The Social Functioning of Adolescent Children of Alcoholics: Attachment as an Intervening Variable

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Abstract

The relation between parental alcoholism and adolescent social functioning was examined in a sample of 41 seventh and eighth grade students who self-identified themselves as children of alcoholics (COAs). COAs were compared to 41 non-COA matched controls on four measures of social functioning. Overall, few significant differences were found between COAs and non-COAs on social functioning. COAs and non-COAs were significantly different in their level of attachment to parents, and attachment was found to be a stronger predictor of social functioning. In regard to attachment as an intervening variable, it was found that attachment mediated the relationship between COA status and adolescents' performance in problem situations (concerning peers, family, and school). Results also indicated that COA status (not attachment) moderated the effects of attachment on friendship quality.

The Social Functioning of Adolescent Children of Alcoholics: Attachment as an Intervening Variable

Estimates of the number of children of alcoholics (COAs) in the United States range from 7 million to 28 million (West and Prinz, 1987). Although COAs are a fairly large, "at-risk" population (Tharinger and Koranek, 1988), only recently have clinicians begun to empirically examine the effects of growing up with alcoholic parents. One reason for this apparent neglect is that clinicians were more concerned with the effects of alcohol on alcoholics rather than its effects on COAs (Burk and Sher, 1988). With the realization that others in the family may be affected, clinicians and researchers have widened their focus to include investigations of COAs (Burk and Sher, 1988).

In general, the empirical literature supports the idea that COAs are at risk for the development of future psychopathology (West and Prinz, 1987; Tharinger and Koranek, 1988). For example, COAs are more likely to abuse alcohol (Cotton, 1979; Roosa et al., 1988), to exhibit truancy and disciplinary problems at school (Rimmer, 1982), and to experience depression and low self-esteem (Roosa et al., 1988). Adolescent COAs, in particular, are more likely than non-COAs to show signs of antisocial behavior and conduct disorder (Herjanic et al., 1977). Also, neuropsychological deficits, such as impairment in language processing and memory, which may contribute to attention

and comprehension problems (Tarter et al., 1984) and greater incidence of impulsive behavior (Knop et al., 1985), have been found more often in adolescent COAs as opposed to non-COAs.

Why are COAs at risk for developing negative outcomes, especially those that are psychosocial in nature? Until recently, we have had to rely on the subjective experience of clinicians who work with alcoholics families to answer this question. Black (1981), for example, has labeled the alcoholic family as a "closed system" in which children learn ways to cope with parental alcoholism that are maladaptive to life outside the family. Black (1981) has posited that COAs learn three fundamental, yet detrimental, rules as a result of living with an alcoholic parent: (a) don't trust, (b) don't talk, (c) don't feel. Also, Woititz (1983), has noted that COAs often must grow up trying to guess at how they are supposed to behave because they have no frame of reference for what normal behavior is.

Most who have written in this area identify problems with interpersonal functioning as common sequelae of life with an alcoholic parent. Broadly defined, interpersonal or social functioning refers to effective functioning in social contexts, as well as to the ability to resolve conflict and establish intimate relationships (Dodge and Murphy, 1984; Cavell, in press). COAs tend to have interpersonal difficulties not only because their parents' relationship may be a poor model, but more specifically, they experience inconsistency (e.g., alternating

love and rejection) in their relationship with one or both parents (Woititz, 1983). This type of relationship may leave children feeling insecure, unable to trust easily, and likely to have problems building intimate relationships (Woititz, 1983).

Difficulties in social functioning are a significant concern which place COAs at risk. Low peer acceptance and aggressive behavior are fairly stable attributes that predict later maladjustment as adults (Parker and Asher, 1989). West and Prinz (1987), in their review of the COA literature, found few studies examining the social functioning of COAs. These authors concluded, "the paucity of empirical data in this area makes it impossible to state unequivocally what impact parental alcoholism has on children's interpersonal functioning" (p. 210). Moreover, the few studies that exist have yielded inconsistent findings. One study found no significant differences between COAs and non-COAs using the Achenbach's Child Behavior Checklist to measure social functioning (Bennett et al., 1988). Lund and Landesman-Dwyer (1979), using the Devereux Adolescent Behavior Rating Scale, found that male COAs were more likely to be physically and socially assertive and tended to depend more on parents for support and approval. Also using the Devereaux rating scale, Fine et al. (1976) found that when compared with normal children, COAs were more likely to be aggressive, to cause trouble with peers, and to be socially isolated and unresponsive. Roosa et al. (1988) measured self-esteem of COAs

versus non-COAs via the 10-item Rosenberg Self-Esteem Scale and found that of the two groups, COAs exhibited significantly lower self-esteem than non-COAs. Thus, the few studies that have examined social functioning of adolescent COAs are plagued by inconsistent findings and the use of single measures which often lack adequate levels of reliability and validity.

The purpose of the present study was to examine the relationship between parental alcoholism and adolescent social functioning. Social functioning was assessed through teacher ratings and self-report measures that focused on self-concept, typical performance in relevant situations, and friendship quality. One hypothesis was that the social functioning of self-reported children of alcoholics would generally be more impaired than that of non-COAs. We did not assume, however, that alcoholism directly causes deleterious effects in COAs' ability to function socially. Rather, we hypothesized a more complex relationship that involves other intervening variables. Intervening variables include, for example, individual characteristics of the child, family functioning and development, family stressors over time, family relationships, and the severity and chronicity of the parent's alcoholism (Tharinger and Koranek, 1988; West and Prinz, 1987).

In the present study, we examined the role of perceived attachment between children and parents as an intervening variable. According to Bowlby (1969), infants form an attachment

bond to the primary caregivers (usually parents) during the first two years of life. Caregivers who are available for the child and responsive to the child's needs, form a secure attachment bond. Caregivers who are unresponsive, unpredictable or inconsistent in their manner of responding to the child's needs, form an insecure bond. Researchers are now beginning to investigate attachment styles beyond infancy and how the attachment styles which people develop early in life may generalize to later relationships (see Kobak and Sceery, 1988).

In this study, adolescents' attachment to parents was examined via self-report. We examined two possible models for attachment as an intervening variable: COAs' degree of attachment to parents as a mediator or as a moderator of the effects parental alcoholism has on social functioning. It appears that having a parent who is an alcoholic would have a disruptive effect on the attachment bond, which could in turn affect the child's ability to function well socially in forming other relationships. In this case, attachment serves as a mediator. It is also possible that a good relationship with the non-alcoholic parent may serve as a buffer from the stressful effects of an alcoholic parent. If this is the case, attachment serves to moderate the effects parental alcoholism has on adolescents' social functioning.

Method

Subjects

Students enrolled in one of 13 seventh grade or 8 eighth grade classrooms in three public junior high schools in Bryan, Texas, were asked to participate. Parent and student consent was obtained from 58% of the students in these classes. The final pool of subjects consisted of 282 students representing approximately 53% of those students initially asked to participate.

In attempting to identify COAs, various methods have been used by researchers. Those studies maintaining a more stringent criterion for identification have typically used children of clinically diagnosed alcoholics as their sample. Screening measures, such as the Children of Alcoholics Screening Test (Jones, 1985), have also been employed in attempts to reach a broader population of COAs. An alternative approach in recent studies has been the use of a single-item scale. Berkowitz and Perkins (1988) note the use of a single objective item focusing on the child's perception of parental drinking yields prevalence rates close to those obtained by more detailed questionnaires (e.g., large scale surveys, CAST) (Berkowitz and Perkins, 1988). Results of other studies that have used this single-item method (see Biek, 1981; Dicicco, Davis, and Ornstein, 1984) have shown similar results.

In the present study, COA subjects were identified via two questions added to a parental attachment measure. Subjects were asked to respond on a 5-point Likert scale (where 1 = never true

and 5 = always true) to the statement, "I think my mother is an alcoholic." The same question was asked regarding father's drinking behavior. A cut off score of 3 or greater on either item was the criterion used to classify subjects as COAs. Based on this criterion, 41 subjects were classified as self-reported COAs. Subjects ranged in age from 12 to 16. Females represented 56.1% of the sample and males made up 43.9% of the sample. The distribution of COAs by race was as follows: Hispanic, 44%; White, 37%; Black, 17%; Asian, 2%. COAs were matched with 41 non-COAs on sex, grade, race, living arrangement (e.g., mom and dad, mom only, mom and stepdad, dad and stepmom, or some other arrangement), and level of parents' education. Demographics for both groups are shown in Table 1.

Insert Table 1 here

Measures

The Measure of Adolescent Social Competence (MASC). The MASC (Cavell and Kelley, 1990) is a 50-item multiple choice scale which presents adolescents with problematic social situations concerning peers, family, and school. Subjects have a choice of four responses to each situation. Estimates of both the internal consistency and the test-retest reliability of the MASC have been found to be .80 (Cavell and Kelley, 1990).

Self-Perception Profile for Children (SPPC). Harter (1985)

developed this 36-item measure which contains six subscales, five of which concern the specific domains of scholastic competence, social acceptance, athletic competence, physical appearance, and behavioral conduct. The sixth subscale, global self worth, measures overall satisfaction with life and self. Estimates of the internal consistency reliability of all subscales are typically above .80 (Harter, 1982).

SPPC-Teacher Form. Teachers from each of the targeted classrooms were asked to complete Harter's Teacher Rating Scale on each student in their class who participated. The subscales of this measure, developed by Harter (1985), parallel those of the SPPC, with the exception of the global self-worth scale. This measure asks teachers to rate subjects' actual behavior and not their self-perceptions. The information provided serves as an independent judgement of the child's adequacy in each of the domains. Teachers did not rate subjects on the athletic competence subscale as they had not had the opportunity to observe students' athletic abilities.

Friendship Quality Questionnaire-Revised. This 41-item measure (Parker and Asher, 1989) assesses the quality of subjects' best friendships in the following areas: companionship and recreation, validation, help and sharing, intimate disclosure, resolution of conflict, conflict, loyalty, and guidance. The FQQ had alpha reliabilities for the subscales ranging from .66 to .88 with a median of .81.

The Inventory of Parent and Peer Attachment (IPPA). Perceived attachment to each parent was measured by the IPPA developed by Armsden and Greenberg (1987). This 25-item scale measures the following three dimensions of adolescents' relationships with each of their parents on a 5-point Likert scale: degree of mutual trust, quality of communication, and extent of alienation. Attachment to each parent was assessed separately through the use of a "mother" form and a "father" form. Peer attachment was not measured in this study. Four items regarding perceptions of parents drinking were included with the IPPA items. The test-retest reliability for parent attachment in a previous study was .93 (Armsden and Greenberg, 1989).

Procedures

Student and parental consent was obtained prior to subjects' participation. Students who returned parental consent forms, regardless of whether parents gave consent, were included in a class drawing for a $10 gift certificate to a local record store. Teachers were compensated $10 per class for completing rating scales of subjects' classroom behavior. Self-report measures were administered in a group format during regular school hours.

Results

Differences in Attachment

Separate ANOVA's comparing subjects' attachment to mother

and father were both significant. Non-COAs reported greater attachment to mother (COA, $\underline{M}$ = 88.73; non-COA, $\underline{M}$ = 98.43), $\underline{F}(1,80) = 5.274$, $\underline{p} < .05$, and father (COA, $\underline{M}$ = 80.00; non-COA, $\underline{M}$ = 93.71), $\underline{F}(1,79) = 8.139$, $\underline{p} < .01$. COA status also was regressed onto subjects' highest IPPA score (i.e., mother's or father's). This analysis indicated that COA status significantly predicted attachment, $\underline{F}(1,80) = 7.336$, $\underline{p} < .05$, accounting for 8% of the variance.

DIfferences in Social Functioning

A multivariate analysis of variance (MANOVA) was conducted on overall scores from the MASC, SPPC, SPPC-Teacher Form, and FQQ. The MANOVA was not significant, thus indicating no differences in social functioning between COAs and their non-COAs counterparts. However, a nonsignificant trend was noted, $\underline{F}(4,76) = 2.164$, $\underline{p} = .08$. Also, univariate $\underline{F}$ tests indicated non-COAs outperformed COAs on the MASC, $\underline{F}(1,79) = 6.428$, $\underline{p} < .05$ (see Table 2). However, this finding must be viewed as tentative only.

Insert Table 2 here

Four additional MANOVA's were performed on the subscales of each social functioning measure. The MANOVA comparing MASC subscale scores was significant, $\underline{F}(3,78) = 3.245$, $\underline{p} < .05$. The univariate $\underline{F}$-test indicated significant differences on the family

subscale, $F(1,80)$, = 9.545, $p < .01$, and peer subscale, $F(1,80)$ = 3.803, $p = .05$. No other MANOVA was significant, although univariate analyses of variance indicated non-COAs had higher scores than COAs on the conflict subscale of the FQQ (indicating less conflict with their friends), $F(1,79) = 4.002$, $p < .05$; and the global self-worth scale of the SPPC, $F(1,80) = 3.809$, $p = .05$ (see Table 3). Again, these findings should be viewed cautiously.

Insert Table 3 here

Predicting Social Functioning

Separate hierarchical multiple regression analyses were used to predict scores on the MASC, SPPC, SPPC-Teacher Form, and FQQ, based on subjects COA status, level of attachment (highest IPPA score), and the interaction of these two variables. Predictor variables and their order of entry were as follows: (1) COA status, (2) attachment, (3) COA status X attachment. Neither COA status nor attachment significantly predicted scores on the SPPC or SPPC-Teacher Form. COA status alone did significantly predict MASC scores, $F(1,80) = 6.568$, $p < .05$, accounting for 8% of the variance in R^2 for the MASC. When attachment scores were added to the equation, an additional 9% of the variance in MASC scores was predicted, $F_{change}(3,78) = 8.959$, $p < .01$, and accounted for an increase in R^2 of 9%. When attachment was entered before COA

status, only attachment scores added significantly to the prediction of MASC scores, $F_{change}(1,80) = 12.966$, $p = .001$. Neither COA status nor the interaction between attachment and COA status were significant predictors.

Attachment scores significantly predicted FQQ scores, $F_{change}(2,79) = 7.865$, $p < .01$. This finding is qualified, however, by a significant interaction, $F_{change(3,78)} = 3.955$, $p = .05$ (see Table 4). Pearson correlations between attachment and FQQ scores, conducted separately for COAs and non-COAs, indicated sizeable differences. FQQ scores correlated .09 with Non-COAs' attachment. COAs' FQQ scores, however, were strongly correlated with attachment scores ($r = .52$). Multiple regression analyses, conducted separately for non-COAs and COA, respectively, supported these findings, $F(1,39) = .287$, $p = .60$, $F(1,39) = 14.253$, $p < .001$.

Insert Table 4 here

Discussion

The present study examined the relation between COA status and adolescent social functioning. It was hypothesized that COAs would show greater impairment in social functioning than non-COAs. Overall, few differences were found between the two groups. Non-COAs outperformed COAs on the family and peer

subscales of the MASC. No other differences were significant. The family subscale of the MASC is the only dependent variable that assesses social functioning with family members. As such, differences between COAs and non-COAs are perhaps more likely on this variable than on any other. As for the peer subscale, this is the only measure of subjects' ability to deal with problem situations with respect to peers. It is possible that there were differences on the peer subscale because handling problem situations with peers (which was not a primary focus of other social functioning measures) might have been more salient for COAs.

In the present study, COAs reported significantly lower levels of attachment to both parents than non-COAs. Hierarchical multiple regression analyses suggested attachment mediated the relation between COA status and subjects' MASC scores. Interestingly, for friendship quality, regression analyses indicated that <u>COA status</u> moderates the effects of <u>attachment</u> on social functioning. This means that for COAs, higher attachment meant higher quality friendships. No such relation was found for non-COAs. Thus, our proposed model of attachment as a moderator was not supported.

Level of attachment to parents seems to be more powerful than COA status in predicting social functioning in adolescents. Thus, if attachment were to be disrupted by an alcoholic parent, social functioning might be impaired. This finding gives much

needed empirical support to the work of clinicians such as Black (1981) and Woititz (1983) who have noted the disruptive influence of parental alcoholism on children's ability to establish normal relationships. Results also suggest that if COAs maintained a positive attachment to one of their parents (likely the non-alcoholic one), then at least the quality of their friendships was maintained. Thus, not all COAs are adversely affected by having an alcoholic parent, as Black and Woititz seem to imply. This finding lends support to researchers such as Burk and Sher (1988), who contend that while attention to the problems of COAs is warranted, we cannot assume that all COAs will suffer negative psychological effects.

There were several limitations on this study, the first of which was a small sample of subjects. Because both groups were small, greater differences in social functioning might not have shown up. Also, COAs and non-COAs were so well matched that effects might not have been seen because some variable other than attachment and COA status could have predicted social functioning. For example, if race were related to differences in social functioning, differences would probably not show up in this sample because the groups were very well matched. Also, in studying COAs, there are many variables that might be related to social functioning. Future research is needed to address other variables which may affect the link between parental alcoholism and adolescent social functioning.

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Table 1

Demographics of COAs and Non-COAs

Demographic Variables	COAs (n=41)	Non-COAs (n=41)
Sex		
Males	18	18
Females	23	23
Grade		
Seventh	33	29
Eighth	8	12
Age		
Mean (Std Dev)	13.3 (1.01)	13.1 (0.64)
Race		
White	15	15
Black	7	7
Hispanic	18	18
Oriental	1	1

Table 1 (continued)

Demographic Variables	COAs (n=41)	Non-COAs (n=41)
Live With		
Mom & Dad	25	24
Mom only	10	9
Mom & Stepdad	4	7
Dad & Stepmom	1	--
Other	1	1
Parents Education		
Elementary	1	--
Jr. High	--	--
Some High School	7	5
High School Graduate	7	10
Some College	7	7
College Graduate	14	13
Professional/Grad. School	3	3

Note: Chi Square analysis showed no significant differences between groups on demographic variables.

Table 2

Means for Total Scale Scores of COAs and Non-COAs

	COAs		Non-COAs	
Social Functioning Scales	M	SD	M	SD
SPPC	97.70	11.87	101.83	14.79
SPPC-Teacher Form	35.51	6.11	37.17	6.56
MASC*	140.26	19.23	151.16	19.29
FQQ	148.23	26.66	151.27	26.97

*$p < .05$

Table 3

Means for Subscale Scores of COAs and Non-COAs

	COAs		Non-COAs	
Social Functioning Subscales	M	SD	M	SD
SPPC				
Scholastic Competence	15.81	3.68	17.27	3.38
Physical Appearance	14.81	3.91	15.44	4.14
Social Acceptance	17.54	3.26	17.09	4.00
Athletic Competence	16.07	4.20	16.32	4.36
Behavioral Conduct	16.91	2.98	17.61	3.31
Global Self-Worth	16.58	3.43	18.10	3.65
SPPC-Teacher Form				
Scholastic Competence	8.24	2.63	8.68	2.63
Physical Appearance	9.00	1.83	9.49	2.19
Social Acceptance	8.37	1.62	8.71	2.21
Behavioral Conduct	9.90	2.65	10.29	2.14
MASC				
Peer**	55.79	8.68	59.62	9.10
Family*	48.53	7.86	54.01	8.19
School	35.95	5.05	37.53	5.59

*$p < .01$; **$p = .05$

Table 3 (continued)

	COAs		Non-COAs	
Social Functioning Subscales	M	SD	M	SD
FQQ				
Validation	19.07	4.42	19.32	4.07
Companionship & Recreation	16.18	4.06	16.59	4.05
Help & Sharing	18.84	4.68	18.42	4.52
Loyalty	19.69	3.97	20.95	4.44
Guidance	18.01	4.31	17.99	4.53
Resolution of Conflict	18.46	4.60	18.39	4.63
Intimacy	18.61	5.06	18.54	5.06
Conflict	19.38	4.12	21.09	3.56

Table 4

Hierarchical Multiple Regression Analyses Predicting Social Functioning Scores: COA Entered First

Variable	R^2 Change	p value
	MASC	
COA	.0759*	.012
Attachment	.0941*	.004
COA X Attachment	.0061	.449
	SPPC	
COA	.0238	.167
Attachment	.0242	.160
COA X Attachment	.0057	.496
	SPPC-Teacher Form	
COA	.0173	.239
Attachment	.0224	.178
COA X Attachment	.0206	.195
	FQQ	
COA	.0032	.611
Attachment	.0903*	.006
COA X Attachment	.0437*	.050

*$p < .05$

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