Parental Alcoholism and Children's Social Skills.

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PARENTAL ALCOHOLISM AND CHILDREN'S SOCIAL SKILLS

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Department of Sociology

by

Marsha Dean Norton
B.S., Louisiana State University, 1971
M.S., Louisiana State University, 1983
December 1999
This dissertation is dedicated in memory of my father,
Edward William Norton, Jr.,
who took distinct pleasure in listening to the
life stories of the people he met;
and who showed me the similarities shared by us all.
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Abstract

This study focused on the daily interactions and home environments of 14 families with alcoholic fathers who were beginning primary treatment for their alcoholism. Data were collected by in-depth, face to face interviews with all family members. Social skills questionnaires administered to each child. Two specific family patterns were found to be associated with higher level social skills in children.

First, father’s frequent presence in the home, coupled with positive family interaction, was associated with children’s high range social skills. Even in circumstances where violence existed, if the father was routinely at home and participated in positive family interactions, social skills scores did not fall below the middle range. However, when fathers did not participate in positive family interaction, violence was associated with lower social skills scores.

Second, high family income was associated with higher children’s social skills scores. These high incomes helped to offset the drain on personal resources produced by living with an alcoholic. High socioeconomic status allowed children to have experiences which were most likely to facilitate the development of positive social skills and provide positive role models outside the nuclear family. The children from high income families exhibited middle range social skills, despite the fact that some experienced family violence, and none had high levels of positive interaction with their fathers.

Implications of these findings suggest that the characteristics which contribute to positive interaction in alcoholic families are the same as those which are necessary for the successful functioning of all families. Despite the existence of paternal alcoholism, these characteristics were present in some of the higher range families in the sample.
Chapter 1: Introduction

The American Medical Association recognized alcoholism as a disease in 1956. With the increasing recognition of alcoholism as a treatable disorder, greater numbers of individuals and families have become willing to openly identify their problem. Medical and research communities have responded by increasing their efforts to better understand and treat chemical dependency. When considering the possibilities for effective chemical dependency treatment and prevention, researchers and clinicians have frequently focused on the children of alcoholics. This dissertation will extend this line of research by examining the effects of parental alcoholism on minor children, using data collected from 14 families in which fathers were receiving treatment.

Focus of Research: Effects of Parental Alcoholism on the Prosocial Behaviors of Children

The literature demonstrates that the psychosocial risk factors of children of alcoholics may increase the likelihood of maladaptive behaviors (see Collins, Leonard and Searles, 1990, for a review). In particular, parental alcoholism appears to contribute to a variety of personality and behavioral problems, including: low self esteem (Bennett et al., 1988; Roosa et al., 1988; Sher et al., 1991a), reduced interpersonal awareness (Tarter, 1988; Black et al., 1986), depression (West and Prinz, 1987; Clair and Genest, 1987), Attention Deficit Disorder, hyperactivity, and conduct problems (Tartar et al., 1990; Tartar, 1988; Hinshaw, 1984; West and Prinz, 1987), oppositional disorder or undercontrol (Prewett et al., 1981; Kern et al., 1981; Zucker and Gromberg, 1986). McCord (1981) and Vaillant (1983) identified other generalized behavioral disorders which were associated with parental alcoholism.
Further, children of alcoholics are identified as a population at high risk for failure to acquire adequate prosocial skills and failure to develop positive relationships with adults and peers. Developing skills which would foster successful social interactions is one of the most crucial developmental tasks of childhood. The literature suggests that this often fails to occur for children of alcoholics because of negative parenting styles which contribute to offspring’s antisocial behaviors and conduct problems (Robins, 1966; Hawkins et al., 1985; Johnston et al., 1978; Kandel et al., 1986; Kellan et al., 1985; Loeber, 1985). Researchers have also identified the nature of these negative parenting practices. These include: 1) unreasonably high expectations of their children 2) lack of supervision 3) lack of involvement in children’s activities, and 4) extreme disciplinary techniques (Deren, 1986; Robins, 1966; Jacob and Leonard, 1986; Kandel, 1990; Kumpfer and DeMarsh, 1986; Vaillant and Milofsky, 1982; Zucker and Noll, 1982; Hecht, 1973).

My research extends this line of work by using a combination of qualitative and quantitative data to examine the effects of parental alcoholism on children’s prosocial behaviors, including sharing, requesting help, giving compliments, initiating conversations, and responding appropriately to peers.

**Conceptual Rationale and Frameworks**

In the following subsection, I outline the conceptual framework for understanding and supporting the rationale of this study. Specifically, I delineate the elements of social learning theory, relevant to the individual child of an alcoholic. Then I will apply the social learning perspective to alcoholic families.
Social Learning Theory

Social Learning Theory evolved as scholars began to more clearly define the complexity of human development and the socialization process. The idea that our primary method of learning is by association, dates back to the eighteenth and nineteenth centuries to the English empiricists: Locke, Hume, and Mill. In that tradition, the concept of learning by association was basic, but it was the association of thoughts and ideas, not of behaviors. The behaviorist movement began with the work of Watson (1910) which focused only on overt, observable behaviors. Interest in this approach grew and later developed into stimulus-response theories. The acceptance of Freud’s psychoanalytic theory in the 1920’s and Piaget’s work on stages of child development in the 1930’s, created an intellectual climate which was open to an integration of ideas. Using the terminology of stimulus-response theories and many of the hypotheses of Freud, early social learning theories examined environmental factors which influenced children’s behaviors at certain ages.

As researchers in social learning, Bandura and Walters (1963) diverged from some of the basic assumptions of stimulus-response theories and gave particular emphasis to how children learn through observation. They viewed this as an important mechanism for acquisition of responses which were not reducible to reinforcement learning or to classical conditioning. For these two scholars, observational learning included not only the copying of models and the responsiveness to the reinforcement a model receives, but also all forms of verbal instruction and inferred messages. Bandura (1977) expanded the social learning perspective and approached the explanation of human behavior as an interaction between cognitive, behavioral, and environmental
determinants. The following elements and assumptions of Bandura's work form the framework I use in conceptualizing the socialization process of the children in my study.

**Basic Elements and Assumptions of Bandura’s Work.**

Bandura (1977) pointed out that individual repertoires of behavior are not inborn. They must be learned. He acknowledged that biological and developmental factors play important roles in this process. But, rather than focusing on genetic characteristics or developmental readiness, he examined learning by response consequences, learning through modeling, and the effects of reinforcement. According to the social learning viewpoint, what is taught, modeled, and reinforced differs according to the child's developmental level. In instances of successful socialization, social sanctions gradually replace physical ones as mechanisms of control in children's conduct.

For the preschool child, control is necessarily external. Parents must overtly intervene to discourage hazardous conduct. As children begin to mature, standards of conduct are increasingly molded by observation of models and explanation, by significant adults, of various options for behavior and possible consequences. Although social learning which takes place in the family has the most lasting effect, children gradually learn to evaluate consequences for themselves and cease to look to only their parents for limits and controls. The naturally arising social sanctions that occur through peer interaction, together with the acquired ability for some reasonable prediction of consequences of behaviors, become the controls by which the successfully socialized young person functions.

This socialization process does not always develop smoothly. Some children do not acquire the necessary behaviors for their repertoires, or, they may be missing a
critical step in the performance of a behavioral sequence. Bandura (1977) referred to this as an acquisition or learning deficit which may continue to negatively influence social skills as the child grows into adulthood. These deficits, he said, are usually the result of an absence of opportunities to learn the skill, or of difficulties in the attentional or retentional processes involved in learning social behaviors through vicarious means (Bandura, 1986).

**Applying Social Learning Perspective to Social Skill Deficits in Children of Alcoholics.**

Gresham (1988) built upon Bandura’s theory in order to better understand and measure children’s social skill deficits. He took Bandura’s notions of acquisition deficits and incorporated them into a behavioral classification of four types of social skill deficiencies: 1) skill deficits, 2) performance deficits, 3) self control deficits, and 4) self-control performance deficits. Gresham also identified the presence of interfering behaviors that can potentially inhibit social skill development and pointed out how problematic relationships during the formative years of childhood affect the socialization process.

Gresham’s approach is particularly relevant to my work, since there is evidence that the socialization process of children is often retarded in families where one or both parents are alcoholic. Social skills deficits in these children are likely to result since their parents are often incapable of providing adequate models and family interaction. The interpersonal conditions leading to such deficits in children of alcoholics include: lack of acceptance of the child by the parent, lack of affection, poor identification of the child with the parent, poor discipline, weak or excessive parental controls, parental control through guilt, lack of supervision of the child’s activities, and inconsistency in the
environment (Kandel 1990). Children, who are subject to these inappropriate parenting practices, often exhibited behavior problems and poor social skills (Glueck, 1950; Kandel, 1990; Lober and Schmaling, 1985; McCord, 1979; and Simcha-Fagen and Schwartz, 1986).

For example, Yarrow and Waxler (1986) pointed out that parents with chronic anxiety, anger and depression have difficulty with positive social relationships. They explained that such parents provide poor models of social behavior for their children and frequently exhibit inconsistent and extreme methods of control, ranging from the excessive to the insufficient. In some cases, children from these families are abnormally concerned with adult suffering and a role reversal occurs. Children may then assume care giving roles. In other instances, children may adopt aggressive and/or attention seeking behavior in response to unmet needs. In both cases, the intense preoccupation with the emotional needs of the family adversely affects the children's development of adequate social relationships outside the family. Anxiety, anger, depression, inconsistency, and extreme discipline practices are often characteristic of alcoholic parents and their spouses (Ackerman, 1986). As a result, social skills of children are likely to be at risk.

It is appropriate, at this point, to consider observations from the clinical literature which examine alcoholic parental behavior and resulting behaviors in children. These observations are consistent with the social learning perspective. Morehouse & Richards (1982) observed that children of chemically dependent parents frequently exhibit an inability to establish satisfactory relationships. These authors examined four impaired parenting patterns in alcoholic families and the resulting social/interpersonal responses of the child. 1) Parental role instability may result in either pseudo adult behavior or over
dependence in the children. These children may set themselves apart from peers that they consider "childish," or they may avoid interaction with peers and find ways to cling to adults. 2) Environmental chaos often sets up either an oppositional or clinging response by the children in the family. Such an insecure, unstable environment may affect relationships with peers in one of two ways. The child may attach himself or herself to others to such an extent that he or she will accept any mistreatment in order to maintain the friendship. Or, the child may unconsciously perpetuate the environmental chaos of his home by oppositional behavior in play with peers. 3) Children frequently respond to the undependable parent with exaggeration, lying, stealing and manipulation. The child who has been repeatedly disappointed develops such mistrust in others that he or she believes these are the only methods of acquiring gratification of his wants and needs. In addition, this continuous disappointment by parents often leads to feelings of worthlessness in children. To compensate for these feelings, they are prone to lie and exaggerate to make themselves worthy of other children's attention. 4) The emotional unavailability of parents makes it impossible for children to know what is reasonable to expect from others. Since they are often emotionally needy, their interaction with peers is often self-centered. They have difficulty sharing themselves for fear they will have to give everything and get little or nothing in return. Some children avoid this risk altogether by becoming isolated or withdrawing into fantasy.

In comprehensive reviews of the literature related to children of alcoholics, West and Prinz (1987) and Sher (1991) pointed out the need for further empirical investigation regarding the interpersonal relationships of these children. The clinical literature cited difficulty with interpersonal relationships as a major problem of this population (Black,
1979; Seizas, 1982; Morehouse and Richards, 1982). Such a problem may indeed
diminish the coping ability of children of alcoholics and place them at risk for developing
chemical dependency themselves. However, "the paucity of empirical data in this area
makes it impossible to state unequivocally what impact parental alcoholism has on
children's interpersonal functioning" (West and Prinz, 1987, p. 210). It is to this problem
that I address my research.

The Position of This Dissertation in the Literature on Children of Alcoholics

As already noted, previous research has established that alcoholic parents are
often socially isolated, exhibit poor parenting behaviors, and are inadequate models for
their children (Ackerman, 1986; Kandel, 1980; Kandel, 1990; Deren, 1986; Jabob and
Leonard, 1986). However, the variations found among children of alcoholics suggest
that parental alcoholism alone is insufficient to explain children's outcomes. Thus,
variation in other dimensions of parental behaviors or characteristics may help account
for these patterns.

Studies of alcoholic parents provide support for this argument. For example,
Wolin et al. (1979) and Steinglass (1987) found that children are less likely to become
alcoholic when family of origin rituals remain in tact. Dodge (1990) and West and Prinz
(1987) identified other family variables which could account for the different drinking
outcomes in children from different alcoholic families. These included: family disruption,
modeling of parental behavior, inconsistent or inadequate parenting, and marital conflict.
Thus, work in this area has pointed out the heterogenous nature of alcoholic families and
provided direction for future research. However, as Sher (1991) stated: "Clearly, work
on family factors in alcoholism is in an embryonic stage and the empirical data base is limited." (p.32)

Since it has been demonstrated to some degree that variation in the interaction patterns of alcoholic families affects intergenerational transmission of alcoholism, I believe it is important to more closely study characteristics of family relationships that may affect other child outcomes. In particular, I believe that it is important to examine how variations in the behaviors of alcoholic fathers impact family interaction, and in turn, the social skill development of children. There are obviously many factors which contribute to level of social skills of children with alcoholic fathers. This research is designed to focus on specific family characteristics and parenting behaviors as they relate to children's social functioning. The goal is to determine what types of alcoholic families are more likely to produce children with high social skills.

Organization of Chapters

In the next four chapters, I examine the relationship between family interaction patterns and children’s social skills, using data collected from 14 families with alcoholic fathers.

In Chapter Two, I provide a description of the design and methodology I employed in this work. I combined qualitative interview data and quantitative social skills scores in order to determine which family factors were related to prosocial behaviors in children. In this chapter, I explain my rationale for this approach as well as describing the social skills instrument, interview schedules, and data collection process.

In Chapters Three and Four, I provide an analysis of the relationship between parents’ behaviors and children’s social skills. In Chapter Three, I focus on the effects of
fathers' time at home on the social skills of their children. In Chapter Four, I demonstrate the importance of income in explaining family interaction patterns, and, in turn, children's social skills.

In Chapter Five, I summarize the findings of the study, discuss the implications for practice and policies which are related to alcoholic families, and suggest directions for future research.
Chapter 2: Design and Methods

As discussed in the introduction, the social learning literature addresses the major processes of child socialization. The general conclusion is that parenting styles which combine support and control have the most positive effects on children. Further, socialization that takes place in the family has the most lasting and consequential effects for children. Social learning theory emphasizes that these patterns of social interactions are set into motion early and are likely to influence the child’s social skills over the life span. This, in turn, affects how the next generation of children is socialized to become part of the greater society.

To assess children’s social skills, I chose an instrument which had been shown to be both valid and reliable (Gresham and Elliot, 1990; Clark et al., 1985; Elliot et al., 1988; Gresham and Elliot, 1984; Gresham and Reschly, 1987); however, it was clear that such a quantitative approach could not be used to identify the nature of family interaction and environment. To better understand the mechanisms by which at-risk members of society develop, I believed it was necessary to examine the micro-social family environment, in which socialization takes place. For this reason, the methodological approach for this research includes both quantitative and qualitative measures.

Combining Qualitative and Quantitative Data

The social science literature is replete with advocacy for the research strategy labeled by Denzin (1978) as “triangulation” or “between methods” type. This strategy is characterized by the use of both qualitative and quantitative procedures. The most beneficial application of combining qualitative and quantitative methods was found in
research where each method was used to gather unique data from the same sample. This approach made it possible to collect information which may not have been available to the researcher if only a single method had been used. The application of combined methods design has been advocated by a number of social scientists (Vidich and Shapiro, 1955; Reiss, 1968; McCall and Simmons, 1969; Diesing, 1971; Sieber, 1973; Jick, 1979; McCracken, 1988).

Many social scientists have combined qualitative and quantitative data and made important contributions in the area of family sociology (e.g., Suitor, Pillemer, and Keeton, 1995; Cherlin and Furstenberg, 1986; Clark, 1983; Fowlkes, 1980). I developed the methodology for this study based on some features of this research. For example, Cherlin and Furstenburg (1986) uniquely combined a variety of data and methodologies in their study of grandparenting in America. They conducted preliminary, face-to-face interviews and identified three styles of grandparenting. Then, national survey data of parents, teachers, and children were effectively combined with subsequent interview data gathered from the grandparents of a smaller sample of these same families. One of the numerous features of this study was to examine attitudes across three generations and determine whether value consistency between grandparents and grandchildren was influenced by grandparenting styles. Information derived from survey items and interview data were statistically analyzed in order to determine that the middle generation, not the older, served as the intermediary for passing values to the younger generation. Grandparent interviews provided some explanations for these findings.

Two other studies (Newman, 1993; Hochschild, 1990) are outstanding examples of qualitative research and have also served as exemplars for my own research. These
researchers used interview data to illustrate the effects of social realities on individual families which were representative of larger populations. For example, in a study of the dilemma of shared household duties in dual career families, Hochschild (1990) identified pertinent issues and demographic data. She then collected detailed qualitative data on the personalities, belief systems, motives, coping strategies, and daily routines of ten families which best reflected the entire group studied. The day-in, day-out experiences related by each of these couples revealed how families suffer as a result of the inequitable amount of time women spend on household duties. Such clear definitions of the problems and internal processes of dual career families clarified the issues as they exist in society, and enabled the reader to develop a new perspective from which to view such frequently addressed issues as marital roles, gender ideology, and role strain. This type of insight makes possible what Berger (1963) describes as “finding the familiar becoming transformed in its meaning” (p.21).

Alcoholism and drug abuse have become familiar topics in the media, in classrooms, and on bookstore shelves. The topic is so familiar, in fact, that the “real life” impact of this problem is frequently overlooked. For example, stereotypes of “alcoholic” behavior and family roles have become commonplace in the popular literature on chemical dependency. Some of this literature perpetuates the notion that all alcoholics and their family members exhibit the same types of behaviors. However, as discussed in Chapter One, empirical research identifies considerable heterogeneity among families with alcoholic members (Wolin, et al., 1979; Steinglass, 1987). Further, research has determined that although children of alcoholics may be a high risk population, outcome for these children cannot be successfully predicted only by the presence of an alcoholic
parent. A combination of quantitative and qualitative methods appeared to be ideal for my study of social skills of children with alcoholic fathers.

I collected quantitative data, which allowed me to classify the alcoholic families in my sample according to high, middle, and low children’s social skills scores. However, in order to determine factors (other than paternal alcoholism) which may influence child outcomes, I collected qualitative data examining family processes in order to explain the variation in the children’s social skills scores. Daly (1992a) described the use of careful collection of qualitative data as particularly applicable to the study of such family interaction. Further, these interview data clarified what Cronbach (1975) described as “behavior in context.” Descriptions of the family environment, in family members’ own terms, provided valuable information in understanding the arena from which the children’s social skills emerged.

Only with consideration of a variety of demographic variables, routine family interactions, and individual behaviors is it possible to develop a more complete picture of the effects of alcoholic parents on children. My combination of qualitative and quantitative data is a means to that end. These data are compared between families within the sample, and the similarities and differences which best predict a child’s level of social competency are identified.

Procedures

Criteria for Inclusion in the Sample

The sample for my study was taken from families with an alcoholic father who was beginning a treatment program for chemical dependency. These fathers had a primary diagnosis of alcoholism and were free from other psychiatric disorders. Wives
and children were also asked to participate. The families chosen for the sample met the following additional criteria: 1) Mothers did not suffer from severe depression or have a history of chemical dependency. 2) Children were school-aged, lived at home, and did not exhibit a cognitive disorder. 3) Families were intact, with children living with both biological parents. Divorce often has negative consequences for children. For this reason, several authors (Kandel et al., 1994; West and Prinz, 1987; Reich et al., and Sher, 1991) have pointed out the need for controlling parental marital status when studying children of alcoholics. Otherwise, it would be difficult to determine whether parental alcoholism or family disorganization resulting from divorce was responsible for negative behaviors in children.

Only families with alcoholic fathers were included in this study, despite the fact that maternal alcoholism has indeed been shown to have detrimental effects on parenting and child outcome. The literature indicated that the research issues substantially differ between maternal and paternal alcoholism. For example, heavy maternal alcohol consumption has been associated with insecure attachment patterns in the children (O'Connor, Sigman, and Brill, 1987). Although it is not clear whether this was attributable to fetal alcohol effects or poor parent-child interaction, it was an issue related to maternal and not paternal alcoholism. A review of studies examining the relationship between sex-of-parent and sex-of-children on the intergenerational transmission of alcoholism (Pollock et al., 1987), indicated that paternal alcoholism was associated with

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1 One four year old girl was included in the sample. Although she was not school-age, she attended a gifted pre-kindergarten public school program. The social skills questionnaire was read to her and she exhibited no difficulty in understanding those items, nor did she have trouble with the questions in the interview schedule. She was therefore deemed appropriate for inclusion in the sample. 2 The son of one family (case #3) was not the biological child of the father; however, the boy had never known another father and had lived with his mother and adoptive father since infancy.
increased rates of alcoholism in both sons and daughters. Maternal alcoholism was
associated with increased alcoholism in daughters only. Since the mechanism by which
maternal alcoholism affected the family appeared to differ from that of paternal
influences, I had concerns that including both alcoholic mothers and fathers in this study
would confound the results.

Research Sites

The initial design for this study was to include data only from patients and
cfamilies participating in chemical dependency treatment at one large, downtown hospital.
I considered the initial site to be ideal and anticipated that my entire sample would come
from that facility. An analysis of the 1995 hospital records showed that of the 398
patients treated for alcoholism that year, 68 of those patients met the criteria for
participation in my study. It was expected that the census would remain at least the same,
since there had been a gradual increase in treatment population over the previous last five
years.

A great advantage of this site was that I was a member of the “Family Workshop”
staff and worked two nights a week directly with the patients as well as their family
members. One night a week I met with patients and their family members and facilitated
a didactic session examining family of origin issues and the effects of alcoholism on
family members. The second night, I met with elementary school-aged children in order
to give them an opportunity to express concerns and ask questions related to the addiction
of their family member. I was in a position to collect the data soon after admission, since
the charge nurse or case social worker would notify me when a patient was admitted who
met the qualifications for participation in my study. Since I was a staff member, I had
full access to the unit. I was able to check patients’ charts for verification of their suitability for the study and meet with patients as soon as they were free from symptoms of detoxification. There was also ample time, prior to my actual group work with these families, to complete the data collection process.

In addition, there was a great deal of support from hospital administration and staff. This hospital had participated in previous social science research and the director was particularly interested in further developing the family program. She believed that information gained from the study would be useful toward that end.

During the first six months of data collection (June – November 1997) all eligible families at the hospital consented to participate in the study. However, just over one-third of expected cases were available. Judging from the 1995 census of admitted patients, I anticipated at least 34 eligible families during the first six month period of data collection; however, there were only 12. There were several reasons for this: 1) The hospital began serving substantially more Medicaid patients and there were fewer intact families in this population. In order to control for factors associated with family dissolution, which were likely to affect children’s social skills, only intact families qualified for this study. 2) The use of cocaine had increased in the treatment population. Since use of illegal drugs presented additional environmental risk factors and legal problems, these families were not considered to be representative of the targeted group where the patients’ drug of choice was alcohol. 3) Insurance companies and health management organizations were increasingly requiring out-patient treatment for individuals who were employed, had no prior treatment, and who had family support. Families who, a year before, would have participated in the inpatient program have been
given fewer treatment options. 4) In addition to these new developments, it had been clear from the beginning that eligible families would comprise a fairly small number of total families treated (68 eligible out of 398 admissions in 1995). This was due to the fact that paternal alcoholism doesn’t frequently develop to the point that treatment is sought until children are in their teen years. This study was specifically designed to include elementary school age children. Also, paternal alcoholism often contributes to problems in marital quality which often results in divorce. A large portion of the treatment population was typically single parents or remarried parents with blended families. These situations were likely to add stressors to the children. The effects of these stressors would have been impossible to distinguished from those caused by the alcoholism of the father.

In an effort to increase the sample by as many families as possible, other treatment facilities were added to the study and patients participating in both in-patient and out-patient primary treatment programs were included. The study was expanded to two other sites, one also located in the same mid-sized southern city and the other in a small neighboring town. The choice of new sites for data collection was based on the need to increase the sample with families representing a cross section similar to that of the original site. I submitted research proposals and met with the administration and the institutional review boards of two additional facilities and obtained permission for onsite interviews and access to pertinent patient information.

From January until July of 1998, data from the final sample was drawn from patients and family members who were participating in treatment programs in the three facilities. The hospitals served a population of approximately 665,000, including the city
and the surrounding eight counties. This area was identified by the hospitals’ marketing
departments and was the same geographical area included in the local Catholic Diocese
and local Chamber of Commerce. The small, outlying substance abuse center served the
people who lived in an adjacent county.

There were several advantages in using these facilities as the sites for data
collection. First, the admission procedure was the same at all three sites. The diagnosis
of chemical dependency was made based on information gathered by a treatment team.
Board certified social workers took case histories from patients and family members.
Both a psychiatrist and a physician specializing in chemical dependency examined the
patients. This diagnostic process determined the nature of the chemical dependency
(alcoholism, illicit drug addiction, prescription drug addition or some combination of
these). Further, the possibility of a dual diagnosis was examined. This made it possible
to select for this study only patients with a diagnosis of chemical dependency and rule out
other psychiatric disorders. It was also possible to eliminate from the study those patients
who were primarily addicted to illegal drugs. I was fortunate to have access to this
diagnostic information rather than depending entirely on family members as informants.

Subject Recruitment

Immediately after a patient was diagnosed as chemically dependent and admitted
to one of the treatment programs, the friend or family member who accompanied the
patient gave some preliminary information and identified an individual to serve as the
family contact person. The patient’s wife was the family contact for each of the families
in my sample. Soon after admission, a case history was taken by one of the staff social
workers. This history was based on information taken through interviews with the patient
(after detoxification) and the family contact. The names of patients who had school-aged children were made available to me by the social worker in charge of each case. I then read the information charted by physicians and social workers and determined which families met the additional criteria for participation in my project. In every case, I was able to make the first family contact within three days of their patient’s admission.

**Timing for Data Collection.**

Early contact with patients and family members was of particular importance. I wanted to meet with prospective participants very soon after the admission process so that data could be collected before family treatment began. This timing minimized the effects of treatment on individual perceptions. I wanted to capture as clear a picture as possible of the processes of families affected by untreated alcoholism.

After treatment begins, family members tend to become more sympathetic towards the patient and less focused on behaviors that were disruptive to the family. While family members are initially more inclined to give vivid descriptions of how alcoholism affected their family life, the patient is more likely to minimize the effects of his drinking (Johnson, 1980). It is often only later that the patient becomes more accepting of his disorder and develops heightened insight regarding how his drinking impacted the manner in which he interacted with his family. For this reason, I expected some inconsistencies in interview data collected from fathers, when compared to data collected from mothers and children. Since the alcoholic's minimization of his problem is a predictable condition which can affect family functioning, this was not considered to be a disadvantage. My goal was to collect data that closely represented previous, ongoing behaviors and perceptions of alcoholic fathers, their wives and children. This
would give a closer approximation to the functioning of families with alcoholic members who were not in treatment. It seemed reasonable, however, that the fathers in my sample would be considerably more aware of their problems and experience less denial than would alcoholic men who had not consented to treatment.

Since this particular moment in time for data collection from these families resulted in inconsistencies in the reports of fathers, methodological considerations are addressed in the section of this chapter which describes parent interviews.

Initial Contacts.

My first contact with patients was during face-to-face meetings which took place from one to three days after admission to the treatment programs. The amount of time varied, based on the duration of each individual’s detoxification period. During that first meeting, I described my study and the reasons I believe this work is important. Prior to telling patients what their participation in this study would require, I gave them information about some of my professional and personal experiences. I briefly described how these experiences contributed to my interest in the study of the social skills of children of alcoholics. My rationale for using this approach is discussed in the following sub-section. However, since the nature of my self disclosure is of methodological importance, the following is a nearly verbatim description of the content.

I told prospective research participants that I have worked with children for many years, beginning as a speech and language pathologist, and I am very interested in how children develop social skills and learn to interact with others. I explained that I first learned of alcoholism as a treatable disorder over twenty years ago. At that time, I had a family member go to treatment and I participated in a program for family members. I
said that, since then, I have had other family members and friends seek treatment for alcoholism and I have worked with children who described concerns about their relationships with alcoholic parents. I explained that some of these children were having a hard time getting along with others and some of the children seemed to be doing well. I told patients that I wanted to learn more about ways to help all children develop good social skills. I explained that the goal of my research was to gather information which could help improve family treatment programs. Further, I said that I believed speaking directly with parents and children would be the best way to help me understand more about the needs of families.

I then described exactly what the participation of each family member would entail, answered questions, and explained the measurers which would be taken to insure confidentiality. I asked if they would like to participate, and if they would be willing to have their family members invited to participate as well. Of all the patients who were eligible for the study, only one declined.3

I then met with each family. At the hospital where I worked, this meeting occurred within the context of the regularly scheduled family program. This program consisted of evening visitation as well as didactic and therapeutic sessions which took place on week nights. Families from the other two treatment locations were contacted by phone and appointments were scheduled. In some instances the children were not present so I met with them the following evening.

During these family meetings, I once again described how my professional and personal experiences led to this research and gave them a written and verbal explanation.

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3 The one patient, who declined participation, told me that he had been admitted into the hospital against his will and he did not believe that he had a problem with alcohol.
of the project. I went on to explain what their participation would involve and how confidentiality would be assured. I discussed the benefits of the research, answered questions, and asked for their participation. Only one wife declined participation.4

Family members who chose to participate were given consent forms (see Appendix A) and also asked to complete questionnaires giving basic demographic information. In instances when children were present, they were asked to complete their social skills questionnaires. If children were not present, I asked parents to bring them to meet with me the following evening to learn about the research, decide if they would like to participate, and fill out their questionnaires. Then appointments were made for interviews with each eligible family member. In most instances, I began parent interviews that same evening.

My initial meetings with families provided optimum opportunities for the establishment of rapport. We met in family conference rooms or in a secluded area of the visitation facility. It was important to provide privacy for these meetings. In our discussions of the nature of my project, family members frequently identified how the research issues were applicable to them. Parents generally had several questions about their children's part in the study. Understandably, this was their primary concern. These meetings lasted about 45 minutes. Patients and their wives needed this time to be certain they understood what was expected of them, and to gain enough confidence in me to alleviate anxieties regarding their children's participation. I believe the ease with which rapport was established can be partially accounted for by two factors. First, I made parents aware of fact that I have worked with children for some time, including children

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4 The one wife who declined participation, explained that she was tired of dealing with the “whole problem” and she didn’t want to “talk about it or think about it anymore.”
with alcoholic parents. Second, I let them know that I had personal experience with the
treatment of alcoholic family members and friends. This disclosure established my
position as a professional who was trained to work with children, as well as an individual
whose personal experience was similar to their own. Because of this, parents had more
reason to trust me with their children and to expect that I would be a non-judgmental
listener in their own interviews.

Rationale for Use of Personal Disclosure.

Since, as a researcher, I am examining a subject with which I have had personal
experience, it was necessary to make the decision as to whether or not I would reveal my
status as an “insider” to the participants in my study. I decided that my self-disclosure
would help put participants at ease.

It is common for alcoholics to meet with a good deal of criticism. It is also
common for wives and children to suffer significant embarrassment resulting from the
alcoholism in their families. The critical perception of others is one cause for the social
isolation commonly associated with alcoholics and their families (Sher, 1991; Steinglass,
1990; Calicchia and Barresi, 1975; Barber, 1992; Anderson and Henderson, 1983;
Reinhart 1979; and Collins et al., 1990). It would be reasonable for participants to feel
anxiety when discussing such an emotionally charged topic with a stranger. I believed
some of this anxiety could be alleviated by my own self-disclosure. In Berk and Adams’
(1970) discussion of establishing rapport in fieldwork, they pointed out that the sharing of
some personal information promotes acceptance and trust. I found this to be true. There
was no discussion of the specific nature of my experiences; however, it was evident that
participants were more comfortable after I'd explained that I had alcoholic family
members and friends come to treatment and that I'd participated in a family program myself. Some family members nodded their heads in acknowledgement, others made comments such as, "Well, you know what it's like." One patient (#3) said, "So you know that I'm not really a bad person deep down."

There is support of this approach in the literature (Rosier, 1996; Daly, 1992b; Oakly, 1981). For example, Daly argues that the related experiences of the researcher are "essential parts of the research and they demand conscious and deliberate inclusion." (p. 109) He pointed out that this includes statements about one's experiences with the phenomena in question. In his interviews of couples seeking to adopt children, Daly revealed his own personal experience with infertility and adoption. He found that not only did the couples appreciate knowing about their shared experience, but that his self disclosure helped participants feel more confident that they could talk candidly about the impact of infertility on their lives.

In a study describing the impact of parenthood on families, LaRossa and LaRossa (1981) revealed that their work was written from both an outsider's and an insider's perspective, since their first child was born in the middle of the project. These authors did not conduct the interviews themselves, so self disclosure to participants was not an issue. However, they did point out that they were experiencing their own transition to parenthood while they were simultaneously analyzing interview transcripts and trying to understand the experiences of others.

Studies on effects of experiential similarity (Suitor, 1985, 1987a, 1987b; Suitor, Pillemer, and Keeton, 1995) provide insight which can be related to the likelihood of improved comfort levels in respondents who are aware that their interviewer has some
first hand knowledge of their situation. Suitor (1985, 1987a, 1987b) found that women who were returning to school as full time students exhibited more interaction and closeness with well-educated friends and were more likely to confide in well-educated mothers. Suitor, Pillemer, and Keeton (1995) reported that individuals who had become caregivers to an elderly parent, experience more support from relatives and friends who had been caregivers themselves. They suggested that such experiential similarity promotes “greater empathy and understanding,” as well as “increased ease of discussing problematic aspects of the transitions.” (p.1585) Similarly, Marsden (1988) found that people involved in strong social relationships and who “discuss important matters” with one another tend to have similar attributes. Oliker (1989) studied women’s friendships and found that they particularly valued the sharing of common experiences, which were both specific and general. These studies demonstrate that people in a variety of circumstances are more likely to feel at ease discussing an issue with someone who is empathetic to their situation. Certainly this would hold true for families talking about alcoholism.

**Data Collection Schedule and Rate of Participation.**

Sixteen families were eligible for participation, however, two declined participation. The final sample for this study consists of 14 families. Ten families were in treatment at the hospital in which I was a staff member (site 1), three families were in treatment at the other hospital (site 2), and one family who participated in the study was from the smaller treatment facility (site 3). In twelve of these families there were two children, while there were three children in one family and four in the other. The project time line and rate of participation are shown in Table 1.
TABLE 1
DATA COLLECTION

Qualitative and Quantitative Data Collection

<table>
<thead>
<tr>
<th>Site 1</th>
<th>Site 2</th>
<th>Site 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 eligible families</td>
<td>4 eligible families</td>
<td>1 eligible family</td>
</tr>
<tr>
<td>1 father</td>
<td>1 mother</td>
<td>0 declined</td>
</tr>
<tr>
<td>declined</td>
<td>declined</td>
<td>participation</td>
</tr>
<tr>
<td>10 families</td>
<td>3 families</td>
<td>1 family</td>
</tr>
</tbody>
</table>

N=14

Site 1 – large downtown hospital
Site 2 – another large hospital in same city
Site 3 – small treatment center in neighboring town

**Measurement**

Face to face interviews were used to collect data regarding parent behavior and family interaction (Appendix B). I drew on general guidelines from Marshall and Rossman (1995), McCracken (1988), and Briggs (1986) in constructing interview schedules.

I organized interview schedules into categories of open-ended questions which moved from general to specific. I developed planned prompts within each schedule, and used them in instances where respondents did not spontaneously mention important aspects of their situations. Other purposes of these prompts were to maintain the focus of the interview, assure that all the desired data were collected, and give respondents an opportunity to describe exceptional events. I also used a technique described as “floating prompts” (McCracken, 1988) in order to sustain the flow of information and clarify
remarks which may have been unclear. For example, raising eyebrows, nodding the head, and repeating a key word from the last remark were some ways in which I acknowledged respondents’ comments and let them know I was listening. This was particularly important since I took notes during the interviews and could not maintain consistent eye contact. Note taking was required due to the fact that recording devices were prohibited in the treatment facilities.

I made every attempt to continually assess the comfort level of respondents and convey an attitude of acceptance, without responding either positively or negatively to the information I was given. I wanted to provide assurance that each participant’s perspective, regardless of content, was valuable and useful.

I collected data regarding parenting behavior, family interaction, and home environment in face to face interviews with each parent individually. In interviews with each of the children, I gathered information on family and peer relationships and activities. I designed interview questions to collect much the same information from each family member. In that manner, I was able to capture each individual’s perception of the family’s interaction.

In addition to the parents’ and children’s interview data regarding children’s social behaviors at school, home, and with peers; children were administered a standardized instrument, the Social Skills Scale. This instrument yielded social skills scores for each child. This triangulation of data effectively described children’s social skills using both a quantitative and qualitative measure. Parents also completed questionnaires which provided demographic data.
In the following section, I describe the interview schedules, instruments used, the data collection process, and interpretation of inconsistencies in reporting.

The Parents' Interview Process

Each parent was interviewed individually in one of the conference rooms provided by the treatment facilities. There were two factors which contributed to the ease with which rapport was established. First, I had already met with the family to explain the research project. As a result, they had a clear understanding of what to expect. Second, I had also explained that I had family members and friends who had been to treatment.

I began the interview by thanking them for their willingness to participate in the research. At this point, a few of the participants asked to review some of the information discussed in the family meeting. In some instances new questions regarding the interviews were raised; however, no additional information regarding my personal experiences was either asked for or given. After it appeared that participants clearly understood what was expected of them and were ready to proceed, I explained that I would be taking careful notes during the interview. During the first few minutes of the interview, this seemed to be somewhat distracting for the respondents; however, it wasn't long before my note taking appeared to go unnoticed.

The qualitative component of this research was designed to determine how the fathers' use of alcohol influenced family life and children's social skills. The specific issues that were addressed in the interviews are described in the following discussion.

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5 The only exception was one mother who requested that she and her children be interviewed at home due to lack of transportation. I did not find these interviews to be remarkably different from the others except for the fact that rapport seemed to be more easily established for family members who were in their own home environment.
First, both parents were asked questions intended to give them an opportunity to tell about the recent events leading up to the decision for treatment, as well as the history of alcohol related problems. I have found that both patients and family members are most anxious to describe what has just occurred in their households and give examples of the longstanding nature of the problems they have experienced. Giving them an opportunity to "tell their story" laid the foundation for the more introspective questions that came later in the schedule. This also provided me with background information that was helpful in placing subsequent responses in the context of that particular family member's perspective.

Second, parents were asked to describe their daily routine and family interaction. Parents were asked to describe specific events and the nature of each family relationship. For example, they were asked to "describe a typical day at your house," and "tell me about how you and your child get along."

Third, the questionnaire data dealing with children's social skills were expanded by the parents' descriptions of their children's behavior in various settings. During the interview, there was also an opportunity for family members to discuss behaviors which may be important within their particular family system but were not covered by the questionnaires. The parents were asked to "describe the child's relationships with siblings" and "with peers." They were also asked to describe their child's strengths and weaknesses as well as any concerns they may have for their child.

Fourth, commonalties among families were clarified. Much of the literature identifies general similarities among families where the father is alcoholic. One purpose of the interview schedules was to collect detailed descriptions from a number of families.
regarding common patterns that may be associated with the social skills of children. Some of these were: parenting styles, parental roles in discipline and care taking, social behavior patterns between family members, and expectations parents have for their children. Questions were also included regarding their family of origin and changes they would like to occur in their own households, after the treatment process is complete.

The open-ended nature of interview questions allowed for the possible identification of mediating factors which could either insulate or worsen the effects of alcoholism on children's ability to function well in social situations. For example, children in the same family sometimes exhibited different personality traits that made social interaction easier for one child than his or her siblings. In other instances, degree of social support, amount of time families spent together, and type and amount of leisure activities were identified as mediating factors. Determining why some children with alcoholic fathers have better social skills than others was the primary focus of this research.

As noted previously, another strategy employed throughout the interview process was the use of prompts. While the questions were general enough to provide considerable latitude for the respondent, planned prompts were used, if necessary, to make certain that all targeted information was collected. For example, I asked patients to “talk about problems that have been caused by your alcoholism or made worse because of your drinking.” Respondents frequently told me about difficulty in many facets of their lives. When they did not include descriptions of the impact of their drinking on individual family relationships, I prompted them to do so.
As was expected, there was some inconsistency between the reports of some of the fathers in the sample when compared to the reports of mothers and children. Fathers tended to minimize the extent of their drinking and its effects on their families. The following excerpts from interviews of family #4 provide an example of such inconsistency.

I asked the parents how the drinking in their family may have affected their children.

Father: Man, I don't like to think about that. I love my kids, but I don't get to spend much time with them...sometimes my wife can't handle them and she gets me to be the bad guy. It doesn't take much because they are pretty scared of me... I really don't know what my drinking has done to them.

Mother: It's not like they have ever really known him when he didn't have a problem. But it has gotten worse... and he is always gone or out in the workshop drinking... I know he loves them... I don't know why he has to be so mad all the time. My son is clinging to me more; he has ballistic temper rages. My daughter has been wetting her pants a lot. She was sitting in the back seat of the car and I heard her say "This Barbie doesn't have a Daddy, he's sick." She picked up a beer can out of the garbage and said "This had alcohol in it and Daddy drank it." We are all afraid of him. He yells... and spanks the kids, too hard sometimes,.... he has never hit me, but I think he might if I don't shut up.

I asked the children to tell me about some of the things they wanted to be different when their father came home from the hospital.

Son: I keep trying to tell him I don't want him to drink alcohol and I don't want to have to do that anymore. When my dad was drinking alcohol he gets very, very, very mad... and might give me a good whippin... I was so scared he would get mad at me for doing nothing. I want my dad to love me all the time and not be mad and just go ahead and play with me.

Daughter: He spanks me and yells and I cry... I want him to stop yelling, kiss my mommy and me, and play Barbie with me.

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It was mentioned in all four of these interviews that the father was seldom at home, he loved his children, but had little positive interaction with them. Further, all of these respondents reported that the father’s anger provoked fear in the family members. Although there was superficial agreement among family members, it was clear that the father’s perception was the most divergent. First, he gave the least amount of detail regarding how his drinking affected his children. In fact, he began by telling me that he didn’t even want to think about it. Second, he went on to say that he didn’t “get” to spend time with his children; but avoided giving the reason for this. Third, he mentioned that his children were afraid of him, but qualified this by saying that his wife couldn’t handle the children, so she got him to be the “bad guy.” Finally, he stated that he really didn’t know how his drinking had affected the children.

This father, as well as others in my sample, was trying to describe his behavior and make excuses for it at the same time. Such ambivalence is reasonable to expect from an individual who suffers from alcoholism, a disorder in which denial is a perpetuating factor. Therefore, it was not surprising to find that fathers’ reports of their own alcoholic behavior had a different “slant” than that of their family members’ reports.

Other studies revealed similar inconsistencies in the reporting bias of couples’ responses to interviews on sensitive topics (Szinovacz and Egley, 1995; Kamo, 1999; Deutsch, Lozy, and Saxon, 1993). Findings most pertinent to my research were identified by Szinovacz and Egley (1995) in their comparison of one-partner and couple data in instances of family violence. They found that a clearer picture of sensitive family interaction can be identified when data are collected from both spouses, rather than a single informant. They also found that there is a tendency for some spouses to distort
their answers on marital violence in order to control interviewers' impressions of them. This tendency to present themselves in a "good light" is lessened when outsiders are aware that violence exists in their family. As would be expected, this study also revealed that spouses are more likely to deny violence in a face-to-face interview situation than in other forms of data collection.

The research described above supports my approach in several ways. First, it supports my identification of father's attempts to present themselves as positively as possible in my interviews. However, the fact they were aware that I already had knowledge that they were alcoholic, was likely to lessen the degree to which they concealed their behavior. In addition, my choice to interview both spouses and children was likely to have the effect of encouraging honesty in reporting. Also, since face-to-face interviews are the most difficult situations for respondents to reveal sensitive information about themselves and their family life, the fact that I disclosed my position as an insider possibly put participants more at ease.

The Children's Interview Process

The general goals and rationale for the development of the children's interview schedule (Appendix C) were similar to that of the schedule compiled for the parents; however, there were some special considerations made for the children. The primary difference between the interview processes of parents and children was the amount of deviation from the interview schedule and from the planned prompts. For the parents, interview questions were open-ended and general enough that respondents had an opportunity to discuss whatever came to mind. The prompts served to redirect, when necessary, and to make certain all targeted data were collected. Although I avoided any
spontaneous give and take of outside information in parent interviews, for the children this was not necessarily the case. I did, however, have in mind clear perimeters within which these exchanges would be acceptable.

**Special Considerations Made for Children.**

Since the interview process for children differed in several ways from that of the parents, I will describe the age accommodations I made. The following are the unique features of the children's interview process and the guidelines I followed:

1) Rapport was established by a "get acquainted period" which included brief chalkboard games of tic tac toe and "squiggle," followed by a discussion of "favorite things."

2) Although there were general, open-ended questions to allow for information on unanticipated issues, many of the items were specific and to the point. For example, in order to collect information about daily routines, I asked parents to describe a typical day for their family. Such a question would have been too broad for the children. To elicit the same information in a more age-appropriated manner, I asked several direct questions such as: a) What are some things you like to do with your mom? With your dad? b) Do you get many chances to do these things? c) What are some things you do when you are not at school and not at home? d) Do you have a certain time to do homework? This type of direct questioning insured that the children were not overwhelmed and unsure of what to say. As with the parents' interviews, planned prompts were used to make certain all the necessary information was collected.

3) Many questions were related to experiences usually shared by school-aged children, so each respondent was likely to have an opinion or report for these items. For
example, I asked them what they liked to play with their friends, who their favorite
teacher was, and what they liked best about that teacher.

4) During these interviews, there were many opportunities for the children to talk
about positive experiences to give relief from relating information that may have been
distressing to discuss. In these instances, I followed the child’s lead. For example, a child
(oldest daughter #14) was telling me that her father was never present at any of her
activities and she wished he would at least watch her at tennis practice. She then began
comparing him to the father of a friend who coached her tennis team. The fact that her
father had not seen her play was clearly an issue that bothered her very much, since she
was visibly upset. At this point, she veered from the topic of her father and mentioned
that she was a good tennis player. I followed her lead and asked if she had been playing
for a long time. She then spoke at length about winning her first meet, playing doubles,
improving her backhand, etc. I complimented her and asked a few more questions about
tennis. When she appeared to be comfortable, I returned to the interview by prompting,
“So you would like for your dad to take you to practice.” She was then ready to move on.
The use of prompts, encouragement, compliments, and additional conversation between
questions was determined by the apparent needs of each child.

5) Over the duration of the entire interview process, two children (youngest son #5
and youngest son #14) did not respond to a question I asked. In these instances, I moved
away from the interview schedule and back to one of the games and discussion of
“favorite things” which had been used to establish rapport. During this time, I found
collection, compliments, and encouragement to be useful and appropriate. When the
child’s comfort level was regained, I returned to the interview, but went on to a different
question. I later re-worded the question which had caused difficulty. At this point in the interview, one child (#5) answered the question. In the other case (#14), he did not. I went on to something else and did not bring up that question again.

I believe that conversation, encouragement and compliments are very important when dealing with children, but not in regard to the critical subject matter collected as data. In that area, I believe that passive acceptance of anything said by the children is what enables them to speak without fear of judgement or a need to please.

The Interview Process.

Each child was interviewed individually, and I used group rooms with a large empty space, chalk boards, and floor pillows instead of family conference rooms. I began the interview session with a couple of games of “squiggle” and/or “tic tac toe” on the chalkboard. Perhaps surprisingly, even the older children in the sample enjoyed the chalkboard activity. We continued by choosing some pillows and sitting on the floor. I thanked them for coming to talk to me and told them that I had been a teacher for a long time and was especially interested in what children thought about things. I then asked each child to tell me about some of his or her favorite things, such as sports, movies, food, music, etc. When I had the sense that the child was comfortable, I began the interview.

The first questions focused on the father’s drinking. For example, I asked the children why their father came to treatment. By doing this, the children were able to choose the vocabulary they were comfortable with in describing their father’s drinking. This was the terminology I used throughout the interview or until the children made a change themselves. For example, some children referred to their fathers as alcoholic.
while others simply said their fathers drank too much. One child (daughter #4) told me that "beer kept making her daddy sick."

The next series of questions was designed to collect data on family environment and relationships. I asked children about activities they liked to do with each parent and what they enjoyed doing with their siblings. I also asked the children to tell me some of the things they got in trouble for, and what happened when different family members got mad. These and other similar questions provided a good picture of family life from the perspective of each child.

The interview schedule also included questions involving the children's relationships and activities at school as well as participation in extracurricular activities and outside interaction with friends. I asked the children if they liked school, prompted them to discuss what they enjoyed most and to tell me about things they disliked. I also asked them to tell me about their teachers and friends and about the things they did when they were not at school or at home. This information provided excellent detail regarding the social interactions of the children outside of the family. It also enabled me to get a feel for how children's social skills might vary in different settings, with different people.

The final question in the interview was "What are some things you want to be different in your family when your dad finishes treatment?" In many instances, I gained considerable additional insight about what children viewed as problematic with their family or missing from their home life.

I ended the interviews with general conversation about things which were of interest to each individual child. I wanted to be certain that there was a positive ending to our interview. Again, I thanked the child for coming.
Overall, the interviews with the children provided detailed information that could be used to try to explain variations in the children's scores on the Social Skills Scale.

**Children's Prosocial Skills**

The Social Skills Scale (Appendix D), a measure from the Social Skills Rating System designed by Gresham and Elliot (1990), was used to measure children's prosocial skills. This scale is in questionnaire form and was completed by children in the sample to identify the frequency of their competent social behaviors. The children were asked to rate the frequency of 34 of their social behaviors as occurring very often, sometimes, or never.

There are four subscales in the Social Skills Scale: 1) The Cooperation Subscale targets behaviors such as helping others, sharing materials, and following directions. 2) The Assertion Subscale includes such behaviors as introducing oneself and asking others for information. 3) The Empathy Subscale focuses on behaviors that show concern and respect for others' feelings and viewpoints. 4) The Self Control Subscale measures the frequency of behaviors such as responding appropriately to teasing and taking turns with others.

There are two main features of the Social Skills Scale that distinguishes it from most other behavior rating scales and made it preferable for use in this study. First, the Social Skills Scale focuses on positive behaviors, or prosocial skills. In the literature reviewed, the Child Behavior Checklist (Achenbach and Edelbrock, 1983) was one instrument frequently used to measure the behaviors of children of alcoholics (Tubman, 1992; Johnson and Rolf, 1990; Reich, et al., 1993; Rubio, et al., 1991; Jacob and Leonard, 1986); however, this instrument focused on negative behaviors. Other studies
frequently used shorter instruments, which also focuses on problem behaviors of children of alcoholics (McCord, 1988; Vaillant, 1982; Cloninger, et al. 1988; McCord and McCord, 1962). While these measures provided valuable information regarding problem behaviors, little attention was given to the child's prosocial skills. Gresham and Elliot (1990) reported only a moderate negative correlation between the Social Skills Subscales and the Child Behavior Checklist Problem Subscales. They argued that this suggests that socially skilled behaviors and problem behaviors are not at opposite ends of the same behavioral continuum. Children can exhibit socially skilled behaviors as well as problem behaviors, or exhibit few problem behaviors and still have difficulty in social situations.

There were several instances in the literature where both problem behaviors and positive traits (e.g. obedience, independence, positive adjustment) were addressed (Kandel, 1990; Coombs and Landsverk, 1988; Brook, et al. 1986). However, I found no studies which focused primarily on prosocial skills of children of alcoholics. Since these children are not a homogeneous group, research on positive social skills would provide a more complete description of the group's variation in behaviors. I designed this study not only to assess the social skills of children of alcoholics, but to determine the conditions under which some children with alcoholic fathers develop adequate social skills. Such information would be helpful in developing treatment programs which focus on increasing positive social interactions for all family members. This would not only improve family functioning, but possibly insulate children from developing the antisocial behaviors and conduct problems which are associated with adolescent substance abuse.
Standard Demographic Data

West and Prinz (1987) reported socioeconomic status as a mediating variable which could either diminish or compound the effects of alcoholism on the family. With their arguments in mind, I collected this information, as well as other demographic data, from parents through the use of a brief questionnaire. Table 1 displays these data which include age, income, race, occupation, and education. Income, occupation and education were used as indicators of socioeconomic status.

Table 2 gives the specific demographic data for each of the fourteen families in my sample. In summary, eleven of the families are Caucasian, two are African-American, and one is Hispanic. Family incomes range from $32,000 to $500,000 per year. In all but two families, at least one parent has a minimum of some college credits, and there are three families with parents who have earned advanced degrees. There are three families in which both husbands and wives have professional occupations, and three families where husbands are professionals and wives are homemakers. Eight fathers are skilled, blue-collar workers, and of the ten working mothers, only one is employed in an unskilled position.

Of the 31 children in the sample, ages range from four to 18 years of age, with all but five children of elementary school age. Parents range in age from 27 to 46 years old. The majority of couples are in their thirties and early forties.

Protection of Human Subjects

Since the data collected in this research dealt with sensitive topics, such as alcoholism, parental discipline, and problem behaviors, protection of human subjects was an area of particular concern. The potential risks to research
<table>
<thead>
<tr>
<th>Case #/ Race</th>
<th>Parents' Age</th>
<th>Parents' Education</th>
<th>Parents' Occup.</th>
<th>Annual Income</th>
<th>Children's gender/age</th>
<th>Father is Home</th>
<th>Family Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Caucasian</td>
<td>32/36 HS/HS</td>
<td>part time/ blue collar</td>
<td>$40,000.</td>
<td>M/10 M/7</td>
<td>rarely home</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>2/African American</td>
<td>37/38 college degree/HS</td>
<td>profess./ blue collar</td>
<td>$45,000.</td>
<td>M/9 M/7</td>
<td>rarely home</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>3 Caucasian</td>
<td>39/41 college degree/HS</td>
<td>wt collar/ blue collar</td>
<td>$40,000.</td>
<td>M/11 F/5</td>
<td>mornings, some weekends</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>4 Caucasian</td>
<td>43/40 HS/ some college</td>
<td>part time/ blue collar</td>
<td>$35,000.</td>
<td>M/6 F/4</td>
<td>stays in wk shop</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>*Stevens 5 Caucasian</td>
<td>32/32 college degree/ some col</td>
<td>profess./ white collar</td>
<td>$55,000.</td>
<td>M/11 M/8</td>
<td>mornings, some on weekends</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>*Thomas 6 Caucasian</td>
<td>44/46 college degree/ adv. deg.</td>
<td>homemaker/ profess.</td>
<td>$500,000.</td>
<td>F/11 M/9 F/5</td>
<td>very rarely</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>7 Hispanic</td>
<td>27/35 HS/some college</td>
<td>homemkr/ blue collar</td>
<td>$32,000.</td>
<td>M/7 F/5</td>
<td>1 day off per week</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>8/African American</td>
<td>43/44 col. degree</td>
<td>profess./ profess.</td>
<td>$60,000.</td>
<td>F/18 M/14</td>
<td>home on weekends</td>
<td>sports</td>
<td></td>
</tr>
<tr>
<td>*Jeffery 9 Caucasian</td>
<td>43/45 HS/some college</td>
<td>white collar/blue collar</td>
<td>$65,000.</td>
<td>F/11 F/9</td>
<td>mornings, evenings, family outings etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Caucasian</td>
<td>39/38 HS/HS</td>
<td>wt. collar/ blue collar</td>
<td>$55,000.</td>
<td>F/14 M/10</td>
<td>evenings, weekends</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>*Norman 11 Caucasian</td>
<td>41/43 some college/ 10th grade</td>
<td>white collar/blue collar</td>
<td>$60,000.</td>
<td>F/15 M/7</td>
<td>evenings, weekends</td>
<td>sports</td>
<td></td>
</tr>
<tr>
<td>*Howell 12 Caucasian</td>
<td>41/43 HS/college degree</td>
<td>homemaker/ profess.</td>
<td>$300,000.</td>
<td>M/10 M/8</td>
<td>some evenings, weekends</td>
<td>some weekend trips</td>
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</tr>
<tr>
<td>13 Caucasian</td>
<td>30/32 adv. degree</td>
<td>profess./ profess.</td>
<td>$65,000.</td>
<td>M/9 M/5</td>
<td>evenings, weekends</td>
<td>sports, TV, etc.</td>
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</tr>
<tr>
<td>*Wilson 14 Caucasian</td>
<td>38/43 col.degree/ advanced degree</td>
<td>homemaker/ profess.</td>
<td>$200,000.</td>
<td>F/11 M/9 F/7</td>
<td>some on weekends</td>
<td>none</td>
<td></td>
</tr>
</tbody>
</table>

*Pseudonyms used in discussion of these families

W – Wife
H – Husband
F – Female
M – Male

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only person involved with this project who received the questionnaires, conducted the interviews and compiled the data. Second, there were no names or identifying information on the questionnaires. Only an identification number was used. Further, no names or identifying information were used when compiling the data for analysis, or in the reporting of research findings. Third, participants were advised that no one, except researchers directly involved with this study, would have access to the information they reported. Participants were also assured that no member of the hospital staff or other family members would have access to interview and questionnaire data. Fourth, the actual protocol was kept in a locked file to which only I had access. The cross-listings of identification numbers and family names were kept in another location, also in a locked file. Fifth, forms, identification numbers, and family names will be destroyed after the data are recorded.

Adverse Reaction by the Respondents.

This could occur as a result of some of the more sensitive items on the interview schedule and was the second potential risk to human subjects. Patients, wives and children were given information about the exact nature of the study. They were given an opportunity to consent to or decline participation with the full knowledge of the type of questions they would be asked and the assurance that their decision would in no way affect their treatment. Participants in the study were also told that if at any time they changed their minds and wanted to stop filling out the questionnaires, or end the interview, they were free to do so without adverse consequences. They were also told that they were free to decline to answer specific questions and still participate in the research.
Data Organization

Classifying Children’s Social Skills Scale

There were 34 items on the Social Skills Scale. The children were given the questionnaire and told that it was a list of things kids may do. I gave them two examples of test items: 1) I start conversations with my classmates, and 2) I tell others when I am upset with them. I then asked them to read each sentence, think about it, and then decide how often they did the behavior described. My instructions were: “If you never do this behavior, circle 0. If you sometimes do this behavior, circle 1. If you very often do this behavior, circle 2.” I was sitting in the room with each child as they completed the questionnaire, and I made them aware that I was there to help if they experienced difficulty reading or understanding any of the items. I read the items aloud to the youngest children in the sample.

Each child’s social skills score was derived by totaling all of his or her responses to the questionnaire. While the standard use of this instrument requires that each subscale be computed first and then all subscales totaled, this method requires that some test items be used more than once. This method may be preferable for the evaluation of individual children; however, since the purpose of this study was for sample comparison only, giving each item equal weight and re-scaling the scores was a more suitable approach. The possible range for this scale was 0-68.

After each child’s social skills score was computed, the scores of siblings in each family were totaled and a mean score was derived. This method allowed for instances where there was more than two children in a family. The family mean scores were then arranged from lowest to highest scores. There is a wide range in the family mean scores.
The highest is a score of 55 and the lowest is 28.5. The overall mean for the sample is 41 with a standard deviation of nine. Based on the standard deviation and natural breaks in the distribution, families with low, medium, and high mean social skills scores were identified on Table 3.

The Social Skills Rating System was standardized in 1988 on a national sample of 4,170 children. In order to compare the individual social skills scores of the children in my sample to the standardized sample comparison group, I employed the same method of scoring that was used to standardize the instrument.

This method is different from the one previously described, in that the raw scores are computed by totaling subscale scores, rather than by simply totaling all test items. The differences in scores resulting from the two methods of tabulation is due to the fact that six test items are used twice, once in each of two different subscales. The value of each test item ranges between zero and two. Therefore, the different methods of scoring could make as much as a 12 point difference in final scores. The effects of the standardized scoring technique vary with each individual child, so there is not a uniform effect across all scores of my sample. The scores obtained by adding subscales are arranged by family means in Table 4.

The difference in scoring techniques does not change the relative distribution of my sample. That is, families whose children's mean social skills score were in the low, middle, and high range still fall in the same groups, even though there were some changes in the order of family scores within the low and middle ranges.

The scores of the individual children are, however, more meaningful when compared to the standardized sample. As shown in Table 4, only three children scored in the high
range when compared to the test population. Sixteen children scored in the middle range and twelve had low range scores. The mean score for the females in my sample was 55.5, compared to the test mean of 56.5. The mean score for the males in my sample was 41.5, compared to the test mean of 51.5. In general, the males in my sample had lower social skills scores than the male children in the comparative group, while the females’ scores were quite similar. If indeed children’s problems with social skills is an indicator of later alcohol or drug abuse, this finding would support research (Harburg, Davis, and Caplan, 1982; Chipperfield and Vogel-Sprott, 1988) which indicates that sex-specific modeling is stronger than opposite-sex modeling in the transmission of alcoholism from parent to child.

Interview Data

Interviews with the 14 families in my sample were scheduled so that qualitative data from all members of one family were collected before beginning interviews with another family. In 12 instances, I held interviews for each family over two consecutive days. The other two families were interviewed over a three day period. Parents were interviewed on the first day and I met with the children on the second, and, sometimes, the third day. I scheduled time between interviews so that I could immediately go over my notes, fill in information and impressions, and check for legibility. Each evening I transcribed my notes. Within one week of completing a given family’s interviews, I reviewed my transcriptions, added general comments, listed family characteristics, and

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6 Exception: Family #7 - family interviews were conducted on the same day in their home.
# TABLE 3
CHILDREN’S SOCIAL SKILLS SCORES

<table>
<thead>
<tr>
<th>Cases</th>
<th>Low Range</th>
<th>Middle Range</th>
<th>High Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#1</td>
<td>#4</td>
<td>#2</td>
</tr>
<tr>
<td>Mean SS scores</td>
<td>28.5</td>
<td>31</td>
<td>31</td>
</tr>
</tbody>
</table>

M = male
F = female
**TABLE 4**

**STANDARDIZED CHILDREN'S SOCIAL SKILLS SCORES**

<table>
<thead>
<tr>
<th>Relative Range of Sample</th>
<th>Low Range</th>
<th>Middle Range</th>
<th>High Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
</tr>
<tr>
<td>Mean SS scores</td>
<td>32.5</td>
<td>35</td>
<td>36</td>
</tr>
<tr>
<td>Indiv SS scores by gender</td>
<td>M-25</td>
<td>M-33</td>
<td>M-32</td>
</tr>
<tr>
<td></td>
<td>M-32</td>
<td>M-37</td>
<td>M-40</td>
</tr>
<tr>
<td></td>
<td>**</td>
<td>F-54</td>
<td>M-29</td>
</tr>
</tbody>
</table>

M = male
F = female

**Standardized Scores:**
* Low range scores (for males: 0 - 40; for females: 0 - 47)
** Middle range scores (for males: 41 - 60; for females: 48 - 64)
*** High range scores (for males: 61 - 80; for females: 65 - 80)

Mean score for males = 51.5
Mean score for females = 56.5
identified general themes that ran through interviews of all or most of the family members. I collected between 15 and 20 pages of data for each family.

After the final series of family interviews, I coded and organized the data, by family, into twelve variables. These variables were based on issues identified in the literature as potentially important factors in areas of family interaction and alcoholism. These variables included: 1) socioeconomic status, 2) other demographic data, 3) father's drinking history, 4) parental favoritism, 5) children's problem behaviors, 6) children's friendships, 7) sibling relationships, 8) parent's relationships, 9) parental discipline, 10) parenting strategies, 11) violent behavior, and 12) family activities.

I created a wall chart and ordered the families horizontally according to the children's mean social skills scores, as shown in Table 1. For each family, I then coded the data and summarized information concerning each variable in a vertical array below each family case number. My review of the data also led to the discovery of one unexpected family characteristic: the amount of time fathers spent at home. This suggested a potentially important factor which could be helpful in explaining variation in children's social skills. I coded these data as well, and included this variable in the vertical array.

Using the visual display of thirteen family characteristics, I was able to look for patterns of family variation that were consistent with the variation in children's mean social skills scores. The clearest, and apparently most important of these patterns were; amount of time fathers spent at home and annual family income. These patterns are the focus of the following two substantive chapters.
The families in my sample are a good representation of other intact families that I have seen at the hospital treatment center over the past ten years. The wide range of levels in socioeconomic status, education, family interaction, and parenting strategies are consistent with the variations in families I have worked with. As in my sample, the treatment population of intact families has been primarily Caucasian, but has also included minorities. The children in this sample are also representative of other children I've seen; they have expressed similar concerns about their fathers' drinking and their mothers' well-being. The children have also expressed a desire for their fathers to participate more in their lives. However, just as the children in the sample have exhibited a wide range of behaviors and interpersonal skills, so has this variation been present in the children I have worked with over the years.

Personal Perspective

My interest in the study of children with alcoholic family members initially stemmed from personal experiences with family and friends who suffered from chemical dependency. Additionally, my work as a public school speech/language pathologist, with a specialty in language disorders, heightened my awareness of the varying etiologies associated with poor communication skills. Since I was particularly sensitive to the impact of strained home environments on children's ability to interact effectively with peers and/or teachers, I identified many children in my case load with problems at home. A large number of these children had alcoholic parents and difficulty with social interaction at school. My work with this particular population in the school system led to my being offered contract work at a local hospital. For the past 10 years, I have facilitated groups for children and adults...
who have family members in treatment for chemical dependency. I found that social isolation was frequently characteristic of these families; however, it did not occur in all cases. Further, some children seemed to have better social skills than others. I became very interested in socialization process and family characteristics that might be related to improved social skills in children. I believe that the preliminary identification and clarification of my own personal and professional experiences, prior to this research, increased my ability to listen objectively, but with heightened awareness, to the perspectives, situations, and worldviews of the respondents.

This study was designed with the idea that children with alcoholic fathers are not a homogenous group. It is my belief that more information is necessary to determine what factors may account for the differences. The purpose of this research was to identify family patterns associated with children's social skills. This is best accomplished by an in-depth look at family interaction. Research designs like this one, which include detailed qualitative data, are well suited for the study of what goes on between family members. The collection and detailed representation of specific behavioral data can be a tremendous aid to professionals who work with alcoholics and their families. Armed with this information, they can more effectively focus on those aspects of family life which offer the most promise for improving general well-being and child outcomes.
Chapter 3:  
Alcoholic Fathers' Time at Home and Family Interaction:  
Effects on Children's Mean Social Skills Scores

The wives of alcoholics often wait up late at night with concerns of car crashes and worries that their husbands might be “passed out” on the side of the road. Children of men who are out drinking sit down at dinner tables where there is always an empty chair. But what about families where the alcoholic father is at home? Does this make things better or worse? Is it the same for all families? If not, what might the differences be?

In this chapter, I will examine the effects of fathers’ increased presence at home on family interaction patterns and determine how this might be associated with children’s social skills. I will make comparisons between families who have high range social skills scores and families whose children’s social skills scores are in the lower range.

“I Do My Drinking At Home”

Family Life for Martin and Connie (#9)

Martin and Connie Jeffery and their daughters are the sort of family that people notice. They’d make a fine poster illustrating an ideal American family: attentive father, loving mother and two, beautiful, bright, well behaved girls. On the surface, they seem picture perfect, whether working together on a science project, going out for pizza on Friday night, or taking a Sunday drive to ride the ferry across the river.

Every morning, Connie cooks breakfast and they all sit down together to start the day. After the table is cleared, Martin teases the girls and leaves them giggling. He kisses his wife and goes to work. Connie is silent, still hurt, confused and angry from the night before. This is the morning routine.

\* In order to insure the confidentiality of families in the sample, pseudonyms are used.

52
The evenings in the Jeffery home are predictable too. Martin is an alcoholic. He knows it and so does Connie. But, the girls only suspect that there is more than just Coke in their father’s glass…the glass that is constantly refilled all evening long. Martin and his daughters watch TV together while Connie prepares the meal. It is Martin’s nightly practice to complain about the food being served too early. But he brings his glass to the table and eats a few bites while Connie and the girls have dinner. Martin always offers to put up the leftovers. He eats later. Too much food in his stomach and he’d lose the “buzz” he’d been working on since quitting time at work.

After the girls take their baths and go to bed, Martin is more open with his drinking. He leaves the bottle of Jack Daniels out on the kitchen counter. Connie waits until the children are asleep to talk to Martin again about his drinking. Somehow, no matter how she changes her approach, the result is the same. He tells her that he doesn’t have a problem. He has had a hard day at work and only wants to relax. He tells her that she is over reacting, and that her constant complaining is hurting the girls and disrupting the peace of the family. Those nights she goes to the bedroom angry, crying, and feeling hopeless. Other nights she will try very hard to see his point of view, sit with him to watch TV, make conversation, and pretend everything is all right. She almost fools herself into believing that if she will just change her own behavior, things between them can work out. She wishes so much for happiness in the marriage and she is trying to make it happen. So she sits there with Martin, imagining them to be any ordinary husband and wife, spending some quiet time together after the children are in bed. Sometimes it almost works. Then Martin begins to slur his words and stumble to the
kitchen to pour another drink. The charade is over, and Connie goes to bed, crying herself to sleep.

The next morning makes the night before seem like a dream. Martin comes out of the shower, smiling, joking, and complimenting Connie on the wonderful breakfast. She wonders how she could be so angry and resentful toward the kind man standing in their kitchen. But Connie keeps her distance from Martin, and the girls pick it up. They are confused. All they see is Daddy being nice and Mama acting mad.

Often, on the weekends, Connie tries a different tactic: talking to Martin about his drinking before he has his first drink of the day. Both end up frustrated, believing themselves to be completely misunderstood by the other. The girls have ideas about some problem between their parents because Linda, the nine-year-old, listens at the door when their parents go in the bedroom to talk in soft voices about what is wrong between them. The girls know the problem is something about their father's drinking and they notice the uneasy silence when their mom and dad come out of the bedroom. It isn't long before the strain melts away and plans for a family outing begin to take shape.

In an effort to make peace with Connie and prove himself to be a good father, Martin makes suggestions for a trip to the zoo or a couple of hours at Skate City. Mother and girls brighten. The day has taken a positive turn. Behind the closed door, Martin had said he was wrong and that he was sorry. He told Connie he understood how she felt and that he loved her and wanted to spend time with her and the children. He told her that his family is the most important thing to him... what life is all about. Connie thinks this may be the day Martin will quit drinking for good. Martin thinks so too.
In fact, Martin does stop drinking for a couple of weeks. He is difficult to be around. The most trivial spat between the girls or a disagreement about which TV station to watch can make him angry and he’ll start yelling. At first, Connie can’t figure out what’s going on. Then it all makes sense and she works extra hard to be sure everything runs smoothly around the house. She cooks his favorite meals and tries to keep the girls out of his way.

The first sign that Martin may start drinking again is when he goes by himself to fish for the weekend. When this happens, Connie gets worried. Her fears are realized when Martin comes home after work and pours a drink, and another, until the evening is gone. Connie knows that it didn’t work this time either. Martin tells her that it is no big deal, that he’s not hurting a soul. The cycle begins again. The Jeffery family has been living like this for years.

One weekend, things changed. Martin started drinking on Friday and stayed drunk until Sunday. Connie got scared and called Martin’s cousin for help. They took Martin to the hospital for treatment for his alcoholism.

Family Characteristics: The Jeffery’s

A few days after Martin entered treatment, I interviewed each member of the family. Martin and Connie had been married for 15 years. Martin was 45 years old and Connie was 43. This was Martin’s second marriage and Connie’s first. Martin was a welder with one year of college. Connie finished high school and went to work as a teller in a bank and had worked her way up to bookkeeper. Their annual family income was $65,000 a year. Connie and Martin had two daughters, Betsy, age 11, and Linda, age 9.8

8 Martin also had a 23 year old daughter from a previous marriage. She lived in another state and had little contact with the family.
Children's Social Skills: Betsy and Linda Jeffrey

These children's mean social skills score was the highest in the study. Linda, the more outgoing of the two, scored higher than any of the other children who participated in this research. Although both girls exhibited good social skills, Betsy was quiet and had some difficulty making friends. The children's styles of interaction within the family were quite similar to their peer interactions.

Connie reported that both of her children were "very good students" and she didn't have "any real problems with either one"...they are just different people." Connie went on to describe her daughters:

Betsy is more serious, quiet, and very sensitive. She gets her feelings hurt easily... Linda will tell you what's on her mind a lot quicker than Betsy. If Betsy is worried about something, I usually have to pry it out of her or wait a few days before she says anything. Betsy always notices if I'm upset about something and she may not say anything, but she might pick some flowers or write me a little note with hearts. Linda just isn't that observant of other people, she always has her mind on what she is going to do next. She has friends in and out all the time. She has always attracted other children like flies. The kids love her and so do her teachers...even though she talks too much... I am proud of both my girls.

Both parents agreed that they had to deal with the girls differently. Martin said that Betsy "didn't need to be punished much, just talking to her would make her cry." But he said that "Linda was another story."

She gets mad and just tells you like it is, and slams her door." She's the one that will argue with you and end up not being able to watch T.V... I can tease with her more, though...I don't have to worry that she will get her feelings hurt ... like Betsy does.

The difference in the children's styles of interaction did not appear to cause any problems within the family. In fact, there was evidence of a cohesiveness between the
children and an acceptance of individual differences. Linda talked about her relationship
with Betsy:

She (Betsy) is not used to people, even classmates...She’s kinda shy...I’m just a
person who makes mistakes. Nothing wrong with that...I like it when she (Betsy)
lets me sleep with her...and lets me wear her hair bows. When I get sent to my
room, she brings me cookies when my parents don’t know.

At school, both Betsy and Linda interacted with their peers in the same ways that
they interacted within the family. Linda was outgoing, had many friends and enjoyed
physical activities. Betsy had fewer friends, liked to read, write in her journal, and was
very conscious of her friends feelings. As Betsy described the differences between
herself and her sister, she also touched upon the general philosophy that appears
consistent with all members of the Jeffrey family:

She(Linda) likes gymnastics and I hate it. She can act mean...and doesn’t try
hard enough to be good. But to tell you the truth, everybody is different one way
or the other. Me, my dad, my mom, my sister...everybody in the world. You just
have to understand, that’s all.

In spite of Martin’s alcoholism, each family member made an effort to understand
the others and, as a result, the children seemed to have learned an acceptance of
individual differences that could contribute to their high social skills scores.

Positive Family Activities and Interactions in the Jeffrey’s’ Household

Although the Jeffrey’s family life was interrupted to some extent by
Martin’s alcoholism, this family managed to maintain some of the structure and
family rituals which may have contributed to the higher social skills of their daughters.
Both parents attempted to function in a positive manner with their children and
encouraged their schoolwork and friendships. For example, the family evening routine
was structured to meet the needs of the girls, with regard to their homework. Connie and
Martin's interest in their girls' performance at school contributed to the fact that the children made good grades and believed that it was important to have positive relationships with teachers and classmates.

Martin, Connie, and their daughters, Betsy and Linda were all very willing to describe the details of their lives together.

Managing Drinking and Maintaining Family Life: Conscious Choices

Martin was one of the fathers in the study who spent the majority of his leisure time with his family. He said with pride, "It's not like I'm out cruising the bars...I'm sitting in my own house...I do my drinking at home." Martin wanted to think that his children were untouched by his alcoholism. In fact, he told me, "I don't believe it affected them at all." Connie also made every effort to shield the children from his drinking. She said:

He (Martin) tries to hide his drinking from the girls. He starts drinking pretty soon after he comes in...sneaky like...He will say things like 'I'm going to fix a Coke, does anybody want one?' Maybe they don't know he puts bourbon in his. I doubt it but I don't know...It's hard to say. You might find out more from them than I know...We (Connie and the children) never talk about Martin's drinking.

Both parents also attempted to keep their children from hearing their arguments. Connie explained that she and Martin were usually in agreement on what is best for the children and that they worked hard to be sure that the girls weren't exposed to the discord between them. They both made every attempt to keep the problems related to Martin's drinking a secret. As a result, according to Connie, the girls only saw that their mother was unhappy some of the time and had vague notions of what the difficulty could be. Further, Connie believed that the girls were insulated from much of the marital discord
caused by Martin's alcoholism. Often, they blamed their mother for the arguments.

Connie explained:

We try not to raise our voices in front of the girls. But I can tell you that what arguments we do have in front of the children, they believe are my fault, not their father's. They adore him... in their eyes, he can do no wrong. The girls probably about halfway know what's going on.

However, Betsy and Linda knew far more about what was going on in the household than their parents imagined. Both daughters told me that they knew when their parents argued. Betsy, age eleven, said that her parents went into their room and "closed the door and came out kinda mad." She told me that she didn't like her parents arguing, "I want Mama to be happy with him... she is already happy that he doesn't drink anymore." Linda, age nine, said, "I want my dad to stop drinking... I don't really think it's just Coke... They send me to my room so I can't hear. I really don't know what else goes on in that house."

Like all alcoholic families described in the literature, Martin's drinking affected the entire family. But, because Martin and Connie did their best to keep his drinking separate from interaction involving the children, and because Martin played an active part in the daily family routine, his alcoholism was not as great an issue for Betsy and Linda as it was to many other children in the study.

Discipline is another area of parent-child relationships which is frequently studied in alcoholic families. Given the poor impulse control that is associated with alcoholic behavior and the amount of marital stress and frustration common in alcoholic families, the likelihood of abusive parenting increases in this population (Joumes, 1985). Although there were inconsistencies in the manner in which Betsy and Linda were disciplined, abusive behaviors were not present in the Jeffery family. Usually, both parents first told
the girls to stop their inappropriate behavior, then they would be sent to their rooms or have privileges taken away. Connie’s use of spanking and some yelling by both parents were the exceptions to the otherwise appropriate parenting strategy employed by this family.

Martin talked to me about the things that cause disputes in their family. He told me that he and Connie didn’t have arguments about their daughters, only about his drinking. He said that the only times the girls were involved in any sort family conflict were “about Linda wanting something Betsy’s got, or bedtime...or running late in the mornings...stuff like that.”

There were periods of time when Martin’s behavior toward Connie and the children changed. This was when he was trying to stop drinking. This occurred for a couple of weeks, every four or five months. Connie explained what happened:

When he is trying to quit, he has a short fuse and snaps at me and the kids. I know he is having a hard time... He is terrible to be around, everything makes him mad and nothing is ever right in his mind... He will get mad and walk away or take a shower.

The fact was that despite Martin’s alcoholism, his presence and participation in their home life was much more positive than negative for his two daughters. Connie described Martin as a “wonderful man, and a wonderful father...when he just drinks some.” She said, “he does more than most fathers,” and went on to describe part of their family routine:

We eat breakfast together and Martin has to leave first, car pool comes for the girls, and then I finish getting ready, clean up and leave. I pick the children up and get home about six. Martin comes home about the same time. He watches TV or fools around with the girls while I fix supper. Sometimes we go out to eat at the Picadilly, if I don’t want to cook. Always on Fridays we go out somewhere, but sometimes other nights too, or Martin will go get pizza if one of the girls has something for school they need me to help them with. I like to have the girls in bed by nine.
Both daughters gave examples pointing out their everyday interactions with their father. Betsy, the eleven year old, told about how he helped her "make a science project showing that regular Coke will sink and diet Coke will float..." Linda, the nine year old, said she played Nintendo with him everyday, if she finished her homework. Martin made an effort to be involved with his children and planned to continue to be active in their lives. He said, "I think I know my kids pretty good... I think they would come to me with something that was important... I think they always know they can do that." Connie also viewed the girls' relationships with their father as being close. She told me, "He and the girls get along really good. They think he hung the moon."

Generally, Connie and Martin agreed on what family life should be like. For the most part, the family routine in the Jeffery house was consistent and the family maintained predictable, interdependent roles. Martin was very much an active, and mostly positive, participant in his children's everyday routine. Everyday, he could be depended on to have breakfast with his wife and daughters, come home right after work, watch TV with the girls, help with special homework projects, and sit down to the dinner table with the family or go out for dinner when Connie was too rushed to cook.

The consistency of the Jeffrey family routine created an environment that was conducive to positive socialization of the children. The literature pointed out the importance of family ritual as a stabilizing factor in families. When special occasions and daily family routines are disrupted by the alcoholics drinking, increased family confrontation occurs. The interruption or neglect of ritual observances has been found to increase the likelihood of children developing psychological problems in adulthood. (Wolin, Bennett, and Noonan, 1979). Steinglass (1987) found that daily rituals, which
enable families to bond together as a unit, are especially crucial in maintaining normalcy in families plagued by alcoholism.

Martin’s presence in the home also allowed for his participation in many other family activities. Martin told me:

I like to get little jobs done around the house so I can get them out of the way, then we might go somewhere….to a movie or for a ride somewhere if the weather is good. I will do anything they want to do but spend the day shopping. I will go in a store or two if Connie knows what she wants…but this looking around business…I rather they just leave me at home.

Connie agreed that they have some fun together on Saturdays and Sundays. She described their weekends with the children:

He will do stuff with us, or jobs around the house. We go places we think the girls will enjoy. Everything is ok….really better than ok… until in the evening, he starts… Even when things are going good and we might be all together, going to a movie or out to eat, or taking the girls skating or anything, I wonder when he is going to start. I don’t understand how we can be out all day and everybody get along so well and have so much fun and then we get home and he pours a drink and sits down.

Neither Betsy nor Linda described their family activities being tainted in any way by their father’s drinking. When I asked Betsy to tell me about their family outings, she said:

Me and my mom and dad and my sister go out to eat and to the movies. We went to Houston and to Disney World and we go riding and on the ferry. (Do you get to go places with your family very often?) Yes, but not to Disney World…Daddy says we can go back in the summer, maybe. I was in third grade when we went before. We like to go to movies and shopping and eat out and take trips to see my Dad’s family…to watch Linda at gymnastics and go to her meets.

Linda said:

Oh, we do lots of fun things together. The whole family goes to Houston and Orlando and to Paw-paw’s camp. I swore I’d never go there again, though…there was a spider and a salamander in our bed. Daddy said I didn’t have to go back if I didn’t like it.
Further, there were several times during the children’s interviews when it was obvious that the girls looked to their father to make many of the decisions regarding family activities. These remarks by the children indicate that Martin’s role in family activities was not a passive one. Just as Betsy took it for granted that her father would decide when they take another trip to Disney World, Linda was confident that she wouldn’t have to go back to the camp, because that was what her father told her. Linda made the comment that her Daddy could “always think of fun things to do.” And Betsy told me, “If anybody gets too bored, Daddy comes up with a bright idea for everybody.” Thus, it appears that he actively helped to create opportunities for shared family goals and experiences.

The fact that Martin, his wife, and daughters exhibited a great deal of positive family interaction supports Sher’s notion (1991) that generalizations about alcoholic families and the necessarily negative outcome for children of alcoholics should be questioned. When Steinglass (1987) observed family behaviors in alcoholic homes, he found that there was considerable heterogeneity in interaction patterns among alcoholic families and that there was also considerable variance in the level and quality of social interaction between these families. Despite the fact that Martin was an alcoholic, the Jeffrey family managed to maintain an environment that encouraged the children’s development of positive social skills.

Martin’s availability and daily interaction with his children made him aware of some social problems faced by Betsy in adjusting to her new school. Connie described the difficulty: “Betsy is serious, quiet and very sensitive... She hasn’t adjusted (to the new school) as well as Linda... she doesn’t make friends as easily.” Martin and Connie work
together to help encourage Betsy’s friendships and provide emotional support when she is having difficulty. Connie explained,

They both have little friends from school that they get together with to play or spend the night. Linda always gets more invitations than Betsy to go to friend’s. Sometime that creates a problem. Betsy gets her feelings hurt and Martin and I try to do something special or let her have a friend over when Linda is gone.

The girls also participated in extra-curricula activities. When it was time for gymnastic meets and dance recitals, both Linda and Betsy had the support of their parents. Attendance at these events was a family affair. All of Betsy and Linda’s friendships and their opportunities for peer participation were enhanced by their parent’s encouragement, support and understanding of each girl’s needs. Martin said, “Connie and I agree on most things that have to do with the girls.” This seemed especially apparent in the instrumental and emotional support given to Linda and Betsy for the development of positive relationships outside the family.

Research has shown that home environments which promote this type of interaction among family members, enhance the socialization of children by giving them the opportunities and models necessary to acquire positive social behaviors (Bandura, 1977). The absence of such social opportunities and models within the family can result in what Bandura (1986) called “acquisition” or “learning” deficits. Gresham (1988) points out that such deficits are not “outgrown” but can continue throughout a lifetime. Although Kandel (1990) determined that parental support necessary for children’s development of positive social skills is frequently lacking in alcoholic families, this did not seem to be the case for the Jeffery family.

In sum, even at Martin’s worst, his behavior with his family was less disruptive than most of the fathers I interviewed. When compared to the other families in this
sample, the Jeffery family had fared well. They exhibited many of the characteristics of alcoholic families described in the literature, such as: parental discord related to spouse’s drinking, inconsistency in parental moods and behaviors which are associated with the use of alcohol, and anxiety of family members who worry about what may occur the next time the alcoholic drinks. However, there were several factors which may have contributed to the family’s relatively positive socializing of the children. These included: 1) father’s frequent presence in the home, 2) family rituals and activities as part of the daily routine, 3) active interest of both parents in their children’s activities and relationships outside the home, and 4) absence of excessively harsh discipline.

The Stevens Family: “I Just Stop Off on the Way Home”

The Stevens family was quite different from the Jeffery family. The Stevens family was representative of those in which the alcoholic father was often absent from the home and the mean social skills score of children fell within the lower range of scores in the sample. Many of the characteristics of this family were shared by other families in that group.

Family Life for David and Pam (#5)

David and Pam Stevens walk down the street of their small north Louisiana town and most everyone speaks to them by name. They are a familiar pair, and have been known as a couple since they were childhood sweethearts, 15 years ago. They both grew up in that town where everybody seems to know everybody else. Pam teaches school and David works in the family hardware business. His father opened the store in 1963. Until the Wal-Mart was built five years ago, it was the only place in town to pick up the things people needed for odd jobs around the house. Many of the townspeople remember when
David was just a kid, in and out of the store and helping out after school...except during baseball season. During that time, he practically lived at the ballpark. High school sports fans remember David as one of the best players the team ever had. He made the State All Stars his senior year. Now, his own boys, ages 11 and 8 are playing ball. But, for the majority of their games, David is not at the ballpark. Pam is sitting behind home plate, watching every pitch. David is off drinking.

Pam used to worry about what people in town would think about David’s drinking, but she is beyond that now. She is just trying to manage taking care of her sons, teaching school, and running the house. She does her best to deal with David’s family and resist the urging of her own family to leave David once and for all. Pam has ended her relationship with David many times, beginning in high school. Each time it has been over his drinking and each time he says he will do better. Pam has always wanted to believe that, but David’s alcoholism progressed to the point that she is overwhelmed with their life together and can’t take it anymore.

Each day begins like the one before and Pam has little hope that things will change. She wakes up in the morning and cooks breakfast. Her sons, Louis and Mark, get out of bed and sit down in front of the TV. She brings them their breakfast and their clothes. They stay on the living room floor, glued to cartoons, while they eat and get dressed for school. The first family argument of the day begins like clockwork. Pam teaches at the same school attended by her boys, but she has to be there early. Louis and Mark put up a fuss, wanting their father to drop them off a little later on his way to the store. Pam doesn’t see any harm in that and believes that the children only want to spend time with their father since he is so rarely around. David says it is a ridiculous request.
because he believes that all the boys want to do is watch TV a little longer. Pam and David light in to the same argument again. The boys get in the middle of it, begging at the top of their lungs to ride to town with their father. Most mornings, they go in to school with their mother. David says he needs some peace before he goes to work, but what he really needs is a drink. The last few years he has been drinking off and on all day, just to keep himself going.

After school, there are errands to run and both boys usually have ball practice... same time, different locations. When Pam and the children get home, it’s time to cook dinner and get homework done. Louis, who does well in school, doesn’t need any help. Mark has trouble with his lessons and puts up a howl to go outside to play. He is loud and persistent and wears his mother down. Before long, both mother and son are screaming at each other. Eventually, the worst comes out. Mark yells at Pam and says that if she wasn’t so mean, his father would come home. Pam bursts into tears. Then, Louis steps in, telling his mother not to cry and trying to force his brother do the homework. Pam has realized that Louis thinks he is the boss and treats Mark more like a son than a brother. She believes that’s wrong, but she doesn’t have the energy to stop it. Besides, she wants some help with Mark. It never works out, though, and the two boys get into a fight. Soon, all three are yelling and they storm off in different directions. In the end, the boys come to their mother and say they’re sorry. Pam apologizes too, and they cry together in each other’s arms. After dinner and baths, the boys go to bed.

It’s been several years since David came home for dinner. For a while he’d only planned to stop off on the way home for a drink or two. The second drink turned into a third and then a fourth. Now, Pam and the boys know he will be coming in late. Even
David doesn't try to tell himself that he will have a drink or two and go on home. The only question is whether Pam will still be awake when he comes in. If she is still up, David may find her crying. Sometimes she gives him the "silent treatment" and often she is angry. But always, David is drunk. This is when the worst arguments take place in the Stevens' household. Pam tells David about the boys, the bills, and all the other grievances that she has on her mind. The yelling begins and David loses control. He breaks lamps, tables, dishes, and puts holes in the walls with his fists. Mark gets in bed with Louis, both scared and crying. One time Louis went in to try to stop the fight and his mother screamed for him to get out. David never knew his son came in the room. He doesn't know whether or not the children ever wake up to the sounds of their fighting. Pam leaves the room crying, and sleeps on the couch. David wakes up feeling guilty. He says that he feels guilty all the time. Sometimes, David will apologize, sometimes Pam will, but David always knows that he's the one to blame. He cries and tells Pam that he can't do anything right. She feels sorry for him, but believes that what he says is really the truth.

Weekends revolve around whether David is in a good mood. Pam does all she can to keep peace. At the first sign of trouble, she takes the boys out of the house to visit her mother, go to a movie, or something that the boys might enjoy. If the family has any good time together at all, it is usually on Saturday morning or just after lunch. The children beg David to play ball with them. He obliges, and Pam holds her breath. The boys are jealous of each other and vie for their father's attention. They may throw the ball for a while, but the game quickly digresses into the same dynamic between father and sons that has surfaced so many times before. In general, David admires Mark's
“fighting spirit,” but is often angry with Louis. David thinks that Louis doesn’t treat him with the kind of respect fathers deserve. Mark, who is a behavior problem in every other situation, becomes completely compliant to his father’s wishes. Louis, who generally gets along well with his mother, teacher, and friends, becomes outspoken and critical of his father. This behavior usually provokes David into spanking Louis. Pam steps in to stop it, and David angrily gets in his truck and tears out of the driveway.

On Sunday mornings Pam takes the boys to church. David knows she would like for him to go with them and he even believes it is the right thing to do. But he only says that the church is full of hypocrites, and stays home to drink. The day goes better for him when he can do that.

Pam and the children go to church, then to her parents’ house for dinner and to spend part of the afternoon. Pam hasn’t told her mother and father everything that is going on, although she is pretty sure they know. It’s a small town and they may know more than she does about where David goes when he doesn’t come home or when he flies into a rage and leaves. They hadn’t wanted her to marry David in the first place and for years, have been encouraging her to divorce him. Whenever they bring the subject up, Pam talks about something else. She and the boys can spend a pleasant afternoon with her parents, if no one mentions David.

One Sunday afternoon, Pam came home from her parents’ house, David was gone, and his brother Jonathan was sitting in her driveway. He told her that things at the store were getting pretty bad and that David was going to have to do something about his drinking. His whole family had agreed. They were hoping that he would go into treatment willingly. However if he refused, Jonathan had already spoken to a counselor about
helping with an intervention and they were prepared to get a coroner’s hold and have him committed to the hospital as a danger to himself and others. Jonathan wanted to know if Pam was willing to participate. She was happy for the support and surprised that David’s family was willing to take these measures. That same week, they all got together and told David that they wanted him to go to treatment, and that his job and his family were in jeopardy if he refused. He checked into the hospital that afternoon.

David had been in the hospital for three days when I interviewed him. After a difficult period of detoxification, it was the first day that he felt like talking. I interviewed his wife and children the following evening.

**Family Characteristics: The Stevens Family**

I interviewed the members of this family soon after David entered treatment. He and Pam had been married for 12 years and they had two sons, Louis, age 11 and Mark, age 8. David was 32 years old, had 2 years of college, and was employed in his family’s hardware business. Pam was also 32 years old, had a BS degree in education and taught elementary school. Their annual family income was 55 thousand dollars.

**Children’s Social Skills**

Louis and Mark Stevens’ social skills scores were among the lowest of the children who participated in this study. Although Louis managed to interact well with teachers and peers, he was bossy and abusive with his brother. Mark exhibited difficult in nearly all social interactions. He had a quick temper, and was frequently reprimanded for yelling and fighting.

Louis was described by his mother as a “grown man in an eleven year old body.” His father said that he “acts 21.” Louis enjoyed school and was socially integrated in
that environment. In fact, he said that he wished school “wouldn’t let out in the summers.” At home, his focus shifted to the family and he isolated from school and neighborhood peers. Louis spent a great deal of time at home trying to help his mother and make his brother and father “act right.” Pam said:

He doesn’t play outside with the kids in the neighborhood like Mark does. The only time he goes out is to break up a fight Mark has gotten himself into. All the kids like him at school but he doesn’t spend sleep over or anything like that... Louis is always telling me not to yell...he and Mark get into some fights...Louis thinks he’s the boss. He treats Mark like his son instead of a brother.

Louis was bossy and controlling with his brother and confrontive with his father. David resented that. He thought that his son was disrespectful and was taking sides with Pam against him. David was angry as he described to me Louis’ behavior:

My oldest boy tells me I smell like beer. You think I’d ever say something like that to my father? I’d get my ass whipped, but the thing is, I never thought about saying something like that...He is always bossing his little brother around and telling everybody how to act....I can’t do nothing to please him. He’s always on his mother’s side...He butts in when we are trying to settle something, always has his two cents.

Not only did Louis take the responsibility of attempting to make his family members behave as he thought they should, but he adopted that same role outside of his family as he tried to settle arguments between his friends. The following are excerpts from my interview with him:

My brother gets me in trouble. When I tell him to get up and hurry up and get dressed, he just starts yelling and Mama fusses at me...

My brother is terrible and stupid...He drives me and my mama crazy...

One time (when his parents were arguing) I went in there to tell them to stop it. It didn’t work and Mama said to stay out of it...
Ryan and Steven (friends at school) get mad at each other all of the time. I try to talk to them, because it’s about stupid stuff.

Pam worried that Louis went to only one friend’s house to play, and that he didn’t want to go very often. She tried to make an effort to pick up Louis’ friends from school and take them to a movie or to eat pizza, but she couldn’t do this very often.

Mark had a quick temper, got in fights often and had trouble in school. This acting-out behavior prevented him from establishing a comfortable social niche at school and impeded his efforts at maintaining close friendships. In nearly every way, his behavior was different from his brother’s. These differences likely contributed to the fact that the two brothers got along poorly. In addition, Mark was “bossed around” by Louis, who tried to make his younger brother behave. Mark got along best with a child from school named Jacob. Jacob also lived in the neighborhood and had a baby brother that Mark liked. Mark especially enjoyed playing with a toddler who lived down the street. He was understandably more successful in friendships where there was little competition. Unfortunately, this isolated him from a large number of peers. In my interview with Mark, he did a good job of describing his interaction with friends:

Jacob is my best friend – him and me play after school everyday. Randy and Kyle are sort of fun but try to boss me around at school. Randy says he likes Kyle better than me. Randy is stupid and I hate him. (Who else do you play with?) Craig. (Does he go to your school?) No he’s just little. (How did you meet him?) He lives two doors down from me and I go over and play toys and help his mother take care of him. (How old is he?) Three. (What do you like best about going over there?) He likes me and his mother pays me $2.00 to baby sit him. (What do you do?) Take him in his room and play blocks and cars but he knocks down stuff I build, but you can’t get mad because he’s too little and he doesn’t know better. He thinks it’s a game. (Where is his mom?) In the kitchen cooking. (When you play with your other friends what do you play?) Me and Jacob play basketball at his house and Nintendo, but we have to go back outside. (Why?) His mother says so. (Why?) I don’t know – so we don’t mess up the house. (Who decides what you will play?) Me. (Do you ever get in arguments?) Sometimes when Steven comes over. He tries to boss us around. Jacob doesn’t
do nothing about it. He does what he says. (What about you?) I don’t take it. We get in a fight. (Then what?) Louis tries to make me stop but he can’t boss me. He tells Mama and I get punished and it wasn’t my fault. (Do you get to spend the night with a friend?) Yeah, Jacob. He has a nice brother. (How old is he?) I don’t know. (Is he older or younger than you are?) He’s a baby.

Although Pam disapproved of the manner in which Mark dealt with peer conflict, his approach was supported by his father. David told me:

He won’t take nothing off those kids, I think that’s right not to let anyone push you around. I told him that. Pam says I’m wrong about that, but she doesn’t know much about boys. She’s got sisters.

In the Stevens family, one of the behaviors most disruptive of harmonious family interaction was the alliance set up between each parent and one of the children. David and Pam both told me that they love each other and both of their boys but that David and Mark get along better and Pam and Louis were more alike. The manner in which the family was divided affected the outside social relationships of both Louis and Mark. This point is supported by Pam’s following description of her children:

He (Louis) tries to make Mark mind and do his homework. He worries about me and tries to get his Daddy to pay attention to him. He is an honor roll student and loves sports. Thank God for that because he doesn’t play with the kids in the neighborhood...Mark can’t wait to get away...The teachers think Louis is great – student of the month in October, but he gets pretty bossy at home - really angry at Mark. Mark won’t listen to anybody but his father and that’s not a very good example. Mark is in trouble all the time, fights, curses, won’t do his homework, yells. He is failing math. He picks fights. I think he wants people to like him but he can’t get along. He is really a sweet boy. He has a good, kind heart. He cries because he thinks nobody likes him. But I can’t tell him anything to do. The kids really like him pretty well... He’s got a bad temper and that ruins it sometimes. (What makes him mad?) Well, when he thinks some other child is making fun of him, when he is criticized by children or adults he just loses it. (Why do you think that’s true?) He just has a bad temper and he can’t stand it if he thinks people believe he is not as good as they are in some way. He acts like a bully but really he doesn’t have much self confidence. Neither of my boys do but people don’t realize it.
David's Frequent Absences from the Home and Lack of Positive Family Interaction

David Stevens spent little time at home with his family. His lack of participation in the family was a stark contrast to the manner in which Martin Jeffrey and his family interacted. David was at home in the mornings, but came in at night after the children were in bed. On weekends, David sometimes made an effort at positive interaction with Pam and the boys, but there was so much tension in the household that it didn't usually work. When I asked David how he thought his drinking has affected his children, he said, "My kids? I don't drink in front of them...I'm a better father than my daddy ever was." David believed that, unlike his own father, he was protecting his children by drinking outside the home. This was the opposite of Martin Jeffrey's notion that "doing his drinking at home" made him a better husband and father than he would be if he was "out cruising the bars."

The Differences Between Families With High Children's Social Skills Scores and Families With Low Children's Social Skill Scores

Although all children of alcoholics are considered to be high risk, some mediating factors can be found within the family unit by looking at how different members of the family respond to each other. An examination of the manner in which families interact in their daily life provides the best information for understanding intergenerational alcoholism as well as the social behaviors of children. When comparing the families in my sample whose children exhibited high social skills with the families where children's social skills fell in the lowest range, there are two areas in which there are considerable differences. These are: 1) amount of time the father is present in the home, and 2) quality of interaction between the father and the family.
Amount of Time Fathers are Present in the Home

Although Martin Jeffery drank at home, his children were affected less than were David Stevens’ children. In the Jeffrey family, drinking was not discussed; however, for the Stevens children, their father’s drinking was clearly a problem, even though he did most of his drinking away from the family. When I asked Louis Stevens why his father came to treatment, he told me:

He is ruining things for everybody...too much worry and fighting and he isn’t home to be a father in the house. I think he goes to clubs, but I really don’t know where he is...I just hope he isn’t driving like that.

Even though Louis’ brother, Mark, was very much aware of their father’s drinking, he was reluctant to discuss it. He also made frequent excuses for his dad’s behavior. When I asked Mark about the family’s evening routine, he said:

He’s gone, probably to work or something. (Something?) Yeah...you know. (What?) I don’t know... Daddy leaves and it’s because Mama and Louis won’t leave him alone. He would probably not go out if they would leave him alone.

Like Connie, Pam left work each day and faced errands, extra-curricular activities for the children, homework, and cooking dinner. The differences were that Pam had no support from David, and had to deal with the fallout resulting from his absence. This fallout was, primarily, the anger and frustration of her children. Louis spent a lot of time trying to discipline his brother. Although Pam knew this was a problem, she let it go because she needed the help. Mark was rebellious, difficult to manage, and blamed his mother and brother for his father not coming home. He was jealous of Louis, had a hard time with homework, and got in fights in the neighborhood. Mark had a good description of what went on in the afternoons. When I asked him if he had a special time to do homework, he said:
Yes, all night. (When do you start?) At 5:00 and then we eat and Louis is finished and watching TV. (Does anyone help?) Yeah, my Mom. She makes me keep doing over, and she checks it, and I have to do it over, and we get into a fight. (How often does this happen?) Every night. She gets so mad she sends Louis to help me but he gets mad that he has to miss his shows and he's not the boss of me anyway. I wish my Mother wasn't a stupid teacher and would let me alone.

Pam was unable to maintain a consistent daily routine. Plans could be amended at any time, since she always left the option open for David to participate with the family. This prevented the children from knowing what to expect on a daily basis. For example, each morning there was the hope that it may be one of the days David would take the children to school.

Unlike Martin and Connie, who worked together with their children, David left Pam alone with their sons most of the time. She functioned much like a single parent, except that she was faced with the problems of "her" sons who daily struggled to make adaptations in dealing with David's absence and unpredictable behavior. The other families in the high and low ranges of the sample exhibited patterns of father's presence that were very similar to those in the Jeffery and Stevens households.

All of the fathers in the five families with high range children's social skills scores were home more often than the four fathers in the low range families (see Appendix D for individual case data). In the four highest scoring families, fathers were home every evening and on weekends. The fifth father was out drinking in the evenings, but was regularly at home on weekends. Even though two of these five fathers were very violent at times, both wives reported that they preferred their husbands' coming home rather than staying out drinking. They believed that this was less stressful than not knowing whether their husbands were safe or not. They explained:
My husband was drinking when we met. He was leading a pretty wild lifestyle. After our daughter was born, I threw such a fit that he started drinking at home... At times I wish he wasn’t home because of the way he can act. Other days he is as nice as pie. At least I’m not worried about him on the road all the time... he’s been drinking and driving. (wife #11)

He's on the road a lot in his job and keeps an ice chest in the trunk of his car. That worries me to death. Every day I get relief when he walks in the door. It's obvious that he's already been drinking, but when he gets home some days he just pulls out all the stops... I'm usually trying to help with homework and this is a struggle. You never know when he is going to help out or get in the middle of some argument. That can be bad... those times when he's in a bad mood, we are lucky if he just passes out in his chair. (wife #2)

In the low range families, fathers were home less often. One father was home every morning and some evenings, but spent virtually all of that time in his workshop and avoided any contact with his wife and children. He described a typical day:

In the mornings I stay in bed until they (wife and children) are in the kitchen, then I shower and go out to my shop. Nobody comes in there. (Do you start drinking then?) Yeah, but just enough to get me started. Maybe a half pint or a pint. When they start getting dressed, I go get breakfast and then I leave for work. I try to get out in a hurry, but the kids are looking for me. Sometimes they cry or won't let go... I just can't take it... (What do you do when you get off from work?) Sometimes I stop for a few drinks or more than a few... sometimes I have a friend meet me at the shop. Something to stay out of the house. (father #4)

Another low range father was home in the mornings and sometimes on weekends; however, the time he spent with his wife and children was limited and usually quite unpleasant. His wife explained:

The mornings we are usually all home and there is some kind of argument with the boys. They just want to be with their dad. He comes home so late. The kids and I do errands, ball practice, homework, dinner and baths. They are usually in bed when he comes home, which is good really because he's drunk. I get so tired and lonely. (wife #5)

The other two fathers with children whose social skills were in the low range, were rarely at home. Both of these men would go for days or sometimes weeks without
seeing their family. The following remarks by one of the children and one of the wives point out the anxiety caused by this unpredictability:

My dad is never home, but you might look up one day and there he is. Then it can start or it can’t, but when it does it is not very good. (What happens?) Getting Dad mad, a whole bunch of stuff and everyone starts. (Starts doing what?) Fighting and punishment. (What does your mom do?) She doesn’t spank me much because I’m the best child she’s got. She’s got a pair of lungs on her and she will holler. (What does your dad do?) He sends me to my room and says he’ll be there in a little while…to whip me…sometimes he never shows up…but when he does, watch out. I try to beg out of it, but I usually get a whippin’ with a paddle. A few times, I just couldn’t stand waiting for him and I crawled out the window and waited until he went to sleep or whatever he does, then came back in. I think that will be my new strategy if it is gonna be a bad visit. (Are there good visits?) Sometimes he brings us stuff and we think it will be pretty good, but we get faked out. (older son #1)

It’s like he doesn’t even live with us. I don’t know what all he’s started doing and I don’t want to know. I know he goes out with other women. I cried my eyes out for a long time, but it didn’t do no good. He’s gone off doing whatever he does and then comes home like there is nothing wrong…I tell him that together we make real good money and could have the kind of life most people wish for. He might act real sorry, get the kids hopes up, then he’s gone again…he comes back in a week or so and wants dinner. I don’t know the last time he sat down with us. But when he did this time nobody said a word and dinnertime usually the talkingest time of the day...He might just walk in and sit down and tell me to go get him some cigarettes…never thinks about how I feel, that I’ve been working on my job all day and at home half the night, and he wants me to get up when he just came in, after being gone God knows how long. It just ain’t right. This going and coming is gonna stop. (wife #2)

It is difficult to determine why some fathers chose to drink at home and why others spent most of their time away from the family. It would seem that some of the reasons for this vary with each individual family; however, data from interviews with both high and low range fathers revealed two factors which provide some insight regarding their choices to be at home or not.

First, fathers who were frequently at home reported some interest or activity, other than interaction with their family, that made being at home desirable. During my
interviews, I asked these fathers what they did when they were at home. The following are some examples of their responses:

Sometimes I’ll watch TV and sometimes I’ll go out and do some things to keep the house fixed up. Sometimes I work out or let somebody come over who wants some help on their car...I’m pretty good at that...It’s a good thing too because there is always something that needs fixing. (father #11)

I growed up drinking and working. That’s what I do at home, when I can. I like my place to look good...not like the neighbors, all junk in the yard. My wife says she hates that stuff next door, but I say it just makes our place look better. I got to watch out, though. I guess they’re gonna tell you that I was (bunk working on the roof and fell off and broke both feet. (father #10)

With the exception of father #2 who spent a great deal of time in his workshop, there were no such interests reported by fathers in the lower range who were rarely home.

Secondly, fathers who spent more time at home expressed feelings of responsibility for the consequences their drinking had on their families. Three fathers, in addition to Martin Stevens, reported that they felt very badly about their drinking and wanted to make more positive contributions to family life:

I started drinking in college. I never did it before because of all I seen growing up in the projects. I wanted to be different from all that, besides I was playing baseball. That’s how I got to college. I started drinking for social relief, I guess you’d call it. I had to be around people I didn’t know nothing about...didn’t know how to act, how to talk...not the streets no more. I can’t really blame nobody but myself, people were good to me...it was in my head that I was no good. I wanted to go pro, but I drank it all away. I met my wife...a genteel kind of woman and it was good. I got a good job and then I did it again. Over and over I had chances and I fell short. When I think about it, I just want to do something to stop the shame in my soul. I’m hurting my own family like I was hurt coming up. I want it to stop. I want to change my marriage. I want my wife to tell me what she thinks and how she feels without being scared that I’m going to shut her down. I want to give some advice to my kids and be a person they can trust when I tell them...Never look at a situation and think you are above it Never look at a homeless person and say “I’ll never be homeless.” I want to have my natural high back...have joy in the smallest things. I want to leave work and come home every day and learn what it’s like to be a man who can admire his own self. (father #8)
I just want to get along better with my wife and have some fun with my kids. And I guess I have to say I don’t want this feeling of needing a drink in order to get by...it is a problem. I yell at my wife and kids and I don’t even know what I’m doing...until somebody starts to cry...My family deserves more...and really so do I ... I don’t have to feel this way for the rest of my life. (father #13)

The main thing is I want to stay sober...once and for all. I want to be some kind of a decent father and I want my wife to think I am some kind of a decent husband. Everyone has gone through too much pain. I have turned into my father and now it’s time to be who I want to be...not some raging maniac. (father #11)

Conversely, interview data from fathers who were rarely at home revealed that these men were more likely to blame their drinking on the circumstances of their lives and to express feelings of powerlessness to make changes.

I’m only here because of a misunderstanding on my job...My boss sent me off and when I came back, he lied and said he never told me to go...and they fired me. (Did they think you had been drinking?) I don’t know what they thought...I’m not God, I don’t know. I do know that I have had some bad breaks. Nobody knows what I been through. Nobody is waiting up for me when I go home. I get no respect ...I would like to have some reason to get sober...It ain’t gonna happen. My life has always been shit. When you get right down to it, I ain’t no good for my kids anyway. (father #2)

I always got into trouble...my fault or not. I was adopted and my sister was from my parents. I’m not as smart as them and they let me know it...not right out, but they let it be known. Some place I decided to hell with it. I was sick of knockin’ myself out. Like once when I went to a football game with my dad, I remember thinking that I wanted to be a really good football player so he would be glad he picked me...It didn’t happen...one mean ass coach after another....Same with my bosses and now I can’t do nothing to please my wife... Sure, maybe I can quit drinking, but what’s that gonna prove? (father #4)

Quality of Interaction Between Father and Family Members

There was also a difference in the manner in which high range and low range fathers interacted with family members. One indication of positive family interaction is participation in family rituals. The Jeffrey household managed to maintain an adherence to mealtime ritual. That was not the case for the Stevens’ household. Both Connie and Pam cooked breakfast and dinner everyday; however, the Stevens never sat down...
together to eat. Although everyone in that family was at home in the mornings, the children ate in front of the TV. At night, David was out drinking. Mealtime wasn’t perfect in the Jeffrey family, either. Connie was usually quiet at breakfast: hurt and angry over her husband’s drinking the night before. At dinner, Martin came to the table with a drink in his hand. Still, mealtime included the whole family and the general atmosphere in the home was more relaxed than in the Stevens’ household.

Certainly, it has become increasingly common for families in America to eat in shifts, depending on the schedules of family members and television programming (White, 1978). But in determining why children in some alcoholic households fare better than others, the nature of mealtime routines is an important issue. Any parental behavior that provides daily consistency for children helps to compensate for the unpredictability of the alcoholic. Further, Wolin et al. (1988) identified dinner-time routine as an important factor in the pattern of family rituals which was found to help alcoholic families avoid the transmission of alcoholism to their children. The fact that Betsy and Linda Jeffrey knew that their day would begin and end with the family together was possibly a stabilizing factor in their lives. Conversely, beginning the day with a family argument during the only time the family would be together all day, only added to the stress and frustration experienced in the lives of Louis and Mark Stevens as they dealt with an unpredictable alcoholic father. The weekends were a particular problem. Pam and the boys always anticipated the possibility that David would be in a good mood, spend time with them, go to the boys’ ball games, or maybe join them for church. Holding out to see what David was going to do kept them from making plans and
following through. David's unpredictability was probably most evident in his attempts to interact with his family on the weekends. He told me:

Weekends are worse so I don't mind going into the store to work on Saturday. Sometimes I get a chance to go to see one of the boy's play ball. Sundays I sometimes go to church with them but not if I can get out of it. A bunch of hypocrites. Pam is right that the boys should be brought up in the church. Maybe I can start going more. Pam would love that. (Do you do better when you stay home and have a few drinks while they are at church?) Yeah, you got it. The whole day goes better and I can spend some time with my boys, if Pam isn't carting them off to her mother's or someplace.

I asked Louis and Mark to tell me some of the things they did when they weren't at home or at school. They both told me that they go to baseball practice, their games, and to their grandparents' house after church. These were the only family activities reported by any member of the Stevens family; however, these outings rarely included their father.

Even though David had a longstanding love of baseball and expressed an interest in how well his boys did on the field, he still did not participate much in this activity. Both Louis and Mark shared their father's enthusiasm for baseball. The children played on one team or another almost year round. They always hoped that their father would attend their games or spend time with them playing ball. Pam described what weekends in their family are like:

We are all walking on eggshells so he won't get mad and leave... If he's in a bad mood, I try to take the kids to do something fun, or go to my mother's and try to have a normal life... Mark begs David to work with him throwing the ball and batting. He might do it for a little while then quits... He doesn't even go to the games. When he does, Louis just knocks himself out trying to please. He's a nervous wreck. It's terrible... (David) telling him how to play ball, how to hold the bat, when to steal, how to pitch, and he's the best kid on the team.

David's attempts at participation usually made the experience worse for everybody. David's need to drink interfered with any possibility of shared family
experience. When it came to activities involving the children, almost the opposite was true of the Jeffrey family. Connie and Martin planned family outings nearly every weekend. Their daughters were not only sure of spending time at home with their father, but they also were accustomed to vacations, Sunday drives, going skating, and out to dinner. They knew what it was like to spend leisure time with both their parents.

When comparing all of the families in the sample, it was clear that they experienced varying degrees of problems related to the fathers’ alcoholism. However, the higher range families also experienced some positive interaction with fathers while the low range families experienced very little, if any at all.

Mothers and children in the high range families frequently talked about the difference in fathers when they were drinking as opposed to when they were sober; however, family members in the low range appeared to have little conception of what the fathers might be like if they weren’t drinking.

The following comments from high range wives clearly indicated their positive sentiments for, as one wife (#11) put it, the “man under [i.e. aside from] the alcohol.”

He can do almost anything when he isn’t drinking...But when he is, he is a different person. Almost a year ago a bad thing turned out good... he was going to fix the roof, drunk of course, and he fell and broke both heels. He was home and in a wheelchair for 6 weeks...he wasn’t drinking... I could see that he could be very nice and funny. We were all together a lot more because he couldn’t go to work... He made jokes out of it and it was fun. We couldn’t believe it could be so good...we all want it to be like that ... Pretty bad when the most fun your family has is when your husband gets drunk, falls off the roof, and breaks both feet. (wife #10)

I love my husband and I want us to have a happy life together. I believe we can. I want us to have the kind of life together we planned when we were in college...there are times that he is just great...He loves to coach the boys’ teams and watch them play...and you can’t be an alcoholic and do a good job with kids...I think he wants to change things now...I’m really glad. (wife #13)
We discussed it and we both want more quality communication between him and me. We want more time together without the kids... dinner, shopping, movies... we don’t take enough time for that... not like we want to... we want to do it now... so we can get back all the good we had... it’s waiting for us to find it. (wife #8)

Children from high range families gave examples of positive interaction between themselves and their fathers:

I like to play ball with my dad. I like to go out and kick the soccer ball. He shows me how to bat, he shows me how to throw and how to run and how to catch. Sometimes when he has time he coaches my team. I really like that. I think he’s going to have time to do it this summer. He wants to coach my brother’s team too and I don’t know if he can do both... He probably can’t do it if he doesn’t get over his beer drinking. I don’t like to see him drunk... he was trying to show us how to bat and he could hardly do it himself. That happened... I don’t know how long ago... but I think about it. (oldest son #13)

I like it when my Daddy comes in to say goodnight and I play like I am asleep to see if he will kiss me anyway... he does. (oldest daughter #23)

Although some of the high range children had reason to be fearful of their fathers, it was evident that these children also had some good experiences:

With Daddy, I like to go fishing, go hunting, go to work with him, do fun things. We play “rummy” and I win a lot. I think he lets me win, but that’s ok because I had rather win than lose any day... But I don’t like when he takes me somewhere and he wants to stop... Daddy would say “I’m gonna stop, me, and drink a few beers... and I’m gonna leave you in the truck.” I told him straight up, “Then, I’m gonna take this truck. You get out of this truck and I’m gonna take this truck, me.” (What happened?) He took me home and left me... I knew where he was going, but I knew I wouldn’t be sittin’ in no truck again... He wouldn’t stay mad, and me either...not until another time. (son #10)

We sometimes sit up late at night and talk, when he’s not too drunk and his temper is under control... he tells me about his life and I tell him about mine... It’s good like that sometimes. (daughter #8)

There were no such comments from the wives and children in the low range families. Rather, some of these family members made it clear that they didn’t really know how things would be if the father stopped drinking.
I think my Daddy might be ok if he could act right...or else why would my mama get married to him? (youngest son #1)

It’s been so bad for so long, I don’t know what we would say to each other and I don’t know if the boys can ever stop being afraid of him....I have hopes, but I’ve had hopes before. (wife #5)

It is difficult to determine whether the quality of family interaction influenced the amount of time fathers spent at home, or if the amount of time fathers spent at home influenced the quality of family interactions. Dunn et al. (1987) conducted a longitudinal study of male alcoholics characterized by either in-home drinking or out-of-home drinking. For out-of-home drinkers, the wife’s anticipation of future absence and further drinking were associated with decreased marital satisfaction and increased marital conflict. Given these findings, it is not surprising that the high range children, whose father drank at home, faired better than the low range children, whose fathers’ outside drinking increased disharmony between parents. Further, my data indicated that when the quantity of time fathers spent with their families was low, the quality of family interaction was poor.

When considering Steinglass’ careful observations of 31 alcoholic families (1987), the vast differences in interaction patterns found between the high and low range families in my sample was not surprising. He found that, not only was there a wide range of types of social behavior in the families he observed, but that rituals, daily routine, and family interaction were the major regulators of stability in alcoholic families. Interestingly, Steinglass (1987) also provided evidence that there is a strong association between the presence of routine and ritual in families and the likelihood of intergenerational transmission of alcoholism. The family cohesiveness gained through
consistent, positive family interaction appeared to have a "protective" influence and significantly contributed to the lack of alcohol problems in children.

As would be expected, the children in this study whose alcoholic fathers participated positively in family activities had better social skills scores than children whose fathers rarely had successful family interaction. However, not all families in this study fit into one of these two groups. In some instances the father’s relationship with his children was more complex. There was further variation in both father’s abusiveness and level of family involvement.

A Note on Gender

When comparing the Jeffery and Stevens families, one obvious difference is that Martin and Connie Jeffery have two daughters and Pam and David Stevens have two sons. This raises the question of how gender differences may increase or lessen the effects of an alcoholic father on the children. Would a father’s drinking behavior have more impact on sons than daughters? Social learning theorists (Bandura and Walters, 1963; Bandura, 1986; Gresham, 1988; Maccoby and Jacklin, 1974) stress the importance of learning behaviors by imitating models; however, the data on children imitating same-sex parents more than other-sex parents provide no clear answers. This problem is due to the complexity of the process of social learning. There are two factors which are related to modeling and contribute to a fuller understanding of social learning with regard to gender.

First, children’s gender models include not only parents, but teachers, peers, extended family, friends, and media figures as well. Children learn both “typical” male and “typical” female behaviors from many sources, but whether the children actually
perform these behaviors depends on the outcome they observed for the model. Models who receive positive rewards for their behavior are most often imitated by children (Mischel, 1966; Perry and Perry, 1975). In instances of parental alcoholism, models for children are inconsistent. It is difficult to determine which behaviors learned by the children will be imitated, which will be rejected, and which will be stored away and acted out during adolescence or adulthood. Mark, the younger of the Stevens boys, appeared to exhibit many aggressive behaviors that were similar to his father, although there were no obvious positive rewards for the father's behavior. The reward for Mark was his father's approval. In a study by Bandura and Walters (1963) it was found that boys, more than girls, were likely to imitate aggressive behavior in the media where such behavior had less severe consequences than in real life events. While sons more than daughters may be more inclined to imitate the aggressive behavior of their fathers, such imitation is likely to be connected to some type of reward.

Second, the work of Mischel (1966) and Maccoby and Jacklin (1974) points out that children are more likely to model people who are high in nurturance and warmth and those who are viewed as powerful and in control of valued resources. They determined that in traditional families mothers are generally considered more nurturing and fathers as more powerful; however, in many families there is less distinction. Certainly, the families in this study illustrated variation and inconsistency in parental role models. There were no data collected that could identify which of the children's behaviors were imitated from which parental model. Neither was there evidence that the children's social skills scores were related to gender. Rather, these scores were related to patterns which described the interaction of families.
Father’s Presence and Participation in the Family: Offsetting Father’s Aggressive Behaviors

Several families in this study had fathers who were present in the home, participated positively in some family activities, but also exhibited harsh, abusive, and/or violent behaviors. Surprisingly, children from such families often still had social skills scores in the high to middle ranges. The positive behaviors of these fathers appeared to offset the negative factor. This finding is contrary to well established literature on the subject of family violence.

Murray Straus’ extensive work has pointed out the many harmful effects of family violence on children. In particular, his study of corporal punishment (1994) has shown that even in families where children are spanked “for their own good” by loving parents, the children’s behavior is more aggressive than in families where there is no corporal punishment. He has also provided evidence to indicate that the more corporal punishment a person experiences, the more likely that person is as an adult to: 1) be depressed or suicidal, 2) physically abuse his/her child or spouse, 3) engage in other violent crimes, 4) have a drinking problem, 5) be attracted to masochistic sex, and 6) have difficulty attaining a high-level occupation and high income. Given these findings, it is difficult to understand how the children in this study who experienced family violence could still have exhibited relatively high social skills. However, as Straus also pointed out, the harmful effects of corporal punishment often do not become visible for years, perhaps not even until adulthood. While many of the children in this study who experienced family violence had social skills scores in the high to middle ranges, it is interesting to note that they may not have fully experienced the long-term effects of corporal punishment.

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8 Violence, in the context of this study, is defined as kicking, biting, punching, hitting with an object, beating, & damaging property in an act of anger or rage. This behavior is defined by Straus et al.(1988) as severe violence. Straus’ definition of general violence includes all forms of corporal punishment. Since all 14 families in my sample used corporal punishment to some degree, I wanted to make a distinction in severity. Milder forms of violence, while still serious, are not fully discussed in this study. While violent
experienced family violence did indeed exhibit aggressive behavior, it appears that in some cases, this behavior was not yet so serious that it substantially affected their social skills scores.

The following section will focus on interview material which indicates that some children managed to do fairly well socially, despite the fact that they experienced family violence. The father’s participation in family life appears to be a contributing factor.

“Off and On Good, and Off and On Bad”

Gwen and Lee (#11)

I interviewed Lee Norman and his family shortly after Lee began outpatient treatment. He told me that he dropped out of school after tenth grade and left home due to an abusive father. He was emancipated at age 16 and had worked in construction ever since. He had been trained as a large machinery operator. Lee and his wife Gwen had been married for 16 years and had two children; a 15 year old daughter, Susan, and a seven year old son, Cameron. Gwen was 41 years old, had two years of college, and worked as a legal secretary. The family lived in a small town about 15 miles from a metropolitan area. Their annual family income was $60,000. This family exhibited some similarities to both the Jeffrey and Stevens’ families. Like Martin Jeffrey, Lee was present at the home in the evenings and on weekends, was a part of family rituals, and had some positive participation in family activities. But like David Stevens, Lee demonstrated some negative parenting practices and was sometimes inappropriate, violent, and abusive with his wife and children. Nevertheless, his children’s social skills were in the higher range.

behavior of any kind may affect children’s social skills, such patterns were inconsistent in this sample and beyond the scope of this study. (see Appendix D for specific data collected from this sample)
This family had always struggled with Lee’s drinking and explosive temper. However, over the last few years he had become more angry and violent. He was a large, muscular man while his wife, daughter, and son were small. All three of them were afraid of Lee’s temper and did whatever they could to avoid his anger. Although he left the discipline of his daughter primarily to his wife, he believed that his son’s discipline was his responsibility. As a result, his son frequently experienced corporal punishment. Lee often told his wife how he thought she should manage their daughter. As a result, mother and daughter were aware of his expectations, which were unreasonably high for both children. The daughter said that she believed her mother would be less strict if it wasn’t for her father’s input.

Gwen, Lee’s wife, experienced a great deal of stress resulting from her demanding job, roles of wife and mother, fear of her husband when he was drinking, and general concern for the children. She worried most about her son who had difficulty with his behavior. He had problems both at home and at school, unless he was taking Ritalin for attention deficit and hyperactive disorders. Gwen wasn’t sure that he really needed to take it, but reported that if he didn’t, he would get in so much trouble with his father that he might get hurt. She also worried about her daughter, who was starting to date. Gwen said that she loved her husband when he was sober and wanted the marriage to work. She said that the family could have good times together, but she was prepared to leave if the drinking did not stop.

Lee talked openly about his drinking and his fear of losing his temper and hurting someone. He said that he just “lost it” sometimes and could barely remember what
happened. Lee told me that was one of the things that he believed would help him stay sober.

Despite his behavior, both children said how much they loved their father and talked about how much their family enjoyed sports and how many more things they would like to do with their father.

Much of the children's social interaction revolved around their participation in sports. They both played on soccer, baseball or softball teams. Until recently, Susan had been very active in gymnastics. The fact that the Norman family spent a great deal of positive time together at these and other sporting events, could contribute to the children's self confidence and social success with peer interactions in these settings. Susan and Cameron also enjoyed friendships at school and in the neighborhood. The children, however, had different styles of relating to peers. Cameron had many friends, but none who were particularly close. Susan got along well with peers, but had just a few close friends. Considering the age, gender and personality differences of the two children, this was not unexpected. Susan told me about her friendships:

Well, I have two good friends but they are both cheerleaders and I'm not. I feel kind of left out... I have another friend...she plays soccer with me. She's kind of a tomboy and she doesn't worry about dating and stuff. Sometimes it's just a relief to be around her. Another friend of mine... she's in love with my boyfriend's best friend and so it kind of makes it nice... I'm the one that people talk to if they are feeling bad or if they are having trouble with their boyfriends or if their parents are mad at them.

Cameron had friends both at school and on his street; however, like his sister, the friends he spent the most time with were children who were on his ball teams. Lee supported these friendships by allowing his son to invite them along to a wrestling match.
In my interview with Cameron, he talked about his friendships and explained what he had in common with each one:

I have a best friend at school...He has to take Ritalin just like me. We’re both hyperactive in school and it makes us behave. Another friend is in my class too...He likes Niki stuff and Addidis, just like me. At recess we play beast warriors and transformers...We play bad guys too... We just run and race and play freeze tag. (Who decides what you will play?) We all decide. Whoever has the idea that sounds like the most fun. (Do you ever get in arguments?) No, not really. Not too much....we say that if you can’t do what everybody else wants to do you’ll have to go and play with somebody else. (Do you have friends in the neighborhood?) I like to play with the brothers and sisters in a trailer down the street...I always play with three other friends...They play baseball and soccer with me. We spend the night together and all. My dad and me and them are going to a wrestling match together. We got tickets.

Like Betsy and Linda Jeffrey, the Norman children each had a different manner of interacting with their peers. All four of these children, however, enjoyed successful friendships that were supported by their parents. On the other hand, Louis and Mark Stevens seemed to carry over their inappropriate family roles into their peer relationships. Further, their parents, Pam and David, had little ability to help the boys improve their social interactions.

**Father’s Presence and Family Interaction at Home**

Like Martin, Lee came home every evening in time for dinner with his family. But, like David, he stopped first to drink with his friends. Lee told me:

I work my ass off all day long and then I go and have a few drinks in the afternoon and I got to come on home. I’m the first one out the door. I get ragged by the guys about it, but I’m getting pretty used to it now. I come in and wait around a little bit before its time to eat. Gwen used to get on my case for drinking a couple of beers when I got in the door but she doesn’t do that anymore. I’d tell her that it’s either here or there. It’s just part of my life.

Despite his drinking, Lee ate dinner with his family and participated in the family’s evening routine. Although he and Martin were both drinking during the time
they spent with their wife and children, Lee made no attempt to hide it, as Martin did. Nevertheless, Lee and his family enjoy positive time together nearly every evening.

Gwen describes the typical evening routine:

I go and pick up Cameron from childcare and by the time I get home Susan is already there. I have to cook supper...Lee gets home about 6:30 or so, sometimes 7:00...It depends on how long he hangs out with his friends. After they knock off from work they always go and drink a few beers...He gets home about time for supper and we all eat. He'll watch TV. Sometimes we have ball games. Cameron usually plays on Mondays or Wednesdays and Susan plays on Tuesdays or Thursdays...I help Cameron with homework...We usually go to bed about ten thirty or eleven. Now, on Thursday night, no matter what, I go to my Alanon meeting. On Thursday night, I just tell Lee that whatever the kids have to do, he’s got to figure it out while I leave this house...He’ll go out and fool around on the cars or he’ll mess around with the lawnmower or he’ll help somebody in the neighborhood with something that they’ve got that’s broken...He’s really good at that sort of thing. But when he’s drinking beer and working on stuff it goes bad and he gets all mad and he ends up making more of a mess...I feel sorry for him. He really could do a lot of things. He would love to coach...Cameron would love that.

Not only did the family attend the children’s ball games on weeknights, but sporting events were also a big part of their weekends. Gwen told me that she bought LSU baseball tickets for the family. She said, “I think everybody will like going. Lee, Cameron and Susan are all sports nuts.”

Cameron and Susan told me about some of the things they did with their parents. Susan told me that she went shopping with her mother, went with her father to the ball field, and she helped him cut grass. When I asked Cameron to tell me about what he liked to do, he said:

We (the family) go to my ball games and my sister’s ball games. (Do you get to do that very often?) Yeah. (What are some things you like to do with your dad?) I like to work with him on the lawnmower when it’s broken. Help him work on stuff. Anything. I like to go places with him to get stuff to work with. I go to the hardware stores or to a friend’s house to pick up some tools. (Do you do those things very often?) Yeah, pretty much. But I only like to go when he’s in a good mood.
Parenting Behaviors

Despite the fact that the Norman family spent a lot of time together and had some very enjoyable experiences, they were plagued by Lee’s violent and abusive behavior.

The Norman family talked openly in their interviews about the problems caused by Lee’s violence. As some of the material from these interviews will show, Gwen and both children attributed Lee’s angry outbursts to his drinking. Perhaps the positive times the family spent together compensated, to some degree, for the traumatic times. Susan told me about her parents’ fighting:

They wake me up. Mom used to let dad walk all over her. He controlled her completely until she finally started arguing back and then that made it worse. My dad would get madder and he would break things. Not that long ago I had a friend spending the night and they got in a bad fight and daddy started hitting mom. Mom said that I should call the police if he hit her one more time. He said that he would hit me if I called the police. My friend got scared...and she called her father to come and get her... when her father came to the door that broke up the fight. Daddy went outside and he stayed in the back yard. I guess...the whole night just about... I don’t want you to get the wrong idea about my dad. When he’s nice he can be really nice. I think it’s the drinking that does it.

In my interview with Cameron, he also talked about his father's violent behavior. I asked him what happened when his parents argue and he said:

My dad starts it. They just start off talking and it gets louder and louder and louder and my dad cusses a lot. My mom just sits on the couch and ignores him and watches TV or reads a book while he screams and screams and then it ends... She knows she better not do anything... he hits.

Cameron also contrasted Lee’s abusive behavior with positive experiences in the family. His sister, Susan, had done the same thing. When I asked Cameron to tell me what happened when he got in trouble, he said:

Well, when he gets really mad...he starts yelling. He gives me a whipping. Sometimes he takes his belt off... I hate it when he gets mad... We sometimes go
places and it’s very fun. I can’t figure out why we don’t do it more. Everybody laughs and has a good time and people stay happy with each other.

Lee most certainly becomes violent, however, this abusive behavior is counterbalanced by his positive participation in family activities and in a daily routine. Gwen seemed to speak for the whole family when she said:

I know what he’s really like....I know the good part of him... I’ve seen how he can be with the kids. I know how he can be with me and I won’t settle for less.

In terms of violent behavior, there were some similarities between Lee Norman and David Stevens. David, however, had very little successful interaction with his family. Although he believed himself to be a better parent than his father had been and made a point of telling me that he had never hit his wife, he was harsh and sometimes violent. When David told me about his arguments with Pam and “busting up some stuff,” he said, “I’m the one that’s screwed up. I feel guilty all the time, everyday.” Pam knew that David was having a hard time, but she was clearly exhausted with his behavior. She said:

He breaks things and hits holes in the walls. He yells about everything and drives out of the driveway like a fool. I feel sorry for him because he cries and says he can’t do anything right, and that’s just about true. I love him, but I can’t take it... The whole family got together and told him we couldn’t take it anymore.

David’s manner of discipline was controlling the children through fear, intimidation, and inflicting pain by whipping. Pam explained:

The boys are scared to death of him... Mark doesn’t buck him, just does whatever he says. But Louis, he (David) just stays on him all the time, at least when he’s home... like telling him to pick up the house, take out the garbage, always looking for stuff for him to do... Louis tries to stand up to him, but he can’t do it... I think he (David) whips the boys too hard.

The children have reason to be afraid of their father. Many nights David and Pam fight. I asked Louis what it was like. He said:
Very terrible, they yell and Daddy hits the walls and tables and Mama screams and cries. We wake up when that starts and Mark gets in the bed with me and he starts to cry. (Do you cry too?) Sometimes.

Even Mark, who was resistant to say anything negative about his father, told me a little bit about David’s anger. He said:

We try to be quiet when he is at home. He’ll just get really mad and yell. (What do you do?) I quit it and shut up... Sometimes Daddy leaves... gets in his truck and burns rubber.

It was evident in the interviews with each family member that David is quite capable of violent behavior. Although he has not physically injured anyone (as have other fathers in the sample), he has exhibited enough anger and destroyed enough property to make his wife and children fearful for their personal safety.

When compared to Lee Norman, the manner in which David interacted with his family was quite different. Both Lee and David had mood changes when they drank and frequent arguments with their wives. Both men exhibited impatience with their children, and often reacted in a violent manner. Lee, however, was more frequently present in the home and participated positively in some family activities. His children’s social skills scores were in the high range. David was seldom home, and when he was, his presence was more disruptive than beneficial. His children had low range scores.

**Summary and Conclusion: Role of Fathers’ Presence and Joint Family Activities**

It has been pointed out that alcoholic families are not a homogeneous group (Sher, 1991b). Not only do drinking patterns vary, but so does the manner in which families respond to the alcoholic (Steinglass, 1987). These authors have shown, however, that there are certain conditions which serve as good predictors of how well families manage to function with an alcoholic in their midst. The three conditions most relevant to my
Research are: 1) how positively the alcoholic interacts with his family, 3) how well family rituals are maintained, and 2) whether the alcoholic drinks at home or away from home. In this study, father’s consistent, positive participation in family activities and routine, with little ritual disruption due to drinking, was associated with moderate to relatively high levels of children’s social skills. This was true even in families with a violent father in which we would have expected very low social skills. In addition, children fared better socially when their father drank at home than when he regularly went out to drink. This finding was compatible with the work of Dunn et al. (1987) which demonstrated that marital satisfaction of “in-home” drinkers and their wives was greater than that of “out-of-home” drinkers. It stands to reason that increased marital satisfaction would contribute to an environment more conducive to the enhancement of children’s social skills.

In contrast, families in which children’s social skills scores were in the lower range, fathers were rarely present in the home and their family participation was very limited or nonexistent. The following are descriptions of father-child interactions taken from my interviews with children who had low range social skills scores. I asked these children to tell me about some of the things they did with their fathers:

I like to go hunting with my dad... I only got to go one time and I was too noisy in the deer stand and he said I couldn’t go back. (#1, older son)

Me and dad go to the store, buy stuff... We don’t do that much... just regular things... not fun things... my daddy is not home hardly at all. (#1, younger son)

Some children had spent so little time with their fathers that they had a difficult time thinking of a response to my question regarding paternal interaction:

I hug my daddy. We play... uh... I don’t know. (#4, daughter)
Watch TV, go to the store...I think that’s all. (#4, son)

Go places with my dad...just anywhere...we don’t play much. (#2, younger son)

He doesn’t come around no more...just to sleep, sometimes. (#2, older son)

As would be expected by the low social skills scores of this group of children, they experienced some difficulties with peer relationships at school and/or at home. Most of these children experienced social isolation in one or both environments. I asked them to tell me about their friends:

I wish people liked me at home as much as they like me at school...not my parents...I know they love me deep down...but my other family and the neighbors. (#1 older son)

They don’t play with me that much...they like my brother...I got...not really any friends. (#1 younger son)

I don’t know... (I’ve got) my brother, but not (any friends) at my school. (#4 daughter)

My cousins that live by me... They have to do what I say. If they don’t I will hit them to the sky. (#4 son)

I play with Paul Jr. (his brother). We do everything together, me and him. (#2 older son)

Tim and me used to be in the same class last year but I passed to second grade and Tim got held back...Tim is selfish and spoilt. He has to be first every time and always take in the ball...I just go over there and grab it out of his hands...then he grabs, and we both yell. (#2 younger son)

The fact that these children experienced problems with friendships was not surprising. The literature cites difficulty with peer interaction as a major problem of children of alcoholics (Black, 1979; Morehouse and Richard, 1982; West and Prinz, 1987; and Sher 1991). The three families discussed in this chapter have some obvious similarities and differences in the manner in which they interacted. The Norman and Jeffrey families were alike in several ways. Both fathers drank at home and spent
evenings and weekends with their families. Also, both families had a consistent evening routine. They ate dinner as a family, watched TV, and participated in regular activities outside the home. The Jeffrey family, however, participated together in a wider variety of activities. They went out to eat, to the movies, skating, for family drives, and attended the children's gymnastic meets and dance recitals. The Norman's family activities were primarily limited to sporting events. However, a more significant difference between the Jeffrey and Norman families was the degree to which the father's drinking and anger affected family interaction.

While Martin and Connie Jeffrey were usually successful in their attempts to insulate their children from Martin's drinking, this was not the case in the Norman family. The Norman children experienced much the same anger and violent behavior from their father as the children in the Stevens' household. Although David Stevens was rarely home and participated in few family activities, when he did attempt to interact positively with his children, he failed. Lee Norman, on the other hand, frequently participated in positive family interaction. However, he could be a violent man.

Some level of violence was an issue faced by nine out of the fourteen families in my sample; and corporal punishment was used as a means for disciplining children in every family. (Only Martin Jeffrey and Pam Stevens didn't hit their children.) Seven mothers, including Pam Stevens and Gwen Norman, believed their husbands whipped "too hard." David Stevens used corporal punishment to the extent that it may easily have crossed the line to physical abuse, and there was little question that Lee Norman's behavior was both physically and psychologically abusive to his wife and children.
Questions have been raised in the literature regarding whether aggressive behavior may be the most predictive factor of negative child outcome in families in which parents are alcoholic. There are data to suggest a strong association between alcohol use and family violence (Hindman, 1979). Some researchers have interpreted this to suggest that alcoholism is a causative factor in instances of spouse and child abuse (Browning and Boatman, 1977; Flanzer, 1981; Kemp and Hefler, 1972). However, several reviews of the literature (Orme and Rimmer, 1981; Steinglass and Robertson, 1983; West and Prinz, 1987; and Sher, 1991) reported that findings in this area were inconsistent and that no firm conclusion could be made in identifying a cause and effect relationship between alcoholism and family violence.

The findings of my research raise questions concerning how children who experience violence could still score in the middle to high range in areas of social functioning. Straus has done extensive research in this area and has found that not only does violent, abusive behavior cause damage to children, but corporal punishment is detrimental as well. Some outcomes he cited were impaired learning, depression, child abuse, drinking problems, and wife beating. This is true, he says, even for legal, socially acceptable corporal punishment. The factors which contribute to family violence may well be present whether alcoholism exists in the family or not. By the same token, some of the conditions related to positive social development of children may be present even in homes where there is alcoholism and violence. Generally, I found that father’s presence in the home and positive participation in family activities were the main factors that appeared to be associated with children’s higher social skills. Even in circumstances where violence existed, if the father was routinely at home and participated in positive
interactions with his children, their social skills scores did not fall below the middle range.

While family violence and alcoholism may occur within the same family, there is research which identifies other factors, besides alcoholism, as better predictors of violent behavior. In fact, Moos and Billings (1982) found that the family environment of nonalcoholic families and recovering alcoholic families did not differ significantly. Gelles and Straus (1979) maintain that family violence would still occur in the absence of drinking behavior and that there are other factors to be considered. An important finding based upon families discussed in this chapter is that even when fathers drink heavily and are abusive, their presence and active participation in family activities appears to have beneficial effects on children's well-being.

In an attempt to explain this pattern, it is useful to draw upon the framework of social learning theory. Bandura (1977) pointed out that individual repertoires of behavior are not inborn. They must be learned. He acknowledged that biological and developmental factors play important roles in this process. But, rather than focusing on genetic characteristics or developmental readiness, he examined learning by response consequences, learning through modeling, and the effects of reinforcement. Some of the fathers in my study participated positively and routinely in interaction with their families. In these households, family members had meals together, watched television, went to sporting events, and shared other family outings. Models were provided for the children that helped them establish both a value for social interaction and a model for some positive behaviors. They received parental support in inviting friends into their homes and reinforcement in participation in extra-curricular activities. In these families, the
children's social skills were in the higher range. Conversely, in families where the father was frequently absent, the children had poorer parental models and their social skills scores were lower.

According to the social learning viewpoint, what is taught, modeled, and reinforced differs according to the child's developmental level. In instances of successful socialization, over time, social sanctions gradually replace physical ones as mechanisms of control in children's conduct.

The interpersonal conditions leading to such deficits are frequently found in alcoholic families. Children, who are subject to these inappropriate parenting practices, often exhibit behavior problems and poor social skills (Glueck and Glueck, 1950; Kandel, 1990; Loeber and Schmaling, 1985; McCord, 1979; and Simcha-Fagen and Schwartz, 1986). In this study, where all families had an alcoholic father, it was found that increased positive paternal involvement in family activities appeared to change the complexion of the family and give children more viable models for social interactions and interpersonal behaviors. The children's social skills were also higher. This was true even though the children were often subjected to poor discipline, excessive parent controls, and sometimes, family violence.

These results of this research must be evaluated with caution since the interviews represent only one moment in time. This study was designed to capture, as accurately as possible, the behaviors and patterns of families at similar points in addressing the problem of paternal alcoholism. However, it is likely that some families had experienced more difficulties than others before seeking treatment. It is quite possible that families where fathers were rarely present and had little positive interaction with their wives and
children may have presented an entirely different picture a few years prior to the study. It may be that the disintegration of relationships between fathers and their families is related to the progression of alcoholism instead of, or in addition to, specific family characteristics.

Further, the amount of time fathers spent at home and the quality of their interaction with the family may also be impacted by other factors besides alcoholism or personal choice. The initial quality of marriages, children's behavior, wives' attitudes toward drinking, family of origin models, self-esteem, and feelings of competency in parental and marital roles are examples of some factors which may influence the amount of time alcoholic fathers chose to spend at home.

Perhaps the most salient factor to consider regarding the issue of reciprocal causation is children's behaviors. Investigators of "child effects" have examined how children influence the attitudes, behavior, and identities of parents (Bell and Harper, 1977; Lerner and Spanier, 1978; Maccoby and Martin, 1983). Bell's (1968) approach to this issue would be appropriate for the study of parent-child reciprocity in alcoholic families. He proposed that children may evoke two types of behavior from parents. The first is "upper-limit control." This type of parental behavior is an attempt to redirect or reduce children's acting-out behaviors. That occurs when children's behaviors are more intense and frequent than parents' expectations allow. This would include noisy, oppositional, or uncontrollable behavior in children. In contrast, lower-limit control is parental behavior designed to foster certain behaviors that conform to parent expectations. Research providing support for Bell's proposals (Buss, 1981; Lytton, 1990) determined that parents of highly active children tend to intrude physically, to
engage in power struggles, and to become competitive with their children (upper-limit control). Conversely, interactions were generally peaceful and harmonious (lower-limit control) when children exhibited lower activity levels.

In my sample of 14 families, 11 had children in the household who exhibited some degree of disruptive behavior which was beyond what would be expected for their developmental level. Such behavior could have increased the likelihood of fathers' use of upper-limit control. Further, in families where there were children who exhibited behavior problems, some alcoholic fathers may have felt unable to deal adequately with the situation, so avoided interaction. In other cases, fathers may have been concerned that they would lose control and decided that it would be better to stay away. There are a large variety of possibilities which may influence the interaction choices made by alcoholic fathers. Future research, with interview questions designed to address these issues, would be helpful in further understanding the factors which influence the level and quality of family interaction among alcoholic fathers.

The possibility of reverse causality could also be extended to include the marital relationships in alcoholic families. Steinglass et al. (1987) pointed out that, in some instances, participation with the spouse in family problem solving, pursuit of mutual interests, and whole family activities is made possible for the alcoholic only when he/she was drinking. They found that in such cases, the spouse of the alcoholic was more tolerant of the drinking behavior. While drinking and family interaction in these instances seemed to be mutually reinforcing, longitudinal studies indicated that such family interaction tends to become stagnant over time. They reported that, eventually, there develops an absence of innovative solutions to problems, little variety in interaction
between husbands and wives, and eventual decrease in marital satisfaction of the spouse of the alcoholic. When this occurs, the likelihood of confrontation in the marriage increases. It would seem reasonable, at this point, that the alcoholic would be less likely to continue to engage in family interaction and perhaps more likely to spend time away from home.

The fact that positive family interaction of alcoholic fathers is associated with improved social skills in children is an important piece in understanding the socialization process of children of alcoholics. However, more research is necessary to determine what factors contribute to the degree in which alcoholic fathers participate in family life, an issue to which I will return in Chapter 5.
Chapter 4: Money Matters

It has been commonly said that “money doesn’t buy happiness.” However, empirical research has demonstrated that money *does* matter in terms of quality of life (Headey, 1995; Mullins, 1992; Reynolds, 1998; Kohn and Slomczynski, 1990; Gecas, 1979). This also seems to be the case for quality of life and social skills of children of alcoholic fathers. Three of the five families whose children scored in the middle range on social skills had high annual incomes. These three families reported that fathers were rarely at home, and that even when they were present, there was virtually no positive, consistent family interaction. There was no difference between these three families and the families of children with lower range social skills score, except the for high incomes. The three high income families had remarkable similarities and are the focus of this chapter.

According to the exchange model of family dynamics (Nye, 1979), the husband in the traditional, single-provider family is responsible for economic support of the family in exchange for the wife’s acceptance of household duties, childcare, companionship and support. All three families discussed in this chapter function in this traditional manner. Occupational skills which were made possible by college education and/or postgraduate degrees resulted in greater incomes in this group than any other families in my sample.

According to Headey (1995), upper-middle class families are more likely than lower income families to possess high levels of well-being, both as individuals and as a family unit. Such a heightened sense of well-being is thought to result from a number of conditions associated with high levels of income. Some of these are: 1) higher marital

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8 The other two families whose children’s social skills scores fell in the middle range did not illustrate the predominate pattern in the sample. Their annual incomes were $32,000 and $40,000.
quality (Lewis and Spanier, 1979), 2) increased leisure goods and activities (Carlson, 1979), 3) emphasis on participation in business, social, religious, and leisure organizations (Langman, 1987), 4) increased psychological well-being (Mullins, 1992), and 5) positive parent-child interaction and involvement of the fathers in the socialization of children (Gecas, 1979). Based on the literature on social economic status and parenting, we might expect that children from families with the highest income would have the highest social skills scores (Radke-Yarrow et al., 1984; Kohn, 1977; Kohn and Schooler, 1973; Hoffman, 1975). However, in my study these children exhibited only middle range scores.

In some respects, the three families discussed in this chapter were much the same as other upper-middle class families. Unfortunately, the alcoholism of the father prevented family members in this group from enjoying all the benefits associated with high incomes. Actually, there are many similarities between the lives of families with high incomes and those with much lower incomes where fathers have a problem with alcohol. It does appear, however, that the greatest incomes in some families provided resources that "protected" the children in these families from the low social skills found in families that were similar in other dimensions. In this chapter, I will discuss three families from my sample and illustrate how increased income had an influence on family interaction and children's social skills.

Families in the Middle of the Social Skills Distribution:
Distinguishing Economic Characteristics

Three of the five families whose children's social skills fell in the middle range had fathers who were professionals and earned between $200,000 and $500,000 per year. Thus, the incomes of these families was more than three times as great as any of the other
families in the study, providing advantages not shared by lower income families. First, all three mothers were able to stay at home full time and maintain a family routine that was less rushed and more predictable than that of families in which mothers had job responsibilities outside the home. This was especially relevant since some of the general household stress generated by busy schedules was minimized. This helped to offset the drain on personal resources produced by living with an alcoholic. The second advantage of these high-incomes was that parents were able to provide more material goods for their children, including larger homes with more personal space for each member, large backyards equipped for the entertainment of the children and their friends, and weekend homes or camps for leisure activities. Thus, there were more opportunities for pleasant distractions, fewer opportunities for “forced interaction,” and a greater supply of activities that could provide incentives for other children to develop friendships with the children in these families.

However, in other important respects, these families were similar to those in which children had considerably lower social skills scores. For example, two of the families in this group experienced domestic violence. There was use of corporal punishment and generally inappropriate parenting in all three families; further only one family reported any shared family activities. The factor that distinguished these middle range families from those in the lower group was their family income and the advantages it provided.

In the following sections, I will discuss the interactions of each of the three families in this group and point out the ways in which increased income appeared to compensate for: 1) poor parental roles, 2) inconsistent discipline, 3) family violence, and
4) low levels of family activities. I will conclude the chapter with a discussion of similarities among families.

The Howell Family (#12)

Brenda and Kyle Howell had been married for 14 years and had two sons, Chad, age 10, and Matt, age 8. Kyle was 43 years old, had a BA in business and owned his own company. Brenda, age 41, had a high school diploma and worked as an office manager before she married; however, she has been a full-time home maker for 14 years. Neither Brenda nor Kyle had been married before. Their annual family income was $300,000.

Children’s Social Skills

Chad and Matt reported that they both have friends in the neighborhood. They frequently had these children over to play, as well to participate in weekend activities. However, Chad exhibited some aggressive behavior. His interaction with his father may have contributed to this problem. Chad said, “I have a ton of friends. Mike is in the neighborhood. We both like to hunt and fish… I don’t get in many fights. Only when I need to.” Matt told me that he has three best friends and they played baseball with Chad and his friends. He said “I like to do that, but Chad always gets in a fight with somebody and I’d rather just come on home.” Brenda described her children and their friendships:

Chad has a lot of trouble in school. … I guess he’s the most sensitive one but he doesn’t show it. He always tries to stay busy and make like nothing bothers him. When he’s at home he always plays in the neighborhood with the kids. It’s the only thing Chad really wants to do… That’s one reason I never want to leave this house. We have a real big backyard that backs up to the woods and it’s a good place for the boys to play. They can have friends over. Chad is always surrounded with lots of people but he doesn’t have any really close friends. He gets in arguments with them but they always seem to come back. Matt’s different. Matt will talk about how he feels. He’ll tell me that he gets worried about how things are between me and his dad. I think he worries about my safety… He does real well in school… He always has friends calling here but he never goes to visit them very much … Chad is outside playing and Matt stays in
the house with me. Sometimes he follows me just about every move I make. I think that Chad should be home more and Matt should be out more.

Kyle talked about his ideas regarding the privileges his money affords his children. He said:

They are spoiled and their mother doesn’t do anything but spoil them more. I want them to know that they can’t always have what they want. If they do what I tell them without any fuss, I’ll give them anything they want. If not, too bad. I don’t mind doing more for Matt because he earns it. Chad can’t act right, so he just doesn’t get what he wants.

Kyle’s control over the families financial resources as well as his control over privileges for his son was another example of how money, in this family, was a substitute for family interaction and communication. The fact that a good percentage of the boys’ interaction with friends took place in the boys’ back yard, at the lake house, fishing, or hunting, etc., made it clear that the family’s property was an important ingredient in the children’s friendships.

Unfortunately, even these advantages didn’t insulate the children from being embarrassed by Kyle’s drinking in front of their friends. Matt described his concern about his father coming to school when he had been drinking:

I think it is stupid and embarrassing...I hate it when he comes to pick me up...because some days he drives too fast and I know all about people drinking and driving and they wreck and get killed...He tears out of the carpool line and everyone looks at us.

Chad was not only worried about his father’s drinking in the presence of peers, but he also seemed quite concerned of how much his father was drinking. He even
seemed know what behavior to expect from his father in relation to how much he had to drink. Chad described the following event as though it had occurred many times:

My mother asks him how many beers he’s had and he says four or five. I think that’s a lie. I don’t think four or five beers can make somebody act like that. I want him to quit lying about his drinking...I like him to take me and my brother and my friends places but he sometimes embarrasses me. I don’t want to go anymore if he is going to act so weird.

The unpredictability of Kyle’s drinking caused anxiety for the whole family. Brenda said:

The weekends can either be the best time or the worst time for our family. Every Friday I get so anxious worrying what’s going to happen. Is he going to drink all weekend or not. Sometimes the whole weekend will go along real smooth or sometimes we’ll just fight the whole weekend. He yells when he’s drinking and in a bad mood and I know I’m going to have to walk on eggshells. The kids know it too. I’ve been married to this man for fourteen years and I’m still scared of him. I think the boys are both scared of him too.

The Howell’s affluent life style provided some respite from the problems of an alcoholic family member; however, Kyle’s behavior when he was drinking was both embarrassing and frightening to his wife and children.

Parental Roles

As in all three families in this high-income group, Brenda and Kyle adhered to traditional family roles. However, neither of them was satisfied with how the other performed their role. Kyle described how he viewed his responsibilities to the family:

I am very good at what I do. I don’t mean to brag or anything, but I can make money. I am good with people and I give my clients what they want. Brenda likes to spend the money all right but she doesn’t have any idea what it takes to do what I do. She doesn’t appreciate the good qualities I have. I know I have a problem, but that doesn’t get in the way of me providing a hell of a lot for my family...I do what I need to, I just wish she’d do the same...She lets the boys run
wild in the neighborhood. I don’t know why she can’t keep up with them. She doesn’t have anything else to do.

I asked Brenda to tell me about what she did on a typical day. She described some of the things she did to please Kyle and be a good wife and mother:

Most mornings Kyle isn’t anywhere around. Either he doesn’t come in the night before, or he’s working out of town, or he’s asleep. A lot of nights he comes in and goes to bed in the spare room. I have to go and look in there to see if he’s even in the house or not. So I get up in the morning and I wake up the boys. I fix them breakfast and then I drive them to school. Both of them hate to take the bus. After I take the kids to school I come back home. Kyle is a real perfectionist about how he likes the house and what kind of food he wants the boys to eat and what kind of food he wants served ... so I try to have everything just right. There are some mornings that I come home and go back to sleep for a while and then I get up. It seems like before I know it, it is time to pick the boys up from school. I pick them up and bring them home and try to do homework...I do the best I can...I make my own drapes, paint my own house...nobody else in my neighborhood does that...All I want is for him (Kyle) to be tender with me and tender with the boys.

During most of the interviews with Brenda and Kyle, they talked about the things their spouse had done to hurt the children. Each also said that he or she was doing everything he or she was supposed to do to be a good parent.

Brenda spent a lot of time with her children. When they got home from school, she already had dinner cooked, errands done, and household chores completed. They started right away on homework so the boys would have time to play with friends before dark. Chad had been diagnosed with dyslexia and he had a tutor three days a week. Matt did well in school and so homework was not a problem for him. They had a large backyard that backed up to a lake, a swimming pool, tree house, and a trampoline. Brenda described it as a “gathering place” for many children in the neighborhood.

Although Chad had many friends and Matt said that he had only a few, the environment
in which they lived promoted opportunities for friendships. Brenda described their backyard and the electronic games and toys in the boy’s rooms, and told me that she and Kyle had “made it a priority” to have their home “a fun place to be for the boys.” This family did, in fact, appear to have invested more money in recreational equipment and property than the other families in this high income group.

Although the material quality of Howell’s environment was exceptional, Kyle’s drinking made the interpersonal environment very difficult for everyone. Brenda told me how she believed her husband’s drinking affected the children:

Well, they’ve seen a whole lot more than any kid their age should have ever seen...One night he came in and he was drinking and for no reason...he hit me with his fists...in the stomach and in the face. The boys saw what happened. I think my children have been robbed of security in having a regular family. A lot of kids can just idolize their father and think they are perfect. My kids can’t do that. I try to make up for it the best I can, but I can’t be a father to them.

The increased amount of time that Brenda had available to focus entirely on her children, the elaborate array of recreational equipment, and the fact that they were able to afford a tutor to help with homework were all benefits of the Howell’s income. While such resources would be appreciated by almost any family, it became clear during the interviews that such advantages were particularly important to the Howell’s. Further, these advantages compensated for many of the stresses imposed by having an alcoholic father.

Money, Discipline, and Family Violence

The Howell family had many monetary advantages, but this did not insulate them from violence in the household. Although family violence is more often found lower income families (Kantor and Straus, 1989), the Howell’s were both the second most
wealthy and the most violent family in the sample. While both parents used corporal punishment as a means of discipline, Kyle was much more abusive. Matt told me the difference between the way his mother punishes him and the way his father does:

She (mother) says she’s going to whip us but she really doesn’t do it that much. Most of the time she just sends us to our rooms...He (father) whips hard with a belt. He never sends us to our room. It would be better if he did.

Brenda told me that neither she nor the children knew what to expect. She said that even when they were “supposed to be having fun” at their lake house, “Kyle can just snap.” She provided this example:

Sometimes he’ll try to just joke them (the children) out of whatever the problem is, change the subject, make light of it. Other times he just goes off and he’ll yell and scream. One time he pulled Chad by the hair all the way across the lawn. I ran over there to make him stop and he shoved me down. It’s funny, I always think I can tell when he’s about to have a rage or something, and sometimes I do know when it’s coming but others, I’m just so shocked. It just comes out of nowhere.

Many of the arguments between Kyle and Brenda were about money. Matt described what his parent’s arguments were like:

My dad chopped up my mom’s Visa card and they got in a fight and Mom kept on pulling Dad’s hair. Another time, he hit her and it was very bad. They are always yelling until me and my brother get sick of it. I try to stop it, pull my dad away from my mom. He always tries to punch her. I can never stop it, but I try. It was very bad.

Both parents were aware of the problems they had with the discipline of the children. They had the financial resources to consult many professionals. Brenda told me that they had been talking to therapists about their children “on and off for years” and that some of the people they’d consulted “had some pretty good ideas,” but she and Kyle couldn’t seem to “follow through.” Brenda said that when Kyle got mad he said that “it’s
all a bunch of shit” then he went on to “do as he pleases.” She was still trying to think of other resources to turn to for help, and commented that they could perhaps try parenting classes next.

Kyle told me that he’d “spent a fortune” trying to get someone to “straighten things out in the family.” His attitude was that whatever he needed, he should be able to buy. However, this approach was not always successful. He described a very elite treatment center where he’d spent two months. He said, sarcastically, “a lot of good it did, because I was drinking again in two weeks.” Nevertheless, Kyle continued to believe that his high income would eventually provide an improvement in his condition. He said:

I don’t like to say it, but the truth is, I’m different from your average alcoholic. I am very high strung and I can’t be still, there’s not a lazy bone in my body. I am an achiever, a businessman. I am good at what I do because of the way I am. Unless I can find somebody that understands this, I don’t know if I can ever get better. I’ll pay anything it costs, I just have to find the right person.

Just as Brenda and Kyle found a tutor to solve the “homework problem” with Chad, they were both convinced that if they hired the right person or found the right program, their other problems would be solved, as well. They substituted monetary solutions for personal investment and responsibility in dealing with the difficult issues in the family. Families without these financial resources may be more apt to depend on personal resources to resolve family problems. A strengthened sense of cohesion frequently results when families work together for a common goal.

Although money was the focus of many of the fights between them, it appeared to be one of the reasons they stayed married. Kyle explained:

I’ve talked to plenty of attorneys and not one of them is smart enough to tell me how to get a divorce and not lose part of my company.
Brenda’s comments supported what Kyle said:

Sometimes I think he stays with me because it’s a money thing. He doesn’t want to have to pay the money it would take to get a divorce. I’m not sure about that. I’m not the kind of person that would take him to the cleaners. I just want to have enough for my boys and I want to be able to stay in the house. Money is such a big deal to him. He just spends it and can throw it away but he screams at me when I spend money that he thinks I shouldn’t...He thinks that all I really care about is the money...He’s always yelling at me for spending and he’s the one that spends the most. I get a few things but not anything unreasonable. Not anything we can’t afford.

Money appears to be a central factor in the Howell’s lives. It is what keeps them together and it is what they argue about. It is what makes their life easier and it is also the thing that may impede them from improving family interaction. Despite their marital problems, both parents said that they wanted the marriage to work. However, it seemed, at least for Kyle, to be more for financial reasons than a desire to improve the relationship or keep the family together. Both children thought that it would be best if their parents got a divorce.

Family Activities

Although Kyle was often working evenings, he was present most weekends. The activities the family participated in were also made possible by their affluence. They owned a lake house, a fishing boat, had a hunting lease and a deer camp. The children spent weekends on jet skis, four wheelers, and deep-sea fishing. They were often allowed to take friends along. Brenda said that it was ok for them to “take a friend or two to the lake house” because there was “plenty of room to spread out.” She told me that, usually, if Kyle is in “one of his moods” she could just keep the boys at the other end of the house.”
Matt talked about the weekends and told me the things that he liked to do with his father:

Fishing and hunting some. I like to go the lake house but only when my mom goes. When I go to the hunting camp with my dad we ride four wheelers and look around to kill a deer...But it's not very good when he acts mean. He takes off on the four wheeler and yells. I like to go fishing best. There are usually more people around.

Although most of the children in the sample had fathers whose behavior was inconsistent, very few were afforded the variety of activities that made time together as a family as interesting as it was for Chad and Matt. The fact that there was plenty of space at the lake house and a lot of people around on fishing trips, sometimes kept the children isolated from their father when he was drinking and angry.

Kyle was not a consistent, positive presence in his children's lives, but his money provided them with opportunities for social contacts. In this respect, they had more than the children who had neither positive experiences with their fathers nor the benefits of an affluent lifestyle. These benefits were the only difference between Chad and Matt and the children in this study whose social skills were in the bottom range.

**The Thomas Family (#6)**

Katherine and Stewart Thomas had been married for 14 years and had two daughters, Bonnie, age 11 and Colleen, age 5. They also had one son, Alex, age 9. Stewart was a 46 year old attorney. Katherine was 44 years old and had a college degree. She worked as a laboratory technologist until she became pregnant with her first child. At that time she quit her job to stay at home. This was the first marriage for both. Their annual family income was $500,000. Katherine and Stewart have been through some difficult times together, most of which were related to Stewart's alcoholism. Katherine
had considered divorce, but wanted to stay in the marriage if Stewart could stop drinking. She believed that she could support her children if she had to; however, she loved “the man Stewart used to be” and would prefer for her family to stay together. She said that she had some worries about the children’s higher education costs if the marriage failed.

Both Katherine and Stewart grew up in privileged families, but Katherine said that she had learned that money isn’t everything. While she believed the children benefited from the material wealth that made their lifestyle possible, she said that she knew it “wasn’t enough” for herself or the family. She said that the whole family learned some important lessons when they were recently embarrassed by Stewart’s behavior. He was arrested for driving while intoxicated and spent some time in jail before the family was willing to bail him out. Katherine said that it “was very difficult to let him stay in there and hard on the children.” Katherine went on to say the she believed the only thing that could keep her children from being caught in the “materialism of the world” was “close family ties, a willingness to help others, and a strong faith in God.” She said that these things had been missing from their lives and she intends to “rectify that before it’s too late.” Lately, she has been active in her church, more “emphatic with Stewart,” and clearer about her “goals for the family.” She said that she “has some concerns about the children’s values and what they consider important in friends” but that they were only “following the example they were given.”

Children’s Social Skills

Bonnie, Alex, and Colleen all reported that they had some friends at school and other friends that they saw in the afternoons and on weekends. However, the three Thomas children interacted with peers in very different ways.
Bonnie (age 11) was very outgoing and had two close friends. She went to their house more often than she invited them to her home. She said, “My family is too unpredictable.” She reported feeling left out at times because she wasn’t “as popular” as she would like to be. Bonnie was very outspoken and her father described that as “a bossy attitude.” In some respects, she had assumed an adult role in an effort to compensate for her father’s absence.

Alex (age 9) was somewhat of a loner. His father said that he had “great friendship abilities,” but that he also had a “short attention span, low self-confidence,” and tended to quit an activity if he wasn’t winning.

Colleen (age 5) was sensitive, timid and cried easily. She would cling to her mother and wouldn’t play with many children outside of school, except for her cousin. Colleen was too frightened to spend the night away from home, but she did like to have her cousin spend the night at her house.

Katherine described her children and their friendships:

Bonnie has two friends that are her constant companions. If they aren’t together, they are talking on the phone. Alex is so quiet and reserved. He’d rather go to his room and watch TV than play in the neighborhood. His Dad is gone so much, I guess being the only male in the household really gets to him. He is loving and kind and has a gentle heart. His father has broken so many promises, I guess he has given up. I think Colleen is a little immature for her age. I don’t know whether it is because of all that is going on with Stewart or if she will just grow out of it. She cries easily and some days won’t let me out of her sight, no matter what’s going on. Even when it’s something that she would really enjoy...like games at church on Wednesday nights.

Katherine made many attempts to entertain her children and their friends. In our interview, she went on to talk about some of the activities she’s planned for her children to “get their mind off the problems with their father.”
We have lots of room at home and a perfect place for parties. I always invite the children’s friends from church for all night “lock-ins.” I took Bonnie and her friends on a shopping trip to the Galleria in Houston and Colleen’s friends to have a tea at the Doll Museum. Alex loves Celebration Station and so I treated his soccer team one Saturday afternoon over there. I don’t know how well this compensates for not having their father around, but it’s the best I can do.

Although Katherine made every effort to divert her children’s attention away from their father’s drinking and the problems it caused, Bonnie was very clear about the effect it had on her life. She felt that her father’s drinking and subsequent arrest had seriously damaged her standing with peers. Bonnie explained that a child in the neighborhood told the class at school what had happened to her father. She was devastated when she found out that “everybody knew.”

Humiliation...that’s what I went through. How I found out wasn’t very good either...My friend told me to meet her in the bathroom after class...she told me what he said... I wanted to go home so bad.

From Bonnie’s perspective, money also had a bearing on friendships. She explained:

I go out with my friends, like to the movie and the mall. Thank God I have a decent amount to money to spend so I won’t be embarrassed to death. That’s one thing that keeps us acceptable after the humiliation of our father. (What keeps you acceptable?) You know, having money and good clothes. That is very important to show who you are.

Katherine expressed a desire to teach her children that there are more important things in life than what money can buy. She said that family relationships and friendships are two such things. While it is obvious that Katherine is moving in the direction of instilling these values in her children, it was clear that the affluence of the Thomas family
still plays a big part in the friendships of the children and even, as Bonnie described, how they think about themselves.

Parental Roles

Parental roles in the Thomas family could probably best be described as traditional; however, after Stewart’s recent arrest, both parents were beginning to question their division of responsibilities. Katherine said that she had “been in the house too long.” She liked being home with the children, but she had considered going back to work more recently. She decided to make a final decision when her children were older or in the event that Stewart could not continue to abstain from drinking after treatment. She considered the house and children to be her responsibility, but she didn’t like it. She said that she has delegated the house to a housekeeper five days a week and as soon “as Stewart is able” she was going to delegate more parenting responsibilities to him. One thing she wanted to change was the way the children viewed Stewart: the “fun guy,” the one that always takes sides against “mean old mommy.” She said that one problem was that he made promises that he didn’t keep and that she found it impossible to “make it up to the kids.”

Katherine was angry as she described the parenting differences between herself and Stewart:

Stewart and I are on totally different planes in parenting. I parent 99% of the time. He’s fun, no restraints. But, he is a liar...the children are constantly disappointed...he promises the moon ...doesn’t come through. He lives a big part of his life for the alcohol ...not much left over.

Nine year old Alex described his father’s behavior:

My dad doesn’t come home much when we are awake. He says he will, but he never does. My mom says the alcohol in him makes him do that. At least I don’t
have to get too worried about getting into trouble with him. If I do something wrong, he doesn’t even know for a long time and my mom has stopped being mad.

Stewart was aware of the fact that he had little participation in the lives of his wife and children. He said that his “only contributions have been money in the bank and a lot of grief.” Like Katherine, Stewart reported that he was unhappy with the definition of his role. He was ready to make changes but didn’t fully understand why Katherine was so angry. He described his lack of participation with his family:

I would wake up and dash off to work. My kids would leave for school before I woke up. I would come home tired or drunk and tired... I made excuses to go out so I could drink...Drinking has caused me to be away from them (family members) and miss participation in many of their functions. I admit to all that, but I can’t understand some of Katherine’s reactions... I don’t know if we can get it straight or what.

When I asked Bonnie to tell me about some of the things she did with her mother, she described Katherine’s difficulty in trying to parent alone:

We do pretty much everything with her...she tries very hard, but she is just heartbroken and she can’t be two parents, there is only one of her and three of us. We have a housekeeper and that helps some, but she is driving all afternoon and Alex has ball practice, and I have piano and Colleen has ballet. We can’t eat out every night...it isn’t good for you... and Alex has to have help with homework. We have programs at school...stuff at church...it takes two parents to run a family.

In an effort to find out how Bonnie viewed her father’s participation in her life and the role he played as a parent, I asked her to tell me some of the things that she did with her dad. She replied: “What dad?”
Money, Discipline, and Family Violence

There were “a couple of incidents” Katherine reported when she was “concerned about safety.” She said: “Stewart came home drunk and we had an argument and he got physical with me.” She went on to say that he broke some items in the house and “hit the walls and left holes.” Katherine took the children and left the house. Bonnie recalled what happened when her parents argued:

It can be pretty bad. Dad cusses Mom out and they yell at each other. Mom takes us out of there and we leave and go eat or something. When we get back Dad is usually gone or asleep. My mom cries her eyes out and goes to her room.

No member of the Thomas family gave much detail regarding violence in their family. It appeared, by what they did say in the above interview excerpts, that Stewart was capable of violent behavior and Katherine was fearful enough, on some occasions, to take the children away from the house.

Like other parental responsibilities, outside of financial support, Katherine was responsible for discipline of the children. She said that “in some respects” she was “not happy” with the “way things are going” with her and the children. Katherine explained that a big part of her problem with the children was that she “couldn’t ever relax.” She said that she was constantly worried about “what might happen next.” She reported a combination of reactions to the children’s misbehavior.

I try to act civilized, like a patient, good mother. I know what I’m supposed to do. That’s why when I can’t seem to do it I feel so bad. I don’t mind spanking the younger children when they need it, but sometimes I do it when I can’t take any more from anybody and they have pushed me too far. I’d rather send them to their rooms or take something away.

Katherine said that she wished she could be “more consistent and stay calm” but that sometimes she was so tired and frustrated that she “couldn’t think and just reacted.”
The children explained that when they got in trouble, their mother reacted in several ways:

(She) tries to reason with me, breaks down yelling, but she quit spanking me because I'm too big. (Bonnie)

My mother can start screaming for no reason. She will swat me on my butt and I get to my room. (Alex)
She has mean eyes...fusses and spanks me. (Colleen)

Although Stewart wasn't home much, he reprimanded the children when he was present. No one in the family reported that Stewart used any other form of discipline. The children described how he handled their misbehavior:

He acts very, very angry and tells me to "stop it right now!" (Colleen)

Yells a little and gives a LONG lecture...like HE can say anything about behavior. (Bonnie)

He gets mad and says "I don't deserve this after I been working all day long." Then he might cuss. (Alex)

Even though Stewart did not use corporal punishment with the children, Bonnie and her mother knew that he was capable of violence. And the other two children were likely to remember the night their mother took them out of the house until their father was asleep.

Family Activities

There were no family activities reported by any of the Thomas's. This was a characteristic they had in common with all of the families who had children with the lowest social skills scores. In fact, only three of the nine families with children in the middle and high ranges reported no family participation of any kind. This lack of family interaction, frequent absence of the father in the home, and violence in the household
would make the Thomas family indistinguishable from low range children, except for the fact that this family was the wealthiest in the sample.

The Wilson Family (#14)

Tom and Wanda Wilson had been married for 14 years. They had four children, two sons and two daughters. They were: Hanna, age 11, Tommy, age 9, Adam, age 7, and Beth, age 6. Tom was 43 years old and practiced as an oral surgeon. He earned $200,000 thousand dollars a year. Wanda was 38 years old and had a college degree, also in a medical field. Wanda did not work outside the home and had not done so since she became pregnant with their first child. Both Tom and Wanda said that they loved each other and wanted their marriage, as well as their family life, to improve. However, Tom said, “If it doesn’t work out it doesn’t work out.”

Children’s Social Skills

Tom and Wanda’s four children were somewhat different from one another in the way they interacted with other children. The older children had fewer friends than their younger brother and sister. But all four of the Wilson children reported some positive interaction with their peers. The children were active in many extra-curricular activities and had many opportunities to interact with peers outside of school. Wanda had a housekeeper five days a week and put her energies into volunteer work at her children’s schools, and taking her children to activities in the afternoons. The boys were both active in team sports, the girls took dance lessons, and all four children took piano lessons. In warmer months the children took part in swim teams and all but the youngest daughter played on tennis teams. Wanda and Tom agreed that these activities were important in the socialization of their children. Wanda explained:
One thing that Tom and I agree on is that the children need to be well rounded and accomplished individuals. It takes a lot of planning for me to get them where they need to go. There are four of them and only one of me. Tom would help out if he had the time, but it's impossible. That’s the reason I stay at home with my kids. Hanna and Tommy get mad about the rushed schedule in the afternoons, but they need to do these things more than the other two. Adam and Beth just love to be on the go. They never meet a stranger. I think Hanna is getting more outgoing as she gets older. Tommy, I worry about because he just doesn’t try that hard to make friends. He is very temperament and either pouts or shows his temper. He has to learn that he will never get anywhere if he is going to act like that. He doesn’t realize how lucky he is that we can afford to give him these opportunities. He wants to be a doctor… I tell him that he can never do that if he doesn’t get along better with people.

The Wilsons had a home that was designed to meet the needs of a large family. Each girl had her own room and the boys shared a suite, including a bedroom, bath and playroom. There was a television for the girls and one for the boys. In addition, the children had a TV room that was separate from the family’s den. Wanda said that was the place for the children to entertain company and give them some privacy from their siblings. She said that when more than one child had a friend over at the same time, she tried to be sure they had a place to go. Much of the family focus was on the social interactions of their children. Their home was arranged with this in mind and Wanda kept up a complex routine of carpools, games, lessons, practices, and sporting events.

In my interview with Tom, he described his goals for the children. He frequently mentioned how important he believed it was for his children to “develop all their talents” and be “well-liked by their teachers, coaches, and friends.” He was quite adamant as he explained his views:

The potential of a human being is a fragile thing. I want to be sure it is nurtured in my children. I want to give them every possible opportunity to excel...all the advantages. They are smart, every one of them...They are good-looking and it is important that they are accepted and I want to help them be leaders. That’s one reason why I want Wanda to be at their schools whenever she can...so she can know their teachers and see what the kids need and how they are doing.
Wanda and Tom place great emphasis on the children's educational achievement, development of talents, and social interaction. They have high expectations for their children in all these areas. Tommy, age 9, was the only child who spoke about "being popular" at school, although it seemed to be an underlying issue for the whole family. When I asked him to tell me about his brothers and sisters, he described his own "past popularity" and how he sees his siblings. He said:

My brother is better in everything. He has twelve blue ribbons and he gets straight A's and he's very good in sports. My life was more popular when I was young, when I was in kindergarten in my old school. I was the king of the playground and whenever I was going to have to be absent I just told somebody else that they could take over while I was gone. Then I had to leave my school and I told somebody else that they could just take over for my whole life. My brother is getting to be very popular and so is Beth, but she's just in kindergarten so it's too early to tell. Hanna sorta is, but I'm not. I had my chance.

The financial advantages of this family provided the children with increased opportunities for social interaction, but Tommy was still having a difficult time. Wanda said that Tommy resisted participation in some activities with other children. His own statements indicated that he did not have a positive view of himself in relation to others. On the other hand, for at least two of the children, Adam and Beth, the parents' approach seems to have had some positive results. Hanna, the older daughter, age 11, had mixed feelings. She described her friendships and herself:

Well, I have this one friend who goes to my school, her name is Nancy... she acts different... She says bad words but she's really nice. She loves animals, like me. We don't visit each other though, she doesn't live in a good place and so I can't go there and she doesn't come here... I spend the night every now and then with a friend or people in the neighborhood. Nobody asks me as much as they should. I usually ask them and so there are people who come over here a lot. Me and Mom try to have nice things planned to entertain them. My mother says that I am getting a better personality and a will get more and more friends. Maybe it's true. I hope she's right.
Tommy and Hanna's perceptions of their parents' social expectations were clear in the previous comments of both of these children. Tommy seemed to have given up trying to meet these expectations. It is unclear whether his large number of lessons and activities were beneficial, or whether they just increased the social pressure that has been a problem to him in the past. Hanna seemed to be taking the situation in stride and following her parents' “plan” for her. She was resigned to the fact that she couldn’t visit her friend who lived in an undesirable place and that this friend would not be invited to their home. She believed she was making progress in meeting the social expectations of her mother and father.

The children seemed to know the expectations of both parents even though they had little interaction with their father. Unlike the other two fathers in this group, Tom was not reported to be an embarrassment to his children. He was simply absent most of the time and his desires were relayed to the children through their mother. The three older children said that they knew their father had come to treatment for alcoholism; however his drinking was mentioned very little in their interviews. The primary concern of the children was the arguments between their parents. Wanda reported that arguments occurred only when Tom had been drinking.

Parental Roles

Wanda took pride in her role as a mother and believed she was doing a good job; however, she expressed frustration and loneliness that were related to Tom’s drinking. Wanda was reluctant to criticize Tom, but she said that she sometimes felt:

All alone with five children instead of four...Tom has been coming home drunk every night. I try to get everyone to sleep so they won’t know. But I know. He’s
too drunk when I need him the most. When I try to talk to him we just fight. He can get loud and I worry he'll wake everybody up. Then the next day he's on the phone, checking on what's going on like the night before never happened. It's like he's two people. Sometimes I get so tired of all these schedules, and other times I think it's what saves me and the kids. Stay busy and don't think about things... I guess we are lucky to have so much.

The Wilson family did have the financial resources for many activities for the children, as well as help for Wanda with the house and children's homework. This made it possible for the household to run as smoothly as it did, despite Tom's drinking and Wanda's feelings of isolation. It would have been considerably more difficult for Wanda to manage the strain of four children and an alcoholic husband without the resources they had available to them. The fact that the children were only remotely aware of their father's drinking problem indicates how successfully they were insulated from what may easily have been a focal issue in a less affluent family.

Like the Howell and Thomas families, Tom and Wanda maintained traditional family roles; however, there was more crossover in their role responsibilities than there was in the other two families. Wanda was more aware of their financial affairs and had a part in making some decisions regarding spending. Tom took more interest in household furnishing, he liked to cook, and enjoyed gardening. However, Tom had no particular responsibilities in any of these areas. They were hobbies. The house and children were definitely Wanda's responsibility. With four children and their busy schedules, she found it helpful to have a housekeeper five days a week. She also employed two tutors to help the children with homework in the evenings. Wanda, however, did most of the cooking and all of the grocery shopping for the family. She viewed this as one of her most time-consuming activities. She and her husband believed in following a particular dietary...
regiment for family meals. Wanda spent a lot of time shopping at health food stores and trying new recipes to tempt the children, who preferred “junk food.” She told me:

I spend my time on my children. I know I am a good mother. I work very hard at it. With four children and all their activities, I don’t have much time for anything else, except during school hours, when I am not doing volunteer work. I do everything I can to get dinner lined up and the grocery shopping done in the mornings. Then I can have lunch with a friend, play some tennis, or get my nails done before I pick up the kids and the chaos starts...I told the housekeeper that she must stay until at least 5:30 so someone will be there with the tutor and two of the children while I take the other two to ball practice. I have their schedules all worked out, but you should see my calendar. I’d be lost without it.

Tom showed an interest in the children’s progress in school and in their outside activities. Most of his information about the children came through Wanda. She said, “Tom might call to ask how things are going...he wants to know the bottom line, what’s done and what’s not done. Are we all on task, not how are we doing.” Like other fathers in this group, his primary focus was on his work. When I asked him to tell me about his daily schedule with the family, he said:

It is hard to spend as much time as I would like to with them. I leave early in the mornings...and come home late some evenings. One thing I do make sure of is that Wanda brings the children by my office everyday. I almost always have time to talk to them for a few minutes and maybe go with them for donuts. I wish I had more time than that, but I have a job to do. Wanda says my problem with alcohol has affected the children. I can’t say to what degree. I know I don’t do the things I should be doing with them, but their life is full.

Tom came home late, partly due to his work and also because he stopped to drink before he came home. His primary contributions in parenting were providing income and making decisions for the children. Wanda then carried out his desires and, in most instances, she seemed to be in agreement with him. The major areas of marital conflict were Tom’s drinking and the small amount of time he spent at home.
Money, Discipline, and Family Violence

Wanda reported that she is the one responsible for the discipline of the children because she “is with them more and knows what they need.” She further explained that when Tom is at home his behavior with the children is “very unpredictable...he is sometimes no help at all when they (the children) act up and sometimes he goes on a hollering tirade.” Tom described his manner of discipline by saying, “I see my children so seldom, I want it to be pleasant. I don’t want to be the bad guy...but there are days that they push me too far.” Each of the children reported what happened when they misbehaved. Tommy and Beth’s descriptions summed up what was said by all four children:

She (mother) sends me to my room or makes me do chores. She takes away privileges or gives me a spanking. Sometimes she wants to sit and talk about things but she never lets us finish what we are trying to say...He(father) mostly lets my mom take care of it but sometimes he yells. He doesn’t come home much and we try to be good. (Tommy, oldest son)

She (mother) spanks me and sends me to my room...He (father) ignores me or tells Mom to “just handle it.” He might yell until he turns red and grounds me from everything. Then he usually takes it back. (Amy, youngest daughter)

Tom believed that the discipline of the children was primarily Wanda’s responsibility and indicated that his job was to earn a living. This belief exempted him from the routine training of their children and management of their children’s’ behaviors.

Wanda used corporal punishment with all four children. She said she spanked the three younger ones “probably everyday” but explained that Hanna was “getting too old for that” and that she didn’t “need it as much as the others anyway.” No one in the family discussed details of arguments between Tom and Wanda. The children were aware of disagreements between their parents and said there was some yelling. Beth gave the most
information. I had the impression that she was referring to one particular incident when
she explained:

They (mother and father) threw things on the floor. It wasn't really nice. Then
they were apart for two days. Daddy promised not to use bad words, but he never
remembers his promise.

There was no evidence in any of the interviews with this family to indicate
violence or physical abuse. Both parents, however, were demanding of their children,
had high expectations of their performance, and the mother regularly used corporal
punishment.

Family Activities

No member of the Wilson family reported any activities in which they regularly
participated as a family. The only exception was their visits to Tom's office and
occasionally having donuts together. When Tom was home on weekends, the children
sometimes helped him in his small garden or in the kitchen. These, however, were not
planned family affairs. Tommy and Adam said they liked to go fishing and play ball with
their father, but they didn't have a chance to do it very often. Tommy added, "He's a
very busy man."

Although Tom and Wanda both placed the social interactions of their children as
a high priority in their upbringing, the emphasis was placed on their interactions outside
the family. Wanda did her part to make this possible by arranging her schedule to
accommodate the children's activities and Tom did his part by providing the financial
resources. Both parents agreed that more family time would be nice, but neither of the
mentioned any particular activities they would plan if they had the opportunity. The fact
that the social skills of these children fell in the middle range could be a result of the
social activities provided by their father’s income. This enhanced social environment was missing in families where children had lower social skills scores. Although the Wilson family faced difficulties associated with Tom’s alcoholism, his financial resources provided social advantages which may well have kept his children’s social skills scores from falling within the lower range.

**Similarities Among Families**

It was interesting to find that these three families were alike in many ways. Fathers were rarely present in the home, participated in few family activities, adhered to traditional roles, and had high incomes. The mothers all reported that they would be concerned about the financial well being of their children if they were to leave the marriage. This was true despite the fact the two of the three mothers had professional training and they all had job experience outside the home. Nevertheless, there would be quite a significant change in the standard of living for themselves and their children if they were to get a divorce. All three of the mothers were very invested in the success of their marriages and only Brenda Howell had considered divorce. All three of the fathers reported that they weren’t sure if their marriages would work out or not and Kyle Howell had actively investigated what financial effect divorce would have on him. In each instance, fathers told me that they believed the financial support of their family was their primary job and they thought that they were fulfilling that responsibility. Thus, it appears that for the wives in this group, there existed more pressures to remain married. These include financial and role security, as well as varying degrees of sentiment for their husbands. Conversely, for the husbands, there would be less change in their lives if they were to leave their marriages. They would all maintain their occupational roles, income
would remain secure, and parental roles and degree of interaction with their children would diminish little, if at all. Wives had more to lose in the event of divorce. Money appeared to be a major consideration in keeping these marriages stable.

Further, financial status was an organizing feature of each family's day-to-day life, probably contributing to the children's social skills scores falling in the middle range. Family income and the advantages it provided gave these children opportunities for social interaction that was not available to children with limited family interaction. Although increased financial resources are generally associated with high levels of leisure activities, well-being, and parent-child interaction (Carlson, 1979; Headey, 1995; Mullins, 1992; Kohn and Slomczynski, 1990; Gecas, 1979), this was not entirely the case for the families discussed in this chapter. A closer examination of these areas reveals how the father's alcoholism diminished family functioning and how socioeconomic status enhanced the children's social skill scores.

Leisure Activities, Social Interaction and SES

Socioeconomic status also affects leisure activities and social interaction. Carlson (1979) pointed out that the higher income of the upper middle class allows families more leisure time options. Further, Langman (1987) identifies the upper middle class as "joiners" and emphasizes the high value placed by this group on social interactions and active participation in organizations.

The leisure time benefits of increased financial resources were evident in all three families. Not only were home environments designed to be conducive to entertaining children and guests, but each family also had a busy routine of lessons and activities that gave children additional opportunities for socializing. Although social interaction as a
family unit was limited or non-existent in the three families, the value they placed on social interaction for their children was very high.

**Parenting Skills and SES**

Another characteristic of high socioeconomic status is increased psychological well-being (Headey, 1995; Dohrenwend & Dohrenwend, 1969; Mullins, 1992; Schwab et al, 1979; Wheaton, 1978; Kessler & Cleary, 1980; Link, 1982; Kessler, 1982). These feelings of well-being are associated with the security and privileges which are made possible by ample economic resources. Recent research has demonstrated that, although socioeconomic background is significantly related to well-being, such high levels of well-being can, in part, be attributed to co-existing high levels of education (Reynolds and Ross, 1998). Other studies have explained this effect (Liberatos et al., 1988; Mirowsky and Ross, 1989; Pearlin, 1989; Ross and Mirowsky, 1989; Ross and Wu, 1995), in that education can potentially increase social psychological resources, such as a sense of personal control which, in turn, shape problem-solving abilities and lifestyle behavior. In all three of the families discussed in this chapter, fathers had college degrees and two had advanced degrees. Two of the mothers had college degrees and the other completed high school.

The style of parenting which takes place in such financially stable environments was described by Gecas (1979). He outlined the process by which higher SES affects parenting skills: As SES increases, so does occupational success and opportunities for challenge and self-direction. This contributes to feelings of self confidence for parents and stimulates an interest in nurturing these values in children. As a result, parental concern for the internal states of their children increases and parents reward their children...
for individualism, creativity, mastery of knowledge, and social skills. Kohn's work supports this perspective. In a series of studies that were increasingly refined and broadened to cross-national testing (Kohn, 1977; Kohn & Schooler, 1983; Kohn & Slomczynski, 1990), the relationship between social structure and personality was defined. Kohn found that advantaged social classes are more intellectually flexible, have more self-directed orientations toward themselves and society, and value self-direction more highly for their children.

All three fathers discussed in this chapter, were self-employed and viewed themselves successful providers. While they admitted that their drinking kept them from interacting with their families, they were generally confident that they had met their most important role obligation. This was, namely, to earn a large income. Therefore, many of the values which contributed to their occupational success were encouraged in their children. Tom Wilson's comments echoed the general sentiments of all three fathers:

I will give them (the children) everything I can to be sure they have what it takes to succeed in the world, all the advantages...They have to learn to think for themselves, be the leader in the crowd, make the right contacts...You have to know how to get along with people but you can't let them walk all over you. You have to know what the other guy is thinking and stay a step ahead. It's not easy. You have to develop all your talents to do that. I want my kids to be in there with the best of them... It has to start when they are young.

Although positive parent-child interactions and paternal involvement in the socialization of children are more likely in high SES families (Gecas, 1979), none of the high income fathers in my sample interacted with their families on a regular basis. The children, however, knew that their fathers "should" spend time with them and assume a more active role in parenting. This was evident to the children, in part, due to their social experiences outside the family. Since the children in my sample of high income families

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had considerable exposure to other families in the same socioeconomic class, they were able to compare their friends’ family interactions to the interactions experienced in their own families. During my interviews, two children made specific references to the inconsistencies they noticed between their friends’ fathers and their own:

I play soccer and I play tennis at the club...I wish Dad would go and help out like the other dad’s do. He wouldn’t have to be the coach or anything like that. But it would be nice if he did...like Susan’s father. She’s so lucky. (Hanna Wilson, oldest daughter #14)

“Southpark” is kind of funny...it comes on TV on Saturday at 9:00 and Wednesday at 9:00. There’s this kid and he gets killed in every episode. I spend the night out a lot...most of my friends aren’t allowed to watch it. Bobby’s dad says, “absolutely not.” My dad never told me anything about it. I’ve been thinking maybe I shouldn’t watch it. I can’t decide what’s the right thing to do. (Chad Howell, oldest son #12)

Two other children, in this same group, described what they believed would be more appropriate relationships with their fathers, as well as some of the problems they experienced:

Fathers and daughters are close, but not with us...There might be some things we could do together if he could get his life straight. Maybe go out to a nice restaurant, just the two of us, or to a movie, or just talk about what goes on in our lives...I go to my friends’ houses but they don’t come to my house anymore because I don’t want it. My family is just too unpredictable...we are very dysfunctional, really. (Bonnie Thomas, oldest daughter #6)

I want Dad to spend more time with me...I don’t get to see him that much. That’s not how it’s supposed to be with a father and a son. (Tommy Wilson, oldest son #14)

The values of their class influenced the children’s perspective of what a father’s role “should” be. As Bandura (1977) pointed out, parents are not the exclusive models for the development of their children’s values and behaviors. Other adults, peers, and symbolic models are influential, as well. So, even without parental models of family interaction, the economic privileges, social opportunities, and general values of the upper
middle class influenced the social values of the children in this group. These values and opportunities most likely contributed to the fact that the children’s social skills scores were in the middle rather than the lower range.

**Children’s Social Skills and SES**

In order to determine what specific effects upper middle class values and opportunities might have on the social skills of children, it is helpful to consider the work of Gecas (1979). He reported that children from higher income families were likely to be given opportunities to express their own opinions rather than be expected to simply conform, without question, to the directives of an authority figure. Further, he reported that children from families with a high SES were also expected to value and acknowledge other people’s points of view. Therefore, it is not surprising that children’s self report of social competence has been associated with higher socioeconomic status (Harter, 1982; Wheeler and Ladd, 1982), and that children from higher income families performed significantly better on tasks that assessed their ability to correctly identify other’s social intentions (Dodge et al., 1983). Further, Pelligrini (1985) found that this interpersonal understanding was a predictor of social competence even when intelligence level was controlled.

Research demonstrating increased social sensitivity among high income children provides a good explanation for some of the surprisingly insightful comments of several of the children from the three families discussed in this chapter. Due to the unpredictable and sometimes violent family environments, the opinions of the children in my sample were frequently silenced by their parents. However, these children believed that they had
a right to be heard. The two children quoted below exhibited an understanding of the social situations they were describing, as well as a sensitivity to the intentions of others.

When my mom gets angry she just bursts in and turns off the TV without saying something to us in a nice way. I know she is over-worked and wants peace and quiet, but she is doing it wrong. I give her advice because I know about my brothers and I'm a kid and I know better. She says, "Don't teach me how to be a mom." And so I just keep my mouth closed. (oldest daughter #14)

We “play fight” at school. The teachers don’t know we are playing and sometimes we get in trouble, but it’s all a game really. I try to explain that and clear up the mess. We’re just playing around. We don’t want to hurt each other. We’re friends. It seems like if you are trained to be a teacher, you would know that’s the way kids are. Some teachers know more than other ones. This one doesn’t think before she yells, so trying to explain just can’t ever work. (youngest son #12)

These children demonstrated qualities which Bandura (1977) viewed as essential for successful social interaction. He pointed out that the likelihood for meaningful exchange increases when an individual’s behavior is guided and moderated by: 1) an ability to foresee outcomes of a particular action, and 2) an ability to consider a given situation from the other person’s perspective. Despite the absence of appropriate models at home, the children from the three families discussed in this chapter exhibited some success in understanding and successfully dealing with social situations. As a whole, these children exhibited middle range social skills. This was true despite the fact that some experienced family violence and all had fathers who were alcoholic, unpredictable, and unavailable. It appears that these children’s middle range scores were due to their exposure to the upper middle class values of individualism and sensitivity to the views of others, together with increased opportunities for interaction and experience.
in predicting social outcomes. These advantages were the only differences between this high income group and the group of children who had lower social skills scores.

Social Skills, SES, and Alcoholism

Children from high income families have the advantage of being exposed to the models and experiences which are most likely to facilitate the development of positive social skills. Such skills, which have their beginnings in childhood, enhance the quality of interpersonal relationships throughout the life course. However, the children from high income families who have alcoholic fathers are at a distinct disadvantage. While they have some appropriate models and positive social experiences outside the family, they are also often faced with negative role models and inadequate social interaction at home. Children who are reared in a home environment which is influenced by parental alcoholism are at high risk for becoming alcoholic themselves during adolescence or adulthood. Empirical evidence helps to determine the relationship between parental alcoholism and eventual alcoholism in children, when the mediating factor is children's social skills, influenced by SES.

In examining the likelihood of alcoholism being passed from one generation to the next, it is helpful to refer to the work of Rossi and Rossi (1990) whose research examined the intergenerational transmission of family patterns. It is reasonable to expect that the overall experiences of growing up in a particular family of origin would affect adult relationships with spouse and children. Rossi and Rossi found this to be true. Their research involving over 1,000 individuals examined parent-child relationships across the life course as well as cross-generational transmission of family characteristics. Their findings have significance for my research because it answers two pertinent questions.
First, are the characteristics of the family of origin salient factors in determining the nature of family of procreation? Second, do the qualities of early parent-child relationships persist over time? Rossi and Rossi answered affirmative to both questions. They determined that cohesiveness of the family of origin has a continuing direct effect on the family of procreation. The measure of “Family Cohesion” includes items which measure open displays of affection among family members, working together as a team, doing interesting things together, and finding “home” a pleasant place. In short, a family with a high level of family cohesiveness would be a family where models of positive and successful social interaction were present. A family with low levels of positive interaction would set the stage for children to grow up and repeat the pattern with their own children.

Children with alcoholic parents and family environments with low levels of cohesion and interaction would seem to be more likely to develop poor social skills, experience more social isolation, and be at higher risk for becoming alcoholic themselves. Since alcoholism tends to run in families, researchers have begun to identify environmental factors which can be tied to this intergenerational transmission. Wolin et al. (1979, 1980) found that, indeed, children whose family routines and interactions were significantly disrupted by a parent’s drinking were more likely to develop a problem with alcohol. The work of Cloninger et al. (1981) demonstrated that social class interacted with family history of alcoholism in determining the frequency of intergenerational transmission. He and his colleagues found that children from higher social classes were less likely than children from lower socioeconomic environments to develop alcoholism as adults.
These findings support the results of my study. First, children with alcoholic parents have higher social skill scores when fathers are present in the home and participate in some positive family interaction. Secondly, I found that higher incomes provided children in my sample with experiences conducive to the development of middle range social skills despite the absence of the father and little positive family interaction.

Since there is general agreement in the literature that social isolation is commonly associated with alcoholics and their family members (Sher, 1991; Steinglass, 1987; Calicchia and Barresi, 1975; Barber, 1992; Anderson and Henderson, 1983; Reinhart 1979; and Collins et al., 1990), the results of my study supports the likelihood that improved social skills insulate children of alcoholics from developing alcoholism themselves later on. Further, this finding has relevance for treatment programs including both alcoholics and their family members. Helping these families develop positive interaction patterns and providing specially designed activities to enhance the social skills of the children would not only improve the quality of their family life, but may also aide in deterring the intergenerational transmission of alcoholism.
Chapter 5: Summary and Conclusions

According to a recent estimate, there are 26.8 million children of alcoholics in the U.S., 11 million of whom are under the age of 18 (National Association for Children of Alcoholics, 1998). In the last 15 to 20 years, this population has been increasingly viewed as being at high risk. Although certain environmental conditions have been associated with families where there is an alcoholic member, it cannot be assumed that these conditions are present in all alcoholic families. Neither can it be assumed that all families who share similar characteristics are affected in the same manner. In fact, alcoholic families have been found to be quite a heterogeneous group. The goal of my research was to determine what family characteristics are associated with positive social functioning in school aged children with alcoholic fathers.

I believed that exploring this question must begin with a micro-social examination of family interaction patterns. It is at this level that socialization takes place, resulting in the development of social skills that are likely to persist into adulthood. To this end, the present study focused on the daily interactions and home environments of 14 families with alcoholic fathers who were beginning primary treatment for their alcoholism. I conducted in-depth, face to face interviews with all family members and had each child complete a social skills questionnaire.

In this chapter, I will summarize my findings, discuss the implications for future research, and make suggestions for issues to consider in meeting the needs of families who are participating in chemical dependency treatment programs.
Summary of Findings

Amount of Time Fathers Spent at Home and Family Interaction.

Fathers’ presence in the home, coupled with positive family interaction, was the strongest pattern associated with children’s social skills identified in this research. The frequent presence of the fathers and their participation in family activities appeared to have a positive effect on children’s social skills. In my interviews with families who had children with higher social skills, both generations reported shared leisure activities, consistent family rituals, and predictable daily routines. Parents and children described shared meals, weekend outings, and joint daily activities. In spite of fathers’ alcoholism, some families managed to participate together in shopping, sporting events, vacations, movies, and weekend trips. Some fathers helped with homework, took children to ball practice, and watched television with the family. As would be expected, the fathers’ drinking disrupted family life, to one degree or another, across the sample. However, in families in which there was the most stable and positive participation with fathers, the children scored higher on the social skills scale.

My findings link together the results of other studies of children of alcoholics. Wolin et al. (1979, 1980) and Steinglass (1987) found that the presence of rituals (e.g., celebrating holidays, sharing meals, taking vacations) in the family of origin insulates children from developing alcoholism as adolescents or young adults. The children in my sample with higher social skills, who more often had fathers at home, appear to be the most unlikely to develop antisocial behaviors and conduct problems.

In contrast, children in my sample whose social skills scores were in the lower range had fathers who were rarely present in the home and displayed very limited, often
negative, or sometimes nonexistent family participation. As would be expected by the low social skills of this group of children, they experienced some difficulties with peer relationships. In fact, the literature cites difficulty with peer interaction as a major problem of children of alcoholics (Black, 1979; Morehouse and Richards, 1982; West and Prinz, 1987; and Sher, 1991).

Generally, I found that father’s presence in the home and positive participation in family interactions were the main factors which appeared to contribute to children’s higher social skills. Even in circumstances where violence existed, if the father was routinely at home and participated in positive interactions with his children, their social skills scores did not fall below the middle range. However, when fathers were not present for positive family interaction, violence was associated with lower social skills scores.

High Family Income.

High annual income was the second family characteristic that was associated with higher children’s social skills scores. This pattern illustrated by three of the five families whose children’s social skills were in the middle range.

These three high income families were quite similar in many respects. 1) All three fathers were professionals with incomes more than three times as great as any other family in the study. 2) These financial resources allowed mothers to stay at home full time and provide a family routine that was less rushed and more predictable than in families where mothers had job responsibilities outside the home. This helped to offset the drain on personal resources produced by living with an alcoholic. 3) All six parents assumed traditional role responsibilities. 4) The high incomes also enabled parents to
provide more material goods for their children. All three families had large homes with more personal space for each member, back yards equipped for the entertainment of the children and their friends, and weekend homes or camps for leisure activities.

In addition to the material privileges made possible by high incomes, these families also had other advantages that researchers have associated with high socioeconomic status. As income increases, so does occupational success and opportunities for challenge and self-direction. This contributes to feelings of self-confidence for parents and serves as a stimulus for nurturing these values in offspring (Gecas, 1979). Kohn (1977), Kohn and Schooler (1983), and Kohn and Slomczynski (1990) found that advantaged social classes are more intellectually flexible, have more self-directed orientations toward themselves and society, and value self-direction more highly for their children. Although positive parent-child interactions and paternal involvement in the socialization of children are more likely in high SES families (Gecas, 1979), none of the high income families interacted as families on a regular basis. Nevertheless, children from these high income families had the advantage of having experiences which were most likely to facilitate the development of positive social skills, as well as positive role models outside the nuclear family. As Bandura (1977) suggested, parents are not the exclusive models for development of their children’s values and behavior. Several high SES children in my sample compared their fathers’ behaviors with the behaviors of their friends’ fathers, who had similarly high SES, but were not alcoholic. The children in my sample reported that they knew their fathers “should” spend time with them and assume a more active parenting role.
The children from high income families exhibited middle range social skills scores, despite the fact that some experienced family violence and all had fathers who were unpredictable and unavailable. When considering research findings on factors of well-being which are associated with high SES (i.e. Headey, 1995; Gecas, 1979; Kohn and Schooler, 1983), it appears that these children's middle range scores may be due to their exposure to upper middle class values of individualism and sensitivity to the views of others, together with increased opportunities for social interaction.

In sum, the findings of this study are that an alcoholic father's increased presence and positive interaction in the home are associated with improved social skills of offspring, and that high income can somewhat compensate for fathers' lack of family interaction. These patterns remained consistent for this sample, even when there were cases of family violence.

Recommendations for Further Research

The majority of research dealing with children of alcoholics has focused on problem behaviors. In contrast, my study focused on prosocial behaviors in children with alcoholic parents. I wanted to determine whether children's social skills in alcoholic families were affected by the factors affecting children in the general population. Studying these patterns first required establishing that the social skills scores in alcoholic families vary considerably. My findings indicate that they do. Although the mean social skills score for the children in my sample was lower than the standardized mean of the instrument I used, there was a large range of scores across the my sample. Thus, it appears that children in alcoholic families are not a homogenous group in terms of social skills.
Nevertheless, there continues to be unsubstantiated generalizations about children of alcoholics in popular literature, treatment materials, teacher training programs, and community prevention literature. While children with alcoholic parents are indeed a high risk group, their needs can only be addressed when we have the tools to determine what their needs are. Placing all of these children in the same category in terms of their characteristics and difficulties not only fails to address what problems may exist, but may cause harm through labeling and making assumptions that are not valid. The examination of the social skills of children of alcoholics may help to bring into focus a better picture of each individual child.

The extensive study of problem behaviors observed in children of alcoholics has made valuable contributions in the understanding of alcoholism as a disorder which affects the whole family and in identification of warning signs for later substance abuse. However, there is also a need for the identification of methods which could help insulate high risk children from problems before they become severe. The examination of how children develop socially would appear to be particularly important for such populations, which are at high risk for developing alcoholism – a disorder shown to be related to social isolation. Since children's social skills are measurable and can be taught, difficulty in this area can be identified early and steps toward remediation can be undertaken. However, more research is necessary in order to determine what characteristics of alcoholic families are most likely to be associated with high, middle and low range social skills in children.

My study was only one step in this process and my findings raise a number of issues. First, the results of my study should be evaluated with caution since they are
based on a small sample of only 14 families. More research is necessary to support my findings and to identify additional family characteristics related to the social skills of children with alcoholic fathers. Some recommendations for extending my research are:

1) including a larger number of families in the sample by increasing the number of data collection sites, 2) constructing an interview schedule designed to include retrospective data regarding family history of interaction patterns in order to better determine the quality of earlier phases of socialization processes, 3) interviewing family members in their homes in order to get a clearer picture of the limitations and advantages of the family environments, 4) observing family interaction in the home (when the alcoholic is in outpatient treatment) in order to extend interview data and provide an opportunity for identifying additional family patterns, and 5) observing children with their friends at home and at school in order to collect behavioral data in addition to data collected using questionnaires, 6) including a series of questions in the interview schedule which focus specifically on family violence, in order to get a clearer picture of how this interacts with more positive aspects of family life, 7) focusing on high income families to gather more data regarding the presence of financial resources as a mediator which appears to offset some of the negative outcomes associated with alcoholism.

Second, since the unit of analysis in this study was the family, which focused on composite social skills score and familial patterns, it was beyond the scope of this investigation to examine individual levels of children's social functioning. Therefore, future work using the Social Skills Rating System with children of alcoholics could provide valuable information by including an item analysis of the social skills subscales in areas of cooperation, empathy, assertion, responsibility and self-control. This would
offer potentially useful data in identifying patterns and relationships between specific social behaviors of children and characteristics of their family environments. This line of research could answer such questions as: 1) Which social skills are likely to be at greatest risk, and under what conditions do deficits occur? 2) Are particular social skills related to such factors as personality traits of children, social experiences outside the family, or school performance?

Third, my study focused on paternal alcoholism and fathers' behaviors. Additional research is necessary to identify the role of the mothers' behavior in either inhibiting or supporting alcoholic fathers' family interaction. It is possible that in some instances decreased marital quality could seriously affect the amount of time an alcoholic fathers spent at home, as well as the manner in which they interact with their children.

Fourth, the issue of maternal alcoholism was not addressed in my work. There is evidence to suggest that having an alcoholic mother affects children in ways quite unlike that of paternal alcoholism. For example, Johnson and Garzon (1988) and Ackerman (1978) found that children with alcoholic mothers were more likely to assume household duties, exhibit lower self esteem, and suffer with more anxiety disorders than children with alcoholic fathers. Further, some children of alcoholic mothers suffer from fetal alcohol syndrome, which increases the likelihood that they will exhibit disruptive behavior patterns and cognitive disorders (Abel, 1981; Steinhausen and Spohr, 1986). Therefore, research in this area could determine whether the family characteristics associated with children's social skills scores are different when the mother is the alcoholic.
Fifth, my research focused on father’s behaviors and the nature of his interaction with the children, rather than the reciprocal effect of children’s behaviors on fathers. One possible focus for future research of alcoholic families would be to consider not only how the fathers’ behaviors have an impact on the children, but how children’s behaviors might influence fathers’ choices to be present in the home and interact with the family. Such a focus on reciprocal interaction would examine the parent-child relationship as a dynamic, give and take interaction, with the flow of influence occurring in both directions. Many children of alcoholics have been identified as having disruptive or withdrawn behaviors which could seriously impede the ability of parents and siblings to maintain positive family interaction (Prewett et al., 1981; Kern et al., 1981; Zucker and Gromberg, 1986; McCord, 1981; Vaillant, 1983). Since children with behavioral problems are difficult to interact with, family members frequently avoid interaction, thus increasing the child’s negative behaviors. Further study of the cycle set up by such a situation would be valuable.

Sixth, when examining factors related to socialization of children, family interaction patterns, children’s social skills, alcoholism, and violence, we are studying dynamic, on-going processes. Data collected at one point in time provides only a glimpse of those processes. Longitudinal studies would more effectively answer such questions as: 1) At what point in the socialization process are children most vulnerable to the influences of paternal alcoholism? 2) Are children with well developed social skills less likely to develop alcoholism in later life? 3) Do patterns of positive family interaction diminish as parental alcoholism worsens? 4) At what point in the life span are children
most affected by the violent behavior of an alcoholic parent, who also made positive
contributions to their early socialization.

Implications for Practice and Policy

My research has suggested that father’s positive participation in the family plays a
role in how children are affected by parental alcoholism. This finding, combined with the
existing literature, can be used as a basis to suggest the following implications for
treatment of alcoholic families.

1) Part of the treatment program should include an assessment of interaction
patterns of individual families. The findings of my study support previous research
which points out the heterogeneous nature of alcoholic family functioning (Steinglass et
al., 1987; Collins et al. 1990; Sher, 1991). A common treatment approach to addressing
family interaction is based on a stereotypical description of “the alcoholic family.” In
extended treatment programs this can be an effective introduction to family systems
theory, since the continuing care phase of treatment allows ample time to address
individual family needs. However, for many programs, treatment time is now shorter and
the need for immediate focus on individual family variations is more acute. This is
especially true in light of the fact that fathers’ participation in family activities was shown
in this study to have such a predominate effect on child outcome.

2) Assessment of the social skills of patients’ children would give clinicians and
parents valuable insight regarding the overall functioning of each child. In most
instances, only problem behaviors are discussed. Further, these behaviors are sometimes
not mentioned by parents unless they are severe enough to have caused difficulty at
school. As was noted by Gresham (1990), prosocial skills and problem behaviors are not
at opposite ends of the same continuum. A child can exhibit poor social skills whether or not he/she has behavioral problems. As the literature suggests, improved social skills may insulate children from the development of substance abuse in later years.

3) A parenting component of the treatment program could be one of the most effective and far reaching strategies. Many parents are not informed of the importance of their role in the socialization of children.

Although not all children of alcoholics require intervention or treatment, those who do are often not being served. Not only is this a result of under identification, but it is also stems from the belief that the best way to help the child of an alcoholic is to help the parent stay sober. Unfortunately, treatment programs based on this point of view fail to address the patterns in family interaction which cause the most discomfort. Further, there is no effort made to help children develop the social skills which may insulate them from developing alcoholism themselves. Without well-defined interventions in these areas, there is little hope that families can receive the information and support necessary in terminating the cycle of intergenerational chemical dependency.

Continued research is necessary to further identify family interaction patterns which may contribute to the intergenerational transmission of chemical dependency. However, while there may be some interaction patterns which set alcoholic families apart from the general population, there are apparent similarities which exist among all families, whether or not they have an alcoholic member. These commonalties have been largely ignored in much of the recent literature on alcoholism. An important implication of this study is that the characteristics and behaviors which contribute to positive interaction and socialization in alcoholic families, are the same as those which are
necessary for the successful functioning of any family. Continuing to view all alcoholics and their families as a particularly unique population is not only inaccurate in many respects, but it supports one of the most damaging tendencies of that group. That is, to view themselves as "different," when in fact, in many respects, that is not the case. The findings of this study provide evidence for the normalization of the alcoholic family. These families, just like any other, need stability, consistency, positive interaction, and a sense of belonging which is enhanced by family rituals, shared routines, and mutual participation in leisure activities. Further, all children have the same needs for successful socialization. Children of alcoholics may indeed have poorer models than many other children; however, the strategies for aiding alcoholic parents and their spouses in increasing their effectiveness in parent-child relationships are likely to be the same as they would be for any individuals who strive to improve their parenting skills. While it is quite appropriate to regard alcoholism as a disorder which requires very specific treatment strategies, it does not necessarily follow that intervention designed to aide children of alcoholics in developing good social skills need to be specific to that population.

There are many factors which contribute to the level of social functioning of children with alcoholic parents. This research focused on specific family characteristics and parenting behaviors as they relate to children's social skills. With these family characteristics identified, there is a better likelihood that alcoholism treatment programs can focus on the specific areas which will most benefit family interaction and relationships.
References


Appendix A

Consent Form for Participation in Research Project

Principal Investigator: J. Jill Suitor, Ph.D.
Co-Investigator: Marsha West, M.S.

We are asking you to agree to participate, as a subject, in a research project investigating parenting behaviors and children's social skills. We are asking parents, teachers, and children to help us with this research.

PLEASE REVIEW THIS ADDITIONAL INFORMATION CAREFULLY BEFORE GIVING YOUR CONSENT TO PARTICIPATE

WHY THIS STUDY IS IMPORTANT

We want to learn more about why children of alcoholics sometimes experience behavior problems, or have trouble getting along with others. We believe that these difficulties may lead to problems with addiction as these children grow up. We are trying to develop a program to improve family patterns of interaction. Your participation in this research can help make this possible.

WHAT YOU CAN DO TO HELP US WITH THIS STUDY

I. We are asking mothers and fathers to each fill out questionnaires that give information about: 1) family history, 2) parenting techniques, 3) marital quality, 4) personal experience with depression and 5) children's behavior.
II. We are asking children to complete a questionnaire that tells how they behave with others.
III. We also want teachers to fill out a questionnaire and give their opinion of how the children behave at school.
IV. We would like to talk with families members individually to get each person's point of view

MORE ABOUT CHILD AND TEACHER PARTICIPATION

We realize that it is important for you to be aware of the questions your child and his/her teacher will be asked. Therefore, you will be provided with copies of the forms they will be asked to complete, the letter that will be sent to your child's teacher, and the assent form your child will be asked to sign.

RISKS INVOLVED IN THIS STUDY

We can foresee very few risks that might occur if you decide to participate in this study. Some of the questions asked on one or more of the parents' questionnaires deal with sensitive topics. However, you may stop answering these questionnaires at any time, for any reason. If participation in this study should cause you any distress, you will be given information about where to get assistance.

BENEFITS

Your participation in this study is voluntary, but it may benefit you by providing you with information about yourself. In addition, this study might provide information that will help in the development of family treatment programs.
CONFIDENTIALITY

All answers will be held in the strictest confidence. No identifying information about you or your child is connected to any answers. Your name will not appear in any publication nor released to anyone. Information provided to the researchers will not be shared with anyone at the treatment facility or at your child’s school. Precaution will be taken to avoid the accidental release of information. The questionnaires you completed will be kept in a locked file. Identifying information will also be kept in a locked file, but in another location. All forms and questionnaires will be destroyed after the research is completed.

In addition, this study may be monitored by the LSU Institutional Review Board. This is randomly done to assure high standards of excellence in research associated with the university. If this were to occur, your confidentiality would be protected.

We want you to be aware that we consider the assurance of confidentiality as our foremost responsibility to you. However, as American citizens, we are bound by the laws of our country. We would be obligated to comply in the unlikely event that information would be subpoenaed by a court of law.

OTHER INFORMATION

You are free to choose not to participate. If you do become a participant, you are free to withdraw at any time. If you withdraw, it will not adversely affect you or your family in any way.

Please feel free to ask about anything you don’t understand. If you have any questions concerning this study, you may contact Marsha West, M.S. at (504) 275-7753. If you have any questions about your rights as a subject in this study, you may contact Charles E. Graham, Chairman, LSU Institutional Review Board, at (504) 388-1492.

I, the undersigned, have read and understand the above explanation and give consent to my voluntary participation in this research project. I have also been given a copy of this consent form for my own records.

Date ________________________________

Signature of participant ________________________________________________________________

Witnessed by ________________________________________________________________

I, the undersigned, give my permission for my child to participate in this research project. I understand that my child will be given an assent form and the opportunity to decline participation. I also give permission for my child’s teacher to complete the Social Skills Questionnaire. I understand that no information about my family or my child will be released to the teacher, the school or anyone else.

Signature of participant ________________________________________________________________

Witnessed by ________________________________________________________________
CHILD'S ASSENT FORM FOR PARTICIPATION IN RESEARCH PROJECT: EFFECTS OF PARENTING BEHAVIORS ON CHILDREN'S SOCIAL SKILLS

Principle Investigator: J. Jill Suitor, Ph.D.
Co-Investigator: Marsha West, M.S.

We are asking you to agree to answer some questions about yourself. We are asking a lot of children to answer these same questions as part of a research project.

We are doing this research to learn about how children behave at school and at home. We are trying to find out more about how children get along with others, and learn how to help when some kids have problems.

We want you to know that your parents have both given their permission for you to answer some questions. But, you don’t have to answer them if you don’t want to. You can even answer some of the questions and stop if you don’t want to do it anymore. It is your choice and whatever you decide is OK.

You will be answering these questions to help with some research. We promise that no one except the researchers will ever know what your answers are.

If you do want to help out and participate in this study, please sign your name on the line below.

Date___________________
Signature of participant____________________________________________________
Age of participant________________________________________________________
Witnessed by____________________________________________________
Witnessed by____________________________________________________
Appendix B

Interview Schedules for Parents

Interview Questions for Husbands

1. What brought you to treatment?

2. Tell me about your drinking history and about your problems with drinking.
   Prompt for approximate dates and events marking worsening of the problems with alcohol.

3. What is alcohol and drug use like in the rest of your family?
   Prompt for specific information on which relatives had/have problems and what they are.

4. Talk about problems in your life that you think have been caused by your alcoholism or made worse by your drinking?
   Prompt for specific information about impact on individual family relationships - similarities and differences.

5. How do you think your drinking may have affected your kids?
   Prompt for similarities and differences between children.

6. I am going to ask you to talk about what it was like when you were a kid, growing up. Tell me about your parents’ rules. What about punishment? How did your parents deal differently with you, your brothers and sisters? Why do you think there was a difference? What was it like when your parents argued?
   Prompt for specific examples of differential parental treatment and perceived impact on the respondent. Also prompt for descriptions of family arguments and if parental drinking was a factor.
   How did you get along outside of your family? What was it like for you at school with teachers and friends?
   Prompt for descriptions of relationships, how easy or difficult it was to make friends, number of friends, and types of activities outside the family.

7. I am going to ask you some questions about what family life is like at your house and how you and your wife each deal with your children. First, I want you to describe a typical day at your house.
   Prompt for details about how weekdays differ and what weekends are like. Also, for specific
information about consistency, family rituals, activities, and who participates.

Describe what happens when members of your family get frustrated or angry.

**Prompt** for examples in each family pair, causes of disputes, how often they occur, how they are resolved and what happens when family members lose control.

8. I am going to ask you some questions about each of your children. I want you to tell me what you think and what you believe your wife thinks. We will talk about one child at a time beginning with the oldest. What are his/her strengths at school and at home? What are his/her problems at school and at home? Tell me about how your child gets along with you, your wife, siblings, teachers, friends, extended family members?

**Prompt** for specific examples.

I would like to know how you see your children as being different from one another. I also want to know how you think your wife might see them as being different. First, tell me about the differences you see in your children. Then tell me about what you believe your wife thinks.

**Use the following prompts to gather information not covered in the respondent's answer:** Which child do you worry most about? What concerns you? Which one seems the most dependable? What makes you think so? How do you discipline your children differently? Which child do you feel the closest to? Are you able to spend more pleasurable time with one child than the other(s)? Do you think you have a child who is a lot like you and/or one who is a lot like your wife?

9. Do you have family or friends that you can depend on when you need them? Do you think they understand what you have been going through?

10. What are the main things you want to be different when you get sober?
Interview Questions for Wives

1. What brought your husband to treatment?
2. Tell me about his drinking history and about his problems with drinking.
   Prompt for approximate dates and events marking worsening of the problems with alcohol.
3. What is alcohol and drug use like in the rest of your family?
   Prompt for specific information on which relatives had/have problems and what they are.
4. Talk about problems in your life that you think have been caused by your husband’s alcoholism or made worse by his drinking?
   Prompt for specific information about impact on individual family relationships similarities and differences.
5. How do you think your husband’s drinking may have affected your kids?
   Prompt for similarities and differences between children.
6. I am going to ask you to talk about what it was like when you were a kid, growing up. Tell me about your parents’ rules. What about punishment? How did your parents deal differently with you, your brothers and sisters? Why do you think there was a difference? What was it like when your parents argued?
   Prompt for specific examples of differential parental treatment and perceived impact on the respondent. Also prompt for descriptions of family arguments and if parental drinking was a factor.
   How did you get along outside of your family? What was it like for you at school with teachers and friends?
   Prompt for descriptions of relationships, how easy or difficult it was to make friends, number of friends, and types of activities outside the family.
7. I am going to ask you some questions about what family life is like at your house and how you and your husband each deal with your children. First, I want you to describe a typical day at your house.
   Prompt for details about how weekdays differ and what weekends are like. Also, for specific information about consistency, family rituals, activities, and who participates.
   Describe what happens when members of your family get frustrated or angry.
Prompt for examples in each family pair, causes of disputes, how often they occur, how they are resolved and what happens when family members lose control.

8. I am going to ask you some questions about each of your children. I want you to tell me what you think and what you believe your husband thinks. We will talk about one child at a time beginning with the oldest. What are his/her strengths at school and at home? What are his/her problems at school and at home? Tell me about how your child gets along with you, your husband, siblings, teachers, friends, extended family members?

Prompt for specific examples.

I would like to know how you see your children as being different from one another. I also want to know how you think your husband might may see them as being different. First, tell me about the differences you see in your children. Then tell me about what you believe your husband thinks.

Use the following prompts to gather information not covered in the respondents answer: Which child do you worry most about? What concerns you? Which one seems the most dependable? What makes you think so? How do you discipline your children differently? Which child do you feel closest to? Are you able to spend more pleasurable time with one child than the other/s? Do you think you have a child who is a lot like you and/or one who is a lot like your wife?

9. Do you have family or friends that you can depend on when you need them? Do you think they understand what you have been going through?

10. What are the main things you want to be different when your husband gets sober?
Appendix C

Interview Schedule for Children

1. Why did your dad come to treatment?
2. Can you remember how old you were when your dad started drinking too much?
3. Does anyone else in your family drink too much? Tell me about them. (Prompt for extended family information.)
4. What are some things you like to do with your dad and with your mom? Do you get many chances to do these things together?
5. What are some things that you get in trouble for? What does your mom do? What does your dad do?
6. What are some ways you think you and your brother/sister are different? Do you think that you get in trouble more often than your brother/sister? Why do you think that happens?
7. Do you think there is a favorite kid in your family? What makes you think so?
8. Do your parents argue? What are the arguments like? What do you do when your parents argue?
9. Do you like school? What is the best part of going to school? What is the worst part?
10. Tell me about your teacher. What does she/he do that is the nicest? What are some things that you don’t like? Who was your favorite teacher? What are some things that made you like her/him so much?
11. Tell me about your friends. What do you like to play? Who usually decides what you will play? Do you ever get in arguments with your friends? What happens, what do you do? Do you ever get a chance to have a friend sleep over? Do you get to spend the night with a friend? Where do you usually play, your house or his/hers? How often do you get to play with your friends when you are not at school?
12. What are some things you do when you are not at school and not at home? (Prompt for activities such as church, scouts, extended family contact.)
13. Do you have a certain time to do homework? Does anyone help you out if it is too hard, or do you figure it out yourself? Does your mom or dad know when you have homework or when you have finished? Does anyone know if you forget to do it?
14. What are some things you like to do with your brother/sister? What do you like most about your brother/sister? Do you argue very much? What happens?

15. What happens when the different people in your family get really mad? (Ask about each person individually.)

16. What are some things you want to be different in your family when your dad comes home?
# Appendix D

## Family Data: High Range Cases

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<td>Construction Operator</td>
<td>Manager - (lost job) Truck driver</td>
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<td>Favoritism</td>
<td>Child 1 Sees Child 2 As Favorite</td>
<td>Father Favors Child 2</td>
<td>Both Children See Child 1 as Favorite - All Agree Son is Harder to Manage</td>
<td>All Say Father Favors Child 2</td>
<td>No Favorites Father Harder on Son, and Permissive of Daughter</td>
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<td>Behavior Problems</td>
<td>Child 1, Outspoken Child 2, Timid (Minor Prob.)</td>
<td>Child 1 Acting Out</td>
<td>Child 1, Stays in Room, Sometimes Talks Back Child 2, Loud, Acts Out</td>
<td>Child 2 Acts out When Not on Medication</td>
<td>Child 1, Shy at School, Talks Back to Mom, Withdrawn Child 2, Disruptive at School</td>
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<td>Friendships</td>
<td>Child 1, Difficult Friendships, Child 2, Easy Friendships</td>
<td>Child 1, Few Close Friends Child 2, None Close</td>
<td>Child 1, Friendships, Not Close, Both Sometimes Feel Left Out</td>
<td>Child 1, One Close Friend Child 2, Many, Easy Friendships, None Close</td>
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<tr>
<td>Sibling Relationships</td>
<td>Close, Average Arguments</td>
<td>Child 1, Jealous, Boys Close When Father Is Not Around</td>
<td>Some Fighting, But Close, Child 1 is Caretaker</td>
<td>Child 1 Sometimes Caretaker, Annoyed by Brother. He Looks up to His Sister</td>
<td>Normal Arguments Close, Child 1, Helps With Family Issues</td>
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<tr>
<td>Parents' Relationship</td>
<td>Sometimes Distant, Agree on Kids, Love Each Other</td>
<td>Distant, Love Each Other, Want to Work Things Out, More Focused on Children</td>
<td>Love, But Frequent Fights, Husband, Sometimes hits, Thinks he can Stay Sober Wife will Leave if Relapse</td>
<td>Love, Committed, Intense Arguments, Believe can work out, Wife Not Afraid to Leave</td>
<td>Distant, Husband, Overbearing, Wife, Won't Express Self to Him, Love Each Other, Want to Work It Out</td>
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<td>Parental Discipline</td>
<td>Mother – Consistent, Appropriate Father – Inconsistent, Depends on Mood</td>
<td>Mother – Consistent, Realistic Expectations Father – Inconsistent, Demanding</td>
<td>Inconsistent Mother – More Reasonable Father - Harsh, Unreasonable</td>
<td>Both Consistent Mother – High Expectations, More Lenient Father – Unreasonable Harsh w/ Son</td>
<td>Mother – Consistent, Backs Down, Fair Father- Inconsistent Based on Fear Gone a Lot, Unaware of Problem</td>
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<td>Violent Behavior</td>
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<td>Father – Breaks Things, Pushes, Hits Wife Sometimes, Kicks, Throws, Pushes Son</td>
<td>Father– Hit Wife Few Times, Ships Son too Hard, Broke Household Items, Doors</td>
<td>One Incident Father– Hitting Wife, and Whipping Son Too Hard</td>
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<td>Family Activities</td>
<td>Meals, TV, Children's Functions, Vacations</td>
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<td>Sports</td>
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<td>Everyday Drinks at home</td>
<td>Evenings and Weekends Drinks at home</td>
<td>Evenings and Weekends Drinks at Home</td>
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## Middle Range Cases

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<td><strong>Father's Occupation</strong></td>
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<td>Butcher</td>
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<td>Disabled Construction Worker</td>
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<td>Homemaker</td>
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<td>After Grad. School / Prior To Children</td>
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<td><strong>Favoritism</strong></td>
<td>Father Favors Child 1</td>
<td>Father &amp; Paternal Grandparents Favor Child 1</td>
<td>Children Report Child 1 and Child 3 are Father's Favorites</td>
<td>Daughters see Child 2 as the Favorite of Both Parents</td>
<td>Father's Favorite is Child 2</td>
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<td><strong>Behavior Problems</strong></td>
<td>Both Sons Acting Out at Home and Child 1 - Sometimes Withdrawn</td>
<td>Child 2 - Temper Tantrums</td>
<td>Child 2 - Acting Out, Child 3 - Fights Child 1 - Power Struggle with Mother, Child 4 - Clings</td>
<td>Child 1 - Acting Out, Child 2 - Picks on Child 3, Child 3 - Clinging, Cries Often</td>
<td>Child 1 - Stays to Himself, Withdrawn Child 2 - Some Acting Out</td>
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<td><strong>Sibling Relationships</strong></td>
<td>Pretty Close Sons Aligned With Mother Against Father Child 1 - Jealous of Child 2</td>
<td>Fighting, Child 1 Makes Attempts to Get Along</td>
<td>No Close Relationships, Oldest Children Get Along Best</td>
<td>Child 1 - Caretaking, Wants Privacy, Child 2 Bullies Child 3, Who Fears Brother and Looks up to Sister</td>
<td>Average</td>
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<thead>
<tr>
<th>Parents' Relationship</th>
<th>Both Angry, Resentful, Don't Know if Want it to Work, Wife Working Harder at Resolution</th>
<th>Love Each Other, Arguments, Yelling, Want to Work Things Out</th>
<th>Love Each Other, Resentful, Want Marriage to Work, Wife is Angry, Husband is Controlling</th>
<th>Wife is Angry, Distrustful, Wants Things to Work, Husband Minimizes, Wonders Why Wife is So Negative</th>
<th>Love Each Other, Committed to the Marriage, Arguments, Yelling</th>
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<tr>
<td>Parental Discipline</td>
<td>Mother - Inconsistent, Permissive Father - Unreasonable Expectations, Inconsistent, Harsh or Lax</td>
<td>Mother - Consistent, Usually Appropriate, Father - Inconsistent, Too Lax or Too Harsh</td>
<td>Mother - Permissive, Inconsistent, Father - Unreasonable Expectations, Inconsistent, Harsh or Lax</td>
<td>Mother - Inconsistent, Sometimes Overwhelmed, Father - Indulgent, Inconsistent, Unrealistic, Harsh When Drunk</td>
<td>Inconsistent, But Child-Appropriate Rules</td>
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<td>Violent Behavior</td>
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<td>Father - Hits Holes in the Walls</td>
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<td>Couple of Incidents - Father Hitting Wife, Broken Household Items, Holes in the Walls</td>
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<td>Some on Weekends, Comes Home After Bedtime</td>
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### Low Range Cases

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<td>Social Skills Score</td>
<td>32</td>
<td>31</td>
<td>31</td>
<td>28.5</td>
</tr>
<tr>
<td><strong>Children’s SS Score Gender &amp; Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male, 11 yrs</td>
<td>26</td>
<td>Male, 6 yrs</td>
<td>29</td>
<td>Male, 9 yrs</td>
</tr>
<tr>
<td>Male, 8 yrs</td>
<td>38</td>
<td>Female, 4 yrs</td>
<td>33</td>
<td>Male, 7 yrs</td>
</tr>
<tr>
<td>Male, 10 yrs</td>
<td>25</td>
<td>Male, 7 yrs</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>Caucasian</td>
<td>Caucasian</td>
<td>African-American</td>
<td>Caucasian</td>
</tr>
<tr>
<td><strong>Annual Family Income</strong></td>
<td>$55,000.00</td>
<td>$35,000.00</td>
<td>$45,000.00</td>
<td>$40,000.00</td>
</tr>
<tr>
<td><strong>Father’s Age</strong></td>
<td>32 years old</td>
<td>40 years old</td>
<td>38 years old</td>
<td>36 years old</td>
</tr>
<tr>
<td><strong>Mother’s Age</strong></td>
<td>23 years old</td>
<td>43 years old</td>
<td>37 years old</td>
<td>32 years old</td>
</tr>
<tr>
<td><strong>Father’s Education</strong></td>
<td>2 years of College</td>
<td>1 1/2 years of College</td>
<td>High School</td>
<td>High School</td>
</tr>
<tr>
<td><strong>Mother’s Education</strong></td>
<td>College Degree</td>
<td>High School</td>
<td>College Degree</td>
<td>High School</td>
</tr>
<tr>
<td><strong>Father’s Occupation</strong></td>
<td>Hardware Business</td>
<td>Machinery Operator</td>
<td>4 yr. Marine Construction Foreman</td>
<td>Electrician</td>
</tr>
<tr>
<td><strong>Mother’s Occupation</strong></td>
<td>Teacher</td>
<td>Part-time Dental Assis.</td>
<td>Medical Technologist</td>
<td>Part-time Stockperson</td>
</tr>
<tr>
<td><strong>Father’s Drinking History</strong></td>
<td>Prior to Children</td>
<td>Prior to Children</td>
<td>Prior to Children</td>
<td>When Oldest Son Was a Baby</td>
</tr>
<tr>
<td><strong>Years Married</strong></td>
<td>12 years</td>
<td>14 years</td>
<td>14 years</td>
<td>12 years</td>
</tr>
<tr>
<td><strong>Favoritism</strong></td>
<td>Mother Favors Child 1</td>
<td>Mother Favors Child 1</td>
<td>None Reported</td>
<td>Child 1 – Closer to Mother</td>
</tr>
<tr>
<td></td>
<td>Father Favors Child 2</td>
<td>Father Favors Child 2</td>
<td></td>
<td>Child 2 – Closer to Father</td>
</tr>
<tr>
<td><strong>Behavior Problems</strong></td>
<td>Child 1 Bullies Child 2 Who Acts Out</td>
<td>Child 1 – Bad Temper, Acting Out, Child 2 – Conflict with Mother Who Sees Her As Strong-Willed</td>
<td>Child 2 – Bad in School, Whippings.</td>
<td>Child 1 – Some Yelling at Home, Not at School</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Child 2 – Yelling, Kicking, Hitting, Same at School</td>
</tr>
<tr>
<td><strong>Friendships</strong></td>
<td>Child 1 – Easy Friendships Only at School</td>
<td>Child 1 – Difficult Friendships Child 2 – Timid, Loner at School</td>
<td>Child 1 – One School Friend, Closest to Brother, Child 2 – Fights One School Friend, Closest to Brother</td>
<td>Child 1 – Easy Friendships at School, Difficult in Neighborhood</td>
</tr>
<tr>
<td></td>
<td>Child 2 – No Real Friends</td>
<td></td>
<td></td>
<td>Child 2 – No Real Friends</td>
</tr>
<tr>
<td>Sibling Relationships</td>
<td>Rivals, Child 1 Controlling of Child 2, Fighting, Yelling</td>
<td>More Fighting Than Average</td>
<td>Brothers Very Close</td>
<td>Child 1 Tries to Help Brother Child 2 Agrees Both Fight &amp; Blame Other</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------------------------------</td>
<td>---------------------------</td>
<td>-------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Parental Discipline</td>
<td>Inconsistent Mother – Can’t Control Child 2 &amp; ask Child 1 For Help Father – Unreasonable Expectations</td>
<td>Inconsistent, Inappropriate Rules, Too Strict &amp; Too Permissive</td>
<td>Mother – Consistent, Has Rules, Father – Not Home</td>
<td>Inconsistent, Harsh, Poor Supervision</td>
</tr>
<tr>
<td>Parental Strategies</td>
<td>Time out, Take Privileges, Yelling, Spanking, Child 1 Asked to Help</td>
<td>Yelling, Spanking, Taking Privileges, Sending to Rooms</td>
<td>Yelling &amp; Spanking Mother – Explaining Father – Cursing</td>
<td>Yelling, Taking Privileges, Mother – Whips With Belt Father – Whips With Paddle</td>
</tr>
<tr>
<td>Violent Behavior</td>
<td>Father – Gets Angry, Breaks Things, Holes in Walls, Sons – Biting, Fighting, Kicking</td>
<td>Mother Reports that Father Spanks Too Hard Hit Wife Once</td>
<td>None Reported</td>
<td>Mother – Throws Things Father – Gets Angry, Grandfather &amp; Uncle – Get Angry and Kick the TV</td>
</tr>
<tr>
<td>Family Activities</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Amount Of Time Father Is Home</td>
<td>Out at Night Home in Morning, Some on Weekends</td>
<td>Stays in Workshop When Home</td>
<td>Rarely Home</td>
<td>Rarely Home</td>
</tr>
</tbody>
</table>
Appendix E

Social Skills Questionnaire
Student Form

This paper lists a lot of things that students may do. Please read each sentence and think about yourself. Then decide how often you do the behavior described.

If you never do this behavior – circle 0
If you sometimes do this behavior – circle 1
If you very often do this behavior – circle 2

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I make friends easily.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. I smile, wave, or nod at others.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. I ask before using other people's things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. I ignore classmates who are clowning around in class.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. I feel sorry for others when bad things happen to them.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. I tell others when I am upset with them.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. I disagree with adults without fighting or arguing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. I keep my desk clean and neat.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. I am active in school activities, such as sports or clubs.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. I do my homework on time.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11. I tell new people my name without being asked to tell it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never</td>
<td>Sometimes</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>-------</td>
<td>-----------</td>
</tr>
<tr>
<td>12. I control my temper when people are angry with me.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13. I politely question rules that may be unfair.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14. I let friends know I like them by telling them or showing them.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>15. I listen to adults when they are talking to me.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>16. I show that I like compliments or praise from friends.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>17. I listen to my friends when they talk about problems they are having.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18. I avoid doing things with others that may get me in trouble with adults.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>19. I end fights with my parents calmly.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20. I say nice things to others when they have done something well.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>21. I listen to the teacher when a lesson is being taught.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>22. I finish classroom work on time.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>23. I start talks with classmates.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>24. I tell adults when they have done something for me that I like.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>25. I follow teachers' directions.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>26. I try to understand how my friends feel when they are angry, upset, or sad.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>27. I ask friends for help with my problems.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>---</td>
<td>-------</td>
<td>-----------</td>
<td>-------</td>
</tr>
<tr>
<td>28. I ignore other children when they tease me or call me names.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>29. I accept people who are different.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>30. I use my free time in a good way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>31. I ask classmates to join in an activity or game.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>32. I use a nice tone of voice in classroom discussions.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>33. I ask adults for help when other children try to hit me or push me around.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>34. I talk things over with classmates when there is a problem or an argument.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Vita

Marsha Dean Norton is a native of Baton Rouge, Louisiana. May 1971, she received a bachelor of science degree in education with distinction in Speech and Hearing Pathology from Louisiana State University. She received a master of science degree in human ecology with a specialization in Child Development from Louisiana State University in December, 1983. She was inducted into honor societies which include: Sigma Alpha Eta, Phi Upsilon Omicron, Omicron Nu, and Gamma Sigma Delta.

Professional experience includes 25 years of employment as a public school speech and language pathologist, with a primary emphasis in the area of severe language disorders. In addition, for the past 10 years, she has facilitated groups for children of alcoholics in hospitals and treatment centers in the Baton Rouge community. She has also served for 12 years as a children’s bereavement group facilitator at the Baton Rouge Crisis Intervention Center.

The professional organizations with which Marsha is affiliated include: Society for Applied Sociologists, National Council on Family Relations, Louisiana Speech and Hearing Association, and the Council for Exceptional Children. She will receive the degree of Doctor of Philosophy in December, 1999.
DOCTORAL EXAMINATION AND DISSERTATION REPORT

Candidate: Marsha Dean Norton

Major Field: Sociology

Title of Dissertation: Parental Alcoholism and Children's Social Skills

Approved:

[Signatures]

EXAMINING COMMITTEE:

[Signatures]

Date of Examination: September 24, 1999