Adult children of alcoholics: Review of the literature

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Abstract
Many adults who experience the trauma of growing up in an alcoholic family system develop a condition of similar symptoms and behaviors, called the Adult Children of Alcoholics Syndrome (Kritzberg, 1985). It is estimated that over half of the twenty-eight to thirty-four million children of alcoholics are adults (Black, 1981). Cermak (1985), Bowden and Gravitz (1984) noted that although children of alcoholics compromise one of the largest identifiable groups in America, recognition of the issues these individuals face has been very recent.
ADULT CHILDREN OF ALCOHOLICS: REVIEW OF THE LITERATURE

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Many adults who experience the trauma of growing up in an alcoholic family system develop a condition of similar symptoms and behaviors, called the Adult Children of Alcoholics Syndrome (Kritzberg, 1985). It is estimated that over half of the twenty-eight to thirty-four million children of alcoholics are adults (Black, 1981). Cermak (1985), Bowden and Gravitz (1984) noted that although children of alcoholics compromise one of the largest identifiable groups in America, recognition of the issues these individuals face has been very recent.

A survey of the literature indicates that Adult Children of Alcoholics often suffer from disabling emotional problems, chronic depression, suicidal tendencies, social isolation and low self-esteem (Priest, 1985; Deutch, No Date). Cermak (1984) noted that less than 5% of Adult Children are being appropriately treated.

The purpose of this paper is to identify the common characteristics and roles that are associated with the Adult Children of Alcoholics Syndrome, investigate the dynamics of the alcoholic family from which the phenomenon develops, and to look at treatment issues and current methods of working with this special population.
Family Dynamics

Within functional family environments, there exists a promotion of children's sense of well being. Such an environment is relatively consistent, somewhat predictable, and only occasionally chaotic. Rules are realistic and tend to be flexible, and feelings, beliefs and differences among family members are considered. In a functional family children can trust adults, and do not live in a state of constant fear. Though there will exist a certain amount of yelling, tension and hurt feelings, it is not a consistent normative condition. Alcoholic families are not functional, healthy family systems as just described. Life is very inconsistent, unpredictable, and not conducive to healthy communication and growth (Bowden & Gravitz, 1985). The results, according to Black (1981), are emotional and psychological voids related to control, trust, dependency, and the identification and expression of one's feelings. As adults, this affects areas of involvement in intimate relationships, depression, involvement in their own dysfunctional marriage pattern, or the Adult Child's own alcoholism.

Although Children of Alcoholics vary in their perspective, consistently they have reported similar general experiences (Bowden & Gravitz, 1985). Through the experience of constant anxiety and tension, the ways of dealing with it may vary,
but the resulting pain is constant. The differences exist more in the reaction to the experience rather than the experiences themselves (Woititz, 1983).

Black (1981), identified three basic unspoken rules or laws that exist in the alcoholic family. The first is "don't talk." Children learn to not talk about the real issues, because of the fear of not being believed, and out of guilt and sense of betrayal to their parents for talking about the problem. Often they feel inadequate in their attempts to verbalize the problem at hand. Because of a strong sense of loyalty, children become involved with the rationalization and denial process within the alcoholic system. "Don't trust" is the second rule Black (1981) identified. Children learn not to trust others in talking about the issues, nor count on others to be there for them. Trust is necessary in the development of character. Being raised in an alcoholic system often denies this aspect of development. The third rule is "don't feel." By the time children reach the age of nine, they have a well developed denial system about both perceptions and feelings over the events taking place. They learn not to trust that their feelings will be validated. People often deny in order to hide their own pain and to survive their circumstances, however, denial interferes with emotional stability. Black (1981) noted that the confusion that develops
around trust, sexuality, role patterns, and the dynamics of the three rules often causes victims to repeat this history in their own adult lives.

It is almost certain, in this type of family atmosphere, that children grow up feeling confused, guilty, angry, or fearful; normal responses to an abnormal situation. Adult Children of Alcoholics grow up in a diseased system with unacknowledged family pain (Bowden & Gravitz, 1985).

Characteristics of Adult Children

Characteristics of Adult Children of Alcoholics are best seen as a combination of alcoholic type co-dependency, and a variety of Post Traumatic Stress Disorder. The characteristics displayed by Adult Children are parallel to those shown by other trauma victims or veterans of war (Cermak, 1984, 1985; Dwinell, Middleton-Moz, 1986; Kritzberg, 1985).

Professionals who have worked with alcoholic families agree almost unanimously that there is no one unaffected in an alcoholic system (Bowden & Gravitz, 1985; Black, 1981). Adult children have frequently been victims of incest, neglect and other forms of exploitation and violence. They are prone to learning disabilities, anxiety, suicide, eating disorders, and compulsive achievement. Despite the fact that a disproportionate number enter the court systems, prisons and psychotherapy, many are overlooked because their coping styles
tend to be approval seeking and socially acceptable, or because these Adult Children don't realize the source of their internal distress (Bowden & Gravitz, 1985; Deutch, No Date).

When looking more closely at these apparently well functioning adults, there seems to be a specific pattern of reoccurring behavioral characteristics: fear of losing control, distrust of self and others, avoidance of feelings, equating feelings with actions, overly responsible for others' feelings and actions, ignoring their own needs, and a very low self-esteem (Bowden & Gravitz, 1985; Cermak, 1985). Fear of conflict, inability to relax, harsh self criticism, excessive denial, difficulty with intimate relationships, a backlog of delayed grief, and a strong survival mechanism have been identified by Kinney (1985). Kritzberg (1985), categorized the characteristics of Adult Children of Alcoholics into four main categories: emotional characteristics, which include feelings of fear, anger, hurt, resentment, loneliness, sadness, shame, guilt, and feeling numb; mental characteristics, such as thinking in absolutes, lack of information with social skills, compulsive thinking, indecision, learning disabilities, confusion, and hypervigilence; the physical characteristics, including tense shoulders, back pain, sexual dysfunction, gastro-intestinal disorders, stress related behaviors, and allergies; and
behavioral characteristics, including crisis oriented living, manipulative behavior, inability to have fun, feeling out of place, and compulsive addictive disorders. Kritzberg (1985) states that the mental, physical, and behavioral characteristics may vary from each individual, but the emotional baseline is the same for all Adult Children of Alcoholics.

Role Adaptation

Virginia Satir, a pioneer in family therapy, first described general role behaviors that develop as a result of living in a distressed family system (Bowden & Gravitz, 1985). More recently Black (1981), Bowden and Gravitz (1985), Kinney (1985), and Kritzberg (1985) have discussed roles specific to the children in an alcoholic family. The first role is the responsible child which develops out of a need for structure and consistency. These children learn to be self reliant, responsible, organized, and goal achieving in order to achieve some sense of control and stability. As adults these children continue to be responsible and to be survivors. However, they experience anxiety, feelings of separation, a sense of rigidity, and a need to always be in control. Due to the desire to maintain control, difficulty with relationships is common; they often become involved with others who are rigid, serious, or lack insight into feelings
(Black, 1981). The second role, the adjuster, feels powerless over their environment and seems the most detached from the family. Acting without thinking first is typical. As adults they avoid leadership roles, are very flexible and spontaneous, and often find it necessary to keep moving from place to place, or relationship to relationship (Black, 1981). As a result they never learn to develop trust or a sense of direction. Living in a state of agitation becomes the norm as a means of coping with inconsistency. This often results in depression and loneliness. The placator is the third role described. This individual is perceived by the family as being the most sensitive. This coping style develops out of a need to lessen their own pain as well as others' pain in the family. The placator develops very fine tuned listening and empathy skills at a very young age. As adults, many enter into the helping professions in order to disregard their own needs. They often feel lonely, guilty, and don't have equal relationships with others. The final role behavior described is that of the acting out child. These children are not capable of feeling good about themselves. They often begin early on in their own drug and alcohol use, and draw attention to themselves by negative behaviors. Through disruption they distract the attention off the issue of alcoholism. This unacceptable behavior is learned from the
parents who are the primary models in this process by setting the stage either through their own actions or lack of them. The child's poor self-image reflects the feelings of the parents; that of inadequacy. As adults they often continue to have conflicts and their behavior causes problems that complicate their lives. It is common to find adjusting traits combined with acting out qualities, which result in an even greater sense of powerlessness (Black, 1981).

The role adaptations described assist children in coping with inconsistencies. When carried into adulthood, these roles manifest themselves in perpetuation of their own dysfunctional system and may contribute to their own alcoholism (Black, 1981).

Although treatment for Adult Children of Alcoholic issues is relatively new, several approaches have been developed (Wanck, 1985).

Treatment Issues and Methods for Adults

Breen (1985), Dwinell and Middleton-Moz (1986) concur that unresolved grief is one of the major issues for Adult Children of Alcoholics, as a result of the alcoholic parent being absent, either physically or emotionally, and the co-dependent spouse's absence due to preoccupation with the alcoholic's drinking. Breen (1985) stresses the importance for psychotherapists to be sensitive to the need of Adult
Children to work through this backlog of grief in order to become unblocked and move ahead with their growth and change.

Wanok (1985) and Kritzberg (1985) sited the method of treatment that shows the greatest promise for recovery incorporates four basic approaches: an educative component, which provides a relatively non-threatening way of presenting emotionally charged material; group validation, which permits the expression of feelings and experiences; de-repression, which encourages the open and honest release of feelings; and cognitive restructuring, which entails awareness of unhealthy behavior patterns through insight.

Bowden and Gravitz (1985) noted that therapeutic issues and recovery for the Adult Children of Alcoholics occurs in six predictable stages on a developmental continuum, and must be approached in a sequential manner. Stage one is the survival stage, characterized by psychological stress, with little insight into the cause of distress. Although this is considered the first stage of recovery, the actual recovery process doesn't begin until stage two, the emergent stage. In this stage, denial is worked through and the family rule of silence is finally broken. They recognize that there are reasons for their suffering. The third stage is the core issues, which consists of the readiness to examine the problem
patterns of thinking, feeling and behaving. Here the five basic issues of control, lack of trust, ignoring personal needs, denying of feelings, and the inability to define responsibility are finally addressed. According to the authors, the issues of control and all or nothing thinking are so crucial, they pervade all other issues. Stage four begins as the all or nothing phenomenon fades. It is then that self acceptance can occur, and a Bill of Personal Rights develops. Stage five is what Bowden and Gravitz (1985) term integration. This stage begins as the Adult Child begins making transformations that create more meaning in their lives. There is now congruency between thoughts, feelings and behaviors, and as a result they are more relaxed and able to enjoy life. With all or nothing functioning diminished, they can accept making mistakes, and self-esteem is increased. There is improvement in all areas of life. Stage six is Genesis, the final stage which Cermak (1985) describes as "the participation in the creation of our own world. The life we produce for ourselves is an accurate expression of the life that moves in us" (p. 42). Genesis, for the Adult Child, is the true beginning.

Conclusion

The Adult Children of Alcoholics Syndrome is a pervasive phenomenon which has only recently been recognized. It is a
condition with its own set of symptoms and behaviors. If left untreated, it may affect family members for generations, manifesting itself in arrested emotional development and dysfunctional patterns of thinking and behaving.

Through the investigation of the dynamics of the alcoholic family, it appears that the Adult Children of Alcoholics condition develops from the direct result of living within an unhealthy family system (Kritzberg, 1985). According to Bowden and Gravitz (1985), mental health professionals are encountering Adult Children of Alcoholics by the millions but haven't been diagnosing accurately the root of their complaints. Instead, they are treated for alcoholism, co-alcoholism, eating disorders, depression, and severe stress. Many appear to be functioning well but are actually suffering emotional pain. In order to provide effective interventions, appropriate identification of the problem must first occur. According to Cermak (1985), therapy specifically for the Adult Child is only in the beginning stages of development, with no established criteria for the training experiences which prepare therapists to effectively deal with these special issues.

There is also a need at a more basic level for increased awareness of the general population, utilizing the educational process, in order to reach people at an earlier stage. To
realize the abnormity of their existence is due to external factors rather than internal is liberating in itself, and begins the long process of recovery. It is in this realization that signifies the beginning of a finer quality of life for the Adult Children of Alcoholics.
References


