

An Exploration of Personality Subtypes and Beliefs of Adult Children of Alcoholics

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In an attempt to understand adult children of alcoholics (ACOAs), this paper examines some available literature on personality subtypes of ACOAs, beliefs that ACOAs have regarding their parents' motives for drinking alcohol in excess, and beliefs that ACOAs have about their ability to detect lies from truth compared to individuals whose parents did/do not have substance use disorders.

Overview of Literature

Study of Personality Subtypes of ACOAs

In *Personality Subtypes in Adolescent and Adult Children of Alcoholics*, Hinrichs et al (2011) set out to determine whether adolescent and adult children of alcoholics could be reliably divided into personality subsets. For the purposes of this paper, we will be reviewing Study 2 from the paper, which was specific to adults who had at least one parent who used alcohol in excess. The researchers sought to classify each participant as one of the following categories of personality type: inhibited, high-functioning, externalizing, emotionally dysregulated, and reactive/somatizing. To categorize the participants, the researchers used materials gathered by clinicians who had these individuals in their care. The study was randomized by having the clinicians who participated use the materials for the most recent client they had seen who met the study criteria. A clinical data form (CDF), Axis I & Axis II Checklists, and a Shedler-Westen Assessment Procedure (SWAP-II) was used for determining the preset personality groups that each study participant fell into.

Ultimately, the research concluded that the personality types were all represented in the 349 adult children of alcoholics whose information was gathered and analyzed. This study had a very high percentage of white participants (79.4%) and slightly fewer male participants than female (41.4% male). Also of note was that there was a low percentage of subjects from upper class families (15.6%) compared to subjects from middle class and working class families. The

comparison sample that the researchers used, however, was of a similar makeup with regard to race, gender, and socioeconomic status of participants.

Study of Motives ACOAs Assigned to Parents Who Abuse Alcohol

In Understanding Addiction: Adult Children of Alcoholics Describing Their Parents' Drinking Problems, Järvinen (2015) sought to determine what motives individuals assigned to why their parents used excessive amounts of alcohol and whether the motives the individual assigned played any part in how they viewed the parent who had a substance use disorder. The types of motives ascribed by ACOAs were divided into three categories: disease, volition, and socially-conditioned.

The study sample was small, and an offshoot of a larger study on drinking habits. There were only 25 subjects (13 men and 12 women) with an average age of 39. These subjects worked for the same company, so the determination can be made that they were of similar socioeconomic status, though certainly not entirely homogenous, they were closer than one might typically find in a small sample size. For example, some of the participants had only finished high school. Others had attended/completed college, and some had studied at the post-graduate level. They were interviewed and the interviews were summarized in the study by the following text:

The interviews addressed the following broad themes: parents' drinking patterns (regular drinking vs. heavy episodic drinking, amount and type of alcohol consumed, drinking contexts, etc.), consequences of parents' drinking, description of parent-child relationship, understanding of alcoholism and addiction (question: "What is alcoholism?"), interviewees' own drinking history, and present drinking patterns. (p. 810)

The results held steady among the participants. Those who viewed their parents' excess drinking as a choice (volitional) tended to have a more negative view of their parents. Those who viewed it as socially-conditioned tended to view their parents' drinking as "normal." And those

who viewed excessive alcohol consumption as a disease tended to be more ambivalent and felt more often like their drinking parent used them to take up the slack in the household that the parent couldn't handle due to their drinking. The researcher also noted that ACOAs who viewed their parents' drinking by either the volitional or disease model most resembled the typical ACOA that one might read about in literature about the effects of alcohol use disorder on ACOAs.

Study of Ability of ACOAs to Detect Lies from Truth

In *Lie Detection Accuracy and Beliefs About Cues to Deception in Adult Children of Alcoholics*, Ulatowska et al (2020) sought to determine whether or not adults who grew up with parents who drank in excess could reliably tell lies from truth. The supposition was that these subjects believed that they could tell the difference more easily than people who grew up with parents who did not drink excessively. The notion was that parents who drink excessively will often use deception to cover up for their drinking habits and it is possible that their children will grow up more sensitive to being told lies. The researchers did indicate early on that no studies had yet been shown to prove that any subgroup of individuals could accurately access truth from lies in any attempted at reasonable subterfuge beyond the degree one typically found in a chance sample.

In this study, there were only 56 participants. Half them had a least one parent who drank in excess and the other half had no parents who drank excessively. All of the participants who had parents with alcohol use disorder were attending therapy of some sort for ACOAs. To measure the ability of subjects to tell truth from lies, each subject was presented with the same set of 10 statements, half of which were true and half of which were lies. These statements were presented to each subject in random order. The results, interestingly showed that the ACOAs in

the group were only slightly better than chance at predicting truths. In all other categories across both groups, the results were lower than chance. Also, non ACOA participants were more likely to hold a bias that they may be being lied to than ACOAs. The study, overall, did not confirm the researchers' initial prediction that ACOAs would be better at discerning truth from lies because they had more experience dealing with a parent who lied to cover their excessive alcohol use. The researchers, however, did posit that it was possible that the ACOAs they tested being part of a self-help group might mean that they had healed enough to be more trusting than they would have been otherwise.

Limitations of the Research Discussed

The biggest limitation of the research discussed was the very small sample sizes for each of the studies. The largest sample size, for the study on personality types, was 349 subjects. The other two studies had very small sample sizes. It would be interesting to see these same studies done on samples of over 1000 individuals. Another key limitation was that the study on types of motives ACOAs assign to their parents who drank/drink in excess was the broad nature of the interviews conducted. A standardized assessment tool would be far more reliable in discovering what an ACOA truly believes to be the reason why their parent/parents consumed alcohol in excess when that ACOA was a child growing up with that drinking parent. Finally, the lie detection study, while interesting academically, is of very little value in a practical nature for a counselor.

Implications for Counselors and for Future Research

The largest implication from these studies for me as a future counselor and for others in the field are that the more we know about how various groups of ACOAs think, the better we can provide counseling services to them. To that end, it is vital that any sort of research findings

break down the subject population by solid demographic categories such as race, gender, age, and socioeconomic status. All of the research presented did provide these necessary breakdowns, fortunately. The study on beliefs of ACOAs about why their parents drank is especially important when heading into a counseling relationship with an ACOA because findings such as those in the study could inform counseling in a meaningful way. If an ACOA believes their parent chose to drink purposefully (of their own volition) or if they believe their parent has a disease, they are going to hold vastly different views than an individual who believes that social reasons fully informed their parents' drinking behavior and those ACOAs are more likely to be understanding about the drinking than the other two groups. This sort of belief, held deeply, changes that client's childhood feelings about alcohol use in meaningful ways.

As for implications for further study, it is clear that more work with larger population sizes is suggested to gain the type of samples that would stand up to scrutiny of future studies and of the validity of the use of the research for practical applications (such as in counseling) and not purely as research done to answer an academic query. The personality subtypes research, for example, was 349 subjects and there is the very real possibility that a larger set of subjects would find that a trend emerges that can be clinically relevant in the treatment of ACOAs. There is still much to learn about the impact of excess alcohol use by a parent on an adult once they are out of their parents' homes and living adult lives.

References

- Hinrichs, J. , DeFife, J. & Westen, D. (2011). Personality Subtypes in Adolescent and Adult Children of Alcoholics. *The Journal of Nervous and Mental Disease*, 199 (7), 487-498. doi: 10.1097/NMD.0b013e3182214268.
- Järvinen, M. (2015). Understanding Addiction: Adult Children of Alcoholics Describing Their Parents' Drinking Problems. *Journal of Family Issues*, 36(6), 805–825. <https://doi.org/10.1177/0192513X13513027>
- Ulatowska, J., Nowatkiewicz, I., & Rajdaszka, S. (2020). Lie Detection Accuracy and Beliefs About Cues to Deception in Adult Children of Alcoholics. *Psychiatry, Psychology, and Law: An Interdisciplinary Journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law*, 27(3), 465–477. <https://doi.org/10.1080/13218719.2020.1733697>

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Tables

Table 1

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