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Academic Article

"Living in the Bottle"

An exploration of the family system and how it has affected the adult children who have a parent with an alcohol addiction.

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"Alcoholism isn't a spectator sport; eventually the whole family gets to play"

(Burditt, 1978).

Introduction

According to Alcohol Action Ireland (2012), one child in eleven reported experiencing a negative impact on their lives due to their parents' drinking. The organisation's National Audit of Neglect Cases indicated that alcohol misuse was a factor in sixty two percent of cases of neglect. The Steering Group Report on a National Substance Misuse Strategy stated that alcohol was a risk factor in seventy five percent of Irish teenagers who were taken into care. In Ireland there are over a quarter of a million children under the age of fifteen who are living with a parent who abuse alcohol (Murphy, 2012).

Brown and Lewis (1999) highlight an important fact in relation to

alcohol abuse. They suggest that historically, treatment focussed primarily on the drinker and not on the family as a whole. The thinking was that once the drinker became sober, the family would automatically be okay. They suggest that rehabilitation is a necessary factor which should include the whole family (Brown & Lewis, 1999). The National Drug Strategy, interim report 2009 - 2016, took a new approach in relation to drawing up this report in that they consulted with people around Ireland at public consultation meetings in fifteen locations. They set up focus groups which included people who had undergone treatment for addiction and also met with addiction specialists. They added a new pillar - rehabilitation (National Drugs Strategy, 2009-2016).

The Hidden dynamics at play

In families with alcohol addiction, roles and rules within the family are different. The boundaries are often too fluid and uncontaining for the children, with the family system becoming blurred and enmeshed. The result of these conditions leads to chaos, confusion and poor family function (Brown & Lewis, 1999). The organisation Adult Children of Alcoholics (ACOA) says that parental alcohol abuse is, for the offspring: "A disease that infected you as a child and continues to



Roles in the family are usually static, the parents are in charge and the children can normally predict how the family functions. In dysfunctional families, this is often not the case. Walker (1992) talks about the dysfunctional family system being like a baby's mobile; when one part moves, the other parts are moved also in order to compensate for the disturbance in the system. He adds that when the members of the family unit have all shifted to a new position, each member reacts from a complicated defence system that guards the true emotions (Walker, 1992). The adjusting process that takes place for the children within the family with addiction is problematic for them; they develop defence mechanisms in order to cope, such as denial and projection (Doweiko, 2009).

Life with the non-drinking parent

Much of the research to date in this area has explored the adult child's relationship with his or her drinking parent. There has been little research carried out on the relationship between the ACOA and his non-drinking parent. Some of the literature would suggest that living with a parent with codependent characteristics is perhaps as damaging to the child as having a parent with alcohol addiction (Bernstein, 2014; Sher, 1997). Codependency often goes beyond focussing on alcohol addiction to focussing on issues like poor mental health, poor physical health or immaturity. The codependent individual has a conscious wish to help their significant other to get better, yet an unconscious draw to keep the person dependent (Walshe, 2015). When codependent tendencies prevail into adult life and the underlying issues are not

worked through, these individuals can latch onto their children and demand compensation from them (Blackmore, 2015).

The non-drinking parent may be caught up in a cyclical drama involving his or her own issues from their family of origin. These people unconsciously fell in love with somebody who held the lost parts of themselves. They found a partner who would help them to co-create or re-enact the childhood drama where mum or dad's absence or their addiction was interpreted as a lack of love, but this time the ending would be different; it would be re-written (Hendrix, 2001).

As this happy ending is not panning out as planned, the non-drinking partner can work harder and harder to try to create this. When their partner gets more detached from them and more attached to the alcohol, this can be interpreted as a lack or a failing in the non-drinker; they must do more. The non-drinking parent can become sader and more hopeless as the relationship continues to function in a dysfunctional way.

Characteristics of the Codependent Personality

The problems of codependency arise from having clearly rooted deficits from early childhood in relation to nurturing, where parents were neglectful, abusive or had addiction issues (Frank & Golden, 1992). Codependent parents see their children as extensions of themselves rather than separate, unique human beings. These children can be indoctrinated to meet their parent's needs and support their parent's self-esteem. These children must find a way to adapt and survive; they often feel that their own needs and feelings are wrong, especially if they do not meet with the approval

of their parent. The child loses touch with his innate cues and responses and the healthy growth of his autonomous self is impaired (Lancer, 2014).

Codependent individuals allow other peoples' behaviour to affect them. They can be overly focussed on controlling their partner's behaviour (Beattie, 1992). One element of codependency is 'enabling' which is fixing problems for others and doing so in a way that interferes with growth and responsibility (Bernstein, 2014). There is a greater likelihood for the spouses of individuals with alcohol addiction to have enabling tendencies (Rotund et al, 2004).

Parent – Child role reversal

Janet Woititz talks about the child in the alcoholic family system linking feelings of guilt with being responsible; being responsible means that they can do something to fix the situation. She says that giving up guilt means giving up control and this, for the child living in such a family, can lead to disaster; it will change the family dynamic, the give-take system where the child gives and the parent takes. It should be the job of parents to take care of their children so that the children don't have to take care of their parents (Woititz, 1990). When a child takes on or assumes an adult-like role, this is defined as parentification (Fitzgerald, et al., 2008).

In dysfunctional families, children are often rewarded for 'wrong attributes' or 'wrong actions' such as parentification, thus cementing their self-esteem issues and their skewed coping mechanisms; the negative effectives of which are long lasting (Bedrosian & Bozicas, 1994). It is very often the oldest child that takes on the hero role, the child that is most likely to take on the parentification, while their

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peers are enjoying the carefree world of childhood (Robinson & Rhoden, 1997). The taking on of this role comes at a very high price – their childhoods (Chase, 1999).

Ideally, children should be encouraged to be children and enjoy their childhoods, however, when support is lacking for parents, they can look to their children for this support. When a parent loses his or her partner through death or addiction, this opens up a vacancy for a 'surogate spouse'. Very often one of the children is encouraged to fill this role (Adams, 2011). The slipping into an adult role is, for these children both strong and frequent in families with addiction and it is usually the oldest girl that takes up this role. There is an unawareness in these individuals in later life, when they go for therapy, of any connection between their childhood role and experience and their present difficulties (Ewart, 2012). When children take on the role of being parents to their own parents or to their siblings, it comes at the expense of their own development (Chase, 1999). The child needs to prop the parent up in order to keep some semblance of functionality in the family. Parentification takes place within the context of insecure attachments (Byng-Hall, 2002). Sharon Wegscheider-Cruse (1981) wrote about the survival roles that children follow in order to cope with addicted family members. Such roles include: hero, mascot, scapegoat, and lost child. Usually the oldest child is the hero, achiever or helper and one of the middle children the scapegoat (Wegscheider-Cruse, 1981). Children can get locked in to a role that can originate from their birth order or the fact that they were seen as an 'easy child' from birth (Middleton-Moz & Dwinell, 2010).

The instillation of Guilt and Shame

Guilt and shame may be seen as similar, but there are very important differences between the two, particularly in relation to their onset. Guilt is more complex and more based in language than shame is. Guilt can be related to unacceptable behaviours; it can be linked by the child to certain actions or inactions - to what they have done or to what they have failed to do. Shame however is a very different phenomenon. Shame is an emotion that is internalised at a young age, before the child is able to discriminate between himself and his behaviour (Cozolino, 2010). Guilt, being based in language seems to develop at a later stage than shame does. Shame is more an internalised feeling that is owned as part of the self, it seems to have developed perhaps at a much younger, preverbal stage of the child's development. The shamed person is bad as opposed to the guilty person who has done something bad (Cozolino, 2010). Guilt therefore is an emotion that is easier to live with, the child can usually do something to make amends as it is usually clear to them what the source of this guilt is - they have not washed up the dishes or they smashed a cup, they can distance themselves from the guilt. It is much harder to put distance between the self and the shame.

The child who experiences shame feels bad but cannot put his finger on the origin of this bad feeling, it is not linked to an action or inaction. There is a strong tendency for children who experience shame to become codependent; they go around doing good deeds in order to compensate for an imagined committed sin (Cozolino, 2010). Survival guilt exists for the adult child of addiction, particularly if they manage to get out of the family system, leaving others in it (Dayton,2008). Children who grow up in these homes do not have emotional sobriety. They live in a black and white world where they try to make sense of something that does not make sense. Very often, they take on the blame for the problems within the family (Cermak,1991). In their black and white or dichotomous thinking, there is no room for mistakes (Quick, 1990).

Tim Hayes (2015) suggests that children who grow up with a parent with an alcohol addiction have similarities to people experiencing post traumatic stress disorder (PTSD). He uses the term 'ACOA syndrome' to describe the existence of the black and white thinking, hyper vigilance, anxiety, shame and unresolved anger issues present in these individuals (Hayes, 2015). There is often confusion about feelings and issues with control (Nevis, 2000). These control issues help the child to keep the three rules that are usually instilled in the child from their parents - to not speak, to not trust anybody and to not have feelings (Capretto, 2007). This will have a knock on effect on these children throughout their lives; they will have a difficulty in forming relationships (Atkinson & Hornby, 2002). The advice that parents give their children growing up should be given to protect them and keep them safe. Advice such as "look both ways when crossing the road" is very good advice that will serve the child well both in childhood and in adulthood. however advice such as "do not trust strangers" though appropriate in childhood, will not serve a person well in adulthood. If children continue to believe in advice from their parents that no longer serves them well, they can become isolated and lonely (Hay, 2009).

Problems with self regulation cause black and white thinking which involves the child swinging from extremes; they find it difficult to live in the middle ground (Dayton, 2008). There is a tendency, with black and white thinking to reduce overwhelming situations into good or bad, safe or unsafe (Gerlach, 2011). These children can experience a depth of shame; this comes from the veil of secrecy that their parents insist they live under as well as living in a shame based system and the resulting feeling of being contaminated by that shame (Flores, 2007). The antedote of shame is love and acceptance (Helgoe, 2002). Shame emphasises a person's weakness and vulnerability and increases the liklihood of rejection (Lansky, 2005). There is very often a desire to flee the shame-inducing environment (Bybee, 1998). Once these children are old enough, they cope by distancing themselves from the family of origin in order to avoid further interactions with family members that have not been positive (Dunas, 2000).

When a child is told not to speak and not to feel, this causes him to be confused and to not trust his feelings, he then takes on a 'false self' persona. The concept of the false self was first introduced by Winnicott in 1960. When parents impose on their child a need for compliance with their wishes or expectations, the child takes on this false self persona in order to cope with this expectation (Winnicott, 1965). When this happens, children will lose touch with who they are, in a way, they cease to exist (Bradshaw, 1988). The child loses his sense of self: his false-self persona pleases his parent and attains for him validation and security. When a child does not have enough support in order to become emotionally and psychologically

separate from his parents he develops a 'codependent false-self' (Weinhold,2012).

If children do not have their love and belonging needs met, they will develop codependent characteristics (Webb, 1992). The need for love and belonging was first described by Maslow in 1943 as one of the elements of what he described as a 'Hierarchy of Needs' (Maslow, 1943). It is important consideration in the recovery of the adult children that each part of them should be addressed and treated (Alternatives in Treatment, 2016).

Conclusion

A briefing was held in July 2016 in Leinster House by the Oireachtas Cross Party Group on Alcohol Harm. The chairperson, Senator Frances Black said that children who come from families with alcohol addiction are among the most vulnerable in today's society. She added that these children suffer from 'hidden harm'; they suffer in silence and do not know where to turn to get help. When children live in homes where a parent abuses alcohol this has a deep and long lasting impact on their lives. Black suggested that more measures are needed to protect these children and to provide early and effective interventions for them (AlcoholAction Ireland, 2016).

An analysis Report carried out by the (Irish) Western Region drugs task force in 2015 looked at supports that were available and availed of by communities in the west who were affected by addiction. The report revealed that barriers to seeking support were identified as feelings of shame, fear of being stigmatised, denial and fear (McDonagh & Reddy, 2015).

Some of the hidden factors that exist in families with alcohol addiction including the element of shame that can exist within the entire family seem to be one of the reasons for the resistance within these families to seek help. Community involvement and support could make a big difference to families who are struggling and may help to lift the lid on the silent, secretive lives some children are forced to live in. "Let's raise children who won't have to recover from their childhoods" (Leo, P, 2008).

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