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Developmental Task Attainment in Adolescents from Families with a Recovering Alcoholic or Active Alcoholic Father

The problem under consideration is the issue of adolescent developmental tasks in families with alcohol-related problems, especially in families which contain one or more treated alcoholics. In the present work it was hypothesised that the treatment of alcoholic fathers would be one of the more important protective factors in families coping with alcoholism. The participants of the study included 91 children, aged 17-18. The research sample was comprised of three groups: 31 children of active alcoholics, 30 children of treated alcoholics, and 30 children of non-alcoholic parents. In general, the results of the study highlight the roles of temperament and parenting practices in the progress of developmental tasks. The data revealed that family characteristics were correlated to the predictors of these tasks. The groups used in the study were differed according to the factors of their developmental tasks.

Keywords: *children of alcoholics, alcoholic parents under treatment, high-risk development, protective factors, developmental tasks*

Background

What conditions for development are provided to children by a family with an alcohol-dependent father who has started an alcoholism treatment program, is striving to maintain sobriety or is a recovering alcoholic? Despite numerous studies on the children of alcoholics, it is still difficult to find a satisfactory answer to this question in the literature. Speculation prevails over those research findings that might explain the impact that a recovering alcoholic father has on the attainment of developmental tasks by his offspring. When we consider the phenomenon of a significant increase in stress levels in families with a father staying sober for unprecedented periods of time, it is not clear whether this situation provides the child with a chance for successful development or rather constitutes another developmental risk (Cierpialkowska, 1997; Steinglass, Wolin, Bennett & Reiss, 1993). The family system, its rules, and roles played by family members are bound to change, leading to the activation of more, or less, desirable processes and phenomena. It should be noted that due to the steadily increasing number of alcoholics who agree to undertake treatment, more and more children are faced

with such a situation. Neither parents, nor educators and psychologists actually know much about this problem, and their positive expectations tend to exceed their knowledge about the effects of a father's recovery from alcoholism on a child's development.

Developmental task attainment in families with an active alcoholic or recovering alcoholic father

Using integrative concepts and models of developmental psychopathology that propound the significance of biological, personality and social (intra- and extra-familial) factors, attempts are made to explain the determinants and mechanisms of health or disorders in children at various stages of life. From the perspective of lifespan, health is most often defined in terms of the right timing, i.e. mastering developmental tasks during the appropriate stages of the child's development. On the other hand, disorders are conceived as being either a delay or a series of deficits in the successful performance of these tasks, or as the internalization or externalization of problems. The former approach originates from various theories of developmental

psychology (cf. Brzezińska, 2000; Bee, 2008), while the latter is based rather on developmental psychopathology models (cf. Cicchetti, 1993; Achenbach, 1982, 1987). The externalization of problems is typically manifested in the form of conduct disorders, alcohol abuse in early adolescence, oppositional defiant disorder or truancy, while the sequelae of internalization include anxiety disorders, depression, alienation feelings, psychosomatic reactions, and substance dependence emerging in later stages of life (Sher, Trull, Bartholow & Vieth, 2003; Eiden, Edwards & Leonard, 2007)

Comparative studies gave rise to a widespread opinion that children of alcoholics are at a high risk of developmental problems. Children from families with an alcoholic parent, as compared to those from families where alcohol is not a problem, tend to display a greater number of conduct disorders due to both externalizing (behavior disorders, ADHD, over-impulsiveness) and internalizing problems (depression, anxiety), as well as more numerous difficulties in interpersonal and social relationships (Zucker et al., 2000; Bennett, Wolin & Reiss, 1988; Johnson & Rolf, 1988; Rolf et al., 1988). The increased risk of behavior disorders was found in studies following qualitatively different developmental paths that result from the onset of a father's alcohol problems and a mother's affective disorders at various stages of a child's and adolescent's life (Fitzgerald, Davies & Zucker, 2002; Ellis, Zucker & Fitzgerald, 2000; Chassin, Rogosch & Barrera, 1991). Research findings have confirmed that children of alcoholics encounter considerable difficulties during the performance of selected developmental tasks of adolescence. They seem to have problems in attaining mature interpersonal relationships (Eiden, Colder, Edwards & Leonard, 2009), with identity formation based on an integrated sense of self (Beletsis & Brown, 1981), the course of identification and undertaking various gender roles (Brown, 1990), as well as with life management skills and constructive planning for the future (Robinson & Woodside, 1998). Failures in coping with the challenges of adolescence may consolidate any existing psychosocial problems or activate pathomechanisms that determine the specific developmental paths in children of alcoholic parents (cf. Obot & Anthony, 2004; Fitzgerald, Davies & Zucker, 2002).

One of the first attempts to explain how parental alcoholism affects children was made by Ackerman (1983) who found that irrespective of whether it was the father or the mother who had alcohol problems, emotional tension in both parents impaired their ability to take care of the child and to create a developmentally appropriate environment. Referring to the Eriksonian tradition he explained how parenting deficits can prevent the child from mastering developmental tasks and from successfully coping with crises typical of a given life stage. The difficulties and deficits that alcoholic parents face in fulfilling tasks resulting

from their family roles may be generally divided into two categories: firstly, specific alcohol-related deficits, directly due to the impact of alcohol on the functioning and parental role performance by the alcoholic or non-alcoholic parent (e.g. the alcoholic parent's aggressive behavior in enforcing the children's duties, parental absence in situations where the child needs support), and secondly, non-specific deficits, indirectly resulting from alcohol abuse or preceding the onset of alcohol dependence (e.g. general immaturity of the parents prior to the emergence of alcohol problems, or their low ability to identify and tune to the child's developmental needs) (cf. Cierpiałkowska, 2005; Patterson, 1982).

Alcoholism of the father and affective disorders, particularly depression, often developed by the mother, considerably reduce their ability to effectively perform parental roles. Research findings suggest that parenting deficits affecting the parent-child relationship include a parental inability to express warmth and sensitivity to the child's needs for attachment and dependence, as well as a failure to properly control the attainment of self-dependence and autonomy by the child (Eiden, Edwards & Leonard, 2007; Johnson, 2001; Sheridan & Green, 1993; Morehouse & Richards, 1982). Moreover, besides normative stressful events resulting from the development of individual family members and the family system as a whole, there is also an accumulation of non-normative stressful events directly related to the father's alcoholism (cf. Connell & Goodman, 2002). This particular situation may increase the risk of a delay (or inappropriate timing) in the mastery of developmental tasks by children raised in alcoholic families.

To what extent does the child's developmental situation change in families where an alcohol dependent parent has started treatment? Since few studies have investigated this problem, only indirect references about such changes can be made on the grounds of the stages of recovery of the alcoholic and his female partner (Cierpiałkowska, 1994, 1997; Collins, 1990; Brown, 1990). An analysis of the potential risk and protective factors encountered in families with an alcoholic in treatment indicates that while in the initial stage of recovery risk factors prevail, in later stages potential resources predominate, of course only if efforts at sobriety maintenance are accompanied by mental and social changes in both parents. Steinglass et al. (1993), the authors of one of the first concepts that describe the functioning of the family with a recovering alcoholic, report that some families remain unchanged (the alcoholic family system transforms into a family system for alcoholism treatment), while others undergo a profound re-organization accompanied by a variety of stressful events. The initial stage of alcohol recovery is focused mostly on maintenance of abstinence, where the alcoholic has to cope with difficult life situations without alcohol. Only when this task is mastered, are prerequisites for the

alcoholic's participation in the family attained, so that he can work together with other family members on new principles for the functioning of the family, new patterns of relationships and on communication. When the recovering alcoholic begins to perform some tasks associated with family roles, his female partner frequently responds by experiencing various problems, sometimes even including mental disorders (Wegscheider-Cruse, 2000). It is only in the later stages of alcohol treatment and recovery that changes in the family structure and organization become more stable. From the perspective of the dynamics of the alcoholic's and his partner's recovery process, these stages seem to be the most appropriate ones for working out a new parenting style. The author's current research findings (Cierpialkowska, 1994, 1997) suggest that alcoholic fathers become more active and involved in family roles no earlier than after about five years from the beginning of their treatment.

If the process of parental recovery takes so long, how can this affect the timing of developmental task attainment by adolescents in transition from childhood to adulthood? In this period, developmental changes occur in all the three dimensions of the individual's life: biological, psychological and social. For adolescents this translates, above all, into a necessity to cope with threefold challenges: (1) coping with peer pressure while remaining in satisfactory relationships with peers, (2) maintaining balance between the adolescent's developing independence and a need for attachment and belonging to the family, and (3) creating a vision of his/her own future occupation and employment (Brzezińska, 2000; Jacob Leonard, 1994; Havighurst, 1981). The process of mastering these tasks and the timing of their completion are determined by an interaction of risk and protective factors - biological, psychological and familial. Biological risk and protective factors are manifested, among others, in the specific structure of temperamental traits in children of alcoholics (Jester, Zucker, Wong, Puttler & Fitzgerald, 2008); psychological risk factors include, first and foremost, the degree of coping strategy differentiation as well as aggression and/or anxiety levels (Sher, Trull, Bartholow & Vieth, 2003; Fitzgerald, Davies & Zucker, 2002), while the social factors encompass the influence of the familial and extra-familial environments (cf. Connell & Goodman, 2002).

State-of-the-art knowledge about the functioning of families with a recovering alcoholic parent and about the effects that any phenomena which occur during this process might have on the course of the children's and adolescents' development still remains in the domain of theoretical speculation. Therefore, it is essential to answer three crucial questions: (1) whether children of recovering alcoholics differ from those of active alcoholics in terms of their mastery of the developmental tasks of adolescence; (2) whether any possible differences in the

level of developmental task attainment may be explained by the children's temperamental traits, life experiences and perceived parenting performance in their families; (3) whether the level of attainment of the developmental tasks of adolescence is related to any specific configuration of subjective and parental risk and protective factors, such as the child's temperamental traits, a subjective assessment of his/her experiences in life, and perceived parenting performance.

Method

Sample

The participants used in this study were recruited through alcoholism treatment units, self-help groups of Alcoholics Anonymous, and school counselors. The research procedure consisted of two stages: after consent had been obtained from both the adolescents who qualified for the study and their parents, the study itself was conducted.

The participants in the study consisted of 91 adolescents aged 17-18, divided into three comparative groups: (1) children of active alcoholics (30), i.e. of alcohol-dependent fathers never treated for alcoholism; (2) children of recovering alcoholics (31), i.e. of alcohol-dependent fathers maintaining abstinence for at least five years prior to the commencement of the study, and regularly attending AA meetings, and (3) controls (30) – children from families without an alcohol problem.

The distribution of sociodemographic characteristics, including parental education level, number of siblings, and a subjective rating of the economic status of the families, was similar in all the study groups.

Measures

The dependent variable, or developmental task performance, was measured using the Questionnaire for Attainment of Developmental Tasks (QADT) by Grzegorzewska (2006). The tool consists of three scales which assess performance of the following basic developmental tasks of adolescence: establishing new and more mature relationships with peers of both genders, gaining emotional independence from parents, and the planning of one's own future. The QADT has sound psychometric properties, reliability coefficients obtained for a sample of 120, range from 0.77 to 0.92 (Grzegorzewska, 2006).

The independent variables included: temperamental traits, life experiences, and perceived parenting performance.

Temperamental traits were measured using the 57-item Strelau Temperament Inventory STI (Strelau & Zawadzki, 1998), which incorporates three basic scales: Strength of Excitation (SE), Strength of Inhibition (SI), and Mobility

Table 1

Realization of developmental tasks - comparison of children of alcoholics not under treatment, children of alcoholics under treatment and the control group.

Dependent Variable	(I) group	(J) group	mean difference(I-J)	standard error	statistical significance
Developmental task – peer contacts	children of alcoholics not under treatment	children of alcoholics under treatment	-1,856	,866	,087
		control group	-3,523(*)	,866	,000
	children of alcoholics under treatment	children of alcoholics not under treatment	1,856	,866	,087
		control group	-1,667	,873	,142
Developmental task – achieving independence	children of alcoholics not under treatment	children of alcoholics under treatment	-,154	,791	,979
		control group	-2,320(*)	,791	,012
	children of alcoholics under treatment	children of alcoholics not under treatment	,154	,791	,979
		control group	-2,167(*)	,797	,021
Developmental task – planning for the future	children of alcoholics not under treatment	children of alcoholics under treatment	-1,448	,806	,177
		control group	-2,815(*)	,806	,002
	children of alcoholics under treatment	children of alcoholics not under treatment	1,448	,806	,177
		control group	-1,367	,813	,218
General level of the realization of developmental tasks	children of alcoholics not under treatment	children of alcoholics under treatment	-3,458	1,893	,167
		control group	-8,658(*)	1,893	,000
	children of alcoholics under treatment	children of alcoholics not under treatment	3,458	1,893	,167
		control group	5,200(*)	1,909	,021

* The mean difference is significant: at the level of .05

Source: author's own research

of Nervous Processes (MNP). Moreover, the balance of nervous processes was assessed as a ratio of the strength of excitation (SE) to strength of inhibition (SI). The STI has a satisfactory internal consistency and stability (Strelau & Zawadzki, 1998).

The life experiences of the adolescents were measured using the Life Experiences Scale (LES), allowing for the assessment of normative and non-normative events in the following four areas: education, social-familial and social-extrafamilial relationships, as well as traumatic and exceptional events. The tool belongs to the ordinal scale type. Through its use, the following LES indicators can be computed: (a) the number of positive and negative experiences/events as perceived by the subject, and (b) the intensity of these experiences (Grzegorzewska, 2006).

The Questionnaire of Parental Functioning (QPF) measured two dimensions of perceived parenting performance, with the two subscales of attachment (26 items) and control (25 items). The questionnaire seems to have sound psychometric parameters; reliability coefficients for the two subscales, both for mothers and fathers, ranged from 0.89 to 0.97. The validity of the scale based on an evaluation of intergroup differences turned out to be satisfactory (Grzegorzewska, 2006).

Results

Prior to the verification of the research questions posed in the study, the potential effect of gender on the level of the dependent and independent variables distinguished in the study was checked. Since the measurement of life events represents an ordinal scale, the Mann-Whitney U Test was used to analyze these data.¹ The remaining variables were analyzed using Student's *t*-test. Gender turned out to have no differentiating effect on any of the independent and dependent variables, therefore the data for males and females were analyzed jointly.

Analysis of intergroup differences

Developmental task performance

Significant differences between the compared groups of adolescents were found regarding the mastery of selected developmental tasks (Table 1). The significance of intergroup differences was assessed using a one-way ANOVA followed by Tukey's post hoc tests.

When compared to adolescents from non-alcoholic families, ($M^1 = 24.20$; $SD = 3.13$; $M^2 = 22.3$; $SD = 2.44$;

1 The SPSS version 11.5 was used for statistical analysis.

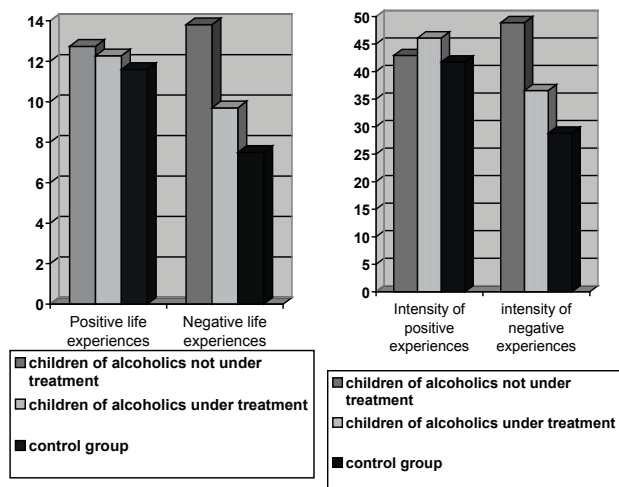


Figure 1. The level of life experiences in the examined groups.
Source: author

$M^3 = 21.27$, $SD = 2.82$), children of active alcoholics were characterized by a significantly lower level of performance on all developmental tasks under study ($M^1 = 20.68$, $SD = 3.62$; $M^2 = 20.61$, $SD = 3.09$; $M^3 = 18.45$, $SD = 3.33$; $p < 0.05$). On the other hand, the performance of children of recovering alcoholic fathers on two developmental tasks: planning for the future ($M^3 = 19.90$, $SD = 3.2$) and peer relationships ($M^1 = 22.53$, $SD = 3.36$), did not differ significantly from that of either offspring of active alcoholics ($M^3 = 18.45$, $SD = 3.33$; $M^1 = 20.68$, $SD = 3.62$), or adolescents raised in non-alcoholic families ($M^3 = 21.27$, $SD = 2.82$; $M^1 = 24.20$; $SD = 3.13$; $p < 0.05$). In comparison to the latter group (scoring $M^2 = 22.93$; $SD = 2.44$), children of recovering alcoholic fathers, similarly to children of active alcoholics, displayed significantly lower levels of mastery of the task: independence from parents ($M^2 = 20.77$ and 20.61 ; $SD = 3.60$ and 3.09 , respectively, $p < 0.05$).

Temperamental traits

Nonparametric tests for differences indicate that the distribution of temperamental traits including strength of excitation and strength of inhibition, mobility and balance of nervous processes was similar in the three groups under study. It is particularly surprising that none of the investigated temperamental variables differentiated between the adolescents. The research findings do not corroborate Cloninger's theory about differences in temperamental traits between children from alcoholic families and those from families without an alcohol problem.

Life experiences

The levels of positive experiences were similar in the groups (see Fig. 1). However, significant differences were found in both variables describing negative experiences. As compared to adolescents from non-alcoholic families

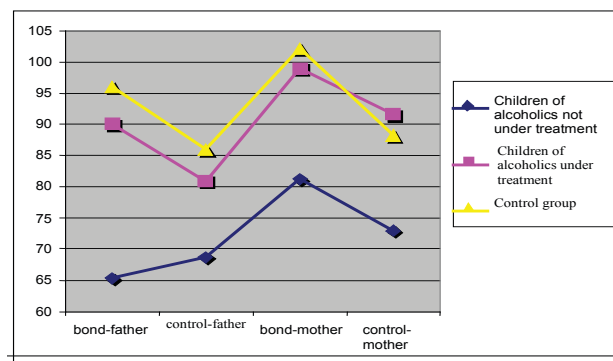


Figure 2. The performing of parental functions in the examined groups
Source: author

($R^1 = 34.28$; $R^2 = 34.17$), children of alcoholic fathers, both active ($R^1 = 56.31$; $R^2 = 53.16$) and recovering ($R^1 = 47.07$; $R^2 = 50.43$), had significantly more negative life experiences of a significantly higher intensity ($\chi^2 = 10.72$; $df = 2$; $p < 0.05$).

Perceived parenting performance

The data presented in Table 2 show significant intergroup differences regarding the parenting dimensions distinguished in the study (the results of a one-way analysis of variance followed by Tukey's post hoc tests).

Children of active alcoholic fathers turned out (see Fig. 2) to have the lowest scores in the factor of perceived parental bond and control, both on the part of the father ($M^1 = 65.35$; $SD = 26.89$; $M^2 = 68.77$; $SD = 19.32$) and the mother ($M^1 = 81.26$; $SD = 20.36$; $M^2 = 72.94$; $SD = 15.3$; $p < 0.05$). Among the compared groups, active alcoholic fathers had the worst relationships with their teenage children. They were also characterized by the lowest level of parental control and by a poor ability to exert consistent discipline in the child-rearing process. On the other hand, there were no statistically significant intergroup differences between children of recovering alcoholic fathers ($M^1 = 90$; $SD = 27.39$; $M^2 = 80.93$; $SD = 21$) and the controls ($M^1 = 96.03$, $SD = 21.73$; $M^2 = 85.87$, $SD = 18.25$), with regards to the perceived parenting performance of the father in the dimensions of bond and control (see Fig. 2). The same holds true for the mother's perceived parenting performance: the controls ($M^1 = 102.13$; $SD = 22.89$; $M^2 = 88.23$; $SD = 15.87$) did not differ significantly from the children of recovering alcoholic fathers ($M^1 = 98.93$; $SD = 24.92$; $M^2 = 91.6$; $SD = 13.7$).

Predictors of developmental task attainment

The main aim of the study was to seek an answer to the question: what variables determine the differences between children of active alcoholic fathers and those of recovering alcoholic fathers in the attainment of developmental tasks?

A hierarchic regression analysis was employed in order to learn if the level of developmental task attainment in the three compared groups is, to a larger extent, determined by

Table 2
Perceived parenting performance- comparison of children of alcoholics not under treatment, children of alcoholics under treatment and the control group.

	(I) group	(J) group	Mean difference (I-J)	Standard error	Statistical significance
Bond-father	Children of alcoholics not under treatment	Children of alcoholics under treatment	-24,645(*)	6,527	,001
		Control group	-30,678(*)	6,527	,000
	Children of alcoholics under treatment	Children of alcoholics not under treatment	24,645(*)	6,527	,001
		gr. kontrolna	-6,033	6,581	,631
	Control group	Children of alcoholics not under treatment	30,678(*)	6,527	,000
		Children of alcoholics under treatment	6,033	6,581	,631
Control-father	Children of alcoholics not under treatment	Control group	-12,159(*)	5,010	,045
		Children of alcoholics not under treatment	-17,092(*)	5,010	,003
	Children of alcoholics under treatment	Children of alcoholics not under treatment	12,159(*)	5,010	,045
		Control group	-4,933	5,050	,593
	Control group	Children of alcoholics not under treatment	17,092(*)	5,010	,003
		Children of alcoholics under treatment	4,933	5,050	,593
Bond-mother	Children of alcoholics not under treatment	Children of alcoholics under treatment	-17,675(*)	5,752	,008
		Control group	-20,875(*)	5,752	,001
	Children of alcoholics under treatment	Children of alcoholics not under treatment	17,675(*)	5,752	,008
		Control group	-3,200	5,798	,846
	Control group	Children of alcoholics not under treatment	20,875(*)	5,752	,001
		Children of alcoholics under treatment	3,200	5,798	,846
Control-mother	Children of alcoholics not under treatment	Children of alcoholics under treatment	-18,665(*)	3,840	,000
		Control group	-15,298(*)	3,840	,000
	Children of alcoholics under treatment	Children of alcoholics not under treatment	18,665(*)	3,840	,000
		Control group	3,367	3,871	,661
	Control group	Children of alcoholics not under treatment	15,298(*)	3,840	,000
		Children of alcoholics under treatment	-3,367	3,871	,661

* The mean difference is significant: at the level of .05

Source: author's own research

the subject and family variables of the adolescents or by the fact that they belonged to a group of families of recovering alcoholics, active alcoholics or to the control group (Cohen, Cohen, 1983)². The analysis aimed to provide an answer to the question of whether the observed developmental differences between the participants arise from the effects of the group structure of the data, which results from clustering, or from the individual differences between them. The results of the final models of the hierarchic regression analysis conducted in the stepwise method are presented in table 3.

The results show that different subject and family variables and the fact of being raised in an alcoholic family are significant factors in explaining the differences among the participants in the scope of the level of developmental task attainment: reaching independence, planning for the

future, relationships with peers and the general level of all tasks. It was proved that, in reference to all three tasks, it is a fact that when an adolescent comes from a family with a problem of alcohol addiction, not that he/she is a child of an alcoholic who has been in recovery for five years, it stands as a significant predicate.

The overall level of developmental task attainment may be predicted on the basis of three variables, i.e. the father's alcoholism, the strength of the bond between the child and the mother and the mobility of nervous processes. Introducing further variables into the regression model does not increase, but in fact decreases the explanatory power of the reasons for developmental task attainment. The level of the bond with the mother and the mobility of nervous processes remain important for reaching an increasing independence and satisfying peer relationships. On the other hand, the developmental task of planning for the future displays a significant negative relationship when considering the children of alcoholics. However, the relationship is positive between the level of control

² In Polish literature, a detailed analysis of the conditions of using the hierarchic linear model method was provided by P. Radkiewicz and M. W. Zieliński in the article Hierarchiczne modele liniowe. Co nam dają i kiedy warto je stosować. *Psychologia Społeczna*, 2010, 5, 217-233

Table 3
The final models of the hierarchic regression analysis.

	beta	se	stand. beta	t	p value
Developmental task attainment - sum (adj. R2 = 33.1%, F (3, 87) = 15.874, p < .001)					
Intercept	53,325	3,342			
Alcoholism	-5,119	1,531	-0,297	-3,343	0,001
Bond-mother	0,094	0,035	0,277	2,675	0,009
Mobility of nervous processes	0,946	0,412	0,235	2,297	0,024
Independence (adj. R2 = 13.7%, F (2, 88) = 8.115, p < .001)					
Intercept	19,84	1,488			
Alcoholism	-1,876	0,69	-0,274	-2,719	0,008
Bond-mother	0,03	0,014	0,225	2,235	0,028
Planning for future (adj. R2 = 29,9%, F (4, 86) = 10.608, p < .001)					
Intercept	11,317	1,888			
Alcoholism	-1,386	0,639	-0,197	-2,169	0,033
Control-mother	0,052	0,022	0,267	2,33	0,022
Strength of excitation	0,447	0,177	0,229	2,533	0,013
Relationship with peers (adj. R2 = 23,2%, F (4, 86) = 7.793, p < .001)					
Intercept	19,311	1,671			
Alcoholism	-2,604	0,878	-0,338	-2,968	0,004
Mobility of nervous processes	0,422	0,198	0,234	2,128	0,036

and disciplining by the mother and the total amount of positive experiences in the child's life cycle. In the light of the research, we may assume that factors such as: the mobility of nervous processes and maintaining a bond with the mother who is in control, are significant resources, which enable the development of adolescents from families suffering from alcohol problems.

Summary and discussion

Developmental psychology and psychopathology confirm that the level of developmental task attainment at the appropriate stage of life is a significant predictor not only of mental health, but also of behavior disorders and psychological problems in the individual's life cycle (Windle & Davies, 2003; Cicchetti & Rogosch, 2002; Newcomb, 1996). A description of a specific configuration of risk and protective factors that affect the timing of developmental task mastery, especially in children of alcoholic parents, has posed a great challenge to researchers. An assumption has been made that alcohol treatment undertaken by an alcohol-dependent parent is associated with a change in the conditions for the children's development in the family, and that the altered familial environment may be regarded as either a risk factor or a protective factor, since both positive and negative changes are possible in parental role fulfillment by the mother and father (Cierpiałkowska, 1997). The results of the study, to some extent, allow for establishing determinants of developmental task attainment

in children of recovering alcoholic or active alcoholic fathers, with reference to a comparative group.

Some general conclusions can be drawn from the analyses of the research findings obtained from three groups of children: with active alcoholic fathers, recovering alcoholic fathers attending AA meetings for over five years, and children from non-alcoholic families. Firstly, children of recovering alcoholics perform their developmental tasks, such as establishing more mature relationships with peers of both genders, and planning their future, at a level similar to that found in children of active alcoholic fathers and the control group. It should be noted that, relatively-speaking, the lowest developmental task attainment level was displayed by adolescents with active alcoholic fathers. Secondly, there was no observation of any impact on the attainment of developmental tasks derived from the fact that a father was continuing to undergo treatment. Finally, similar subjective and familial factors determined the level of developmental task attainment in children of active alcoholic fathers and those of alcoholic fathers recovering for over five years.

However, with regards to the task of gaining independence from parents, the self-rated attainment level turned out to be differentiated. Surprisingly, children from alcoholic families, irrespective of whether their father was an active alcoholic or recovering alcoholic, displayed a low level of activity in the area of gaining autonomy and independence from their parents. Several non-contradictory interpretations of the finding seem possible. Firstly, the striving for independence that the adolescents have may

not be supported by their parents, i.e. neither by the usually overprotective mother nor by the father only very recently involved in the child-rearing process. It is also possible that the alcoholic father's abstinence from alcohol and any associated undertaken recovery efforts might create a new situation in the family. The children at long last can enjoy emotional accessibility and the presence of their parents, and make up for their lost childhood – all of which does not promote any activities aimed at their gaining self-dependence and autonomy. Finally, their difficulties in attaining tasks associated with independence from the parents may be due to the phenomenon of co-dependence that also affects children in alcoholic families and hampers the process of their independent transition into adulthood (this is associated, above all, with anxiety and the blurring of self-others boundaries in interpersonal relations) (cf. Margasiński, 2010; Connell & Goodman, 2002).

The results are inconsistent with social expectations, according to which an alcoholic father who has been practising abstinence and recovering for five years should have a positive influence on the development of his children. No significant differences were observed in the level of developmental task attainment among children of recovering alcoholics and children from families without an alcohol addiction problem. However, there were also no differences between the children of recovering and active alcoholics. Despite the fact that the father has been practising abstinence for five years and remains sober in the period in which he has particular meaning for the course of development (cf. research review Connell, Goodman, 2002) the influence of the father, and of the fact that he has been in recovery, on developmental task attainment, was not observed. The hierarchic regression analysis clearly indicates that being a child of an alcoholic parent reduces the child's chances for proper development. The lack of a positive statistical relationship between an alcoholic father who practises abstinence, and developmental task attainment allows for the formulation of two assumptions: either the alcoholics, who are recovering in alcoholics anonymous, apart from being sober, do not change the way they function in the family (Cierpiałkowska, 1997), or rebuilding the broken ties between the parent and the child is a very slow and difficult process. Perhaps it requires specialist psychological assistance, especially when the children enter adolescence.

A comparison of the developmental task attainment determinants in families with an active alcoholic or recovering alcoholic father and in non-alcoholic families shows that the hypothesis about the effect of the child characteristics and familial environment specificity on the course of the child's development was empirically corroborated. The overall level of developmental task attainment may be predicted on the basis of three variables, i.e. the father's alcoholism, the strength of the bond

between the child and the mother and the mobility of nervous processes. The level of the bond with the mother and the mobility of nervous processes remain important for obtaining increasing independence and satisfying peer relationships. On the other hand, the developmental task of planning for the future continues to display a significant negative relationship when considering the child of an alcoholic. However, the relationship is positive between the level of control and disciplining by the mother and the total number of positive experiences in the child's life cycle. It was demonstrated that maintaining a bond with the mother and the mobility of nervous processes, which enable the formulation of more adaptive behaviours in a changing situation, are relevant predicates of the attainment of developmental tasks of adolescence.

The pattern of variables affecting the attainment of developmental tasks turned out to be different in each of the three groups studied. On the grounds of the obtained results, the following factors that facilitate developmental task fulfillment could be distinguished: (1) in the group of children of active alcoholic fathers it was the mother's parenting performance – high levels of attachment and control; (2) in children of recovering alcoholic fathers – the adolescents' temperamental traits, i.e. a high strength of inhibition, mobility and balance of nervous processes, as well as high levels of positive life experiences; (3) in children from nonalcoholic families – temperamental traits including a high strength of both excitation and inhibition, mobility and balance of nervous processes, as well as the fulfillment of parental roles by both parents: high levels of attachment and control. Two factors turned out to hamper the attainment of the developmental task of gaining independence from parents: a high level of control exerted by the mother in the group of children of recovering alcoholic fathers, and a high intensity of negative life experiences in children from non-alcoholic families. It should be noted that Polish comparative studies did not confirm the research findings by Cloninger (1987) who reported differences in temperamental traits between sons of alcoholic and non-alcoholic fathers.

The results obtained in this study were generally not concordant with the expectations. It is true that developmental task attainment levels did not differentiate between children of recovering alcoholics and controls from nonalcoholic families, but at the same time there were no significant differences between children of recovering alcoholic and active alcoholic fathers. Despite the fact that the recovering fathers had maintained abstinence for over five years, and despite a father's particular importance for developmental task performance in adolescence (cf. a research review by Connell & Goodman, 2002), fathers had no effect on the level of the developmental tasks attainment in the study sample. The lack of positive relationships between parenting performance and developmental task

attainment by children of recovering alcoholics confirms the view that the rebuilding of broken parent-child bonds in these families is a very slow process. Although in families with a recovering alcoholic active efforts are made by the parents to restore parenting functions, their role in their children's developmental task attainment is perceived as less important as compared to that in non-alcoholic families.

Developmental task attainment is closely related to the externalization and internalization of problems, and to substance dependence disorders that may emerge in the future (Kim, Hetherington & Reiss, 1999). The results of the present study may be of importance for our understanding of the course of development and adaptation processes in children from alcoholic families. Moreover, the findings should be taken into account especially in programs focused on the prevention of psychosocial disorders in youth. Family problems, as seen from the perspective of the alcoholic father's recovery, allow for the recognition of the role of protective factors, resources and potential of the child and the family. Moreover, the study highlights the need for strengthening families with adolescent children by improving the quality of parental child-rearing practices. The presented research findings suggest that the process of adolescent identity development sets new challenges for the parents whose parenting behaviors should be characterized by consistency in exerting discipline and by a high level of support provision to the child. Further research should be focused on seeking the relationships between developmental task attainment and externalization/internalization of problems in families with an active alcoholic and recovering alcoholic parent.

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