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Resilience in a community sample of children of alcoholics: Its prevalence and relation to internalizing symptomatology and positive affect

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Abstract

Data from an ongoing longitudinal study examined resilience (competent performance under adverse conditions) in a community sample of children of alcoholics (COAs $n = 216$) and matched controls ($n = 201$). The study examined the prevalence of competence and whether the relation of competence to internalizing and positive affect differed for COAs and controls. COAs were less likely to be highly competent in the conduct/rule-abiding and academic domains and more likely to be low competent. Controlling for previous levels of internalizing, highly competent children in the conduct/rule-abiding and overall competence domains endorsed significantly lower levels of internalizing symptomatology. For the social, conduct/rule-abiding, and overall competence domains, competence was associated with increased positive affect. The relation between competence and internalizing, and competence and positive affect did not differ for COAs and controls. Results suggested that behavioral resilience is not associated with psychological costs but is associated with decreased internalizing and increased positive affect.

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Keywords: Children of alcoholics; Resilience (psychological); Competence; At risk populations; Adjustment; Well-being

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1. Introduction

Developmental psychopathologists have identified a number of risks associated with the development and onset of psychological disorder (Cicchetti & Garmezy, 1993). However, not all children exposed to risk develop pathology (Cowen & Work, 1988; Garmezy, 1985; Masten, 1990; Rutter, 1979; Werner, 1993; Werner & Smith, 1982). These children are considered to be resilient and are those individuals who, despite high-risk status, manage to defeat the odds (Garmezy & Neuchterlein, 1972). Knowledge of why some children manage to escape the effects of risk factors, while others do not, can lead to effective prevention and intervention strategies designed to promote mental health (Cowen, 1991; Cowen & Work, 1988). For example, encouraging competent behavior in children at risk may lead to increased emotional adjustment and decreased internalizing symptomatology, providing clinicians a route to combat the effects of children's negative life experiences. The current study examined the relation of resilience to internalizing symptomatology and positive affect in children of alcoholic parents (COAs), a relatively understudied risk group in the resilience field.

Resilience has been defined a number of ways, but is often characterized as successful adaptation, despite risk (Masten, Best, & Garmezy, 1990), with successful adaptation defined as competent performance (Masten & Coatsworth, 1995). Masten et al. (1999) have described competence as “a pattern of effective performance in the environment, evaluated from the perspective of development in ecological and cultural context” (Masten & Coatsworth, 1995, p. 724). Within this perspective, successful resolution of culturally salient developmental tasks marks competence. Masten et al. (1995) identified three developmental tasks in late childhood/early adolescence corresponding to three domains of competence: academic achievement, conduct/rule-abiding behavior, and social relationships. Successful performance in these areas reflects competence. The concept of resilience also requires exposure to a risk factor. For children exposed to the risk factor, there is an increased probability of developing psychopathology (Kraemer et al., 1997).

Resilience has been studied across a number of groups: children exposed to adverse socioeconomic disadvantage (Garmezy, 1981, 1985; Rutter, 1979; Werner & Smith, 1982), children of schizophrenic mothers (Garmezy, 1984), maltreated children (Cicchetti & Rogosch, 1997), children exposed to urban poverty and violence (Luthar, 1999; Richters & Martinez, 1993), children with chronic illness (Wells & Schwebel, 1987), children of divorce (Hetherington & Stanley-Hagan, 1999), and children exposed to catastrophic life events (Wright, Masten, Northwood, & Hubbard, 1997). These studies have sought to identify whether positive outcomes exist for these children, as well as whether specific factors lead to resilient outcomes (Luthar, Cicchetti, & Becker, 2000). Although the focus of these studies has differed, they have consistently identified resilient children. Unfortunately, resilience has been relatively understudied in a number of important risk groups, among them, children of alcoholic parents.

As compared to their peers in nonalcoholic families, children of alcoholic parents are reported to be at increased risk for a number of negative outcomes, including internalizing and externalizing symptomatology and substance abuse (Chassin, Rogosch, & Barrera, 1991; McGue, Sharma, & Benson, 1996; Moos & Billings, 1982; Roosa, Sandler, Beals, & Short, 1988; Tubman, 1993). Furthermore, parental alcoholism is a relatively prevalent risk factor, with estimates suggesting that one in four children in the United States is exposed to alcohol dependence or abuse in the family (Grant, 2000). The relatively high prevalence of parental alcoholism, combined with the associated negative impact, places a large number of children at risk (West & Prinz, 1987). Unfortunately, little research has examined resilience in children of alcoholic parents. A few studies have examined ‘protective’ factors leading to the

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