Children of Alcoholics: Are They Different?

An estimated 6.6 million children under the age of 18 years live in households with at least one alcoholic parent. Current research findings suggest that these children are at risk for a range of cognitive, emotional, and behavioral problems. In addition, genetic studies indicate that alcoholism tends to run in families and that a genetic vulnerability for alcoholism exists. Yet, some investigators also report that many children from alcoholic homes develop neither psychopathology nor alcoholism. This Alcohol Alert focuses on three major research questions concerning children of alcoholics (COAs): 1) What contributes to resilience in some COAs; 2) Do COAs differ from children of nonalcoholics (nonCOAs); and 3) Are the differences specifically related to parental alcoholism, or are they similar to characteristics observed in children whose parents have other illnesses?

Before summarizing the research findings on these questions, it should be said that many studies of COAs have been plagued by methodological issues. For example, the composition of the sample chosen for a study can affect the study results significantly. Yet, many COA studies use a biased sample selection of children in treatment or in trouble. In addition, studies often are conducted without the benefit of matched control groups. The absence of control groups makes it difficult to generalize results from treatment samples to nontreatment populations. Children of various ages and developmental stages frequently are grouped in one sample, and the developmental differences within the group are ignored. Another problem is that because few longitudinal studies have been performed, it is difficult to know whether the observed problems are impairments or are developmental delays. In addition, the effect of such factors as marital conflict and the severity of parental drinking on the development of problems should be considered. All of these limitations can affect the outcome of the study. The studies cited below are not free of these methodological problems, but they are the best that we have.

While research findings suggest that some children suffer negative consequences due to parental alcoholism, a larger proportion of COAs function well and do not develop serious problems. In a longitudinal study of COAs born on the island of Kauai, Werner reported that, although 41 percent of the children developed serious coping problems by 18 years of age, 59 percent did not develop problems. These resilient children shared several characteristics that contributed to their success, including the ability to obtain positive attention from other people, adequate communication skills, average intelligence, a caring attitude, a desire to achieve, and a belief in self-help.

Studies comparing COAs and nonCOAs have suggested that, although the two groups differ in a variety of psychosocial areas, differences in cognitive performance are observed most frequently. Cognitive function in COAs has been examined by many researchers because it is an important element needed for adaptation at all stages of development; it can be measured uniformly across developmental stages; and it often is associated with the symptoms of alcoholism. Ervin and her colleagues found that Full IQ, performance (a measure of abstract and conceptual reasoning), and verbal scores were lower among a sample of children raised by alcoholic fathers than among children raised by nonalcoholic fathers. Gabrielli and Mednick reported similar results for verbal and Full IQ tests, but not for performance tests. In a study comparing COAs and non COAs whose families were educated and whose parents lived in the home, Bennett and colleagues found that children from alcoholic families had lower IQ, arithmetic, reading, and verbal scores. Despite the lower scores, however, COAs performed within normal ranges for intelligence tests in each of these studies.

It is important to note that cognitive competence can vary with the instrument used to measure performance as well as with the individual who is evaluating function. Johnson and Rolf compared the academic abilities and cognitive function of COAs and nonCOAs from nondisadvantaged backgrounds and found no difference between the groups. The investigators noted, however, that the children with alcoholic parents underestimated their own competence. In addition, the mothers of COAs underrated their children's abilities. The mothers' and children's perceptions of abilities may affect the children's motivation, self-esteem, and future performance.

School-aged children of alcoholic parents often have academic problems. Academic performance may be a better measure than IQ of the effect of living with an alcoholic parent. School records indicate that COAs experience such academic difficulties as repeating grades, failing to graduate from high school, and requiring referrals to school psychologists. Although cognitive deficits in COAs may account, in part, for their poor academic performance, motivational difficulties or the stress of the home environment also may contribute to their problems in school.

Studies comparing COAs with nonCOAs also have found that parental alcoholism is linked to a number of psychological disorders in children. Divorce, parental anxiety or affective disorders, or undesirable changes in the family or in life situations can add to the negative effect of parental alcoholism on children's emotional functioning.

The results of several studies have shown that children from alcoholic families report higher levels of depression and anxiety and exhibit more symptoms of generalized stress (i.e. low self-esteem) than do children from nonalcoholic families. In addition, COAs often express a feeling of lack of control over their environment. A recent study by Rolf and colleagues noted that COAs show more depressive affect than nonCOAs and that their self-reports of depression are measured more frequently on the extreme end of the scale.

Moos and Billings found that the emotional stress of parental drinking on children lessens when parents stop drinking. These investigators assessed emotional problems in children from families of relapsed alcoholics, children from families with a recovering parent, and children from families with no alcohol problem. Although the children of relapsed alcoholics reported higher levels of anxiety and depression than children from the homes with no alcohol problem, emotional functioning was similar among the children of recovering and normal parents.

Finally, children from homes with alcoholic parents often demonstrate behavioral problems. Study findings suggest that these children exhibit such problems as lying, stealing, fighting, truancy, and school behavior problems, and they often are diagnosed as having conduct disorders. Teachers have rated COAs as significantly more overactive and impulsive than nonCOAs. COAs also appear to be at greater risk for delinquency and school truancy. Several investigators have reported an association between the incidence of diagnosed conduct disorders and parental alcohol abuse. However, other problems associated with alcoholism (e.g. depression among the alcoholic parents and divorce) also may contribute to conduct problems and disorders among COAs.

The alcoholic family's home environment and the manner in which family members interact may contribute to the risk for the problems observed among COAs. Although alcoholic families are a heterogeneous group, some common characteristics have been identified. Families of alcoholics have lower levels of family cohesion, expressiveness, independence, and intellectual orientation and higher levels of conflict compared with nonalcoholic families. Some characteristics, however, are not specific to alcoholic families: Impaired problem-solving ability and hostile communication are observed both in alcoholic families and in families with problems other than alcohol. Moreover, the characteristics of families with recovering alcoholic members and of families with no alcoholic members do not differ significantly, suggesting that a parent's continued drinking may be responsible for the disruption of family life in an alcoholic home.

The family environment also may affect transmission of alcoholism to COAs. Children with alcoholic parents are less likely to become alcoholics as adults when their parents consistently set and follow through on plans and maintain such rituals as holidays and regular mealtimes.

Interestingly, the problems of COAs may not be specific to this population. In a review of research on children whose mothers were schizophrenic, Garmezy reported that, like COAs, these children had cognitive deficits. In particular, they had a limited ability to maintain attention and to perceive relevant stimuli. Children at high risk for schizophrenia revealed a more negative self-image. The family environment also may influence the risk for schizophrenia; children of schizophrenic parents -- whose home environment is turbulent -- have an increased risk for developing schizophrenia.

Research on COAs is still in its infancy. Many studies suggest that a variety of differences exist between children of alcoholics and children of nonalcoholics and these differences occur at all ages. However, because of the limitations of the methodology and the inadequate number of comprehensive studies, research findings cannot be generalized to all children who grow up with alcoholic parents.

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Courtesy of Alcohol Alert.