When trauma histories are compounded by alcoholic parents, families and homes: The unique and challenging context of therapeutic intervention for adult children of alcoholics.

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Abstract

Control, chaos, shame and guilt are commonly emerging themes in the therapy room. Moreover, problems with e.g. family systems, family environment, attachment, trust, defence and denial also commonly affect those who seek therapeutic support. While each of these factors alone can cause extreme distress for an individual and can become the focus of many weeks, months and years of therapeutic intervention, adult children of alcoholics (ACOAs) often must confront and contend with many of these problems at the same time. Their path to recovery is a uniquely challenging one, in that their trauma histories are often embedded in and surrounded by the toxic environment of parental alcohol abuse. Their many anxieties and social phobias as adults and their difficulties in knowing who to be and why they struggle often originate from hidden early social environments where relationships were strained, confused, erratic and unpredictable. The path to recovery for these individuals is also uniquely challenging for the therapist entrusted with their care. While specific traumas, experiences or events may at first seem to underlie the difficulties presented in therapy, adult children of alcoholics, if given the space, time and care, will often reveal complex domestic and social issues, which surround and compound their trauma histories. Recognising this complex alcohol related history for this unique group of clients is a necessary first step towards successful therapeutic intervention. This dissertation aims to address the unique context of psychotherapy for adult children of alcoholics.

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Introduction

"Alcoholism is a family disease; it affects everyone in the family"

(Black, 1986).

Alcoholism is known as the family disease. The effects of alcoholism on children are so profound that they can last a lifetime. A National Audit of Neglect Cases indicated that parental alcohol misuse was a factor in 62% of cases (Peyton, 2013). According to Alcohol Action Ireland (2014), one child in eleven experiences a negative impact on their lives due to their parents' drinking. Moreover, in Ireland there are over a quarter of a million children under the age of fifteen who are living with a parent who abuses alcohol (Murphy, 2013).

It is only within the last ten years that adult children of alcoholics (ACOAs) have been recognised as a distinct client group that may be in need of tailored treatment for the very specific and unique problems they encounter as a result of living with an alcoholic parent (Brown, 1988; Woititz, 1990). Before this the field of alcoholism research and practice seemed to deal only with the drinking alcoholic and familial research seemed only to be interested in the transgenerational risk of alcoholism onset in offspring (Brown, 1988; Woititz, 1990).

Recognition of familial risk and trauma in the context of alcoholism can be traced back to the early 60's. Fox (1962) suggested that "every member of a family is affected by alcoholism" and that "every member is affected emotionally, physically and spiritually" (p 60). The concept of "family disease" or the "alcoholic family" ultimately emerged when the focus of research moved, from the alcoholic, to the interactions, adjustments, and development of the family surrounding the alcoholic (Brown, 1988). Cork (1969) was largely credited with finally raising public and professional awareness to a point that children of alcoholics could no longer be ignored. Her book 'The Forgotten Children' marked the beginning of what has become a major new focal point of research and treatment.

Within a short period of time, researchers and practitioners began to organise themselves around the concept of the 'adult child". The concept at its core was a simple one; people, who for years had been blaming themselves for their psychological shortcomings and self-defeating tendencies, were now being encouraged to reframe their difficulties in an entirely different light. Their difficulties, they were now being told, were to a significant degree, due to the consequences of having grown up in an alcoholic family. Individuals who grew up in the traumatic environment of parental alcoholism often exhibited the signs and symptoms of post-traumatic stress disorder (Hall, & Webster, 2002; Bonin et al. 2000; Harter, 2000; Kritsberg, 1988; Brown, & Wolfe, 1994). Their problems, it was proposed, originated from the reality of their traumatic family environment; an environment characterised and defined by uncertainty, unpredictability, inconsistency, and parental incompetency – and were compounded by a failure of their major defensive strategies to this trauma exposure, particularly in adulthood. (Brown, 1988).

Many of these individuals have been shown to display common characteristics such as low self-esteem (Churchill et al., 1990), loneliness (Domenico, & Windle, 1993), guilt (Black, Bucky, & Wilder-Padilla, 1986), feelings of helplessness (Flannery, 1986), and fears of abandonment (Beesley, & Stoltenberg, 2002). The children of alcoholics (COAs) and ACOAs have also been shown to suffer from a range of problems related to growing up in an alcoholic family including social phobia (Merikangas, Dierker, & Szatmari, 1998), depression and anxiety (Chassin, 1999) and can exhibit the signs of post-traumatic stress disorder (Hall, & Webster, 2002). This dissertation aims to address the unique context of psychotherapy for adult children of alcoholics.

Chapter 1

What it's like for a child growing up in an alcoholic family

"Children of alcoholics are people who have been robbed of their childhood"

(Silverstein, 1990, p.75).

Compromised mental health

Children who grow up as members of alcoholic families can often be deeply affected by their experience in childhood however their experiences often have long lasting effects into adulthood. The alcohol framed traumatic environment often severely negatively affects how children view their internal and external worlds (Brown, 1988) and the psychological and emotional consequences in adulthood can be devastating (Domenico, & Windle, 1993). The psychological effects of alcoholism on children and ACOAs have been rigorously studied and evidenced and include: feelings of guilt, anxiety, embarrassment, confusion, anger, depression, impulsive behaviour (Sher, 1997; Berkowitz, & Perkins, 1988) and in many cases substance abuse (Anda et al., 2002). Children of alcoholics (COAs) often feel responsible for the chaos and problems caused by the alcoholic and often believe that they created the problems in their homes (Brown, 1988). COAs often experience high levels of stress, loneliness, low self-esteem and fears of abandonment (Edwards, Marshall & Cook, 2003). Evidence suggests that young children of alcoholics may have frequent nightmares, bed wetting, and crying (Haberman, 1966). Evidence suggests that older children of alcoholics often exhibit depressive symptoms, feel extremely self-conscious, isolate themselves or engage in obsessive perfectionism or develop phobias (Mukesh, Yesudas, & Palayat, 2017; Lingeswaran, 2016). Because of their alcohol exposure and trauma children of alcoholics often also feel that they are different from

others, and evidence has shown that they commonly develop a poor self-image (Tweed & Riff, 1991).

Compromised education and early social development

COAs also often struggle with friendships, experience bullying and have difficulties at school (e.g. attendance and performance; Lambie, & Sias, 2005; Hill et al., 1999). Dysfunctional home life seems to block the COAs capacity and confidence for learning. Stressful home environments are not conducive to studying and learning and COAs often lack guidance, support or direction in their academic studies. COAs School performance is also often affected by an inability to express themselves and they often have difficulty in establishing relationships with teachers and classmates (Poon et al., 2000; Hill et al., 1999).

Violence, abuse and sexual trauma

Studies suggest that there may be a strong association between family violence and parental alcoholism (Downs, Miller, & Gondoli, 1987; Ritter et al., 2002). An important but poorly researched area, involves the association between parental alcoholism and sexual abuse (incest) (Fox & Gilbert, 1994; Dube et al., 2001). Several studies report high rates of alcoholism among parents of incest victims (Fox & Gilbert, 1994). According to Berger, almost 30% of father – daughter incest cases and 75% of domestic violence cases have involved a family member who was an alcoholic (Berger, 1993). Often blaming themselves and subject to extreme feelings of shame, guilt and helplessness, sexually abused ACOAs often turn to alcohol themselves in attempt to self-medicate and to escape their pain (Anda et al., 2002). Strong evidence has established that many ACOAs, if untreated as children, will carry their problems into later life (Edwards, Marshall & Cook, 2003).

ACOA substance use and parenting

Studies have shown that ACOAs have problems with the use and abuse of different psychoactive substances (Chassin et al., 1999; Chassin, Rogosch, & Barrera 1991), and that they often have difficulty in establishing healthy relationships with others (Black et al., 1986). ACOAs also often frequently encounter difficulties as parents themselves (Kelly et al., 2007), make poor career choices (Schumrum, & Hartman, 1988), and possess a severely negative sense of self (Berger, 1993, p.67). Commonly characterised by feelings of worthlessness and failure ACOAs also encounter problems with parental/family responsibility often because their own experiences of parenting were so compromised (Brown, 1988).

Social relationships and general health

Many ACOAs have problems with intimacy and have difficulty in establishing and maintaining intimate relations (Wood, 1987). This has often largely been attributed to family environments characterised by threat, subordination, abuse, neglect and lack of trust. As a consequence, in adulthood, ACOAs struggle with many of the basic, but most vital, interpersonal skills and behaviours that are necessary to form and develop healthy relationships (Black et al., 1986). Unfortunately, research has shown that many ACOAs often find themselves intimately involved with someone who is also an alcoholic, or is in some way abusive (Swisher, Wekesser, & Barbour, 1994).

ACOAs are four times more likely than children of non-alcoholics to develop alcoholism (Brown, 1998). While genetic factors play a major role in the development of alcoholism, another factor includes an inability to deal with stress in a healthy way (Plescia-Pikus, Long-Suter, & Wilson, 1988). Evidence has suggested that sons of alcoholics see doctors more often than sons raised in non-alcoholic homes (Edwards, Marshall & Cook, 1997) and that they experience higher rates of both anxiety and depression compared to their non-ACOA

counterparts (Edwards, Marshall & Cook, 1997). Moreover, adult daughters of alcoholics tend to have more reproductive problems and see their gynaecologists and obstetricians more often than daughters raised in non-alcoholic environments (Edwards, Marshall & Cook, 1997).

Chapter 2

The consequences of growing up in an alcoholic family

Alcoholic family environments are often chaotic and unpredictable and the alcoholic, given the disturbance and chaos they create, and the attention their actions demand, is the most important individual in the family; all others must accommodate and adapt to their unhealthy behaviour and needs. Notably, the child's needs, feelings, and behaviour often always remain secondary to those of the alcoholic and are often regulated by the erratic whims and needs of the drinker (Brown, 1988). In such contexts alcoholic family life is often inconsistent, unpredictable, and lacking in clear rules and limits (Repetti, Taylor& Seeman, 2002) and a broad array of problems commonly occur including violence, conflict, financial difficulties and child risks (Hussong et al., 2008).

ACOA syndrome

Children who grow up with a parent with an alcohol addiction have been shown to manifest psychological distress in a manner that is similar to post-traumatic stress disorder (PTSD) (Hall, & Webster, 2002; Bonin et al. 2000; Harter, 2000; Kritsberg, 1988; Brown, & Wolfe, 1994). The term 'ACOA syndrome' has been introduced to describe the presentation of 'symptoms' e.g. the black and white thinking, hyper vigilance, anxiety, shame and unresolved anger issues that characterise their distress (Dayton, 2009). Characteristic confusion relating to feelings and issues of control, ensure that COAs 'keep the three rules' that are usually instilled by parents – to not speak, to not trust anybody and to not have feelings (Brown, 1988; Robinson, & Goodpaster, 1991). It has been proposed that the ACOA trauma syndrome represents a post-traumatic stress syndrome in which suppressed pain from childhood re-emerges and is re-experienced and lived out in adulthood. ACOAs have been shown to carry the pain of their past relationships into their present relationships (Hall, & Webster, 2002;

Bonin et al. 2000; Harter, 2000) where painful childhood feelings and confusion, never identified, never resolved and never understood become triggered and projected into adult relationships (Anda, 2002). Most notably, because they were traumatized in their home and by the people they depended on for care and nurturance, ACOAs fear and hypervigilance tend to re-emerge when they create families of their own. Intimate relationships are common ACOA triggers that reactivate childhood fears. (Dayton, 2009).

Defensive mechanisms

A commonly identified defensive mechanisms used by ACOAs is "denial". "Denial operates as a major structuring mechanism, dictating what can be known, acknowledged and incorporated into the individual's view of self and family" (Brown, 1988; p106; Sergin & Menees, 1996). Choosing to dismiss, disregard or deny the actions of an alcoholic parent has been shown to offer COAs an alternate reality (but one which ultimately costs), where the severity of their trauma exposure and distress is (temporarily) reduced/suspended and their feelings of shame, guilt and humiliation are delayed/masked.

COAs also often act in ways that protect the alcoholic from experiencing the full consequences of their behaviours. Referred to as 'enabling', COAs often permit and facilitate the alcoholic to continue in their destructive behaviour unchallenged in an attempt (often unsuccessfully) to avoid/limit conflict and to control the 'situation'. COAs also often think that they can stop their alcoholic parent from drinking by pleasing them or hiding the alcohol. Sadly this often leads to feelings of guilt and failure to save their parents from the effects of alcohol (Brown, 1988). Understandably COAs simply adopt behavioural patterns that minimise distress and ensure survival; and a variety of "family roles" e.g. 'the hero', 'the scapegoat', 'the lost or ignored child', 'the mascot' or 'clown' have been proposed in an attempt to capture and describe the most recognisable defensive profiles (Brown, 1988; Sergin & Menees, 1996).

'Being' an Adult Child of an Alcoholic

Many however must address the effects of their upbringings in adulthood. Those who grew up with alcoholism may have grown physically, however emotionally, psychologically and spiritually, they often remain trapped in childhood. COAs and ACOAs often are denied and never learn a "normal" way of thinking, feeling, or reacting (Kelly et al., 2005; Robinson, & Goodpaster, 1991; Wood, 1987). When they experience conflict they respond with less than adult like reactions, therefore the term "adult children". According to the Adult Children of Alcoholics World Service Organization (WSO), the term "adult children" refers to adults who were raised in alcoholic homes, "who exhibit identifiable traits that reveal past abuse or neglect. (Woititz, 1990).

COAs and ACOAs may also find themselves thinking that they are different from other people and may negatively compare themselves to others (Berkowitz, & Perkins, 1988; Black, 1986). They may have little self-worth and low self-esteem and can develop deep feelings of inadequacy (Churchill et al., 1990). Consequently, they avoid social situations and have difficulty making friends. They may isolate themselves as a result. Conversely, some ACOAs take themselves very seriously and can be their own worst critics. Over time, this can lead to anxiety and depression (Woititz, 1990).

'Knowing' how to be in relationship as an ACOA

Researchers have noted the significant interpersonal and relational difficulties faced by ACOAs. Intimate relationships require interdependence, emotional attachment, and fulfilment and reciprocation of needs. Due to severe emotional neglect and denial of trust, care and affection that often accompany and characterise alcoholic family living, ACOAs often do not possess and often are not in a position to meet these relational demands. In other words, they may often struggle with intimate relationships and in general avoid social contact all together

(Black, 1986). Growing up in an atmosphere where denial, lying, and keeping secrets is the norm, adult children of alcoholics can understandably develop unhealthy and debilitating trust issues (Bradley, & Schneider, 1990; Woititz, 1990).

Conversely, researchers have suggested that, because alcoholic parents are often emotionally unavailable or physically absent; ACOAs can develop debilitating abandonment issues. As a consequence, ACOAs can find themselves remaining in unhealthy relationships because they fear being alone (Black, 1986; Cermak, & Brown, 1982). Moreover, if alcoholic parents were aggressive, or abusive when drunk, ACOAs can experience extreme fear and social phobia in adulthood, spending their lives avoiding conflict or confrontation of any kind (Woititz, 1990).

ACOAs are also often known to judge themselves too harshly, and many relentlessly pursue approval and affirmation from others (Churchill, 1990). Often they become 'people-pleasers' and develop an acute fear of criticism; experiencing extreme emotion and distress if someone expresses dissatisfaction (Wood, 1987; Black 1986). Often to avoid criticism or the anger of an alcoholic parent, many children from alcoholic homes become 'over achievers' and perfectionists. This subsequently can negatively impact on later adult professional and personal life. Conversely, ACOAs can also become irresponsible, rebellious and 'deviant'. The emotional and psychological scars that children develop as a consequence of exposure to alcoholism in childhood can derail social life in a variety of ways (Black, 1986).

Chapter 3

Supporting the ACOA

> *"You are your defences. Your whole sense of self is tied up in the battle for control of your autonomy. Only when you're defending do you feel alive. Underneath your defences there is nothing but the threat of collapse."*
>
> *(Brown, 1983, p.208)*

Given such complex personal histories, ACOAs often present with some of the most challenging beliefs, values, defensive behaviours, attitudes and emotions and, as a consequence, in turn, present therapists with some of the most challenging therapeutic relationships and work. Deeply confused and confusing early relationships compounded by further confusion in the assumed roles and complex relationships of adulthood; early denial of secure attachments; exposure to often extreme levels of stress, adversity and trauma, often throughout life; fear, shame and guilt and deep feelings of mistrust and hypervigilance for threat; and heightened risk of substance use and misuse, often require therapeutic interventions that can offer healing at both an individual and group level (Cermak, & Brown, 1982; Cutter, & Cutter, 1987; Osterndorf, Enright, Holter, & Klatt, 2011; Corazzini, Williams, & Harris, 1987).

The importance of cognition

An important framework for working with ACOAs is cognitive theory. Some of the most notable features of psychological distress among ACOAs include those related to client cognition. ACOAs are very often characterised by distorted thinking and perception. Most notable are the cognitive defence mechanisms of denial, black and white / all or nothing

thinking and a rigid / over investment in control and sense of responsibility. The cognitive schemas (self-world beliefs) that underpin identity formation for those who grow up in a family environment of alcoholism, are often framed by denial and recurring feelings of shame, fear and guilt. It is not uncommon therefore for those growing up in such environments to develop identities, beliefs and thought processes that compensate for and protect against the many threats and hazards that surround these individuals in their early alcoholic environments. Therapeutically supporting someone therefore whose history involves parental alcoholism requires an awareness of, and sensitivity to, these important cognitive processes. The many and complex maladaptive beliefs, values, attitudes and behaviours expressed and demonstrated by ACOAs in the therapy room largely often exist and originate from an early childhood context of defence and adaptation therefore therapists must carefully, patiently and sensitively support these individuals to revisit and recognise this context and to begin to rebuild and reform their identities. Recognising this, Brown and Beletsis (1986), introduced a process of recovery called "growing up, growing out and coming home" where the complex family dynamics surrounding alcoholism, denial and identity formation are challenged and ACOAs are supported to unpack their past and to reconstruct their identity and develop healthy attachments in a safe, "holding environment".

It is known that ACOAs are very often characterised by distorted thinking and perception. Most notable are the cognitive defence mechanisms of denial, black and white / all or nothing thinking and a rigid / over investment in control, trust and sense of responsibility (Gravitz, & Bowden, 1987). These defences can be challenging for both ACOA clients and therapists in the therapy room. Bradley and Schneider (1990) investigated some of these cognitive processes among ACOAs and interestingly considered them in the context of the sex of the alcoholic parent. Personality differences between 39 adult children of alcoholics and 28 control subjects were evaluated using measures of self-disclosure, trust, and control. The former group had

higher need for interpersonal control. Notably, ACOA participants with alcoholic fathers had higher scores on measures of control, however those with alcoholic mothers had lower trust scores (p.731). These results seemed to demonstrate that the effects of parental alcoholism persist into early adulthood and have varying consequences depending on the sex of the parent. According to Brown and Beletsis (1986) findings such as these reinforce the importance of examining the significance of the "alcoholic" family, past and present, to the current functioning of adults who grew up in such an environment. While recognition of problematic and maladaptive cognitions among ACOAs are necessary for therapeutic intervention, and while the origin and identity of the threat must also be considered, therapists must also contend with the challenging, and often lengthy, process of client identity formation/reconstruction and the important role that they must assume when managing the necessary therapeutic transference – counter-transference that commonly characterises ACOA therapy and recovery.

Important work by Vannicelli (1991; 1993) has afforded valuable information and guidance for therapists working with ACOAs. Vannicelli draws important attention to countertransference feelings that often emerge for therapists working with ACOAs. "Specific issues include (a) assumption of sameness between the therapist and the client (the therapist assuming that he or she "understands" because of having also grown up in an alcoholic family); (b) the "will to restore," which may be destructive when the therapist, whose own self-esteem is dependent on the patient's progress in therapy, forces a "rush to recovery" on the client; (c) other personal issues in the life of the therapist that may also resonate with experiences of the client; (d) "countertransference goodness and availability" as it affects therapists' abilities to set reasonable limits on their clients, as well as reasonable expectations for themselves; and (e) special issues regarding therapist transparency and self-disclosure" (p.295). Given the complex defensive profiles of ACOAs and their confused, denial based cognitions, therapists must often

become extra vigilant in order to successfully navigate the unique transference exchanges that are so common among this unique client group.

Awareness of domestic and familial context

Domestic environments and family relations are also highly variable among ACOA populations and therapists must be sensitive to and aware of the risks associated with different domestic backgrounds. An interesting study by Lease (2002) investigated patterns of parental drinking behaviours, intergenerational family interactions, attachment behaviours, self-esteem and depression among a sample of ACOAs and non-ACOAs. Drinking behaviours directly influenced family processes and indirectly influenced self-esteem but did not influence depression for ACOAs. An angry/violent drinking style influenced family processes and attachment styles suggesting that certain drinking behaviours had the capacity to disrupt family functioning. The findings from this study also suggested that ACOAs who might be considered to be resilient might have been exposed to a less violent drinking style with resultant healthier familial interactions and adult attachments (p.441).

Recognition of domestic and family environments has been shown to be critically important in the therapy room. Evidence shows that families of ACOAs are commonly characterised by "higher levels of overt unresolved conflict, fighting, blaming, and arguing, lower levels of togetherness and family closeness, and lower levels of physical and verbal expressions of positive feelings, warmth, and caring among family members" compared to families where parental alcoholism is not present (Johnson, 2001). Awareness and recognition of these often complicated family histories and contexts can be achieved via the completion of thorough family assessments. Once a complete family history has been attained therapists can then more effectively respond to their client's unique needs. According to Johnson (2001), family counselling and psychoeducational services that promote healthier communication and

problem-solving skills between family members can be particularly useful where complex family relations compound ACOA therapy engagement and recovery.

Recovery for ACOAs has also been known to require support with important relational matters such as conflict resolution and forgiveness. An interesting study that examined two forms of group therapy for ACOAs demonstrated the importance of forgiveness as a key determinant of healing and recovery (Osterndorf, et al., 2011). In this study 12 adults were randomly assigned to one of two treatment conditions (either a 12-week forgiveness intervention or conflict resolution intervention). Evaluations of forgiveness, depression, anxiety, self-esteem, anger, and positive relationships were taken before and after each intervention. Both groups showed significant psychological improvements after the interventions however the forgiveness group demonstrated more significant improvement suggesting that forgiveness therapy may be a valuable tool for therapists wishing to support ACOAs.

Research has attempted to reveal the specific therapeutic factors that are perceived to be most helpful to ACOAs. Mahon and Kempler, (1996) compared 48 ACOAs to 44 non-ACOAs who were in receipt of treatment within the same psychotherapy groups. While there were no significant differences between ACOAs and non-ACOAs in the perceived importance of the therapeutic factors; self-understanding, cohesion, catharsis, and interpersonal learning were the factors most valued by clients and instillation of hope, altruism, guidance, and identification were the least important factors for both ACOAs and non-ACOAs. This research seemed to show that although ACOAs may present with more complex histories, their experience and value of psychotherapy may be similar to individuals who do not have a family history of alcoholism.

Recognising resilience and protective factors among ACOAs

An abundance of evidence documents the hazardous backgrounds and lifestyles of those who have encountered parental alcoholism. A significant literature also details the challenges of therapy for those who have experienced parental alcoholism in childhood and those who must care for ACOAs. However, ACOAs also have been shown to be resilient and to be capable of thriving as clients and there are many protective factors that have been shown to be common among this unique client group. Recognition of this resilience and the various protective factors that may support ACOAs can significantly improve therapeutic progress and aid therapists to support and empower their clients. A study by Holstein (2006) showed that college student ACOAs endorsed a significantly higher belief in the benefits of discussing one's problems compared to non-ACOAs. Holstein concluded that this greater belief in talking about problems may suggest that college ACOAs are more amenable to therapy, or that they are more inclined to use this coping strategy in everyday life. Differences in defence mechanism style were also found, with ACOAs reporting a significantly lower endorsement of immature defences.

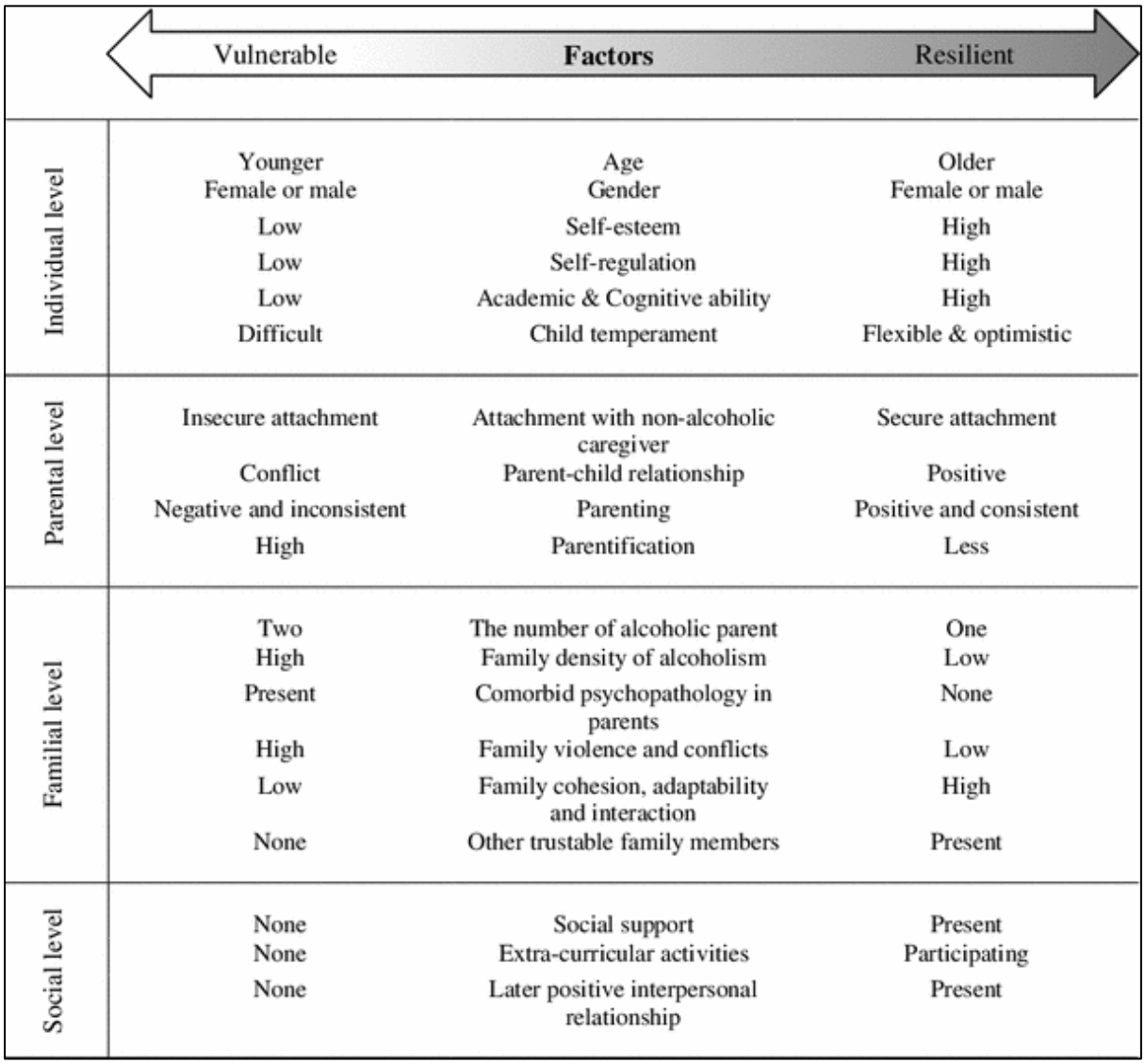
Park and Schepp (2015), demonstrated that there are several factors that minimize or maximize the impact of adverse experiences related to ACOAs parental drinking problems, and that it is important to understand these factors in order to prevent or minimize negative outcomes. Conducting a systematic review Park and Schepp examined both risk and protective factors of ACOAs, which affected their adverse outcomes. This study identified risk, protective, and biological factors in ACOAs, and categorized these across individual, parental, familial and social levels. Each level contained specific factors that positively or negatively affected the development of ACOAs (see Figure 1.).

According to the authors, an important factor in ACOAs is gender. Female ACOAs seem to be more vulnerable to internalizing symptoms (e.g. depression and anxiety problems) while

male ACOAs show more externalizing symptoms, (including aggressive behaviours). Moreover, while difficult or negative temperament is a risk factor for ACOAs, positive temperaments seemed to suggest greater resilience. While ACOAs are generally more likely to have negative relationships with their parents, research suggested that if appropriate parenting took place and secure attachment existed between non-alcoholic caregivers and ACOAs, then those factors could buffer the negative impacts of the alcoholic parent.

Park and Schepp's review also demonstrated that if ACOAs' parents had other psychiatric disorders in addition to their alcoholism, they tended to show greater risk. The review also showed however that positive family climate was a protective factor and that high levels of family cohesion and adaptability prevented externalizing, internalizing, and social problems in ACOAs (p.1227). Another protective factor was the presence of other trusted family members. Support from older brothers or sisters or grandparents (especially maternal grandmothers), uncles, and aunts affect ACOAs positively.

Figure 1. Park & Schepp (2015; p.1225).



	Vulnerable	Factors	Resilient
Individual level	Younger	Age	Older
	Female or male	Gender	Female or male
	Low	Self-esteem	High
	Low	Self-regulation	High
	Low	Academic & Cognitive ability	High
	Difficult	Child temperament	Flexible & optimistic
Parental level	Insecure attachment	Attachment with non-alcoholic caregiver	Secure attachment
	Conflict	Parent-child relationship	Positive
	Negative and inconsistent	Parenting	Positive and consistent
	High	Parentification	Less
Familial level	Two	The number of alcoholic parent	One
	High	Family density of alcoholism	Low
	Present	Comorbid psychopathology in parents	None
	High	Family violence and conflicts	Low
	Low	Family cohesion, adaptability and interaction	High
	None	Other trustable family members	Present
Social level	None	Social support	Present
	None	Extra-curricular activities	Participating
	None	Later positive interpersonal relationship	Present

Park and Schepp's review also discussed the emotional support ACOAs received from friends and parents of friends. According to the research evidence, because ACOAs are often denied a 'normal' family environment, it is often helpful for them to experience healthy family environments though their friends (p.1227). Additionally, they reported that female ACOAs were more likely than male ACOAs to be supported by their peers. Several studies in the review explained the importance of later healthy relationships as positive factors. Specifically, healthy marital communication, dyadic harmony, low levels of verbal disagreement and discord, and a low number of spousal conflicts have been found to influence ACOAs positively (p.1228).

This review demonstrated that while there may be many risk factors at play for ACOAs, there are also a significant number of potential protective factors that operate in the lives of those affected by parental alcoholism. Recognition of this resilience and the various protective factors that may support ACOAs can significantly improve therapeutic progress and aid therapists to support and empower their clients.

Conclusion

ACOAs have been shown to carry the pain of their past relationships into their present relationships (Hall, & Webster, 2002; Bonin et al. 2000; Harter, 2000) where painful childhood feelings and confusion, never identified, never resolved and never understood become triggered and projected into adult relationships (Anda, 2002). Most notably, because they were traumatized in their home and by the people they depended on for care and nurturance, ACOAs denial, fear and hypervigilance tend to re-emerge when they create families of their own and when intimate/adult relationships trigger and reactivate childhood fears (Dayton, 2009). The path to recovery for these individuals is also uniquely challenging for the therapist entrusted with their care. While specific traumas, experiences or events may at first seem to underlie the difficulties presented in therapy, ACOAs, if given the space, time and care, will often reveal complex domestic and social issues, which surround and compound their trauma histories. Importantly too however, ACOAs often possess great resilience and strength and can be supported to recognise the sometimes hidden protective factors that may aid them in their recovery. Recognising this complex alcohol related history for this unique group of clients is a necessary first step towards successful therapeutic intervention.

References

Anda, R. F., Whitfield, C. L., Felitti, V. J., Chapman, D., Edwards, V. J., Dube, S. R., & Williamson, D. F. (2002). Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. *Psychiatric Services*, *53*(8), 1001-1009.

Beesley, D., & Stoltenberg, C. D. (2002). Control, attachment style, and relationship satisfaction among adult children of alcoholics. *Journal of Mental Health Counselling*, *24*(4), 281.

Berger, G. (1993). *Alcoholism and the family*. F. Watts.

Berkowitz, A., & Perkins, H. W. (1988). Personality characteristics of children of alcoholics. *Journal of Consulting and Clinical Psychology*, *56*(2), 206-209.

Black, C., Bucky, S. F., & Wilder-Padilla, S. (1986). The interpersonal and emotional consequences of being an adult child of an alcoholic. *International Journal of the Addictions, 21*(2), 213-231.

Bonin, M. F., Norton, G. R., Asmundson, G. J., Dicurzio, S., & Pidlubney, S. (2000). Drinking away the hurt: The nature and prevalence of PTSD in substance abuse patients attending a community-based treatment program. *Journal of Behaviour Therapy and Experimental Psychiatry*, *31*(1), 55-66.

Bradley, L. G., & Schneider, H. G. (1990). Interpersonal trust, self-disclosure and control in adult children of alcoholics. *Psychological Reports*, *67*(3), 731-737.

Brown, S. (1988). *Treating adult children of alcoholics: A developmental perspective*. John Wiley & Sons.

Brown, S., & Beletsis, S. (1986). The development of family transference in groups for the adult children of alcoholics. *International Journal of Group Psychotherapy, 36*(1), 97-114.

Brown, P. J., & Wolfe, J. (1994). Substance abuse and post-traumatic stress disorder comorbidity. *Drug and Alcohol Dependence*, *35*(1), 51-59.

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

Chassin, L., Pitts, S. C., DeLucia, C., & Todd, M. (1999). A longitudinal study of children of alcoholics: Predicting young adult substance use disorders, anxiety, and depression. *Journal of Abnormal Psychology*, *108*(1), 106.

Chassin, L., Rogosch, F., & Barrera, M. (1991). Substance use and symptomatology among adolescent children of alcoholics. *Journal of Abnormal Psychology, 100*(4), 449.

Churchill, J. C., Broida, J. P., & Nicholson, N. L. (1990). Locus of control and self-esteem of adult children of alcoholics. *Journal of Studies on Alcohol, 51*(4), 373-376.

Corazzini, J. G., Williams, K., & Harris, S. (1987). Group therapy for adult children of alcoholics: Case studies. *Journal for Specialists in Group Work, 12*(4), 156-161.

Cork, R. M. (1969). *The forgotten children: A study of children with alcoholic parents*. Addiction Research Foundation.

Dayton, T. (2009). Adult children of alcoholics ACoAs: Qualities and traits. *Huffington Post*.

Domenico, D., & Windle, M. (1993). Intrapersonal and interpersonal functioning among middle-aged female adult children of alcoholics. *Journal of Consulting and Clinical Psychology*, *61*(4), 659.

Downs, W. R., Miller, B. A., & Gondoli, D. M. (1987). Childhood experiences of parental physical violence for alcoholic women as compared with a randomly selected household sample of women. *Violence and Victims*, *2*(4), 225.

Dube, S. R., Anda, R. F., Felitti, V. J., Croft, J. B., Edwards, V. J., & Giles, W. H. (2001). Growing up with parental alcohol abuse: exposure to childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, *25*(12), 1627-1640.

Edwards, G., Marshall, E. J., & Cook, C. C. (2003). *The treatment of drinking problems: A guide for the helping professions*. Cambridge University Press.

Flannery, R. B. (1986). The adult children of alcoholics: are they trauma victims with learned helplessness?. *Journal of Social Behaviour and Personality*, *1*(4), 497.

Fox, R. (1962). Group psychotherapy with alcoholics. *International Journal of Group Psychotherapy*, *12*(1), 56-63.

Fox, K. M., & Gilbert, B. O. (1994). The interpersonal and psychological functioning of women who experienced childhood physical abuse, incest, and parental alcoholism. *Child Abuse & Neglect*, *18*(10), 849-858.

Gravitz, H. L., & Bowden, J. D. (1987). Recovery: A guide for adult children of alcoholics. Simon and Schuster.

Haberman, P. W. (1966). Childhood symptoms in children of alcoholics and comparison group parents. *Journal of Marriage and the Family*, 152-154.

Hall, C. W., & Webster, R. E. (2002). Traumatic symptomatology characteristics of adult children of alcoholics. *Journal of Drug Education*, *32*(3), 195-211.

Harter, S. L. (2000). Psychosocial adjustment of adult children of alcoholics: A review of the recent empirical literature. *Clinical Psychology Review*, *20*(3), 311-337.

Hill, S. Y., Locke, J., Lowers, L., & Connolly, J. (1999). Psychopathology and achievement in children at high risk for developing alcoholism. *Journal of the American Academy of Child & Adolescent Psychiatry*, *38*(7), 883-891.

Holstein, J. (2006). Thriving in adult children of alcoholics: A comparison of collegiate ACOAs and non-ACOAs on measures of psychological mindedness and defense mechanism style (Doctoral dissertation). *Accessed etd.auburn.edu/handle/10415/636 on 01-03-2018.*

Hussong, A. M., Bauer, D. J., Huang, W., Chassin, L., Sher, K. J., & Zucker, R. A. (2008). Characterizing the life stressors of children of alcoholic parents.

Ireland, A. A. (2014). How much do we drink?

Johnson, P. (2001). Dimensions of functioning in alcoholic and non-alcoholic families. *Journal of Mental Health Counselling*, *23*(2), 127.

Kelley, M. L., French, A., Bountress, K., Keefe, H. A., Schroeder, V., Steer, K., & Gumienny, L. (2007). Parentification and family responsibility in the family of origin of adult children of alcoholics. *Addictive Behaviours*, *32*(4), 675-685.

Kritsberg, W. (1988). *The adult children of alcoholic's syndrome: From discovery to recovery*. Bantam.

Lambie, G. W., & Sias, S. M. (2005). Children of alcoholics: Implications for professional school counselling. *Professional School Counselling*, 266-273.

Lease, S. H. (2002). A model of depression in adult children of alcoholics and non-alcoholics. *Journal of Counselling & Development, 80* (4), 441-451.

Lingeswaran, A. (2016). Effect of paternal alcohol use on mother, child and adolescent health. *Journal of Mental Health and Human Behaviour*, *21* (1), 36.

Mahon, L., & Kempler, B. (1996). Perceived Effectiveness of Therapeutic Factors for ACOAs and Non-ACOAs in Heterogeneous Psychotherapy Group. *Alcoholism Treatment Quarterly, 13* (4), 1-11.

Merikangas, K. R., Dierker, L. C., & Szatmari, P. (1998). Psychopathology among offspring of parents with substance abuse and/or anxiety disorders: a high-risk study. *The Journal of Child Psychology and Psychiatry and Allied Disciplines, 39* (5), 711-720.

Mukesh, K., Yesudas, K. F., & Palayat, A. M. (2017). Internalizing Symptoms in Children 0f Alcoholics: A Hospital-Based Cross Sectional Study. *Kerala Journal of Psychiatry, 30* (1).

Murphy, K., Sahm, L., McCarthy, S., Lambert, S., & Byrne, S. (2013). Substance use in young persons in Ireland, a systematic review. *Addictive Behaviours*, *38*(8), 2392-2401.

Osterndorf, C. L., Enright, R. D., Holter, A. C., & Klatt, J. S. (2011). Treating adult children of alcoholics through forgiveness therapy. *Alcoholism Treatment Quarterly, 29*(3), 274-292.

Park, S., & Schepp, K. G. (2015). A systematic review of research on children of alcoholics: Their inherent resilience and vulnerability. *Journal of Child and Family Studies, 24*(5), 1222-1231.

Peyton, L. (2013). *A Review of Practice and Audit of the Management of Cases of Neglect.*

Plescia-Pikus, M., Long-Suter, E., & Wilson, J. P. (1988). Achievement, well-being, intelligence, and stress reaction in adult children of alcoholics. *Psychological Reports*, *62*(2), 603-609.

Poon, E., Ellis, D. A., Fitzgerald, H. E., & Zucker, R. A. (2000). Intellectual, cognitive, and academic performance among sons of alcoholics during the early school years: Differences related to subtypes of familial alcoholism. *Alcoholism: Clinical and Experimental Research*, *24*(7), 1020-1027.

Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky families: family social environments and the mental and physical health of offspring. *Psychological Bulletin*, *128*(2), 330.

Ritter, J., Stewart, M., Bernet, C., Coe, M., & Brown, S. A. (2002). Effects of childhood exposure to familial alcoholism and family violence on adolescent substance use, conduct problems, and self-esteem. *Journal of Traumatic Stress*, *15*(2), 113-122.

Schumrum, T., & Hartman, B. W. (1988). Adult children of alcoholics and chronic career indecision. *The Career Development Quarterly*, *37*(2), 118-126.

Segrin, C., & Menees, M. M. (1996). The impact of coping styles and family communication on the social skills of children of alcoholics. *Journal of Studies on Alcohol*, *57*(1), 29-33.

Sher, K. J. (1997). Psychological characteristics of children of alcoholics. *Alcohol Health and Research World*, *21*, 247-254.

Silverstein, H. (1990), Alcoholism. New York: Franklin Watts

Swisher, K., Wekesser, C., & Barbour, W. (1994). *Violence against women*. Greenhaven Pr.

Vannicelli, M. (1993). *Group psychotherapy with adult children of alcoholics: Treatment techniques and countertransference considerations*. Guilford Press.

Vannicelli, M. (1991). Dilemmas and countertransference considerations in group psychotherapy with adult children of alcoholics. *International Journal of Group Psychotherapy*, *41*(3), 295-312.

Woititz, J. G. (1990). *Adult children of alcoholics: expanded edition*. Health Communications, Inc.