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Assignment 3.3 - Children of Alcoholics
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According to the National Association for Children of Alcoholics (NCOA), seventy-six million people (43% of US adult population) have been exposed to alcoholism within the family context (NACOA, 2016). There are an estimated 26.8 million children of alcoholics living in the United States today. This statistic includes both adult children of alcoholics and children of alcoholics under the age of eighteen. According to the US Department of Health and Human Services (2001), "8.3 million children live with at least one parent who abuses or is dependent on alcohol or other substances" (Kelley, et al., 2007, p. 265). The issue of alcoholism costs our society approximately 166 billion dollars every year (NACOA, 2016). These statistics are staggering, and the consequence of these kinds of numbers are clear. As clinical mental health professionals, it is more likely than not that we will encounter cases that are bound to alcoholism and the consequentially devastating effects. Very simply stated, "We need to be prepared to respond." That being said, the primary purpose of this paper is to present findings of a small scale and limited scope research project exploring two important questions. The first question is "How does alcohol abuse by one or more parents affect children?" The second is, "How does alcohol abuse affect the dynamics within the family?" A secondary purpose of this paper is to explore implications for clinical mental health practice that can be gleaned from the available evidence in this particular collection of literature. Both of these questions will be explored in the paragraphs below.

How alcoholism affects children

In response to the first research question I would like to address three key potential negative outcomes associated with parental alcoholism. The first is the generalizable "at-risk" designation. The second is boundary issues. The third is parentification. With regard to the general-

izable "at-risk" designation it is significant to note the following. According to Beesley & Stoltenberg (2002); Harter (2000) and Johnson & Leff (1999), "In comparison to adults from non-substance-abusing homes, ACOAs are at a higher risk for substance abuse, depressive symptoms, antisocial behavior, low self-esteem, anxiety disorders, and relational difficulties" (Kelley, et al, 2007, p. 676).

Kelley, et al., (2007), draws attention to a second potential negative outcome for children. That is the possibility of boundary violations that are common in families with at least one parent who abuses alcohol. Early and Cushway (2002) define boundaries as "overt or covert rules that govern family interactions and appear critical for healthy family and individual family member well being" (Kelley, et al, 2007, p. 676). The result of violating boundaries in this sense is the apparent overburdening of children that, "Adversely affects children's interrelational development (Kelley, et al., 2007, p. 676).

A third potential negative outcome for children of alcoholics is parentification. According to Stein, Riedel & Rothermam-Borus (1999) parentification is defined as, "children or adolescents who assume adult roles before they are emotionally or developmentally ready" (Kelley, et al., 2007), p. 676). Another common term to describe the same phenomenon is "role reversal." The reason parentification is so common is due to the reality that alcohol abusing or misusing parents are "periodically or habitually unavailable" (Kelley, et al., 2007, p. 676) in either an emotional and or physical sense. This contributes to the possibility that the other non-abusing spouse is preoccupied with "their partners drinking, their own distress or other family matters" (Kelley, et al., 2007, p. 676). All of these typically result in a child taking responsibility for the instrumental and emotional care giving roles in the family.

Not all outcomes are completely negative, however. Margaretha Jarivinen (2015) wrote a particularly interesting article that suggests that the way a child perceives their parent's alcoholism may directly affect their ability or inability to adapt. She outlines three important ways a parent's alcoholism may be perceived. The first is as a disease. The second is as a volitional choice. The third is as a result of socially conditioned phenomenon. This qualitative exploration of COA's phenomenological experience of their parents' alcoholism provides enlightening insight into both the problem of alcoholism as well as those elements that are necessary in order to adapt effectively.

One interviewee in this study, whose name was Sophie, recounted her experience as such. She stated, "It's a disease. In my view it's not people's own fault if they become alcoholics. It's their own responsibility to do something about it. But nobody chooses to become an alcoholic, just like nobody chooses to get cancer or depression" (Jarvinen, 2015, p. 812) Sophie clearly subscribes to the disease model. She later states, "Because there is a lot of prejudice against alcoholics. If you tell people your dad is an alcoholic, they right away denounce him instead of seeing him as the person he is. I don't tell my friends about my dad's problems because I know they would think I am one of those who have been mistreated at home. And it hasn't been like that for me. (Sophie, 34) (Jarvinen, 2015, p. 813). In this interview you can see Sophie's desire to protect her father and her family from the negative prejudices associated with alcoholism. You can also see how her perception of alcoholism as a disease allowed her the freedom to not judge her father as harshly as others might. This sense of non-judgment and removal of absolute responsibility are benefits of the disease model in my view.

Another interview subscribed to the volitional choice model. Her name was Mathilde. She stated, "After all, you choose how you want to live your life when you are a grown-up, don't you? They [Mathilde's parents] chose to enter this road in the first place and they had a choice to change their behavior every single day, but they didn't. (Mathilde, 32)" (Jarvinen, 2015, p. 815). Later in the article she recounts,

> "*I always felt that my life could not begin before I got away from them. . . . You often hear about children [of alcoholics] who are deeply attached to their parents . . . and who are very loyal to them. Well, I wasn't and I think that was my force. If we had had a good relationship, or a normal affectionate relationship, it would probably have been harder for me [to leave them]. If there had been something good to look back on—but there was nothing. It was always awful.* (Mathilde, 32)" (Jarvinen, 2015, p. 816).

In these two snapshot responses, you can easily see that Mathilde's perception of her parents' alcoholism was very negative, as was her understanding of their relationship. The advantage of this model is the emphasis on personal responsibility, but the negative outcomes in terms of familial relationship are plainly seen.

The final model outlined by Jarvinen (2015) is the view that alcoholism is a socially conditioned phenomenon. One interviewee, whose name was Monika recounted,

> *"I think it sneaked up on him gradually. My dad was a carpenter and the first thing you learned back then as an apprentice was to go and fetch a beer for your master. It was a culture where you drank beer in the morning, at lunch, in the afternoon . . . just like we nowadays walk around with a bottle of spring water. And if you go on drinking beer like that for a while, you become dependent. (Monika, 39)*

It is clear that Monika subscribed to the notion that her father's alcoholism was a socially conditioned reality. Jarvinen (2015) advocates for clinicians to take this view as it "constructs the drinker as most "normal," and as someone the interviewees can identify with" (Jarvinen, 2015, p. 819). She points out that those interviewees who espoused the socially conditioned model spoke

of their parents alcoholism more positively than those in the two other groups. They tended to normalize the behavior. They also viewed alcoholism as something one could move in and out of in contrast to those who espoused the two other views. Those who espoused the disease model viewed alcoholism as an absolute and chronic condition, and perceived their parents as "sick" (Jarvinen, 2015, p. 819). Those who espoused the volitional choice model viewed alcoholism as a choice, something their parents chose over and above the well being of their family. They perceived their parents as "bad" (Jarvinen, 2015, p. 819). The advantage of the socially conditioned model is that those who espoused this view had a greater ability to view alcoholism as one part of who their parents were, allowing them to see their parents as "normal" (Jarvinen, 2015, p. 819).

How alcoholism affects family dynamics

We have already seen that families with one or more alcohol abusing or misusing parents creates an environment where boundaries are routinely violated and in which parentification or role reversal takes place. Another article in this study outlines the effects on familial communication in similar circumstances.

> *"The theme analysis revealed four main themes that were further broken down into nine distinct categories of family communication: (a) aggressive communication (e.g., heightened conflict, tense communication, secretive slandering); (b) protective communication (e.g., superficiality, limited or indirect communication, sober parent buffering); (c) adaptive communication (e.g., functional communication); and (d) inconsistent communication (e.g., struggles over power and control, mood fluctuation)" (Haverfield, et al., 2016, pp. 121-2).*

The themes outlined above demonstrate the reality that effective communication between family members is disrupted by the presence of alcoholism. The aggression, the protective attempts by the sober parent to shield the alcohol abuser, the need for adaptation and the presence of incon-

sistent overt and covert messages all contribute to the impairment of healthy family dynamics which of course affects ever individual within that family.

Limitations of this research

There are several limitations of this research. First, I have cited only four articles in this small scale, limited scope research project. This research could not be considered comprehensive or exhaustive by any means. Second, the studies cited are of predominantly caucasian test groups. One study cited consisted of only female respondents (Kelley, et al., 2007). The results of this study may be difficult to generalize to male populations. One study cited (Jarvinen, 2015) was performed in Denmark (eurocentric) and interviewed a predominantly caucasian sample. Therefore it is a safe assumption that any implications taken from this particular study would lack multicultural considerations. Still another study extremely strong in that its population was large but lacked adequate diversity while simultaneously falling short of identifying outcomes of family communication (Haverfield, 2016, p. 125). The population studied was predominantly white (91%) which again lacks sufficient multicultural considerations.

Implications for practice

I have identified several important implications for future practice with clients dealing with alcoholism in a family context. First, an important component in treating the family as a whole is to examine what effect the abuse of alcohol has had on the various roles each member plays. The psychological, emotional and physical absence of one or more parents creates a vacuum of relational responsibility that must be assumed by another. Unfortunately, this responsibility can sometimes fall to children. Second, it is equally important to explore boundary violations within the context of the family. The sense of children being overburdened contributing to

disruption in their interrelation development is a potentially serious negative outcome that has generational implications. Third, helping clients see that is only part of a person's identity reflects a sense of acceptance, non-judgment and understanding that can prove helpful in salvaging relationship with a parent who abuses or misuses alcohol. Fourth, as it relates to family dynamics, prioritizing training in identifying maladaptive communication patterns and replacing them with adaptive strategies seems to be an important component of treatment that needs to be prioritized. Fifth and finally, a study by Werner and Johnson highlight an important source of strength for families touched by alcoholism. They found that, "The data showed that individuals who coped effectively with the trauma of growing up in an alcoholic family and who became competent adults relied on a significantly larger number of sources of support in their childhood and youth than did the offspring of alcoholics with coping problems by age 32" (Werner and Johnson, 2004, p. 700). These significant adults may be the non-abusing parent, a teacher, a youth minister, or an older sibling. This is very good news for both the non-abusing spouse and the children about which they are concerned. It is important for families with an alcohol abusing family member to have strong social support.

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