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Article 15

Addressing Intrapersonal Characteristics and Interpersonal Relationships of Children of Alcoholics

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Introduction

Alcohol abuse is a worldwide issue that affects the family and community environment by greatly hindering the productivity and lifestyle of society members. Alcohol abuse not only affects those who misuse, abuse, and are dependent on alcohol and other drugs, but also impacts family dynamics (Room, Babor, & Rehm, 2005; Harpin, 2005). Mental health professionals have focused on the harmful effects of parental alcoholism over the past decades. Children in dysfunctional homes oftentimes have unnoticeable symptoms (Lambie & Sias, 2005). Many children raised with parental alcoholism are at a greater likelihood of experiencing physical, social, and academic problems (Chalder, Elgar, & Bennett, 2006; Heitzeg, Nigg, Yau, Zubieta, & Zucker, 2008). Without appropriate and effective prevention strategies, individuals have a greater risk of experiencing sexual promiscuity (Anda, 2006), depression, anxiety, and phobias (Diaz et al., 2008). Researchers and many survivors of familial alcoholism identify their experiences through various phrases and acronyms such as child/ren of alcoholics (COA or COAs) and adult child/ren of alcoholics (ACA, ACAs, ACOA, ACOAs, ACoA, or ACoAs).

Family Roles in an Alcoholic Household

In spite of experiencing a difficult childhood with one or more parents having an uncontrollable addiction, resilient children of alcoholics or other addictive substances share several protective characteristics that contribute to their success. Resilient children are optimistic (Chang, 1998, as cited by Deb & Arora, 2008), and have increased motivation (Chalder et al., 2006). According to Werner (1986), 51% of children of alcoholics display little to no circumstantial psychosocial characteristics in adulthood.

Despite the protective factors displayed in children of alcoholics, many risk factors are present within the home and external environment that contribute to social and psychological problems. Of primary importance, many children of alcoholic families face the realistic evaluation of a more difficult childhood, and thus may find it difficult to “loosen up” and enjoy themselves without effort (Alberta Alcohol and Drug Abuse Commission, 1992 as cited by Gmel & Rehm, 2003). As a result, adult children of alcoholics (ACOAs) may deny or minimize feelings of sadness, experience unexplained symptoms of depression, and face considerable difficulties in interpersonal relationships. Additionally, in spite of vowing, “It will never happen to me,” ACOAs may develop personal problems associated with alcohol and/or other drugs, or endure related struggles with romantic partners. Many children of alcoholics, whether healthy or unhealthy, share a commonality through adaptive family roles. Family members develop coping patterns to stress characterized as Hero, Scapegoat, Lost Child, Mascot, and Placater (Greenfield, 2006). These coping patterns developed in childhood can have serious ramifications in adulthood such as fear of criticism, failure to recognize personal accomplishments, and constant need for external approval and perfectionism.

Common Effects and Consequences for Adult Children of Alcoholics

Researchers have identified common long-term effects and consequences of parental alcohol consumption on minors, and thus have posed concerns related to frequency and quantity of use. For example, many scholars have examined the correlations and associations of the origin of addiction, duration of substance involvement, perceived protective and risk factors within the home and community, and effective parenting styles. Research findings have concluded an association between alcoholism and gender differences in neglectful parenting (Robinson & Rhoden, 1998 as cited by Robinson, Carroll, & Flowers, 2001). Female children of alcoholics report less social competence (Hussong, Zucker, Wong, Fitzgerald, & Puttler, 2005) than male youth. Alternatively, paternal alcohol abuse has a higher risk in male children than female youth. For both genders, having a parent diagnosed with a dual diagnosis (Hussong, Flora, Curran, Chassin, & Zucker, 2008) may intensify punitive control and negative experiences in children of alcoholics. Unhealthy coping mechanisms and maladaptive behaviors may limit functional life (Hall & Webster, 2002) and influence parenting styles (Hall & Webster, 2007). Individuals experiencing many of these dissociative symptoms may imitate dysfunctional patterns in their family of procreation.

Relationship Satisfaction for Adult Children of Alcoholics

Parental alcoholism affects children of alcoholics in diverse and often harmful ways (Campbell, Masters, & Johnson, 1998). Individuals are more apt to transfer unhealthy generational patterns in romantic relationships (Johnson, 2001). Many ACOAs may experience an increased need for relational control and avoidant attachment style (Beesley & Stoltenberg, 2002). Individuals who have a greater sense of control and emotional closeness in their relationships may characterize their relationship as satisfactory. Thus, individuals reared in addiction-related households are more likely to remain single and engage in premarital cohabitation (Watt, 2002). Many ACOAs may prefer the individualistic status, preferring less physical and verbal closeness with others (Fisher et al., 2000).

Practical Implications to Effective Treatment

There is an increased need to address intrapersonal functioning and interpersonal characteristics of adult children of alcoholics in treatment. Seeking treatment may be a difficult process for adult children of alcoholics. Individual, group, and family therapy can promote problem-solving and coaching skills needed for second-order change. Researchers and practitioners have noted effective treatments for individuals struggling with addiction. Participants in counseling may work best using counseling techniques such as Eye Movement Desensitization and Reprocessing (EMDR) trauma treatment (Madrid, Skolek, & Shapiro, 2006). EMDR is positively associated with increased functionality such as enhanced sobriety (Marich, 2009), increased memory, and reduced cravings (Hase, Schallmayer, & Sack, 2008). In addition, there is an increased need to continue community and school prevention efforts for children and youth who identify with the presence of one or more adults dependent on alcohol and/or other drugs. Wong et al. (2006) highlights the need for prevention programs to implement effective strategies using cognitive behavioral treatment and focusing on youth resilience.

Lastly, individuals may benefit from the use of continued supportive services of recovery programs. The traditional 12-step programs continue to accommodate individual aspirations and family needs of recovering addicts/alcoholics beyond aftercare and discharge. Individuals who participate in the safe havens of recovery programs share unified experiences (e.g., guilt, anger, depression, fear, trust) and ultimately gain supportive networks and improve coping skills.

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