CHILDREN OF ALCOHOLICS

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CHILDREN OF ALCOHOLICS

The accessibility and acceptability of alcohol and toleration of inebriation conspire against a clearly defined, socially useful pattern or model of drinking. The child of alcoholic parents is further confused by feelings of guilt and compassion toward the illness of alcoholism.

Illness affects more than the sick person. With the illness of alcoholism, the tangential damage to the family is extensive, and most so upon the children.

It is only recently that studies have revealed that there are 10 million alcoholic adults in the United States; that over 75,000 people die of alcohol-related deaths annually; that almost $43 billion is lost to the nation as an outcome of alcoholism; and that alcohol abuse increases, by eleven times, the likelihood of a marital rupture. (1) With all the knowledge we have gained of late, we know little about alcohol's most defenseless and tragic victims, the children of alcoholic parents. Estimates place their number at 29 million (2) but the accuracy of this figure is uncertain because alcoholism and its effects remain hidden.

Children have no choice in being born to an alcoholic parent, and their dependent status during their important formative years offers them little chance of refuge from the unstable environment that becomes their lot. Instead of the reasonably constant warmth, love, and support that most children experience, children of alcoholic parents are afloat in a sea of countless psychological and emotional pulls and pushes. The strongest pull is the fact that the child of the alcoholic is at great risk to become an alcoholic himself.

The devastating cycle of alcoholic parent and disturbed child is not inevitable. If health care professionals recognize that many of alcoholism's potential victims are likely to be the children of alcoholics, then we have a head start toward prevention. While we identify and treat alcoholic parents; we can make their children the target of prevention programs. First it is essential that the obstacles of stigma and societal ignorance be overcome. Then, the alcoholic person can be identified and a curative process begun.

Children Imitate Parents

Most studies confirm that however the parents drink, so, most likely, will their children. Heavy-drinking parents will tend to produce heavy-drinking children; moderate drinkers, moderate-drinking children; light, light; and abstainers will tend to produce children who abstain. (3)

The similarity in drinking patterns between parent and child has caused some to attribute unhealthy drinking behavior to genetic influences. The evidence to support such a conclusion is weak in my judgment. A more likely (and more hopeful) reason is that parents serve as a child's primary role models. Whether in speaking or walking, or in reaching for a scotch and water at the first awareness of discomfort, the child learns from parental and other family examples how to behave in most areas of life, including the use and abuse of alcohol.

Recent statistics claim that as many as 50 percent of today's alcoholic people are the children of alcoholic parents. (4) Other reports suggest that a minimum of one-third of the children of alcoholic parents can expect to abuse alcohol as adults. Studies further show that daughters of alcoholic mothers are twice as likely to drink heavily than are their brothers. The same is true for fathers and sons. (5)

Miller's longitudinal study of twenty years' duration of alcohol use by poor, multi-problem urban families reveals that 36 percent of the children of alcoholic families were heavy users of alcohol, where in families who had serious problems other than alcoholism (e.g., criminal records, poverty, emotional disabilities) only 16 percent of the children were inclined to abuse alcohol, i.e., to become intoxicated. (6) The same longitudinal study reveals that two-thirds of the patients of alcoholic treatment center populations had histories of significant people during their childhood who had solved problems by abusing alcohol. (7) We should not be surprised, then, when a matured person in need turns to the familiar patterns of adjustment employed by those in his formative years. Yet, statistics such as these provoke a logical question: Why, after experiencing the harm and pain that alcohol abuse can inflict, do children continue to follow their parents' examples?

A Muddled Message

Alcohol is widely accessible and socially acceptable in this country despite the fact that its abuse by some is a serious problem for the nation. For most people alcohol is an unquestioned fixture of the home, ready to be shared with guests, friends, and relatives. Its usual consumption occurs at such festive occasions as anniversaries, birthdays, and holidays, or with food and at parties—at any of the traditionally en-

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joyable experiences of our culture. Alcohol also enjoys a prestigious position in many religions, where it symbolizes events or serves a ritualistic purpose. At times, it is even used for its medicinal qualities: to counteract depression, to impart relaxation of tension, to help one unwind after a hectic workday, or to permit the expression of certain unconscious desires that are repressed while one is sober. To some, alcohol is a necessary component of certain activities. The American cocktail party is a prime example. There, small talk among mere acquaintances would be painful, if not impossible, were it not for the release brought on by alcohol.

In our society, these examples of alcohol use are held up as positive phenomena, as are alcohol advertisements which depict liquor in a fashionable, seductive manner. Children who witness such messages conclude that alcohol is a good thing that offers people a pleasurable experience. The sanctioning of alcohol abuse as standard, accepted behavior and toleration of inebriation and all of its physical and behavioral complications does not allow for a clearly defined, socially useful pattern or model of drinking. In any event, the range of what children see and experience is what forms the basis for their perception and use of alcohol throughout their adult lives.

In our society, use of alcohol on festive and social occasions, and for religious and therapeutic purposes, conveys the message that alcohol is good.

Moreover, approbation of alcohol abuse limits our ability to define alcoholism. I prefer the definition I have used in the past: Alcoholism is a chronic behavioral disorder which is manifested by undue preoccupation with alcohol to the detriment of physical and mental health, by a loss of control when drinking has begun (although it may not be carried to the point of intoxication), and by a self-destructive attitude in dealing with personal relationships and life situations. Put more simply, alcoholism is drinking too much, too often. It is permitting alcohol to play an inordinately powerful role in a person's life. Alcohol can be an adjunct, but when it becomes a purpose, problems are inevitable.

Adolescence and Alcohol

Teenagers are most susceptible to alcohol abuse. Although some writers may have overemphasized the psychological trauma of adolescence, there is no question that it is a remarkable period of transition between the controls of childhood and the freedom of adulthood. Inasmuch as our society refuses to acknowledge formal rites of passage, using alcohol is a major opportunity for many teenagers to identify with "adult" behavior. The fact that adolescents are generally unpracticed drinkers (although 40 percent have previously experienced alcohol by the age of ten) means that primary experimentation is likely to result in intoxication. (8)

We need to be reassured, however, that the abusive drinking of many adolescents—if they are not killed by some activity they mishandle because they are overdosed—does not mean adult alcoholism. As indicated above, it is mainly children of alcoholic parents who are in great jeopardy as a consequence of abusive drinking in adolescence.

Multiple influences determine the complex behavior of each individual's taking alcohol and responding to it personally and societally. Yet, without exception, it is the adult members of an adolescent's world that remain the greatest influence on his behavior. In fact, surveys indicate that most teenagers first taste alcohol in their own homes. (9) Parents supervise this introduction with words of caution (not always examples of caution) on when and when not to drink: only at Christmas dinner or Passover, for example, or a few sips of champagne to toast the New Year. In time, however, exposure to alcohol results in its use particularly as an expression of independence and proximity to adulthood.

Opposing theorists contend, however, that teenagers use alcohol not to associate with adulthood but to rebel against it. (10) Rebellion is—like beauty—in the eyes of the beholder, and a discussion of it is beyond the scope of this paper. I am compelled, however, to state that in my experience what

is often labeled as a rebellious thrust of an offspring is really the outcome of an overidentification with parents.

Like most people, parents are ambivalent, dealing often in shades of grey that are labeled as hypocritical by the black-white world of the young, but that are often the outward covering of some hidden and not-so-hidden desires. Children do not require the disguises of feelings and desires of the adult world and are sensitive to the *real* feelings and wishes of their parents. They latch onto these, frequently, as goals of their own, causing horror to their parents when the parents are confronted with activity that lives out their suppressed desires. Adults can measure the intensity of their denial by how much they are injured by their children's overidentification.

In most instances, in spite of our need to glorify childhood as the happiest of times in a person's life, it remains true that teenagers are more interested in attaining adulthood than they are in defying it. Alcohol as a measure of the attainment of adulthood is further demonstrated by studies that show that the frequency and amount of use increase with age. (11)

Of particular note, these studies evidence that teenagers tend to use alcohol more if one or both parents are permanently absent from the home. For example, in homes where there is no father, the male teenager tends to assume the adult male drinking role. Likewise, an absent mother results in increased alcohol use for the daughter. Alcohol, in this sense, becomes equated with adulthood, and a teenager's premature assumption of an adult role includes an accelerated use of alcohol in a home where drinking is common. To an adolescent, the two are interchangeable: Alcohol means you are an adult, and to be an adult means you must drink.

For a small and diminishing percentage of teenagers, however, the consumption of alcohol is in no way associated with adulthood or with the defiance of the adult world. These children are the offspring of parents who do not drink. Like the children of alcoholics, they have learned their attitudes about alcohol from their parents. Abstinent parents teach their children to reject alcohol in both overt and subtle ways. They may use verbal reinforcement to tell their children that alcohol is harmful and that they disapprove of its use in any situation. Alcohol is never kept in the home, and at celebrations or other forms of entertainment it is always absent. A family lifestyle or culture is created exclusive of alcohol.

For the teenager who inherits the customs of the abstinent parent, it is highly likely that he will reject alcohol altogether. The major difficulties for young people in such circumstances are two-fold: They live in a society that places value on taking alcohol; and some abstinent parents—usually militant teetotalers—have a hidden attraction to alcohol. If children of such a family try alcohol, they are prone, in time, to develop patterns of alcohol abuse. (12) Recall that children are sensitive to the real feelings and desires of their parents and are apt to overidentity with a teetotaling parent's hidden attraction to drink.

The Alcoholic's Home

The factors that make for a "healthy" home background are unknown. We hold up as essentials food, clothing, shelter, affection, warmth, and consistency. For the child of the alcoholic parent, the basic needs may be absent or inconsistently or uncertainly available.

Further, though all children receive hurts and disappointments when growing up, the child in the home of alcoholics has an added dimension of humiliation and guilt. The painful position of the child would be mitigated in a sense if the parent suffered from a gross physical or mental disease: Either would be clearly delineated, labeled, and accepted by most people without ascribing blame. Sympathy and concern, yes; guilt and responsibility, no. In the case of alcoholism, however, we have not clearly defined it as an illness and accepted the alcoholic person as suffering a condition beyond his control. We have not even agreed upon what is responsible use and nonuse of alcohol.

Again, the confusion of society visits itself massively on the child of an alcoholic adult. The unpredictability of parental behavior when the parent drinks heightens the child's anxiety, while the lack of differentiation between what is acceptable and what is wrong stimulates guilt, confusion, compassion, and ambivalence.

This unfortunate circumstance for the child is further complicated by the afflicted circumstance of his parents' marriage. Studies and statistics confirm both the disturbances and disruptions common to the alcoholic marriage. (13) The disturbances are not conducive to development of any sense of emotional stability. The disruptions interfere with development of any sense of support. Loyalties are diffuse, while sources of support are tenuous. The nonalcoholic mate is pulled between a desire to help the alcoholic partner recover and a desire to give support to other family members. Depending on his or her degree of dedication to the family, the negative effects of alcoholism on the children can be minimized or emphasized. Studies of alcoholic families show that when the nonalcoholic spouse is supportive, then other members of the family lend their support as well. (14) If the spouse is unwilling to extend support, the children make little effort to help each other with their mutual problems.

Yet another complication for the child of an alcoholic parent is the fact that nonalcoholic spouses—protestations aside—often support and sustain the alcoholic problems of their mates. They are not only the sustaining spur to the alcoholism, but they often precipitate other abusive actions that the alcoholic person inflicts on himself and on other members

of the family. Although the nonalcoholic parent should be the best hope for insulating the child from the negative home environment, because of his or her own problems he or she often cannot normalize an alcoholic home situation.

A tragic aspect of the home of alcoholics is physical abuse. Alcohol, in contrast to most psychoactive drugs, heightens aggressive or "reaching-out" behavior. With heavy doses, verbal and physical violence and disorganized behaviors of all kinds become more common. No matter who is the intended victim, all members of the family suffer from these unprovoked alcohol-induced outlashes. Physical violence breeds confusion. The stimulus for the violence is rarely manifest or correlated to the wrath. Yet, in our nature and experience, when pain is inflicted upon us, we are certain it is in retaliation for some wrong.

Abusive behavior in an alcoholic's home causes the family members to be more severely depressed than those in homes where alcohol is absent. Alcohol and other drugs become medicines and mechanisms to soothe the depression, increasing the risk for abuse responses. Moreover, there is evidence to suggest that daughters whose childhoods were punctuated by paternal bouts of violence later have difficulty interacting with men. (15) Sons in response to paternal violence become confused in defining what constitutes a normal male role. These sons may become homosexual or experience difficulties in most relationships.

The other common form of offense to the child of the alcoholic parent is neglect. Excessive drinking can cause some people to become quiet and withdrawn, shutting out family and reality. When even a parent does not care or provide affection, the child often develops guilt for self—"I must be a bad person"—and thus lacks the necessary confidence to establish basic relationships.

Violence and emotional deprivation are serious enough for the child. What can be even worse is the inappropriate affection sometimes lavished upon children by their heavily overdosed alcoholic parents. Rape and incest do occur, leaving malignant emotional scars on children who usually suffer in silence. It is not a pleasant circumstance to be the child of an alcoholic parent.

Problems Outside the Home

Outside the home, children of alcoholics face additional difficulties. As school is their major sphere of socialization, it is there that most of their academic, peer relations, and behavior problems surface. Children of alcoholic parents face obstacles in realizing their scholastic potentials. Problems in the home sap their energies, and diminished reserves of self-confidence and self-esteem thwart them.

Although many of these children evidence scholastic underachievement, other children of alcoholic parents will strive for and achieve great academic success. (16) For the latter, academic accomplishment is an escape vehicle from the life that threatens to annihilate them. They are the highly successful adults who attribute their achievements to their need for early maturity, independence, and self-motivation.

For the sons and daughters of excessive drinkers, peer relations in school are turbulent. The insecurity, confusion, lack of confidence, and embarrassment cultivated at home is translated either into active mood swings or needs or into insatiable dependency demands in the classroom. In other words, children of alcoholic parents actively expect their school world to respond to their every whim. Otherwise, they often become helpless, expecting everyone to care for them. Confusion about what constitutes a normal role model makes it difficult for them to interact naturally with peers of one or both sexes. Cruel classmates may intensify their isolation by making fun of the alcoholic parent.

To further aggravate the child's distress, friends made are often friends lost, as there is a tendency for alcoholic families to move from one abode to another. (17)

School authorities are familiar with the problems children of alcoholic parents face, as are child guidance centers. Many such centers report a higher than expected incidence of alcoholism in the parents of their clientele. (18) Miller's longitudinal study of multi-problem families and multi-problem alcoholic families reveals further that the children of the latter are twice as likely to receive counseling for psychological problems during the school year. The study further showed that although most signs of emotional or psychological strain surfaced during the subjects' high school years, 15 percent were seeing a counselor in junior high school and 5 percent evidenced emotional problems as early as elementary school.

Behavioral problems that result in either suspension or expulsion from school are also exhibited more frequently by children from alcoholic homes. Children of alcoholics leave school voluntarily in larger numbers than any other studied group of children. (19) Teenage girls from alcoholic homes experience pregnancy at a younger age than other teenagers. Teenage boys of alcoholic homes leave school to join the military (where alcoholism is prevalent and there is constant moving similar to disruptions in their former home life), while others leave school to assume the provider and stabilizer role in the family when one or both parents become incapable of maintaining the family.

Other Factors

The multitudinous problems experienced by the child of the alcoholic parent are severe in both impact and duration. Yet not one appears to cripple the child (as well as the alcoholic parent) so much as the moral implications of alcoholism. Unlike most other physical or emotional illnesses.

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alcoholism carries with it a stigma that is similar to the stigma of leprosy in ancient days. People implicitly or explicitly patronize alcoholics. By word or deed they imply that the alcoholic victim is weak, without conviction, control, or moral fiber. Condescension, self-righteousness, ridicule, derision, and disgust are not uncommon responses to the alcoholic person. Others choose to ignore him, pretend that he and his problem do not exist. These people refuse to regard alcoholism for what it really is: an illness that must be identified and treated in order to be stopped.

Oddly enough, it is a doctor who can be the alcoholic's worst enemy and, by association, the child's. Through a lack of knowledge and concern about his patient's alcohol problem, a physician is often responsible for delayed diagnosis and treatment of the illness. Alcoholism's damaging effects thus have more time in which to alter the lives of the alcoholic parent's children.

Certain other factors affect the plight of children of alcoholic parents. One of these is the socioeconomic level of the family. Empirical studies show that children from upper-class alcoholic homes suffer more seriously from depression than do children from lower socioeconomic groups. (20) High expectations, a great need for conformity, and better educational opportunities sensitize these children to their negative situation. Upper-income children of alcoholic parents tend to experience more difficulty in cultivating relations with the opposite sex and attempt suicide more frequently than those from lower-income alcoholic families. Children of lower socioeconomic groups tolerate a wider range of behavior, have lower expectations and educational opportunities, and, finally, exhibit milder responses to the impact of an alcoholic home life.

A child's age at the time parental alcoholism begins is a crucial factor in his chances for normal development. (21) Generally, the younger the child is at the onset of parental alcoholism, the greater the emotional damage. For example, a child of six with an alcoholic mother has only disturbed role-model experiences to observe. On the other hand, a person who has just turned seventeen when her mother begins drinking heavily has already gained most of her attitudes, perceptions, and personality characteristics. Parental alcoholism at this stage in her life will have less impact.

An only child in an alcoholic family will have to undergo the heartache and abuse of an alcoholic parent alone. Evidence suggests that the only children of alcoholic parents tend to feel more depressed and confused. Moreover, they tend to experience greater difficulty developing relationships with the opposite sex than do children who make up larger alcoholic families. There is, apparently, a diffusion of intensity of emotion when there are siblings with whom one can share a mutual problem.

However large the family, it is the eldest child who is most vulnerable to the negative effects of parental alcoholism. Since eldest children usually adopt premature adult roles (as they have only adults with whom to identify), they are the ones who are forced into "provider" roles and images. Instead of experiencing a period of dependency and parental care, these eldest children are pushed into independence and decision-making. Often they must furnish emotional support for their parents. In adulthood they continue to play a supportive role in relationships, and often they will marry and befriend persons seeking dependence: alcohol victims or physically or emotionally handicapped individuals. Saddled by people who depend on them to survive, and existing with their own dependency needs unfulfilled and suppressed, these elder children suffer doubly the consequences of alcoholic parentage. Heavy drinking or drug-taking is a frequent result.

The problems of children of alcoholic parents do not end when they enter school or start their own lives as adults. The problems do not even dissipate if the alcoholic parent eventually recovers. To escape their situation, the children of alcoholics seek isolation or early marriages. Some submerge themselves in studying or pursue success. Others withdraw into protective shells of unemotional response.

Another outlet of these children is that of the model child who says the right thing, performs what is asked, and never complains. Regardless of what happens in the alcoholic's home, the model child steels himself against blame.

In spite of our knowledge that these people gravitate toward other alcoholic people in later life, suffer pervasive states of depression, experience difficulties in relating to people, and tend toward alcohol problems themselves, few agencies have focused their resources on identifying and meeting their special needs. (22) One study performed at the Massachusetts General Hospital in Boston revealed that children of alcoholics, though highly represented at the child psychiatric service, were least likely to receive treatment because of the nature of their problem. (23)

Most organizations that concern themselves with alcoholism are interested in the primary victim, the alcoholic person. Until recently, alcoholism's impact had been measured only in terms of loss of work productivity and of highway deaths. Recognizing that children of alcoholics are victims themselves is a recent, progressive development.

Interrupting the Cycle

Every city in the country now has at least one youth clinic specializing in alcoholism, and the National Council on Alcoholism has at least 200 local and regional affiliates. Al-Anon and Alateen, affiliates of Alcoholics Anonymous, offer services throughout the world and pay particular attention to the problems of family members. Private therapy is often considered the most effective treatment for alcohol problems in youths, but for many this is expensive and impractical.

Because prohibition imposed by law or by parents on youngsters is ineffective, prevention of alcohol problems by education about alcohol is the recent approach. Alcohol education programs have been conceptualized on what seem to be sound psychological principles; but because their long-term goals seek to change behavior in society on a large scale rather than merely to change temporarily the behavior of youngsters, definitive results will not be forthcoming for some years.

In general, the programs use various methods to achieve the following objectives: to inform youngsters about alcohol and how it affects the body, thereby rendering it less of a mystery and more manageable; to create awareness about the beneficial and harmful effects of alcohol; to lead youngsters to understand the personal, social, and cultural reasons adults and especially youngsters drink; to provide for discovery of alternatives to drinking and for alternative modes for solving problems or responding to pressure; to provide opportunity for youngsters to share their views, ask questions, and seek counseling; to integrate the program into school curricula or other group activities that are nonspecific to alcoholics so that youngsters with any degree of problems can gain peer support, experience personal acceptance into patterns of nonalcoholic behavior, and perceive the life options beyond their troubled homes or lives. Some of the methods that have been tested and have been well-enough received to warrant replication or continuation are described briefly below.

The Health and Welfare Agency of California sponsored a one-day alcohol education program which focused on creating awareness about the problems associated with alcoholism and gave intensive education to the 700 attendees in such a design that they could utilize it in their school and social environments. (24) The Alcoholism Council of Colorado initiated a summer program on alcohol studies which focused on peer leadership. Selected youths were trained as resource aids to teachers conducting courses in alcohol use and abuse. (25) Colorado, Nebraska, and California have implemented an alcohol education program called MAP (Models at Prevention), which trains teachers in elementary, junior high, and high schools to educate youngsters and deal with alcohol problems and which provides technical assistance to the teachers. (26)

At a Dallas County community college, an alcohol education program makes many of its services available to the greater community, which is an excellent means for reaching the previously undetected victims of alcoholic parents. (27) Counseling is offered at reasonable costs and workshops are implemented into high school and church curricula. Alcohol

ducation training for social welfare caseworkers, parole officers, and other agency professionals is also available.

In Somerville, Mass., CASPAR (Cambridge-Somerville Program for Alcoholism Rehabilitation), now in its fourth year of operation, affects 19,000 young people. (28) It focuses on teacher training and school curricula for grades 3–12 and on youth training for peer leadership. Because one of every seven adults in Somerville is considered alcoholic, the program's major goal is to reach the children of these parents and to teach them responsible drinking practices. The youth group has been highly successful in identifying and communicating with the target audience. Since the program's inception, drinking among Somerville youths has decreased.

The National Parent-Teacher Association organized and maintained for four years alcohol education programs in thirty-five states. At least one million parents, children, and teachers were helped to identify alcohol problems in their community. A nationwide public service campaign geared to teenagers and training for teams of students, parents, teachers, and school and health officials to develop and implement alcohol education programs in the school were major emphases of the program. (29)

The Cottage Meeting Program in Utah operates on a volunteer basis and focuses its alcohol education efforts on the alcoholic person's family, friends, and surrounding community. A trained volunteer conducts informal, friendly meetings at someone's home, where information and instruction, including handouts, on the topic of alcohol abuse are shared. Strategies to combat the problem are also discussed. The program hopes to change community attitudes about alcoholism, which it believes are reinforced by the environment. (30)

King County, Washington, has developed an alcohol education program dealing with prevention for all classroom ages. The program trains teachers to incorporate activities relating to alcohol into other classroom studies. (31)

Another approach to the children of alcoholic parents is occupational alcoholism programs, which identify alcoholic executives and then help them to recover from the illness. A major aspect of these programs is inclusion of the alcoholic person's family in the treatment.

Whatever the specific approach of prevention programs, the primary goal should be to teach the child that he is a valuable and important person. The child should learn that his parentage is not an embarrassment, that plenty of people have handicapped mothers and fathers. The plight of the child's parents is not the child's fault. Alcoholism is like any other illness and should be treated as such. It is of utmost importance that our educational programs expose the fallacies behind moralistic attitudes toward alcohol abuse.

NOTES

The author acknowledges the efforts of Sandra Smith and Gail Dickersin on behalf of this manuscript.

1. Statistics from National Institute on Alcohol Abuse and Alcoholism.

2. National Institute on Alcohol Abuse and Alcoholism (NIAAA), *Final Report: An Assessment of the Needs of and Resources for Children of Alcoholic Parents* (Rockville, Md.: NIAAA, 1974).

3. Margaret Bacon and Mary Brush Jones, *Teen-Age Drinking* (New York: Crowell, 1968).

4. Dorothy Miller, *Children of Alcoholics: A Twenty-Year Longitudinal Study* (San Francisco: Institute for Scientific Analysis, 1977).

5. Ibid.

6. Ibid.

7. Ibid.

8. H. Abelson et al., "Drug Experience, Attitudes and Related Behavior among Adolescents and Adults," in U.S. National Commission on Marihuana and Drug Abuse, *Drug Use In America: Problem in Perspective, Appendix, vol. 1, Patterns and Consequences of Drug Use* (Washington, D.C.: U.S. Government Printing Office, 1973).

9. George L. Maddox and Bevode C. McCall, *Drinking among Teenagers: A Sociological Interpretation of Alcohol Use by High School Students* (New Brunswick, N.J.: Rutgers Center of Alcohol Studies, 1964).

10. Ibid.

11. Ibid.

12. Morris E. Chafetz, unpublished data.

13. Morris E. Chafetz and Harold Demone, Jr., *Alcoholism and Society* (New York: Oxford University Press, 1962).

14. NIAAA, *Final Report*.

15. Ibid.

16. Ibid.

17. Miller, *Longitudinal Study*.

18. Ibid.

19. Ibid.

20. NIAAA, *Final Report*.

21. Ibid.

22. Ibid.

23. Morris E. Chafetz, Howard T. Blane, and Marjorie Hill, "Children of Alcoholics, Observations in a Child Guidance Clinic," in *Drug Use and Social Policy*, ed. J. Susman (New York: AMS Press, 1972).

24. State of California, Health and Welfare Agency, Office of Alcoholism, "Short Synopsis," unpublished report of Youth and Alcohol Day, Santa Barbara, 1977.

25. National Institute of Alcohol Abuse and Alcoholism, *NIAAA Information and Feature Service*, 28 November 1977.

26. Interview with Robert D'Alessandro, Project Director, MAP (Models at Prevention), 10 July 1978.

27. *NIAAA Information Service*, 17 January 1978.

28. Interview with Dixie Mills, Assistant Director, CASPAR, 10 July 1978.

29. *NIAAA Information Service*, 31 October 1977 and interview with PTA representative, 10 July 1978.

30. Bernie Boswell and Sandy Wright, *The Cottage Meeting Program: An Effective Approach to the Prevention of Alcoholism* (Salt Lake City: Cottage Meeting Program, 1978).

31. National Institute on Alcohol Abuse and Alcoholism, unpublished summary of the Prevention Model Replication Project, including "ESD #121 King County Washington Alcohol Education Curriculum Project," 25 October 1977.

Reading List

SONS AND DAUGHTERS OF ALCOHOLICS

MS 248 DECEMBER 1982

The following is an annotated reading list on the topic Sons and Daughters of Alcoholics. Publications and materials have been selected to aid both the professional and the layperson interested in current information regarding this subject. This list is not intended to be an exhaustive bibliography. Selected materials cover such topics as family interactions and personality characteristics; prevention, intervention, and treatment; family violence, child abuse and neglect; and fetal alcohol syndrome and genetic vulnerability.

Following the abstract for each selection is a notation giving the availability and cost of the item. Prices are subject to change.

Alcoholism/The National Magazine 1(3):1981. Family focus issue features the following articles on children of alcoholics:

(1) Black, C. Innocent bystanders at risk: The children of alcoholics, pp. 22-26.
The author contends that it is of immediate urgency that all helping professionals identify children of alcoholics and begin preventive work immediately. Ways these children can be identified, some of their typical behavior, and some of the emotional and even physical abuse they suffer are explained. The dynamics of the family are discussed, and three main roles (the responsible one, the adjuster, and the placater) found to be most characteristic of children in alcoholic homes are described.

(2) Dulfano, C. Recovery: Rebuilding the family, pp. 33-39.
The author contends that in today's increasingly fragmented society, the social group that bears the most responsibility for producing autonomous but connected individuals is the nuclear family; i.e., the family's task is to support individual growth and development and provide stability (while changing to adapt to individual and cultural demands). A profile of a family in which both the husband and wife have drinking problems is presented to illustrate the effectiveness of therapy in rebuilding the family structure. It is shown how the husband and wife were helped individually through Alcoholics Anonymous, and together as spouses and parents through family involvement.

Availability: Alcoholism/The National Magazine
P.O. Box C19051
Queen Anne Station
Seattle, WA 98109
($5.00 an issue)

Altman, M., and Crocker, R., eds. Social Groupwork and Alcoholism. New York: Haworth Press, 1982. This book contains the following articles on the topic of "children of alcoholics":

Brown, K.-A., and Sunshine, J. Group treatment of children from alcoholic families.

A play-therapy group for children between the ages of 6 and 12 of alcoholic parents is described, and the authors discuss the effects of parental alcoholism on the children's development. Children from alcoholic families constitute a vulnerable population whose lives can be changed through appropriate intervention. Alcoholism often damages family relationships, and the group therapy described here provides an opportunity to repair them. It is stated that through participation in groups, children can learn to put the familial alcoholism into perspective, find ways to cope with it, and achieve satisfaction in life.

Deckman, J., and Downs, B. Group treatment approach for adolescent children of alcoholic parents.

According to research data, children of alcoholic parents are twice as likely to become alcoholic as are children of nonalcoholic parents. Also, some children with alcoholic parents have significant emotional and behavior problems. The authors describe a group counseling treatment modality for adolescent children of alcoholic parents. The objective of the group is to help those children who have feelings of helplessness and isolation before they become fully mature. Results and common themes of the group experience are discussed.

Availability: The Haworth Press, Inc.
28 East 22nd Street
New York, NY 10010 ($16.00)

Black, C. It Will Never Happen to Me! Denver: M.A.C., 1982.

In this book, the author discusses the experiences of children of alcoholics--as youngsters, adolescents, and adults. In addition, the process of what happens and what can be done to prevent and handle the problems these individuals may face, is discussed. Identifying roles, problems children have within the home, family violence, and information about where to turn for help, are other areas covered in this book.

Availability: M.A.C.
Printing and Publications Division
1850 High Street
Denver, CO 80218 ($7.95)

Cermak, T.L., and Brown, S. International group therapy with the adult children of alcoholics. International Journal of Group Psychotherapy 32(3):375-389, 1982.

In line with the systems model of alcoholism, the Stanford Alcohol Clinic (California) has been treating alcoholics in group and family settings, as well as using the more traditional individual approach. As a result of success with this new mode of treatment, a dynamic interactional group for the adult children of alcoholics was instituted with a small number of patients. Preliminary results are reported here, and include the observation of conflicts concerning issues of control, trust, personal needs, responsibility, and feelings. It is contended that those conflicts stem directly from the coping styles of the alcoholic and the effect of the alcoholism on the family. Group therapy is described as a particularly beneficial therapeutic modality.

Availability: Library

Chafetz, M.E. Children of alcoholics. New York University Education Quarterly 10(3):23-29, Spring 1979.

The influence of alcoholism on children of alcoholic parents is examined. An estimated 29 million children in the United States have at least one alcoholic parent. As many as 50 percent of today's alcoholic individuals are children of alcoholics, illustrating the cycle of alcoholic parent and disturbed child. Adolescents are at a particularly susceptible age to be influenced by adult behavior. A disrupted marriage and abusive behavior in the alcoholic's home as well as problems encountered outside the home are all negative influences on the children. Various programs that deal with this problem, either through youth clinics or prevention programs, are cited.

Availability: National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
(no cost, request RPO 323)

Cotton, N.S. Familial incidence of alcoholism: A review. Journal of Studies on Alcoholism 40:89-116, 1979.

This review and tabular outline of 39 studies compares the incidence of alcoholism in the families of alcoholics and of nonalcoholics and examines the relative frequency of alcoholism and mental illness in alcoholics' families. Although a large percentage of alcoholics (ranging from 47 to 82 percent of the samples reviewed) did not report parental alcoholism, alcoholics were more likely than the nonalcoholics studied to have parents, siblings, or other relatives who were alcoholics.

Availability: Rutgers Center of Alcohol Studies
P.O. Box 969
Piscataway, NJ 08854
(Library photocopy: $.10/page)

Deutsch, C. Broken Bottles, Broken Dreams: Understanding and Helping the Children of Alcoholics. New York: Columbia University, Teachers College Press, 1982.

This book reflects 6 years of experience in training youth professionals, those persons with whom the children of alcoholics have regular, natural, and relatively trustful contact. These professionals include teachers, guidance counselors, school nurses, coaches, recreation leaders, physicians, among others. In the first part, certain assumptions and myths about alcoholism are examined. The way that children of alcoholics feel and react and the hazardous consequences of their upbringing are described. In the second part, the youth professional's role in the helping process is discussed.

Availability: Teachers College Press
Columbia University
New York, NY 10027
($13.95 paperback; $17.95 cloth)

Deutsch, C.; DiCicco, L.; and Mills, D.J. Services for children of alcoholic parents. In: National Institute on Alcohol Abuse and Alcoholism. Prevention, Intervention, and Treatment: Concerns and Models. Alcohol and Health Monograph No. 3. DHHS Pub. No. (ADM) 82-1192. Washington, DC: Supt. of Docs., U.S. Govt. Print. Off., 1982.

Consequences of parental alcoholism on their children are described, and reasons for lack of services for these children are discussed, including philosophical and ethical issues. It is contended that the overall goals of early intervention with such children are to minimize these harmful consequences and to help them introduce or support positive change in the family. Ten concrete objectives are offered toward the realization of those goals, together with their implications for how effective programs might be designed. Some of the important similarities and differences among these programs are also discussed. The intervention process is divided into five steps, and the strategies used at each stage by the exemplary programs are also described. Recommendations from participants of the Symposium on Services to Children of Alcoholics, convened by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in September 1979, for developing services for children are enumerated.

Availability: National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
(no cost, request BK 102)

el-Guebaly, N., and Offord, D.R. On being the offspring of an alcoholic: An update. Alcoholism: Clinical and Experimental Research 3(2):148-156, 1979.
This article presents a summarized review of recent studies that deal with four issues: the need for more treatment resources; the vulnerability of children of alcoholic parents compared with those of parents with other psychiatric diagnoses; the potential sources of strength of the competent child of alcoholic parents; and the relative lack of controlled and prospective studies.

Availability: Library

Galanter, M., ed. Currents in Alcoholism, Vol. 6. New York: Grune & Stratton, 1979. This volume contains the following chapter on the topic "children of alcoholics":

Barnes, J.L.; Benson, C.S.; and Wilsnack, S.C. Psychosocial characteristics of women with alcoholic fathers, pp. 209-222.
Psychosocial characteristics of young women at "high risk" were investigated on the basis of their fathers' alcoholism for the development of a number of problems, including alcoholism. Subjects were college women enrolled in undergraduate classes at Indiana University. Five areas of inquiry were selected for study: (1) drinking behavior and attitudes; (2) affective disorders, especially depression; (3) sex role characteristics; (4) sexual behavior and attitudes; and (5) perceptions of self and parents. Results indicated that daughters of alcoholics not only drink more, but also tend to experience more drinking-related problems and are more likely to drink for "personal effects." Results did not support the hypothesis that daughters of alcoholic fathers differ from daughters of nonalcoholic fathers on depression and sex role orientation, and no clear evidence was found of sexual maladjustment among alcoholics' daughters. Clear evidence was found that daughters of alcoholics perceived their fathers differently than daughters of nonalcoholics. Limitations of this study are briefly discussed.

Availability: Grune & Stratton, Inc.
c/o Academic Press
111 Fifth Avenue, 12th Floor
New York, NY 10003
($49.00)

Galanter, M., ed. Currents in Alcoholism, Vol. 7. New York: Grune & Stratton, 1980. This volume contains several chapters on the topic "children of alcoholics," including the following:

Jacob, T. An introduction to the alcoholic's family, pp. 505-513.
In this introduction, research studies on the alcoholic's family, his or her spouse, children, and family interactions are cited and briefly discussed.

Richards, T.M. Working with disturbed children of alcoholic mothers, pp. 521-527.
The feeling and fear and its consequences as revealed by three adolescents, each living with a mother who was alcoholic, is examined, In

a brief discussion of fear and control, it is noted that the primary impact of each mother's drinking rendered her emotionally unavailable to the child. This lack of maternal response was related to a defect in each child's fear response mechanism that hampered his ability to protect himself from dangerous internal and external stimuli. Following a description of the treatment process, two clinical vignettes are presented that illustrate counterphobia (fearlessness) and obsession with loss of control.

Availability: Grune & Stratton, Inc.
c/o Academic Press
111 Fifth Avenue, 12th Floor
New York, NY 10003
($54.50)

Goodwin, D.W. The genetics of alcoholism: A state of the art review. Alcohol Health and Research World 2(3):2-12, Spring 1978.

The three main approaches to studying the genetics of alcoholism have been twin; adoption, and half-sibling studies; and genetic marker studies. Twin studies have shown differences between monozygotic and dizygotic twin pairs in regard to alcohol use and abuse, but tend to be contradictory in regard to alcoholism. Most adoption studies have confirmed that alcoholism runs in families, or is "familial." Although this is not synonymous with "hereditary," it may help provide clues for future research.

Availability: National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
(no cost, request RPO 201)

Hamilton, C.J., and Collins, J.J. Role of alcohol in wife beating and child abuse: A review of the literature. In: Collins, J.J., ed. Drinking and Crime: Perspectives on the Relationships Between Alcohol Consumption and Criminal Behavior. New York: Guilford Press, 1981. pp. 253-287.

This chapter reviews available empirical evidence about the relationship between alcohol use and two specific types of family violence: wife beating and child abuse. An examination is also presented of proposed explanations for this observed empirical relationship between drinking or problem drinking and the occurrence of violence between family members. The findings of this review indicate that alcohol is more relevant to wife beating than it is to child abuse.

Availability: The Guilford Press
200 Park Avenue, South
New York, NY 10003 ($22.50)

Hawley, N.P., and Brown, E.L. Use of group treatment with children of alcoholics. Social Casework 62(1):40-46, 1981.

Treatment needs of children of active alcoholics are discussed, and a model of group treatment that allows such children to develop skills for coping effectively with an alcoholic parent is presented. Professionals are encouraged to work more directly with this affected population, which needs specialized help.

Availability: Library

Heller, K.; Sher, K.J.; and Benson, C.S. Problems associated with risk overprediction in studies of offspring of alcoholics: Implications for prevention. Clinical Psychology Review 2(2):183-200, 1982.

It is noted that, though children of alcoholics are often described as being at risk for a variety of social and psychological problems, many of the studies that have drawn this conclusion contain biases that lead to the overprediction of progeny vulnerability. Suggestions are made for obtaining more accurate data. Data on the frequency of positive adjustment outcomes and the characteristics that distinguish children likely to have achieved successful adjustment from those who have developed symptomatic behavior are conspicuously absent. It is contended that future prevention researchers could use this information to design programs to increase coping capacity and to provide environmental supports to reduce risks associated with alcoholic parentage.

Availability: Library

Jones, J.W. "Preliminary Test Manual: The Children of Alcoholics Screening Test," 1982.

Information on the development, reliability, and validity of the 30-item Children of Alcoholics Screening Test (CAST) is provided, including comments on how clinicians and researchers can best use this test.

Availability: Dr. J.W. Jones
6153 North Hamilton
Suite 2
Chicago, IL 60659 ($5.00)

Kern, J.C.; Hassett, C.A.; Collipp, P.J.; Bridges, C.; Solomon, M.; and Condren, R.J. Children of alcoholics: Locus of control, mental age, and zinc level. Journal of Psychiatric Treatment and Evaluation 3(2):169-173, 1981.

Results are presented from a study designed to provide descriptive data on children of alcoholics as compared with children from nonalcoholic homes and to report differences in the areas of mental ability, locus of control, and level of zinc. Subjects were 40 volunteer children between the ages of 8 and 13 years. The 20 children of alcoholics were drawn from the Youth Education Series (YES) conducted by the Nassau County (New York) Department of Drug and Alcohol Addiction. Children of alcoholics

were found to have depressed zinc levels prior to their drinking years and to be "externally" oriented on the Nowicki-Strickland locus of control scale. The boys were below the controls in mental ability. In these ways, children of alcoholics tend to mirror their adult alcoholic parent. Preventive and intervention strategies are discussed. The authors call upon the treatment community to include outreach, intervention, and treatment strategies in their ongoing activities for these high risk children.

Availability: Library

Knight, J.A. Family in the crisis of alcoholism. In: Gitlow, S.E., and Peyser, H.S., eds. Alcoholism: A Practical Treatment Guide. New York: Grune & Stratton, 1980. pp. 205-228.

The following general topics are discussed: psychodynamic causation in alcoholism; family dynamics; therapy with the family; and children and parental alcoholism.

Availability: Grune & Stratton, Inc.
c/o Academic Press
111 Fifth Avenue, 12th Floor
New York, NY 10003 ($28.50)

Landesman-Dwyer, S. Relationship of children's behavior to maternal alcohol consumption. In: Abel, E.L., ed. Human Studies. Fetal Alcohol Syndrome, Vol. 2. Boca Raton, FL: CRC Press, Inc., 1982. pp. 127-148.

Research literature is reviewed in a discussion of the relationship of children's behavior to maternal alcohol consumption. Experimental and clinical studies of the immediate effects of maternal alcohol intake on the fetus and newborn are cited, and behavioral characteristics of offspring of alcoholic women are discussed. Clinical descriptions of children with the fetal alcohol syndrome (FAS) are provided, including findings from prospective studies of the effects of maternal social drinking during pregnancy on the growth, survival, and behavior of offspring. It is contended that the human evidence is too scant to provide a basis for judging the specificity of prenatal alcohol effects on behavioral development. Other factors that might contribute to behavioral characteristics of offspring are briefly discussed, as are their possible implications for future research.

Availability: CRC Press, Inc.
2000 Northwest 24th Street
Boca Raton, FL 33431 ($64.00)

Moos, R.J., and Billings, A.G. Alcoholic and matched control families. Addictive Behaviors 7(2):155-163, 1982.

Children of relapsed and recovered alcoholic patients were compared with children from sociodemographically matched control families on a set of indices of emotional and physical status. The children of relapsed alcoholics showed more symptoms of emotional disturbance than did the

control children. In contrast, the children of recovered alcoholics were functioning as well as the control children. Additional analyses indicated that the emotional status of children was related to the emotional, physical, and occupational functioning shown by their alcoholic parent and nonalcoholic parent, as well as to family life stressors.

Availability: Library

Nardi, P.M. Children of alcoholics: A role theoretical perspective. The Journal of Social Psychology 115:237-245, 1981.

A review of the literature on children of alcoholics demonstrates a need for a social-psychological study assessing the processes and outcomes of growing up in an alcoholic family. The concepts of role theory as a research strategy are discussed, emphasizing the role conflict, sex role development, and role acquisition. It is believed that viewing the issue from this perspective leads to a sharper analysis of the dynamics of growing up in an alcoholic family than is currently available. It also presents a clearer perspective as to how so many children of alcoholics become alcoholics themselves, and suggests strategies for research, treatment, and prevention.

Availability: Library

National Institute on Alcohol Abuse and Alcoholism. Services for Children of Alcoholics. Research Monograph No. 4. DHHS Pub. No. (ADM) 82-1007. Washington, DC: Supt. of Docs., U.S. Govt. Print. Off., 1981.

This monograph is the product of a symposium on services for children of alcoholics sponsored by the National Institute on Alcohol Abuse and Alcoholism, held in September 1979 in Silver Spring, Maryland. The purpose and scope of this symposium are described, and identification, intervention, treatment, and prevention issues regarding children of alcoholics are discussed. General conclusions and recommendations are enumerated, and topic papers by discussion leaders and several program descriptions are appended.

Availability: National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
(Limited copies available at no cost;
request BK 92)

National Institute on Alcohol Abuse and Alcoholism. Family violence. Alcohol Health and Research World 4(1):2-35, 1979.

This special focus issue on the topic of family violence contains several authored articles that reflect the complex interplay between family violence and alcohol abuse. Specific articles include an overview on the family violence problem in the United States; points of interest raised by research and available treatment and other resources; a dis-

cussion of common behavior problems and therapy with children of alcoholics; presentation of a model training program for alcohol counselors and child protective workers; interviews with three experts in the alcohol abuse and family violence fields; and a resource listing.

Availability: National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
(no cost, request RPO 255)

Pilat, J., and Jones, J.W. "Screening Test and Treatment Program for Children in Alcoholic Families." Paper presented at the 30th Forum of the National Council on Alcoholism, Washington, DC, April 1982.

Research is cited in a discussion of alcoholic family systems and children of alcoholic parents. The 30-item Children of Alcoholics Screening Test (CAST) is described, and validation research on the CAST is reviewed. A three-phase treatment program for children of alcoholics, developed through a large family alcoholism treatment center located in Chicago, Illinois, is outlined. This program consists of an initial 4-week education and crisis intervention group (Phase I), a 12-week aftercare support group (Phase II), and participation in Alateen or pre-Alateen groups (Phase III). It is concluded that the CAST is a valid and reliable screening test, and that the three-phase treatment program is effective. A copy of the CAST is provided.

Availability: Dr. J.W. Jones
6153 North Hamilton
Suite 2
Chicago, IL 60659 ($1.00)

Steinglass, P. Life history model of the alcoholic family. Family Process 19(3):211-226, 1980.

Research and clinical interest in the alcoholic family has tended to outpace the development of family-oriented conceptual models of alcoholism. A family development perspective has been almost totally absent, despite the chronic, longitudinal nature of alcoholism. A life history model is proposed that uses the concepts of the "alcoholic system," family homeostasis, and the "family alcohol phase" as its building blocks. Chronic alcoholism tends to produce distortions in the normative family life cycle. These distortions and their clinical implications are discussed, using four case histories as illustrations of the concepts proposed. The model is also examined in the light of current research findings about the alcoholic family.

Availability: Library

Swinson, R.P. Sex differences in the inheritance of alcoholism. In: Kalant, O.J., ed. Research Advances in Alcohol and Drug Problems. Alcohol and Drug Problems in Women, Vol. 5. New York: Plenum Press, 1980. pp. 233-262.

Evidence for the proposition that alcoholism is genetically determined is examined, and the relative effects of any genetic factors in the two sexes in this regard are compared. Twin, adoption, half-sibling, and genetic marker studies are cited and summarized, and the relationship between alcoholism and other psychiatric disorders is discussed. Conclusions are considered for each sex separately.

Availability: Plenum Press
Plenum Publishing Corporation
227 West 17th Street
New York, NY 10011 ($55.00)

Wegscheider, S. Another Chance: Hope and Health for the Alcoholic Family. Palo Alto, CA: Science and Behavior Books, Inc., 1981.

In the first part of this book, the author discusses the roles played by various members in the chemically dependent family--the Enabler, the Hero, the Scapegoat, the Lost Child, the Mascot, and the Dependent. The second part of the book describes intervention and treatment programs that can put such families on the road to recovery.

Availability: Science and Behavior Books, Inc.
701 Welch Road
Palo Alto, CA 94306 ($12.95)

Wolin, S.J.; Bennett, L.A.; Noonan, D.L.; and Teitelbaum, M.H. Disrupted family rituals: A factor in the intergenerational transmission of alcoholism. Journal of Studies on Alcohol 41(3):199-214, 1980.

Members of 25 middle-class families in which one or both parents was an alcoholic were interviewed in an attempt to study the relationship between the observance of family rituals and the occurrence of alcohol problems in offspring. The families were divided into three categories depending on the presence or absence of drinking problems in the children, the 12 families having no children with drinking problems being "nontransmitters," the 7 having at least one child who was a heavy drinker being "intermediate transmitters," and the 6 having at least one child who was an alcoholic or problem drinker being "transmitters." The criteria for levels of drinking problems were Goodwin's (Abst. No. 803, Vol. 34, J Stud Alc). A "ritual" was defined as patterned behavior to which the family attributed symbolic meaning or purpose, and the rituals studied were those associated with dinner time, evenings, holidays, weekends, vacations, and visitors to the home. When observances of rituals before the period of parents' heaviest drinking were compared with observances during the period of heaviest drinking, it was found that ritual life was unaltered in 8 families (5 nontransmitters and 3 intermediate transmitters). In 10 families (6 nontransmitters, 2 intermediate transmitters, and 2 transmitters) approximately half of the rituals were changed, and in 7 families (1 nontransmitter, 2 intermediate transmitters, and 4 transmitters) all of the rituals were changed. When the intermediate

transmitters were excluded or grouped with nontransmitters, change in holiday rituals (at one time observed by 24 of the 25 families) was significantly ($p < .05$) associated with the transmission of alcoholism. Nontransmitters protected family rituals (i.e., observed them during the period of the parent's heaviest drinking as they had in the past) much more ($p < .005$) than the other two groups of families.

Availability: Rutgers Center of Alcohol Studies
P.O. Box 969
Piscataway, NJ 08854
(Library photocopy: $.10/page)

Selected Translations of International Alcoholism Research

THE CHILDREN OF ALCOHOLICS: A STUDY OF 66 CHILDREN OF ALCOHOLICS IN A CHILD PSYCHIATRY SERVICE

BY
M. BOURGEOIS
M. LEVIGNERON
H. DELAGE

(Translation of the original French article, "Les enfants d'alcooliques. Une enquete sur 66 enfants d'alcooliques d'un Service pedopsychiatrique," in Annales Medico-Psychologiques, Paris volume 2, number 3, pages 592–609, 1975)

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE • PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM • DIVISION OF EXTRAMURAL RESEARCH
PREPARED BY THE NATIONAL CLEARINGHOUSE FOR ALCOHOL INFORMATION

FOREWORD

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THE CHILDREN OF ALCOHOLICS

A Study of 66 Children of Alcoholics in a Child Psychiatry Service

The children of alcoholics, extensively studied in the 19th century (with reference to hereditary alcoholism and degeneration), now seem to arouse less interest in researchers. Nevertheless, we are dealing with very high risk children and, according to the title of a publication by Bosma, a hidden tragedy (Children of Alcoholics, a Hidden Tragedy, 1972). We will expand elsewhere on the essentials of recent studies. We summarize in the table given below the principal etiological factors burdening the future of these children as well as studies by some authors which examine the role played by these factors:

The Fate of Children of Alcoholics Principal Etiological Factors	
Genetic factors: Surveys of: --families (Winokur) --adopted children (Godwin) --half-brothers and sisters (Schukitt) --twins (Kaij, Omenn, Partanen) --blood groups (Nordmo, Camps...) --daltonism (Cruz, Coke).	
Intrauterine factors: Alcoholism in the mother: Ulleland, Jones, Smith...	
Relational and sociocultural factors + + +: --precocious deficiencies (mother + + +) --incoherence, relational distortion --educational, emotional inadequacy, etc. --broken homes, paternal deficiency + + +.	
Abused children (Silverman, 1953): --Grislain and Cole (1968) --Steele and Pollock (1968) --Mainard et al. (1971)	90% of the parents are alcoholic.

MATERIAL AND METHODS

Sample

Charts of 144 children hospitalized between 1973 and 1975 in the Department of Child Psychiatry of the Psychiatry Hospital at Angouleme (Charente Psychotherapy Center) were studied. It is the only Child Psychiatry Service in Charente. All the children admitted there present severe or at least serious neuropsychological disorders, the less serious cases being treated as outpatients.

--Age: 3 to 16 years;
--Sex: 93 boys, 51 girls.

We again find the usual male prevalence in child psychiatry that is found in general pediatrics.

Method

In this sample of 144 children, 2 groups of children were compared with each other:

- Those with at least 1 parent being severely alcoholic;
- Those with neither parent being alcoholic.

Eight charts were set aside because they referred to children who were wards of A.S.E. [Aide Sociale de l'Enfance-Social Aid for Children] and no information was available regarding their parents. Therefore, 136 children remain,

*The study of this problem was the subject of a presentation by one of us (M.B.) at the 31st International Conference on Alcoholism and Toxicomanias, Bangkok, February 23-28, 1975.

distributed as follows:

--Children of alcoholic parents and/or homes..... 66
--Children of nonalcoholic parents and/or homes..... 70

136

Statistical Treatment

The data obtained were analyzed using the Fischer test. A difference is statistically significant when $p \leq 0.05$; in the cases when $p \geq 0.05$, the difference may be attributed to chance.

Information and Data Collected

We will consider successively:

--parental alcoholism;

--psychiatric pathology of the parents;

--Characteristics of the family environment and the parental couples:
- o marital status
- o size of the family, number of children
- o parents' profession and socioeconomic level
- o somatic pathology of the parents;

--educational conditions:
- o paternal violence
- o alcoholism in the child
- o previous hospitalizations
- o family employment
- o educational deficiencies and relational distortions;

--child's development;

--psychiatric disorders of the children:
- o symptoms leading to hospitalization
- o intellectual level
- o nosology and diagnostic approach.

PARENTAL ALCOHOLISM

We refer in all cases to a patent and long-term alcoholism, diagnosed by a physician and confirmed by investigation of the Department of Social Services. We refer to chronic drinkers presenting frequent bouts of drunkenness. It is therefore the diagnosis of not being a chronic alcoholic which may be questionable in this survey.

Distribution of Parental Alcoholism

--Alcoholism in the father alone 38
--Alcoholism in the father and mother ..... 27 } fathers = 65
--Alcoholism in the mother alone ..... 1 } mothers = 28

We therefore again find the classic prevalence of male alcoholism (65 cases), but female alcoholism is frequent, since we find 28 alcoholic mothers. It will be seen further on that the nonalcoholic mothers are often psychiatric patients.

First observation: frequency of parental alcoholism.
Half of the children hospitalized in the child psychiatry wards come from alcoholic parents and/or homes.

This is perhaps the most important finding of this study: out of 136 children hospitalized, 66, or almost 50%, come from alcoholic homes.

This proportion is clearly higher than the rate of alcoholism in the Department. Although no statistical details are available, the I.N.S.E.E. [Institute Nationale de la Statistique et des Etudes Economiques - National Institute of Statistics and Economic Study], the D.D.A.S.S. [Direction Departementale de l'Action Sanitaire et Social - Departmental Health and Social Action], etc., being incapable of furnishing any numerical data on the degree of alcoholism of the population of the Department, it is highly improbable that half the couples of Charente include at least one severe alcoholic. If we consider the statistics on the causes of death, death due to alcoholsim places Charente (viticultural department: Cognac and Pineau!) as a moderately alcoholic Department, comparable to the Lyon region in which Kohler, in an elementary school survey, states that alcoholism occurs in 15% of the parents. This is possibly an interesting indication.

Some of the pediatricians questioned (in Gironde and Charente) are of the impression that the children of alcoholics are also more numerous in the pediatric department than in the general population. This would have to be statistically proven.

PSYCHIATRIC PATHOLOGY OF THE PARENTS

Besides alcoholism in the father and/or mother, one may note the high frequency of psychiatric disorders in the parents of the children of the two samples. These are twice as frequent in the case of alcoholics.

We included only parents who had resorted to specialized care: psychiatric consultation or hospitalization. This excludes persons who appear pathological but who have not been treated as such. In this connection, the problem of tolerance of the environment arises.

	Total	Children of Alcoholic Parents	Children of Nonalcoholic Parents	
Number of charts	136	66	70	
2 psychiatric parents	19	15	4	
1 psychiatric parent	74	49	25	[sic.] *
Psychiatric mother	63	44 (64)	19 (29)	[sic.]
Psychiatric father	30	20	10	p = 0.0201

* $p < 0.00005$

Psychiatric Pathology of the Parents

Mothers in alcoholic homes:		Received psychiatric care
--Mothers themselves alcoholic	28	of which: 22
--Mothers nonalcoholic, wives of alcoholics	38	of which: 22
	66	44

Psychiatric Pathology of the Mothers in Alcoholic Homes

Thus the proportion of the mothers of the two samples receiving psychiatric care is twice that of the fathers (whether or not there is alcoholism), but the women from alcoholic homes themselves receive psychiatric care twice as often as those from nonalcoholic homes.

Observed psychopathologies are varied in nature. In order of decreasing frequency, it includes: depressive syndromes, character disorders, oligophrenia, epilepsy, chronic delirium...Hospitalizations for alcoholism itself, in particular for detoxification treatment, are rarer and especially occur in men.

Alcoholism is usually attributed to the father (two-thirds of the cases) and much more rarely exclusively to the mother; sometimes both spouses are alcoholic (27 out of 66 homes). On the other hand, psychiatric disorders are found more often in the mothers (44 of 66 mothers) than in the fathers (20 cases). Two-thirds of the mothers of children in the alcoholic group received psychiatric care.

We will not dwell on the pathology of the alcoholic wives, which is relatively well known, nor on the partly reactional aspect of their problems. On the other hand, we will stress the burden that the combination of alcoholic and psychiatric antecedents in the family background constitutes for the child.

In summary:

--The following are significant:
- o greater frequency in the alcoholic homes of a "psychiatric parent";
- o greater frequency in the alcoholic homes of a "psychiatric mother";
- o greater frequency in the alcoholic homes of a "psychiatric father."

--The following trends were also observed, although the data was not statistically analyzed:
- o greater frequency in the alcoholic homes of "2 psychiatric parents" (15 as opposed to 4);
- o greater frequency of psychiatric pathology of the mothers as compared to the fathers, both for alcoholic homes (44 "psychiatric mothers" as opposed to 20 "psychiatric fathers") and for nonalcoholic homes (19 "psychiatric mothers" as opposed to 10 "psychiatric fathers").

Thus we can ascertain the crushing combination of pathogenic factors for the children of alcoholics. Furthermore, use of psychiatric care seems to be greater for women than for men, which does not necessarily suggest that the men (alcoholic or not) are mentally sound (this is suggested by the example of the couples where the alcoholic man is "nonpsychiatric").

CHARACTERISTICS OF THE FAMILY ENVIRONMENT AND THE PARENTAL COUPLE

We wanted to see if, in the case of parental alcoholism, the family structure is modified, and how, and to carry out a comparison with the nonalcoholic families of the hospitalized children. Thus we will examine the conditions and the environment of the child's development, since environmental factors and relational interactions are now considered to be widely prevalent in the pathogenesis of children's psychiatric disorders.

The Parents' Marital Status

This is summarized in the appended table. The following are therefore significant:

- --higher frequency of divorced alcoholic parents (21.2%, or 4 times more than for the nonalcoholic parents);
- --higher frequency of nonalcoholic parents living together as married couples (80%), whereas only 40% of the alcoholics live together;
- --high frequency of children being abandoned and of parental incompetence among the alcoholics: 1 out of 3 children of alcoholics lives outside of the family environment, placed elsewhere as a ward of the A.S.E.

Kohler cited conjugal disagreements in 50% of the alcoholic parents of the mentally deficient. Goodwin et al. (1973), in a double-blind study, showed that of 55 children of alcoholics (alcoholism of the father for 85%) separated before their sixth week from the biological family, 6 subsequently became alcoholics and were hospitalized for this alcoholism, whereas, in the control group, no child (of nonalcoholics) became alcoholic. It was stated that these children of alcoholics, like their parents, from whom they were separated very precociously, divorced three times more often than the progeny of nonalcoholics. In the author's opinion both alcoholism and the divorce pattern are induced by the same genetic determinant.

Parents' Status	Alcoholic Home and/or Progenitors	Nonalcoholic Home and/or Progenitors	
Married	27 (40.9 %)	56 (80.0 %)	p=0.0004
Divorced	12 (21.2 %)	3 (5.7 %)	p=0.0072
Separated	2	1	
Cohabitation		2	
Unmarried mother		3	
Father deceased	2	1	
Mother deceased	1	1	
Incompetence or abandonment (children A.S.E. wards)	22 (33.33%)	3 (4.28%)	p=0.0000
	66	70	

Marital Status of the Parents and Status of the Children

Size of the Family; Number of Children

The number of children is relatively large for all the families, alcoholic as well as nonalcoholic, as is shown in the appended table (differentiating 2 groups of 62 and 82 children studied successively in the performance of our study between 1973 and 1975). The most unfortunate environments apparently produce the most children.

	1973	1975
No alcoholic parent	3.6	5.05
Alcoholic father	4.9	4.88
Alcoholic father and mother	5.7	5.37

Number of Children

Parents' Socio-Occupational Level

Father's Occupation. We compared, as shown in the table below, the percentage distribution of the professions of the parents of hospitalized children and the occupational distribution of the Department's population according to the data of I.N.S.E.E. (1968).

The children of workers and agricultural laborers seem to be hospitalized more often, but there was no statistical treatment of these figures, nor any comparative study between the two samples of children. The table seems to confirm the intervention of the low socioeconomic level as a factor favoring the pathology, as is usually assumed.

	Alcoholics	Nonalcoholics	Total	I.N.S.E.E.
Farmers	3	9	12 (11.2%)	21 %
Agricultural laborers	10	6	16 (14.9%)	8.8%
Shopkeepers	2	5	7 (5.5%)	10 %
Clerks	2	0	2 (1.8%)	6.6%
Workers	27	40	67 (62.6%)	40.4%
Skilled labor	0	3	3 (2.7%)	5.4%
Unemployed	6	1	7	
Disabled	6	2	8	
No occupation	2	1	3	
Unknown occupation	2	1	3	
	60	68	128	

Father's Occupation

Mother's occupation. It is reported that 25 of the mothers are employed (female agricultural laborers and shopkeepers are not mentioned). The mothers in alcoholic homes seem to be employed less often (no statistical treatment).

	Total	Alcoholic Families	Nonalcoholic Families
Teachers	1	0	1
Clerks	12	3	9
Workers	10	5	5
Disabled	2	1	1
		9	16

Mother's Occupation

Somatic Pathology of the Parents

The disability of a parent, recognized by Social Security and/or the D.D.A.S.S., was found 14 times in alcoholic homes and 11 times in nonalcoholic homes, making altogether 25 cases of disability. This organic pathology is varied: cardiopathies, traumas and sequelae of traumas, cancer, deafmutism, chronic or bacillary bronchitis, etc.

EDUCATIONAL CONDITIONS

Parental Violence

Parental violence, observed by a judicial authority or by the Social Services (essentially the P.M.I. [Protection Maternelle et Infantile - Maternal and Infant Protection Agency]) led to protective measures for the child, with removal from the family in seven cases (it is not impossible, by the way, that the idea and evidence of alcoholism brings about this type of decision a little too easily).

Altogether, 21 charts mention parental violence, or:

Parental Violence	Alcoholic Homes	Nonalcoholic Homes
21 charts	19 (alcoholism of the father = 8) (alcoholism of the father + mother = 11)	2

With respect to the nonalcoholic parents, there were serious psychiatric disorders: epilepsy, characteropathy.

Alcoholism of the Child

A single case was reported in a 10-year-old child: behavioral disorders, theft, fights, scholastic problems, encopresis, tobacco addiction, and alcohol consumption. The disorders date back a long time, seeming to have started from the age of 18 months, the date of the parents' separation (we have no elements from the psychological chart except the IQ: 81).

We may mention here the survey of Freour and Serise which, in the Bordeaux region, found a positive alcohol test in 11% of the children in a primary school at the 2 p.m. reopening.

Previous Hospitalizations

They are frequent: of 136 charts, 64 cite previous hospitalization (31 children of alcoholics and 33 children of nonalcoholics).

Foster Home Placement

Many of these children are raised by persons other than their parents. They are often in official foster homes arranged by medicosocial organizations (P.M.I., D.D.A.S.S., mental hygiene, pediatrics department):

--31 children of alcoholics (46.96%) raised by persons other than their parents;
--20 children of nonalcoholics (28.57%) raised by persons other than their parents.

The children of alcoholics are separated from their parents more often than the others (statistical significance: p=0.0206). But here again, one may well wonder whether alcoholism, a glaring type of misconduct, does not induce this kind of measure of separation more easily than do other psychiatric pathologies, that are perhaps just as harmful to the child.

	Children of Alcoholics	Children of Nonalcoholics	
Raised away from the parental home	31 (46.96%)	20 (28.57%)	p=0.0206
Raised by parents	35	50	
	66	70	

Educational Deficiencies and Relational Distortions

It is useless to emphasize, besides, the material neglect, educational interruptions, emotional insecurity, and identification problems. It is diffucult to obtain objective data on these types of problems to compare for the two sample groups. It may be assumed that these conditions are more serious and more frequent in alcoholic families.

DEVELOPMENT OF THE CHILD

The information comes from interviewing the parents or from the children's charts and "health books." It is therefore probably fairly incomplete. The results are summarized below:

	Children of Alcoholic Parents	Children of Nonalcoholic Parents	
Disturbed pregnancy	8.62%	20.89%	p=0.0471
Prematurity	13.79%	22.38%	p=0.1574
Perinatal accidents	6.89%	16.41%	p=0.0859
Insufficient birth weight	15.51%	23.88%	p=0.1734
Retardation in walking	31.37%	36.76%	p=0.3391
Speech retardation	34.09%	57.14%	p=0.0153
Retardation in sphincter control	74 %	75 %	p=0.6289

The following are therefore significant for our sampling:

--a more frequently disturbed pregnancy for the children of nonalcoholics;
--more frequent speech (and/or language?) retardation in children of nonalcoholics.

The other results, although not statistically significant, nevertheless reveal that prematurity and low birth weight (< 2.5 kg) appear to be more frequent in children of nonalcoholics, whereas they were cited as frequent in children of alcoholics by certain authors (Deshaies, 1942, Rouquette, 1957, Kohler, 1970). Actually, the rare systematic and methodological studies seem to show it is the children of mothers who were alcoholic during pregnancy who present a "fetal alcohol syndrome" (Ulleland, Jones, Smith...) with insufficiency, then retardation, of height and weight. As regards the particulars of the psychomotor development, our results differ from those of Schachter. But our sample is special (see below: parental alcoholism and the environmental and relational conditions are no doubt the essential determining causes of the disorders here for the children of alcoholics, while for the other children of our sample, the pregnancy and perinatal pathologies and the organic affections play a much greater role).

PSYCHIATRIC DISORDERS OF THE CHILDREN

1. Symptoms Motivating Hospitalization:

   a. Social problems, socioeconomic situation, etc.

      20 charts:
      --17 children of alcoholics (including 10 with both parents alcoholic);
      --3 children of nonalcoholics.

   b. Neurological disorders (hypothetical).

      29 charts:
      --17 children of alcoholics;
      --12 children of nonalcoholics.

   c. Enuresis.

      5 charts:
      --1 child of alcoholics;
      --4 children of nonalcoholics.

   d. Encopresis.

      6 charts:
      --4 children of alcoholics;
      --2 children of nonalcoholics.

N.B. The tolerance and carelessness in the environment render all these figures worthless. Enuresis and encopresis occur very often indeed, since 55 children were not clean at the time of their admission into the Department.

   e. Excitation, aggression, psychomotor instability.

      41 charts:
      --22 children of alcoholics;
      --19 children of nonalcoholics.

   f. Inhibition, anxiety, depression.

      26 charts:
      --10 children of alcoholics;
      --16 children of nonalcoholics.

   g. Serious character disorders.

      46 charts:
      --29 children of alcoholics;
      --17 children of nonalcoholics.

h. Language problems.

36 charts:
--12 children of alcoholics;
--23 children of nonalcoholics [sic].

i. Retardation in academic and other skills.

50 charts:
--24 children of alcoholics;
--26 children of nonalcoholics.

j. Social behavior problems: thefts, fights, violence...

11 charts:
--7 children of alcoholics;
--4 children of nonalcoholics.

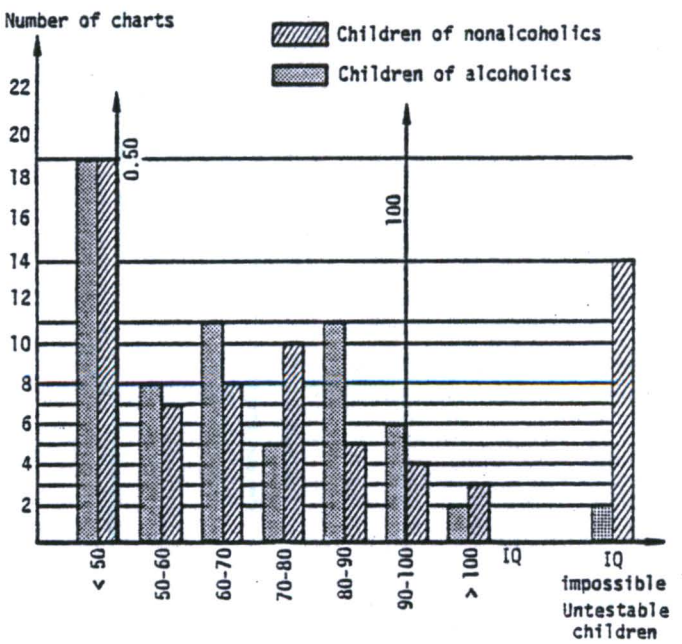
Other reasons for hospitalization are cited: psychomotor disorders (3 cases), sleep disorders (3 cases), feeding problems (1 case).

In any case, all these symptoms represent only one of the pretexts for hospitalization, and can give only an approximate indication of the child's pathology. They are often ignored and neglected by the family environment whose permissiveness, or rather carelessness, goes hand in hand with the pathology.

The Intellectual Level: The Intelligence Quotients

These have, of course, only an approximate value. The IQ's were established at the time of a mental health consultation preceding a hospitalization, or during the hospitalization, with the Terman-Merrill or W.I.S.C. (Weschler-Bellevue) test. As the appended diagram indicates, the intellectual levels are low, without revealing any difference between the children of alcoholics and of nonalcoholics. The only significant difference refers to the untestable children who are much more numerous among the children of nonalcoholics. These are children presenting serious communication problems: autism, mutism, absence of language, etc. This significant difference is the more interesting since the higher frequency of psychoses in children of nonalcoholics, although apparent, would not be statistically significant (see below).

The frequency of amentia may be noted as commonplace in this type of institution: 87 children out of 136 have IQ's lower than 80, and 72 have IQ's less than 70. Only 5 children have IQ's higher than 100. It may therefore be said that more than half the children of this Department of Child Psychiatry present an amentia, but that for this particular sample, there is no difference between children of alcoholics and children of nonalcoholics as regards the amentia. It should also be noted, however, that the children of alcoholics are much more numerous in our sample than in the general population. A number of child psychiatrists have observed very early a debility in many children of alcoholics. The tolerance of the environment (which is, rather, carelessness, ignorance, and negligence) makes it difficult to evaluate exactly these problems of intellectual deficiency.



Intelligence Quotient of the 136 Children

Nosology: Diagnostic Approach

In spite of the risks and uncertainties, we grouped the diagnosis made for each of these children in a table: this is not a structural diagnosis, and the nosographic categories are heterogeneous (etiological, symptomatic, etc.). However, it furnishes useful indications.

The following seem significant:

--the higher frequency of the diagnostic indication of "cerebral lesion" for children of nonalcoholics (essentially neonatal and infantile encephalopathies, I.M.C. [infirmes moteurs cerebraux - cerebral motor abnormalities], and traumas);

--the higher frequency of the diagnosis of "characteropathies" in children of alcoholics;

--the higher frequency of "reactional disorders" to the environment in children of nonalcoholics (by that is meant serious behavioral and character disorders which regress totally immediately following hospitalization. Nevertheless, there often are children who later become inhibited, thus revealing the probable persistence of a neurotic personality disorder).

	Total	Nonalcoholic Homes	Alcoholic Homes	
Amentia	67	30	37	
Cerebral lesion	14	12	2	p=0.0062
Epilepsy	26	13	13	
(idiopathic)	(17)	(6)	(11)	
(lesional)	(9)	(7)	(2)	
Psychosis	22	15	7	p=0.686
Neurosis	25	12	13	
Characteropathy	28	5	23	p=0.0001
Social problem	4	0	4	
Reactional disorders	11	9	2	p=0.0345

Pathology of the Children. The Diagnoses

Meanwhile:

--Although epilepsy seems as frequent in both groups of children, this epilepsy is more often "lesional" in the children of nonalcoholics (neonatal and infantile encephalopathies mentioned earlier), and much more often "essential" or "idiopathic" in children of alcoholics; Desclaux (1951-1952) observed parental alcoholic antecedents in epileptic children; Heuyer and Mises (1957) noted the presence of epilepsy in 10% of the children of alcoholics hospitalized in the child psychiatry ward;

--As regards infantile psychoses, this difference seems to show a prevalence in children of nonalcoholics (two-thirds of the psychotics have nonalcoholic parents, or 15 as opposed to 7), although it did not appear statistically significant. However, it was seen earlier that the "untestable" children (IQ impossible), essentially because of disorders of communication and behavior possibly of psychotic significance, were significantly more numerous among children of nonalcoholics (14 as opposed to 2);

--Amentia is equally frequent in both groups.

COMMENTS AND CONCLUSIONS

Methodology

This sample of children thus represents a small group taken from a population. It cannot claim to be representative of the entire general population. Indeed, it is characterized by the recruitment place, the institution in which these children were found being a Department of Child Psychiatry of a Departmental psychiatric hospital. (Observations of these phenomena tend to increase when other child psychiatry institutions and offices are available in more locations.)

We were led to study the children of alcoholics there, where they are most easily found and studied. We are therefore dealing with a certain type of children of alcoholics: those presenting by definition psychiatric disorders that motivated their admission to the hospital. We also have a certain type of alcoholic parents: those whose children are in a psychiatric hospital, alcoholics whose alcoholism was recorded by the treatment team and who are not really representative of all alcoholics. One may note, in particular, the low sociocultural level of most of the families of all the children. It might be said that we have here the "poor man's alcoholism."

The differentiation and comparison between the two samples of children were performed inside the relatively homogeneous groups of the hospitalized children. The children assumed to have nonalcoholic parents are themselves also mentally ill. It could simply be hoped to specify whether the pathology of the two samples differs and, if so, how.

We also attempted to find the differences concerning the parents of the children and the educational methods.

We are therefore only dealing with a first approximation, an investigation "to have a look." This permits at least a first approach to the complex problem of children of alcoholics, the study of which is so difficult in view of the multiplicity of situations possible and the pathogenic factors, as well as the forms of alcoholism.

In spite of the statistical treatment of the data collected, it is apparent that the results are only significant for the sample considered.

It is desirable to repeat this type of survey for other samples and in other locations.

Results

Having recalled these restrictions, the most important result was as follows: half the children of a Child Psychiatry ward of a psychiatric Departmental hospital have at least one seriously alcoholic parent, with alcoholism of the father alone (38 cases), of both parents (27 cases), or of the mother alone (1 case). Twenty-eight mothers are alcoholic, and sixty-five fathers are alcoholic. Psychiatric pathology in the parents of all the children is frequent (93 parents having received psychiatric treatment), but twice as frequent in the alcoholic homes (64 cases = 44 mothers + 20 fathers) as in the nonalcoholic homes (29 cases = 19 mothers + 10 fathers). In the alcoholic homes, 2 out of 3 mothers received psychiatric treatment. The alcoholic homes are broken much more often (21% are divorced, and 40% only live together). Nearly 50% of the children of alcoholics are raised by persons other than their parents as compared with 28.5% for the children of nonalcoholics. One-third depend on A.S.E. Out of 21 cases of parental violence, 19 are related to alcoholic parents.

All the parents of the hospitalized children belong to a rather low sociocultural level. These couples have a greater number of children than the national average, this number being maximum when both parents are alcoholic (between five and six children on the average). About one parent out of ten presents a somatic pathology leading to a disability. We were not able to evaluate nor compare the material neglect (nutrition, care, upbringing, etc.), the educational incoherences, the emotional insecurity, the identification problems, which seem evident and occur most in the alcoholic homes. But the few figures furnished seem eloquent to us and suggest their importance. We are not discussing the problem of the legitimacy of the removal of the children from the alcoholic parents, since we were not able to analyze each situation sufficiently. But alcoholism is a conspicuous psychiatric behavior and regarded with moral disapproval. The removal of the child often appears as a justified emergency rescue measure. Actually it occurs late and will be followed by a certain instability in the foster homes (at least one of the children was placed in six successive foster homes). Naturally an attempt is made to find sober guardians (nevertheless it was possible to record two guardians who were themselves alcoholics). Thus deficiencies are added to (previous) deficiencies. Perhaps in some cases it would be better to leave the child in a family with early and close assistance, psychiatrically guided and treated.

As regards the development of the children, it is very often retarded and incomplete, without much difference between the two groups. The characteristics of the two samples explain why the children of alcoholics often do not appear more retarded in their height and weight level and in the area of psychomotor and intellectual skills. On the other hand, there is significance in the speech (and language?) retardation in children of nonalcoholics which probably corresponds to the greater (though not statistically significant) frequency of infantile psychoses and the greater (significant) frequency of untestable children in this group. Naturally, nearly all the intelligence quotients are clearly below average. Half of all the children are intellectually deficient. Finally, the method of recruitment and the constitution of the two samples also explain without doubt why epilepsy, equally frequent in both groups (26 cases altogether, or 19%) is more often "idiopathic" in the children of alcoholics and more often "lesional" in the children of nonalcoholics, because "cerebral lesions" are much more frequent in this group of children of nonalcoholics.

On the other hand, the significant frequency of the characteropathies in the children of alcoholics was pointed out by numerous authors. Will they lead to sociopathy and/or to alcoholism as indicated by most of these publications? Finally, the situation regarding infantile psychoses in alcoholic homes deserves closer investigation.

Be that as it may, this survey and these few results recall some truths:

1. Alcoholic parents accumulate social pathology and misery and psychiatric pathology. It is these couples who avoid contraception, the supervision of pregnancy, and educational and medical advice. They are particularly prolific and their progeny seriously at risk;
2. The children of alcoholics are children of very high psychiatric (and probably also medical) risk.

What are the most suitable prevention measures? Stopping this uncontrolled procreation? Early removal of these children from severely alcoholic parents (as perhaps there is too great a tendency to do, and too late)? Assisting these couples very closely?

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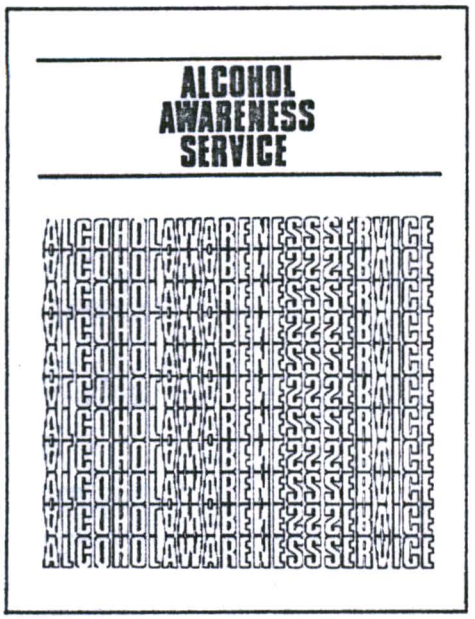

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Qty	Stock #	Stock Title
1	BK92	Service To Children of Alcoholics - Research Mono #4
1	BS248	Reading List: Sons & Daughters of Alcoholics (12/81)
1	BP0107	Children of Alcoholic Parents - Win'76
1	BP0139	Child Abuse and Neglect-Spring 77
1	BP0148	Children in Need - Fall '77
1	BP0247	Working with Children of an Alcoholic Mother (AHRW
1	BP0255	Thematic Section: Family Violence (AHRW F79)
1	BP0311	In Brief: Family (12/80)
1	BP0323	Children of Alcoholics ('79)
1	BTIAR16	Children of Alc's: Study of 66 Children in Psychiatry Se

DEPARTMENT OF HEALTH AND HUMAN SERVICES Keller
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
ROCKVILLE, MARYLAND 20852

Alcohol File

NATIONAL INSTITUTE ON
ALCOHOL ABUSE, AND ALCOHOLISM
NATIONAL CLEARINGHOUSE FOR
ALCOHOL INFORMATION
P.O. Box 2345
Rockville, MD 20852
PHONE 301 468-2600

Dear Correspondent:

This is in response to your recent request for alcohol-related information. Enclosed please find:

- [x] Abstracts from a literature search of the NCALI computer files on the following subjects:
  Youth and Alcohol Problems
- [ ] NCALI Annotated Bibliography
- [ ] NCALI Grouped Interest Guide
- [x] NIAAA Publications
- [ ] Reprints

- [ ] Other

- [ ] We need additional clarification to identify your information needs and were unable to contact you by phone. We have enclosed materials which may be appropriate, however, if they do not provide sufficient information, please describe your request in greater detail.

- [ ] A copy of your request has been forwarded to the following agency for additional response. You should be hearing from them in the near future.

- [ ] You may also wish to refer to the following for additional information:

fsbe

THE WHITE HOUSE

WASHINGTON

October 18, 1983

It is a great pleasure for Nancy and me to send our warmest greetings to all those gathered for the seminar "Wife, Mother, Alcoholic...an Issue for the 80's."

This forum presents an opportunity to examine the needs and concerns of women struggling to overcome problems with alcohol. Events such as this play a major role in furthering education and prevention in this critical health care area.

By working to expand our awareness of alcoholism and the best methods of its treatment, you are helping to save lives and strengthen the social fabric of our nation. In encouraging Americans to address frankly the problem of alcoholism, you are reaching out with a message of hope for many of our most troubled citizens and their families and loved ones.

You have my best wishes for a most rewarding seminar and your success in this important work.

Ronald Reagan

Alcoholism:
Recovery in the Workplace

BY WILLIAM S. DUNKIN

KEEPING A JOB CAN BE AN ALCOHOLIC'S CHIEF MOTIVATION TO SEEK HELP.

PART TWO

An alcoholic, faced with losing a job, can be motivated to seek help. This second of two articles on alcoholism in the workplace tells how that can be accomplished. Part I described the difficulties of treating the disease and told why employee assistance programs have been so successful in helping alcoholics.

Brenda was successful. As her company's vice-president for public relations she made good use of her creative talents. Her work was satisfying. Extremely attractive, always immaculately groomed, she held the respect of her peers and high regard of top management. But a shadow threatened her career.

Some rather serious marital problems had evolved and several job problems ensued. She frequently called in sick, and she missed a few deadlines – something she had never done before. Her supervisors surmised that her domestic problems were affecting her work.

The executive vice-president to whom she reported called her "on the carpet" and recommended the services of the company's employee assistance program. Although Brenda knew she could reject assistance, she also knew that the next referral would be on an "either-or" basis – she could accept help for whatever problem might be causing her poor job performance, or she could accept the disciplinary consequences. Her job was on the line, so she went.

Her domestic problems were genuine, but they were not the basic cause of her difficulties. Brenda was an alcoholic. While she was quick to deny this fact, she realized in talking with the employee assistance counselor that her drinking was causing virtually all of her other problems.

Brenda acted upon her counselor's suggestions; she joined Alcoholics Anonymous and soon returned to her normal, happy, productive way of life. Neither her coworkers nor her supervisor ever learned that she was an early-stage alcoholic. All they knew was that the company's employee assistance program (EAP) had worked.

Brenda had no idea she was an alcoholic. As an early-stage alcoholic, her symptoms, although very real, were not immediately recognizable. While her tolerance for alcohol had increased over time, the change had been so slight that neither she nor her superiors realized it was a symptom of alcoholism. In fact, this is often the case. By the time an alcoholic displays the classic physical symptoms, the disease is in its final and perhaps fatal stage.

What sort of program helped Brenda? How did it work? How can organizations set up such a program?

There is nothing magical about employee assistance programs. The key element is good management and supervision offering an established alternative to discipline in cases of poor job performance.

Under an EAP, supervisors are simply required to do what they have always been expected to do – to monitor employee job performance and to initiate corrective interviews when needed. In such interviews, supervisors can offer the services of the program as an alternative to discipline. Referral to the program enables supervisors to take the first step toward correcting employee behavior without becoming embroiled in the personal problems of their subordinates.

Successful assistance programs contain certain key elements; omission of any of these weakens the program.

Written Policy. The keystone of any program is a written policy on alcoholism. This policy should address alcoholism and nothing else. (Although many organizations must deal with a serious drug abuse problem as well, it is better to write a separate policy on that subject.) The policy should state clearly, in simple language, management's position on the disease of alcoholism and that alcoholism will be treated exactly the same as any other disease. Copies of the policy should be distributed to all employees in the organization and to their families. (See box, "What to Include in a Statement of Policy.")

Reprints of this article (Parts I and II) are available from APWA for $1.25 a copy prepaid. Ten percent discount on orders of twenty-five or more copies mailed to the same address. Special prices available on volume orders.

Implementation Guidelines. Written guidelines for implementing the policy are essential. In organized work settings, this is usually done by a joint union-management committee, which also oversees the operation of the program. Compliance with these guidelines should be strictly required of all supervisors.

Referral System. In large organizations, those with 2,000 employees or more, there should be a designated person or unit to whom all employees with problems can be referred. The prime requisite for this person is the ability to recognize when drinking is the cause of poor job performance, since the overwhelming majority of persistent job performance problems are caused by alcoholism in its early, middle, or later stages. While this person will refer employees to appropriate counseling programs, he or she is chiefly an administrator, not a diagnostician.

Alcoholism must be treated exactly the same as any other disease.

For organizations not large enough to justify staff for this specific purpose, it is possible to channel referrals to an outside agency. This agency should have the same expertise on alcoholism as the individual in an in-house program. In this connection, there are more than 200 affiliated councils of the National Council on Alcoholism throughout the United States. The staffs of these affiliates can tell inquirers about local programs and their strengths and weaknesses; they can also refer persons with other problems to appropriate community resources.

Treatment. Alcoholism treatment facilities should be appropriate and acceptable to employed alcoholics. During treatment, alcoholics should be grouped with their peers so as not to reinforce the fallacy that alcoholism is a disease affecting "low lifes." For example, a division chief should not be placed in a group with maintenance workers. However, it should be noted that, in really effective EAPs, 85 percent or more of the individuals who are identified as alcoholics will probably require no formal in-patient treatment whatsoever.

Even if intervention fails the first time, the alcoholic may be more receptive when confronted again.

Whatever treatment agency is selected, the alcoholic should be actively involved in Alcoholics Anonymous. This organization has by far the best record of long-term stable recovery from alcoholism.

Training. Supervision—at all levels—is essential to the success of the program. Top management should have a thorough understanding of the program and of the importance of their direct involvement in its implementation.

All supervisors should be "walked through" the company policy on alcoholism and should be instructed in the precise method of making effective referrals to the program. Top management must stress that this is an important supervisory responsibility and that supervisors who fail to use the program will be held accountable as poor performers themselves.

While this is not easy to accomplish, many successful programs have gained the support of supervisors by utilizing tools such as memos from top management on the employee assistance program, quality circle meetings on the subject, and signed statements from supervisors saying they understand the program and its purpose.

Education. The program should have an educational component designed to acquaint all employees with the disease aspect of alcoholism. In time, the program will benefit greatly from this, since it will stimulate voluntary referrals as the program gains credibility within the organization. There are many educational opportunities—bulletin boards, payroll stuffers, internal publications, letters to employees' homes, films shown during lunch breaks, even classroom sessions on company time.

Coworkers, family, and friends should seek the help of experts.

Documentation. Records on employees must be kept strictly confidential and, at the same time, furnish information on program usage and cost-effectiveness to management.

Insurance. The employee benefit plan must provide medical and hospital coverage for alcoholism as for any other disease. This can usually be done without an increase in premium.

Taking the First Step

Whether or not the employing organization has a program, the supervisor must confront the erring employee and recommend referral for help. This process will be easier for supervisors if they have someone, within or outside the organization, to whom the employee can be referred for determination of the basic problem. But it must be done, no matter how difficult it is.

In confronting the employee, the supervisor must follow the organization's guidelines.

All instances of poor job performance must be documented. For example, time sheets showing absenteeism or tardiness, or records or products indicating botched jobs or missed deadlines should be retained. Incidents such as arguments with coworkers or customer complaints should be noted in writing.

The employee should be confronted *solely* on the basis of job performance. The supervisor must avoid any discussion of the cause of the problem, even if it is obvious or even if the employee wants to discuss it. In short, the supervisor must remain objective.

The supervisor should refer the employee to the program as an alternative to discipline, emphasizing that discipline will follow if the employee does not cooperate with the pro-

What to Include in a Statement of Policy

The federal government (in Federal Personnel Manual Supplement 792-2) advises its agencies to include the following elements in organizational statements of policy:

☐ That the agencies recognize alcoholism as a treatable illness;

☐ That, for the purposes of the policy, alcoholism be defined as an illness that can impair job performance;

☐ That employees having the illness or other problems relating to the use of alcohol will receive the same careful consideration and offer of assistance that is extended to employees having any other illness;

☐ That the agency is not concerned with the employee's use of alcohol except as it may affect that person's job performance or the efficiency of the agency;

☐ That no employee's job security or promotion opportunities will be jeopardized by a request for counseling or referral assistance although persons in sensitive positions may be excepted;

☐ That the confidentiality of medical records of employees with drinking problems will be preserved in the same manner as other medical records;

☐ That sick leave will be granted for the purpose of treatment or rehabilitation as in any other illness; and

☐ That employees who suspect they have an alcoholism problem, even in the early stages, are encouraged to voluntarily seek counseling and information on an entirely confidential basis by contacting the individual(s) designated to provide such services.

gram manager. In any case, job performance must improve within a reasonable length of time. As with any other disease, that period of time should be determined on a case-by-case basis.

During the confrontation the supervisor should remember two important points. It is not the supervisor's responsibility to discuss the employee's alcoholism. Nor is it the supervisor's place to "push" the employee into the program.

A typical confrontation might go like this:

Supervisor: Joe, we need to talk about your job performance. I know we've been over this before, and you've promised to improve, but I haven't seen any signs of improvement.

(Here the supervisor should cite the exact instances.)

So, your performance has earned you a five-day suspension without pay. I don't want to suspend you, but you haven't given me much choice. However, there is one alternative. If you will go talk to Elizabeth Morris, who runs our employee assistance program, and if you agree to follow whatever suggestions she makes about your problem, I will hold off on the suspension.

The choice is up to you. You can refuse to see Elizabeth, in which case you will be suspended immediately. As you know, if the problem continues, the next step after suspension will be termination. Or, you can go talk to Elizabeth. If you decide you do not wish to follow her suggestions, you will be suspended for five days, and, if the problem continues, you will be terminated. Rest assured that if you do talk to Elizabeth, she will not tell me what your problem is nor anything about your conversations with her. That's confidential between the two of you. If you refuse to participate she will simply notify me and we will be forced to suspend you. You may also drop out of the program at any time on the same basis. She will notify me that you have elected to drop out and we will then invoke the suspension. What happens is up to you.

(Supervisors should be cautioned that, at this point, many resourceful alcoholics will try to draw them into a trap—a discussion of "the problem." But supervisors must retain their objectivity. An example follows.)

Employee: What are you trying to tell me—that I have some sort of problem? Are you trying to tell me that I'm an alcoholic or something like that?

Supervisor: I'm telling you that you have a problem—a job performance problem. Whether you have some other problem that's causing it is for Elizabeth to determine. All I know is that your job performance must improve and you haven't changed despite several warnings. We're offering you help. Whether you accept it or not is up to you.

Employee: Then you want me to go see Elizabeth Morris?

(Supervisors must beware of this ploy by which employees try to avoid responsibility.)

Supervisor: What I want is not important. It's what *you* want that matters. Would you prefer to get some help or will you accept the consequences of your poor job performance?

If the employee agrees to talk to the program manager, then the supervisor should forward all of the written documentation of the employee's poor job performance.

When an organization does not have an internal counseling unit, employees can be referred to an outside agency. (See "Referral System" above.) Whatever agency is chosen should have demonstrated expertise in the area of alcoholism, since the overwhelming majority of persistent job performance problems are due to drinking. Any employer can write a policy, set up procedures, train its supervisors at all levels, educate its employees, and provide insurance coverage for the treatment of alcoholism.

Where the employing organization has no policy on alcoholism and no procedure other than termination for handling cases of poor job performance, the supervisor faces a tough task. Even though an employee's drinking problem may be obvious, most attempts to discuss it are self-defeating. The supervisor is up against a stacked deck. The alcoholic probably has had extensive experience in this situation (at home, with doctors, with clergymen, etc.) and has become an expert at manipulating anyone who tries to discuss the drinking. The supervisor should discuss only job performance and suggest that, if there is some "personal or medical" problem that is causing the poor job performance, the employee should seek professional help.

Unfortunately, the alcoholic will probably go to a doctor who will prescribe valium for the obvious nervous condition—a course of action that simply accelerates the deterioration of the individual's life and job. This is not the

doctor's fault. Most physicians practicing today have had absolutely no training in the disease of alcoholism and are simply making an honest attempt to relieve the symptoms.

If the supervisor knows or can locate an appropriate treatment agency such as an alcoholism council, there might be a possibility of steering the employee in that direction.

The conversation might go like this:

Your job performance must improve. If it does not, I will have no choice but to terminate you. I don't know what your problem is, but I suggest that you contact Alex Martin at the Council on Alcoholism, who helps people with all sorts of problems. If he can find out what your problem is and you

What Are the Signs of Alcoholism?

Telling persons they are alcoholics is pointless since alcoholics seldom accept this diagnosis even from a physician or psychiatrist. Many directors of employee alcoholism/assistance programs use this questionnaire as a tool, however, to help break down the denial syndrome of alcoholics.

The questions can serve as a rough checklist in deciding whether to seek help for oneself, an employee, or a family member.

Yes No

☐ ☐ 1. Do you occasionally drink heavily after a disappointment, a quarrel, or when the boss gives you a hard time?

☐ ☐ 2. When you have trouble or feel under pressure, do you always drink more heavily than usual?

☐ ☐ 3. Have you noticed that you are able to handle more liquor than you did when you were first drinking?

☐ ☐ 4. Did you ever wake up on the "morning after" and discover that you could not remember part of the evening before, even though your friends tell you that you did not "pass out"?

☐ ☐ 5. When drinking with other people, do you try to have a few extra drinks when others will not know it?

☐ ☐ 6. Are there certain occasions when you feel uncomfortable if alcohol is not available?

☐ ☐ 7. Have you recently noticed that when you begin drinking you are in more of a hurry to get the first drink than you used to be?

☐ ☐ 8. Do you sometimes feel a little guilty about your drinking?

☐ ☐ 9. Are you secretly irritated when your family or friends discuss your drinking?

☐ ☐ 10. Have you recently noticed an increase in the frequency of your memory "blackouts"?

☐ ☐ 11. Do you often find that you wish to continue drinking after your friends say they have had enough?

☐ ☐ 12. Do you usually have a reason for the occasions when you drink heavily?

☐ ☐ 13. When you are sober, do you often regret things you have done or said while drinking?

☐ ☐ 14. Have you tried switching brands or following different plans for controlling your drinking?

☐ ☐ 15. Have you often failed to keep the promises you have made to yourself about controlling or cutting down on your drinking?

☐ ☐ 16. Have you ever tried to control your drinking by making a change in jobs, or moving to a new location?

☐ ☐ 17. Do you try to avoid family or close friends while you are drinking?

☐ ☐ 18. Are you having an increasing number of financial and work problems?

☐ ☐ 19. Do more people seem to be treating you unfairly without good reason?

☐ ☐ 20. Do you eat very little or irregularly when you are drinking?

☐ ☐ 21. Do you sometimes have the "shakes" in the morning and find that it helps to have a little drink?

☐ ☐ 22. Have you recently noticed that you cannot drink as much as you once did?

☐ ☐ 23. Do you sometimes stay drunk for several days at a time?

☐ ☐ 24. Do you sometimes feel very depressed and wonder whether life is worth living?

☐ ☐ 25. Sometimes after periods of drinking, do you see or hear things that aren't there?

☐ ☐ 26. Do you get terribly frightened after you have been drinking heavily?

If you answered "yes" to any of the questions, you have some of the symptoms that may indicate alcoholism.

"Yes" to several of the questions indicates the following stages of alcoholism:

Questions 1–8	Early stage
Questions 9–21	Middle stage
Questions 22–26	The beginning of final stage

Questionnaire is distributed by NCA and was written by the author.

For organizations without a program, it is possible to channel referrals to an outside agency.

follow his advice, I think you'll be able to keep your job. Otherwise, there isn't much hope.

An alcoholic's desire to keep a job is the most effective motivator for getting that person to do something about the disease. A job may be the last vestige of self-esteem for an alcoholic who has already lost a spouse or destroyed all relationships with friends and family.

Alcoholics often are long-term, highly skilled employees. When their job performance starts to deteriorate, it is less costly by far to rehabilitate them than to fire them. And stable recovery is possible, provided the employee is counseled by alcoholism professionals.

What can coworkers, family, and friends do to help an alcoholic who resists treatment? They should not take it upon themselves to confront the alcoholic. Rather, they should contact the experts: the local Council on Alcoholism or the top alcoholism treatment facility in their area. These agencies are staffed by experts who can set up confrontations that usually result in the breakdown of denial and subsequent acceptance of treatment by the alcoholic. The confrontations are carefully staged and require expert handling.

It is important to remember that alcoholism is an incurable, progressive, and, if left untreated, *fatal* disease. Any action – or failure to act – that allows the alcoholic to continue drinking drives another nail into that person's coffin.

Intervention may save a life, and a supervisor is in the ideal position to do this effectively. Even if intervention fails the first time, the alcoholic may be more receptive when confronted again.

An alcoholic's desire to keep a job is the most effective motivator for getting that person to do something about the disease.

Someday a subordinate may come up to you and say, "Remember the day you sent me to the employee assistance program? I guess you know how I felt. I hated your guts and thought it was a rotten thing for you to do. Well, I'm here today to tell you how wrong I was. It's the best thing that ever happened to me; in fact, you probably saved my life, and I can't thank you enough." **PW**

William S. Dunkin is director of labor-management services of the National Council on Alcoholism, New York. He is a frequent lecturer and management consultant on employee alcoholism programs and has worked as a volunteer in the alcoholism field for thirty years.

Resources

For further information contact:

National Council on Alcoholism
Labor-Management Services Department
733 Third Avenue
New York, New York 10017
(212) 986-4433, Ext. 461

Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA)
1800 North Kent Street, Suite 907
Arlington, Virginia 22209
(703) 522-6272

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Occupational Programs Branch
5600 Fishers Lane
Rockville, Maryland 20852

For details on how to set up an employee alcoholism/assistance program:

The EAP Manual
National Council on Alcoholism
733 Third Avenue
New York, New York 10017
(212) 986-4433, Ext. 510

NEW DRAMATISTS
424 West 44th Street, New York, New York 10036 (212) 757-6960

this is a dramatization of an AA meeting with many drug people

A Reading

A SHOW OF HANDS
mmmmmmmmmmmmmmmm

16 MAY 1983

by

Eugene Raskin

Cast

Jim.....RAY IANNICELLI
José.....ENRIQUE FERNANDEZ
Phil.....NOAH KEEN
Luigi.....BILL CAPUCILLI
Ralph.....WILLIE CARPENTER
Jack.....RICHARD ROTH
Jill.....SUSAN FAWCETT
Bill.....ALAN LEACH
Linda.....DENISE LOVEDAY
Diane.....LUCY MARTIN
Barbara.....MONICA MORAN
Bruce.....ROBIN THOMAS
Arlene.....JULIE ARIOLA
Walter.....RICHARD DONOVAN

Stage Directions read by JAMES DELORENZO

Stage Manager..RANDY SHEINBERG

Sunday, May 22,1983
2 p.m.

Literary Agent: Bertha Klausner, 212-685-2642