



Childhood Perceptions of Family, Social Support, Parental Alcoholism and Later Alcohol Use among African American College Students

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Abstract

This study investigated differences in alcohol use, family of origin, and social support between a sample of adult children of alcoholics (ACOAs, 25 males and 25 females) and a sample of adult children of non-alcoholics (non-ACOAs, 25 males and 25 females). Participants completed a battery of tests: a demographic questionnaire, the Children of Alcoholics Screening Test, the Michigan Alcoholism Screening Test, the Family of Origin Scale, and the Dimension of Social Support Scale. Analysis of variance revealed that the two groups differed on alcohol consumption and family of origin, with ACOAs reporting significantly less alcohol use, and non-ACOAs reporting healthier families of origin. The findings indicate that not all ACOAs abuse alcohol or struggle with social or behavioral problems.

Key words: African American college students, alcohol use

Alcohol Use among African American College Students

Introduction

Alcoholism is especially likely when individuals grow up with one or more alcoholic parents (Chen & Weitzman, 2005; Hall, 2004). One out of eight Americans is an adult child of an alcoholic (ACOAs) (Grant, 2000). One fundamental assumption is that many ACOAs adopt certain roles to cope with parental alcoholism, have a difficult time separating from their family of origin, are unable to establish stable commitments in love and work, and experience a severe depletion of self-esteem (Black, 2001; Geisner et al., 2004)). In particular, college student ACOAs have been shown to be at increased risk for depression and alcohol abuse (LaBrie, Hummer & Pederson, 2007; Lease, 2002) and to have lower self-esteem (Rodney, 1999) when compared with students from families without a history of addiction. When considering factors unique to college students, research has noted that ACOAs have higher levels of attrition in college than those students without a family history of alcohol abuse and/or addiction (Kitsantas, Kitsantas & Anagnostopoulou, 2008; Pascarella et al., 2007; Porter & Pryor, 2007). College student ACOAs have also been known to exhibit greater difficulty in adjusting to college life during the freshman year than students from non-alcoholic homes (Fisher et al., 2000; Pascarella et al., 2007; Porter & Pryor, 2007). College students sometimes drink large quantities of alcohol that is harmful to them (Benton, Benton, & Downey, 2006). According to the National Center on Addiction and Substance Abuse (1994) "alcohol is implicated in as many as 41% of academic problems and 28% of all college dropouts" (p. 21). For this reason, college and university faculty and staff are interested in helping students to limit the negative consequences of heavy drinking.

Background

Alcohol Use among African American College Students

College students who abuse alcohol are at a high risk for developing negative consequences, such as academic failure, risky sexual behavior, and alcohol dependence (Hall, 2004, 2007; Greer & Chwalisz, 2007; Lease, 2002). In addition, researchers have also found surprisingly high rates of psychological distress among student populations, particularly depression and anxiety (Geisner et al., 2004; Lease, 2002). There is considerable disagreement in the literature regarding whether, and under what circumstances, alcohol use by college students is related to psychological distress. In a college sample of 1705 undergraduate students, Geisner et al. (2004) found that symptoms of psychological distress and alcohol problems was significantly stronger for men than for women, and men who more distressed had more alcohol-related problems than did women exhibiting the same levels of distress (Geisner et al., 2004; Lease, 2002; Rodney, 1999). Past studies have revealed gender differences in the development of drinking patterns and mental health problems, although even in this research, men continue to drink more than women and have more alcohol-related problems than women (Chen & Weitzman, 2005; Geisner et al., 2004; LaBrie, Hummer & Pederson, 2007; Rodney, 1999). In this study, the relationship between alcohol use, health in family of origin, social support, and gender are examined with African American college students.

Many studies have shown that people's beliefs about the effects of alcohol vary depending on their ethnicity (Jones-Webb, 1998; Caetano & Clark, 1998; Grant, 2000; West & Graham, 2006). Variations in alcohol expectancies are also related to different rates of alcohol use and abuse among different ethnic groups. Results from West and Graham's (2006) study showed ethnicity significantly predicted abusive drinking, and results from other studies (Caetano, Clark & Tam, 1998; Grant, 2000; Rodney, 1995) have indicated African Americans report significantly higher numbers of drinking consequences and alcohol dependence symptoms

Alcohol Use among African American College Students

than do whites. Caetano and Clark (1998), Caetano, Clark & Tam (1998), and Jones-Webb (1998) state that although African Americans and whites report similar rates of frequent heavy drinking, African Americans are more likely to die of alcohol-related illnesses and injuries, such as cirrhosis of the liver and alcohol-related car crashes. Alcoholism has a highly disruptive impact on family life (Scharff et al., 2004). It has a considerable impact on family members not because of a sudden onset, but because of its effect on daily routines, family rituals and problem solving strategies. Family disruption can have further negative impact on ACOAs and their development (Werner, 1999). Many studies have documented that ACOAs grow up in family environments that generally are characterized by low levels of cohesion (i.e. no close bonds among family members) and high levels of conflict (Hall, 2007; Rodney, 1995; Werner, 1999; Werner & Johnson, 2000). In turn, high levels of family conflict predict alcohol problems. Other researchers also have investigated the interactional patterns of alcoholic families. One series of studies found that compared with non-alcoholic families, alcoholic families demonstrated poorer problem-solving abilities, both among the parents and within the family as a whole (Hall, 2004, 2007; Werner, 1999).

Poor communication and problem-solving skills may be mechanisms through which the lack of cohesion increases and conflict escalated in alcoholic homes (Kelly, French & Bountress, 2007). Bijttebier, Goethals, Ansoms (2006) investigated the relationships among parental drinking, family environment (e.g. cohesion, organization, conflict), as well as multiple indicators of adjustment (e.g. negative affect, feelings of competence, self-esteem) and child adjustment in a community sample of 207, 10-14 year olds. Findings suggest that parental alcohol problems were associated with low family cohesion, poor family organization, and low global self-worth of the child.

Alcohol Use among African American College Students

Higher social class, social support and a stable family environment appear to be protective factors for African Americans against the effects of parental alcoholism (Hall, 2007). Risk factors include a high degree of family conflict and exposure to the parents' drinking. Risk and resilience studies cite the importance of nurturers other than the alcoholic parent and have suggested that an emotionally available mother might compensate for some of the adverse influences of an alcoholic father (Burnstein, et al., 2006; Hall, 2004; Kelly, French & Bountress, 2007; Werner & Johnson, 2000). Other studies have suggested that a good relationship with the non-alcoholic parent, particularly the non-alcoholic mother, may serve as a protective mechanism (Hall, 2004, 2007; Werner, 1999). Werner (1999) writing on resilient ACOAs, cites a number of possible protective facts including (1) plenty of attention from the primary caretaker during infancy, (b) no additional births into the family in the first 2 years of life, (c) absence of conflict between the parents during the first 2 years of life, (d) average or above IQ, (e) being achievement-oriented, (f) having an internal locus of control, and (g) believing in self-help.

Other studies have identified three distinct protective factors: (1) "easy" temperament, good problem-solving and communication skills, and an area of competence valued by the person or society; (2) socialization practices within the family that encourage trust, autonomy, initiative, and affectionate ties to a stable, caring, competent adult, whether a parent, grandparent, older sibling, or other kin; and (3) external support systems in the neighborhood, school, church, or the community that reinforce self-esteem and self-efficacy and provide the individual with a positive set of values (Hall, 2004, 2007; Werner, 1999). Although college, ACOAs have been frequently investigated few studies have examined differences in alcohol use, family of origin, and social support between ACOAs and non-ACOA's. The current study was designed to replicate and extend prior research and to address the gaps in existing literature.

Alcohol Use among African American College Students

Specifically, this study compared a non-clinical sample of college adult men and women with alcoholic and non-alcoholic parents in order to examine the following questions:

- (1) What are the differences, if any, between ACOAs and non-ACOAs alcohol use, social support, and family of origin health?
- (2) Will gender impact ACOAs and non-ACOAs alcohol use, social support, and family of origin health?

Method

Screening and Identification of Groups

The university Institutional Review Board approved this study and all participants gave informed consent. To replicate Rodney's (1995) study as closely as possible, the study had as a goal to obtain a sample of 50 ACOAs (25 males and 25 females) and 50 non-ACOAs (25 males and 25 females). In order to reduce the risk of misclassification and to replicate Rodney's study, rigorous screening procedures were followed. To achieve this sample, a total of 686 African American undergraduate students between the ages of 18-29 enrolled at a predominantly white university in the southeast, United States completed the Children of Alcoholics Screening Test (CAST) a questionnaire used to identify child, adolescent, and adult children of alcoholics (Pilat & Jones, 1984-85). A total score of 0 or 1 indicates that the individual did not live with an alcohol-abusing parent; positive responses to 6 or more questions are indicative of parental alcoholism. Case studies have demonstrated that self-identified children of alcoholics consistently score 6 or greater on the CAST (Pilat & Jones, 1984-85). These participants received \$5 gift cards.

Individuals identified as ACOAs (N=123, final total) and non-ACOAs, (N=96, final total) were invited to return complete the second set of measures, which assessed drinking

Alcohol Use among African American College Students

practices (Michigan Alcoholics Screening Test (MAST), family functioning (Family of Origin Scale (FOS), and social support (Dimensions of Social Support Scale (DSSS). Identification of participants and screening continued until 50 ACOAs (25 males and 25 females) and 50 non-ACOAAs (25 males and 25 females) were identified (see Table I). Individuals who completed the second battery of measures received \$20 gift cards.

[Insert Table I]

Measures

The Children of Alcoholics Screening Test (CAST) is a 30-item inventory that reliably identifies individuals who have lived with at least one alcoholic parent, prior to the age of 16 years (Pilat & Jones, 1984-85). The CAST measure perceptions, feelings, attitudes, and experiences related to a parent’s drinking. Items are answered yes (scored as 1) or no (scored as 0) to questions that assess parental alcohol abuse (e.g. “Have you ever thought that one or both of your parents had a drinking problem?” and “Did you ever feel like hiding or emptying a parent’s bottle of liquor?”). Items are summed to yield an overall score. Participants were instructed that the terms *mother*, *father*, and *parent* did not necessarily mean biological parents, but also could refer to the parental figures with whom they grew up. The internal consistency reliability estimate of this scale as measured by Cronbach’s coefficient alpha was .94 (for dichotomous items coefficient alpha is equivalent to KR-20) when computed for this sample.

The Michigan Alcoholic Screening Test (MAST) was devised to provide a consistent, quantifiable, instrument for the detection of alcoholism (Selzer, 1971). The MAST consists of 25 yes/no items that describe common symptoms of alcoholism; (“Do you feel you are a normal drinker?” “Have you ever gone to anyone for help about your drinking?”, and “Have you ever lost friends or girlfriends/boyfriends because of drinking?”). A scoring system was formulated to

Alcohol Use among African American College Students

yield a minimum of false positive and minimum number of false negatives. Items were weighted such that drinking behaviors which indicated serious consequences were given a score of 5, whereas other deviant responses were given scores of 1 or 2; the greater weight is given to more serious consequences (e.g., previously hospitalized for a drinking problem) than to minor ones (e.g., felt guilty about drinking). Using this system, scores could range from 0 to 56, with higher scores indicating more problems (Selzer, 1971). The MAST has high test-retest reliability with varied samples (e.g. males, females, Black, White, clinical and non-clinical). Cronbach's alpha for this measure was .73.

The Family of Origin Scale (FOS) is a 40-item instrument designed to measure the health of the interpersonal relationships within the family in which the respondent spent most of his or her childhood years (birth to 12 years of age) (Hovestadt et al., 1985). Using a 5-point Likert-type scale that ranges from strongly disagree (1), to strongly agree (5) subjects rate the extent to which they agree with statements such as; "In my family it was normal to show both positive and negative feelings." "Mealtimes in my home were usually friendly and pleasant." The higher the overall score on the instrument, the healthier the family relationships are considered to be. The internal consistency reliability estimate of this scale as measured by Cronbach's coefficient alpha was .94 when computed for this sample.

The Dimensions of Social Support Scale (DSSS) is a 20-item instrument designed to measure the extent to which respondents are receiving informational and emotional support from a variety of sources (Cohen, 1999). In this study, the four support sources were: mother, father, friends, a close relative and significant adult other than a relative (e.g. coach, teacher, minister) in their environments. For each support source, respondents answer each item on a 5-point, Likert-type scale, ranging from not at all (1) to extremely (5), in terms of the level of support

Alcohol Use among African American College Students

provided. Higher scores indicate more support was received. The reliability estimates of the group as measured by Cronbach’s alpha was .88 for mother support, .95 for father support, .85 for friend support, and .88 for significant other adult support.

Results

The objective of these analyses was to answer two research questions: (a) what are the differences, if any, between African American ACOAs and non-ACOA’s alcohol use, social support, and health in family of origin? (b) Will gender impact African American ACOA’s and non-ACOA’s alcohol use, level of social support, and health in family of origin. The results indicate that ACOAs had more drinking problems than non-ACOA’s; and ACOAs and non-ACOA’s differed significantly on family-of-origin health, social support from the father and significant other adult. ACOAs experienced greater social support from their fathers than did non-ACOA’s, but poorer family-of-origin health, less support from a significant other adult and less academic autonomy than did non-ACOA’s. Data were subjected to analysis of variance with family-of-origin health and the four social support subscales (e.g. mother, father, friend, and other adult) as the independent variables. Poorer family health was related to greater alcohol use. Results from these analyses are reported in Table II.

Analysis of variance was conducted to investigate differences in health of family of origin between ACOAs and non-ACOA’s. The results, presented in Table II, showed that ACOAs family of origin is more dysfunctional than non-ACOA’s; no significant difference was observed for gender; but when combined with ACOAs status there was significance (see Table II). Female ACOAs reported greater dysfunction than male ACOAs, but male non-ACOA’s report more dysfunction than female non-ACOA’s. The results also indicate that ACOAs status and gender impacted the level of reported social support. ACOAs reported greater “Friend” and “Mother”

Alcohol Use among African American College Students

support than non-ACOs, but non-ACOs report greater “Father” and “Significant Other” support than ACOs. Female ACOs reported more support than male ACOs, and male non-ACOs report more support than female non-ACOs.

[Insert Table II]

Discussion

This study sought to expand the knowledge about collegiate African American ACOs; the findings are similar to those of comparable studies conducted. The results in this study support the notion that children raised in alcoholic families have different life experiences than children raised in non-alcoholic families. Data indicate a distinction by gender and ACOs status, regarding alcohol use. In this study, ACOs reported significantly less alcohol use, but the findings indicate that non-ACOs have healthier families of origin. The results from this study indicate that male ACOs and male non-ACOs consumed more alcohol than female ACOs and female non-ACOs. These findings support previous research which suggests that college male students are more likely to consume higher levels of alcohol when distressed. In this study, female ACOs and male non-ACOs reported more dysfunction in their family of origin, but female ACOs and female non-ACOs consumed less alcohol. These findings challenge results from Rodney’s study in which female ACOs reportedly drank more alcohol and received more support from their “mother” than male ACOs (1995).

Nearly every student encounters challenging experiences or obstacles at the beginning of college that they didn’t anticipate; college ACOs might experience more difficulty without family support. There are some indications that college ACOs experience higher rates of attrition, are more susceptible to psychological problems, and alcohol use than non-ACOs. Although it is apparent from clinical and empirical reports (Black, 2001; Hall, 2004, 2007;

Alcohol Use among African American College Students

Rodney, 1995) that there are ACOAs who experience family members as distant and non-communicative; in this study participants utilized social support from family and friends. ACOAs relied on “Significant Other” support more than ACOAs. Males from both groups received support from friends and significant other(s). The results also indicate that ACOAs growing up in a healthier family environment and with stronger social support reported less alcohol consumption. These results also lend some credence to researchers who suggest that social support serves as a protective factor and fosters resilience for ACOAs (Burnstein et al., 2006; Hall, 2004, 2007; Werner & Johnson, 2000). Health in the family of origin and the availability of social were related to less alcohol use. Overall, these findings lend further support to the opinion of several researchers who believe that ACOAs are not a homogenous group and do not necessarily conform to the categorical symptomology reported in the popular literature (Burnstein et al., 2006; Hall, 2004, 2007; Lease, 2002).

Conclusion

This study generated findings that have important implications for future research with African American ACOAs; and should be viewed in light of the following limitations. Recruitment was not random; however, the sample was drawn from a combination of advertising and posting notices in multiple setting. The sample consisted of college students from particular area of the country; thus, the results may not generalize to other areas. Data were analyzed cross-sectionally thereby limiting the ability to make causal inferences. The data were provided via self-report only. However, the assurance of confidentiality provided is believed to enhance reliability and validity of the information.

The results offer several potentially fruitful avenues for future research. Longitudinal examinations of college drinking problems are needed to establish casual pathways between

Alcohol Use among African American College Students

health in family of origin and social support over time. Of central importance is the need for those in the social and human service fields to understand the myriad of responses college ACOAs experience as a result of their alcoholic parentage and to avoid assumptions that pathology exists. Individuals working with ACOAs should be responsive to the needs and concerns of individuals who are able to overcome the familial problems they have experienced. Of central importance is the acknowledgement and implementation of culturally embedded protective factors such as social support. This study serves as a springboard for future investigations that will expand accurate information regarding this population. Future research projects might investigate alcohol consumption, family of origin, and social support using a larger and/or community sample. Research assessing a broader range of variables and additional substances is also needed.

Alcohol Use among African American College Students

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Alcohol Use among African American College Students

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Alcohol Use among African American College Students

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Alcohol Use among African American College Students

Table I

Demographic Characteristics of Sample N=100

Characteristic	ACOA's		Non-ACOA's	
	Percent	Percent	Percent	Percent
	Male (n=25)	Female (n=25)	Male (n=25)	Female (n=25)
Age				
18-21	16	33	6	35
22-25	73	63	87	38
26-29	11	4	7	27
Annual Income				
<\$5,000	2	5	11	10
5,000-19,999	90	81	72	58
20,000-34,999	1	6	15	27
35,000 +	7	8	2	5

Alcohol Use among African American College Students

Table II

Differences in Alcohol Use, Family of Origin Health, and Social Support, by ACOAs status and Gender

	ACOAs			non-ACOAs		
	Male	Female	Total	Male	Female	Total
MAST	4.60	4.44	4.52	3.28	3.2	3.24
Family of Origin	81.04 ^b	73.16 ^b	77.1 ^a	87.84 ^b	93.12 ^b	90.48 ^a
Social Support						
Mother	5.56 ^b	6.24	5.9	6.05	5.81	5.90
Father	3.25	4.06	3.66	3.78	3.57	3.68
Significant Other	3.41	3.91	3.66 ^a	4.92	3.96	4.44 ^a
Friend	5.71	6.46	6.04 ^a	5.45	6.16	5.93 ^a

^a ACOAs status is significant at $p < .05$.

^b Gender is significant at $p < .05$.