TREATING ADULT CHILDREN OF ALCOHOLICS:

A DEVELOPMENTAL PERSPECTIVE

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Preface

This is a book about adult children of alcoholics. It is a book about theory and practice, written primarily for clinicians, for all professionals who treat children of alcoholics (COAs) and adult children of alcoholics (ACAs) in counseling or psychotherapy. It is a book for other professionals—primary care physicians, pediatricians, nurses, educators, and employers—who are constantly in close contact with COAs and ACAs but may not know it or may not know what to do about it if they do. Importantly, this is also a book for these same professionals at a more personal level: many are themselves adult children of alcoholics.

This book is first and foremost about theory and practice for therapists. The theory is an integrated one, combining knowledge about alcoholism, family environment, and systems theory with child development and cognitive and dynamic theories. Much of this theory development has application for professionals other than therapists.

Is this a book for the nonprofessional, the interested reader, the adult children of alcoholics, or those individuals deeply affected by the alcoholism of another? Yes. The clinical examples, the "voices" of the adult children of alcoholics that fill this book to illustrate theory development, transcend professional language and concept and thus speak clearly to all.

While this book will be useful for both professional and lay audiences, guidelines are necessary at the outset to make the most of this material. Ironically, the only "how to" in this book is how to read it.

GUIDELINES

First, the material is complex. The reader follows through a process of theory development that requires the individual to

simultaneously hold several major theoretical frames at the same time and to integrate multiple variables within these frames. Stressed repeatedly are the critical importance of integrating a systems, environmental view with theories of individual development. The relationship is by no means simple.

Repetition is used to manage the complexity and to integrate the multiplicity of variables throughout the text. Core theories and major themes are repeated many times to integrate a new variable or expand the theory after integrating new material. A particular variable, such as denial, may be important across domains and thus reappears as a major factor. Denial is central to understanding the environment (Chapters 1, 2 and 3), it is central to defensive adjustment (Chapter 4), and it is central to attachment and identity formation (Chapters 5 and 6).

The reader might also think of the task of theory development as one of holding simultaneously and integrating macro and micro points of view—the system, the individuals interacting within the system, the individual alone, and the integration of both.

It is my hope to provide in this book a framework for understanding the ACA as an individual. I hope to add to a well-established descriptive base, building a broad and complex theory of alcohol as the central organizing principle, governing family and individual development.

The theory and the wide range of clinical examples are not inclusive nor exhaustive. Rather, they are a frame from which to better comprehend differences and tailor treatment accordingly. Which aspects of this theory best fit this patient?

The children of alcoholics are not all the same. They are as varied in their experiences and their personal development as their numbers. For example, the level of denial varies greatly in alcoholic homes and affects development accordingly. Variance in the child's age at onset, one alcoholic parent or two, siblings, how many, the presence or absence of a stable adult—perhaps a reliable nonalcoholic parent, a savvy grandparent, neighbor or teacher who understood reality and the child knew it. Or there was no one. There are many intervening variables that have a profound impact and it is exceedingly important to grasp what they are for *this* particular individual.

In this book, I hope to provide a theoretical link between the descriptive and the dynamic—the critical significance of combining a focus on shared experience and similarities with a

thorough understanding of individual differences—familial and developmental. The process of recovery includes both.

In an earlier book (Brown, 1985), I developed a theory of alcoholism that integrates behavioral, cognitive, and dynamic modalities of psychotherapy and combines AA, with its emphasis on support, identification, and shared experiences, with more traditional dynamic psychotherapy. I will be urging the same expanded framework in working with ACAs and endorsing the use of AA, Al-Anon for ACAs, Alateen, and Al-Atot—the autonomous arms of AA for families of alcoholics—and the nonaffiliated ACA 12-step support groups.

I will be referring to the dynamic model of alcoholism and various aspects of that theory within the context of the present book and will review it in Chapter 7 in relation to the process of recovery for ACAs. It will be helpful if the reader is familiar with the first text, but not essential.

I also assume that the reader is familiar with the nature of the 12-step self-help programs, particularly Alcoholics Anonymous (AA) and Al-Anon. I propose the same triadic therapeutic partnership in working with ACAs that I outlined for the alcoholic, even though we do not yet have a history of individuals participating in Al-Anon for ACAs and concurrent psychotherapy to examine the relationship in depth. That work lies ahead. We do have 10 years of clinical history however on which the current work is built.

HISTORY OF THEORY AND CLINICAL DEVELOPMENT

The integrated theory developed in this book has emerged over the course of more than 15 years of research and clinical work with children of alcoholics, primarily adolescents and adults. I (Brown, 1974) worked with teenage daughters of male alcoholics (one group with sober fathers and another with drinking fathers) and a control group with no parental alcoholism to determine whether there were differences in personality development. The subjects were members of Alateen groups in the San Francisco Bay Area. This self-help group had recognized the difficulties children face and the need for an organization designed to meet their primary needs, not second to those of the alcoholic.

In 1978 we started our first group for adult children of alcoholics at the Stanford Alcohol Clinic (now the Stanford Alcohol and Drug Treatment Center), recognizing that specialized services, independent of the alcoholic, were also necessary for adults. I had seen many alcoholics in treatment who were also the children of alcoholics but they had no forum to examine the latter experience though they desperately needed to do so.

We started our treatment program in a climate of professional reluctance and even outright denial. What would it mean for professionals to label children of alcoholics as a separate population? To acknowledge that children are adversely, even profoundly, affected by parental behavior and beliefs as they relate to alcohol? And what would it say about our current theory and practice?

Once accepted and developed by the media, the idea has found wide acceptance within the alcohol and broader chemical dependency fields. The traditional mental health field was slower to accept the idea of children of alcoholics as a separate treatment population although many practitioners responded to this new information with a sense of relief and excitement, similar to their patients. As one therapist recently stated: "Things make so much more sense when you label parental alcoholism as a critical factor in a child's development."

Ten years ago the idea was still novel or even radical. It took eight months to form a first group of four members—all women. Within a short time, this group was full (8) and we added more groups. We rarely were without a waiting list and regularly saw several hundred ACA patients a month in group and individual therapy.

Following a research and clinical practice established in working with alcoholic patients (Yalom, Brown, & Bloch, 1975), I prepare a detailed written summary of every group meeting. The summary is a single spaced, three- to four-page content and process account of each meeting from the therapist's point of view. Dictated after the therapy group, it is then mailed to group members. The therapeutic benefits of the summary are many (Yalom et al., 1975) as patients overwhelmingly find it useful. It is invaluable as a therapeutic record and research tool as well. We have the benefit of 10 years of long-term group work, hundreds of detailed clinical summaries, following not only the process and progress of the groups over time, but individuals as well. It is through careful content and process evaluation of the summaries and

work with individuals that the key theories in this book were developed.

The long-term framework is particularly important to theory development and to the kind of clinical practice that follows. A long-term framework allows the therapist to integrate an environmental focus with developmental theory and to trace over time the major themes related to both and their impact on the course of treatment. Throughout this book, I will use clinical examples of individuals in long-term individual and group psychotherapy, self-identified as adult children of alcoholics, to illustrate theory development and practice and to make the abstract more concrete. In essence, how does what we hear and see relate to theory? And practice?

Following theory development, the focus is on the clinical material, outlining major themes and issues that emerge and characterize the long-term ACA group in the process of recovery. Coming full circle, it is these very themes and issues that formed the base for the theory development that comes first.

Acknowledgments

During the time I was writing this book, I frequently found myself thinking about my acknowledgments: who to thank and how to thank in a way that would really communicate the depth of my gratitude. It is clear to me now that thinking about the acknowledgments so often functioned as a beacon, a sign of hope, and a "transitional object"—still in my imagination, but very real—something I could hold onto to get me through what was often a difficult and painful task. On several occasions, as I sought refuge in imagining the acknowledgments, I went to other books to see if authors ever said what a struggle it had been to write the work. Nobody said it quite like I felt it.

Now finished, it seems to me that my deep gratitude to others would ring hollow if I did not say directly that it was extremely difficult for me to write this book; that I have shared many of the experiences reported by others within these chapters; and that I have been greatly helped by my patients throughout the years of my work as a therapist. While writing this book, I sometimes felt as if I were but a week ahead of my patients in certain struggles and there were other occasions when I knew for sure that I was more than a week behind. To all my "patients" through the years, I give my thanks.

Along the same line, I also thank Dr. William Fry who has helped me rewrite my "story." I am grateful to him for many years of consultation with me and others at the Stanford Alcohol and Drug Treatment Center.

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Many individuals have shared in the development of theory and practice of adult children of alcoholics. We have literally "grown up" together as the field moves through its own infancy and developmental stages.

Dr. Tim Cermak and I started our first long-term therapy group for ACAs in the fall of 1978. We both knew it was a good idea, that there were adults who grew up in an alcoholic family who needed psychotherapeutic help. We had an inkling of what was ahead, but no idea we were part of a rising tide which would reach flood proportions virtually overnight.

Dr. Claudia Black was also wading into the water at the same time. I am deeply grateful for her pioneering spirit, clear message, and her friendship.

Many others were becoming interested in the area at the same time around the country. With a generous, cooperative spirit and a wish not to be a voice alone, these individuals formed the National Association for Children of Alcoholics in 1982. That organization, along with the Children of Alcoholics Foundation in New York, has legitimized and served the needs of millions of children of alcoholics.

I was enriched by colleagues and friends in the Stanford program. Dr. Susan Beletsis and Dr. Vicky Johnson were important collaborators in clinical theory development and research design. Dr. Robert Matano and Dr. Beth Gorney were tremendously supportive as were all the trainees.

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For their support throughout the preparation and production of this book, I thank my editor Herb Reich and his assistant, Judith Overton.

Finally, my deepest thanks to my mother, my husband Bob, and our daughter Makenzie for valuing this project and my work as much as I do.

S.B.

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Introduction

> "I was born and raised in the family of alcohol. And that's what my life has been about."

The *family of alcohol*—that is what this book is about: specifically, children and adult children who have grown up in a family with one or two alcoholic parents.

Much has been written about these more than 28 million individuals since they finally gained legitimacy as a "group" in the late 1970s and 1980s. Early research focused on genetic transmission and psychopathology. More recent studies have explored family dynamics, with the recognition that all members of the family suffer consequences as a result of living with an alcoholic parent.

Much of the emphasis has been descriptive: What is it like in such a family? How do family members cope? What adaptations and adjustments do children make in order to survive? We are beginning to know the painful realities of what it really was and is like for countless children—the arbitrary, unpredictable, inconsistent environment, the sudden shifts in behavior and meaning, the arguments, violence, incest, the unavailability of parents as parents; the constant tone of terror, parents out of control.

The early work of description focused heavily on establishing similarities: What experiences did these children share in their families and what do they share now as adults? The focus on establishing a common portrait has been beneficial in building the legitimacy of the children of alcoholics as a separate population with specialized treatment needs. It also has been helpful politically to emphasize needs of children of alcoholics as a special interest group.