

The Development of the Role Identification Scale for Adult Children of Alcoholic Fathers

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Adult children of alcoholic fathers develop compensatory roles in reaction to the dysfunction in the family (Wampler, Downs & Fischer, 2009). This study is an attempt to identify and develop a scale that would measure roles played by the adult children of the alcoholic families. For this purpose, 30 adult children of alcoholic fathers currently receiving in-patient treatment in a rehabilitation center were interviewed to extract a list of items related to their role playing, which were finalized (122 items) by 5 clinical psychologists and psychiatrists. Items that got lower than 90% agreement from these experts were removed, leaving the final list of 97 items, converted into a self-report measure (The Role Identification Scale: RIS) and administered to 202 men and 198 women with the age range of 18-25 ($M = 21.45, SD = 2.37$) years. Principal Component Exploratory Factor Analysis revealed four factors, namely, Hero, Aggressor, Mascot and Withdrawn. The scale revealed adequate psychometric properties and suggested that men and women depict these four roles equivalently in a collectivistic culture. The use of RIS in rehabilitation and counseling of dysfunctional families due to an alcoholic father is proposed.

Keywords: alcoholism, fathers, role identification, reliability, validity

Alcoholism is an addictive disease with social ramifications that affects the individual bringing chaos in everyday functioning of his family (Olmsted, Crowell, & Waters, 2003; Tinnfalt, Ericksson, & Brunberg, 2011) and therefore, termed as a disease of the family (Vernig, 2011). The family is affected financially (Zafar, 2014), emotionally (Jay & Jay, 2000), and psychologically and in many instances physically as well. Alcohol; an expensive recreational drug leads to substantial depletion of the finances, thus compromising the living standards of a household. The mood altering effects may result in aggressive behavior, inducing social isolation and guilt in the individual and as Leonard and Eiden (2007) point out aggression is commonly witnessed in the families of alcoholics. If one family member becomes dysfunctional due to alcoholism other members are adversely affected as well (Ross & McDuff, 2008).

Sometimes family members may assist the alcoholic to continue the drinking pattern which is termed as an "enabling" behavior (Nodar, 2012; Vernig, 2011). Park (2007) contends that the number of those who suffer indirectly, because of alcoholism, are more than those who suffer directly from it. Deleterious effects of alcoholism on the spouses of alcoholics have been documented and include low self-esteem, anxiety to communicate, and higher level of anxiety (Stanley, 2001); marital discord and aggression is not uncommon leading to domestic violence (Stanley & Anitha, 2007). Furthermore, evidence suggests that aggression in an alcoholic family leads to ineffective rearing up of the children (Jones, Perera-Diltz, Salyers, Laux, & Cochrane, 2007; Osterndorf, Enright, Holter, & Klatt, 2011), mostly because of the aggression towards the partner (Finger, Kachadourian, Molnar, Eiden, Edwards, & Leonard, 2010; Keller, Cummings, Davies, & Mitchell, 2008; Eiden & Leonard, 2000). Grant (2000) estimated that one out of four

children who are 18 or under and live in a household in which alcohol was abused. Parental alcoholism often results in abuse and neglect in the children and has been reported that they are at a risk of developing emotional as well as psycho-social problems (Hussong, Flora, Curran, Chassin, & Zucker, 2008) and compromised mental health (Cuijpers, Steunenbergh, Van Straten, 2006). There is ample evidence to suggest that children of alcoholics manifest internalizing and externalizing problems (Barnard & McKeganey, 2004; Chartier, Hesselbrock, & Hesselbrock, 2009). Other studies in the field indicate that these children have low self-esteem (Rangarajan, 2008), lower life satisfaction (Schroeder & Kelley, 2008), higher anxiety and depression (Hall & Webster, 2007; Harter, 2000; Lease, 2002), greater rates of conduct disorders and alcoholism in adulthood (Casas-Gil & Navarro-Guzman, 2002; Silva, Benegal, Devi, Mukundan, 2007; Zhou, King, & Chassin, 2006) and anger to name a few (Lee, 2006). Moreover, the recent studies reported that the children of alcoholics or substance abusers manifest dis-inhibition (King et al., 2009; Schuckit et al., 2009). High correlation between parental alcoholism and poor interpersonal relationship (Watt, 2002), for example dating anxiety and lower level of commitment in relationships in adult children of alcoholics (Larson, Holt, Wilson, Medora, & Newell, 2001) has been reported. In alcoholic families there is a greater use of pervasive and rigid defense mechanisms like denial, repression, minimization, reaction formation, rationalization and externalization (Jay & Jay, 2000; Jay, 2006).

Roles of members in dysfunctional families are more rigid, discrete and circumscribed because members tend to undergo a process of adaptation of psychosocial roles, redefining their relative position in the family affecting cohesion in the family positively or negatively. Sometimes roles reverse between a parental figure and their children (Potter & Williams, 1991) and especially the children of alcoholics who assume roles in order to protect themselves from the deleterious behaviors of their parents (Daylon, 2012; Young & Adamec, 2013). In doing so Wegscheider (1976) explains Satirian (1967) concept, that the family system becomes dysfunctional as a result of an alcoholic in the family leading to stress and strain on all

the family members; and to restore the balance in the family the children adopt certain roles (Scharff, Broida, Conway, & Yue, 2003) that help them in the short run but ensue long-term pain and dysfunction (Black, 1979). As Satir (1967) pointed out that the parents are oblivious of the children's developmental needs, thus unrealistically expect them to behave in a manner that is not in harmony with their age. These behaviors turn into roles (Scharff, Broida, Conway, & Yue, 2004; Vernig, 2011; Wampler, Downs, & Fischer, 2009), which Wegscheider identifies as four distinct roles, namely, the Hero, the Scapegoat, the Lost Child and the Mascot. In 1981 Black put forward a similar kind of classification by calling them Responsible Child, Acting Out Child, the Adjuster, and the Placater, respectively. Although the names are different but the characteristics of these roles are very similar (Potter & Williams, 1991). The *Hero* is the one who assumes the household responsibilities and thinks that as a result parent's drinking will reduce and the equilibrium in the family would be restored. These children are mostly reported to be high achievers and want to do everything right. The role of the *Scapegoat* includes rebellious and acting out behaviors such as opposing family values and being disruptive. The attention of the family moves from the alcoholic parent to the Scapegoat and also is held responsible for the dysfunction in the family. The *Mascot* is the one who tries lessening the stress of the family by being funny and is basically known as the family clown. The *Lost* child is the one who withdraws from social contacts and is very 'self' contained (Devine & Braithwaite, 1993; Potter & Williams, 1991; Veronie & Fruehstorfer, 2001). From the functional aspect, these newly adopted roles were assumed by the children of the alcoholics in order to manage demands and expectations placed on them and also to manage the stress (Mapes, Johnson, & Sandler, 1984). Moreover, these roles also play the function of satisfying personal needs and the needs of the family at large (Ruben, 1992). Interestingly, Fischer and Wapler (1994) placed these roles in two categories termed as positive and negative. The Hero and the Mascot were placed in the "positive" category while the Scapegoat and the Lost child in the "negative" category. These two categories were determined by the extent to which these roles helped or hindered the normal functioning of the family. Moreover, one study provides an interesting discovery that there is a negative correlation between the Hero and the Scapegoat and also between the Mascot and the Lost Child scales (Wampler, Downs, & Fischer, 2009). In the long run the children of alcoholics have to pay dearly when these roles are adhered to rigidly. Two roles namely Lost Child and the Scapegoat are specifically challenging and need special attention (Wampler, Downs, & Fischer, 2009).

While the existence of these roles was well acknowledged in the care and counseling of the alcoholic's family. It is only recently that the researchers have been interested in assessment and validation of these roles. A number of studies have attempted to examine these roles psychometrically in order to screen, identify or measure these roles (Devine & Briathwaite, 1993; Mucowski & Hayden, 1992; Wampler, Downs & Fischer, 2009).

Out of the ones described the most widely used is by Potter and Williams (1991) known as the Children's Role Inventory (Scharff, Broida, Conway, & Yue, 2004). Most of the above mentioned studies have an intrinsic flaw in the development of a scale to measure the roles. They borrowed the items from the writings of Black (1979) or Wegscheider (1976). It would have been more valid if they had explored phenomenology of the roles directly from the adult children of alcoholics.

Although not much work has been done to study these roles across cultures (Fischer, Pidcock, Munsch, & Forthun, 2005) yet in one study Brisbane (1989) reported that the oldest daughter is more likely to take on the role of the Hero in the African American Cultures. In another study an attempt was made to study the difference between Hispanics and Caucasians but no difference was reported (Fischer, Pidcock, Munsch, & Forthun, 2005). Most of these researches on the children of alcoholics have been generated in the Western World where individualism prevails. Individualism refers to being interested in the achievement of one's goals rather than the group goals finding one's identity in self-selecting attributes as opposed to identification with group communal norms (Myers, 2013). However, the cultures in Asia that are well rooted in collectivism greater value is placed on achievement from the goals of the group and the individual seeks the identity of the group (Meyers, 2013). Social psychologists have defined culture as a set of beliefs, traditions and behavioral patterns common to a particular group (Taylor, Peplau, & O'Sears, 2006). Values in a collectivistic culture are strongly adhered to, even in the face of opposition. Moreover, social psychologists long ago noted that the meaning attributed to a concept changes from culture to culture e.g., from individualistic to collectivistic cultures (Triandis, Bontempo, Villareal, Asai, & Lucca, 1988).

Taylor, Peplau and O'Sears (2006) argued that anyone who plays the role of the "Hero" by performing his family duties or even duties to the country is appreciated and valued. They also noted that it (role) is all the more celebrated when the Hero holds faithfully to the duties especially when he/she could have taken an easy way out or had the chance to indulge in more pleasurable pursuits.

Muslims are forbidden to consume alcohol by faith. In Pakistan consumption of alcohol is tabooed and restricted for Muslims, but is open to non-Muslims through license (Zafar, 2014). In Pakistani society drinking is frowned upon, but since alcohol is available, cases of alcoholism and problems for the family are not uncommon (Zafar, 2014). The problems multiply when the sole breadwinner becomes an alcoholic, usually the father. All family members in the beginning face a lot of confusion and frustration but later try to cope with the situation (Lodhi, 2012). In West female spouse is encouraged for separation or divorce if drinking habits of the alcoholic continue and under aged children are placed in foster homes or leave homes if they are adults however, in Pakistan such measures are frowned upon both by the family and the society. Similarly, Western children and the family have opportunities for counseling e.g., Codependent, Alateen, or Adult Children of Alcoholics self-help groups. Such programs are few and far between in Pakistan. Most of the help revolves around 12-Step Program group and family counseling that are offered at the private rehabilitation centers.

In the present study an attempt is made to study and establish psychosocial roles family members take on, in order to cope with the stress and strain caused by the father's alcoholism who usually is the provider and supporter of the family. Therefore the aim of the present study is to develop a role identification scale in a collectivistic culture for families battling alcoholism.

Many concerns led to the present study including the development of a scale that would measure roles members take on in an alcoholic family, in a culture that was collectivistic in nature. No such scale existed for family members of alcoholics in Pakistan so pioneering effort was deemed important; and finally other scales had a clinical slant for the role of the alcoholic, not role of grown

adult children of alcoholics. This study was carried out in the following three phases:

Phase I: Exploring Phenomenology of Roles

Method

Participants and Procedure

In order to explore the roles assumed by the adult children of alcoholic fathers, we used a phenomenological approach. Therefore, 14 adult male and 16 adult female children who had lived with alcoholic fathers were individually interviewed through open-ended, non-structured interviews in a private consulting room at the Rehabilitation Center (in Lahore, Pakistan). They ranged in age between 18-25 years and were included in this phase of the study because their fathers were admitted to this Center, and had undergone treatment for alcoholism once before for a period of two months at least. There were at least three children in the alcoholic family, though not all siblings were interviewed for this phase. Minimal educational level for each participant was (high school certification or) matriculation.

All the participants were briefed on the aims and objectives of the current research and were asked for an implied informed consent. They were assured confidentiality and anonymity of all information is it personal or data related. All participants were given the right to withdraw from the interview at any stage if they felt threatened or uncomfortable. Participants were asked two open-ended questions that impacted their behaviors as a result of the father's drinking. *How is your father's alcoholism impacting you?* And, *How do you deal with it?* Supplementary questions were asked for clarification so that enough information was extracted. If the participants digressed from the topic they were brought back to the topic by asking the same question. All responses were recorded and verbatim connotation was maintained when transcribed. The interview took about 40-45 minutes, followed by a debriefing session, and concluded by *thanks* at the end of the interview. Through these in-depth interviews, 139 items were extracted, after excluding ambiguous, slang and unclear items, the list was reduced to 122 items

Phase II: Empirical Validation

For empirical validation, the list of 122 items was given to five clinical psychologists and psychiatrists who had worked in rehabilitation centers with alcoholic patients and their families for at least 5 years. The instructions to the experts were: Following are some of the behaviors observed in the adult children of alcoholic fathers. Please examine each item carefully in the light of your experience and rate each item according to the likelihood of their occurrence in the family of alcoholic fathers from 0 indicating no occurrence at all and 4 most occurring. Only those items that were rated 4 by the experts were retained, others were discarded leaving a total of 97 items for further psychometric manipulation.

Pilot Study

Participants and Procedure

The final list of 97 items was converted into a self-report measure. A Likert scale of 0 to 3 was used for the purpose of rating as well as scoring, 0 being "not at all" and 3 being "very much." A

pilot study was carried out on 25 adult children of alcoholic fathers (different from the participants above?) to rule out item difficulty, item friendliness and comprehension of the instructions. The participants in the pilot study ranged in age from 18-25 years with minimum high school education (10 years of schooling) or Matriculation. No ambiguity was reported in the understanding of the items and instructions; therefore, the list of 97 items was retained. The scale was named as *The Role Identification Scale (RIS)*.

Main Study

Participants

The main study was carried out to determine the factor structure and psychometric properties of the RIS. In this phase of the study a purposive sample from Lahore and Islamabad were chosen because of their urbanization and the number of private treatment centers for alcoholism. The participants in the present study were adult children of fathers admitted in rehabilitation centers in these two cities and were receiving treatment for the second time for their alcoholism. Each participant belonged to a nuclear family with a minimum size of *three* siblings including the participant, and the minimum qualification of the participant was high school matriculation. Those children whose fathers were admitted in these rehabilitation centers for alcoholism for the first time or were abusing other drugs along with the alcohol or belonged joint or broken families were not recruited. All those participants who had participated in the item generation in Phase I, and Pilot studies were also excluded. An equal number of men (202; 51%) and women (198; 49%) were selected, within the age between 18-25 ($M = 21.45$, $SD = 2.37$) years.

Measures

Demographic Questionnaire

The Demographic Form consisted of the gender, age, education, birth order, and number of siblings. Moreover, the occupation and the years of being occupied in employment were also added along with some descriptive questions related to the fathers drinking.

Children's Role Inventory (Potter & Williams, 1991)

Children's Role Inventory is a self-report measure. This tool was used to establish the concurrent validity for the Role Identification Scale. The Children's Role Inventory consists of 60 items that are divided across four subscales each comprising of 15 items. These subscales measure the four roles, hero, scapegoat, lost child and the mascot. The Chronbach's alpha of each subscale is given against its title hero .93, scapegoat .95, lost child .95, and mascot .90. The scale is rated on a five point Likert scale describing his/her Childhood (Potter & Williams, 1991). Although, the scale was called Children's Role Inventory it was used with the adult children as well (Kier & Buras, 1999; Potter & Williams, 1991).

Results

Factor Analysis

In order to identify the underlying factor structure of RIS, Principal Component Factor Analysis with Varimax Rotation was

employed. Scree plot was used to determine the number of factors that were retained in the scale (RIS). Scree plot showed a four factor solution as the best fit for this set of data. Yet 3, 4, 5 and 6 factor was also carried out to find the best fit model. The four factor

solution was found to be most suitable with least dubious with minimal cross loading items. The other criterion for the retention of the items was the factor loading therefore, $>.30$ was minimum accepted factor loading.

Item Analysis

Item analysis was also carried out by computing items total correlation on 97 items of the RIS.

Table 1
The Factor Structure of Items of RIS with Varimax Rotation

S. No	Item No.	F1	F2	F3	F4	<i>r</i>
1.	3	.74	-.27	-.01	-.27	.70***
2.	9	.89	-.21	.00	-.13	.86***
3.	15	.81	-.23	.01	-.12	.74***
4.	18	.89	-.21	.05	-.08	.86***
5.	19	.87	-.26	-.00	-.26	.84***
6.	23	.78	-.33	.24	-.19	.82***
7.	24	.87	-.27	.11	-.13	.87***
8.	26	.84	-.32	-.01	-.26	.88***
9.	27	.89	-.24	-.01	-.20	.90***
10.	31	.90	-.23	.01	-.03	.88***
11.	35	.85	-.24	.02	-.20	.82***
12.	37	.85	-.27	.06	-.22	.85***
13.	40	.89	-.19	.18	-.15	.89***
14.	41	.85	-.27	.23	-.18	.90***
15.	42	.78	-.27	.00	-.28	.77***
16.	44	.87	-.15	-.05	-.22	.84***
17.	46	.85	-.34	-.01	-.14	.87***
18.	48	.86	-.26	.05	-.04	.81***
19.	49	.75	-.23	.07	-.09	.64***
20.	55	.82	-.28	.10	.05	.78***
21.	57	.85	-.28	.04	-.07	.81***
22.	61	.88	-.23	-.04	-.04	.83***
23.	63	.52	-.01	.23	-.03	.33***
24.	64	.55	-.28	-.33	.22	.55***
25.	68	.67	-.09	-.25	-.20	.57***
26.	75	.88	-.17	.01	-.18	.84***
27.	77	.61	-.32	.34	-.40	.76***
28.	78	.85	-.23	.10	-.28	.88***
29.	84	.88	-.20	.00	-.03	.82***
30.	89	.75	-.39	-.06	.02	.73***
31.	93	.89	-.27	.08	-.03	.87***
32.	97	.53	-.47	.02	.05	.51***
33.	2	-.24	.80	-.20	-.10	.75***
34.	6	-.67	.49	-.14	.28	.79***
35.	10	-.43	.72	-.08	-.13	.73***
36.	13	-.30	.77	-.15	-.14	.73***
37.	16	-.38	.73	-.31	-.14	.80***
38.	20	-.63	.51	.10	-.01	.68***
39.	25	-.43	.78	-.25	-.17	.91***
40.	28	-.40	.77	-.27	-.15	.86***
41.	33	-.26	.86	-.15	-.09	.84***
42.	36	-.37	.78	-.25	-.09	.83***
43.	47	-.34	.80	-.08	-.29	.86***
44.	51	-.25	.86	-.26	-.14	.90***
45.	53	-.30	.79	-.07	-.02	.73***
46.	56	-.46	.77	-.28	-.14	.91***
47.	60	-.33	.74	-.06	-.23	.72***
48.	65	-.23	.49	-.18	.89	.48***
49.	67	-.23	.84	-.12	-.14	.80***
50.	69	-.29	.70	-.14	.08	.61***

51.	70	-.19	.81	-.26	-.14	.79***
52.	74	-.32	.81	-.25	-.24	.88***
53.	81	-.23	.80	-.04	-.21	.74***
54.	82	-.42	.75	-.16	-.25	.84***
55.	88	-.43	.80	-.21	-.18	.91***
56.	92	-.45	.70	-.18	-.19	.77***
57.	96	-.38	.80	-.16	-.10	.83***
58.	5	-.07	-.14	.77	-.02	.62***
59.	7	-.03	-.09	.89	-.10	.82***
60.	12	.22	-.30	.78	-.20	.79***
61.	21	.18	-.14	.82	-.19	.76***
62.	30	.11	-.09	.83	-.16	.75***
63.	32	-.06	-.17	.91	-.11	.88***
64.	34	-.07	-.14	.91	-.15	.88***
65.	38	.05	-.22	.88	-.13	.84***
66.	43	.00	-.17	.89	-.18	.86***
67.	52	-.10	.27	.33	-.30	.54***
68.	59	-.06	-.23	.89	-.11	.86***
69.	66	-.12	-.23	.72	-.25	.65***
70.	72	.00	-.16	.88	-.07	.81***
71.	80	.08	-.06	.85	-.21	.78***
72.	85	.02	-.16	.90	-.13	.86***
73.	87	.17	-.21	.63	-.29	.56***
74.	95	.19	-.21	.85	-.16	.83***
75.	1	-.22	-.31	-.17	.75	.75***
76.	4	-.29	-.03	-.33	.58	.54***
77.	8	-.11	-.25	-.23	.83	.83***
78.	11	-.18	-.26	-.19	.82	.82***
79.	14	.03	-.19	-.09	.62	.44***
80.	17	-.00	-.19	-.24	.78	.71***
81.	22	-.22	-.39	-.31	.71	.82***
82.	29	.10	-.29	-.32	.70	.70***
83.	39	-.26	-.23	-.17	.73	.68***
84.	45	.07	.02	.19	.58	.39***
85.	50	-.19	-.19	-.36	.74	.75***
86.	54	-.21	-.25	-.27	.75	.75***
87.	58	.00	-.17	.03	.73	.57***
88.	62	-.01	.01	-.03	.73	.54***
89.	71	.06	-.23	-.10	.69	.55***
90.	73	-.41	.10	.05	.52	.46***
91.	76	-.32	.01	.09	.65	.54***
92.	79	-.28	.05	-.02	.77	.68***
93.	83	-.24	-.03	-.30	.58	.49***
94.	86	-.11	-.24	-.31	.76	.75***
95.	90	-.33	.01	-.16	.60	.50***
96.	91	-.18	.37	.00	.48	.40***
97.	94	-.37	.08	-.07	.58	.48***

Note: The factor loadings >.30 have been bold faced

*** $p < .001$

Thirty-two items loaded on factor 1; 25 on factor 2; 17 on factor 3; and 23 on factor 4 respectively. The descriptive label was assigned to each factor as Hero, Aggressor, Mascot and Withdrawn.

Table 2
Eigen Values and Variance Explained by Four Factors of RIS

Factor	Eigen Value	% of Variance	% of Total Variance
F1	26.26	27.07	27.07
F2	18.29	18.85	45.93
F3	14.06	14.49	60.42
F4	13.73	14.15	74.58

Table 2 shows the factor structure of RIS and the variances associated with each factor and overall variance.

Factor 1: The Hero

The first factor of RIS that emerged as a result of factor analysis is the role of a Hero. The *Hero is the one who takes upon himself/herself the main responsibility for organizing the family, to make it appear as functional as possible and provides all social and emotional support and protection even at the expense of his/her own welfare.* This factor comprised of 32 items. Some of the items are “taking responsibilities”, “being hardworking”, “tries to resolve household issues”, “accepting all kinds of circumstances and then

trying to improve them”, “loving towards siblings”, “taking care of family members”, “solving problems of others”, “doing work before time”, “taking decisions at home”, “being confident”, “being trustworthy”, and “being kind to others”.

Factor 2: The Aggressor

The second factor of RIS is the role of the Aggressor and consists of 25 items. *The aggressor is the one who manifests aggressive behavior and creates problems in and outside the family and is held responsible for the chaos in the family.* A few items of this factor are “being cross on little things”, “not participating in household work”, “coming home late at night”, “frequently being scolded by the siblings”, “being abusive”, “being quarrelsome”, “considers himself/herself right after being aggressive to others”, “creating problems for others”, “being rude to elders”, “frustrating others and being disobedient”.

Factor 3: The Mascot

The third factor of RIS is the role of a Mascot and consists of 17 items. *The Mascot is the one who is friendly, cheerful and entertaining person who lightens the mood in the family.* Some items that fall in the third factor are “making family members happy”, “being sociable”, “kidding all the time”, “making others laugh”, “being the center of attention”, “being cheerful”, “being playful”, “being friendly”, “making family members happy by funny talk and acts”, and “being funny with everyone”.

Factor 4: The Withdrawn

The fourth factor of RIS constitutes of 23 items and has emerged as the role of a withdrawn child. *The withdrawn is the one who withdraws himself/herself from all responsibilities and interactions in the family.* A few items of the fourth factor are “minding his/her own business”, “spending time alone”, “being quite”, “being shy”, “doing everything alone”, “not being playful”, “spends most of the time quietly in the room”, “lack of interest in making friends”, “indulged in oneself”, “watching TV alone”, “not talking to family”, “reading books and novels”, “not attending functions/celebrations”, and “avoids talking in the presence of others”.

Table 3

Summary of the Means, Standards Deviations, Inter factor Correlations and the Internal Consistency of the Four Factors of RIS(N=400)

Factors	F1	F2	F3	F4
	Hero	Aggressor	Mascot	Withdrawn
F1 Hero	----	-.64***	.16	-.35***
F2 Aggressor	----	----	-.33***	-.05
F3 Mascot	----	----	----	-.37***
F4 Withdrawn	----	----	----	----
<i>M</i>	48.31	24.48	19.82	24.11
<i>SD</i>	30.21	23.83	16.15	17.39
<i>α</i>	.90	.90	.89	.88

df=399, *** $p < .001$

Table 3 indicates that the role of Hero negatively correlates with Aggressor ($p < .001$) or Withdrawn ($p < .001$) and no correlation with Mascot ($p > .05$). The role of Aggressor negatively correlates with Mascot ($p < .01$) and no significant relationship with Withdrawn. The role of the Mascot has a negative correlation with Withdrawn ($p < .01$). Table 3 also shows strong internal consistency (see α) in factors established in the scale.

Concurrent Validity

The Children’s Role Inventory (Potter & Williams, 1991) was used to establish the concurrent validity for RIS. A significant low positive correlation was found between RIS and Children’s Role Inventory $r = .06$ ($p < .001$).

Split-Half Reliability

The odd and even method was used to split each factor into two halves. The internal consistency of half A and B was .89 and .94 respectively. The correlation between half A and B was found to be $r = .94$

Test-Retest Reliability

Rest re-test reliability was also established for RIS. The re-test was administered after an interval one week on 12.50% ($n=50$) of the total sample. The results indicated that the test re-test reliability for RIS was .88 ($p < .01$).

Roles and Gender Differences

The results of t -test showed that there is no gender difference on roles assumed by the children of alcoholics ($df=398$, $p > .05$).

Discussion

Alcoholism affects not only the individual who inebriates but also those people who are close to them, particularly those who still are emotionally, socially, financially dependent on them (Jay, 2006). In families where parents are chronic alcohol abusers, other family members especially children are at high risk of developing psychosocial problems. Studies focusing on parental alcoholism have shown that their children even, as adults tend to develop psychosocial roles in order to deal with the effects. Viewing from the systemic theory, many researchers (Wegscheider, 1976) have observed four distinct roles adopted by the children later empirically demonstrated by Black (1981). These roles are: of the Hero, the Scapegoat, the Lost Child and the Mascot.

Surprisingly the results of t -test did not reveal any gender differences on the four roles. This could be explained in the light of the collectivistic culture where children regardless of the gender are reinforced and celebrated when they play the role of a hero (Taylor, Peplau, & O’Sears, 2006). However, finding the same four roles in Pakistani adult children of alcoholic parents is a bit more surprising, one possibility is that despite cultural differences between Pakistan and the West, adult children of alcoholics can only take up these four roles. However, another possibility is, the scale with its possible four factors only accounts for 75% of the variance, if a 6 or an 8 solution factor could account for more variance, it is possible other feeble factors might have been different across individualistic and collectivistic cultures; this could not be done and such a comparison could not be made across these cultures empirically. Finally, the similarity of these roles across cultures might be superficial with different meanings (Triandis, Bontempo, Villareal, Asai, & Lucca, 1988) at a deeper level.

Hero is the one who has taken upon her/him to be a positive constructivist role almost of a savior for the family. S/he acts as a shield to protect the family from the turbulence brought on by alcoholism in the family. In this cultural context too the ever sacrificing and providing hero is admired to the point of being celebrated. The family also relies on the mentor who pulls the reins of the family at all times. One of the reasons they develop a positive role such as the hero is because they see their mother more or less fighting or losing battle and they get up and do something or find the situation intolerable or impossible to handle so they opt out as in the case of the withdrawn child.

Aggressor is the one who basically is hurt inside because of the deprivation of the emotional needs. S/he resorts to being belligerent and aggressive to communicate her/his inner pain and is taken as an uncaring and insensitive one by the family and the society at large. S/he may also want to safeguard her/his integrity by hiding the feelings of being hurt and reverting to protective mask of retaliation. Also s/he may also want her/his emotional needs met by getting attention even at the expense of being the bad seed in the family. In terms of defense mechanism the aggressor may be reverting to *repression* (Devine, & Braithwaite, 1993; Veronie, & Fruehstorfer, 2001) and when the hurt cannot be repressed any more s/he reverts to being aggressive and acrimonious.

The withdrawn is the one who isolates her/himself from the family because of the confusion as to which role to take as in search for the identity. Therefore, s/he resorts to lonesome pursuits to protect her/him from the hurtful happenings in the family. Many a times when the older or some family members take the charge, there may be one who knows not what to do, so relies upon doing nothing by being isolated and indifferent.

Mascot is the one who mitigates the family stress of the alcoholism the family disease by resorting to being humorous and lightens the mood in the family. This may also be a perfect manifestation of the known defense mechanism called "reaction formation" (Devine, & Braithwaite, 1993; Veronie, & Fruehstorfer, 2001). That is to contend that inside the mascot is hurt but on the outside deals with it by being funny and mischievous.

Conclusion and Recommendations

If a family breaks down due to alcoholism each family member re-adjusts to this dysfunctional milieu in his or her own way. As a first step, identification of roles (with RIS) children of alcoholics may play should provide impetus to the future research in understanding the dynamics of the alcoholic family and also to help in terms of treatment. Such as when it comes to planning counseling, the clinicians need to be aware of new family dynamics, especially for children who take up the withdrawn and the aggressor roles. In other words RIS could be instrumental in identifying roles of children at alcohol rehabilitation centers in Pakistan to help all the family members heal when group or family therapy is used. The use of RIS may be expandable to role identification of children where parents abuse other substances. Future research may also elucidate relationships between roles adult children may develop and their mental health; and roles taken up by the spouse/mother. It is beyond the scope of this article to review how these roles develop especially in the context of psychosocial and environmental factors.

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