

The role reversal in the families of Adult Children of Alcoholics

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Summary

Aim. The authors present results of research in which they have tried to answer the question of the specificity of parentification process of Adult Children of Alcoholics (ACoA) in comparison to healthy individuals.

Method. One hundred twenty people took part in the study: sixty Adult Children of Alcoholics (research group) and sixty adults, who were not raised in families with the problem of alcoholism (control group). The following methods were applied in the study: Children of Alcoholics Screening Test (CAST) developed by John Jones and Joanne Pilat, Filial Responsibility Scale for Adult (FRS – A) created by Gregory Jurkovic and Alison Thirkield.

Results. The results have shown that Adult Children of Alcoholics experience parentification in the past (instrumental, emotional and sense of unfairness), and in the present (emotional and sense of unfairness) more often than individuals who are not Adult Children of Alcoholics.

Conclusions. The analysis of the results of the study can serve as valuable clues for the therapeutic work with Adult Children of Alcoholics opening a whole new area of thinking about effective forms of help for this clinical group.

adult children of alcoholics / parentification / interpersonal trauma

INTRODUCTION

Specialists often discuss the negative influence of being raised in dysfunctional families, especially families with problems related to alcohol, on the children. Initial publications addressing the matter appeared in the late 1970s and 1980s and are connected with creation of the Adult Children of Alcoholics organization in United States [1]. High interest in issues related to childhood memories of a drunken parent are reflected in numerous popular science pub-

lications and guides for Adult Children of Alcoholics. Authors of these publications were inspired by experiences of psychotherapists working with the addicts and their families and from reports of self-help organizations and support groups of ACoA [1].

In English and American publications regarding the matter [2] a term “Children of Alcoholics (COA) was used referring to all children from families with alcohol problem and Adult Children of Alcoholics (ACoA) referring only to adults from families of such type”.

In Poland, a term „Dorośle Dzieci Alkoholików” (DDA) [*eng. Adult Children of Alcoholics*] is frequently used, although there is still no commonly accepted definition of this term. Numerous definitions, which describe who Adult Children of Alcoholics are, usually refer to people who grew up in dysfunctional families, in which alcohol was a central problem [1, 3, 4, 5].

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The research was partially financed by the Statutory Research Fund of the Faculty of Psychology of the University of Warsaw (BST 144508).

It is worth to ask a question here, what do the considerations about Adult Children of Alcoholics have in common with the problem discussed in this article: lack of childhood of individuals growing up in families with alcohol problems.

Agnieszka Widera-Wysoczańska [4] in her ACoA characteristic underlines the fact that a childhood of individuals growing up in alcoholic families "is full of struggling for survival, and as a result in their adult life they often feel that they never experienced being a child".

This seems to be consistent with the literature regarding this issue [6], where attention is paid to the fact that „children of alcoholics due to circumstances associated with growing up in a family in which one or both parents were alcoholics, grow up and become adults far too quickly”. Marzena Kucińska [7] believes that Adult Children of Alcoholics had to grow up early in their childhood and “in their adulthood deep down they remain children” [42]. According to Conway, [8] despite the fact that ACoA “are adults outside; inside they still remain little naughty children”. Bradshaw [9] says that „inside each Adult Child of Alcoholics there is a little child, which feels empty and insatiable, whose needs remain unsatisfied, as these are needs of a child hidden inside an adult”. [1]. Authors [10] describe dual identity of Adult Children of Alcoholics as “being constantly an adult and a child at the same time, as the unsolved issues from the childhood, the unreacted and repressed traumas are an element from the past which co-determines their functioning in adulthood – functioning which is partially immature emotionally and socially”.

Difficult life conditions of people who spend the development period of their childhood in families with alcohol problems have been extensively researched. The results of this study are an attempt to observe this problem from a perspective not yet explored in Poland, namely to analyze the functioning of ACoA according to the parentification concept described by e.g. Gregory K. Jurkovic [13].

The term parentification, also referred to in the literature as “role reversal”, was first introduced by Ivan Boszormenyi-Nagy and Geraldine Spark [10]. For the purpose of this study, the following understanding of the concept proposed by Chase [12] was adapted: “parentification in the

family is a functional and/ or emotional role reversal, in which a child sacrifices its needs in order to adapt and take care of instrumental or emotional needs of a parent”. Parentification according to the definition presented above, can be of instrumental (where the child takes care of its siblings, saves money, cooks and cleans) or emotional character (where the child is a friend of a parent, a buffer in marital conflicts, supports siblings, protects the mother hit by the father, is an intellectual and/ or sexual partner etc.) [13]. The duration must be taken into account each time parentification is considered. The role reversal in a family is of different significance when a parent falls seriously ill, and the family is in the stage of regression or crisis, and different in case of chronic and long lasting process of instrumental and emotional abuse of a child in order to satisfy needs of one or both parents [11]. According to Chase [12] parentification is of two sorts, it could be “healthy” (when a child learns to act as an adult, and so learns what responsibility is), and “pathological” when a child is not aware of working (manually or mentally) beyond his or her capacity, and the family additionally confirms his or her feeling of being a “brave child” [11, 12].

According to the literature [14, 15] pathological parentification is experienced by various groups of children, including children of people with alcohol problems. When a child takes on roles and responsibilities associated with them, it brings back the order and/or compensates for the lacks resulting from the disruption of basic parental functions caused by the drinking parent [14]. The demands of acting as an adult are usually inadequate to the level of development and abilities of the child, and as a result the child cannot fully be a child. Schier [11] argues that it is a hidden form of abuse in a relationship, which is a particular type of interpersonal trauma. According to the attachment theory, the strength of recording of such traumatic life experiences leaves permanent marks on people, and predisposes them to “repeating” the relationship patterns developed in childhood [16]. This thesis is in accordance with the latest reports on ACoA [4], which state that the majority of adults who grew up in families with alcohol problems resign from their personal lives. They deeply believe that their primary responsibility is to take

care of their mother or father, therefore their life is more focused on being “a good child” rather than on “being a good husband or wife”.

Considering the prevalence of alcoholism in Poland, it would seem that the theoretical and empirical analysis of the issue of parentification among ACoA can bring a new perspective to the difficulties of this group of people in their adult life. It is also a step towards building a language to describe the silent suffering of people “deprived of their childhood”. Finally, it can facilitate finding therapeutic directions and efficient methods of psychological help.

AIM OF THE STUDY AND RESEARCH HYPOTHESIS

The research on mental functioning of Adult Children of Alcoholics in relation to the analyzed variable, i.e. parentification is relatively new, and therefore this study is explorative and comparative in nature.

The research question this study aims to answer is whether Adult Children of Alcoholics experience parentification (or role reversal in family), and if so, what type?

Based on the literature [4, 14, 17], a hypothesis was formed that the role reversal (parentification) of children and addicted parent would be more frequent in families with alcohol problems, than in individuals who did not grow up in families with alcohol problems. No detailed hypothesis regarding the dominant type of parentification among ACoA (instrumental vs. emotional) was formed.

SUBJECTS

The study was conducted in a group of one hundred twenty adults. The group included sixty Adult Children of Alcoholics (research group) and sixty individuals who were not brought up in families with alcohol problems (control group). The research group was composed of the participants of group therapy in Family Counseling Rehabilitation Center in Warsaw; group therapy of the Rehabilitation Center in Praga – one of Warsaw’s districts; individual therapy in the Addiction and Codependence Therapy Center in Częstochowa; group and individual therapy in The Family Support Center – “Haven” As-

sociation for Dysfunctional Family Support; and ACoA students of pedagogics of Warsaw School of Maria Curie- Skłodowska in Warsaw. The control group was composed of extramural students of pedagogics and tourism of Warsaw School of Maria Curie- Skłodowska in Warsaw. The criteria of purposeful sampling were: 1) age (over 18 years old) and 2) whether the participants were Adult Children of Alcoholics or not. Basic socio-demographic variables, such as sex, age, residency etc., were also controlled, and no significant differences between the research and control group were recorded.

METHOD

The following tools were used in the study: personal inquiry form and two questionnaires: *Children of Alcoholics Screening Test* (CAST) and *Filial Responsibility Scale – Adult* (FRS-A).

The form was to provide basic information about the subjects, and to record socio-demographic data. It also asked questions regarding a subjective sense of health, chronic diseases, living with parents and using specialist psychological support.

The *Children of Alcoholics Screening Test* (CAST) was used to identify people who live in families with alcohol problems, or who used to have parents with alcohol problem. The test was created by John Jones and Joanne Pilat [18], and remains one of the most popular screening tests for children of alcoholics [19]. It is a one scale tool, which is a sum of answers to 30 questions, and which can range from 0 to 30. A Polish version of CAST which was used in the study which was adapted by Aneta Guziak, Ewa Młozniak and Agnieszka Zajac with the use of the back-translation and competent judges procedure. CAST remains a tool of good psychometric values both in the original version and the Polish translation [20].

The *Filial Responsibility Scale for Adult* (FRS-A) created by Gregory Jurkovic and Alison Thirkield was used to measure parentification. FRS-A helps to measure parentification (instrumental, expressive and emotional) and state the “sense of unfairness” of the subject. FRS-A consists of 60 statements divided into two groups [20, 21] consisting of 30 statements each. Statements in the first group refer to the past of the subject (to the

age of 16), while statements in the second group refer to their present. Each statement is assessed by the subject on a 6-point scale. There are 6 sub-scales in FRS, 3 referring to the past and 3 to the present. These are: Instrumental Care giving, Expressive Care giving, and the Unfairness Scale. In its English version *Filial-Responsibility-Scale for Adult* is of good psychometric quality. Its reliability can be considered high, with α varying from 0.81 to 0.88 [22]. A Polish version which was used in this study, was adapted in the back translation procedure by Agnieszka Łączyńska and Katarzyna Schier. According to Cronbach's Alpha coefficient [20], the Polish version of the tool is also internally consistent.

RESULTS

Based on the literature [23, 24] a hypothesis was made that the Adult Children of Alcoholics would experience parentification both, in the past (to the age of 16) and in the present, more often than people who did not grow up in families with alcohol problems.

In the two scales referring to the present, significant differences were found between the ACoA and the control group in the average level of expressive parentification – $t(118)=3.61$; $p<0.001$. No differences were found between the ACoA and the control group when it comes to instrumental parentification – $t(118)=1.08$; $p>0.05$.

These results indicate that Adult Children of Alcoholics are characterized by a higher level of instrumental and emotional parentification, higher subjective sense of unfairness in the past, and higher level of expressive parentification and sense of unfairness in the present than people in the control group. The results are presented in Tab. 1.

The analysis of the within-group variance of the ACoA group was performed in order to establish possible dependencies of parentification and chosen socio-demographic factors and controlled variables, such as, e.g. living with parent(s) or using professional psychological help. Differences in these two variables were found.

It is worth mentioning, that despite the fact that no significant differences between ACoA liv-

Table 1. Parentification for the present and the past in the research and control group

Variables	Group	Number n	Average	Standard Deviation	t-Test	P
Instrumental Caregiving Scale (present)	Research	60	23.55	8.54	1.076	0.284
	Control	60	22.05	6.61		
Expressive Caregiving Scale(present)	Research	60	31.52	8.03	2.060	0.042
	Control	60	28.75	6.61		
Unfairness (present)	Research	60	27.47	9.69	3.608	0.000
	Control	60	20.50	11.39		
Instrumental Caregiving Scale (past)	Research	60	25.40	8.79	3.715	0.000
	Control	60	20.00	7.03		
Expressive Caregiving Scale (past)	Research	60	29.53	9.40	4.415	0.000
	Control	60	22.78	7.21		
Unfairness (past)	Research	60	31.20	10.74	4.857	0.000
	Control	60	21.58	10.94		
	Control	60	21,58	10,94		

Source: Own study

This hypothesis is supported by the results of the studies [20] of the FRS-A sub-scales referring to the past, where statistically significant differences between the ACoA and the control group

were found at the level of instrumental parentification – $t(118)=3.72$; $p<0.001$, expressive parentification (emotional) – $t(111)=4.42$; $p<0.001$, and subjective sense of unfairness – $t(118)=4.86$; $p<0.001$.

ing with their parent(s) and ACoA who no longer live with their parent(s) in the average level of instrumental parentification in the present were found – $U=253.50$; $p>0.05$, in case of this variable we can certainly speak about a tendency ($p=0.057$). Therefore it is possible that ACoA who live with their parent(s) are characterized by a higher level of instrumental parentification in the present ($M_r=36.42$) than those who no longer live with their parent(s) ($M_r=27.18$).

No statistically significant differences in the average level of subjective sense of unfairness in the present were found between ACoA who seek professional help and those who do not – $t(58)=1.99$; $p>0.05$. However, we can also speak of a tendency ($p=0.052$). It is probable that ACoA who do not seek professional help experience higher sense of unfairness in the present ($M=29.51$) than ACoA who use support ($M=24.60$).

The results can be summarized as follows [20]:

Adult Children of Alcoholics experience parentification in the past (instrumental, emotional and sense of unfairness), and in the present (emotional and sense of unfairness) more often than people who are not ACoA.

When it comes to experiencing instrumental parentification in the present, one could speak of a tendency – ACoA who live with their parent(s) experience instrumental parentification in the present probably more often than ACoA who no longer live with their parent(s).

When it comes to experiencing the sense of unfairness in the present, one could speak of a tendency – ACoA who do not seek professional help probably experience a higher sense of unfairness in the present than ACoA who do.

DISCUSSION OF THE RESULTS AND CONCLUSIONS

The results of this study confirm the initial hypothesis put forward in the study. Adults who were brought up in families with alcohol problems experienced role reversal in the family (that is parentification) [20]. This applied to all the analyzed dimensions. They took care of their parents on the emotional and instrumental level up to the age of 16, and they continue doing so in

their adult life. Moreover, they used to and they still experience the sense of unfairness associated with this fact. The scale which assessed the feeling, that the role reversal is unfair, includes the following statements: “Although my parents have good intentions, I am not sure they would stand by me if I needed it” and “Members of my family (of origin) do not notice that I often sacrifice myself for them”, and also “For some reason I find it hard to trust my parents”. According to Jurkovic [13], the sense of unfairness is a very important criterion of differentiating individuals who experienced destructive parentification (pathological), from those who in some cases could even make progress in their development (healthy). When a child performing responsibilities of a grown up, e.g. acting as an interpreter in a family of emigrants [25], knows that these activities are a big challenge and a burden, and that the family appreciates and recognizes it, such experience does not need to have negative consequences in their adult life. The results of our research [20] definitely prove that ACoA experience the sense of unfairness, and that this feeling differentiates them from the individuals who are not from families with alcohol problems.

Analysis of the results of parentification for particular individuals is beyond the scope of this paper, however the literature indicates that these could be serious [11, 12, 13, 26]. In their adult life, children who lived in families with role reversal, often experience intensified sense of shame and guilt, low self-esteem, suffer from depression, suicidal tendencies and tend to somatize their mental states, and suffer from psychosomatic disorders. As mentioned in the Introduction, such individuals experience a “childhood without childhood”, and very often they have a feeling that they lack something [27].

An interesting result of the preformed research seems to be the fact that parentification is a continuous phenomenon, since it affected ACoA both, when they were children and in their adult life. As mentioned before, such individuals are unable to grow up fully, as their basic role in life is to take care of their parents. When it comes to experiencing instrumental role reversal in the present, the ACoA as a group are not different from the control group. This difference can be, however, observed when the vari-

able “living with a parent” is controlled. So if ACoA still live with their parents, they take care of them, both instrumentally and emotionally. Here one could ask a question: What kind of a parent would agree to a role reversal in a family, and why? Certainly, it may seem enough to say that a person who abuses alcohol is in a different state of mind and is unaware of how to properly take care of their children. This thesis seems however not to be complete. Angela Joyce [28] proposed an explanation, which describes a transgenerational aspect of parentification touching at least three generations. She believes that role reversal in a family is associated with the past of parents and their own traumatic experience, which they cannot or do not want to confront. According to Joyce [28] parents who experienced parentification are: “Unable to feel or identify with the pain of their own child, which resonates with their own repressed pain and helplessness in the past, the parents protect themselves and enter into a subconscious identification with the doer of the original trauma and impose similar experiences on their own child”. In order to survive and receive a basic physical care from a parent, a child needs to develop their own system of catering for him or her, and often resigns from what it should receive from a caregiver within the attachment system. At that moment, a child loses their childhood once and for all [11, 27]. One of the patients in this study, a single highly-positioned woman, once said about her parents: “All my life I carried them on my back. I did what they wanted me to, and worried about them 24/7. When I took care of my own business I felt like an egoistic monster”. When asked for more precise characteristics of her parents, she answered: “He was an alcoholic »in gloves«, an important CEO who drank fine alcohol every day. When he was tipsy he was either aggressive or sexually aroused, and hit on me”. The mother: “An eternal child, cute sweet-furious girl who was always in want of something. Actually everything”.

What would be the most efficient way of helping ACoA who experienced the role reversal in the family? The results of this study prove that individuals who seek professional help experience less unfairness than the ones who do not receive such help. It seems then, that the very fact of naming the burden of ACoA by people with

similar experiences or by a specialist could be a form of help. People from alcoholic families can try to treat their trauma of the “childhood without childhood”, as they find witnesses in other people, who allow them to understand, that taking care of a parent(s) was not fair [11]. We believe that psychotherapy with adults from alcoholic families (if they decide to undergo one) should concentrate on two aspects. The first one is arduous, persistent separation of the picture of self from the parent, i.e. working on separation-individuation process [27]. A ACoA who are able to distance themselves from the needs of their parents, can see their own needs more clearly and perhaps even start to create satisfying interpersonal relationships. Another important aspect in this process seems to be psychological grief, i.e. trying to grieve the lost childhood. For the patient mentioned earlier, it meant a symbolic ritual of taking her parents off her back and starting her independent life.

To conclude, the results of this research are certainly interesting, and open a new way of thinking about efficient help for ACoA. Further research is needed to analyze the relationship between parentification and the progress of the separation-individuation process of Adult Children of Alcoholics. Too small research group could be the limiting factor in this study.

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