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## Alcoholism and perceptions of family of origin

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## Alcoholism and perceptions of family of origin

### Abstract

Theories regarding the etiology of alcoholism abound in the literature. Conceptualization of the disease has ranged from that of individual pathology to a symptom of family dysfunction. In the past, treatment providers have concentrated their efforts on treating the individual alcoholic while virtually ignoring issues regarding the adult alcoholic's family of origin as well as problems found in the alcoholic's nuclear family. More recently, theorists and therapists have begun looking at the impact of the family of origin on the development of alcoholism in certain individuals. Greater understanding of the disease has come to include examining not only the individual's genetic predisposition to alcoholism, but environmental factors such as living with an alcoholic parent or being raised in a highly dysfunctional family. The purpose of this paper was to examine the possible relationship between structural dysfunctions in the family of origin and the development of alcoholism.

ALCOHOLISM AND PERCEPTIONS OF FAMILY OF ORIGIN

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Master of Arts

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by  
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Theories regarding the etiology of alcoholism abound in the literature. Conceptualization of the disease has ranged from that of individual pathology to a symptom of family dysfunction. In the past, treatment providers have concentrated their efforts on treating the individual alcoholic while virtually ignoring issues regarding the adult alcoholic's family of origin as well as problems found in the alcoholic's nuclear family. More recently, theorists and therapists have begun looking at the impact of the family of origin on the development of alcoholism in certain individuals. Greater understanding of the disease has come to include examining not only the individual's genetic predisposition to alcoholism, but environmental factors such as living with an alcoholic parent or being raised in a highly dysfunctional family. The purpose of this paper was to examine the possible relationship between structural dysfunctions in the family of origin and the development of alcoholism.

#### Current Research

Current research has focused on both individual and systems-centered theories. A study by Holmes and Robins (1987) looked at the influence of childhood

disciplinary experience on the development of alcoholism. Results indicated that both men and women participating in that study, who were subjected to harsh, unfair, and inconsistent discipline by their parents between the ages of six and thirteen, were likely to exhibit alcoholic disorders as adults. Physiological explanations of alcoholism posit that some sort of genetic predisposition or physiologic anomaly leads to the development of a drinking problem (Schuckit, 1972). Psychological theories blame some sort of personality disorder or disturbance (Silvia, Sorrell, & Busch-Rossnagel, 1988). One study found that the risk for alcoholism is associated with certain personality characteristics that reflect behavioral problems such as impulsivity and aggression (Mann, Chassin, & Sher, 1987).

As noted by French (1987), many papers in publication which focus on the family system fix blame for the development of alcoholism in one family member on the neurosis of another. Relatively few papers identify the family system as a whole as the source of the problem. Even so, virtually all researchers agree that alcoholism runs in families (Kress, 1989). In studies of adult children of alcoholics (ACA's),

theories regarding which factors place ACA's at particular risk for alcohol problems include a genetic predisposition to alcoholism, sociological and environmental factors influencing the development of attitudes regarding drinking alcohol, and psychological factors such as unconscious compensation for the inability to cope with stress or attempts to assuage feelings of guilt associated with the parent's drinking problem (Kress, 1989). Three variables significantly associated with adult alcoholism (but not with poor mental health or sociopathy) are alcoholism in ancestors, alcoholism in parents, and ethnic background (Beardslee, Son, & Vaillant, 1986).

Systems-oriented family therapists who have expressed interest in the relationship between family functioning and the development and maintenance of alcoholism have suggested a number of models to describe family functioning. Hill and Rodgers (1964) explored the nature of family development at various stages of the life cycle. Using their model, other researchers (Cancrini, Cingolani, Compagnoni, Costantini, & Mazzoni, 1988; Noone & Reddig, 1976; Ziegler-Driscoll, 1979) have found that families often get stuck in the stage when adolescents should be

developing independence from their families.

Adolescent substance abusers often are overly dependent on one or the other of the parent figures, making differentiation and separation very difficult.

Minuchin (1974) described families in terms of disengaged and enmeshed systems, and suggested that healthy and unhealthy families are differentiated on the basis of flexibility. Olson, McCubbin, and Associates (1983) posited that all family functioning could be summarized in three dimensions: cohesion or emotional bonding between and among family members; adaptability or the ability of a family to alter its rules, relationships, and structure in response to situational or development requirements or stress; and communication.

#### Olson Circumplex Model

Several researchers have used the Olson Circumplex Model to examine types of functioning in the families of both adolescent and adult alcoholics and drug users. Findings from a study by Brook, Lukoff, and Whiteman (1978) support Olson's contention that families which are extremely low or excessively high in cohesion or emotional closeness have more problems with adolescent drug and alcohol abuse than families who are balanced

on cohesion. Excessively high cohesion often leads to difficulties when it comes time for the adolescent addict to individuate or separate from the family (Stanton, Todd, & Associates, 1982). Killoran and Olson (1984), using the original FACES (Family Adaptability and Cohesion Evaluation Scale) instrument designed by Olson, found that alcoholic families (with an alcoholic parent) had significantly higher levels of extremes (extremely high or low levels of cohesion and/or adaptability) than did families who were not chemically dependent. A study by Friedman, Utada, and Morrissey (1987) showed that in families where there is an adolescent drug abuser, family members describe themselves as overly structured ("rigid"), or very low on the adaptability dimension and emotionally distant ("disengaged"), or very low on the cohesion dimension.

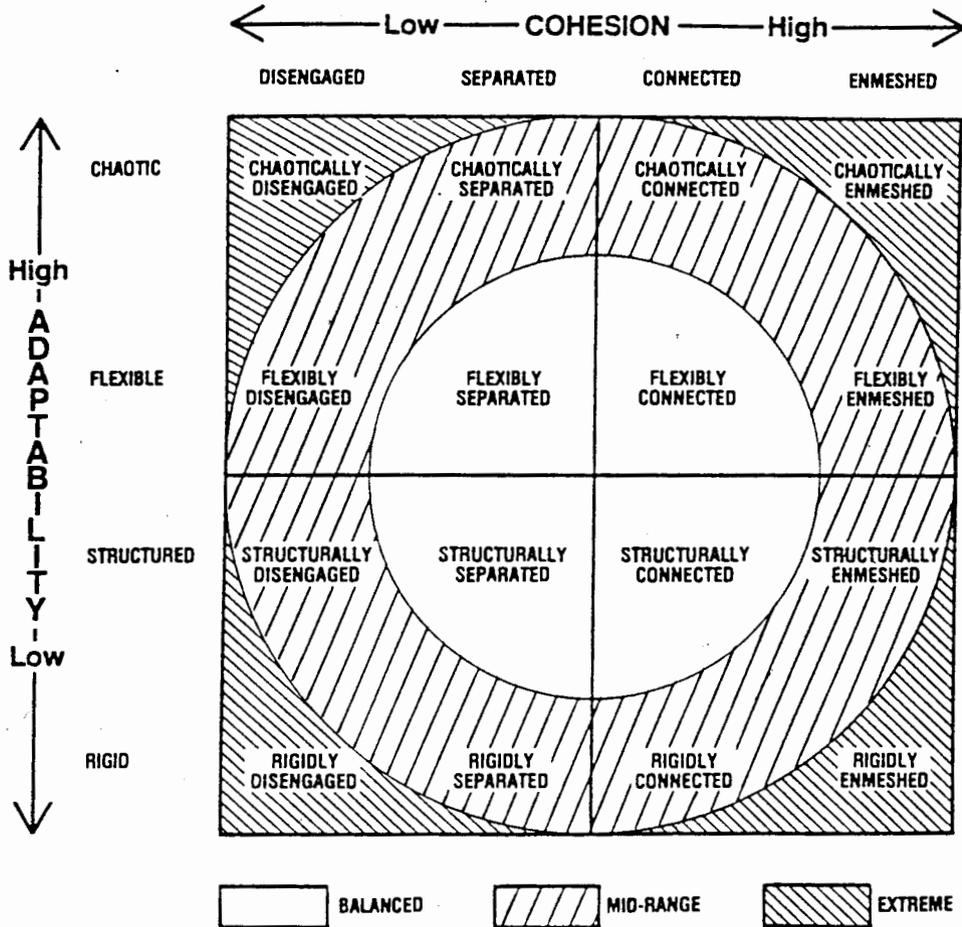
The Olson Circumplex Model of Marital and Family Systems was developed by David Olson, Candyce Russell, and Douglas Sprenkle from 1979 to 1983. Their purpose was to integrate the various theoretical and therapeutic concepts being used to describe family functioning. The two primary dimensions to the model are family cohesion and family adaptability. A facilitating dimension, family communication, is also

included (Olson et al., 1983). The two major dimensions are curvilinear in that families which are very low or very high on both dimensions seem dysfunctional, while families that are more balanced seem to have more adequate functioning. Combining the levels and dimensions identifies sixteen specific types of family systems and three general types (balanced, midrange, extreme). Balanced types are those which are central and are balanced on both dimensions. Midrange types are extreme on one dimension but balanced on the other. Extreme types are extreme on both cohesion and adaptability (Maynard & Olson, 1987) (see Figure 1).

Family cohesion is defined as the emotional bonding and degree of individual autonomy that family members experience within the context of the family. Some of the specific concepts used in the Circumplex Model to measure family cohesion are: emotional bonding, coalitions, boundaries, space, time, friends, decision making, and interests and recreation. The four levels of cohesion are: disengaged (very low), separated (low to moderate), connected (moderate to high), and enmeshed (very high) (Olson et al., 1983).

The definition of family adaptability is the ability of the family system to be flexible and change

**Figure 1.** Circumplex Model of Marital and Family Systems.



**Note.** From D. H. Olson, H. I. McCubben, and Associates, 1983. Beverly Hills, CA: Sage Publications. Copyright 1983 by Sage Publications. Reprinted by permission.

its role relationships, power structure, and relationship rules in response to developmental and situational stress. Elements of this dimension are family power, role relationships, negotiation styles, and relationship rules. The four levels of adaptability are rigid (very low), structured (low to moderate), flexible (moderate to high), and chaotic (very high) (Maynard & Olson, 1987).

In 1976, Olson and his colleagues developed an instrument to measure cohesion and adaptability and to facilitate the use of the Circumplex Model by therapists and counselors. Since the development of the original self-report scale, FACES (Family Adaptation and Cohesion Evaluation Scale), two updated versions, FACES-II (1982) and now FACES-III (1985) have been developed through further research. FACES-III is the instrument currently being used for most research (see Figure 2) (Maynard & Olson, 1987).

The FACES-III instrument is a 20-item, self-report questionnaire that can be used to assess the level of family functioning in the family of origin, the current family, or the ideal family. Each item response is recorded using a 5-point scale ranging from 1 (almost never) to 5 (almost always). Scoring involves summing

**Figure 2.** FACES-III: Self-report survey scale to rate levels of family cohesion and adaptability.

1	2	3	4	5
Almost never	Once in a while	Sometimes	Frequently	Almost always

DESCRIBE YOUR FAMILY NOW:

- \_\_\_ 1. Family members ask each other for help.
- \_\_\_ 2. In solving problems, the children's suggestions are followed.
- \_\_\_ 3. We approve of each other's friends.
- \_\_\_ 4. Children have a say in their discipline.
- \_\_\_ 5. We like to do things with just our immediate family.
- \_\_\_ 6. Different persons act as leaders in our family.
- \_\_\_ 7. Family members feel closer to other family members than to people outside the family.
- \_\_\_ 8. Our family changes its ways of handling tasks.
- \_\_\_ 9. Family members like to spend free time with each other.
- \_\_\_ 10. Parent(s) and children discuss punishment together.
- \_\_\_ 11. Family members feel very close to each other.
- \_\_\_ 12. The children make the decisions in our family.
- \_\_\_ 13. When our family gets together for activities, everybody is present.
- \_\_\_ 14. Rules change in our family.
- \_\_\_ 15. We can easily think of things to do together as a family.
- \_\_\_ 16. We shift household responsibilities from person to person.
- \_\_\_ 17. Family members consult other family members on their decisions.
- \_\_\_ 18. It is hard to identify the leader(s) in our family.
- \_\_\_ 19. Family togetherness is very important.
- \_\_\_ 20. It is hard to tell who does what household chores.

**Note.** From D. H. Olson, H. I. McCubben, and Associates, 1983. Beverly Hills, CA: Sage Publications. Copyright 1983 by Sage Publications. Reprinted by permission.

all of the odd-numbered items to give a cohesion score and summing all the even-numbered items to give an adaptability score. Cohesion is plotted on the horizontal axis of the Circumplex Model, while adaptability is plotted on the vertical axis. The point where the two values intersect determines whether the family falls in the balanced, midrange, or extreme range.

In a recent article, Olson (1986) presented an evaluation of the FACES-III instrument, including data on reliability and validity. In general, FACES-III has been shown to be a valid and reliable scale based on theory and designed for either research or clinical use with a variety of family structures. The Circumplex Model and FACES-III instrument have been validated in several recent studies by Bonk; Carnes; Garbarino, Sebes, and Schellenbach; and Rodick, Henggeler, and Hanson (cited in Olson, 1986). These studies demonstrated the clear discriminant power of FACES and the Circumplex Model in distinguishing between balanced (functional) and extreme (dysfunctional) families.

Given the findings of other researchers regarding functioning in the present families of drug or alcohol abusers, a study was designed to compare family

functioning in the families of origin of alcoholic and non-alcoholic subjects. It was predicted that, based on self-reports of perceptions of family functioning in the families of origin of alcoholics and non-alcoholics, a higher level of extreme family types in the alcoholic subjects than in the non-alcoholic subjects would be found.

## Method

### Subjects and Design

Sixty-two adults from the local community were randomly selected, contacted by phone and asked to participate in the project as members of the non-alcoholic group. Of those, 40 picked up survey packets from a central distribution point and returned the completed surveys in sealed envelopes to the same point. The help of a third party was enlisted to do the actual distribution and collection of the surveys. This was to ensure that the researcher would have no contact with the non-alcoholic group subjects and would have no way of identifying participants. The group of participants included 18 males (45.0%) and 22 females (55.0%). Age range for the males was from 29 to 71, with the average age being 43.8 years. Age range for

the females was 30 to 67, with the average age being 42.9 years.

Subjects for the alcoholic group were randomly selected from Alcoholics Anonymous groups in the area and the outpatient client population of a nearby addiction treatment center. Again, the help of third parties was enlisted to ensure the anonymity of the participants. Each of three assistants received 30 survey packets to distribute to and collect from their respective sites. Of those 90 packets, 44 were completed and returned in sealed envelopes. The group of participants included 29 males (66.0%) and 15 females (34.0%). Age range for the males was from 23 to 69, with the average age being 39.9 years. Age range for the females was from 25 to 60, with the average age being 36.5 years.

A self-report survey design was employed. Participation in the project was purely voluntary and anonymous with the researcher having access to the data supplied by the participants but not the identity of the participants themselves and the third party assistants knowing the identity of the participants but not having access to the data provided.

### Instruments and Statistical Analysis

To assess the subjects, alcoholic subjects (AS's) were asked to complete the FACES-III instrument which was altered to read in the past tense so as to apply more readily to the family of origin. D. H. Olson, the author of the instrument, was contacted and assurance that changing the instrument to read in the past tense would not alter the validity or reliability of the instrument was obtained. Non-alcoholic subjects (NAS's) completed the altered FACES-III instrument plus the Michigan Alcoholism Screening Test, a 25-item, true-false, self-report instrument that addresses drinking habits, to eliminate from that group any persons who might have undiagnosed or unrecognized alcoholic tendencies. No potential subjects from this group were eliminated on the basis of the MAST.

The current study focused on the families of origin (F/O's) of alcoholic as compared to non-alcoholic subjects. Each subject's survey was scored and plotted on the Circumplex Model. Classification of the subjects was determined by the distribution of the scores across the four quadrants of the circumplex grid. As predicted, significant differences were found between the alcoholic F/O's and

non-alcoholic F/O's, with AS's having a significantly higher level of extreme F/O's than NAS's. The proportions of non-alcoholic and alcoholic subjects falling into the balanced, mid-, and extreme ranges of the Olson Circumplex Model are summarized in Table 1.

Table 1

Proportion of Alcoholic and Non-alcoholic Subjects in Each Range of the Circumplex Model

	Non-alcoholic N = 40	Alcoholic N = 44
Balanced	50.0% (N = 20)	13.6% (N = 6)
Midrange	47.5% (N = 19)	66.0% (N = 29)
Extreme	2.5% (N = 1)	20.4% (N = 9)

To assess whether the difference in proportions between the groups was significant, a chi square test was performed with the chi squared value = 15.9, df = 2, and  $p < .001$ . These values indicate that there is an extremely high probability that growing up in an

extreme family is related in some manner to the development of alcoholism.

### Discussion

The findings of the study support the supposition that the higher proportion of alcoholics, as compared to non-alcoholics, coming from extreme types of families is statistically significant. The non-alcoholic group provided a means of comparing F/O's of alcoholic and non-alcoholic subjects. The findings indicate that the families of origin of non-alcoholics did not manifest the level of structural dysfunction that the alcoholic families of origin experience. One reason for this phenomenon could be that families which are either rigid or chaotic, as well as either disengaged or enmeshed, do not provide the type of environment that nurtures healthy emotional or psychological development or effective coping and interpersonal skills in its members (especially adolescents). Further empirical research of the role of family structure and functioning in the development of alcoholic disorders may provide an expanded data base for understanding alcoholism and may offer family therapists new strategies for helping extreme families become more balanced.

Although it was not the purpose of the research, an interesting pattern of distribution on the four quadrants of the model emerged. The distribution indicated that the majority (77.0%) of the families of origin of alcoholic subjects fell into the lower left-hand quadrant on the model. Distribution in this quadrant indicates low to moderate cohesion and low to moderate adaptability. This finding is consistent with the findings of the Friedman, Utada and Morrissey (1987) study which found that 82% of the fathers and 94% of the mothers of adolescents with substance abuse problems classified the family as low on both cohesion and adaptability. Further research into this interesting finding might provide additional data on family structure and functioning for persons fitting the particular demographics and geographical location of this study.

#### Implications for Counselors

Counselors and therapists could find the Olson Circumplex Model useful in treatment planning and outcome evaluation with families already exhibiting alcoholic disorders or with families who appear to be at risk for the development of problems. Once the interactional patterns of a given family are

determined, intervention strategies could be developed to fit their particular patterns of organization, and a series of changes could begin to lead the family toward more balanced functioning. For example, an extreme family similar to the type of family found in this study (rigid and disengaged) could be helped to alter their interactional system from one of rigid, authoritarian leadership to one of more egalitarian, less controlling leadership. The extreme emotional and physical separateness of a disengaged family could be moved toward increased connectedness and autonomous functioning within the framework of family relationships. For families where alcoholism already exists, improved family functioning could be an important factor in helping the member in successful recovery from the addiction. Application of this model in the early stages of family dysfunction could provide the therapist with an invaluable tool in helping the family develop more balanced ways of interacting, thus reducing the likelihood of one or more members developing alcoholism or other disorders in the future.

## REFERENCES

- Beardslee, W. R., Son, L., & Vaillant, G. E. (1986). Exposure to parental alcoholism during childhood and outcome in adulthood: A prospective longitudinal study. British Journal of Psychiatry, 149, 584-591.
- Brook, J. S., Lukoff, I. F., & Whiteman, M. (1978). Family socialization and adolescent personality and their association with adolescent use of marijuana. Journal of Genetic Psychology, 133, 261-271.
- Cancrini, L., Cingolani, S., Compagnoni, F., Costantini, D., & Mazzoni, S. (1988). Juvenile drug addiction: A typology of heroin addicts and their families. Family Process, 27(3), 261-271.
- French, S. (1987). Family approaches to alcoholism: Why the lack of interest among marriage and family professionals? The Journal of Drug Issues, 17(4), 359-368.
- Friedman, A. S., Utada, A., & Morrissey, M. R. (1987). Families of adolescent drug abusers are "rigid": Are these families either "disengaged" or "enmeshed" or both? Family Process, 26, 131-148.

- Hill, R., & Rodgers, R. (1964). The developmental approach. In H. T. Christensen (Ed.). Handbook of marriage and the family. Chicago: Rand McNally.
- Holmes, S. J., & Robins, L. N. (1986). The influence of childhood disciplinary experience on the development of alcoholism and depression. Journal of Child Psychology and Psychiatry and Allied Disciplines, 28(3), 399-415.
- Killorin, E., & Olson, D. H. (1984). The chaotic flippers in treatment. In E. Kaufmann (Ed.). Power to change: Alcoholism. New York: Gardner Press.
- Kress, Y. (1989). Special issues of adult children of alcoholics. In G. W. Lawson & A. W. Lawson (Eds.) Alcoholism and substance abuse in special populations. Rockville, MD: Aspen.
- Mann, L. M., Chassin, L., & Sher, K. J. (1987). Alcohol expectancies and the risk for alcoholism. Journal of Consulting and Clinical Psychology, 55(3), 411-417.

- Maynard, P. E., & Olson, D. H. (1987). Circumplex model of family systems: A treatment tool in family counseling. Journal of Counseling and Development, 65, 502-504.
- Minuchin, S. (1974). Families and family therapy. Cambridge: Harvard University Press.
- Noone, R. J., & Reddig, R. L. (1976). Case studies in the family treatment of drug abuse. Family Process, 15, 325-332.
- Olson, D. H. (1986). Circumplex model VII: Validation studies and FACES III. Family Process, 25, 337-351.
- Olson, D. H., McCubbin, H. I., & Associates. (1983). Families: What makes them work. Beverly Hills: Sage Publications.
- Schuckit, M. A. (1972). A study of alcoholism in half-siblings. American Journal of Psychiatry, 128, 1132-1136.
- Silvia, L. Y., Sorell, G. T., & Busch-Rossnagel, N. B. (1989). Biopsychosocial discriminators of alcoholic and nonalcoholic women. Journal of Substance Abuse, 1, 55-65.

Stanton, M. D., Todd, T. C., & Associates. (1982).

The family therapy of drug abuse and addiction.

New York: Guilford Press.

Ziegler-Driscoll, G. (1981). The similarities in

families of drug dependents and alcoholics. In

E. Kaufmann & P. Kaufmann (Eds.), Family therapy

of drug and alcohol abuse. New York: Gardner.