DIFFERENT FAMILY FUNCTIONING PERCEPTIONS OF PARENTS AND CHILDREN IN ALCOHOLIC FAMILIES : A SHORT COMMUNICATION

Behçet ÇOŞAR, M.D., Zehra ARIKAN, M.D., Nesrin KOÇAL HİÇYILMAZ, M.D., Aslı ÇEPİK KURUOĞLU, M.D., Selçuk CANDANSAYAR*, M.D., Erdal IŞIK, M.D., Yıldız SERTCAN, Ph.D.,

Gazi University, Faculty of Medicine, Department of Psychiatry, Ankara, Turkey
Hatay State Hospital, Clinic of Psychiatry*, Antakya, Turkey
Gazi Medical Journal 7 : 119-122, 1996

***SUMMARY** : Family functioning of 50 alcoholic males, their heterosexual partners and 45 children was assessed using McMaster Family Assessment Device (FAD). The results suggest that there is hardly any consensus about family functioning in families of alcoholics. There is a major disagreement almost in all aspects of family functioning, taking into account information obtained from children, in close similarity with other alcoholic families in the world.*

***Key Words:** Alcoholism, Family Functioning, Children, Parents, Disagreement.*

INTRODUCTION

Alcoholism is a serious and common problem in Turkey. Difficulties with problem solving, boundaries, roles, communication and behaviour control are frequently observed in alcoholic families (4, 7, 8, 9, 10, 12). Parental alcohol dependency negatively affects physical, congnitive, emotional and social development of children (11). Black (8) and Braithwaite & Devine (3, 4) state that family members try to accomodate the drinking parent and restore balance by modifying their own behaviour, thus making life more bearable. Epstein et al (6) suggested that differences in perception of family functioning are worthy of empirical study. However differences in perceptions of family functioning by members of alcoholic families have not received much attention.

In this study we intended to explore the degree of agreement and differences between parents and children in perceptions of family functioning in Turkish alcoholic families. For this purpose we used Family Assessment Device (FAD) (6). We aimed to find out the problem areas in alcoholic families in order to be able to make an effective family therapy plan.

MATERIALS AND METHODS

Our study group included 50 alcoholic male patients from Gazi University, Faculty of Medicine, Alcoholism Treatment Center, their heterosexual partners and 45 children. According to DSM IV criteria (1) patients were alcohol dependent. Subjects having psychosis, other mental disorders and organic problems which could affect mental status were excluded. Alcoholic patients were sober at least for 10 days when they filled the questionnaire. Only the children above 12 years old were asked to fill the questionnaire.

Each member of the families were given McMaster Family Assessment Device (FAD) and were asked to fill the questionnaire without being influenced by others.

The FAD is a 60-item self report questionnaire designed to assess the dimensions of the McMaster

Model of Family Functioning (6). Its validity and reliability for Turkish population was done by Bulut (5). It contains 7 scales measuring 7 different dimensions of family functioning by using a 4-point forced choice Likert format : strongly agree, agree, disagree and strongly disagree.

Scale 1 (Problem Solving) refers to the ability of the family to resolve problems at a level that maintains effective family functioning. Scale 2 (Communication) shows the level of the communication and the exchange of information between family members and the directness of verbal messages. Scale 3 (Roles) measures how the important family functions such as provision of resources are distributed among family members. Scale 4 (Affective Responsiveness) assesses whether family members experience appropriate joy and sadness and able to share feelings with each other. Scale 5 (Affective Involvement) shows how family members are interested in each other's activities and concerns. Scale 6 (Behaviour Control) assesses the manner in which a family expresses and maintains standards for a family member's behaviour. Scale 7 (General Functioning) assesses the overall health or pathology of the family.

In evaluating the device cut-off point was taken as 2.00. Points above 2.00 were taken as "unhealthy" and those below 2.00 were evaluated as "healthy". Student's t-test for unpaired samples was used for statistical analysis.

RESULTS

The patients had a mean age of 40.1, whereas the mean ages of their wives and children were 36.3 and 16.2 respectively.

The family functioning of the sample as a whole was relatively unhealthy. Table 1 displays the mean scores of parent and children scales. The means of three parent FAD scales and seven children FAD scales were in the pathological range. There were statistically significant difference between problem solving, communication, affective responsiveness, affective involvement and general functioning scale means of parents and children.

Although the roles and behaviour control scale means of children were in the pathological range, there was relatively good agreement between parents and children on these family functioning areas.

DISCUSSION

Parental alcohol dependency poses a risk to children's cognitive, emotional and social development (4, 11) and there is a link between alcoholism and family conflict (4, 12). There is an adjustment to parental alcoholism among the members of the alcoholic family. Playing out certain roles makes life more bearable for the

FAD Scale Means (*)					
	Pa (n=50)		COA (n=45)		t, p<0.05
FAD Scale	**M**	**SD**	**M**	**SD**	
Problem Solving	2.02	(.47)	2.45	(.68)	.002 (+)
Communication	1.91	(.42)	2.15	(.49)	.034 (+)
Roles	2.07	(.54)	2.2	(.53)	0.26
Affective Respon.	1.97	(.43)	2.41	(.39)	.002 (+)
Affective Involv.	2.25	(.64)	2.02	(.51)	.024 (+)
Behaviour Control	1.95	(.45)	2.11	(.52)	0.13
General Functioning	1.9	(.39)	2.17	(.53)	.045 (+)

(*) Higher FAD scores indicate more family dysfunction
Pa : Parents
COA : Children of alcoholics
M : Mean
SD : Standard deviation
(+) Statistically significant difference between means
Affective Respon. : Affective Responsiveness
Affective Involv. : Affective Involvement

Table 1 : Level of family dysfunction.

members but it may have negative effects on the children's psychological status (3, 4).

The results of this study indicated that parents and their children had somewhat different perceptions of their family functioning. Parents and children did not agree at all on their perceptions of functioning about problem solving, communication, affective responsiveness, affective involvement and general functioning. The children especially got pathological (unhealthy) points in these family functioning areas.

General Functioning Scale (Scale 7) assesses the overall health or pathology of the family. The children of alcoholics define their family as pathologic or unhealthy when compared with their parents.

Problem solving refers to the family's ability to resolve problems at a level that maintains effective family functioning. As seen in Table, according to the children of alcoholics their families have difficulties in resolving problems.

As indicated by children there is no good agreement about sharing thoughts (Communication Scale) (Scale 2) among members in alcoholic families. However in our other study comparing the perceptions of family functioning of alcoholics and their wives, we found a pathological consensus about how well the family works (2).

These findings suggest that in alcoholic families; family conflict, communication problems, and pathological consensus among parents about how well the family works, restrict the children to share thoughts and feelings with their parents and lead them to define their families as unhealthy. These results show that the children's perception of their family is more realistic than their parents' perception and that they can not accommodate the pathological consensus of their parents or the drinking parent.

Affective Involvement Scale (Scale 5) measures the area of functioning in the family that is related to the proper maintenance of the boundaries. It assesses whether family members maintain an appropriate degree of involvement with other members (8). It is obviously not healthy in these families as indicated by the children.

In alcoholic families the family members try to accommodate the drinking parent by modifying their own behaviour and playing certain roles (3, 4).

As seen in the table, there is no significant difference between the parents and children in their perceptions of role distribution in their families.

Evaluating all scales as a whole, it is seen that there is a major disagreement about family boundaries. These results indicate that the endeavour of the alcoholics and their wives in obtaining a pathological consensus about how their families work well, leads to difficulties in their communication with their children and shows their inadequacy in solving problems. However there is no significant difference between parents and children in their perception of role distribution in the families which show their struggle to make life more bearable and to accomodate the drinking parent. This finding is in agreement with the statement made by Black and Braithwaite : children take on an adult role long before it is due, some of them have an overdeveloped sense of responsibility while some ignore the problems at home and become detached. Some show antisocial behaviour and diffuse tension at home, some act as "a go-between", while others are more empathetic and supportive (3, 4).

It is interesting to see that the children of alcoholics brought up in a different cultural perspective in Turkey, perceive family functions same as those in Europe and America.

The results of this study suggest that while there is hardly any consensus about how well the family works in alcoholic families, generally there is a major disagreement almost in all aspects of family functioning in Turkish alcoholic families taking into account information obtained from children, similar to the other alcoholic families in the world.

Correspondence to : Dr.Behçet ÇOŞAR
Gazi Üniversitesi Tıp Fakültesi
Psikiyatri Anabilim Dalı
Beşevler
06500 ANKARA - TÜRKİYE
Phone : 312 - 214 10 00 / 5407

REFERENCES

1. American Psychiatric Association : Diagnostic and Statistical Manual of Mental Disorders. Washington DC : American Psychiatric Association Press, 1994; 28-32.
2. Arıkan Z, Çoşar B, Koçal N, Candansayar S, Işık E, Sertcan Y : Alkol bağımlıları ve eşlerinin aile işleyişlerini değerlendirme biçimlerinin karşılaştırılması. presented in 30th National Psychiatry Congress in Turkey 1994; 30-31.
3. Black C : Children of alcoholics. Alcohol Health and Research World 1979; 4 : 23-27.
4. Braithwaite V, Devine C : Life satisfaction and adjustment of children of alcoholics : the effects of parental drinking, family disorganization and survival roles. British Journal of Clinical Psychology 1993; 32 : 417-429.
5. Bulut I : Ruh hastalığının aile işlevlerine etkisi. Başbakanlık Kadın ve Sosyal Hizmetler Müsteşarlığı Yayını, Ankara 1993; 13-18.
6. Epstein NB, Baldwin LM, Bishop DS : The McMaster Family Assessment Device. Journal of Marital and Family Therapy 1983; 9 : 171-180.
7. Jacob T, Krahn GL : Marital interactions of alcoholic couples : comparisons with depressed and nondistressed couples. Journal of Consulting and Clinical Psychology 1988; 56 : 73-79.
8. McKay JR, Longabaugh R, beattie MC, Maisto SA, Nora EN : Changes in family functioning during treatment and drinking outcomes for high and low autonomy alcoholics. Addictive Behaviours 1993; 18 : 355-363.
9. Moos RH, Moss B : The process of recovery from alcoholism III : comparing functioning in families of alcoholics and matched control families. Journal of Studies on Alcohol 1984; 45 : 111-118.
10. Werner EE : Resilient offspring of alcoholics : a longitudinal study from birth to age 18. Journal of Studies on Alcohol 1986; 47 : 34-40.
11. West MO, Prinz RJ : Parental alcohol dependency and childhood psychopathology. Psychological Bulletin 1987; 102 : 204-218.
12. Woodside M : Research on children of alcoholics : past and future. British Journal of Addiction 1988; 83 : 785-792.