

IMPACT OF DRUG ABUSE ON THE FAMILY

ALCOHOLISM: A FAMILY DISEASE

Seven million children live in homes where one or both of the parents are alcoholics. Twenty-one million adults grew up in families disturbed by alcoholism. These adults are four times more likely to abuse alcohol and drugs (FBP, 1991, p. 4).

Alcoholism is an illness that effects the entire family. It seals off the alcoholic and isolates the family members from each other and from people outside the family. Even though the problems are great, they are avoided, denied, overlooked, or masked (FBP, 1991, p. 4). Alcoholism is like a dinosaur in the living room. To the outsider, the dinosaur is impossible to ignore, but to those in the home, they pretend that it is not there because of the helplessness of getting rid of the beast. Pretending is the only way they can all exist in the family. Lies, excuses, and secrets are as common as the air they breathe in the home. This creates tremendous craziness for the children (Forward & Buck, 1989, p. 73). Every member of the family is affected by a drinking family member. Resentment builds in the child towards the alcoholic parent because that person force the child into adult roles that he or she is not mature enough to take on yet (FBP, 1991, p. 4).

Study Questions

- 1. At what rate are adults who grew up in alcoholic families more likely than the average adult to abuse alcohol or drugs?**
- 2. What is the example that alcoholism is liken to? Is it visible from outside of the family? Is it visible from inside the family?**
- 3. Why does resentment build in the child toward an alcoholic parent?**

Effects on the Family

The way alcoholics think and behave is harmful to themselves, and it is harmful to their family members as well. The emotional upset caused by the way the alcoholic acts makes everyone miserable, and creates an unhealthy atmosphere that strains the bond which holds the family together (FBP, 1991, p. 4). The emotional and psychological climate of an alcoholic family is very close to a family where one or more of the parents abuses drugs, regardless if the drugs are illegal or prescription drugs (Forward & Buck, 1989, p.73).

Some of the unhealthy feelings that are commonly found in a alcoholic family are:

SUSPICION: Family members begin to think that the alcoholic is lying or manipulating them. This can cause accusations, arguments, and conflicts. Unpredictability (not doing the same thing all the time) leads to parents who are inconsistent in their actions (FBP, 1991, p. 4).

FEAR: Family members become afraid of the alcoholic's mood swings and anger outbursts which sometimes happens in violent moments. Children in families who abuse substances never know what to expect (FBP, 1991, p. 4).

DISAPPOINTMENT: The alcoholic often disappoints his or her family by breaking promises. Children soon learn not to trust adults. This also tremendously affects how much a child thinks of

him or herself. The child may feel that the adult does not care about the child's feelings or how he or she thinks of him or herself (FBP, 1991, p. 4).

RESENTMENT: As the alcoholic puts more and more demands on the rest of the family members, they become resentful and angry at the alcoholic. This anger can be shown in a variety of ways (FBP, 1991, p. 5).

ISOLATION: Family members become distant from each other and from people outside of the family. They are unable to invite friends over because they do not know if the alcoholic may show up drunk and make a scene (FBP, 1991, p. 5).

One thing that is learned early by the child is to keep the "Big Secret." The shame the child would feel if the secret ever got out is enough for the child to keep quiet. The family puts on a "everything is fine" face to family outsiders. It is united by the need to deal with its common enemy (substance abuse). The secret becomes the glue which keeps the tortured family together. The big secret has three elements (Forward & Buck, 1989, p. 74):

1. The alcoholic's denial that there is a problem even though there is overwhelming evidence of the problem, and despite the alcoholic's actions which frighten the other family members and make them feel less about themselves (Forward & Buck, 1989, p. 74).
2. The alcoholic's spouse and other family members deny that there is a problem. Some of the common excuses that are often given are "Mom drinks to relax," "Dad tripped on the carpet," or "Dad lost his job because he had a mean boss" (Forward & Buck, 1989, p. 74).
3. The act of the "normal family" that the family members present to each other and to the rest of the world (Forward & Buck, 1989, p. 74).

The act of the normal family is especially harmful to a child because it forces him or her to deny the truth of his or her own feelings and thoughts on the world. It is almost impossible for a child to develop a strong sense of self-confidence if he or she must continually lie about what he or she is thinking and feeling. This guilt makes the child wonder whether people really believe him or her. As the child grows older, this sense that people doubt him or her can continue. This can cause him or her to keep from revealing anything about him or herself, or giving an opinion. Many times, children of adult alcoholics are very, very shy (Forward & Buck, 1989, p. 75).

Keeping the act going takes a lot of energy. The children must always be on guard. It is hard to make friends, and they become lonely. The loneliness pulls the children deeper into the family's problems. The children get an enormous and distorted (not true) sense of loyalty to the people who share their secret, the family. This blind loyalty becomes a destructive, controlling influence in their lives (Forward & Buck, 1989, p. 75).

Study Questions

1. **The way alcoholics think and behave is _____ to themselves and it is _____ to their family members as well.**
2. **What is the relationship between the emotional and psychological climate of an alcoholic family and one where there is drug abuse?**

3. List the five unhealthy feelings that are found in an alcoholic family and a short sentence describing them.

- (1)
- (2)
- (3)
- (4)
- (5)

4. One thing that is learned early by the child is to _____, the _____ the child would feel if the _____ ever got out is enough for the child to keep quiet.

5. What are the three elements of the big secret?

- (1)
- (2)
- (3)

6. Why is the act of the normal family so hurtful to a child?

7. What can blind loyalty to the family do to a child as he or she grows up?

ROLES IN THE FAMILY

There are several roles that children can adopt as they try to respond to the craziness caused by alcohol or substance abuse in their family. Three sets of family roles will be discussed. They are based on an film by Gerald T. Rogers called "Soft is the Heart of a Child," a model used by text books by Virginia Satir, and a newer model based on work by Claudia Black (FBP, 1991, p. 6).

Model 1 (Gerald T. Rogers film)

Brian - The "responsible child." He has taken on the responsibilities of a parent that his parents have abandoned. He appears to be mature beyond his years, but he has not had the opportunity to emotionally grow up and thrive in a normal way like most other children. He will be taking care of his younger brothers and sisters, and even reminding his parents when it is time to go to work. This is at a time when he should be out playing ball and associating with his friends. The "responsible child" often grows up and becomes a "driven" workaholic because he does not know how to enjoy life. Some people believe that the responsible child or "leader" either hates those with alcohol problems or it is much easier for him or her to become an alcoholic as this person tries to deal with buried anger over a lost childhood (FBP, 1991, p. 6).

Terry - The "rebellious child." This person is acting out his anger and resentment of his father's drinking and the problems it is causing. He is drawing the family's attention away from the alcoholic, and the family begins to blame him for all of the conflicts and problems. Without being stopped, he is likely to start drinking his father's beer from the refrigerator. His defiance can lead to trying and abusing other drugs. He may try marijuana and ever "crack." He is likely to have a full-blown addiction to a drug by the time he is fifteen (FBP, 1991, p. 6).

Lisa - The "quiet child." She does not cause any problems for the family, but she has many problems of her own. She is controlled by fear, and turns to fantasy and withdraws in order to

handle the family craziness. she is very afraid and feels neglected by her parents. She needs attention and love, but her parents are unable to meet her needs because of their own problems. Without professional help, Lisa may grow up and develop an addiction of her own. She may turn to drugs to fill her emptiness. She may marry someone who is like her alcoholic father so that she can unconsciously try to save him (FBP, 1991, p. 6).

Children who are full of fear may try to save themselves as adults because they may subconsciously blame themselves for their parent's problems. When children of alcoholic or substance abusers grow up (called adult children of alcoholics/substance abusers or adult children for short), they may marry or live with a substance abuser, and relive this terrible childhood period by enabling an alcoholic who had the same traits as their alcoholic parents. Adult children feel more comfortable with something they are familiar with, and they tend to marry into similar relationships. This may be because this is the only life they know, or they may blame themselves for their parent's alcoholism. There will be repeated marriages to alcoholics who may physically abuse them as the cycle repeats itself again and again. A learned pattern of helplessness and illogical (not reasonable) dependency controls the adult child as he or she is torn between the family addiction and loyalty to his or her spouse. The spouse, because of his or her addiction, has become a master manipulator. The adult child is likely to become co-depe (dependent on another person to make you feel whole) (FBP, 1991, p. 7).

The mother in the story is developing her own alcohol problem as she moves deeper into the role of an enabler. She initially covers for the father's drinking and takes on the entire responsibility for the children. As the father manipulates her into his own addiction, she becomes co-dependent with him, giving up her role as a parent, and adding more pressure to Brian in the story who assumes the parental role (FBP, 1991, p. 7).

The father in the story follows the path of alcoholism that is typical of many addictions. He moves into heavier, more compulsive (feels he has to drink) use and as a result drives his family into further craziness as a result. He neglects his children who want to be loved and supported, and shows increasing rage (anger) towards his children. He lies to his kids by promising to take them out, and then manipulates (cons) his wife to go out drinking with him. He spends more and more of his money on his alcohol addiction, and even uses his wife's check to support his habit. When a school counselor gets involved to stop the increasing cycle of school problems caused by Terry, the father is resentful and angry rather than admit he has an addiction. He is in total denial over the problems he has created (he does not want to admit he had anything to do with the problems) (FBP, 1991, p. 7).

Study Questions

- 1. What has the "responsible child" taken on that the parents have abandoned?**
- 2. What will the "responsible child" be doing at the time when he should be playing ball and associating with friends?**
- 3. What does the "responsible child" often become when he or she grows up and why?**
- 4. What is the "rebellious child" acting out?**
- 5. What does the "rebellious child" draw away from in the family and what is the result?**

6. What is the "rebellious child" likely to have by the time he or she is fifteen?
7. Does the "quiet child" cause any problems for the family?
8. The "quiet child" is very _____ and feels _____ by his or her parents.
9. She (the quiet child) may marry someone who is _____ her alcoholic father so that she can _____ try to _____ him.
10. What type of people may adult children of alcoholics/ substance abusers marry or live with and why?
11. The adult child is prone to _____ - _____.

FAMILY ROLES

Model Number 2 (Satir's Model)

This model shows several roles that family members can take. These roles are different for different families, and family members can shift between roles (FBP, 1991, p. 7).

THE ENABLER - This person is usually a spouse, but really the entire family is, to some extent, an enabler. The enabler helps an alcoholic or drug user to continue his or her habit. The enabler pays bills, makes excuses, and slows the "hitting bottom" that users must eventually experience before a cure of the addiction can take place. Enablers sometimes had addicted parents themselves, and feel that they are being loyal to the family and keeping the family together by what they are doing. They can be emotionally very dependent, have a martyr complex, and have poor abilities to communicate with others which is also an area which needs professional help. They are really co-dependent (FBP, 1991, p. 8).

THE HERO OR RESPONSIBLE CHILD - This child tries to do everything right or perfect. He or she thinks that this might help improve the family. Heroes make very good grades, and do things perfectly so they can avoid further family problems. In their own mind, heroes are trying to ease any feeling of guilt they have over the family's problems. These children are attempting to protect the family from anyone outside of the family interfering because they feel shame and embarrassment (FBP, 1991, p. 8).

THE SCAPEGOAT - This child gets into trouble often. It is convenient to blame this child for whatever goes wrong in the family. The child takes attention away from the parent who is actually the problem by being inept or vulnerable. The scapegoat may have problems at school, and generally demands attention because of his or her problem behavior. The scapegoat provides a good diversion from the problems in the alcoholic parent by making him or herself look worse. The scapegoat also has a tendency towards substance abuse (FBP, 1991, p. 8).

THE REBEL - The rebel is a very angry and defiant child who has learned to satisfy his or her own emotional needs by impulsive (not planned) or aggressive actions. He or she basically likes to do things society does not approve of and can get into legal problems at an early age. He or she is often openly angry against anyone who is in authority he or she mistrusts. The rebel tries to gain satisfaction through material and "ego-boosting" activities (these could be illegal activities). Because of his or her hatred for authority and rejection of society's values, he or she can develop

criminal ways of thinking and behaving. Rebels tend to act without thinking and they have little tolerance for frustration (FBP, 1991, p. 8).

THE LOST CHILD - This is a withdrawn and fearful child who tries to reduce family craziness by being very quiet. The lost child seldom complains, even if he or she gets unfair treatment as compared to the other children. The child tends to withdraw from the family, and will entertain him or herself for hours with simple toys or simple games. He or she uses fantasy a lot to escape the pain that exists in the family, and turns to older brothers or sisters, teachers, neighbors, or others outside the home for support when it is needed (FBP, 1991, p. 9).

THE MASCOT OR CLOWN - This child is the "family jester." He or she uses humor as a defense against problems in the family. The mascot or clown takes attention away from family problems by being funny, cute, or adorable. He or she fills a need for family attention by putting on a show that everyone, including the drug-using parent, can enjoy. This child knows how to make a joke at just the right time to break up a tense situation and change the focus away from the real problem of alcohol or drugs (FBP, 1991, p. 9).

Study Questions

- 1. What does an enabler help an alcoholic or drug user to do?**
- 2. How does an enabler do this?**
- 3. What have enablers sometimes had?**
- 4. What do they think they are being?**
- 5. Enablers are really _____ - _____.**
- 6. What does the scapegoat do in the family?**
- 7. What does the scapegoat provide in the family?**
- 8. The scapegoat also has a _____ towards substance abuse.**
- 9. The rebel tries to gain satisfaction through _____ and _____ activities.**
- 10. What can develop in rebels because of their hatred for authority and rejection of society's values?**
- 11. Rebels tend to _____ without _____ and they have little _____ for frustration.**
- 12. What kind of child is the lost child and what is the child trying to do?**
- 13. What will the lost child tend to do?**
- 14. How does the mascot or clown use humor for him or herself?**

15. What need is the clown filling?

16. What does the clown's use of humor at just the right time do?

OTHER ROLES

Model Number 3 (Claudia Black)

This model shows a more recent understanding of how dependent families relate to one another. This model is based on the work done by Claudia Black (FBP, 1991, p. 9).

THE RESPONSIBLE CHILD

As has been mentioned earlier by Ms. Satir, this child takes the role of parent in the family because of the irresponsible actions of the alcohol or drug-abusing parent. He or she is pushed into the role of a parent at a very early age, and builds up large amounts of pent-up anger because he or she was robbed of their childhood by their parents. The responsible child makes a good worker, but has trouble dealing with people and has poor emotional development. He or she has trouble establishing close relationships later in life because of his or her problems trusting and developing closeness with other individuals (FBP, 1991, p. 9). Very often this child is the oldest or an only child in the family (Black, 1981, p. 11).

When there is craziness and no order in the home due to the parents, a child will find a way to give order to him or herself. This child will "take charge" to see that brothers and sisters have their homework done, in bed on time, up and ready for school in the morning, and that basic household functions are done when one or both parents can not be "a parent" and do these things due to their drug use. This order that the responsible child gives makes it easier for the alcoholic to be preoccupied by drinking and the enabler to be preoccupied with the alcoholic (Black, 1981, p. 11,12). In a sense, the child has become an enabler by doing those things that the parents should be doing and thus protecting the drinker from the results of his or her actions. The child is not "playing house," he or she is really running the house.

The responsible child feels, and is, very organized. The child very quickly learns how to plan and get things done. In school, this child will be the class president, team captain, etc because the planning skills he or she has learned at home are so far above those of his or her classmates. He or she is not learning these skills in school, he or she already knows and uses them. The responsible child is not one who gets into trouble in school and is sent to the principal's office. In fact, these organizing and accomplishing skills are encouraged and rewarded in school. This child, out of necessity, knows how to get things done and how to get people to do them (Black, 1981, p. 12).

This child has learned the hard way to rely completely on him or herself. He or she has learned from experience not to trust or depend on parents to do what they said they would. The old saying, "If you want to get something done, do it yourself" becomes a way of life. A responsible child begins to believe that adults, in general, will not be there when help is needed. He or she thinks this means that adults don't care, or are not very sensitive to his or her needs (Black, 1981, p. 12,13).

Adults tend to like this type of child and think of him or her as "very mature," "dependable," and "serious." The responsible child is so serious that he or she is thought to be not a lot of fun to be around by classmates. The responsible child will be in activities that he or she can control. This child will either be very active in school functions, or will not have an active life at all. Because

he or she concentrates on doing things, it distracts him or her from the family problems. As a child, taking on this responsibility does make the child's life easier (Black, 1981, p. 14).

THE ADJUSTER

This child adapts easily and accepts circumstances without question. He or she has a fatalistic outlook on life (what ever will be, will be), and may become passive or dependent as an adult. The adjuster will blindly follow without question, and accepts the fact that he or she is in a disturbed situation (FBP, 1991, p. 10). He or she does not think about or try to change the crazy family situation: he or she has no feelings about it at all. The adjuster is almost invisible in the family. The other children in the family may think he or she is selfish. He or she will spend a lot of time in his or her room or with friends. He or she will say that he or she is not sad because the alcoholic parent has not shown up at any school or sporting activities (Black, 1981, p. 14,15).

The typical thoughts of an adjuster are, "Put me in a situation and I will handle it, I won't feel, get upset, or question it; I will just respond to it." No matter how dangerous the situation like a young teenager driving a drunken parent home, if the adjuster is asked to do something, he or she will do it. There is no thought of questioning if the request was proper or not; the request is obeyed. The child just feels it is safer to do what is asked rather than asking anyone any questions (Black, 1981, p. 15).

The adjuster is a very "average" student in school. He or she does not draw any attention to his or herself, either positive or negative. Like at home, the adjuster "fits in" at school. He or she does not make any impression on teachers at all. the adjuster is not a school leader. The adjuster is "in school," but is not a part of it. He or she is detached (apart) from school just like he or she is detached from the family (Black, 1981, p. 14).

THE PLACATER

The placater is pictured as a sensitive child who blames him or herself if every family member is not happy. This child tries to soothe hurt feelings and comfort people in pain. The placater tries very hard to make his or her family perfect, but never succeeds. The placater will bury his or her own needs and wants. As a result, he or she is often unable to assert (present a positive image to others) him or herself. They often bury their feelings or escape from stress rather than tell someone what they need (FBP, 1991, p. 10). His or her feelings are hurt more easily than his or her brothers or sisters, but he or she likes to make others feel better (Black, 1981, p. 18).

Parents know that the placater is not selfish, and they think he or she knows how to share; they are very proud of him or her. If the placater is disappointed by a parent, he or she does not show it, and the parent does not have to worry about the child being disappointed. If he or she wants to cry, he or she will do it alone. On the outside, he or she seems to be a very warm, caring, sensitive child who does not cause any problems (Black, 1981, p. 19).

In school, the placater acts the same way. The qualities of soothing other people's feelings and trying to make them feel better make the placater will-liked in school. His or her classmates will think of this person as a friend that they can share their problems with. He or she never deals with his or her own feelings; he or she deflects attention from him or herself and trains it on others (Black, 1981, p. 20).

As an adult, everyone thinks the placater is a "nice" person. He or she spends time trying to please others and make them feel better. In some cases, he or she will work in jobs which do this

for a living as shown by this half-joking remark, "Those of us in the helping professions did not gravitate here accidentally. There must have been something wrong with us to be so preoccupied day-in and day-out with the pain of others." Adult placaters grew up never thinking about what they want; they have trained themselves only to be concerned about providing for others (Black, 1981, p. 19,59-60).

Adult placaters are really very, very lonely people. they do not know how to take care of their own needs. They always want to give and never receive. In many cases, they get into relationships with people who are takers and who do not take responsibility for their own emotional lives. In some cases, these "takers" will be alcoholics or future alcoholics themselves: everything then starts all over again. Because of this loneliness, placaters become more assertive and think about themselves more after a few drinks of alcohol. Drinking allows them to feel their anger. Before long, there is the danger that a "few drinks" will turn into a serious alcohol problem (Black, 1981, p. 59-60).

THE ACTING-OUT CHILD

This is the typical "rebel child." He or she has a lot of anger towards authority. This child feels things are owed him or her, and antisocial behavior (doing things not allowed by society) is common. This child will have problems in school, be often punished, and defy (go against) authority. The acting-out child tends to use alcohol or drugs as his or her way of rebelling. Because of impulsive (spur-of-the-moment) actions, he or she is thought to be self-centered and entitled to things in life (FBP, 1991, p. 10).

The childhood roles discussed earlier draw positive attention such as the responsible child or draw no attention to themselves such as the adjuster or placater. The acting-out child is just the opposite; he or she draws very negative attention to him or herself. The acting-out child's actions are more typical of the craziness that really exists in the family. The child's behavior allows the family to concentrate on his or hers actions and ignore the problem of alcohol in the family. Experts indicate that a large number of children raised in alcoholic homes will fit the acting-out child role. This type of behavior is learned by the child, and the ones he or she learned it from are the parents (Black, 1981, p. 21).

The acting-out child does not think good about him or herself, and senses that same feeling in his or her parents. He or she can not talk to his or her parents in a healthy way. Rather than bury his or her feelings, the acting-out child will use wrong behavior as a way of saying, "care about me," or "I can't cope." In the end, the child's actions makes his or her problems worse when the immature parent nags, cries, beats the child, calls him or her names, or destroys the child's self-esteem (how the child thinks about him or herself) (Black, 1981, p. 22).

If the acting-out child does get any professional help at all, the help will probably be only for the actions which get the help. The help may not recognize the role of an alcoholic family which caused the actions in the first place. The only emotion the acting-out child really feels is anger. He or she can not act sociably with other people, and can not tell people what are his or her real needs. If the acting-out child winds up in jail or in a hospital, he or she will continue that pattern later in life (Black, 1981, p. 22,60-61).

By the time the acting-out child is an adult, his or her behavior has caused major problems which makes his or her life harder. He or she may not have a high school diploma which means it will be harder to get a job. He or she has problems controlling anger which may cause problems holding a job. He or she may tend to marry too early or foster children without being married (Black, 1981, p. 62).

Study Questions

1. What type of trouble later in life will the responsible child have and why?
2. Adults tend to like the responsible child and think of him or her as _____, _____ and _____.
3. The responsible child will be in activities that he or she can _____.
4. The adjuster is _____ easily, and _____ circumstances without question.
5. What type of adult may the adjuster be?
6. How visible is the adjuster in the family?
7. What kind of student is the adjuster in school?
8. Is the adjuster a student leader?
9. How is the placater pictured?
10. What will the placater try to make the family be and does he or she succeed?
11. How will the placater do to feelings or stress?
12. Does the placater act any different in school than at home?
13. How is he or she liked at school?
14. How is the adult placater described as an adult?
15. What is the danger that "a few drinks" can become with placaters?
16. What is another name for the acting-out child?
17. What is the acting-out child thought to be and what attitude is he or she thought to have?

SUMMARY OF MODELS

Most experts agree that these roles develop in people from drug-abusing (alcohol is a drug) families. What actually happens is that the various roles may be blended in a person from a disturbed family caused by drug or alcohol abuse. As an example, a particular child of a such a family might have characteristics of, say, both the lost child and placater using Claudia Black's models as an example. Much of what we know about what roles family members take has recently come to us from the people who have been affected by alcoholism or drug abuse.

Children who have grown up in these situations have identified unique behavior patterns that they and their brothers and sisters have developed. If we learn about these patterns, then we understand why adult children of alcoholics or drug abusers act the way they do, and we can make some changes for the better (FBP, 1991, p. 10).

Study Questions

- 1. What does it mean when the roles are blended in a person from a disturbed family caused by alcohol or drug abuse?**
- 2. Why is it so important to understand why adult children of alcoholics or drug abusers act the way they do?**

WHAT CAN HAPPEN LATER IN LIFE

The last sentence in the previous section said that if we recognize what had happen to us when we were children in these crazy homes, we can start making some changes in our lives. If we do not make changes, what might some of the results be in our own lives. What will be said about adult children of alcoholics applies to adult children of drug abusers as well.

The Myth of Fixing the Past

A child of an alcoholic family will make a strong promise to him or herself never to marry an alcoholic, but that deep-rooted familiar pattern he or she grew up in is a lot stronger than any conscious promise. Adult children frequently marry alcoholics. The new mate may have been a secret drinker before marriage, but the adult child "finds" the person anyway. The pattern of life with the alcoholic spouse, no matter how painful, is familiar and known to the adult child. The adult child failed to "rescue" the parent when he or she was a child, maybe he or she can "rescue" the spouse. We tend to reenact (relive) our past battles because we think that this time we will get it right - we will win the battle. This continual reliving of old, painful experiences is called a "repetition compulsion" (Forward & Buck, 1989, p. 79,80).

"Why Do I Keep Going Back for More?"

Many children of alcoholics develop a high tolerance for accepting the unacceptable. They will have several relationships with people who share common traits of violence and/or substance abuse. The adult child does not have any understanding of how a loving parent should act because of his or her experience as a child. He or she tends to make a connection between love and abuse: they become one and the same. The adult child thinks he or she can not have one without the other (Forward & Buck, 1989, p. 81,82).

You Can't Trust Anyone

Because adult children have learned as a child that the people they love will hurt them and are very unpredictable, they are afraid of getting close to another person. To have a true "adult" relationship between two people, lovers or friends, a major sense of trust, openness, and vulnerability (willingness to be hurt) must exist. These are the very elements an alcoholic household destroys. Because of this, many adult children are drawn to people who can not share

because of their own problems. The adult children "think" they are in a "relationship," and they do not have to experience what, to them, would be the terror of real intimacy (Forward & Buck, 1989, p. 83).

The Golden Child

Remember when we talked about the "hero" or the "responsible child?" What happens when that child grows up? That hero drives him or herself without stop during childhood to be perfect, something that can not be achieved. That drive continues as an adult. Rather than having a sense of worth as an individual, the adult child is trying to prove his or her worth to others by achieving unrealistic goals. The adult child's sense of worth and value comes from grades, awards, honors, promotions, and not from inner confidence. The adult child is trying to balance his or hers parent's failures by overachieving (Forward & Buck, 1989, p. 89)

"I Have to be in Control at All times"

Remember all of that craziness in the home caused by an unpredictable life and parents when the adult child grew up? Well, guess what happens later. He or she grows up with an unstoppable need to control everything and everyone in his or her life. He or she will control the spouse and children by telling them what to do, when to do it, and how to do it. This is especially true of the "responsible child." The adult child may drop a mate or lover before the mate or lover "dumped" him or her, even though there was no hint that the mate or lover was thinking of doing such a thing. This is a way of staying in control. This does not make for happy relationships. This defense against loneliness as a child brings about loneliness as an adult (Forward & Buck, 1989, p. 90,91)

Study Questions

- 1. What promise will adult children of alcoholics make and what is the result?**
- 2. The adult child _____ to " _____ " the parent when he or she was a child, maybe he or she can " _____ " the spouse.**
- 3. What do children of alcoholics develop a high tolerance for?**
- 4. He or she tends to make a connection between _____ and _____. The adult child thinks he or she can not have one without the other.**
- 5. What elements must exist before a true adult relationship can happen between two people? What does an alcoholic household do to these elements?**
- 6. What does the responsible child's or hero's sense of value come from?**
- 7. What causes an adult child to attempt to control everything and everyone?**
- 8. What does the defense against loneliness as a child cause?**

CONCLUSION

Drug and alcohol abuse is a family disease. The damage from the disease can go into adulthood when adult children relive the trauma (damage) in hurtful ways. The roles that the child takes appear to be a natural response by the child to the family imbalance caused by the addicted parent. These roles vary from family to family, but they usually include the "responsible child" which is described as the hero or leader who early in life picks up the responsibility of parenthood, and tends to become a rigid or unbending perfectionist in later life. There is also an "acting-out" or rebel role who draws attention away from the parents to him or herself by being disruptive and defying authority. There may be a "placater" as well who learns to calm parents, smile on the surface only, and bury his or her own needs. This child is acting like this because of fear. Children of Alcoholics (COAs) (and drug abusers as well) have a greater rate of alcohol and drug abuse, and often will repeat the cycle of addiction in their lives as it is passed from one generation to the next (FBP, 1991, p. 12).

Claudia Black has written several books on the effects of alcohol on the family.

It Will Never Happen to Me
My Dad Loves Me, My Dad Has a Disease
Repeat After Me, The Stamp Game

These are recommended reading for someone who either came from or is in this environment. They will answer many questions as to why things happen as they did and why I am like I am today.

There is plenty of help for the family when they are ready to accept it. Sources of help are listed in the telephone book under "alcoholism information and treatment." Some examples of sources of treatment for families are licensed psychologists, substance abuse counselors, and other mental health professionals who are experienced and well trained to help dependent and/or co-dependent families in overcoming problems. Following are some self-help groups which are also an important part of recovery (FBP, 1991, p. 11).

Al-Anon Family Group Hdqtrs.
P.O. Box 862, Midtown Station
New York, NY 10018
212.302.7240

Alateen Family Group Hdqtrs.
P.O. box 182, Madison Square Garden
New York, NY 10159-0182
212.351.2680

Children of Alcoholics Foundation
200 Park Ave., 31st floor
New York, NY 10166
212.351.2680

Wives Self-Help foundation
Smylie Times Bldg., Suite 205
8001 Roosevelt Blvd.
Philadelphia, PA 19152

Al-Anon and Alateen are a world-wide network of support groups for families and friends. The programs are adopted from AA and therefore participation is confidential and cost-free (FBP,

1991, p. 11).

Children of Alcoholics helps people overcome self-defeating thinking and behavior that developed as a child (FBP, 1991, p. 11).

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N.Y.:Bantam Books