

Alcoholism and the Family

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Living with an alcoholic is a family affair. Because it subjects all members of a household to constant stress and fears of various kinds, it has often been referred to as a "family illness." To one degree or another, all members of the family are affected. However, not all alcoholic families, nor all members of the same family, are affected in a similar manner.

The Collective Mind

To assume that all family members are equally and identically affected is to assume that the family possesses a "collective mind." The "collective mind" assumes that the entire family shares the same feelings about the alcoholic and alcoholism. Additionally, this would mean that all alcoholic families are alike. This is not true. To understand the effects of alcoholism on the family, we need to look at the individual members of the family. The individual is the beginning unit of analysis to understanding family dynamics in an alcoholic home. This is true for the alcoholic as well as the non-alcoholic family members.

There are many factors that can affect members of alcoholic families differently. These include: whether or not a parent is recovering from alcoholism or still drinking (Callan & Jackson, 1986; Moos and Billings, 1982); sex of the child and sex of the alcoholic parent (Ackerman, 1987; Werner, 1986; Steinhausen et al., 1984); age of the child (Ackerman, 1987; Werner, 1986); race (Ackerman, 1987); ordinal position (Keltner et al., 1986); socio-economic factors of the family (Parker and Harford, 1987); and offsetting factors which can be either people or institutions that have had a positive impact on the children (Ackerman, 1987).

Additionally, three other factors should be considered. These are the degree of alcoholism, the type of alcoholic in the home, and the individual perception of potential harm from living with an alcoholic.

The degree of alcoholism refers to the severity of the problem. How often does the drinking occur? Is the alcoholic a binge drinker once a month, intoxicated daily, or totally unpredictable? Can the

alcoholic be relied upon to function socially and for performance of his or her normal duties? Is the alcoholic employed or capable of working in and outside the home?

Closely related to the degree of alcoholism is the type of alcoholic that lives with the family. One type of alcoholic is the belligerent type who is verbally abusive and is consistently looking for an argument. The recipient of these attacks is exposed to high degrees of verbal and emotional abuse.

Another type of alcoholic may be jovial after drinking. This person likes to laugh a lot and is preoccupied with entertaining. Being around this alcoholic, although not physically or verbally harmful, may be emotionally stressful, due to inappropriate joking, or the inability to express himself or herself seriously.

These are a few examples of the many types of alcoholics. Obviously, these differences can be manifested in a variety of forms for non-alcoholic family members. A child growing up with a physically abusive alcoholic parent may have a very different perspective on alcoholism, as opposed to a child living with a highly passive alcoholic.

The variables of degree and type relate to the alcoholic. The third variable—and perhaps the most important for non-alcoholic family members—is their perception of the situation.

Does the non-alcoholic family member perceive the situation as harmful? Often, our perception dictates our reactions. Whatever we perceive to be real, we react to as if it is. Reality may be secondary to perception. In an alcoholic home, some non-alcoholic members may feel minimally affected, because they perceive that the alcoholism is not harmful to them. However, in the same family, others may be totally devastated because they feel that they are living in a crisis situation.

In summary, although we are concerned with alcoholism in the family, we need to be even more concerned with the effects of alcoholism on the individual members of a family. Each family member requires his or her own individual analysis of the situation. To understand the individual situation, the degree of alcoholism, the type of alcoholic in the family, and the non-alcoholic's perceptions must be considered.

Which Parent is Addicted?

Do we have a higher probability that the father is alcoholic or that the mother is alcoholic in a family? To answer this question, we must consider several factors.

In our society today, if a woman is married to a male alcoholic and there are children under the age of 18 in the family, nine out of ten women will stay with the alcoholic. However, if the situation is reversed, and she is the alcoholic, only one out of ten males will stay. In fact, an alcoholic wife has a nine times greater chance of divorce than an alcoholic husband (Kinney, 2000). Many of the women's reasons for staying range from a lack of viable alternatives to denial. Additionally, the norms of society must be considered. For example, a male can become inebriated and engage in drunken behavior, and still be permitted to feel masculine. It is difficult for a woman to become inebriated and engage in drunken behavior and feel feminine. For the male, there exists a complementary norm of excessive drinking and masculinity. However, for the female, there exists a conflicting norm regarding excessive drinking and femininity. Where a complementary norm exists, there is a higher probability of its continual occurrence and a higher level of social acceptance.

Another factor may be that if a woman has children, and she is suspected of having a drinking problem, one of the first things that may be said about her is that she is an "unfit" mother. It is unlikely that the male will stay in this situation. However, how long does male alcoholism continue before we hear that he is an "unfit" father?

Finally, there simply is a greater number of male alcoholics than female alcoholics in our society. Some estimates indicate that 76% of problem drinkers are men, and only 24% are women (SAMHSA, 1997). Although we are currently discovering female alcoholics at a faster rate than male alcoholics, it is doubtful that given societal values and socialization patterns, alcoholism will become an "equal opportunity" destroyer (Kinney, 2000).

In summary, if the alcoholic family is physically residing in the same house, there is a higher probability that the alcoholic in the family is the father. The percentage of cases where both spouses are alcoholics represents only 20% of the alcoholic homes in America (Ackerman, 1987). The majority of intact alcoholic homes, therefore, have a higher probability of only one spouse being alcoholic, and this spouse is usually the father.

Family Responses to the Alcoholic Parent

Responses to alcoholism in the family can be divided into four phases. These are called reactive, active, alternative and family unity phases. These different periods are distinguished by several characteristics which dominate the particular phase. Not all alcoholic families experience these conditions similarly, however, nor are these universally progressive: that is, not all families will progress from one phase to the next. Many families, unfortunately, remain in the first phase and never reach the fourth state of sobriety and family growth.

Phase I—The Reactive Phase

The reactive phase is characterized by the behavior of non-alcoholic family members reacting to the alcoholic's behavior. During this time, most family members become extremely cautious in their behavior, in order to avoid further complicating the existing problems of alcoholism. However, by being reactive, they are constantly adapting their behavior in order to minimize or survive an unhealthy situation. Much of that adaptation will not only have detrimental effects on those who are adjusting, but also indirectly allows and supports the continuing alcoholism. During the reactive phase, three typical family characteristics emerge: family denial, coping strategies, and social disengagement.

Family Denial

It is ironic that family members deny a drinking problem in their family, because this is exactly what the alcoholic does. We know that, for the alcoholic, denial is functional for the continuation of the drinking. As long as the alcoholic denies that he/she has a problem, there is no reason to seek a solution. Non-alcoholic family members also deny, but their denial is totally dysfunctional to meeting their needs. Everyone in the family denies that anything is wrong, yet no one feels right. Family denial of alcoholism occurs in at least three ways: as systemic denial; as protection against exposure; and, as the primary patient philosophy.

1. Systemic Denial

Systemic denial means that the entire system denies the existence of a problem. Certainly the family is analogous to a system which is a pattern of inter-relationships. Within the family system,

denial usually occurs when the family members do not want to admit that one of them is an alcoholic, or because they perceive alcoholism as some sort of reflection upon themselves. This is particularly true in the case of non-alcoholic spouses who are women. For example, in American society, if the husband has a drinking problem, often there is a connotation that the wife is partly responsible. Statements such as "she drove him to drink" are typical. Even though these statements are not empirically correct, the woman may perceive them as true and that she may be somehow responsible for the development of his alcoholism. Therefore, as long as she denies that her husband has a drinking problem, she can deny that she had anything to do with causing the problem.

An additional form of systemic denial occurs at the societal level. The family itself is also part of a larger system, which is the community or society in which it resides. Our society does not readily admit to alcohol problems. Although we accept alcoholism as a disease, there still are many who attach a moral stigma of deviancy status to alcoholism. Consequently, we cannot blame a family for covering up a condition that is not understood by society.

Another consideration is that the family is in an unfortunate position of "negative anonymity;" that is, being anonymous has a negative implication for the family. They are in a "no win" situation. To deny, on the one hand, keeps others from knowing or judging, but, on the other hand, keeps the family from getting help. This situation is similar to the alcoholic who covers up his or her drinking, but is also different if getting help is considered. For example, the alcoholic who wants help may join Alcoholics Anonymous. In this instance, his anonymity works for him, but for the non-alcoholic family members, their anonymity works against them. One of the paramount problems for families of alcoholics is in being recognized as individuals in need of assistance. If they are to overcome denial, they must overcome anonymity.

2. Protection Against Exposure

A second form of family denial is protection against exposure. Protection means not talking about the problem as a method of sheltering oneself from the situation. Exposure means not only experiencing the problem, but recognizing it, discussing it, and overcoming any effects. In the alcoholic home, the non-alcoholic spouse will often attempt to protect the children from exposure. A

common mode of protection is to treat the situation as if it does not exist. This is impossible in an alcoholic home, but it is not uncommon for the non-alcoholic parent to say, "I have to cover up because I want to protect my children." Usually this means that the situation is never discussed, particularly with the children. This would be fine if protection were the problem, but trying to protect the children when they are exposed continually is a form of denial. In essence, the exposure is denied, any effects from the exposure are denied, and, more importantly, their need for help is denied. If we are going to help non-alcoholic family members, we must concentrate our efforts not on protection, but on overcoming the effects from exposure. To assume that children in an alcoholic home do not know and feel the effects of alcoholism is naïve. They know. They may not understand, but they know. Living in an alcoholic home is not a "spectator sport." Everyone is involved to one degree or another, including the passive participants. This cannot be denied away.

3. Primary Patient Philosophy

The third form of denial is the "primary patient philosophy." In the past, when alcoholism existed in a family, it was assumed that the alcoholic was the primary concern. The alcoholic was to be helped first. The majority of alcoholics do not quit drinking, however, and while we are waiting for sobriety to occur, families fall apart, marriages may collapse, and children grow up and leave home. As long as we consider the alcoholic the primary concern, we again deny intervention for the non-alcoholic family members. Non-alcoholic family members should be considered the primary interest, not the alcoholic. This is not to ignore the alcoholic, but to insure that we do not ignore the effects of alcoholism on the family while the drinking is occurring. Additionally, as mentioned earlier, there are far more non-alcoholic family members than alcoholics, and their needs cannot be denied.

Coping Strategies

The key to surviving in an alcoholic home is adaptation. You learn to adapt your behavior in order to minimize the effects of alcoholism. A method of adaptation is to develop coping strategies. In the alcoholic home, these strategies are developed, even though the family denies the existence of alcoholism. The denial within the home is no longer as strong perhaps, but it is maintained outside of the household. For this reason, coping strategies are "home rem-

edies.” They are efforts by non-alcoholic family members to survive a situation while denying its existence to others. These strategies are severely limited, and seldom work. Coping strategies can be either verbal or behavioral attempts, and at best they provide a brief, but anxious, respite.

1. *Verbal Coping Strategies*

Verbal strategies are efforts by non-alcoholic family members to communicate effectively with the alcoholic about alcoholism—efforts which usually are interpreted by the alcoholic as “nagging” or persecution. As a response, the non-alcoholic resorts to morality lectures, pleas for self-respect, threats, promises, and statements such as “How could you do this to us?” Unfortunately, most verbal strategies do little to motivate the alcoholic, but do a lot to increase everyone’s anxiety.

Verbal communication between non-alcoholic family members may be helpful, though in most homes no one wants to talk about the addiction, hoping that silence means non-existence. Although it is true that the problem cannot be talked away, discussing verbally and sharing the “family secret” is a positive beginning for non-alcoholic family members in their attempts for recovery. Family members often develop verbal strategies in only one direction, which is from the non-alcoholic to the alcoholic. Thus, there is no possible positive reciprocal effect for them. Verbal interaction among non-alcoholic family members is an available strategy, if they are willing to risk the sharing of information and feelings with each other.

2. *Behavioral Coping Strategies*

The second type of coping strategy is behavioral. The behavioral strategies are behaviors that non-alcoholic families knowingly—or unknowingly—adopt to cope with their situation. Typical behavioral strategies are hiding alcohol, refusing to buy alcohol, marking bottles, avoiding the alcoholic or other family members, staying away from home, and isolating oneself. Many families deny that they have developed coping strategies, but it is difficult to deny their unusual behavior. In a home where drinking is permitted, and is within normal acceptable limits, family members do not engage in this unusual behavior. Where drinking is abnormal, there exists abnormal non-alcoholic behavior as coping mechanisms. As a result of these coping strategies, non-alcoholic family members become socially

disengaged from friends, family, community, and themselves.

As stated earlier, many non-alcoholic family members deny—or are unaware of—their participation in coping strategies. The following questionnaire has been developed for non-alcoholic family members to help to overcome their denial of the effects of alcoholism on their lives. Note that most of these questions pertain to the behavior of non-alcoholic family members.

Family members should answer these questions with as much honesty as possible. The questions were developed by Betty Reddy, Program Specialist, Alcoholic Treatment Center, Lutheran General Hospital, Park Ridge, Illinois.

1. Do you lose sleep because of a problem drinker?
2. Do most of your thoughts revolve around the problem drinker or problems that arise because of him or her?
3. Do you exact promises about drinking that are not kept?
4. Do you make threats or decisions and not follow through on them?
5. Has your attitude changed toward this problem drinker (alternating between love and hate)?
6. Do you mark, hide, dilute, and/or empty bottles of liquor or medication?
7. Do you think that everything would be O.K., if only the problem drinker would stop or control the drinking?
8. Do you feel alone, fearful, anxious, angry, and frustrated most of the time? Are you beginning to feel dislike for yourself, and to wonder about your sanity?
9. Do you find your moods fluctuating wildly as a direct result of the problem drinker's moods and actions?
10. Do you feel responsible and guilty about the drinking problem?
11. Do you try to conceal, deny, or protect the problem drinker?
12. Have you withdrawn from outside activities and friends because of embarrassment and shame over the drinking problem?
13. Have you taken over many chores and duties that you would normally expect the problem drinker to assume—or that were formally his or hers?
14. Do you feel forced to try to exert tight control over the family expenditures with less and less success—and are financial problems increasing?
15. Do you feel the need to justify your actions and attitudes and, at the same time, feel somewhat smug and self-righteous compared to the drinker?
16. If there are children in the house, do they often take sides with either the problem drinker or the spouse?

17. Are the children showing signs of emotional stress, such as withdrawing, having trouble with authority figures, rebelling, acting-out sexually?
18. Have you noticed physical symptoms in yourself, such as nausea, a “knot” in the stomach, ulcers, shakiness, sweating palms, bitten fingernails?
19. Do you feel utterly defeated—that nothing you say or do will move the problem drinker? Do you believe that he or she can’t get better?
20. Where this applies, is your sexual relationship with the problem drinker affected by feelings of revulsion; do you “use” sex to manipulate—or refuse sex to punish him or her?

Here are some additional questions specifically for children of alcoholics to help assess their feelings about alcoholism (Brooks, 1981).

1. Do you worry about your mom or dad’s drinking?
2. Do you sometimes feel that you are the reason your parents drink so much?
3. Are you ashamed to have your friends come to the your house, and are you finding more and more excuses to stay away from home?
4. Do you sometimes feel that you hate your parents when they are drinking, and then feel guilty for hating them?
5. Have you been watching how much your parent drinks?
6. Do you try to make your parents happy so they won’t get upset and drink more?
7. Do you feel you can’t talk about drinking in your home—or even how you feel inside?
8. Do you sometimes drink or take drugs to forget about things at home?
9. Do you feel if your parents really loved you, they wouldn’t drink so much?
10. Do you sometimes wish you had never been born?
11. Do you want to start feeling better?

Social Disengagements

Social disengagement is the withdrawing of family members from interaction with others. The family literally denies itself the support structure that it needs. This withdrawal is exacerbated because the family feels that it must protect itself, has been embarrassed, or fears future encounters with others where the alcoholic is present. The

family becomes isolated and, at this point, feels there is a lack of available alternatives. The home becomes a "habit cage." Families of alcoholics need not become isolated if they do not choose to be. Most families rarely feel they have a choice, however; they see their only response as withdrawal. This social disengagement can occur as either physical or emotional withdrawal.

1. *Physical Disengagement*

Physical disengagement occurs when the family stops receiving and giving invitations for social interaction. The family is pulled back from physical contact with others. Children, for example, no longer invite their friends to their homes. Non-alcoholic spouses hide invitations to functions involving alcohol to avoid any confrontations or embarrassment. Fewer people stop by to visit because of the unpleasantness or tension from a previous visit. The family becomes significantly separated as a unit from others. This physical isolation can lead to emotional disengagement.

2. *Emotional Disengagement*

Emotional disengagement is a decline in positive emotional relationships. In the alcoholic home, this decline is replaced with an increase in negative emotions. The longer the alcoholism continues, and the more the family withdraws, the greater the probability that negative emotions, such as tension, anxiety, despair, and powerlessness, will emerge. One method of handling these negative emotions is to attempt to become "non-feeling," that is, to deny and minimize negative feelings to prevent further pain. Thus, avoidance becomes the norm for handling negative emotions, even though avoidance can lead to the denial of benefits of positive relationships which could be offsetting factors for the negative ones. The goals of positive relationships are sacrificed for the "comfortableness" of isolation within the family. As stated earlier, not all family members are affected equally; however, some members are able to overcome the internal negative emotions by outside non-family relationships. In research with children of alcoholics, it was found that children who were able to establish primary relationships outside the home were not as likely to become alcoholic in their adult lives as children who did not establish these relationships (Ackerman, 1978). This is particularly relevant, considering that approximately 50% of alcoholics come from an alcoholic home.

Of all the problems encountered by non-alcoholic family members, emotional isolation may be the greatest. It affects not only the non-alcoholic life within the family, but also outside the family. Healthy relationships are denied or postponed to survive an unhealthy situation. Most non-alcoholic family members never assess the negative impact of this approach; they do what they believe makes the most sense at the time. The real impact may be found outside of the family or, for the children, in their adult lives. This is particularly true when considering that the children of alcoholics are disproportionately represented in juvenile courts, family courts, spouse and child abuse cases, divorce, and within populations plagued with psychological or emotional problems as adults.

Unfortunately, many families of alcoholics do not go beyond the reactive phase. They deny that the problem drinker is alcoholic, they helplessly hope for recovery, or they passively participate in the alcoholism syndrome. This stagnation at the reactive phase is likely to lead to these common effects on the alcoholic, the non-alcoholic spouse, and the children (Coates, 1979).

During the Reactive Phase,

The alcoholic:

- Denies the alcohol problem, blames others, forgets and tells stories to defend and protest against humiliation, attack and criticism from others in the family;
- Spends money for day-to-day needs on alcohol;
- Becomes unpredictable and impulsive in behavior;
- Resorts to verbal and physical abuse in place of honest, open talk;
- Loses the trust of family, relatives, and friends;
- Shows deterioration of physical health;
- Experiences a diminishing sexual drive;
- Has feelings of despair and hopelessness; and,
- Thinks about suicide and possibly makes an attempt.

The spouse:

- Often tries to hide and deny the existing problem of the alcoholic;
- Takes on the responsibilities of the other person, carrying the load of two and perpetrating the spouse dependence;
- Takes a job to get away from the problem and/or maintain financial security;

- Finds it difficult to be open and honest because of resentment, anger, and hurt feelings;
- Avoids sexual contact;
- May over-protect the children, neglect them, and/or use them for emotional support;
- Shows gradual social withdrawal and isolation;
- May lose feelings of self-respect and self-worth;
- May use alcohol or prescription drugs in an effort to cope.

The children:

- May be victims of birth defects;
- May be torn between parents; being loyal to one, they arouse and feel the anger of the other;
- May be deprived of emotional and physical support;
- Avoid peer activities, especially in the home out of fear and shame;
- Learn destructive and negative ways of dealing with problems and getting attention;
- Lack trust in anyone;
- May lose sight of values, standards and goals because of the absence of consistent, strong parenting.
- Suffer a diminishing sense of self-worth as a significant member of the family.

Phase II—The Active Phase

The main differences between the active and reactive phases are the responses of the non-alcoholic family members, even though the alcoholic is still drinking. Rather than being passive to the effects on themselves from alcoholism, they begin to take an active interest in themselves. No longer do they perceive themselves as totally under the alcoholic's control, and they attempt to gain some control over their own lives. In this manner, the family begins to "de-center" itself from alcoholism. In addition, family denial of alcoholism is not as strong. A major step into the active phase is the overcoming of denial by family members. They begin to realize that the problem cannot be denied away. Likewise, they are willing to abandon their anonymity in exchange for help and a viable alternative to the way they have been existing. The two predominant characteristics of the active phase are awareness and being normal.

Awareness

During the active phase, the family develops a growing awareness about alcoholism, their family and themselves. Some of the awareness that develops is:

- they are not responsible for the alcoholism;
- they do not have to live like this, that alternatives are available;
- they recognize the need for help;
- they realize that help is available; and,
- they are not alone and do not have to be alone.

Much of this active time for non-alcoholic family members is becoming involved in their own recovery. They begin to become involved in various educational, counseling, and self-help programs that are available to them. During this time, they may begin to realize that they, too, are important, and that even the failure of the alcoholic to stop drinking should not necessarily prevent them from getting help. During the reactive phase, they may have assumed that nothing could be done until the alcoholic received help. Now, in the active phase, they realize that to wait may be futile, denies their own needs, and only perpetuates and reinforces the impact of alcoholism on their lives.

Being Normal

During this period, the non-alcoholic family members, particularly the non-alcoholic spouse, attempt to stabilize the alcoholic home. Despite active alcoholism, i.e., the alcoholic is still drinking, it is decided to "get on with" normal family activities as much as possible. Even though it is desirable for the alcoholic to quit drinking and become a part of the normalizing process, sobriety is not a prerequisite. True, this will impede the process, but what is actually happening during the normal stage is an open and honest attempt to make the best of a negative situation inside and outside of the home, in order to overcome the negative impacts of alcoholism. The idea that families can begin their recovery process and become involved in normal activities that once were avoided, begins to take hold.

These activities may include supporting children to become involved in school and group activities, joining self-help groups, encouraging family conversations, and the sharing of feelings. These endeavors do not necessarily pertain to alcoholism and recovery,

which is significant in itself, but also, and perhaps more important, is that they pertain to normal activities of children who are not from alcoholic homes. These "other" activities have their benefits, not only in the activities themselves, but also in the separation from alcoholism. These can serve as positive, outside factors offsetting to a negative home environment, as well as contribute to building better family interaction patterns. Again, paramount to this phase is overcoming denial, risking the loss of anonymity, and once again taking an active interest in their lives by the non-alcoholic family members. These steps begin with awareness of the desire to feel normal.

Phase III—The Alternative Phase

The alternative phase now begins, when all else has failed. The family now faces the painful question of whether or not separation is the only viable alternative to survive alcoholism. It is not necessary that a family progress through both of the previous phases. Some families will go directly from the reactive phase into the alternative phase, while others will attempt the active phase before making the decision to separate. The characteristics of the alternative phase are polarization, separation, change, and family re-organization.

Polarization

Prior to separation, many alcoholic families go through the process of polarization, that is, family members begin to withdraw from each other, and are often forced into "choosing sides." Parents may begin to make threats to each other, or statements to the children that they are considering a legal separation or divorce. For the children, this means many things, but ultimately it means that they will not be living with both parents. The effects of alcoholism on their lives now have become even greater; it has now led to a divorce. Unfortunately, alcoholism contributes to approximately 40% of family court cases, and thus, many children of alcoholics experience the "double jeopardy" of being not only children of alcoholics, but also children of divorce. Polarization is also the process leading up to a separation. In many cases, this time of decision is long and painful, and in some cases may be more traumatic than the actual separation. For the children, it is a time of impending change, and is often accompanied by feelings of confusion, torn loyalties, fear, resentment, anger, and increased isolation.

Separation

For some families, the only viable alternative left to them will be family separation. For others, the separation will only compound existing problems, and still others will only exchange one set of problems for a new set of problems. In short, for some life will get better, for others it will be about the same, and for still others it will get worse. For many children, separation will be life without daily contact with the alcoholic. Even within the same family, this change may be greeted with different feelings. For younger children, the loss of the parental role is of more concern than the loss of the alcoholic parent, but for older children it may be the opposite. They may perceive that although they may be losing the parental role, it was lost anyhow for all intents and purposes, and that they will no longer be affected by all of the family alcoholic problems. Much of their reaction will depend upon how the individual family members perceive this change in their lives.

Change

There is a belief that change is, in and of itself, always traumatic. What should be considered when assessing the impact of change, however, are the rates and directions of change. If the rate of change occurs too rapidly, it can be traumatic, because of the inability to adjust quickly enough. On the other hand, change that occurs too slowly can also be anxiety-producing. For example, not only may the separation be painful, but also the manner in which the separation has occurred. In some alcoholic families, the process of polarization may have been a long and tedious affair; whereas, in other families, polarization occurred too rapidly, and the decision to separate was made in haste. In some instances, however, it may be that the family members perceived that it was time for a much-needed change, and that the time was now. Thus, the rate of change can help or hinder the alternative phase.

Additionally, the direction of change becomes critical for each family member. Individual family members see the new change to their advantage or disadvantage. If a child perceives that he or she will be worse off after the separation, then the child views the change as undesirable, and is opposed to it. If a child perceives that his or her life will improve, however, then the change is not problematic. Life without the alcoholic is seen as better than life with the

alcoholic. In reality, for some members of the alcoholic family this will be true, and for others it will not. Much depends upon how the new family grows and is re-organized.

Family Re-Organization

For alcoholic families that have chosen the alternative phase, several things can occur when re-organization takes place. The family begins to re-organize, pull together, and grow. In these families, family members may begin to seek help for themselves, or become further involved in their recovery process. Family members will begin to feel good about themselves, and establish healthy relationships within and outside of their family.

For other families, re-organization will involve new and additional roles. The custodial spouse now faces the single-parent role alone, whereas in the past, even though the alcoholic parent was often absent at times, he/she helped in parenting. In addition, children may find themselves in roles with added responsibilities. All of the family members' new roles can, however, be impeded by old feelings and behavior, such as their feelings of resentment, anger, guilt, abandonment, failure, and doubt about alcoholism, and about being the child or the spouse of an alcoholic. These feelings can be coupled with the old behavior of continually talking about the alcoholic, blaming the problems on alcoholism, or holding the alcoholic solely responsible for their lives.

Re-organization can be complicated further by recurring visits of the alcoholic parent, particularly if the alcoholic is still drinking. For example, the alcoholic can use the children to "get at" the non-alcoholic spouse. The children may become pawns between the spouses, a situation which can be further complicated by the alcoholic's seeking support from the children for a reconciliation. Even within the same family, however, this idea can receive mixed reactions. Younger children, again, may favor the idea more than the older children, because they may not have been exposed to the longevity of the alcoholism. One of the main problems of re-organization will be the tendency to fall back into many of the patterns of the reactive phase. A family will need to be supported during the alternative phase, if the alternatives are to become viable solutions.

Phase IV—Family Unity Phase

Unfortunately, many alcoholic families never reach the family unity phase, because of continuing alcoholism. There are no definitive progressive patterns that lead to the unity phase. Some families will proceed directly from phase one to phase four, others will go through the first two phases and then onto four, and still others may go through all the phases on their way to family unity. When they arrive, however, the family will face three concerns which are characteristic of this phase: sobriety, the “dry drunk,” and family growth.

Sobriety

Central to the family unity phase is the maintaining of sobriety by the alcoholic, but sobriety alone may not be enough. Certainly, it is superior to inebriation, but acceptance of the sober alcoholic back into the mainstream of the family is not automatic. Sobriety does not guarantee family growth; it only makes it possible. Just as the family does not cause alcoholism, sobriety does not cause an immediately healthy family. The initial stages of sobriety may contain some pitfalls. For example, the family has probably waited a long time for sobriety to occur, and now that it has expects to enter “paradise.” The longer the alcoholism continues, in many alcoholic families, the higher the probability that all family problems are blamed on the bottle. Therefore, the family expects other problems to end when the drinking ends, but difficulties continue to exist, as they do in all families. Difficulties which were formerly believed to be related to alcoholism surface as ordinary, normal, family disagreements. In the past, these problems may have been denied, as was the alcoholism, but now new ways of dealing with normal family problems will be needed. Some families have heard promises of sobriety before, and adapt a “wait and see” attitude before committing themselves to the family recovery process. Other families, however, will be more active and supportive of the new-found sobriety, and will be eager for many of the normal family behaviors that have been missing.

The Dry Drunk

For those families who are not able to join the recovery process from alcoholism, much of their lives will remain the same. That is, even though sobriety has occurred, no other changes in the family are taking place, because the results of the previous breakdown in family communications continue to take their toll on the emotions of

family members. Unless the family is able to adapt to the sober alcoholic and themselves, and can establish and grow as a unit, the family may find itself on a "dry drunk." In such cases, tension, anxiety and conflict persist, because other problems have not been solved. The family needs to understand that throughout the drinking period, family relationships were deteriorating, and were never sufficiently established. Some children in the "dry drunk" situation are unable to remember anything but drinking behavior on the part of one or both parents. The recovering alcoholic may, in fact, be trying to parent properly, but since this is a new or strange behavior, it may not be entirely trusted within the family when the drinking stops. The family must be incorporated in a new adaptive process. To ignore the role of the family in helping the recovering alcoholic support his or her sobriety is to ignore the emotional impact that alcoholism has had on the family.

Family Growth

For those family members who can integrate the alcoholic back into the family, and emotionally integrate themselves, their lives will get better. With this integration comes the potential for family growth. This family growth will mean that the family does not dwell on the past, nor hide the past, but has learned from it. The growing family is one that goes beyond the past. It continues to change and improve, moving toward the goal of healthy family relationships. It is a family that is overcoming the negative influences of alcoholism, and is united. Unfortunately, this does not happen enough, as we noted earlier.

Family Interrelationships

What are the effects of all this adaptation and change? Many alcoholics are not aware of the emotional hazards they unthinkingly cause for their young. These effects, if considered at all, are seen as latent in the home, but may be seen as manifest by others outside the home. In order to consider the impacts of these effects, some of the dynamics occurring in the home should be noted. It is critical to consider whether or not both parents are alcoholic. In cases where both parents are involved in alcoholism, physical as well as emotional needs of the children may be unmet. When parents are unable or unwilling to assist in the home, their children consistently may be forced to organize and run the household. They may be picking up after parents, and assuming extremely mature roles for their ages.

The time of onset of parental alcoholism is also an important consideration. Were the children born into an alcoholic home, or did parental addiction occur later in their lives, and at what age? It is fairly well agreed upon in various educational studies that the impact of emotional crises upon children are more detrimental at some ages than at others. Many children will experience an emotional separation from their parents, often feeling rejected by both parents, even though only one is alcoholic. The inability to discriminate between love as a noun and love as a verb, and the lack of emotional security take their toll on many children of irresponsible parents. Alcoholic behavior in the family can prohibit intimate involvement and clearly impede the development of essential family bonds. When children's emotional needs have been stunted by neglect or destroyed by cruelty, the traditional function of parents as mentors and guides for their offspring becomes a farce. Clearly, the generally agreed upon effect of the positive influence of parents in early education of children becomes questionable (Brookover and Erickson, 1975). It cannot be assumed that the proper parental roles toward education are being met, let alone attempted, in the alcoholic home.

The roles their parents play in the family are of critical importance in the development of children. When a parent is alcoholic, his or her parental roles too often are marked by inconsistency, and both the alcoholic and the non-alcoholic parent exhibit inconsistency. The alcoholic parent behaves like several individuals, with conflicting reactions and unpredictable attitudes. Often his or her role performance is dictated by successive periods of drunken behavior, remorse, or guilt, followed by high degrees of anxiety, tension, and finally, complete sobriety. Children may learn through experience to adapt themselves to such inconsistency in roles, and even to develop some form of predictability, but they develop very little emotional security. What emotional security is attained is usually attained only during periods of sobriety, and often only if other family issues are not producing tension.

A typical example of this kind of cycle goes as follows. On Friday night, and all day Saturday, the alcoholic is drunk. Sunday and Monday are hangover and recovery days, commonly marked by some degree of guilt or remorse. The middle of the week is the most normal. As the next weekend approaches, the alcoholic is being dominated by increasing anxiety and tension, precipitating another drinking episode. The children in such a situation learn that whatever

is needed, physically or emotionally, must be obtained in the middle of the week. These become the “getting” days, when the getting may be optimal, because it is at this time, if any, that parenting or positive stroking by the alcoholic will occur. This is also the time when many unrealistic, as well as realistic, promises are made, which may or may not be kept. Normal promises made on good days may go unfulfilled because the collection day is one of inebriation. Sometimes this results in the making of still bigger and more elaborate promises, which are, in turn, broken. Occasions when promises are kept are sporadic, and thus cannot be relied upon, again adding to inconsistency. The alcoholic may show exaggerated concern or love one day, and mistreat the child the next. It is little wonder that a major problem for such children is a lack of trust and security in relationships with an alcoholic parent.

The non-alcoholic parent is hampered in attempting to fulfill the needs of the children, because he or she is usually under constant tension over what is happening, or may happen. Even when the alcoholic is sober, the spouse tends to suspect that the situation is tenuous, and consequently cannot support the alcoholic’s attempt to win respect and approval—knowing that the probability of consistency is low. The non-alcoholic parent, who is subjected to, and controlled by, the inconsistent nature of the alcoholic, may be so engrossed in trying to fulfill two roles, that he or she or she is unable to fulfill one role adequately and consistently. Just as the alcoholic fluctuates between different levels of sobriety and emotionalism, so does the non-alcoholic react to these varying positions. As a result, the non-alcoholic parent may be just as guilty as the alcoholic in showing too much concern for the children at times, and too little at other times. In addition, the non-alcoholic spouse, worried about the effects of alcoholic behavior in the family situation, is apt to become too protective of or fearful for the children. This protection is often misunderstood by the children, especially when it is negatively administered in the form of unexplained warnings against certain places and people.

Perhaps, most of the non-alcoholic spouse’s parental concern is justified by the fact that as many as 28% or higher of the children of alcoholic parents become alcoholics themselves (Ackerman, 1987; Kinney, 2000). Much has been written about the causal factors for this phenomenon. The question is centered around the nature-

nurture controversy surrounding alcoholism. Is alcoholism genetically based, or are there other factors present? This author believes the nurturing aspects play the more prominent role, and the damage inflicted on the child is not limited to preadolescence or adolescence, but has long-range implications. Although not directly related to drinking practices, additional evidence that the nurture impact is the stronger influence is shown by the fact that children of alcoholic parents are more affected by the disharmony and rejection in the home life than by the drinking. They see that drinking stops once in awhile, although the fighting and tension continue. This constant state of agitation affects personality development. More particularly, children observe the use of alcohol as a method of dealing with uncomfortable situations. Although the children may vow not to drink, and are cognizant of the potential harm of alcohol abuse, this position may give way to use of drinking as a means of escape during real or perceived crisis in later life.

The two-parent family, in which alcoholism affects one or both partners, cannot provide a healthy parental relationship. A single, non-alcoholic parent can give children a healthier atmosphere. In a family where one of the parents is alcoholic, the other parent will not be able singly to overcome all of the impacts of the other's drinking; he or she cannot provide a separate environment because both parental roles are distorted or inconsistent. The non-alcoholic parent devotes energy in trying to deal with the alcoholic at various phases of adaptation, leaving little energy for the needs of offspring. Often, the children are forced into a position of increased responsibilities and unfamiliar roles. The eldest child may be put in charge of smaller children, or be drawn into the role of confidante for the non-alcoholic parent.

Sometimes children find themselves abandoned in the middle, or forced to choose sides, either of which can lead to withdrawal and a preference to be left alone. It was earlier mentioned that family disengagement from contact with others is a form of adapting behavior to the alcoholic problem. Disengagement can also occur within the family itself. The children avoid family contact as often as possible, having learned that minimal contact may mean minimal discomfort. Such children want only to be left alone, and no longer feel close to either parent. The need to be isolated from their parents' conflicts may carry over to their attitudes toward other adults. Such children associate solitude with the absence of conflict. Thus, being alone is not always as feared as one might expect; it

may be viewed as a pleasant time of relaxation. Affection or emotional support outside the home is a vital aspect in helping such children, a topic which will be considered in subsequent chapters.

Many families can become recovered or recovering families, but not without assistance from others. Outside support is critical to this process, especially when we remember that there may be no support from within the family. Often children need help in acquiring or regaining a sense of trust in their parents and others. Also vital to the children is the acquisition of self-awareness and self-esteem. Basic to a family recovery program is the question of whether the children can grow up to face life successfully. Will they be able to achieve a sense of security, to be able to grow while accepting their circumstances, and, more importantly, to feel good about themselves? When working with the children of alcoholic parents, we must remember to address the many manifestations of alcoholism, not just those directly related to the alcoholic. We must bring the entire picture into focus, and examine and address the not-so-visible symptoms as well as the easily visible ones, with concern for how they manifest themselves in each individual in the family.

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