The Model of Psychological Roles in Alcoholic Families Needs to be Revised

Andrzej Margasiński*

Akademia im Jana Długosza w Częstochowie, Jan Długosz University in Częstochowa, Poland

Submission: January 16, 2018; Published: January 23, 2018

*Corresponding author: Andrzej Margasiński, Akademia im Jana Długosza w Częstochowie, Jan Długosz University in Częstochowa, Poland, Tel: +48-602-48-36-17; Email: a.margasinski@gmail.com

Abstract

This paper presents the process of developing the Family Roles Questionnaire (FRQ) research tool, which measures the psychological roles played by young adults in their families. Following Wegscheider-Cruse roles/research scales of Hero, Mascot, Lost Child, and Scapegoat were distinguished. The role/scale of Iron Child was added to indicate an individual who doesn’t suffer any obvious mental damage despite growing in dysfunctional environment on the basis of multiple reports from the resilience trend. Among women and men from alcoholic families virtually every role came out with a high rate, but the highest average result was in the Scapegoat role. Roles of Hero and Mascot in women, and Lost Child in men, usually treated as specific for alcohol families, did not show up relevant. There are differences between men and women in the scale of Iron Child, which suggests that each gender preferred different adaptive mechanisms.

Keywords: Psychological roles; The Family Roles Questionnaire; Alcoholic family

Introduction

The population of children and adult children raised in the families with the alcohol addiction problem constitutes one of the main directions of research analysis and therapeutic effects. According to the modern research, the population of children and young adults growing up in alcoholic families is characterised by high heterogeneity [1] and the previous attempts to obtain their unified portrait described in the form of the so called adult alcoholics’ children syndrome, did not succeed [2,3]. 

The results of the studies indicate the differences between the genders, substantial diversity of personality traits and adaptive mechanisms and, above all, definitional difficulties. However the issue of the family roles for decades has constituted a substantial part of the descriptions of psychological mechanisms that occur in the alcoholic families and this is a trend embedded mainly in the psychotherapeutic tradition.

The model of psychological roles by Sharon Wegscheider-Cruse [4] is widely known in the alcohol treatment circles and the AA movement. On the basis of the roles of an Addict, Enabler, Hero, Mascot, Invisible Child, or a Scapegoat, personality and therapeutic analyses are being conducted, and such concepts belong to the universal jargon of these environments. There is definitely a need of research verification of these issues in Poland. The main cause of this state of affairs seems to be the lack of appropriate measurement tools, none of a number of foreign questionnaires, mainly American ones, have been adapted to polish conditions. I hope that this gap can be filled with the Family Roles Questionnaire below.

In relation to the Wegscheider-Cruse model, one quite essential change has been made, which was the introduction of the role of an Iron Child, as an individual resistant to stress and not suffering from visible emotional injuries despite growing up in dysfunctional alcohol systems (or more broadly dysfunctional). The phenomenon of stress-resistant children has become the research subject of a dynamic resilience stream, in the scope of which, one is looking for the factors maintaining and strengthening mental welfare. There are a number of research reports indicating the existence of this type of children such as E Anthony [5], E Werner [6], K Sher [7], B Robinson [8] and from the Polish authors, I Obuchowska [9], W Junik [10], I Grzegorzewska [11], I Sikorska [12]; N Ogińska-Bulik, Z Juczyński [13]. I understand the psychological roles as the fixed adaptive mechanisms, analogous to life scripts, described mainly from the perspective of psychoanalytical theory (Horney, Fromm). Elsa Perez [14], by making a meta-analysis of literature, cited dozens of psychological roles used in various theories and psychotherapeutic schools since the 40-ties of the last century.
Under the revised concept of Wegscheider-Cruse, the roles of an Iron Child, Hero, Mascot, Lost Child and a Scapegoat were included in the model. The roles of an Addict and Enabler were omitted, due to the fact that in the alcoholic family system they are basically fulfilled by the alcohol-dependent husband and his wife, and the questionnaire, by the principle, was designed as a tool to examine adult children raised in the families of various types. The role of a Mascot, Lost Child, Scapegoat are based on the available descriptions [15]. There may arise a doubt in what way a Hero differs from an Iron Child. It was assumed it is the range of dysfunctions that constitutes the basic difference between an Iron Child and a Hero. An Iron Child does not have any visible mental deficits, a Hero is functioning incorrectly in many areas, may be compulsive, cannot exceed the learned patterns of behaviour. In terms of “adaptation-non-adaptation”, you can talk here about continuum-starting from an Iron Child at the pole of good adaptation, through a Hero, Mascot, Lost Child, and ending on a Scapegoat at the pole of an extreme non-adaptation.

The works on creation of a questionnaire were conducted in the years 2013-2016, detailed psychometric analyses on reliability and relevance were presented elsewhere [16]. In relation to the accepted theoretical model, 5 research scales were created, each of them containing 10 positions, the answers were constructed on the basis of a five-level Likert’s scale, where 1 means “Definitely no” and 5 means “Definitely yes”. The research was conducted with the help of the students in the framework of the realised diploma seminars. They had been trained in the range of data collection procedures, mainly in reference to the requirement of maintaining the anonymity of the respondents. 588 people were examined (276 women and 312 men) from the territories of Silesia (82%), Lodz (13%), and Greater Poland (5%) voivodships. The examined people came from the cities of over 100,000-52%, the cities of medium size (10,000-100,000)-27%, rural areas-21%. Four groups of respondents were selected: 130 women and 191 men (321 people in all) growing up in families with an addicted father (2 research groups) and 146 women and 121 men (267 people in all) are coming from non-alcoholic families (2 control groups).

Respondents coming from the alcoholic families were examined in the alcohol treatment centres and AA clubs, where they attended the so called ACA therapies. The comparative (control) group included the respondents who declared not only the lack of alcoholic problem in the family, but also the lack of other visible dysfunctions (violence, gambling, chronic unemployment, incomplete family). It was assumed that respondents in the 17-35 years age group will be qualified for this research and all the test groups fit into this range. The Figures 1 & 2 below provide the research results including the division into the genders. In the group of young women growing up in the families with an alcoholic-dependent father, the highest average result is in the scale of a Scapegoat, and consequently in the scales of a Mascot and Lost Child, and the lowest-in the scales of an Iron Child and a Hero.

Statistically significant differences between the group of women growing up in alcoholic systems and the control group can be observed in the scales of a Hero, Scapegoat and Iron Child. In the first and the third of them, the higher average is represented by the women from the control groups, while in the scale of a Scapegoat; it is the average of women coming from the alcoholic families that is higher. There are no statistically relevant differences between the average in the scales of a Mascot and Lost Child. This result seems to be surprising. It means that in the case of women you cannot treat these two roles as specific, emerging only in alcoholic families; the lack of differences between the compared groups indicates a universal, non-specific, character of these roles. At this point, an obvious conclusion can be drawn that these roles, as well as the role of a Hero, are formed in the families of all types, but this conclusion requires, of course, a wider empirical verification.

What is also surprising, the average results in the scale of a Hero in non-alcoholic families turned out to be higher than in alcoholic ones and at the same time significantly higher from the results of this group in the remaining four scales, which also indicates the universal character of this role. Young men raised
in the families with the alcohol addiction obtained the highest average results in the scale of a Scapegoat. There is a very big difference in this range in comparison to the control group, where the average in the scale of a Scapegoat was significantly lower. Statistically significant differences between groups appeared in four scales. In the control group, the highest averages appeared to be in the scales of an Iron Child and a Hero. These results are not surprising; on the contrary, they confirm the positive effects of being raised in normal, well-functioning families. The lack of statistically significant difference in the scale of a Mascot indicates that like in the group of women, also in the group of men, one cannot treat this role as a specific for people raised in the families with the alcohol addiction problem. One has to keep in mind that the analyses presented above apply to the averages, which means that the extreme results have been blurred. The analysis of the individual questionnaires usually shows the existence of one dominant role in a person reflected in the high sten results of a relevant scale. The listings presenting how the percentage distribution of the results was shaped in each scale in different groups turned out to be very interesting.

In the group of women from the research group, the dominance of four roles traditionally associated with the alcoholic families was outlined. The relevant scale had had similar distribution of the results: about one fourth accounted for high scores, and one fourth for the low ones, and the half of them for the average. It only did not concern the scale of an Iron Child, where the high score limit was not reached (nor in the control group). In the control groups the characteristics of the charts are different-over 80% of the results are placed in the range of average results, and the rest refers to the high and the low results. In comparison to the control group, one clearly has to notice the low frequency of high results, except for of the role of a Hero. In case of young men raised in the well-functioning families there were no high results in the scale of a Scapegoat, and one third of that group had high results in the scale of an Iron Child. The detailed presentations of these results can be found elsewhere [16].

By commencing the work on the project of the questionnaire examining the psychological roles, it has been assumed that this is an established theory, especially if it is to be recognised through the prism of psychotherapeutic usefulness. However, this approach can be questioned, primarily because of not a very great acknowledgement of these concepts in the empirical studies. And they are not confirmed due to the lack of tools. In this way a classical “vicious circle” is created. The undertaken project is an attempt to break it. Psychometric parameters of the FRQ concerning the reliability and theoretical relevance have appeared to be sufficient and it seems to be a tool possible to be used both in the group research and individual diagnosis. The Family Roles Questionnaire may be helpful in therapeutic proceedings-the awareness that performs which role can be useful for the patient, as well as for the therapist, particularly at the stage of the initial diagnosis.

References

How to cite this article: Andrzej Margasiński. The Model of Psychological Roles in Alcoholic Families Needs to be Revised. Glob J Add & Rehab Med. 2018; 5(1): 555655. DOI: 10.19080/GJARM.2018.05.555655.