

# Adult children of alcoholics

[Family](#), [Children](#)



Alcohol abuse and alcohol dependence within the family setting often results in a serious psychological and social disorder that many now consider a family disease. Truly, the family is not at ease, and the family relationships are not only disrupted but also disrupting.

Undeniably, each member of the family can be victimized by the disturbing effects of problem drinking on the stability, unity, values, attitudes, and goals of the family unit.

Countless millions of American adults have been exposed to problem-producing family drinking through endangered physical, mental, social, economic, and even spiritual welfare; unhappy and unfulfilling marriages; broken homes resulting from desertion and divorce; impoverishment; and sometimes violence involving both spouse abuse and child abuse.

The family and marital interaction of alcohol-abusing people have become a growing area of research recently. We now know that evidence linking alcohol abuse and family violence is not simply one of cause and effect. Indeed, the husband who beats his wife is sometimes a battering father, but alcohol consumption may be coincidental to the circumstances that end with the abuse.

Sometimes the drunken father is the target of violence from the wife and even the children. To complicate the family situation, violence is often interspersed with periods of calm that mistakenly encourage the victims to believe that the personal abuse will not be repeated and in some instances, alcohol abusers can hold all other family members psychologically hostage to their threats of misbehavior or embarrassment, so that problem drinkers

will “ get their way” and so non-problem drinkers allow the abuse to continue through their own silence and inaction.

#### Adults and Children of Alcoholics:

Currently, it is estimated that there are 29 million Americans who may be designated as children of alcoholics (COA) or adult children of alcoholics (ACOA). Nearly 7 million of them are under 18 years of age, and almost 3 million of this group will likely develop alcoholism, other drug problems, and other serious coping problems.

About half of all ACOAs will likely marry alcoholics and thus at risk of recreating the same kind of stressful and unhealthy families in which they themselves grew up. There is no doubt that all children are affected adversely by family alcohol abuse and suffer negative consequences.

The larger proportions of COAs & ACOAs seem to function fairly well and do not develop serious problems during childhood or adulthood. Many ACOAs & COAs make positive adjustments to their families’ alcoholism and other related-problems (Dunkel, 1994).

Many children of alcoholics, however, are at an extremely high risk for developing alcohol and other drug problems, and often live with overwhelming tension, stress and fears. Some have high levels of anxiety and depression, others do poorly in school and still others experience problems with coping.

Among the most frequently observed differences in ACOAs and COAs are deficits in mental functioning; in perception, reasoning, intuition, and the process of gaining knowledge. While these children tend to achieve lower

scores, they nevertheless test within normal ranges for intelligence and knowledge of specific academic subjects.

But they often experience school problems, repeat grades, fail to graduate from high school and require referrals to school counselors and psychologists (Wegscheider, 1981).

When COAs and ACOAs were first identified as a special population with unique needs and problems, a standard group of symptoms (the COA and ACOA syndrome) was formulated to describe children and adult children of alcoholics.

The problems and symptoms were toleration of bizarre behavior displayed by parents as normal and acceptable, inability to trust others, difficulty in expressing inner feelings, experience of depression, and increased risk for mental illness.

They tend to have development of guilt feelings for supposedly causing a parent's alcoholism and have loss of self-esteem and perception of self and family as oddities. These individuals feel helpless in controlling their selves and life events.

Children even have shown a belief in a magical person who will eventually save the child from harm and there is a development of an inward life focus to escape from the turmoil of the home.

COAs and ACOAs commonly assume one of the following distinctive coping roles within the family; the family hero or junior mom caretaker, who is quite successful both at home and at school; the scapegoat who is something of an angry rebel and often involved unapproved social behavior.

The lost child or angel, who withdraws to the background, never causes trouble, has no opinion, feels unimportant, and isolates himself or herself from others; or the mascot, who manages to defuse explosive and tense situation, often through humor, by focusing attention on himself or herself (Jorgensen & Jorgensen, 1990).

Recent critics of the theory of the COA and ACOA syndrome have contended that many children of nonalcoholic, but strong dysfunctional families such as those marked by sexual or physical abuse and incest, also share some of the characteristics as COAs and ACOAs. Although the uniqueness of the ACOA and COA syndrome may be abandoned, the pain created within children who grow up in an alcoholic home is still acknowledged as significant and serious.

The revision of this syndrome appears to include the following characteristics; A greater likelihood of becoming an alcohol or other drug abuser; a strong disposition toward having psychiatric symptoms as an adult; a moderately significant increase risk for marital problems; more impulsive behavior as a child as well as delayed language development, fine motor coordination and sociability; and a higher incident of cognitive disorders.

Although most COAs and ACOAs have few common psychological factors that distinguish them from other children who experienced a disadvantaged childhood, one researcher has found that disproportionate number of children born to alcoholic or drug addicted parents have abnormal brainwave patterns. Such differences appear to correlate strongly with certain behavioral characteristics, including impulsivity, social deviance, and lower IQ (Dunkel, 1974).

### The Recovery:

Family therapy is a form of psychotherapy based on the proposition that disturbed relationships among various family members may have contributed to or resulted from the destructive drinking of one family member. This form of treatment emphasizes family interaction factors, in addition to individual problems of the alcohol abuser, and proposes changes in the communication patterns of family members.

All family members are treated as a unit, rather than isolating the alcoholic and treating that person apart from their family. Behavioral therapy is a general form of psychotherapy that is based on the application of human learning theories in a clinical setting. Behavioral therapists emphasize changing the coping patterns of the alcohol-dependent individuals rather than changing the underlying causes of self-destructive alcohol abuse.

Some behavioral therapies focus on assertiveness training and improving communications skills and problem solving methods. Such treatment emphasizes that drug dependent people can gain control over their own actions, reaffirm the value of sobriety, and eventually overpower alcohol. This basic belief stands in sharp contrast with the philosophy of Alcoholics Anonymous, which emphasizes personal powerlessness over alcohol (Schuckit, 2006).

Alcoholics Anonymous is one of the most successful approaches in recovery from Alcoholism. Alcoholics Anonymous (AA) is a fellowship of problem drinkers who want to help in maintaining sobriety. Voluntary membership involves an emotional commitment that the alcoholic is powerless over the

control of alcohol and that only a power greater than the self can restore soundness of mind.

The famous “ Twelve Steps” of AA express the philosophy and recovery process of this international association. Offering hope of recovery from alcoholism is an essential feature of Alcoholics Anonymous. Such hope is provided by both example and supportive interrelationships with other members of this self help fellowship. Each person is expected to become involved with the Twelve Steps of AA, an ongoing process referred to as “ working the program”.

The Twelve Traditions of AA are the operational principles of the fellowship and express the importance and significance of the group in relationship to its membership, nonmembers, and society in general. At present, Alcoholics Anonymous has an estimated membership in excess of 1. 5 million people in 114 countries around the world.

Despite its evident spiritual orientation, AA continues to thrive, based on singleness of purpose, group autonomy, self-supporting financial operation, maintenance of non-professional status, noninvolvement in public controversy, and personal anonymity. Patterned closely after AA are the AlAnon family groups for spouses and friends of recovered and recovering alcoholics and Alateen groups for children of alcoholics (Ammermann, Ott & Tarter, 1999).

Summary:

Alcohol abuse is everyone’s problem. Whether nonuser, moderate or social drinker, or alcoholic, everyone is directly or indirectly affected by alcohol

abuse. Whether alcoholism is perceived as a personal threat or not and whether drinking is viewed as good or bad, the most important thing to remember is that ethyl alcohol is a drug with the potential for adverse drug effects even when used in social settings.

Social drinking is usually moderate, but the limits of appropriateness are likely to vary from one drinker or drinking group to another. Consequently, promoting so-called responsible drinking behavior may be less than adequate as a method of reducing alcohol problems and alcohol abuse.

In a similar manner, urging drinkers to “ party sensibly” or “ know your limits” may sound like good advice, but these recommendations have been criticized as lacking in specificity and dealing with glittering generalities that cannot be applied easily.

Problem drinking refers to alcohol consumption that will result in damage to the drinker, the drinker’s family, or the drinker’s community. Problem drinkers include not only alcohol-dependent individuals and long-time alcohol abusers, but also moderate and light drinkers who drive after excessive drinking and cause accidents.

Problem drinking is a form of substance abuse as well as a consequence of substance abuse. Use of alcohol continues despite a persistent social, occupational, psychological or physical problem related to such consumption. Problem drinking is also a form of substance abuse because alcohol intake recurs when such use is dangerous to oneself or to others or both.

Reference:

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