

Life without childhood – parentification of women with ACoA syndrome

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Summary:

Aim of the study. The aim of the study conducted on 110 women (55 research group, 55 control group) was to answer the question: If and what kind of parentification (role reversal in the family) do women with Adult Children of Alcoholics (ACoA) syndrome experience in comparison to women who did not experience parent's alcoholism in childhood?

Method. The following methods were applied in the study: a questionnaire prepared for screening children of alcoholics *Children of Alcoholics Screening Test* (CAST) by John Jones and Joanne Pilat, and a questionnaire to examine parentification Filial Responsibility Scale for Adult (FRS – A) created by Gregory Jurkovic and Alison Thirkield.

Results. The results have shown that in comparison to women who did not experience parental alcoholism in childhood, women with ACoA syndrome have more often experienced parentification and a sense of injustice in the past. Currently, these women also experience this feeling more frequently.

Conclusions. The analysis of the results of this study could serve as valuable clues for the therapeutic work with women who are Adult Children of Alcoholics.

Key words: women with ACoA syndrome, role reversal in the family, parentification

Introduction

“Adult Children of Alcoholics” (ACoA) is classified as a distinct syndrome characterizing individuals whose childhood was stained by contact with a drinking parent. Analysis of the current state of knowledge [1-3] on this unique experience shows that its basis stems from the following sources: addiction therapists and clinicians' observation, results of scientific research and reports from support groups. The characteristics of ACoA emerging from these sources differ significantly in defining who and based on which criteria can be described as suffering from the ACoA syndrome [1-4].

The popularity of the ACoA syndrome in professional literature [3, 4] does not translate into a clear definition of it. There are also no cohesive diagnostic criteria that

would allow including it in disease and disorders classification as a separate nosological entity [4]. When one reviews scientific achievements [1, 2, 4] devoted to this theoretical construct the doubts on whether to classify ACoA syndrome as a homogeneous entity, specific for all people who grew up in families where a drinking issue was present, become more evident. A new perspective on the determinants associated with development of traits specific for the group labeled ACoA brought transformation in a research approach – from deterministic models of developmental psychopathology (covering risk factors) to interdeterministic models (taking into consideration complex interaction of risk factors with personal resources) [1, 2].

The common denominator of the numerous definitions which describe who Adult Children of Alcoholics are usually refers to people who grew up in dysfunctional families, where alcohol was a central problem [3, 5, 6]. In English- language literature [7] the term “*Children of Alcoholics (COA) was used referring to all children from families with an alcohol problem and Adult Children of Alcoholics (ACoA) referring only to adults from such families*” (p. 248). Agnieszka Widera–Wysoczańska [6] uses the ACoA term to describe “*people from alcoholic families whose childhood was full of struggling for survival, and as a result in their adult life they often feel that they never experienced being a child*” (p. 9). Other authors [8] noticed that the ACoA term suggests that “*these people did not successfully go through developmental stages which determine maturity and adulthood, and being a child of an alcoholic means having experiences which go beyond their capacity to cope*” (p.144). In some studies [3] it is emphasized that the term Adult Child of an Alcoholic assumes a double identity. This refers to [3] “*being constantly an adult and a child at the same time, as the unsolved issues from the childhood, the unreacted upon and repressed traumas are an element from the past which co-determines their functioning in adulthood – functioning which is partially immature both emotionally and socially*” (p.114).

Although there are numerous scientific reports, both theoretical and empirical [1-3] on people with ACoA syndrome the analysis of ACoAs’ functioning in light of the parentification construct [9-15] described by i.a. Gregory J. Jurkovic has not been a vastly explored research area so far.

The term parentification, also referred to in the literature as “role reversal” was first introduced by Ivan Boszormenyi-Nagy and Geraldine Spark [10, 11]. In this paper we concentrate on role reversal in families (and not in partner relationships for example). We decided to adopt the following understanding of the concept proposed by Chase [16]: “*parentification in the family is a functional and/ or emotional role reversal, in which a child sacrifices its needs in order to adapt and take care of instrumental or emotional needs of a parent*” [10, p. 64]. Parentification may be of instrumental (where the child takes care of its siblings, saves money, cooks and cleans) or emotional character (where the child is a friend of a parent, a buffer in marital conflicts, supports siblings, protects the mother hit by the father, is an intellectual and/ or sexual

partner etc.) [9, 11]. When characterizing parentification, its duration must be taken into account. The role reversal in a family is of different significance when a parent falls seriously ill and the family is in the stage of regression or crisis, and different in the case of a chronic and long lasting process of instrumental and emotional abuse of a child in order to satisfy needs of one or both parents [10, 11]. According to Chase [16] parentification is of two sorts, it could be “healthy” (adaptive) when a child learns to act as an adult, and so learns what responsibility is, and “pathological” when a child is not aware of working (manually or mentally) beyond his or her capacity, and the family additionally confirms his or her feeling of being a “brave child” [10, 11]. Girls and later women more often tend to play a protective role towards their family members [10]. Risk groups for pathological parentification are immigrant families, families with mentally or physically challenged caregivers and those whose parents are addicted to alcohol [10-14]. When a child takes on roles and responsibilities- of the parent, it restores the order in the family and/or compensates for the lacks of a care resulting from the disruption of basic parental functions caused by the drinking parent [17, 18]. The level of the development and abilities of the child are usually inadequate to the demands of acting as an adult, and as a result the child cannot fully be a child. Schier [10, 11] believes that it is a special form of an interpersonal traumatic experience. According to the attachment theory, the strength of recording such a traumatic life experiences leaves permanent marks on people, and often predisposes them to “repeating” the relationship patterns developed in childhood [11, 19].

This hypothesis is in accordance with the reports on ACoA [6, 11, 17, 18], which state that some adults who grew up in families with alcohol problems resign from their personal lives. They have a deeply rooted belief that their primary responsibility is to take care of their mother or father. One of the patients in this study, a single highly-positioned woman, once said about her parents: “*All my life I carried them on my back. I did what they wanted me to, and worried about them 24/7. When I took care of my own business I felt like an egoistic monster*” [11].

Aim of the study and research hypothesis

The research question this study aims to answer is: If and what sorts of parentification do the women with ACoA syndrome experience in comparison with women who have not suffered from parent’s alcoholism in their childhood?

Based on the review of literature and scientific reports [6, 11-14], a hypothesis was formed that in families of women suffering from parents’ alcoholism the role reversal (parentification) would be more frequent than in families of those women who did not grow up in families with alcohol problems. Since the study was of explorative nature no detailed hypothesis regarding the dominant type of parentification among women with ACoA syndrome (instrumental vs. emotional) was formed.

Subjects

The study was conducted on a group of 110 women in total. The research group consisted of 55 women with ACoA syndrome while the control group was made up of 55 women who did not grow up in a family with an alcohol issue.

The research group was composed of female participants of group and individual therapy in Family the Counseling Rehabilitation Center in Warsaw; the Center for Addiction and Codependence in Warsaw; the Addiction and Codependence Therapy Center in Częstochowa; The Family Support Center in Starachowice; and also female students of Warsaw School of Maria Curie-Skłodowska in Warsaw (excluding Psychology department). The control group was composed of female students of Warsaw School of Maria Curie-Skłodowska in Warsaw (excluding Psychology Department). Women were assigned to either the ACoA or the control group based on a CAST screening test. The criteria of purposeful sampling were: 1) age (over 18 years old) and 2) whether the female participants were Adult Children of Alcoholics or not. Women also declare whether or not they had been raised in a family with an alcohol problem which was an additional research group qualification criterion. Basic socio-demographic variables, such as sex, age, residency, education etc., were also controlled, and no significant differences between women from the research and control group were recorded.

The majority of participants in the research group declared that they did not live with their parents – 69.1%, while in the control group living without parents was declared by less than half of women – 41.8%. In the ACoA women group the father was usually the addicted one – 73.2%, less often the mother – 16.1%, addiction of both parents was the least frequent situation – 10.7%. Women with ACoA syndrome who use professional help for Adult Children of Alcoholics constituted 44.6% of the research group, while women who declared being ACoA and not in therapy were 55.4% of the group. In the ACoA women group 73.1% of those that participated in therapy were in a group therapy, and 26.9% in individual. The average time of therapy was over five months ($M = 5.45$; $SD = 3.89$).

Method

The following tools were used in the study: 1) personal inquiry form, 2) a screening questionnaire for children of alcoholics *Children of Alcoholics Screening Test* (CAST) and 3) a questionnaire used to examine parentification Filial Responsibility Scale for Adult (FRS-A).

Personal inquiry form

An Inquiry Form designed by the authors included questions which allowed registering basic data of social and demographic nature and matters which were important for the conducted analysis i.e. using professional help by women with ACoA syndrome.

CAST

The *Children of Alcoholics Screening Test* (CAST), by John Jones and Joanne Pilate [20], was used to identify people who live in families with alcohol problems, or who used to have parents with an alcohol problem. This test remains one of the most popular screening tests for children of alcoholics [1, 2, 21]. It has one scale of 30 items, which refer to experiences associated with the behavior of an alcoholic parent [2]. A Polish version of CAST was used, which was adapted by Aneta Guziak, Ewa Młodziak and Agnieszka Zajac with the use of the back-translation and competent judges procedure. CAST remains a tool possessing good psychometric values both in the original version and the Polish translation [14]. Analysis of the Polish CAST version used in the study proved that accuracy of the tool in the studied group of women with ACoA syndrome (N=110) is very high ($\alpha = 0.97$).

FRS – A

The *Filial Responsibility Scale for Adult* (FRS-A) created by Gregory Jurkovic and Alison Thirkield was used to measure parentification. This tool helps to measure parentification (instrumental, expressive meaning emotional) and to state the “sense of injustice” of the subject. FRS-A consists of 60 statements divided into two groups [14, 22] consisting of 30 statements each. Statements in the first group refer to the past of the subject (up to the age of 16), while statements in the second group refer to the present. Each statement is assessed by the subject on a 6- point scale. There are 6 sub-scales in FRS, 3 referring to the past and 3 to the present. These are: Instrumental Care giving, Expressive Care giving, and the Injustice Scale. A Polish version was used in this study, which was adapted using the back translation procedure by Agnieszka Łaczyńska and Katarzyna Schier. In its English version *FRS-A*, as well as in its Polish translation, it is of good psychometric quality [14, 23]. The Polish version of the tool, used in this study, showed satisfactory internal consistency factors in the range of 0.73 to 0.92.

Results

Based on the literature [6, 11-14] it was assumed that women who grew up in alcoholic families would experience parentification both in the past (up to the age of 16) and in the present more often than women who did not experience parent's alcoholism

in their childhood. In order to make comparisons between the groups t-Student test was applied.

Table 1 presents results of the study on parentification in the past and in the present in the research and control group.

Table 1. **Parentification in chosen groups of women – research and control group**

Variables	Group	Number n	Average	Standard Deviation	T – Test	P
Instrumental parentification -past	Research	55	25.51	8.927	3.471	0.001**
	Control	55	20.18	7.063		
Emotional parentification – past	Research	55	29.40	9.211	4.168	0.000***
	Control	55	22.87	7.076		
Unfairness- past	Research	55	31.31	10.806	4.348	0.000***
	Control	55	22.25	11.032		
Instrumental parentification – present	Research	55	23.58	8.458	0.794	0.429
	Control	55	22.44	6.557		
Emotional parentification – present	Research	55	31.55	8.140	1.716	0.089
	Control	55	29.16	6.297		
Unfairness- present	Research	55	27.82	9.739	3.192	0.002**
	Control	55	21.35	11.459		

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Results of the study based on FRS-A self-description tool, which measures three dimensions of parentification regarding the past, showed statistically significant differences between women with ACoA syndrome and women from the control group regarding *instrumental parentification* – $t(108) = 3.47$; $p < 0.01$, *expressive (emotional) parentification* – $t(101) = 4.17$; $p < 0.001$ and in *sense of injustice*– $t(108) = 4.35$; $p < 0.001$. These results allow us to state that in comparison to women from the control group, women from families with a drinking issue have more often experienced instrumental and emotional parentification, as well as sense of injustice in the past.

Examining parentification in the context of the present showed that there was a difference between women who grew up in families with an addicted parent and women in the control group regarding their sense of injustice – $t(108) = 3.19$; $p < 0.01$. This result means that women from alcoholic families currently experience a sense of injustice more often due to role reversal in their families. There were no statistically significant differences between analyzed groups of women regarding the average level of the present instrumental and emotional parentification. Nevertheless, in the case of emotional parentification, one can speak of a statistical tendency ($p < 0.1$). Being close to reaching statistical significance in case of this variable allows us to conclude

with a certain probability that women with a parent who is addicted to alcohol ($M = 31.55$; $SD = 8.14$) currently experience emotional parentification more often than women from the control group ($M = 29.16$; $SD = 6.30$).

The within-group analysis of variance was performed for women with ACOA in order to establish possible interactions between parentification and chosen socio-demographic factors and the controlled variable defined as using professional help by women.

The obtained results show that there are statistically significant differences between ACoA women who use psychological help ($n=24$) and the ones who do not ($n=31$) regarding the sense of injustice, both in the past $t(53) = 2.97$; $p < 0.01$, and in the present – $t(53) = 3.07$; $p < 0.01$. This result proves that women with ACoA syndrome, who use psychological help, more often experienced and still experience a sense of injustice, due to role reversal in their families than women with ACoA syndrome who did not receive such help.

Discussion of the results and conclusions

Analysis of the results show that women who were brought up in families in which one or both parents were alcoholics experienced role reversal or parentification more often than people who did not suffer from parent's alcoholism in their childhood. This applied to all the analyzed dimensions of parentification. These women used to take care of their parents on the emotional and instrumental level up to the age of 16. Therefore one could state that they have experienced "childhood without childhood". This result seems interesting as it allows us to state with certain probability that on an emotional level women with ACoA still take care of their caregivers in their adult life. This may suggest that parentification is a continuous phenomenon.

Moreover, the results of this study indicate that women with ACoA syndrome used to and still do experience the sense of injustice associated with role reversal in their family. The scale which assessed the feeling, that the role reversal is unfair includes the following statements: "Although my parents have good intentions, I am not sure they would stand by me if I needed it" and "Members of my family (of origin) do not notice that I often sacrifice myself for them", and also "For some reason I find it hard to trust my parents" [11]. According to Jurkovic [9, 11], the sense of injustice is a very important criterion of differentiating individuals who experienced destructive parentification (pathological), from those who in some cases could have even made post-traumatic progress in their development (adaptive). The results of our research prove that women with ACoA syndrome experience the sense of injustice, and that differentiates them from women who do not have ACoA syndrome.

Here one could ask the question, what kind of a parent would agree to a role reversal in a family, and why. Certainly, it may seem enough to say that a person who abuses alcohol is in a different state of mind and is unaware of how to properly take care of their

children. This hypothesis seems however incomplete [11]. Angela Joyce [24] proposed an explanation, which describes a transgenerational aspect of parentification touching at least three generations. She believes that role reversal in a family is associated with the past of a parent and their own traumatic experience, which they cannot or do not want to confront. According to Joyce [24], parents who experienced parentification are: *“Unable to feel or identify with the pain of their own child, which resonates with their own repressed pain and helplessness in the past, the parents protect themselves and enter into a subconscious identification with the doer of the original trauma and impose similar experiences on their own child”* (p.12). In order to survive and receive basic physical care from a parent, a child needs to develop their own system of catering for him or her, and often resigns from what they should receive from a caregiver within the attachment system. Taking care of parents becomes a coping strategy. At that moment, a child loses their childhood once and for all [10, 11, 25].

What would be the most efficient way of helping ACoA who have experienced parentification?

The results of this study have proved that women with ACoA syndrome, who use psychological help, experience a sense of injustice due to role reversal in a family more often than those who do not seek such help.

This result is in accordance with the latest reports in literature [1, 2], which claim that individuals who participate in therapy are a specific ACoA sub-group with stronger psychopathological symptoms. The obtained result can also be explained with the fact that specialists and people with similar experiences, in the course of therapy, often name the burden and harm that women with ACoA syndrome had to suffer during childhood spent in a company of a drinking parent. It seems then, that the very fact of finding witnesses who will help to understand that taking care of a parent(s) was unfair [10, 11] may be an important step in overcoming the issue of “life without childhood”. We believe that psychotherapy with adults from alcoholic families (if they decide to undergo it) should concentrate on three aspects. The first one is arduous, persistent separation of the picture of self from the parent, i.e. working on separation-individuation process [11, 25]. Those ACoA who are able to distance themselves from the needs of their parents, can see their own needs more clearly and perhaps even start to create satisfying interpersonal relationships. Another important aspect in this process seems to be psychological grief, i.e. trying to grieve the lost childhood. The third, important element is working on body image, as it is often disturbed (especially with women) for people who grew up with a drinking caregiver. According to Schier [25] traumatic experiences are somehow “imprinted in the body”.

To sum up, we believe that results of the conducted study can contribute to developing new ways of thinking about functioning of ACoA syndrome women which has not been much explored yet and perhaps encourage to design adequate, and possibly innovative forms of help.

The limitations of this study are a relatively small research group and the method of qualifying people for the ACoA group. In the future it would be worthwhile to replicate the study with two sub-groups with ACoA – one, clinical sample women (who use professional help) and the other composed of people qualified based on CAST screening test. It would also be interesting to conduct studies on men only and compare the results of men and women with ACoA syndrome.

References

1. Cierpiąłkowska L, Ziarko M. *Psychologia uzależnień – alkoholizm*. Warszawa: Wydawnictwa Akademickie i Profesjonalne; 2010.
2. Gašior K. *Funkcjonowanie noo-psychospołeczne i problemy psychiczne Dorosłych Dzieci Alkoholików*. Warszawa: Wydawnictwo Difin; 2012.
3. Ryś M. *Rodzinne uwarunkowania psychospołeczne funkcjonowania Dorosłych Dzieci Alkoholików*. Warszawa: Wydawnictwo Naukowe PWN; 2007.
4. Margasiński A. *Koncept DDA – efekt Barnuma?* Ter. Uzależ. Współuzależ. 2009; 3: 13–18.
5. Niewiadomska I, Sikorska-Głodowicz M. *Alkohol*. Lublin: Wydawnictwo KUL; 2004.
6. Widera-Wysoczańska A. *Pijany dom, czyli co się dzieje z dzieckiem alkoholika*. W: Żak P. red. *Gdzie się podziało moje dzieciństwo. O Dorosłych Dzieciach Alkoholików*. Kielce: Wydawnictwo „Charaktery”; 2003. s. 9.
7. Gašior K. *Czynniki zagrażające rozwojowi dzieci w rodzinie z problemem alkoholowym na przykładzie Dorosłych Dzieci Alkoholików*. Alkohol. Narkoman. 2008; 3: 248.
8. Miller I, Tuchfeld B. *Doroste Dzieci Alkoholików*. Now. Psychol. 1990; 5–6: 144.
9. Jurkovic GJ. *Lost childhoods. The plight of the parentified child*. New York: Brunner/Mazel Publishers; 1997.
10. Schier K. *Gdy dziecko staje się rodzicem – odwrócona troska*. W: Tryjarska B. red. *Bliskość w rodzinie. Więzy w dzieciństwie a zaburzenia w dorosłości*. Warszawa: Wydawnictwo Naukowe Scholar; 2010. s. 63–81.
11. Pasternak A, Schier K. *The role reversal in the families of Adult Children of Alcoholics*. Arch. Psychiatrii Psychother. 2012; 3: 51–57.
12. Kelley ML, French A, Bountress K, Keefe HA, Schroeder V, Steer K i wsp. *Parentification and family responsibility in the family of origin of adult children of alcoholics*. Addict. Behav. 2007; 32(4): 675–685.
13. Clerici R, Vanin S. *Validation for Italian context of Jurkovic and Session's Parentification Questionnaire, in S.I.S., Atti della XLI Riunione Scientifica*. Padova: CLEUP; 2002.
14. Guziak A. *Granice cielesne i psychiczne oraz obraz ciała Dorosłych Dzieci Alkoholików*. Warszawa: Nieopublikowana praca magisterska, Uniwersytet Warszawski; 2010.
15. Schier K, Egle UT, Nickel M, Kappis B, Herke M, Hardt J. *Parentifizierung in der Kindheit und psychische Störungen im Erwachsenenalter*. Psychother. Psychosom. Med. Psychol. 2011; 61: 364–371.

16. Chase DN. *Parentification: An overview of theory, research, and societal issues*. W: Chase DN. red. *Burdened children. Theory, research and treatment of parentification*. Thousand Oaks, London, New Delhi: Sage Publications; 1999. s. 3–34.
17. Robinson BE, Rhoden JL. *Pomoc psychologiczna dla dzieci alkoholików*. Warszawa: Wydawnictwo PARPA; 2000.
18. Wegscheider-Cruise S. *Nowa szansa. Nadzieja dla rodziny alkoholowej*. Warszawa: Instytut Psychologii Zdrowia PTP; 2000.
19. Schier K. *Bez tchu i bez słowa. Więż psychiczna i regulacja emocji u osób chorych na astmę oskrzelową*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne; 2005.
20. Pilat JM, Jones JW. *Identification of children of alcoholics: Two empirical studies*. Alcohol Health Res. Word 1984; 9: 27–33.
21. Grudziak-Sobczyk E, Morawski J. CAST. *Świat Probl.* 1993; 2: 4.
22. Kelley ML, Schroeder V. *The influence of family factors on the executive functioning of adult children of alcoholics in college*. Family Relations 2008; 57: 404–414.
23. Hooper LM, Wallace S. *Evaluating the Parentification Questionnaire: Psychometric properties and psychopathology correlates*. Contemporary Family Therapy: Int. J. 2010; 32: 52–68.
24. Joyce A. *The parent – infant relationship and infant mental health*. W: Baradon T, Broughton C, Gibbs I, James J, Joyce A, Woodhead J. red. *The practice of psychoanalytic parent – infant psychotherapy*. London, New York: Routledge; 2005. s. 5–24.
25. Schier K. *Piękne brzydactwo. Psychologiczna problematyka obrazu ciała i jego zaburzeń*. Warszawa: Wydawnictwo Naukowe Scholar; 2010.