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# Young Adult Children of Alcoholic Fathers: Depressive Experiences, Coping Styles, and Family Systems

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College students with alcoholic fathers (adult children of alcoholics, ACA; $n = 84$) and with nonalcoholic parents ($n = 123$) were studied with regard to perceptions of their families, depressive experiences, and coping styles within a developmental model of depression that focuses on object representations (Blatt, 1974). Eight measures were used. Multivariate analyses of variance showed that ACAs differed in family perceptions ($p < .0001$), with paternal inconsistency discriminating most effectively between groups. As predicted, ACAs exhibited greater introjective depression ($p < .01$) but no increase in anaclitic depression. Also, ACAs relied more on aggressive defenses ($p < .01$). Findings demonstrate that young adult children of alcoholic fathers manifest distinct, identifiable emotional characteristics and suggest that Blatt's model of depression may provide a useful theoretical context for understanding certain effects of paternal alcoholism.



Adults who grew up in families with alcoholic parents have been recognized increasingly as a population at risk for psychological dysfunction and potential psychopathology (Black, Bucky, & Wilder-Padilla, 1986). As increasing numbers of individuals identify themselves as *adult children of alcoholics* (ACA), there has been a concomitant increase in clinical services in terms of support and self-help groups (Seixas & Youcha, 1985), as well as more traditional psychotherapies (e.g., Brown & Beletsis, 1986). In addition to the well-established risk of alcoholism in offspring of alcoholics (Goodwin, Schulsinger, Knop, Mednick, & Guze, 1977), clinical observations have depicted ACAs as overly controlled, hypervigilant, untrusting individuals who tend to deny their feelings while experiencing chronic guilt (e.g., Cermak & Brown, 1982).

Empirical studies that have attempted to validate these clinical observations have yielded mixed results. For example, Jackson (1985) found that daughters of alcoholics did not appear to be less trusting or more depressed, but noted that they were more guilt-prone, lacked self-confidence, worried more, and felt more responsible for others' behavior. The influence of gender (i.e., of the alcoholic parent and of the child) has also begun to be explored, as has the question of psychological resilience. Berkowitz and Perkins (1988) found sons of alcoholic fathers showed greater independence and autonomy than did sons from nonalcoholic homes, although daughters of alcoholic fathers seemed to be at greater risk for emotional difficulties. By contrast, Werner (1986), exploring resilience among children of alcoholics, found that daughters of alcoholics had fewer problems than did sons of alcoholics.

Thus, research concerning the long-term effects of parental alcoholism has supported some clinical observations while casting doubt on others. Interpretation of these research findings has often been hindered by methodological limitations, such as inadequate measures (e.g., unstructured interviews or questionnaires of unknown reliability and validity). Criteria for establishing parental alcoholism have also varied across studies. In addition, important demographic differences between alcoholic and comparison group samples have often been reported, although some studies have used no comparison group at all. Burk and Sher (1988) identified additional methodological shortcomings of ACA research, such as the failure to control for Type I errors when using multiple comparisons. Available literature reviews concerning children of alcoholics have summarized empirical findings and methodological limitations (e.g., Russell, Henderson, & Blume, 1985; West & Prinz, 1987).

Although these methodological issues are troubling, of equal or greater concern is the lack of theoretical integration of empirical findings concerning ACAs. Investigations have tended to yield strings of disparate personality traits to describe these individuals. For example, whereas daughters of alcoholic fathers have shown greater self-deprecation than have daughters of nonalcoholic fathers (Berkowitz & Perkins, 1988), this essentially depressive characteristic has not been viewed in terms of a theoretical model of depression. Moreover, there have been few attempts to conceptualize the personality development of ACAs in relation to alcoholic family functioning as a whole. The need to identify salient theoretical underpinnings for this research is critical, both in terms of the implications for intervention and for the understanding of risk variables associated with growing up in an alcoholic family. Although these risk variables undoubtably include genetic and other biological contributors, our focus is on the psychological factors that may affect emotional development of ACAs.

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In accord with this need to identify a theoretical model, we propose that certain characteristics of ACAs may be understood according to a developmental model of depressive experience that has been described by Blatt (1974). According to Blatt, two types of depressive experience can be distinguished in both depressed and normal individuals: anaclitic and introjective depression. Anaclitic depression is characterized by intense fears of abandonment and feelings of helplessness and weakness. In contrast, introjective depression involves feelings of guilt, inferiority, worthlessness, and a sense of having failed to meet expectations. Integrating psychoanalytic theory and developmental psychology, Blatt conceptualized these types of depression as representing disturbances at different stages in the cognitive and affective development of object representations. Specifically, Blatt proposed that anaclitic depression is associated with a failure to incorporate a stable internal representation of the parent, which creates a lifelong vulnerability to the potential loss of significant others. By contrast, Blatt's model hypothesizes that introjective depression develops when a child internalizes parental images (i.e., object representations) that are fragmented and ambivalent and when the child cannot resolve contradictions among these disparate images. Apprehensive about losing parental love and acceptance, such a child may experience excessive self-criticism and guilt as a way of maintaining emotional contact with the internalized parent.

Although the concept of introjective depression has not been applied to ACAs previously, there is empirical support for the idea that dependency and self-criticism represent distinct dimensions of depression in both clinical (Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982) and nonclinical populations (Blatt, D'Afflitti, & Quinlan, 1976). Moreover, Blatt, Wein, Chevron, & Quinlan (1979) found a relationship between specific depressive experiences and the conceptual level of an individual's mental representations of his or her parents. That is, in a nonclinical sample, introjective depressive experience was associated with more advanced conceptual levels of representation than was anaclitic depressive experience, as would be expected if these types of depression represent different impairments along a developmental continuum.

From a clinical perspective, the intropunitive quality of introjective depression closely resembles the personality characteristics, especially self-criticism and excessive guilt, that have been reported among ACAs, suggesting that these characteristics may be viewed as manifestations of introjective depression. Because parental alcoholism profoundly affects parent–child interactions in many ways (Udayakumar, Mohan, Shariff, Sekar, & Chamundi Eswari, 1984), it may also influence the way in which children internalize images of their parents. Characteristics of alcoholic families have been identified by alcoholics and their spouses (Moos & Moos, 1981) and by adolescent children of alcoholics (e.g., Callan & Jackson, 1986; Petersen-Kelley, 1985). Alcoholic families have been distinguished by high levels of conflict and tension, poor communication, interpersonal isolation, high achievement orientation, strict control, unclear organization, lack of trust, and inconsistency or unreliability. Although the effects of these family characteristics on the development of ACAs are not known, there is some empirical support for the idea that specific kinds of parent–child interactions may be associated with the development of discrete kinds of depressive experiences. In a normal adult population, McCranie and Bass (1984) found that introjective depression was more common among individuals who described their parents as having shown inconsistent affection and as having emphasized strict control of behavior. Because these are among the characteristics that have been associated with alcoholic families, alcoholic parenting may be particularly conducive to the development of introjective depression. Adult children of alcoholics appear to represent an ideal population in which to understand this type of depression from a theoretical perspective.

The current study examined personality characteristics of ACAs in a theoretical context that integrates Blatt's concept of depressive experience with aspects of alcoholic family functioning. Specifically, this investigation compared a nonclinical sample of young adult men and women with alcoholic fathers with their peers from nonalcoholic homes in order to assess the following hypotheses:

1. Paternal alcoholism will be associated with a specific type of depressive experience. Young adult children of alcoholic fathers will show a greater degree of introjective depression compared with offspring of nonalcoholics, but there will be no group differences with regard to anaclitic depression.

2. Paternal alcoholism will also be associated with the development of specific defenses when defensive style is viewed as a concept that is related to but distinct from that of depressive experience. Compared with individuals from nonalcoholic homes, ACAs will show a greater reliance on intropunitive and aggressive defenses.

3. Young adult children of alcoholic fathers will perceive their families of origin differently from young adults from nonalcoholic families. Alcoholic families will be described as more conflictual, less communicative, more isolated, more achievement-oriented, less clearly organized, and less consistent.

## Method

### *Subjects*

Participants were 207 students at a large, urban, northeastern university. The ACA group ($n$ = 84) was composed of students (45 female, 39 male) whose biological fathers met specific criteria for alcoholism on a standard alcoholism screening measure. The comparison group ($n$ = 123) consisted of the remaining students (58 male, 65 female) with no history of parental alcoholism. In order to identify a pure ACA group and to ensure a demographically similar comparison group, a detailed recruitment and screening process was completed as described below.

### *Procedure*

Students were recruited for participation in a study examining the relationship between family characteristics and adult coping style. Most of the participants ($n$ = 184) were recruited through an introductory undergraduate psychology course and responded to an advertisement calling for "people from many different family backgrounds (e.g., families with an alcoholic parent and families in which neither parent had a drinking problem)." Participants earned research credits on completion of the study. Additional participants were recruited through an undergraduate biology class and a university newspaper advertisement inviting the participation of adult children of alcoholics, and they received a stipend ($15) on completion of the study. Completion of the study required approximately 2 hr.

### *Screening and Identification of Groups*

In order to reduce the risk of either misclassification or selection of inappropriate subjects, several rigorous screening procedures were followed. Initially, 369 students completed a questionnaire that screened for alcoholism in the subject's biological father. Individuals were selected for further participation if they indicated paternal alcoholism on either direct questioning or on the Shortened Michigan Alcoholism Screening Test (SMAST; Selzer, Vinokur, & van Rooijen, 1975). Individuals provisionally identified as ACAs were invited to return to complete the second set of measures, which assessed depressive experiences, coping variables, and family functioning. Initially, 111 individuals were identified as ACAs and invited to return. Of this group, 92% completed the entire study and 8% declined further participation. To reduce the possibility of false positive classification, more stringent criteria for inclusion were then implemented, such that subjects were retained only if they had obtained a minimum paternal SMAST score of 3. Because the hypotheses are theoretically based on early exposure to alcoholic parenting, additional participants were eliminated from the sample if they indicated that their parents had either divorced or separated permanently by the time they were 5 years old. These procedures yielded the final ACA sample of 84 subjects.

The initial sample of 369 individuals were also screened simultaneously to select non-ACA subjects. To reduce the risk of misclassification, individuals qualified for this group only if they indicated no evidence of alcoholism in either their biological father or stepfather, as defined by the stringent criteria of a paternal SMAST score of 0 and if they gave negative responses to all questions concerning both paternal and maternal drinking problems. Of the potential non-ACA subjects who were invited to return, 89% agreed and 11% declined further participation. As in the ACA group, subjects were further excluded if they indicated parental divorce or permanent separation before age 5, a procedure that yielded a final comparison sample of 123 subjects.

### *Measures*

1. A background questionnaire was constructed for the present study. Part 1 was administered in order to screen and identify ACA and non-ACA participants. Items included the Adapted SMAST (see 3. below) regarding paternal drinking, additional questions regarding both paternal and maternal drinking problems or alcoholism, demographic data, and information about family structure, including separations, divorce, and deaths. Part 2 was administered to those participants who returned to complete the second part of the study. Items included the SMAST and other questions probing the participant's own drinking and drug use.

2. The SMAST is a 13-item, shortened version of the Michigan Alcoholism Screening Test (MAST; Silber, Capon, & Kuperschmit, 1985). The MAST has been found to be reliable for screening college populations for alcohol-related problems. In comparing the original long form and abbreviated version, Selzer et al. (1975) found reliability coefficient alphas (ranging from .76 to .93) to be only slightly lower than those reported for the MAST and reported that the SMAST yielded validity coefficients slightly better than those of the MAST. Selzer et al. (1975) suggested that a SMAST score of 3 or more points identifies alcoholics, whereas a score of 2 indicates possible alcoholics, and a score of 0 or 1 identifies nonalcoholics. For the present study, a minimum SMAST score of 3 points was required for the diagnosis of alcoholism.

3. The Adapted SMAST is an adaptation of the SMAST for the purpose of screening for parental alcoholism, produced by altering the pronoun of each question from *you* to *he* or *she*. Such family forms of the MAST have been found to yield results comparable to those of the self-reported MAST (McAuley, Longabaugh, & Gross, 1978) and interview data (Bennett, Wolin, Reiss, & Teitelbaum, 1987). The fact that the MAST has been successfully converted to family forms was a key factor in selecting the SMAST for this study because it afforded the opportunity to assess alcoholism in both subject and father through different versions of the same measure. If the participant reported having lived with a stepfather, the Adapted SMAST was administered in reference to both biological father and stepfather. For the present study, participants were identified as ACA if they obtained a paternal SMAST score of 3 or more, and as non-ACA if their paternal SMAST score was 0.

4. The Family Environment Scale (FES; Moos & Moos, 1981) is a 90-item measure of the social–environmental characteristics of families. The FES has been found to be highly reliable (e.g., retest reliabilities of .76 to .89 on six subscales) and has been used to study alcoholic families. The subscales analyzed in the present study (Cohesion, Expressiveness, Conflict, Organization, and Achievement Orientation) were selected a priori for their expected relevance to alcoholic families.

5. The Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983) is a 53-item questionnaire designed to identify problematic family functioning along six dimensions. Only the Communication subscale was administered, consisting of six items that assess the clarity and directness of verbal messages. Reported reliability of the Communication subscale is .75 using Cronbach's alpha, and there is evidence of both discriminant and concurrent validity.

6. The Parental Inconsistency of Love Scale (PILS; Schwarz & Zuroff, 1979) is a 13-item, retrospective questionnaire in which the subject indicates the extent to which statements are true or untrue as descriptions of parental behavior. Subjects completed separate forms regarding their perceptions of maternal and paternal behavior. Alpha coefficients have been reported to be .92 and .95 for the mother and father versions. The scale has been used to demonstrate a relationship between parental inconsistency and both introjective depression (McCranie & Bass, 1984) and general depression (Schwarz & Zuroff, 1979).

7. The Defense Mechanism Inventory (DMI; Gleser & Ihilevich, 1969) assesses the relative degree to which an individual relies on five major groups of defenses. The DMI has been widely used, yielding considerable data regarding reliability, validity, and other psychometric properties (e.g., Dudley, 1978; Gleser & Ihilevich, 1969). The instrument consists of 10 brief stories followed by four questions concerning the subject's prediction of his or her responses to certain situations. Although participants completed the entire scale, the ipsative nature of the measure precludes multivariate analyses involving all five subscales. (See Hicks, 1970, for a discussion of ipsativity.) Two subscales were selected for analysis: Turning Against Others (e.g., displacement, identification with the aggressor) and Turning Against Self (e.g., self-criticism). The remaining subscales are Projection, Principalization, and Reversal.

8. The Depressive Experiences Questionnaire (DEQ; Blatt, D'Afflitti, & Quinlan, 1976, 1979) is a 66-item scale designed to assess a wide range of experiences that are often associated with depression but are not necessarily clinical symptoms of depression. It yields three highly stable factors: Dependency, Self-Criticism, and Efficacy. By using the factor analysis means and standard deviations from the sample of 500 female college students investigated by Blatt et al. (1976), factor scores were calculated for Dependency and Self-Criticism, corresponding to anaclitic and introjective depression respectively. The female factor solution was selected to enable comparison between male and female subjects, consistent with previous research utilizing the DEQ (Chevron, Quinlan, & Blatt, 1978). DEQ factor scores, especially Self-Criticism, have been found to be stable over time, and the relationship between depressive experience and defense mechanisms has been assessed using the DEQ and DMI (Zuroff, Moskowitz, Wielgus, Powers, & Franko, 1983).

### *Sample Description*

The comparison and ACA samples were similar with respect to most demographic characteristics. There were no significant group differences in ethnicity and religious orientation or parental income and education. The ACA sample was predominantly White (73.8%) with 22.6% Black and a small representation of other minorities (3.6%). The majority were Catholic (58.7%) with 21.2% Protestant, 1.2% Jewish, and 18.8% declaring *other* or *no religion*. Other demographic characteristics of the ACA group were as follows: father's income ($M$ = $29,558, $SD$ = $18,197), mother's income ($M$ = $18,601, $SD$ = $9,517), father's education ($M$ = 13.0 years, $SD$ = 2.5), and mother's education ($M$ = 12.8 years, $SD$ = 2.2). ACAs were older than the comparison subjects, $F(1, 206) = 10.42$, $p < .01$, as reflected in a mean age of 20.1 years ($SD$ = 2.6) among ACAs, compared with a mean age of 19.2 years ($SD$ = 1.6) among non-ACAs.

In terms of family characteristics, 45% of ACAs reported that their parents had separated at least once, compared with 22% of non-ACA participants, $X^2(1, N = 207) = 12.57$, $p < .001$. Among participants who had experienced parental separation, ACAs also reported more numerous separations, $F(1, 61) = 5.71$, $p < .05$. Interestingly, despite this difference, the groups did not differ with regard to parental divorce. Moreover, when divorce did occur, ACA subjects were significantly older (mean 14.4 years) than were non-ACA subjects (mean 10.7 years) at the time of the divorce, $F(1, 42) = 6.21$, $p < .05$. Groups did not differ with respect to the proportion of parental deaths.

Questionnaire data were also evaluated to determine to what extent the ACA group had been exposed to maternal drinking problems in addition to their fathers' alcoholism. Only 2 ACA participants (2.4%) reported a maternal drinking problem, and 2 had been exposed to a stepmother with a drinking problem.

With regard to alcohol-related problems in the two subject groups, a two-factor univariate analysis of variance (ANOVA) using the SMAST revealed a significant Gender × Group interaction, $F(1, 167) = 7.27$, $p < .01$. Therefore, two tests of simple effects were performed, assessing group differences for each gender separately. The ACA women did not differ from non-ACA women on this measure, but ACA men obtained significantly higher SMAST scores than did non-ACA men, $F(1, 80) = 14.43$, $p < .01$. Specifically, 25.6% of ACA men could be considered alcoholic, whereas only 8.5% of non-ACA men met the criteria. Moreover, an additional 22.9% of ACA men received a SMAST score of 2, which would indicate possible alcoholism (Selzer et al., 1975). Thus, almost half of ACA men (48.6%) showed signs of alcoholism. Although daughters of alcoholics showed a less dramatic prevalence of alcoholism, 7.9% demonstrated alcoholism according to the SMAST, and an additional 7.9% demonstrated possible alcoholism. By contrast, no comparison group women attained a score indicative of a substantial risk of alcoholism.

Two additional variables were analyzed to further explore differences in substance use. As an estimate of frequency of substance use, subjects indicated how often they drank and how often they used other drugs, on a scale of 1 (*every day*) to 6 (*never*). Results supported the SMAST analyses in all respects. Specifically, two-factor ANOVA revealed a significant Gender × Group interaction for frequency of both drinking, $F(1, 167) = 6.50$, $p < .05$, and drug use, $F(1, 167) = 4.82$, $p < .05$. Tests of simple effects comparing group differences for each gender separately also paralleled the SMAST results. ACA women did not differ from non-ACA women in their frequency of alcohol or drug use, but ACA men used alcohol, $F(1, 80) = 18.98$, $p < .01$, and drugs, $F(1, 79) = 7.52$, $p < .01$, more frequently than did non-ACA men.

## Results

As predicted, young adult children of alcoholic fathers showed a significantly greater degree of introjective depression than did individuals from nonalcoholic families, but they demonstrated no increase in anaclitic depression (Hypothesis 1). Using DEQ factor scores for Self-Criticism and Dependency, two separate two-way univariate ANOVAs were conducted to assess group and gender differences in each type of depression (introjective and anaclitic, respectively). There was a significant group difference with respect to Self-Criticism, $F(1, 143) = 17.50$, $p < .01$. Thus, ACAs exhibited significantly greater introjective depression than did non-ACAs, whereas no significant gender differences or Gender × Group interactions were found (see Table 1). As hypothesized, the groups did not differ with respect to their Dependency scores, nor was there a significant Gender × Group interaction. However, there was a significant gender difference on this variable, indicating that women scored significantly higher than men on the Dependency subscale, $F(1, 143) = 20.35$, $p < .01$.

Because of the high incidence of alcoholism in the ACA sample, Pearson correlations were calculated to explore the relationship between the participant's SMAST score and the DEQ scores for both Self-Criticism and Dependency. There were no significant correlations between the SMAST and DEQ scores for either male or female ACAs.

Hypothesis 2 concerning perceptions of family functioning was tested by a two-way multivariate analysis of variance (MANOVA) in which gender and group constituted the two factors. The following seven family variables were entered: paternal inconsistency (PILS); cohesion, expressiveness, conflict, organization, and achievement orientation (FES); and communication (FAD). On the basis of this combination of seven variables, there was a highly significant group effect on the multivariate test, $F(7, 169) = 10.34$, $p < .0001$, indicating that ACAs differed from non-ACAs in their perceptions of their families. Men and women did not differ significantly, nor was there a significant Gender × Group interaction.

In order to interpret the multivariate group difference, two-way univariate ANOVAs and standardized discriminant function coefficients were obtained for each variable (see Table 2). With the exception of achievement orientation, all of these ANOVAs revealed a significant difference in the hypothesized direction. Specifically, ACAs perceived their families as having shown greater inconsistency, lower cohesion, less expressiveness, more conflict, less organization, and poorer communication, although there was considerable intercorrelation among these variables. Using the standardized discriminant function

Table 1
*Depressive Experiences: Mean DEQ Scores on Self-Criticism and Dependency*

| | Group $M$ | | Gender $M$ | |
|---|---|---|---|---|
| Depressive experience | ACA | Comparison | Male | Female |
| Self-criticism | .61* | .03 | .27 | .29 |
| Dependency | −.37 | −.25 | −.61* | −.02 |

*Note.* DEQ = Depressive Experiences Questionnaire; ACA = adult children of alcoholics. More negative factor scores indicate a lower score on this measure.
* $p < .01$.

Table 2
*Family Variables: Interpretation of MANOVA Group Differences*

| Measure and subscale | Univariate $F$ | Standardized discriminant function coefficients |
|---|---|---|
| PILS | | |
| Paternal inconsistency | 68.68**** | −.93401 |
| FES | | |
| Cohesion | 14.06*** | .34385 |
| Expressiveness | 8.65** | −.03855 |
| Conflict | 25.38**** | .30233 |
| Organization | 4.20* | −.06500 |
| Achievement orientation | 0.66 | .04948 |
| FAD | | |
| Communication | 12.19*** | .11397 |

*Note.* MANOVA = multivariate analysis of variance; PILS = Parental Inconsistency of Love Scale; FES = Family Environment Scale; FAD = Family Assessment Device.
* $p < .05$. ** $p < .01$. *** $p < .001$. **** $p < .0001$.

coefficients, one variable, paternal inconsistency, emerged as the single best discriminator, and it appears to account for most of the variance between the groups.

Because the ACA group had experienced a disproportionately high incidence of parental separation, ANOVAs were performed to determine whether this variable influenced their scores on the seven family variables. In order to evaluate whether participants who had experienced parental separation differed from those who had not, one-factor univariate ANOVAs were performed in the ACA and non-ACA groups separately. Among the ACA group, there were no significant differences with respect to any aspect of family functioning, indicating that the higher incidence of parental separation did not account for the ACA participants' perceptions of their families. (Interestingly, among the non-ACA group, those who had experienced parental separation did view their families as less cohesive, as might be expected.)

Defensive style (Hypothesis 3) was evaluated using two subscales of the DMI: Turning Against Others (TAO) and Turning Against Self (TAS). A two-way ANOVA for group and gender differences revealed a significant group difference for TAO only, $F(1, 166) = 10.75$, $p < .01$. That is, ACAs demonstrated greater reliance on this defense than did non-ACAs, but the groups did not differ on TAS. Both variables revealed a significant gender difference, such that men scored higher on TAO, $F(1, 166) = 5.37$, $p < .05$, while women scored higher on TAS, $F(1, 166) = 32.79$, $p < .01$. There was no significant Gender × Group interaction for either TAO or TAS (see Table 3).

## Discussion

### *Depressive Experiences*

The finding that young adults with alcoholic fathers experienced more introjective depression than their peers supports clinical descriptions of ACAs as self-critical, guilt-prone individuals. Of note is the fact that ACAs demonstrated an increase only in introjective depression as opposed to showing either *anaclitic* depression or a combination of both. The lack of group differences in anaclitic depression implies that growing up with an alcoholic father might produce specific and identifiable effects, rather than simply creating diffuse and generalized impairment. Moreover, comparison of the DEQ results with those reported by Blatt et al (1982) suggests that ACAs experienced a level of introjective depression (DEQ $M = .61$) more similar to that of psychiatric patients (DEQ $M = .80$ male, .73 female) than to a sample of nonpatient college students and adults (DEQ $M = .10$ male, −.03 female).

The finding of introjective depression among ACAs also supports our proposal that the long-term effects of paternal alcoholism might be understood in the context of Blatt's (1974) formulation of depressive experiences. According to this model, introjective depression develops when children fail to internalize complex, integrated parental representations. Such children are hypothesized to retain developmentally immature parental representations composed of intensely ambivalent features, including hostility and aggression as well as overidealized characteristics. Children of alcoholic fathers may face an especially difficult challenge in terms of integrating and internalizing contradictory impressions of their fathers because the father's parenting may fluctuate greatly depending on his state of intoxication versus sobriety. It seems reasonable to speculate that children of alcoholic fathers have particular difficulty in developing mature, well-integrated object representations. According to this proposal, the inconsistency of alcoholic parenting would be expected to represent one of the significant variables that predisposes offspring of alcoholic fathers to the development of introjective depression.

Our findings pertain only to the children of alcoholic fathers and may or may not apply to children of alcoholic mothers. Indeed, one might question whether the label *alcoholic family* obscures important distinctions between families with different constellations. For example, further study is needed to determine whether introjective depression is specific to children of alcoholic fathers or whether individuals who had an alcoholic mother or two alcoholic parents would show similar characteristics. Aside from the potential prenatal effects of maternal drinking, there may be differences in the degree to which mothers and fathers influence their children's development at different stages of object representation. That is, there may be an interaction between the alcoholic parent's gender and the child's ability to master different developmental stages of object representation, which may result in different types of depressive experiences in adulthood. Speculatively, children of

Table 3
*Defense Mechanisms: Mean DMI Scores on TAO and TAS Subscales*

| Defense mechanism | Group $M$ | | Gender $M$ | |
|---|---|---|---|---|
| | ACA | Comparison | Male | Female |
| TAO | 44.81** | 40.30 | 43.88* | 40.69 |
| TAS | 38.60 | 38.10 | 35.00** | 41.33 |

*Note.* DMI = Defense Mechanism Inventory; TAO = Turning Against Others; TAS = Turning Against Self; ACA = adult child of an alcoholic.
* $p < .05$. ** $p < .01$.

alcoholic mothers might have difficulty at the earliest stages of object representation, which involve developing some internal image of the parent that is based on the gratification of basic needs. Such children may be more prone to anaclitic depression, characterized by feelings of helplessness and dependency. Conversely, because fathers are typically not the primary caretakers, children who have alcoholic fathers but nonalcoholic mothers might be expected to encounter more difficulty as they progress through later developmental stages that require the refinement and integration of parental representations. Theoretical considerations such as these raise empirical questions to be addressed through future research.

Although the use of college students allows for the study of young adults without the interpretational limitations inherent in a clinical sample, it simultaneously raises other questions concerning generalizability. One might wonder, for instance, whether children of alcoholics who experience greater introjective depression are more likely to pursue a college education in order to cope with feelings of inadequacy, worthlessness, and failure.

### *Family Functioning*

ACAs perceived their families in ways that were very different from the perceptions maintained by their non-ACA peers. Univariate analyses suggested that ACAs view their families in terms of greater inconsistency, lower cohesion, less expressiveness, less organization, poorer communication, and more conflict. Moreover, in the multivariate analyses upon which interpretation of these findings is based, paternal inconsistency emerged as the most significant contributor to the different perceptions of individuals from alcoholic versus nonalcoholic homes. This finding supports the clinical observations of Hecht (1973) and Veenstra (1985), who identified inconsistency as an integral feature of alcoholic family life. The fact that sons and daughters did not differ in their perceptions of their families on these measures suggests that children with alcoholic fathers have a high degree of commonality of experience.

The demographic data concerning parental separations and divorces are of particular interest in considering the inconsistency of alcoholic families. Although ACAs had more often experienced parental separation, they did not report significantly more parental divorce than did individuals from nonalcoholic families. Moreover, alcoholic families that eventually did undergo divorce appeared to delay this final step. The data therefore suggest that families with alcoholic fathers may experience chronic upheaval and discord without a concomitant increase in their ability to reach a resolution through divorce. One result may be that members of such alcoholic families live in a more chronic state of uncertainty, which itself may reflect chaos and inconsistency.

Further study is indicated concerning the variable of paternal inconsistency. Systemic measures that consider triadic or larger units, unlike the PILS, would enable consideration of the ACA's relationship with both parents simultaneously and thus facilitate a more complex and comprehensive view of alcoholic family functioning. Another limitation of these data is that they are perceptions of young adults who have either left home or are in some stage of separation. As self-reports of single family members, these findings reflect perceptions of family life, subject to perceptual and memory distortions. Nonetheless, it can be argued that the distinction between actual family functioning and adult children's *perceptions* of family functioning may not be crucial in the context of the proposed developmental model. Perhaps the more relevant issue is that children of alcoholics internalize certain aspects of their family environment in a way that influences their emotional experience as adults. As a hallmark of alcoholic family life, paternal inconsistency may represent one of the critical variables that influence the emotional development of children of alcoholics.

### *Introjective Depression and Aggressive Defenses*

Compared with young adults from nonalcoholic families, ACAs appear to be more likely to utilize aggressive defenses. Turning Against Others (TAO), as defined by the DMI, involves the expression of aggression as a way of dealing with perceived external threats or masking inner conflicts and is believed to subsume two classical defenses: displacement and identification with the aggressor (Ihilevich & Gleser, 1986). Consistent with our finding, van der Kolk (1987) described clinical and research findings suggesting that traumatized children tend to act destructively against either themselves or others, a process that has been described in relation to identification with the aggressor. A reliance on aggressive defenses, as suggested by these data, may be consistent with certain reported characteristics of adult children of alcoholics. For example, the TAO defensive style may guard against excessive intimacy, commitment, or dependency (Ihilevich & Gleser, 1986), all of which have been seen as problematic for adult children of alcoholics (Cermak & Brown, 1982).

Postulating identification with the aggressor to be a major defense mechanism in introjective depression implies that the introjected aggression can be directed outwardly. Because guilt and self-criticism are hallmarks of introjective depression, it would seem reasonable to expect also the expression of aggression toward the self. Why then did ACAs fail to show an increase in the Turning Against Self (TAS) defense? Perhaps the answer lies in the nature and function of the intropunitive tendencies seen within introjective depression. One possibility requiring further investigation is that the excessive self-criticism of ACAs does not serve a primarily defensive function but represents instead a more direct internalization of the alcoholic father's volatile and frequently aggressive attitude toward his child. Thus, on the DMI, a measure that specifically assesses defensive functioning, intropunitive tendencies do not emerge. Indeed, earlier research addressing the interrelationship between the DMI and the DEQ in a general college sample has yielded conflicting data concerning the specific relationship between the TAS defense and introjective depression (Zuroff et al., 1983). Moreover, Cooper and Kline (1982) found that guilt proneness (as measured by the Sixteen Personality Factor Questionnaire; Cattell, Eber, & Tatsuoka, 1970) was significantly associated with TAO but *not* with TAS. Although these studies and ours raise questions about the construct validity of the DEQ that warrant further exploration, an alternative possibility is that the intropunitive defenses assessed by the TAS subscale represent a construct different from introjective depres-

sion. By pointing to the complexity of emotional functioning, the failure to find an increase in TAS among ACAs reminds us that it is not enough to document certain outward characteristics of adult children of alcoholic fathers, such as self-criticism, but rather impels us to sharpen our thinking regarding the nature of their self-criticism.

The discrepant DEQ and DMI results also stimulate additional ideas for further study. Reminding ourselves that these ACAs represent a nonclinical population, we turn to the issue of adaptive coping. Could it be that reliance on the TAO defense represents a relatively adaptive coping style for ACAs struggling with what appears to be a clinical level of introjective depression? Another possibility is that substance abuse, a significant problem among ACAs, serves as a moderator variable affecting their experience of introjective depression. Although the lack of a significant correlation between the DEQ and SMAST scores suggested no immediate need for further analysis in the present study, the potential influence of substance abuse as a moderator variable would represent an interesting path of future inquiry.

### *Impact of Gender*

Differential effects of paternal alcoholism on sons and daughters were seen only with regard to substance abuse. The finding of increased substance abuse among male ACAs is consistent with previous findings of Goodwin et al. (1977), who suggested that biological and cultural factors may contribute to a lower risk of alcoholism in women. The fact that both sons and daughters of alcoholic fathers showed increased introjective depression conflicts with previous research that has demonstrated self-deprecation only in daughters of alcoholics (Berkowitz & Perkins, 1988) and suggests that exposure to an alcoholic father may have some consistent effects on children, irrespective of their gender.

## Conclusion

Our findings suggest that paternal alcoholism has a long-term impact on the children of alcoholics. Compared with their peers, ACAs experience more introjective depression, rely on more aggressive defenses, and perceive their families as more inconsistent. Sons of alcoholic fathers also show greater substance abuse. Participants in this research were college students, who would be expected to show relatively good overall adjustment, as compared with clinical groups or juvenile delinquents. The finding of major differences on several dimensions thus cannot be attributed to the selection of a clinical sample, nor do socioeconomic differences account for the findings.

Taken together, the findings of our study provide support for conceptualizing some of the emotional characteristics of ACAs according to the object representational model of depression described by Blatt (1974). Although this study began to explore the functioning of both families and individuals, further integration of systemic and individual variables is needed, particularly if we are to understand why some children of alcoholics are more resilient than others (Werner, 1986). Future research is also needed to clarify the significance of the alcoholic parent's gender and to determine whether these findings apply to families with different psychopathology. Such studies would help to further assess whether the proposed model is useful for understanding the emotional development of ACAs or whether other theoretical constructs might better explain the empirical observations.

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