Children of alcoholics: a struggle through childhood and adulthood

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Abstract
Children of alcoholics are those directly affected by familial alcoholism. Characteristics that are common in children of alcoholics in youth and in adulthood are isolation, approval seeking, fear of angry people, and addiction (Seixas & Youcha, 1985). Treatment for children of alcoholics is available through several forms of therapy including self-help groups and family therapy. The purpose of this paper is to address common characteristics of children of alcoholics, codependency, as well as treatment procedures for this population.

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CHILDREN OF ALCOHOLICS: A STRUGGLE THROUGH CHILDHOOD AND ADULTHOOD

A Research Paper

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Christina M. McGreevey

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Abstract

Children of alcoholics are those directly affected by familial alcoholism. Characteristics that are common in children of alcoholics in youth and in adulthood are isolation, approval seeking, fear of angry people, and addiction (Seixas & Youcha, 1985). Treatment for children of alcoholics is available through several forms of therapy including self-help groups and family therapy. The purpose of this paper is to address common characteristics of children of alcoholics, codependency, as well as treatment procedures for this population.
Alcoholism is a disease which many people feel only relates to the actual alcoholic him or herself. What many people do not know is just how much it affects the family of the alcoholic (Whitfield, 1991). Not only does it have a profound effect on the husband or wife because he or she has seen the hideous outrage of the affected partner, but children are also significantly impacted. Children of alcoholics often hide everything they know about their parent’s drinking, perhaps because they have been told to not say anything, or it may be that they are ashamed. They often push their feelings deep inside so they can be strong for their parent or because they want everything to be alright. As they grow into adulthood, many of these children have problems related to their parent’s drinking. They may become alcoholics themselves to forget the pain of what they may have witnessed growing up.

A good example of the pain that an adult child of an alcoholic experiences is a letter from a patient at a treatment center to her deceased father. She became an alcoholic at a very young age, completed treatment, and was sober for a long time, only to relapse in her late sixties. Here is just one look at what “Betty” experienced.
Dear Dad,

It is a perfect autumn day, and you have come back to me as you have so often over these past thirty years since you have been gone. My memories of you seem as clear as the blue and gold of this morning. I remember when I was nine going hunting with you one Sunday afternoon. You were the hunter; I was the retriever and the fan club. I loved the ritual of you getting out your twenty gauge in its canvas sack and donning your boots and canvas jacket and cap. The drive in the countryside was wonderful, with the scent of golden corn stalks mingled with your cigarette smoke. I was uneasy too, however, because the beauty of the day seemed irrelevant to the business at hand, which was killing. I recall you saying many years later that did not have the heart anymore to kill things. However, that was not this day. This day we marched through the cornfields flushing up pheasant, and you brought down two. As I retrieved them, they seemed pathetic in their stillness—so beautiful, so broken—something we could not put back together.

A few years later, when you began drinking heavily, you used that same gun, along with others, to terrorize us. When you were drinking, we would all rush to bed early, hoping that if we were very quiet, you would just go to sleep. Mostly that worked, but we were
never sure that would happen. The most frightening moment of my life was the night I heard Mother screaming, and you shouting. My sister and I rushed downstairs to find the two of you struggling over a loaded shotgun. In an instant we were all fighting over the gun and by some miracle and because you were drunk, we managed to take it away, hiding it without anyone being hurt.

The next years after that were so uncertain. When would you come home? How would you be? How could we defend ourselves? Our family had become broken, pathetic-something we could not put back together.... (Betty, 2005).

Many children and adults have experiences that are similar to those described by the author of this letter. Children of alcoholics experience many wounded feelings and they never know how to deal with them except to do the same thing their parents did or continue to do. Some children have been taught to conceal the fact that mom or dad drank; therefore, they must cover up any feelings that surround it. Covering up for mom and dad when he or she is too hung over to drive them to school, or making excuses because mom just vomited at the school social would be humiliating. Even worse is having to make an excuse for dad because he just bruised his own child.

The purpose of this paper is to help the reader become aware of the prevalence of alcoholism and how it affects spouses, children, and extended family members.
This paper will address some of the problems related to alcoholism, as well as the issues of children of alcoholics. Other topics that will be covered include codependency, enabling, and the treatment for children of alcoholics.

Definitions of Alcoholism

Defining alcoholism is very difficult since people have many different opinions about what alcoholism actually is. There are also many common misconceptions, such as drinking every day and at all hours of the day, or binge drinking to the point of intoxication and getting sick on a regular basis.

Textbook Definitions of Alcoholism

According to Seixas and Youcha (1985), one out of ten people do not have the ability to stop drinking. These authors defined alcoholism as when the alcoholic is aware of how much harm he or she is doing to him or herself, the family, and his or her place of employment and still is not able to stop drinking. They also noted that the drug "acts on the brain to create mental changes; so it is irrational for us to expect rational behavior in someone who continues to drink large amounts of alcohol over a long period of time" (Seixas & Youcha, 1985, p. xii).

Alcoholics Anonymous's "Big Book," described alcoholics as those who cannot stop drinking at just one, or who have lost control of their drinking. An alcoholic is one who cannot discontinue his or her drinking no matter what measures they try, whether it is drinking every other weekend, or only drinking on holidays. This book also stated that physicians who are familiar with this disease
believe that there are no measures to be taken; an alcoholic cannot control his or her drinking (Alcoholics Anonymous, 2001).

Effects of Alcoholism on Children

Alcoholism is a disease that can be passed through multiple generations in one family (White, 2005). Exactly how this disease is passed on for so long has long been overlooked. “Biological vulnerability, developmental trauma, and social learning interact to elevate the risk children of alcoholics face in their own relationships with alcohol and other drugs” (White, 2005, p. 50). This clarifies how this disease is passed on from generation to generation. Furthermore, they may at some time be diagnosed with depression, anxiety, or substance dependence themselves in response to their parents’ alcoholism. Children who come from addiction prone families also must realize that alcoholism is a cycle that can be stopped.

Predisposed Problems

Children of alcoholics are those who are directly affected by familial alcoholism. These people, in both childhood and adulthood, have a recognizable response to the drinking that occurred within their family (Ruben, 2001). Children of alcoholics are especially vulnerable to emotional, physical, and spiritual problems. Those who have not experienced alcoholism in their family may have difficulty understanding that these emotional, physical, and spiritual problems could be related to familial drinking. Those unaffected by the disease of
alcoholism itself may believe that if the alcoholic stops drinking, all problems will go away. Although life will become more manageable, this disease will have already left scars on many, so there must be awareness that alcoholism is a disease and it is one that is anything but easy to cure (Ruben, 2001).

Statistics on Children of Alcoholics

Lester and Zuckerman (2000) stated that nearly seventy-five million children in this country have either one or both parents addicted to alcohol, illicit drugs, or both. These researchers studied children between the ages of newborn and seventeen years. The children in the study were not only biological; step children, adopted children, and foster children were also included. These authors found that it was the environment in which the children were brought up in more than being a blood relative that negatively impacted the children. Alcoholism is more of an environmental factor versus a biological factor because children live with the alcoholic and see this horrendous disease each and every day of their lives (Lester & Zuckerman, 2000).

Common Characteristics for Children of Alcoholics

Common characteristics that are reported in children of alcoholics can be summed up in four major areas: anti-social behavior, problems in the school environment, emotional troubles, problems during adolescence, and adulthood characteristics (Velleman & Orford, 1999).
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Anti-Social Behavior and Conduct Disorder

In youth, children of alcoholics are at times diagnosed with anti-social behavior or conduct disorder (Velleman & Orford, 1999). They often have higher incidences of delinquent or aggressive behavior, fits or outrage, and general anger issues. Velleman and Orford stated that these children will act out by fighting with classmates, purposefully getting bad grades, and blurting out in class because they want attention from their parents, and feel this is the only way to get it.

Problems in School Environment

Throughout their time in elementary, middle, and high school, many children from families of alcoholics do not pay attention in class and have poor school performance. Some have learning disabilities as well. Many do not graduate from high school on time and have several referrals to the school counselor or psychologist (Velleman & Orford, 1999). They often act out in school so they get the attention they want to have at home, even if it means getting into trouble. This attention-seeking behavior is a way to get their parents to notice them instead of their alcohol.

Emotional Problems

Studies have proven that when they are young, children from alcoholic families experience high amounts of both physical and emotional problems (Velleman & Orford, 1999). Bed-wetting, negative attitude, isolation from peers, and levels of depression are high in these households.
Children of alcoholics are also known to not share their emotions at all. This is referred to as frozen feelings, which is when these children do not talk about their feelings, and are not willing to accept that other's feeling toward them are false (Serenity Support Services Inc., 1998). This report noted that feelings of shame, which is "an inner sense of being bad, inadequate, defective, or unworthy. It is judging yourself, and giving yourself a failing grade" (Serenity Support Services, p. 20).

Problems in Adolescence

Children of alcoholics also experience problems during adolescence. Many of these problems are similar to conduct disorders. Some children of alcoholics start drinking or abusing drugs at an earlier age than other children their age (Velleman & Orford, 1999). This may be due to the fact that this is all they have seen for years, and if their parents are out doing the same thing every night, they feel they should do the same. Other problems include low self-esteem, dropping out of school, being physically and verbally abusive to others, and imprisonment.

Another problem that children of alcoholics experience during adolescence is the consumption of alcohol themselves. Experimenting with alcohol usually begins by the early teen years, due to the fact that these adolescents are influenced by their peers. These children may also want to get revenge on their parents, or they believe that drinking numbs their feelings (Black, 1981). Black also noted that these children have a false belief that they will never become alcoholics.
because they have seen the negative effect of alcoholism all their lives. This means to the adolescents that “I have seen enough and know enough about what alcohol can do to a person. I will be different” (Black, 1981, p. 50).

**Denial**

Denial is also a very common characteristic of children of alcoholics. Denial is “the condition generally understood to mean that the person in question is unwilling or unable to face the truth about a particular circumstance” (Conyers 2003). Conyers also reported that families of addicts deny the addiction until certain circumstances force them to face the facts. This often is due to the fact that they do not want to admit their mom or dad has a problem because they cannot face the pain, which is not what these children want to feel (Conyers, 2003).

**Roles that Children of Alcoholics Play**

Children of alcoholics develop certain roles that they feel they must adhere to in order to keep their disruptive family at some sort of peace (Serenity Support Services Inc., 1998). Roles that children of alcoholics play are the responsible one, the scapegoat or rebel, the mascot or clown, and the lost child or the adjuster (Serenity Support Services Inc., 1998).

The responsible one is the child who wants to take the attention away from the alcoholic and onto themselves. This child often is seen as the “good child,” the one that follows the rules, gets good grades, and is a hard worker (Serenity
The responsible one will try to maintain peace in his or her home by keeping the house clean, or when the alcoholic parent is on a rage, this child will gather the rest of the children and go to a nearby home (Black, 1981).

Another role that is typically seen in families of alcoholics is the scapegoat, otherwise known as the rebel. This child will create problems of his or her own and place the attention on him or herself in order to take away the focus of the problem of alcoholism. This is often seen through acting out, getting poor grades, or getting into fights at school (Serenity Support Services Inc., 1998).

The child who plays the role of the mascot or the clown is often the entertaining person of the family. The mascot would rather hide his or her pain by making others' laugh or again, by taking the focus off of the drinker. This may lead others to believe that their parent's alcoholism does not bother him or her (Serenity Support Services Inc., 1998).

The lost child or the adjuster goes along with whatever situation may be occurring in their household (Black, 1981). The lost child feels that the best way to keep peace in the family is by not saying anything, and just dealing with the horrible circumstances. This child has no reaction to the situation, and therefore, has no emotions to go with it. Black noted that the lost child has the feeling of "I can not do anything about it anyway" (Black, 1981, p. 14). The adjuster may
Children of Alcoholics seem to be the most disconnected from the family, due to the fact that he or she stays out of the family issues (Black, 1981).

The placater is known to be the emotional child of the family. This child is often referred as the “one who is more sensitive than the others” (Black, 1981, p. 18). This child is known to cope in the most rational way of all the children. The placater will do anything in a bad situation to lessen his or her emotional pain (Black, 1981). This is the child who looks out for his or her siblings in the same way, meaning he or she will do anything to lessen the pain of all the children (Black, 1981).

Effects of Parental Alcoholism on Family Life

The entire family is affected by alcoholism, and the relationship between the alcoholic parent and the child can be extremely bad. Some children feel as though they are not loved by their parents because their parents have chosen alcohol over them. It is a very lonely, sad life for these youth, and this is when the resentment toward their parents begins.

Arguing is typical in alcoholic families. According to Velleman and Orford (1999), many of these children feel as though the arguing that took place between their parents was worse than the drinking itself. Velleman and Orford (1999) noted that although the arguing between the parents had to do with the drinking, children were even more upset by arguments about real or imagined affairs. Another problem Velleman and Orford (1999) reported was that children of
alcoholics witnessed or experienced more physical and sexual abuse than in families where there was no alcohol abuse.

Another major problem reported by children of alcoholics is lack of activities that took place in their families and the fact that there was little fun and laughter in their families. Children often felt as if they had to walk on eggshells and be careful not to make mom or dad mad. Activities such as going on family outings occurred infrequently because an alcoholic parent was recovering from a hangover.

As a result of growing up in a chaotic home, many children of alcoholics had to act older than their actual age. Some children had to struggle to find their parents at the local pub to see where they were, almost as if the parental roles were switched (Velleman & Orford, 1999). Velleman and Orford (1999) reported that children wondered if their parents would pick them up from school or if they did, then they had to worry if they would make it home safely.

Velleman and Orford (1999) expressed concern with research in this area that did not focus on the issues beyond the alcoholism such as mental disorders by the children or the parents, the age when these children start drinking themselves, and the actual severity of the drinking problem. These authors also noted that the relationship between the child and the parent who does not abuse alcohol should be explored. Although the effects of alcoholism on the child remain, he or she may have a better outcome if he or she feels close to one parent who does not
have a drinking problem. This child still could have extensive problems, but having the support of a non-drinking parent will help greatly.

Effects of Parental Alcoholism on Adult Children

*Problems in Adulthood*

Not only do children of alcoholics experience problems as they grow up, but they also experience problems during adulthood (Whitfield; 1991). First, these adults feel isolated and afraid of people, such as authority figures. They are also approval seekers and sometimes lose their identity in the process. These adult children also become frightened by angry people and cannot take criticism. They may become alcoholics themselves, marry one, or both. Adult children of alcoholics go through life feeling as though they are the victims. Many have a huge sense of responsibility and often times think of others before thinking of themselves.

These adult children of alcoholics feel guilty when they stand up for themselves and therefore give in to others. Some confuse love with pity, and are attracted to those people they believe they can change. Many children of alcoholics have covered up what happened to them in their childhood and lose the ability to express their love for others. They also are very hard on themselves and have low self esteem (Whitfield, 1991). These adult children have a strong fear of abandonment and will do anything to hang on to a relationship even if it means sacrificing themselves (Woititz, 1983). Some adult children of alcoholics will
pick up the characteristics of an alcoholic, even if they do not drink, because it is all they know. Finally, adult children who come from alcoholic families are reactors rather than actors; they often jump to conclusions before actually hearing what may have occurred in a certain situation (Seixas & Youcha, 1985). In addition to these problems, relationships are significantly affected in the adult children of alcoholic population.

*Adult Love Relationships*

One of the most significant problems for adult children of alcoholics is their own adult love relationships. Many children of alcoholics have a hard time finding love in adulthood, and when they do find a love relationship, they often do everything in their power to keep it. They also tend to find the same problems that their parents had in their significant other. For example, they often marry alcoholics themselves or people they feel they can help or change. Often times adult children of alcoholics do everything they can to please their partner so they will not have to worry about having the same bad marriage as their parents. Adult children who come from alcoholic parents also have issues of control; they find themselves trying to control everything their partner does because there was no control in their own family. These children saw very negative role modeling from their parent's marriage; therefore, they do everything they can to strive for a perfect marriage or relationship themselves (Woititz, 1983).
**Codependency**

Codependency is an issue very closely related to the love relationships of adult children of alcoholics. The official definition of a codependent is, “a person who has let someone else’s behavior affect him or her and is obsessed with controlling other people’s behavior” (Beattie, 1987, front cover). This author also defined codependency as, “an emotional, psychological, and behavioral condition that develops as a result of an individual’s prolonged exposure to, and practice of, a set of oppressive rules— which prevent the open expression of feeling as well as the direct discussion of personal and interpersonal problems” (Beattie, 1987, p.28).

According to Whitfield (1991), codependency is “an exaggerated dependent pattern of learned behaviors, beliefs, and feelings that make life painful. It is a dependence on people and things outside the self, along with neglect of the self to the point of having little self-identity” (p. 8).

Codependents operate within a framework of rules. For example, one rule is that what goes on in the home, stays in the home; discussing mom or dad’s drinking with anyone else is taboo. Another rule is that you must not be open with your feelings. Another rule is to do what the drinker says, not what he or she does because as children, they felt like they had to do whatever they were told, even if they could not or did not want to at that particular time.
Throughout their lives, codependents feel as though they are locked into an agreement of having to stay in a relationship that is not good for them, hoping they can change the relationship, even if it means sacrificing themselves. They often disregard their own feelings, concentrating on anyone else’s feelings except their own. As adults, they think their loved ones must adhere to their demands so they can have that sense that everything is all right. This comes from the fear of going back to what their childhood home was like because that home was anything but safe (Whitfield, 1991).

**Characteristics of Codependency**

Codependents exhibit the following characteristics according to Beattie (1987). First, many codependents deny having a problem, whether related to alcoholism or not. Next, codependents believe they must be perfect in everything they do. Third, codependents tend to have very low self-esteem and stress-related physical problems. They think they have to go with the flow in order to please others and not create any complications. Codependents want to control, help, and change others; they forget about their own problems and focus solely on the problems of the drinker (Beattie, 1987). There are high rates of depression in codependents because no matter what they do or how hard they try to control the drinker’s usage, they feel like they failed. Codependents also are known to have a tremendously hard time asking for help for themselves because they are trying so hard to help everyone else (Beattie, 1987). Codependents always blame
themselves for everything that goes wrong in any relationship they have. Finally, codependents try to control their loved ones through their kindness and trying to work through the other person’s issues (Beattie, 1987).

Codependents experience five core symptoms according to Mellody (2003). The first symptom is that children of alcoholics have issues with low self-esteem. Many of these children have been known to have either very high levels of self-esteem, believing that no one could reach their level, and that they are superior. Other children of alcoholics are at the other end of the spectrum, believing that they are worthless (Mellody, 2003). Mellody also stated that children of alcoholics have a very hard time setting boundaries for themselves. This author believes there are three main reasons for setting boundaries with this population. First, “to keep people from coming into the space of others and abusing them. Next, to keep us from going into the space of others and abusing them, and lastly, to give each of us a way to embody our sense of who we are” (Mellody, 2003, p. 11). The third core symptom is that children of alcoholics have trouble owning what their reality is. Mellody (2003) identified reality as four basic components. First, how children of alcoholics look at what their body can tolerate. Second, how these children interpret what others are saying and doing to them. Third, how this population deals with their emotion, and lastly, the behaviors, which is owning up to how these behaviors affect others. The fourth symptom is identifying what the needs and wants are of children of alcoholics and learning to
become interdependent with others. Mellody suggested that it is crucial for these children to figure out what their wants and needs are for survival and that they matter. The fifth and last core symptom is difficulty experiencing and expressing reality in a reasonable way. She stated that since children of alcoholics are either at one extreme or the other, it is important for these children to find a happy medium. Without looking into these core symptoms in depth, Mellody suggested that the cycle of codependency will continue for many generations.

Development of Codependency

Research has indicated that codependence may have developed in a child of a substance abuser because the parents were not fully present for much of their child’s life (Whitfield, 1991). Codependent children withhold family secrets, no matter how lethal it could be for them. They often become numb to what is going on around them, have no personal boundaries, and have a high tolerance for inappropriate behavior. Whitfield (1991) stated that codependents have the inability to grieve a loss completely because emotional and spiritual growth is blocked. The codependent child will also act compulsively in order to lessen the pain they feel inside. As this happens, shame builds and self esteem drops. A child of this description feels out of control and the compulsive behavior intensifies (Whitfield, 1991). If his or her parents do not seek treatment for themselves and their family, the codependent cycle will continue into adulthood.
As alluded to, codependency means that anyone who lives with or is closely associated with a chemically dependent person has developed a pattern of coping with life that is not healthy for them or the addict. Therefore, treatment for codependency is highly recommended (Whitfield, 1991).

Codependents obsess as to whether or not the alcoholic is okay, trying to control what the alcoholic does when he or she is drunk. They constantly feel as though they must save the alcoholic. Consequently, the codependent is in the control of the family, not the alcoholic (Whitfield, 1991). It is the family members and loved ones of the alcoholic that choose to become codependent, just like the alcoholic chooses to pick up the next drink, the family members choose to continue to be codependent. Codependency is something that can be changed. A codependent can create a support system by going to Al-Anon, Alateen, or any self-help groups. It is up to the codependent to ask for help for them rather then having to help someone else (Whitfield, 1991).

Treatment for Children of Alcoholics
in Childhood and Adulthood

There is help for chemically dependent individuals and their families in hospitals, clinics, treatment centers, churches and through self-help support groups (Sales, 1999). It is critical that the non-alcoholic spouse and the children of the alcoholic parent get help so they can cope with what they have experienced.
If problems are not addressed early, they will continue to affect them throughout life.

*Group Approaches*

One popular form of treatment is group therapy, which is very common. Meeting with other family members of alcoholics is significant because this reduces the fear of isolation (Vannicelli, 1992). This also helps to gain a realization for children and adult children of alcoholics to know that others have similar experiences.

Alateen is a support group for children of alcoholics whose parents may or may not be in recovery. Alateen is a widely known program for children of alcoholics who are between the ages of eleven and seventeen. Alateen helps children in this age group feel as if they are not alone anymore through support from their peers (Al-Anon Family Groups, 1984).

Another group that is widely known is Al-Anon. Although Al-Anon may have the reputation of being only for the spouses of alcoholics, it is most certainly for adult children of alcoholics. Al-Anon is a support group for men and women whose lives have been affected by alcoholism by a loved one and is based on the twelve steps of Alcoholics Anonymous. Al-Anon, like Alateen, helps these people to know that they are not alone in the world; that others have had similar experiences. Al-Anon has saved the lives of millions of people around the world

Gender specific groups are strong support groups as well. Sandmaier (1992) described the Children of Alcoholics Foundation, which is a self-help group for the families of those affected by alcoholism. She also suggested seeking help from Adult Children of Alcoholic support groups. This author feels that women are often overlooked in being treated for alcoholism, and that it is vital for these women's families to get help as well.

Cognitive-Behavioral Approaches

Many types of cognitive-behavioral approaches work also, according to Ruben (2001). In this approach, counselors of children of alcoholics must change their irrational thinking such as thinking they are not good enough or feeling as if this is the worst thing that could happen to them. Ruben suggested three steps to disputing these irrational beliefs: first, interrupting the beliefs; next, asking questions; and finally, replacing self-criticism with positive self-talk. For example, instead of children of alcoholics beating themselves up for making a little mistake, teach them to say that it is perfectly normal and okay to make mistakes.

Ruben also suggested looking at what a child of an alcoholic's interpretation of a bad situation may be. This author recommended that a counselor using a cognitive-behavioral approach should "teach the client to look only at what
another person is saying or doing, and not why behaviors occur” (Ruben, 2001, p. 204). He also suggested that the client gathers all of the information about a given situation before jumping to conclusions. Ruben also stated that using direct questions to the person at fault is also helpful. However, when asking direct questions, use statements such as “I was just wondering” (Ruben, 2001, p. 204).

Other Techniques

Another technique which is widely known in the counseling community is to not ask “why.” This often can be intimidating and the counselor may seem judgmental if he or she asks too many “why” questions. Ruben (2001) also suggested not asking too many questions because this can backfire on the therapist and cause the client to feel as though they are being questioned and not helped. He suggested using “I wonder if…” to help clients open up more and explore their thoughts on their own.

Ruben also suggested using basic assertiveness as an approach with children of alcoholics. This technique uses the three parts of direct confrontation. The three are disagreements, opinions, and criticism (Ruben, 2001). Disagreements help the child of an alcoholic to refuse to give in to what the alcoholic wants. Opinions and criticism teaches the child of an alcoholic that they have the right to their opinion and that what they have to say matters. This also helps them to realize that they must let the alcoholic know what they are feeling and how to express it in an appropriate way (Ruben, 2001).
Family Therapy

Family therapy is another approach to helping the family of the addicted that will also help the addict him or herself. In this approach, the psychotherapist focuses on how the family operates, and discovers what he or she can do to help the family. General systems theory focuses on how the family operates as a system and how the family members work off of each other. Family therapy is a good approach for the alcoholic family because the therapist can help them cope with the addiction and learn how to become a functional family (Copello & Maslin, 1998). Some therapists will require these families to join Alcoholics Anonymous and Al-Anon however, if these groups do not work for a particular family, then the therapist might suggest finding another self-help support group in conjunction with therapy (Lawson & Lawson, 1998).

Conclusion

Treating children of alcoholics is not a short-term process. Like the disease itself, it is a lifelong process that will take many years to overcome. Adult children of alcoholics have seen a lot in their lives and have been affected greatly by alcoholism. Some may not remember a lot about their mom or dad’s drinking, but still have the traits of an adult child of an alcoholic. Adult children of alcoholics need to know the affect their parent’s drinking had on them, as well as the ramifications of what could happen to them if they do not treat themselves. Alcoholism is a disease that truly affects each and every member of the family. If
not treated, then these children could become alcoholics themselves, and continue the horrendous cycle and disease of alcoholism.

It is also very important for the family members of the chemically dependent to continue their therapy for many years. Brown and Lewis (1999) reported that alcoholism recovery will not work without time and patience.

Much more needs to be learned about alcoholism because it is a disease that has negatively touched the lives of millions of people worldwide. It is a disease that must be treated because it can be carried on for many generations. The cycle of alcoholism in the family can be stopped; with proper diagnosis and treatment, the cycle can end.
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