

**Main Office**  
8790 Manchester Road  
St. Louis, MO 63144  
(314) 962-3456



**Branch Office**  
1723 Pennsylvania Ave.  
St. Louis, MO 63104  
(314) 664-7550

## ADULT CHILDREN OF ALCOHOLICS NEED INTERVENTION

Because of the concern of many therapists and counselors in the alcoholism field, services for children of alcoholics have widened over the past few years to include adult children of alcoholics (ACOA). This group is generally defined as people over 20 years of age. Many have left their families of origin and have begun forming adult relationships or have started their own families. Therapists say that many of the adult children—some of whom are in their fifties and sixties – are reporting a myriad of behavioral problems related to their feelings about themselves and their interpersonal relationships. These problems, many therapists believe, stem from behavior patterns, learned at a young age in the alcoholic family of origin, that are inappropriate and often self-destructive. Many of these adults report that they never associated their current problems and feelings with their experiences as the child of an alcoholic parent many years ago.

**Problem Areas** According to Dr. Timmen Cermak of the San Francisco Veterans Administration Medical Center Inpatient Alcoholism Unit, many adult children of alcoholics (COA's) realize that "things are not working in their lives, but it never occurs to them that it might have something to do with the patterns they formed growing up in an alcoholic family." Cermak says these problems include dependency, lack of trust, anger, depression, a compelling need for approval, and a tendency to ignore one's own feelings and cater to others.

"There was a good reason why many of these patterns developed at an early age," Cermak says. "They were ways that the children learned to cope with what was going on around them. The problem is that they are still carrying these patterns around at age 30 and 40, but the patterns no longer make sense in their lives. The situation worsens when they start families of their own."

"A serious problem," according to New Jersey alcoholism counselor, Janet Woititz, Ed.D., author of *Adult Children of Alcoholics*, "is that many COA's develop no data base. As adults, they sound very articulate and go through the motions of living regular lives, but they haven't had the input that other children have had in developing a sense of self." Specifically, she says, "they missed the variety of experiences and the variety of learning that children need." Many who don't become alcoholics themselves, marry an alcoholic – a pattern that may repeat itself in second and third generations.

"Nothing is ever discussed in the alcoholic home," Woititz says. "Nothing is ever resolved. Everything, including the alcohol problem, is denied. You don't get proper modeling, and you aren't exposed to the ingredients that go into successful personal and professional relationships. What we're talking about is an educational deficit." These problems manifest themselves in adulthood, Woititz says, as a discomfort with intimacy, relationship problems, and a search for high performance (and high stress) work situations to "prove themselves."

"Most adult children of alcoholics have a real problem with intimacy because they don't know what it is. And, of course, in an intimate relationship, everything in one's life is played out. By the time these adults get to a counselor, they usually feel hurt and sometimes very crazy – but they're not. They just have never made the connection between patterns they developed early on and the way they're behaving now. When they do, things seem much more normal and explainable."

According to Sharon Wegscheider, Director of Training at the Faulkner Institute in Austin, TX, denial is a major factor that counselors must consider in dealing with this group. "Just as alcoholics deny, so do their children," Wescheider says. "They deny problems all along because admitting them involves remembering early experiences, most of which are very painful."

The most common behavioral pathology among adult children of alcoholics, she notes, is compulsive behavior, especially the types that are approved by society. "These people become workaholics and are often very successful. A lot of them enter in the helping professions and are quite effective. Unfortunately, if they don't recognize their compulsiveness at some point, they tend to "burn out." We see this happen to many professionals in the alcohol, drug abuse, and mental health fields."

Children of alcoholics may also be unable to express themselves emotionally as adults, Wegscheider says, "as a result, they will often overcompensate by seeking positions of high visibility (entertainment or sports) or high achievement. The

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tough part is that they are often so successful and look so good that it's hard to identify them, and even harder for them to recognize their own problems.”

As Wegscheider and others point out, COA's are at particularly high risk for developing their own alcohol problems as adults. According to estimates, as many as 60% of alcoholics in treatment were raised in a home where at least one parent was an alcoholic.

Author and lecturer Claudia Black of Newport Beach, CA analyzed data from her study of 400 adult COA's and 400 controls. Preliminary results showed that the answers given by the adult COA's to 13 survey questions were significantly different from those given by the controls. For example: 60% of the COA's said their inability to trust people was a major problem in their lives, compared with 35% of the controls; 59% said they found it difficult to identify their feelings, compared with 35% of controls; 65% said they could not express their feelings easily, compared with 51% of controls; and 74% said they had problems identifying their own personal needs, compared with 60% of controls.

**Intervention Issues** This data, says Black, has specific implications for treatment professionals. First, when adult COA's seek treatment for mental health problems (such as depression and anxiety), “they often don't have the ability to express how they feel. It's important for the therapist to know that this is not resistance by the client. Either they never learned to identify and express their feelings, or they were told not to.” Black believes therapists need to be more patient, more direct, and more verbal with this population, especially when clients are just learning to identify and express their feelings. Because children of alcoholics must often assume care-taking roles, asking for help for themselves may be a skill they never acquired.

While this population may seek help or exhibit problems later in life, many of their problems have existed for years and simply have been “on hold,” Black suggests. A typical scenario, she says, is one where the young adult leaves home at age 19 or 20 and is confronted with life's major decisions – going to school, finding work, or entering the service. He or she may eventually become involved in relationships, and perhaps marry and have children. Since they are “distracted” by these major events, “they may not become aware of pain or inner confusion until they reach their mid-30's. Even then, it may take another five years for them to seek help. It's often a case of ‘well, my life seems to be going okay, but I've always felt that something just isn't right.

Black suggests that many adult children of alcoholics develop their own drinking problems because they learned early that alcohol is a way to “medicate” problems. “Counselors who work with alcoholics need to be acutely aware of this,” she emphasizes. “A 40-year old woman who was raised in an alcoholic family and had been alcoholic herself for 20 years has to confront 40 years of denial. To help this client, you have to identify the issues related to being the child of an alcoholic as well as issues related to her own alcoholism.”

An encouraging note, Wegscheider says, is that the problems characteristic of this group are “all so treatable.” When adult children of alcoholics are identified, she says they usually respond well to treatment and can go on to live happy, successful lives. According to Cermak, “Just knowing there is a reason they feel bad is enough to help some people explain and understand their feelings.” In other cases, he says, counseling is very helpful. This could include regular sessions with a therapist or alcoholism counselor, or a program such as an Adult Children of Alcoholics AI-Anon Family Group. “It helps to be around people who are experiencing similar things. Just talking to others who share your feelings can provide a sense of belonging,” which many experts believe is very important to people who seek treatment. Adds Woititz, “Counseling also gives these individuals a chance to explore alternatives, an experience that may be completely unfamiliar to them. When you ask adult children of alcoholics what alternatives they might have chosen in a certain situation and they say they don't know, they're really being very truthful. They are used to having things done a certain way and they never learned anything else. I see this over and over again in people age 30 through 70. “On the other hand,” she says, “they're often fabulously successful in some areas, and I tell them that. This allows them to feel good about some of the ways in which they've coped.”

Cermak says it is important for counselors who treat this group to have a good foundation in the dynamics of alcoholism. “For example, control is a very important part of an alcoholic family system, and this is often reflected in the way the adult child of an alcoholic tries to manage and tame his or her feelings. Anxiety is another big issue, as is failure to follow through on a large project, like writing a book or a thesis.” The best sources of help are counselors and treatment programs that have a firm understanding of alcoholism, as well as some knowledge about COA's, according to the therapists interviewed. 12-Step groups, particularly Adult Children of Alcoholics AI-Anon groups, are also helpful.

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