

The effect of alcoholism on the family

[Health & Medicine](#), [Alcoholism](#)



Alcoholism has been a problem America has faced for thousands of years. There are alcoholics in every generation and they can be of any age, social or ethnic group, and socio-economic status. Numerous studies unexpectedly show that alcoholism typically affects highly educated and highly motivated individuals (Silverstein, 1990 cited in Parsons, 2003).

Presently, in a national survey conducted in 2001 by the U. S. Department of Health and Human Services (2001 National Household Survey on Drug Abuse), nearly half of Americans (48.3 percent or roughly 109 million) at least 12 years of age reported that they were current alcohol drinkers, while 5.7 percent or 12.9 million reported that they engage in heavy drinking.

Most of the heavy drinkers were young adults aged 18 to 25 years old (13.6 percent of the population within this age range), and heavy alcohol use rates decreased with increasing age as only 5.4 percent of the middle-aged population admitted that they engage in heavy drinking. These heavy drinkers have caused many problems not only for themselves but for the family as well.

Hence, alcoholism has been recognized as a family disease. An alcoholic in the family can have lasting detrimental effects to the family. In another survey conducted by the U. S. Department of Health and Human Services together with Substance Abuse & Mental Health Services Administration (SAMHSA), “76 million American adults have been exposed to alcoholism in the family.” Hence, it’s not surprising that family problems have been attributed mostly to alcoholism than to any other single cause (Parsons, 2003). McAneny (1997 cited in Walters, 2002) adds that in every three families, one family has alcohol-related problems.

The significant effect of the presence of alcoholic in the family has caught the attention of many scholars and institutions. They contributed greatly in identifying the specific effects of alcoholism on the individual and on the family. This paper aims to describe the biological and behavioral effects of alcoholism on the family of alcoholics. Specifically, it aims to discuss the following: (1) The parental behavior of alcoholics (2) Spousal and child violence of alcoholics (3) The biological effects on the child of alcoholics (COAs)

(4) The psychological effects of alcoholism on the family members

Considering the findings of numerous studies, the author states that alcoholism has biological effects on children of alcoholics, contributes to spousal and child violence, and has a psychological effect on the family members. Behavioral Problems of Alcoholics Parental Behavior of Alcoholics

Alcoholic parents cannot provide their children the necessary proper bonding characterized by consistent love and nurturing. The alcoholic parent is mostly absent. When he or she is present, he or she exhibits very inconsistent behavior.

For instance, he or she may be harsh and abusive at one time, then remorseful and kind later (McGaha, 1995). This observation is further supported by a study conducted by Lang (1999) involving alcoholic parents and their deviant children. Results of his experiment establish the causal effect of alcohol on parenting behavior. Intoxicated parents were less likely to keep their attention focused on their child and respond appropriately. They were also inclined to fail to attend or misperceive their children's

problem behaviors, placing the parents in a poor position to correct the problem behavior.

Decrease in consistency of parenting behavior was also found to be a consequence of drinking. Due to changes in parental perception induced by alcohol intoxication, Lang also concluded that these changes could cause the disciplinary patterns of the parents to vary as a result of alcohol intoxication. Being intoxicated also caused the interaction style of parents to be disorganized and inconsistent. They engaged in irrelevant talk and failed to maintain task-oriented work behaviors as they were less congenial, i. e.

, laughed and played less, and inconsistent, i. e. , worked less, talked more. Based on these results, Lang concluded that alcohol intoxication lessens parental effectiveness. *Alcoholic Violence on Spouses* Kantor and Straus (1990) conducted a review of 15 empirical studies and discovered a range from 6 to 85% alcohol involvement in spouse abuse. One of the studies they reviewed is Labell's (1979) study the findings of which showed that nearly three-fourths or 72 percent of 512 physically abused women reported that their husbands have alcohol problems.

In an analysis of the survey data that they gathered, results revealed that a direct linear relationship exists between the wife battering rates and typical drinking patterns. The rate of drinking of binge and heavy drinkers was nearly one half or 48 percent at the time of physical abuse incident (cited in Hutchison, 1999). *Alcoholism and Child Abuse* Research estimates reveal that more than 1 million children in the US are involved in some form of abuse or neglect every year (Widom, 1993 cited in Widom, 2001).

Child abuse has been associated with alcohol use and abuse which has been considered either as a consequence or a causative factor. For instance, alcohol abuse of parents may contribute to an abusive treatment towards their child (Widom, 2001). Some studies support this conclusion, one of which is the study of Ammerman and his associates (1999) which revealed a relationship between parents with history of alcohol and other drug abuse (AOD) and a higher potential to abusive treatment of children in comparison to parents without history of AOD (cited in Widom, 2001).

Another study that supports the link of alcoholism and child abuse state that mothers who have histories of alcohol problems are “ more likely to use harsh punishment on their children compared with women without such histories” (Miller et al. , 1997 cited in Widom, 2001). Biological Effects on the Child of Alcoholics Fetal Alcohol Spectrum Disorders When mothers consume alcohol during their pregnancy, it causes the child in their womb to have birth defects, clinically known as a fetal alcohol spectrum disorder (FASD).

The most clinically recognized form of FASD is fetal alcohol syndrome (FAS), which is usually characterized by the following: (1) a pattern of minor facial irregularity; (2) prenatal and postnatal growth defects; and (3) abnormalities in the functional or structural central nervous system (CNS). These birth defects cause neurocognitive impairment resulting in behavioral disturbances and learning difficulties. Another clinically recognizable form of FASD is alcohol related neurodevelopmental disorder which is similar to FAS but the defects in the facial feature are absent (Wattendorf, 2005).

A study conducted by Sampson et al. (1997) and Stratton et al. (1996) reported that 1 percent of the US population may be affected by FASD (cited <https://assignbuster.com/the-effect-of-alcoholism-on-the-family/>

in Wattendorf, 2005). Mothers who consume high levels of alcohol during pregnancy are likely to give birth to children who have FASD. In fact, animal studies show that during pregnancy, a single episode of alcohol consumption (two alcoholic beverages where one drink is equal to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of “hard” liquor), may bring about the loss of fetal brain cells (Olney, 2004 cited in Wattendorf, 2005).

However, even when the deleterious effects of alcohol on the baby has become a widespread knowledge, a study conducted by the National Task Force on Fetal alcohol Syndrome and Fetal alcohol Effect participated by 18 to 24 years old women showed that 10 percent of the mothers consumed alcohol while pregnant, of which 2 percent participated in binge drinking, i. e. , consuming five or more drinks on one occasion (Wattendorf, 2005). As alcohol consumption directly results in neuronal damage and fetal brain cell due to the toxin from alcohol, FASD is considered nonhereditary.

No prenatal period has been exempted from the harmful effects of alcohol. Alcohol exposure in any period of pregnancy may result in CNS damage, even before doing a pregnancy test. Thus, women should not drink any beverage with alcohol content from the time of conception to birth (Wattendorf, 2005) Genetic Factors of Alcoholism Early family studies revealed that people with a family history of alcohol misuse have three to four times higher chance of personally misusing alcohol than those who have no family history of alcohol misuse (Cotton, 1979, cited in Walters, 2002).

Further studies on parent-to-offspring transmission of alcoholism were conducted by observing male children of alcoholics who were adopted-away or placed in adoptive homes since birth (Goodwin et al. 1973; Schuckit et al.

1972a, b; all cited in Wilson, 1991). Findings of the study conducted by Goodwin and associates (1973) showed that 33 percent of adopted-away sons of alcoholic fathers became alcoholics as well, as opposed to 7 percent incidence of alcoholism on adopted-away sons of nonalcoholic fathers, representing a 26 percent increase in incidence of alcoholism (Winston, 1991).

While these results may be significant in determining the probability of future alcoholism for the sons of alcoholics, discerning exactly who among them will turn out to be alcoholic is difficult to answer. After all, more than half of the sons of alcoholics studied (two-thirds) did not become alcoholics (Goodwin et al. , 1973 cited in Winston, 1991).

Thus, providing intervention or prevention strategies for the sons of alcoholics would be a waste of effort two-thirds of the time, and would overlook a more important matter: rehabilitating alcoholic sons of nonalcoholics (Winston, 1991). Psychological Effects of Alcoholism on the Family Psychological Effects on Children of Alcoholics (COAs) It has been widely considered that parents with alcohol problems place their children at a high risk of having several developmental and behavioral problems, including the development of substance abuse problems of their own (Conners, 2004).

Numerous studies show that COAs are at an elevated risk of developing externalizing and behavior problems including conduct disorder, oppositional disorder, delinquency, and attention deficit disorders (Earls, Reich, Jung, & Cloninger, 1988; Kuperman, Schlosser, Lidral, & Reich, 1999; Merikangas & Avenevoli, 2000; Reich, Earls, Frankel, & Shayka, 1993, Sher, 1991; all cited

in Ohennessian, 2004). Other studies focused on internalizing problems that develop in COAs such as depression and anxiety (Bennett, Wolin, & Reiss, 1988; Chassin, Pitts, DeLucia, & Todd, 1999; Reich et al.

, 1993; all cited in Ohannessian, 2004). There is also a higher possibility that COAs would experience substance abuse problems as to non-COAs (Chassin et al. , 1999; Goodwin, 1988; Russell, Cooper, & Frone, 1990; all cited in Ohannessian, 2004). In addition, these children also have negative psychological symptoms such as low self-esteem, loneliness, guilt, feelings of helplessness, fears of abandonment, and chronic depression (Berger, 1993 cited in Parsons, 2003). They also often experience high levels of tension and stress resulting in frequent nightmares, bed wetting, and crying.

They may also feel that they are to blame for the problems of the alcoholic, thinking that they are the cause of the problem. Adult children of alcoholics (ACOAs) may exhibit depressive symptoms such as obsessive perfectionism, hoarding, or being excessively self-conscious (Parsons, 2003). The school performance of COAs may also be affected as stressful home environment prevents them from studying. In school, they may also develop the inability to express themselves and the difficulty in relating with their teachers and classmates.

A survey conducted by the US government show that there are 30 percent of women who were not able to finish high school are daughters of alcoholics while only 20 percent of sons of alcoholics went to college. ACOAs also experience problems of depression, aggression, or impulsive behavior. As parents, they often tend to become failures and make poor career choices due to elevated feelings of worthlessness and failure (Berger, 1993 cited in <https://assignbuster.com/the-effect-of-alcoholism-on-the-family/>

Parsons, 2003). Although a portion of COAs develop psychological problems later in life, many of them do not manifest high levels of emotional and behavioral problems and become alcoholics themselves.

The cause of variability may be attributed to individual differences and factors other than parental alcoholism that independently contribute to child outcomes (Loukas et al. , 2001). Psychological Effects on Spouses of Alcoholics Spouses of Alcoholics may develop negative emotions such as hatred, self-pity, and avoidance of social contacts. They may also suffer from exhaustion and from physical or mental illness as the spouse fulfills the responsibilities of two parents (Berger, 1993 cited in Parsons, 2003).

The nonalcoholic spouses' focus on the alcoholic spouse may cause them to neglect their children (McGaha, 1995; Berger, 1993 cited in Parsons, 2003). The marital conflict caused by alcoholism often leads to divorce (Parsons, 2003; McGaha, 1995). Family Problems of in an Alcoholic Family System The home environment of an alcoholic family system is characterized by bewildering emotional conflicts such as inconsistent and antagonistic behavior (Morehouse, 1994 cited in McGaha, 1995). As alcoholism is considered as one of the major instigators of divorce, alcoholic families are often broken.

However, studies also show that spouse and children of alcoholics contribute to the drinker's irresponsible habit and make it worse by tolerating it to keep the family together (Parsons, 2003). Denial of the problem instigates multiple emotional problems in the family members. The family members also often become codependent i. e. , unconsciously addicted to the abnormal behavior of another (Wekesser, 1994 cited in Parsons, 2003). The

codependent family members of alcoholics try to do everything they can to hide the problem, causing the spouse and children to “avoid making friends and bringing other people home” (Parsons, 2003).

The codependent family members often let go of their own needs or desires to attempt to control or cure the drinker (Parsons, 2003). Summary and Conclusion The studies cited in this paper suggest that alcoholism contributes to numerous problems in the family. Alcoholic parents tend to become ineffective as parents due to parental inconsistencies such as inconsistency in discipline caused by misperception of a child’s behavior problem. Alcoholics were also found to inflict physical abuse on family members their spouse and children especially when they have consumed high levels of alcohol.

Alcoholism has also biological effects on the child of alcoholics (COAs). Fetal alcohol syndrome (FAS) occurs when mothers consume alcohol during pregnancy. FAS is characterized by physical deformities and cognitive impairment, resulting in learning disabilities. The role of genes in alcoholism was also considered, as findings of a study conducted on adopted-away sons of alcoholics reveal that 30 percent of the participants turned out to be alcoholics like their parents. Finally, alcoholism has a psychological impact on the family.

Family members of alcoholics experience a bewildering mixture of emotional conflict at home and become codependent on the alcoholic’s behavior. Children of Alcoholics (COAs) and spouses of alcoholics have a higher risk of having behavior, development, and social problems. References Connors, N. A. (2004). Children of mothers with serious substance abuse problems: an <https://assignbuster.com/the-effect-of-alcoholism-on-the-family/>

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