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Alcoholism as a family secret

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LOYOLA UNIVERSITY CHICAGO

ALCOHOLISM AS A FAMILY SECRET

A DISSERTATION SUBMITTED TO
THE FACULTY OF CLINICAL PSYCHOLOGY
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

DEPARTMENT OF PSYCHOLOGY

BY

RACHEL K. ALBRECHT

CHICAGO, ILLINOIS

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ALCOHOLISM AS A FAMILY SECRET

This study represented an initial empirical investigation into the function and effects of family secrets. More specifically, the manner in which alcoholism was experienced as a family secret and its effect on adult children of alcoholics (ACoAs) capacity to be intimate was the focus of this study.

Forty-eight voluntary subjects who met empirically established criteria to be considered ACoA completed self-report questionnaires including three measures of intimacy (social intimacy, breadth and satisfaction with their relational world, and a projective measure of self-disclosure), as well as a measure of individual adjustment and family functioning. Subjects also completed a measure specifically developed for this study that sought to more closely assess the nature of the prohibitions subjects felt about disclosing the secret of parental alcoholism across different ages. Four "Impact" scores were developed as an empirical condensation of the information obtained from the Family Secrets Questionnaire. The hypothesis of primary interest, that the more stringent and severe the prohibitions against disclosure of the alcoholism the more likely the subject would experience difficulties in the area

of intimacy, was not supported. When the intimacy measures were taken in isolation it was found that, contrary to the hypothesis, subjects who were more forthcoming and disclosed more personal information at present experienced greater prohibitions against disclosure of the secret of parental alcoholism during childhood than subjects who were less disclosing at present. It was also found that subjects who reported greater prohibitions against disclosure of the secret experienced their parent(s) alcoholism as more severe than those experiencing fewer prohibitions against disclosure. Post-hoc analyses suggested that the family functioning variable was consistently related to the impact of the secret, and represents a promising avenue for further exploration.

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VITA

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TABLE OF CONTENTS

ABSTRACT.....		ii
ACKNOWLEDGEMENTS.....		iv
VITA.....		vi
LIST OF TABLES.....		vii
LIST OF APPENDICES.....		ix
 Chapter		
I.	INTRODUCTION.....	1
	Theoretical Overview of Family Secrets....	2
	Developmental Implications of Secrecy.....	8
	Consequences of Family Secrets.....	12
II.	ALCOHOLISM AS A FAMILY SECRET.....	15
	Hypotheses.....	22
III.	METHOD.....	24
	Subjects.....	24
	Measures and Procedures.....	26
IV.	RESULTS.....	45
	Correlations Between Intimacy Measure and Impact Scores.....	46
	Partial Correlations Between Intimacy Measures and Impact Scores Controlling for Family Functioning and Adjustment...	52
	The Effect of Treatment on Intimacy.....	55
	Gender Differences on Expressed Intimacy..	56
	Severity of Parental Alcoholism Related to Impact of Secret.....	56
	Post-Hoc Analyses.....	57
V.	DISCUSSION.....	58
	Summary of Hypotheses and Results.....	58
	Subjective Data.....	61
	Methodological Considerations.....	64
	Methodological Flaws.....	66
REFERENCES.....		70

	Page
APPENDIX A.....	78
APPENDIX B.....	82
APPENDIX C.....	86
APPENDIX D.....	90
APPENDIX E.....	92
APPENDIX F.....	99

LIST OF TABLES

Table		Page
1.	Components of Impact Scores.....	41
2.	Means, Standard Deviations, and Ranges of Measures.....	47
3.	Correlation Among Variables in this Study.....	48
4.	Correlations Between Impact Scores and Intimacy Measures.....	51
5.	Partial Correlation Coefficients Between the Intimacy Measures and the Impact Scores Controlling for Family Functioning and Adjustment.....	54

LIST OF APPENDICES

		Page
Appendix A	CAST.....	79
Appendix B	MSIS.....	83
Appendix C	SSQR.....	87
Appendix D	GSDSB.....	91
Appendix E	FDS.....	93
Appendix F	FSQ.....	100

CHAPTER I

INTRODUCTION

Almost without exception, each of us is born into a family. Families represent the earliest, most profound and universal vehicle of socialization. We are born helpless and dependent upon our parents who nurture and initiate us into the larger societal context. Families thus play a major role in the construction of self identity and the creation of relational patterns that exist throughout our lives.

Communication patterns and styles within families are as varied as individual family members. Yet all families have issues that are not shared between members or with those outside the family. These "issues" can be thought of as family secrets. While the content and type of the secrets may vary significantly, all families are alike in that they maintain secrets. Family secrets can be thought of as psychologically charged patterns that families often adopt as a way of relating to each other. These mechanisms may serve as psychological band-aids, masking greater troubles that exist within the family. "It (a secret) forms an unconscious template on which covert family relationships are organized" (Avery, 1982-1983, p.481). Families may tenaciously attempt to promote familial homeostasis by using secrets as "a sort of relational straight jacket that keeps

relational patterns locked up within the family system" (Avery, 1982-1983, p.123). Some family secrets, however, may serve a healthy function by promoting boundaries between family members that reinforce appropriate hierarchies within the family. It is difficult to know what a "normal" or "healthy" family secret may be, and at what point it becomes dysfunctional. What can be stated with some certainty, however, is that secrets take many forms and exert a variety of influences on all members at all ages; no one is exempt from their influence.

Theoretical Overview of Family Secrets

The theoretical literature in this area generally adopts a psychodynamic orientation towards the understanding of family secrets. According to this view, secrets are believed to exist at both conscious and unconscious levels. Secrets at the unconscious level are suggested to be more powerful than those known consciously, because of their simultaneous strength and subtlety.

Many writers have distinguished between family secrets and myths (Ferreira, 1963; Jacobs, 1980; Karpel, 1980; Stierlin, 1973). Both myths and secrets affect interpersonal relationships and influence the structure of relational systems. That is, interpersonal boundaries and alliances are greatly affected by secrets and myths. Secrets have been generally thought to be related to actual facts, while myths lie more in the realm of fiction. Both

secrets and myths, however, powerfully influence the individual and family system. "The maintenance of the myth and the secret is essentially the regulation of object relationships deemed crucial to the family's emotional survival. To this end family members distort their reality sense and deny the discrepancy between secret/myth and reality. In this way, the essential object relationships are preserved" (Avery, 1982-1983, p. 480-481).

Family myths and secrets seem to represent well integrated beliefs or attitudes transmitted intergenerationally through family stories, rules, or prohibitions. Myths and secrets contribute to the "family identity" as a unified entity by promoting "... fairly well integrated beliefs shared by all family members, concerning each other and their mutual position in the family life...that go unchallenged in spite of the reality distortions they may conspicuously imply" (Ferreira, 1963, p. 457). Stierlin (1973) suggests that family myths and secrets serve defensive and protective functions within the family by distorting the truth. Protective functions help construct rigid barriers between family members and the outside world. Outside influences are seen as threatening and potentially damaging to the collective family structure. Defensive functions take the form of a collective distortion of shared family reality.

Stierlin (1973) identified three major categories of family myths: myths of family harmony present a picture of family happiness that mask underlying feelings of depression, hostility, anger, and conflict; myths of exculpation and redemption are based on the belief by family members that a person or group of persons caused the family's misery and misfortune; and finally, myths of salvation distort family members' past and present relationships and believe that family pain and conflicts can be vindicated through benign intervention of a person or agency.

It has been suggested that the maintenance of family secrets and myths represents a double-edged sword, where they may help promote the family's "ego ideal" at cost to the individual's psychic health. "This duality gives the family a stake both in the maintenance of the secret and in its responsible revelation. This inherent contradiction may explain a salient feature of family secrets: they are both tenaciously maintained and, given the proper conditions, they are surrendered with astounding equanimity" (Avery, 1982- 1983, p.472).

Family secrets may be borne, in part, from the injunction of a vulnerable member not to reveal the secret of his/her vulnerability. Others may become drawn into the maintenance of the secret because of wishful and defensive reactions to this perceived vulnerability. Taking part in

the secret may serve the dual role of overtly promoting family loyalty and covertly exploiting the secret holder.

From a psychoanalytic perspective, the "power" of family secrets is seen to derive from three general sources (Jacobs, 1980). The first suggests that secrets become repressed when they are experienced as ego-dystonic. The intensity of unconscious drives associated with the secret may become too overwhelming, thus increasing the likelihood of acting out based on the secret. Quite the opposite can be experienced in individuals for whom the secret is accepted by the ego. In this case, the secret is incorporated into the view of the self and may subsequently take on an intense and perhaps haunting quality. Third, it is suggested that because secrets are often unconsciously associated with issues of power and control, exposure to a family secret may activate repressed experiences of withholding first experienced in the anal stage. Withheld secrets can ignite old issues of control over one's body, and facilitate aggressive acting out towards those who are withholding. Enjoinment in a secret, on the other hand, may stir up old resentments first experienced while learning to control one's body. Ultimately, it is believed that the impact of parental secrets either confided or discovered by children depends on the nature and quality of parent-child relationship, as well as the age of the child and his/her personality makeup.

Given this complicated network of intrapsychic meaning, Karpel (1980) has suggested that family secrets generally exist in three different arenas. Individual secrets are believed to involve cases where a person keeps a secret from others in the family. Internal family secrets involve at least two family members keeping a secret from a third. Shared family secrets are known by all members of the family but not divulged to outsiders. The boundaries created by these secrets can be seen to grow larger, from the individual to the dyad to the family as a group. These boundaries, however are not ironclad, as evidenced by "slips" that may expose some or all aspects of the secret. Again, the arena in which the secret is most operative may differently affect family functioning.

In addition, family secrets are greatly complicated by the various roles members in the family play to maintain the secret. Karpel (1980) defines the "secret holder(s)" as those who know and keep the secret; the "unaware" as those who do not know the secret; and the "subject" as that whom the secret is about. The subject and secret holder may be the same person (e.g., a spouse's secret infidelity) or different people (e.g., parents keeping secrets from children).

Secrets also seem to affect family dynamics on many levels, including family loyalty, power, boundaries, alliances, protection, and consequences. The dynamics of

loyalty can take a variety of forms and be expressed as concern toward the secret holder(s) or those who are unaware. The expression of loyalty through the maintenance of a secret often creates or exacerbates split loyalties that exist in the family. Secrets give their holder a sense of unused power, which Karpel (1980) describes as a "... sort of relational nuclear bomb that can be kept for later use" (p.297). The instability and inequality of such relationships makes destructive disclosure quite likely. Boundaries and alliances between family members are, ironically, not merely dependent on who knows the secret, but on "knowing who knows" (Karpel, 1980, p.297). The relative rigidity/permeability of familial boundaries are affected by the dynamics of secret keeping. The maintenance of a secret usually engenders a sense of self protection, either for the responsibility of the action or the holding of others as responsible for their actions. The inability to hold oneself or others as accountable often provides fuel for the fire of the secret. The old adage "what one doesn't know can't hurt" is a improper characterization of the dynamics of secret keeping.

Finally, Karpel (1980) distinguishes between three levels of consequences involved in secret maintenance. The first is at the informational level and involves deception and distortion of "facts" such as biological relationships, previous marriages, etc.. Secrets existing at the emotional

level generate a great deal of anxiety in the fear of disclosure, discussion of relevant topics, and in attempts to deceive or distort the truth. Harboring secrets may cost a loss of "relational resources" (p. 300) because trust is undermined in such a system. Karpel (1980) suggests that a violation of trust may represent the most devastating consequence of secrets; the experience of "living a lie" can be experienced for both the secret holder and the unaware. Finally, the danger of unanticipated and destructive effects of the disclosure of the secret exists at a practical level. The likelihood of this occurring increases profoundly with the number of people who know the secret.

Family secrets and myths seem to become self-perpetuating styles of communication that exist both on conscious and unconscious levels. An understanding of the power and import of family secrets can begin to be appreciated when they are recognized as originally serving some homeostatic, preservative functions within the family. As families provide children with their earliest and most profound experiences with interpersonal relating, it is likely that the relational patterns constructed around family secrets would get repeated in the child's own relationship choices.

Developmental Implications of Secrecy

The maintenance and sharing of secrets is thought to have developmental significance. Most theorists generally

posit that the infant/child exists in a state of relative fusion with the primary caregiver until such a time when the "inner" self is experienced as differentiated from persons and events outside of the self. The ability to keep one's thoughts private, and maintain a secret, represents the delineation between "self" and "not self", and movement toward separation and individuation.

We might postulate a kind of developmental line to describe growth and development ranging from the secretless state of infantile fusion and communion, through secreting of the growing child who can only conceal or confess, through the secreting of the preadolescent who conceals and reveals, to the mature adult who can either maintain a private self without secretiveness or be intimate and confide without confessing (Ekstein & Caruth, 1972, p. 206).

The creation of mature bonds of intimacy grow out of the tension between the struggle to maintain individuality and the thrust toward establishing connections with others.

Meares (1987) states "We disclose secrets with care as we develop dialogue with others who can be trusted to share and respect them. The secrets then become the coins of intimacy, and the currency of its transactions" (p.551).

Thus the sharing and withholding of secrets creates a complex web of intimate interpersonal experiences. One can only wonder what the effects on intimacy would be should this natural process be subverted.

It is this author's belief that points of separation/individuation, where the developmental task is to leave the "safe base" of home and venture into the world in

an autonomous fashion, is a natural time that the nature and function of family secrets would be called into question and examined. This may happen for different reasons. The first involves an inability of the person attempting to separate to adopt new and perhaps more adaptive styles of communication than those styles engendered by his/her family of origin. While the family secret may feel burdensome or repugnant to the child, the fear associated with establishing new intimacies that may lead to exposure of the secret may be more overwhelming. Thus, the faulty and inefficient modes of communication promoted by those early secrets may actually hinder the person from successfully relating to those in the world beyond the family. One may fall into self limiting, familiar old roles fostered by the family of origin which may prove maladaptive to the world at large.

Secondly, points of separation/individuation may also spark the flame of old family secrets by validating for that person long held suspicions of faulty and unhealthy communication patterns and thus foster a desire to break from the mold created. Adolescence and young adulthood may be the first time when long held family allegiances are first questioned in terms of what they mean for the person's own relationship patterns and choices. "Most often the secret is revealed when the adolescent becomes more autonomous and attempts to separate from the family"

(Devanand & Jalali, 1983, p. 296). Thus, family secrets may be experienced as either hindering or validating healthy separation.

The psychosocial theory of Erikson (1963) and the cognitive theory espoused by Piaget (Inhelder & Piaget, 1958) unite to provide a unique perspective on the issues, experiences and capacities that are paramount during adolescence and young adulthood. Adolescents and young adults, according to Erikson, struggle with the issues of personal identity and how to be in an intimate relationship. In addition, the emergence of Piaget's idea of formal operational thought suggests that the adolescent can now comfortably reason in a world of hypotheticals and abstractions. These developing capacities and perspectives provide fertile ground for the adolescent and young adult to question the rules, traditions, and protocol of the family of origin. The younger child does not have the cognitive sophistication or the capacity for emotional independence from the family of origin to engage in such a process. Thus, secrets within a family are more likely to be maintained by the younger child who does not have the emotional or cognitive wherewithal to sustain such an inquiry. Family secrets are more likely to be challenged and questioned by adolescents and young adults than their younger counterparts.

The price of accomplishing real individuation from one's original family...is often enormous...Buried old alliances come into strong relief, family rules are suddenly displayed into action, and rigid truths are exposed as painful detours around family secrets. People who embark on the business of becoming themselves as well as being members of their original families need to be prepared to discover the unexpected...(Roman & Blackburn, 1979, p.137).

Consequences of Family Secrets

Family secrets are simultaneously quite powerful and subtle. While, as stated before, secrets seem to serve a preservative function within the family, the effect of secret keeping may be idiosyncratic to its' individual members. For example, enmeshment and overinvolvement may play a part in secretive styles of relating. On the other hand, some secrets, such as those that reinforce generational boundaries, may foster healthy development.

Two case studies explored the effects family secrets have upon their members. In the article "Mourning as a Family Secret", Evans (1976) described two families whose overt denial of the need to mourn contributed to the general development of neurotic symptoms in the children and increased familial strife. "The hallmark of this kind of (dysfunctional) secret is that it is maintained not for its adaptive usefulness, but out of fear of the imagined consequences attendant on its revelation. These feared consequences usually center around the assumed fragility of one person or of the family as a whole" (p. 503). Dysfunctional secrets are a covert family agreement not to

acknowledge awareness of the secret and are maintained through gross distortion and denial of what others may be experiencing. In this example, the dysfunctional secret was created during lengthy fatal illnesses of children with younger siblings. This was in spite of the fact that the families were not typically predisposed toward secrecy in other areas of their lives. In both cases described in this article, therapeutic efforts directed towards identifying, uncovering and resolving the "secret" of the older sibling's illness and death resulted in marked improvement of the previously symptomatic children and a renewed sense of family unity.

Another article, "The Awesome Burden Upon the Child Whom Must Keep a Family Secret" (Saffer, Sansone, & Gentry, 1979), described a series of young patients hospitalized with presenting psychotic symptoms who were found to be suffering from the strain of keeping a family secret. In each of three examples, children with no previous psychiatric history rapidly developed psychotic symptoms. These symptoms were found to be spawned by maintenance of the family secret. The authors suggested that these secrets represented a cohesive force within the families; that is, the families were united by the symptom bearer's pathology. The prohibition against disclosure of the secret was so severe that the revelation of the secret actually resulted

in initially more marked disturbance before a new level of equilibrium was able to be reached.

Maintenance of secrets can serve a variety of functions in families at varying costs. It is difficult to know what a "normal" or healthy amount of secrecy is, or the appropriate vehicle for examining and understanding the secrets that exist within families. Adolescence and young adulthood, with its developmental focus on the issues of separation and individuation may be a time when past family secrets are called into question. Whether this type of analysis promotes positive adaptation or more tenacity in the maintenance of the secrets is not as yet understood. What can be stated with some certainty is that secrets take many forms and exert a variety of influences on all members at all ages; no one is exempt from their influence.

CHAPTER II

ALCOHOLISM AS A FAMILY SECRET

The present study proposes to begin an empirical inquiry into the function and effects of family secrets. Research has not as yet examined this topic. Specifically, this study will focus on the effects of alcoholism as a family secret on adult children of alcoholics (ACoAs). Clinical and empirical examinations have identified common characteristics among ACoAs to include problems trusting others, difficulties identifying and expressing needs and feelings, depression, poor communication skills, assumption of excess responsibility or maturity, and difficulties with intimacy (Beletsis & Brown, 1981; Black, Bucky, & Wilder-Padilla, 1986; Wanck, 1985; Wilson, 1989; Woititz, 1984). The present study will focus on the difficulties ACoAs have with intimacy as a function of the secret of alcoholism.

The social stigma surrounding alcoholism increases the need for denial in the alcoholic individual and the family; "therefore, alcoholism becomes a very closely guarded family secret that must be maintained at all costs" (Bingham & Bargar, 1985, p.13). These "costs" have been suggested to include mislabeling of behavior (e.g., Dad is not drunk, just sick again), which can subvert a child's developing sense of accurate reality testing.

Acknowledgment of the alcoholism within the family unit may solidify boundaries and serve to create a further sense of distance from others outside of the family. The familial boundaries may become rigid and impermeable, thereby stunting the normal developmental tasks of developing peer closeness and identity. "The child of an alcoholic, however, usually suffers from such deep embarrassment over his circumstances that he feels alienated from his peers. Thus, he loses a vital element in the process of his development. Insecurity, fear, and lack of trust may severely limit his relationships." (Jesse, McFadd, Gray & Bucky, 1978, p.59) In either case the child in an alcoholic family may feel caught; on one hand, his/her perceptions of what is actually occurring in the family may be denied or distorted, while on the other hand disclosure of the secret may threaten the integrity of the family. The tension between need for intimacy with others and the simultaneous fear of abandonment from one's family of origin may give rise to significant difficulties in relationships (Coleman & Colgan, 1986; Evans, 1988). The cost to the child's growing sense of autonomy and the tasks of separation/individuation may be readily threatened and the cycle may become self fulfilling; rigid boundaries necessary to maintain the family secret prohibit the natural and normal quest for peer contact and closeness. Thus, it would be likely that these children may become developmentally stunted in regards to

their capacity to initiate, form, and participate in the ebb and flow of relationships. Ultimately, it is likely that their capacity to be comfortable with the language of intimate exchanges would be significantly compromised and may effect all aspects of their relational world.

Coleman and Colgan (1986) present an interactive model that postulates that intimacy dysfunction in individual family members is a likely consequence of drug or alcohol dependence. Intimacy dysfunction is defined as "... a pattern of thoughts, feelings and behaviors that precludes a balance of identity (separateness) and intimacy (attachment) that appears necessary for satisfying relationships" (p. 22). The disruption in healthy family functioning precipitated by the alcohol or drug abuse are believed to lead to conflicts over dependency and other ways of relating. Coleman and Colgan (1986) found that alcoholic individuals experienced greater difficulties with interpersonal boundaries within the family while growing up than did nonalcoholic subjects. This suggests that drug and/or alcohol abuse in family members are coping mechanisms stimulated by a need to maintain the familial stability that has been eroded by the chronicity of intimacy dysfunction. This author is proposing that maintaining the family secret of the alcoholism may serve the same stabilizing purpose, as well as deleteriously impacting the child's ability to form intimate relations with others. Thus, the child may not be

"symptomatic" in terms of alcohol or drug abuse but may experience limitations in his/her capacity to be intimate.

Few studies have compared the different impact that an active alcoholic parent has versus a recovered alcoholic parent on the children. O'Gorman (1975) found that children of alcoholics had lower self-esteem, a more external locus of control, and perceived less parental affection than children of recovered parents or controls. Family environments of recovered alcoholics have been found to be quite similar to environments of non-alcoholic controls in cohesion, expressiveness, organization and conflict (Moos & Moos, 1984). This suggests that successful attempts to control drinking may alleviate some of the negative consequences associated with children of alcoholics. Callan and Jackson (1986) found that children of recovered alcoholics and controls rated their families as more trusting, cohesive, secure, affectionate, and happier than children in families where the parent continued to drink. Again, successful treatment of parental alcoholism seems to have important mitigating effects on the deleterious consequences for children of alcoholics. One can postulate that the impact on the child's capacity to be intimate would also be softened should the secrecy surrounding the alcoholism not be an issue. The impact should similarly be mitigated through the child of the alcoholic's participation in his/her own treatment to work through issues regarding

his/her parent's alcoholism.

The present study attempts to synthesize theory and research in the areas of alcohol use, secrecy, and disclosure through a focus on family secrets. While difficulties with intimacy seem to be a consistent characteristic of ACoAs in general, the research cited above suggests that this may be somewhat attenuated through successful intervention. Research also suggests that the prohibitions against disclosure of the secret may impact the ease with which one engages in relationships with others outside the family. This study will begin to evaluate the impact on individual functioning of having to maintain a family secret of alcoholism; specifically, the effect that maintaining the secret of alcoholism has on ACoAs capacity to be intimate.

For the purpose of this study, a family secret will be defined as one in which the alcoholism is known within the family, but members have implicit or explicit prohibitions against disclosing the secret to those outside the immediate family. Thus, the import of the secret is based on the prohibitions surrounding the secrecy and the consequences of violating the established family norms. Previous research suggests that successful treatment of alcoholism softens the psychological impact on children. Similarly, we are speculating that not needing to keep the alcoholism a secret or lack of awareness of the alcoholism would make it more

likely that the child would meet and form intimate relationships with others outside the home. That is, the child would not feel burdened by the subjective sense that his/her family is different and thus would feel freer to engage in relationships with others outside of the family.

Many conceptual and methodological issues arise in the study of intimacy. Psychologically, intimacy is generally understood to describe qualitative features of interpersonal relationships (Waring, 1984). Hinde (1981) addresses the complexity of relationships by summarizing their common characteristics in the following way:

relationships have both behavioral and affective/cognitive aspects; they depend on interactions yet involve more than interactions; their parts must be studied but so must the whole; they must be related to the personalities of the participants and the social context in which they exist. (p. 6).

Clear gender differences have been found to exist in development of intimate relationships. Specifically, Lowenthal and Haven (1968) found that older women tend to have more confidants than their male counterparts. In a sample of college students it was found that women place greater emphasis on emotional sharing while men tend to share in activities (Caldwell & Peplau, 1982). College aged women have also been found to have a greater capacity to experience higher levels of intimacy than men when interviewed according to a life-span model of intimacy. In addition, androgynous males were also found to have achieved higher levels of intimacy than their more "traditional"

counterparts (Hodgson & Fisher, 1979). Gender biases also seem to exist in impressions people have about adjustment based on self-disclosure. Specifically, Derlega and Chaikin (1976) found that males were viewed as better adjusted when they remained silent, while females were viewed as better adjusted when they disclosed.

The complexity and breadth of the construct of intimacy renders its measurement somewhat problematic. One question relates to whether intimacy should be assessed from the individual's perspective or from a joint, relational perspective. Similarly, should an individual's assessment of intimacy be assessed separately, or in some combination with one's partner? A methodological question also exists about whether narrow or broad operational definitions of intimacy should be considered. That is, a difference may exist in the status of being in a relationship versus the quality of that relationship. Thus, simply stating that marriage implies intimacy may be confounding the two variables (Waring, 1984) and not provide an accurate assessment of the nature and quality of that relationship.

Studies of intimacy have been criticized for their over reliance on unitary sources of data (Craig-Bray, Adams & Dobson, 1988). The tendency to simply use information from a single method format renders methodologically specific findings. The two major strategies employed in quantifying the assessment of intimacy involve the element of self-

disclosure as well as an evaluation of intimacy as it is experienced in a present relationship (Perlman & Rook, 1987). The present study will assess intimacy in a multi-method format (Campbell & Fiske, 1959). In this study, intimacy will be evaluated utilizing information from self-report and projective data to provide an attitudinal, behavioral and self-disclosure assessment of intimacy. This will render a more complete evaluation of the construct of intimacy.

Hypotheses

This focus of this study was to examine and better understand the nature of family secrets, specifically, how alcoholism as a family secret affects one's capacity to be intimate. Family secrets have not been the subject of empirical investigation. The literature supports the contention that people growing up in alcoholic homes have difficulty forming and maintaining intimate relationships. Thus, the hypothesis of primary interest bridges these two areas and suggests that the more stringent and severe prohibitions against disclosure of the alcoholism (the greater the secret), the more likely the subject would experience difficulties in the area of intimacy. In other words, subjects' intimacy would be affected most significantly by situations in which prohibitions against disclosure of the secrets were most stringent.

Several hypotheses of secondary importance were also

advanced that assessed the effects of treatment, gender and parental symptomatology. The literature suggests that successful treatment of parental alcoholism mitigates many of the negative effects on the children. Therefore, it is likely that subjects' involvement in treatment may also soften the impact the secret has on their capacity to be intimate. Gender differences are also speculated to be evident where females are hypothesized to have a greater capacity for and demonstrate more involvement in intimate relationships than their male counterparts. Finally, it is likely that the more symptomatic the drinking parent was, the greater the prohibitions against disclosure would be for the child in that environment.

CHAPTER III

METHOD

Subjects

The subjects in this study were 48 Adult Children of Alcoholics ranging in age from 18 to 51, with a mean age of 27 years. Forty-two percent (20) of the subjects were male and fifty-eight percent (28) were female. The subjects for this study were selected in a variety of ways. Initially in the Spring, 1992, 350 students at a Midwestern university were contacted by letter in which the study was explained and their participation was requested. Subjects were provided with a letter of consent and the Children of Alcoholics Screening Test (CAST) (Jones, 1982). Subjects scoring six or higher were provided with follow-up materials consisting of the measures described in the Measures and Procedures section. Approximately 200 of the original group returned the consent form and screening measure, of which close to 40 were qualified to participate in the study. Follow-up with the 40 qualified participants yielded approximately 10 completed packets of material. This procedure was repeated at the same university in the Fall, 1992. Approximately 1,000 students were contacted with a letter of explanation, consent form and screening measure. An error in distribution and collection techniques, however,

yielded only approximately 30 qualified subjects of which about five returned the follow-up materials.

Subjects were also voluntarily recruited through free standing Adult Children of Alcoholics groups that met in the Chicago area. Group leaders were contacted by phone and the nature of the study was explained to them. Group leaders were provided with several sets of materials including screening and follow-up measures. Approximately 100 sets of materials were provided to subjects participating in approximately twelve different Adult Children of Alcoholics groups. Distribution and collection of these materials took place between October, 1992, and February, 1993, and accounted for approximately 33 of the subjects participating in the study. Seven subjects who did not meet the criteria of six on the CAST returned completed materials but were unable to be included in the final analyses.

To qualify as an Adult Child of an Alcoholic, subjects had to score six or higher on a self-report measure (Children of Alcoholics Screening Test) designed to assess children's experience and perception of their parent's drinking (Jones, 1982). Those subjects who were identified as ACoA's were further divided into groups that differed according to the prohibitions within the family against discussing the "secret" of the drinking parent's alcoholism. Subjects indicated which of the groups most closely approximated their experience with the secret of alcoholism:

1) there was a secret surrounding the alcoholism and the prohibitions against disclosure were such that family members maintained the secret; 2) members violated the family secret but experienced a sense of subjective betrayal or guilt surrounding the disclosure; 3) family members violated the prohibitions around the secrecy freely, without feeling guilty or as though they betrayed the family; and 4) subjects report there was no family secret per se surrounding the experience of the parent's alcoholism, and thus, no issues around disclosure. These subjects also identified four age ranges in which the above stated categories could apply (before age 10; 10 - 15; 15 - 20; above 20). This measure is further described in the Measures and Procedures section.

Measures and Procedures

Identifying information was removed and all the measures were referred to by code numbers. Subjects were advised that the materials would take approximately one hour to complete. Self-addressed stamped envelopes were provided to return the completed materials. No personal contact was required of any participant, although a phone number was made available to all participants in which they could reach the primary researcher to ask questions.

Measures of intimacy, adjustment and family functioning were used to test the hypotheses of the study. Intimacy was assessed with a projective measure (Greene Self-Disclosure

Sentence Blank) designed to assess the level of the subject's self-disclosure in addition to two objective measures assessing social intimacy (Miller Social Intimacy Scale) and perceived level of support (Social Support Questionnaire). Personal adjustment and family functioning were measured by self-report instruments (The Symptom Checklist-90, The Family Functioning Scale). All measures were chosen based on their psychometric soundness and their self-report nature so subjects could complete the materials in a manner to ensure and respect their anonymity and privacy. The measures are described below.

Children of Alcoholics Screening Test

This is a 30-item self report inventory used to identify children of alcoholics (see Appendix A). The scale measures subjects' emotional and psychological distress associated with the parent's alcohol abuse, perceptions of marital discord associated with drinking, attempts to control the parent's drinking, efforts to withdraw or escape from the alcoholic family system, exposure to violence within the family associated with drinking, perception of parent(s) as alcoholic(s), feelings of resentment and desire for help. Subjects scoring six or higher are customarily placed in the ACoA group (Jones, 1982). Spearman-Brown split half reliability coefficients of .98 have been reported for the use of the CAST with children of clinically diagnosed alcoholics, self-reported children of alcoholics,

and randomly selected subjects whose parents were not known to be alcoholics. Validity studies demonstrate that all CAST items successfully discriminated children of alcoholics from non-alcoholics ($p < .05$). Additionally, children of alcoholics have been shown to score significantly higher on the CAST compared to children of non-alcoholics. A cut-off score of six identified all children of clinically diagnosed alcoholics and the self reported children of alcoholics. Additionally, subjects scoring in the 2 - 5 range have been suggested to experience some problems associated with their parents' drinking. They can be considered children of problem drinkers or possible alcoholics. Thus, the CAST can be used to psychometrically identify children of alcoholics, children whose parents may be at risk for alcoholism, and children of non-alcoholics.

Miller Social Intimacy Scale

The Miller Social Intimacy Scale (MSIS; Miller & Lefcourt, 1982) measures the maximum level and intensity of intimacy currently experienced (see Appendix B). It was developed from interviews with 50 undergraduates, which explored the nature and function of their relationships with friends, family, and acquaintances. The goal was to specify some of the characteristics of relationships considered to be intimate. It can be applied to a variety of relationships including marital, non-marital, same and opposite sex. Ten point-frequency and intensity scales were developed to

assess the frequency and depth of interactions. Social desirability items were initially included but ultimately deleted due to poor reliability and validity.

In the process of test construction researchers chose seventeen intimacy items based on inter-item and item-total correlations greater than .50. Subjects are instructed to describe their relationship with their closest friend while completing the ratings, which are then summed to yield a maximum level of intimacy experienced at the present. Examples of test statements include: "How often do you confide very personal information to him/her?"; "How close do you feel to him/her most of the time?"; "How important is it that he/she understands your feelings?".

The magnitude of Cronbach alpha coefficients ($\alpha = .91$) suggests that the items on the MSIS assess a single construct. Test-retest reliability over a two month interval ($r = .96$) and a one month period ($r = .84$) indicates that there is stability in maximum levels of intimacy experienced over time. In addition, the MSIS also demonstrated high convergent validity as it correlated ($r = .71$) with high levels of trust and intimacy on the Interpersonal Relationship Scale (Guerney, 1977). Similarly, subjects who indicated they were lonely on the UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980) scored low on the MSIS ($r = -.65$). Construct validity was demonstrated by higher MSIS scores for subjects'

descriptions of their closest friends compared to casual friends ($t(23) = 9.18, p < .001$). In addition, married students had a significantly higher mean score on the MSIS than unmarried students ($t(32) = 8.17, p < .001$). Both married and unmarried subjects had significantly higher mean scores on the MSIS than those subjects who indicated their marriages were in distress ($t(28) = 6.41, p < .001$), suggesting that marital status per se is not a valid indicator of intimacy.

Social Support Questionnaire

The Social Support Questionnaire (SSQR) developed by Sarason, Levine, Basham, and Sarason (1983), assesses a wide range of relationships the subject regards as supportive (see Appendix C). It provides a global assessment of the extent and significance of the person's relational world, and thereby represents an index of the number and quality of relationships in which the subject has potential to experience intimacy.

The SSQ is comprised of 27 items such as "Whom can you really count on to listen to you when you need to talk?"; "With whom can you totally be yourself?"; (and) "Whom can you count on to console you when you are very upset?". Subjects list the number of people available to them in each circumstance, as well as the perceived degree of satisfaction with the support received. Mean scores for each of the two indexes are generated. The alpha

coefficient for internal reliability for the mean number of relationships was .97, and .94 for mean satisfaction. Test-retest reliability over a four week interval was .90 for the number of relationships and .83 for the level of satisfaction experienced in these relationships. There was no significant correlation between either score and social desirability. An abbreviated 12 item version of the SSQ has been used in previous research (Nestor, 1993) as an assessment of the potential opportunities a subject has for intimate relationships; it is used in the present study for the same purpose.

The Greene Self-Disclosure Sentence Blank

Self-disclosure, or the revelation of personal information to another, is understood as a major covariate of intimacy, but not its equivalent (Waring & Chelune, 1983). Intimate content is considered a basic parameter in self-disclosing behavior (Chelune, 1975; Cozby, 1973). Higher levels of "self exploration" and "experiencing", constructs conceptually related to self-disclosure, have been associated with greater therapeutic benefit in individual psychotherapy (Rogers, Gendlin, Kiesler & Truax, 1967; Truax & Carkhuff, 1967). Thus, self-disclosure is understood as a separate construct, albeit important in the development of intimacy. (Altman & Taylor, 1973; Derlega & Chaikin, 1976; Morton, 1978; Rubin, 1974).

The Greene Self-Disclosure Sentence Blank (GSDSB)

(Greene, 1971) is a rating of the intimacy of one's self-presentation (see Appendix D). It operationalizes the assumption that revelation of more "intimate" or "risky" material represents a more personal and deeper level of disclosure than revelation of less risky material. Responses to sentence stems are rated according to the centrality of material in the person's life along with the risk value associated with the disclosure. Subjects are instructed to complete the twenty sentence stem instrument in a manner that expresses personally important feelings. This method is based on subjects' direct disclosure rather than a report of past disclosures. It is particularly useful in the present study because it is a projective measure that allows for more latitude and varied expression than the two other more objective measures of intimacy described above.

Each response on the GSDSB is scored on a five-point scale, assessing the level or amount of self-disclosure present in that statement. The self-disclosure index represents the sum of scores assigned to the completion of the twenty stems.

Validity tests demonstrated that the GSDSB distinguished between deliberate disclosure and nondisclosure, suggesting that subjects can control what they reveal about themselves on the sentence completion test (Greene, 1964). Situational stress factors were also found

to influence the amount and quality of subjects' self-disclosure; specifically, subjects under moderate stress were found to be less revealing than those tested under less threatening conditions. The GSDSB also correlated with therapists' ratings of their patients' willingness to reveal themselves in psychotherapy (Greene, 1964). GSDSB scores were also found to be related to subjects' willingness to be more open in tape recorded interviews (McLaughlin, 1966). In addition, self-disclosers tended to describe others in more personal terms than their less disclosing counterparts (Carpenter, 1966).

The Symptom Checklist-90

The SCL-90 was originally based on a 58 item scale called the Hopkins Symptom Checklist (Wilder, 1948). This instrument revealed the factors of depression, anxiety, somatic concerns, obsessive-compulsive themes, and interpersonal sensitivity. The SCL-90 was created by adding 32 items that measure symptoms associated with more severe psychopathology including somatization, obsessive-compulsive thoughts and feelings, interpersonal sensitivity, depression, anxiety, psychotic symptoms, phobic anxiety, paranoid ideation, psychoticism, and hostility.

A great deal of research has been conducted on the psychometric properties of the SCL-90. The scale was originally intended to provide a profile analysis utilizing the dimensions mentioned above. While the scale is

proposed to measure individual psychopathology, research suggests that it is a more appropriate measure of general discomfort and global distress than specific psychopathological dimensions. Hoffman and Overall (1978), for example, found that in a representative outpatient clinic population the SCL-90 did not clearly differentiate the specific factors it was intended to measure. The total score on the SCL-90 is reliable (Spearman-Brown split-half reliability between odd and even items was .976), and the alpha coefficient for the entire test was .975. The authors also determined that 6.45 times as much variance was accounted for by the first unrotated factor than the next largest factor and more than twice the variance than the next six factors combined. It is thus suggested that the SCL-90 is better utilized as a measure of general complaint and discomfort rather than specific psychopathological dimensions. Its inability to provide a reliable psychological profile is not problematic for the present study. Rather, its ability to indicate a overall sense of well being makes it useful for the present study. The total score (i.e., the measure of global discomfort and distress) is simply a summation of all test items.

The Family Functioning Scale

This is a 75 item self report scale derived through a factor analysis of four existing self report measures of family functioning: The Family Environment Scale (Moos &

Moos, 1976); the Family Concept Q Sort (van der Veen, 1965); the Family Adaptability and Cohesion Evaluation Scale (Olson, Sprenkle, & Russell, 1979); and the Family Assessment Measure (Skinner, Steinhauer, & Santa-Barbara, 1983) (see Appendix E). Bloom's (1985) factor analysis yielded 15 factors, each with five items that generally cluster under three domains presented by Moos and Moos (1976): relationship dimension (feelings of belongingness, pride, open expression, and degree of conflictual interactions within the family), personal growth (an emphasis on the developmental processes that are fostered by the family environment including intellectual, cultural, active-recreational, and moral-religious values) and system maintenance (information about the structure and organization within the family and the degree of control exerted by family members in relation to each other).

The factor breakdown and item examples of Bloom's (1985) fifteen factors are the following: Cohesion (there was a feeling of togetherness in our family); Expressiveness (family members felt free to say what was on their minds); Conflict (family members hardly ever lost their tempers); Intellectual-Cultural Orientation (we were very interested in cultural activities); Active-Recreational Orientation (family members sometimes attended courses or took lessons for some hobby or interest); Religious Emphasis (family members attended church, synagogue, or Sunday School fairly

often); Organization (family members made sure their rooms were neat); Family Sociability (as a family, we had a large number of friends); External Locus of Control (our decisions were not our own, but were forced upon us by things beyond our control); Family Idealization (my family had all the qualities I've always wanted in a family); Disengagement (in our family we knew where all family members were at all times); Democratic Family Style (parents did not check with the children before making important decisions); Laissez-faire Family Style (it was unclear what would happen when rules were broken in our family); Authoritarian Family Style (there was strict punishment for breaking rules); and Enmeshment (family members found it hard to get away from one another).

Reliability coefficients indicate high levels of within-factor internal consistencies (Chronbach Alphas generally .75 and higher). Validity was assessed by a comparison of ratings of subjects in divorced versus intact families. Significant differences were found in 12 of the 15 scales as a function of marital status. No differences were found in measures of Organization, Authoritarian Family Style, and Enmeshment. Intact families were described as significantly more cohesive and expressive, less conflicted, higher in intellectual-cultural, active-recreational, and religious orientation, more sociable, more idealized, less disengaged, less external in their locus of control, higher

in a democratic family lifestyle, and lower in a laissez-faire family style than divorced families.

Family Secrets Questionnaire

This questionnaire was developed for this study to obtain information about the subjects' perceptions and experiences surrounding the secrecy of alcoholism within the family (see Appendix F). In particular, issues around disclosure and ensuing feelings of guilt about such disclosures were evaluated. This was a self-report measure in which subjects were asked to initially complete a 4 X 4 matrix where they identified which of four secrecy classifications best approximated their experiences at different ages. The vertical column was demarcated by the following four choices about the subject's experience of their parent's alcoholism: 1) You knew about the alcoholism within the family but maintained the secret (that is, did not discuss it with others outside the family); 2) You knew about the secret but discussed it with others outside the family even though you felt it betrayed the family. In other words, you felt guilty about this disclosure and felt as though you were violating a family rule by discussing the secret of the alcoholism; 3) You discussed the secret of the alcoholism freely and openly knowing that it violated a family rule or expectation but nonetheless not feeling as though you betrayed the family with this disclosure. In other words, you did not feel

guilty about this disclosure because you felt as though the prohibitions did not need to be kept; 4) There was no secrecy surrounding the alcoholism in your family. The horizontal row was divided into four age ranges including less than 10; 10 - 15; 15 - 20; greater than 20. Subjects then had the opportunity to indicate which level of secrecy approximated their experience at different ages.

In addition, subjects were provided with ten open ended questions designed to provide more opportunity and depth to their experiences surrounding parental alcoholism. The first set of questions included items involving factors and circumstances that contributed to the subject's awareness of the alcoholism, how and with whom the acknowledgment was handled within the family, and family prohibitions against open discussion of the alcoholism. Responses to these questions helped to flesh out information provided on the matrix and gave a more broad and in depth understanding of the subject's particular experience with the parent's alcoholism. Questions assessing issues around chronicity and treatment were also asked. In addition, more explicit questions regarding the subject's perception of the alcoholism as a family secret, the factors that contributed to the initial disclosure of the secret and a subjective assessment of how the secret affected the subject in the past and present were asked.

Information subjects provided in the 4 X 4 matrix was

collapsed and condensed into an "impact score". As this is an exploratory study for which there are no available precedents for determining the impact of the secret, a number of different methods were employed to see if one might yield more information than others. The overall strategy was to assign a value of "4" was assigned for the first secrecy status (kept secret), a value of "3" assigned to the second secrecy status (disclosed but felt guilty) a value of "2" was assigned to the third secrecy status (disclosed but did not feel guilty) and a "1" assigned to the no secret category. Thus, a subject who indicated they kept the secret throughout their lives would get an impact value of 16 to represent that the "kept secret" status was operative across all four age groupings. Similarly, a subject who indicated that the alcoholism was never a secret would obtain a cumulative impact value of 4 to represent a no secret status across four age groups. This impact score could theoretically represent a value of a number from 4 - 16; the higher the score, the greater the prohibitions against disclosure would have been. If a subject provided more than one secrecy classification per age range the average of these values were taken. This is based on an assumption that the impact of the secret is similar across different ages.

Four versions of the impact score were developed to account for cases in which subjects did not provide

information about secrecy statuses for all ages required (see Table 1). In other words, while instructed to provide information about secrecy statuses across all age groups, some subjects provided more limited information by checking fewer than four boxes. In addition, some subjects indicated that they were "unaware" that the alcoholism existed at certain ages. The different versions of the impact scores represent an attempt to account for these variations in subject reports and to make the scores compatible and comparable. Again, due to the exploratory nature of this research, a range of impact scores with slightly different theoretical underpinnings were created to account for the different ways in which the secret could be experienced by the subject. Explicit and stringent criteria were developed and used in each of these cases: "Impact 1" added together only the values the subject checked based on the four point scale described above. Thus, all subjects did not necessarily receive four scores representing one description per age range. This is the most conservative impact score as it only includes values endorsed by the subject. "Impact 2" is based on the assumption that a kept secret or/and an unaware status could both apply to ages in which the subject did not provide the information. The "unaware" status received a score of "0" that was added to the cumulative total. The "kept secret" status received a

Table 1

Components of Impact Scores

Impact 1: Added only values assigned to matrices endorsed by the subject: 1 (no secret) - 4 (kept secret). Therefore, all subjects' cumulative scores do not reflect the addition of four values.
Value Range: 0 - 16

Impact 2: Added values of 1 (no secret) - 4 (kept secret) for each of the matrix values provided. Based on descriptive information provided by subjects, a classification of "kept secret" (value = 4) and/or "unaware" (value = 0) were applied to subjects' scores whom did not provide matrix values for all age ranges.
Value Range: 4 - 16

Impact 3: Applied a weighted matrix value to the criteria described in the Impact 1 score; that is, only the values provided by the subject. This was based on the assumption that earlier experiences had a greater impact on the subject. Values representing the intersection of the matrix value provided by the subject were added together to provide a cumulative score. Again, not all subjects total score reflects the addition of four values.

Ages:	<10	10-15	15-20	+20	
	4	3	2	1	
3	kept secret:	12	9	6	3
2	disclosed/ guilty:	8	6	4	2
1	disclosed/ not guilty:	4	3	2	1
0	no secret:	0	0	0	0
	Value Range:	0 - 30			

Table 1 (continued)

Impact 4: Applied the same methodology as the Impact 3 score in terms of the weighted values in the matrix. Again, this takes into account the idea that earlier experiences have greater influences on development and thus should be assigned greater values. The location of marks in the matrices were based on the values in the Impact 2 score. That is, the values reflected that an "unaware" and/or a "kept secret" status could apply to ages prior to the values provided by some subjects. The values of the secrecy classification on this matrix were put on a 0 - 4 point scale to reflect the incorporation of the "unaware" status.

	Ages:	<10	10-15	15-20	+20
		4	3	2	1
4	kept secret:	16	12	8	4
3	disclosed/ guilty:	12	9	6	3
2	disclosed/ not guilty:	8	6	4	2
1	no secret:	4	3	2	1
0	unaware:	0	0	0	0

Value Range: 0 - 40

value of "4" as consistent with the values mentioned above. Decision criteria for this score was based in part on the subject's responses to the open ended statements and his/her description of the events surrounding the disclosure and acknowledgement of the alcoholism at the home. This is the next most conservative impact score as it takes into account subjective information provided by the subject and responds to the scenario in which the subject may have been unaware of their parent's alcoholism. "Impact 3" values were based on a weighted matrix for values checked in the "Impact 1" score. This was based on the assumption that the earlier experiences one had, the greater the impact would be to the subject's development. This is different than the assumptions made upon the previously mentioned impact scores which is based on the idea that all ages are weighted equally and similarly impact a person's functioning. "Impact 4" was also a weighted matrix based on the values used in the "Impact 2" score. This represents the least conservative and most speculative way of assessing the impact of the family secret. A small number of subjects provided different secret category selections for the same age ranges. In these cases the average value of the groups were used in the final summation. These different ways of assessing the impact of the secret on the person's development represents a comprehensive way of evaluating and condensing the information provided in the matrix. In each

case, the higher numbers more likely represent prohibitions against disclosure of the secret than the lower values.

CHAPTER IV

RESULTS

The main purpose of this study was to initiate an empirical inquiry into the function and effects of family secrets. To date, there has been no research in this area but rather a myriad of theoretical analyses that attempt to address the complexity of family secrets. While the content of family secrets may be quite varied, their universality suggests that they may play a role in healthy as well as more dysfunctional family styles.

The present study attempted to provide an initial understanding of a fairly specific way in which family secrets operate; that is, the effect the secret of alcoholism has on ACoAs capacity to be intimate. This is by no means a comprehensive evaluation of family secrets, but rather a first empirical step investigating this area. Subjects completed measures designed to assess their experiences surrounding the secrecy and/or disclosure of the alcoholism in their families across different ages. In addition, subjects completed questionnaires on family functioning, individual adjustment and three measures of intimacy. Results are presented in a manner that addresses the central question of the relationship between the family secrets data and the intimacy measures. In addition, three

other related questions will also be considered: 1) the effect of treatment on subjects' reported intimacy; 2) gender differences in expressed intimacy; and 3) the severity of parental alcoholism related to the impact of the secret.

Twenty male and twenty-eight females, ranging in age from 18 to 51 years, participated in this study. Forty-four percent (21) of the subjects provided complete information on the Family Secrets matrix, while fifty-six percent (27) of the subjects did not provide complete information on the matrix. The different Impact scores were based on information from all forty-eight subjects. The CAST scores ranged from 6 to 29, with a mean of 18.02. Information about the descriptive statistics on the measures used in this study are in Table 2. Table 3 is a correlation matrix for the variables in this study. Inter-rater reliability for the GSDSB in the present study was .83.

Correlations Between Intimacy Measure and Impact Scores

The Family Secrets Questionnaire provided information that yielded four "impact" scores. A number of different methods were employed to understand the impact of the family secret. These impact scores range in their level of conservativeness, or the manner in which their derivation relied most closely on the data provided. Impact 1 was the most conservative, followed by Impact 2, Impact 3, and

Table 2

Means, Standard Deviations, and Ranges of Measures

	<u>Mean</u>	<u>SD</u>	<u>Range</u>
MSIS	136.60	16.37	93 - 169
SSQR - N	4.94	2.13	1 - 9
SSQR - S	5.17	1.14	0 - 6
GSDSB	56.20	11.02	37 - 84
CAST	18.02	5.95	6 - 29
SCL-90	171.29	56.05	102 - 346
FAMILY FUNCTIONING SCALE	168.27	13.73	141 - 196
IMPACT 1	7.50	3.97	1 - 18
IMPACT 2	9.45	4.24	1.5 - 16
IMPACT 3	11.81	9.19	0 - 30
IMPACT 4	24.70	12.45	1.5 - 40

Key: MSIS = Miller Social Intimacy Scale
 SSQR-N & SSQR-S = Social Support Questionnaire
 GSDSB = Greene Self-Disclosure Sentence Blank
 CAST = Children of Alcoholics Screening Test
 SCL-90 = Symptom Checklist-90
 IMPACT 1-4 = Four distinct measures of the prohibitions
 against disclosure of the the secret of
 parental alcoholism

Table 3

Correlation Among Variables in this Study

	1	2	3	4	5	6	7	8	9	10	11
1. MSIS	-										
2. SSQ-N	.11	-									
3. SSQ-S	.30*	.15	-								
4. GSDSB	.24	-.03	.35*	-							
5. CAST	-.04	.13	-.20	-.24	-						
6. SCL-90	-.42**	-.25	-.22	-.41**	.02	-					
7. FAM. FUNCT.	.35*	.08	.35	.28	-.20	.22	-				
8. IMPACT1	-.08	.09	-.17	-.30*	.35*	.05	-.31*	-			
9. IMPACT2	-.16	.14	-.25*	-.21	.23	.12	-.31*	.66**	-		

(Table 3 continued)

Table 3 (continued)

	1	2	3	4	5	6	7	8	9	10	11
10. IMPACT3	-.10	.14	-.17	-.28*	.35*	.07	-.42**	.94**	.63**		
11. IMPACT4	-.18	.14	-.25*	-.17	.27*	.09	-.33*	.68**	.97**	.67**	

Key: MSIS = Miller Social Intimacy Scale
 SSQR-N & SSQR-S = Social Support Questionnaire
 GSDSB = Greene Self-Disclosure Sentence Blank
 CAST = Children of Alcoholics Screening Test
 SCL-90 = Symptom Checklist-90
 IMPACT 1-4 = Four distinct measures of the prohibitions
 against disclosure of the the secret of
 parental alcoholism

Impact 4 is the least conservative. Results of the correlation coefficients between the intimacy measures and the impact scores are presented in Table 4. A composite of intimacy measures was developed by summing the z-score conversions for the three intimacy measures.

The results indicate that the z-score combination of the intimacy measures were not significantly correlated with the impact scores. Some significant correlations were found when the intimacy measures were individually assessed. Specifically, the satisfaction one felt with one's relational network as assessed by the Sarason Social Support Questionnaire was significantly negatively correlated with the Impact 2 and the Impact 4 scores at the same values ($r(44) = -.25, p < .05$). In addition, the level of self-disclosure as assessed by the Greene Self-Disclosure Sentence Blank was significantly correlated with the Impact 1 ($r(44) = -.31, p < .05$) as well as the Impact 3 score ($r(44) = -.28, p < .05$). The Greene Self-Disclosure Sentence Blank also was the only intimacy variable significantly related to the Impact 1 and Impact 3 scores when entered into a stepwise multiple regression ($t(42) = -2.33, p < .05$ and $t(42) = -2.20, p < .05$), respectively. This suggests that while a composite intimacy measure did not bear significant relationship to the impact scores, two of the measures, taken individually, were found to be significantly related to some of the impact scores. Specifically, subjects who

Table 4

Correlations Between Impact Scores and Intimacy Measures

	Impact 1	Impact 2	Impact 3	Impact 4
MSIS N=48	-.08	-.16	-.10	-.18
SSQ - number N=46	.09	.14	.14	.14
SSQ - satisfaction N=46	-.17	-.25*	-.17	-.25*
GSDSB N=46	-.31*	-.21	-.28*	-.17
<u>z</u> -score conversion for all dependent variables	.07	-.03	.07	-.06

*p < .05

Key: MSIS = Miller Social Intimacy Scale
 SSQR-N & SSQR-S = Social Support Questionnaire
 GSDSB = Greene Self-Disclosure Sentence Blank

felt less satisfaction with their social support network at present experienced more prohibitions and difficulties around disclosure of their parent's alcoholism than subjects who are more satisfied in their current relationships. In addition, subjects who experienced more prohibitions and guilt associated with disclosure of the alcoholism disclosed more personal information in the sentence completion blank than those subjects who experienced fewer negative effects associated with disclosure of the family secret. As the correlation for this relationship is a negative one, the reader should be reminded that low scores on the GSDBS indicate high levels of self-disclosure.

Partial Correlations Between Intimacy Measures and Impact Scores Controlling for Family Functioning and Adjustment

In this section, the results more specifically address the questions this study was designed to test. That is, they determine the extent to which the various intimacy measures are correlated with the impact scores with the variance due to adjustment as measured by the SCL-90 (Wilder, 1948) and family functioning as assessed by the Family Functioning Scale (Bloom, 1985) partialled out. Thus these results more accurately test the hypothesis that the impact of the family secret of alcoholism and prohibitions surrounding its disclosure effect one's capacity to be intimate irrespective of the level of family functioning and adjustment of the individual. Results are presented in

Table 5.

Once again, these results indicate that z -score combinations of the intimacy measures were not significantly correlated with any of the impact scores. Only a nonsignificant trend was found between the z -score cumulative intimacy assessment ($r(44) = .21, p < .10$) and the Impact 3 variable. This suggests that the multidimensional, composite manner in which intimacy was being assessed in this study does not have a significant relationship to subjects' experiences surrounding the family secret of alcoholism. In fact, the effects of family functioning and individual adjustment negated the significance of the relationship cited above between satisfaction with relationships and impact scores. The nonsignificant trend is in the opposite of the hypothesized direction and suggests a tendency for subjects who disclosed more intimate details about their lives at present and had greater breadth and intensity of intimate relationships at present to show a tendency to experience more significant prohibitions against disclosure of the secret of their parent's alcoholism while growing up.

The family functioning variable was significantly related to the Impact 1, Impact 2, and Impact 3 scores when entered first in a multiple regression ($t(35) = -2.40, p < .05$; $t(35) = -2.48, p < .05$; $t(35) = -2.87, p < .05$),

Table 5

Partial Correlation Coefficients Between the Intimacy Measures and the Impact Scores Controlling for Family Functioning and Adjustment

	Impact 1	Impact 2	Impact 3	Impact 4
MSIS	-.03	-.07	.08	-.08
SSQ - number	.05	.21	.09	.18
SSQ - satisfaction	-.04	-.12	-.02	-.11
GSDSB	-.31**	-.15	-.25*	-.14
z-score conversions for all dependent variables	.14	.06	.21*	.05

**p<.05

*p<.10

Key: MSIS = Miller Social Intimacy Scale
 SSQR-N & SSQR-S = Social Support Questionnaire
 GSDSB = Greene Self-Disclosure Sentence Blank

respectively. This suggests that the family functioning variable accounted for the most significant proportion of the variance in three of the impact scores. When the effects of family functioning and adjustment were removed from the variance only one significant correlation between the level of self-disclosure and the Impact 1 score remained ($r(44) = -.31, p < .05$). A nonsignificant trend was found between the self-disclosure measure ($r(44) = -.25, p < .10$) and the Impact 3 score.

The Effect of Treatment on Intimacy

Subjects were divided into two groups based on report of current or past involvement in treatment that specifically addressed their feelings and experiences surrounding their parent's alcoholism. Many of the subjects were currently involved in ACoA groups and were dealing with issues of their parent(s) alcoholism in an ongoing manner. Some of the subjects provided information in the narrative section of the Family Secrets Questionnaire that indicated they had participated in individual or family treatment to specifically address their feelings and issues surrounding their parent(s) alcoholism. No significant differences were found between the treatment and no treatment groups on any of the variables in the study. This suggests that treatment did not differentially impact subjects in relation to their intimacy, personal adjustment and family functioning. In addition, subjects perceived the

prohibitions against disclosure of the family secret similarly, irrespective of their treatment experience.

Gender Differences on Expressed Intimacy

Based on previous research, women were hypothesized to experience and express more intimacy than their male counterparts. The results suggest that women experience more intense intimacy ($M = 140.50$) with a significant other as assessed by the MSIS than their male counterparts ($M = 131.15$), ($t(46) = -2.01, p = .05$). Interestingly, no significant differences were found between the breadth or satisfaction male and female subjects felt with respect to their relational network or the level of self-disclosure subjects engaged in via the sentence completion blank.

Severity of Parental Alcoholism Related to Impact of Secret

Severity of the child's experience of parental alcoholism was assessed by subject's completion of the CAST. A score of six on the CAST was required for subjects to be included in the study. The CAST has thirty items reflecting depth and severity of the child's concern regarding parental alcoholism. Thus, it was hypothesized that the more CAST items the subject endorsed, the greater the secrecy and prohibitions surrounding their parent's alcoholism. This hypothesis was borne out with three of the impact scores: Impact 1 ($r(46) = .35, p < .05$), Impact 3 ($r(46) = .35, p < .05$), Impact 4 ($r(46) = .27, p < .05$). This relationship appears to exist irrespective of individual adjustment as

the SCL-90 did not account for a significant proportion of the variance when entered first in a multiple regression.

Post-Hoc Analyses

Post-hoc analyses were conducted to determine the relationship between the Impact Scores and individual adjustment and family functioning. The results can be found in the correlation matrix in Table 3. Individual adjustment, as assessed by the SCL-90, was not significantly related to any of the Impact scores. Family functioning, assessed by the Family Functioning Scale (Bloom, 1985), was significantly related to each of the Impact scores at the following levels: Impact 1 ($r(46) = -.31, p, .05$), Impact 2 ($r(46) = -.31, p < .05$), Impact 3 ($r(46) = -.42, p < .01$), Impact 4 ($r(46) = -.33, p < .05$). This indicates that more problematic family styles and manners of relating are significantly related to family secrets; that is, those subjects experiencing greater prohibitions against disclosure of the secret reported more problematic family relationships and styles of relating. No significant correlations were found between the CAST scores and the measures of individual and family functioning.

CHAPTER V
DISCUSSION

Summary of Hypotheses and Results

The present study provided an initial empirical investigation into the area of family secrets. A myriad of theoretical writings adopting generally a psychodynamic frame of reference suggests that family secrets are simultaneously powerful, subtle, and universal. This study adopted the perspective that family secrets are not necessarily "good" or "bad" but serve a stabilizing and, perhaps, a preservative function within the family, the effects of which may be idiosyncratic to its individual members. For example, some family members may experience secret in a negative manner that feels overinvolved and burdensome, while for others it may reinforce generational boundaries and foster healthy development.

This study focused on the effect that maintaining the secret of alcoholism has on an adult child's capacity to be intimate. For the purpose of this study, a family secret was defined as one in which the alcoholism was known within the family, but members had implicit or explicit prohibitions against disclosing the secret to those outside the immediate family. Thus, the import of the secret was based on the prohibitions surrounding the secrecy and the

consequences of violating the established family norms. A multidimensional assessment was utilized that looked at behavioral, attitudinal and self-disclosure elements of intimacy. In addition, family functioning and individual adjustment were also assessed to determine their impact on the hypothesized relationship between family secrets and intimacy. The hypothesis of primary interest suggested that the more stringent and severe prohibitions against disclosure of the alcoholism (the greater the secret), the more likely the subject would experience difficulties in the area of intimacy. In other words, subjects' intimacy would be affected most significantly by situations in which prohibitions against disclosure of the secrets were most stringent. Several hypotheses of secondary importance examined the relationships between treatment, gender, and parental symptomatology on the secrecy statuses.

The level of subjects' self-disclosure was the variable most consistently related to the Impact Scores. Once again, the Impact Scores were based on information the subjects provided in the Family Secrets Matrix that charted the prohibitions the subject experienced against disclosing the secret of the alcoholism across different ages. The relationship, however, was in the opposite of the predicted direction. That is, subjects who revealed more personal information on the sentence completion blank had experienced more significant prohibitions against disclosure of the

family secret of their parents alcoholism while growing up. It can be assumed that subjects who felt as though their secret was "bigger" and more burdensome would experience the disclosure as more risky than subjects who held less of a secret. In interpreting this finding one should recognize that this study was retrospective in nature and only involved subjects who had already gone through the process of recognition and disclosure of the secret; the sharing of a secret with greater consequences may have encouraged subjects to continue to take risks and feel more comfortable self-disclosing than subjects who did not have this experience. This line of reasoning may also account for the nonsignificant trend, which was also in the opposite direction from that predicted, which suggested that subjects who had greater prohibitions against disclosure experienced greater intimacy (as assessed by a composite measure of intimacy) in the present. The passage of time since the development and initial impact of the secret combined with other intervening experiences including treatment, experiences surrounding safe disclosure of the secret, and effects of gender may account for this finding.

Partial support was found for the sub-hypotheses advanced in this study. The gender differences that were found suggest that, irrespective of experiences around the secret, women experienced a more intense intimate relationship with a significant other than did the men.

This finding provides partial support for the line of reasoning advanced above which suggests that gender may be an intervening variable that attenuates some of the impact the secret has on the person's functioning. Failure to find significant differences based on the subject's involvement with treatment is somewhat puzzling, but may be reflective of the relatively crude and circumstantial manner in which this was assessed. Selection factors may have influenced the outcome, where treatment mitigated premorbid differences that existed between the two groups. A more close and thorough evaluation of this factor may reveal its importance in attenuating some of the effects of the secret.

Finally, there does seem to be a relationship between the child's experience of the severity of his/her parent's symptomatology and the prohibitions against disclosing the secret. Three out of the four impact scores support this relationship. It is difficult to determine the extent to which more symptomatic parents gave the explicit or implicit message to his/her children not to disclose the secret, or whether the child would feel more hesitant sharing with others if his/her parent was significantly impaired.

Subjective Data

A review of the open ended questions subjects completed as part of the Family Secrets Questionnaire highlights the complexity and multidetermined nature of this issue. Specifically, while most of the subjects reported that the

alcoholism in their family was a secret to some extent, their immediate and long term reactions to it varied. Some subjects reported feeling mistrustful of others, guilty about breaking the secret, and experiencing issues around intimacy and self-esteem: "My entire life is affected in major ways ... my lack of self-esteem, fear of intimacy and issues of sexuality all can be traced back to the dysfunction in my family of origin..."; "When I was a boy it made me shy. I felt ill at ease starting conversations. I thought everyone would find out if I talked too much..." "In the past I believe this secret caused guilt. When I did talk about the alcoholism, I felt guilty that I was betraying my family..."; "It was taxing and overwhelming to keep such a secret..."; "I was pretty much of a loner child. I didn't make any close friends in high school because I was too ashamed of my dad. I wouldn't take anyone to home..." These comments are supportive of the hypotheses that were proposed in this study that suggested that the secret would have a deleterious impact on one's capacity to be intimate.

Some subjects expressed a different perspective and indicated that having to deal with a family secret encouraged and forced them as children to be more independent and stronger, and that these characteristics have sustained them throughout their lives: "I think it caused me to grow up before my time; I've been watching out

for myself since I was about 14. I think in some ways it has made me stronger because I have learned to depend on myself and when to lean on others. It has made me fiercely protective of my family and I get very defensive when they are criticized..."; "In the past, I think that I was stronger because of having this family secret. I learned how to deal with problems early." These examples support the idea that children growing up in alcoholic homes have to learn to be pseudo-adults and take care of their own needs, as they are unable to rely on the adults in their lives to do so for them. One may speculate that it would then be quite difficult for such people to suspend this tendency and be able to participate in the ebb and flow of relationships where they allow someone else to care for them in a mutual and respectful manner.

The other major response that was gleaned from the open ended questions provides subjective support for the hypothesis advanced to explain the mixed results of this study. Specifically, it has been suggested that the child's subjective experience surrounding the secret and the associated consequences may have become attenuated over time. That is, there may be a discrepancy between subjects' recollections of the impact of the secret in the past and the manner in which it affects them at present. Subjects provided support for this contention as well: "After two years of therapy I find myself more willing to trust others

but it is still very difficult for me ... Before therapy I wasn't really aware of all of this. Now I push myself and I keep everything from ACoA in the forefront...";

"...Presently, I am reclaiming who I truly am ..."; "I think it had a severe impact on me emotionally when I was younger, because I had all these tremendous secrets inside and I wasn't allowed to share them with anyone. I don't think the secret affects me as much today, because I do discuss it with people close to me."

Methodological Considerations

Partial support was found for some of the hypotheses advanced in this study. However, as can be seen from the examples above, a "secret" is not a static entity that exists in a vacuum; rather, the secret, the subject and the family all exist in a complex web of relations that greatly affect the manner in which the secret is experienced as well as its immediate and longterm effects. Even if the nature and severity of secrets were in some manner quantifiable, they exist in a situation specific to the person involved. The complexity of the issues surrounding the secrecy as well as the variety of reactions stands as testimony to the rich and varied nature of this issue.

In general, it appears as though the model for understanding family secrets is promising, while the state of the art of its measurement is weak. The measurement could be strengthened in a variety of ways. First, there

needs to be better understanding of the impact of the secret on the child as it is happening versus the adult's reconstruction with all the intervening variables that have occurred over the years. A longitudinal or cross-sectional study that assessed subjects at varying points with respect to the temporal proximity to the secret may be useful in this regard.

Secondly, the assessment of intimacy may be able to be strengthened with the inclusion of measures other than those of a self-report nature to provide a more complete and balanced view of the subject's intimacy. Peer and family ratings may provide such a perspective. In addition, a developmental or chronological assessment of intimacy over time may yield important information about the progression of the subject's intimacy rather than providing simply a "snapshot" of intimacy as presently experienced. This would be useful in tracking the changes in the person's intimacy over time and provide more information than simply a here and now picture of intimate experiences.

Finally, the Family Secrets Questionnaire will require some reformulation and adaptation based on the results of the present study. The primary revisions should occur in the age by secrecy status matrix. Subjects in the present study had some difficulty providing information for all ages and across different secrecy statuses. Therefore, it may be more useful and provide more complete information if each

box (representing the intersection of the age and secrecy status) were asked as an open ended question. In this manner, subjects could also be provided with the option that they may have been unaware of the alcoholism at certain ages. In addition, as it is being speculated that treatment may attenuate some of the impact on the subject's intimacy, more specific information regarding the treatment the subject has participated in and his/her impression of the impact it had on his/her difficulties would be important to ascertain. Finally, it would also be important to view the secret not as a static object and get a developmental perspective from the subject charting and better ascertaining these changes in the form the secret took and his/her reaction to it.

Methodological Flaws

This study represents a first step in defining and understanding the nature and impact of family secrets. Part of the reason this topic may not have been the subject of empirical inquiry is due to the difficulty in defining a secret in a manner that is both comprehensive and concise. In addition, even if a theoretically and empirically useful definition were developed, each subject's experience of the secret and its ramifications on his/her development is particular and idiosyncratic. The subject selection criteria also may have rendered a more heterogenous population that contributed to some of the variance in the

data. Specifically, subjects who qualified as ACoA based on a score of six or more on the CAST were included in the study, irrespective of acknowledgement of the issues surrounding secrecy of alcoholism within the family. Subjects who qualified as ACoA but were also determined to be in a similar position regarding their dealing with this issue would provide a more pure sample and a better understanding of the impact of the secret. Finally, it would be important to assess intimacy in a developmental, chronological manner that could track the changes in intimacy the subject experienced over time.

Conclusions

The current study attempted to provide an initial empirical inquiry into the function and consequences of family secrets. The main hypothesis of this study was that subjects who harbored a greater secret with more significant prohibitions against disclosure would experience greater difficulties with intimacy. It was found, however, that the level of subjects' self-disclosure, a component of the multidimensional intimacy assessment, was the variable most consistently related to the Impact Scores in the opposite of the predicted direction. That is, subjects who revealed more personal information had experienced more significant prohibitions against disclosure of the family secret of their parents alcoholism while growing up. The results supported gender differences where women experienced greater

intensity of intimacy in their closest relationships than men regardless of family secret status. The effects of treatment were not supported or found to differentially impact the subjects' intimacy, adjustment or family functioning, independent of secrecy classification. In addition, the severity of the parent(s)' alcoholism was significantly and positively related to the child's perception of the prohibitions surrounding the disclosure of the secret. Post-hoc analyses also suggest that family functioning was significantly related to the secrecy statuses.

Future Research

As this study represents the first in the area of family secrets, many avenues for future research exist. Specifically, it may be useful to follow-up the results of this study which suggest that family functioning seems to be significantly related to the severity of the prohibitions against disclosure of the secret. That is, the relationship between family styles and manners of relating to the family secret should be further explored to determine more specifically what elements of family functioning account for this relationship. In addition, while treatment was not found to be statistically related to subjects' intimacy, more information surrounding this element should be obtained to determine if it serves a mitigating role in the impact of the secret. More information surrounding the initial

disclosure of the secret as well as pre- versus post-disclosure ratings of intimacy may be useful in tracking the impact of the secret as a result of the subject's disclosure.

This study was proposed as an initial way to understand the function and impact of family secrets. It is this author's belief that family secrets exist in areas other than alcoholism. Future work that could incorporate the study of other dysfunctional family patterns where the secret is paramount in maintenance of the disorder, including for example, incest and eating disorders, may be useful in broadening our understanding of the function and impact of family secrets. A cross-sectional design that could hopefully track the developmental implications and processes associated with both maintenance and disclosure of the secret and its associated effect on functioning would be quite useful.

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APPENDIX A

CAST

Please check the answer below that best describes your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Answer all 30 questions by checking either "yes" or "no."

Yes	No	Questions:
_____	_____	1. Have you ever thought that one of your parents had a drinking problem?
_____	_____	2. Have you ever lost sleep because of your parent's drinking?
_____	_____	3. Did you ever encourage one of your parents to quit drinking?
_____	_____	4. Did you ever feel alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking?
_____	_____	5. Did you ever argue or fight with a parent when he or she was drinking?
_____	_____	6. Did you ever threaten to run away from home because of a parent's drinking?
_____	_____	7. Has a parent ever yelled at or hit you or other family members when drinking?
_____	_____	8. Have you ever heard your parents fight when one of them was drunk?
_____	_____	9. Did you ever protect another family member from a parent who was drinking?
_____	_____	10. Did you ever feel like hiding or emptying a parent's bottle of liquor?
_____	_____	11. Did many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking?
_____	_____	12. Did you ever wish that a parent would stop drinking?
_____	_____	13. Did you ever feel responsible for and guilty about a parent's drinking?

- | Yes | No | Questions: |
|-------|-------|--|
| _____ | _____ | 14. Did you ever fear that your parents would get divorced due to alcohol misuse? |
| _____ | _____ | 15. Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem? |
| _____ | _____ | 16. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent? |
| _____ | _____ | 17. Did you ever feel that you made a parent drink alcohol? |
| _____ | _____ | 18. Have you ever felt that a problem drinking parent did not really love you? |
| _____ | _____ | 19. Did you ever resent a parent's drinking? |
| _____ | _____ | 20. Have you ever worried about a parent's health because of his or her alcohol use? |
| _____ | _____ | 21. Have you ever been blamed for a parent's drinking? |
| _____ | _____ | 22. Did you ever think your father was an alcoholic? |
| _____ | _____ | 23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem? |
| _____ | _____ | 24. Did a parent ever make promises to you that he or she did not keep because of drinking? |
| _____ | _____ | 25. Did you ever think your mother was an alcoholic? |
| _____ | _____ | 26. Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems in your family? |

Yes

No

Questions:

27. Did you ever fight with your brothers and sisters about a parent's drinking?

28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?

29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?

30. Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem?

APPENDIX B

MSIS

Please describe your friendship with your closest friend by answering the questions below.

- (1) When you have leisure time how often do you choose to spend it with him/her alone?

1	2	3	4	5	6	7	8	9	10
very	rarely			some	of	the	time	almost	always

- (2) How often do you keep personal information to yourself and to not share it with him/her?

1	2	3	4	5	6	7	8	9	10
very	rarely			some	of	the	time	almost	always

- (3) How often do you show him/her affection?

1	2	3	4	5	6	7	8	9	10
very	rarely			some	of	the	time	almost	always

- (4) How often do you confide very personal information to him/her?

1	2	3	4	5	6	7	8	9	10
very	rarely			some	of	the	time	almost	always

- (5) How often are you able to understand his/her feelings?

1	2	3	4	5	6	7	8	9	10
very	rarely			some	of	the	time	almost	always

- (6) How often do you feel close to him/her?

1	2	3	4	5	6	7	8	9	10
very	rarely			some	of	the	time	almost	always

- (7) How much do you like to spend time alone with him/her?

1	2	3	4	5	6	7	8	9	10
very	rarely			some	of	the	time	almost	always

- (8) How much do you feel like being encouraging and supportive to him/her when he/she is unhappy?

1	2	3	4	5	6	7	8	9	10
very	rarely			some	of	the	time	almost	always

- (9) How close do you feel to him/her most of the time?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|--------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not much | | | | a little | | | | a great deal | |
- (10) How important is it to you to listen to his/her very personal disclosures?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|--------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not much | | | | a little | | | | a great deal | |
- (11) How satisfying is your relationship with him/her?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|--------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not much | | | | a little | | | | a great deal | |
- (12) How affectionate do you feel towards him/her?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|--------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not much | | | | a little | | | | a great deal | |
- (13) How important is it to you that he/she understands your feelings?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|--------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not much | | | | a little | | | | a great deal | |
- (14) How much danger is caused by a typical disagreement in your relationship with him/her?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|--------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not much | | | | a little | | | | a great deal | |
- (15) How important is it to you that he/she be encouraging and supportive to you when you are unhappy?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|--------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not much | | | | a little | | | | a great deal | |
- (16) How important is it to you that he/she show you affection?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|--------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not much | | | | a little | | | | a great deal | |
- (17) How important is your relationship with him/her in your life?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|--------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not much | | | | a little | | | | a great deal | |

Please circle the person you described in questions 1 - 17 above:

MALE FRIEND

FEMALE FRIEND

SPOUSE

FIANCE

RELATIVE

OTHER (please specify)

APPENDIX C

SSQR

INSTRUCTIONS: The following questions ask about people in your environment who provide you with help or support. Each question has two parts. For the first part, list all the people you know, excluding yourself, whom you can count on for help and support in the manner described. Indicate the persons' initials and their relationship to you. Do not list more than one person next to each of the numbers beneath the question.

For the second part, circle how SATISFIED you are with the overall support you have.

If you have no support person for a question, check the words "no one," but continue to rate your level of satisfaction. Do not list more than nine people per question.

Please answer all the questions as best as you can. All your responses will be confidential.

Example:

Who do you know whom you can trust with information that could get you into trouble?

_____ No one	1)	T.P. (brother)	6)
	2)	L.M. (friend)	7)
	3)	R.S. (friend)	8)
	4)	L.P. (father)	9)
	5)	L.T. (employer)	

How satisfied?

6 - very satisfied
 5 - fairly satisfied
 4 - a little satisfied
 3 - a little dissatisfied
 2 - fairly dissatisfied
 1 - very dissatisfied

1. Whom can you really count on to be dependable when you need help?

_____ No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

2. How satisfied?

- 6 - very satisfied
- 5 - fairly satisfied
- 4 - a little satisfied
- 3 - a little dissatisfied
- 2 - fairly dissatisfied
- 1 - very dissatisfied

3. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?

- | | | | |
|--------------|----|----|----|
| _____ No one | 1) | 4) | 7) |
| | 2) | 5) | 8) |
| | 3) | 6) | 9) |

4. How satisfied:

- 6 - very satisfied
- 5 - fairly satisfied
- 4 - a little satisfied
- 3 - a little dissatisfied
- 2 - fairly dissatisfied
- 1 - very dissatisfied

5. Who accepts you totally, including both your worst and best points?

- | | | | |
|--------------|----|----|----|
| _____ No one | 1) | 4) | 7) |
| | 2) | 5) | 8) |
| | 3) | 6) | 9) |

6. How satisfied?

- 6 - very satisfied
- 5 - fairly satisfied
- 4 - a little satisfied
- 3 - a little dissatisfied
- 2 - fairly dissatisfied
- 1 - very dissatisfied

7. Who can you really count on to care about you, regardless of what is happening to you?

- | | | | |
|--------------|----|----|----|
| _____ No one | 1) | 4) | 7) |
| | 2) | 5) | 8) |
| | 3) | 6) | 9) |

8. How satisfied?

- 6 - very satisfied
- 5 - fairly satisfied
- 4 - a little satisfied
- 3 - a little dissatisfied
- 2 - fairly dissatisfied
- 1 - very dissatisfied

9. Whom can you really count on to help you feel better when you are generally down-in-the-dumps?

- | | | | |
|--------------|----|----|----|
| _____ No one | 1) | 4) | 7) |
| | 2) | 5) | 8) |
| | 3) | 6) | 9) |

10. How satisfied?

- 6 - very satisfied
- 5 - fairly satisfied
- 4 - a little satisfied
- 3 - a little dissatisfied
- 2 - fairly dissatisfied
- 1 - very dissatisfied

11. Whom can you count on to console you when you are upset?

- | | | | |
|--------------|----|----|----|
| _____ No one | 1) | 4) | 7) |
| | 2) | 5) | 8) |
| | 3) | 6) | 9) |

12. How satisfied?

- 6 - very satisfied
- 5 - fairly satisfied
- 4 - a little satisfied
- 3 - a little dissatisfied
- 2 - fairly dissatisfied
- 1 - very dissatisfied

APPENDIX D

GSDSB

INSTRUCTIONS: This sentence completion blank is designed to help gain an understanding of your basic feelings concerning yourself and your personal world. Please complete these sentences to express your real feelings, trying to be as frank as possible about matters which are personally important to you.

Try to do every sentence. Be sure to make a complete sentence.

1. Sometimes I _____
2. I can't _____
3. Sexual thoughts _____
4. I often wish _____
5. There have been times when _____
6. My biggest problem is _____
7. I secretly _____
8. I feel _____
9. Loneliness _____
10. I feel guilty _____
11. I have an emotional need to _____
12. I regret _____
13. I hate _____
14. I am afraid _____
15. I _____
16. I am best when _____
17. I am worst when _____
18. I need _____
19. I punish myself _____
20. I am hurt when _____

APPENDIX E

FDS

DIRECTIONS:

Here are 75 statements which can be used to describe a family's characteristics. Please read each statement and think about how well it describes your family of origin. Use the statements to describe your family as of the most recent time you were living alone. However, if your most recent experience is significantly different from earlier experiences, please also indicate which other statement describes your family and during what ages those descriptors apply.

Circle the number across from each statement which corresponds to how well the statement describes your family. If the statement describes your family very well, then you would circle +2, "very true for my family." If the statement does a poor job of describing your family, then you would circle -2, "very untrue for my family."

-2	-1	+1	+2
very	fairly	fairly	very
untrue	untrue	true	true

	Very Untrue for My Family	Fairly Untrue for My Family	Fairly True for My Family	Very True for My Family
1. We didn't say prayers in our family.	-2	-1	+1	+2
2. Our family liked having parties.	-2	-1	+1	+2
3. It was difficult for family members to take time away from the family.	-2	-1	+1	+2
4. Being on time was very important in our family.	-2	-1	+1	+2
5. Family members were extremely independent.	-2	-1	+1	+2
6. Family members attended church, synagogue, or Sunday School fairly often.	-2	-1	+1	+2
7. Family members found it hard to get away from each other.	-2	-1	+1	+2
8. Family members were severely punished for anything they did wrong.	-2	-1	+1	+2
9. Parents and children in our family discussed together the method of punishment.	-2	-1	+1	+2
10. Family members hardly ever lost their tempers.	-2	-1	+1	+2
11. Our family didn't do things together.	-2	-1	+1	+2
12. Parents made all of the important decisions in our family.	-2	-1	+1	+2
13. It was difficult to keep track of what other family members were doing.	-2	-1	+1	+2
14. Everyone in our family had a hobby or two.	-2	-1	+1	+2
15. In our family, parents did not check with the children before making important decisions.	-2	-1	+1	+2
16. We encouraged each other to develop in his or her own individual way.	-2	-1	+1	+2
17. Socializing with other people often made my family uncomfortable.	-2	-1	+1	+2

	Very Untrue for My Family	Very Untrue for My Family	Fairly True for My Family	Very True for My Family
18. There was strict punishment for breaking rules in our family.	-2	-1	+1	+2
19. We often went to movies, sports events, camping.	-2	-1	+1	+2
20. Dishes were usually done immediately after eating.	-2	-1	+1	+2
21. The Bible was a very important book in our home.	-2	-1	+1	+2
22. As a family, we had a large number of friends.	-2	-1	+1	+2
23. Our family was as well adjusted as any family in this world could have been.	-2	-1	+1	+2
24. We didn't tell each other about our personal problems.	-2	-1	+1	+2
25. In our family we knew where all family members were at all times.	-2	-1	+1	+2
26. Family members did not check with each other when making decisions.	-2	-1	+1	+2
27. Each family member had at least some say in major family decisions.	-2	-1	+1	+2
28. Family members were expected to have the approval of others before making decisions.	-2	-1	+1	+2
29. It seemed like there was never any place to be alone in our house.	-2	-1	+1	+2
30. Family members discussed problems and usually felt good about the solutions.	-2	-1	+1	+2
31. Family members felt free to say what was on their minds.	-2	-1	+1	+2
32. Family members seemed to avoid contact with each other when at home.	-2	-1	+1	+2

	Very Untrue for My Family	Fairly Untrue for My Family	Fairly True for My Family	Very True for My Family
33. Family members felt they had no say in solving problems.	-2	-1	+1	+2
34. My family felt that they had very little influence over the things that happened to them.	-2	-1	+1	+2
35. We were very interested in cultural activities.	-2	-1	+1	+2
36. Members of our family could get away with almost anything.	-2	-1	+1	+2
37. It was hard to know what the rules were in our family because they always changed.	-2	-1	+1	+2
38. I didn't think anyone could possibly be happier than my family and I when we were together.	-2	-1	+1	+2
39. We were full of life and good spirits.	-2	-1	+1	+2
40. It was unclear what would happen when rules were broken in our family.	-2	-1	+1	+2
41. We were satisfied with the way in which we lived.	-2	-1	+1	+2
42. We were generally pretty sloppy around the house.	-2	-1	+1	+2
43. There was a feeling of togetherness in our family.	-2	-1	+1	+2
44. Family members were not very involved in recreational activities outside work or school.	-2	-1	+1	+2
45. We fought a lot in our family.	-2	-1	+1	+2
46. We rarely went to lectures, plays, or concerts.	-2	-1	+1	+2

	Very Untrue for My Family	Fairly Untrue for My Family	Fairly True for My Family	Very True for My Family
47. My family had all the qualities I've always wanted in a family.	-2	-1	+1	+2
48. Family members sometimes attended courses or took lessons for some hobby or interest.	-2	-1	+1	+2
49. Family members made sure their rooms were neat.	-2	-1	+1	+2
50. My family could have been happier than it was.	-2	-1	+1	+2
51. Family members really helped and supported one another.	-2	-1	+1	+2
52. We didn't believe in heaven or hell.	-2	-1	+1	+2
53. Family members sometimes hit each other.	-2	-1	+1	+2
54. Family members really liked music, art, and literature.	-2	-1	+1	+2
55. I didn't think any family could live together with greater harmony than my family.	-2	-1	+1	+2
56. Family members felt guilty if they wanted to spend some time alone.	-2	-1	+1	+2
57. Family members rarely criticized each other.	-2	-1	+1	+2
58. Our family enjoyed being around other people.	-2	-1	+1	+2
59. Watching TV was more important than reading in our family.	-2	-1	+1	+2
60. Our decisions were not our own, but were forced upon us by things beyond our control.	-2	-1	+1	+2
61. There were very few rules in our family. (R)	-2	-1	+1	+2

	Very Untrue for My Family	Fairly Untrue for My Family	Fairly True for My Family	Very True for My Family
62.Friends rarely came over for dinner or to visit.	-2	-1	+1	+2
63.Our family had more than its share of bad luck.	-2	-1	+1	+2
64.Family members sometimes got so angry they threw things.	-2	-1	+1	+2
65.We really got along well with each other.	-2	-1	+1	+2
66.Family members made the rules together.	-2	-1	+1	+2
67.Family members were not punished or reprimanded when they did something wrong.	-2	-1	+1	+2
68.We often talked about the religious meaning of Christmas, Passover, or other holidays.	-2	-1	+1	+2
69.We rarely had intellectual discussions.	-2	-1	+1	+2
70.Our family did not discuss its problems.	-2	-1	+1	+2
71.There was strong leadership in our family.	-2	-1	+1	+2
72.Family members felt pressured to spend most free time together.	-2	-1	+1	+2
73.In our family it was important for everyone to express their opinion.	-2	-1	+1	+2
74.Nobody ordered anyone around in our family.	-2	-1	+1	+2
75.It was often hard to find things when you needed them in our household.	-2	-1	+1	+2

APPENDIX F

FSQ

This questionnaire is interested in obtaining more information about the nature and extent to which the alcoholism in your family was kept a secret from yourself, other family members, and/or those outside the family. Specifically, we are interested in the nature of the prohibitions within the family against discussing the alcoholism, and the consequences of violating these prohibitions.

Please indicate which of the following choices approximates your experience of your parents' alcoholism in the grid below. Note that the vertical column represents the different experiences you had of the secrecy of alcoholism within your family. The horizontal row represents your age range when that type of secret was most paramount. If you feel as though your experience changed throughout your life, indicate which choices applied to you at the following ages (i.e., before age 10; 10-15; 15-20; above 20). For example, if you knew about the secret and maintained it prior to age 10, you would check the box that represents the intersection of column #1 and row #1. If you then discussed the alcoholism with outsiders even though you felt it betrayed the family secret between the ages of 10 - 15, you would mark the box that represents the intersection of column #2 and row #2, and so on.

- 1) You knew about the alcoholism within the family but maintained the secret (that is, did not discuss it with others outside the family).
- 2) You knew about the secret but discussed it with others outside the family even though you felt it betrayed the family. In other words, you felt guilty about this disclosure and felt as though you were violating a family rule by discussing the secret of your alcoholism.
- 3) You discussed the secret of the alcoholism freely and openly knowing that it violated a family rule or expectation but nonetheless not feeling as though you betrayed the family with this disclosure. In other words, you did not feel guilty about this disclosure because you felt as though the prohibitions did not need to be kept.
- 4) There was no secrecy surrounding the alcoholism in your family.

Secrecy Classification	Ages:	(<10)	(10-15)	(15-20)	(+20)
1 (kept secret)					
2 (disclosed but guilty)					
3 (disclosed but not guilty)					
4 (no secret)					

Please answer the following questions regarding the alcoholism within your family (if more space is needed, please attach a separate sheet):

- 1) When did you first become aware of the alcoholism within the family? Was there open acknowledgement of the alcoholism within the family?

- 2) What circumstances contributed to your awareness?

- 3) How was your acknowledgement or understanding of the alcoholism handled within the family?
Did you discuss it with one/several family members? With whom?
Did you discuss it with friends? With whom?

- 4) What did you feel were the family prohibitions (implicit or explicit) against openly discussing the alcoholism?

5) How were issues around treatment handled?

No treatment

Individual treatment for the symptomatic member

Individual treatment for other family members

Family treatment

6) Which treatment modality was utilized?

Alcoholics Anononyous

Psychotherapy

Detoxification Program

Other

If more than one modality was used, indicate all of the treatments used and which one was the most effective and why. Also, indicate if abstinence from drinking was the result of any or all of the treatments listed above.

7) Describe the chronicity of the alcoholism and which parent (or both) were drinking during what years of your life.

8) Describe the extent to which you feel that the alcoholism was a "family secret."

Does it continue to be a "family secret"?

9) Discuss the factors that contributed to your disclosure of the secret. To whom did you first disclose the secret?

10) How do you think this secret affected you in the past and present?

APPROVAL SHEET

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

7-16-93

Date


Director's Signature