	0.27	0.6024
CAST	1	14.68435	0.75	0.3887

are presented in Table 3. The proportion of variance accounted for by the independent variable, psychosocial development, over and above the proportion of variance accounted for by all the other independent variables was nonsignificant, $F(1,205) = 0.00, p > .05$. These results indicated hypothesis two should not be rejected.

Table 3

Summary of F Tests of Prealcoholism on Psychosocial
Development, Family of Origin Factors, and
Alcoholism in Family of Origin

Dependent Variable: MAC

	DF	Sum of Squares	F	Sig. F
IPD	1	0.03718	0.00	0.9654
FOS	1	5.80449	0.30	0.5876
CAST	1	14.68435	0.75	0.3887

Hypothesis 3

Hypothesis 3 states there is no significant relationship between prealcoholism and self-reported level of health in family of origin when the effects of psychosocial development and alcoholism in family of origin are controlled. The partial regression coefficient measuring the unique proportion of variance in MAC scores accounted for by FOS scores was not statistically significant, $F(1,205) = 0.30, p > .05$. Therefore, hypothesis three is not rejected.

Hypothesis 4

Hypothesis 4 states there is no significant relationship between prealcoholism and alcoholism in family of origin when the effects of level of psychosocial

development and level of health in family of origin are controlled. The partial regression coefficient reflecting the unique contribution of the independent variable, CAST, in relationship to the criterion variable, MAC, is not significant, $F(1,205) = 0.75, p > .05$. Therefore, hypothesis four is not rejected.

Supplemental Statistical Analysis

In this study, supplemental unhypothesized results were obtained regarding correlations between independent variables, subject characteristics, and additional family factors. Pearson correlation coefficients calculated using the dependent variables of psychosocial development, self-perceived level of health in family of origin, and alcoholism in family of origin are presented in Table 4. The correlational analysis revealed a significant positive correlation between IPD scores and FOS scores ($r = 0.357, p < .0001$). This correlation indicated the self-perceived level of health in family of origin of this college population is positively related to the level of psychosocial development.

An analysis of variance procedure was performed on the subject variables of age and gender with additional information included regarding emotional status of parental marriage, marital stability, and parental child-rearing practices. The purpose of including these variables was to gain additional information on the main and interaction

Table 4

Pearson Correlation Coefficients Calculated Between
Prealcoholism, Psychosocial Development, Family of
Origin Factors, and Alcoholism in Family of Origin

	MAC	IPD	FOS	CAST
MAC	1.0000	-0.0156	-0.0398	-0.0591
IPD		1.0000	0.3567*	-0.0362
FOS			1.0000	-0.0362
CAST				1.0000

*p < .05

effects of subject and family characteristics on MAC scores.

A general linear models procedure was performed on the subject characteristics of gender and age in relationship to MAC scores. The results revealed a significant relationship between gender and prealcoholism, $F(1,205) = 18.26$, $p < .05$. Of the 86 males tested, 40 (47%) had scores indicative of prealcoholism and of the 120 females tested, 24 (20%) had scores indicating prealcoholism. An examination of the data revealed males ($M = 22.97$) are more likely than females ($M = 20.40$) to have scores on the MAC indicating prealcoholism. The effects of age was non-significant in this college student population.

An analysis of variance procedure was performed on prealcoholism using the independent variables of emotional

status of parental marriage, marital stability, and parental child-rearing practices in the family of origin. Neither the main nor interaction effects of these independent variables significantly influenced the dependent variable (see Table 5).

Table 5

Summary of Analysis of Variance of Prealcoholism
with the Demographic Data Variables for 206 Subjects

Dependent Variable: MAC		Multiple R	0.16264
		R-Square	0.02645

Analysis of Variance				
	DF	Sum of Squares	F	Sig. F
Regression	7	105.68746	0.77	0.6143
Residual	198	3889.63777		

Predictor Variables				
	DF	ANOVA SS	F	Sig. F
Parental Marriage	1	26.70917	1.36	0.2450
Parental Child-Rearing Practices	1	9.05104	0.46	0.4981
Parental Marriage x Parental Child-Rearing Practices	1	0.72856	0.04	0.8475

Table 5 (Continued)

Family Stability	1	3.14485	0.16	0.6895
Parental Marriage x Family Stability	1	61.4592	3.13	0.0785
Parental Child-Rearing Practices x Family Stability	1	2.94082	0.15	0.6992
Parental Marriage x Parental Child-Rearing Practices x Family Stability	1	1.65374	0.08	0.7720

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was based on the premise that prealcoholism is a multifaceted, multi-determined phenomena influenced by both psychological and socio-cultural factors. The purpose of the study was to examine the theoretical linkages between personality and early environmental factors in the development of problem drinking. The variables of interest were level of psychosocial development, self-perceived level of health in family of origin, alcoholism in family of origin, and prealcoholism.

In addition to the hypothesized variables, demographic variables were examined for possible linkages to the dependent variable, prealcoholism. Age and sex of respondent, perceived emotional status of parental marriage, marital stability, and parental child-rearing practices were examined.

Subjects for this study were 206 volunteer students enrolled in nine undergraduate psychology courses at a large, land-grant university in the southwestern United States. Of the total 206 subjects, ranging in age from 18 to 30, 86 were male and 120 were female.

Data used for analyses in this study consisted of scores from the MacAndrew Alcoholism Scale (MAC), Inventory of Psychosocial Development (IPD), Family of Origin Scale (FOS), and the Children of Alcoholics Screening Test (CAST). Additional information was obtained from a demographic questionnaire designed specifically for the purposes of this study. Four hypotheses were tested using multiple regression analysis and examination of the partial regression coefficients of each of the independent variable's relationship to the dependent variable.

The first hypothesis stated that measures of psychosocial development, levels of self-perceived health in family of origin, and alcoholism in family of origin were not significant predictors of prealcoholism in a male and female college student population. A sequential ordering of the independent variables for a multiple regression analysis of the data failed to reject the null hypothesis. No significant multiple correlation was revealed.

Separate examinations of the partial regression coefficients failed to reject the second through the fourth hypotheses. Hypothesis two stated there was no significant relationship between prealcoholism and self-reported level of psychosocial development when the effects of level of health in family of origin and alcoholism in family of origin were controlled. The unique proportion of variance in the dependent variable accounted for by the independent variable was not statistically significant at the .05 level.

Hypotheses three stated there was no significant relationship between prealcoholism and self-reported level of health in family of origin when the effects of level of psychosocial development and alcoholism in family of origin are controlled. The partial regression coefficient obtained from the data supported this statement. The results were not significant.

Hypothesis four stated there was no significant relationship between prealcoholism and alcoholism in family of origin when the effects of level of psychosocial development and level of health in family of origin are controlled. Based on the results of the statistical analysis performed on the data, hypothesis four was not rejected.

Further examination of the data revealed an additional unhypothesized result. A statistically significant relationship was established between gender and prealcoholism. The data indicated a higher percentage of males than females obtained scores indicative of prealcoholism.

Conclusions

The following conclusions are presented based on the results of this study. The results of this study failed to support the theoretical linkages of person and environment in the etiology of alcoholism. This lack supports the concepts of recent theorists who view alcoholism or a tendency toward problem-drinking behavior as a complex,

multi-determined phenomena requiring a reconceptualization of alcohol use and interdisciplinary models for research (Blane & Leonard, 1987.) In an attempt to define antecedent characteristics of future problem drinkers, researchers have encountered many difficulties designing models that are integrative in nature and incorporate both psychological and social factors (Jacob, in press.)

Failure to support the psychosocial variables chosen for this study substantiates the concepts of Blane and Leonard (1987) who state the use of linear additive models do not provide a method for gaining insight into how the psychosocial factors influence each other. Multi-collinearity also was cited as an inevitable result of the integrative nature of the interactionist perspective. Findings of this study were consistent with this conclusion as the results indicated a significant correlation between person and environmental factors.

The results of this study supported the difficulties encountered by researchers in identifying antecedent variables associated with the development of an alcohol-prone personality (Cox, 1987). The variables chosen for the primary hypothesis were based on the interactionist studies indicating a relationship between aspects of the person and environment (Zucker & Gomberg, 1986). These variables did not predict prealcoholism in the sample tested.

The concept of the influence of psychosocial development on adult functioning appears throughout the

literature. McFarland (1978) reported pretest levels of ego resolution to be positively related to recovery from alcoholism. A lack of ego strength development in alcoholics resulting in a failure to assume mature social roles also was cited by Fuller (1966). Rosenman (1955) contends a negative ego identity undermines and destroys the alcoholic's potential. The results of this study did not support the concept of a statistically significant relationship between psychosocial development and prealcoholism.

Conflicting results have been reported on the variables contributing to the development of alcoholism. Family history has been cited as an important etiological factor in the development of alcohol-prone personalities, but the underlying variables have been difficult to identify (Frances, Timm, & Bucky, 1980; Schuckit, Gunderson, Heckman, & Kolb, 1976). Hesselbrock, Hesselbrock, & Stabenau (1985) state underlying variables may be more important factors in the development of alcoholism than family history of alcoholism. Results of this study lend tentative support to these conclusions.

Other results of this study failed to support family of origin factors defined by Adams (1982) and Zucker and Gomberg (1986) as related to the development of alcoholism. The variables of marital conflict, parental child-rearing practices, and alcoholic parental figures were not

significant predictors of prealcoholism in the population studied.

Recommendations

The following recommendations for future research are proposed based on the results of this study.

1. There is a need for research on the antecedent personal and social variables and the dynamic interactional processes involved in the development of personalities at-risk for alcoholism. These could include information on early adult personality development, family of origin factors, and other social interactions. This information could be used to identify a population predisposed to problem drinking.

2. Research data is needed to explore the inter-relationships among psychological and social variables involved in developing a problem-drinking pattern. Even though recent conceptualizations and methodologies are being developed to study alcoholic family interactions, methodological weaknesses have characteristically permeated the field of alcohol studies. Problems with design deficiencies, inadequate sampling, and contradictory results point toward a need for a new conceptualization of alcoholism which takes into account the interdependence of variables and interrelatedness of systems.

3. There is a need for both additive and interactional models to study the complex, multi-dimensional aspects of drinking behavior. More longitudinal research is required

to study the antecedent characteristics associated with prealcoholism.

4. There is a need for the development of instruments to adequately assess the interactive process of person and environmental variables.

5. An area of research that needs to be investigated is gender differences in prealcoholic personalities. Insufficient attention has been given to male and female differences in drinking behavior. Studies have typically focused on male alcoholics and searched for a single etiology.

6. Research is needed to develop a field theory of alcoholism which could incorporate a concept of different causal pathways leading to the development of a personality predisposed to alcoholism. There is a need to consider the possibility of various etiologies or multiple dimensions affecting the development of problem-drinking behavior.

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APPENDIX

APPENDIX A
DEMOGRAPHIC QUESTIONNAIRE

Thank you for participating in a research project concerning psychosocial development, family of origin factors, and prealcoholism. The information gathered will be used strictly as research data in an attempt to better understand the interaction of these factors. All information will be completely anonymous to both the researcher and college faculty.

Please fill in the blanks or circle the correct response on each instrument. It is very important you complete all of the questionnaires once you have begun. The completion should require approximately one hour.

Thank you,
Mavonna Ellis, Researcher

DEMOGRAPHIC QUESTIONNAIRE

1. My age is _____.
2. My gender is: _____ Male _____ Female
3. My race or ethnic background is:

_____ White	_____ Black
_____ American Indian	_____ Asian
_____ Arab	_____ Other
4. During childhood, I attended church or religious activities:

_____ Rarely (1-6 times a year)
_____ Occasionally (approximately once a month)
_____ Frequently (approximately once a week)
5. Family of origin size (include self):

2	3	4	5 or more
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6. Number of siblings (exclude self):

0	1	2	3	4 or more
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7. My birth order:

_____ Oldest child

- Middle child
 Youngest child
8. Father: Number of years of school completed _____
9. Father: Occupation (choose the area most descriptive)
- Professional, administrative, managerial
 Technical, sales, clerical, farmer/rancher
 Skilled labor, craft, repair
 Unskilled labor, assembly-line or machine operator
 Unemployed, welfare recipient
10. Mother: Number of years of school completed _____
11. Mother: Occupation (choose the area most descriptive)
- Professional, administrative, managerial
 Technical, sales, clerical, homemaker
 Skilled labor, craft, repair
 Unemployed, welfare recipient
12. Parent's marriage: Harmonious Discordant
13. Parental child-rearing practices:
- Permissive Democratic Authoritarian
12. Family stability during childhood:
- Intact home Broken home
13. If broken home was marked, state reason for broken home:
- Death of one or both parents
 Divorce or separation
14. If broken home was marked, state your age at family breakup:
- Before birth 4-10 years
 1-3 years 11 or older

VITA ²

Mavonna Marie Ellis

Candidate for the Degree of
Doctor of Philosophy

Thesis: AN EXPLORATORY STUDY OF FAMILY OF ORIGIN FACTORS,
PSYCHOSOCIAL DEVELOPMENT, AND PREALCOHOLISM

Major Field: Applied Behavioral Studies

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