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Children of alcoholics: A review of the literature

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Children of alcoholics: A review of the literature

Abstract

There are twenty-eight to thirty-four million children of alcoholics in the United States (Black, 1981; Edwards and Zander, 1985). Of these, twelve to fifteen million are currently living in alcoholic homes (Black, 1982). Children of alcoholics are three to four times more likely to become alcoholics themselves and half will marry an alcoholic (Parker, 1986). Studies have shown that alcoholism is involved in up to ninety percent of child abuse and neglect cases (Newlon and Furrow, 1986). Alcoholism is seen, then, as a source of distress for millions of Americans and a major problem facing society today. Children of alcoholics grow up in an environment in which family life is inconsistent, unpredictable, arbitrary, and chaotic (Bowden and Gravitz, 1985). They grow up being influenced by their parents and live in a world of fear (Harold, 1981). Kraitsberg (1985), found that growing up in an alcoholic family can be like a series of trauma/shock/repressions. Many children of alcoholics suffer from chronic shock as a result of the inability of the family to effectively resolve the traumatic shock experience.

CHILDREN OF ALCOHOLICS:
A REVIEW OF THE LITERATURE

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There are twenty-eight to thirty-four million children of alcoholics in the United States (Black, 1981; Edwards and Zander, 1985). Of these, twelve to fifteen million are currently living in alcoholic homes (Black, 1982). Children of alcoholics are three to four times more likely to become alcoholics themselves and half will marry an alcoholic (Parker, 1986). Studies have shown that alcoholism is involved in up to ninety percent of child abuse and neglect cases (Newlon and Furrow, 1986).

Alcoholism is seen, then, as a source of distress for millions of Americans and a major problem facing society today. Children of alcoholics grow up in an environment in which family life is inconsistent, unpredictable, arbitrary, and chaotic (Bowden and Gravitz, 1985). They grow up being influenced by their parents and live in a world of fear (Harold, 1981). Kritsberg (1985), found that growing up in an alcoholic family can be like a series of trauma/shock/repressions. Many children of alcoholics suffer from chronic shock as a result of the inability of the family to effectively resolve the traumatic shock experience.

The effects of alcoholism on children of alcoholics are subtle and tend to go unnoticed and untreated (Ritson, 1982). The most common reasons seem to be that interventions are usually aimed at the alcoholic which does not include the family, and the general lack of understanding of the disease of alcoholism (Weddle and Wishon, 1986).

Alcoholism is seen as a family disease (Black, 1981) and interventions must include the whole family in the rehabilitation process in order to facilitate recovery (Kellerman, 1980 and 1981; Harrington, 1983; Wegscheider-Cruse, 1985). Black (1981), Bowden (1985), Wegscheider-Cruse (1985) and Hazelden (1981) concur that the children of alcoholics develop an unhealthy set of behaviors and attitudes as a result of living in an alcoholic environment. These behaviors and attitudes are then carried into their adult lives. All children of alcoholics are affected and are in need of help (Black, 1981).

A Family Disease

Alcoholism is called a family disease because the entire family learns to adjust to the alcoholism in unhealthy ways (Black, 1981; Wegscheider-Cruse, 1985). A somewhat new approach in dealing with the disease of alcoholism, the family systems concept saw the issue as the 'alcoholic family' rather than the family with an alcoholic member (Steinglass, 1982).

Black (1982) indicated three basic laws, or unwritten, unspoken rules which exist in an alcoholic family. The first of these laws is 'don't talk'. The family members don't talk about the real issues because of feelings of guilt, shame and fear that they won't be believed (Black, 1982). Children of alcoholics have a sense of loyalty to the family and feel disloyal in talking about family issues both within the family and to others

outside the family system. The second family rule is 'don't trust'. Children of alcoholics learn not to trust because their parents are not consistently available to them due to their preoccupation with the alcoholism. Children of alcoholics learn not to trust their parents decisions and experience many broken promises. The third law is 'don't feel'. Children of alcoholics learn that it's not okay to feel. They deny any bad situations because it is too painful. Thus, the children then learned to be tough in order to survive. Mutual denial of reality is present in the alcoholic family. Children learn to cope by rationalizing, minimizing, and denying. These coping mechanisms are used in a effort to build a false sense of stability in the family (Black, 1982).

General Characteristics

There is no healthy way of adapting to alcoholism (Wegscheider, 1981). Children of alcoholics take on certain characteristics in an attempt to cope with the family disease of alcoholism (Black, 1981; Wegscheider-Cruse, 1985; Weddle and Wishon, 1986). These children may: become isolated and fear people, especially authority figures; seek approval, losing their identities in the process; be frightened by angry people; perceive personal criticism as a threat; live life from the viewpoint of victims; be overly responsible or overly irresponsible; experience guilt feelings when standing up for

themselves; confuse love with pity; bury feelings; judge themselves without mercy due to low self-esteem; fear abandonment; react rather than act; become alcoholic, marry one or both, or find another compulsive personality (Woititz, 1986; Perrin, 1983).

In a similar light, Cork (1969) interviewed 113 children of alcoholic families. Cork reported the following symptoms shown in the children of alcoholic families: lack of attention, embarrassment, guilt and shame, trouble with concentration, keeping feelings inside and growing up too soon.

Because of the inconsistency and role confusion and the constant conflict that children experience in an alcoholic home, their social, emotional and psychological development is hindered and they suffer from low self-esteem (Wegscheider, 1981; Brooks, 1981, 1983). Children of alcoholics lack feelings of orderliness, disciplined behavior and a feeling of self-worth (Harrington, 1983). The harmful effects of parental alcoholism was further substantiated by Filstead et al. (1981) when they compared the family environment of alcoholic and 'normal' families. Cohesiveness, interpersonal communication, expressiveness and conflict are aspects of family life markedly affected by alcoholism (Filstead et al., 1981). Children of alcoholics tended to use the coping mechanisms of regression, repression, sublimation and projection in order to escape their feelings (Weddle and Wishon, 1986).

Roles

Children of alcoholics took on characteristic roles in order to cope with parental alcoholism. These children seldom learn the combinations of roles which mold healthy personalities (Black, 1981). So, they lock themselves into roles that are based on their perception of what they need to do to survive and give stability to their lives (Black, 1981). Wegscheider (1981) in her studies of children of alcoholics stated, "each of these roles grow out of its own kind of pain, has its own symptoms, offers its own payoffs for both the individual and the family and ultimately exacts its own price" (p. 85). Without intervention, children of alcoholics will carry these roles into adulthood where the roles become even more rigid (Wegscheider, 1981).

Black (1981) found that children of alcoholics tended to adopt one or more of the following roles: the responsible child, the adjuster, the placator and the acting out child. The responsible child assumed a great deal of responsibility for themselves and the other family members, including the parents. The adjuster tended to go unnoticed because of their seeming ability to adjust to whatever happened and remain emotionally detached. The placator is the child that is called upon to settle disputes and family problems and is rarely seen as having problems of their own. The acting out

child usually display delinquent problematic behavior which provides distraction from the issue of alcoholism.

Wegscheider (1981) has also seen family members take on roles in a similar way and titled the roles the hero, the scapegoat, the lost child, and the mascot. The hero or caretaker of the family is very responsible, follows rules and is a high achiever. This role serves the purpose within the family system of being the child the family can be proud of, distracting from the alcoholism. The scapegoat is the child that acts out, breaks rules, is hostile and defiant and seems to always be in trouble. This role is useful to the family system by distracting from the real problem, the alcoholism. The lost child is the forgotten child, and is played by the shy, quiet, solitary child. This role is useful to the family because they don't have to worry about him/her. The mascot is the family clown and appears immature, cute, hyperactive and distracting. The mascot offers comic relief to the troubled family system.

Black (1981) contended that while there are many problem or acting out children from alcoholic homes, most of these children don't draw enough attention to themselves to be seen as needing special attention.

Identifying Children of Alcoholics

DiCicco et al. (1984) stated, "We need ways to identify the children of alcoholics by their survey and interview responses. Without such techniques only the offspring of alcoholics and other atypical children will be studied" (p. 2).

Professionals need to look at symptomatic behavioral patterns to help identify children from alcoholic families (Edwards and Zander, 1985). Patterns to look for are: changes in the child's appearance and health, variations in academic performance, exaggerated attempts at pleasing authority figures, poor attendance, tardiness, frequent visits to the school nurse, fear of parent-teacher conferences, and patterns of social isolation.

Schools are a logical place to identify children of alcoholics since approximately one out of every five children are from alcoholic families (Newlon and Furrow, 1986).

Newlon and Furrow (1986) believe that the most efficient and least threatening method of identifying children from alcoholic families was to develop classroom guidance lessons on family alcoholism followed by an invitation to join a small group.

Children of alcoholics need their feelings validated, a sense of safety and protection and predictability (Black, 1982).

Messages that children of alcoholics need to hear are: you are not alone, your parents' drinking is not your fault, alcoholism is a disease, alcoholics can and do recover, and you are a person of worth who needs and deserves help for yourself (Davis et al., 1985).

Implications

It was generally agreed throughout the literature that children of alcoholics are neglected and more needs to be done to provide services to meet their special needs.

Schools, in providing services to children of alcoholics, can conduct alcohol information sessions, provide referrals to community agencies, form peer group discussion and/or support groups, and identify children of alcoholics through alcohol education programs (National Institute on Alcohol Abuse and Alcoholism, 1986).

Professionals involved with children of alcoholics should direct efforts to help toward the children themselves (Weddle and Wishon, 1986). Professionals can also help by becoming knowledgeable about the disease of alcoholism, become familiar with referral sources such as Alcoholics Anonymous, Al Anon, Alateen, Children of Alcoholics, and Adult Children of Alcoholics support groups, and local substance abuse agencies (Brooks, 1981).

Edwards and Zander (1985) found the following strategies

helpful in working with children of alcoholics: establishing a trusting relationship, help in overcoming denial of parental alcoholism, discussion of alcoholism as a disease, help in identifying and expressing feelings, assistance in developing positive relationships and improving their level of self-esteem.

Conclusion

Children of alcoholics are a neglected population. The estimated numbers of children of alcoholics, twenty percent, seems large enough to justify providing direct services and developing programs to meet their special needs.

Despite the large numbers of children of alcoholics, there was little evidence in the review of the literature to show that these children are being adequately reached by professionals in the human services field, especially the schools. While there was a lot of information on the effects of parental alcoholism on children, there seemed to be few programs, fewer services provided to meet their own special needs. Since alcoholism is a family disease, all members, including the children, need to be treated. In order to prevent these children from becoming alcoholic themselves, or marrying into alcoholism, more comprehensive treatment services need to be directed toward children of alcoholics. If these services are not offered and the children

are not treated, there is a fifty to sixty percent chance that the alcoholism will be passed on down through the generations. Thus, the numbers of people affected by alcoholism will increase and become an even bigger problem than it is now.

The logical place to begin to deal with this problem is to better educate the general public on family alcoholism. The schools are an ideal place to provide services to children of alcoholics. Teachers, counselors, administrators and parents need to be educated on family alcoholism and to learn how to identify the children from alcoholic families. The necessary services could then be provided.

Since children of alcoholics rarely go for help as young children because of the denial system, we must go to them in order to help them better cope with their parents' disease of alcoholism. This is a first step in treating one of our societys' biggest problems facing us today.

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