



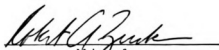
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YOUNG ALCOHOLIC FAMILIES AND THE TRANSMISSION OF RISK:
ENVIRONMENTAL AND FAMILY INTERACTION DIFFERENCES
FROM THE MSU LONGITUDINAL STUDY

presented by

Joyce Ann Baxter-Hagaman

has been accepted towards fulfillment
of the requirements for

Ph.D. degree in Psychology


Major professor
Robert A. Zucker

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**YOUNG ALCOHOLIC FAMILIES AND THE TRANSMISSION OF RISK:
ENVIRONMENTAL AND FAMILY INTERACTION DIFFERENCES
FROM THE MSU LONGITUDINAL STUDY**

Volume I

By

Joyce Ann Baxter-Hagaman

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Psychology

1986

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JOYCE ANN BAXTER-HAGAMAN

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ABSTRACT

YOUNG ALCOHOLIC FAMILIES AND THE TRANSMISSION OF RISK: ENVIRONMENTAL AND FAMILY INTERACTION DIFFERENCES FROM THE MSU LONGITUDINAL STUDY

By

Joyce Ann Baxter-Hagaman

Sons of alcoholic fathers are at risk for developing alcoholism. Genetic hypotheses insufficiently explain mechanisms of transmission. Consequently, family interaction patterns and parental role models have been implicated in the etiology of alcoholism.

This prototypic family study compared a sample of preschool boys statistically at risk for the later development of alcoholism with a sample of same-age, sociodemographically and residentially matched community controls (case-control design). The high risk boys were offspring of court referred, untreated, alcoholic fathers. The research sought to rectify methodological shortcomings of previous studies--namely, failure to use matched community controls, over-reliance on self-report and retrospective data, and omission of direct observational studies of high risk children. Using a blend of ethnographic, clinical and quantitative methods, 60 hours of observational data were obtained on each of 11 families (6 Alcoholic, 4 Control, 1 Recovered Alcoholic). These data were based on 36 hours of direct observation and 24 hours of video recordings. Detailed transcriptions of family interactions are presented based on field notes and concurrent audio recording. These qualitative findings are compared with

Joyce Ann Baxter-Hagaman

parent self-report and investigator-rated quantitative data. Both emic and etic views of alcoholism are presented.

As compared with Controls, Alcoholic families were found to establish deficient child rearing environments with alcohol as a mediating situational variable—by way of disturbed affectional relationships, unclear roles and generational boundaries, poor conflict resolution, avoidant coping, noncontingency in family routine, and social isolation.

Study results are discussed in the context of Zucker's heuristic model for the acquisition of drinking behaviors. Using a developmental-systems framework, differences in family interaction are hypothesized to enhance risk of transmission of alcohol abuse to male offspring. These findings suggest new lines of inquiry for understanding the family as a learning environment which may induce offspring to develop behavior patterns implicated in later problem drinking and alcoholism.

To my father,
who raged against the dying of the light.

And to Edward Bear,
who taught me a better way of coming downstairs.

ACKNOWLEDGEMENTS

An undertaking of this scope certainly requires the support and enthusiasm of many people. I am most grateful to my committee chair, Robert A. Zucker, Ph.D., whose clinical insights persist in influencing my life and my work. He once told me that when I completed this piece of work, I would be a different person. I am.

I am especially grateful to Lawrence O'Kelly, Ph.D., and Brigitte Jordan, Ph.D., for their commitment to interdisciplinary research and their undaunting support of this project. I wish to thank Gary Stollak, Ph.D., for initially stimulating my interest in family systems and naturalistic observation and Hiram Fitzgerald, Ph.D., for instilling new vigor and support when it was most needed.

Although he was not directly involved in this research, my thanks go to Arthur Rubel, Ph.D., who taught me that fundamental ideas can arise from the most unexpected sources.

I also want to thank the volunteers in the Michigan State University Interaction Analysis Lab, directed by Brigitte Jordan, Ph.D., and Ronald Simon, M.D., M.A., for their assistance; Lucy Ferguson, Ph.D., for her comments in the proposal stage of this project; and the psychology faculty at DePauw University for their significant contributions to my understanding of system dynamics in alcoholism.

Foremost, my appreciation is extended to those families who cannot be directly acknowledged here. I have employed pseudonyms throughout this work for the protection of the individuals involved. Their chronic dilemma is perhaps

best expressed as follows:

So much of alcoholism is hiding--for the family as well as the alcoholic. I think as the disease progresses and the longer they're together, they're so used to making excuses and covering up that you run a pattern of lies. When you lie once, you lie to cover it up again and pretty soon you can't refute everything that you said. So--this is just a guess at that--but, you know, here the family member would have to say, none of the things I've said for years are true. We don't live like this, we don't think like this, we've done all these things because this person is alcoholic. Our whole life is just a masquerade.

Jack Kelly-Recovered Alcoholic

In opening their lives, they have given us the privilege of looking behind the mask.

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CHAPTER I

INTRODUCTION

It is the commonest scientific strategy to parcel a subject into numerous smaller pieces, which can be studied more conveniently than the whole, in order better to understand how the whole is constituted. The confusion arises when one forgets or ignores the fact that the pieces really do not occur separately and have only been made to appear to do so for the analytic convenience of the investigator. One then begins to study a part of humans, or even a part of behavior, quite out of touch with other parts.

Jack Vale (1980)

That family environment is crucial in shaping the developing child is axiomatic. Recent attempts to identify developmental factors or "critical periods" which increase the likelihood that certain children will later develop alcoholism have focused primarily on adolescents. Although Rydelius (1981) in Sweden has conducted a 20-year follow-up of Nylander's (1960) work with children of alcoholic fathers, ages four to twelve years and Jacob (in press) is currently conducting research on families with elementary school age children, these studies are exceptional. There are no known studies which have used direct observation in home environments of alcoholic families to examine early parenting practices and socialization efforts. The limited interest in preschool age children at risk for later alcohol abuse has focused on issues of abuse and neglect (El-Guebaly & Orford, 1977; Mayer & Black, 1977; Orme & Rimmer, 1981). Yet any comprehensive study of high risk developmental markers for later alcohol abuse must necessarily include an assessment of early parenting and family environments.

The present report examines the family environments of children statistically at risk for later alcoholism and compares it against that of families with children who were not at elevated risk. The study is unique in several respects: (1) the target child was between the ages of 2-6 and 5 years; (2) the child was observed in his "natural habitat"--in the context of his family environment; (3) the study was guided by an integrated developmental-systems theoretical orientation; and (4) a hybrid methodology involving both ethnographic and clinical approaches was utilized, within the constraints of the research design for the larger Michigan State University (MSU) Longitudinal Study. For each family, the study involved an average of 36 hours of direct observation and an additional 24 hours of video recording in situ.

The MSU Longitudinal Study is a collaborative project which uses a prospective longitudinal methodology to identify and trace etiological precursors to later alcohol abuse in male children who are statistically at considerably heightened risk to develop alcoholism in adult life. Using a sociodemographically and residentially matched case-control design, the study examines relevant characteristics of parents, target children, couple and parent-child interactions which may be etiologically related to later alcohol abuse problems. It is guided by the theoretical assumption that an alcohol-abusing lifestyle culminates from a series of person-environment transactions over a fairly long span of developmental time.

A multilevel heuristic model based on the presumption of developmental continuity guides the selection of broadly defined variables to be examined (Zucker, 1976, 1979; Zucker & Noll, 1982). Within a developmental context, the model provides a conceptual framework with which to systematically assess the interactive impact of drinking specific (e.g., availability of alcohol) and drinking nonspecific (e.g., temperament) variables on later alcohol related behavior

(Zucker, Baxter, Noll, Theado & Weil, 1982). It shifts the focus of research from personality traits of the high risk child and his parents to an analysis of the social environment in which the child develops: to multiple aspects of socio-cultural, familial, peer and intra-individual influences which vary in their significance over developmental time. But, Zucker cautions,

. . . multiple influence theories are best utilized not by contrasting which type of influence is most predictively powerful at any specific developmental time point (cross-sectional analysis), but rather by asking which influences are either directly or interactively salient at specified developmental times, and in what way they contribute (Zucker, 1979, p. 63).

Further elaboration of the model is presented in Chapter II.

In keeping with this perspective, single influence theories and orthodox psychological methodologies (e.g., retrospective self-report, survey, lab analogues) fail to generate and to address the basic questions thought to be fundamental to a broader understanding of etiology, risk and family process in the acquisition of problem drinking. The present study addressed these concerns by using a methodology which is ecologically valid, and which elicits both observer and family perspectives on what life is like in a subset of families involved in the larger project.

Jessor's appeal for comprehensive research yielding "explanatory rather than descriptive outcome" (1973, p. 298) is appropriate only in those contexts in which substantial research efforts have been ongoing. It will be seen in the literature survey which follows in Chapter II that such is not the case here. Adequate description of preschool age children at risk for later alcohol problems in their family environments does not exist. This being so, Zucker's heuristic model highlights the importance of investigating early parental influences on the family milieu to identify high risk developmental markers for later alcohol problems.

The research strategy adopted in this study rests on the assumption that a better understanding of the etiology of heavy drinking and of those conditions which encourage and maintain drinking problems can be gained by integrating developmental and general systems theories into the same conceptual framework. This orientation necessarily transects and transcends many disciplinary boundaries. Within such a framework, knowledge and methodologies from diverse disciplines concerned with health and human behavior may be applied to rectify the field's current "parochial" (Orford's term) shortcomings (Ablon, 1976; Cork, 1969; Orford, 1975; Riskin & Faunce, 1972; Siegler, Osmond & Newell, 1968; Vale, 1980; Ward & Faillance, 1970). Although some interesting results have been obtained, for the most part, family research has been limited to self-report, survey, and lab-based experimental designs. There are few empirically based theories or more general hypotheses by which the findings may be organized within a developmental family systems perspective—for preschool child experiences, in particular.

The method used here is not "experimental" in the traditional sense. It is a blend of clinical, quantitative and ethnographic methods, which contribute different and varied information about family interactions, in a population which has rarely been studied at this stage of development—either of the target child or of the family stage—and never using these methods. Traditionally in anthropology, concern for the particular is relegated a secondary role to an understanding of the general; the obverse tradition has prevailed in psychology—with an emphasis on individual differences.

The potential for behavioral observation data to provide evidence of predictive validity is great (Johnson & Bolstad, 1973). This is especially productive when a convergent design is utilized. "Convergent validity is established when two dissimilar methods of measuring the same variable yield similar or

correlated results" (Johnson & Bolstad, 1973, p. 54; cf. Campbell & Fiske, 1959). Naturalistic observation is an essential part of such a design. It helps prevent premature hypothesis testing, narrowly conceived experimental designs, restricted contexts and omission of cultural factors which lead to serious errors in thinking about intergenerational transmission of alcoholism.

This investigation represents an attempt to go beyond unidirectional dyadic description of parent-parent or parent-child interaction to a broader description of family interaction given a particular context, namely alcohol as a mediating variable. The family is clearly not a set of subsystems or dyadic relationships independent of context (Bronfenbrenner, 1977, 1979a, 1979b; Davis, 1979; cf. Erickson, 1978). This is so important a concept that it needs continuous re-emphasis. Family subsystems do not tell everything about a system; they operate differently within the system than in isolation.

With these ideas in mind, several general goals guided this study: (1) to use interdisciplinary methods (e.g., ethnographic and clinical) to identify patterns of interaction within a family system which might enhance or impede intergenerational transmission of alcohol related problems; (2) to document, empirically validate (or refute), and elaborate on the classes of influence proposed in Zucker's heuristic model; (3) to identify other factors, where relevant, not included in the present model (e.g., influence of sibling interactions); and (4) to provide a holistic view of what life is like for an alcoholic family both from the perspective of an outside observer and of family members.

Since the work is an initial foray into an area that has received insufficient attention in research on alcoholism, it permits us "to test the possibility that we are wrong about what we think the behavior means" (Blurton Jones & Woodson, 1979, p. 100). The theoretical and methodological approaches adopted for this study represented an effort to seize this opportunity.

CHAPTER II

REVIEW OF THE LITERATURE

Because they can't believe that this person . . . you know, you do terrible things. Some of them I can't even remember, you know, and they'll tell ya about 'em and you say . . . you don't deny it because you can't remember, you know. They got no reason to lie to you about it and it's just crushin'. Here's somebody, like I've seen it in their eyes and they're sayin', "You did this and I'll never forget it. And you don't even remember it! It doesn't even mean anything to you." And this was so terrible.

Jack Kelly, Recovered Alcoholic (1982)

Alcoholism is a complex problem with multiple determinants. While definitions of alcoholism vary in clinical practice and research, they generally include manifestations of uncontrolled drinking, physical tolerance, impairment in social or occupational functioning, and duration (American Psychiatric Association, 1980; Feighner, Robins, Guze, Woodruff, Winokur, & Munoz, 1972; Vaillant, Gale, & Milofsky, 1982). Following the Feighner et al. criteria (1972), a "probable" research diagnosis of alcoholism is made when symptoms from at least two of the following four groups are noted; a "definite" research diagnosis is made when symptoms from at least three of the groups are reported:

Group I: (1) Any manifestation of alcohol withdrawal such as tremulousness, convulsions, hallucinations or delirium. (2) History of medical complications, e.g., cirrhosis, gastritis, pancreatitis, myopathy, polyneuropathy, Wernicke-Korsakoff's syndrome. (3) Alcoholic blackouts, i.e., amnesic episodes during heavy drinking not accounted for by head trauma. (4) More than one alcoholic binge or bender (48 hr. or more of drinking associated with default of usual obligations).

Group II: (1) Patient has not been able to stop drinking when he wanted to do so. (2) Patient has tried to control drinking by allowing himself to drink only under certain circumstances, such as only after 5:00 PM, only on weekends, or only with other people; (3) Drinking before breakfast. (4) Drinking nonbeverage forms of alcohol, e.g., hair oil, mouthwash, Sterno, etc.

Group III: (1) Arrests for drinking. (2) Traffic difficulties associated with drinking. (3) Trouble at work because of drinking. (4) Fighting associated with drinking.

Group IV: (1) Patient thinks he drinks too much. (2) Family objects to his drinking. (3) Loss of friends because of drinking. (4) Other people object to his drinking. (5) Feels guilty about his drinking. (Feighner et al., 1972, pp.60-61).

In this discussion, "alcoholism" and "problem drinking" are used interchangeably in recognition of the public view that "alcoholism" carries more negative attributions than does "problem drinking." There exists a wide divergence of clinical pictures associated with problem drinking to suggest that those individuals and families affected by, or vulnerable to, its development are not a homogeneous group. Paradoxically, when viewed from an historical perspective, research directions in alcoholism were guided by assumptions of homogeneity. The more recent conception of alcoholism as a "final common pathway" has gained currency and empirical support (Chafetz, Hertzman & Berenson, 1974; Gomberg, 1982; Jessor & Jessor, 1973; Zucker, 1979), although this is now changing (Babor & Lauerma, 1986; Zucker, in press).

This shift in thinking about etiology is marked by a concomitant shift from single influence to multiple influence and interactionist theories with regard to etiology and to maintenance of alcoholism (Jacob, Favorini, Meisel, & Anderson, 1978; McCord, 1972; Tarter, Alterman, & Edwards, 1984; Vaillant, 1983; Zucker & Gomberg, 1986). Prior to 1970, research efforts were predominantly directed toward elucidating the role of genetics in intergenerational transmission of alcoholism. Sparse attention was directed

toward the ongoing influences of family interaction which might also contribute to transmission. Instead, investigations examined components of the family—the alcoholic, the spouse, the marital interaction, and the children—as separate entities. The impact of the summative family system interactions on transmission of alcoholism from generation to generation was virtually ignored.

The review which follows provides a cursory examination of the aforementioned areas of research and a more comprehensive review of the work that has been done on family systems and alcohol abuse. Due to the increased prevalence of alcoholism in males, most research reviewed in this paper will focus on the development of problem drinking in this group.

Factors Implicated in Transmission

Genetic Factors

Some investigators are likely to find small value in studying environmental and interactional influences on alcohol abuse since it might well be, according to them, that the most effective research strategy is to investigate genetic and/or biochemical origins (Cadoret & Goth, 1978; Goodwin, 1979, 1982; Goodwin, Schulsinger, Knop, Mednick & Guze, 1977; Kaij, 1960; Partenen, Bruun & Markkanen, 1966). Cotton's review (1979) corroborates Goodwin's (1979) findings which consistently point to genetic influences in extent of drinking involvement among men; the results are equivocal among women.

Some families more than others are at considerably higher risk of cross-generational transmission (Carter, 1977; Goodwin, 1971, 1979; Hoffman & Noem, 1975; Wolin, Bennett, Noonan & Teitelbaum, 1980). Penick, Read, Crowley, and Powell (1978) differentiated alcoholic men who were offspring in alcoholic family systems from those who did not have a family history of alcoholism. Not only did those men from alcoholic families report problem

drinking at an earlier age, but they also reported more alcohol-related personal and social problems. Schukit (1984) reports similar findings. These investigations concur with and provide support for Goodwin's earlier review (1976) in which he found no less than 25% prevalence of alcoholism in first degree male relatives (fathers, sons, and brothers) of alcoholic males.

Not only have these data provided empirical support for genetic explanations of cause, they may also provide support for environmental hypotheses—although these influences are less clearly elucidated (El-Guebaly & Offord, 1977; McKenna & Pickens, 1983; Vaillant & Milofsky, 1982; Zucker & Noll, 1982). That some individuals are genetically predisposed to future alcoholism and do not develop it speaks to the importance of seeking more extensive information about the interactive nature of genetic and environmental influences.

While genetic factors are known to heighten risk, the question of what behavior(s) related to alcohol abuse is under genetic control remains unanswered. Ease of addiction, alcoholic deterioration (Kaij, 1960), metabolic differences, psychophysiological differences (Tarter, Hegedus, Goldstein, Shelly & Alterman, 1984), bonding and child-rearing difficulties are only some of many possibilities. Strictly speaking, only the genotype—the genetic material which provides a blueprint for phenotypic expression—is inherited. Phenotypes result from gene-environment interactions (Seay & Gottfried, 1978).

The Development of Behavior

Of course, humans are not tabula rasa subject to environmental press (Vale, 1980) and development is species typical. Seay & Gottfried propose a model of development which helps to reconcile these issues. It represents a synthesis of developmental and comparative psychology. Behavior is viewed as the outcome on five nonindependent domains of influence, defined as "sets". A

"set" is a "predisposing influence on behavior that either increases or decreases the probability of a developmental or behavioral event" (1978; p. 7). According to this model, behavior results from a dynamic interaction of sets:

1. Phylogenetic Set--that part of the genotype shared by all members of a given species.
2. Ontogenetic Set--influence of maturation on behavior.
3. Experiential Set--influence of past and present environments on behavior.
4. Cultural Set--influence of culture on the behavior of its members.
5. Individual Set--unique characteristics of an organism which differentiate its behavior from other organisms of the species.

For any given behavior, the weight of influence of a given set will vary. Likewise, according to this model, all behavior is probabilistic. Seay and Gottfried express this point succinctly when they state: "no behavioral outcome is the inevitable outcome in every case of a particular Phylogenetic Set across all possible environments (1978, p. 31). For example, an individual genetically predisposed to develop alcoholism will not do so in a culture in which alcoholic beverages are not available.

In the context of this model, the remainder of this literature review will highlight major reviews of individual and marital, experiential, cultural and ontogenetic influences on intergenerational transmission of alcoholism in males.

Individual and Marital Influences

A voluminous literature exists which includes studies and reviews of personality correlates of drinking problems (Barnes, 1979; Cahalan, Cisin &

Crossley, 1969; Jessor & Jessor, 1973; Jones, 1968; Williams, 1976). Since a basic assumption in most personality research is that personality precedes the dysfunction and that situational context is minimally important--a position which is antithetical to this study--it is given only the briefest mention.

Current conceptualizations, however, often focus on the impact of alcoholism on marriages, emphasizing how drinking problems impair interpersonal relations --interfering with direct and responsible affective communication, with adequate sexual functions, with traditional role differentiation and increasing marital conflict (Bateson, 1971; Corenblum, 1983; Jacob, Dunn, Leonard, & Davis, 1985; Mendelson & Mello, 1979; Orford, 1975; Orford, Oppenheimer, Egert, Hensman & Guthrie, 1976; Paolino & McCrady, 1977; Rubin & Henson, 1976; Schneiderman, 1975). This body of research is necessarily correlational and argues for the role of increased marital conflict leading to increased drinking.

Attempts to validate clinical impressions that spouses of alcoholics show disturbed personality traits which are independent of the stressful effects of alcoholism in marriage have generally failed (Jacob et al., 1978; Orford et al., 1975; Paolino & McCrady, 1977; Whalen, 1953). One set of studies has tried to identify variables which predispose individuals to select pre-alcoholic or alcoholic mates. Nici (1979), for example, found that daughters of alcoholics are more likely than ex-wives of alcoholics to marry alcoholic males. Edwards, Harvey and Whitehead (1973) concluded that there is no convincing evidence which suggests a characteristic personality type for wives of alcoholics. This research, of course, is subject to criticism of the very concept of personality type.

Alcoholic families show an increased number of mothers who work outside the home; inconsistency and failure to fulfill parental roles and responsibilities;

and an increase in marital separation and divorce (Blane & Hewitt, 1977; Jacob, 1975; Zucker, 1976).

Other studies have focused more specifically on describing how alcohol related problems affect the non-drinking spouse—on the development of psychiatric symptoms, on the course of the alcoholism, and on what keeps the non-drinking spouse in the marriage. The classic study was done by Jackson (1954) leading to further examination of the use of alcohol in stress-buffering and stress-inducing roles (Neff & Husaini, 1982; Orford, 1979). Ablon (1976) described withdrawal from the marriage, social acting out, attacking others, family protectiveness, and assuming responsibility for safeguarding family interests as possible stress-induced consequences for the nonalcoholic spouse. Seeking professional help in the early stages of alcoholism is not common (Filstead, 1977; Gorman & Rooney, 1979). In a survey of 123 Al-Anon wives, wives reported average delays of more than seven years between the first occurrence of problem drinking in their mates and finally seeking help.

The development of psychiatric symptoms in the non-alcoholic mate has received attention of late. Steinglass (1981b) reported social consequences of alcoholism to be related to psychiatric symptomatology in the nonalcoholic spouse, but not to the alcoholic's psychiatric symptoms. Two attempts by Jacob and his colleagues failed to replicate his findings (Jacob et al., 1985).

These issues are reviewed more extensively by Moos, Finney, and Gamble (1982) who suggest an alternate view based on a stress hypothesis: that spouses of abstinent (recovered) alcoholics should be under less stress and therefore show more adaptive functioning. Their findings corroborate the earlier research of Edwards et al. (1973) and Jacob et al. (1978). Using a sociodemographically matched community control design (N=113), Moos, Finney and Chan (1981) reported that, after treatment, the married, recovered alcoholic group was

similar to that of controls. The relapsed alcoholic group showed higher conflict, lower cohesion, lower expressiveness and organization as compared with recovered alcoholics and controls.

Coping responses of spouses may affect not only their own functioning, but, also, the course of the alcoholism in the partner (Moos et al., 1982). The research conducted by Moos and his colleagues has provided substantial empirical support for an independent effect of family environment on the functioning of the alcoholic. Factors such as the spouse's coping patterns and life stressors affected treatment outcome (Finney, Moos, Cronkite, & Gamble, 1983; Moos et al., 1982; Moos & Moos, 1984).

Marital interactions may be viewed both as influencing the perpetuation of drinking in the spouse and as facilitating cross-generational transmission (Ablon, 1976; Bailey, 1961; Billings, Kessler, Gomberg & Weiner, 1979; Cvitkovic, 1978; Ewing & Fox, 1968; Glass, 1977; Gorad, McCourt & Cobb, 1971; Hanks & Rosenbaum, 1977; Klein, 1978; Orford, 1975; Roy, 1977; Wolin, Steinglass, Sendroff, Davis & Berenson, 1975; Zucker & Barron, 1971).

Ontogenetic and Experiential Influences

Parenting and Caregiving

These findings raise questions of how the marital relationship differentially affects the non-alcoholic spouse's caregiving ability. Drinking problems in adulthood frequently occur between ages 21-24 (Cahalan & Room, 1974)--a prime child-bearing age--but may not come to the attention of the community until much later. In the meantime, children are often exposed to deleterious effects of their home environment which may enhance their vulnerability to later acquisition of alcoholism. Current studies of early childhood factors, child-rearing practices and childhood experiences in alcoholic families are characteristically anecdotal and retrospective in nature.

Since most often it is the husband who has drinking problems, he may be absent both physically and psychologically a good deal of time. Even when he is "dry" he may be away from home if activities such as Alcoholics Anonymous engage him. Frequent exits and re-entries may stress the family system, especially as it relates to the mother's child-rearing practices. The literature on father absence in military and executive families suggests that two polar styles of child-rearing and family functioning prevail depending on the father's presence or absence (Billings, 1970; Boss, McCubbin & Lester, 1979; Cohen, 1977; Hoffman, 1971; Marsella, Dubanoski & Mohs, 1974; Wohlford, Santrock, Berger & Liberman, 1971). The wife may show dramatic swings in child-rearing practices and demanding behaviors (as a complementary position to her husband when he is present) to less controlling and more concerned behaviors in his absence.

Zucker and Barron reported some evidence which offers support for this hypothesis. Parents' retrospective reports of child-rearing practices indicate that the mothers of problem drinking sons are more often not fully responsive to their sons' needs. These mothers' parenting behaviors were characterized as more expressively rejecting, more depriving of privilege and property, more socially isolating, more absent and paradoxically, more overprotective. Adolescent sons' perceived problem drinking was related to the mother's absence and the father's perceived affective distance, and his decreased participation in those activities with the son which would assist in "establishment of strong male identity" (Zucker & Barron, 1973).

Father absence, notwithstanding, cannot be considered apart from the timing of the absence, the maternal behavior during father absence, sociocultural expectations and the availability of surrogates (Billings, 1970). The Jacob, Dunn, and Leonard findings in 1983 are of great interest in this respect.

Their distinction between binge and steady drinking patterns is an important one. They discriminate between in-home drinking ("steady drinkers") and drinking which is almost exclusively carried on outside of the home ("binge drinkers"). The finding that binge versus steady drinkers neglected family social obligations (62% vs. 25%) corroborates their earlier observations about the adaptive function which may operate when nonalcoholic wives ignore changes in their husband's drinking behavior--recognizing the alcoholic's undependability.

Family Interactions: Impact Upon Children

The picture which emerges in alcoholic families is thus one of inconsistent parenting behaviors, possibly including physical violence (El-Guebaly & Offord, 1977; Mayer & Black, 1977; Orme & Rimmer, 1981; Virkkunen, 1974) and of "dearth and surfeit" (Zucker & Barron, 1973). That parents influence their children by direct interpersonal interactions, but also through observational learning of parent interactions is a major tenet of social learning theory (Bandura, 1986). There is an accumulating body of evidence to suggest that offspring imitate the same-sex parent's drinking pattern (Harburg, Davis, & Caplan, 1982; Jones, 1979; Lassey & Carlson, 1980). But the effects are far more overreaching.

The immediate and long-term effects of parental alcoholism on children is documented by numerous researchers (Black, 1979; Booz-Allen & Hamilton, 1974; Bosma, 1972; Chafetz, Blane & Hill, 1971; Cork, 1969; El-Guebaly & Offord, 1977, 1979; El-Guebaly, Offord, Sullivan & Lynch, 1978; Fox, 1962; Jahoda & Cramond, 1972; Jessor & Jessor, 1973; Wilson & Orford, 1978; Zucker & Barron, 1973; Zucker & DeVoe, 1975). McKenna and Pickens (1983) examined the relationship between number of alcoholic biological parents and personality functioning in offspring. They found two alcoholic parents to be associated with increased levels of aggression and psychopathology on MMPI measures.

The child is doubly susceptible to the consequences of the cycling behavior patterns that accompany parental sobriety and intoxication—from the alcoholic parent and reciprocally from other family members as they attempt to cope. Fox (1956) portrayed these shifts in mood as impairing development of basic trust such that future affectional and intimate relationships are distorted.

Several studies achieve some consensus about those predrinking influences which may impact adversely on the socialization processes of children in alcoholic families. Zucker emphasized disruption of family affectional ties, arbitrary disciplinary strategies, inappropriate limit setting, and low family solidarity, at least in families where children are in early and middle adolescence (Zucker & Barron, 1973; Zucker & DeVoe, 1975). Jessor and Jessor (1973) found parent reward structure (affectional interaction and influencing techniques), parent belief structure (internal/external control, extent of alienation from the larger society), and parent control structure (limit setting, sanctions, exposure to deviant models) to be highly salient aspects of problem drinking—also in adolescence. Pervasive denial, ambivalence both about remaining in the marital relationship and about change within the marital dyad and lack of affective expression are also found to be prevalent in such families (Glass, 1977; Shapiro, 1977). Female alcoholics are reported to be variously less accepting, more rejecting, overprotective and indulgent in their attitudes toward their children (Krauthamer, 1979).

Cultural Relativism

Work in anthropology has contributed significantly to our understanding of alcohol abuse within social systems from communication, cultural and interactional perspectives (Ablon, 1976, 1980, 1984; Ames & Ablon, 1981; Heath, 1976; Heath, Waddell, & Topper, 1981; Prus, 1983; Waddell, 1981). The family is one such system. It may be viewed as both an agent and setting for the

operation of various cultural and interpersonal processes, impacting on the development of problem drinking in varied ways.

The varieties of adaptations and drinking patterns are legion. Hence the difficulty in specifying etiological factors across cultures. Drinking has been studied as a social activity (Prus, 1983) and as a folk disease (Rodin, 1981). MacAndrew and Edgerton (1969) and others (Berenson, 1976; Jellinek, 1977; Marshall, 1979; Pittman & Snyder, 1962; Westmeyer, 1976) have emphasized how differing social and cultural expectations may maintain a wide variety of drinking patterns. Drinking may be continuous or episodic; adolescent problem drinkers may not become adult alcoholics; heavy drinkers when confronted with life stress may escalate their drinking such that they meet the criteria for alcoholism; or alcoholism may occur concomitantly with other distinct and serious psychopathology (Freed, 1970, 1975; Gomberg, 1982; Jessor & Jessor, 1973; Zucker, 1976). The heterogeneity noted in the form and functions of alcohol abuse suggests that investigators have traditionally focused on subsets of alcoholic behavior. This raises methodological questions about representativeness of samples and generalizability of findings.

Another way of thinking about the processes of family life which either facilitate transmission of alcoholism or mediate between parental alcoholism and its potentially damaging effects on children involves a conceptual shift. Considerable research has been conducted relating family environment and family interactions to schizophrenia, but a comparable approach to the study of alcoholism is just evolving (Ablon, 1984; Jacob, 1975; Moos, Bromet, Tsu, & Moos, 1979; Steinglass, Weiner, & Mendelson, 1971; Zucker, Baxter, Noll, Theado, & Weil, 1982). Likewise, Garmezy's (1974; 1976) studies of invulnerability in schizophrenia might profitably be extended to the problem of alcoholism. An integration of family systems and developmental theories

provides this perspective.

An Integration of Perspectives on Transmission

When etiology, acquisition and maintenance of problem drinking are viewed as no longer a consequence of single classes of influence, but rather resulting from a constellation of factors, the issues become at once more complex and more varied. Problem drinking may be variously influenced by genetic predisposition, prenatal factors, ontogeny, parental characteristics and child-rearing practices, modeling experiences, child temperament and personality characteristics, cultural values, peer support, and exposure to and subjective experience of alcohol and intoxication (Zucker & Barron, 1973).

The developmental approach which examines both the individual and the family over the course of development has, for the most part, been neglected in family studies. Studies in alcoholism are no exception (Jacob, et al., 1978; Riskin & Faunce, 1972). Likewise, the failure to view the family holistically as a system has hampered efforts to develop a comprehensive and explanatory theory of alcoholism. Selected issues in developmental, generational and systems points of view will be elaborated here. The reader is referred to the respective primary sources for further details.

Family Life Cycle: Generational and Developmental Considerations

A developmental framework is holistic as it takes into account potentially significant psychological, social and cultural characteristics of all family members. We know from the substantial literature on the family life cycle (Carter & McGoldrick, 1980; Duvall, 1971; Ferguson, 1976; Hill, 1958; Rodgers, 1964; Worby & Gerard, 1978) and life events (Holmes & Rahe, 1967; Rabkin & Struening, 1976; Rahe, 1979) that the strength of influencing variables changes with time and with the need to cope adaptively with new circumstances. Degree

of family influence varies with developmental time: stages of the family development overlap and interact with those of the developing individual.

A theory of a family life cycle assumes that a given family system changes both in structure and in process over time. As it develops, the family system further differentiates into subsystems such as the marital, parental, and sibling constellations. Subsystems contribute varying degrees of influence to the whole family system as situational and developmental contexts change over time. Table 1 illustrates both the phases and the critical developmental issues (modeled after Erikson, 1963) which confront families in each phase (Ferguson, 1976). These phases are predicated on the development of the oldest child in the family. The complexity of family transactions over time necessarily increases with subsequent births (Note 1). While they appear as discrete phases in the table, it is important to note that changes over time occur gradually rather than abruptly as the written explanation might suggest.

Families do not progress automatically through stages of development. The theory predicts that failure to master early family developmental tasks impairs later mastery. Later tasks will prove more complex and compensatory actions are less likely to have the desired effect. Present relationships are affected by past relationships both in families of origin as well as by the history of the current relationship. Crisis occurs when role performance is inadequate and equilibrium is disturbed. The literature on family therapy is replete with examples of families resisting a change in a family member's behavior pattern, only to have equilibrium restored when the individual reverts to previous behavior. The value of looking at three-generational life aspects of the family life cycle thus becomes clear (Bowen, 1980a; Carter & McGoldrick, 1980; Duvall, 1977; Ferguson, 1976; Haley, 1973; Hill, 1970; Minuchin, 1974; Rodgers, 1964).

Table 1

The Family Life Cycle

Stage	Issues
1. Courtship and Early Marriage	Intimacy - Isolation Freedom - Commitment Individuality - Merger Cooperation - Subordination Family Loyalties - old and new
2. Child-Bearing and Early Parenting	Nurturance: Giving - Receiving Symbiosis - health and pathological Possession - Sharing From the dyad to the triad Shifting generations - loyalties realigned
3. Child-Rearing (Socialization)	Patterns of Parenting (Authoritarian, Authoritative, Democratic, Laissez-faire) Family and Society (or, The parent goes to school) Styles of Mastery: achievement, competence, conformity, creativity Separateness - Integration Separation - phase 1
4. Middle age (and Children's Adolescence)	Menopause and puberty Accomplishment and disillusion Values of Authority - the conflict of generations Separation - phase 2 Intimacy and individuality renegotiated
5. Old Age	Retirement - fulfillment and loss Loneliness versus continuity of generations Dignity - Despair

From Ferguson (1976), by permission

Acquisition of drinking behavior may be regarded as a developmental phenomenon both from an individual and a generational perspective as we have seen. It appears eminently useful to be able to describe the pathways by which family interaction may systematically influence drinking patterns at different developmental times (Ward & Faillance, 1970; Zucker, 1976). The heuristic model developed by Zucker (Zucker, 1979) both guides this investigation and presents a developmental framework by which to assess relative contributions of drinking specific and drinking non-specific variables over developmental time.

The Zucker Model

A series of review articles integrates a large body of parental influence data within a developmental model which assumes a "multilevel process of parent effects" (Zucker, 1976, 1979). The model posits four classes of influence which shape later drinking behavior in the child at risk: (1) Sociocultural and community influences; (2 & 3) Primary group and intimate secondary group influences; and (4) Intraindividual influences. The reader may note the congruence of this model with the general model of development described earlier in this review (Seay & Gottfried, 1978).

Figure 1 illustrates how interactions among classes occur over developmental time. Although they are presented graphically as discrete variables, in actuality, they are continuous in nature. The salience of specific influences is expected to vary with developmental processes, with the strength of influence being depicted by the relative size of the rectangles. Figure 2 illustrates how these influences interact and impinge upon one another. Drinking specific variables (which directly affect drinking behavior) and drinking nonspecific variables (which indirectly affect drinking behavior) are subsumed in each influence class. (Zucker, 1979).

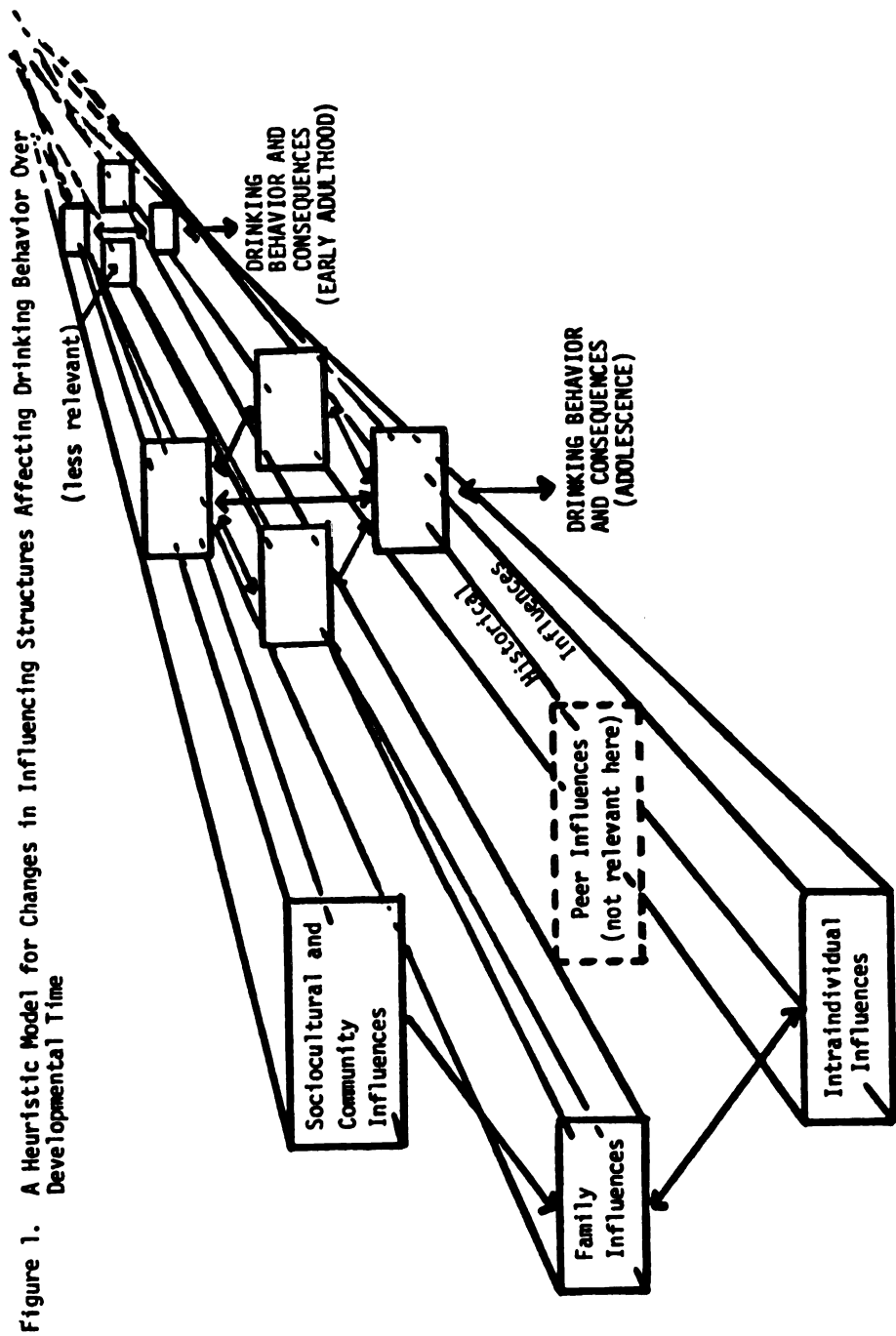
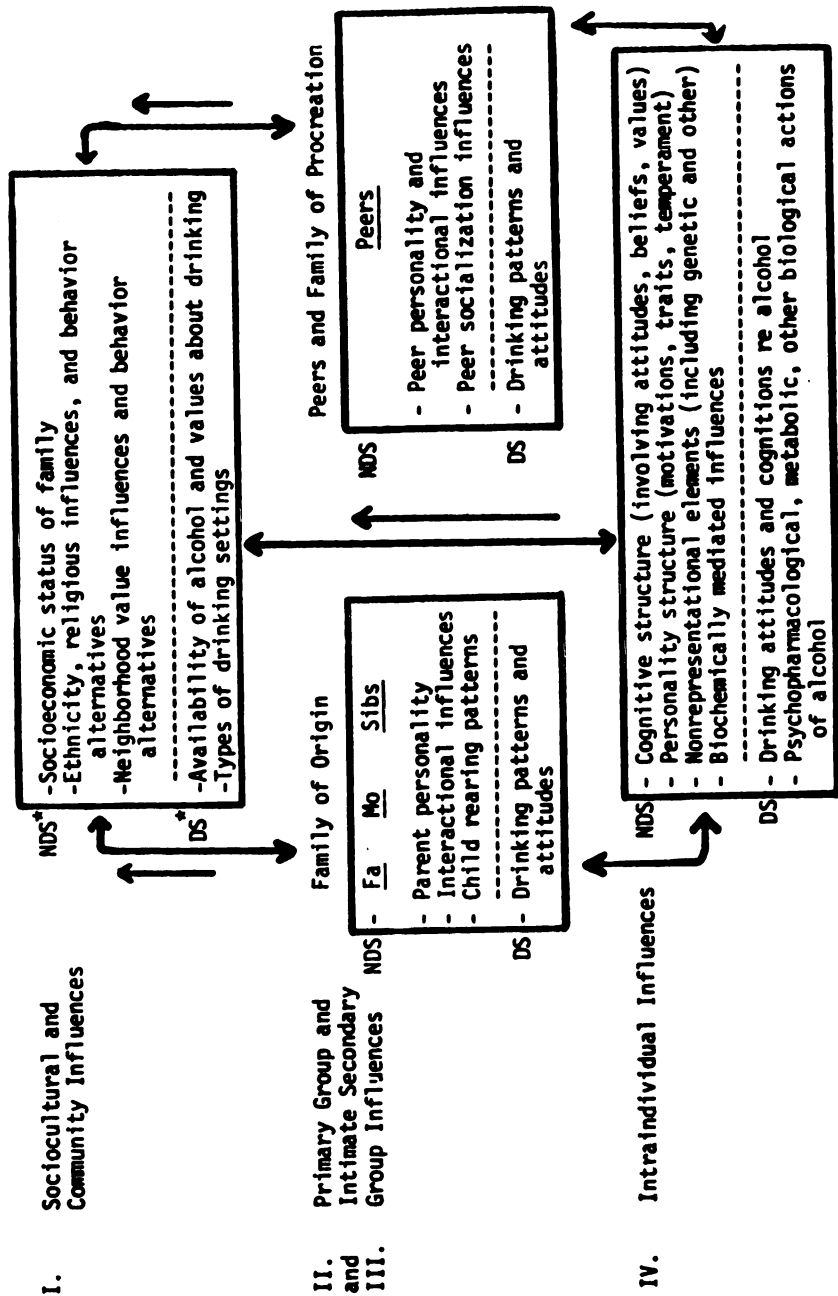


Figure 1. A Heuristic Model for Changes in Influencing Structures Affecting Drinking Behavior Over Developmental Time

BIRTH AND EARLY CHILDHOOD
From: Zucker & Noll, 1982.

Figure 2. An Organizational Structure for Classes of Influence Upon Drinking Behavior



*Source: Zucker & Noll, 1982.

Note: DS refers to drinking specific factors; NDS refers to non-drinking specific factors.

Class I Influences

Sociocultural and community influences are those which impinge upon the family as a direct agent of socialization for the child, by way of family status and family lifestyle. Among these influences are included: (1) Ideology, lifestyle and community values; (2) Increases in problem drinking have been found to be associated with "alienation from the power and opportunity structure of the community" (Jessor, Graves, Hanson & Jessor, 1968; Zucker, 1976, p. 216) when lack of access to social rewards induces such responses as attacks on the system and estrangement; (3) When heightened social activity peripheral to the mainstream (e.g., religious activity) is manifested in response to the inaccessibility of the social reward system, problem drinking is found to be less probable; and (4) Problem drinking is less likely to occur when alcohol is used in ritualized contexts (e.g., family meals, religious ceremonies).

Class II Influences

These are primary group (family of origin) effects and include (1) parent interactions which create various degrees of tension and harmony and potentially make certain issues (e.g., alcohol use) conflicted and, thus, emotionally charged for the child and (2) individual parent beliefs and behaviors which impact directly and indirectly on the child:

1. Family structure. Large families are found to contribute to later alcohol problems (Koller & Castanos, 1969; Smart, 1963; Wahl, 1956). Explanatory hypotheses include: (1) impaired parent socialization effects; (2) greater authoritarian patterns of interaction and discipline between parents and children; (3) greater socialization influence by siblings; (4) looser parental controls; and (5) greater sibling rivalry. Ordinal birth position is a likely factor as well (Barry, Barry & Blane, 1969; Barry & Blane, 1972).

2. Parent interaction around drinking behavior. When parents show

congruent attitudes and behavior in regard to alcohol use (whether abstainers, moderate or heavy drinkers), children tend to adopt the drinking pattern. Parents who disagree about alcohol use provide a conflict model which encourages the child to seek out extreme solutions—often culminating in increased risk for later alcoholism (Harburg et al., 1982; Jackson & O'Connor, 1953).

3. Parent interaction around nondrinking. The McCords' longitudinal study initiated when probands were age 10 predicted that later-to-be alcoholic behavior was likely to result from parent interactions characterized by intense conflict and antagonism, including denigration of the wife by the husband and disturbed patterns of sexual behavior (promiscuity and incest) (McCord & McCord, 1960). Adolescents from home environments characterized by such conflict seem to be propelled into greater contact with deviant peers at just the time when drinking behavior is likely to be peer-controlled.

Class III Influences

These refer to intimate secondary group influences—later peer effects thought to parallel family processes and subsequent effects of forming a family of procreation. Because of the age of probands in this study, these influences are not yet considered salient to their experience.

Class IV Influences

These represent intra-individual influences, including genetic, psychological, behavioral, physiological and metabolic factors. The child's unique personality variables which, in the Seay and Gottfried (1978) model of development, are considered to be a function of interaction among "sets."

Several key issues of theoretical relevance are raised by Zucker (1976) in respect to the potential limitations of the model:

1. The model is limited by the fact that it does not include interactions among siblings or between the child as the actor and the parent(s) as the reactor(s).

2. Cross-sectional data on adolescents provides the basis for this model which assumes developmental continuity. The discontinuity theory of alcoholism posits that adolescent problem drinkers do not necessarily represent the group most vulnerable to later alcoholism.

3. Studies have yet to establish the relative predictability of parent behavioral influence across developmental time. Parents may not manifest the same relationship between family characteristics and drinking behavior at different developmental time frames. Evidence suggests differential parental influencing processes over time (Cahalan & Room, 1974; Jones, 1968; Zucker, 1976).

4. Problem drinking and alcoholism and anti-social behaviors may be subsets of a larger issue of "socialization for deviance." They may represent responses to a continuum of inconsistent and harsh parenting, from more benign to more destructive, or represent processes which occur, more generally, in all disturbed families.

Notwithstanding the limitations noted above, this model acknowledges a multivariate etiology in the acquisition of problem drinking and applies a developmental and systems perspective to a complex issue. It allows for the identification of variables which not only contribute to vulnerability to the later development of alcoholism in the high-risk individual, but also may contribute to our understanding of how some individuals at risk do not develop alcoholism.

Family Systems Thinking

In interactional models guided by systems concepts, alcohol is viewed as the most important variable determining a family's interactional pattern and as contributing to later alcohol problems in offspring. The family dynamics in a home where alcoholism is present place children at high risk for later alcohol abuse themselves. Fifty to sixty percent of all alcoholics have at least one alcoholic parent (Bosma, 1973). The systems approach is consistent with the notion that modeling processes and/or child-rearing practices in the family environment are crucial in shaping the child's potential for problem and non-problem sequelae. It is not surprising that a child replicates the system into which his/her role fits—in his/her own family expression of on-going patterns (e.g., pragmatics of communication, coping strategies, labeling and appraisal, rules governing behavior in marriage and child-rearing). A family systems view allows us to look at the "interior context within which family transactions take place" (Worby & Gerard, 1978).

Family systems theory evolved from the influences of general systems theory, cybernetics, the work of Gregory Bateson and his colleagues, and pragmatics of human communication (Bateson, 1971; Bateson, Jackson, Haley & Weakland, 1956; Palazzoli, Cecchin, Prata & Boscolo, 1978; Watzlawick, Beavin & Jackson, 1967). General system theory developed as an alternative model to linear models of cause-effect thinking. It is a circular model based mainly on the concept of feedback (cybernetics) which when applied to living organisms results in "homeostasis" (Cannon, 1928) or dynamic equilibrium. The reader is referred to several primary and secondary sources for a more complete presentation of this model (Bateson, 1971; Bateson et al., 1956; Bertalanffy, 1950, 1962, 1968; Hall & Fagen, 1956). Several principles of system theory are highlighted in the discussion that follows.

A systems approach focuses attention on significant aspects of whole family interaction as a mutually interactive process:

Systems theory assumes that all important people in the family unit play a part in the way family members function in relation to each other and in the way the symptom finally erupts. The part that each person plays comes about by each "being himself" (Bowen, 1974, p. 115).

It regards the functioning of the whole to be greater than and different from the sum of its parts. It would, therefore, be incorrect to describe family functioning only in terms of one subsystem (e.g., the parent or marital or sibling subsystem). One element cannot be isolated from the system; altering part alters the system. Since "no part of such an internally interactive system can have unilateral control over the remainder or over any other part" (Bateson, 1971, p. 5), a system may be described as "mutually causal" (Kantor & Lerr, 1975), and dynamically stable.

Family systems are organizationally complex (Kantor & Lehr, 1975) and rule governed. Rules may be explicit or covert, but they describe recurring, predictable patterns of interaction (e.g., Don't be angry—at any cost). A family system has the capacity to self-correct through feedback from its members or from interchange with the environment (e.g., the community; treatment intervention). When a family system is stressed, strategies (rules) of adaptation used previously to preserve system balance may become exaggerated and incline the system toward imbalance (e.g., If drinking in the past has stabilized family interactions, a new stressor may precipitate increased drinking, but the increased drinking may in itself exacerbate family stress by creating additional stressors such as involvement with the law). Family interaction patterns may become increasingly rigid in the service of homeostasis (stability) rather than change (Palazzoli et al., 1978; Sullivan, 1953).

Moreover, family systems are mutually interactive processes in context.

"Contexts are constituted by what people are doing and where and when they are doing it" (Erickson & Schultz, 1977, p. 6). The natural family environment is considered to be the richest and most ecologically valid context for family interaction.

In contrast to the psychoanalytic search for cause of dysfunction within the individual (intrapsychic conflict), family system theory conceptualizes dysfunction as arising in significant interpersonal relationships (Bowen, 1966; Jackson, 1954; Kerr, 1981; Satir, 1972). Even in the absence of one parent, such as may be the case for the alcoholic family, the psychological image of the second parent prevails as an influence within a family system (Ferguson, 1976).

In spite of Paolino and McCrady's (1977) caution, efforts to examine complex interactional phenomena from a systems framework have generated provocative, although incomplete, hypotheses about the function of alcohol in family systems. In keeping with this position, Bowen (1966) and Kerr (1981) speak of "multigenerational transmission processes" by which a given family system may maintain stability (homeostasis) across generations—even at the expense of some individuals within that system. The idea of homeostasis is central to family systems thought, as Riskin (1963) has elaborated. Kerr (1981) speaks of the "multigenerational transmission process" as a "long series of compromises the system has made, compromises that stabilized the whole at the expense of some of its parts" (p. 249). Palazzoli and her colleagues emphasize that dysfunctional or pathological family systems tend to "compulsively repeat proven solutions" (Palazzoli et al., 1978, p. 4).

Use of Alcohol as System Maintenance

Extreme alcoholism represents one example of many dysfunctional relationships which represent exaggerated mechanisms present in all people—designed to adapt to emotionally charged situations—but which have

become maladaptive (Kerr, 1981). Two extreme illustrations are presented here to dramatize the complex and rigid nature of this balancing function.

A case is reported by McDaniel (1976) of a middle-aged woman who received positive attention from her social environment which ceased when her husband stopped drinking. On the anniversary of his abstinence from alcohol she placed in front of him a bottle of whiskey.

Another case reported by Steinglass, Weiner, and Mendelson (1971) occurred during an experimental drinking session in a hospital setting. Drinking was characterized by a "total polarization of behavior" in which one brother would become totally inebriated while the other remained abstinent:

John: "You ain't capable of being anything except what you are William, a Goddamn drunk, and a worthless nothin." Immediately following an interview in which John denigrates his brother Bill "with tremendous affect," John left the room with Bill, walked him over to the alcohol dispensing machine, made a four-ounce purchase of alcohol for him, and helped him to drink it, holding the cup to his mouth when he stopped (p. 405).

Bowen's contention that alcohol dysfunction can only persist with continued family support appears to be borne out by such reports.

Research and theoretical literature on alcoholism guided by general systems theory was sparse until the 1970's despite appeals by Bailey (1961), Day (1961) and Jackson (1954; 1962) in the 1960's. Steinglass and his co-workers have provided the major impetus in promoting a family systems model of alcoholism ("family drinking systems"). In this view, it is the common use of alcohol--not common dynamic features--which delineates the alcoholic family. Proponents of this view emphasize the advantages of studying rules which govern drinking behavior, its functional characteristics in family interaction and ways in which these behaviors are transmitted across generations (Ward & Faillance, 1970; cf. Segal & Stacy, 1975).

In his review of the pertinent experimental and clinical literature of the past 25 years, Steinglass (1976) pointed out that attention given to family therapy in alcoholism has been disproportionately low. He echoes Pattison's (1968) concern that criteria for therapeutic improvement be extended from diminution or abstinence from alcohol to include marital and family adjustment. Therapeutic interventions are considered to be most effective when they are interactionally oriented and address the adaptive function heavy drinking serves for the family system. Only then is it appropriate to direct efforts toward restoring effective communication and clarifying role conflicts (Davis, Berenson, Steinglass & Davis, 1974; Steinglass, 1976; Steinglass et al., 1971). Gregory Bateson put it succinctly when he observed, "If the sober life of the alcoholic somehow drives him to drink . . . it is not to be expected that any procedure which reinforces his particular style of sobriety will reduce or control his alcoholism" (Bateson, 1971, p. 2). Treatment is directed toward helping the family members manifest the adaptive behavior when the "system" is "sober."

Not only does this theory offer high potential for describing the pathways by which family interaction may systematically influence intergenerational transmission, it may also lead to the discovery of rules of routine behavior and how families cooperate to produce an adaptive strategy by which to cope with alcoholism. With the conceptual shift, it is possible to consider that rigid family patterns of interaction represent adaptive consequences insofar as they restore predictable family functioning. They may stabilize families by clarifying role expectations, promoting or reducing affective communication, avoiding intimacy, delineating boundaries inside and outside the family and defining rules of routine behavior (family patterns) which foster family identity. The reader should note that "functional" and "adaptive" in this context do not mean "desirable" or "good," but rather restoration of equilibrium within the rules of

the particular family system (Davis et al., 1974). Intervention may require changing the rules of the system (Palazzoli, et al, 1978). For an overview of issues in family structure, behavior and therapy in alcoholism, there are several excellent reviews extant (Ablon, 1976; Ewing & Fox, 1968; Jacob et al., 1978; Krimmel, 1973; Meeks & Kelly, 1970; Schneiderman, 1975; Steinglass, 1976).

Attempts to improve family functioning have been shown to contribute to successful treatment of alcoholism. The key factor here seems to be that sobriety is sustained by life-style changes and changes in communication to restore constructive functioning (Gorad et al, 1971; Moos et al., 1979; Satir, 1972; Schneiderman, 1975). Moos et al. (1979) examined the interrelationships of family milieu, family stress and functioning, and treatment outcome. They found better treatment outcome in families to be associated with less disagreement over alcohol, increased cohesion, increased activity-recreational orientation, and decreased physical and emotional symptoms in all family members. These findings concur with Berg and Newlinger (1976) who found that problem drinkers perceive leisure time negatively. Support also comes from other investigators (Cahalan et al., 1969; Janzen, 1977; McLachlan, Walderman & Thomas, 1973; Meeks & Kelly, 1970; Shapiro, 1977).

Other studies of interest include one by Wolin et al. (1980). This group hypothesized that those families in which rituals (dinners, holidays, week-ends, evenings, vacations, visitors) are disrupted by heavy drinking are more likely to transmit problem drinking across generations. Ritual is defined as "a symbolic form of communication which, owing to the satisfaction that family members experience through its repetition, is acted out in a systematic fashion over time" (p. 20). Nontransmitter families displayed an ability to reject the alcoholic parent's intoxicated behavior (during rituals) by confronting or talking with each other in a disapproving manner. The investigators concluded that families whose

rituals were altered during the period of heaviest drinking were more likely to transmit problem drinking to their children.

In light of the earlier findings reported by Moos et al. (1979), it is possible that these findings reflect different sets of family rules which condone alcohol use at some times, but not at others. Times of ritual represent potential for increased family cohesion in which the family expectations about alcohol use are clearly defined and communicated--possible predictors of improved family interaction. In this sense, Wolin et al.'s (1980) definition of ritual could extend to the use of alcohol itself--not as we usually think of it (e.g., for special meals, or religious occasions) but, rather, as a repetitive, symbolic form of communication which is acted out over time.

Jacob and his associates (Jacob, Ritchey, Cvitkovic & Blane, 1981) have reported results from pilot studies in which communication congruence, affect expression and problem solving in families were examined. Eight alcoholic and nonalcoholic families were assessed in a videotaped lab task under drinking and non-drinking conditions. Alcoholic couples were found to be more affectively negative in the drinking condition. Whereas nonalcoholic fathers exhibited increased rates of problem-solving (instrumental) than did their children, alcoholic fathers and their children were found to exhibit equal rates. Of particular interest, in light of the literature on father absence, was the finding that alcoholic husbands were less instrumental than controls. These results should be viewed with caution insofar as (1) lab tasks did not parallel the home environment (Snyder, 1977); (2) only two children (ages 10-17) per family were allowed to participate, and as the authors suggest, (3) these differences may not be unique to alcoholic family systems, but may, rather, more generally reflect disturbed family relationships.

In another pilot study, Steinglass (1981a) attempted to discover

associations between family interaction and the family's current alcohol phase. Family behavior was observed in the home environment, using the Home Observation Assessment Method (Steinglass, 1979a, 1979b, 1980a) an on-line coding, observational method that focuses on the family's interaction in its home environment. Thirty-one families in various "family alcohol phases" --Stable Wet, Stable Dry or Transitional were observed on nine occasions over a six-month time period. Their initial finding that Stable Wet and Transitional families manifested more rigid behavior patterns in contrast to the more flexible patterns exhibited by the Stable Dry phase is concordant with outcome findings from family therapy with family drinking systems.

Some Methodological Issues in Behavior Research

General Issues in Psychological Research

No single discipline or methodology can validly claim to account for all dimensions that are likely to be salient for behavioral research as complex as alcoholism. In the psychological research, the reliance on laboratory experimentation has dominated the field often at the expense of ecological validity. Two major difficulties are discussed below.

Premature Hypothesis Testing

A number of investigators across a wide variety of disciplines caution that hypothesis testing is appropriate only after the nature and varieties of behaviors in question have been adequately observed and classified (Erickson, 1978; Geist, 1978; Gump & Kounin (1959-1960); Henry, 1965; House, 1975; Lehner, 1979; Monat & Lazarus, 1978; Tinbergen, 1978). "It has been said," Tinbergen observed,

that, in its haste to step into the twentieth century and to become a respectable science, Psychology skipped the preliminary descriptive stage that other natural sciences had gone through, and so was soon losing touch with the natural phenomena (Tinbergen, 1963, p. 411).

Payne (1967) cited the experiences of microbiologists in their studies of organisms in pure cultures as but one example of restricted vision in research. Bronfenbrenner (1977, 1979a, 1979b) strongly advocates the study of significant variables in their ecological context. Other notable exceptions include Barker and his colleagues (Barker, 1963; Willems & Raush, 1969), Johnson and Lobitz (1974), the Patterson group (Patterson, 1977; Patterson & Moore, 1979), and the Steinglass group (1979a, 1979b, 1980b).

Ethologists and anthropologists champion initiation of research with naturalistic observation and preliminary descriptive studies (Blurton Jones, 1972; Blurton Jones & Woodson, 1979; Kendon, 1979; Lehner, 1979; Schefflen, 1966). The fieldwork methodology based on a participant observer role is directed toward ethnographic description. It distinguishes description as a product of the observer's constructs and world view (an "etic" view) from that which the people observed would provide (an "emic" view).

Junker's admonition that "it is impossible for valid generalization to exist without some foundation in field observation" (1960, p. 141) has been made by Ratner (Denny & Ratner, 1970) in psychology. These ideas have received substantial support in the literature (Bohannon, 1981; Gump & Kounin, 1959-1960; Pelto & Pelto, 1978; Schneirla, 1950; Schwartz & Schwartz, 1955). Willems (1969) noted that without naturalistic methods, many phenomena would never enter the domain of scientific investigation. Raush (1969) emphasized the need for "appropriate qualitative studies" rather than "inappropriate quantitative ones."

Ratner's comparative method (Denny & Ratner, 1970) provides a structure for the creation of a discipline-independent methodology which places emphasis on observation, description, and classification prior to experimentation and theory building. Ratner omitted dialectic and systems points of view which

would have resulted in a more ecologically valid, comprehensive model. However, the ideas are there to be expanded upon by integrating knowledge of methodology from now-independent disciplines.

Restricted Reciprocity in Research Strategies

In contrast to laboratory studies, naturalistic studies are time consuming and there may be a comparatively low yield in occurrence of behavioral events of interest (Willems, 1969). It would be futile to argue for the superiority of one method of study. Each research strategy has its relative strengths and limitations. Rosenthal has examined the unintended effects in experimental studies and more recently compared various approaches to behavioral research (Rosenthal & Rosnow, 1966; 1984). The need for explicit control over variables, appropriate control groups, and issues of sampling have been explicated by Campbell and Stanley (1963). Questions about representativeness in subject sampling, influences of ontogeny and ecological context are raised by Raush (1969). The relative advantages and disadvantages of cross-sectional and longitudinal methods are presented by Achenbach (1978), Brim and Kagan (1980), and Santrock (1983). The reader is referred to other sources as well for an extensive review of these issues (Bronfenbrenner, 1977; Johnson & Bolstad, 1973; Johnson & Lobitz, 1974; Jones, Reid, & Patterson, 1975; Lehner, 1979; Patterson, 1977; Riskin, 1963; Rosenthal, 1966; Webb, Campbell, Schwartz, & Sechrest, 1966; Willems & Raush, 1969).

Unrecognized, uncontrolled sources of bias and experimenter or observer effects undermine the validity and generalizability of findings. Two potential sources of distortion, if uncontrolled, are described here because they are relevant to the present study. (1) Schwartz and Schwartz (1955) noted how the participant observer becomes part of the context being observed and is both influenced by as well as modifies this context. Rosenthal (1966) and Wax (1971)

both elaborated on this point. Bowen (1976) described the process as "fusion." If uncontrolled, this source of distortion impairs accurate recording of observed events. (2) Recording behavioral observations over time can lead to "reliability decay" or "observer drift." Wax (1971) discussed this phenomenon as it related to anthropology as does a more recent paper by Ames and Ablon (1981). Bohannon (1981) suggested use of highly descriptive, operationalized definitions and holding tapes and scripts for periodic re-coding as ways to control for coding drift and selective observation. These practices enable the observer to achieve and maintain high intrarater reliability.

Emphasis in this discussion is placed on combining methods so that data can be collected from different viewpoints (Burgess, 1982) and on the interdependent nature of different research strategies (Willems, 1969). "Where the task of the theorist is to explain data," Gutmann wrote, "the special task of the naturalist is to generate data" (1969, p. 162). Laboratory results would then be validated in the field and findings from naturalistic studies would be further analyzed in experimental or laboratory-based investigations. Choice of method would be dictated by the research problem rather than by methodological biases such as "hard" vs. "soft" psychology or "scientific" vs. "anecdotal."

Methodological Issues in Family Research

Family research is not without its own serious inadequacies. In an extensive review of family literature on normal and disturbed families, Jacob (1975) noted the literature to date was replete with sampling and methodological problems, unsound logic and outright contradictions. Riskin & Faunce (1972) cited similar methodological inadequacies. The more troublesome problems include:

1. A preponderance of retrospective self-report data.
2. Poor control of contaminating variables.

3. Sampling bias.
4. Small, unrepresentative samples which make comparisons across families difficult.
5. Failure to use matched control groups.
6. Few replications.
7. Sparse cross-disciplinary collaboration.
8. Few studies on modeling influences.
9. Inadequate distinction between the differential effects of gender.
10. Few direct observational studies in context (family home environment).
11. The term "direct assessment" has been used to describe both self-report and retrospective data as well as to describe direct observational studies.
12. Intense focus on dysfunctional behavior patterns without comparable attention directed toward functional adaptations.
13. Little comparability exists between lab analogue family tasks and home observation unless the tasks are similar; e.g., free play (Jacob, et al., 1978; O'Rourke, 1963; Snyder, 1977; cf. Reiss, 1967).

Methodological Problems in Research on Alcoholic Family Systems

Family research on alcoholism is not exempt from the methodological inadequacies noted above (Ablon, 1976; Jacob, et al., 1978). Within the family literature on alcoholism, some special methodological problems and inconsistencies have been noted which warrant brief discussion.

1. Definitions of "family" vary across studies. "Family" has been used to describe parental influence on children without acknowledging the reciprocal influence of children upon parents. It has also been applied inaccurately to subsets of siblings.

2. Methodologies appropriate to investigations of individuals or couples and alcohol abuse are very likely not appropriate for the study of family systems. Ablon (1976) is a strong critic of the individual approach and advocates a multivariate methodology. Zucker, among others (Blane & Chafetz, 1979; Clausen, 1966; Kandel, 1978), has recognized that failure to strengthen methodology in alcohol research limits potential for empirical advances in the field (Zucker & Noll, 1982).

3. Instruments and coding systems frequently have not been validated on alcoholic families as a criterion group or they have no specific relevance to families with preschool children (Jones et al., 1975; Lytton, 1971; Riskin & Faunce, 1972; Steinglass, 1979a, 1979b). The two most frequently reported on-line coding systems for family study (Jones et al., 1975; Patterson, 1977; Steinglass, 1979a, 1979b, 1980a) introduce artificial constraints not present in the "real" family environment: requiring that all family members be present and using multiple coders on site. Both the Patterson and Steinglass systems constitute "modified naturalistic observation" insofar as family members comply with certain restrictions during the coding period (e.g., no TV, confined to two rooms, everyone present).

4. Monist positions in alcohol research have frequently treated alcohol-related problems as a unique class of phenomena--a position staunchly criticized by Orford (Orford, 1975, cf. Ablon, 1976; Jacob et al., 1981). It is possible that the behavior patterns in alcoholic families may also be seen in other crises involving family dysfunction (Zucker, 1976).

5. Research on alcoholism has been dominated by experimental levels of inquiry, with the exception of some more recent anthropological and sociological studies (Ablon, 1980; Ames & Ablon, 1981; Child, Bacon, Barry, Buchwald & Snyder, 1965; Heath, 1976; Howell, 1973; Prus, 1983; Strug, 1981; Waddell,

1981). There are comparatively few precedents in psychology (MacAndrew & Edgerton, 1969).

6. In alcohol research, direct observational studies in context of the family environment are rare. To paraphrase Gould (1977), at best we see the beginnings of a line of social research that promises only absurdity by its refusal to consider the naturally occurring environment as the richest and most valid context for the study of family influences on the developing child at risk for later alcohol problems.

7. Failure to recognize how cultural knowledge and context influences behavior—of those observed and of the observer as well (Spradley & McCurdy, 1972)—limits generalizability of findings.

8. The distinction between emic/etic perspectives in the study of alcohol-related problems is rarely made in research (Baxter, 1986). Harris (1968) argued against the extreme relativism of accepting only an emic view. However, in his analysis of drinking as activity, Prus (1983) strongly advocates its inclusion if we are to understand alcoholism more fully. Filstead noted that information generated by research on alcoholism "does not seem to mesh with the experiences of the families (1977, p. 1454). This observation highlights the cogency of Cicourel's thinking a decade earlier:

The scientific observer must take into account the commonsense constructs employed by the actor in everyday life if he is to grasp the meanings that will be assigned by the actor to his questions, regardless of the form in which they are presented to the actor (Cicourel, 1964, p. 61).

9. There is a substantial literature which supports the relevance of investigating predrinking influences which affect the later occurrence of alcohol abuse (Blane & Hewitt, 1977; Jellinek, 1977; Kissin, 1977; Nathan & Lansky, 1978; Steinglass, 1971; Vaillant & Milofsky, 1982; Zucker, 1979). To date there exist no naturalistic studies of parental alcoholism and its impact of early

childhood or of sibling interactions in alcoholic families at this state of development.

Statement of the Problem

Many researchers have stressed the importance of investigating predrinking influences which affect the later occurrence of problem drinking (Blane & Hewitt, 1977; Jellinek, 1977; Kissin, 1977; Nathan & Lansky, 1978; Steinglass, 1971; Vaillant & Milofsky, 1982; Zucker, 1979; Zucker & Noll, 1982). An additional recommendation is to integrate family behavior patterns within the social context in which the family exists. Ablon (1976), among others, has been a strong critic of the individual approach and advocates a multivariate methodology. The current status of alcohol research in regard to these recommendations may be briefly summarized as follows:

1. More recently, it has been recognized that alcoholism has a multi-factorial etiology.

2. The relative contribution of each class of influence (see Zucker's multilevel heuristic model, (pp. 21 ff.) to the actual transmission of alcoholism across generations is unknown. These processes require considerable exploration before hypotheses about causation can be advanced and tested.

3. As yet, we don't know what contributes to resistance to generational transmission of alcoholism as well as vulnerability to later alcohol related problems (Garmezy, 1974, 1976; Murphy, 1962).

4. While genetic explanations of etiology in alcoholism are promising, they are incomplete for at least two reasons: (a) A phenotypic trait is potentiated but never set by the genotype. Behavior, including substance abuse, is a result of gene-environment interactions (Seay & Gottfried, 1978). (b) A demonstration that offspring of alcoholic fathers are at increased risk to develop alcoholism does not explain what behaviors are involved or how the heightened risk is

transmitted to a new generation. Systematic study of family interactions in situ may expand our present knowledge of the etiology, acquisition and maintenance of alcohol related problems.

5. There exist no direct observational studies in the family environment which investigate early influences of parental alcoholism on young children. No study to date has described sibling interactions in alcoholic families.

In light of the current status of research in this area, there are clear needs for the following:

1. Prospective methodologies which assess the relative contribution of various factors to later development of alcoholism.

2. To this end, considerable exploration of early family life experiences is mandatory before any informed hypotheses about causation can be tested.

3. To assess parenting behaviors as they occur in context and to distinguish these from retrospective, self-report (Patterson, 1977). Naturalistic observation would be the method of choice here.

4. To develop an objective, but minimally intrusive, procedure to collect interaction data which can be reviewed repeatedly as a check on self-report and observational data.

5. To identify and acknowledge the influence of culture on family development and behavior.

6. To investigate sibling interactions as they may influence risk or invulnerability to transmission of alcohol related problems.

7. To investigate the role of alcohol as a coping mechanism and stabilizing influence within a family system. By obtaining a fairly extensive set of observations over time, a clearer understanding of the functions of family drinking systems—especially as they relate to sober and intoxicated behaviors—may emerge.

The present study used a methodology which is more characteristically discipline-independent, directed toward establishing convergent validity. It dealt with families whose children were included in the first wave of data collection in the MSU Longitudinal Study, a prospective investigation of Alcoholic families whose male children are statistically at high risk for subsequent development of alcoholism. Also studied in the project are a matched set of families who are yoked in a case control design.

With a particular focus on a blend of clinical and ethnographic methods, supplemented by a variety of other data sources, this investigation sought to redress limitations of previous studies of functioning in families with alcohol problems. The population of interest--preschool males at risk for alcoholism--has not been studied previously in the context of the home environment. The methodology combined naturalistic observation in the home with extended videotaping both in the presence and in the absence of an on-site observer. Videotaping was used as an adjunct to naturalistic observation. Several investigators familiar with the technique have emphasized the importance of understanding the context in which the taping takes place (Berger, 1978; Berreman, 1968; Kendon, 1979; Scheflen, 1973; Webb et al., 1966). In contrast to other studies, all family members were observed while interacting within their usual daily routines. Family interactions during sober and intoxicated phases were observed whenever possible.

The study used four types of data: (1) ethnographic; (2) audiovisual behavior records (video); (3) self-report (questionnaires) and (4) some limited interview. These data are subject to the limitation of their respective methodologies and to the methodological constraints imposed by the MSU Longitudinal Study insofar as the project used a "cover" which did not provide for explicit interviews with family members about their perceptions of alcohol

use in the family.

The outcomes of this study include (1) both quantitative and qualitative group profiles of alcoholic and non-alcoholic families which provide an empirical, rather than speculative, base for later experimental investigation; (2) hypotheses about early predrinking influences from a developmental-systems perspective which may guide prospective study of families with children at high risk for later alcohol abuse; (3) explicit documentation of family transactions and learning experiences in early childhood which may promote resistance, or vulnerability, to an adult alcohol-abusing lifestyle; (4) the refinement of a minimally intrusive methodology for studying families with young children which incorporates the context in which family interactions take place and allows for variables to emerge from the data that may have otherwise gone unnoticed; and (5) a contribution to the process of establishing convergent validity in this area.

CHAPTER III

METHOD

Subjects

Six structurally intact families with alcoholic fathers and male children, ages 2.5 to 5 years, comprised the high risk Alcoholic sample. Neighborhood families from the same census tract, with like-aged male children, were recruited as a matched Community Control group, using a case-control design (Schlesselman, 1982).

Rationale for Subject Selection

As already noted in Chapter I, some families are at considerably higher risk of cross-generational transmission of alcoholism to males than are others. In contrast to the general population, the morbidity risk of alcoholism among male offspring of alcoholic men is 6-10 times higher (Cotton, 1979; Goodwin, 1976, 1979; Winokur, 1976). That genetic factors are known to heighten risk does not refute environmental hypotheses implicating sociocultural, psychological and ecological factors in the vulnerability to alcoholism (Zucker & Gomberg, 1986). For both sets of reasons, this group of youngsters has already been demonstrated to have substantially elevated risk, and, thus, are adequate for the present research.

Alcoholic Families ("High risk Families")

Our primary goal was to identify a sample of men who had sufficient recent drinking-related problems to warrant a diagnosis of definite or probable alcoholism, and who lived in intact families with an appropriately-aged target

child. Ultimately, high-risk families were identified through two district courts in the Greater Lansing area in Michigan. Criteria for inclusion in the initial recruitment group were as follows:

1. Married male with intact family (i.e., biological parents living together with target child).
2. Blood alcohol concentration (BAL) when arrested of at least 0.15% (150 mg./100 mL.)¹.
3. The family included a biological son between ages 2.5 and 5.0 years at the time of data collection.

A prospective family was recruited into the study on the basis of information obtained on the Short Michigan Alcoholism Screening Test (SMAST) (Selzer, 1971; Selzer, Vinokur & van-Rooijen, 1975) plus the already known fact that the father had been arrested with a BAL of at least 0.15%. Mother's scores on the SMAST were not used to determine inclusion in the study. All families who met these criteria agreed to participate in the study. Potential respondents in treatment for alcoholism would have been excluded from the study, but there were none.

An eventual precise research diagnosis was made later in the work, based upon a variety of measures which represented a best estimate evaluation: the BAL, SMAST, Drug and Drinking History, family history and clinical data collected in the Diagnostic Schedule Interview. For fathers, final best estimates over multiple data sources were 100% concordant with diagnosis derived from the BAL and SMAST used for screening.

¹To reach this level a 150 lb. male would have to consume approximately 8 drinks in the past 1-2 hours on an "empty stomach" or 10 drinks in the past 1-2 hours on a "full stomach." A "drink" = 12 oz. beer; 1 1/2 oz. 80 proof liquor (1 jigger); or 5 oz. wine (Alcohol Research Documentation Inc., 1983).

Community Control Families

A Community Control group was identified to allow findings to be contrasted against a socially comparable, but non-alcoholic and non-medical problem sample. Matching was done on a case-by-case basis, using door-to-door canvass of homes within the same census tract, starting one block away from a given Alcoholic family. For a family to qualify for inclusion, the following variables were considered, in order of priority:

1. Same census tract.
2. Age of the target control male child + six months (but no younger than 2.5 years) of the age of the designated target child in the high-risk alcoholic family group.
3. Parallel sibling composition (number, sex, age).
4. Where feasible, an effort was made to match age of parents and developmental stage of families.

Families were excluded if fathers showed evidence of definite or probable alcoholism as measured by best estimate diagnoses or of chronic medical problems. Of the families selected to recruit, there was 100% acceptance rate.

The father in one family who was initially selected as a Community Control family scored high on the SMAST, but had not drunk alcohol for four years. This family was assigned a separate status as a "Recovered Alcoholic" family in this extended study. While their scores are not included in the statistical analysis, descriptions of family interactions are included in Chapters V and VI to contrast with both the Alcoholic and Community Control families.

After data collection for this study was complete, the father in another family recruited as a Community Control obtained a best estimate diagnosis of alcoholism during the life of the target child. This family was reclassified as

Alcoholic, which eliminated the matched control for one of the original Alcoholic families. As a consequence, some of the data analyses are limited to the alcoholic families with matched Community Controls ($n=4$ in each group) while other analyses are done on the entire group of families ($n=6$ in the Alcoholic group; $n=4$ in the Community Control group).

Table 2 summarizes the demographic characteristics of the high-risk Alcoholic and Community Control families. There were no significant differences between Alcoholic and Control families on any high priority (matching) variables. Note that median as well as mean scores are reported for number of children in Alcoholic and Control families. In one Control family, there were seven children under age 7, including twins, which increased the Control group mean. In addition, age of parents and age of mother at first birth did not significantly differ between the groups.

Two variables--religion of parents and family stage of development--were not analyzed statistically since cell frequencies were too small for a meaningful chi-square test of differences. A visual scan suggests no differences between the groups. One Alcoholic family, denoted as being in the "Preschool" family stage of development, assumed legal guardianship of a teen age relative six months prior to data collection. Hence, they were also dealing with developmental tasks associated with a teenager.

Table 3 summarizes the drinking characteristics of family respondents. Final best estimates supported the initial diagnosis of primary alcoholism in all fathers included in the Alcoholic group. Best estimates identified no primary alcoholism in Control fathers. In the Alcoholic group, final best estimates identified one mother with definite primary alcoholism during the life of the target child in one mother. One mother in the Control group marginally met criteria for probable primary alcoholism during the life of the target child. The

Table 2

Demographic Characteristics of Alcoholic and Community Control Families

Matching Variable		Alcoholic Families (<u>n</u> = 4)	Control Families (<u>n</u> = 4)
Target Child's Age (Yrs.)			
	<u>M</u>	3.19	3.04
	<u>SD</u>	0.53	0.76
Family Social Prestige ^a			
	<u>M</u>	23.10	26.20
	<u>SD</u>	2.74	9.55
Ordinal Position of Target Child			
	1st	3 (75%) ^b	2 (50%)
	2nd	1 (25%)	1 (25%)
	3rd	0 (0%)	1 (25%)
Number of Children in Family			
	<u>M</u>	1.75	2.00
	<u>SD</u>	0.83	0.71
Ages of Children in Family (Yrs.)			
	<u>M</u>	4.65	4.76
	<u>SD</u>	4.22	3.20
Age of Parents (Yrs.)			
Fathers			
	<u>M</u>	30.75	26.50
	<u>SD</u>	4.82	5.32
Mothers			
	<u>M</u>	28.00	26.00
	<u>SD</u>	2.12	5.34
Family Stage ^c			
	Preschool	4 (100%)	2 (50%)
	School Age	0 (0%)	2 (50%)
Age of Mother at First Birth			
	<u>M</u>	24.50	19.75
	<u>SD</u>	2.50	2.59

continued . . .

Table 2 (continued)

Religion of Parents

Catholic	Fathers	0 (0%)	3 (75%)
	Mothers	1 (25%)	2 (50%)
Protestant	Fathers	2 (50%)	1 (25%)
	Mothers	0 (0%)	2 (50%)
Nondenominational	Fathers	1 (25%)	0 (0%)
	Mothers	0 (0%)	0 (0%)
No religion	Fathers	1 (25%)	0 (0%)
	Mothers	0 (0%)	0 (0%)

Note. There are no significant differences between the Alcoholic and Community Control families on any of the above variables. When the additional two Alcoholic families are included, there are also no significant differences between the Alcoholic families ($\underline{n} = 6$) and the Community Control families ($\underline{n} = 4$).

^aDuncan TSE12 Socioeconomic Index, Revised (Stevens & Featherman, 1981).

^bNumbers outside parentheses indicate the number of subjects in each group. Numbers in parentheses indicate percentages of subjects in each group.

^cDetermined by oldest child in family.

Table 3

Drinking Characteristics of Respondent Parents

		Alcoholic Families (<u>n</u> = 4)	Control Families (<u>n</u> = 4)
Quantity-Frequency-Variability Score^a (last 6 months)			
Fathers	<u>M</u>	1.67	2.50
	<u>SD</u>	1.11	1.50
Mothers	<u>M</u>	2.66	3.00
	<u>SD</u>	1.37	1.41
SMAST Score^b			
Fathers	<u>M</u>	8.00	0.75
	<u>SD</u>	2.92	0.08
Mothers	<u>M</u>	1.75	1.00
	<u>SD</u>	3.03	1.00
Number with Definite Alcoholic Diagnosis - Ever^c			
Fathers		6	0
Mothers		1	0
Number of Probable or Definite Alcoholic Diagnosis - Ever^c			
Fathers		6	0
Mothers		1	1

^aCahalan, Cisin & Crossley's (1969) Alcohol Consumption Index: 1= Heavy Drinker; 2 = Moderate Drinker; 3 = Light Drinker; 4 = Infrequent Drinker; 5 = Abstainer.

^bShort Form of the Michigan Alcoholism Screening Test (Selzer et al., 1975). Data are best estimates from three sources: (1) Initial Health History (self-report); (2) Drinking and Drug History (self-report); (3) Court records.

^cUsing the Feighner et al. (1972) Research Diagnostic Criteria and best estimate data from multiple information sources.

absence of manifest alcohol-related problems suggested that primary alcoholism was never full-blown.

Instruments and Data Gathering Operations

Families used in this study were a subset of families from the larger subject pool comprising the MSU Longitudinal Study who agreed to take part in the direct observation and videotaping aspects of the study.

Each respondent family who participated in the MSU Longitudinal Study completed an extensive battery of questionnaires, interviews and direct observation sessions. Data collection done on the father, mother and target child involved approximately nine hours of family contact by other project staff.

A complete discussion of the project instruments is provided by Zucker et al. (1982).

Data collected on this subset of families were gathered through interview, by direct observation and videotape recording. Only those measures salient to this study are reviewed here. These include the demographic questionnaire and genogram, the Henry Ittleson Center Family Interaction Scales, the Home Observation for Measurement of the Environment Inventory, and the Family Environment Scale.

Demographic Questionnaire

Demographic data were collected to determine socioeconomic status for each respondent family based upon the Duncan TSEI2 Socioeconomic Index revised by Stevens and Featherman (1981; see Appendix A). This occupation-based measure conceptualizes and indexes the population into categories which reflect the differences in family social standing. The revised Duncan scores discriminate among occupations of the same title among various industries (Mueller & Parcel, 1981); e.g., protective service workers--firemen, sheriffs and bailiffs, crossing guards and bridge tenders. Occupation and

education represent two symbolic characteristics characteristics of social status. Occupation is presumed to reflect the skill and power individuals possess while performing social roles in society whereas level of education is believed to reflect knowledge and cultural tastes. There is, however, considerable agreement among sociologists that occupation is the best and most reliable single indicator of SES (Mueller & Parcel, 1981).

Genogram

A genogram is a structural diagram which serves as a vehicle to plot a family's multigenerational relationships (Bowen, 1966, 1980b; Guerin and Pendagast, 1976). Not only is it one means of obtaining information about aspects of a family life cycle, it can assist in organizing and describing family drinking systems (Caffentzis, 1974). In so doing, cultural, ethnic and religious affiliations, social networks, stages of family development, family relations—including those members cut off from the family because of alcohol—and drinking patterns may be elucidated.

For purposes of this study, the genogram was used to elicit health histories of three or four family generations which permitted some assessment of intergenerational transmission of alcoholism in first degree relatives. The notation developed by Murray Bowen (see Appendix B) was used.

The Henry Ittleson Center Family Interaction Scales

Observer-rated family interaction scales are a widely accepted means of focusing and organizing observations of family behavior in the home. The Henry Ittleson Center Family Interaction Scales (Ittleson Scales) provided a quantitative means of assessing family interactions over time (Behrens, Meyers, Goldfarb, Goldfarb, & Fieldsteel, 1969). While observation field notes yield extensive data on individual interactions, they are more focused in contrast to the more systematic codes in the Ittleson Scales. Both the rating of the scales

and the field notes summarize observational data. The qualitative difference lies in the fact that the field notes are usually detailed descriptions of specific incidents and difficult to quantify whereas the Ittleson Scales provided systematic, quantitative summaries of a given observation period, subject to later statistical analysis.

The Ittleson Scales consist of 44 seven-point scales arranged in seven groupings of interaction: (1) Family Investment of Selves in Home; (2) Family Group Patterns of Interaction; (3) Interaction of Husband and Wife as Marital Partners; (4) Interaction of Husband and Wife as Parents; (5) Parent-Child Interaction (each as a dyad); (6) Child-Parent (as a pair) Interaction; and (7) Child-Child (sibling) Interaction (see Appendix C).

Each Likert scale contains four anchoring descriptions (for scores 1, 3, 5, 7) which serve as guidelines for the rater. In general, ratings from 1-3 indicate poor functioning and ratings of 6-7 indicate very good functioning. Optimal functioning as measured by some scales may not be associated with high intensity behaviors. For example, in Scale 2.0.6, Common Interests and Activities, a rating of 7 indicates there are "common interests and activities," but there are also "some interests which are not shared" by family members. Over-involvement or under-involvement of interests and activities are both rated as inferior in terms of adequate family functioning.

The scales cover a range of family functioning from "normal" or "healthy" to severely disturbed interactions; some scales are primarily concerned with overt aspects of role functioning whereas others evaluate more psychological or internalized aspects of behavior. The authors state that "the scales were grouped for simplicity of statistical analysis and as recognition of the clear overlapping of scales" (Behrens et al., 1969, p. 290). The scales are designed with three referents in mind: organization and structure of the family; affective

expression; and reality orientation.

Scores are tallied with a summary score sheet which generates a grand total score describing family interaction patterns as a whole; in so doing, a mean score of mother's and father's scores in Group 5, Parent-Child Interaction, is added to the scores obtained from the other five groups. Likewise, total scores for each subscale are generated, which permits an assessment of how particular types of family interaction contribute to the overall patterns of family interaction. (See Appendix C for instructions for rating the scales).

The original validation group consisted of 19 families of schizophrenic children. The authors found strong agreement (rank correlations of .77 and .63, $p < .01$) between family observers in the home and ratings by two independent caseworkers who had had two years of therapy contacts with these families. While extensive psychometric data are not available, (O. Peterfreund, personal communication, April 1, 1986) there is sufficient data to suggest that the scales are clinically relevant and important. They not only represent a means to identify and describe dysfunctional family interactions, but also to identify adaptive ones.

The use of the Ittleson Scales in this investigation was somewhat hampered by the fact that the author was the only project member who had substantial experience using this rating measure. In addition, no one else in the mid-Michigan research community had sustained experience with the measure. Thus, for the present work, it was not possible to establish inter-rater reliability for the use of the instrument. Nonetheless, ratings are operationalized for the measure by very explicit scoring criteria which guide and anchor the judge about level of rating to apply in a given instance. On these grounds, if error were to creep into the rating process, it seems more likely that the use of one rater for data collection would be subject to rater

errors of inconsistency and drift over time rather than errors of absolute level. To check on this, two sets of ratings were done. One set of ratings were generated at the time the families were seen. The next set were rated when field notes and audio tape recordings were completely reviewed an average of 28 months later, well after the data had been collected. The correlation between the two sets of scores was $r=.81$ ($n=11$), indicating that it is highly unlikely that the current data are flawed in this way.

The primary reason for the selection of this instrument was that it provided a structure for the repeated observations. This aspect of the study uses naturalistic observation in which multiple raters for the purpose of establishing reliability is, in practice, impossible without so disrupting usual family interactions that reliability might be achieved at the expense of validity. Thus, while theoretically possible, such an approach was ruled out as potentially compromising validity of information collected.

The Home Observation for Measurement of the Environment Inventory

Preschool Version

The Home Observation for Measurement of the Environment Inventory, Preschool Version (HOME) is employed to assess the home environment from a child's perspective; i.e., it samples types of experiences which have been found to contribute to the behavioral development of a child (Caldwell & Bradley, 1979). The inventory was used in an exploratory fashion in this study. Two specific age-appropriate forms are available: Birth to Three years and Preschool (3-6 years). Only the Preschool version was used in this study. Given the overlapping age range of children (2.5-5 years), this version is considered to be the more appropriate for assessment (B. Caldwell, personal communication, October, 1980).

Data for the HOME are obtained by a combination of direct observation

of the mother- (or primary caregiver-) child interactions and interview (one-third of the total items). The interview is scheduled when the child is awake and active. Eight subscales comprise the present 55-item Preschool HOME Inventory. These include: (1) Stimulation through toys, games and reading materials; (2) Language stimulation; (3) Physical environment: Safe, clean and conducive to development; (4) Pride, affection, and warmth; (5) Stimulation of academic behavior; (6) Modeling and encouragement of social maturity; (7) Variety of stimulation; and (8) Physical punishment. All scales are rated dichotomously--yes or no--for presence or absence. Raw scores are transformed to percentile bands based on norms provided with the instrument. Scoring criteria are provided in Appendix D.

The original test construction data for the Preschool HOME Inventory were collected from a normative sample of 238 families in Little Rock, Arkansas. In the current version (Caldwell & Bradley, 1979), subscale internal consistencies (Kuder-Richardson 20 Formula) range from a low of 0.53 for Modeling and Encouragement of Social Maturity to a high of 0.88 for Stimulation through Toys, Games and Reading Materials. Test-retest reliabilities (conducted on 33 families at an 18-month interval, i.e., at ages 3 and 4.5 years) range from a low of 0.05 for Physical Punishment to a high of 0.70 for Stimulation through Toys, Games and Reading Materials emphasize the need for continued assessments of the same household over time (Caldwell & Bradley, 1979). Coefficients of reliability for the shorter subscales (4 or 5 items) are lower than those for the longer subscales.

The average subscale intercorrelation is 0.33, indicating that the subscales are not independent but that they measure distinct albeit related aspects of the environment in which these children develop. There is high variability in the subscale intercorrelations which range from 0.04 to 0.64. The

lowest correlation coefficients are obtained when the subscale Physical Punishment is compared with Language Stimulation ($\underline{r} = 0.04$) and with Pride, Affection, and Warmth ($\underline{r} = 0.04$). Highest correlation coefficients are obtained when the subscale Stimulation through Toys, Games and Reading Materials is compared with Variety of Stimulation ($\underline{r} = 0.61$) and with Language Stimulation ($\underline{r} = 0.64$). Complete psychometric data are available from Caldwell and Bradley (1979).

Evidence for construct validity of the Preschool HOME Inventory is limited to one study (Pittman, 1977). Thus, the number of research investigations complete on the Preschool version is far less than that for the Birth to Three version. Middle income families tend to reach a ceiling on scores which suggests the need for careful interpretation of results.

The author was trained in the use of the HOME by another rater who was experienced in the use of the instrument. Training continued until a point-

by-point inter-rater agreement level of 0.92 was obtained. Then, other project staff were trained until inter-rater reliability of 0.99 was obtained.

The Family Environment Scale, Form R

The Family Environment Scale, Form R (FES) is an empirically based taxonomy of family social environments as perceived by family members (Moos, 1974; Moos & Moos, 1974). It requires fifth-or sixth-grade level reading skills (Moos et al., 1979). With slight modifications, it may be rated by a home observer or interviewer. Form R of the FES consists of 90 true-false items which are organized into 10 subscales, each of which measures and describes one dimension of the family climate with which each individual member must cope. See Table 4 for a brief description of the content of these scales. The scores on the 10 subscales yield a profile with the family as a central focus; or they may be used to compare the extent of agreement between family members;

Table 4

Family Environment Scale Subscale Descriptions

Relationship Dimensions

1. Cohesion *The extent to which family members are concerned and committed to the family and the degree to which family members are helpful and supportive of each other.*
2. Expressiveness *The extent to which family members are allowed and encouraged to act openly and to express their feelings directly.*
3. Conflict *The extent to which the open expression of anger and aggression and generally conflictual interactions are characteristic of the family.*

Personal Growth Dimensions

4. Independence *The extent to which family members are encouraged to be assertive, self-sufficient, to make their own decisions and to think things out for themselves.*
5. Achievement Orientation *The extent to which different types of activities (i.e., school and work) are cast into an achievement oriented or competitive framework.*
6. Intellectual-Cultural Orientation *The extent to which the family is concerned about political, social, intellectual and cultural activities.*
7. Active Recreational Orientation *The extent to which the family participates actively in various kinds of recreational and sporting activities.*
8. Moral-Religious Emphasis *The extent to which the family actively discusses and emphasizes ethical and religious issues and values.*

System Maintenance Dimensions

9. Organization *Measures how important order and organization is in the family in terms of structuring the family activities, financial planning, and explicitness and clarity in regard to family rules and responsibilities.*
10. Control *Assesses the extent to which the family is organized in a hierarchical manner, the rigidity of family rules and procedures and the extent to which family members order each other around.*

or they may be used to compare and contrast different family groups.

The original test construction data for the FES were collected from a normative sample of 285 families (>1000 individuals). These families were recruited from a psychiatrically oriented family clinic, from a probation and parole department, from a newspaper advertisement, from three different church groups, from a local high school, and from an ethnic minority sample of Mexican-Americans and blacks. Although information about size of these families is available, it is unfortunate that information about the family stage of development is not provided. Pilot studies at the Family Life Referral Clinic, Michigan State University, suggest that stage of development may be an important consideration for clinical interpretation of family profiles.

All items in the final Form R meet the following criteria: Subscale internal consistencies (Kuder-Richardson 20 Formula) vary from a low of 0.64 for Independence to a high of 0.79 for Moral-Religious Emphasis; test-retest reliabilities (conducted on 47 family members in 9 families, 8 weeks apart) vary from a low of 0.68 for Independence to a high of 0.86 for Cohesiveness; average subscale intercorrelations are "around 0.20, indicating that the subscales measure distinct, though somewhat related aspects of family social environments" (Moos, 1974, p. 7). Some initial evidence for construct validity is available (Moos et al., 1979).

No consistent sex differences in the way in which family social environments are perceived have been found (Moos, 1974). Small, but systematic, differences in the ways in which parents and children perceive their family environments were found as well as differences between the clinic families and matched normal controls. The Cohesion, Expressiveness and Independence subscales were found to be inversely correlated with family size whereas

Conflict, Moral-Religious Emphasis and Control subscales were found to be positively correlated with family size.

Family agreement about the characteristics of family social milieu is measured by calculating a Family Incongruence Score. The mean Family Incongruence Score was 16.74 (SD = 5.38) for the normative sample of 285 families. This score permits comparison and contrast of responses among family dyads (e.g., parents-children; between spouses) and across family groups. Of course, the extent of agreement among family members is itself an important descriptive characteristic. (See Appendix E for complete questionnaire).

Apparatus

Portable video recording equipment with programming capability was used with 6-hour video cassettes (RCA VK 250). The equipment consisted of an RCA SelectaVision VHS video cassette recorder (VEP 150), an RCA tuner-timer (TEP 1400), and an RCA color video camera (CC 007) with a boom microphone and a TV zoom lens 12.5-75 mm., 1 : 1.4. The wide-angle lens was used to insure the most inclusive angle. Concurrent close-ups and panning the scene were sacrificed both because of the choice of lens and because no one operated the camera during videotaping.

This particular model recorder preceded the more sophisticated units now on the market. Two timing units were needed to initiate video recording in the absence of a human operator. The timing mechanism on the video recorder—normally used to record TV programs—was used to turn power on and off to all units, but it required a signal from the camera to initiate taping. The camera actually was turned on by a simple electro-mechanical device based on a modified 24-hour clock timer.

The video recording equipment was housed in two wooden cabinets—one for the recorder and tuner-timer and one for the video camera. The entire unit

was easily disassembled for transportation. Once assembled in a home, the two cabinets stacked with an interlocking support between them--a design which resembled a piece of furniture (see Appendix F). The dimensions of the assembled unit measure 12" X 15" X 48" high.

In pilot studies, parents described this design to be more stable in the presence of small children and less obtrusive than an open recorder with a camera mounted on a tripod. All electrical wires and connecting cords were contained inside the cabinetry except for one power cord which connected to the wall electrical outlet. Small padlocks attached to the cabinet doors secured the controls from children, which sufficiently allayed parent concerns about possible electric shock to their children.

Procedure

Since the MSU Longitudinal Study is a collaborative project, members of the research group each had responsibility for separate, but interlocking, studies on the same subject population. Data specific to this study on a subset of the families under study were collected by drawing on procedures from anthropology as well as psychology.

Subject Recruitment

Families for the study were recruited according to procedures established for the generic investigation, the MSU Longitudinal Study (Zucker et al., 1982). The project's focus on "child health, development and family functioning" was explained to all potential respondents and included an interest in: (1) observing young children in their home environment; (2) how family members interact with one another; and (3) how different kinds of health problems affect families.

Alcoholic Families ("High risk Families")

Married males who had been arrested for alcohol related driving offenses² were asked by probation officers on the court staff for permission to release records, names and telephone numbers to research project staff for discussion of their possible involvement in a study of family health and child functioning. Criteria for inclusion in the initial recruitment group were described in the prior discussion of subjects. When a family referred to us met these criteria, family members were contacted either by telephone or mail to establish contact with them and to arrange for a face-to-face interview during which they would be actively recruited to participate. In this initial contact, families were told that they would be paid and an appointment was arranged in their home at their convenience.

The initial face-to-face contact allowed project staff to assure families that our work was not court-related, and that all information would be confidential. Consent forms were reviewed with all family members in accordance with the ethical standards of the APA (see Appendix G). All older family members were asked to sign consent forms. Families were informed that payment would occur after all data were collected, but that they could end their voluntary participation at any point in the project. Project guidelines clearly stated that the welfare of subjects took precedence over data collection. If at any time family members voiced concerns about family problems in general, appropriate referrals would be made.

² In Michigan, a blood alcohol concentration of 0.08% (80/100 mL) to 0.10% (100 mg./100 mL) is considered "driving while impaired." Blood alcohol concentration of greater than 0.10% is considered "driving under the influence."

For the present research, families were asked to participate in (1) completion of an extensive set of psychological instruments and structured interviews both in the laboratory and in the home for which they would be paid \$75; and in (2) an additional piece of work which involved direct observation and videotaping of family interactions in the home, for which they would be paid a total of \$150. All prospective families were asked to participate in both aspects of the study until the subset of families under study here was obtained. All families who were offered this opportunity, in fact, consented to participate.

All parents were screened to insure that they met criteria for inclusion in the study. Demographic information and a Health History Questionnaire, in which the SMAST was embedded, were administered and reviewed by project staff before final acceptance.

The project goal to collect all data in the blind was not always possible to realize for all data collection elements. At the outset, two primary project staff participated in recruitment of subjects. For this subset of families, the author was not blind to the status of three out of five pairs of matched subjects (six families). One of the families, as noted in the earlier discussion of subjects, was recruited as a Control family only to be later diagnosed as Alcoholic. The family represented double-blind status for the author. In addition, it should be noted that my status as a participant observer also increased contact with, and knowledge of these families. During contact over time, families typically revealed their source of involvement with our project staff which nullified my initial blind status. Alcoholism in families is, in all likelihood, impossible to mask during periods of extended observation. In later chapters, discussion will focus on how possible observer bias might have influenced the data collection process.

Recruitment of Community Control Families

Successful recruitment of a high-risk Alcoholic family was followed by efforts to locate comparable families within the same census tract who could be matched on all high priority variables --age of target child, socioeconomic status, and parallel sibling composition. A door-to-door canvass yielded a list of potential families. Over 90 percent of families contacted in this manner provided names and telephone numbers for follow-up contact. From each list, the family of best fit (see Jacob, 1975; Seifer, Sameroff, & Jones, 1981) was selected and recruited using project procedures described above. Community Control families were matched to the subset of Alcoholic families who agreed to participate in the extended aspects of the study.

Direct Observation and Videotaping

Naturalistic observation was carried out in the family homes during periodic visits for a duration of one to three months. A total of six 4-hour family observations were carried out. These observations provided an opportunity to directly observe family interactions across time. A minimum of three observations were scheduled prior to videotaping. Although the exact hours of observation varied with families in accord with their routines, observations were consistently scheduled so that each family was observed (1) during morning and evening mealtimes, (2) when one and then both parents were present, and (3) on weekdays as well as on week-ends. The observer's role was one of minimal participant observation as the Behrens group who constructed the Family Interaction Scales suggested:

The observer participates in family interactions and situations . . . only to the extent necessary to make the visit socially comfortable for both the observer and the family. Excessive withdrawal and silence by the observer should be avoided since this tends to create an artificial and strained atmosphere. Similarly, provocativeness or too much inquisitiveness are inappropriate. However, family members must be

questioned, whenever necessary, to clarify or determine frequency and typicalness of observed behavior. The goal is to permit regular family patterns to emerge and at the same time to collect as much information as possible (Behrens et al., 1969, p. 211).

During the first observation period, the HOME Inventory was administered to the mother of the target child. Field notes were written during each observation and backup audio recording was done to permit review of conversations after the observation. The following explanation was offered to family members to secure their consent for this practice:

Let me explain how I will observe in your home. I've brought a couple things along that help me remember what goes on between me and the children. I bring a tape recorder (audio) along. I want to tell you how I use these tapes. If something happens during my visit that I want to review—especially when I'm trying to get used to your child's speech pattern—then I have it on tape. The tapes are not saved. I record on them again and again. They're merely for my purposes.

Also, I often carry a notebook around. Sometimes you'll see me jotting down notes. It's for the same reason again. When I'm here for 3-4 hours at a time, I forget a lot. . . . Sometimes you'll see me writing, but it might not be about what's happening at that time. I may be catching up from past events. Is that all right with you?

The Henry Ittleson Center Family Interaction Scales (Ittleson Scales) were scored immediately following each visit. Subsequently, a detailed, anecdotal record (fieldnotes) describing family interactions was prepared. The fieldnotes and ratings on the Ittleson Scales comprise the major portion of the data set.

Approximately 24 hours of video data were collected on each family typically over a period of six days. The decision to do direct observations in conjunction with videotaping was guided by several considerations. Observation data was critical to making informed decisions about the placement of video equipment and timing of videotaping; to becoming familiar with family use of

space in the home; and to understanding the context in which family interactions take place. An understanding of family composition (names, roles of family members, significant others) and of the context in which the family interactions occurred is mandatory for any comprehensive analysis of the video record.

In general, videotaping began and ended on a Tuesday. The video recorder was on 3-6 hours per day, at times when it was expected that each family would have maximal interaction, increased demands to cope with the usual stresses associated with management of family and household, or drinking related interactions. These times most likely occurred (1) upon arising and around breakfast/school time; (2) in late afternoon and during the evening meal; and (3) at the children's bedtime. Times which included mealtimes were most often selected. In these instances, the camera was placed in a fixed position where the family gathered for meals. However, irregular family rhythms—especially among Alcoholic families—necessitated a great deal of flexibility in the videotaping schedule and, on occasion, warranted taping of other family activities in other areas of the home.

Families were advised that video recording could be discontinued at any time simply by disconnecting the main power cord (See Video Consent form in Appendix G).

The author was present in the home on a daily basis to check and reprogram the video equipment. These visits provided further opportunity to observe family interactions and check the validity of previous observation data. On occasion, when it was especially difficult to obtain footage of family interactions because of inaccurate descriptions of family plans, the investigator was present during taping.

Once videotaping was complete, collection of generic data by other

project staff resumed. With two exceptions in which scheduling demands did not permit it, the remaining observations of family interaction took place after this data collection was completed. Observations made at this time allowed comparison with previous observations and allowed for possible reactivity of family members to the questionnaire topics. As before, Ittleson Scales were scored and anecdotal fieldnotes were written.

A final session with each family followed completion of all data collection for the MSU Longitudinal Study. At this time, information for the genogram was collected. Segments of the video record were shown to families to elicit commentary about family interaction from respondents. Families were paid for their participation and permission to recontact them at a later date was requested. All families agreed to be recontacted. In addition to the Ittleson Scales, the Family Environment Scale was scored by the investigator following this last contact, to be later compared with the family scores.

CHAPTER IV

QUANTITATIVE RESULTS

Given the varied types of data collected on the families in the present study, the results will be reported in two chapters--as quantitative results more typical of the orthodox experimental method in psychology, and as qualitative results integrated with discussion--more characteristic of the clinical method in psychology and the ethnographic method in anthropology. The direct observation data in the form of field notes and analysis provide the most valid, illuminating and provocative findings in this study. Some of these findings are presented in Chapter V. As such, the statistical analyses and the use of the Ittleson Scales are methods by which to organize, highlight and quantify the direct observation data. They were selected, not to measure absolute magnitude of differences, but rather because of their potential utility in identifying the primary dimensions, if any, on which the Alcoholic and Control families might differ.

This chapter addresses the quantitative findings derived from the Home Observation Measurement of the Environment (HOME), the Family Environment Scales (FES), and the Ittleson Family Interaction Scales (Ittleson Scales). In evaluating the results of the study, the 0.05 level of significance was used as the criterion for rejecting the null hypothesis. Two-sided directional "tests" (Allen, Note 2) were used throughout. Further reference to these quantitative results is made in Chapter VI.

Determination of Suitability of Community Control Families

Only data from those families with adequately matched community controls were included in the statistical analyses. The schedule for the first wave of data collection in the MSU Longitudinal Study required that the data for the present study be collected prior to final assessment of drinking status. It was noted in Chapter III that one family originally recruited as a Control family was later found to have an Alcoholic father. For this family the observations were done double blind. By the time this matching error was discovered, the first wave of data collection had been completed for some time.

Prior to any statistical analysis, the author ranked families on a continuum of most adaptive to least adaptive family functioning. Table 5 compares the a priori rankings with the later calculated mean total scores on the Ittleson Scales (the observer ratings). Scores on the Ittleson Scales discriminate all Alcoholic from all Control families. The lowest mean total score for the Controls = 160 whereas the highest total mean score for Alcoholics = 139. Note that the family in question (the Reels family) is ranked 4th from the bottom on the a priori ranking. The family's mean total score on the Ittleson Scales = 139, which is midrange between the Alcoholic and Control group mean total scores. This provides further evidence of rater objectivity. In this respect, the magnitude of differences between the two groups was enhanced when this family was excluded from the Community Control group. The difference between the two groups would have been greater, however, if the Alcoholic family to whom this "control" family was matched had not been excluded from the statistical analysis.

While the data for quantitative analyses were limited primarily to those families with appropriately matched community controls (N=4 in each group), observation data is reported on all eleven families observed in the present

Table 5

Observer-Rated Overall Family Functioning^a by Way of Two Methods—
Molar and Molecular

Molecular Ratings Summated into Mean Total Scores on the Ittleson Scales ^b	Molar Ratings a priori Ranking from Most Adaptive to Least Adaptive Functioning
192 (C)	Renard (C)
190 (C)	Potter (C)
186 (C)	Kaminski (C)
128 (A)	Ypman (A)
160 (C)	Seibert (C)
125 (A)	Silver (A)
139 (A)	Reels (A)
121 (A)	Kirby (A)
78 (A)	Berkowski-
	Goodson (A)
53 (A)	Michaels (A)

^a A = Alcoholic Family; C = Community Control Family

^b Controlled for parent absence (see text).

study (N=6 Alcoholic; N=4 Control; N=1 Recovered Alcoholic).

Home Observation for Measurement of the Environment Inventory
Preschool Version

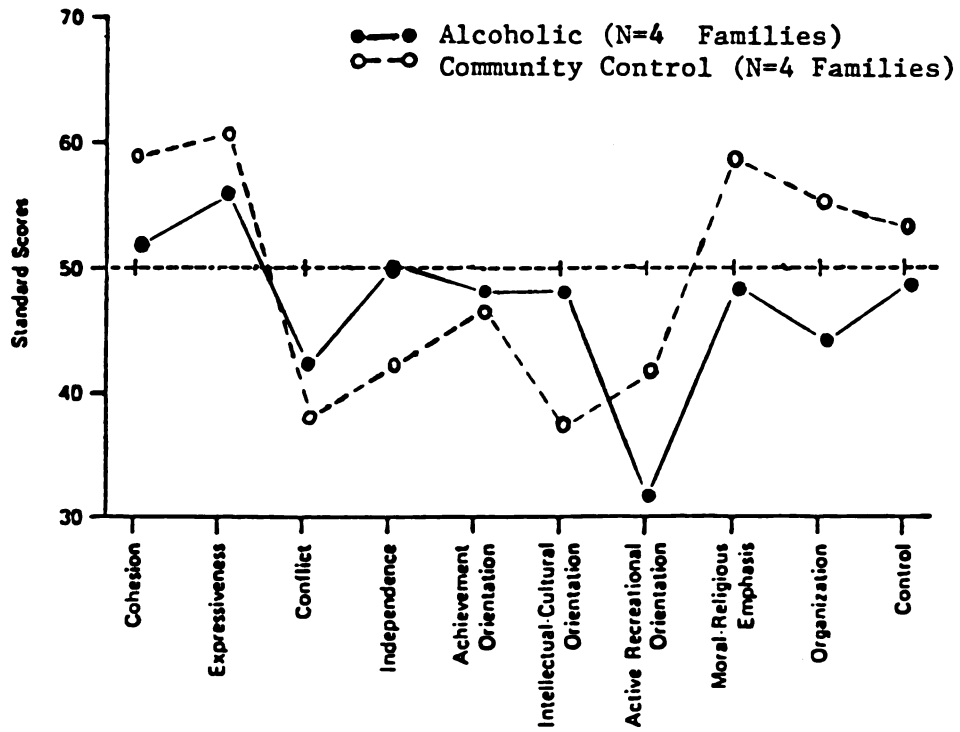
The mean total scores on the Home Observation for Measurement of the Environment Inventory (HOME) for the Alcoholic and Control groups were 42.25 (SD=5.54) and 41.75 (SD=5.93) respectively. One-way analysis of variance revealed no significant differences between these groups on total scores or on any of the subscales ($F < 1.00$).

The Family Environment Scale, Form R

Scores reported on the Family Environment Scale (FES) represent ratings by all mothers and fathers in the Alcoholic and matched Control group as well as by the author after the first wave of data were collected. In only two families were there children old enough to complete the questionnaire. Their responses are not included in this analysis. The family scores therefore reflect the mean scores of mother/father as a pair rating their particular family environment. One-way analysis of variance of respondent self-ratings between the Alcoholic and Control families differed significantly on only one of the ten subscales. Family members in the Alcoholic group rated themselves as significantly higher ($F=7.27$, $p<.05$) on Intellectual-Cultural Orientation--the extent to which the family is concerned about political, social, intellectual and cultural activities.

Figure 3 displays the Social Climate Scale Profiles for the the Alcoholic versus Control families rated by the families themselves. Both groups rated themselves highest on Expressiveness--the extent to which family members are allowed and encouraged to act openly and to express their feelings directly--and on Cohesion--the extent to which family members are concerned and committed to the family, are helpful and supportive of one another. Family members in the

Figure 3
Mean Family Environmental Scale Profiles for Alcoholic and Community Control Families.



Alcoholic group rated themselves lowest on Active Recreational Orientation—the extent to which the family participates actively in various kinds of recreational and sporting activities—while Control families rated themselves lowest on Intellectual-Cultural Orientation.

Incongruence Scores (described in Chapter III) were calculated to compare the degree to which husband and wife perceptions of the family environment were congruent (in agreement with each other). A mean Incongruence Score of 19.5 (SD=2.59) was obtained for the Alcoholic group which did not differ significantly from Control families (M=20.25, SD=3.77).

The highest investigator rating on families in the Alcoholic group was on the Conflict dimension—the extent to which the open expression of anger and aggression and generally conflictual interactions are characteristic of the family (Standard Score S/S=59). By way of contrast, equally high ratings on families in the Control group were on the Cohesion dimension (S/S=56) and on Moral-Religious Emphasis (S/S=56)—the extent to which the family actively discusses and emphasizes ethical and religious issues and values.

The lowest investigator-rated score for the Alcoholic families was on Active Recreational Orientation (S/S=24) whereas the lowest rating for Control families was on Independence (S/S=26)—the extent to which family members are encouraged to be assertive, self-sufficient, to make their own decisions and to think things out for themselves.

In view of the apparent discrepancies between family member and investigator ratings on the FES, Pearson Product-Moment correlation (r) was used to determine how well investigator ratings corresponded with family member ratings. Investigator-rated FES scores were positively correlated with FES scores rated by family members in the Control group ($r=.52, p<.01$) whereas no such significant relationship was demonstrated for the Alcoholic group

($r=.17$). These two correlations are significantly different ($z=2.418$, $p<.05$) as measured by Fisher's Z-transformation of r . Although moderate in magnitude, these coefficients indicate a consistent tendency in this sample for family members in the Control group and the author to view the family environments similarly. Such was not the case in the Alcoholic group. This finding will be discussed further in Chapter VI.

The Henry Ittleson Center Family Interaction Scales

The Henry Ittleson Center Family Interaction Scales (Ittleson Scales) were scored after each direct observation period of three-four hours, thus generating six sets of scores on each subscale for each of the four families in the Alcoholic and Control groups. Groups 3, 4, and 6 of the Ittleson Scales (Interaction of Husband and Wife as Marital Partners, Interaction of Husband and Wife as Parents, and Child-Parent Interaction) required that both parents be rated as a pair. Since scheduling of observations was coordinated with family rhythms, one parent was sometimes absent. In some families, both parents were present during only three observation periods. To account for this, a random digits table was used to randomly select three sets of ratings from the total number of ratings (a maximum of six) available on a given family.

The reader should recall that the lowest score of 1 on a given scale represents more extreme and less adaptive interaction patterns among family members whereas a high score of 7 represents moderate and more adaptive interaction patterns. Since some behavioral anchors were never used to describe these families (e.g., "members share interests which are bizarre"), those which most generally applied at the lower levels of the scale are noted systematically as the findings on each subscale are reviewed below.

Following preliminary analyses on mean total scores controlling for parent absence which revealed significant differences between the two family groups,

analyses of the subscales were undertaken. Although this study was not designed to statistically control for or statistically evaluate the impact of a given family member's absence or presence, the higher standard deviation scores on all nine subscales reflect a greater variation in scores for the Alcoholic in contrast to the Control families. The number of observations in which one parent was absent was equal in both the Alcoholic and Control families. However, in the Control families, mothers were always present whereas in the Alcoholic families, mothers were absent almost as frequently as fathers. Mother absence between the Alcoholic and Control groups was significantly different (Chi-square with Yates correction=4.25, $p < .05$).

Repeated measures one-way analysis of variance (in conjunction with the case-control design) was considered to be the most appropriate statistic with which to analyze the Ittleson Scales. Matched pairs analysis of variance is an inappropriate statistic because repeated measures violates the assumption of independence; multivariate analysis of variance (MANOVA) was ruled out because of unequal numbers of observations in the observation categories (O'Brien & Kaiser, 1985; R. G. O'Brien, personal communication, March, 1986). The magnitude of differences (between mean scores) is not included in the text that follows in the interest of readability. Table 6 summarizes all statistical analyses in descending order of magnitude.

Family Investment of Selves in Home

There were no significant differences found for Group 1, Family Investment of Selves in Home. Homes in both groups were predominately adequately maintained and furnished. Where maintenance and furnishings were observed to be inadequate or lacking in comfort, this finding was similar for both the Alcoholic and the matched Control family. Cleanliness and orderliness of the home varied across time as one might expect in families with young

Table 6

Differences Between Alcoholic and Community Control Families on the Family Interaction Scales

		Alcoholic (<u>n</u> = 4)	Control (<u>n</u> = 4)	<u>F</u>
GROUP 1: Family Investment of Selves in Home				
1.0.1 <u>Maintenance and Furnishings^a</u>	<u>M</u> <u>SD</u>	6.50 0.00	6.75 0.00	<1.00
1.0.2 <u>Cleanliness and Orderliness</u>	<u>M</u> <u>SD</u>	6.04 —	5.67 —	<1.00
GROUP 2: Family Group Patterns of Interaction				
2.0.1 <u>Verbal and Nonverbal Interaction</u>	<u>M</u> <u>SD</u>	3.58 1.63	6.33 0.90	28.41**
2.0.2 <u>Family Alignments</u>	<u>M</u> <u>SD</u>	3.58 1.38	6.58 0.76	55.54***
2.0.3 <u>Mutual Warmth and Affection</u>	<u>M</u> <u>SD</u>	3.42 1.19	6.08 0.81	28.98**
2.0.4 <u>Mutual Support and Cooperation</u>	<u>M</u> <u>SD</u>	3.33 1.49	5.96 0.73	23.12**
2.0.5 <u>Mutual Satisfaction</u>	<u>M</u> <u>SD</u>	3.00 1.58	6.38 0.75	126.99***
2.0.6 <u>Common Interests and Activities</u>	<u>M</u> <u>SD</u>	3.00 1.41	6.38 0.90	64.11***

continued . . .

2.0.7 <u>Authority</u>	<u>M</u>	3.63	6.29	17.31**
	<u>SD</u>	1.43	1.06	
2.0.8 <u>Role Functioning</u>	<u>M</u>	2.71	6.58	83.43***
	<u>SD</u>	1.37	0.57	
2.0.9 <u>Family Group Atmosphere</u>	<u>M</u>	3.21	6.13	28.82**
	<u>SD</u>	1.18	1.09	
GROUP 3: Interaction of Husband and Wife as Marital Partners				
3.0.1 <u>Reciprocal Warmth and Affection</u>	<u>M</u>	1.83	6.25	106.67***
	<u>SD</u>	0.80	0.92	
3.0.2 <u>Balance of Dominance</u>	<u>M</u>	2.83	6.50	72.60***
	<u>SD</u>	0.90	1.12	
3.0.3 <u>Mutual Support</u>	<u>M</u>	2.08	6.08	48.68***
	<u>SD</u>	1.12	1.04	
3.0.4 <u>Cooperation</u>	<u>M</u>	2.50	6.42	105.19***
	<u>SD</u>	1.04	0.76	
3.0.5 <u>Compatibility</u>	<u>M</u>	2.42	5.75	26.37**
	<u>SD</u>	0.64	1.23	
3.0.6 <u>Verbal and Nonverbal Interaction</u>	<u>M</u>	2.67	6.58	79.84***
	<u>SD</u>	1.03	0.64	
3.0.7 <u>Maturity and Interdependence</u>	<u>M</u>	2.75	6.42	74.46***
	<u>SD</u>	1.01	0.86	
3.0.8 <u>Functioning of Husband and Wife in Their Roles</u>	<u>M</u>	2.33	6.67	92.18***
	<u>SD</u>	0.94	0.62	

continued . . .

**GROUP 4: Interaction of Husband
and Wife as Parents**

**4.0.1 Division of Labor in Care
of Children**

<u>M</u>	2.83	6.58	33.20***
<u>SD</u>	1.28	0.86	

**4.0.2 Agreement on Rearing of
Children**

<u>M</u>	3.08	6.33	130.37***
<u>SD</u>	1.19	0.62	

**4.0.3 Sharing of Pleasure in
Children**

<u>M</u>	3.58	5.67	7.72*
<u>SD</u>	1.38	0.75	

**4.0.4 Mutual Support and
Cooperation**

<u>M</u>	2.25	6.33	36.94***
<u>SD</u>	0.85	0.43	

**4.0.5 Conformity to Traditional
Parental Roles**

<u>M</u>	2.67	6.75	79.15***
<u>SD</u>	0.85	0.43	

**GROUP 5: Parent-Child
Interaction**

**Subgroup 5.1
Freedom of Interaction**

5.1.1 Overall Interaction-Father

<u>M</u>	2.50	5.83	19.35**
<u>SD</u>	1.44	1.07	

5.1.1 Overall Interaction-Mother

<u>M</u>	4.50	6.60	7.07*
<u>SD</u>	2.01	0.58	

5.1.2 Verbal Interaction-Father

<u>M</u>	3.67	5.92	4.85
<u>SD</u>	1.43	1.44	

5.1.2 Verbal Interaction-Mother

<u>M</u>	4.75	6.25	2.84
<u>SD</u>	2.02	1.22	

5.1.3 Physical Interaction-Father

<u>M</u>	2.25	5.83	21.09**
<u>SD</u>	1.48	1.21	

continued . . .

5.1.3	<u>Physical Interaction-Mother</u>			
	<u>M</u>	4.45	6.70	4.20
	<u>SD</u>	2.22	0.64	
5.1.4	<u>Nonverbal Interaction-Father</u>			
	<u>M</u>	3.50	6.00	12.27*
	<u>SD</u>	1.50	1.15	
5.1.4	<u>Nonverbal Interaction-Mother</u>			
	<u>M</u>	5.40	6.65	2.88
	<u>SD</u>	1.74	0.65	
Subgroup 5.2				
Emotional Interaction				
5.2.1	<u>Spontaneity of</u> <u>Interaction-Father</u>			
	<u>M</u>	3.25	5.92	6.89*
	<u>SD</u>	1.59	1.32	
5.2.1	<u>Spontaneity of</u> <u>Interaction-Mother</u>			
	<u>M</u>	4.20	6.20	5.66
	<u>SD</u>	1.96	0.87	
5.2.2	<u>Warmth, Affection and</u> <u>Pleasure-Father</u>			
	<u>M</u>	2.75	6.00	12.85**
	<u>SD</u>	1.59	1.00	
5.2.2	<u>Warmth, Affection and</u> <u>Pleasure-Mother</u>			
	<u>M</u>	4.85	6.3	2.70
	<u>SD</u>	2.13	0.84	
5.2.3	<u>Decisiveness-Father</u>			
	<u>M</u>	3.92	6.75	25.88**
	<u>SD</u>	1.98	0.50	
5.2.3	<u>Decisiveness-Mother</u>			
	<u>M</u>	4.10	6.20	8.54*
	<u>SD</u>	2.00	1.29	
5.2.4	<u>Consistency of Emotional</u> <u>Relatedness-Father</u>			
	<u>M</u>	2.25	6.33	42.12***
	<u>SD</u>	1.42	0.94	
5.2.4	<u>Consistency of Emotional</u> <u>Relatedness-Mother</u>			
	<u>M</u>	4.10	6.45	12.39*
	<u>SD</u>	2.00	0.74	

continued . . .

Subgroup 5.3
Parent's Acts Toward Child

5.3.1 <u>Mode of Relating to</u> <u>Child-Father</u>	<u>M</u>	3.08	5.75	9.91*
	<u>SD</u>	1.75	0.60	
5.3.1 <u>Mode of Relating to</u> <u>Child-Mother</u>	<u>M</u>	3.85	5.90	6.86*
	<u>SD</u>	1.62	0.62	
5.3.2 <u>Control of Child-Father</u>	<u>M</u>	2.25	6.58	54.08***
	<u>SD</u>	1.69	0.64	
5.3.2 <u>Control of Child-Mother</u>	<u>M</u>	4.35	6.60	8.69*
	<u>SD</u>	1.68	0.80	
5.3.3 <u>Demands Made of</u> <u>Child-Father</u>	<u>M</u>	3.42	6.17	11.38*
	<u>SD</u>	1.85	0.80	
5.3.3 <u>Demands Made of</u> <u>Child-Mother</u>	<u>M</u>	4.50	6.45	6.97*
	<u>SD</u>	1.60	0.69	
5.3.4 <u>Imposition of</u> <u>Routines-Father</u>	<u>M</u>	2.58	5.92	24.24**
	<u>SD</u>	1.11	1.26	
5.3.4 <u>Imposition of</u> <u>Routines-Mother</u>	<u>M</u>	4.60	5.80	1.03
	<u>SD</u>	1.77	1.69	
5.3.5 <u>Anticipation of Child's</u> <u>Physical Needs-Father</u>	<u>M</u>	3.33	6.25	23.71**
	<u>SD</u>	1.55	0.83	
5.3.5 <u>Anticipation of Child's</u> <u>Physical Needs-Mother</u>	<u>M</u>	5.00	6.75	7.48*
	<u>SD</u>	1.76	0.54	

continued . . .

5.3.6 <u>Meeting of Child's Demands-Father</u>				
	<u>M</u>	3.91	6.17	4.15
	<u>SD</u>	2.06	0.99	
5.3.6 <u>Meeting of Child's Demands-Mother</u>				
	<u>M</u>	4.50	6.10	5.57
	<u>SD</u>	1.66	0.83	
5.3.7 <u>Participation in Child's Activities-Father</u>				
	<u>M</u>	2.42	5.83	13.45**
	<u>SD</u>	1.85	1.46	
5.3.7 <u>Participation in Child's Activities-Mother</u>				
	<u>M</u>	4.05	6.25	7.35*
	<u>SD</u>	1.80	1.21	
GROUP 6: Child-Parent Interaction				
6.0.1 <u>Compliance of Child with Parental Control and Demands</u>				
	<u>M</u>	3.50	6.25	7.87*
	<u>SD</u>	2.36	0.72	
6.0.2 <u>Demands on Parents by Child</u>				
	<u>M</u>	4.75	6.50	7.92*
	<u>SD</u>	1.69	0.65	
6.0.3 <u>Absence of Marked Preference</u>				
	<u>M</u>	3.17	6.50	15.79**
	<u>SD</u>	1.67	0.76	
GROUP 7: Child-Child Interaction				
7.0.1 <u>Mutual Acceptance</u>				
	<u>M</u>	4.10	6.33	2.19
	<u>SD</u>	2.17	0.79	
7.0.2 <u>Sharing of Parents</u>				
	<u>M</u>	4.90	6.80	3.84
	<u>SD</u>	1.76	0.40	

^a This subscale was not analyzed with repeated measures ANOVA since the ratings were consistent across all observations.

* $p < .05$ ** $p < .01$ *** $p < .001$

children. In general, most public rooms were clean and orderly while other rooms, less public, were not. Again, similarities on this dimension were noted among the matched pairs of families.

Family Group Patterns of Interaction

The ratings for Group 2, Family Group Patterns of Interaction, were global in nature and reflect the impact of all individuals living in the home as they interacted with each other. As noted above, these ratings also reflect the presence or absence of family members in a given observation period.

While Alcoholic families received significantly lower scores across all nine subscales in Group 2, the greatest magnitude of differences were found in Mutual Satisfaction, Role Functioning, Common Interests and Activities, and Family Alignments:

Scale 2.0.1 Verbal and Nonverbal Interaction

Alcoholic families were characterized by constrained or excessively intrusive verbal and nonverbal interactions. Frequently excessive isolation and withdrawal from each other was apparent, or interactions were mechanical and superficial. These behavior patterns were most notably present in the parents. In contrast, the children in the Alcoholic families were most likely to be intrusive and to demand excessive interaction, although they were often unsuccessful in their attempts.

Scale 2.0.2 Family Alignments

Marked family alignments were apparent in the Alcoholic families most often in an atmosphere of contention. Even in the Alcoholic families characterized by mutual isolation of the parents, frequent, but subtle taking of sides was noted. Some mild alignments and mild contention was noted in the Control families, but these alignments were usually age or role-appropriate as one might expect when parents present a "united front" to their children.

Scales 2.0.3 Mutual Warmth and Affection

2.0.4 Mutual Support and Cooperation

2.0.5 Mutual Satisfaction

An absence of mutuality in Alcoholic families across several aspects of interaction prevailed. Hostility, coldness and superficial expressions of affection, support or satisfaction were most characteristic of interactions in these Alcoholic families. There was frequently a markedly depressed quality of interaction with some family members predominately dissatisfied.

Scale 2.0.6 Common Interests and Activities

Family members in the Alcoholic group showed a noticeable lack of interest in activities important to other family members and overinvolvement in the activities of others. Usually under- or over-involvement reflected the family alignments noted above.

Scale 2.0.7 Authority

Isolation in family members was reflected in poorly discernible patterns of authority within the Alcoholic group. When family interaction was characteristically more contentious, exercise of authority was dominated by the one family member with or without the consent of other family members, or minimally effective. In either case, realistic sharing of responsibility and decisions made in accordance with the needs of other family members were frequently absent.

Scale 2.0.8 Role Functioning

Effective role functioning was not characteristic of the Alcoholic family groups, especially for the parents. Groups 3 and 4 highlight and further define these differences. One might expect diminished role functioning in the alcoholic spouse, with a concomitant expression of resentment from the non-alcoholic spouse. However, roles in these families were more unclear, resulting in the

surprising finding that shifting or reversal of roles was common--more predominately in the couple, but also, to some extent, in offspring.

Scale 2.0.9 Family Group Atmosphere

As one might expect from the previous summary statements, the effect of the Alcoholic family groups was predominately unpleasant, discordant, tense, and less harmonious. Or depressed. Or there were overt, insincere attempts to appear harmonious. In the author's experience of these families, these effects were not limited to the outside observer. They exerted a powerful influence over family members as well.

Interaction of Husband and Wife as Marital Partners and as Parents

The ratings on Group 3, Interaction of Husband and Wife as Marital Partners and on Group 4, Interaction of Husband and Wife as Parents were limited to overall husband-wife interaction as a pair. Consistent differences, over time, were noted in the interactions of couples in the Alcoholic group and in the Control group. Statistically significant differences were obtained on all subscales, with the Alcoholic couples achieving the lower scores.

All things considered, the differences between groups is greater on these two major dimensions than on any other dimension assessed by the Ittleson Scales. The greatest magnitude of differences was found on the subscales Reciprocal Warmth and Affection; Cooperation; Functioning of Husband and Wife in Their Roles; and Agreement on Rearing of Children. The reader will note many parallels to the overall family interaction ratings on the Group 2 subscales, since the dyadic interactions between spouses exerted a powerful influence on the total family interaction patterns.

Interaction of Husband and Wife as Marital Partners

Scale 3.0.1 Reciprocal Warmth and Affection. Control couples usually showed a friendly manner of relating to each other as was evident in reciprocal

exchanges of affection and warmth and in resolution of disagreements. Disagreements were apparent and sometimes frequent, but not in an atmosphere of hostility. The Alcoholic couples, in contrast, showed more variability across families as they related to each other. Occasional or absent reciprocal warmth and affection were the common consequences of either extreme mutual isolation and emotional distance or of mutual hostility. The quality of relatedness was often observed to be mechanical, contrived or superficial in nature, predominantly by the non-drinking spouse.

Scale 3.0.2 Balance of Dominance. In those Alcoholic couples who showed mutual isolation, there was little or no evidence of a dominance pattern. Predominantly, the Alcoholic couples showed competitiveness for the dominant role or one partner submitted without overt resentment. In contrast to Control couples who also showed some competition for the dominant, controlling position, a give-and-take quality in the relationship was absent.

Scales 3.0.3 Mutual Support; 3.0.4 Cooperation; 3.0.5 Compatibility; and 3.0.6 Verbal and Nonverbal Interaction. There was evidence of mutual support, cooperation, compatibility and mutual acceptance some of the time or in some areas in the Alcoholic couples. It appeared that frequently one partner bore the burden of support and adapting. Malicious teasing, open insults, and devaluation of the spouse were displayed by both partners. Partners experienced difficulty talking with each other in ways which represented effective communication. Sometimes interactions were dominated by one partner so as to block the responsiveness of the other partner. Occasional effective communication in relation to the children was observed, but not about the couple as individuals themselves. In an atmosphere of hostility, partners were observed to undermine each other; in an atmosphere of extreme emotional distance, partners functioned in an isolated way. The common consequence was one in which a mutual quality

was lacking with one partner either passive or actively interfering with the other. Comparison of Alcoholic couples with Control couples reveals one of the largest differences found on the Scales. It is the absence of mutual help, verbally and in activities, accompanied by efforts of one partner to sabotage the efforts of the other that is most striking.

Scales 3.0.7 Maturity and Interdependence. Alcoholic couples related to one another in ways which suggested absence of mutual dependence as husband and wife, but rather more like that of a parent and child or of two children. Or there were few or no indications of mutual dependence because of excessive isolation from each other.

Scales 3.0.8 Functioning of Husband and Wife in Their Roles. As might be expected from the findings noted above, Alcoholic partners were generally ineffective in respect to their roles as husband and wife. Marked deviations from traditional roles approaching role reversal were noted; or there was abdication of roles by one partner; or extreme isolation in performance of conjugal roles was observed.

Interaction of Husband and Wife as Parents

On the subscales in Group 4, less adequate behavior on the part of one parent reduced the total rating since the interest here is on the overall impact of both parents as they interact with all children.

Scales 4.0.1 Division of Labor in Care of Children and 4.0.5 Conformity to Traditional Parental Roles. A quality of mutuality was often lacking as Alcoholic couples cared for their children. Except in those instances in which both parents participated minimally in the care of their children, sharing of care was observed to be a consequence of demands one parent made on the other, with grudging or minimal compliance by the other. There was frequent isolated attention to children by one parent to the exclusion of the other.

Alcoholic fathers were observed to over- or underparticipate in care of children. There were some indications of role abdication by the father which provided a source of chronic conflict about who would take care of the children's physical needs. Control families were observed to more predominantly divide and share care of children in accord with their specific culture—this usually meant that the father assumed a minor role in physical care of the children but did so to help the mother.

Scales 4.0.2 Agreement on Rearing of Children and 4.0.4 Mutual Support and Cooperation. Alcoholic couples did not share values and goals about child rearing. They displayed divergent ways of handling children. Agreement existed in some areas but not in others. Or parents agreed verbally, but handled the children differently. Or parents openly criticized each other's child-rearing practices, marked by frequent open interference with each other in this respect. In this context, mutual support and cooperation in relation to children did not characterize their functioning in the parent role. The magnitude of difference between groups with regard to agreement about child-rearing is the largest found on the Ittleson Scales.

Scale 4.0.3 Sharing of Pleasure in Children. Observations of parents in the Alcoholic group indicated that while the parents shared pleasure in their children, again the sense of mutuality was lacking. Either the basis for pleasure for the parents was different or one parent derived pleasure which was shared minimally by the other.

Parent-Child Interaction

Unlike the ratings on the subscales in Group 4, which rated the overall impact of the parents as a pair on their children, on Group 5, Parent-Child Interaction, separate ratings were given for each parent's interaction with the target child under observation. Mother and father scores were analyzed

separately on three major dimensions of parent-child interaction: Freedom of Interaction (Subgroup 5.1), Emotional Interaction (Subgroup 5.2) and Parents' Acts Toward the Target Child (Subgroup 5.3).

It may be noted that the range of scores used to rate families in both the Alcoholic and Control groups is somewhat more variable here. Situational contexts varied more substantially insofar as these ratings were not limited by the presence or absence of one parent. Whereas ratings on Groups 3 and 4 required that both parents be present, this was not the case in rating parent-child interactions on Group 5. The author in no way means to minimize the impact of the varied family context in this respect. On the contrary, while it was statistically inappropriate to analyze parent presence/absence as a covariant with such small numbers, repeated observations over time suggest that this factor exerted a substantial impact on parent-child interactions.

Overall, parent-child interactions were rated as more negative or as more inadequate for Alcoholic families than for Control families. In addition, differentials in parenting experiences were found in which the negative parenting effects are more pronounced in the fathers than in the mothers in Alcoholic families.

Mother-Child Interactions

Subgroup 5.1, Freedom of Interaction. Mothers in the Alcoholic group were rated as significantly different from Control mothers only in Overall Freedom of Interaction. Mother-child interactions in Alcoholic families showed more constraint or withdrawal, or interactions focused more on discipline and control or there was some excessive interaction between the mother and the target child.

Subgroup 5.2, Emotional Interaction. Ratings revealed significant differences between mothers in the two groups in Decisiveness and in

Consistency of Emotional Relatedness:

Scale 5.2.3 Decisiveness. Mothers in the Alcoholic families were more likely to delay excessively before making a decision. Or to ignore need for a decision by evasiveness and withdrawal. Or to not carry out decisions.

Scale 5.2.4 Consistency of Emotional Relatedness. Differences in Consistency in Emotional Relatedness show the greatest magnitude within these mothers. Mothers in Alcoholic families showed unwarranted shifts in their mode of relating to the target child. Or they displayed a nonempathic response set. Or the mother appeared detached in her relationship with the child.

Subgroup 5.3, Parents' Acts Toward Child. Significant differences in mothers' acts toward the target child were found in five of the seven scaled behavior categories. Again, mothers in Alcoholic families showed less adaptive functioning in their interactions with the child. Mothers in the Alcoholic group were rated significantly lower on Mode of Relating to the Child, Control of the Child, Demands Made of the Child, Anticipation of the Child's Physical Needs and Participation in the Child's Activities:

Scale 5.3.1 Mode of Relating to Child. Mothers in the Alcoholic families more often related to their sons in ways that were not consistent with the son's level of maturity, competence, sex, interests, strengths and weaknesses. Or mothers' actions tended to reinforce unacceptable child behavior.

Scale 5.3.2 Control of Child. Mothers in the Alcoholic family group exercised suitable control of their sons less often. Excessive overcontrol shown in the exaggerated imposition of discipline was more often rated. In either case, under-or over-control more often did not meet the needs of the child.

Scale 5.3.3 Demands Made of Child. Demands by mothers of the sons in Alcoholic families were frequently based on the mother's needs rather

than the son's. Encouragement of the son's individuality, initiative, independence and sense of responsibility was observed less often.

Scale 5.3.5 Anticipation of Child's Physical Needs. More variability was observed and rated in Alcoholic families when the mother's perception and anticipation of her son's needs for protection, food, and sleep were considered. More often these mothers provided protection but it was accompanied by hostility toward the son. Or the son was not protected from potential danger. Or the mother overanticipated her son's needs beyond what would be considered age-appropriate.

Scale 5.3.7 Participation in Child's Activities. Overparticipation or underparticipation in the target child's activities was observed more frequently in mothers in the Alcoholic group. Participation was frequently the result of the child's demands.

In looking at Table 6, the reader will recognize that while some ratings of mother-son interactions did achieve statistical significance, the magnitude of the differences is small in contrast to those differences reported earlier in Family Group and Couple Patterns of Interaction. Although further statistical analysis of this data set would be inappropriate for a variety of reasons, and it is, therefore, not possible to analyze the impact of the presence or absence of the Alcoholic spouse on the mother's interactions with the target son, observational data suggest this was a likely mediating factor which influenced these interactions. Further discussion of this question is provided in Chapter VI.

The magnitude of differences in mother-son interaction between groups are also relatively small when compared to differences found in father-son interactions. Alcoholic fathers differed from Control fathers in all major dimensions of Father-Child Interaction: Freedom of Interaction, Emotional Interaction, and Parents' Acts Toward Child. Within these subgroups, only

ratings on Verbal Interaction (Scale 5.1.2) and Meeting of Child's Demands (Scale 5.3.6) did not achieve statistical significance. Furthermore, the magnitude of these findings is greater (see Table 6).

Father-Child Interactions

Subgroup 5.1, Freedom of Interaction

Scale 5.1.1 Freedom of Overall Interaction. Overall interaction between Alcoholic fathers and their sons (the target children) was observed to be primarily at the level of discipline and control. Or the child initiated communication which was not reciprocated by the father. Or the interaction appeared mechanical, or not genuine.

Scale 5.1.3 Freedom of Physical Interaction. There was an absence of ordinary physical interaction (e.g., touching, kissing, hugging) noted between fathers and sons in the Alcoholic group. Or physical interaction was mechanical, lacking in genuineness. Or body contact was not age-appropriate. Or the father did not encourage free physical interaction with his son in view of the child's withdrawal.

Scale 5.1.4 Nonverbal Interaction. In contrast to Control fathers, fathers in the Alcoholic group were not free in the face of free responses from the target child. Free and appropriate gestural, postural and visual interaction occurred less frequently.

Subgroup 5.2, Emotional Interaction. Ratings revealed significant differences between fathers in the two groups in all aspects of Emotional Interaction which were rated:

Scale 5.2.1 Spontaneity of Interaction. When compared with the matched Control fathers, Alcoholic fathers showed only occasional spontaneity and quick reaction in their interactions with the target children. Frequently there was no relatedness. Or responses had a contrived, artificial quality. By

contrast, Control father-son interactions were predominantly free, spontaneous, and usually accompanied by emotional relatedness.

Scale 5.2.2 Warmth, Affection, and Pleasure. In Control fathers, moderate pleasure and warmth were characteristic of interactions with the child. Alcoholic fathers, on the other hand, showed little evidence of pride in the child. There was wide variation on this dimension both across time in a given Alcoholic family and across families within the Alcoholic group. In some Alcoholic families the relationship was on an attacking level. In others, the Alcoholic father's manner of relating was contrived and not genuine. There was evidence of emotional distance and isolation between father and son in Alcoholic families. In the Alcoholic families, the father's drinking state appeared to be a mediating factor in emotional interaction with the target child. This point will be elaborated in Chapter V.

Scale 5.2.3 Decisiveness. Fathers in the Alcoholic families were more likely to delay excessively before making a decision. Or to ignore need for a decision by evasiveness and withdrawal. The most predominant feature, however, was that when Alcoholic fathers were decisive, but either did not carry out or were extremely tentative in carrying out their decisions.

Scale 5.2.4 Consistency of Emotional Relatedness. The greatest magnitude of differences between Alcoholic and Control fathers in emotional interactions with their sons was shown to be in this area. Alcoholic fathers showed little consistency of emotional relatedness. These fathers showed unwarranted fluctuations in their manner of relating to their sons. Or the Alcoholic father had a consistent, but nonempathic way of responding.

Subgroup 5.3, Parents' Acts Toward Child. Significant differences in fathers' acts toward the target child were found in six of the seven scaled behavior categories. Again, fathers in Alcoholic families were rated

significantly less favorably with respect to their actions toward the target child:

Scale 5.3.1 Mode of Relating to Child. Fathers in the Alcoholic families, like mothers, more often related to their sons in ways not suited to the son's level of maturity, competence, sex, interests, strengths and weaknesses. And fathers' actions tended to reinforce unacceptable child behavior.

Scale 5.3.2 Control of Child. It is with regard to control of the target child that the greatest magnitude of differences in father-son interactions was revealed between Alcoholic and Control fathers. Alcoholic fathers did not exercise suitable control of their sons. They frequently did not impose necessary limits on acceptable social behavior. Excessive overcontrol shown in the exaggerated imposition of discipline was often observed. The control or lack of control did not meet the needs of the child.

Scale 5.3.3 Demands Made of Child. Demands by fathers of the sons in Alcoholic families were frequently based on the father's needs rather than the son's. Encouragement of the son's individuality, initiative, independence and sense of responsibility was observed less often than in Control fathers. Either the father made few demands where they would be reasonable or he made excessive demands on his son in terms of behavior requirements, abilities to assume responsibility or in terms of level of development. This finding is, of course, very much related to control of the child as noted above.

Scale 5.3.4 Imposition of Routines. Control fathers predominately imposed routines of daily living which met the needs of both the target child and the family. These fathers had the ability to be flexible in contrast to Alcoholic fathers who either did not impose routines at all or who imposed routines with regard to themselves without regard for the needs of other family

members. In some Alcoholic families, routines were rigid and ritualistic.

Scale 5.3.5 Anticipation of Child's Physical Needs. Control fathers usually showed concern for the child's welfare as shown by perceiving and anticipating the child's needs for protection, food, and sleep. In Alcoholic families, the son was often not protected from potential danger or, when protection was provided, it was accompanied by hostility toward the son. In only one Alcoholic family did the father overanticipate his son's needs --the son was dressed, fed and toileted beyond his age needs.

Scale 5.3.7 Participation in Child's Activities. Underparticipation in the target child's activities was observed more frequently in fathers in the Alcoholic group. Alcoholic fathers, for the most part, were markedly detached from the child's activities. Participation was frequently the result of the child's demands. Participation was frequently accompanied by suggestions or criticism of the child.

Congruence in Parenting Behaviors

Further support for differences between the Alcoholic and Control groups on mother-child and father-child interactions is provided by a measure of congruence in parenting behaviors (based on observer ratings). Table 7 shows the correlation matrix obtained when the relationship of mother and father parent-child behaviors are compared using mean scores for each set of parents. To achieve statistical significance, because of the small number of subjects in each group (N=4 in both Alcoholic and Control groups), Pearson Product-Moment correlations must be 0.95 or above. In Control families, there was significant congruence in parenting behaviors in seven of the fifteen scales rated. Scores for mother-son and father-son interactions showed a significant positive association on Overall Freedom of Interaction (Scale 5.1.1), Verbal Interaction (Scale 5.1.2), Decisiveness (Scale 5.23), Consistency of Emotional Relatedness

(Scale 5.24), Mode of Relating to Child (Scale 5.3.1), Control of Child (Scale 5.3.2), and on Imposition of Routines (Scale 5.3.4). No statistically significant correlations were obtained in the Alcoholic group on any of the subscales which comprise the Parent-Child Interaction dimension.

Table 7 also shows that for each of the 15 scales, the correlation between mean scores for mother/father pairs was higher in Control than Alcoholic families. A sign test (binomial test) showed that this distribution of scores was significant at the .001 level (two-tailed test).

From the target child's point of view, these findings suggest a significant lack of consistency in parenting behaviors between his mother and father in Alcoholic families. We will return to this point in Chapter V when observational data are provided to illustrate this point.

Group 6: Child-Parent Interaction

In contrast to ratings on the subscales in Group 4, which rated the overall impact of the parents, as a pair, on their children, on Group 6, Child-Parent Interaction, the acts of the target child toward the parents as a pair were rated. Child-Parent interaction was rated on three major dimensions: Compliance of Child with Parental Control and Demands (Scale 6.0.1), Demands on Parents by Child (Scale 6.0.2) and Absence of Marked Preference (Scale 6.0.3).

As might be expected from the findings for Family Group Patterns of Interaction, Interaction of the Husband and Wife as Parents, and Parent-Child Interaction, significant differences were found between the Alcoholic and Control groups.

Scale 6.0.1 Compliance of Child with Parental Control and Demands

Target children in Alcoholic families showed less reasonable compliance to parental control. It is well to note that the behavioral anchors for this scale

do not reflect the expectancy of compliance to parental control in all contexts. Some direct noncompliance when parents controlled the child excessively or unreasonably received a maximum rating of 7. In Alcoholic families, however, target children showed extremes of behavior. A relative absence of reasonable compliance was frequently observed. Likewise, the child was more likely to ignore parents' efforts, act openly defiant or display evasive or devious behavior.

Scale 6.0.2 Demands on Parents by Child

Target children in the Alcoholic group showed greater extremes in making demands of the parents. Most frequently, the child's demands consisted of asking only for service or things, or only for the parents' attention and presence.

Scale 6.0.3 Absence of Marked Preference

In contrast to Control target children who occasionally showed marked preference for one parent in certain contexts, target children in the Alcoholic group very frequently were observed to prefer one parent to another. Hostility was shown to the unfavored parent as well as exclusion. In those Alcoholic families in which mutual isolation was more characteristic, a preference was frequently not shown for either parent. This finding is congruent with the finding reported about overall family interaction patterns in which marked family alignments in Alcoholic families were observed.

Group 7: Child-Child Interaction

No significant differences were found between the Alcoholic and Control groups with regard to sibling interactions. There were repeated incidents observed which suggested differences, but only a total of five family constellations included children other than the target child. With the smaller group size, it is likely that statistically significant differences would not be found.

CHAPTER V

QUALITATIVE RESULTS AND DISCUSSION

In real life the dialectic of coalitions does not work itself out as in a small-groups laboratory because real life is affected by too many emotional factors specific to a situation, and this in turn is determined by past events or its history. In real life every coalition has a history, and history exists in family coalitions just as it does among nations. What small-groups studies do is relieve one of the embarrassment of history.

Jules Henry (1965).

The discussion that follows presents narrative notes of observational data that support, illustrate, and expand on the types of interactions which were reported in Chapter IV. As already noted, the research is primarily observational, and not designed as a statistical study. The statistics presented in this chapter simply reflect the observer ratings for the most part. Nonetheless, where it was feasible to quantify field observation data, statistical analysis was done as well. In these instances, the statistics simply test whether there are systematic patterns in the observer's ratings.

The chapter begins with a brief description of the families¹; then a description of the observer's role as defined by family members is presented. The examples provided in this chapter are based on direct quotes from family members or from the observer's fieldnotes. A discussion of the impact of alcoholism on conjugal relationships, on parenting behaviors, on children, and on

¹ Families are identified by their pseudonyms followed by an indication of their status. A = Alcoholic; C = Control; RA = Recovered Alcoholic

the family as a system follows. Along the way, family interaction of the Community Control families is contrasted to those of the Alcoholic families with a view toward identifying elements of interaction which might potentiate or inhibit later acquisition of problem drinking.

The Families

I never needed anybody to drink with. If I was going to drink, I just went. I drank constantly.

Jack Kelly
Recovered Alcoholic (1982)

When we were first married he'd just drink at home. And I remember teasing him. He always had to drink just a certain amount of beer and that's when he was drinking more and more at home. He just had this thing where he'd drink to that, like he'd drink a lot and then he'd leave.

Kara Kelly, spouse, (1982)

A total of 11 families were observed in this study--6 Alcoholic families, 4 Community Control families, and 1 Recovered Alcoholic family. While not all of the families were included in the statistical analyses, as was noted earlier, they are included in the discussion of family interactions. A brief description of each family is provided here to introduce the reader to the family constellation, to identify the target child, and to briefly note the characteristic drinking pattern. Included in each description is a direct quote from each parent which serves as a descriptive metaphor for the family interaction pattern.

The Alcoholic Families

The Silver family

Brandy: That's why I don't wear my wedding ring. I grew out of it.
Ross: It's hard to relate to we, we, we

Brandy and Ross Silver have one child, Shawn, 4-1 years (target child). Brandy works part time as a computer operator while Ross works full-time as an inspector in a factory. They work opposite shifts, trading off child care. When

Ross doesn't want to care for Shawn he takes him to a day care center. Brandy is grossly overweight. Shawn is already chubby. Brandy doesn't like Ross to drink at home because her father and grandfather were alcoholic. While he does drink at home, he predominantly drinks outside the home. Shawn speaks in a tone of voice which is barely audible, and behaves immaturely.

The Ypman family

Judy: The drinkin' is better than B & E's (Breaking/Entering).

Oscar: (Recalling the way it used to be) Everybody'd go sit down and watch Happy Days and eat popcorn.

Judy and Oscar Ypman have two children—a girl Starr, 4-4 years, and J.P., age 3 years, (target child). At birth, J. P. was underweight and developed pneumothorax. Six months ago they assumed guardianship of Oscar's 14 year old cousin, Penny, whose parents both died of alcoholism. Oscar repairs heating systems which necessitates service calls during the day and intermittently during the evening and on week-ends. His driver's license permits him to drive for work only, but he does not comply. Judy does not work outside the home. Although they live in a rural tract development in a small town, Judy has no transportation when Oscar is gone. Judy is the primary caregiver and has scant opportunity to get off on her own. She expressed intense interest in child abuse although she never openly acknowledged any fears about herself. Both Judy and Oscar have a history of poly-drug use, but Judy says she quit when she became pregnant with Starr. Her history suggests that she did not stop using alcohol. Oscar does not drink at home, preferring to drink with friends.

The Berkowski-Goodson family

Dawn: It was his morning . . . (to care for the children).

Virgil: (To target child who is sick) If dad could make you feel better just like that, he'd do it. I've tried all but one trick. That trick (chuckles) doesn't work very well for little boys 'cause you get hangovers real easily.

Dawn Berkowski and Virgil Goodson have two children named with the same letter—in the family tradition—Victor, age 3 (target child), and a girl Vashti, 10 months. Victor was born on Halloween and is "fondly" referred to as "our spooky child." Virgil is frequently laid off from his work on the railroad. Dawn works full time for the state government and currently provides the most stable family income. She leads a fairly autonomous life, attending college in the evening, and has her own bank account. The children are taken to a friend for day care as dad's schedule or mood dictates—even though he was laid off during the observation period. Virgil's drinking is not openly acknowledged as a problem and Dawn often buys alcoholic beverages when grocery shopping. Virgil drinks at home less frequently than he does away from home.

The Kirby family

Dewey Jean: We just stopped payin' off one time

Garrold: Well, ya see, I was just bein' just facetious and aggravatin' y'all too, ya see, postponin' it (the observation) from tomorrow. So I've played my little game too, y'know, I get my little bite in.

Dewey Jean and Garrold Kirby have one child, Dana, age 2-8 years (target child). Garrold has not been employed for two years and is trying to qualify for disability due to a shoulder injury. There seems to be little chance of obtaining it. He has a history of being imprisoned as a young adult. A play area which is fenced in by chicken wire adjacent to a side entry of the house reminds one of a prison yard. The primary living space inside the house is about 150 square feet. Garrold reports a history of functional enuresis until he was imprisoned. DeweyJean works rotating shifts as a gas station attendant. Child care is predominantly Garrold's responsibility. No drinking takes place at home.

The Michaels family

Renita: I don't know as it's going to profit you or scar you here watchin' these kids!

Joe, Sr.: I never woulda been drunk drivin' if a guy hadn't run into me (the car at the stop sign).

Renita and Joe Sr. have three boys—Joe Jr. "Little Joe", age 5-10, Kenny, age 4-2, (target child) who is named after Renita's deceased brother, and Travis, age 1-8. Kenny was two months premature and jaundiced at birth. Joe Sr. works the day shift at a local foundry. He is intermittently laid off from work for disciplinary as well as seniority reasons. Renita does not work outside of the home although she's thinking about doing so. She earns extra money by selling parts off her car—she and Joe both do their own car repairs. Last year, the parents were separated for several months because of marital discord. During that time as well as now, child care was primarily Renita's responsibility, although her mother often takes the children with her. The budget allows for either a telephone or cable TV. Renita opted for cable. Drinking takes place in the home, but primarily at the bars after Joe gets off work.

The Reels family

Ellie: Some people think it's frightening when Protective Services get involved with their family. . . .They usually are very helpful.

Herb: (Referring to genogram) These two are real drunks so whenever I even look at an alcoholic beverage my wife has a fit!

Sister-in-law: They don't have a bad apple. There's not a mean streak in any of them With Ellie having so many close together, I'm surprised that they're not animalsThey're very close to their parents which is good.

Ellie and Herb Reels have 7 children—Herb Jr., age 7; Latisha, age 6; Simon, age 4-4 (target child); Zeke, age 3; Seth, age 2; and twins born at home, Hughie and Lewie, age 10 months. Hughie has cerebral palsy due to a birth

injury. Herb works part-time as an auto mechanic. Ellie does not work outside the home, but frequently she cares for her invalid parents who have cancer and Parkinsons disease. The parents share child care responsibilities when Herb is not working. For four to six hours per day, all the children except the twins are taken to a licensed day care center operated by Ellie's sister-in-law. This arrangement was made by the Child Protection Service caseworker. The Reels family lives in a small three-bedroom house which is literally ankle-deep in clutter and trash. No drinking was observed. Wine was present on occasion.

The Community Control Families

The Kaminski family

Gail: A lot of times, like for breakfast. . . I make sure that I have contact with them (the boys), but I need my space But generally I always try to eat with Holden.

Holden: Both of us know too many married singles—he does his thing, she does her thing.

Gail and Holden Kaminski have two boys seven years apart, George, 11 years and Lennie, 4-4 years (target child). Holden repairs office machines which necessitates service calls during the day. Gail has just started working part time as a secretary. While Gail has primary responsibility for child care, Holden often helps. George or a neighbor babysits for Lennie for short periods of time when the parents' work schedules overlap. The family bowls in a league together on Saturdays. Cocktails are served before dinner, with Gail usually drinking one more than Holden. Liquor is prominent in the kitchen.

The Seibert family

Ginger: I saved a lot of my toys that I had as a child for my children. Kevin plays with a lot of them. . . . I'm glad to have a girl so I can give her my six Barbie dolls.

Burt (referring to this study): Before we pay someone \$150, we want to find out whether the study is legitimate.

Ginger and Burt Seibert have two children, Kevin, age 2-9 (target child),

and his sister Lisa, age 11 months. Ginger and Burt live next door to Ginger's childhood home in which her parents still live. Burt works the afternoon shift full-time and the family routine has shifted time frames to account for this. Ginger does not work outside the home. She assumes primary responsibility for child care, but her family of origin frequently offers assistance. Although no drinking was observed, Kevin showed me "daddy's wine" (liquor) openly displayed in a bar in the remodeled basement.

The Renard family

Julie: I make it a special point (because of my family experience) that, if Dad (Terry) says no and I think yes, . . . well, Dad has already said no, so I don't change. I don't overrule.

Terry (about temporary lack of second car): I don't like her (Julie) stranded here without some means of transportation for the kids.

Julie and Terry Renard live in a suburb with their three children—Jacques, age 8-5; Miranda, age 5-7; and Marcus, age 2-6 (target child). Terry works in a local farm machinery store. Julie is paid by her sister for babysitting during the week for her two nieces, Mirielle age 5, and Adriana, age 1-6. Mirielle has frequent temper tantrums. While Julie has primary responsibility for child care, Terry frequently relieves her in the evening so that she has time for herself. Beer was kept in the refrigerator, but no drinking was observed.

The Potter family

Toni: Yesterday in the store a woman asked me 'Do you play with him a lot?' I said, 'Ya, why?' And she said, 'You can tell. . . You can tell you work with him a lot. I said, 'I do, you know. That's all I have to do all day is work with Christopher.'

Tim: Christopher never meets a stranger. He goes up to everybody.

Tim and Toni Potter have one child, Christopher, age 2-6 (target child). Toni is three months pregnant. The second child is planned by the both of them. Toni is pleased that Tim does not want her to work outside the home, since he

can support the family. Toni has primary responsibility for child care, but Tim takes Christopher with him as his work schedule permits. The family as a whole visits their families of origin several times a week. They are also active in revivals held by their church. They abstain from drinking alcohol although other family members do not.

The Recovered Alcoholic Family

The Kelly family

Kara: If I didn't have that (Friday night outings with only one child) I'd go crazy.

Jack: I am an alcoholic and have been by my own diagnosis since age 15—I'm now 35 years old and have not drank in three and a half years. I do credit god with my current remission not myself (written comment on Health History Questionnaire).

Kara and Jack Kelly have a family of six children and Kara is 4 months pregnant. The oldest teen, Derek, age 16, is Kara's biological son whom Jack later adopted. Three girls, Liosha, age 14, Colleen, age 13, and Robbie, age 9 and two boys, Patrick, age 6-8 and Andy, age 4-10 (target child) comprise the rest of the family. Andy was breast fed until almost age 4 years. Jack works for a diaper service, driving on the road during the day and taking occasional "emergency" calls at night. Kara operates a full-time licensed day care center in the home. She cares for four or five other children, sometimes beginning at 7 a.m. and continuing until late evening or overnight. Kara's work substantially boosts the family income. Each Friday evening, Kara takes one child along with her shopping and to dinner, while Jack cares for the other children. There are frequent times when they share child care responsibilities, both with their own children and those in day care. No alcoholic beverages are kept in the home.

Reactions to the Study

The reactions of respondent families to the MSU Longitudinal Study and

the manner in which these families accepted and integrated this investigator in those special ethnographic aspects of this study were quite varied. Jules Henry (1965) claimed that families under the stress of observation would behave as they usually do because they would not know what to monitor in their behavior nor what the observer was looking for. Murray Bowen (1976) more recently challenged Henry's position by maintaining that the observer becomes triangulated into the family which necessarily distorts the validity of observations. In work with young children, it seems that Henry's position is much more relevant since there exist many "crises" which elicit rapid and spontaneous parent response—difficult for the parent to censor—and young children typically notice and comment on changes in parent behavior patterns.

Of course, in working with young children, the role of minimally participating in interaction was at times difficult to maintain. Nonetheless, analysis of fieldnotes revealed consistencies in definition of the observer's role in the family. It was the parents, however, who carried the major responsibility for defining this role—introducing the observer and structuring the observations of their children; complying with the scheduling requirements as well as the stress and time demands of the study; and accomodating to the participant observation and videotaping.

Scheduling Problems

Difficulties in scheduling visits were recurrent in some families. Possible explanations for this include the family member's desire to retain control; that family members placed arbitrary restrictions on the kinds of interactions in which they were willing to include an observer; of that shame and guilt also may have motivated their actions. At times, a particular family member appeared to be far more flexible about family boundaries than I expected

--suggesting that it didn't matter when I dropped over to observe. I encountered far more scheduling difficulties with the Alcoholic families than with the Community Control families. The following excerpt from my fieldnotes illustrates one such difficulty:

(Ypman-A) Contacted Judy two weeks after my first observations. She didn't recognize who I was until I finally triggered her memory when I told her I was from MSU. She didn't want to schedule soon even though I had confirmed this with her during the last observation. "We're having lots of company this week-end." She said it would not be good for me to come out and that the next week-end Oscar might be gone to put in a furnace. She asked me to call her next Monday and she would know by then.

Control families were much more likely to include the observer in social activities and extended family gatherings (e.g., birthday parties of relatives, bowling activities, family visits) and include extended family to view videotapes. A tally was made of times when the observer was included in such events. All Control families were significantly more likely to include the observer in these activities; only one Alcoholic family included me (Chi-square with Yates correction=10.412, $p<.01$). There were obvious opportunities with the Alcoholic families, but they did not arrange for me to accompany them or definitely excluded me.

Mothers in the Alcoholic families were more likely to be absent during observations than were mothers in Control families (Chi-square with Yates correction=4.25, $p<.05$).

Observer Role

Analysis of fieldnotes revealed a number of role definitions which were imposed on the observer by families. These included more distanced roles such as (a) bystander-observer or (b) company or (c) distant relative as well as some enhanced efforts on the part of the family to triangulate the observer into

ongoing family interaction patterns. The latter roles included (d) confidant-listener; (e) playlady and (f) mediator. The observation data which follows is presented to illustrate the varied role definitions imposed on the observer from the mother's, father's and child's perspectives.

Mothers' Interpretations of the Observer's Role

For the most part, in Control families the investigator was integrated into family activities in a bystander role--as a polite stranger or distant relative. Mothers often carried on with their activities of the day (e.g., laundry, grocery shopping, meal preparation, TV viewing, child care). As we became more familiar with each other, some asked questions about my personal life, perhaps to encourage reciprocal disclosure.

(Kaminski-C, 1st day) Plans were made for me to visit on Saturday. They immediately invited me to have lunch with them if I wished. I accepted.

Mother: You'll have to take whatever is available. Usually it's hot dogs or hamburgers.

(Seibert-C, 5th day) Ginger told me (amusedly) that her father thought I was one of Burt's relatives (at the birthday party).

The women in the Alcoholic families showed less consistency in how they viewed the observer's role and how they related to her. Some viewed it principally as a "playlady", i.e., as someone who could distract the child(ren) for a while, allowing mother to pursue her own activities without interruption. Or they avoided extensive interaction with the investigator. Several appeared to welcome the presence of the investigator to reduce their isolation, talking with her about their affective concerns and life stresses as might be done with a close friend. They showed greater reactivity to the observer's presence:

(Michaels-A, 4th day) When I told her about the next phase of the research, Renita looked alarmed, saying rather

anxiously,

Renita: Is this the last time we're gonna see you?
Then she asked for my address.

Renita: I really like you.

She looked a little embarrassed at saying the latter, stating she'd like to keep in touch with me.

(Ypman-A, 1st day) During several discussions about sensitive matters related to Judy's marriage and her husband's alcoholism, she asked me to turn off the tape recorder while we talked.

Fathers' interpretations of the observer role

Fathers' reactions toward a female observer were often more reserved. In some families, they appeared reluctant to interact—at least until they received some prior explanation and reassurance from their wives about the observations. In general, they were less actively involved with the observer. Sometimes, this was acknowledged overtly; at other times, there seemed to be covert avoidance. Control fathers extended offers of help more frequently, and more often commented on their reactivity to observations. Inappropriate interpretations of the observer role were more likely to come from Alcoholic fathers. Here is a sampling of observations:

(Renard-C, 2nd day) Terry comes out and jokes about his jeans being cut off because they're too long. As I'm writing notes, he says, chuckling,

Terry: See I shouldn't have said that. Now she's writing it down.

(Kirby-A, 1st day) Garrold: I want to be honest with you. I'm unemployed and I agreed to do this study for the money. Like probably a lot of your families do.

He was quick to reassure me that he wasn't "bothered" by my doing the observations, walking around with a tape recorder and jotting notes, but rather by the videotape which he called "Big Brother."

While Dewey Jean and I sat down at the kitchen table, Garrold sat in the living room with the TV on. I invited

him to join in the interview (HOME); however, he declined at first saying that if the mother was to be interviewed that was OK. Dewey Jean encouraged him to join in. Garrold: Really as far as I'm concerned, I'd rather be left out of it.

(Ypman-A, 2nd day) Oscar drives up about 8 p.m.
 Oscar: Sorry I missed the interview.
 But he chuckles and seems ingenuine. I tell him there wasn't an interview planned and ask him if I had been unclear about that.
 Judy (tersely): No.

(Michaels-A; 5th day) Little Joe asks if I'm going to spend the night. When I explain about needing to go home to my husband, Joe Sr. says: You should have brought him with you.
 Renita agrees. They invite us both to stop by to play cards with them anytime.

(Potter-C; 5th day) We walk to Toni's mom's house which is about two blocks away. Tim offers to help carry video equipment. Christopher also helps carry. Both parents are talkative with me. Whe we arrive, I'm introduced to the family members immediately. Tim helps explain about my videotaping, but not intrusively.

(Berkowski-Goodson-A; last day) When I arrived, even though it was dark and I had my car lights on, no one stirred in the house until I was right up to the door and knocked. . . . I made two trips out to the car for the video equipment and was offered no help. Virgil did put on his shoes and help me carry the equipment back out to the car when we finished.

Children's responses to an observer's presence

Child responses varied considerably. Level of development and individual temperament were certainly factors in how a given target child responded to the observer, but the role assigned by the parents exerted considerable influence. While the author entered homes with the general idea of looking at how family life influenced the child development, consistencies across observations within a given family as well as across families emerged. These

issues are discussed in the remainder of this chapter which compares and contrasts these experiences.

The observations presented here are limited to how children integrated me into their home environment. Over time, the author observed (1) whether children were introduced to her and later recognized and called her by name; (2) how the author was presented to them by their parents; and (3) how quickly the child(ren) spontaneously interacted with the observer. Several observations are provided here to illustrate just how varied those responses were:

(Berkowski-Goodson-A; 2nd day) When I arrive three days after the initial contact, Dawn immediately introduces me to Victor.

Dawn: This is Joyce. Remember Joyce?

He shows no signs of recognition. She introduces me as the "lady who's going to play with you."

(last day) Victor runs up, jumps into my arms and hugs me, but asks: Who are you?

While as observers, we might expect young children to forget us after several days absence, the author is highlighting the inappropriateness of Victor's expression of "affection" in view of his repeated failure to recognize me.

(Kirby-A; 1st day) Dana stuck very closely by me, sometimes touching me and once he allowed me to hold him on my lap. He showed me what he was drawing and colored while his father and I talked. About midway through our conversation, Garrold asked Dana if he could remember my name and he prompted him so he could say it to me.

(Renard-C; 1st day) Marcus is hesitant to come near me. As time goes by, (about two hours) he begins talking to me and smiling. Still later he asks, "Do you want to see my belly?" and shows me his navel.

(Potter-C; 2nd day) Christopher is fairly shy with me and sticks close to his "momma." Finally he asks me for two index cards (as on the other day) and for a pencil. He tells me and momma that he is "writing his birthday". Later he shows me a sticker.

He puts it on his body, especially around his navel which he displays proudly.

(Kelly-A; 3rd day) Patrick (age 6) teases Andy about me:
Patrick: Your teacher is coming.

Reactions to Videotaping

The video camera was an adjunct to the naturalistic observation. The most striking feature of the taping was the manner in which families handled the videotaping schedule. All families showed some concern about when the tape would be on and off. Whatever family member was present was told when the tape would run for that day. But Alcoholic families experienced more difficulty in disseminating this information to other family members, which seemed to reflect more general communication difficulties.

Video Viewing and Recall

In the close-out contact, family members were offered an opportunity to view some of the videotapes and talk about what they saw. While almost all families expressed some concern or anxiety about "seeing themselves on TV," and, often, families made statements that suggested they wanted to "get the goods" on another member, overt differences in family reactions were noted between the Alcoholic and Control groups.

The atmosphere with the Control families was convivial, characterized by laughter, spontaneous expressions of enjoyment, and directed the attention of the target child to his image on the TV. All four Control families invited extended family members to the view the tapes. On these occasions I was able to do a "video recall"--to freely ask questions about the content of the tapes and the validity of the family interactions:

(Kaminski-C) Gail requested that we go on with the tape: I want to see what these boys do while we're sleeping, I want to see (teasing tone).

Referring to the video segment in which he was sanctioned by his father for turning the TV too loud, I asked what would have happened if Lennie (the older boy) hadn't turned down the volume:

Holden: He would have shut his mouth!

Gail: You would have seen Holden in his underwear spanking Lennie!

This exchange has a joking quality, with the three of them chuckling, but George (target) doesn't get the nuance. He chuckles about seeing his dad in his shorts.

At end of viewing, both parents indicate that they would have liked to see more.

Gail and Holden: Why don't you come back for a second session?

(Potter-C) When I showed the video tapes, Pappio and dad and mom extend themselves to direct Christopher's attention to the screen and to identify himself. He recognizes himself and related to the film segment where Pappio blew the air horn and frightened him. Toni asks him to watch and asks him why he's crying.

(Seibert-C) I selected some tape which showed Burt's machinations to avoid being on camera. Everyone including Burt laughs genuinely and continues to watch attentively. . . . After showing the tapes for 30 minutes, he says, "Boy this family is a boring soap opera" but he encourages me to continue showing more. Ginger and her sister agree. Kevin doesn't want me to continue because I've told him he can play with the tape recorder after we're done.

(Kelly-RA) The entire family is very attentive to the videotape and make requests of scenes that they would like to see. Most of the time, most family members laugh uproariously at the action. Patrick is the exception. He remains out of the room or outside most of the time.

Derek (oldest boy) joins the family later. The older girls keep describing the action they've seen him in and some of the other "funny" episodes. They suggest I replay some for him, to which the family is agreeable. When I replay some of the segments, the family laughs, but Derek laughs the loudest and remarks about himself.

Derek: Look at that guy go!

The family tone is light and there's a lot of talking.

This receptivity to seeing themselves on tape is much different from the Alcoholic families' responses. Family members in Alcoholic families appeared less interested in the viewing; or only interested in themselves in an egocentric manner. Sometimes they terminated it prematurely; in one instance, a family member avoided it entirely. Video recall was not as successful and sometimes impossible. Spouses frequently made sniping, derogatory comments about each other in context of the viewing. Sometimes the author did not show those video segments in which she was most interested because the family members were so ill at ease or obviously hurting emotionally:

(Michaels-A) Renita was particularly interested in the video segments in which she was present, but not in the ones about her husband or children. The only time Joe Sr. expressed interest was when he saw the close-ups of the children, commenting that it was a shame they weren't there to see them. During one mealtime, he said he thought that was where Renita "called me a dog."

(Berkowski-Goodson-A) During the viewing, I began to feel as though we were going through a ritual—that parents weren't really interested in tapes At least one time I noticed Virgil checking his watch and sighing. Both parents requested agreed that we terminate the viewing early—before all the selected episodes were reviewed.

(Ypman-A) I think Judy was upset because the video segments I showed were perceived by her to reflect badly on her parenting skills. . . . I made a major effort to schedule when all the family would be present. At the last minute Oscar was not. I wondered whether they had argued tonight, given Judy's behavior.

(Silver-A) Initially, all family members were animated, talkative, attentive and laughed frequently at what they described as the "Shawn movie." When the scene changed to the day when Shawn wandered away from home, all three became very quiet as the focus moved away from Shawn and onto the couple conflict. I turned off the video to inquire about these events. Shawn turned it on again, distracting our attention.

Among possible explanations for the differential responses in the Alcoholic families are the following: (1) the family group does not function as a family social group much of the time and it is of little interest to family members to view themselves as such; (2) they may have feared what was forthcoming on tape; (3) the tape may have triggered memories and emotional responses about events surrounding the tape which were painful or problematic; (4) the tape created dissonance and challenged the families' perceptions of themselves.

Emerging Themes in Family Functioning

When I look back at my life until when I stopped drinking, it was like a payback for the guilt for not having the feelings that I should have had or not being able to do something about something which I had no control over. And my life was following an exact pattern!

Jack Kelly-RA

The rest of this chapter focuses on field observations of family functioning and the possible role of alcohol in the family environment as it impacts on marital and parent-child relationships. The importance of clarifying the processes of family interaction which mediate between parental alcoholism and transmission of drinking problems to offspring was seen in Chapter II. Observational data from the present study contribute to a greater understanding of some of these issues.

Consistencies in observational events which make up the daily life of families in the early stages of parenting—awakening; naps; bedtime rituals; mealtimes; misbehavior and discipline; sibling play and conflict; toileting accidents; play indoors/outdoors as weather dictated; parent teaching and

socialization; holidays (anniversaries or traditional holidays); marital interactions and disagreements; household management; and child management were seen in all of the families under study. This allowed for contrast and comparison across families. The observations reported here were selected both to illustrate the quality of family interaction and to show the wide variability of behaviors in all of the families under study. An exhaustive description is not being presented here. Rather, I attempt to document recurrent interaction patterns which were revealed over observational time. Alcoholic families show their interactional disturbances by exhibiting extremes in the behaviors found in all families (cf. Sullivan, 1953).

We begin with observations about mutual affective expression in family group interactions and proceed in the context of an individual, developmental and family life cycle framework to discuss other factors which were observed to influence the preschool target child. These include (1) cooperation and mutual help; (2) parenting and its impact on children at risk; (3) noncontingency and family stress; (4) isolation and inclusion; and (5) family coping strategies. In Chapter VI, these qualitative findings are then discussed in the context of the quantitative findings presented in Chapter IV, independent results from other aspects of the MSU Longitudinal Study, and in view of other retrospective research in this area.

The observational data illustrate reciprocal influences of the couple, parent-child, child-parent and total family interactions. In this discussion, it is important to bear in mind that family interaction, at any given moment, is influenced by several classes of non-independent determinants of behavior (Seay & Gottfried, 1978). In order not to lose sight of our task, following Zucker's model (Zucker, 1979), we will primarily examine effects of the family of origin (Class II), and sociocultural/community influences (Class I) as they may

contribute to later development of alcoholism in the child at risk. Although intra-individual influences (Class IV) are salient, they are addressed more specifically by other research in the MSU Longitudinal Study (Noll, 1983; Weil, 1984). While intimate secondary group influences (Class III) are less salient at this stage in the child's development, they are not absent and will be presented where relevant.

On Laughter, and Other Affect Expression Issues

People drink to be able to be somebody else because they can't possibly believe that somebody would like them for who they are. . . . I remember when I was drinkin' I tried so hard, I wanted everybody to like me, but you know you were drinkin' in order to do it I thought I was really dumb. I was withdrawn and introverted and I needed the alcohol to talk to people.

Jack Kelly-RA

When Patrick was just a baby, Jack came home one night and passed out in front of the front door of our house. One of the day care kids was still there and his parents were coming to pick him up. I didn't know what to do! I could have hit him I hated him.

Kara Kelly-RA

Affective Interactions in Marriages

The emotional interactions of the Alcoholic couples were more typically characterized by emotional unavailability, emotional isolation, distrust, lack of warmth, and by sham. It was rare for couples not to reveal these difficulties even on the first contact with the observer. In spite of efforts to veil them, the effects were pervasive and insidious. They erupted into all aspects of family interaction, engulfing the children. It not only impaired conjugal roles, but parenting roles and family interaction as a whole.

Unresolved conflict.

The things you do remember are usually bad. And then you start drinking to forget. You never resolve anything. It's constant. You're livin' in the past and you just keep adding

one bad thing to another and then you rehash them all, over and over and over again.

Jack Kelly-RA

The predominant theme was conflict—or in the more general rubric, "agonistic behavior." Agonistic behavior is "behavior associated with active competition i.e., aggression in its widest sense, including combat, threat, dominance displays, and the strategies of their application, as well as submission and appeasement behaviors" (Geist, 1978, p. 66). In these families it was infectious: There was a readiness

(1) to make hostile, critical and derogatory remarks,

(Kirby, 5th day) Dewey Jean can't find her keys in her purse, but finally locates them.

Garrold (nervously jovial tone): She has so much garbage in her pocketbook. One day I looked for somethin' in it and I just took it in there on the couch and dumped it out.

Dewey Jean (testily): You're not supposed to get into my pocketbook!

Garrold: You sent me after it, remember?

Dewey Jean (reproachfully): I don't remember.

(Michaels-A; 6th day) Little Joe asks his dad: Do you like my mommy?

Joe Sr.: Ya, I like your mommy. She's old, ugly

(2) to dominance (as seen through negation and silence),

(Ypman-A; 2nd day) The family talk turns to a relative of Penny's who plans to get married. Judy says some friends of their's wanted to go out and party to celebrate Judy and Oscar's wedding day.

Judy: But someone has a one track mind (gazing at Rick and speaking in a condemning tone).

Rick does not reply.

and (3) to threat,

(Ypman-A; 3rd day) During a discussion of possible job relocation, Oscar says something about shooting Judy's dog if the place they found to live in didn't allow pets. Later in the same observation period, the couple gets into a dispute about what J.P. (target child) is wearing.

Oscar: He turns out gay, I'm gonna shoot her (Judy).

Individuals must learn to recognize when active competition is futile and alternative means of problem-solving are more profitable. When immersed in conflict, individuals must know when to submit —or at least be quiet (Geist, 1978; Henry, 1965). Failure to appease represents dominance control, generating arousal in the subordinate owing to the unpredictability of outcome by the dominant person (Geist, 1978):

(Michaels-A; 3rd day; early summer) Kenny (target) comes in from outside for a sweater because it's getting cool in the evening. Renita says he doesn't have a sweater; put on his vest. He comes out of his bedroom with a coat on along with his shorts.

Renita (belligerently harsh): Kenny, you're tellin' me that you're gonna wear that coat out there with shorts on. No. No. I don't think so. That ain't gonna get it!

Kenny whines Whhhyyy?

Renita: 'Cause everbody, cause I just don't, that looks terrible. Put a pair of pants on if you're gonna wear a coat.

Joe chuckles: You're gonna go out with a coat on and shorts with no shoes?

Renita: He can't go out like that. People'll think I'm nuts .

Joe helps him with his shoes. Kenny whines. Joe tells him he can put on boots then.

Renita protests: Joe, I'm tellin' you. He puts his shoes on, every morning he'll put his shoes on and because you're here, he knows you'll put 'em on! (Her voice gets shriller and harsher if that's possible). I'm tellin' you he can put 'em on himself. He's got you fooled!

Joe continues to help Kenny and doesn't respond verbally to Renita.

These strategies interfere with effective conflict resolution, but agonistic behavior can function to keep couples engaged with each other—at high emotional cost. It can also contribute to couple estrangement—"too many

married singles" as one Control family put it—as an ultimate outcome:

(Silver-A; last day)

IT'S INTERESTING THAT I GOT VERY LITTLE ON VIDEO OF THE TWO OF YOU TOGETHER.¹ (Both laugh nervously).

Ross: Ya, ya.

Brandy: That's not interesting. That happens a lot (chuckles).

Ross: That's a lot how it is.

(Michaels-A; 2nd day) Renita doesn't get away much from the kids because she takes them with her.

Renita: Joe Sr. and I have been married so long (six years) and had been through so much together, you know, that there isn't really that much that we can do together. . . .

And I can't drink. It just kills my stomach (she has ulcers) and I'm not supposed to, if I want to stay around. So I don't like to go to the bars.

(Berkowski-Goodson-A; 4th day) On Monday, Virgil told Dawn that they didn't have any money, and he didn't have any money to buy her a gift for their anniversary. Besides he thought they needed the money for other things rather than eating out to celebrate.

Dawn: And I said, "I don't care what you say. I've got money in my savings and I'm gonna eat out on my anniversary!" And I thought, "Shit! Here I've got this bike (motorcycle) comin' in and he didn't want me to . . . go out for supper. God damn it. I bet he'll feel sheepish about all the shit he said, I'm sure"

(Ypman-A; 1st day) Judy was close to tears on several occasions while I was interviewing for the HOME.

Judy: Oscar understands my need for time to myself, but he doesn't act.

¹ In these transcripts, observer questions directly quoted from fieldnotes are offset by capital letters in the text. Unless otherwise indicated, direct quotes from family members are used throughout.

Contrast this with the Control family:

(Renard-C; 1st day) Julie: Terry is very good about watching the kids especially if I've had a bad day with them. It's usually his idea. I'll be tired and say I think I'd better stay home tonight (from craft classes). He'll say, "Oh, you'll feel better if you just go and sit and talk."

In contrast to Control families conflict was not only more frequent, but the conflicts were ongoing and recurrent since these interactions did not typically achieve resolution. This is not a new finding (Jacob et al., 1981; Moos et al., 1981, 1982, 1984), but it is illuminating to see how rigid the patterns are so early in the family life cycle.

(Silver-A; last day) While reviewing some videotape footage, I ask the couple to describe what's going on in a particular scene.

Brandy: I'm pissed at him.

Ross: I can see that, but I couldn't hear what I was sayin'.

They go on to describe why--that they differ on how Shawn should be fed meals.

Brandy: I don't want him eatin' just garbage! (junk food)

Ross: I know, not just garbage, I know that. But I mean, if he hasn't eaten much during the day and he doesn't feel like eatin' you don't force him to eat!

Brandy (interrupting): I wasn't forcing him to finish everything. I just

Ross (interrupting and chuckling) See? Here we are right back into it. /underscore added/

This example is provided to illustrate how recurrent cycles of conflict about subjects other than alcohol are readily elicited. Both parents agree that Shawn shouldn't eat junk food ("garbage") and they also showed evidence of knowing what foods are healthful; Ross was an ardent advocate of vitamins and natural food products. And yet, the couple's failure to achieve resolution recurrently has the same consequence for Shawn--he is allowed to eat "garbage."

These endless cyclical disagreements recurred even when, in reality, the complaints were no longer valid. The following dialogue between Dawn

Berkowski and her husband Virgil Goodson provides one illustration:

(Berkowski-Goodson-A; 3rd day) After dinner, Dawn and Virgil talked about the way they handle the cooking in their household. Jim used to cook in a restaurant and so he does the cooking at home (contradicts earlier statement that they change off each month). He commented to the observer that some of his friends ridicule him about this. Dawn took this opportunity to complain about all the dishes stacked up in the kitchen sink.

Dawn: This is perfect! Did you see this? (points to the sink) That's Virgil. He's better than he used to be! People are always saying 'Oh, you're so lucky that you've got a husband who cooks'. I say he dirties every goddamn pan in the house! I swear, he'll take one pan out and break an egg in it. Throw that in the dirty dishes. Another pan out . . . do this. Saute an onion.

Virgil: I rinse things out as I go!

Dawn: Well, now you do. But, goll, for a while . . . he was just, everything was dirty!

Dawn brought up what appeared to be a current complaint. While tacitly acknowledging a change in her husband's behavior, she continued to relate to him as though he had not. A cycle of mutual recrimination followed:

Virgil: One of the things that ticks me off about her is that she doesn't put things back where they're supposed to be. I'm cooking and all of a sudden, where the hell is it! You know. . . .

Dawn: (interrupting, but in a tone which suggests ingenuine good humor); I can't remember where it belongs, you know.

(Ypman-A; 3rd day) Oscar asks me what it's like in Texas.

Judy: I've heard too many bad things about the place. . . .The distance is too far for me too.

Oscar: That's the land of opportunity now.

Judy (in a tired, barely tolerant tone); So's Michigan, Oscar. Low income house. Within driving distance to our families.

SOMETHING THE TWO OF YOU HAVE TO WORK OUT YET?

Oscar: We'll work it out, won't we (threatening tone).

WHAT ABOUT TEXAS INTERESTS YOU?

Oscar: Job opportunities.

Judy (barely tolerant tone): A new experience. You're gettin' sick of the humdrum life. You want some excitement added in!

For the next three months, the Ypman family continued to dispute about Oscar's desire to change jobs and move out of state, with no resolution by the last observation.

Geist (1978) posits that aggression (and chronic conflict) may be reinforcing for the aggressor by positive reinforcement through arousal reduction. According to this view, any opportunity to perform a behavior without being frustrated or blocked--as in winning temporarily in the exchanges noted above--is reinforcing.

Couples who showed greater mutuality which extended to more effective problem-solving strategies predominated in the Control group. Control families were more able to appease or submit. They more typically made use of strategies to avoid conflict and to reflect empathy for the spouse:

(Kelly-RA; last day) In regard to a recent quarrel, Jack: Usually as a rule nothing's ever settled in that kind of discussion. . . . It's usually two or three discussions and then one person gives a little and then the other one does and then somehow you reach /an agreement/.

(Potter-C; 4th day) Toni and Tim have recently returned to their old church after trying a different one.

Toni: They preach harder at that church.

Toni liked the "new church" but Tim was raised in the other one and told her recently that he wanted to go back there for that reason. Toni felt badly that he hadn't told her earlier and complied with his request even though it's not her preference.

Toni emphasized that she doesn't make decisions without consulting Tim.

(Kaminski-C; last day) Mother: I always watch Lennie until he gets out of sight--to be sure he's all right--which is just about at the schoolyard. So I figure if he makes it that far, that he'll be all right. It's worked for 6 years now.

Lennie: Seven.

HOW DO YOU FEEL ABOUT IT, LENNIE?

Lennie: I don't know. Like disappearing into the fog usually. (All laugh).

Father: Ya. She doesn't walk him down there, but if she thought she could get away with it and not look bad, she would.

Mother: I just like to make sure that he gets there all right.

WHAT HAPPENS NEXT YEAR WHEN THE BOYS GO TO DIFFERENT SCHOOLS?

Mother: I'll just watch you go down that way Lennie, no trouble Everyone is used to Mother standing at the door, no problem.

This seems to be a potential area of conflict which is treated quite lightly, at least in the observer's presence. The tone seemed to be one of indulgence--mother views it as her prerogative; Lennie doesn't view it as really intrusive; father uses it to tease mother, but without the ever-present hostility so often noted in the Alcoholic marital interactions. The Kaminski family could talk about this complaint without making great demands that anyone change, and without the denigration and attacks on personal self-esteem which must be so debilitating over time in the Alcoholic family environments.

It is not my intent to suggest that marital conflict was absent in Control families, although it appeared to be substantially less frequent. Rather, in Control families, repetitive cycles of conflict which fail to generate constructive change, or diminish interpersonal trust and self-esteem, or cause physical and/or psychological hurt (Bach & Wyden, 1968; Feldman, 1979) were minimal or absent. For example, during my first day of observation, Toni Potter purchased a wading pool for her son Christopher. Throughout the week her

husband did not set it up in spite of her requests and hints:

(Potter-C; 4th day) While Toni is preparing supper she suggests to Tim that he might work on the P-O-O-L, spelling it out. Tim doesn't, however.

Five days later, Toni arranged for her brother to help set up the pool, but doesn't make a big issue of it with Tim.

Warner & Olson (1981) posit a theory of family conflict that is "rooted in the individual's betrayal of values. Hypocrisy and self-deception ensue, and individuals insidiously provoke each other to do the very things for which they blame one another" (p. 493). The following observation is but one example of how this hypothesis may apply to the Alcoholic couple conflicts. Other examples are described later when family alignments and coalitions are discussed.

(Silver-A; 1st day) A new puppy had been acquired by the family in the few days since my initial contact with them. Ross discovered the puppy chewing on some socks and also that it had defecated on the kitchen floor.

Ross: Don't know how long you're gonna live!
Then he explained that Brandy had brought the puppy from her mother's without consulting him.

Ross: It just appeared(hostile tone).
They had a dispute over the dog's name and finally settled on a name suggested by Ross.

Nevertheless, the dog continued to be an issue throughout the next three months, in the video and observational data as well as by overt confirmation by the couple. In my last contact with the family,

(Silver, last day) Ross reported that the dog was gone because he had grown too big.

Ross: I don't think it's right that she got it and then gave him to the humane society.

Dominance and Devaluation of the Spouse

Geist (1978) describes laughter as having many functions. As a mechanism of human social bonding, it can be infectious and a source of common pleasure. Although Control families more typically de-escalated and dispelled hostility through humor, the Reels family was the exception in the Alcoholic group:

(Reels-A; 4th day) Ellie is getting ready to stay all night with her mother. It means that Herb will have to care for the children.

Herb teases her about this being a regular occurrence.
Herb: We'll have to have an argument every Saturday afternoon so that you can go stay with Mom and Dad.
(Both laugh).

Ellie: It's no fun to argue.

Herb: Then you can say, "I'm going to Mother's!"

Ellie: I could leave all the kids here too (laughing) but I won't.

Herb: You might come back and find none of them.

Ellie: Oooooo, that would be nice for a day or two! (still laughing).

(Renard-C; 2nd day) While Julie and I peel potatoes for dinner, Terry helps Miranda and Marcus with baths. Marcus doesn't like his hair shampooed. Terry attempts to joke with him while soaping up.

Terry: You think soap'll clean you up Marcus? Sure you don't need gasoline or something?

Miranda:Geeeeee, Daaaad (giggling).

Marcus: I can wash myself.

I have often noticed gentle teasing between Julie and Terry. Today it extended to both Julie and Marcus (target). As they plant seedling bushes out in the yard, Terry quips to Julie: Stir it with your hands! as they put manure in each hole.

Earlier in the day when the three of them were finishing lunch so they could go outside, Terry teases Marcus to finish eating.

Terry: Marcus, mom's got more food. Get in there and eat or you won't be able to go outside forever!

Marcus screeches.

Terry: I'll smack ya! (lilting tone)

Julie: I don't think he believes you.

For Control couples, laughter also functioned as a tension releaser:

(Renard-C; initial contact) As Terry completed the Health History questionnaire, he inquired about how to report a farming accident he had incurred. Shortly thereafter, when he was completing the questions about major personality disorders, he told his wife in a very cordial tone,

Terry: Maybe you have a personality disorder.

Julie (in a mutually non-hostile manner): You're going to be headed for an accident tonight if you don't watch out.

The quality of this interaction was markedly different from that of the Silver and Michaels families in response to the same set of questions. Their responses were hostile, and implied superiority in one way or another.

Remarks by the Alcoholic couples were more cutting, more reflective of their stressful family conditions, and more complex--incorporating role conflicts, coalitions, struggles for dominance, and generally reinforcing non-verbal messages that the spouse was devalued and incompetent. Genuine laughter was rarely observed in the Alcoholic families. Use of laughter and humor was observed more typically in conflict situations and functioned more as dominance display, aggression or punishment (Geist, 1978):

(Michaels-A; 2nd day) Renita corrects Kenny when he uses "gooder."

Renita: There's no such word as gooder. Ya, you see, you know! Just like to test me or what? Like your dad and his "worser." Or he'll say he's gonna "learn me something" instead of "teach me something." I can't stand the way he talks.

Similar interactions were observed in the Kirby family with the wife correcting her husband's pronunciation. Both women repaired their own cars and made desparaging remarks about their husband's lack of competence in this area:

Kirby-A; 4th day) I comment to Dewey Jean that Dana seems to be very mechanically minded as he expresses intense interest in running the vacuum cleaner as well as in the tape recorder.

She agrees, but remarks that he probably gets it from her.

Dewey Jean: Garrold thinks he's mechanical, but I think he could mess anything up he put his hand to. He tries. He really tries, but . . . He has done a quick patch up on the car before, but it's usually worse off than when he started. Just like the door, the door on the Vega. It wasn't catching the lock each time. Now it's wired shut because it doesn't catch the lock at all after he worked on it. I didn't say too much (laughs).

Devaluation of a spouse (e.g., verbal snipes) is not a unique characteristic of alcoholic families. Riskin (1964) reported that families with delinquent members show high frequencies of verbal attacks similar to those expressed by the families under study here:

(Silver-A; last day)

Brandy: You know, Archie Bunker. You've seen him on TV! He's in the living room here.

Ross (in response to video segment in which Shawn and Brandy watch TV for an extended period to time): Hey, check that out, say, you got your eyes glued to the TV! Unbelievable!

Note: Brandy's excessive TV viewing is a bone of contention between them.

Again, a primary function of this behavior is to establish dominance over the spouse and enhance personal self-esteem.

It is a basic assumption in developmental research that a child is affected by the daily interactions which he observes and incorporates what he sees into his behavioral repertoire. What is most interesting in the observation presented below, "Just Kidding," is that we see JP using both the content of the interaction he observed that day as well as the "joking" affect associated with it to provoke his mother, much as his father did. This is an example of early learning which mimics the struggles for dominance modeled by his parents.

JUST KIDDING

(Ypman-A; 3rd day) JP comes into the kitchen with his rubber boots on. This precipitates a new set of complaints between the parents. Judy says that both kids need new coats and boots for winter. She remarks that the boots JP is wearing were Starr's, but if JP's are really wet he wears them.

Oscar: Ya, he's the only guy on the block wearing girls clothes.

Judy (irritated): What? . . . He doesn't wear girl's clothes, I buy

Oscar (overlapping): Oh, there were a couple of things you were gonna put on, I said, "No, not those."

Judy (defensively): What?

Oscar: I don't know what it was, but they looked like they were too much like a girl's You tell me what it was No, you don't. There were a couple of things

Judy (overlapping; initial comment inaudible): JP likes to try on Starr's skirts (laughing). He just loves 'em.

Oscar (same type of strained laughter): Ya, and you know what I tell her too!

Judy: He turns out to be a girl it's your fault (still laughing).

Oscar: He turns out gay I'm gonna shoot her. (Judy continued to laugh briefly).

After a few minutes, JP wanders into the dining room where we're sitting. Judy says defiantly: Those pants I got him look like boys'. And I got 'em cheap! Oscar is silent.

When the children get ready for bed, JP tells his mother that he's "gonna get my boots and put them on."

Judy: You can't wear them to bed!

JP (laughs): I'm just kidding.

Development of mastery need not occur in a punishing context at the expense of another person. J.P. is developing his own sense of mastery and competence by diminishing that of his mother, exposing her vulnerability. Contrast the above observation with the following interaction in which laughter is shared in an empathic way:

(Potter-C; 5th day) Christopher bumps his nose on a piece of furniture and starts crying. His mother promptly comes to his aid and starts talking with him, both amused and empathic.

Mother: What's wrong? What did you do to your nose? Did you hit your nose on the table, is that what you did? Awwwww. (Hugs him). Feel better now? Feel better now?

Christopher tells her he wants a bandaid on it.

Mother: You don't need a bandaid on it. Mommy kiss it and make it better?

(She does, but he persists about the bandaid).

Mother: Do you absolutely have to have one? (He agrees). You'll look funny! Do you want to look funny? Do ya? Are you sure? Really! All right. Sit on

the couch and mommy'll get a bandaid. Sit right there (still bemused tone). Where'd you hurt it?

Christopher: On the table. On the chair.

Mother: Oh, what were you doing on the chair that made you hit it? Oh, you were trying to get the chair over there, is that what you were doing? Well, goofy.

He smiles as she puts the bandaid on his nose.

Mother: Is that gonna make it all better? . . . Do you feel better now? (Giggles) How can you stand it on your nose? It looks funny! You look funny (tolerant bemusement) You look goofy.

Emotional Availability

Before one can be empathic, one must be emotionally available and demonstrate consistent emotional relatedness. Both parents in the Alcoholic families showed marked deficits in emotional interactions with the target children which included outright rejection, pretense, concealment and deception.

(Michaels-A; 3rd day) Kenny approached his mother, puckered up his lips and tried to "smooch her." She acted coy—as though she didn't know what he wanted—and then when he told her he wanted a kiss, she kissed him fleetingly, but sneered.

Renita: I don't like to kiss your face! It's dirty!

The next vignette, "Oh, Sure . . . Maybe Next Year," illustrates how, even in the Recovered Alcoholic family, these deficits persisted:

OH, SURE. . . MAYBE NEXT YEAR

(Kelly-A; 3rd day) Patrick lost a tooth yesterday and it fell down the sink drain. That meant he couldn't put it under his pillow which was very important to him since he would get a dollar. Mom had promised him to write a note to substitute for the tooth itself.

Mom: Oh, Patrick! (apologetically) We forgot to leave a note for the tooth fairy!

Patrick: I know! That's what I was tryin' to tell you (lowers voice) this morning.

Mom: Oh, honey. We'll do it tonight, OK?

Patrick: Oh, sure, maybe next year (sarcastically).
 Mom: No, we'll do it tonight.

Then Kara tells me that Patrick can write the note tonight.

Patrick abruptly starts screaming: I'm not writin' it! I don't know what to say!

Mom: I'll spell the words for ya.

Patrick (whining): Mom, you write it! I don't know what to write.

How do we account for this response? It seems inconceivably over-reactive to the situation unless the broader context of the family environment for Patrick is considered. Repeated observations indicated that Patrick craves individual attention from his mother--something he sees his younger brother Andy receiving. Here again, Patrick recognizes that his mother has deprived him of the possibility. To know the possibility exists, but is not available to him is not only poignant, but seems to lead to intense sibling rivalry and aggression, directed not only at Andy, but also at the day care children.

(Kelly-RA; 1st day) Andy and Mom sit on the sofa, kissing and hugging. She put on his pajamas and then washed his face, hands, feet. While Jack talks to me, there is a rather extended "intimate" interaction between them with tickling and low talking which excludes Patrick and Robbie.

Andy appears with a holster on. Mom hugs him and calls him a "kissy face." . . . Almost immediately Patrick appears and gets sanctioned.

Kara: Patrick, I wish you wouldn't do that in the house. It's dangerous.

(5th day)

Dad: Patrick is the only one who reacts badly toward the day care kids. He uses the word "day care" as though it's dirty.

Dad continues: Andy has a temper when he gets going. He picked up that thing (pointing to metal object) and caught Patrick with that metal edge across the top of the nose. It required sutures. . . When they get into it, they get into it good. I don't know what will happen when they get older.

Even in anticipating the arrival of another sibling, Patrick can only expect more of the same. Again, his predominant response is aggressive:

(Kelly-RA; 1st day)

I ask Andy and Patrick what they think about the forthcoming baby.

Mom answers for Andy: He wants it to be a girl, because he wants to be the littlest boy (laughs). . . .

Andy: I don't want to be the littlest boy, I want to be the big boy!

Patrick: He'll still be a baby.

(2nd day) Mom, Andy and Patrick talk about the forthcoming baby. Patrick gets short shrift. Andy is identified as someone who can feed the baby, but Patrick is not included.

Mom reports to me that Patrick has told his uncle: "My mother is going to name our new baby Jennifer Lynn, but I think she should name it Gina (rhymes with vagina) if it's a girl and Penis if it's a boy."

The reader should notice that parental emotional unavailability is a pervasive experience for Patrick that extends far beyond any one aspect of his interactions with his parents. Siblings, as well, contribute to his emotional isolation.

(Kelly-RA) Every Friday, there is a family ritual in which Kara goes grocery shopping and then goes out to eat at a restaurant. Jack stays home with the rest of the family and they order in pizza. Each week Kara takes one of the children in rotation.

Kara: Derek (the oldest teen) isn't in the rotation because it's too above him.

Patrick: It's my week to go to the grocery store and I'm going to pig out after!

His tone of voice suggests that this is a very rewarding experience for him. It is the only predictable time he will spend with her without sibling competition.

Later in the week, Mom punishes him for temper tantrums by depriving him of this privilege. He will have to wait five more weeks before he can go again (a total of 10 weeks since the last time).

(last day, six weeks later) Apparently Mom had asked Liosha to go shopping with her tonight. Liosha said she didn't want to go, so then Mom asked Patrick. He

did want to go with her.

After this was settled, Liosha decided that she would go along after all. Mom asked Liosha if she really wanted to go, since Patrick had told his mother that he wanted to go alone with her. But Liosha insisted that now she wanted to go along too and that she had been asked first.

In the meantime, Colleen, Derek and Robbie all chimed in to tell Patrick that he didn't "need to go alone with Mom." Both Patrick and Liosha went along with Mom.

I present this observation to illustrate that Kara Kelly recognizes the need for individual time with her children, and even has devised a mechanism by which to achieve it, but, for Patrick, she is unwilling to assert herself with the other children to be able to follow through. This omission has consequences. At age six, Patrick has been telling them that his family is out of money and needs it for food and then spending it on ice cream. On the first occasion, Andy was also involved. During the observations, Patrick repeated the behavior and was reported by a neighbor:

(Kelly-RA)

Jack: I can't believe he (Patrick) did that after all that talkin' . . . Almost like extortion. When it happened the last time, we got the word on it and everybody shook hands and they cried a little bit when they got caught at it and that was it, but evidently they didn't learn their lesson--he (Patrick) didn't anyway.

I don't think it's any kind of antisocial thing 'cause he won't take anything that belongs to anybody or anything. . . evidently we haven't gotten it clear to him that that's really as wrong as just takin' something.

Both parents are mystified by his behavior and show little insight into how it may reflect Patrick's sense of deprivation.

Physical Contact: Affection and Aggression

It would be interesting to see if the theory a lot of people have told me proves out--that the kids who fight in the family the worst usually turn out to be the best of friends when they're older. We've got a

few people around here who ought to be real good friends, huh, Robbie?

Jack Kelly-RA

Transmission of patterns of affective expression to children occurs via many pathways. For example, physical interactions are modeled by parents and imitated by children; unresolved parent conflict (discussed earlier) contributes to chronic family stress and deterioration in parental and filial relationships. (Geist, 1978). In this section, we will see how, when affectional resources are limited or lacking, all family members may respond by withdrawal, by competition and/or by aggression.

Rarely did I observe couples in the Alcoholic group display any physical affection (hugging, kissing, tender words) toward each other which appeared genuine—a marked contrast from the Control families who more typically displayed these behaviors in their children's and in my presence. Physical interactions in the Alcoholic group either had a staged quality or were rebuffed by the recipient spouse:

(Ypman-A, 4th day) After Oscar returned from his second service call of the evening, he sat down at the table. Judy rested her leg across his lap and asked him if it were his sore leg. He said "No" and pushed her leg off him.

There was reported physical violence between spouses in two Alcoholic families.

(Silver-A; last day) Ross has talked at length about his experiences in a spiritualist church. He remarks that his drinking is a sin according to their belief system.

Ross: Her (Brandy) nagging, screaming at me, swinging at me—that's a sin too!

(Ypman-A; 3rd day) Judy talked about Oscar and her having fist fights and that for the most part Oscar won. She said that there was one time when he didn't win. She was pregnant and he hit her in the face in front of another couple. She retaliated, pinned him to the wall, and started "beating on him." The precipitating incident by her report was a song on the radio called "You're as cold as ice". Judy was

singing the lyrics and looking at Oscar. She guessed they felt free to do that in front of the other couple because they, too, had problems with physical violence.

Even in the drinking conditions, what appeared at first to be increased mutuality between couples rapidly deteriorated to the agonistic behavior patterns described above and previously.

Physical punishment of children and expressed concerns about potential abuse were more common in the mothers in the Alcoholic families than in the Control mothers:

(Ypman-A; 3rd day)

Judy: Last year I was gettin bad headaches and everything because of the stress. Now some of the symptoms are comin' back again. It's scarin' me 'cause I don't know how to handle it. I don't want to go back into the hospital and have the doctors tell me to go see a shrink (laughs nervously) like they did last time. So I kinda cured it myself. Went away for awhile.

THE STRESS WENT AWAY?

Judy: Not the headaches, but constant backaches now. But I had constant headaches last summer. I was not myself at all.

THAT MUST HAVE BEEN ESPECIALLY DIFFICULT WITH THE KIDS.

Judy: Their crying, mainly their crying. I still do things when they start crying now, but with the headaches I just kind of exploded. I mean, I never beat 'em you know.

I have seen on occasion that Judy will abruptly grab the kids, spank them and send them to the bedroom, but plead with them and apologize later.

(1st day) Starr and J.P. were talking about killing today, but the context was unclear to me. Starr asked me if I knew where she got the mark on her face and told me that her dad hit her. Immediately, her mother hollered at her in a dismayed tone of voice that that really wasn't so. Mother was quick to clarify to me that Starr had had a scab on her face which she had picked and she didn't know how it had occurred. I also noted a bruise on Judy's neck.

(Michaels-A; 3rd day)

Renita: I loved when I was pregnant, no matter how down I got I always knew that somebody needed me and loved me. And when they get like they are now or when they get older as long as you treat 'em right, and treat 'em decent they'll always love ya.

Then Renita complains that Marylou (visiting cousin) "spoils" Kenny (target child).

Renita: I don't know why, but I cannot get along with Kenny. We argue a lot. I don't know if it's a stage or what. (Her voice gets harsher and she often scowls when she talks about him). He's one of my kids and I don't understand it. . . . I suppose if it really came down to it, I have my favorites of kids in my own heart. . . . But I would never show it. And if I have been, and that is what's wrong with Kenny, I could correct that. But I don't think that's what it is.

A similar pattern of aggression was observed in sibling interactions in the Alcoholic families. These aggressive incidents often went unnoticed by the parents in the Alcoholic group who failed to provide sufficient protection (noted earlier). As these incidents often went undetected, the probability increased that they would continue and escalate in intensity and frequency:

(Michaels-A; last day) Travis stabbed Kenny (target) with a pen several times very close to his eyes. Not until Kenny started crying most loudly did his father respond by telling Travis not to do it. The parents said something to each other about taking "those pens" away from Travis, but no one did anything about it.

(Berkowski-Goodson-A; 5th day) Victor kicks Vashti every time she gets close to his books. When she attempts to play with his toys, he yanks them away viciously. She starts whining and he says, "Vashti, don't cry" (with an intensely urgent tone) and gave her a police car. A few minutes later, she approaches his other toys again. This time when he yanked them away, she cried.

Mother: Just because they're your toys doesn't mean she can't have them. Leave her alone!

Victor mumbles something vehemently about her breaking them.

Momentarily he takes Vashti's pacifier away from

her. Later on, he chased her around and knocked her over.

(2nd day) Vashti gets a toy which belongs to Victor. He takes it away, gently slaps her hand and then proceeds to slap her harder and harder on the hand and then on her back. Father doesn't notice and Vashti doesn't cry. He doesn't appear to be able to stop himself and I intervened to stop him.

(Kelly-RA; 2nd day) The boys run into the house again with Patrick screaming.

Patrick: I'm gonna tear Andy's butt up! C'mon, Andy, let's get fightin'!

Mother: I can't take this today.

Andy (in a taunting tone): I can't take this today.

Mother tries to cuddle Patrick, but she is unsuccessful. Patrick and Andy go back to roughhousing and laughing.

Mother: I don't know which is worse, one that is whining constantly C'mon, let's don't do this rough stuff, someone's gonna get hurt and I don't want an emergency.

Then she says aside to me: Patrick told me he can go alone to the emergency room, he knows everybody there and he figures they all know him, I guess (chuckles).

(Kelly-RA; 3rd day)

Jack: Andy has a temper when he gets going. He picked up that thing (pointing to metal object) and caught Patrick with that metal edge across the top of the nose. It required sutures. . . .When they get into it, they get into it good. I don't know what will happen when they get older.

Emotional availability (discussed earlier) also means parents are vigilant and protective when sibling rivalries get out of control, as the following example suggests.

(Kaminski-C; 5th day)

I commented that I've never seen the boys get into a "knock-down, drag out" fight. Both parents agreed that there's a ground rule in the family against hitting. Wrestling is OK, but not hitting. Later in the observation, both boys were wrestling and after about 15 minutes, Georgie started crying, which had often been predicted by the parents at other times.

Dad: Let him up Len.

Lennie doesn't respond immediately.

Dad: Len!

Lennie lets Georgie up.

Momentarily, Georgie initiates the roughhousing again and Lennie reciprocates.

(Seibert-C; 4th day) Occasionally Kevin takes a toy from Lisa and Ginger tells him to give it back. She follows through until he does it.

Aggression in the Control children was more often directed at things than at people, or in fantasy as the following observation note illustrates:

(Seibert-C; 5th day) Kevin is carrying a jug with clothes pins which he says are his grandma's.

WHAT DO YOU DO WITH THE CLOTHES PINS?

Kevin: Put them in the jug.

He plays with the pins, dumping them out and putting them in the jug. He's quite noisy about it. Then he puts some clothes pins in his pants' belt, telling me "they're bullets," and "I'm shooting bullets."

Aggressive fantasies were expressed more often by children in Alcoholic environments:

(Berkowski-Goodson-A; 3rd day) Victor (target) and I talked about the snow on the ground and he commented,

Victor: Ya, Santa Claus is comin' to town. I got him. I killed him.

HOW COME?

Victor: Because he's not nice. He got in his truck.

SANTA CLAUS DID?

Victor: And I killed him.

(last day) Victor showed me the Baby Jesus from the Christmas decorations and stated,

Victor: Him's bloody (referring to the pink spot on his belly). He's bleeding.

WHY?

Victor: Because he just fell down on that chair.

(Kelly-RA; 4th day) Andy talked about getting a jackknife so that he would be able to cut someone's face off--"zip their face off". Then he said something about using the knife to stab in the stomach which I didn't fully understand.

(Michaels-A; 5th day) Early in the evening, Little Joe (sib to target) wanted to record his voice on the audio recorder.

WHAT DO YOU WANT TO TELL ME ABOUT?

Little Joe: About my dad and mom. I'd like my dad to move out. And my mom could marry, . . . ummmm. . . marry Journey (rock group on TV earlier this evening). And I wish my mom pulled my dad's hair apart or off. And break his bones, and break his legs, break his leg off, and break his hands off and break everything off on him. That's it.

More often control children were able to play interactively and fantasize without aggression or, depending on the age difference between siblings, played parallel with each other:

(Seibert-C; 1st day) Kevin asks me to bring Lisa downstairs to play with us. I observe parallel play with different toys. Kevin takes his toys away from Lisa when she gets into them, but replaces them with some of her own.

(Renard-C; 4th day) Miranda and Marcus have been playing together and now Miranda suggests that she "read " Marcus a book. He agrees readily and she proceeds to tell a story with a great deal of expression, turning the pages and elaborating on the details even though she cannot read. Marcus interjects comments every once in a while and pays apt attention. At one time, he wants to turn the pages. At first Miranda says she will turn them, but later she allows him to do it although he doesn't always have it timed to her expectations.

Some transcription of their interaction follows to illustrate the great compatibility which exists between these sibs in contrast to the intense sibling rivalries, noted earlier, in the Alcoholic families.

Marcus: Read this side (pointing to one side of page).

Miranda: No, there's no words.

Marcus: Right there!

Miranda: Those are houses there and not words.

Marcus: But what will you do with the houses?

Miranda: I shall read them. House, house, house, . . . house, house, house, house, house, house, house! There. I read them.

Marcus: House, house, house. But then he starts making a noise more like a dog barking.

Miranda: Marcus, you're the funniest kid! She laughs and as Marcus continues to "bark," they expand into roughhousing and playing telephone.

Marcus tells Miranda that he wants to be the baby, while Miranda makes fantasy telephone calls.

Cooperation and Mutual Help

People learn to get things from alcoholics. And everybody learns their role and how to react and when to get what you want, the price you got to pay and all this kind of stuff, just like you do in any life.

Jack Kelly-RA

While the marital and family relationships in Control families were not ideal nor conflict absent, there was a predominant tone of cooperation, respect for individuality, camaraderie, laughter and benevolent teasing, mutual respect and help, and mutual pleasure in their children—the "prerequisites of cooperation" as Geist (1978) described it. Husbands were observed helping routinely with the laundry and some household chores; with meals and dishes; as disciplinarians, especially when called upon for support; and in caregiving toward their children in accordance with their cultural values. For example,

(Seibert-C; 1st day) Burt helps with the laundry and cares some for Lisa, but according to Ginger, he won't change messy diapers.

(Kelly-RA; 2nd day) Jack compliments Kara on the meal and tells me: This isn't a special dinner just because you're here. We eat like this most of the time during the week.

The types of interactions noted above were rarely observed in the Alcoholic group. Observations in the Ypman family (presented below) illustrate most dramatically how lack of cooperation and mutual help impaired family functioning. Oscar compounded his wife's individual and parenting stresses by his frequent absences, his willingness to negotiate with others but not with her, and by his recalcitrance.

The Ypman family was subjected to considerable financial stress as were the Kirby, the Michaels, and the Reels families. But in contrast with these other families, they arranged events such that Judy Ypman could not get "bailed out" (Helfer's term, 1974)—she could not obtain periodic relief from her child care responsibilities. She bore the burden of adapting. She allowed her concern about exploiting Penny as a babysitter, and her financial and transportation difficulties to place her in a very dependent position on her husband. She anticipated that financial constraints might even prohibit purchase of winter jackets for her and the children. So, she was "gearing up for a winter of inside activities." In all likelihood, this decision would only increase the family stress which already prevailed, especially since Judy's behavior pattern suggested that she was at risk for child abuse (Helfer, 1974; Kelly, 1983). Yet she and Oscar were unwilling or unable to mutually address these concerns:

(Ypman-A; 3rd day) Well, it seems he's always wantin' to go out at night and drink and I almost never go out. We get into a lot of hassles about it. I mean, I think that if you go out and work you deserve a night off. But we get into a lot of hassles about that.

Interference and Escalation

DAWN SAID SHE WAS UP WITH VASHTI AT 3 A.M. LAST NIGHT.

Ya, I know that. I wasn't gonna get up. I had 'em all day yesterday.

Virgil Goodson-A

Family environment deterioration induces stress. In these Alcoholic families, already experiencing high levels of stress, it wasn't that the couples went their separate ways, but rather that they went out of their way to escalate the stress. Their conflict spilled out uncontrollably in multiple ways--in the commonplace events with which all families with young children must deal:

(Kirby-A; 4th day) Dewey Jean goes to the bathroom to change clothes. John (target) wants in with her, but acts indecisive about staying in or out. Mother gets increasingly impatient with him and finally shuts him out. Garrold interjects, telling Dewey Jean to let the "baby" in.

(Ypman-A; 2nd & 3rd days) Judy asks the kids to help her get them ready for bed by picking up their toys. Oscar interrupts several times.

Oscar: Tell her nope.

At the dinner table Starr said she would like another dinner roll and Judy told her she first needed to eat some chicken casserole. Oscar asked Starr if she would like part of his dinner roll. Judy frowned and gave him a disapproving glance. Starr said "Yes" and shared the roll with her dad.

Noting the frown on her mother's face,
Starr (defensively): I didn't ask for the roll! Dad asked me if I wanted some of it!

Interference which impaired mutual cooperation was observed in many contexts with varied outcomes:

(Kirby-A; 4th day) Garrold comes in while Dewey Jean is unsuccessfully trying to get Dana to eat his breakfast. She has told him he may not get down from the table. Garrold starts talking to him in a sing-song infantile manner and Dana settles down. But he still does not eat. Garrold tells him he can get down from the table and puts some raisins in Dana's pocket, and potato chips in a peanut butter pail for him to carry around.

Dana continues to be oppositional with his mother. She tries to distract his attention, but Dana starts screaming and still defies her. Finally she asks him if he needs a spanking before he'll mind. He says no, but won't comply. She swats him on the bottom.

Dewey Jean: It's Mommy's day off so you're going to act up!

After having actively interfered to contradict Dewey Jean's earlier limits, Garrold now tells Dana,
Garrold: Hey! Don't be mean to Mommy, now.

Contrast this with the following interaction observed in the Recovered Alcoholic family which illustrates mutual support and cooperation in limit-setting:

(Kelly-RA; 5th day) Toward the end of the observation Patrick decided he wanted to make a pot pie and his mother explained that it would be almost midnight before it would be done. Patrick persisted and Kara interrupted Jack.

Kara: Excuse me, excuse me. We're at a crisis point right now. He wants to make a pot pie. He's insisting on it.

Jack: Absolutely not. A sandwich. A sandwich maybe. I've let you guys drag this out for almost two hours now. Now you better go up and watch TV and we'll come up and be with you shortly. You want a sandwich? If you want to eat a sandwich OK, but you're not cooking nothing. It's too late.

Patrick complies.

In another Control family, the parents show mutual cooperation by sharing child care responsibilities:

(Renard-C; 2nd day) Julie reported that late at night when she's less patient with them and tired, Terry is likely to take over—something I observed the night before. Julie rocked Marcus for 30-45 minutes. Then when he wanted to play rather than go to bed, she turned him over to Terry.

Julie: Daddy could probably get him to go to bed better.

Terry willingly went ahead with the bedtime ritual.

Husband Absence

Perhaps the simplest form of lack of support is absence, which often occurred very early in the marriages—even prior to the birth of the target child as the following excerpts from longer disclosures illustrate:

(Michaels-A) During her labor Renita thought Kenny (target child) was unlikely to live and was surprised when he did.

Renita: It was a nightmare with Kenny. He started not keeping his food down at first and then he started having diarrhea. I'd take him into the emergency room and he was dehydrated. . . .He'd scream, he cried, he wouldn't eat, he'd lose weight, he'd have the diarrhea. . . . It just went on day after day

I found out that the nurses turned me in to Protective Services because they thought I was an unfit mother. . . . So. It was rough on Kenny. I never had no time to enjoy him, you know. I never got to go nowhere. . . . You start to regret that you even had him, you know. It's not fair, you know, and out of all my babies I think Kenny was my most beautiful baby. . . .

And the bad thing about the whole thing that had me wondering if I was an unfit mother, you see, was that Joe was not home. He was out drinkin' all the time. When he'd come home, he was drunk.

(Berkowski-Goodson-A)

Dawn: I took eight weeks off work when Vashti was born. That was terrible trying to get used to two kids. It was exhausting. I was so frustrated. I remember a lot of times I would just sit down and cry. Victor was screamin' cause he wanted attention and she was just newborn and she'd be screamin' and I didn't know which one to care for first, you know? I knew that Victor could tell who I was taking care of first. He'd get upset. She didn't care so I let her sleep more often where Victor when he was little, he never had to go through that stuff. He was number one.

But in a later observation, Dawn disclosed that Victor has always had trouble throwing up since he was an infant. She only took one week off work when he was born.

(Kelly-RA) In regard to her pregnancy with Patrick, (next oldest sib to target child),

Kara: When I was pregnant for Patrick and right after Patrick's birth (sighs) Jack was really--his drinking was a lot worse than it was with Andy it's the only time since we were married that I worked outside the home--but he was having himself a little affair. . . . I had to take that morning

sickness pill throughout my whole pregnancy. I took it the morning that I went into the hospital to deliver. Of course, I think a lot of that was just nerves, though, but I lost weight my whole pregnancyAnd when I was in the hospital having Patrick she stayed at our house every night--with the kids and everything. I guess he was just that out of control when he got drunk. . . .

It was over way before we had Andy--that kind of stuff. He'd go off to the bars and play pool and stuff and be gone and, of course, I couldn't sleep 'cause I would think "Is he gonna kill somebody else" 'cause he was out driving and that. He worried me, but it was nothing like it was when I was pregnant for Patrick and right afterwards.

The reader may note the feeding problems which occurred in these families. In an already stressed family environment, absence takes its toll in mother-infant relationships. For example, tension and conflict in marriage has been associated with problems in the mother's ability to competently feed her infant (Pederson, Anderson & Cain, 1977). It has been suggested that the mother's ability to enjoy and affectionately interact with her infant may be due, in part, to the quality of her relationship with her husband. She may underinvest in her parenting role or make compensatory, overprotective investments in her child. Some support for this hypothesis comes from Minde, Marton, Manning and Hines (1980) who found quality of marriage predicted frequency of visits to premature infants. Infrequent visits have been related to parenting disorders such as child abuse (Faranoff, Kennell & Klaus, 1972).

Hostility of parents has also been associated with cessation of growth in children (Powell, 1967). And there is some evidence that the process documented in the classic primate social deprivation experiments (Harlow, Harlow, & Svomi, 1971; Jolly, 1972) also operates in humans, since parents who have been victims of child abuse tend to become abusing parents (Kelly, 1983).

Role conflict and role reversal

Even when the husband was present, mutual support was compromised and stress in the family environment did not subside. As compared with the Control families, role relationships in the Alcoholic families were characterized by gender-role reversals, by recurrent attempts to define and redefine roles, and by conflict about role expectations and responsibilities. Role abdication by males was most frequently observed. However, in those Alcoholic families in which the mother was employed outside the home, attempts by the mother to reverse roles were noted. But generally role responsibilities were subject to endless negotiation, perhaps as a function of the general agonistic behavior patterns described above:

(Kirby-A; 3rd day) I met Renita upon leaving her apartment and she asked me when the video tape would next be changed. I told her that Joe said he would be up tomorrow morning with the kids so that I could come over then.
 Renita: He got that rightHe knows he's got to get up with the kids. I'm just surprised he told you that!

The following observation provides an even clearer example.

During my last observation, Brandy got up from the living room sofa and said she had to "dig out the kitchen." While she was in the kitchen she called out to Ross,
 Brandy: I'm hungry. Have you been to the store?
 Ross: No (sarcastically). What with?
 Brandy: There's not even baloney?
 Ross: No money. The shopping not done; laundry not done.
 Brandy replied that there had been the doctor bill and money doled out for Shaklee products (which Ross sells).

Absence of traditional roles in and of itself is not a manifestation of dysfunction in family interactions—it has become more common as the traditional family has given way to single-parent, professional couple, and other family constellations. For the Alcoholic families, role reversal seemed to be a

consequence of the problem drinking by way of two processes. First, it represented an initial short term strategy to adapt to stressors incurred by the husband's drinking behavior (e.g., husband laid off or unemployed because of drinking problems). To ensure economic survival, some of the women assumed more instrumental roles by entering the work force and relinquishing the primary caregiving role:

(Berkowski-Goodson-A; 1st day) Dawn: Now that Virgil is laying track (he was laid off 3 days later), Dawn describes how Virgil has good possibilities of moving into "management."

Dawn: Then he would be traveling a lot which wouldn't bother me because then he'd be making enough to support the two of us. Right now we wouldn't be able to survive without my job.

Note the interesting slip of the tongue,"support the two of us." One family task is to integrate parenting roles into the marital relationship. Dawn has not done this.

Second, it represented the wife's response to marital disengagement and her search for other sources of social support:

(Berkowski-Goodson-A; 3rd day) She said that Virgil's parents--especially his mother--don't like it that she works. Her mother-in-law wishes she would come home and take care of her children as any 'normal woman' would do.

Dawn: I like to work because it's a place where you're told you're appreciated.

She resents Virgil's parents failure to acknowledge her contribution to the economic stability of the family.

This starkly contrasts with the confidence expressed by Toni Potter in her husband's ability to support her family financially:

(Potter-C; 5th day) Tim tells me that he told Toni when they got married that if they could make it without her working outside the home, he'd "just as soon have her take care of Christopher as some stranger."

Toni: We can make it, so I don't have to work (giggles)! I love it!

Tim: Not that she don't have to work, but she

Toni: I don't have to go outside. Being a housewife is work.

In the Control families, none of the mothers worked full-time outside the home. All Control fathers were employed full-time. Such was not the case in the Alcoholic families. In those families, 2 mothers worked full-time outside the home and all ($n=6$) of the fathers were either (a) unemployed ($n=1$); (b) permanently laid off ($n=1$); (c) employed part-time ($n=1$) or employed, but subject to intermittent lay-offs from work because of work schedules as well as the employee's behavior ($n=3$; e.g., Joe Kirby was laid off because he was "screwin' around, being late to work").

The net result is a set of marital and parental roles which are in direct conflict with socio-cultural norms for this group. In the mainstream culture for lower socio-economic groups, fathers may participate in child care, but they generally do so to assist mother (Rubin, 1976). They generally do not assume the role of primary caregiver. Even working wives may return home to confront the principal responsibilities of caregiving after full-time employment outside the home. Consequently, the effort represents short-term adaptation which incurs long-term costs for both parents and children:

(Berkowski-Goodson-A; 1st day) During administration of the HOME Dawn and Virgil get into a dispute over what the family rule will be about dropping off and picking up the kids at the sitter's.

Dawn: Very often you don't do your share! But from now on the rule is going to be that one drops them off and one picks them up.

(This is an arbitrary decision on her part). This dispute goes on for about 5 minutes with Dawn using it as time to get what she wants in my presence and Virgil defending his behavior by describing in detail how he swings shifts.

Note: He fails to acknowledge that he is now permanently laid off from work and shifts aren't relevant.

(Silver-A, last day) WOULD YOU LIKE YOUR FAMILY SCHEDULE TO BE ANY DIFFERENT?

Ross (angrily): She doesn't want to spend it together because I'm the babysitter that doesn't cost anything! (He laughs weakly). But the schedule will soon be different (chuckles knowingly) 'cause I'm gettin' laid off in a couple of weeks.

Brandy: I'm a babysitter at night when you go to work too!

Ross: I'm tellin' ya that if I was on first shift that we'd both be home at night.

Brandy: Yaaaaa. And then we would have a babysitter during the day 'cause we'd both be home in the evening!

(Kirby-A; initial contact) Dewey Jean emphasized that she stayed home from work during the first year after John's birth. Since then they've shared caregiving responsibilities. She commented ruefully that a questionnaire (the HOME) which just interviewed the mother about caregiving was somewhat outdated.

Note: Yet I have since observed her to recurrently defer to her husband for primary caregiving except for very rigidly defined times such as bedtime.

Individual needs assume priority. As a consequence of the above factors, individuals in an Alcoholic marriage become increasingly isolated and personal needs come to the fore. Individuals may enter marriage with unrealistic expectations about how their needs will be met as the comments of Renita Michaels so vividly illustrate:

(Michaels-A; 1st day)

Renita: My idea when I was little I wanted to grow up and get married. That's what I wanted to do. Well, my idea of it was, these cute little houses with next door neighbors, you know, which you got along with and played cards with at night and went shopping with 'em during the daytime and went and drank coffee with 'em. That was my idea, you know, of life. And so when we got married, I was stupid, I guess. I was sixteen, he was eighteen. He got laid off, he could only draw \$120 every two weeks and I found out I was pregnant in January. We had the date set for June 18 (the following year). That upset me, because I thought, "Oh, my God, all those people."

At the time I think I really would have felt awful, you know, if for some reason we didn't get married. I would have kept the baby, I know that. My mom wanted me to have an abortion but that was out. And havin' it and givin' it up, there's no way! I couldn't even do that now if I had twenty children! And so we kept the date.

I wanted to marry Catholic too and we couldn't marry Catholic . . . Joe wasn't Catholic and I was. . . We were brought up totally different. . . . They're hillbillies, born in Kentucky.

With needs so insistent, little is left to extend to spouse or children. This draws investment away from marital and parental roles as individual needs intrude upon family relationships:

(Ypman-A; 4th day) Judy reports that the kids don't usually take naps or they may at their own discretion, unless she decides that they really need one or if she needs them to take one so that she can get some time by herself.

(last day) Judy states that she can't account for the children's mood swings.
Judy: I don't know if it's me or them. It's hard to tell sometimes.

(Silver-A; last day) Ross acknowledged that his decision to take Shawn to day care on a given day is "geared more to what my schedule is for the day."
/underscore added/

In contrast to the Seibert-C family who have geared family routines to accomodate Burt's work schedule (evening shift), Garrold Kirby rigidly imposes his own personal needs upon the family and will not accomodate to his wife's shift rotation.

The women in the Alcoholic families who were employed outside the home exerted control as individuals in ways which seemed to contribute to family estrangement. Dawn Berkowski had her "own money" as well as her own name; Dawn, Brandy Silver, and Dewey Jean Kirby obtained social recognition from

external sources. They were realistically less dependent upon a husband for succor and reassurance. But these women were also less involved in direct child care, such that overall caregiving suffered.

In general, in all of the Alcoholic families, the impact on children is one of strained parent-child relationships in which the child, in his experience of the family, is confronted in a multitude of ways with his burdensome quality:

(Berkowski-Goodson-A; 1st day) Dawn and Virgil talk with me about research arrangements. Victor interrupts.

Virgil: Victor! Don't interrupt when we're talking right now. Don't bug us! /underscore added/

Note: There was not a time during this home visit when Victor was provided an opportunity to show off or interact with me on an individual level.

(Michaels-A; 2nd day) Renita speaks caustically to the boys, demanding they leave the garage. She says threateningly.

Renita: You got your choice. You can go play or you can take a nap. All right? I don't bother you when your friends are around.

Parenting and Its Impact on Children at Risk

Well, they used to cry. They used to cry when he used to go to the bar. They knew sometimes he wouldn't come home at night, you know. But I don't think they really realized what was causing it. They know now and they wouldn't ever want him to start drinking again.

Kara Kelly-RA

When the effects of conflict are paired with lack of mutual support and diminished competence in gender roles, as we see in these Alcoholic marriages, family relationships suffer overall. The data obtained in the present study suggest that in the preschool stage of family development, the quality of the

marital relationship continues to exert a powerful influence on ability to parent and, likewise, on the behavior and development of the child(ren).

Parenting by Conscription

The observational data on Alcoholic couples in this study strongly suggest the possibility that the parent who at any moment bears primary responsibility for caregiving is often in this role due to incidental and unplanned factors or due to coercion by the spouse. This finding contrasts with that of the more stable, clearly defined roles in the Control families and the mutually compatible values about child-rearing. I think the phrase "parenting by conscription" is apt here since parenting becomes a by-product of couple antagonism, maladaptive problem-solving, and unstable role definitions. There is constant tension about who will parent at a given moment.

Geist has drawn attention to the evolutionary advantage for males in social species to assist in "mothering" the young. He wrote:

. . . under ecological conditions in which the female's work can no longer adequately supply the needs of the young, it is in the male's reproductive interest to support his offspring. This demands that the male, as well as the female, be sensitive to the signals of the young indicating departure from and approach to homeostasis, and that the male be capable of "mothering" the young (1978, pp. 335-336).

A surprising amount of this behavior was observed in both groups of families. But, in the Alcoholic group, it was complicated by role antagonism—a chronic pattern in which one partner would demand and coerce the partner into carrying his/her share of responsibility. Caregiving was not marked by sentience, or nurture, but rather by expeditiously doing as little as possible, perhaps to limit aversive consequences from the partner.

This pattern impacts on the parent role in a number of ways. These include (1) conflict about child-rearing practices; (2) lack of mutual support which is exacerbated by active efforts on the part of parents to impede

appropriate caregiving; (3) abdication or lack of clarity in parental roles which may fluctuate considerably; and (4) triangulation of children into marital conflicts. There is considerable overlap in these functions, and one family event may represent several functions operating concomitantly as the following observation illustrates:

(Ypman-A; 3rd day) When dad goes out for a service call, Starr asks him if he will bring them a treat when he comes back.
 Dad replies testily: I brought you some donuts this morning didn't I?
 Starr (whining): There's only one left!
 Dad: Well who ate 'em?
 Starr: Well we had one. . . .
 Dad (interrupting): How many did you eat?
 Starr holds up one finger.
 Then he asks: How many did you eat, J. P.?
 J.P. replies that he had two.

Judy challenges Starr's report that she only ate one—she ate one after lunch.
 Dad: That means there's five not accounted for (again in a testy tone).
 Judy (irritated): Not five!
 Dad to the children: Did Mom pig out on the donuts today? (They don't answer). The kids are snitchin' on ya Judy!

These kinds of interactions were typically observed in the Alcoholic families. The observation reported above not only dramatizes triangulation of the children into couple conflict in that there is a bid for them to choose alliances, it also illustrates how Oscar derogates Judy in the presence of the children. By treating her as a child, he confuses generational boundaries. It also provides Starr and, less directly, J. P. with one more learning experience that direct requests bring about unwanted consequences.

Coalitions, Triangulation and Alignments

The bonds of wedlock are so heavy that it takes two to carry them—sometimes three.

Alexandre Dumas

When family boundaries are permeable, alignments across generations

occur which incorporate the child(ren) into couple conflicts. Called coalitions, alignments, triangulation, the function is to promote avoidance or "detouring" (Minuchin, 1974) away from couple's own problems. It pits one parent and child against the other parent. A variety of forms are present which include excessive criticism, blame or editorializing about the parent; infantilization or overprotection or excessive worry about a child. The dilemma for the child (and in this case, sometimes the observer) is that s/he is caught in a bind between the two parents. To express concern, loyalty or caring for the one parent is to betray the other.

Alignments may be age-appropriate and adaptive as when two parents impose limits on a child or they may be flexible as when individual interests mesh:

(Kaminski-C; 5th day)

Holden (father): Today I ate with Georgie (target) and Lennie.

Gail (mother): Ya, today Holden and Georgie were downstairs and Lennie watched the ball game.

Holden: It just depends on what it's for. She'll watch the games with them and stuff, but she won't go out and play with them. I'll go out and play with them, so it just depends on what it is.

While all families tend to triangulate to some extent, more dysfunctional families show strikingly increased use of this mode of interaction. Sometimes family responses to the stress of observation were reflected in their attempts to triangulate the observer. At other times triangulation was revealed in attempts to control the behavior of a family member, attempting to assign the observer the role of mediator in couple conflict:

(Michaels-A; 4th day) Renita says rather righteously,
Renita: Now didn't you understand last night before you left that we weren't having a barbecue, right?

I UNDERSTOOD THAT YOU WOULD BARBEQUE,
BUT EAT INSIDE.

Renita: But we were still havin' a barbecue?

Joe (triumphantly): That's what I told you last night!
 Renita: Oh, shut up.

The use of triangulation in a more dysfunctional family is strikingly illuminated in the extended observation, "The Cock Fight," which follows:

THE COCK FIGHT

(Michaels-A; last day) Little Joe and Kenny start roughhousing. Renita (Mom) warns them not to get into a fight tonight.

Dad: Bite him, Kenny.

Mom: I'll let Little Joe go at him! OK there he goes .

Dad: I got him Kenny. Git 'im. Kick him. Kick him Kenny. I got his feet (laughing).

Mom: All right you two! Come on Joe. We don't want none of that tonight.

Dad and Little Joe roughhouse and Joe Jr. gets hold of his father's hair.

Mom: Get it Little Joe! He won't say nothin'. Joyce is here so pull it all you want!

Dad: Let go. Yer gonna get it boy!

Then Mom tells him to do so also.

Little Joe wants to continue fighting with Kenny. This time Dad tells him: Quit it or I'll spank ya. Now we're not playin'.

Little Joe asks Dad if he likes his mommy.

Dad: Ya, I like your mommy. She's old, ugly

Little Joe: You're ugly Daddy!

Mom: Kenny, are you cute?

Kenny shakes his head and Little Joe says: No.

Dad: Little Joe, you cute?

Little Joe: Ya.

Mom: All right, I'm not gonna have fightin' tonight . .

. That's not nice Kenny. We're not takin' sides tonight because I don't want ta play!

Little Joe: Why? Have a headache?

Kenny: We don't like her.

Kenny and Dad talk about going to the carnival on Saturday.

Dad: Just you and Travis.

Kenny: Not Mommy. Not Little Joe.

Dad agrees. Mom ignores the remarks.

Dad invites Little Joe to come over: Come here. I won't get ya.

Little Joe asks for a drink of beer.

Dad agrees: One little drink, that's all.

Mom (shouts): No!

Little Joe gets it anyway.

The reader may also note that Little Joe is introduced to alcohol in the context of vicious negative affective expression.

Role conflict and its impact on the marital relationship was discussed earlier. The extensive example of triangulation and family alignments presented above illustrates one way in which role conflict impacts on the child. The observation which follows illustrates how lack of role clarity can lead to role reversal:

(Ypman-A; 12-9) Toward the end of the observation time, Judy remarked that the kids are very good for her.

Judy: When I don't feel good, they'll bring me a pillow or snuggle up to me and tell me they love me, and ask me "Don't you feel good?"

Often when I talked with parents (Kirby, Ypman, White) about affective issues or family stressors or conflict, children intervened to distract our attention e.g., turning off video tape; running up to me and hugging me, insisting that I redirect my attention; or misbehaving.

(Kirby-A; 1st day and thereafter) John immediately engaged with me, asking me whether I would like to take off my jacket, whether I would like some coffee and whether I took cream or sugar in it. Both parents laughed about this behavior, but in an embarrassed fashion, I think, since they hadn't yet engaged in these social amenities.

Vale (1980) noted that individuals change their roles as a function of individual and family maturity, but he cautions, "they cannot interchange them with another family member if the structure is to remain intact" (Vale, 1980, p. 265). The marked preferences for one parent shown by target children in Alcoholic families (see Chapter IV) speaks to the extent of dysfunction which presents in these young families. Among other effects, these alignments and coalitions catapult the child into responsible and powerful positions which exceed his cognitive, affective and social capabilities.

Inappropriate Vigilance

Whereas role abdication and role reversal exert long term socialization effects (e.g., in developing gender role identity and coping strategies), parental role conflicts and unproductive conflict resolution in the marital pair have more immediate implications for the child's physical safety. The data from this study include numerous observations in which parents in Alcoholic families directed inadequate or inappropriate attention to the child's safety. This took the forms of both excessive vigilance and potentially life-threatening lack of vigilance:

(Michaels-A; 3rd day) In order that Travis, age 1-8 years, could play outside in the yard with less supervision, Renita would tie a rope around his waist and attach it to the patio. This allowed Travis a radius of about 100 feet in which to roam. On this day, one of the neighbor boys, Donald, was playing with Little Joe and Kenny, also in the front yard.

Donald encouraged the boys to get tangled up in the rope. Kenny wound himself around and around, falling to the ground in play. But then he couldn't figure out how to extricate himself. In the meantime, Donald suggested that they wrap the rope around Little Joe's neck in such a way that if Kenny squirmed, it tightened the rope on Little Joe's neck.

I told them to stop this immediately. Neither parent noticed, even though they were both outside, going back and forth from the car to the apartment.

Later, as I prepared to leave, Travis was off the rope. He was running along the street curb, but, again, no one noticed.

Weeks later, during the video recall, I showed a segment of film in which Travis was on the rope. When the parents saw him, they both remarked that they don't put him on the rope any more. Renita stated that she didn't like the rope because she was worried about what the neighbors would think. Joe Sr. said he didn't mind that because Travis was safe.

By way of contrast, the incident described below shows how vigilance was used as a mechanism of control and dominance:

(Kirby-A; 5th day) In Kirby's tiny house, a folding gate delimited the kitchen and living room of the house. It was closed when one parent wanted to work in the kitchen without Dana's interference. On this day, Garrold had been particularly intrusive in his son's activities. At one time, Garrold put Dana's sailor hat on his son's head; when Dana repositioned it, tipping it forward, Garrold immediately tipped it back; Dana tipped it forward again, and his father again repositioned it. It seemed that whatever Dana attempted to do, his father was immediately present, telling him not to do that; or that he would need help; or that he wasn't old enough to do that, or that he would hurt himself.

Dana started fiddling with the gate, extending and collapsing it across the archway. Dad told him not to play with the gate because he just repaired it the day before. Dana shut the gate defiantly.

Dad: You feel like you got Daddy shut out so that Daddy can't make you mind, huh? . . . Daddy can step over that, don't forget that You think you're gettin' away with a free ride today, huh?

This kind of vigilance is much like Garrold reports having experienced throughout much of his own development; i.e., in a children's home, prison, the armed services. Always, someone oversees and tells one what to do. There is little that Dana can do to escape his father's vigilant eye short of going to his own bedroom. But even that room is off limits without supervision because, according to the parent's view, there is a storage area leading upstairs from Dana's bedroom where "dangerous tools" are stored. However, the only "tool" I've observed to be present is the vacuum cleaner.

There were incidents in all of the families in which parents were distracted and less mindful of their children's physical safety. However, in the Alcoholic families, these incidents so frequently occurred in the context of couple conflict that the contrast was striking. Consider, for example, Julie Renard's appropriate limit-setting and guidance in contrast to the Silver family:

(Renard-C; 5th day) When we went outside, Marcus played on the swingset in the backyard for a while. Julie and Terry were in the side yard planting some

bushes.

Julie: Marcus, come over here where mom can see you.

A while later, Julie cautioned Marcus not to go by the driveway, but Marcus went anyway to get his dog a drink of water. Julie noticed immediately and went to bring him back.

(Silver-A; 4th day) The couple's quarreling on Saturday when video data showed unresolved conflict about the week-end activities and about Ross' drinking. On Sunday, both parents were home, but there was a marked lack of interaction between them—as though a row were brewing. In fact, it was uncomfortable for me to observe, because Brandy was interacting minimally with everyone. For four hours she sat in front of the fan watching TV. An air of tension predominated throughout the observation. Shawn was more active and demanding than I had previously observed. After I left, Shawn "wandered off."

This was related to me by Brandy on Monday.

Brandy: Things were really in a commotion here last night after you left. . . . Shawn got lost. He wandered all the way through the park down at the corner and over to those townhouses (pointing to them blocks away)! Ross and I were looking all over for him until the people over there brought him back.

While she related this, Shawn was in the kitchen, but immediately disappeared.

Brandy: You see, he's gone to his bedroom because he doesn't want to hear it. That's what he did last night too.

WHAT HAPPENED WHEN YOU FOUND HIM?

Brandy: He got a spanking! It's not often that happens, but that's one time he deserved it. Then he went to his room and hid like he always does when I scold him.

Shawn came back out, but apparently upon hearing the story continue, dashed back into his room.

During the video recall, I showed a segment of that day in which the couple were squabbling with each other about Shawn's eating habits. I asked whether they saw any relationship between their own disagreements that day and Shawn's wandering off. They agreed that they did not.

These children's needs for protection, but also for training in independence, were subordinated to parent needs in two paradoxical ways—both in laissez-faire parent behaviors and hypovigilance (insufficient protection from danger) and in authoritarian parent behaviors associated with hypervigilance (as manifested in overcontrolled or overprotective behavior). As individual parent needs or marital issues intruded, frequently both extremes were observed in the same family toward a given child, while in one family the two extremes in parenting behaviors were apparent toward two different children.

In contrast to the overcontrolled behaviors noted above, here we see Garrold Kirby deliberately not intervening to avoid an accident, to teach his son caution::

(Kirby-A; 3rd day) Garrold and I walked around the neighborhood while Dana rode his tricycle. Garrold described a recent incident in which Dana had been riding his tricycle too fast. As he approached a corner, his father saw that he was going to fall, but he didn't intervene—to teach him that falling was a part of traveling too fast. So he let Dana fall and then told him, "that's what happens." Now Garrold claims that Dana slows down.

Note: Learning is painful.

In the Kelly family, both Andy (target child) and Patrick (age six) were exposed to very different parenting styles. Andy was breastfed until almost age four and still is treated by his mother as though he were developmentally younger. A good example of this occurred during videotaping and was discussed by the family as part of the video recall:

(Kelly-RA; last day) At one point on the video record, Kara says to Andy (target): I'm not a baby!
During the video recall with the family, I ask her,

ARE YOU SAYING THAT TO HIM TO REMIND YOURSELF ABOUT IT?

Kara: Yes. Because he's always telling me that. I always call him a "baby" and he says, "I'm a big boy!"

The family members agree with this view, which had also been expressed in earlier observation periods:

(Kelly-RA; 2nd day)

Jack describes Andy: He's able to do some things for himself, but everybody has babied him. Everybody does things for him rather than wait around for him to do them.

Andy has experienced only one physical injury which ever required medical intervention. Patrick, on the other hand, is so well known at the local emergency room that he tells his mother that he could go there alone for treatment:

(Kelly-RA; 2nd day)

List of Patrick's accidents in the last five months:

1. Laceration of mouth requiring sutures.
2. Laceration of foot which required sutures.
3. Laceration of nose which required sutures.
4. Hit by car. Fractured clavicle and sprained ankle.

IS PATRICK THE MOST LIKELY OF YOUR CHILDREN TO GET INTO ACCIDENTS?

Mom (chuckles): Ya. I told everybody if he survives until he's 21 it'll be a miracle. But the only way you could keep him down, would be to tie him to a chair.

Dad: Since the time he was a little kid, you know, she wanted a boy so bad--now a friend of hers kids her about it. She says, "You wanted a boy so bad and that's exactly what you got." 'Cause he isn't afraid of anything, he started right out he was a pistol even as a baby

Even though the Kelly family acknowledges Patrick's temperamental differences, they do not modify their laissez-faire parenting toward him which results in inadequate protection.

While we were sitting on the porch, Patrick and Andy were playing ball in the street. This was one week after Patrick has ridden his bicycle in front of a car and gotten hit. The parents both verbally cautioned them to "watch for cars" but did not tell them to stay out of the street.

I did not observe this practice with the day care children. Kara is much more vigilant with them.

Noncontingency and Family Stress: I Can't Make Things Happen

Mode of relating to the target child: Control and discipline

In Chapter IV, it was noted that both mothers and fathers in Control families were more likely to relate to their sons in ways that were consistent with the son's level of maturity, sex, interests, individual strengths and weaknesses and competence. Parents' actions tended to reinforce acceptable behavior. Their actions were (1) more consistent; (2) more typically accompanied with rational explanations; (3) behaviors modeled by parents were more often congruent with their stated expectations of the child's behavior; (4) expectations of the child's behavior were likely to be age-appropriate and less likely to undermine the child's self-esteem; and (5) children were included in family activities which promoted mastery and competence. The examples which follow highlight these differences.

(Renard-C) One of the girls says something about "boobs."

Mother: What did I say I want you to call them? Breasts is the proper word. It sounds nicer than boobs. . . . Just like sometimes I say butt and it's better to say bottom. . . .When someone uses the term "buns" they are not talking about breasts, but bottom.

Then she gives an example: "Get your buns over here--bottom, butt."

WHAT HAPPENS IF MARCUS IS NEGATIVE WITH YOU?

Mother: In comparison with my brother--they expect their children to do what they say the first time--it's all relative. It depends upon the situation. Usually I say, "I'm sorry, but . . ." or I usually take hold of his hand.

Miranda interjects a comment about Marcus not wanting to go to the potty.

Mother: (chuckles) Usually I put him over my shoulder and become the potty monster and he's laughing by the time we get to the bathroom.

Miranda exclaims, Marcus! Marcus! God! (exasperated tone).

Mother: Miranda. What have I told you?

Miranda: I don't know.

Mother: You may say "my goodness;" you may say "gosh;" you may say "golly;" but I don't want you to say "God."

Miranda (whining): Why?

Mother: I explained it to you.

Miranda: (whining) Why?

Mother: That's called taking the Lord's name in vain. The Bible specifically says do not take the Lord's name in vain. All right?

Marcus: Oh, my God!

Mother: So whether you understand it right now or not, just do as I ask. So don't say it, OK? . . . You're not using it the right way. You're not saying it in love, OK?

Miranda (subdued) OK.

Note: Mother ignores Marcus' imitative exclamation.

(Seibert-C) Typical example of Ginger's discipline:
Mother (sing-song tone): Kevie, don't do that. It will break. Slide it over to one side.

When he mixes chocolate milk,
Mother: Careful, you're makin' a mess.
She praises him when he mixes Kool Aid without spilling.

During lunch Kevin passes gas at the table.

Mother: Say excuse you.

Kevin says he'll do it again.

Mother: You'd better not. You better not do nothin' in your britches 'cause you've got a cloth diaper on, boy.

Kevin: I, I . . . farted (proudly)

Mother: Say excuse me. You passed a little gas and you better say excuse me (laughs, embarrassed?).

Kevin: A big one!

Mother: (still laughing) You better say excuse me! . . . Say excuse me. I didn't mean to do it (sing song, amused tone).

Kevin: I did!

Mother: You're not supposed to do that at the table.

(Kaminski-C) While Gail watched the football game on TV, Georgie started to get very noisy in his play. Mother: (soft tone, not too insistent) Shh, shh, Georgie, stop, please. Georgie complies.

Georgie pushes the pause button on the video player several times which disrupts our viewing. Father: (Laughs) No, wait, Georgie. Let it set right here, OK? 'Cause you're pushin' the button too many times.

(Potter-C) Christopher comes in from playing outdoors. Mother asks him if he has to go potty and he nods, but doesn't move toward the bathroom. Mother: Go to the potty! Run! Run! Go to the potty or Blue's (the dog) gonna get ya! When he comes back, he tells her: I love you momma. Mother: I love you too.

Mother: Let's wash your feet so we can go get a swimming pool. Come here.
 Christopher: In a minute.
 Mother (sing song): Not in a minute. Right now.
 Christopher (teasing, smiling): In a minute . . .
 Mother: Right now. Goofy.
 Christopher: In a minute (still teasing).
 Mother: Right now. (He complies) Look at those feet! Dirty!

While she washes his feet, she comments repeatedly about how dirty they are and asks him to look at the dirty washcloth. "Grubby, gross." Then she asks him which foot is clean? which foot is dirty?

At one point in the interaction, Christopher says he has "taters in his ears," a phrase they use to describe something that is so dirty that it could grow potatoes.

Note the interactive nature of the modeling in the latter observations. The child learns not only through vicarious observation but, also, through a process of reciprocal interaction with the parent. Contrasting observations of parent interaction in the Alcoholic families are manifold throughout this study.

Environmental non-contingency and impulsivity

Non-contingency in many forms was a major characteristic of life in these Alcoholic families. The idea that the environment must be predictable and one with which the developing child can cope, so well discussed by Seligman (1975) and Geist (1978), is crucial here. This section documents how children in these families grow up in a world insufficient in predictability.

SHE SCREAMED 'TIL SHE WAS BLUE IN THE FACE

(Reels-A; 5th day) Latisha has a book of paper dolls given to her by Aunt Polly. Today there's a squabble among the sibs about it.

Mother (sternly): Put it up!

Latisha and Zeke begin to cry.

Mother: Put it up. You're doin' too much fighting. I said put it up! And go outside for a while. Then when the boys are outside and forget about it, you can come in and get it.

She says "Put it up" six more times before she says, "If I put it up, you won't get it back."

The children continue to cry and whine. Mother debates with them about 5 minutes longer. Each time she tells them to put it up, her voice gets louder and more strident. She threatens to put it up, but doesn't, asking them to put it up.

Finally, mother puts up the paper dolls. When Zeke starts a new round of whining,

Mother: I'm sorry, but you kids were fightin' too much! You need to do something else for a while.

Latisha starts to have a temper tantrum.

Mother: Latisha Marie! Do you want to go to your room for the rest of the day! Do you want me to give it back to Aunt Pol?

Finally as Latisha continues to tantrum,

Mother: Go ahead and make one and shut up! Go ahead and make one! One!

The children immediately stop their crying and whining.

Note: Total interaction time=15 minutes. Mother told them to "put it up" more than 12 times before acting to intervene.

If this were a regular pattern and the children learned that temper tantrums eventually result in getting their way, then it is technically contingent, reinforced by mother's finally giving in. But these interactions were less predictable. These types of escalating interaction induce unnecessary emotional arousal in all family members as well.

An additional consequence of non-contingency is increased stress due to the heightened arousal levels required to remain prepared for several eventualities. In the developing child, cognitive abilities to cope with chronic stress are limited. Use of these resources to cope with an unpredictable environment necessarily impairs optimal development:

(Berkowski-Goodson-A; 2nd day) As we start getting ready to go to the shopping mall, Dad and Victor hassle about Victor getting dressed to go.

Dad: Hold on to your Strohs.

Victor starts crying and both parents make weak efforts to troubleshoot before Dad sends him to the den.

Dad: Why don't you finish up your session in the back room!

Mom: Victor had no nap today.

Dad: I would have put him to bed when we got home if I'd known that.

(Dad picked up Victor at the sitter's and didn't ask).

After 5 minutes, Victor stops crying and comes out.

Dad: If you cry one time while we go shopping, we're stopping what we're doing and bringin' you home. I'm not gonna have you cryin' and actin' bad in the store.

Dad, Victor and I leave to exchange some clothes for the children. While we're at the mall, Victor receives several spankings and hard yanks on the arm. These are unprecidatable, even to me. At other times he is threatened with punishment (e.g., "If you do that again, I'll drop you.") Often these were responses to his questions or curious exploration rather than out-of-control behavior. On one occasion, Dad told Victor,

Dad: If you do that again you'll get a spankin'.

Although Victor does not do so, he immediately gets spanked. When Victor cries, Dad threatens him with more spanking if he doesn't stop crying. He stops.

While the observation above was selected to illustrate non-contingent control and discipline, another learning experience takes place which is more clearly contingent. When Victor cries, he is punished consistently, by social isolation, physical threats and action, and by dominance.

Two observations of parent-child interaction are presented below in order to emphasize the differences which were repeatedly observed in Control families. Unlike the Alcoholic families, Control parents made concerted efforts to teach their children ways in which their environment was contingent. I observed the process by which these children were learning that they can make things happen:

(Potter-C; 4th day) Toni hurts her leg on a toy Christopher left out. She calls him over to look at her leg, telling him it happened because he left the toy out where she would stumble over it. She tells him it hurts.

(Renard-C; 3rd day) Adriana has been having temper tantrums intermittently all morning. This time, Julie intervenes telling her that the children have several things to play with.

Julie: Sometimes you guys stand on the rocking horses—or sit on the rocking horse. There are three rocking horses to choose from. You pulled the motorcycle right out from under Marcus' feet because he wouldn't share with you . . . (Adriana protests). You didn't ask. I didn't hear you say a word. You said, "I want this" and you took it. You have to ask nicely if you want to share. You can't take things away.

Adriana (angrily): He will never share with me!

Julie (emphasizing her words in a firm tone): I made him share this morning because I remember.

In this interaction, at a time when Adriana is unable to do so, Julie reinforces the notion that her environment is predictable and contingent upon her actions—that a particular outcome is dependent upon her responses.

The most consistent finding related to impulsivity was that over repeated observations, boys from the Alcoholic families showed great difficulty in controlling their behavior toward the audio recorder which was always carried by the observer. In Control families, some boys showed no interest at all in the recorder; others initially showed intense interest which decreased with subsequent visits. Boys in the Alcoholic families, with the exception of the Reels family, did not habituate to the recorder and were unable to control their behavior even when the observer consistently attempted to set limits on this. For example,

(Kirby-A; 3rd day) Dana spent an inordinate amount of time today exploring the recorder, snapping the door open and closed, pushing the buttons and watching the tapes go round. He did not want to record his voice, but rather to manipulate the machine. He refused to comply with my request to wait until I changed the tape. Finally I just had to put it up on the refrigerator so that he would engage in other activities.

While only one observation note is presented here, this was a consistent pattern across observations and across Alcoholic families. I generally established a practice of allowing children to record their voices when I changed to a new audio tape and boys in the Control showed no difficulty in complying. In some boys the preoccupation was expressed by their desire to record and listen to their voices. This may have represented an opportunity for them to experience control and contingency.

Impulsive behavior was frequently observed in conjunction with oppositional or aggressive behavior, and had a perseverative quality:

(Michaels-A; 1st day) Little Joe and Kenny started playing Spider Man and the Incredible Hulk—arms outstretched, growling, attacking each other and generally rough-housing. They started raising Tonka trucks over their heads, then progressed to tossing small chairs about the yard. After about 10 minutes, Little Joe settled down in a lounge chair to sun.

Kenny didn't settle down and tried to rough-house with me. I tried to curtail this by sitting him on my lap and diverting his attention. Little Joe showed me how he could print and I tried to interest Kenny in this activity, but he lost interest and started to kick me from behind the chair. I told him "People aren't for kicking" and "Stop kicking me, I don't like it" while attempting to restrain him, but it seemed that he couldn't stop himself. Finally I told him that if he kicked me one more time I would report it to his mother and ask her what I should do. He stopped immediately.

(Berkowski-Goodson-A; 5th day) When I first arrived, Victor asked me to read to him. But, before getting a book or settling down, he moved in rapid succession to other activities. He threw balls viciously about the room. He grabbed things from me when he didn't like my failure to comply with his demands (e.g., not putting together a puzzle again and again). He pounded the tape recorder when it didn't work. He did this with his toys too.

At intervals, I reminded him about his request to read. On one of these occasions he brightened and agreed. I asked him to choose a book. He brought me Sesame Street Library. I mentioned the title when I began reading. Victor denied that was the title, saying it was "Cookie Monster." As we started to read, mother interrupted by showing me a ceramic lamp she had made.

Victor insisted: Read it! read it!

When his mother finally left the room, she told Victor,
Dawn (in a tired tone of voice): Victor, be nice.

Once Victor put his hand over my mouth indicating that I should stop reading. Then he pointed to the beginning of the book and said, "Read this." I told him that we had just read that part, but he denied it.

Victor abruptly stopped reading again and called me into the kitchen to show me how clean it was. But really he wanted to get some apple juice to drink, and whispered to me not to tell his mother. When I told him that I couldn't do that, he told me to get it for him. I suggested that he ask his mother to which he replied, "No you." Finally he asked her, but there was no apple juice. She made him Kool-Aid.

Victor didn't attend well to the reading. He kept jumping up and doing other things--almost every page. Within one minute, he played monster, wanted to go outside, played ball and played with a dump truck. When he played monster, growling and running around the room aggressively, it was as though he couldn't stop once he got started. I finally had to help him stop.

The casual observer might conclude that Victor often appears untouched by the stressors in his home environment. He often doesn't cry when he's verbally disciplined. He often doesn't comply when threatened with physical punishment. His mood appears to be generally cheerful. Closer observation reveals his marked detachment from his parents. He uses adults interchangeably, and as I noted earlier in my comments on the observer role, he related to me more as an object in his environment. The most prominent image I have of him, at age three, is that of a child whose "cheerful" mood masks his opposition, manipulation and evasion in his interpersonal interactions. Both impulsivity and early elements of denial seemed to extend even into his fantasy. If the result were frustration, aggression followed:

(Berkowski-Goodson-A; 6th day) Victor and I are playing in the den while his mother ignores us in the kitchen. After an advertisement for the zoo is shown on TV,

Victor: We getta go to a party too. Yaaa. Tomorrow.

WHAT KIND OF A PARTY?

Victor: An animal party. You get to go to the party and Daddy and Momma can go to the party and you get to go to the party. . . Mommy gonna make cupcakes.

ARE YOU WISHING THAT MOMMY WOULD MAKE CUPCAKES?

Victor: Noooo.

And Victor runs into the kitchen to tell his mother about the "fish party."

Mother: I don't think so.

About 10 minutes later, Victor says again with great conviction that we're going to the party. When I remind him about what his mother said, he says

insistently,
 Victor: We can go to the party!
 Then he starts kicking toys about the room.

Inconsistent parenting practices, unpredictability, and a relatively unresponsive environment contrast starkly with the socialization experiences of boys in the Control families. From the child's view, to live in an Alcoholic family environment means: I can't make things happen.

Isolation and Inclusion

Say you were gonna go to a dinner, right, and you told everyone you were going to that dinner and all of a sudden the other person is drunk. You have to call and make some sort of excuse. You don't call somebody and say my husband's drunk, we can't come tonight. . . It's the people who are making these excuses, it protects them (the alcoholic).

Kara Kelly -RA

Socialization experiences in the preschool years of development can exert both short and long term effects upon adaptation. Early experiences in social isolation can impair later efforts to initiate positive social relationships, as well as impede development of autonomy, competence, and positive self-esteem (Erikson, 1959; 1963). Failure to master these aspects of development certainly does not doom the child, for the child can try again later, but it will become increasingly complex and difficult to do so as other developmental and social expectations become salient.

In this section and in the chapter which follows, we will consider the differential influences of the families of origin on the family social unit (family of procreation) and, then, the impact of drinking problems on the family within the larger context. It can be seen from the literature review in Chapter II that the family unit is embedded in a broader social context which includes families of origin and a social community represented by such structures as ethnicity,

religious affiliation, economic status and political values. These social networks can evolve to provide substantial support to the developing family. But they can also impair family functioning either by excessive intrusion or by rejection and alienation.

The concept of family boundaries is important here. "Boundaries" represent the rules and mechanisms which govern the exchange of information and affective messages and how social interaction occurs: (1) within and between family members and across generational boundaries and (2) between the family and other relevant systems in the extended social community (Duvall, 1971; Ferguson, 1976; Worby & Gerard, 1978).

Ties to Family of Origin

Strong family ties and varied social interactions with extended family members were noted in most of the families under study. From a developmental family systems point of view, this is as it should be. Young parents are members of a three generational kin system. While roles within these systems are constantly changing to accommodate the needs of developing individuals within the family system, all three generations continue to exert influence on each other. Young adults, anticipating marriage and parenthood, must have developed a sufficient sense of self--of being a physically and emotionally separate person from the family of origin-- and the family of origin must validate this sense of autonomy by "letting go" of their offspring, despite mutual loss. When this task is accomplished, the young adult is ready to establish a mutually satisfying relationship, usually with a marital partner, which will facilitate integration of the spouse into the kin network and will facilitate later adjustment to the stresses of pregnancy, birth, and parenthood.

However, when loyalties predominately remain with the family of origin, this developmental process is arrested. In this respect, a qualitative difference

seemed to be present between the Alcoholic and Control groups. Wives in the Alcoholic families maintained closer dependent ties with families of origin. Control wives exhibited stronger autonomous ties which is to be expected when earlier issues of emancipation and individuation are resolved prior to marriage and/or parenthood.

For example, Lori Renard-C "puts up" with her mother, and tolerates her idiosyncracies. She has frequent contacts with her parents, less with her in-laws, but shows primary dependence upon her family of procreation. In the Seibert family-C, Ginger didn't permit her mother to usurp her husband's role (even though they live next door). Her husband was viewed as primary and mother as a supportive other.

By way of contrast, the poor marital functioning in the Alcoholic group, discussed earlier, was reflected in closer ties of the wife with her family of origin than with her spouse. Whether wives in the Alcoholic families were less emancipated from their families of origin or returned to their families of origin for support remains unclear. Although the ties were sometimes conflicted and ambivalent, this raises the question of whether the family of origin remained psychologically present in an intrusive way. This provides an additional source of role confusion since it suggests that early tasks of integrating individual and couple identity issues have not been accomplished.

These data suggest that, in the Alcoholic families, the families of origin continued to fulfill some of the emotional and practical functions which normally are transferred to the family of procreation when emancipation and differentiation (Bowen's term, 1966) are accomplished. Possibly spouses were less differentiated upon entering marriage, which would certainly have influenced choice of spouse. Wives may have sought out a spouse whose behavior would make it necessary for them to remain primarily dependent upon the family

of origin, allowing them to remain enmeshed. This would preclude appropriate pair-bonding and the husbands' unpredictable and irresponsible behavior patterns, especially related to alcohol abuse, would only increase reliance on the wives' families of origin. To break from the family of origin would mean full reliance on the family of procreation. The observations presented next contrast relationships with families of origin in the two groups. Note the more positive affectional relationships described by Controls:

(Berkowski-Goodson-A; 5th day) Dawn describes her recent overnight visit with her mother as "one day is enough." But she goes on to describe how her parents are a "great help" since her mother works for a meat company and shares meat with Dawn and Virgil.
Dawn: We haven't purchased any meat for several years and that's a big help economically.

(Renard-C; 5th day)
Julie: I think Terry gets a lot of his ideas, ideals, whatever, from my dad. Well, from his dad, but it's more difficult for him to remember (father died when Terry was pre-teen). We lived there with my parents for a while. As far as doing dishes and things like that, I'm sure he picked that up from my dad. My dad helps around the house."

(Michaels-A; 1st day)
Renita in regard to her relationship with her mother: We're not very close either since I've had Kenny or Travis, really Kenny. See Kenny was named after my brother (killed in car accident). Well, apparently I shouldn't have done that. Well, I don't know if that's the reason or not. My mom babies him something terrible and she just shuns Joe Sr. you know which is awful. She'd do anything in the world for Kenny and she's just got Kenny where he's so whiny and I can't even control him any more . . . And if I do anything with my mother he (Joe Sr.) gets jealous.

(Potter-C; 2nd day) Our family is very, very close. And Tim's family isn't as close. Every summer our family will go camping--all of us.

In regard to the impact of these relationships on the target child, an unexpected finding emerged. Children in the Control group appeared to

experience parent-child interactions which promoted a positive sense of family unity. They were introduced to the positive psychological presence of grandparents through hand-made gifts (quilts, toy boxes, toys, family heirlooms) made by the grandparents and through family pictures. The observation note which follows illustrates the latter point:

(Potter-C; 1st day) Christopher gets out the family picture albums. His mother points out pictures of when she and his daddy were dating.

Toni: He loves to look at pictures.

Both parents interact with him over the pictures, asking him to identify who's in the pictures and what's happening. They review pictures of many family members. Christopher finds some pictures of Toni when she was pregnant.

Toni: See Momma's belly? That's you in there. That's Christopher.

Note: This process occurred almost every observation and was replayed at the grandparent's birthday party. On one occasion I observed Christopher to look at the family album in lieu of watching TV.

In the Alcoholic families, there were also family pictures. With the exception of the Reels-A family who were generally more affectively oriented, I never observed companionable parent-child interaction with the pictures. Sometimes the mothers would share the pictures with me, but the children were excluded from this activity.

The genogram data provide additional insight into relationships with families of origin. Table 8 shows the results of Chi-square analysis on the two groups of families, combining probable with definite diagnosis of alcoholism. In Alcoholic families, both the husbands and wives reported significantly more alcoholism in lineal descendents as well as in first degree relatives.

These findings have implications for the wife's choice of marital partner (cf. Lemert, 1960) and for her expectations about how marital relationships function, as well as for extended community-social

Table 8

Number of Family Members with Probable or Definite Alcoholism as Reported on the Genogram

	<u>Mothers</u>		<u>Fathers</u>	
	Alcohol	Control	Alcohol	Control
Lineal Descent ^a	6* (<u>n</u> =42)	1 (<u>n</u> =24)	9* (<u>n</u> =42)	2 (<u>n</u> =24)
First Degree Relative ^b	4** (<u>n</u> =35)	1 (<u>n</u> =14)	11* (<u>n</u> =39)	3 (<u>n</u> =23)

Note. Determined by Chi-square with Yates Correction for continuity.

^a Lineal = direct descent: grandparents, parents, offspring.

^b First degree relatives = parents, siblings

* $p < .025$

** $p < .01$

relations. She appears to continue role models from her family of origin which are less than adequate. In so doing, she (as well as her offspring) are also blocked from establishing a fulfilling extended social support network which would present more adequate role models outside the drinking system. This issue is considered more fully in the section that follows.

Shame and Self-Doubt

When I was drinkin' and stuff, so much of it is shame associated with who you are, apologizing for who you are and what you are. If you got to do that in your daily life with other people, how can you justify it to yourself, you know.

Jack Kelly-RA

People who are alcoholics aren't just alcoholics and they're not bad people, but although I knew the person I loved was in there, I didn't see him very often and it became more and more infrequent.

Kara Kelly-RA

Shame is isolating. The experience of shame in these Alcoholic families has many facets: (1) the stress of limited economic resources is greatly aggravated by impulsive spending, difficulties in maintaining a secure job and excessive allocation of funds for alcohol; (2) the earlier childhood experiences of shame in families of origin who modeled inappropriate ways of coping with it; and (3) the irreconcilable dilemma of living in a culture which both romanticizes and condemns alcohol use. These represent only some of the factors which might operate here to emphasize family isolation. It is not easy to reach out to develop friendships with people who might find your husband passed out at the front door. Compromised values, devaluation of the spouse, deceptive teasing and laughter, loss of friendships, and ambiguous messages from the culture culminate to undermine the individual's sense of self-esteem, self-worth and pride as the following comments portray:

(Silver-A; last day) Brandy asked me what "fatigue" meant on the questionnaire she was completing. When I told her "tired," she recognized the word.

Brandy: I started out well, but now I don't do so good. I didn't turn out so well /underscore added/.

Ross said nothing.

(Ypman-A; 4th day) Starr showed me the "people" she and J. P. made yesterday and today with their mother. It turned out to be pilgrims in preparation for Thanksgiving. I admired their art work and remarked so that Judy could hear, "Mom is a good artist!"

Judy: No, they're the artists. I don't do anything.

(Kelly-RA; 4th day)

Jack: It conjures up ideas in people's heads of the drunk not being good enough to support the other people It's not directly just the drinking. I think it's because they see this person not treating them with love And they're saying, obviously this person, if this person of all the people in the world should care about me, doesn't care about me, I must not be worth anything.

Shame is a complex emotion, often felt as shame-anger. One may get angry when one is shamed such that the anger overrides the shame (Benedict, 1961; Henry, 1965):

(Ypman-A; 2nd day)

Judy: I guess that's the reason I talked so much last time—I was so mad. I usually don't say anything to anybody. I know I talked to the right person (the observer), but I usually don't say anything. I'd never tell anyone around here because it'd be all over around here Oscar says there's a chance that he could be alcoholic. After the class last night (highway safety), he said the chances are about fifty-fifty. I said, "How about sixty-forty?" (laughs nervously). . . . I talked too much last Tuesday I know. Sometimes I just can't relax. I get so wound up.

But if anger is taboo or perceived as dangerous, the emotion may be transformed into shame-doubt, shame-hurt or shame-guilty:

(Ypman-A; 2nd day)

Judy: Oscar told me that in the class last night they said that if you're an alcoholic the one thing you don't need is someone nagging you about it all the time

And, yet, Judy is always uncertain whether Oscar will stay in the marriage.

(Ypman-A; last day)

Judy: He said he's just waiting to see if it works out or not. And that if it doesn't work out, he's gonna leave.

With this type of mandate, Judy has no safety signal. She appears to be under tremendous pressure to conform to Oscar's expectations, while not showing her anger. If he leaves, she sees herself as having no source of emotional or financial support for parenting her children. A similar theme was raised by Kara Kelly-RA in her comparison of her feelings prior to and following her husband's recovery:

(Kelly-RA; 5th day)But he had that little affair with that girl for about a year and it just about drove me crazy. I . . . when I look back at it now, I don't know why I put up with it because I think if I hadn't been pregnant things would have been different. If I'd just taken a stand--it's either her or me, I'm sure he loved us and he would have chosen us because he didn't want to lose his family. We were the only security he'd ever had. But I wasn't secure in myself enough to take that stand. . . .maybe I couldn't have forced him to quit drinking, but I think I could have brought a halt to that a lot sooner. . . . I felt like I had to put up with it.

AND IF IT HAPPENED AGAIN?

I would just have to find some way to survive without him, because I'd never go back to it. Never. . . . Now I look back at, it all seems like a bad dream. And it doesn't seem it could ever have been possible. He's so different from that. he would never do that now. But I can remember it and I know it happened and the hurt's still there, but when I think about it, it seems like it was a bad dream.

Many other sources of shame were observed such as newspaper publication of arrests, uncertainty about when it might be "safe" to invite non-family

members into the home, and a host of agonistic interactions that precluded wider social contacts. For example,

(Ypman-A; 1st day) Starr told me that her "Daddy had fallen through a windshield" on Saturday. Her mother corrected her saying,

Judy: No, through a window.

She went on to describe that Oscar had been drinking heavily at a party when he was injured. When his friends took him to the emergency room, Oscar was so belligerent and uncooperative that he got into a physical altercation with the security guard and was denied treatment. So his buddies brought him home.

Judy: He was a bloody mess. There was blood all over the house. . . . On Sunday, he swore off drinking.

Note: Although Judy had initially told me that "car problems" had prevented the planned family trip over the week-end, it was later revealed that Oscar was in no condition to go. The drinking continued.

Seeking Help

Shame was one factor which affected how Alcoholic families sought help or failed to "feel helped." Shame and social isolation which is partially based on denial and emic definitions of "alcoholism" are discussed later. The preceding observation and the observations that follow document some of the difficulties of seeking out and taking advantage of available help:

(Kelly-RA, 5th day)

Jack: . . . people in the family will stop them /the alcoholic/ from seeking treatment. And that is no lie. It's OK to suffer the problems, but to admit and then go to AA. . . . When I got down to that stuff, when they sent me to alcohol and highway safety--most people who are involved in that are alcoholics, you know, recovering or recovered alcoholics--the whole thing was too much for me, you know, those people were weird! . . . I couldn't say that I was alcoholic for quite a while afterwards, even after I quit drinking.

(Ypman-A; 3rd day) Prior to Starr's birth (first child), Oscar was convicted for breaking and entering. The couple was court mandated to marriage counseling as a stipulation for his getting out on bond. They

attended the counseling, but Judy observed that it was difficult to get any help from a counselor who didn't talk back, but just listened. She also commented that Oscar lied during the counseling.

(Kelly-RA; 5th day)

Kara: I think when I was pregnant for Patrick I would have went berserk if it hadn't been for the people at the (hospital treatment program). At first I tried to go to an Alanon meeting. Most of them, husbands were recovering . . . There were very few of them there whose husbands were still drinking. They were really the persons who need help and there was nothing for them . . . and this was a very "cliquey" group. I didn't get anything from it.

Inclusion and Competence

We have already discussed many kinds of modeling of marital and parent interactions which exerted influence on target children. Marital strife and role ambiguity impaired full and spontaneous participation in the child's activities and often escalated the parenting stresses in an already stressful, energy-depleting stage of family development. At this stage in the child's development, behaviors modeled in families represent the primary socializing forces for the child, but not to the exclusion of increasing play activity with peers. Next, we will consider parent efforts to include or exclude target children from access to social opportunities which encouraged mastery of age-appropriate tasks and a sense of belonging.

Major differences were observed between children in the two groups which seemed to result from Control children growing up in a family atmosphere which valued their inclusion in family activities. This active effort to include encouraged the child to develop competence and autonomy. It provided appropriate models and social experiences to stimulate social skills development. Children in the Alcoholic families were more likely to be excluded on the basis of their parents' subjective needs for expeditious child care. These needs precluded active involvement of the child in time-consuming, but independence

promoting activities. In addition, parent subjective experiences of social stigma that at times bordered on clinical paranoia extended to their children in ways which restricted peer contacts and other important socializing experiences.

Often these parents expressed motivation to compensate for their own childhood deprivation, but these efforts were often misdirected or insufficient. The vignette which follows emphasizes how one parent's efforts on his son's behalf are complicated by his lack of insight into his family troubles. Garrold Kirby-A is trying to do repair work with his son, Dana. He toilet trains him carefully so that he will not be enuretic (as was his father until age 19); he teaches him to care for his teeth so that he won't require dentures (as does his father); and he makes premature efforts to teach Dana to read (which was a difficult subject for Garrold). Although Garrold spends a substantial amount of time with Dana and attempts to be a "good parent," he can't rise above his own emic view, his own anger, shame and resentment to facilitate social experiences outside his own rigid family system:

DANA'S FRIENDS

(Kirby-A; last day) After we stayed in the house for about 1 1/2 hours, Garrold, Dana and I went for a walk to the local church day care center which was about two blocks away "to see Dana's friends." Garrold was wearing a pair of shoes that were split up the back seam. Dana's sweater was tied with a shoe lace. Dana rode his tricycle, which is almost new. When we arrived, he talked to the children, who were out playing on the playground, through a chain link fence.

Dana was able to attract quite a crowd since he had a new "Harpo horn" on his tricycle. The children reached through the links since they were very interested in honking it.

At one point the senior day care coordinator came over to check on the children: It would really be nice if your son could join them because it is really important for him to have playmates.

Garrold: I really agree with you, ma'am, that it really would be nice if his daddy could afford it, but

he can't.

Garrold told me later that if he could even manage one-half day per week he would really like it if Dana could attend the center, to play with children his own age.

Note: There are a several young children on Dana's block, but Garrold doesn't like Dana to play with them. He doesn't like the father—who is an executive.

I presented this scenario to illustrate an extended metaphor in this family—an Experiential Set (Seay & Gottfried, 1978) which is being transmitted from father to son. Garrold is strongly aware that he and his son are shut out—on the outside, looking in. The chain link fence is well known to Garrold who has spent time both in a "welfare home" and in prison. Now, here is his son interacting with his "friends" through the fence—poverty and social stigma which is a direct consequence of his father's drinking problem. A poverty of his father's making, although Garrold has not expressed this to me. The metaphor is extended to their immediate living environment which includes a chicken wire fence creating a play area and a folding gate between the kitchen and living areas of the house. This was discussed in the earlier section on inappropriate vigilance. Garrold teaches Dana, sometimes inadvertently, that to live in this world is to be an outsider, isolated, vigilant, distrusting and overseen constantly. Most importantly, he does not actively include him in social experiences which would model appropriate gender-role behavior or autonomous, independent functioning.

Inclusion and participation of target children in family activities of daily living were rarely observed in any of the Alcoholic families. This finding contrasts with a wide range of experiences in Control families in which target children were included even at the expense of individual parent needs. A selection of parent-child interactions which were observed to foster the

development of self-confidence, mastery and independence is presented below. It represents one series of activities which were observed over time in the Control families.

I WANT A BAAAABY BOWL

(Renard-C; 4th day) Marcus (target) and Miranda (sister) help Julie (mother) put away groceries which Julie reports is Marcus' favorite activity. Julie asks them to take care of the bleach and the laundry soap, but during the process, Miranda breaks a pop bottle. There isn't any hassle--Julie asks her to get the broom and helps her sweep it up.

Lunch is over and Julie (mother), Miranda (sister) and Marcus (target) begin to mix up muffins.

Julie: We got two boxes so we don't have to worry so much /about saving them for Jacques (older brother)/.

Julie suggests that she grease the pan, but Marcus says he wants to, so she lets him. Both he and Miranda help grease them.

Julie: That's very good.

Marcus cracks an egg in the Crisco, but Julie deals with it matter of factly while Miranda snickers.

Julie fishes out the egg and asks Miranda to bring a paper towel and dish cloth, which she does.

Miranda: Marcus, I think we barely saved the Crisco!

Then Julie explains the various tasks which each of them can do next. Miranda can crack the eggs and Marcus can put the blueberries in. After a phone call, Julie comes back and tells them that she made a mistake--didn't put the water in--and corrects herself. During the mixing, Julie asks Miranda,

Julie: Since you're spending the night with Adriana (cousin) and Andriana loves blueberry muffins so much and we have two boxes, what do you think we should do?

Miranda: Save some for her.

Julie: We could take her some.

Miranda: Oooohhhh. I didn't know we could do that! (Amazed tone). I could take her some for a snack tonight? I won't tell Grandma and we can eat them in the middle of the night when we're trying to get to sleep (giggles).

Julie: Oh, I don't think so.

There's a lot of verbal instruction and interaction among the three of them during the mixing. Julie attempts to prevent accidents by cautioning

them—"Be very careful not to . . ." and intermittently says, "That's very good."

They pour the batter into the pan.

Julie: How does the batter look? Is it even?

Then Julie allows them to clean out the bowl. Marcus says in a very high voice, "I want a baaaby bowl" and Miranda giggles. Julie says O.K., but gives him a small bowl with nothing in it. Both kids laugh.

While the muffins bake,

Julie: Who wants to wash the table?

Marcus: Me!

Julie tells me that's one of Marcus' favorite jobs. He washes while he's sitting on the table.

Julie: Careful not to get your knees in the mess.

Marcus: I threw it (the dish cloth) on the table so you could wash the table (proudly).

Julie: Oh, thank you very much (chuckles).

Marcus throws the dish cloth on the floor and starts "mopping" the kitchen floor with the cloth. Julie requests him to pick it up twice, which he doesn't do. The third time she looks at him directly to get his attention.

Julie: Did you hear me? Get down and pick it up. He complies and she thanks him.

After the muffins have baked for a while, Julie asks them both if they want to peak at the muffins.

Julie to Marcus: What are they doing?

Marcus: They're peaking and I like them when they get white.

Julie: Are they getting smaller?

Miranda: They're getting fat.

Marcus: They're getting fat.

Julie: Right. They're getting fat. Do you want to tell Joyce what they're doing?

Marcus comes in the other room to talk to me about them.

The reader may wonder whether this entire event is a "production" for the observer, and rightfully so. What evidence do we have that it is not? It is very usual for Marcus to sit on the table while he helps his mother cook. Video tape data shows that, at times, as many four children are lined up on the kitchen counter to help cook. The parents independently confirmed that these were typical events in their family life. And the children don't require

prompting about their roles in the process.

This does not mean that children don't require guidance, since the mother introduces structure and guidance in these tasks. The vignette reveals the complex interaction which takes place in parent-child relationships—teaching, learning, mastery, sanctions, praise, social skills development as well as a positive emotional experience for both parent and children. Note that Julie allows her children to do things themselves even though it takes longer. She deals with the inconveniences incurred by their lack of mastery without criticism or attack. She also doesn't curtail Marcus' participation because of it.

I present only one of many observations from Alcoholic families which serves to contrast with Marcus' mother's attempts to respond to her child in age-appropriate ways and to encourage development of autonomy. The observation that follows needs no interpretation.

(Kelly-RA; last day) During the video recall with all family members, Robbie (youngest daughter) noticed that the video showed Andy (target) drinking from a baby bottle.

Robbie (critical tone): He's drinking a bottle!
The rest of the children groaned.

Mother to Andy: You never do that! . . . He must have picked up one of the kid's bottles!

Patrick: Uh, uh. You were in the kitchen giving it to him.

Mother: No I wasn't, I . . .

Colleen (older daughter): Mom walks right out with that (bottle) out of the kitchen.

Andy was asked about the incident, but he protested that he didn't remember.

Liosha (oldest daughter): See, Mom, you made him a bottle to lay down, is what you did.

No one comes up with an adequate explanation and mother still denies it.

Mother: I cannot believe I'd give it to him and not remember it!

Father: It looks like you did.

Mother (sing song tone): But, Andrew, you never have bottles!

The effort by Julie Renard to include her children generalized to many aspects of Marcus' life, and frequently modeled sibling cooperation and sex-role behavior as a consequence.

(Renard-C; 3rd day) Julie sits down to help Marcus eat lunch.

Julie: What do you want Marcus?

Marcus: Nothing! I'm just tryin' to get down from the high chair.

Julie: You're not going to eat any more?

Marcus: Uh, huh!

Julie: Would you like some more milk?

Marcus assents. I get it for him, so Julie can eat some lunch.

Marcus: I'll hold onto my milk and you pour me.

Julie asks Marcus if he has to go potty. He declines, but after several minutes, he wets his pants and calls for her.

Julie: You need to tell mommy before you go.

She places him on the potty and he has a BM.

Marcus is obviously pleased.

Julie praises him and asks: Can you tell Miranda?

Marcus comes out: Miranda, I go poopy-potty.

Miranda: Yeah, for Marcus! and, and at her mother's prompting, begins clapping and cheering like a cheerleader and gives him a kiss.

Julie relates to me how she used to say "Yeah, for Marcus;" then he got to be very good about the potty training and she quit.

Julie: One day he said, "Mom, say Yeah, for Marcus!" after we were down here. So I started to, but he said, "No, you have to come back to the bathroom!" (She chuckles in the telling).

This mother includes her child, acknowledges and rewards his competence, and values his autonomy.

Marcus gets down from the table and wanders around for about five minutes, then returns.

Julie to Marcus: Can't you eat a little bit more than that?

Marcus (whiny) Noooooo.

Julie: Want me to feed you? . . . Come here.

He complies and when he starts eating exclaims,

Marcus: I'm a baby! And babies wear bibs, right?

He gets a teddy bear bib and puts it on.

He wanders off and his mother calls him back. She asks him if he wants to make muffins after lunch, but doesn't bribe him with it. Then she tells him,
Julie: Go under the bridge (table) and come back for another bite.

He returns and she asks him twice if he wants another bite. He says "No" each time.

Julie: You must not be hungry.

Marcus: I'm not hungry!

She does not press further.

Marcus attempts to dress himself.

Miranda: Do you want sissy to help?

He declines and buttons with difficulty, but no one interferes or tries to help when not asked.

Note: Julie says that Marcus buttons, but "sometimes he takes an hour because he won't let me help."

In these ways, children learn about parental expectations of their appropriate roles. In Alcoholic families, parents often showed impatience with target children's attempts to participate in daily activities:

(Kirby-A; 4th day) Dana wants to help his mother mix up powdered milk which she does frequently. She doesn't want him to help, but he moves his chair to the sink insistently. Only after persistent, whining requests does she give in and help him stir it.

(Silver-A; last day during video recall)

After viewing an episode in which Dad and Shawn are "makin' the bacon," (cooking breakfast), we discussed whether this was a common activity for them.

DOES SHAWN COOK WITH EITHER OF YOU VERY OFTEN?

Ross: Once in a while. . . . I don't really like him up there, the stove and everything. He wants to crack eggs all the time and get into everything. . . . Sometimes, though, you're not in the mood for help.
Brandy: He likes to help me when I bake a cake.

Ross: It might'a had something to do with the filming. . . . He'll wanta help alot, ya know. So you just kinda half and half. . . . It depends on the mood. For me it does. . . . You know, if you're in a hurry . . . But, I think it's important that he be a part of

it, . . . because otherwise, how's he gonna learn?
But, I don't know. . . . He'll experience things in
other ways.

Brandy: The only reason I don't really like him to
help now is because he's more mess than he's help
(laughs).

Adapting to the needs and interests of preschool children in stimulating,
growth-enhancing ways is sometimes messy and inconvenient.

Parents' choice of toys and toy availability represent another important
way for parents to stimulate development of competence and gender identity in
their children. The "tools" allow the child to rehearse appropriate sex role
behavior patterns and to include the child in parallel play/work in parent
activities. The reader may recall earlier discussion that physical aggression and
aggressive fantasies occurred predominately in the children growing up in
Alcoholic families. Now, more appropriate and adaptive fantasy play is
presented here:

(Renard-C; 5th day) Julie and Terry are outside
transplanting bushes in the fence row. Marcus is
playing parallel with them with a new gardening set
(shovel, hoe, rake) which the parents purchased
yesterday in anticipation of this event. Terry asks
Marcus to show me the different tools and helps him
name them.

During this interaction, Marcus accidentally hits
Terry with a tool.

Terry to Julie: See why I wanted to get plastic?
He does not sanction Marcus.

(Seibert-C; 1st day)

Kevin (target) pounds with a hammer: I be real
careful.

Later I learn the ground rules. Kevin has his own
tools in a tool box "like Dad's." No pounding on the
wall. There are specific objects identified on which
to pound.

(Potter-C; 3rd day) Christopher (target) plays with
his father's tools, "my tools." His mother asks him to
come over to her to get dressed, but he tells her he
can't because he "has to work."

The target children in the Control families are not included because they are competent. They are competent because they are included (Educational Information and Resource Center, 1972).

YOUNG ALCOHOLIC FAMILIES AND THE TRANSMISSION OF RISK:
ENVIRONMENTAL AND FAMILY INTERACTION DIFFERENCES
FROM THE MSU LONGITUDINAL STUDY

Volume II

By

Joyce Ann Baxter-Hagaman

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CHAPTER VI

HEALTH AND DYSFUNCTION:

CONVERGENT FINDINGS FROM A FAMILY SYSTEMS PERSPECTIVE

And I think that's where a lot of this continuing the alcoholism comes from too. You pick up the traits, it's foreign behavior to you, a lot of it, and you think you're not good enough and nobody can sit around and think they're not good enough and not look for some . . . something to do /to feel better/.

Jack Kelly-RA (1982)

Direct observation of families functioning in their native habitats should be the microscope that reveals new phenomena of family existence and so provides the possibilities of new theory.

Jules Henry (1967)

All of the preceding discussion leads to our primary topic of interest; namely, how family interactions impact on target children to influence later acquisition of problem drinking. A number of studies suggest that effects of alcoholism on the family system may parallel the effects of alcohol on the individual by way of distorted perceptions, affective lability, irrational actions, diminished judgment, rigid approaches to life problems as well as subordination of family issues and goals to alcohol (Mules, Hague & Dudley, 1977; Schneiderman, 1975; Tamerin, Weiner & Mendelson, 1970). With this perspective in mind, this chapter integrates the qualitative and quantitative findings from the investigation with independent findings from other aspects of the MSU Longitudinal Study and with other research. Selected issues which relate to family health will be considered as they revealed themselves in the families

under study.

Several salient questions will be addressed in the context of Zucker's model of common pathways by which both normal and abnormal drinking behavior is acquired (Zucker, 1979): (1) How can we characterize these family units as family systems? How do primary and secondary group interactions (Class II and Class III influences) impact on target children to potentiate or mitigate genetic predisposition to develop an alcohol-abusing life style? How do the child's individual characteristics (Class IV influences) impact reciprocally on patterns of family interaction? (2) What role did alcohol play in influencing families at this stage in their development? (3) At this developmental stage of the target child, what clues do we have about types of behavior problems or psychopathology which may be initiated or developed that have been implicated in etiology of alcoholism? In the concluding statements of the chapter, a number of hypotheses about early environmental and interactional experiences are suggested which concern possible influences on the later development of alcoholism in the high risk male child.

Class I, II and III Influences: Family Adaptability and Integration

What Did Control Families Do That Alcoholic Families Didn't?

A number of factors emerged which more characteristically described the family climate in Control families in contrast to the Alcoholic group. Perhaps the Renard family shows these most clearly, but, generally, we see in the Control families the "language of adequacy to meet life's challenges" of which Lois Murphy wrote (1962, p. 2). Ten dimensions are identified in the discussion which follows.

(1) Couples showed mutual respect and positive affectional relations. The conjugal relationship was characterized by complementarity, companionability and meeting individual as well as couple needs.

(2) Couples had successful experiences in problem-solving and conflict resolution with the consequence that there was less family conflict. This is such an important issue that we will address this point later in greater detail.

(3) Overall family interaction was characterized by clear and flexible role definitions, and by clear generational boundaries. Parent expectations of their child's (children's) role(s) were age-appropriate.

(4) Social participation ("Class I influences," Zucker, 1979) and integration into a larger social system which is not alcohol dominated.

(5) Empathy and mutuality seen in conjugal relationships extended to parent-child interactions. Parenting behaviors were congruent and there was greater consistency in the family environment. In the children's presence, the couples support each other as a parental coalition. Parenting responsibilities were shared and not coerced.

(6) Target children had a quiet, responsive and predictable environment in which to grow. There was structure and routine. Parents were psychologically as well as physically present for their children. There was consistency in emotional relatedness.

(7) The repertoire of parenting behaviors was broad and more positively reinforcing. There was flexibility reflected in disciplinary strategies. (e.g., using a forced choice strategy; praise; games to elicit compliance). Distraction and rational explanation for decisions and sanctions in child management were provided with less reliance on dominant strategies and on punishment.

(8) Parent-child relationships were companionable. Children were included in family activities as a means of fostering competence. Parent expectations and nurturant interactions were age-appropriate.

(9) Siblings played together more cooperatively and showed no marked preference or alignments with one parent.

(10) Family coping strategies were predominately active with less reliance on escape, denial, or avoidant coping patterns.

These findings parallel results from a study of middle and upper middle class families conducted by Lewis, Beavers, Gossett and Phillips (1976), although this study was not used in the formulation of the current investigation. They proposed a theoretical and functional framework for family system characteristics which promote development of healthy children. Characteristics found to distinguish optimal from adequate families in promoting maximal family and child health and functioning included:

- (1) an affiliative versus an oppositional attitude about human encounter;
- (2) a respect for one's own and the subjective world view of others;
- (3) openness in communication versus distancing, obscuring, and confusing mechanisms;
- (4) a firm parental coalition without evidence of competing parent-child coalitions;
- (5) An understanding of varied and complex human motivations versus a simplistic, linear, or controlling orientation;
- (6) spontaneity versus rigid stereotyped interactions; and
- (7) the encouragement of the unique versus bland human characteristics (p. 202).

Additional support is gained from the study by Lidz (1963) who described parental coalitions characterized by mutual support, generational boundaries and gender-linked parent roles as optimal for healthy child development. Geist (1978) has also proposed a biological theory of health which subsumes many of these features, albeit from an evolutionary and comparative vantage point.

You will no doubt be wondering how confident we can be that the findings regarding these families are reasonably reliable and valid. This is a critical question, since much of the information comes from the investigator's ratings and interpretations. The extensive observations have been included to allow the reader to share the grounds of evidence from which the hypotheses are derived. Moreover, the information that comes from the parents themselves often negates the investigator ratings—especially in the Alcoholic families. The

best that can be said at present is that in broad outline the findings of dozens of retrospective studies and of families with older children, covering hundreds of cases, are remarkably consistent (After Bowlby, 1980).

The following section is loosely organized around the ten themes listed above. No attempt is made to force the findings of other workers into these categories because any family research includes several of these dimensions. More important and more difficult to deal with is the fact that it is now time to integrate these variables into a systems view of the alcoholic family. A written dissertation is a linear entity. Although the division of a phenomenon into parts and categories is both traditional and valid in science, it is not the goal of this project to leave these families lifeless, dissected, and with their parts neatly spread across a laboratory bench.

The reader is invited to join the necessarily confusing effort of keeping in mind a great deal of information as we view the quantitative and qualitative results from the present study along with the research of others and the methodological issues that limit our interpretations. The effects of these factors on the target child will be excised out for separate treatment while acknowledging the attentional limits of both the writer and the reader.

Threats to Family Solidarity

Issues of affectional relations, flexibility, predictability, adequate coping, and appropriate role models pervade many aspects of family life to influence family solidarity. These themes emerged from the observation data, but receive some additional support from the ratings on the Henry Ittleson Center Family Interactions Scales (Ittleson Scales) and the Family Environment Scales (FES). On the Ittleson Scales, the Alcoholic and Control families were rated as significantly different on all subscales of Family Group Patterns of Interaction. However, the most striking differences were reflected in ratings on Mutual

Satisfaction, Role Functioning, Common Interests and Activities, and Family Alignments. The reader will recall that these represent investigator ratings. The reader should also keep in mind that most groups on the Ittleson Scales are highly correlated, indicating overlap and interaction among them as the instrument was designed (Behrens et al., 1969). This lack of independence does not invalidate the results, but only means that significant differences between groups must be interpreted as part of an interactional pattern.

Disturbed Affectional Relations

On the Ittleson Scales, differences between groups were also found in Interaction of Husband and Wife as Marital Partners and as Parents. These two dimensions of family interaction revealed greatest differences in Reciprocal Warmth and Affection, Cooperation, Functioning of Husband and Wife in Their Roles, and Agreement on Rearing of Children.

In a separate report of the MSU Longitudinal Study (Zucker, Weil, Baxter, & Noll, 1984) parent self-report data from the INTREX questionnaire showed that husbands and wives in the Alcoholic group described their relationship in more hostile terms. In this respect, they differed significantly from the Control group couples. Corroboration for this finding is provided by investigator ratings on the FES, but not by the parent self-reports.

Both groups of families rated themselves highest on dimensions of Expressiveness and Cohesion (an "emic" view) on the FES. This difference emphasizes the importance of distinguishing between the emic view of the respondents and the etic view of the investigator.

Assuming that the investigator ratings were accurate, one must ask, then, whether the Alcoholic couples did not perceive their relationships accurately, lacked appropriate models for comparison, misrepresented themselves in their responses to the questionnaire or whether some cohesion is necessary to allow a

family member to drink excessively. The observational data suggest the latter point of view is more likely.

Observer ratings on the FES were positively correlated ($r=.52, p<.01$) with those of the Control husbands and wives. However, no such relationship was found with Alcoholic couples ($r=.17$), indicating higher agreement between Control family and observer perceptions of the family climate.

Given that the observational data documented Alcoholic couples as engaging in more negative and hostile acts and they, themselves, described their relationship in these terms on the INTREX questionnaire, it is possible that several items on the Expression dimension of the FES were interpreted in those negative terms. For example, "Family members often keep their feelings to themselves," "We say anything we want to around home," and "If we feel like doing something on the spur of the moment we often just pick up and go" could be endorsed in the context of hostility or conflict. This might explain the investigator's highest rating on the Conflict dimension for the Alcoholic families in contrast with their lower rating. It is also an open question how much of this "expression" --both positive and negative--was intoxication induced. Some observational data suggests more extreme affective expression during drinking episodes.

Altered Role Functioning

As a major factor contributing to lack of mutual respect and negative affect, unresolved conflict characterized the Alcoholic conjugal relationships. Of primary importance is assessing these interactions is that conflict seemed to be an outgrowth of avoidant coping behaviors. Persistent conflict may reduce anxiety about affective closeness by establishing distance from the other person through displays of anger or silence. Or relieve frustration if it is perceived as winning. It may represent an inappropriate way to express concern for the

spouse, or represent a last effort to individuate.

Role reversal and negotiation. The Control families showed well-defined but flexible role definitions which help to clarify role relations and delimit generational boundaries. In Alcoholic families, role relationships lacked clarity which was reflected in gender-role reversal, by recurrent attempts to define and redefine roles, by conflict about role expectations and responsibilities, and by role abdication. This can easily lead to lack of cooperation and mutual support. Incongruence in parenting roles may result in a lack of clarity for the child about who is the "victim " and who is the "perpetrator" in the alcoholic marriage. While this may crystalize later in the child's development, it may also contribute to the development of inappropriate marked parent preferences and family coalitions which cross generational boundaries.

Support for the view that child development is influenced by the quality of the parental coalition is provided by Lidz (1963), and Klein and Shulman (1980). They found behavioral problems to be increased in families with poor marital adjustment, even in a non-clinic population. In addition, they found more behavior problems when gender-linked roles were reversed (i.e., when the father was more expressive and the mother more instrumental). And this is exactly what was seen in the Alcoholic families in the present study.

That role abdication or role reversal exists in Alcoholic families is corroborated by Bailey (1967), Estes and Hanson (1976) and Orford (1975). Jacob et al. (1981) investigated the same phenomenon and found that the parent influence structure was reversed, with the father exhibiting "less leadership--assertiveness--problem-solving behavior than his nonalcoholic counterpart and a mother who exhibits more of a directive influence in her family than does her counterpart" (p. 477).

Examining families two years after treatment for alcoholism (N=54

Recovered Alcoholics, N=51 Relapsed), Moos and Moos (1984) concluded that the altered role functioning was reversible with cessation of alcohol abuse. This was assessed by recovered alcoholic males assuming more role obligations (e.g., household tasks) than their relapsed counterparts.

Role reversal and parenting by conscription. Geist (1978) has drawn attention to the need for males in social species such as humans to assist in "mothering" the young. In his view, there is an evolutionary advantage for the male, as well as the female, to be "sensitive to the signals of the young indicating departure from and approach to homeostasis, and that the male be capable of 'mothering' the young" (pp. 335-336).

A surprising amount of this behavior was observed in both family groups. But in the Alcoholic group it was complicated by role antagonism--a chronic need to negotiate and coerce the partner into carrying his/her share of responsibility. Caregiving was not marked by sentience, or nurture, but rather by expeditiously doing as little as possible, perhaps to limit aversive consequences from the partner.

The nonalcoholic partner not only bears the burden of regular household management and parenting, but has to cope with the added stress of her husband's efforts to dilute marital interaction by absence and social problems which derive directly or indirectly from his alcohol abuse. The added stress of unpredictability that peaks with binge drinking will be discussed in a later section on transmission of alcoholism.

Split Loyalties

The data suggest that there were stronger autonomous ties to the family of procreation in Control families. In the Alcoholic families, the families of origin continued to fulfill some of the emotional and financial functions of the family of procreation. Two family patterns emerged in the high risk sample

which I present cautiously since the sample is small: (1) those in which extended families are extremely important on the maternal side and (2) those in which the mother/wife has sought outside employment and less family involvement with her family of origin, although perhaps still more so than in the Control families. But the function remains the same—social support is sought outside of the marriage to a far greater extent. In both cases, this may represent the wife's recognition of her husband's inability to reliably provide financial and emotional support to his family.

On the one hand, she establishes and extends her social support network in a culture in which male roles are defined instrumentally and foremost by occupational status. The impact of role reversal can be devastating under the best of circumstances. On the other hand, by remaining tied to her family of origin, she may obviate the need to seek outside help and limit her social contacts to an extended drinking system in which family members are well-socialized into alcoholic family interaction patterns.

The fathers' interactive roles in this process is less clear because the nature of the fieldwork was to lead to a less detailed picture of their involvement in their own families of origin.

A social feedback system with input from the couple themselves, the families of origin, and from social contacts in the larger community evolves which can either promote or further impair mutual pair-bonding. In the Alcoholic families, the couple relationships seemed to be impaired in several ways:

(1) Spouses were not fully available to each other. Ties to family of origin may have perpetuated an expectancy phenomena that mutual and adaptive dependence in the couple would not develop or be sustained. This finding may be implicated in generational transmission of alcoholism.

(2) A mutual lack of understanding of the husband's role as both object and source of emotional support prevented development of reciprocal bonds. If this is so, the wife's expectations of her husband's behavior and his potential to succeed may be greatly diminished, thus implicitly, if not explicitly, conveying a message to the husband of his own incompetence. (For example, Oscar Ypman's attempts to locate more satisfactory employment out of state are thwarted by Judy who is opposed to moving away from her parents). Moreover, the failure of the husband to fulfill affectional needs, his use of alcohol in the relationship to control and dominate and his role abdication serve to reinforce her responses.

(3) Wives in alcoholic marriages who experience their husbands as unreliable and irresponsible may disengage from the relationship and seek outside sources of social support. While this may be adaptive for individuals, the interactional system which evolves subverts effective parenting by both spouses.

These interaction patterns provide additional sources of role confusion from a family life cycle perspective. Successful grappling with and resolution of early tasks of integrating individual and couple identity issues are not achieved.

Class I Influences: Restricted Social Networks

Most of the people who are alcoholics hurt /their significant others/, not the people who are more distant. Early on, their friendships fall by the wayside. But you see, all the time I was drinkin', shortly after we got married, I didn't have no friends.

Jack Kelly-RA

I think a lot of people would rather put up with it (alcoholism) than have other people know.

Kara Kelly-RA

It has long been known in substance abuse treatment programs that successful control over a drug abusing lifestyle is facilitated by a change in peer networks, church attendance and/or avoidance of those setting events

which maintain the abusive pattern. Advocates of controlled drinking from a behavioral point of view emphasize the importance of controlling setting events, antecedent conditions which lead to a decision to drink, and the consequences of drinking (Watson & Tharp, 1977; Williams & Long, 1979). This view acknowledges Bateson's observation almost a decade earlier that

If the sober life of the alcoholic somehow drives him to drink or proposes the first step toward intoxication, it is not to be expected that any procedure which reinforces his particular style of sobriety will reduce or control his alcoholism (Bateson, 1971, p. 18).

Taking heed, Watson and Tharp (1977) proposed reinforcement of the avoidance of problematic situations to facilitate controlled drinking. Indeed, they observed, "the use of important interpersonal reinforcement is generally the only sufficiently powerful plan (p. 157). In keeping with this view, we turn to examine the extent to which the families under study sought out and took advantage of extended social networks as a means of interpersonal reinforcement.

Research on positive treatment outcome also implicates community support systems. Moos and his associates found that families who showed most success in recovery from alcoholism rated themselves on the FES as higher on Cohesion, Active-Recreational orientation, and Organization and lower on Control and Conflict (Moos et al., 1979).

On the FES, the Control families rated themselves in the moderate range for Active-Recreational orientation whereas Alcoholic families rated themselves lowest on this dimension. The latter finding is corroborated by both investigator ratings on the FES and with the observational data.

Control families were marked by individual interests and family interests, some of which were shared with their spouse and others were personal. The women had hobbies and often shared their crafts with me with a sense of pride.

The men hunted, and participated in a variety of sports. Note that in the earlier description of family reactions to the videotape of themselves that Control families were much more likely to structure this as a social event. This participation in a larger social network provides increased opportunities for extended social support by way of babysitters, temporary respite from child care, leisure activities, relief from stress and exposure to a greater variety of models of effective coping and problem solving. In addition, it allows for greater access to tangible goods through social organizations such as churches, clubs, schools, or the work place.

On the FES ratings, my congruent ratings with Control families may reflect my impression of greater acceptance in these family groups.

The price of alcoholism in these young families was frequently social isolation and lowered levels of social support at a time when economic resources were also limited. Even in families where the wife worked outside the home, couple activities were at a minimum. Observation data shows that the Alcohol male respondents had their primary social relationships within a drinking context and often outside the home to the extent that alcohol was becoming the organizing factor for their social life. Of the six Alcoholic families studied, only one wife drank with her husband. Moos et al. (1982) reported that spouse drinking was positively correlated with alcohol consumption in the relapsed and recovered alcoholic husband. This was not the case in the present study.

These wives either experienced (1) social isolation, (2) enmeshment within extended family systems which included alcohol abuse (see data on genogram) and interactional models which sustained it, or (3) rejection of the family of procreation as a primary source of social support in favor of support systems in the workplace.

Again, these data are corroborated by Moos et al. (1982) who found in

their follow-up study of recovered and relapsed alcoholics that, as compared with a matched community control group, both recovered and relapsed alcoholic families described themselves as placing less emphasis on Active-Recreational orientation in spite of improvements in the former group in other areas of functioning.

Harburg et al. (1982) posited that family and peers may be mediating influences in both abstinence and heavy drinking in adolescents where use of alcohol is a "more conflicted experience." Our results suggest that the limited social network of the parents in Alcoholic families extended to networks available to the target children, even at this young age. Control target children were more likely to encounter varied social experiences in neighborhood play with unrelated peers. Playmates for the target children in Alcoholic families appeared more frequently to be relatives, increasing the probability of exposure to family drinking systems and to the behavior problems in young children associated with these families.

If a child lacks alternative models and social resources to attenuate dysfunctional effects of the family drinking system or access to socializing activities because of social isolation and family stigma or because of enmeshed kin networks in which alcohol has become a central focus for adaptation, socialization to alcohol abuse is enhanced. Zucker and Barron (1973) emphasized the role of the peer group in initiating and maintaining drinking behavior in adolescents. These observations suggest the value of including peer influences—even in early childhood—in the Zucker model.

Parenting in the Context of Unrelenting Conflict

How are anger, frustration and conflict distributed in the everyday lives of these Alcoholic families? What is the outcome for the child? The parent who loses the current skirmish has to do the parenting which results in the child

being parented by the parent who's angry.

The first child in a family presents role strain (Rollins & Gallinger, 1979; Nye & Berado, 1973) which mandates a shift in role functioning. An adaptive shift may not take place if there is early foreclosure on couple issues. This is well-documented in the family life cycle literature (Duvall, 1971; Ferguson, 1976; Rodgers, 1964; Worby & Gerard, 1978).

Parents who are preoccupied with chronic unresolved conflict and with a need to frequently clarify and renegotiate conjugal roles have few resources available to emotionally support their children or promote optimal development. Unresolved and chronic conflict are pernicious. The effects of conflict documented earlier combine with a reduction of social relationships to reflect deterioration in the family interpersonal environment. There are extensive and broadly-based data which substantiate how environmental deterioration both induces stress and initiates a breakdown in maternal and social behaviors (Harlow, Harlow & Svomi, 1971; Helfer, 1974; Jaco, 1970; Jolly, 1972; Lynch, 1977; Powell, Basel, & Blizzard, 1967; Teele, 1970). Geist (1978) found that in any mammal "if a normal female is subjected to a deteriorating environment, she will become a more irritated aggressive mother and pass on her behavioral traits culturally to her offspring" (p. 131).

Bandura's study in 1960 (cited in Becker, 1964) reported that mothers of aggressive boys, while responding with punishment when aggression was expressed toward them, were more permissive than mothers of inhibited boys when the child's aggression was expressed toward peers or siblings. Fathers of aggressive boys, however, were more punitive for aggression toward parents, and even less permissive when aggression was directed toward siblings and peers.

Impact of Poor Marital Adjustment on Parenting

The issues discussed above converge to strongly support and extend Belsky's hypothesis that the marital relationship has a profound influence on both parenting abilities and on child development (cf. Geist, 1978; Lamb, 1976). In Belsky's (1979, 1981) conceptualization, family system interactions are determined by multiple forces—the reciprocally influencing forces of ontogenetic development in the individual, the marital relationship, and parenting adjustment. In his schema, direct influences are those influences of the parent on the child. Second order effects or "indirect influences" include ways in which the conjugal relationship mediates parent's acts toward the child as well as ways in which the child reciprocally impacts on this relationship. In this view, "incompetent parenting is difficult to extinguish as long as the quality of a marital relationship is poor" (Belsky, 1981, p.17; cf. Hetherington, Cox & Cox, 1978).

These findings provide some evidence for a cumulative effect of marriage on parenting which has also been reported by Ferguson (1976). Their emphasis has been on the affectional bond in the marital relationship taking precedence over loyalty to the family of origin or offspring. Lewis et al. (1976) also found that total family competence was positively correlated with the quality of the marital/parental relationship.

The quantitative data provides additional insight into the marital and parenting deficits in the Alcoholic families. Parent-child interactions were rated as more negative or less adequate. More negative parenting effects were noted in Alcoholic fathers than in mothers in Alcoholic families. Significant differences between Alcoholic and Control parent-child interactions were most marked in two areas: (1) in consistency of emotional relatedness of parents

toward the target child, especially in Alcoholic fathers and (2) in control of the child, again most pronounced in Alcoholic fathers. Mothers and fathers in the Alcoholic group showed frequent, unwarranted shifts in their mode of relating to the target child as well as shifts between under- and over-control of the child which were unrelated to the child's needs at the time.

On the Ittleson Scales, discrepancies in parent-child interaction reflect negatively on the Alcoholic fathers and are more pronounced. Mothers in the Alcoholic families were rated as significantly different from Control mothers in overall Freedom of Interaction, Decisiveness, and in Consistency of Emotional Relatedness. Alcoholic fathers differed significantly from Control fathers on all dimensions.

The greater similarity between Control parents on parenting behavior (in nine out of fifteen subscales) was most significant in emotional and reciprocal interactions with the target child. Greater incongruence between Alcoholic parents with regard to parenting behaviors was noted in Chapter IV. These data suggest that marital discord, unstable role relations and poor marital adjustment in the Alcoholic families does indeed undermine consistent and effective parenting behaviors and overall family functioning at this stage in the family's and child's development. These findings are supported by varied research efforts using retrospective methods and/or older probands (Chafetz, Blane & Hill, 1963; Jones, 1968, 1971; McCord & McCord, 1960, 1962; Robins, 1966; Robins, Bates & O'Neal, 1962; Vaillant, 1983; Vaillant, Gale & Milofsky, 1982; Vaillant & Milofsky, 1982).

The possible role of alcohol as a drug in this process is considered next. In addition to being a major problem in family relationships, alcohol also provides a theme for conflict which is always available. While analysis of the videotape data is only in the initial stages, one interactional segment, in

particular, documents how this theme is important interactionally. When the alcoholic spouse is confronted more directly about his drinking, the accusing spouse subjects herself to equal criticism about her own inappropriate behaviors. We will return to this point later in a discussion of the adaptive consequences of drinking.

"Whiskey is to Drink. Water is to Fight Over"

The Role of Alcohol in Family Functioning

Kara says that their neighbors are alcoholic, and Jack agrees.

Jack: They don't think they are. Nobody thinks they are when they're doing it!

Kara and Jack Kelly-RA

What emerges from the observational data are questions about the functions of alcohol as an influencing process in developing patterns of family interaction. To address this issue, it is necessary to present the family views (emic) as well as the structural (etic) from the observer's analysis. The family views were gathered through participant observation with one exception. In the final session, in which the genogram was obtained, the observer asked questions about family definitions of alcoholism (and "drinking problems") in the context of eliciting family history of alcohol abuse and other health problems. The observational data which follows illustrates some of the family "theories" about alcoholism and then integrates emic/etic descriptions of the functions of alcohol as a rationale for explaining the behavior of the families under study.

YOU CAN PICK OUT PEOPLE THAT'S GOT A
DRINKING PROBLEM

(Kelly-RA; 5th day)

Jack: I can spot somebody in a minute. Just physical appearance, physical mannerisms . . . Alcoholics when they're drinking, but not necessarily when they're drunk, they will not walk erect. Usually it varies a

little bit—this is just a personal observation—stooped shoulders, a little bit of a ducked head, real nervous. I guess probably it takes one to know one. There's a crawling inside the skin after you come off a real bad drunk or a hangover. I can sense it when I see 'em . . . just the whole mannerism and nervousness and apologetic a lot, not thinkin' they're good enough.

(Michaels-A; last day)

Joe (about his highway safety classes after DWI): I never woulda been drunk drivin' if a guy hadn't run into me (the car at the stop sign). . . . Ya, they got it in three categories. There's heavy drinker, alcoholic, occasional drinker. You set around home drinkin' beer and on Friday, you go to a bar, that's an 'occasional drinker.'

ARE THERE OTHER BEHAVIORS THAT DISTINGUISH PROBLEM DRINKERS FROM ALCOHOLICS?

Joe: They usually drink constantly. We got this guy at work, he's always comin' in drunk Just like this beer I got now. It's been in there since last Friday. Last Saturday when we was out workin' on the car, me and that guy bought six beers. I had three of 'em. Still got one more in there. That's from a week ago.

Note: I observed him come home drunk on Friday after work. Renita went to the bar to get him. I was also present on Saturday when he came home from the bar.

Joe: I don't drink much compared to my family.

(3rd day) SINCE YOU THINK ALCOHOL IS WORSE FOR PEOPLE TO ABUSE THAN SOME DRUGS, HOW DO YOU FEEL ABOUT JOE'S DRINKING?

Renita: Well, it's really funny, because it's a lot less than three to four years ago. Well, it's really better because it's a lot less He didn't really have a drinking problem, but he had a lot to drink /underscore added/. You see it was better then because he could drink and drink and never get drunk, but now it doesn't take that much.

What I never liked, and I never could get through his head, Joe will go out to the bar with the guys and he'd say, well, instead of sayin' "I gotta go home. I got a wife at home and supper's ready," you know,

instead of sayin' that, he'd get ready to go and they'll say, "Oh, come on and stay." And he'd say, "OK" and stay. He never had the guts to say, "No, I got a wife and kids and my family. I'm goin' home" /underscore added/ . . . He'd never come home at all half the time.

(6th day) HOW DO YOU KNOW WHEN SOMEONE HAS A DRINKING PROBLEM VERSUS GETTING DRUNK AT A PARTY?

Renita: You can pick out people that's got a drinking problem. The first thing is when they, um, I'd say when their drinkin' comes before their family. They're at a bar with a bunch of friends and they can't say, "Well, I gotta go home 'cause my wife's at home. You know, my kids know I'm supposed to be home" /underscore added/. But for another half hour, they sit down and drink, drink, drink. That'd be a good sign. Drinkin' no matter what time it is. Wake up and have a beer.

Renita (in regard to Joe): Like he even gets urges for a drink of beer. That don't make him an alcoholic.

(Kirby-A; last day) In response to genogram question about drinking problems:

Garrold: Not no serious drinking problems (laughs sardonically). But I can't convince these people in the traffic division that Now have I had a problem in the past with drivin' and drinkin'? Hey, if they state it that way, I clearly admit it. Ya. 'Cause they caught me twice. But. Do thousands of other people do that every day? Yes! . . . I just happened to be the one that got caught. But these people when they ketch ya make it seem like, "Hey, you doin' somethin' that nobody else does and we're comin' down hard on ya." It's stupid. 'Cause the problem is in leavin' the bars open to allow people to go drink in the bars /underscore added/ So you know the guy's goin' in there chuggin' two, three, four beers in an hour and then he's drivin' home. They could ketch every doin' that Serious drinkin' problem? At times. But not real serious. Not extreme.

Note: In an earlier observation, Garrold talked about disliking the 3-11 PM shift. One reason was that the bars closed shortly after he got out of work and "You'd have to go in and chug 'em down."

HOW IS THIS DIFFERENT FROM YOUR FATHER WHO YOU SAY HAD ALCOHOLISM?

Garrold: 'Cause he was stone drunk all the time. He had to get out and have that every day or he was goin' into DDT's bad, you know. . . . I got a little too drunk, I don't deny that.

Emic and Etic Views With an Eye on Misrepresentation

One owes it to one's informants to leave them at least as well off as one found them and not to misrepresent them. This is sometimes difficult with people who want to present themselves to the world in a way that does not bear up under scrutiny.

Bohannon (1981, p. 43).

The anthropological distinction between emic and etic views is extremely important here. Investigations into cultures or family life by a naive observer will not necessarily produce similar emic and etic views. However, when one is working within one's own culture, the observer often already shares the same world of meaning. The emic view on "alcoholism" and "drinking problems" reported above only partially overlap the observer's etic categories. The understanding of this distinction is important when working with families in which an emic view is difficult to obtain either because of methodological constraints or because of several issues (e.g., collusion and denial) which are discussed below. In disturbed families, the emic view will necessarily conflict with the etic view of society and the observer.

The clearest example of discrepancy between emic and etic views found in the MSU Longitudinal Study is the difference between self-reported drinking behavior and observational and legal records. "Fathers of high risk boys reported significantly more drinking problems than fathers of control boys, although they did not report more alcohol consumption in the past six months (Noll, 1983, p. 165). This raises a question about the validity of the self-report data as well as pointing out discrepancies between family and investigator

views. This issue is certainly not unique to the present study. Morse and Swenson (1975) found spouse reports of drinking problems to be more reliable than those of the alcoholic.

However, we must consider the extent to which the parent self-report data negates observer ratings. Observations, genogram data and independent data from other aspects of the larger study all suggest the hypothesis that the ways in which the Alcoholic families presented themselves to the observer, if valid, would often have required a suspension of disbelief. I will use "denial" here to describe all forms of inaccurate reporting. We should remain aware that their behavior across time must reflect a combination of denial, lying, self-deception or idealization and different emic categories which prevent respondents from fully understanding the researcher's etic categories.

This denial extended far beyond the issue of drinking. For example, the Berkowski-Goodson family failed to endorse any FES items about conflict, although there is videotape data of a major episode of conflict that extended over several days regarding an anniversary celebration. In the emic view of Jack Kelly-RA:

So much of alcoholism is hiding--for the family as well as the alcoholic. I think as the disease progresses and the longer they're together, they're so used to making excuses and covering up that you run a pattern of lies. When you lie once, you lie to cover it up again and pretty soon you can't refute everything that you said. So--this is just a guess at that--but, you know, here the family member would have to say, none of the things I've said for years are true. We don't live like this, we don't think like this, we've done all these things because this person is alcoholic. Our whole life is just a masquerade.

Jack Kelly-RA

Coping, Denial, and Self-Deception

An extensive review of the literature on coping is beyond the scope of this project. However, the current consideration of coping strategies is based on

Lazarus and Moos (Lazarus, 1966; Lazarus & Folkman, 1984; Moos et al., 1982). Lazarus (1966) identified two general classes of coping: "direct-action tendencies" and "defensive reappraisals," commonly referred to as "defense mechanisms" (signalling response to threat or attack, but without the associations with psychoanalytic theory). Direct-action tendencies attempt to mitigate or eliminate an anticipated threat. These tendencies may be expressed in either "fight or flight" and, thus, technically include aggression. Moos has used the terms "active" and "avoidant" coping with much the same meaning. The latter terms are used in the discussion which follows.

Avoidant coping was dominant in Alcoholic families. When more active coping was observed it was usually aggressive and maladaptive (cf. Howell, 1973). Recall, for example, the episode in which Oscar Ypman is brought home drunk and bleeding after a violent outburst in the hospital emergency room.

Coping and adaptation are viewed as a transactive process between the individual and the interpersonal, as well as physical, environment. Capacity to respond to symbolic stimuli as well as to eliminate inappropriate or maladaptive responses forms the basis for the connection between the behavioral sciences and genetics. What is important to note in this research as it relates to the current study is that the adequacy of family functioning is affected not only by the alcoholic's level of dysfunction and the properties of alcohol as a drug, but, also, by the non-drinking spouse's perception of and adaptation to her environmental stressors. Several studies find that in a variety of variables reflecting level of family functioning, families do better when the alcoholic is in treatment or recovered, when extended social support systems are available, or when the non-drinking spouse ceases to collude in the alcoholic system (Bromet & Moos, 1977; Caplan, 1974; Dean and Lin, 1977; Finney, Moos & Mewborn, 1980; Moos & Moos, 1984; Mueller, 1980; Neff & Husaini, 1982; Rae &

Drewey, 1972). In the Alcoholic families under study, the wives frequently colluded with their husbands in maintaining the family view that alcohol was not a problem, either by use of avoidant coping behaviors (e.g., not seeking help) or by overt denial:

(Kelly-RA; 4th day)

Kara: Say you were gonna go to a dinner, right, and you told every you were going to that dinner and all of a sudden the other person is drunk. You have to call and make some sort of excuse. You don't call somebody and say my husband's drunk, we can't come tonight. . . .It's the people who are making these excuses, it protects them (the alcoholic).

(Michaels-A; last day) Renita: I don't like beer. I wish I did. I wish I did like to sit and drink a beer, you know, but I never really cared for beer or anything. But, um, . . . like last year I got super mad with somethin' and I'll go walk down and buy me a six pack to put in the refrigerator, you know, just for somethin' to do.

(Berkowski-Goodson-A; last day) Even though Virgil has a first offense DWI, he has suffered little aversive consequences. His uncle is Virgil's auto insurance agent and he "overlooked" the traffic conviction, with no increase in auto insurance premiums.

(Ypman-A; 3rd day) Judy talked about how she and Oscar met when they were both "partyers." They apparently were "doing a lot of drugs together." However, when she got pregnant, Judy stopped doing drugs. Oscar continued. She spoke of her dismay that she never recognized that Oscar didn't stop also.

Judy: I didn't realize it until he was busted for doing a drug store.

For the alcoholic husband, there seems to be an awareness of the spouse's values—especially about drinking— that is ignored or rebelled against such that the spouse is recurrently confronted with the need to reassess her position. Some limited evidence from this study suggests that rather than do so, and acknowledge that her husband has attained control in the relationship through

drinking, she sets aside her own perception of reality.

(White-A; 3rd day) Ross reported that he doesn't drink at home because Brandy doesn't like it. He stated that it is an "issue between them" because Brandy doesn't drink.

WHY?

Ross: Because her father was alcoholic and that's why her mother divorced him and her grandfather died of alcoholism.

Thus Ross goes to the bar to drink.

Note: He also drinks at home, but not usually in her presence. However, he leaves beer bottles in the kitchen.

I had occasion to check with Brandy about this later when Brandy told me that Ross "usually cashes his check" on Thursday night, so he gets home late.

DOES THAT BOTHER YOU?

Brandy: No.

Impasses For Which Alcohol is Both a Real and Pseudo-Explanation

Extensive alcohol use, although denied, plays a pervasive role in several other aspects of coping. The spouses cooperate to produce a family coping strategy that is mutually adaptive --at least short term. Essentially alcohol is triangulated into family interaction patterns as a nostrum. The following transcription illustrates an etic view of alcohol use in avoidant coping based on emic statements by respondents:

1. Drink as mood control, pain killer, balm.

(Kelly-RA; 2nd day)

Jack: (Before I stopped drinking) It was just an endless succession of days. You do something and then you wait to see if anybody's gonna do anything if you did something terrible. If they don't do anything the first day or two, well, you don't think about it until you get drunk again.

(Brand-C; 4th day)

Tim (father) describes his grandfather as a "good

family to have studied."

Tim: My grandpa would get to drinkin' and then he'd get mean. Things didn't go his way, he got mad and they went his way whether you wanted to or not.

(Berkowski-Goodson-A; 4th day) Victor (target) is on the sofa, sick with the flu. He tells me his "tongue hurts." Dawn says he's had the flu for a week. Victor cries and whines in spite of parent efforts to quiet him (e.g., throat lozenges, honey and lime juice) but in a context of parental negativism.

Finally, Virgil tells Victor, (falsetto voice): Dad's already given you Pepto Bismol and, uh, chicken soup. What more can you give a little kid, huh? . . . If dad could make you feel better just like that, he'd do it. I've tried all but one trick. That one trick (chuckles) doesn't work very well for little boys 'cause you get hangovers real easily.

2. Drink as avoidance.

(Ypman-A; last day) In an earlier observation, Judy described her motivation for curtailing her own drinking.

Judy: The court won't let us keep Penny (their ward) if they find out about the drinking—Oscar's drinking.

Today she stated that she had been thinking about asking me whether there were ways that she could change her behavior so that she "didn't experience the feelings she was having so intensely." She wondered if there were some book she could get that would help her learn to modify her behavior so that she didn't have these feelings.

(Kelly-RA; 4th day)

Jack: When you're drinkin' and you're really locked into the alcohol or any other drugs, you think of that as a remedy . . . Well, you drink to get ready to solve the problem or to make the problem more at ease, where as now, if I've got something coming up—like going to somebody's house to get high—and something else comes up to interfere, well, it's like "I can't do this now because I've got to keep myself straight and know exactly what's going on and be alert because I've got these things I've got to take care of." I think that's a major point where you have to cross over to get completely out of where you think that this is gonna make the situation better.

3. Drink as manipulation.

The reader may recall the vignette "The Cock Fight" presented in Chapter V. I present the last segment of that interaction sequence again to illustrate how alcohol was introduced to Little Joe in the context of manipulation in conflict:

(Michaels-A; last day) Dad invites Little Joe to come over: Come here. I won't get ya.
 Little Joe asks for a drink of beer.
 Dad agrees: One little drink, that's all.
 Mom (shouts): No!
 Little Joe gets it anyway.

4. Drink as explanation and justification.

(Ypman-A; 1st day) Oscar doesn't say much. He doesn't handle stress much. So he drinks. . . . I wish he'd stop drinking. It always gets him into trouble. I'm under stress too.

(Berkowski-Goodson-A; 4th day; 6:30 pm) Dawn reported that she had had to work today after all. She stated that Virgil apparently had dropped the kids off at the sitter early, around 8:30 a.m., and she hadn't heard from him since. When he called her the night before at her mother's he didn't mention anything like this, but the sitter had mentioned to her, "He seemed in an awful hurry this morning."

Dawn felt irritated because she didn't know where he was. She commented several times that this wasn't like him "unless he's smashed."

5. Drink as indulgence.

THE NUMBER ONE STORE: ON INDULGENCE

(Silver-A; 2nd day) After Ross and his friend finished at the Secretary of State where his friend had taken his driving test, we all got in the car and started driving for home. When we were about three blocks away, Shawn was sitting in the back seat with me.

Shawn: Daddy, I want to go to the number one store. He said it so softly that I could barely hear him. The radio was on and he repeated this request three times. Finally, he got up to his father's ear and said it again. Ross smiled and asked him if he wanted a Slurpy.

Ross: I have to get cigars anyway, so I guess we can go.

We stopped at the 7 to 11 store. We waited in the car while Ross and Shawn went in. When they came out, Ross had bought a quart of beer, but no cigars, and Shawn was carrying a Slurpy.

(last day) Andy got candy twice from inside the house. He "chows down his food" with his mouth full. Within an hour, he wanted a popsickle and was told no by his mother. Then in a whining voice, he asked for it in context of sharing one with me. This time he was provided with one with a caution that he would have to eat it outside. He shared it with me. Shawn: We have to eat it outside.

Later, Ross decided to go to the 7 to 11 store. Shawn and I accompanied him. Shawn sat between me and Ross, hugging his dad and getting his face close to him to talk. The talk was animated and Shawn asked about getting candy at the store. His dad replied "No."

In the store, Ross purchased hamburger for chili, bread, crackers and a quart of beer. When he went to the cupcake display to buy cinammon rolls for Brandy, Shawn wanted cupcakes to share with me.

Ross: I don't know how I can tell you "No" when I'm getting one for your mother.

When we returned home, my impression was that Shawn was really "hogging it down." I accepted some pop from him, and when he finished his, he took a drink out of mine too. Since I was not hungry, he ate both cupcakes.

In almost every area so far, from an etic point of view, denial plays a role. It is a major component in daily family life, in acceptance of alcoholism, and in failure to seek treatment at this early stage of family development. It is the contention of Tarter et al. (1984) that denial has a biopsychosocial etiology. Denial is theorized to be a consequence of a developmental defect in the apperception of internal physiological states and in appraisal of the significance of environmental events. They implicate disturbed arousal regulation (which

subsumes antisocial and hyperactive behaviors), cognitive impairment to discriminate interoceptive stimuli as well as the degree of stress associated with environmental events in a cognitive-physiological theory of denial.

Both denial and traditional sex roles restrict the male alcoholic's access to self-disclosure as a coping strategy. Baxter (1979) reviewed coping and self-disclosure and found several studies documenting the effectiveness of self-disclosure in active coping and stress reduction. Of additional interest here, in the light of the current results regarding conflict in these Alcoholic families, is the description of several studies showing a positive correlation between self-disclosure and marital satisfaction (Katz, Godston, Cohen, & Strucker, 1963; Levinger & Senn, 1967; Shapiro & Swenson, 1969). The low self-disclosure and major denial observed in the Alcoholic families in the current study contrast dramatically with the highly articulate self-disclosure of Jack and Kara Kelly, the Recovered Alcoholic family. It is intriguing to speculate about the role that "forced" self-disclosure plays in the effectiveness of Alcoholics Anonymous. One recalls the almost ritualistic "My name is . . . and I am an alcoholic."

We can conclude with some confidence that growing up in a family environment characterized by pervasive avoidant coping results in a child's incorporation of some of these behaviors. Environmental and family stress have been implicated in the success of the developing child's coping (Garmezy, 1976; Geist, 1978). In this case, there is a price to pay. The child grows up "not acting a lie," but "living a lie" (Warner & Olson, 1981).

Issues of Transmission: Impact on the Child at Risk

It is a truism that environmental variables affect child development. Development is not linear and is an expression of its situational context (Anthony, 1970; Seay & Gottfried, 1978). The parsimonious interpretation of these results is guided by the main idea contained in social learning theory: behavior is accounted for by the "continuous reciprocal interaction of personal and environmental determinants" (Bandura, 1977).

"Cumulative learning" begins with sucking, grasping, visual exploration and culminates in achieving increasingly more complex levels of visual, motor coordination and cognitive means by which to discriminate, interpret and anticipate one's environment (White, 1959). This learning is guided in the early years by parental influences which provide anticipatory guidance. However, such guidance is impaired if events are not predictable and/or avoidant coping behaviors and cognitions predominate in family functioning—as they did in the Alcoholic families under study.

All of the preceding discussion serves to illuminate the environment in which a "child at risk" develops. Personality variables (Class IV influences) obviously play a role in mediating the impact of sociocultural and parental influence on child and family functioning. In this section, several major family and sociocultural environmental effects on the child are outlined: inadequate role models for family functioning; the effects of parental discipline on deviant behavior; and non-contingency in family environments. The target child's reciprocal influence on other family members is presented where relevant.

Inadequate Role Models for Family Functioning

I NOTICE YOU TALK OPENLY ABOUT YOUR
DRINKING IN FRONT OF YOUR CHILDREN.
I drank openly!

Jack Kelly-RA

A vast repertoire of inappropriate behaviors was modeled by Alcoholic

parents including (1) disturbed affectional relationships; (2) altered role functioning; (3) failure to emancipate from families of origin; (4) social stigma and isolation as well as social behavior organized around alcohol; (5) agonistic behavior in a variety of contexts; (6) difficulties with problem-solving, successful negotiation and compromise; (7) self-deception and denial; and (8) manipulation of others.

What are the consequences for the children in these families? They can include, for example, (1) inadequate role models for anticipating and working through solutions; of compromise; of successful negotiation; of predictability; (2) modeling of deviant behavior, dysfunctional marital roles, or confused sex roles; (3) experiences of non-contingency between actions and consequences; (4) socialization to agonistic roles and inappropriate conflict resolution by way of coercion or avoidant coping behaviors; (5) strained parent-child relationships in which parents are unwilling or unable to do things that would give them more.

The effects of this environment on the child were already discernable at the time of initial data collection. The observational data indicate that target children from these Alcoholic families showed heightened levels of activity, of aggression, and of impulsivity. Similar findings from the literature are reviewed below. The ratings on the Ittleson Scales showed significant differences between Alcoholic and Control target children on all dimensions of Child-Parent Interaction, where the parents were rated as a pair. Boys in Alcoholic families showed marked preferences for one parent, less reasonable compliance to parental control, and greater extremes in their demands of parents. In a separate report of the MSU Longitudinal Study research effort, Noll (1983) found significant differences between Alcoholic and Control target boys in language, fine motor, personal/social and adaptive developmental areas.

In view of the previous discussion of coping and denial, it is interesting

to note here that Weil's (1984) analysis of a larger subset of the families in the MSU Longitudinal Study (which included these families) found parents' level of stress to be positively related to their children's level of stress. Nonetheless, parent reports on stress, pathology, and behavior problems in their children revealed no significant differences between groups. These results are incompatible with the observational data presented here.

Growth and development depends on learning (White, 1959). From a systems and learning theory framework, the child "overlearns" the adaptive consequences of alcohol use. There is some evidence that children acquire early concepts related to alcohol use (drinking specific variables) at a very young age (Jahoda & Cramond, 1972). Reilly's (1981) finding that children under the age of five recognize the difference in shapes of bottles and associate them with feelings about the contents gained further support from Noll's (1983) study. He found that high risk boys, ages 3 to 6 years, more quickly recognized alcoholic beverages by odor and sight and demonstrated greater knowledge about the uses of alcohol.

There were no significant differences between groups as measured by the Home Observation for Measurement of the Environment Inventory (HOME). The Home is merely a screening instrument which places greatest emphasis on stimulation of the child and on caregiver-child interaction rather than on total family emotional interaction. In addition, the version of the HOME used in this study does not measure maternal involvement and responsivity of the primary caregiver. This may have contributed to its lack of sensitivity in this population. The observation data certainly illustrate that the emotional environment in these groups was markedly different.

The parental and family influence data reveal consistencies in both cross-sectional and longitudinal studies on alcoholic families with older

probands. Jessor (1973) reported low mother-child interaction, increased maternal alienation, decreased maternal responsivity, and increased exposure of probands to deviant modeling. Zucker (1976) reported retrospective data from adolescents which indicated low family solidarity and disruption of family ties; dilute parent socialization effects; increased authoritarian patterns of interaction and discipline; and increased sibling rivalry. These findings have generally been supported by numerous other researchers doing cross-sectional work. Parallel findings are reported in longitudinal studies which at their inception began with older probands. These studies are reviewed in detail by Zucker and Noll (1982) and Zucker and Gomberg (1986).

Aggression has long been implicated as a precursor to later development of alcoholism (Aronson & Gilbert, 1963; Chafetz, Blane & Hill, 1971; McKenna & Pickens, 1983; Whalen, 1953). McKenna and Pickens (1983) found that two alcoholic parents were associated with heightened levels of aggression and psychopathology in children. Zucker, Weil, Baxter and Noll, (1984) reported early results from the MSU Longitudinal Study which showed significant differences between Alcoholic and Community Control parents with regard to antisocial activities. Scores on the Antisocial Behavior Inventory showed that the rate of parental antisocial activity in the Alcoholic group was one and a half to two times higher than in Controls. In the rare studies which use preschool age children as probands, antisocial behavior in children whose parent (s) were alcoholic was reported to be significantly higher than controls (Kellam, Simmon, & Ensminger, 1981; Rydelius, 1981). Heightened activity levels have also been implicated in many studies (Zucker and Gomberg, 1986).

The present study portrays how the alcoholic family system is disrupted and how all family members contribute to the development and maintenance of deviant or maladaptive behavior in target children.

The Effects of Parental Discipline on Deviant Behavior

Significant giving means personal involvement. Control families were marked by their flexibility in child management. By "flexible," I mean behavioral variability governed by situational contexts, while remaining consistent with rational goals (cf. Becker, 1964). It is well to recall how the Control families differed from the Alcoholic families in this regard. Parent-child interactions in Control families were characterized by reciprocity between the parents and target children. Target boys were included in parent activities.

Observational data indicate that target boys in the Alcoholic group were subjected to family environments in which parents were more hostile, restrictive, more rejecting, inconsistent in mood and discipline, and more likely to rely on aversive disciplinary strategies. Using Becker's (1964) categories, these environments were either lax-hostile or highly permissive coupled with high punishment. In his comprehensive review of parental discipline, restrictiveness past age three was associated with maternal hostility. This provides potential insight into the parent-child interaction patterns of the families in the current study. Becker concludes,

. . . coupled with other findings on defective affectional relations, this evidence suggests that maximum generation of noncompliant, aggressive, and poorly controlled behavior occurs largely under lax-hostile (or high permissive, high punishment) conditions, that is, where hostility is generated and no controls are demanded from the child when he rebels (1964, pp. 193-194).

. . . children raised in a warm-permissive home were more independent (ease of assuming responsibility for own behavior) and more friendly in interaction with adults (cooperation) (1964, p. 196).

Hostile, inconsistent and restrictive parenting is certainly not unique to alcoholic family systems. Delinquency studies have consistently found a higher

degree of erratic or inconsistent disciplinary styles in parents of offspring who exhibit early signs of antisocial behavior (Becker, 1964; McCord, McCord & Howard, 1961; McCord, McCord & Zola, 1959). It is very easy to recognize delinquent behavior. It is much more difficult to discover the etiological variables involved. From a systems perspective, when a family system is disrupted, all family members have contributed to the disruption and assist in the maintenance of the deviant behaviors.

Snyder (1977) has investigated problem families from a systems perspective. He defined a "problem family" as containing either a high degree of marital conflict or a high frequency of behavior problems in a child. In his laboratory research, Snyder found that problem families provided more aversive and fewer positive consequents for prosocial behavior than controls. The problem families, on the other hand, provided more positive and fewer consequents for deviant behavior than did non-problem families. Problem family members were less responsive to the consequents than nonproblem family members. Snyder observed that "the lack of contingencies in problem families appears to adversely affect their member's responsiveness to social reinforcers " (p. 534; underscore added).

Cairns and Paris (1971) and Cairns (1972) reported that children who had experienced frequent noncontingent reinforcement were less responsive when reinforcers were made contingent. Hill (1968) suggested that social reinforcers would be less effective if there were "insufficient pairing with primary reinforcers." Snyder also found that in problem families, punishment was associated with an acceleration rather than a suppression of deviant behavior. These results are consistent with those of Patterson & Cobb (1971) and Patterson, Reid, Jones, & Conger (1975). Perhaps, if the child expects only punishment, the appearance of reward violates expectations and the child

attempts to confirm his view that contingency exists; desires to learn that cause-effect relationships exist.

The child is an integral component of the family system and completes a feedback loop in which, in the case of the Alcoholic families, his increased aggression (a partial result of his parents' behavior) serves only to elicit further hostility from his caregivers. The cycle continues and only becomes more complex with the addition of more children.

Another example of a feedback loop in which the child plays a major role is provided by Johnson, Wahl, Martin, and Johansson (1973). They used Patterson's behavioral coding system to assess deviant behavior in the preschool child, and found the best predictor of child deviancy to be the overall negativeness of the parents. More deviant children tended to receive more positive and negative attention and less neutral responding irrespective of the prior child behavior. They concluded, as did Patterson and Cobb (1971) earlier, that the deviant child is skilled at coercing people to respond to him, with the reinforcer of the deviant behavior being increased social attention.

On other parent self-report measures in the MSU Longitudinal Study, no risk group differences in child aggression were found (Weil, 1984). The observational data suggest that there was higher aggression in the target boys in the Alcoholic families. One reason that may help to explain this discrepancy comes from an observation in the Berkowski-Goodson family that sibling aggression often went unnoticed by the parent.

Noncontingency, family stress, and impulsivity

The research cited above emphasizes the importance of a predictable, responsive family milieu which promotes success in helping oneself. Such a responsive family climate necessarily involves inclusion and encourages competence as discussed earlier.

The qualitative data contains many examples of ways in which children in these alcoholic families are exposed daily to unpredictable events in their family environments. This finding was echoed in the quantitative results concerning, for example, consistency of emotional relatedness, routine, and lack of congruence in mother-father parenting behaviors on the Ittleson Scales. Even though McKenna and Pickens (1983) interpret their findings to suggest that instability may be associated more with antisocial behavior than with alcoholism, a substantial body of research implicates antisocial behavior as a precursor to alcohol abuse (Zucker & Gomberg, 1986).

Zucker and others have also suggested a connection between impulsivity and alcoholism (Zucker & Gomberg, 1986). Parents who are inconsistent, unpredictable and fail to fulfill parental responsibilities induce stress in their children (Blane & Hewitt, 1977; Jacob, 1975; Zucker, 1976). Observations of these families suggest that growing up in a stressful environment which lacks predictability contributes to chronic arousal which depletes energy resources; impairs problem-solving, concentration, and ability to defer gratification; and promotes aggression.

The reader should recall that continued unresolved conflict is a salient characteristic of the Alcoholic marriages. It is relevant to raise this issue again here because human communication is noted for its multiple levels of meaning. Verbal and nonverbal levels provide us with frequent opportunities to transmit conflicting messages (Paolino & McCrady, 1977; Watzlawick et al., 1967). Gorad et al. (1971) found in a laboratory analogue study that alcoholic family members avoid responsibility for communication.

Binge drinking represents a drinking specific form of noncontingency. Steinglass (1981a) posits that families adapt to steady drinking, but that binge drinking is particularly stressful because of the less predictable behavior of the

individual when s/he is not drinking. In fact, Jacob et al. (1983) have implicated binge drinking with poorer prognosis and with increased incidence of sociopathic behavior and lower marital satisfaction. As mentioned in the literature review in Chapter II, the degree to which drinking interferes with family rituals (dinners, holidays, vacations etc.) has been studied by Wolin et al. (1980). This group has implicated disruption of family ritual activities because of drinking in generational transmission of alcoholism. Perhaps the critical element in the importance of rituals is that they afford predictability and, thus, help stabilize family functioning. Binge drinking would be more likely to result in disrupted rituals than would steady drinking. When one considers the limited cognitive abilities of the young child along with the communication problems in the parent relationship, compounded by the additional stress of alcohol-related mood swings and possibly drinking bouts which cannot be forecast, it is not surprising that from the target child's point of view, life events in alcoholic families are noncontingent.

An environment which is noncontingent deprives the child of the power and pleasure of anticipation (cf. Bronowski, 1973). It hinders the child's learning to extrapolate from what is experienced to what has not yet been experienced. Geist's comparative analysis of human evolution and environments is particularly germane: "Studies in psychological stress deal with the damaging effects of unpredictable social environments. . . . An unpredictable and unresponsive environment spells doom" (1978, pp. 27-35). He has documented how "chronic excitation is equivalent to stress" because an unpredictable (noncontingent) environment requires "preparation for all eventualities" (1978, p. 25). The child has no "safety signal." Seligman (1975) provides the most developed, empirically documented model that establishes how reactive depression and learned helplessness have "roots in the belief that valued outcomes are uncontrollable"

(p. 105).

The inhibitory effects of planfulness on impulsive behavior are obvious. It is tentatively suggested here that a link also exists between noncontingency and impulsivity. Is it possible that, at times, impulsive behavior in a child may represent continued efforts to establish a relationship between the child's actions and environmental outcomes? When a response is impulsive, it is likely to be intermittently reinforced by caregivers. But the situation here is more complex since impulsive behavior has been implicated in alcohol abuse. The child at risk may then also have a genetic predisposition to impulsivity (Tarter, Hegedus, Goldstein, Shelly & Alterman, 1984) as well as adult models for impulsive behavior patterns. Again, we see the child's role in the feedback system.

Since both birth order and impulsivity have been implicated in the development of alcoholism, the findings of Lewis et al. (1976) is of interest here. In the study of family health and functioning, Lewis and his associates found degree of impulse control to be related not to sex, but to birth order. The relationship was not borne out in less functional families, perhaps because of more narrow and rigid sex role definitions. They concluded that in the absence of narrow sex role family prescriptions, "older children demonstrated greater order, deliberateness and emphasis upon control" while younger children revealed "increasing spontaneity and freedom with affect" (p. 224). Observational data suggest differences in child-child interaction patterns, with Alcoholic family target children being more deviant and aggressive, less cooperative and more competitive for parental attention. The statistical analysis of the quantitative data failed to support these conclusions probably due to the reduced number of families with more than one child.

Socialization to Behavior Patterns Implicated in Alcohol Abuse

Most of the research in these areas is cross-sectional, and establishes associations among these factors, not cause-effect relationships (Santrock, 1983). While it remains for longitudinal studies to provide us with information about etiology in alcoholism, it would appear that failure to acquire early learning experience in environmental contingency may be a major variable in etiology and maintenance of alcoholism in the genetically predisposed child. Experiences of noncontingency may result in failure to recognize that actions have consequences (antisocial behavior); results in learned helplessness and depression; may result in inaccurate perception of self-control by way of diminished capacity to monitor interoceptor stimuli; and, paradoxically, may perpetuate the belief that mood can be controlled through drinking. These behavior patterns have been implicated in and hypothesized to be developmental precursors to later alcohol abuse problems (Zucker et al., 1984).

Direct socialization to alcohol in these respondent families was observed in only two cases--in the Silver-A and Michaels-A families, but Noll's (1983) findings suggest wider range of exposure. Socialization to behavior patterns implicated in alcohol abuse (for example, using "buying cigars" and "just a couple" euphemistically to mean alcohol) was systematic and pervasive, strongly suggesting that these patterns precede rather than result from the alcoholism. Shawn Silver-A is fed literally and metaphorically. He is learning that to be "healthy" one must imbibe. The vignette , "The Number One Store" dramatizes that it was clearly time for each family member to indulge in what appealed most--Ross had his beer; Brandy had her sweets and Tab; Shawn had a succession of junk food. Does this mutual indulgence set an atmosphere of easing tensions and more affiliation? More direct emotional expression? (The interested reader is referred to Appendix H for full fieldnotes and transcription

of the day). These questions remain unanswered until follow-up studies are conducted. We can see the socialization of two behavior patterns which seem to characterize heavy drinkers from others: (1) buying rounds as a way to be socially affiliative and engage in social exchange; and (2) plying others to "have another drink" so they can continue drinking without being too obvious? On this day, Shawn plied me with sweets in the context of his being a "good host."

So perhaps we are witness to the early learning of a repertoire of behaviors which are manifest in and perpetuate problem drinking. In another example, the Kelly-RA family provides early training in denial and in the process of justifying their son's antisocial and explosive behavior:

(Kelly-RA; 2nd day) Explanation about Patrick's con game with neighbors about food and money.

Jack: Patrick is a victim of sugar. You know, the sugar's really go a hold on him /underscore added/. He thinks he's gotta have a certain amount of candy a day and I know that's what's causing all this other stuff He can make it a certain amount of time and, then, that urge for sugar gets out of hand.

We think maybe he may be hypoglycemic. . . Those tests cost plenty of money and all they're gonna to is tell ya "Give him five or six meals a day and make sure they're spaced," you know, so that you don't have the danger of it being too long in between. That's when he's worst, just before dinner and right when he gets home from school around noon or eleven o'clock.

Notes: (1) There is no attempt to refute this explanation.

(2) The parallels with alcohol abuse are obvious.

(3) These times are also particularly stressful as the family reconvenes after their day's activities. Patrick has to reconcile daily Andy's successful bids for attention and his mother's favoritism. It appeared that his demands for food provided him with negative attention.

While the Moos research (Moos et al., 1981; 1982; Moos & Moos, 1984) has shown that family environment improves considerably with the cessation of drinking, from a developmental perspective of the child at risk, this warrants

further exploration. It is no easy task to make up for a missed childhood, to ameliorate the impact of continued intense sibling rivalries and other developmental influences which have impinged upon the child at risk. Here the marked strengths of the Seay and Gottfried (1978) and Zucker (Zucker, 1979) models become more apparent. These models integrate multiple influencing factors (for example, experiential, individual and peer or sibling influences on ontogeny) while also highlighting the processes of interaction between these factors. The vignette which follows illustrates how tenacious family interaction patterns can become once they are initiated and how they continue to impact adversely upon target children in a number of ways:

THERE'S NOT GONNA BE ENOUGH ANYWAY!

(Kelly-RA; 4th day) Poster in living room: "Lord, help me realize that nothing can happen today that you and I can't handle."

Patrick wants a treat and asks his mother for something he sees in the refrigerator.

Mother: No, Liosha is going to have company for dinner tonight.

Patrick screams: I know, but there's not gonna be enough anyway! Then he slams Andy with a pillow.

Mom swats him: Now, settle down! Thank you! Would you go up to your room please?

Patrick screams very loudly and out of control, but starts upstairs.

Andy stays around his mother chatting with her, basking in his favored status.

Momentarily Patrick comes back and screams at the day care kids: Get out of here!

Then he goes after Andy while his mother is in the kitchen preparing lunch. Andy screeches and they run outside.

Mother to observer: Are you sure you don't know somebody who knows anything about naughty six year olds? . . . He (Patrick) has been this way ever since Andy was born. You know that one day when he was being exceptionally good, and I was trying to train Patrick—he was a little over two years—and Patrick took feces out of his diaper and put it on the tray of his (Andy's) walker. He used to everyday smear it on

the hall wall.

During this last conversation, Andy and Patrick come screeching into the house with Andy crying.

Adam: I'm sorry Andy.

Mom doesn't respond to them until Andy's crying escalates and she's done with her sentence. She attempts to clarify what's wrong and who did it.

Mother (to Andy): That did it, young man!

She takes him out of the room and talks to him, then sends him to his room. She sits Patrick in a chair and tells him not to get up. Andy continues to cry in the other room.

Patrick slams things on the table and says viciously to one of the day care children,

Patrick: Why don't you go someplace else!

Almost immediately Andy comes back downstairs and Patrick tattles to his mother. She tells Andy to sit in the living room chair.

Patrick says explosively: If Andy can sit out there, I can sit out there now!

Soon the boys are at it again.

Kara (to Patrick): What'd you hit him for! . . .

Patrick, get upstairs! You hit him one more time and you're going to be in serious trouble.

Patrick has a history which continues to confront him daily as he experiences competition from Andy and the children in day care--continual reminders that he does not "get enough." The pain of not getting enough is certainly less than that induced by daily reminders of one's own deprivation through observation of a sibling who receives succor. The two boys, Patrick and Andy, bring to life the retrospective descriptions of "dearth and surfeit" about which Zucker and Barron (1973) wrote. While the Kelly family environment has improved considerably with the change in behavior patterns that accompanied cessation of drinking problems, they have yet to recognize what may lie ahead for them:

(Kelly-RA; 5th day)

Kara about Patrick: The only problem the teacher says is that he's too shy. He climbs the rafters here and we can't figure . . . you know, is this the same Patrick? If you know of anyone who is studying

six-year-olds they could write a book on him.

Note: This last idea was communicated throughout my observations—that Patrick is a mystery that someone else might be able to solve. There seems to be a sense of helplessness and frustration about him which I can understand as I observe his rapid mood swings, volatility and low threshold of frustration.

Kara: I don't think it's (Jack's alcoholism) had that much effect on Robbie, Patrick and Andy. They were too young. I'm not saying that they were completely unaffected by it, . . . I'm not saying that at all. But as far as it having any real marked thing that you could pick up like you can with the older kids. Every once in a while I'll see them do something and I'll think . . . but not with the little ones, especially Andy. Why he was a year old when he /Jack/ quit drinking, . . .

CAN YOU GIVE ME AN EXAMPLE OF WHAT YOU MEAN IN THE OLDER KIDS?

Jack: Derek will not give himself credit; he really cannot accept how well he's doing. He accepts all the blame, that's another sign.

The very different experiences of the two children in the Kelly family who are statistically at greatest risk to develop alcoholism reveal incompletely how the very different influencing processes in family life can bring about potentially similar outcomes.

Methodological Considerations

Several methodological issues that deal with the generalizability of these results require attention. The cross-sectional nature of the study precludes inferences about etiology. Cross-sectional studies, even when replicated, cannot validly allow conclusions about the influence of variable over time (Jacob et al., 1983). But the reader will recall that this particular aspect of the larger MSU

Longitudinal Study was designed to gather "normative" and baseline data on these families, in an age group rarely investigated and to generate hypotheses which could be tested in the prospective and ongoing longitudinal study.

Observer bias and subject reactivity are the major methodological issues that could restrict the interpretation of our data. The effects of observer bias are mitigated here by including a fair amount of the "raw data" in this report and by collecting videotape records, which permits sharing of "evidentiary grounds" (Erickson's term, 1978) with others. Of course, it is possible that bias influences both what is attended to in the field and what is selected for inclusion out of a much larger mass of behavioral events. But bias effects are also reduced by limiting interest to large differences between the two groups of families, over time. The significant differences in the quantitative data reported here actually represent a conservative approach to statistical analysis since mean scores over visits were used and since only families with appropriately matched controls were included. Had the additional Alcoholic families without controls been included in the statistical analyses, the magnitude of differences would have been greater. The dichotomous coding on the FES and the HOME attenuates the estimate of relationships and increase the probability of Type II error.

Also, single observer methods are not well suited to the detection and analysis of subtle effects or situations where shifts in attention would result in major differences in conclusions. However, use of multiple coders has its own limitations in terms of additional subject reactivity. While it can establish reliability, it can impair validity. The effects discussed in this dissertation are major and, in most cases, characterized by presence in one group and absence in the other. For example, Control children were routinely included in parent and family activities. Children in the Alcoholic families were cared for and directed

to do things, but, in terms of active participation, they often were excluded from family interactions. The observer did not anticipate this finding at the onset of data collection; it emerged from the data.

The hypothesis generating nature of the study helped reduce effects of experimenter bias. No observer is completely free of hypotheses, but an effort was made to limit predetermined hypotheses and to "let the data speak for itself." In this way, bias effects were minimized.

An accident produced additional data, which, in turn, suggest that observer bias was not a major issue. One of the Control families was later found to be alcoholic. The primary research team did not discover this until observations were complete and the bulk of the data was already analyzed. This family did not "fit" with the Control group on either the quantitative or qualitative data. In the observer's global ranking of families on adaptive functioning, the family occupied a position midway between the groups. But the observational data suggested that family functioning was more like the Alcoholic group than like the Controls. Again, if bias effects were present, they were minimal.

Subject reactivity is an issue in almost all psychological research and really only concerns us here because experimental and laboratory-based research claims and strives for control of extraneous variables which are present in the field. There are several reasons why reactivity was probably not a problem in this study. Some initial "stiffness" and role uncertainty was obviously present during first home visit, but it dissipated rapidly, recurring intermittently during some "sensitive" (from the emic point of view) periods of interaction. Subjects can present a favorable image when the nature of the observer expectations is known, but with observation over time and the ambiguous nature of the task increased the difficulty of so doing. Moreover, the focus on young children in

this study made it very difficult for parents to maintain a false image of family functioning. Young children were always present during observations and children are notorious in all families for their inability to veil their reactions to unusual situations. They are known for their reliability for saying the "most embarrassing things" in front of strangers. The children's expectations almost require parents to behave in their usual manner at the risk of the difference being pointed out by the child. The pervasive presence of denial in the Alcoholic families further reduces the problem of reactivity in this study. It is difficult to hide something you cannot detect yourself.

The limited participant role and professional status of the observer, combined with the "cover" focus on the target child, tended to further reduce parental reactivity. Families continued their normal routines without such major constraints as requiring all family members to be present or limited to a particular area of the house. The limited participant role also facilitated being viewed by Control families as a minor and acceptable presence, but the researcher status and focus on the child limited being viewed as a friend. (This experience provided the observer with a normative referent inasmuch as the Alcoholic families were more likely to define the observer role in terms of their own needs). Probably, it would have been more difficult for a male observer to assume this role since the prevailing culture more readily defines women as having interests in children. A male observer might have had more access to male adults in the families however.

Finally, for subject reactivity to account for the differences obtained, we would have to posit differential reactivity between our two groups with Controls being the more reactive (hence, on their "good behavior"). This is not a plausible explanation.

Nonetheless, these findings should be interpreted with caution. First the

numbers are small and questions of representativeness are appropriate. This limitation was accepted at the outset of the work to allow more intensive study of a smaller group of families. Generalizations must be restricted to the kind of population studied. For example, this court-referred sample of alcoholic men may represent a subset of alcoholic males predisposed in a different way than other subtypes (cf. Zucker, in press). Since the sample was restricted to biologically intact families it, therefore, provides no information about how the influencing processes might be different in divorced families. McKenna and Pickens (1983) note that use of intact families probably underestimates the strength of findings. Inclusion of single parent families or step-parents would likely have revealed a considerably bleaker picture.

Restriction of range is also an issue with respect to socioeconomic and ethnic factors. Only cross-cultural research would provide us with information about differences in other family groups and cultures. Finally, it is likely that we may be dealing with subgroups of alcoholic families (Penick et al., 1978) who have experienced different rearing environments in early life (Lisansky, 1960). It is highly probable that alcoholic mothers establish different rearing environments than do alcoholic fathers, and that differences would exist between families in which one parent or both parents are alcoholic.

A predominant limitation in all fieldwork is that the phenomena of interest may not occur with sufficient frequency for statistical study. Such was the case in this study when attempts to relate parent-child interactions to drinking and nondrinking conditions were made. Since the fathers in this sample usually drank outside the home, insufficient data about family interaction in drinking situations are unavailable which allow us to draw conclusions with any degree of confidence. This is not an apology for the direct observational method used here. As Skinner so aptly put it,

But it is a mistake to identify scientific practice with the formalized constructions of statistics and scientific method. . . . They offer a method of science but not, as is so often implied, the method (Skinner, 1956, p. 221; cf. Bronfenbrenner, 1977).

All methodological limitations associated with observation are further mitigated by the convergent design used in the MSU Longitudinal Study. We emphasize one final time that the purpose of this study was to generate, not test, hypotheses. After the old proverb, "Half of wisdom is the question; the other half the answer."

The Intersection of Three Time Frames

When one considers individual developmental needs as representing separate horizontal time dimensions, the needs of each individual family member continuously interact with and influence family developmental needs on a vertical dimension. The dilemma which every family faces is how to mesh the demands of individual needs with those of the family group. At any given time, there are clusters of stage-specific normative tasks which make continuous adaptive transitions necessary if optimal development is to proceed.

Steinglass and his associates were the first to propose hypotheses which related the function of alcohol to maintenance of family equilibrium or interactional continuity (Davis et al., 1974; Steinglass, 1980b; Wolin et al., 1975). They posited that the predisposed individual would repeat the family interaction patterns in which parents had utilized alcohol as a "crucial vehicle," and, thus, the stabilizing function of alcohol was implicated in cross-generational transmission of alcoholism. Steinglass (1980b) proposed a family-alcohol-phase concept which emphasized the cyclical developmental history in which the family is unable to resolve normative tasks.

It is a stillborn thought that the function of a family system would be to maintain homeostasis. To fulfill their functions adaptively, families change throughout their life cycle. There is abundant evidence that alcohol does provide a stabilizing function in family interactions but, in so doing, arrests and impairs both individual and family development. Alcoholism has a developmental time course of its own that interacts with and complicates all other vectors of development within the family. A number of investigators have found increased social and personal problems to be related to early onset of drinking problems (Gomberg, 1982; Penick et al., 1978; Schuckit, 1984). Abelson and van der Spuy (1978) found age to be a variable: "The younger the alcoholic at the onset of excessive drinking, the greater his emotional problems, the more severe his parent's drinking habits and the more negative the quality of his parents' marriage" (p. 800; cf. Warder & Ross, 1971). Given the status of current research, the course of alcoholism (e.g., early onset vs. later onset) becomes a relevant variable in any discussion of transmission of alcohol-related problems to offspring.

Debate over continuity and discontinuity theories of transmission continues (Zucker & Noll, 1982) and modes of generational transmission remain at issue (Gomberg, 1982; Taylor & Helzer, 1983; Vaillant & Milofsky, 1982; Zucker & Gomberg, 1986). Several subgroups of alcoholism have been posited which further complicate understanding of etiology (Blane & Chafetz, 1979; Bohman, Sigvardsson, Cloninger, 1981; Bowman & Jellinek, 1942; Cloninger, Bohman & Sigvardsson, 1981; Lisansky, 1960; Zucker, in press). Lanier (1986) pointed out that environmental experience must play a role in transmission since studies of genetic factors find differential rates of heritability between males and females. His position is compatible with Goodwin (1979) who views family dysfunction as a byproduct, not a cause of alcoholism.

That these patterns tend to run in families has implicated parental role models as important in the acquisition of behaviors associated with alcohol use. Offspring who are vulnerable to later alcohol problems have been shown to be influenced by decreased exposure to competent models who display appropriate coping and problem-solving skills. Margulies, Kessler & Kandel (1977) reported parent modeling effects remained influential in adolescence. Lassey & Carlson (1980) found father's drinking behavior was positively associated with children's drinking patterns. Mother's influence declined with age of the child but less than that of the father. Jones (1975) reported frequency of alcohol use among friends and family members to be correlated significantly with weekly alcohol intake of boys (9-14 years), but not of girls.

The developmental course of alcoholism and its impact on the family relationship may be more important than ordinal position per se in determining elevated risk in last born males (Barry & Blane, 1972; Harburg et al., 1982; cf. Lewis et al., 1976). Since alcoholism becomes worse with the passage of time, a correspondingly larger negative effect on later borne offspring could be expected. Children who are most vulnerable may come from families where onset of alcoholism was early in the family life cycle or becomes full blown early in their individual development. There may be critical or sensitive periods in family interaction when risk is most affected. Although this may not be a simple linear progression, for those families in which there is no remission in drinking, this is the likely pattern. By the time alcoholism is full blown, children who are already at risk may have been socialized into behavior patterns related to alcohol abuse such that risk is magnified.

In their follow-up of treated alcoholic families, Moos et al. described families as functioning much like controls when drinking ceases. Their research is limited by failure to report stage of family development, but alcoholic

couples were married an average of 17 years with older children (Moos et al., 1981; Moos & Moos, 1984). Boss et al. (1979) assessed how wives coped with routine husband-father absence and found improved family functioning by establishing independence, self-sufficiency, and fostering interpersonal relationships. If this finding were generalizable to wives of alcoholic men, individuation of the non-alcoholic spouse might promote her personal development and even improve marital adjustment. However, this might still impede the high risk child's development by reducing her emotional availability to him.

The emic view which defines alcoholism as well as its course does not correspond well with the facts. Consequently, early stages may go unrecognized within a family system and fail to be identified as problems because they are an expected and important part of family culture and the culture at large. In addition, accepting alcohol use as normal makes labeling of abuse a difficult task. Jacob et al. (1978) noted the lack of congruence between reported and actual behavior. It is well known that parent self-report may be inflated or more negative than observed behavior. Hess (1970) has noted that, from a systems view, individuals experience difficulty in accurately describing their behavior in interactions which casts doubt on the validity of self-report data.

Individuals within the alcoholic family often deny or fail to recognize the time course and their own early stage of alcoholism even though they may describe in detail, and from personal experience, later signs of alcoholism seen in close relatives:

(Kirby-A; last day)

Garrold about his father's drinking (target's grandfather): A year before he died they picked him up on the street and he had a four zero blood alcohol. That'll kill me and you. That takes years to build that tolerance up. Five zero will kill anybody. And he had four zero and still livin'! (laughs). He lived a lot longer than most alcoholics do. In his case

he was, uh, a wino for the last years, you see. So there's a difference medically from somebody who goes out and drinks a fifth of hard liquor every day—which some people do get that way, you know—they get to be alcoholics far enough they down a fifth of hard liquor every day. He'd rather go out and have 3/4 bottle of wine. His brain had deteriorated so much, it didn't take much to get him hallucinatin' on it. So, I don't think, I would imagine just from drinkin' and becoming a wino, . . . I don't think there's a difference between a wino and an alcoholic. It attacks the body as bad as far as cirrhosis of the liver, but it definitely attacks the mind. What brains he had, it definitely deteriorated it.

WAS HIS DEATH DUE TO COMPLICATION OF HIS DRINKING?

Garrold: No. Had black lung disease. Smoked all his life. Lived to be 66. The average age of a man is 70.

Hypotheses

One can consider none of these findings as established etiologic facts, but they constitute hypotheses for further investigation. Some specific hypotheses have been formulated here which are derived from four general propositions about family interaction patterns. The propositions are concerned with the way family interactions mediate between parental alcoholism and the actual transmission of alcohol abuse to male offspring:

Proposition 1

Vulnerability to alcoholism is a function of three non-independent time frames: stage of the family life cycle, developmental stage of the child at risk, and stage of parental alcoholism. Specifically,

Hypothesis a. Early onset of alcoholism in the parent(s) enhances risk of intergenerational transmission of problem drinking and alcoholism to males.

Hypothesis b. Failure of the parent(s) to emancipate from their families of origin and master the stage-specific difficulties associated with early marriage

impairs marital adjustment and subsequent parenting, thereby enhancing risk of transmission of problem drinking and alcoholism to male children.

Proposition 2

During childbearing and preschool-age stages of family development, marital functioning and adjustment mediates between parental alcoholism and transmission of later alcoholism in male offspring. Specifically,

Hypothesis a. A family interaction pattern dominated by chronic failures in conflict resolution and avoidant coping is a developmental precursor of later problem drinking and alcoholism by way of incongruent child-rearing practices between parents.

Hypothesis b. A family interaction pattern characterized by altered role functioning by way of gender role reversal, role abdication and/or marked coalitions enhances risk of intergenerational transmission of problem drinking and alcoholism to male offspring.

Hypothesis c. A family environment which is highly noncontingent predisposes the male child at risk to development (or exacerbation) of high activity levels, impulsivity, aggression and/or depression. In so doing, risk for later problem drinking and alcoholism is increased.

Proposition 3

During childbearing and preschool stages of family development, culture mediates between parental alcoholism and transmission of later alcoholism in male offspring. Specifically,

Hypothesis a. Sociocultural contexts in which alcohol-related problems are stigmatized, resulting in social isolation of the family, lack of interpersonal sources of emotional support and access to social resources, enhances risk of intergenerational transmission of problem drinking and alcoholism to males.

Hypothesis b. Parental alcoholism limits opportunities for peer interaction with children from non-alcoholic families, thus enhancing risk of intergenerational transmission of problem drinking and alcoholism.

Hypothesis c. Preschool-age sons of alcoholic fathers will show early effects of inappropriate peer influences. They will have fewer friends and spend less time with friends than will control sons.

Proposition 4

Alcoholism is one of many dysfunctions which represent failure failure to eliminate maladaptive responses. Specifically,

Hypothesis a. Use of alcohol to stabilize family interactions (maintain homeostasis) results in unwarranted shifts in family modes of relating (especially consistency in emotional relatedness) which enhances transmission of alcoholism to the male child at risk.

Hypothesis b. Later elimination of maladaptive family system responses associated with alcohol abuse does not necessarily mitigate future risk in male offspring.

Hypothesis c. In the preschool-age male at risk, epigenetic resistance or receptivity to transmission of risk for later problem drinking and alcoholism is a function of the density of exposure to drinking specific and non-drinking specific factors in the family and sociocultural environment.

Given these propositions and hypotheses, the question may be asked, how do these multiple individual, parental, systemic and sociocultural influences interact, and how also do they iterate over developmental time. Figure 4 shows a modified version of Zucker's heuristic model (Zucker, 1979; Zucker & Noll, 1982) which reflects the results of this study. The primary modification incorporates hypothesized peer influences (i.e., age-mates of target boys) believed to be relevant even at this early age. Both drinking specific and

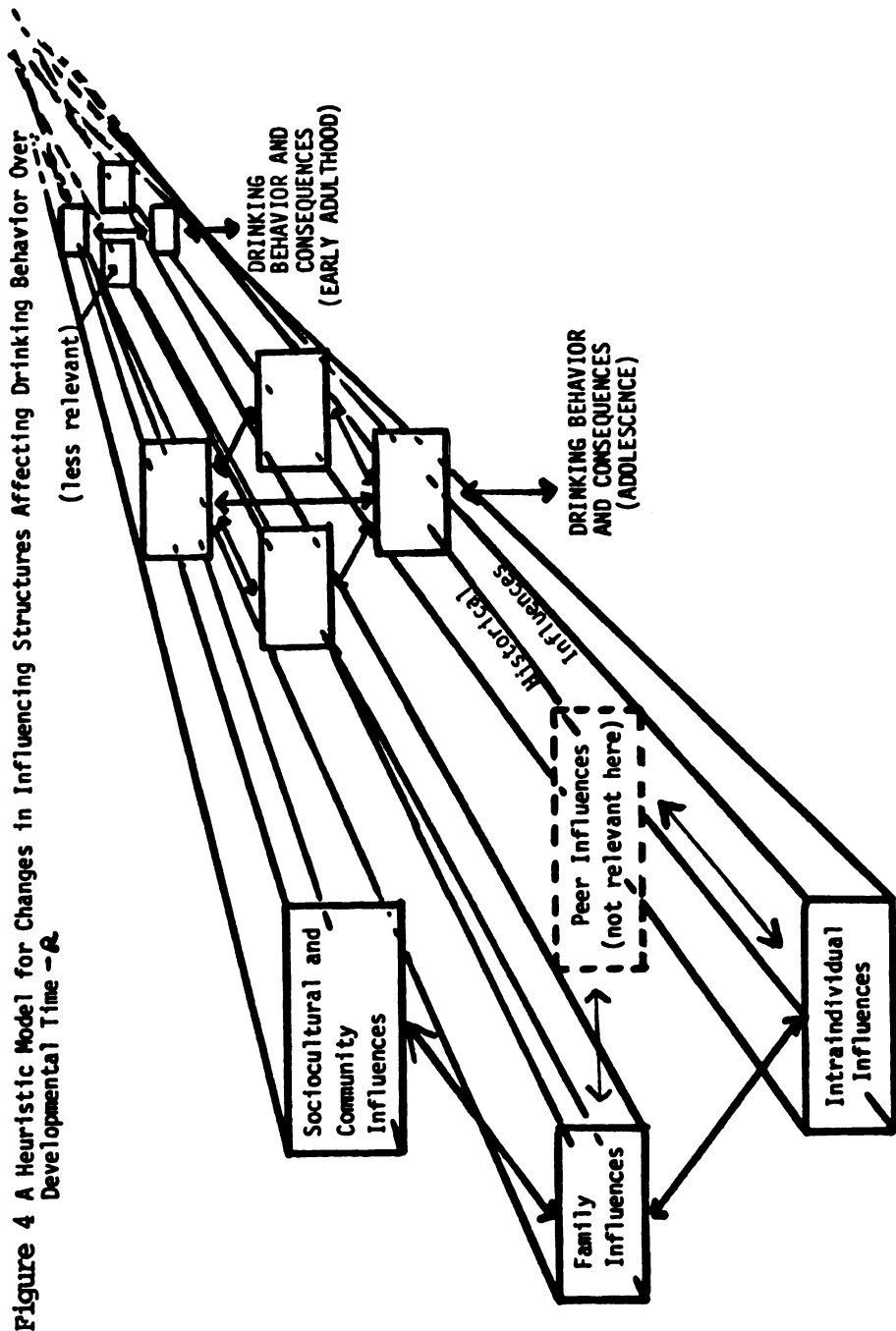


Figure 4 A Heuristic Model for Changes in Influencing Structures Affecting Drinking Behavior Over Developmental Time - R

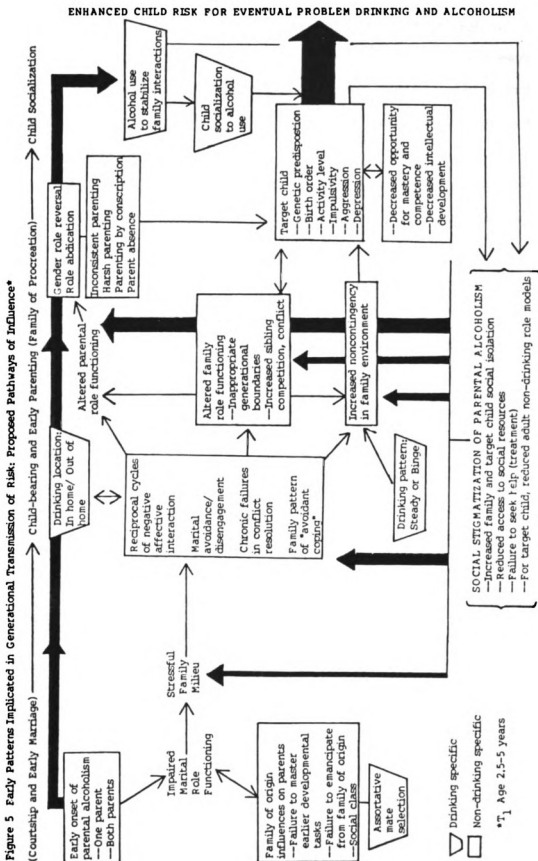
BIRTH AND EARLY CHILDHOOD
From: Zucker & No11, 1982.

non-drinking specific factors may be implicated by way of the number and types of peer contacts (e.g., in adult drinking contexts; agonistic peer interactions; stigmatization resulting in lowered self-esteem, shame or guilt). The second modification emphasizes additional lines of interaction between and among influencing structures--most specifically, by clarifying the reciprocal nature of family and community influences.

The next page, Figure 5, is an attempt to diagram and chart the way the pieces might fit together. As can be seen, epigenetic transmission of risk is influenced by multiple interaction cycles over family developmental time. The stochastic model of influence presented here can be tested and refuted. It assumes additivity of problems, but not necessarily continuity, in the transmission of alcoholism.

At a given stage of family development and of paternal alcoholism, it proposes the principal vectors which propel the individual at risk onward. Major blocks correspond to major subdivisions in the results and discussion chapters of this work. The reader may follow pathways through the model and discover ways in which the male child at risk may become more or less likely to develop alcoholism. For example, factors contributing to resistance would include strong social bonding with alternative, non-problem-drinking, adult role models; or enforced separation of the parents from their families of origin (e.g., death, geographic distance).

Alternatively, the reader can see how risk is summative through the accumulation of detrimental influences over time. Thus, the model helps us to understand why only one of four males statistically at heightened risk to develop alcoholism does so. The model also helps us to understand ways in which inadequate family and parenting environments impair maximum development of an ability to deal with contingency.



Finally, the model illustrates how time of onset of paternal alcoholism affects family interaction and risk. For example, if onset is late, an older sibling, less affected by a deteriorating family environment, may be present to serve as a beneficial role model to younger children, reduce parental conflict over child care as a "resident babysitter," and provide additional stimulation of intellectual and social development.

To what extent the influencing processes identified in Figure 5 are valid for actual susceptibility or immunity to later problem drinking and alcoholism remains to be demonstrated by longitudinal follow-up studies which are now underway.

It comes as no surprise that family systems are self-replicating. The environment in which an individual lives and develops transmits a "tacit theory of the world" (Kay, 1970) which leaves its mark on that individual. Thus, we see the individual apply this theory to progressively construct the roles which are thrust upon him. For the choice is not between this system and another, but between this system or no other (Levi-Strauss, 1963).

Writing in The Ascent of Man Jacob Bronowski says, "The image of the adult shines in the children's eyes" (1973, p. 426). This investigation was an initial attempt to illuminate that vision.

Little Joe Kirby-A: And I wish my mom pulled my dad's hair apart or off. And break his bones, and break his legs, break his leg off, and break his hands off and break everything off on him.

Shawn Silver-A: When I grow up, I want to drink beer just like my dad.

CHAPTER VII

SUMMARY

You can't isolate anything. It's all intertwined.

Jack Kelly-RA

He used to sit when he'd get to drinkin' and start talking about his dad and how awful it had been and how much he embarrassed him. Oh, he used to hound him and stuff like that Yet he would sit here and he would talk and I would think, "That's the exact same thing you're doing to our own kids!" and he couldn't see it.

Kara Kelly-RA

Consumption of alcohol is a permanent part of predominant culture in the United States. Over the past 15 years, increasing attention has been focused on understanding the etiology of alcoholism and the mechanisms by which it is transmitted across generations. The questions asked have included "How is alcoholism transmitted from generation to generation in some families and why not in others?" The recognition that alcohol abuse patterns tend to run in families has implicated parental role models as important in the acquisition of alcohol use behavior.

Historically, attempts to identify markers or "critical periods" which increase the likelihood that certain children will later develop alcoholism have focused primarily on adolescents. Using an integrated developmental-systems framework, and a combined methodology involving ethnographic, clinical and empirical components, this study provides extensive information about the almost entirely neglected processes of parental influence in preschool age children. The most parsimonious conclusion which can be drawn from the work is

that alcoholic families establish deficient child rearing environments with alcohol as a mediating situational variable.

When etiology, acquisition and maintenance of problem drinking are viewed as no longer a consequence of single classes of influence, but rather, resulting from a constellation of factors, the issues become at once more complex and more varied. This requires a critical shift in emphasis toward multiple explanatory constructs and away from continued reliance on the univariate approaches which distinguished earlier alcohol research. From this vantage point, there do not appear to be separate processes by which "normal" or "pathological" patterns of behavior and family dysfunction emerge, but, rather, situational and interactional differences on a given set of parameters which propel an individual into a set of behavior patterns which increase the likelihood that alcohol related problems will emerge (Parsons & Bales, 1955; Sullivan, 1953).

The Study and the Method

A small sample of families with a preschool male statistically at greater risk to develop later alcohol abuse (by virtue of the father's alcoholism) was compared with a sample of boys growing up in families with fathers who did not exhibit these problems, using a matched, case control, community design. These families were recruited from the Michigan State University Longitudinal Study. This larger project is a prospective longitudinal study, guided conceptually by a multilevel predictive model proposed by Zucker (Zucker, 1979; Zucker & Noll, 1982). The six high risk boys under investigation were biological offspring of men who had been arrested for alcohol related driving problems on at least one occasion, but who were not, nor ever had been, in treatment for these problems. Community control same-age boys were recruited from the same census tract. On the basis of multiple data sources, all men in the high-risk sample were

found to have a probable or definite diagnosis of alcoholism. This was not true of any men in the community control sample. Families were matched on a variety of variables including social prestige, family and sibling constellations, age of target child, and birth position. One additional family--in which the father was a recovered alcoholic for four years--was also studied.

Both qualitative and quantitative data of events as they occurred in a naturalistic context over time were collected and recorded using several methods--direct observation; self-report questionnaires; some limited interview; and video recording both in the presence and absence of the investigator. Altogether, the investigator directly observed each family for a total of 36 hours. Predominantly in the investigator's absence, 24 hours of video recording was done in each family home.

Significant differences in family interaction were found through direct observation over time. These differences were both quantitative and qualitative. On the Henry Ittleson Center Family Interaction Scales (investigator rated), significant differences between groups were found in family group patterns of interaction, as well as in the dyadic husband-wife interactions as marital partners and as parents. Significant differences in parent-child interactions and, reciprocally, in child-parent interactions were also found, with Alcoholic fathers providing a more negative environment than mothers in the Alcoholic families. All significant differences point to the greater dysfunction in Alcoholic families as compared with Controls and to a family milieu which does not promote optimal development for high risk boys.

Specifically, the study revealed the following major differences between Alcoholic and Control families:

1. The Alcoholic families were characterized by severely disturbed affectional relationships.

2. The Alcoholic family climate involved much more negative and aversive aspects as seen in child discipline strategies and mutual devaluation between the parents.
3. Alcoholic parental relationships were characterized by more altered role functioning, either by role reversal or role abdication in these families.
4. Alcoholic families showed altered family role functioning by way of unclear roles and generational boundaries, coalitions and alignments.
5. The marital relationship in the Alcoholic families showed not only a greater amount of conflict, but also a joint inability to resolve conflict successfully.
6. In dealing with life stressors, including alcoholism within the family, avoidant coping was the predominant strategy used by both parents in the Alcoholic families.
7. The Alcoholic family environment was more typically non-contingent.
8. The Alcoholic families were more socially isolated, or social interaction occurred primarily within drinking contexts as opposed to a broader range of social activities.
9. Target children in Alcoholic families lacked access to peer and adult influences in non-drinking contexts.

When the findings from the quantitative and qualitative data are integrated, the consequences for the target boys living in Alcoholic families become more clear. Target boys live in a context of chronic conflict with harsh, rejecting and/or labile parents. Not only was the target child exposed to confused sex-role models, but he often was triangulated into parent conflicts. Marked parental preferences were frequently observed. Early signs of increased activity level, aggression, and impulsivity were observed in Alcoholic target children, possibly due to the complex reciprocal effects of the child's own temperament, parental role models and noncontingency in the family environment. Peer and alternative

adult role models in non-drinking contexts--which might be expected to mitigate the aversive aspects of the family environment--were limited.

Control families were characterized by high family solidarity, clear roles and generational boundaries, and extensive social contacts outside of the family. Consequently, target boys had access to age-mates other than siblings and to other adult role models. The family climate was more likely to be contingent and responsive to family needs. Family relationships were companionable, marked by positive affectional relationships, absence of marked preferences or inappropriate coalitions, more cooperative sibling interactions and inclusion of the target child in family activities took precedence over parent needs. The marital relationship showed mutual warmth and respect and provided a basis for active coping with life stressors. The parents had sufficiently resolved early issues related to emancipation from families of origin and marriage that they were able to move on to tasks related to rearing children.

Analysis of the parent self-report data--the Home Observation for Measurement of the Environment Inventory (HOME) and the Family Environment Scale (FES)--revealed few significant differences between the high-risk and community control families. The main differences in these data were that the Alcoholic families rated themselves lowest on Active-Recreational family orientation on the FES. This finding is consistent with those of Moos and his associates (Moos et al., 1979; 1982). Alcoholic parents rated themselves significantly higher than Controls on Intellectual-Cultural orientation on the FES. The latter ratings may help explain why there were no significant differences between groups on the HOME. Since stimulation of the child is a predominant feature of the HOME, and given the Intellectual-Cultural orientation of the Alcoholic parents, it is not surprising that they would stimulate their children's intellectual development. The dichotomous coding, the

relatively heavy emphasis on stimulation of the child's learning in the HOME, and the small sample size help explain why the groups did not differ.

Some of these findings are independently corroborated by independent findings in the larger study, namely that spouses in Alcoholic marriages described their relationship in more hostile terms (Zucker et al., 1984); that child stress was positively correlated with that of the parent (Weil, 1984); and that high risk boys had greater knowledge of alcoholic beverages and their uses (Noll & Zucker, 1983). The results of this investigation are discussed within the context of Zucker's multilevel heuristic model for the development of drinking behavior (Zucker, 1979; Zucker & Noll, 1982).

At its inception, this investigation was guided by the assumption that systematic study of families in their day-to-day interactions in their natural settings could contribute substantially to our present knowledge of etiology, acquisition, and maintenance of alcohol related problems. The heuristic models proposed by Zucker and by Seay and Gottfried (1978) provided an interactional and interdisciplinary basis for this work. Furthermore, it was guided by the notion that alcoholism represents a continuous process of development with a multifactorial etiology which has both genetic and environmental components. The family is regarded as a learning environment in which the developing child at heightened genetic risk to develop alcoholism as an adult is exposed to many factors which may enhance vulnerability to alcoholism or immunize against it.

It is not argued here that the dysfunctions identified in these families contribute only to the development of alcoholism. It is argued that any ecologically valid study must take into account the interior context of family interactions as well as the greater cultural dimension. Rearing of emotionally and physically healthy children probably takes different forms in different cultures and social classes. The power which is gained through convergent

research designs and with recognition that reciprocity exists between independent methods of acquiring knowledge has been emphasized.

The research sought to redress the omission of direct observational studies of high risk children. The preceding chapters have presented narrative and descriptive notes of observational data to support and illustrate the types of interactions which previously have been available to investigators only through retrospective accounts. The complex, fine-grained analysis of the observational data (qualitative data) yielded information about the process of acquisition of behaviors implicated repeatedly in alcohol behavior. It asks what are the processes by which it is invoked, believed in and maintained; it emphasizes the indispensibility of the cultural dimension in any ecologically valid study.

One of the ideas which motivated this research was that naturalistic observation might reveal information uniquely helpful to the understanding of family functioning in both "healthy" and "unhealthy" environments. Family interaction is characterized by nonsummativity--the sum total of dyadic influences does not equal the total impact on family interaction. One final observation is presented here to illustrate both the rich data which can be obtained with this methodology as well as the difficulty of analyzing family interactions from a systems framework within the limitations of language which is more linear:

(Ypman-A; 2nd day) Judy and Oscar are sitting at the kitchen table kibbutzing with Penny (their teenage ward). Penny has been talking incessantly with the couple acting as passive observers. There is scant interaction between the spouses now that the younger children are in bed. Penny talks about a forthcoming wedding in her extended family and remarks: I heard about a couple who got married and the guy got drunk and spent the whole night in the bathroom.

Judy: When I got married I was so high! . . .

(All three laugh). No, not that! . . . I can't explain it,

but I was just so high.

Penny: High on life!

Judy: Ya, kinda.

Oscar (sarcastically): How long did that last?

About three days?

Judy: No. It ended that night.

Oscar: Shoulda got drunk

The issue here is not richness of description, but validity. Erickson has pointed out, "one could know very little about the game and describe it richly; one must know a great deal about the game to describe it validly" (1978, p. 10). This isolated interactional event illustrates the multiple levels of family communication. Within this brief interaction, we get a hint of the mutual disenchantment, denigration and hostility which prevails in this marriage; of possible coalitions which prevail within the family and use of alcohol for avoidant coping. We believe that the reciprocal nature of these transactions could never be captured in a questionnaire or interview.

New Directions

Cross-sectional studies are not conclusive since no etiologic inferences can be made based on these data, but they suggest useful directions for future research (Neff & Husaini, 1982). Little is known about how Zucker's model and the elaboration presented here contribute to the actual transmission of alcoholism across generations. These processes require considerably more longitudinal exploration before hypotheses about causation can be seriously tested (cf. Suchman, 1967). How adequately these models account for discontinuities in abusive drinking remains to be seen. Existing evidence does permit the conclusion that it is worthwhile to clarify processes of family interaction which contribute to intergenerational transmission of alcoholism.

At the outset, we knew that sample size was an issue. Obviously it will be important to study a larger number of families to permit valid generalizations to be made. The validity and reliability of family assessment measures

have been a problem in family research (Jacob, 1975; Riskin & Faunce, 1972) and this study is no exception. While the merits of the method used in this study are apparent, the Ittleson Scales require more normative data to establish the psychometric properties of the scales and to determine the extent to which the scales overlap.

If personality variables of the child at risk play a role in mediating impact of sociocultural and parental environment on transmission, it is imperative to persist in the study of families from a systems perspective so that reciprocal influences of parent-child and child-parent interactions can be identified. The data obtained in this study were insufficient to permit statistical analysis of reciprocity in the presence of one or both parents and in drinking/nondrinking contexts. Given these situational variables, the impact on family functioning deserves further exploration.

Beginning observations prior to birth of the target child would allow study of a variety of prenatal influences—maternal diseases, endocrine, Rh factors, nutrition, effects of drugs, alcohol, coffee, tobacco, pollution, mother's emotions, mother's age—as well as assessment of the quality of marital adjustment prior to birth of the first child.

Questions about assortative mating (Rimmer & Winokur, 1972), role relationships, general family and marital disturbance underscore the need for a disturbed non-alcoholic control group. Examination of cross-cultural definitions of alcohol abuse and sanctioned use as well as cross-cultural validation of the hypotheses presented in Chapter VI would further determine generalizability of findings related to etiology.

Finally, psychophysiological and biological processes of influence have not been integrated sufficiently into etiological models. Tarter, Alterman and Edwards (1984) proposed a biopsychological theory of denial in alcoholism

(reviewed in Chapter VI). Prescott (1975) linked cultural differences in punitive child rearing practices and somatosensory deprivation to aggression. Geist (1978) has proposed a biological theory of health predicated on the relationships among life strategies, human evolution and environment. Although it is still in the early stages, the research on biological and evolutionary processes in the etiology, acquisition and maintenance of alcoholism is most promising.

Conclusion

This study is an attempt to demonstrate the enhanced value of using both quantitative and qualitative approaches, particularly in a neglected area of research. Sixty hours of observational data were obtained on each family based upon 36 hours of direct observation and 24 hours of video recordings of family activities in the absence of the observer. The videotape data expands the possibilities by providing an opportunity for multiple viewings of complex interactions by more than one observer.

Bowlby observed that in the study of early development, "hypotheses, unchecked by independent data, have run wild" (Bowlby, 1979, p. 650). This study was designed to be hypothesis-generating and the relative absence of predetermined hypotheses was an advantage for it allowed the observer to discover and verify through observation family system interactions which otherwise may have gone unnoticed. If we omit this stage of research, aspects of etiology would likely remain concealed from us. It was further guided by a philosophy espoused by Willems, Raush, Barker and their associates over two decades ago which has gained currency more recently in the ethological method--least restriction of responses; proper control groups; minimal intrusion; low manipulation of "variables"; and minimal hypotheses to exert influence on the observer (Barker, 1969 , p. 41; Willems & Raush, 1969).

This report has been intentionally descriptive in nature, since it

represents a first attempt to move from description to analysis, validation and ultimately to explanation and prediction. The investigation also represents a beginning stage of archival development on a set of families who have a male child thought to be vulnerable to alcoholism. It provides baseline data on these families for prospective study. It expands the archival data base of the study of young children in their natural surroundings (family environment) and can contribute to further our general knowledge of functional and dysfunctional family interactions.

We can look at family functioning as an indicator of adaptation patterns, but people are stimulus-specific. The power of stimuli to elicit particular responses lies in the appraisal of their significance at a particular point in time, their experiential history, cultural context, and genetic heritage. These data suggest that changes in the family drinking behavior, while improving family interaction overall, may not be sufficient to reverse or ameliorate the adverse consequences which accrue as a result of earlier learning in the child at risk. These factors underscore the futility of treating the individual while doing nothing about intergenerational transmission (Caffentzis, 1974):

It's like alcoholism. I talk about it to remind myself of it so that I don't forget and slip up. . . . But I don't feel anymore that I have to apologize for it or be ashamed of it because I didn't, first of all, I didn't start out to be alcoholic.

Jack Kelly-RA

EPILOGUE

Who's to blame when children grow up to become disturbed adults?

The environment in which an individual develops, as well as the one in which it lives, leaves its mark on that individual's structure, physiology, and behavior. . . . It appears to me that to believe that humans are infinitely plastic, malleable, and adaptable is to be guilty of criminal negligence.

Valerius Geist (1978)

No so much like drops of water, though water, it is true, can wear holes in the hardest granite; rather, drops of liquid sealing wax, drops that adhere, incrust, incorporate themselves with what they fall on, till finally the rock is all one scarlet blob.

Aldous Huxley (1932)

REFERENCE NOTES

REFERENCE NOTES

1. This schema obviously does not take into account the numerous deviations from the "contemporary modal American family" (Worby & Gerard's term) such as cohabitation without marriage, single-parent, communal, same-sexed, or childless families. These families are confronted with additional, non-stage specific issues demanding further adaptation.
2. Allen, T. Outline of a significance test (parametric). Unpublished manuscript, 1979. (Available from the Department of Psychology, Michigan State University, East Lansing, Michigan). Almost identical to the usual two-sided test, the directional "test" permits sound directional inferences. Hypothesis testing is viewed as a three-dimensional problem with the statistic space partitioned into three parts:

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APPENDIX A

APPENDIX A

Demographic Information Form

MICHIGAN STATE UNIVERSITY - Department of Psychology
East Lansing, MI 48824

FY Study P6 (DEMO)

Background Information

We would like to ask you a few questions about yourself. The questions ask about your life during the time you were growing up, as well as now. Please answer all of them as completely as possible. (PLEASE PRINT)

1. What is your full name?

_____ FIRST _____ MIDDLE _____ LAST

2. What is your date of birth?

_____ MONTHS _____ DAY _____ YEAR

3a. Where were you born?

_____ CITY/TOWN _____ STATE _____ COUNTRY (IF NON-U.S.)

3b. Where did you live most of the time until you were 18?

_____ CITY OR TOWN (COUNTY) _____ STATE _____ COUNTRY (IF NON-U.S.)
if rural

4. Until you were 18, about how many times did your family move? (CIRCLE ONE)

1 2 3 4 5 6 7 or more

5a. Are both of your natural parents still living together? CIRCLE ONE

YES (If YES, go to question 6) NO (if NO, go to question 5b)

5b. Your natural parents are no longer living together because: (CIRCLE ONE)

1. mother died
2. father died
3. both parents died
4. parents divorced or separated
5. parents never lived together
6. other (please explain) _____

6a. What adults did you live with most of the time from birth to 18? (CIRCLE ONE)

1. mother and father
2. mother, but no adult male
3. father, but no adult female
4. mother and step-father
5. father and step-mother
6. other (please explain) _____

6b. Who was the main wage earner in your family during the time you were growing up (check one)

- (a) your father _____
 (b) your mother _____
 (c) someone else _____
 (their relationship to you)
 what was _____

FOR YOUR FATHER

- 7a. Where was your father born? _____ STATE _____ COUNTRY (IF NON-U.S.)
- 7b. What was the occupation of your father (or the adult male) who lived with you most of the time until you were 18? (Give job title; what kind of work he did; and what kind of business or industry it was)
- _____
- _____
- 7c. What was the highest grade of school he completed (CIRCLE THE HIGHEST GRADE COMPLETED)

None	0								
Elementary	1	2	3	4	5	6	7	8	
High School	9	10	11	12					
College	1	2	3	4					Degree? _____
Graduate school	5	6	7	8+					Degree? _____

FOR YOUR MOTHER

- 8a. Where was your mother born? _____ STATE _____ COUNTRY (IF NON-U.S.)
- 8b. What was the occupation of your mother (or the adult female) who lived with you most of the time until you were 18? (Give job title; what kind of work she did; and what kind of business or industry it was)
- _____
- _____
- 8c. What was the highest grade of school she completed? (CIRCLE THE HIGHEST GRADE COMPLETED)

None	0								
Elementary	1	2	3	4	5	6	7	8	
High school	9	10	11	12					
College	1	2	3	4					Degree? _____
Graduate school	5	6	7	8+					Degree? _____

9a. Until you were 18, what religion was practiced in your home most of the time? (CIRCLE ONE)

1. Protestant
 2. Roman Catholic
 3. Jewish
 4. None, no religion
 5. Other (please explain) _____

9b. What denomination? (Please try to specify fully)

9c. Until you were 18, how often did you attend religious services? (CIRCLE ONE)

1. several times a week
2. about once a week
3. 2-3 times a month
4. once a month or less than that
5. never

10a. What is your religious preference now? (CIRCLE ONE)

1. Protestant
2. Roman Catholic
3. Jewish
4. None, no religion
5. Other (please explain _____)

10b. What denomination? (Please try to specify fully)

10c. About how often did you attend religious services in the last year? (CIRCLE ONE)

1. several times a week
2. about once a week
3. 2-3 times a month
4. once a month or less than that
5. never

10d. Regardless of your attendance at religious services, how religious do you consider yourself to be?

1. Not religious at all
2. not very religious
3. fairly religious
4. very religious

11. What was the highest grade of school you completed? (CIRCLE THE HIGHEST GRADE COMPLETED)

None	0	
Elementary	1 2 3 4 5 6 7 8	
High School	9 10 11 12	
Post High School (Vocational-Technical School)	1 2 3	
College	1 2 3 4	Degree? _____
Graduate/Professional School	5 6 7 8+	Degree? _____

12a. What kind of work are you doing (what is your occupation)?

 (For Example: electrical engineer, stock clerk, farmer)

12b. What are your most important activities or duties?

 (For Example: keep account books, filing, sell cars, operate printing press, finish concrete)

12c. What kind of business or industry is this?

 (For Example: TV and radio mfg., Retail shoe store, State Labor Dept., Farm work)

12d. Are you:

- an employee of a PRIVATE company, business or individual for wages, salary, or commissions? PR
- a GOVERNMENT employee (federal, state, county, or local government)? GOV
- self-employed in OWN business, professional practice, or farm?
 - own business not incorporated OWN
 - own business incorporated INC
 - working WITHOUT PAY in a family business or farm WP

12e. Approximately what is your present annual family income? (CIRCLE ONE)

- 1. under \$4,000
- 2. \$4,001 - \$ 7,000
- 3. \$ 7,001 - \$10,000
- 4. \$10,001 - \$13,000
- 5. \$13,001 - \$16,000
- 6. \$16,001 - \$20,000
- 7. \$20,001 - \$30,000
- 8. \$30,000 - \$50,000
- 9. Over \$50,000

13. How many times have you been married? (CIRCLE ONE)

- 1 2 3 4+

14a. List the children you have had from your present marriage or any previous marriages. Please list all children, starting with the oldest, and include birthdate, sex, and if the child lives with you now.

	FULL NAME	BIRTHDATE (month/day/year)	SEX	LIVING WITH YOU NOW	NOT LIVING WITH YOU NOW (check one)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____


14b. Now please circle the names of the children you listed in Question 14a above who are from your present marriage. If all are from your present marriage just put a check mark here _____.

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE.

APPENDIX B

APPENDIX B

Key to the Use of the GENOGRAM (Family Diagram) *


A genogram is a map that provides a graphic picture of family structure and emotional process over time. It was developed by Murray Bowen, M.D., as part of his family systems theory, and it has become a standard form among clinicians for describing families. Our version of the genogram is used in case examples throughout this book. Bowen uses other symbols to denote other details. Also, to provide more space for dates and notations about each family member, he uses a different way of connecting the spouses rather than the line between the spouses,  used by the authors in this book. The following is a key to some important points in the genogram.

A complete genogram should include:

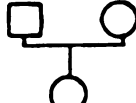
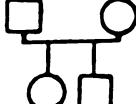
1. Names and ages of all family members.
2. Exact dates of birth, marriage, separation, divorce, death, and other significant life events.
3. Notations with dates, about occupation, places of residence, illness, and changes in life course, on the genogram itself.
4. Information on three or more generations.

Key to Important symbols:

Male:  Female:  Death  or 

Marriage: Husband on left, wife on right 

Children: Listed in birth order beginning on the left with the oldest:

Example: First child (daughter):  Second child (son): 

Common Variations:

Living together or common-law relationship:  Marital separation:  Divorce: 

Miscarriage or abortion:  Twin children:  Adoptions or foster children: 

* Copyright: Murray Bowen, M.D., 1980. For permission to reproduce the Key to the Genogram, write to M. Bowen, M.D., Georgetown University Hospital, Washington, D.C. 20007.

APPENDIX C

APPENDIX C

HENRY TUTTLESON CENTER FOR CHILD RESEARCH FAMILY INTERACTION SCALES

Instructions for use of Rating Scales

Ratings: The items are set up so that presence of the item as defined in the title of the item is equivalent to a high score of 7. Absence of the item or very minimal presence is equivalent to a low score of 1. An occasional presence of the item is equivalent to 3. A rating of 5 indicates occasional absence of the item. A rating of 2 is intermediate between 1 and 3; 4 is intermediate between 5 and 7. These intermediate ratings are not operationally defined.

Special instructions are given at the beginning of each group of items.

Definitions: The definitions of the scales for each item are to be used as examples of the bases for judgement. However, not all statements made for a specific rating need to apply. The definitions are primarily illustrative of the specific point on the scale. For example, in item 2a, a rating of 1 would be given if there is an absence of reciprocal warmth and affection as this is reflected in frequent and open mutual hostility and anger, extreme emotional distance between partners or mechanical quality of relatedness, but not all these need to be characteristic of the relationship.

Procedure: Read the definitions of the item through each time before you rate. If there should be difficulty in deciding between two adjacent scores (as between 3 and 4) always choose the higher score.

Score all items. If the rating is based on a hunch rather than on specific knowledge, indicate this in the space below the scale. If you are absolutely unable to rate an item because of no information on the item, note this in the space below the item.

Underline the definition, the statements descriptive of the family, or note briefly in the space below each item the basis for your judgement. It should be noted that the ratings are describing a continuum from presence of the trait to absence of the trait. Therefore, the examples given opposite a number are suggestive rather than mandatory, and a rating of 3 may be given while definitions in 1 and/or 5 may also apply and be underlined.

Source of Information: On the last page, note the major source of your information on the family, for example, mother, or mother and father, or home visit, or observation at Center, etc.

Indicate choice of rating by circling one number under each item

ITTLESON CENTER FAMILY INTERACTION SCALES
(Ittleson Scales)

Group 1: Family Investment of Selves in Home

Scale 1.0.1 Maintenance and Furnishings

1. Home is inadequately maintained and furnished. There is no evidence of thought, concern, or effort to make home comfortable or attractive. Home is bare. There are many inadequacies in essential furnishings, such as insufficient or uncomfortable chairs and poor lighting. There are many inadequacies in accessories, such as lack of wall decorations, knick-knacks, and curtains. Or furniture is badly in need of repair; walls are in need of repapering or repainting.
- 2.
3. Some furnishings are adequate, or some rooms are adequately maintained and furnished. There is some evidence of sporadic effort to make the home comfortable and attractive.
- 4.
5. Home is predominantly adequately maintained and furnished. Home is moderately comfortable. Or home is kept up, but is lacking in comfort and attractiveness. Or home is excessively crowded with furniture and cluttered.
- 6.
7. Entire home is adequately maintained and furnished. Home is comfortable, cheerful, and attractive. There are indications of thought and effort regardless of cost of furnishings or condition of building.

Scale 1.0.2 Cleanliness and Orderliness

1. Home lacks cleanliness and orderliness. Home is obviously uncared for, dirty, messy, and is disorderly; debris is all over; beds are unmade. Appearance of home is unkempt.
- 2.
3. Most of home is lacking in cleanliness and orderliness. Home is predominantly dirty, messy, and disorderly. Or there is an excessively orderly, neat, un-lived-in appearance.
- 4.
5. Most rooms are clean and orderly; some are not.
- 6.
7. Home has a comfortable, clean, moderately orderly, cared-for appearance.

Group 2: Family Group Patterns of Interaction

Ratings on these scales should be global and should reflect the impact of all individuals living in the home as they interact with each other.

Scale 2.0.1 Verbal and Nonverbal Interaction

1. An absence or minimum of interaction is characteristic of the family. Members are apparently moving in different directions. There is excessive isolation and withdrawal from each other. Each member is preoccupied with himself. Or there is constant, excessive interaction without clear communicative function. Or there is excessive domination by one person so as to prevent others from communicating. Or the content of communication is bizarre, incongruent, or not pertinent.
- 2.
3. There is occasional free interaction for all family members or moderately free interaction among some family members. Or the interaction frequently is mechanical or superficial.
- 4.
5. Free interaction is characteristic of relationships, although there is more interaction among some family members than others. The contact achieved may sometimes be superficial in nature.
- 6.
7. There is consistently free verbal and nonverbal interaction. All family members participate spontaneously in a manner suitable to the situation. The content of communication is realistic, congruent, and pertinent.

Scale 2.0.2 Family Alignments

1. There are marked family alignments. The family is divided into two or more groups in an atmosphere of contention, e.g., mother-son versus father-daughter, one parent versus other family members, both parents versus children, or children versus parents. There are cliques which exclude some members. Or two or more members may "gang-up" against others. Or there is no evidence of family alignments because of extreme mutual isolation or family disorganization.
- 2.
3. There are some strong alignments or strong alignments in some areas regarding some values or issues. There is frequent taking of sides. Alignments are exclusive and in an atmosphere of contention.
- 4.

5. Some moderate alignments are noted. There is an apparent greater closeness among some family members than others. There may be some areas of mild contention between groups.
- 6.
7. Family members seem to be on the same level of closeness in most instances without marked exclusive closeness or contention among members. Some mild alignments may exist which are appropriate to age, sex, and role positions, such as parents versus children.

Scale 2.0.3 Mutual Warmth and Affection

1. There is an absence of warmth and affection among family members. Hostility, coldness, and indifference are shown in behavior towards each other. There is a markedly depressed quality of interaction.
- 2.
3. There is an occasional show of warmth and affection. Or warmth and affection exist among some family members but not among all. Or expressions of affection are contrived and are lacking in genuineness, excessively formal, mechanical, or superficial.
- 4.
5. There is moderate warmth and affection. More is shown for some members than for others.
- 6.
7. There is reciprocal warmth and affection among all family members.

Scale 2.0.4 Mutual Support and Cooperation

1. There is an absence or minimum of mutual support and cooperation. Hostility is shown toward each other. There is frequent conflict among all family members. Lack of cooperation is shown in an absence of mutual help in activities and in verbal interaction. Or there is no evidence of mutual support and cooperation because of family disorganization or isolation from each other. Or some family members support or cooperate with deviant or bizarre behavior of other members.
- 2.
3. There is occasional mutual support and cooperation among family members or among some members but not others. Support is shown in some areas but not in others. Or support and cooperation are given in an offhand way and are superficial and lacking in genuineness.
- 4.
5. Mutual support and cooperation are dominant, but

there is some conflict or some lack of support in some areas or among some family members.

- 6.
7. There is mutual support and cooperation among all family members. Realistic interest and respect are shown for each other.

Scale 2.0.5 Mutual Satisfaction

1. There is an absence of mutual satisfaction, or there is prevailing dissatisfaction with each other. Members complain to and about each other. They show an inability to accept each other. Or members respond with pride and satisfaction to grossly deviant behavior of other members.
- 2.
3. There is occasional satisfaction in some areas but not in others. Or some of the group are predominantly dissatisfied. Or there is indiscriminate satisfaction regardless of the behavior of others. Or expressions of apparent satisfaction are lacking in genuineness.
- 4.
5. There are indications of pride in or satisfaction with each other, with occasional evidence of dissatisfaction.
- 6.
7. Mutual satisfaction is dominant. There is acceptance of each other with realistic pride and without complaints.

Scale 2.0.6 Common Interests and Activities

1. There is an absence of common interests and activities. Members are isolated in their interests and activities or are intolerant of activities or interests of others. Members show no interest in what others do. Or members are extremely overinvolved in others' interests which are not ordinarily shared by all family members because of age, sex, or special skills. Or members share interests which are bizarre.
- 2.
3. There are some common interests and activities. A noticeable lack of interest in some activities important to others is shown. Or noticeable overinvolvement in a limited area of interest and activity. Or a superficial interest is shown in others' activities.
- 4.
5. Shared interests and activities are in evidence with some lack of or overinvolvement in interests important to others.
- 6.

7. There are common interests and activities. Realistic interest is shown in the concerns and activities of other members. There is participation by all in household activities and recreation (TV, hobbies, sports, intellectual interests). There are some interests which are not shared.

Scale 2.0.7 Authority

1. There is an absence of authority. No authority exists in the family organization in the sense that decision-making is avoided and the family drifts. This may be the result of extreme isolation among members or of disorganization and absence of structure. Or there is domination by one member who behaves in a dictatorial manner and who may be resented by others. Or unrealistic decisions are imposed which are not in accordance with the needs of other members.
- 2.
3. There is some exercise of authority, but it is minimally effective. Authority is established in some areas, but is absent or is disputed in most. Or the family group is dominated by one person who makes decisions and accepts all responsibilities, but with consent of other family members. There is some unwarranted exercise of authority. Or the patterns of authority are poorly discernible because of some isolation or disorganization. Or there are apparent patterns of authority which lack genuineness or are superficial.
- 4.
5. There is some selective exercise of authority. Or some family members are selectively dominated by other family members some of the time. There is occasional resentment of authority exercised.
- 6.
7. Authority is selectively exercised in accord with family and individual needs. There is realistic sharing of responsibility and decisions. Children share in decisions when appropriate for children to do so. Authority exercised by others is respected.

Scale 2.0.8 Role Functioning

1. There is an absence of effective role functioning with unclear definition of roles (mother, father, child), which may result in shifting or reversal of roles. Members show open dislike of roles: e.g., resentment with respect to responsibilities and need for decisions; or complaints about burdens, duties, or expectations of others. Or

- expectations of others.
- 2.
 3. There is occasional adequate functioning in roles. Or some members adapt to their roles. There are some complaints. Or there is lack of genuineness in performance of roles.
 - 4.
 5. Members are moderately effective in their roles or in most aspects of their roles. There is concern for doing well.
 - 6.
 7. Effective role functioning is characteristic of the family group. There is clear definition of family roles so that each knows his own role and that of others. Each carries out his role in a decisive, organized manner.

Scale 2.0.9 Family Group Atmosphere

1. Family group produces an effect which is unpleasant, hectic, discordant, tense, overactive, depressed, cold, stiff, formal, or inhospitable.
- 2.
3. Effect of family group is predominantly unpleasant, hectic, discordant, tense, overactive, depressed, cold, stiff, formal, or inhospitable. Or family attempts a pose of harmony which lacks genuineness.
- 4.
5. Effect of family group is predominantly pleasant, relaxed, harmonious, informal, or hospitable.
- 6.
7. Family group promotes a pleasant, warm, relaxed atmosphere. It is informal, hospitable, and harmonious.

Group 3: Interaction of Husband and Wife as Marital Partners

The degree to which scales in this group apply to each partner should be considered when rating, but the score should represent the overall husband-wife interaction.

Scale 3.0.1 Reciprocal Warmth and Affection

1. There is an absence of reciprocal warmth and affection. Frequent and open mutual hostility and anger exist. There is extreme emotional distance between partners. Quality of relatedness is very mechanical.
- 2.
3. There is occasional reciprocal warmth and affection. Hostility is evident, but usually is controlled. Or no hostility is apparent, but there is no indication of warmth and affection. Or ex-

pressions of affection have a contrived, stereotyped, artificial, or superficial quality.

- 4.
5. Reciprocal warmth and affection is usually characteristic of the relationship. Rapport is usually good.
- 6.
7. There is consistent reciprocal warmth and affection. A friendly manner of relating to each other exists. Disagreements are not in an atmosphere of hostility.

Scale 3.0.2 Balance of Dominance

1. There is an absence of balance of dominance. Both partners openly compete for the dominant, controlling position in an atmosphere of hostility. Or there is no evidence of dominance pattern because of extreme mutual isolation.
- 2.
3. There is a minimal balance of dominance. Frequent competition for the dominant role exists. Or one partner overtly dominates the other who in turn submits with or without overt expressions or resentment. Or pattern of dominance is not clear because of inconsistent, contrived, or artificial way of relating.
- 4.
5. Balance of dominance is more characteristic of the relationship. However, there is some competitiveness for the dominant role. Or there is some submission to domination.
- 6.
7. There is a balance of dominance and mutual acceptance between partners. Neither partner shows desire to compete with or to dominate the other partner; there is a give-and-take in the relationship. Consistent, stable sharing of decisions is characteristic. Some decisions are routinely delegated by mutual consent to one or the other of the marital pair.

Scale 3.0.3 Mutual Support

1. There is an absence of mutual support. Partners undermine each other. They compete openly for the attention of other persons. Malicious teasing, open insults, and hostile behavior are shown toward each other. Or mutual support may be lacking because of extreme distance between partners. Or partners give praise and support indiscriminately without regard for deviance of the behavior which is supported.

- 2.
3. Occasional mutual support is evident. Or one partner carries the burden of support so that a mutual quality is lacking. Or expressions of apparent support are hollow, mechanical, contrived, or superficial.
- 4.
5. Partners usually support one another. Occasional teasing, facetious or hostile remarks are made.
- 6.
7. Mutual support is dominant. Partners show respect for each other's opinions, listen to each other, and give mutual, realistic praise. There is an underlying tone of mutual approval and respect.

Scale 3.0.4 Cooperation

1. There is an absence of cooperation verbally or in activities. Partners do not help each other and do not consult or work together. Or partners function in an isolated way. Or one partner takes over and the other either is passive or actively interferes. Or lack of cooperation is an extreme issue for one partner. Or partners cooperate in grossly deviant behaviour.
- 2.
3. There is cooperation some of the time or in some areas. Or cooperation is mostly due to one partner; mutual help is lacking. Or cooperative efforts are half-hearted or superficial.
- 4.
5. There is cooperation most of the time and in most areas.
- 6.
7. Cooperation is characteristic of the relationship. There is mutual help verbally and in activities in order to reinforce realistic and desirable behavior. Partners consult each other and provide services for each other. They respect special skills, or lack of them, in each other.

Scale 3.0.5 Compatibility

1. Partners are incompatible and show no mutual acceptance. They do not share pleasure, do not like the same things; and have divergent interests and opinions. They do not attempt to adapt to each other. Or there is no evidence of compatibility because of extreme emotional isolation. Or there is some sharing of pleasure, but in bizarre or deviant ideas and interests.
- 2.
3. There is compatibility and mutual acceptance in some areas, but extreme lack in others. Or one

partner is markedly more satisfied with spouse than the other is; one partner bears most of the burden of adapting. Or there is apparent compatibility which has an artificial, contrived, or ritualistic quality.

- 4.
5. Partners are compatible in most areas and in regards to most values. Mutual adaptation is successful, on the whole.
- 6.
7. Partners are compatible. They accept each other as individuals. There is mutual adaptation with realistic sharing of pleasure, values, and some interests.

Scale 3.0.6 Verbal and Nonverbal Interaction

1. An absence or minimum of interaction is characteristic of the marital pair. Partners seldom talk to each other or look at each other. There is excessive isolation and withdrawal from each other. Partners do not communicate unless absolutely necessary. There is minimal or no response to each other. Or there is verbal and nonverbal activity, but little effective communication. Or content of communication is grossly bizarre, incongruent or not pertinent.
- 2.
3. There is occasional free interaction. Or the interaction is dominated by one partner so as to block the responsiveness of the other partner. Or there is occasional communication primarily in relation to the children but not to each other as individuals. Or the interaction is mechanical or artificial.
- 4.
5. Free interaction is characteristic of the relationship, although the communication may sometimes be superficial or hostile in nature. Or there is some interruption which prevents hearing of what the other partner says.
- 6.
7. There is consistently free verbal and nonverbal interaction. Partners talk to each other; they respond verbally and by looking. They communicate effectively.

Scale 3.0.7 Maturity and Interdependence

1. There is an absence of maturity in the relationship. Partners relate to each other in an immature, child-like manner. One or both partners are excessively dependent and relate in a child-like way. The relationship appears like that of a

parent and child or of two children rather than that of two adults. Or there are no indications of interdependence because of isolation of partners from each other.

- 2.
3. There are some indications of maturity of relationship, but the relationship is primarily like; that of parents and child. Or partners are overly dependent on one another. Or partners are overly independent most of the time.
- 4.
5. There are some indications of immaturity of relationship, but is is not characteristic of the relationship. There is an occasional dependent, child-like quality to the relationship.
- 6.
7. There is a mature level of relating to each other as two adults. There is a mature, mutual dependency as husband and wife, not as parent and child.

Scale 3.0.8 Functioning of Husband and Wife in Their Roles

1. There is an absence of effective functioning of both partners in respective husband and wife roles. Their functioning is disorganized and indecisive; they are confused as to what or how to do. There is abdication of roles. Or partners do not function as husband and wife due to extreme isolation from each other. Or there is marked deviation from traditional roles or total role reversal.
- 2.
3. Both partners are occasionally effective in functioning in roles or are successful in a few aspects of roles, but not in others. Or one partner is markedly more successful than the other. Or there is a highly mechanical, rigid, ritualized, or artificial manner of functioning in roles.
- 4.
5. Both partners are generally effective in functioning in their roles. There is occasional disorganized functioning or indecisiveness. Partners occasionally complain about roles.
- 6.
7. Both partners function effectively in husband-wife roles and are satisfied with their roles. They behave in a free, organized manner.

Group 4: Interaction of Husband and Wife as Parents

Ratings should reflect the overall impact of both parents as they interact with all children. Less adequate behavior on

the part of one parent reduces the total rating.

Scale 4.0.1 Division of Labor in Care of Children

1. There is an absence of division of labor in care of children. One partner assumes the entire burden of care of children with no help from the other partner. Or both parents participate minimally in care of children.
- 2.
3. There is occasional sharing of care of children. Or care is carried out more as individuals in an isolated way rather than as a parental pair; there is isolated attention by a parent to children without reference to the other parent. Or any sharing is on the basis of demands by one parent with grudging or minimal compliance by the other.
- 4.
5. Parents share in care of children, although one bears a disproportionate burden. Or the sharing is frequently on the basis of demands one parent makes on the other.
- 6.
7. The parents divide and share care of children in ways that are in accord with their specific culture.

Scale 4.0.2 Agreement on Rearing Children

1. There is an absence of agreement on rearing of children. Handling of children is markedly divergent. Parents disagree on care and handling, values and goals. They openly criticize each other in a hostile atmosphere. Or there is excessive drifting of both parents with no convictions about the rearing of children. Or there is no evidence of agreement due to emotional isolation or family disorganization.
- 2.
3. There is occasional agreement. Or agreement exists in some areas but not in others. Or parents agree verbally, but handle children differently verbally. Or there is some drifting of both parents with few convictions about rearing children. Or there is apparent agreement which lacks a genuine quality.
- 4.
5. There is moderate agreement; or agreement in most areas. Occasional open interference with each other and divergence of handling may exist. There is some attempt to resolve disagreements.
- 6.
7. Parental agreement on rearing children is predominant. They handle children similarly. They

resolve disagreements in a friendly manner. They share values and goals in relation to rearing.

Scale 4.0.3 Sharing of Pleasure in Children

1. Parents do not share pleasure in children. Either they do not receive pleasure from the same things, or neither parent shows pleasure in children. Children represent burdensome chores.
- 2.
3. Parents occasionally share pleasure in children. Or one parent derives pleasure which is shared only minimally by the other. Or expressions of pleasure lack genuineness.
- 4.
5. Parents share pleasure in children to a moderate degree. Or the basis of pleasure for the parents is different in some areas although they can appreciate each other's source of pleasure.
- 6.
7. Parents predominantly share pleasure in the children; both enjoy children. This is reflected in their responses to children's activities, verbalizations, accomplishments, and demands.

Scale 4.0.4 Mutual Support and Cooperation

1. There is an absence of mutual support and cooperation. Parents exclude each other in relation to children. Or one parent belittles or aggressively dominates the other parent. Or one parent "gangs-up" with children against the other parent. Or parents function in an isolated way in relation to the children without active opposition but without support or cooperation.
- 2.
3. There is occasional mutual support and cooperation. Or support and cooperation are shown in some areas but not in others. Or parents support or cooperate with each other's grossly deviant or bizarre behavior with children. Or they support each other in their acceptance of deviant behavior of the children. Or expressions of support and cooperation are lacking in genuineness.
- 4.
5. There is mutual support and cooperation in most areas. Occasional lack of support or minimal active support is shown.
- 6.
7. There is mutual support and cooperation in relation to children. Parents show respect for each other and include each other in decisions. They

help each other in various ways. The mutual support and cooperation are positive and constructive in tone.

Scale 4.0.5 Conformity to Traditional Parental Roles

1. There is an absence of conformity to traditional parental roles: e.g., father does mothering, takes care of children's physical needs, assumes burden of their care, or the mother abdicates her role. Or neither parent conforms to parental roles.
- 2.
3. There is some conformity or conformity in some areas. The father over- or underparticipates in care of children, or mother does not conform to some aspects of her role.
- 4.
5. There is conformity in most areas. The deviations from traditional roles are slight.
- 6.
7. Both parents conform to traditional roles. The mother assumes most of the physical care of children and attends to most of the children's needs most of the time. The father may participate, but takes a minor role in physical care and does so to help the mother. The father plays with the children and takes an active interest in them.

Group 5: Parent-Child Interaction

In this group of scales, a separate rating should be given for each parent's interaction with a specific child. If there is interest in more than one child, duplicate sheets of these scales can be used. At the Ittleson Center, ratings are made only in relation to the child under observation. Mother and father scores are averaged for the group score.

Subgroup 5.1, Freedom of Interaction

Scale 5.1.1 Overall Interaction

Mother

Father

- | | | |
|--|---|--|
| <ol style="list-style-type: none"> 1. 2. 3. | <p>There is an absence of free interaction, or there is very minimal interaction between parent and child: e.g., only when absolutely necessary to enable mechanics of everyday living. Or the child attempts communication to which the parent does not respond. Or the interaction between parent and child excludes all family members. Or there is excessive or constant response on the part of either parent or child which interferes with back and forth interaction.</p> <p>There is occasionally free interaction. Or</p> | <ol style="list-style-type: none"> 1. 2. 3. |
|--|---|--|

MotherFather

the interaction between parent and child is primarily at the level of discipline and control. Or content is bizarre, incongruent, or not pertinent. Or the interaction is mechanical, or is not genuine in quality.

- | | | |
|----|---|----|
| 4. | | 4. |
| 5. | There is moderate free interaction, but some constraint or withdrawal. Or there is some excessive interaction. Or the parent makes adequate effort to encourage free interaction despite the child's withdrawal or uncooperativeness. | 5. |
| 6. | | 6. |
| 7. | There is consistently free interaction. Parent and child communicate effectively with one another without interfering with interactions of other family members. The content of communication is realistic, congruent, and pertinent. | 7. |

Scale 5.1.3 Physical Interaction

- | | | |
|----|---|----|
| 1. | There is an absence of ordinary physical interaction: e.g., touching, kissing, embracing. There is no response, or there is a rejection of contact, such as pulling away from the person making contact. Or there is excessive physical interaction: e.g., constant fondling, lap-sitting, "rough housing". Or body contact is not in accord with the age of the child. | 1. |
| 2. | | 2. |
| 3. | There is occasional physical interaction. There is frequent constraint, rejection of response unsuited to the situation or age of the child. Or the parent passively accepts the child's touching, kissing, etc. Or physical interaction is mechanical, lacking in genuineness. | 3. |
| 4. | | 4. |
| 5. | There is moderate physical interaction. The physical interaction is usually suitable to the child's age and the situation. Or the parent makes adequate effort to encourage free physical interaction despite withdrawal by the child or lack of cooperation from the child. | 5. |
| 6. | | 6. |
| 7. | Free physical interaction is characteristic; it is in accord with the age of the child and the situation. | 7. |

Scale 5.1.4 Nonverbal Interaction

- | | | |
|----|---|----|
| 1. | There is an absence or minimum of gestural, postural, and visual interaction. Parent and child never or rarely look at the other, es- | 1. |
|----|---|----|

MotherFather

pecially when talking and listening. The body and head are turned away. Parent and child separate themselves by sitting at a distance. Or there is exaggerated looking and never taking eyes off each other.

- | | | |
|----|---|----|
| 2. | | 2. |
| 3. | There is occasional free and appropriate gestural, postural, and visual interaction. Or parents are not free in the face of free responses from the child. | 3. |
| 4. | | 4. |
| 5. | There is moderate, free postural, gestural, and visual interaction. Or the parent is free in the face of lack of response from the child. | 5. |
| 6. | | 6. |
| 7. | Free gestural, postural, and visual interaction is pertinent to the situation and stimulus. Parent and child look at each other when speaking or being spoken to. | 7. |

Subgroup 5.2. Emotional InteractionScale 5.2.1 Spontaneity of Interaction

- | | | |
|----|---|----|
| 1. | There is an absence of spontaneity. Interaction is predominantly mechanical, formal, cold. Reactions or responses to the child are excessively delayed. Or there is no relatedness. | 1. |
| 2. | | 2. |
| 3. | There is occasional spontaneity and quick response or reaction. Or responses have a contrived, artificial quality. | 3. |
| 4. | | 4. |
| 5. | There is occasional delay in reaction or response. Or there is occasional unrelatedness. | 5. |
| 6. | | 6. |
| 7. | Free, spontaneous, interaction predominates. Immediate responses are accompanied by relatedness. Responses are not mechanical. | 7. |

Scale 5.2.2 Warmth, Affection, and Pleasure

- | | | |
|----|--|----|
| 1. | There is an absence of warmth, affection, and pleasure. Excessive hostility, coldness, distance, and isolation from the child are predominant. Relationship is on an attacking level. | 1. |
| 2. | | 2. |
| 3. | There is occasional warmth and pleasure in interaction. Parent shows little evidence of pride in the child. Or pride is shown in relation to deviant or bizarre behavior by the child. Parent's manner of relating is contrived, | 3. |

MotherFather

- | | | |
|----|---|----|
| | intellectual, not genuine. | |
| 4. | | 4. |
| 5. | There is moderate pleasure and warmth in the interaction. Parent shows pleasure in some areas but not in others. | 5. |
| 6. | | 6. |
| 7. | Warmth and pleasure are characteristic of the interaction with the child. There is evidence of pleasure and pride in the child. Pleasure response is appropriate to the child's behavior. | 7. |

Scale 5.2.3 Decisiveness

- | | | |
|----|--|----|
| 1. | There is an absence of decisiveness. Parent is usually unable to act in situations where decision is needed. Or there is excessive delay before making decision. Or parent ignores need for decision by evasiveness and withdrawal. Or parent continually turns to someone else to make decisions or does not carry out decisions. | 1. |
| 2. | | 2. |
| 3. | Parent is occasionally decisive. Or parent is decisive but extremely tentative or indirect in carrying out decision. | 3. |
| 4. | | 4. |
| 5. | Parent is usually decisive in situation. Response to the need for a decision is usually immediate. | 5. |
| 6. | | 6. |
| 7. | Parent is decisive when required by situation or behavior. The response to a need for decision is immediate and confident. | 7. |

Scale 5.2.4 Consistency of Emotional Relatedness

- | | | |
|----|---|----|
| 1. | There is an absence of overall consistency of emotional relatedness. Parent constantly fluctuates in manner of relating as seen in all areas of interaction. Parent has a consistent but rigid (mechanical), nonempathic way of responding. Or parent is extremely detached in his relationship with child. | 1. |
| 2. | | 2. |
| 3. | There is some consistency of emotional relatedness. Or there is consistency in some areas but not in all. | 3. |
| 4. | | 4. |
| 5. | Consistency of emotional relatedness is usually characteristic of parent's behavior toward child. | 5. |
| 6. | | 6. |
| 7. | There is an overall consistency of emotional relatedness. Parent responds with the same | 7. |

MotherFather

level of behavior, feeling tone, and attitudes to the same cues from the child without unwarranted shifts in mode of relating.

Subgroup 5.3, Parents' Acts Toward ChildScale 5.3.1 Mode of Relating to Child

- | | | |
|----|--|----|
| 1. | Parent's mode of relating to the child is grossly unsuited to the child's characteristics, capacities, and needs. Treatment of the child is not consistent with his level of maturity, competence, sexual development, unique strengths and weaknesses. Parent's actions tend to reinforce aberrant or unacceptable child behavior. Or there is little or no evidence of patterns of relating because of extreme mutual isolation. | 1. |
| 2. | | 2. |
| 3. | Parent only occasionally related to the child in a way suited to the child's characteristics, capacities, and needs. Or the parent behaves inappropriately in relation to some aspects of the child (maturity, competence, sex, strengths, weaknesses, interests) but not to others. | 3. |
| 4. | | 4. |
| 5. | Parent only occasionally relates to the child in a way that is not suited to the child's characteristics, capacities, and needs. | 5. |
| 6. | | 6. |
| 7. | Parent always relates to the child in a way that is suited to the child's characteristics, capacities, and needs. | 7. |

Scale 5.3.2 Control of Child

- | | | |
|----|---|----|
| 1. | Parent does not exercise suitable control. Parent does not set necessary limits for the child or does not impose acceptable cultural requirements for conformity and social behavior. Or there is an absence of any control. Or excessive overcontrol is shown in constant direction of the child and in exaggerated imposition of discipline and setting of limits. The control or lack of control does not meet the needs of the child. | 1. |
| 2. | | 2. |
| 3. | Parent only occasionally exercises suitable control. | 3. |
| 4. | | 4. |
| 5. | Parent usually exercises suitable control. | 5. |
| 6. | | 6. |
| 7. | Parent exercises suitable control. | 7. |

MotherFatherScale 5.3.3 Demands Made of Child

- | | | |
|----|--|----|
| 1. | Parent makes few or no demands where they would be reasonable or necessary. Or parent makes excessive demands on the child in terms of behavior requirements, level of development of skills, or assumption of responsibilities. Or parent is extremely tentative in making demands. Or parent makes bizarre or unrealistic demands. | 1. |
| 2. | | 2. |
| 3. | Parent's demands are usually excessive or insufficient. Or demands are made but frequently based on the parent's needs rather than the child. | 3. |
| 4. | | 4. |
| 5. | Parent's demands are occasionally excessive or insufficient. | 5. |
| 6. | | 6. |
| 7. | Parent makes demands which are suitable to the child's age, situation, and needs. There is desirable encouragement of the child's individuality, initiative, independence, and sense of responsibility. | 7. |

Scale 5.3.4 Imposition of Routines

- | | | |
|----|--|----|
| 1. | Parent does not impose ordinary, essential, and desirable routines. The routines of daily living are either ritualistic, rigid, or unrealistic without concern for the needs of the child and the family. Or routines are not imposed at all; e.g., the child eats and sleeps whenever he wants to without regard for the needs of others. | 1. |
| 2. | | 2. |
| 3. | Parent only occasionally imposes ordinary, essential, and desirable routines. Or routines are imposed with regard to the needs of one person without regard for the needs of others. | 3. |
| 4. | | 4. |
| 5. | Parent is only occasionally remiss in the imposition of ordinary, essential, and desirable routines. | 5. |
| 6. | | 6. |
| 7. | Parent imposes routines which meet the needs of both the child and the family. Parent has the ability to be flexible. | 7. |

Scale 5.3.5 Anticipation of Child's Physical Needs

- | | | |
|----|---|----|
| 1. | Parent does not perceive or anticipate the child's needs of protection, food, and sleep. Or parent continually overanticipates the child's needs; e.g., the child is cared for, dressed, fed, and toileted beyond his age needs. Or the child | 1. |
|----|---|----|

MotherFather

is not protected from potential danger, or protection is accompanied by hostility toward the child.

- | | | |
|----|---|----|
| 2. | | 2. |
| 3. | Parent occasionally anticipates the child's needs for protection, food, and sleep. Or gratification of needs is effected in a hostile manner. | 3. |
| 4. | | 4. |
| 5. | Parent usually anticipates the child's physical needs. | 5. |
| 6. | | 6. |
| 7. | Parent typically perceives and anticipates the child's physical needs. Parent shows concern for the child's welfare. | 7. |

Scale 5.3.6 Meeting of Child's Demands

- | | | |
|----|--|----|
| 1. | Parent meets unrealistic, bizarre demands of the child. Parent usually complies with the child's excessive demands. Or parent refuses to meet, or ignores demands. Or there is an acceptance of the child's exaggerated passivity or withdrawal. | 1. |
| 2. | | 2. |
| 3. | Parent only occasionally meets realistic demands of the child. Or parent frequently accepts or complies with unrealistic or excessive demands of the child. | 3. |
| 4. | | 4. |
| 5. | Parent occasionally accepts and complies with unrealistic or excessive demands by the child. Or parent occasionally fails to meet realistic demands. | 5. |
| 6. | | 6. |
| 7. | Parent meets realistic and suitable demands of the child. | 7. |

Scale 5.3.7 Participation in Child's Activities

- | | | |
|----|--|----|
| 1. | There is an absence of participation; or overparticipation in the child's activities. Parent is markedly detached from the child's activities. Or the child is not given opportunity to function on his own. Parent constantly criticizes or praises the child in his activities. Or parent participates in bizarre activities of the child. | 1. |
| 2. | | 2. |
| 3. | There is frequent overparticipation in the child's activities. Or there is frequent lack of participation. Participation is primarily the result of the child's demands. | 3. |
| 4. | | 4. |

MotherFather

- | | |
|--|-------------------------------|
| <p>5. There is occasional overparticipation or under- participation in the child's activities.</p> <p>6.</p> <p>7. There is suitable participation in the child's activities. The child is given opportunity to function on his own.</p> | <p>5.</p> <p>6.</p> <p>7.</p> |
|--|-------------------------------|

Group 6: Child-Parent Interaction

In this group, the acts of an individual child toward the parents as a pair are rated. If there is interest in more than one child, duplicate sheets can be used. At the Ittleson Center, ratings are made only in relation to the child under observation.

Scale 6.0.1 Compliance of Child with Parental Control and Demands

1. There is an absence of reasonable compliance or excessive overcompliance to parental control. The child ignores parents' efforts or is excessively devious, deceptive, evasive, or openly defiant. Or there is no evidence of compliance or defiance because of absence of parental control or because of withdrawal and isolation of the child.
- 2.
3. There is occasional reasonable compliance or lack of compliance.
- 4.
5. There is reasonable compliance to parental control most of the time.
- 6.
7. There is reasonable compliance to parental control. Or there is some direct noncompliance when parents control the child excessively or unreasonably. Compliance is not delayed, but is fairly spontaneous.

Scale 6.0.2 Demands on Parents by Child

1. There is an absence of reasonable and realistic demands on the parents by the child. The child's demands are either excessive or bizarre, or no demands are made, as shown in complete passivity or withdrawal.
- 2.
3. There are only occasional reasonable demands. Or the child's demands consist of asking only for service or things, or only for the parents' attention and presence.
- 4.
5. There are only occasional unreasonable demands.
- 6.
7. The child makes reasonable and realistic demands of the parents.

Scale 6.0.3 Absence of Marked Preference

1. The child always shows a marked preference for one parent. The unfavored parent is excluded, or hostility is shown. The preference is shown in all activities. Or preference is not shown because of extreme mutual isolation.
- 2.
3. The child frequently shows a marked preference for one parent.
- 4.
5. The child occasionally shows a marked preference for one parent.
- 6.
7. There is an absence of marked preference, although some mild preferences may exist or be shown in certain situations.

Group 7: Child-Child Interaction

This group of two scales can be used for rating sibling interactions. Ratings should be global and should reflect the impact of all the children.

Scale 7.0.1 Mutual Acceptance

1. There is an absence of mutual acceptance. The children ignore each other. They are isolated from each other in their activities. Or there is severe, open conflict, rivalry, mutual aggressiveness and lack of sharing.
- 2.
3. The children frequently are in open conflict and rivalry. Or there is frequent mutual isolation.
- 4.
5. There is occasional mutual isolation or rivalry.
- 6.
7. There is mutual acceptance. Some affection, warmth, and protection are shown toward each other. There is common play and sharing.

Scale 7.0.2 Sharing of Parents

1. The children do not share the parents. There is extreme rivalry for the parents' attention. They cannot tolerate parental attention to the other children. Or one child withdraws and allows the other children to monopolize the parents. Or there is no evidence of patterns of sharing because of emotional isolation of one or more children.
- 2.
3. There is occasional sharing of the parents.
- 4.
5. There is occasional absence of sharing of the

- parents.
- 6.
 7. The children share the parents. They respect each other's needs for the parents and show interest in other's interaction with the parents.

The Summary Score Sheet is available for completion by each observer at the end of the home visit or jointly by the observers.

FI Summary Score Sheet

Name _____ Date of Visit _____

Age _____ mos. Examiner _____

FAMILY INTERACTION SCALES
(Summary Score Sheet)

Score

Group 1:	Family Investment of Selves in Home	
1.0.1	Maintenance and Furnishings.	
1.0.2	Cleanliness and Orderliness.	
	Subtotal	
Group 2:	Family Group Patterns of Interaction	
2.0.1	Verbal and Nonverbal Interaction	
2.0.2	Family Alignments.	
2.0.3	Mutual Warmth and Affection.	
2.0.4	Mutual Support and Cooperation	
2.0.5	Mutual Satisfaction.	
2.0.6	Common Interests and Activities.	
2.0.7	Authority.	
2.0.8	Role Functioning	
2.0.9	Family Group Atmosphere.	
	Subtotal	
Group 3:	Interaction of Husband and Wife as Marital Partners	
3.0.1	Reciprocal Warmth and Affection.	
3.0.2	Balance of Dominance	
3.0.3	Mutual Support	
3.0.4	Cooperation.	
3.0.5	Compatibility.	
3.0.6	Verbal and Nonverbal Interaction	
3.0.7	Maturity and Interdependence	
3.0.8	Functioning of Husband and Wife in Their Roles	
	Subtotal	
Group 4:	Interaction of Husband and Wife as Parents	
4.0.1	Division of Labor in Care of Children.	
4.0.2	Agreement on Rearing of Children	
4.0.3	Sharing of Pleasure in Children.	
4.0.4	Mutual Support and Cooperation	
4.0.5	Conformity to Traditional Parental Roles	
	Subtotal	

Mother Father

Group 5: Parent-Child Interaction

Subgroup 5.1 Freedom of Interaction

- 5.1.1 Overall Interaction
- 5.1.2 Verbal Interaction
- 5.1.3 Physical Interaction
- 5.1.4 Nonverbal Interaction

Subtotal _____ _____

Subgroup 5.2 Emotional Interaction

- 5.2.1 Spontaneity of Interaction
- 5.2.2 Warmth, Affection and Pleasure
- 5.2.3 Decisiveness
- 5.2.4 Consistency of Emotional Relatedness
- 5.2.5 Anticipation of Child's Physical Needs
- 5.2.6 Meeting of Child's Demands
- 5.2.7 Participation in Child's Activities

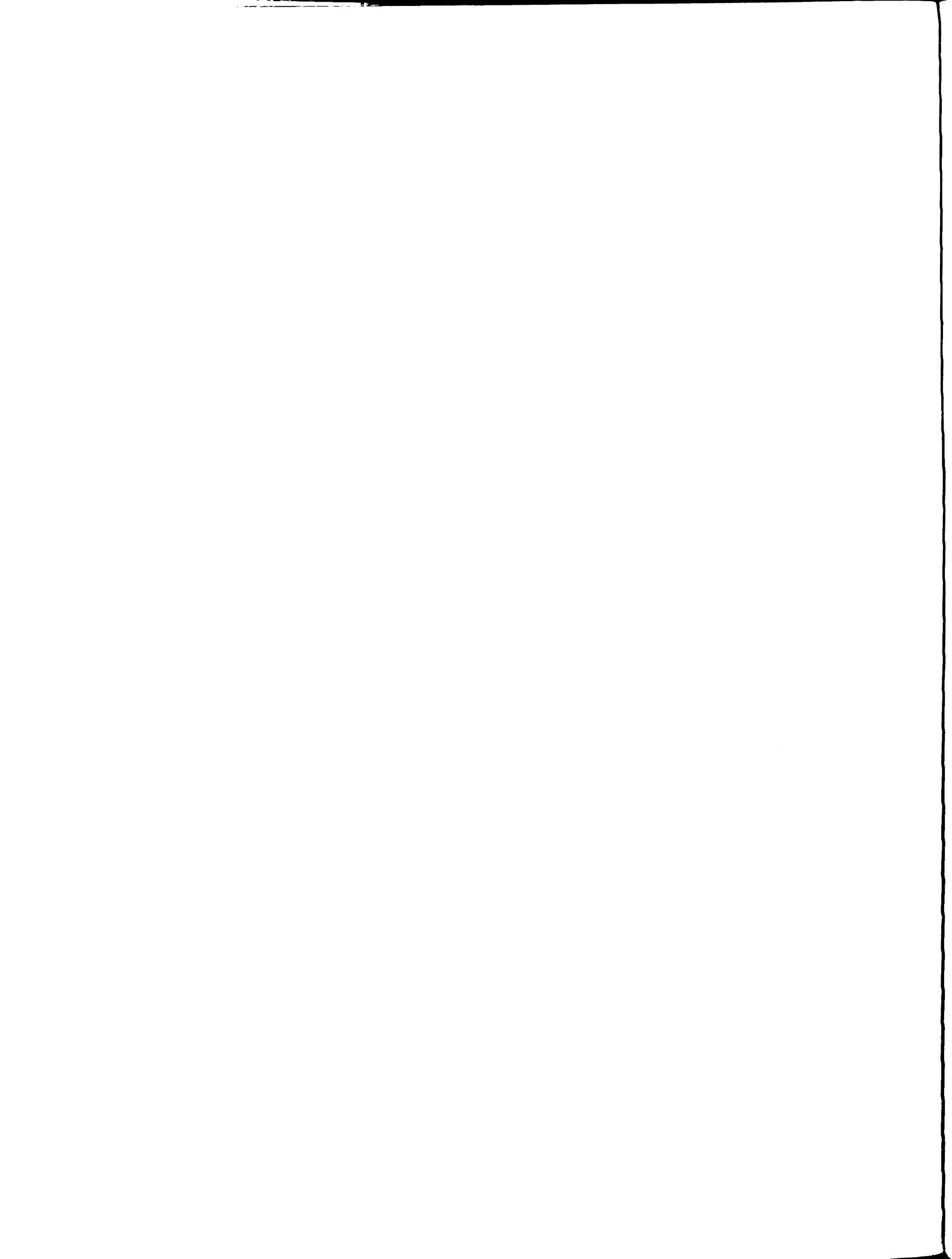
Subtotal _____ _____

Subgroup 5.3 Parent's Acts Toward Child

- 5.3.1 Mode of Relating to Child
- 5.3.2 Control of Child
- 5.3.3 Demands Made of Child
- 5.3.4 Imposition of Routines
- 5.3.5 Anticipation of Child's Physical Needs
- 5.3.6 Meeting of Child's Demands
- 5.3.7 Participation in Child's Activities

Subtotal _____ _____

Group 5 totals of Mother and Father Scores
Average of Mother and Father Scores



Group 6: Child-Parent Interaction	Score
6.0.1 Compliance of Child With Parent Control and Demands.	
6.0.2 Demands on Parents by Child.	
6.0.3 Absence of Marked Preference	
Subtotal	
Total score*	
Group 7: Child-Child Interaction**	
7.0.1 Mutual Acceptance.	
7.0.2 Sharing of Parents	

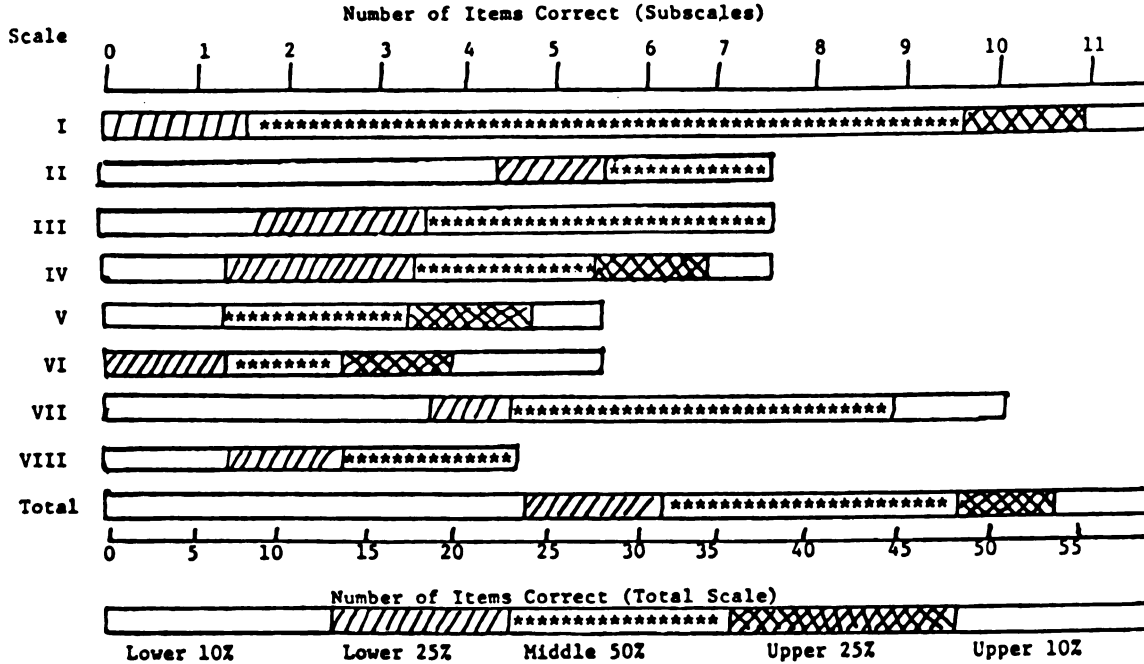
*Use average of Mother and Father subtotals of Group 5, plus sum of all other scores including Group 7.

**Score of Group 7 not included in Total Score

APPENDIX D

HOME OBSERVATION FOR MEASUREMENT OF THE ENVIRONMENT INVENTORY

Child's Name _____ Date of Interview _____
 Child's Birthdate _____ Interviewer _____
 Relationship of person interviewed to child _____ Place of Interview _____



Subscale	Raw Score	Percentile Band
I Stimulation Through Toys, Games and Reading Materials		
II Language Stimulation		
III Physical Environment: Safe, Clean, and Conducive to Development		
IV Pride, Affection, and Warmth		
V Stimulation of Academic Behavior		
VI Modeling and Encouragement of Social Maturity		
VII Variety of Stimulation		
VIII Physical Punishment		
Total		

I. STIMULATION THROUGH TOYS, GAMES, AND READING MATERIALS	YES	NO
1. Toys to learn colors and sizes and shapes--pressouts, play school, pegboards, etc.		
2. Three or more puzzles.		
3. Record player and at least five children's records.		
4. Toys or game permitting free expression (finger paints, play dough, crayons or paint and paper, etc.)		
5. Toys or game necessitating refined movements (paint by number, dot book, paper dolls, crayons and coloring books).		
6. Toys or game facilitating learning numbers (blocks with numbers, books about numbers, games with numbers, etc.)		
7. Ten children's books.		
8. At least ten books are present and visible in the apartment.		
9. Family buys a newspaper daily and reads it.		
10. Family subscribes to at least one magazine.		
11. Child is encouraged to learn shapes.		

II. POSITIVE SOCIAL RESPONSIVENESS	YES	NO
12. Toys to learn animals--books about animals, circus, games, animal puzzles, etc.		
13. Child is encouraged to learn the alphabet.		
14. Parent teaches child some simple manners--to say, "Please," "Thank you", "I'm sorry".		
15. Mother uses correct grammar and pronunciation.		

	YES	NO
16. Parent encourages child to relate experiences or takes time to listen to him relate experiences.		
17. When speaking of or to child, mother's voice conveys positive feeling.		
18. Child is permitted some choice in lunch or breakfast menu.		
SUBSCORE		

III. PHYSICAL ENVIRONMENT: SAFE, CLEAN AND CONDUCIVE TO DEVELOPMENT	YES	NO
19. Building has no potentially dangerous structural or health defects (e.g., plaster coming down from ceiling, stairway with boards missing, rodents etc.)		
20. Child's outside play environment appears safe and free of hazards. (No outside play area requires an automatic "no".)		
21. The interior of the apartment is not dark or perceptably monotonous.		
22. Neighborhood has trees, grass, birds--is esthetically pleasing.		
23. There is at least 100 square feet of living space per person in the house.		
24. In terms of available floor space, the rooms are not overcrowded with furniture.		
25. All visible rooms of the house are reasonably clean and minimally cluttered.		
SUBSCORE		

IV. PRIDE, AFFECTION, AND WARMTH	YES	NO
26. Parent holds child close ten to fifteen minutes per day, e.g., during TV, story time, visiting.		
27. Mother converses with child at least twice during visit (scolding and suspicious comments not counted.)		

	YES	NO
28. Mother answers child's questions or requests verbally.		
29. Mother usually responds verbally to child's talking.		
30. Mother spontaneously praises child's qualities or behavior twice during visit.		
31. Mother caresses, kisses or cuddles child at least once during visit.		
32. Mother sets up situation that allows child to show off during visit.		
SUBSCORE		

V. STIMULATION OF ACADEMIC BEHAVIOR	YES	NO
35. Child is encouraged to learn colors.		
34. Child is encouraged to learn patterned speech (nursery rhymes, prayers, songs, TV commercials, etc.)		
35. Child is encouraged to learn spatial relationships (up, down, under, big, little, etc.)		
36. Child is encouraged to learn numbers.		
37. Child is encouraged to learn to read a few words.		
SUBSCORE		

VI. MODELING AND ENCOURAGEMENT OF SOCIAL MATURITY	YES	NO
38. Some delay of food gratification is demanded of the child, e.g., not to whine or demand food unless within 1/2 hour of meal time.		
39. Family has TV, and it is used judiciously, not left on continuously, (No TV requires an automatic "No"—any scheduling scores "Yes").		
40. Mother introduces interviewer to child.		
41. Child can express negative feelings without harsh reprisal.		
42. Child is permitted to hit parent without harsh reprisal.		
SUBSCORE		

VII. VARIETY OF STIMULATION	YES	NO
43. Real or toy musical instrument (piano, drum, toy xylophone or guitar, etc.)		
44. Family members have taken child on one outing (picnic, shopping excursion) at least every other week.		
45. Child has been taken by family member on a trip more than 50 miles from his home during the past year (50 mile radial distance not total distance).		
46. Child has been taken by a family member to a scientific, historical, or art museum within the past year.		
47. Tries to get child to pick up and put away toys after play session--without help.		
48. Mother uses complex sentence structure and some long words in conversing.		
49. Child's art work is displayed some place in house (anything that child makes).		
50. Child eats at least one meal per day, on most days, with mother (or mother figure) and father (or father figure). (One parent families get an automatic "no".)		
51. Parent lets child choose certain favorite food products or brands at grocery store.		
SUBSCORE		

VIII. PHYSICAL PUNISHMENT	YES	NO
52. Mother does not scold (yell?) or derogate child more than once during visit.		
53. Mother does not use physical restraint, shake, grab, or pinch child during visit.		
54. Mother neither slaps or spanks child during visit.		
55. No more than one instance of physical punishment occurred during the past week. (accept parental report).		
SUBSCORE		

HOME OBSERVATION FOR MEASUREMENT OF THE ENVIRONMENT INVENTORY

DISCUSSION OF INDIVIDUAL ITEMS

(HOME, Preschool)

I. STIMULATION THROUGH TOYS, GAMES AND READING MATERIALS

(The first seven items must be present in the home, in usable condition [cannot be broken or have parts missing], and the child must be allowed to play with them when he or she wants to. They cannot be kept in storage, or on the top shelf in a closet where the child does not have access to them.)

1. Toys to learn colors and sizes and shapes. This does not have to refer to one toy that teaches all these things. However, if the parent has bought a single toy that teaches all these things, credit should be given. Examples of individual toys that merit credit on this item are shape sorting cubes, pressouts, play school, and pegboards.

2. Three or more puzzles. This item is more or less self explanatory. However, the puzzles must be appropriate to the child's age and all of the pieces must be present. Many times a mother will say, "Oh yes, he has lots of puzzles, but I don't know where the pieces are." Thus it is a good idea to inquire about all the parts.

3. Record player and at least five children's records. The record player may be that of the parents as long as the child has his own records and is permitted to hear them and use the record player to play his own records.

4. Toys or games permitting free expression. Examples of toys allowing free expression would be clay, finger paints, play dough, crayons and paint and paper.

5. Toys or games necessitating refined movements. Examples: Paint by number (very simple level), dot book, coloring books, crayons, scissors and paper, paper dolls and stringing beads.

6. Toys or games facilitating learning numbers. This could include puzzles with numbers, blocks, books, games and playing cards.

7. Ten children's books. These must be children's books and must be in readable condition. They need not be the sole property of the child but may be shared with siblings or have been handed down by older children.

8. At least ten books are present and visible in the home. The word "visible" was added to this item to make it an observation rather than an interview item if possible. However, being able to observe without going through the entire home is usually difficult. In such instances do not hesitate to ask about the reading habits of the family. A simple question like, "Do you enjoy reading when you have some free time?" and "When you read books, do you use the library or is it easier to buy books?" The intent of the item is to find out something about whether the child is growing up in a family that reads and values having books around. There might be a set of encyclopedias on the shelf which appears to be unopened. Nonetheless, presence of the books would indicate that the family values their possessions and credit would thus be given.

9. Family buys a newspaper daily and reads it. This is also designed to get at the reading habits of the family. The question should not be scored "yes" unless the paper is read daily. It does not have to be read in its entirety, but the news should be sampled fairly completely (more than comics and TV section). It is acceptable if only one parent reads the paper.

10. Family subscribes to at least one magazine. When discussing books it is usually easy to ask if the parent ever finds time to read magazines. Any magazines the family might subscribe to is acceptable, including children's magazines such as "Highlights" and "Jack and Jill".

11. Child is encouraged to learn shapes. A mother might mention that "a ball is round," or, "That block is square" when she is playing with the child. With an older child who uses paper and pencil the mother might take the time to draw different shapes for the child.

II. LANGUAGE STIMULATION

12. Toys to learn animals. Examples for this could include toy animals, books about animals, circus games, and animal puzzles.

13. Child is encouraged to learn the alphabet. For this item any attempt to introduce the child to the letters is acceptable. Teaching her to write her name, talking about and pointing out letters in books or magazines, and working with chalk board are usually the most common forms of teaching the letters.

14. Parent teaches child some simple manners--to say "Please", "Thank you", and "I'm sorry". The concern here is with explanations rather than mandates or rules which either

have no follow through or with only punishment to rely on. Mandates do not count as teaching. This is often a difficult item to get an answer to. One approach might be, "At school each teacher had different rules: There are some who have rules about manners, some who stress taking turns, sharing, politeness, not to fight, or to say "please" when the child asks for something. What is important to you for Jane right at this time when she is three years old? Has this come up yet? How do you usually handle it?"

15. Mother uses correct grammar and pronunciation. To receive credit the mother must be able to communicate with the interviewer. Pronunciation with enough precision that the mother can be understood is more important than precise grammar.

16. Parent encourages child to relate experiences or takes time to listen to him relate experiences. This is designed to find out whether the mother takes an active interest in the child's experiences and activities. Does she actively inquire about what he did when he was across the street at a friend's birthday party or what he did at school in the morning? In order for this to receive credit the mother must make an active effort to have the child relate his experiences.

17. When speaking of or to child, mother's voice conveys positive feelings. Is the mother pleased with her child? Does she enjoy her and talk about her in a pleasant, joyful manner rather than talk in a flat tone which communicates, "She's here, so I'll put up with her."

18. Child is permitted some choice in lunch or breakfast menu. "Permitted" and "some" are the key words in this item. An opener to the discussion of food could be, "Is she willing to eat whatever you prepare, or does she tell you what she wants?" "Does he usually eat what you fix whether he likes it or not?"

III. PHYSICAL ENVIRONMENT: SAFE, CLEAN AND CONDUCTIVE TO DEVELOPMENT

19. Building has no potentially dangerous structural or health defects (e.g., plaster coming down from ceiling, stairway with boards missing, rodents, etc.). The interviewer should use her own good judgment in scoring this item. Some of the most common concerns for this item are: Open gas fires in the small homes, and the presence of bleach, cleaning fluids, and other poisons within easy reach of a small child. Overcrowding or clutter in the home would not count as a hazard unless it is to such an extent that it could injure the child.

20. Child's outside play environment appears safe and free of hazards. (No outside play area requires an automatic "no".) Once again the interviewer should use good judgment on the scoring. Examples of typical hazards are: broken glass lying around, junk cars abandoned in the yard or along the side of the street, open ditches of a house so close to a street that a child could not safely play in the yard, and boards with nails sticking up out of them.

21. The interior of the apartment is not dark or perceptually monotonous. On this item the interviewer can take into account the lack of lighting, drawn drapes, lack of pictures or plants, or a seeming lack of effort to dress the home up and make it attractive.

22. Neighborhood has trees, grass, birds--is esthetically pleasing. This, of course, would be a case where junk cars and garbage and other debris are not present.

23. There is at least 100 square feet of living space per person in the house. In making a rough calculation for this item, we use as a general rule of thumb a 9x12 room as being about the right amount of space for one person. A little simple math is then all that is required for scoring.

24. In terms of available floor space, the rooms are not overcrowded with furniture. Is the furniture arranged in a manner so that all of the exits are free and easily accessible? Does the living area allow for freedom of movement and room for the children to play, unless another specified area is designatd as a play area?

25. All visible rooms of the house are reasonably clean and minimally cluttered. The interviewer will have to use his or her own good judgment.

IV. PRIDE, AFFECTION AND WARMTH

26. Parent holds child close ten to fifteen minutes per day. e.g., during TV, story time or visiting. This may not be possible at one sitting especially if the mother has several children wanting her attention. A couple of minutes several times a day will receive credit. The father may find time to hold the child and talk to him when he comes home from work or they may sit down and watch TV together.

27. Mother converses with child at least twice during visit (scolding and suspicious comments are not counted.) This item involves maternal conversation, not just vocalization which can be any sounds or words exchanged with the child. The mother must make an effort to converse with the child and ask questions, to talk about things, or to engage

in verbal interchange other than scolding or degrading comments.

28. Mother answers child's questions or requests verbally. In order to receive credit for this item the mother must make an effort to answer the question for the child. If the mother is unable to answer it at the moment, she may tell the child she doesn't know but that they will look up the answer later. Responses such as "Mother's busy, go away" or "Don't bother me now" do not receive credit.

29. Mother usually responds verbally to child's talking. The key here is that mother recognizes and acknowledges the child's vocalizations and does not ignore them. For a score of "Yes" the response may be a word or series of words or sounds such as, "Uh huh," "Um", or "Sure". If the child does not vocalize in any way during the interview, thereby giving no opportunity for response, the score would be "No".

30. Mother spontaneously praises child's qualities or behavior twice during visit. The key word here is "spontaneous," but since most mothers enjoy talking about and are proud of their children, this is not too hard to observe. Frequently a mother will tell you how well her child throws a ball or runs and will brag on how well he dresses himself or can get his own drink.

31. Mother caresses, kisses or cuddles child at least once during visit. This need not be a wild burst of showy affection. Simple signs of concern such as a mother gently tucking the child's shirt in, holding him on her lap, holding a hand, or a gentle pat on the shoulder would all receive a "Yes".

32. Mother sets up situation that allows child to "show off" during visit. Does the mother consciously get the child to sing a song, count, show how a toy works or anything that allows the child to do something to impress the visitor?

V. STIMULATION OF ACADEMIC BEHAVIOR

33. Child is encouraged to learn colors. Any attempt by the mother to teach colors. Common times are when the child is being dressed, when playing with toys, or watching cars go by.

34. Child is encouraged to learn patterned speech (nursery rhymes, prayers, songs, TV commercials, etc.) Frequently this is a good time to include the child and ask him if he knows any songs or nursery rhymes. The mother will usually beam with pride and encourage the child to sing or say his poem. Many families say a blessing before meals, and

the children are encouraged to join in. Also many children learn and are able to repeat the popular TV commercials. Be sure to inquire where the child learned these, as they may have been learned at church or in day care. If this is the case, be sure to continue to probe to find out whether or not the mother or other members of the family actually teaches the child any of these things.

35. Child is encouraged to learn spatial relationships (up, down, under, big, little, etc.). This is one most mothers do without really being aware of it. A child is told to pick his toys "up" and put them "in" the box. However, credit should be given only if there is evidence of deliberate and planned clarification of the meaning of these confusing prepositions.

36. Child is encouraged to learn numbers. Any attempt at teaching the child numbers is given a "yes" score. Counting the child's toes or fingers, asking the child, "How old are you?" and showing her by holding up a certain number of fingers are examples of such activities.

37. Child is encouraged to learn to read a few words. This is another area where ability increases with age. At the lowest level (age three) credit is given for making an attempt to teach the child to recognize her printed name. Another acceptable procedure is to use books to teach the child the association between "D" for dog and the association of a picture with a dog.

VI. MODELING AND ENCOURAGEMENT OF SOCIAL MATURITY

38. Some delay of food gratification is demanded of the child (e.g., not to whine or demand food unless within 1/2 hour of meal time). This can usually be scored during a discussion of food and eating habits; however, it is often necessary to ask the mother directly whether the child snacks any time he is hungry or whether he must wait until meal time.

39. Famiy has TV, and it is used judiciously, not left on continuously. (No TV requires an automatic "No"--any scheduling scored "Yes". If the TV is turned on in the morning and left on all during the day, regardless of what is on, a score of "no" is given. To get at this item the interviewer might say something like, "I'm sure you find TV a lot of company. Do you usually leave it on all day or just turn it on for special programs?"

40. Mother introduces interviewer to child. In many cases the child already knows the interviewer; however, the mother must still remind the child of the visitor's name. A

formal introduction is not necessary for credit. A comment such as, "You remember Mrs. Jones, don't you?" or "Show Mrs. Jones the new book you got for your birthday" will receive credit. The object is for the mother to make the child aware of the visitor's name and the fact that she has come to visit both of them and not just the mother.

41. Child can express negative feelings without harsh reprisal. In this case "harsh" does not necessarily mean physical punishment but it should connote some punishment such as deprivation of privilege. Examples of negative feelings would be "I hate you, you mean old lady!" "I hate squash and I won't eat it!" or a tantrum where the child kicks, screams and throws.

42. Child is permitted to hit parent without harsh reprisal. In this case, "permitted to hit" includes any and all times without physical punishment from the parent. For items 41 and 42, if the parent states this hasn't happened yet, ask her what she would do if it did occur. Most parents are very willing to talk about their child's behavior, their discipline, and you will find little difficulty in asking, "Does Johnny ever get angry and negative about you or some of the things around?" "Tell me about some of the times this might happen." "Does he ever get angry enough to hit you?" "How do you think a mother should handle that kind of thing?"

VII. VARIETY OF STIMULATION

43. Real or toy musical instrument. Examples will include a piano, drum, xylophone, guitar, and radio (either real or toy).

44. Family members have taken child on one outing (picnic, shopping excursion) at least every other week. Family member can include anyone in the child's immediate family such as an aunt, uncle, or older sibling as long as they are over twelve years old. These outings may include the barber shop, dime store, picnic in the park, zoo, drive-in movie, ice cream shop, etc. and must occur two or three times a month.

45. Child has been taken by family member on a trip more than 50 miles from his home during the past year (50 mile radial distance not total distance). This item is pretty much self-explanatory, and each interviewer will have to be the judge as to whether or not the area of the trip meets the requirements.

46. Child has been taken by a family member to a scientific, historical, or art museum within the past year. This is pretty much self-explanatory in that almost any type of

museum will do; a local art center, a clock museum, natural history museum, or an art display even if held in a local bank or other display area.

47. Tries to get child to pick up and put away toys after play session--without help. Does the mother actually ask and try to get the child to pick up his or her own toys after each play session or before going to bed rather than doing it herself because it is easier? Some typical probing questions might be, "Do you pick up the toys yourself or try to get him to do it each day? Is it something you would rather have him do than do it yourself?"

48. Mother uses complex sentence structure and some long words in conversing. If the mother makes an attempt at carrying on a regular conversation instead of just finding a way to answer all of the questions with "yes" or "no" or "I don't know" and not giving any explanation, this should be scored "yes".

49. Child's art work is displayed some place in house (anything that child makes.) Occasionally this can be observed, but it is often necessary to get at this through direct questioning. If the mother mentions that the child enjoys coloring and drawing during the discussion of toys, this presents an excellent opportunity to inquire about what he likes to do with his/her creations when he/she completes them or when he/she brings something home from day care or school.

50. Child eats at least one meal per day, on most days, with mother (or mother figure) and father (or father figure). (One parent families get an automatic "no"). This can be any meal during the day. The child must eat with the family either at the table or in a highchair pulled up to the table. In the case of large families where part of the family sits in the dining room and part in the kitchen credit is given if they all eat and sit down together. This usually comes up easily during a discussion of food and can be approached with a question like, "Do you usually feed Johnny early or does the whole family eat together?"

51. Parent lets child choose certain favorite food products or brands at grocery store. A good opener is as follows: "I guess Johnny sees a lot of things advertised on TV. Does he want to get some of these things when you go to the store?" "Now that food prices are so high are you able to let him select certain items?" In order to receive credit the child must express a desire for a product and be allowed to get it not just select an item the mother has asked him to find.

VII. PHYSICAL PUNISHMENT

52. Mother does not scold (yell?) or derogate child more than once during visit. In this item all remarks must be made to the child; that is, the mother must tell the child that he is a bad boy and not simply tell the interviewer that the child is bad. If this occurs more than once during the visit the item should be scored "No".

53. Mother does not use physical restraint, shake, grab, pinch child during visit. In a younger child the mother might be apt to hold the child in her lap even though the child struggles to get down. An older child might be placed in a chair to keep him out of the way, or he might be jerked back for handling items on a table or pulled away if he tried to climb on the interviewer's lap.

54. Mother neither slaps or spanks child during visit. This item goes hand in hand with No. 53. In this item the slaps and spanks must be in anger or as a reprimand for some wrongdoing. An affectionate pat on the bottom as the mother sends the child out to play does not mean the item should receive a "No".

55. No more than one instance of physical punishment occurred during the past week (accept parental report). In this case the interviewer must take the word of the parent. The parents must act as a team and even if the parent states that this week was most unusual and the child received more than one spanking the item should receive a "No". Definitions of "physical punishment" seem to vary considerably. Many mothers consider it to be a spanking of any sort whereas others would consider restraint and shaking a child as physical punishment. If in doubt, take the mother's definition.

APPENDIX E

APPENDIX E

Family Environment Scale, Form R

1. Family members really help and support one another.
2. Family members often keep their feelings to themselves.
3. We fight a lot in our family.
4. We don't do things on our own very often in our family.
5. We feel it is important to be the best at whatever you do.
6. We often talk about political and social problems.
7. We spend most weekends and evenings at home.
8. Family members attend church, synagogue, or Sunday School fairly often.
9. Activities in our family are pretty carefully planned.
10. Family members are rarely ordered around.
11. We often seem to be killing time at home.
12. We say anything we want to around home.
13. Family members rarely become openly angry.
14. In our family, we are strongly encouraged to be independent.
15. Getting ahead in life is very important in our family.
16. We rarely go to lectures, plays or concerts.
17. Friends often come over for dinner or to visit.
18. We don't say prayers in our family.
19. We are generally very neat and orderly.
20. There are very few rules to follow in our family.
21. We put a lot of energy into what we do at home.
22. It's hard to "blow off steam" at home without upsetting somebody.
23. Family members sometimes get so angry they throw things.
24. We think things out for ourselves in our family.
25. How much money a person makes is not very important to us.
26. Learning about new and different things is very important in our family.
27. Noboby in our family is active in sports, Little League, bowling, etc.
28. We often talk about the religious meaning of Christmas, Passover, or other holidays.
29. It's often hard to find things when you need them in our household.
30. There is one family member who makes most of the decisions.
31. There is a feeling of togetherness in our family.
32. We tell each other about our personal problems.
33. Family members hardly ever lose their tempers.
34. We come and go as we want to in our family.
35. We believe in competition and "may the best man win."

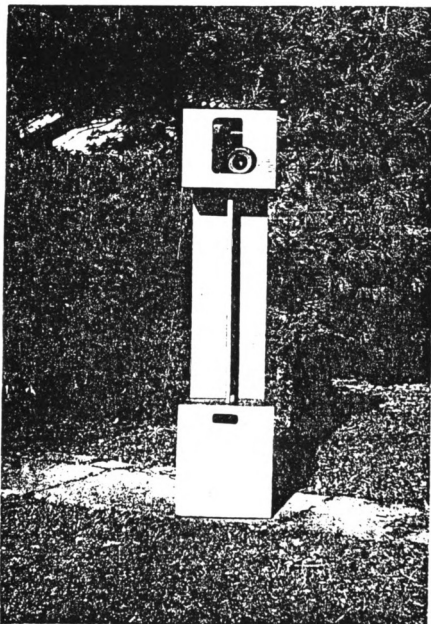
36. We are not that interested in cultural activities.
37. We often go to movies, sports events, camping, etc.
38. We don't believe in heaven or hell.
39. Being on time is very important in our family.
40. There are set ways of doing things at home.
41. We rarely volunteer when something has to be done at home.
42. If we feel like doing something on the spur of the moment we often just pick up and go.
43. Family members often criticize each other.
44. There is very little privacy in our family.
45. We always strive to do things just a little better the next time.
46. We rarely have intellectual discussions.
47. Everyone in our family has a hobby or two.
48. Family members have strict ideas about what is right and wrong.
49. People change their minds often in our family.
50. There is a strong emphasis on following rules in our family.
51. Family members really back each other up.
52. Someone usually gets upset if you complain in our family.
53. Family members sometimes hit each other.
54. Family members almost always rely on themselves when a problem comes up.
55. Family members rarely worry about job promotions, school grades, etc.
56. Someone in our family plays a musical instrument.
57. Family members are not very involved in recreational activities outside work or school.
58. We believe there are some things you just have to take on faith.
59. Family members make sure their rooms are neat.
60. Everyone has an equal say in family decisions.
61. There is very little group spirit in our family.
62. Money and paying bills is openly talked about in our family.
63. If there's a disagreement in our family, we try hard to smooth things over and keep the peace.
64. Family members strongly encourage each other to stand up for their rights.
65. In our family, we don't try that hard to succeed.
66. Family members often go to the library.
67. Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).

68. In our family each person has different ideas about what is right and wrong.
69. Each person's duties are clearly defined in our family.
70. We can do whatever we want to in our family.
71. We really get along well with each other.
72. We are usually careful about what we say to each other.
73. Family members often try to one-up or out-do each other.
74. It's hard to be by yourself without hurting someone's feelings in our household.
75. "Work before play" is the rule in our family.
76. Watching T.V. is more important than reading in our family.
77. Family members go out a lot.
78. The Bible is a very important book in our home.
79. Money is not handled very carefully in our family.
80. Rules are pretty inflexible in our household.
81. There is plenty of time and attention for everyone in our family.
82. There are a lot of spontaneous discussions in our family.
83. In our family, we believe you don't ever get anywhere by raising your voice.
84. We are not really encouraged to speak up for ourselves in our family.
85. Family members are often compared with others as to how well they are doing at work or school.
86. Family members really like music, art and literature.
87. Our main form of entertainment is watching T.V. or listening to the radio.
88. Family members believe that if you sin you will be punished.
89. Dishes are usually done immediately after eating.
90. You can't get away with much in our family.

APPENDIX F

APPENDIX F

Video Recording Apparatus



APPENDIX G

APPENDIX G

RESEARCH PARTICIPATION INFORMED CONSENT FORM

MICHIGAN STATE UNIVERSITY, Department of Psychology
East Lansing, MI 48824

RESEARCH PARTICIPATION INFORMED CONSENT FORM

We have freely consented to take part in a scientific study of human development and family functioning being conducted by Dr. Robert A. Zucker (Professor of Psychology) and his staff.

The study has been explained to us and we understand the explanation that has been given and what our participation will involve and what the participation of our child(ren) _____ will involve.

We understand that we are free to discontinue our participation in the study at any time without penalty.

We understand that the results of the study will be treated in strict confidence and that we and our child(ren) _____ will remain anonymous. Within these restrictions, results of the study will be made available to us periodically throughout the course of the project and for a minimum of three years after the project has concluded. Also within the restrictions noted above, we understand that general results of the research will appear in professional journals and will be presented at scientific meetings.

We understand that our participation in the study does not guarantee any beneficial results to us or to the members of our family.

Signed:

Mother Date _____

Father Date _____

Witness Date _____

MICHIGAN STATE UNIVERSITY, Department of Psychology
East Lansing, MI 48824

VIDEO TAPE CONSENT FORM

I agree that video tape recordings may be made of my family in my home to be used for research purposes only.

I understand that the recording unit will be preprogrammed to turn on and off at different times of the day.

I understand that I may discontinue the recorder at any time I desire by disconnecting the entire unit from the electrical wall outlet.

I understand that any portion of the tape will be erased upon my request.

I understand that my family's anonymity will be protected by:

- 1. storage of all video tapes in a locked cabinet to which only Joyce Baxter (the investigator) and Robert A. Zucker, Ph. D. (project chairperson) will have access;
- 2. tapes will be identified only with a code number;
- 3. and tapes will be viewed only by the research team.

Signed: _____ Date _____
Father

Mother Date

Children when appropriate Date

Witness: _____ Date _____

APPENDIX H

APPENDIX H

Fieldnotes And FIS Scores From One Observation Period

Silver Family 9-26-81 Saturday 3:30-9:30 PM

ON = Observation note; TN = theoretical note; MN = methodological note (Schatzman & Strauss, 1973). RN = personal reflection.

ON

This is the last observation and I haven't seen the family in three months. Weather sunny and 50-60's. Ross and Shawn were home when I arrived and Brandy was there within about 15 min. Almost immediately after I arrived, Shawn wanted to make me some toast, which he did for me as well as for himself.

ON

Brandy was still dressed in polyester slacks and blouse from work. Ross in jeans and T-shirt; Shawn similar.

ON

Shawn was talking louder than in my earlier observations. Brandy said that after we had been working with him she wondered if his hearing was OK. Had hearing test at the local HMO last week. No follow-up results yet. He also had a tooth out, but I don't remember the details of the circumstances, except that it was not accidental.

ON

I was later than I had originally planned and called to inform Ross of this. He said OK. But when I arrived, he told me that he and Shawn had gone out to the MSU Band Day and could have gotten into the football game free if it hadn't been for my scheduled observation. He was very cordial about it, and I didn't detect any animosity, but I could tell that he was disappointed. Shawn was really excited about Band Day and told me about all the people playing the instruments.

RN

I felt more welcome today. It was nice because I had just finished observing the Kaminski family at the bowling alley. Both parents were relatively cordial and I wondered what had changed.

TN

Some possible hypotheses: They know me better now and what to expect during the observation; they're excited to see the video tape; they know this is the last of the project; they're getting on better.

ON

Shawn turned on the TV. His mother said, "No, leave it off." Ross said "Yes." The TV stayed on.

ON

When Brandy was out of room (changing clothes?). Ross reported that the puppy was gone. "I don't think it's right that she got it and then gave him to the humane society." Reason? He grew too big. Acknowledged that he had mixed feelings about it.

TN

It's interesting that Ross reported this while Brandy was out of the room. I don't know what to make of it, but come back to it because the puppy was a source of conflict between them.

ON

Brandy back in room. Shawn outside playing. TV on and movie "Airplane" was on cable. Ross asked if I'd seen it. I said "No." He started to relate how funny it was as a parody (my word) of all the disaster movies. I've forgotten the details now, but Ross described one scene which he thought was especially funny which focused on whiskey and snorting.

MN

The time is here! I have to begin carrying the tape recorder along with me. This was an interesting description and now I can't remember details.

ON

Shawn came back in with Niki and Tish, the girls from across the street. They began playing in the living room on the floor while we talked. Shawn showed the girls a Sears catalog and there was a long discussion about toys--focusing on which were for girls or boys or both. On two occasions, Brandy intervened and said the toys were for both. I couldn't see what the toys were. At one time, Niki pointed to a doll and said it was for both. Shawn: "That's for girls." Brandy commented later that she didn't know where he had learned that because she doesn't say it to him, but that he has been saying it a lot lately.

ON

Talk continued about movies. Brandy stated that she wanted to see "Mommy, Dearest" while it was in town. She and Ross started to dispute about going. Brandy wanted to; Ross did not. They didn't settle this, but rather drifted off the subject to continue discussion about other movies they've enjoyed. This is a major activity for them, both on HBO and at local movie houses. They mentioned "Chapter Two" and Neil Simon as their favorites. They agreed on this, which is rare for them. Brandy commented that now there were a lot of movies about women, something she

liked. During this time, Ross was drinking beer out of a glass. Within one hour, he drank three 6-8 oz. glasses.

ON

4:15 PM Brandy got up and said she had to "dig out the kitchen." While she was in the kitchen, she called out to Ross: "I'm hungry. Have you been to the store?"

Ross (sarcastically): No. What with?

Brandy: There's not even baloney?

Ross: No money. The shopping not done; laundry not done.

But Brandy replied that there had been the doctor bill and money doled out for Shaklee products (Ross sells these). Quickly atmosphere of cordiality changed and same tension ensued that I have perceived before. Less vibrancy and more withdrawal. Shawn went outside with the girls.

ON

And while they were running around, Ross called out somewhat harshly, "Hey, you guys!" I wandered outside and watched for a while from the porch. Shawn ran into the street once without looking—something I have seen him do frequently. Neither parent noticed and I requested that he get back in the yard. He was sucking his thumb frequently while playing which is unusual from my previous observations.

TN

Hypothesis: When the parents are in more overt conflict, they are less vigilant with Shawn. He picks up on the anger and anxiety such that he is also less vigilant and takes risks which are dangerous. Reminds me of the time on a Sunday when the parents were particularly hostile toward each other and Shawn "wandered" away.

ON

Inside Ross and Brandy were still going at it intermittently and I could overhear them say,

Brandy (belligerently): "What d'ya got a copy of these for?"

Ross: "'Cause I want 'em!"

ON

Shawn is playing ball. He winds up "base," spits on the ball, lifts his leg and throws the ball, mimicking the professional pitchers. Niki and Tish had brought over candy with them, but they wouldn't share with Shawn. All in all, there were several brief disputes about whose turn for the ball and who would eat the candy. Ross intervened several times telling them to "Settle down." Finally, the girls were called home to go to the movies.

TN

How does Ross know to intervene in children's disputes but not to protect his own child's physical safety? Is this the invitation to danger that Jules Henry talks about?

TN

I was impressed with Shawn's accuracy in pitching technique and his physical coordination. He can throw overhanded and underhanded. He is athletically inclined which, I believe, pleases his father.

ON

Shawn gets candy 2 times from inside. He "chows down his food" with mouth full. Within an hour, he wanted a popsickle and was told "No" by his mother. Then in a whining voice, he asked for it in the context of sharing one with me. This time he was given one with the caution that he would have to eat it outside. He shared with me and said, "We have to eat it outside."

ON

Later, when we went to the store, Shawn asked his dad if he could get some candy. His dad said "No," but when Ross went to the cupcake stand to get cinnamon rolls for Brandy, Shawn wanted cupcakes, to share one with me--even though I declined. He got it after Ross observed, "I don't know how I can tell you 'No' when I'm getting one for your mother." My impression was that Shawn was really "hogging it down." When we got back home, I accepted some pop from Shawn. When he finished his, he took a drink out of mine too. All this within 2 hours.

TN

Here is a child who needs to be "fed" literally and metaphorically. I'm not sure what he had eaten for "meals" that day--perhaps very little. This was clearly a time for each family member to indulge him/herself--Ross had his beer; Brandy her sweet rolls and Tab; Shawn a variety of sweets. Does this indulgence set up an atmosphere which is more conducive to easing tensions and more affiliative, more positive emotional expression? Is this a way for them to be more socially successful (since I was feeling so much more comfortable)?

TN

There are two social behaviors which may be more likely to characterize heavy drinkers from others: buying rounds as a way to be socially affiliative and engage in social exchange; and plying others to have another drink so that they can match it without being too obvious. Here Shawn plies me with sweets in the context of his obtaining them when he would otherwise have not (in the case of the popsickle), even when I'm replete. Is he thus able to indulge himself and also to count himself a social success? Because he is acting the good host?

TN

Consider the context of mutual indulgence and how that interacted with Shawn's food exchanges with me: His parents were also indulging themselves in a social setting together whereas Brandy may have been bitching at Ross if she had not been imbibing her own "liquor"--sweets and Tab.

TN

Perhaps Shawn has already learned one of the repertoire of behaviors

which are manifest in and perpetuate problem drinking. Another might be eating and drinking rapidly--as related both to overweight and to the sip magnitude studies in alcoholism.

ON

4:30 PM. When Shawn and I came back inside, Ross and Brandy were talking about the movie on TV. Ross was "all smiles;" Brandy looked cautious. Ross talked about the specific model of airplane shown in the movie. Then the conversation turned to tasks to be done in the house. Brandy was planning to strip paint off the doors in the living room and hoping to re-carpet it soon.

TN

I don't remember how this topic shift took place, but it may be that she believed this was a good time to raise the subject because she and Ross were getting along better.

ON

Brandy received a long distance call from (another city) from a close girlfriend. Much of the talk was about what had happened on the soaps during the last week. Ross made some derogatory comment to me about Brandy's interest in the soaps, indicating his contempt for them.

ON

Then he decided to go to the store. (This was the 7-11 store on the corner, the "Number One store"). Shawn and I accompanied. Shawn sat between me and Ross in the front seat of the newer car (the one Ross isn't insured to drive). He was hugging his dad and getting his face close to him to talk. Talk was animated, and Shawn was asking about getting candy at the store. He did get cupcakes and ate both since I was not hungry. Brandy got cinammon rolls; Ross got a quart of Pabst beer. He purchased hamburger, for chili, along with bread, crackers. Shawn picked up some pop while at the store and Ross instructed him to "Take it back" which he did promptly. Ross paid by personal check.

TN

This represents the impulsive character of the family. Since there is not an appointed time to plan meals or do the grocery shopping. They often order in pizza in these situations. Here they go to the corner store where prices are higher and buy just what they need for dinner. Tomorrow morning, they will be confronted again with the same problem.

TN

Shopping at the 7-11 store serves the function of allowing Ross to buy beer as food and incorporate it in the grocery "budget." This kind of shopping not only is hard on the budget (which does not seem to be of immediate concern to the family, but Ross is anticipating a lay-off from work soon), but is also "tit for tat"--he buys Brandy her "drug" and he buys his so that if she were to complain about his drinking at home, he might complain about her obesity.

ON

While Shawn was chowing down the cupcakes, Ross said, "That's how you'll get a big belly" in a teasing tone of voice. Shawn laughed and, on the way home, sat very close to Ross in the car.

ON

Seven quart beer bottles and two six-packs of Coke in kitchen--all empty.

ON

Shawn and I played outside quite a bit--softball, although he kept throwing it overhand. I could hear the couple talking animatedly about the fact that Ross will be laid off next month. Shawn kept inviting Niki and Tish to come over intermittently. While Ross and Brandy completed the FES, Shawn played the game "Ants in Pants" with them.

ON

Ross had a particularly difficult time with the FES: "It's hard to relate to we, we, we" He pointed out how different he was from Brandy so that he didn't believe the forced True/False choice was an accurate reflection of him.

ON

Brandy had no questions about the FES and seemed to take pride in this fact since Ross was acting perplexed and taking longer. She did comment (I believe when she was evaluating the item about investment of selves in the home) that Shawn's views of wallpaper for his bedroom didn't match their's: "We wanted airplanes; Shawn wanted race cars." Shawn's view prevailed.

ON

Ross took approximately 45 minutes versus Brandy's 20 minutes to complete FES. Ross targeted #49 on FES and remarked on it several times.

MN

Check this on FES: #49 "People change their minds often in our family."

TN

This is interesting because (1) Ross is an amateur pilot and interested in airplanes; (2) often the couple disagree on views; (3) Shawn's view prevailed for his room--which is appropriate.

ON

Once the FES was completed, Shawn came back in so that we could watch the video replay. During the first segment showing Shawn and Ross playing Frisbie outside with others, all three members were animated, talkative, laughed and were attentive. Shawn was hopping around and laughing. Ross: "Ah, y'er goofy! Y'er goofy." Shawn continued to act out throwing the Frisbie as though he were still engaged in the game. Ross joined in, "Catch it!" like people watching sports event on TV do. Brandy didn't join in, but identified other actors in the scene: "There's Tish Who is that?" (referring to kid by the fence, from next door). After several seconds, Ross says, "Uh, that kid was buggin' me." I asked

whether he meant Rick. He replied, "No, the other kid up against the fence." (Because he was tossing it wrong). Much of the conversation is two-way between Shawn and Ross.

ON

I complimented Shawn on how well he throws the Frisbie and he said, "Yah."

ON

When we got to the "My turn" segment, Shawn shouted "My turn! My turn!" and clapped his hands, laughing. Ross laughed and Brandy said, "My turn." Continued in this fashion while they watched the ball go into the wading pool and then Ross said to Shawn, "Hey, settle down!" Shawn calmed down a little. When Shawn started to cry on the video, Ross: "Hey, ya big crybaby!" in the same tone of voice he used on the tape. Shawn missed the Frisbie on the video. Ross: "That make ya mad when you didn't get it? Huh?" Shawn nodded his head and made a soft whining noise. Ross (interrogative voice): "How come?" Shawn: "I didn't want to . . . uh, oh!" and attention is immediately directed to the video.

TN

Shawn had a downcast look on his face and didn't seem to want to deal with the idea of failure and feelings attached to it. Escapes through diversion of next event on video. Avoidant coping strategy which later relates to alcohol use or food abuse or various other behaviors?

MN

In future reviews, allow family to control turning video on and off--I rushed them here. Also, be sure to allow adequate time for them to elaborate. This is an inquiry, not a time for me to show off!

ON

When the segment was completed, I asked for additional comments about Shawn's ability to share. Brandy targeted Niki as having a problem with sharing. Ross said in a disagreeing tone that it's a problem for all kids Shawn's age, but Brandy continued to comment on Niki's "misbehavior." I asked Shawn if he wanted to tell me anything more about this. He nodded his head and Ross asked, "What about it?" Shawn didn't say anything and Brandy said (laughing), "He just wants to see more." Ross continued (laughing) "He just wants to see more Shawn!" Shawn nodded. I turned on the video again.

ON

Next segment was of Shawn and Mom on couch (first night of taping). Shawn and Mom converse here and Ross sort of snorted "God" when he first saw it. They all talked briefly about the puppy being in the room. Ross: He has changed (meaning Shawn) in a couple of months! Look at him there. No hair!
Brandy: Looks so young.
Shawn laughs a lot while he watches. I turned the tape off briefly and Shawn started whining.

Brandy: It'll be back

Shawn started to whine to me: Turn it on.

IN A MINUTE.

Brandy (in a singsong voice): Well, just a minute.

ON

Inquiry about their reactivity to the camera.

Brandy: I think I was always aware when it was on (laughs). I basically tried to be in the room when I knew it was on. I didn't want to get a lot of blank tape. WERE YOU NERVOUS/ Somewhat.

Ross: I wasn't sure when it was on and when it wasn't. WERE YOU SENSITIVE TO THAT? Ross: A little bit, probably.

WOULD IT HAVE BEEN BETTER TO POST A SCHEDULE ON THE CABINET?

Ross: I think it would have been better if you didn't even know when it was . . . Well, of course, . . .

Brandy (overlapping): Then she might not have got nothin', ever (laughs).

Ross: No, I don't know, it's hard to say. I think it's best if you don't . . . really know when it's going to be . . . Brandy (overlapping again):

Really know. Ross: on.

Brandy: Like maybe tell them that it's going to be on in the morning or he afternoon . . .

Ross (overlapping): Well, that's what she did.

Brandy: But you also told us the times.

Ross: I still think it would be better if you didn't know. Of course, you still know the camera is there. Even when you try not to even think about it, it's still there, ya know, and you just got that aaaaaaaaaaaaaahhhh (gestures about an edgy feeling).

DID IT HELP TO KNOW THAT YOU COULD UNPLUG IT?

Ross: Ya, but I never thought about that, I never thought about unplugging it.

Brandy: Me either Maybe if we would have gotten ito a fight, ya know, (both laugh). We didn't while it was here so

TN

They do not remember or do not label the Saturday incident as a "fight."

ON

During this extended inquiry, Shawn had gone outside and now he came back in to see if we were ready to go again. We were and continued viewing.

MN

"Big Kiss" video segment--observation of mother asking Shawn for a "big kiss." Try to identify the context from videotape. My note just says it was very long mother/son interaction.

ON

Re: Segment showing Brandy and Shawn watching TV for quite some time, Ross exclaimed (laughing): Hey, check that out! Say, you got your eyes glued to the TV! Unbelievable!

Brandy (laughing too): Ah, shush (shucks?).

ON

During the tickling scene, all laugh a lot. They remain at a descriptive level: "Ya kicked me in the nose Ya scratched me."

ON

We get to the scene where Ross comes home from work and video cuts off.

Ross: See, you make the camera right here and it goes round and round and makes a picture (in an animated fashion, describing Shawn's description to his father that night). Shawn whined "Turn it on" whenever I stopped the tape. He was not successful in interrupting Ross, nor sanctioned for it.

ON

Scene moves to kitchen. Brandy: Oh, boy! Here we are in the kitchen!
Shawn: What am I doin'?

Brandy: I don't know!

Ross: I think you were helpin' Daddy cook.

Shawn: Makin' the bacon.

Everyone is laughing and watching attentively as well as talking with each other while they watch the video. Shawn assumes an interrogative stance; e.g., "Why do I have on my pajamas for?"; "What have I got in my hand?"

ON

DOES SHAWN COOK WITH EITHER OF YOU VERY OFTEN?

Ross: Once in a while I don't really like him up there, the stove and everything. Yaa, he does it, he wants to crack eggs all the time and get into everythin, don't ch'al If he wants to help, OK, ya know. If . . . sometimes though you're not in the mood for help. . . .

Brandy: He likes to help me when I bake a cake.

Ross: It might'a . . . it might'a . . . had something to do with the film-ing. He'll wanta help a lot, ya know, so you just kinda half and half, ya know. Maybe sometime, well, OK. And sometimes not, but most, ya know, he wants to get right into it. And . . . it depends on the mood. For me it does.

Brandy (overlapping): Ya, or when I'm cooking too, like bakin' and stuff

Ross (overlapping): What kind of mood I'm in.

Brandy (overlapping): or makin' macaroni and cheese.

NOT IF IT IMPAIRS HIS SAFETY?

Both agree. Ross: Or, you know (chuckles) if you're in a hurry But, I think it's important that he be a part of it, that he does do that be-

cause otherwise, you know, . . . how's he gonna learn? How's he gonna know? But, uh, you gotta . . . I don't know. Ya gotta have him. . . he'll experience things in other ways but . . .

(Throughout much of this, Shawn and his mother are talking, but Brandy still pays attention to what Ross is saying and joins in with "Yah" intermittently).

Ross: I used to help a lot when I was younger too.

Brandy: The only reason I don't really like him to help now is because he's more mess than he's help (laughs).

There's an overlapping discussion between Brandy and Ross about Shawn doing dishes and the previous comment about "mess" may relate to doing dishes.

Ross: He won't wanna do dishes when he gets old enough where he ought to be doin' 'em.

Brandy: But that's when he should be doin' 'em.

ON

In regard to cooking scene on video, Brandy says to Ross: "Don't even have your glasses on. How wide awake were you? Not very (chuckles)."

ON

Ross to Shawn: You like that?

Shawn: Like the Shawn movie.

Ross: You like the Shawn movie, huh?

Brandy: We gotta show Joyce some of our Shawn movies.

TN

There is a jovial atmosphere and all three seem to be receptive to each other and in tune with each other. The jabbing hostility that I have often observed is not present, nor the sense of alienation. There's a lot of spontaneous discussion, but it centers around Shawn. Perhaps the drinking contributed as well as the "safe subject."

ON

IS THIS FAIRLY TYPICAL, THAT SHAWN EATS ALONE? (referring to video segment).

Ross: Yaa . . .

Brandy (overlapping): Noooooooo.

Ross: No?

Brandy: I think he set him out there because the camera was out there. Usually we eat right here (gestures to living room).

Ross: No, that he eats by himself. Yes.

Brandy: Oh, that he eats by himself.

Ross: Yes. Quite a lot. Quite a lot.

There is considerable overlapping from here on.

Ross: It's half and half.

Brandy: It's about equal I think. Breakfast he probably eats by himself. Lunch . . . it depends on if I'm home and I'm eating too, because father usually—working nights now—takes his lunch. And I don't think you really

fix anything for him and you to sit down and eat.
 Ross: Breakfast, he'll eat by himself most of the time.

HOW ABOUT WHEN YOU'RE ALL AT HOME?

Both agree, "That's rare." More dinner meals at night when Ross wasn't working evening shift. Then they elaborate that it was in the winter time, not in summer.

Brandy: Summertime is too hot (for cooking). (More likely to get fast food or eat out).

TN

This family does not have meals together. Brandy responds to that question with information about not cooking at home which does not explain under what circumstances they are likely to eat together. It may be too painful to confront the reality of their alienation from each other and how they go to lengths to avoid sustained contact with each other, even when their schedules do permit them to be together. The reluctance to discuss the issue of mealtime directly may also have to do with the ambivalence they experience over the topics of ingestion, imbibing, overeating, overdrinking, indulgence.

ON

Pet names for Shawn: "Goofy," "turkey," "goofhead," "Bozo," but not said in hostile manner.

ON

Brandy notes that there isn't any milk on the table (in video) and then sees that there is. She reported that usually Shawn asks for it.

ON

IS IT MORE COMMON FOR SHAWN TO EAT AT THE TABLE OR IN THE HIGHCHAIR WITH A TRAY?

Ross: He'd a lot rather eat at the table than use that tray (referring to video).

Brandy agrees: Now, usually when we go out to a restaurant, he always wants a tray.

TN

This does not fit with my observations of Shawn when Brandy feeds him she usually sits him in the highchair with the tray.

ON

Brandy: His big thing lately is that I'll cook dinner and he'll say that he don't want any dinner because his tummy's full (laughs).

TN

This is probably true because he snacks all day. Brandy reported it as a cute behavior without realizing that she has taught him these eating patterns and he's on the road to Fatsville if someone doesn't intervene!

ON

Ross confirms that he would sit down with Shawn at breakfast even if the camera hadn't been on. (Shawn has been whining and demanding that the video be turned on again. This time he successfully interrupts Ross).

ON

Scene changes to Sunday when Shawn is in his highchair and Brandy encourages him to eat more food. Ross disagrees with this approach. No joking now. All three are very quiet, perhaps because it's more difficult to hear. But perhaps also because it's emotionally loaded, and moves the focus to the couple and away from Shawn for the first time.

ON

WHAT'S GOING ON IN THIS SCENE?

Brandy: I'm pissed at him.

Ross: I can see that, but I couldn't hear what I was sayin'.

Brandy: You said somethin' about jive-asses . . . I heard you say that (weak laugh). If I know he hasn't eaten a whole lot, you know, that's good for him, during the day, if he doesn't . . . If he isn't too swift on eating his dinner, I'll, I am more tending then to want to force him to eat some more of his dinner. And I'll—Don't go like this! (gesturing to Ross).

Ross: Well, I know. But I don't buy any of that.

Brandy (raising her voice, petulantly): Why?

Ross: I don't buy any of it. Even if he's . . .

Brandy (overlapping): I don't want him eatin' just garbage!

Ross: I know, not just garbage, I know that (softer voice). But I mean, even if he hasn't eaten much during the day and he doesn't feel like eatin' you don't force him to eat!

Brandy (overlapping): I wasn't forcing him to finish everything. I just

Ross (interrupts, chuckling triumphantly): See? Here we are right back into it!

Brandy (overlapping): wanted him to eat a few more bites.

Ross: I can't buy that. And I know it was wrong, I know that it's wrong for him to eat like, ya know, like the cupcakes he ate today and, uh, popsicles and stuff, but if he's . . . If he's gonna sit down to a meal and he'll eat so much of it and he doesn't want to eat no more, that is it! That, you know, forget it! Don't force him to eat.

Brandy: You see, he could have gotten down off that tray and turned right around and asked for a popsickle. You know, he wouldn't 'av been full then, but if he would'a ate a little bit more, then he wouldn't do that.

Ross: He doesn't need a popsickle, even if he gets down. . .

Brandy (interrupting): Well, I know he'll do that, you know. He's not full if he can have dessert (laughs).

TN

No one will assume responsibility for teaching Shawn this behavior. Both blame each other, but there is not an attempt to reconcile their differences in favor of teaching Shawn a "better" behavior. Rather, their conflict over this matter becomes a meta-statement about the unrelenting conflict which characterizes their relationship. It's interesting that Shawn is the one who loses, since they both agree that he shouldn't eat "garbage" and they know what foods are healthful for him. Another example of his being triangulated into their conflict. Reminds me of Sartre's No Exit. Neither will give in and "cooperate," even if no cooperation results in their child being allowed to eat "garbage" to his detriment.

ON

I began to inquire about that Sunday evening, detailing what I remembered about it. When I mentioned Shawn wandering away, Shawn abruptly turned on the video. Both parents said, "Shaaaawwn," in a tolerant tone and we proceeded to adjust the tape. But it got reversed, so that all three laughed uproariously, watching it run backward. It provided a brief diversion, but I came back to the topic. DID YOU THINK THERE WAS ANY RELATIONSHIP BETWEEN SHAWN'S WANDERING OFF AND YOUR DISAGREEMENT?

Both agreed, "No."

Brandy: Part of it was because he'd been drinkin' and I can tell when he does that, like today. (Both laugh; Shawn whines that he wants the video back on). He (Ross) tends to get a little mouthly (laughs, but not with humor). . . when he does that.

Ross: But I still say,

DO YOU KNOW WHEN SHE'S SENSITIZED TO YOUR DRINKING?

Ross: Yah (matter of factly), sure I do. She'll . . . tell me about it if I don't.

HOW DOES BRANDY TELL YOU ABOUT IT? WORDS, OR BEHAVIOR LIKE THAT LOOK SHE JUST GAVE YOU?

Ross (irritated tone): In words. Right flat out. Well, both. Words and looks. Right flat out words and looks, you know. Which

DID YOU RECOGNIZE THAT LOOK SHE JUST GAVE YOU?

Ross: Oh, ya. Oh, ya.

WHAT DID IT MEAN?

Ross: Up your ass! (laughs nervously). That's what she meant.

Brandy: Either that or a few others!

Shawn had quieted down now. The couple continue to laugh nervously and Shawn starts whining for me to "Turn it on." And so we proceed.

ON

Last video episode includes Shawn and me playing alphabet games in the kitchen.

ON

Inquire re: gender issues (noted earlier remarks about what's for girls and for boys). Brandy believes that Shawn's learning this from Niki (same age).

Ross: I don't understand it.

Brandy: I think her mom tells her what things are for girls and what things are for boys more than I tell him I let him put make-up on every now and then. I probably won't when he gets older, but you know.

Ross: Lately, though, he's really got concerned about it because he's always saying he did this, he did that, he And I've been saying, 'No, that's she. You know, she, that's a girl. It's she. The difference between that. And lately he's really gotten into that. And now he's into, uh, he was in Momma's tummy and I was in Grandma's tummy and, you know, he's gettin' into that now too.

Brandy: Well, that was brought out by Tish's little baby brother that she's got (laughs). (But her tone is disapproving when the subject of Tish comes up).

Ross: 'Cause he wanted to know where they got it.

Brandy: No, ummmmm, first he wanted to go to the store and get a baby brother and I said, 'No . . . where do babies come from?' And he said, 'From the hospital.' And then I advanced him a little farther and told him that he was in my tummy and that I had to go to the hospital to have him taken out.

ON

By this time, Shawn had been whining for us to turn on the video.

Ross (mimicking his tone): Keep you fingers out of your mouth. To me, that's a sign of insecurity. I can't understand why--his fingers and thumbs and hands in his mouth all the time.

Brandy: I don't think so.

TN

My sense of the nonverbal cues at this moment was that Brandy and Ross would have disagreed on just about anything and thumbsucking just happened to be handy.

ON

Shawn watches the scene with him and me in which I comment that he can't be a girl, can he? Now, he reiterates that to me: "I can't be a girl."

ON

IT'S INTERESTING THAT I GOT VERY LITTLE ON VIDEO WITH THE TWO OF YOU TOGETHER.

(Both laugh nervously).

Ross: Ya, ya.

Brandy: That's not interesting. That happens a lot (chuckles).

Ross: That's . . . That's a lot how it is.

Brandy: 'Cause even on the week-ends, ummmm, like Saturdays, I'll work and then I'll come home and I'm usually here. Now if he wants to do something, er . . . He's over to his mother's, (accusing tone) sometimes I come home at 3:30 and they don't get home, him and Shawn, don't get home 'til 8:00-9:00 o'clock, 'cause he's over to his mother's.

(Ross gives her a look of disbelief). Really! The majority of the Saturdays are like that. And then Sundays, lately he's been goin' to church (Shawn interrupts as tape ends and Brandy pauses) and Shawn and I are still sleepin' when he leaves, so we get up and he's not home.

Shawn: Mommy . . . Mommy . . .

Brandy: And sometimes he'll go over to his mother's after church (accusatory tone) and doesn't get home 'til . . . 6:00 o'clock at night (Ha, ha).

Ross: Noooooo. That was last . . . Last Sunday I did that. I don't do that every Sunday.

Brandy: Not every Sunday, but . . .

Ross (overlapping): You hot dog! I get home about what? 1:00 o'clock, 2:00 o'clock. . .

ON

Shawn has been making a commotion about the tape ending which has run concurrently with this disagreement and it drifts off while dealing with him. Resuming after a couple of minutes, I asked, WOULD YOU LIKE THE SCHEDULE TO BE ANY DIFFERENT?

Ross: She doesn't want to spend it together because I'm the babysitter that doesn't cost anything! (Angrily, then he laughs weakly). But the schedule will soon be different (chuckles) 'cause I'm gettin' laid off in a couple of weeks.

Brandy: I'm a babysitter at night when you go to work too!

They walk into the kitchen and Shawn engages me while I'm packing up the video equipment, so I could not hear everything that was said.

Ross: I know how you feel We're both home at night.

Brandy: Nooooo, not during the week we're not.

Ross: I'm tellin' ya that if I was on first shift that we'd both be home at night.

Brandy: Yaaa. And then we would have a babysitter during the day 'cause we'd both be home in the evening.

ON

I finished packing up the video equipment and felt that they might want me to leave so I moved to inquire about what we as the research team might have done differently. Brandy stated that it would have been better if I could have dropped off the questionnaires and picked them up later. Ross interrupted and said that it had to be done that way because they had to be filled out separately. There was an animated discussion and much overlap in their conversations. Suggestion: Spread out the questionnaires so that sessions are not so long. The pattern went like this--Brandy would make a suggestion from her point of view; Ross would interrupt and say, "You have to have that . . ." and she would reply, "I know, I know, but . . ."

RN

I could have been more patient and watched for early cues that they wanted me to stay. Perhaps I was really feeling anxious about the ensuing argument. Also, I was concerned about them getting dinner. Since they never invited me to eat with them, I didn't want to inconvenience them. As it turned out, they did want to talk more and did invite me. See!!! You have to wait for events to happen, not make them happen.

ON

DO YOU HAVE ANY OTHER THOUGHTS ABOUT THE STUDY THAT YOU WOULD LIKE ME TO SHARE WITH THE RESEARCH TEAM?

Ross (in regard to the laboratory session): Didn't you say that was a use-less waste of time or somethin', isn't that what you said?

Brandy: I didn't really get anything out of it.

Ross (interrupting): It's not for yooouuu.

Brandy: I know she wanted me to observe how maybe I would, ummm, introduce Shawn to some of the new toys in the room that maybe he hadn't seen before, but, ya know, I didn't . . . , I don't think I really got anything out of it and I'm not sure that he did either.

Ross (attempts to interrupt, first unsuccessfully and then successfully): What was the idea? To have a different environment, to have him in a different environment where he was . . .

I interrupted to decline comment since I have never observed the lab exercise.

Brandy: I was sort of felt put on the spot 'cause the first part of it was I was supposed to show him these number pegs so he can learn how to count and learn smallest from biggest, you know, and like that. I thought, geez, she's gonna think my kid's a dummy, ya know. (Laughs). I don't know if most kids catch on fast or what, but I've, I didn't really like that (laughs nervously).

YOU DIDN'T KNOW WHETHER HE WOULD PERFORM UP TO HIS ABILITY?

Brandy: I didn't know if I was gonna perform, you know. 'Cause, I mean I try and teach him things like that, I try to teach him the alphabet and stuff.

Ross: Ya, but you're tryin' to set yourself to whatever you think is (laughs) but that's just like that questionnaire we had tonight, ya know (chuckles). You see that . . . I don't know . . . Are there set rules, you know. Do you feel that you have to achieve? Do you have to blah, blah, blah.

Brandy (plaintively): I really don't unless I feel put on the spot.

Ross: The questionnaire tonight . . . The questionnaire tonight was we do this, we do that, but you can, cannot possibly answer that. You know. You have to answer it from your own viewpoint What I'm chuckling

about, I'm thinkin', 'Boy, when they get this, mine is gonna be one, her's is gonna be another! It's gonna, aye-aye, . . .' I thought, 'By God, it's gonna be the exact opposite!' (laughs uproariously). Then you're gonna think . . .

Brandy (overlapping): That's how it is, really!

Ross: And I think, 'Boy, they're gonna think, . . .' Jesus. Just like I said, the 49th question, 'We change our mind often'.

Brandy (laughing): One of the things that flashed through my mind was that we were gonna have to fill out another questionnaire, Oh, my God, that one we answered, you know, his viewpoint and my viewpoint, you know, and how I think things . . .

THAT YOU'D HAVE TO REPEAT IT?

Oh, my God, we must have really messed up on that one!

Ross: I can see that achievers thing in that questionnaire, you know. Are there set rules? Are you happy with this, ya know. Can you, that, that achievement deal. And do you believe in, what was that?

Brandy: Heaven and Hell, yah.

Ross: Heaven and Hell, yah. Do you believe in Heaven and Hell and . . . Do you believe you're gonna be punished for your sins? And right on.

Brandy (laughs): Should've had our neighbors fill that one out!

Shawn offers me crackers while we're talking.

ON

Ross: I've changed my views in the last month or so on that a lot (chuckles). We had a chuckle over the interview. Uh, uh, this is crazy, uh, when Dr. Zucker was here, ya know. And he, and he was telling us about, well, 'Do you hear voices?' you know or 'Have you seen strange things (laughs)?' OK. I've got a good friend at work who's in life after death and they believe that it's possible to mediate with the. . .

ON

Shawn interrupts. He had been sulking and whining when his mother didn't get up to prepare the chili and brought the crackers into the living room. Then he brought in cookies which were broken, commenting on this. Both parents intervened, but Ross prevailed: Put it up! Put it up! Now you're eatin' crackers . . .

Brandy: Put that stuff away You're gonna eat dinner!

Shawn: Oookaaay. I wanna some. (He complied).

ON

Ross: They believe that you can mediate with . . . the dead, all right? One of their principles is, 'We affirm the existence and personal identity of the individual continues after the change called death' I hate mediumship, you know, I hate this mediumship.

WHAT CHURCH IS THIS?

Brandy: It's called the Spiritualist Episcopal, the Spiritualist Episcopal

church. And they're spiritualists. And he does, uh, hate mediumship and seances

Ross: I hate the words medium and seance and all this, but . . .

Brandy: It's similar.

Ross: Ya. It's similar to all that.

Brandy: He goes into trance and all that.

Ross: Ya, Ya. He does trance and he can, he can give you, you know (more animatedly) I'll show you something that I got from the church, here, . . . Friend Boohas and (ha, ha) you know, and he says 'I'll show you the same thing, I'll show you where they do the exact same thing.' And, we went out to work at Universal and we drove by there and he says, 'Right there!' and it's a magic shop.

I, I honestly am not sure what to think of it myself, but they have what they call a 'cardwriting.' And they took 3 X 5 cards and pass 'em out to people around and ask, 'OK, express love, think love.' You know, believe. And held onto the blank cards. Brought 'em up and put 'em into a basket. Put pencils, colored pencils in the basket on top of the blank cards. Wrapped the basket up in a towel, in a big towel so as no light could get in, because, uh, supposedly the phenomena will not happen unless it's in total darkness. Wrapped it all up in a towel and let it set. And there are people who have, all right, ministering angels or guides--spirit guides, ministering angels--we all do and they all have names. And Dick was there sayin', uh, OK, 'Many Feathers is here.' You know, like an Indian Guide. 'Uh, or so and so is here, so and so is here. They say they're here.' OK. And he named off six, seven, eight different names, and he said, 'OK, that's all. That's all there is. Take 'em out.'

Go through the empty cards and here they got, as they go through the empty cards, here there are cards that have writing on 'em. And they happen to call my name! Here. Here. . . . I got the cards!

(Ross goes into the bedroom to bring the cards. Brandy goes to the kitchen to get Shawn chili).

Ross continues: The thing that got me . . . is that it's written like I write it. My name is written like I write it! And, you know. . . I don't know. . . You know, what can I say? They've got, OK, now. The spiritualist symbol is the sunflower and that's what that is. And Dick says 'Oh, that's neat, the sunflower, you know, that's the symbol of spiritualism. And I don't know who's writing, that is, spiritualism, the truth and light. I don't know who's that is, but I signed my name like that most of the time. My first name . . . DID YOU SIGN ANYTHING? No! I had nothing! I held a blank card and I put it in the basket. Now, my first name and initial will change. I'll, it'll vary. I always sign my last name like this. They have nothing there in the church that I had, that had a name on it that they could have gotten it. . . .

ON

YOU SAID YOU'VE MADE A CHANGE IN THE LAST COUPLE OF MONTHS.

Ross: Yeeah. . . Uh, well, like, OK. Like I used to think, you know, I used

to think Dick was, well, OK. Like the questions they ask. You know, oh, OK. If you were to mention this to anybody, you see, I, I do not, show this to everybody. . . because you're gonna say, you're not gonna come out and tell somebody. Well, I talked to my uncle. Which, which, again, I did. But you're not gonna say. Well, my uncle died three years ago and I just talked to him yesterday, you know. And you're not gonna say, 'I heard,' uh, 'I heard,' uh, some doctor tell me this and that and if somebody was to say, if somebody was to say that to me a couple months (ago) that they heard a voice. Or that, you know, these people, these people on television, religion, you know, 'Well, God told me . . . It was God's Way or God's Spirit.' Well, maybe, it did happen to 'em; it actually did happen to 'em, but they did not understand what the deal was, you know. That it actually was not God--it was God--but it wasn't him personally, it was a, it was a ministering angel or it was a spirit who was with them, who is also part of God just like you're part. You're God, Brandy's God, we're all God. We're all spirits with a body. We're all divine spirits with a body. You know. And that's, that's changed my outlook on a lot of things. Just like this here, you know, uh, unexplainable (referring to the card with handwriting on it).

ON

YOU SAID AT THE BEGINNING THAT YOU WEREN'T SURE WHETHER OR NOT YOU WOULD WANT TO JOIN THAT CHURCH.

Ross: Ya. . . . Ya. Oh, ya, oh, ya. I've made a decision now. I'm gonna go that way. But it's somethin' that you can't talk to . . . you know. Well, like our neighbors over there. They're saved, they've been saved. But, uh, they say unless you've been saved, God doesn't even hear. Your prayers don't even get beyond this ceiling, you know. You don't even communicate with God unless you've been saved, you know. And that's BS. I think it's total BS. I don't know what religion . . . you're affiliated with, is any but

TN

Re: issues of social isolation and denial and help-seeking. Since these factors seem to characterize families in which there are drinking problems--and certainly in this family in which Ross does not identify his drinking as a problem--now he selects a social institution which has to be "secretive" and precludes general social relationships. This is rough, but come back to it later.

ON

(Continued)

Ross: Not that they speak in tongues, but here's another thing also. I went to a so-called, OK, seance. But they call it a 'sitting.' Even after that, I honestly don't know what to make of it because I had a different impression of what it'd be like. But, it is total darkness. It has to be total darkness, they say, for . . .

Brandy (overlapping): Pitch

Ross: In order for it to work. They have trumpets--metal or paper--uh, they're either construction paper or metal. They're usually metal. All

right, now they had a spirit there that spoke. Now the guys went into trance. Dick--there were two people, Dick and a man named Berry. He's supposedly one of the finest, one of the finest mediums in the nation. And it just so happened that he was at this church because Dick knew him. He went to Chesterfield. They call it Camp Chesterfield which is in Indiana which is a spiritual center, you know. OK. And he, they happened to meet and he was his teacher and they became good friends and he invited him up here. That's how he happened to be in Lansing. And luckily I got to sit in one of the sittings. Now, I expected, OK, if there was a voice or something happened that it would be like (he whispers). But they come on like 'I am Dr. Vogel.' (He emphasized each word in a rather loud voice). You know, just like you were just, just like you were (very animatedly) in normal conversation! He says, 'I am glad to see all of you here' (dramatically as though he were preaching a sermon or conducting a symphony). You know, and God, . . . and they talk about the depth and width and breadth of Christ and, you know, and you just wouldn't believe it! And . . . what it . . . they, they are, . . . the trumpet comes up when they speak and it is around. Now, even if you were pessimistic about it, very pessimistic about it, it's pitch black and those two guys would have to know exactly where everything is. And you can hear, you can hear the, the voice, the trumpet, you can hear it move! You can hear the voice, he'll say, have, . . . one of the things was, he says, 'There is a bond between all of us from here to (inaudible)' and you can hear, you know, you can hear it go (he raises and lowers his voice like a dopler effect). And he goes, 'There is a bond, a universal bond that connects all of us that' and it moves back and forth and you can hear the voice move!

HARD TO RIG SOMETHING LIKE THAT?

Ross: I think it really would be. Because you're in there in the light at the time. You know, when you come in the room, you're in there in the light and you can see that there's, you know, there's no wires; there's no cables; there's nothin' in the room. And I'm sayin' that the guys that go into trance and use their body, as mediums use their body for the spirit--you see, they use what they call their ectoplasm--the spirit uses the ectoplasm of their body to connect to their voice and build a voice box of their own in the trumpet. All right? That's how it supposedly works. Now, even if they were there and holding the trumpet and doin' this, you know, it's totally pitch black! They'd have to know exactly where everybody was or what was goin' on, you know. Just to say . . . But it does not sound like them either even when they're talking through the trumpet.

Brandy: Plus, you'd hear them moving, it seems like.

Ross: Ya, it seems as though you would. And they, one of the . . . eh, I'm gettin' into this. One of the child guides, uh, well she said, 'I love all of you. I'd like to give all of you a little kiss,' you know. You could . . . we were like in a semi-circle and you could hear, you could hear the trumpet coming like (demonstrates the air movement and a kissing sound) you know, and she, it'd come right in front and go (kissing sound) you know and right on by. Ya! And when they were done, they were saying, you

know, 'God loves you,' you know, all of that. And the trumpets would, they had three trumpets in the room. And one at a time, poom-poom one of them would drop on the floor (demonstrates soft sound of trumpet dropping). Poom! one of them drop over there; poom! another one drop on the floor and they . . . (his voice fades off)."

ON

During this long monologue, Shawn and Brandy were in and out of the kitchen preparing dinner. Shawn had been eating chili and crackers and milk in the living room and had been quite quiet for some time. Once he spilled a little milk, but his mother made no big deal out of it. Ross was almost oblivious to what was going on as he related these experiences. Brandy was quite attentive and gesturally responsive in a positive fashion during most of his description. Sometimes, Shawn would snuggle up to him and Ross would pat his head. He was still drinking beer during this.

RN

My experience of him during this episode was one of excitement and incredulity that he would be so animated and electrified in the telling. I was really astonished that he would disclose the details since he had been so guarded about it earlier.

ON

(To Brandy) WERE YOU THERE TOO?

Brandy: No.

Ross: Another thing is that there are no, you know, they don't allow any recorders. OK. All right, there's one thing, but . . . one night they had 'materialization.' Now, Crosley Brett was there for three nights during the week but they had three different things, OK, while he was here. And they had materialization, and I couldn't, I couldn't go to that, I just, I had to go to work. I couldn't take another day off (slight laugh), you know and all this. And during materialization, I guess they had people look, if they wanted to, come in beforehand and check all the walls and check the floor and make sure there's no, uh, there's no little jets of somethin' that's gonna shoot out steam or whatever, you know. Check out for wires and recorders er . . . whatever. And they said, they said, 'Boy, they were surprised that he'd let 'em go, thoroughly go the whole room and check it all out, ya know. And they had materization that night.

Brandy: Annual convention technique down there. Chesterfield, Illinois?

Ross: Chesterfield, I was tellin' her. But the thing that amazed me about this is my signature, you know. Now if I didn't write it on there somebody could--there's nobody in that church that I know of that has ever seen it. How could they do that, you know? And you have to ask yourself. And I had, and at this sitting, I had a doctor. Uh, we all had five guides and I had a doctor guide speak to me and I had one of my uncles. speak to me.

ON

(Continued)

Brandy: You all have an Indian Guide, a Child Guide, a Doctor Guide . . .

Ross (overlapping): Ya, ya. And a Little Joy Guide, a Child Guide who is like a messenger between all the others

Brandy: What's a Joy Guide then?

Ross: Well, a Joy Guide, a Child Guide, whatever, uh, an Indian Guide who is uh . . . for your protection. He's there for your protection. Uh, now, you are not, you're not cognizant of these people. You're not aware of them at all unless you believe and understand and ask for their help. Or, you know, like in meditation. Now, OK, Eastern religions are into meditation. But, the thing is that even when, you know, it's strange when you do a lot of the different things that will happen if you are in, you know, if you wanna quiet yourself for awhile. Take 20 minutes,, you know, it's good for your health anyway. For e . . . , if anything else, if you don't believe you know, any of this, it's good for your health anyway. Just for 20 minutes to quiet yourself and relax and get the . . . you know, slow yourself down and relax. Get away from it all.

IS IT SOMETHING YOU DO EVERY DAY THEN?

Ross: Not, not, no! That I should but I don't. I'm gonna start doing it every day because that's how Dick started out and he, he, uh. When I knew him he smoked pot, you know. At work, he used to smoke pot (chuckles). And, uh, he started talkin' to a few people about the voices he heard, you know, and about using the trumpet, being at Chesterfield, you know, and (he whistles and gestures circles around the side of his head to indicate that he was crazy). Oh, ya (laughs). Ya, ya, he's been tokin'. He's really been hearin' them! But, uh, he, he doesn't do that anymore because they told him about that. And telling him about the balance of the chemicals in his body.

You have a, you have a, OK, a Joy Guide, a Indian, a Philosopher--a Doctor of Philosophy, a Medical Doctor, annnd a . . . a, Oh boy, what's the last one? Shoot. I'm not sure what the last one is. But we all do have five. And, uh, he, when he started talkin' about all this stuff, you go uuuhhh, ooohhh (gestures crazy and giggles)

Brandy: The thing that gets you a little leary is like, ummmm, when Ross first started telling me about it and Dick was telling who his guides were, his Indian Guide is Crazy Horse, you know. Now wait a minute! (Laughs skeptically). That's a famous Indian (voice louder). How come he's your guide! (Still laughing).

SO YOU FEEL A LITTLE SKEPTICAL YET, HUH?

Brandy: Ummm, I would . . .

Ross (overlapping): My own . . .

Brandy: Real, that skeptical. I would like to participate in some of this and . . .

Ross: Well, you know, I have even participated in it and I still just, you know, I am still a little bit. I'm goin', now wait a minute! Because, the only reason is, because I had preconceived ideas of what it was gonna be like, you know. Of course, like anybody would. I had preconceived ideas of what this thing in the dark was gonna be like and it wasn't like, like I thought, you know. So . . . it was, Oh, I don't know. It was, it was just like you and I sitting. It was just like if we all were right here in total darkness, you know. It just seemed as though it was so much this, of this part of the world, of this plane, uhhhh, compared to what the other side is supposed to be, y'see.

WHAT DO YOU THINK YOU'LL GET OUT OF IT FOR YOURSELF?

Ross: I think that if I really get into it, now, another one of the principles, OK? Now, I've already got the principles down, but one of the principles are uh, OK. Like, uh, God is an infinite intelligence, all right? Is all being and is everywhere. Ummmm, I'm prejudiced right now, prejudiced as hell right now about anything.

Brandy (overlapping): You know Archie Buncker, you've seen him on TV!

Ross: I think, I think if I were to get into this, that if I get into this, I think it's gonna help me change my attitude about that. Because already, you know, even their ideas even are, everyone is a spirit, we're not human bodies with a spirit within us. We are spirit! With a human body. That's all there is to it and each one is capable. We all are capable of doing things that Christ even did.

EXPECT TO REDUCE OR ELIMINATE PREJUDICE?

Ross: I think I might, ya. I think I might. Also, a thing with, also a thing with, you know, all right. She's always harping on my drinkin', drinkin', drinkin', all right? That also, it also is a sin. It is a sin for me to smoke cigars and drink beer and I know that. Of course it is!

Brandy: Why?

Ross: Because your body is a shell for the spirit. It's in the Bible. It's always said, your body is a temple of God. Why abuse it! It's a sin to abuse, to abuse your body. It is! It's a sin for you to be overweight, it actually is, because it, you know, and I've gotta stop this if I'm really gonna get into it. I've gotta stop this! I've gotta stop smokin', gotta stop And it's not because, it's not because Gooooooooodddd saaaaaaaays that yer not to drink and yer not to smoke and not to commit adultery and all this (lowers voice to indicate authoritarian voice). . . . It won't deteriorate your spirit, but why inflict that on your spirit, while you are here. You see what I mean?

Brandy: Yah.

DO YOU THINK THAT IT MIGHT HELP YOU STOP SMOKING AND DRINKING?

Ross: It's possible But I don't think I got into this just because of that. I got into this because, uh, because of the guy I work with has been into it and talked to me about it. And I'm quite open-minded about it.

You know, I was never brought up on a strictly religious basis. I was never brought up strict Baptist or never brought up solid Protestant or Catholic or anything like that. I went to Sunday school which was a community church—actually non-denominational. And I never had a real strict religious background. And a lot of this stuff I feel I'm open-minded too. And am able to accept. Like, uh, there's some people at work who are Baptists, you know, and they say—well, people next door are Baptists—and if I was to tell them that I was a spiritualist. I've been to their church quite a few times, you know. That's an occult and that's the work of the devil, you know. It's the devil's doing and you're gonna burn in hell. And, uh, spiritualists do not believe that. Spiritualists believe that we are responsible for our own wrongdoing or rightdoing, whatever.

TN

This last statement is so contrary to the stereotype of "alcoholic" behavior and to AA (which appeals to a higher power). Ross seems to realize that he will have to change his world view and his self-concept if he does become more involved with this church. He will have to accept responsibility for his own actions, act less impulsively, and stop blaming external agents.

ON

Ross: Well, another one of the principles, we affirm a moral responsibility in the individual. All right. That he can make his own happiness or unhappiness Whether he obeys or disobeys nature's physical and spiritual laws, all right? Spiritualism goes along with natural law! It's cause and effect.

THEY WOULD NOT PUT DOWN THE BAPTISTS?

Ross: They would not put down the Baptists, no. They would not, they would say fine, you know. They're trying, not, they would say fine, you know. They're trying, OK, they're understanding, you know, they're taking the time out and understanding God, knowing God. But what the spiritualists do not accept that all other religions do is that God died for our sins.

Brandy: Christ.

Ross: Christ died for our Savior (unintelligible). . . The Christ, Jesus, the Christ, it's not Jesus Christ, it's Jesus the Christ. There's Christ in all of us. We all have the God spirit within us. And if we live by the natural laws, we could do the same things that Christ did. And it even says it in the Bible. And that's what gets me about Baptists, you know, unless you're saved that they do not believe in vicarious atonement. Spiritualists. They do not believe in that. They believe that you are responsible for your own sins, your own, yoooouu are the one that carries the cross to Calvary! . . . And the thing is, is that, uh, some of the spiritualists—now here's a break in the spiritualism—believe in reincarnation, that you will come back. Some of the spiritualists. (Audio tape ended).

ON

Throughout the latter part of this discussion, Shawn was playing hide and seek with his mother. On two occasions, I declined to participate "because I was talking to Daddy." And Shawn accepted this. Even so, Brandy was paying rapt attention to what Ross was saying and interjected brief comments or non-verbally nodded in agreement.

MN

When the tape ran out, I did not interrupt the flow of the discussion by going to get another tape. Even though the recorder was in full view, I believe Ross had forgotten that it was still running. So I drew as little attention to it as possible since he was giving me such rich information. Check the tape after this! You never know when this richness will appear!

ON

Additional remarks about his drinking within the context above:
 Ross (in regard to his drinking): It's a sin and her nagging, screamin' at me, swinging at me
 Brandy (interrupting): Yah, when your drinking starts costing money, \$500 for a lawyer, three convictions, increased insurance rates, I should be worried about it!

ON

I asked Brandy about her interest in the church and she replied that she was interested, but doesn't "have someone with whom to communicate from the other side." She kept saying another part of her reluctance was that it was difficult for Shawn--distractions; no Sunday school.

TN

Does Brandy avoid opportunity for interpersonal closeness with Ross by triangulating Shawn into this too? For this does seem to be an area of agreement for the two of them and a "new start." If they could find the "exit." From a systems point of view, if Ross were to join and begin to acknowledge his responsibility for his own actions (not just verbally, but also behaviorally), Brandy would be challenged to change as well. Or to invite Ross to revert to more familiar behavior patterns.

ON

About the time the tape ran out, Brandy asked if I would like some chili with them and I accepted. We were all having a good time, even Shawn, who had by now had stopped all of that whining that went on during the video recall. (Of course, he had also eaten!)

TN

I felt honored that Ross would disclose so much of this to me, as though my contacts with them had helped to establish a sense of trust. Thinking back on it, I still wonder if he did this because he was drinking (i.e., because he was out of control, although he didn't seem to be) or if that was the vehicle by which he could share this information, being affectively more freed up and having learned that I wouldn't ridicule him.

ON

Meal with them: on tray tables in living room. No fanfare which is usual for them. I had chili, crackers, milk—the same as Shawn. Ross had chili, crackers, bread and beer. Brandy had chili, lots of bread and Coke.

ON

Brandy (offhand comment as we sat down to eat, in a fond tone): He (referring to Ross) gets this way with Shaklee, too.

ON

Shortly after I ate, and the discussion had waned, I packed up and left, with Shawn helping with the car door and Ross helping me carry equipment out. It was a cordial parting and they agreed to be recontacted.

ON

Addendum: After the time they completed the FES, I obtained a genogram. Each freely admitted history of alcoholism (but not naming it) in relatives.

Then Brandy said to Ross, pointing to the alcoholism category on the list: I think you've got that too.

Ross: You do? What makes you think that?

His tone was rhetorical and Brandy did not respond verbally.

ON

When I gave the couple their individual checks, Brandy teasingly stated to Ross that he could "just sign it over to me now." She told him he had his choice between getting the windshield in the car repaired or something else repaired on the car (I don't remember what).

FIS SCORE SHEETFAMILY: SILVER DATE 9-26-81PRESENT All; 3:30-9:30 p.m.

	<u>Mother</u>		<u>Father</u>
1.0.1 <u>7</u>			
1.0.2 <u>5</u>	<u>7</u>	5.1.1	<u>6</u>
2.0.1 <u>6</u>	<u>5</u>	5.1.2	<u>5</u>
2.0.2 <u>3</u>	<u>1</u>	5.1.3	<u>5</u>
2.0.3 <u>5</u>	<u>7</u>	5.1.4	<u>7</u>
2.0.4 <u>2</u>	<u>7</u>	5.2.1	<u>6</u>
2.0.5 <u>2</u>	<u>7</u>	5.2.2	<u>7</u>
2.0.6 <u>2</u>	<u>1</u>	5.2.3	<u>1</u>
2.0.7 <u>4</u>	<u>6</u>	5.2.4	<u>3</u>
2.0.8 <u>3</u>	<u>3</u>	5.3.1	<u>5</u>
2.0.9 <u>3</u>	<u>5</u>	5.3.2	<u>5</u>
3.0.1 <u>3</u>	<u>5</u>	5.3.3	<u>5</u>
3.0.2 <u>3</u>	<u>2</u>	5.3.4	<u>2</u>
3.0.3 <u>1</u>	<u>3</u>	5.3.5	<u>3</u>
3.0.4 <u>3</u>	<u>3</u>	5.3.6	<u>3</u>
3.0.5 <u>2</u>	<u>7</u>	5.3.7	<u>7</u>
3.0.6 <u>3</u>			
3.0.7 <u>3</u>		6.0.1 <u>5</u>	
3.0.8 <u>3</u>		6.0.2 <u>6</u>	
4.0.1 <u>6</u>		6.0.3 <u>6</u>	
4.0.2 <u>3</u>		7.0.1 <u>None</u>	
4.0.3 <u>5</u>		7.0.2 <u>None</u>	
4.0.4 <u>3</u>			
4.0.5 <u>3</u>			

Note: Brandy's maiden name is Shawn's first name.

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