

# [Dysfunction in the family alcoholism violence and aggression](https://assignbuster.com/dysfunction-in-the-family-alcoholism-violence-and-aggression/)

## Abstract

Typically, there are many assumptions made regarding the associations between alcoholism, aggression, and violence in dysfunctional families; however, when the variables are isolated, adverse outcomes and resulting treatment plans for children of alcoholics, abusers, aggressors, or any combination thereof, may require reexamination. This paper examines the relationship, causes, and effects of alcoholism, abuse, and aggression in dysfunctional families and discusses the treatment options available. Of significance are the findings published in recent studies that suggest that the connection between alcoholism and violence and aggression are misleading, specifically, that violent and aggressive behaviors are a result of alcoholism. When the variables (i. e., alcoholism, abuse and aggression, parenting style, the sex of parent, and the sex of the child) are isolated, findings indicate that first, children of alcoholics are not necessarily adversely affected, and second, of the three operationalized forms of abuse (i. e., emotional, physical, and sexual), emotional abuse is the most frequent predictor for furthering maladaptive issues. Therefore, when treating alcoholism or children of alcoholics, in addition to establishing sobriety, it seems imperative to examine concurrent issues and facilitate the client’s family system, core conflict resolution, increase positive self-concept, and develop coping skills.

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## Dysfunction in the Family: Alcoholism, Violence, and Aggression

Typically, there are many assumptions made regarding the associations between alcoholism, aggression, and violence in dysfunctional families. For example, many empirical studies assert parental alcohol abuse and alcoholism cause multigenerational maladaptive patterns lasting for generations (Bratter & Forest, 1985; Gruber et al, 2007; Kropenske & Howard, 1994; Johnson, Cohen, Kasen, & Brook, 2008). According to the National Institute on Alcohol Abuse and Alcoholism (1997) and the National Association for Children of Alcoholics (2011), 50% of the American population were growing up in alcoholic families and children of alcoholics (COA) are 4 to 6 times more likely to develop alcoholism. Furthermore, a strong correlation has been made between alcohol consumption and violent or aggressive behavior as alcohol, a chemical compound, affects the functioning of the central nervous system by increasing impulsive behaviors, decreasing awareness of social and environmental clues, and decreasing the user’s attention span, among other effects (Ito, Miller, & Pollock, 1996). In other words, the assumption is, as a result of growing up in an alcoholic family, the likelihood of the child witnessing family violence, experiencing a combination of physical, sexual, or emotional abuse, and being subjected to poor parenting styles, maladaptive family patterns of internalized and externalized behaviors-such as depression and aggression-are highly likely to continue (Burnette et al, 2008; Ellis, Zucker, & Fitzgerald, 1997; Johnson, 2002; Nicholas & Rasmussen, 2006; Reiss & Roth, 1994; West & Prinz 1987; Seilhamer & Jacob, 1990; Walker & Lee, 1998).

In a study on alcohol use and intimate partner violence, Mignone, Klostermann, and Chen (2009) described three models to explain the concurrence of alcoholism and aggression, the spurious model, the indirect effects model, and the proximal effects model. In the spurious model, the relationship is related to lifestyle choices where both heavy alcohol abuse and violence are normalized. In the indirect model, the authors explain excessive “ alcohol use is believed to negatively impact relationship quality by creating an unhappy, conflictual environment” (p. 498). Finally, the proximal effects model is described as the user’s decreased “ ability to accurately perceive threats and moderate his or her response, increasing the likelihood of violence” (p. 498. However, in more recent research where the variables have been isolated, it seems alcohol abuse and alcoholism alone do not cause violence or abuse; in fact, often the violence contributes to alcohol abuse in the adult COA, not the other way around (Burnette et al., 2008; Nicholas & Rasmussen, 2006). Therefore, in treating the maladaptive issues around alcoholism, it is important for the clinician to complete a comprehensive assessment of family dynamics before designing a treatment plan (Burnette et al., 2008; Johnson, 2002; Nicholas & Rasmussen, 2006; Reiss, & Roth, 1994; Ellis, Zucker, & Fitzgerald, 1997). Therefore, this paper examines the relationships, causes, and effects of alcoholism, abuse, and aggression in dysfunctional families, discusses the general outcomes for children from dysfunctional families, and describes several evidenced-based treatment goals.

## Theories of Alcoholism and Violence

According to The National Council on Alcoholism and Drug Dependence (2011):

Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. (¶ 1)

According to McNeece and DiNitto (2005), the etiological theories of addiction fall into the three main categories of psychological, biological, and sociocultural. Psychological theories describe the cravings for alcohol as based on cognitions and emotions. For example, one explanation for alcohol abuse could be that it is a learned behavior, reinforced by the desire to reduce anxiety and stress or that certain personality traits are predictors for alcoholism. Biological or biophysiological and genetic theories suggest that some people are chemically predisposed to alcohol abuse. However, “ no specific genetic marker that predisposes a person towards alcoholism has ever been isolated” (McNeece and DiNitto, 2005, p. 30). Finally, sociocultural theories suggest environmental factors are the primary cause for alcoholism.

According to Barnett, Miller-Perrin, and Perrin (2005), etiological explanations for family violence and aggression fall into similar categories but are sub-divided as macrotheories, which are “ the broad cultural structural factors” (p. 33), and microtheories, theories that explain the behavior on an “ individual level” (p. 35). Macrotheories include cultural factors, socio-cultural factors, and deterrence theory, or the idea that “ intensifying the legal consequences for a given antisocial behavior should lessen its frequency” (p. 35). However, the consequences for family violence are limited, as family functioning is generally considered a private matter (Barnett, Miller-Perrin, & Perrin, 2005). Microtheories explaining violence and aggression include socialization and learning theories, individual differences, and personal interaction theories, which include the systems theory approach in which “ violence is a product of interactions between individuals in specific relationships” (p. 38).

Nicholas and Rasmussen (2006) stated that interpersonal violence and aggression could be defined “ as behavior that intentionally inflicts, or attempts to inflict, physical harm. Violence falls within the broader category of aggression, which also includes behaviors that are threatening, hostile, or damaging in a nonphysical way” (p. 46) and includes the subcategories of physical, sexual, and emotional abuse (see Figure 1).

Figure 1: Typology of Abuse

## The Connection between Alcoholism and Perpetrators of Violence

Jongsma, Peterson, and McInnis (2006) listed the following Evidenced-Based Treatment (EBT), which is treatment using empirical research results and long-term goals for chemical dependency:

(1) Confirm or rule out the existence of chemical dependence, (2) Maintain total abstinence from all mood-altering substances while developing an active recovery program, (3) Reestablish sobriety while developing a plan for addressing relapse issues, (4) Confirm and address chemical dependence as a family issue … ( p. 73)

The authors listed the following EBT long-term goals for school violence: “(1) Express hurt and anger in nonviolent ways, (2) Develop trusting relationships with peers, (3) Terminate substance abuse as a means of coping with pain and alienation . . .” (p. 245), and so on. And finally, the EBT long-term goals for perpetrators of sexual abuse are: “(1) Eliminate all inappropriate sexual behaviors, (2) Establish and honor boundaries that reflect a sense of mutual respect in al interpersonal relationships, … (6) Resolve issues of his/her own sexual abuse” (p. 254).

Using this treatment plan, a neophyte mental health worker might miss the subtle cross-referencing of violence, alcoholism, and family issues. Furthermore, the American Psychological Association (APA) (2000) states in the Diagnostic and Statistical Manual of Mental Disorders, “ Alcohol dependency often has a familiar pattern, and it is estimated that 40% – 60% of the variance of risk is explained by genetic influences…. However, genetic factors explain only part of the risk for Alcohol Dependence, with a significant part of the risk coming from environmental or interpersonal factors …” (p. 221). However, to examine the APA’s suggested etiology for the combination of violence, aggression, and abuse, a researcher needs to determine a specific type of personality or conduct disorder. In other words, extensive review of the literature on empirical research is required to support or discredit the assumptions around the concurrence of alcoholism, violence, aggression, and any combination thereof.

## Family Dysfunction

“ COA (Children of Alcoholics) are described as if COA were a diagnosis” (Walker & Lee, 1998, p. 521). The website, addictioninfamily. com(2010), described this problem as such because the label “ Children of Alcoholics is focused on the child rather than the parent, [and] the definition of a COA/COSA [children of substance abusers] is any child whose parent (or parental caregiver) uses alcohol or other drugs in such a way that it causes problems in the child’s life” (para. 1). Therefore, in the conclusion of their review of the literature and previous studies, Johnson (2002) suggested “ there is a need to conduct a comprehensive study of the salient factors within alcoholic families that may affect the impact of parental alcoholism on family functioning” (p. 372).

Perhaps in researching the relationships among familial alcohol abuse, violence, and aggression the fundamental research questions might be the following: why do CoA/CoSA often suffer from low self-concept, anxiety, depression, aggression, locus of control issues, and substance abuse disorders? What specific factors lead to the high proclivity for continuing the cycle of behaviors modeled by their maladaptive family systems? In the conclusion of the author’s study, Johnson (2002) stated,

Results of the present study suggest that certain experiences within alcoholic families moderate while others exacerbate the effects of parental alcoholism on family functioning…. As was anticipated, verbal, physical, and sexual abuse of children and verbal and physical violence among parents had a detrimental impact on a COA’s perceptions of functioning in their families of origin…. Although differences between alcoholic and non-alcoholic families have been found, several researchers have indicated that alcoholic families cannot be discriminated from dysfunctional families and have suggested that future research needs to focus on understanding family dysfunction within alcoholic homes. (p. 379)

In their extensive literature review, Nicholas and Rasmussen (2006) found a high incidence of child abuse in alcoholic families. In fact, when “ adult COA have been compared to adult children from families judged to be dysfunctional for reasons other than alcohol abuse and to adults from non-alcoholic, functional families, adult COA .…did not differ from adult children of dysfunctional, non-alcoholic families….” (p. 44). However the authors noted that additional controls were needed for certain family dysfunctions, including “ parental alcohol use, witnessing inter-parental violence, experiencing emotional, physical and sexual abuse, and experiencing parental support or warmth” (p. 45).

## Isolating the Variables

Using a convenience sample of 298 young adults in a college setting, Nicholas and Rasmussen (2006) operationalized the multivariable factors in several ways. Parental alcohol abuse was measured by the Children of Alcoholics Screening Test (Pilat & Jones, 1985). Only the violence scale was used to measure the frequency of inter-parental violence in The Conflict Tactic Scale (Straus, 1979). Abuse was separated into three distinct types of abuse-physical, sexual, and emotional-because researchers often combine emotional abuse with physical and sexual abuse, compromising the effects of emotional abuse in isolation. The authors based their definition for emotional abuse on that in O’Hagan (1995), which was “ sustained inappropriate emotional response to the child’s experience of emotion and its accompanying expressive behavior that inflicts emotional pain on the child, inhibits the child from appropriate emotional feeling and emotional expression, and impairs emotional development” (Nicholas & Rasmussen, 2006, p. 48). In additional to measuring for the aforementioned types of abuse, the Exposure to Abusive and Supportive-Parenting Inventory (EASE-PI) (Nicholas & Bieber, 1997) uses scales for three types of parenting attributes: Level of Love/Warmth, Promotion of Independence, and Positive Modeling/Basic Fairness (p. 47). Additionally the EASE-PI isolates the sex of a parent who may be abusive, supportive, or both. The sex of the child was self-reported.

After completing the study, where the variables of alcohol abuse, abuse, parenting attributes, sex of the parent, and sex of the child were differentiated, the overall results demonstrated that “ even less severe abusive behaviors by parents within a context of generally high supportive behaviors may still negatively influence young adult functioning” (p. 44). Specifically, in terms of depression, alcoholism, per se, did not predict depression. However, the combination of an abusive father, low supportive parenting via the mother, and witnessing family violence increased depression in women (see Figure 2), whereas, low supportive parenting via either parent increased depression in men (see Figure 3). In terms of aggression, an emotionally abusive father increased aggression in women (see Figure 4), and a physically abusive father and witnessing family violence increased aggression in men (see Figure 5). The results indicated that in a family where the mother was the alcoholic, the mother tended to be sexually inappropriate, the father demonstrated low levels of supportive parenting, and there was evidence of inter-parental violence. In families where the father was the alcoholic, there was a high proclivity for emotional abuse and family violence. It seems very important to note that, “ there were few pathological outcomes due to growing up in an alcoholic family, per se” ((Nicholas & Rasmussen, 2006, p. 44) Thus, the possibility that being a victim of child abuse, rather than growing up with alcoholic parents, could account for the continued cycle of maladaptive patterns observed in COA (see Figure 6) ( Burnette, et al., 2008; Johnson, 2002; Nicholas & Rasmussen, 2006).

Figure 2: Etiology of Depression in Women

Figure 3: Etiology of Depression of Men

Figure 4: Etiology of Aggression in Women

Figure 5: Etiology of Agression in Men

Figure 6: Maladaptive Patterns in Dysfunctional Families

## Reexamining Therapeutic Treatment Goals for Alcoholism and COA

A reviewing the literature presents a long list possible adverse outcomes for COA (Bratter & Forest, 1985; Burnette et al, 2008; Ellis, Zucker, & Fitzgerald, 1997; Gruber et al, 2007; Johnson, 2002; Johnson, Cohen, Kasen, & Brook, 2008; Kropenske & Howard, 1994; Nicholas & Rasmussen, 2006; Reiss & Roth, 1994; Seilhamer & Jacob, 1990; Walker & Lee, 1998: West & Prinz 1987). Table 1 is a list of possible presenting problems for this population and one EBT long term goal from Jongsma, Peterson, and McInnis (2006).

Table 1: Presenting problem and goal chart

## Presenting Problem

## Selected EBT Long-term goal

## (Jongsma, Pererson, and McInnis (2006)

## Academic Underachievement

Stabilize mood and build self-esteem sufficiently to cope effectively. . .

## Anger Management

Resolve core conflicts that contribute to the emergence of anger control problems

## Anxiety

Resolve the core conflict that is the source of the anxiety

## Chemical Dependence

Confirm and address chemical dependence as a family issue

## Depression

Develop healthy cognitive patterns and beliefs about self

## Eating Disorder

Develop healthy cognitive patterns and beliefs about self

## Low self-esteem

Build a consistently positive self-image

## Oppositional Defiant

Resolve the core conflict that underlies the anger, hostility, and defiance

## Physical Emotional Abuse

Build self esteem and sense of empowerment

## Posttraumatic Stress Disorder

Develop coping skills and recall the traumatic event without becoming overwhelmed with negative emotions

## Sexual Abuse Perpetrator

Resolve issue of own sexual abuse

## Sexual Abuse Victim

Build self-esteem and sense of empowerment

## Sexual Acting Out

Resolve family of origin conflicts

## Suicidal Ideation

Resolve the emotional conflicts

A quick word association amongst the goals illustrated the importance of a family system approach, increasing positive-self concept, working with core issues and family “ secrets” around trauma and abuse. The following is a brief description and discussion of family therapy, suggested components for the intervention and prevention of chemical dependency, and finally, two examples of art therapy directives in treating trauma and abuse in children.

## Family Systems Theory

Family systems theory evolved in the 1950s as an outgrowth of general systems theory, which emerged in biology in the 1940s. This theory represented in epistemological shift from a reductionist linear (cause and effect) way of thinking to one of circular causality, process orientation, and the interrelatedness of parts. The crux of the systems theory, as applied to people, holds that addiction, like any other human behavior, exists in a larger context. However, the family is viewed not merely as the context for an individual’s behavior bit also as an entity unto itself, Rather than expressing individual pathology, the presence of problematic behavior (such as alcoholism) by a family member is considered a symptom of underlying dysfunction in the system. (McNeece and DiNitto, 2005, p. 296)

Figure 7: Model of the Family System

## Roles and Rules

An alcoholic family is like a delicately balanced mobile where the relationships among the members are interrelated and reciprocal with alcohol being the central regulating theme. The mobile is a “ closed system” dependent upon itself. The entire system is organized by rules (strings) and roles (the weights). In Family Systems Theory (FST), each member adjusts his or her behavior (positions) and plays a carefully developed role in order to maintain homeostasis (balance) (see Figure 7).

Since the focus of the alcoholic family is on accommodating the alcoholic to keep peace, they are inadvertently inhibiting the growth of the family or morphogenesis and enabling the alcoholic to escalate his or her dysfunctional behavior, rendering the entire system dysfunctional (Hoshino, 2008; McNeece and DiNitto, 2005). Because of these behaviors, the members become secretive and learn the rules 1) “ don’t talk,” causing the members to possibly live an elaborate lie, 2) “ don’t feel” causing the members hide or discount their feelings as expressing them only causes more trouble, upsetting the homeostasis, and 3) “ don’t’ trust” causing the members to withdraw and become dependent on only themselves. And finally, all the members of the maladaptive system may develop as deep sense of shame as each continues to “ fail” to meet the standards set forth by the system, i. e., perfectionism, blame, denial, and control. Normal morphogenesis does not occur, as positive authentic interactions that encourage this growth are severely inhibited (McNeece and DiNitto, 2005). Additionally, any members of this family may display codependent tendencies and/or may perpetuate the cycle (the damaged model) dependent on their resiliency (the challenge model) to the dysfunction.

## Public Information and Educational Primary Prevention Programs

Price and Emshoff (1997) suggested the significant components of a primary prevention program for chemical dependency should include an interactive research-based model with stress reduction techniques, educational components on a variety of substances and the consequences, coping and social competence skills, an evaluative tool, be culturally sensitive, and age appropriate. Additionally the program should provide a social support system, including peer-to-peer networking, a safe environment, and a mode for the expression of feelings, as well as healthy alternative activities. The proposed setting should be within the school system to avoid humiliation and the format should be short term and small group.

Other integrated research-based prevention models used include Cognitive-behavioral skills training that work to change dysfunctional thinking that effects behavior, bio-psycho-social models that focuses on education, values clarification, and skill-building techniques, reducing harm models that teach normative beliefs, perceptions of harm, and refusal and decision-making skills as well as moderation and avoidance of developing alcohol related issues, and family-based prevention models.

## Working with Secrets

Raquel Farrell-Kirk (2001), an art therapist and clinical psychologist working in south Florida, discusses four factors contributing to the effectiveness of the use of boxes in art therapy: enclosure of space, enclosure of contents, unification of opposites, and the symbolic characteristics from art history.

She suggests that the box as an enclosure of space, or vessel, in art therapy is a metaphor for the safety of the therapeutic environment. The box as an enclosure of contents is a metaphor for keeping secrets or signifying the contents as precious, as in the ancient use of the sarcophagus. The box as a unification of opposites is a metaphor for uniting conflicting feelings or integrating dualistic ideas, making one whole. Finally, Farrell-Kirk suggests the historical symbolic characteristic of the box gives the client a connection between therapeutic art and fine art. Thus increasing self-esteem, and healing. The historical symbolic characteristics of the box also add to a sense of validity for the client about his or her thinking and emotions.

## Dealing with Trauma and Abuse

Caroline Case (2005), an analytic art therapist working in Bristol, England, examines how children may use scissors as a symbolic tool to act-out internalized tension created from abusive parents or “ helpful” parents. She describes Edward Scissorhands, the main the character of Tim Burton’s 1990 movie, as the epitome of the child experiencing conflict between creative and destructive states-of-mind.

Case described the role of scissors in several previous case studies; however, she discusses her work with Lucy and Henry in particular. Scissor blades are representative of the “ aggressive sadistic linking of father and mother…The swivel pin at the centre [sic] …is the child struggling with these internalasations [sic]” (2005, p. 55). Lucy used cutting-up as a metaphor for cutting-up her past and her angry feelings from being abandoned by her biological mother. As she bonded with her therapist, she was able to communicate by cutting out, or cutting round, a metaphor for sharing pieces of her life. On the other-hand Henry used cutting out and sticking down as a metaphor for developing and fixing tentative new relationships after having experience emotional cut-off from his parent as a small child. Case’s clients used scissors, glue, and other art materials to create complex and simple symbolic representations of the visual experiences and their emotional states associated with the trauma and abuse from their maladaptive family systems.

## Conclusion

As the current research grows on the devastating effects of emotional abuse, educating adults on the long-term cyclical affects seems imperative. In fact, recent studies indicate that emotional abuse may to a primary issue in treating alcohol abuse and violence and aggression. Furthermore, the concurrent variables of physical, sexual, or emotional abuse, parenting styles, or alcoholism, or any combination thereof, have been indicated as foundational contributors for continued maladaptive and dysfunctional behaviors in alcoholic families. Therefore, mental health workers treating alcoholics or COA, have a responsibility to conduct a multivariable comprehensive assessment before designing a treatment plan. Additionally, researchers must critically analyze empirical studies and isolate significant variables in their own research in order to avoid perpetuating the mythology surrounding the causes familial alcoholism and violent patterns.

Additionally, the term COA is not a mental health diagnosis. Familial alcohol abuse does not necessary cause maladaptive patterns of behavior; therefore, it is important to reexamine treatment plans based on assumptions regarding the associations between alcoholism, aggression, and violence in dysfunctional families. By isolating the variable in the client’s history, we are better able to facilitate the his/her core conflict resolution, increase positive self-concept, and develop coping skills.